



THE REPUBLIC OF UGANDA

**MINISTRY OF HEALTH**

# **PERFORMANCE MANAGEMENT RESOURCE PACKAGE**



MINISTRY OF HEALTH

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## Ministry of Health

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## Foreword

The Ministry of Health together with the ministries of Public Service and Local Government, Implementing Partners and District Local Governments have been enhancing the productivity and accountability of health workers aimed at improvement of the overall performance of the health sector. This has been done through training of health workers in performance management including the provision of tools and guidelines.

However, there is need for further support and guidance to District Health Management teams, District and Regional Based Implementing Partners and Private but Not for Profit Institutions to be able to roll out performance management at all levels of service delivery through the Country in a systematic manner by consolidating and making available all the relevant performance management Manuals, Guidelines and Circulars in a single document referred to as the Performance Management Resource Package.

The package has been developed through a highly consultative and collaborative approach with the Ministries of Public Service and Local Government, Health Service Commission, selected District Local Governments, and Implementing Partners and PNFP Medical Bureaus to support all key stakeholders in the effective and systematic implementation of performance management at all levels of service delivery, particularly the lower level health facilities.

It is envisaged that effective implementation of performance management will facilitate the achievement of results, enhance motivation, productivity and accountability of health workers. I therefore appeal to all key stakeholders to make effective use of the resource package in rolling out performance management at all levels of service delivery.



Dr. Diana Atwine

PERMANENT SECRETARY

## Acknowledgement

This is to acknowledge with gratitude the following persons and the institutions they represent who contributed to the compiling of this Performance Management Resource Package.

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## List of Acronyms

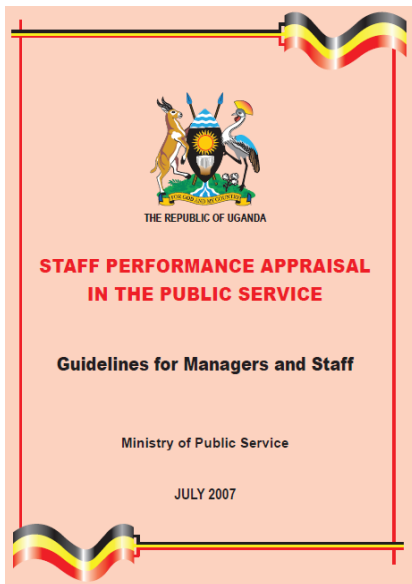
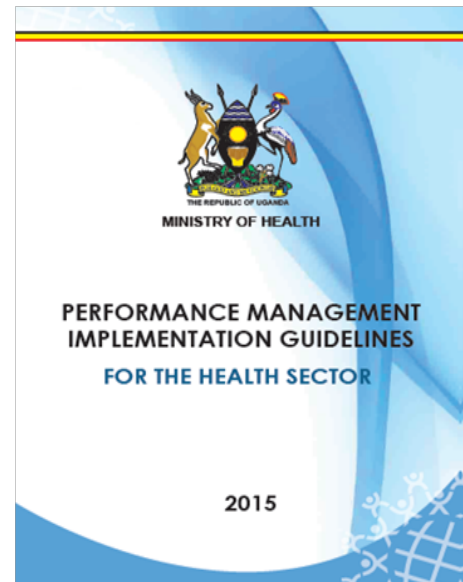
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante Natal Clinic
CAO	Chief Administrative Officer
DHMT	District Health Management Teams
DLG	District Local Government
DHO	District Health Officer
HC	Health Centre
HRDC	Human Resource Development Coordination
HRO	Human Resourc Officer
HTI	Health Training Institutions
HSC	Health Service Commission
HSS	Health Systems Strengthening
HRM	Human Resource Management
HUMC	Health Unit Management Committee
LG	Local Government
MOH	Ministry of Health
MOLG	Ministry of Local Government
MOPS	Ministry of Public Service
PHRO	Principal Hunan Resource Officer
PM	Performance Management
RHRMO	Regional Human Resource Management Officer
PNFP	Private Not For Profit
RHITES	Regional Health Integration to
ROM	Result Oriented Management
SHRH	Strengthening Human Resources for Health
UCMB	Uganda Catholic Medical Bureau
UPMB	Uganda Protestant Medical Bureau
UMMB	Uganda Moslem Medical Bureau
UOMB	Uganda Orthodox Medical Bureau
SA	Senior Advisor
SUSTAIN	Strengthening Uganda systems for Treating AIDS Nationality
SHRO	Senior Hunan Resource Officer
TC	Town Clerk
USAID	United States Agency for International Development
WISN	Work Load Indicator of Staffing Needs
WHO	World Health Organisation

## Executive Summary

### 1. Performance Management Implementation Guidelines for the Health Sector

The guidelines provide for the context, definition of key terms, how to conduct performance planning, monitoring, appraisal, improvement, managing under performance, rewarding excellent performance while at the same time sanctioning poor performance.

The guidelines are packaged in a way that helps users to understand the key steps and tools required for implementing an effective performance management system.



### 2. Staff Performance Appraisal Guidelines for Managers and Staff

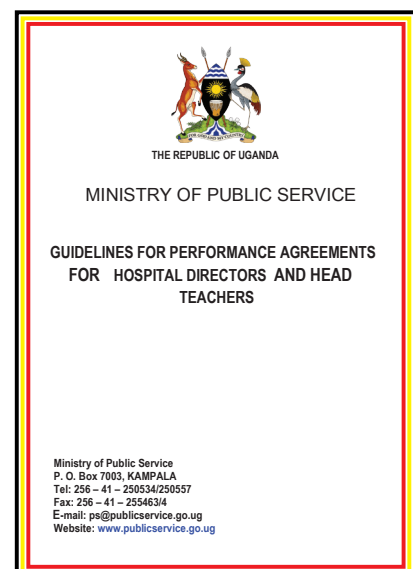
Performance Appraisal is the assessment of performance of an individual in relation to the activities, outputs and targets of a job over a specific period of time. Through performance appraisal, performance gaps and development needs of an individual are identified and measures to address them are agreed upon.

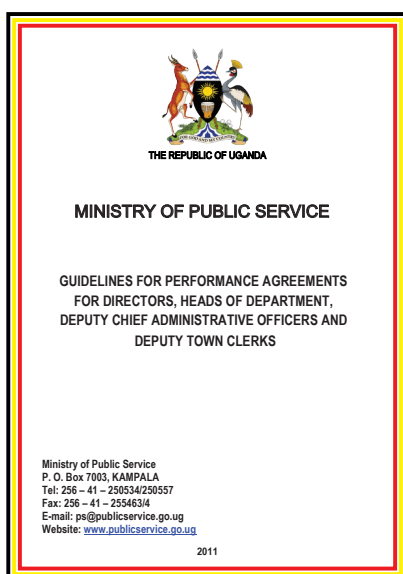
The guidelines provide for objectives, principles, benefits, process, tools, roles and responsibilities, frequently asked questions worked out examples and milestones in conducting effective performance appraisal.

### 3. Guidelines for implementation of Performance Agreements for Hospital Directors and Headteachers

In order to address the shortcomings in service delivery and enhance transparency and Accountability, Government under CSI No.4 of 2010 introduced Performance Agreements for Hospital Directors and Head teachers

The guidelines provide for the rationale, tools and instructions for filling and signing performance agreements. The guidelines provide for roles and responsibilities of key players, performance monitoring, assessment, reporting, rewarding and sanctioning of performance, including use of relevant examples.





#### 4. Guidelines for implementation of Performance Agreements for Directors, Heads of Departments, Deputy Chief Administrative Officers and Deputy Town Clerks

Under Establishment Notice No.1 of 2011 by Ministry of Public Service, Performance Agreements were rolled out to Directors, Heads of Departments, Deputy Chief Administrative Officers, and Deputy Town Clerks.

The guidelines provide for the rationale, tools and instructions for filling and signing performance agreements. The guidelines provide for roles and responsibilities of key players, performance monitoring, assessment, reporting, rewarding and sanctioning of performance, including use of relevant examples.

#### 5. Public Service Rewards and Sanctions Framework

The Public Service Rewards and Sanctions Framework provides for the context, objectives, criteria, principles and categories of rewards and sanctions.

It also provides for the implementation modalities, institutional arrangement and roles and responsibilities of key stakeholders in rewarding and sanctioning performance.

The framework was communicated to the service under Circular Standing Instruction No.1 of 2011.



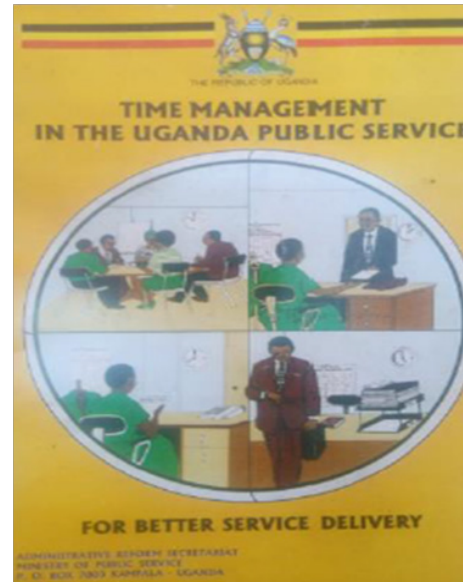
#### 6. Results Oriented Management (ROM) Individual Implementation Manual

The manual outlines the main features of Result Oriented Management (ROM) at both institutional and individual level. Result Oriented Management is an integrated performance management tool that seeks to optimize the use of resources by: clearly defining the purpose for which an organization exists, setting clear objectives for the services that it provides, specifying the key outputs that it must achieve, and developing indicators to measure the level of achievement. ROM integrates plans/strategies, people, resources and processes. The focus is more on the individual performance and how the individual performance is managed.

## 7. Time management in the Uganda Public Service

The Public Service Time Management Manual explains what time management is, the basic principles of time management, characteristics of poor time management, provides examples of time robbers/wasters, best practices that enhance time management and benefits of time management.

The manual highlights the principles of time management which include self-discipline, prioritized planning, teamwork, delegation and analysis. This Manual is a must have for all supervisors.



## 8. Application of Sanctions in Case of Absenteeism in the Public Service

Establishment Notice No.4 of 2009 by Ministry of Public Service seeks to remind all Public Officers about their obligation to attend to duty at all times during working hours. It also seeks to enforce the existing regulations by instituting measures to facilitate a practical, transparent and systematic approach to managing absenteeism in the Public Service. It is reinforced by the Code of Conduct and Ethics in the Public Service which emphasizes the mandatory obligation for Public Officer to attend to duty and to observe official working days as well as committing official working hours to official duties.

## 9. Ministry Of Public Service Induction Manual

The Manual provides a framework to guide both the supervisors and the newly appointed officers as they go through the induction process. It spells out the duties, obligations, expectations and rights of the newly appointed Public Servants.

The topics highlighted in this Manual are general ones that all Public Servants ought to be familiar with. This manual can be used during the entire cycle of performance management.



## 10. Guidelines for On-Boarding and Engagement of Health Workers



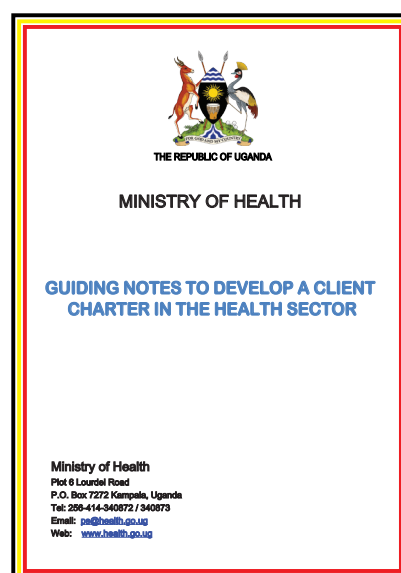
### GUIDELINES FOR ON-BOARDING AND ENGAGEMENT OF HEALTH WORKERS

On-boarding refers to the mechanism through which new employees acquire the necessary knowledge, skills, and behaviors to become effective organizational members and insiders.

The guidelines provide for a systematic procedure for on-boarding a health worker to enable him/her fit in the workplace quickly and embark on health service delivery. The guidelines provide for a step by step process of on-boarding staff, gives the roles of all stakeholders involved in on-boarding activities, and the timelines within which all on-boarding activities should be undertaken.

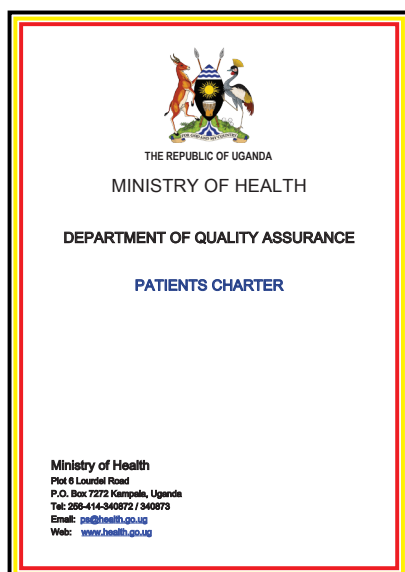
## 11. Guidelines for Development of Clients Charter

The guidelines were developed to provide a framework for developing and implementing Public Service Client Charters. The guidelines provide for definition, purpose and objectives of Client Charters. They also provide for format, content, approach, statement of commitment monitoring and evaluating Institutional performance, incentive framework, management arrangements for institutionalizing plus benefits and challenges of implementing charters.



## 12. Patients Charter

A Charter spells out the main clients, the services offered and the standards of service the clients should expect. A patients' charter motivates the community to participate in the management of their health by promoting disease prevention, timely referral of patients to health facilities for immediate attention of their health problems and concerns. The objective of the patients' charter is to empower health consumers to demand high quality health care, to promote the rights of patients and to improve the quality of life of all Ugandans and finally eradicate poverty nationwide.

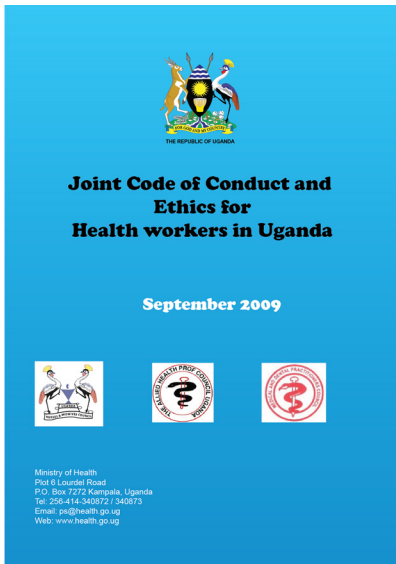
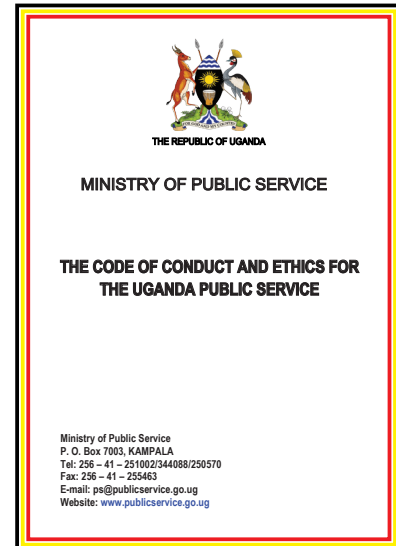




### 13. The Code of Conduct and Ethics for the Uganda Public Service

The code of conduct and ethics for the Uganda Public Service sets out behavioral standards for Public Officers. It is designed to ensure the impartiality, objectivity, transparency, integrity, efficiency and effectiveness of Public Officers when performing their duties.

The Code of Conduct and Ethics is to provide general guidance to Public Officers in their relationships and dealings with their clients and the general public. It complements existing laws, guidelines and professional codes of conduct.



### 14. Joint Code of Conduct and Ethics for Health Workers In Uganda

This Joint Code of Conduct and Ethics is a guide to promote and maintain the highest standards of ethical behavior by all health workers in Uganda.

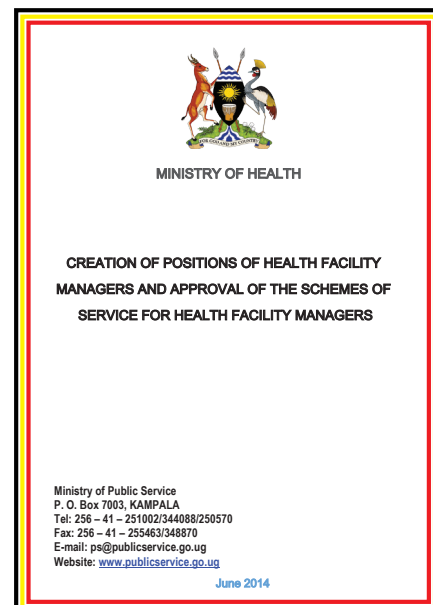
In order to maintain public confidence in the professional standards of health workers, it is essential that high ethical standards be exhibited in carrying out their duties.

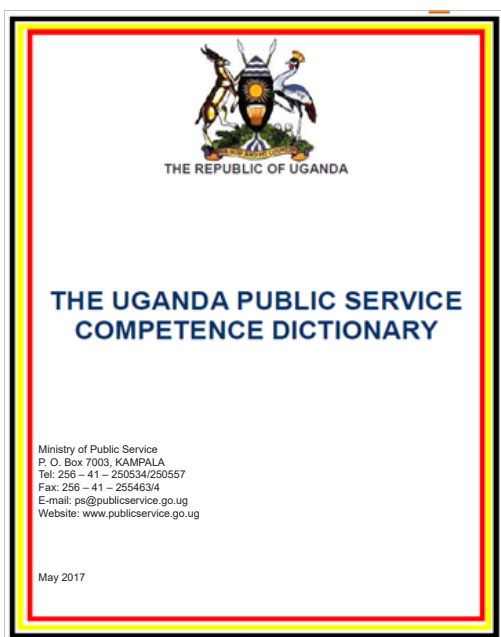
It provides a simplified form of obligations and lays down the standards of professional practice expected of health workers in general and in relation to health professions in particular.

### 15. Creation of Positions of Health Facility Managers and Approval of the Schemes of Service for Health Facility Managers

In order to strengthen management of the General Hospitals, Health Centre IV, HC III and HC II and to enhance efficiency and effectiveness in health service delivery it was decided to establish the positions of Medical Superintendents and Assistant Medical Superintendents with effect from 1st July 2014.

The schemes of service for all the above positions including the positions of Executive Directors of National Referral Hospital and Directors of Regional Referral Hospitals are also provided. Previously the leadership of these health facilities was by assignment.





## 16. The Uganda Public Service Competency Dictionary

Competencies are specific and observable knowledge, skills and behaviors that are associated with effective functioning of the task.

The Dictionary is intended to help in understanding and describing the required capabilities that are important in the Uganda Public Service.

It focuses on behavioral and technical competencies which apply to all Public Officers. The behavioral competencies describe traits and attitudes, while technical competencies describe skills and knowledge required to do a specific job.





**MINISTRY OF HEALTH**

**PERFORMANCE MANAGEMENT  
IMPLEMENTATION GUIDELINES  
FOR THE HEALTH SECTOR**

**2015**

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## Foreword

Performance management is one of the critical areas for the health sector to achieve better health outcomes for all Ugandans. For some time now, the Ministry of health with support from Ministry of Public Service has been implementing the Results Oriented Management (ROM) approach to performance management in Districts and Regional Referral Hospitals. However, the framework has been more effective at institutional than individual level.

Consequently, the approach has not been effective in promoting health worker productivity and accountability for results. The performance planning, implementation, monitoring and evaluation are not fully executed as a process, and are not closely linked across national, district, health facility, and individual levels.

These guidelines have therefore been developed to support the implementation of performance management in the sector, in a systematic manner. They have been packaged in a way that will help the users to understand the key steps and tools required for implementing an effective performance management system in the health sector.

Effective implementation of performance management will facilitate achievement of results, enhance motivation, and make health workers more accountable. It is envisaged that the productivity and performance of the health workforce and the quality of health services will ultimately improve, with better access, effectiveness, and efficiency.

The guidelines reaffirm the Ministry of Health's determination to strengthen and improve the quality of health services. I believe that working together with Partners and with the commitment of the individual health workers we will see tremendous improvement in the health sector performance.



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## Acronyms

CAO	Chief Administrative Officer
DHO	District Health Officer
DHT	District Health Team
HCII	Health Centre II
HCIII	Health Centre III
HCIV	Health Centre IV
HFA	Health for All
HRM	Human Resource Management
HSD	Health Sub District
HUMC	Health Unit Management Committee
HSC	Health Service Commission
UHSSP	Uganda Health Sector Strategic Plan
KRAs	Key Result Areas
LG	Local Government
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoPS	Ministry of Public Service
MS	Management Services
PHC	Primary Health Care
PHRO	Principal Human Resource Officer
PM	Performance Management
PNFP	Private Non for Profit
RHRMO	Regional Human Resource Management Officer
SHRH	Strengthening Human Resources for Health
UCP	Uganda Capacity Program
UCMB	Uganda Catholic Medical Bureau
UPMB	Uganda Protestant Medical Bureau
UMMB	Uganda Muslim Medical Bureau
USAID	United States Agency for International Development

## Glossary

<b>Effectiveness:</b>	Refers to the extent to which objectives have been achieved. It assesses the relationship of an organization's output to what it intends to accomplish.
<b>Efficiency:</b>	Is a dimension of performance that is based on a direct relationship between input and output? It is measured by the ratio of input to output, sometimes referred to as productivity.
<b>Indicator:</b>	Refers to what specifically is to be measured for each aspect of performance. Indicators help managers answer the question: How do you know when success has been achieved?
<b>Input:</b>	Is a resource that an organization uses to produce services or goods? Inputs may include human resources, finances, facilities, materials, and even information.
<b>Key performance indicator:</b>	Describes the performance dimension that is considered key or important in measuring performance.
<b>Milestones:</b>	Relate to a completed step within a larger or longer-term process.
<b>Mission:</b>	Describes an enduring statement of purpose or the organization's reason for existence. It also describes what the organization does, who it does it for, and how it does it.
<b>Objective:</b>	Is a statement summarizing what the organization intends to achieve and is a combination of an indicator and a target or standard. The indicator becomes an objective when the desired level of achievement is stated.
<b>Output:</b>	Represents goods and services produced. Outputs are activity oriented, measurable, and usually under managerial control.
<b>Performance management:</b>	Is the practice of connecting the long-term strategy of an organization to its day-to-day performance by specifying targets at all levels and monitoring performance against those targets.
<b>Performance measurement:</b>	Is ongoing monitoring and reporting of accomplishment, particularly progress towards pre-set objectives.
<b>Performance target or standard:</b>	Is a commitment about the quantity, quality and timing of performance. Results to be achieved: A target identifies the specific planned level of result to be achieved within a specific period.
<b>Vision:</b>	Refers to an idealized view of a desirable and potentially achievable future state - where or what an organization would like to be in the future.

## Who is the intended user of these guidelines?

These guides are intended to be used by all health managers at all levels of service delivery ranging from ministry of health to national, regional referral, district health and facility managers staff to strengthen the implementation of performance management in the health sector. The health managers will in turn support their staff through the different stages of managing performance.

## Why the Performance Management Implementation guidelines?

The guidelines are intended to provide for a systematic and integrated management of performance at all levels of service delivery at both institutional and individual level. The guidelines provide for structures for managing and enhancing performance; performance reporting and tools for implementing performance management at all levels of the health sector.

## When should these guidelines be used?

These guidelines shall be used:

- a) In the development/review of the health sector performance management system;
- b) In preparation for and in the development of the performance management plan, during its implementation, monitoring and in the performance improvement plan process;
- c) In the development/redevelopment and implementation of a learning and development strategy that supports the performance management system;
- d) When devising or recognizing good performance within the sector;
- e) When managing under performance; and
- f) In the design and implementation of reporting requirements.

## Introduction

Uganda has over the last three decades undertaken several administrative reforms in the public sector, designed mainly to improve efficiency and effectiveness of service delivery. In the area of performance management, a number of initiatives have been undertaken to establish an effective performance management culture that seeks to align individual and organizational objectives, targets and outcomes to national development goals.

In pursuit of this objective, government introduced a number of initiatives including results-oriented management; open staff performance appraisal; output-oriented budgeting; standard setting and client charters; performance agreements for senior managers, reward and sanction framework and development of hard-to-reach framework to attract and retain staff in local governments.

However, the desired impact of these initiatives on service delivery has not yet been fully realized, particularly in the health sector; mainly due to the fact that the initiatives have often been implemented in a piecemeal manner and from a narrow perspective. These guidelines have therefore been prepared to strengthen the implementation of performance management in the health sector in an integrated manner for better health outcomes.

Strengthening performance management in the sector will facilitate achievement of results, enhance motivation, and make health workers more accountable. It is envisaged that the productivity and performance of the health workforce and the quality of health services will ultimately improve, with better access, effectiveness, and efficiency.

A proactive performance management culture will be consciously created and monitored by all health managers and supervisors to achieve the desired health worker and health facility performance. The health worker and his or her supervisor will be able to understand, jointly undertake and are collectively responsible for their roles and the outcomes achieved. By working together, optimum performance will be achieved; and the performance management system will be continuously monitored and evaluated to reflect and maintain the culture set.

### 1.1 Challenges in the existing performance management system

The current performance management initiatives are centered on Results Oriented Management (ROM). However, the framework is more effective at institutional than individual level. Consequently, the approach has not been effective in promoting health worker productivity and accountability for results. The performance planning, implementation, monitoring and evaluation are not fully executed as a process, and are not closely linked across national, district, health facility, and individual levels. The existing performance management system is therefore characterized by the following implementation challenges:

- a) The practice of developing comprehensive institutional work plans with clear objectives, targets and indicators in a participatory manner, is not well developed making it difficult for health workers to align individual objectives to those of the institutional or health facility.
- b) The culture of individual health workers and their supervisors jointly agreeing on performance expectations at the beginning of the each assessment period is nonexistent; which makes performance monitoring and evaluation not only difficult but also subjective.
- c) Job descriptions are generic in nature and the individual job schedules are generally absent.
- d) In many instances, performance appraisals are conducted as a routine to fill the set requirements for example for confirmation in service or promotion but not as a process to improve performance.

- e) Good performance is not always recognized or rewarded; likewise poor performance is not often sanctioned and as such there is no good motivation for performance management.
- f) There is lack of effective performance monitoring and reporting.

## 1.2 What is new?

In these guidelines, unless otherwise stated, Performance Management shall be:

- a) A management tool for meeting health sector goals;
- b) Used to create a shared understanding of what is to be achieved and how it is achieved;
- c) Viewed both as an approach and a system for health workers and other sector resources;
- d) Competencies and measurement standards shall drive the performance management process to achieving desired results;
- e) Drive the process through clear, consistent, visible and active involvement of all key stakeholders;
- f) Management and staff shall adopt effective and open communication systems at all levels for the successful promotion of the performance management process;
- g) Incentives, rewards, recognition and sanctions shall be linked to performance;
- h) Performance results and progress shall be openly shared /communicated with employees, customers, and stakeholders;
- i) All health workers shall share responsibility for and will be: accountable for performance;
- j) All health workers shall be required to complete a performance management plan;
- k) All health workers shall be expected to perform well in relation to key outcomes and work behaviors; and shall be recognized and rewarded accordingly; and
- l) Understand under performance is not accepted.

## 1.3 Key elements of the performance management system

The following will be the key elements in the performance management system.

- a) Ensuring an objective, acceptable and transparent system of managing performance.
- b) Translating national, sector, departmental and health facility plans into individual plans.
- c) Ensuring that work is aligned with the strategic efforts and direction of individuals and health facility they work for through realistic targets.
- d) Developing work plans based on the strategic business plan of the health facility.
- e) Developing process and framework for rewards, incentives, sanctions, training, and career development to ensure cultivation of the performance management culture in the health sector.
- f) Establishing monitoring and evaluation mechanisms for ensuring compliance

## 1.4 Why manage the performance of health workers?

Managing the performance of health workers will promote a culture of performance, with clearly articulated roles, responsibilities and accountability for outcomes and will ensure that:

- a) All health workers are clear about what is expected from them;
- b) Health workers understand how their work ties into the values, goals and objectives of the health sector;
- c) There is an ongoing and formal mechanism in place for measuring and assessing progress;

- d) Health workers understand and are accountable for results;
- e) Health workers are encouraged to learn and develop; and
- f) There is a mechanism in place to recognize health workers achievement and to sanction poor performance.

Overall, the importance of performance management is to:

- a) Enhance the capacity of the health sector to deliver its services effectively and efficiently;
- b) Link tasks of each employee to the overall objectives of the organization and national objectives;
- c) Improve planning and work processes;
- d) Encourage early identification and turnaround of unsatisfactory performance;
- e) Review performance against agreed standards;
- f) Recognize and reward outstanding performance; and
- g) Sanction poor performance.

### **1.5 What are the core drivers of performance management?**

In order to effectively implement performance management at any level of health service delivery the following must be in place:

- a) The Institution (Ministry, Referral Hospital, District or Health Facility) must have an institutional annual work plan;
- b) The Institution must have a PM Task Team (Committee) in place;
- c) Every health worker must have a job description, for the position he/she holds.
- d) Every health worker must have a schedule of duty and job expectation
- e) Strategic planning documents e. g Vision 20140, National Development Plan, HSSIP, National Health Policy.
- f) Performance Monitoring Plan and Performance improvement Plan.
- g) Reward and Sanctions Framework.
- h) Client Charter/Patient Charters and Service delivery standards.
- i) Visionary leadership and management and
- j) Core values and positive mind set



## Section Two: Performance Management in the Health Sector

### 2.1 What is performance?

Performance is the measure of achievement or failure to achieve a desired result. There should be a target or a desired level of achievement, which is used to measure performance.

### 2.2 What is performance management?

Performance management on the other hand is a process that assists organizations in establishing a climate conducive to motivating employees to develop and achieve high standards of performance. It is a systematic process for improving organizational performance by developing the performance of individuals and teams. It is a means of getting better results from the organization, teams and individuals by understanding and managing performance within an agreed framework of planned goals, standards and competence requirements.

Performance management encapsulates the underlying principle that performance is an on-going process that takes place from the time an employee joins the organization until they leave and should be used during that time to support and develop people through their employment with the organization.

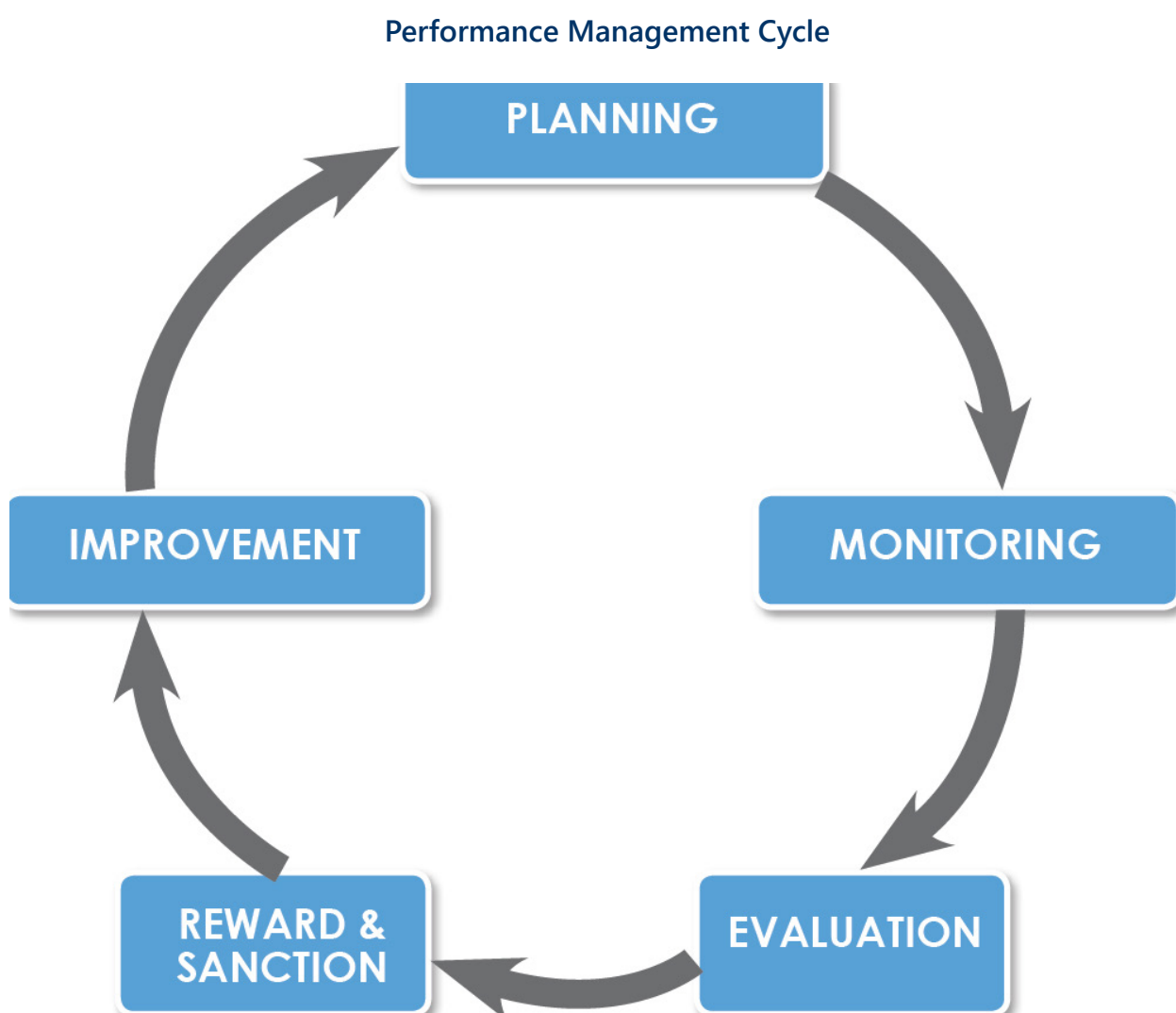
It is intended to ensure a common understanding of performance expectations; constantly improve employee competencies and raise employees' enthusiasm to meet performance expectations; develop employees; and recognize and reward employees who constantly perform and sanction those who perform poorly.

Performance management therefore is a systematic process which involves the following steps: Planning work, setting performance expectations/ targets, continuously monitoring performance towards the achievement of targets, developing capacity to perform, periodically assessing performance and rewarding good performance or sanctioning poor performance.

### 2.3 Performance management cycle

The performance management cycle has the following key stages:

- a) **Performance Planning;** which essentially is dialogue between the supervisor and employee to establish clear and specific job expectations.
- b) **Performance Monitoring;** which is an ongoing interaction between the supervisor and the employee to discuss performance and providing support, including coaching and mentoring
- c) **Performance Evaluation;** involves an interactive discussion and documentation of performance focusing on establishing achievements and performance gaps
- d) **Performance Improvement;** focuses on how to improve performance and fulfilling development and learning needs; as depicted in the diagram below.



## 2.4 Institutional Performance Management

Performance Management is a systematic process of managing the organization and its human resources to achieve a high and steady rate of performance. Performance management in the Public Service shall be Results-based. It is the responsibility of all Responsible Officers to manage the performance of their organizations to ensure that performance of organizations and individuals directly contribute to improved service delivery and the attainment of national development objectives. It is mandatory therefore that every Institution (Ministry, Local Government, Health Facility etc) must put in place a results framework that:

- a) Specifies the mission/purpose for which it exists;
- b) Indicates the national and sector outcomes that the institution contributes
- c) Outlines the objectives that it aims to achieve;
- d) Specifies the key outputs and outcomes;
- e) Defines the performance indicators

In this respect therefore that all Institutions must develop annual performance plans at the beginning of every financial year. The performance plans must be in line with the priorities in the national development plan, the sector plan, and the policy statement. The District Performance Plan forms the basis for the Department of Health's performance plan and ultimately the individual performance plans.

All Responsible Officers are therefore obliged to ensure that performance review meetings with heads of department or as the structure so provides, are regularly held, at least on a quarterly basis, to review the performance on the basis of annual objectives, outputs, performance indicators and targets in the performance plan.

Annual performance reports are prepared and submitted at the end of every financial year outlining key achievements and challenges. Where performance targets have not been met, performance improvement initiatives are inbuilt in the performance plan for the subsequent year, to address those challenges.

**Refer to Annex One for Public Service Performance Management Framework**

## Section Three: Individual Performance Planning

### 3.1 What is performance planning?

Performance planning is a dialogue between the supervisor and the health worker to; establish and agree upon performance expectations; clarify what the employee will be evaluated on, and set the stage for ongoing feedback and coaching throughout the year. This entails defining performance expectations and outcomes.

The performance planning process addresses the following key questions:

- a) What are the health workers major responsibilities for the year?
- b) How will the supervisor know whether the health worker is succeeding?
- c) When should the health worker carry out those responsibilities?
- d) What level of authority does the health worker have with respect to jobtasks?
- e) Which job responsibilities are of most importance and which are of least importance?
- f) How do the health worker's responsibilities contribute to the department, division or Health facility goals and objectives?
- g) Why is the health worker doing what he/she is doing?
- h) How can the supervisor help the health worker accomplish the tasks?
- i) How will the supervisor and health worker work to overcome any barriers?
- j) Does the health worker need to develop new skills/abilities to accomplish tasks (development planning).
- k) How will the health manager and the health worker communicate during the year about job tasks, to prevent problems and keep current?

### 3.2 What is a performance plan?

A performance plan:

- a) Establishes a health worker's commitments for the assessment period;
- b) Is a record of the individual performance outputs, indicators and targets that contribute to the achievement of the health facility goals;
- c) Offers the basis or framework against which individual performance outputs/ achievements shall be measured at the end of the assessment period;
- d) Shows clear link between the individual performance plan and the health facility plan which should be in line with the institutional objectives and outputs;
- e) Should be jointly developed and agreed between the health worker and his/her immediate supervisor; and
- f) Should be developed at beginning of assessment period for confirmed officers and 2 weeks for officers on probation.

### 3.3 What are the elements of a performance plan?

The elements of the performance plan are based on the result oriented management concept. These are key outputs, performance indicators and performance targets.

#### a) Key outputs

Key outputs are products or services delivered where one has reasonable control. They should be manageable (5-10); Reflect obligations of the job and not activities; written using past tense and meet the **SMART** checklist.

**Specific** Detailed and exact

**Measurable** Large or important enough to have an effect that can be seen or felt

**Achievable** Something got

**Realistic** One that is possible to achieve

**Time bound** Period of time during which something will be done or achieved

#### b) Performance indicators

Performance indicators are means of measuring the progress or extent of achievement over time. Performance is measured in relation to:

**Time:** e.g. timeliness of submission of HMIS reports, patient waiting time

**Cost:** how much resources are used e.g. dressing a wound – sundries used, medicines

**Quantity:** Number of patients seen, number of deliveries & number of children immunized.

**Quality:** Following standard operating procedures, guidelines, meeting the set standards.

### 3.4 What are the roles of the supervisor and health worker in performance planning?

The following are the key roles of the supervisor and the health worker during the performance planning process.

Role of the supervisor	Role of the Health Worker
<ul style="list-style-type: none"> <li>• Have a thorough understanding of the work involved – the critical functions, key tasks.</li> <li>• Review job description to ensure that information is accurate and up to date.</li> <li>• Keep in mind the performance planning process involves a relatively equal partnership</li> <li>• Discuss how the health worker supports the organizational needs of the department or division and fits with other workers in the health facility</li> <li>• Know what constitutes “successful performance” and effectively communicate this.</li> <li>• Identify priority areas, among the core and job-specific competencies that will be emphasized in the evaluation.</li> <li>• Communicate what information, resources, tools, training and supervision is needed</li> </ul>	<ul style="list-style-type: none"> <li>• Have a thorough understanding of the work involved – the critical functions and key tasks</li> <li>• Review job description to ensure that information is accurate and up to date</li> <li>• Understand what constitutes “successful performance” of the core competencies related to the job.</li> <li>• Come prepared to share and discuss his/her personal objectives and the measures of success related to each objective.</li> <li>• Understand how the results of his/her position contribute to the departments, divisions, or health facility's goals</li> <li>• Communicate how the results of the health worker contribute to the health facility goals.</li> <li>• Ask questions to clarify information and inform the discussion</li> </ul>

## EXAMPLE OF A PERFORMANCE PLAN

*(This form should be filled at the beginning of the assessment period)*



Name of District/Department/Health facility..... *Kikubamutwe HC III*

Period of Assessment..... *1<sup>st</sup> July 2015* ..... To..... *30<sup>th</sup> June 2016*

Name of Appraisee..... *Buuzabalyawo Yakobo*

Job Title / Rank: ..... *Clinical Officer* ..... Salary Scale ..... *U5 U*

Job Summary (Job description).... *To diagnose, treat and manage patients in the Health Unit*

S/N	Output	Key Activities	Performance indicators	Performance targets
1).	Patients diagnosed	<ul style="list-style-type: none"> <li>• Taking History</li> <li>• Examining the patient</li> <li>• Ordering for investigations</li> <li>• Prescribing treatment</li> <li>• Referring complicated cases</li> </ul>	<ul style="list-style-type: none"> <li>• % of patients</li> <li>• Time taken</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> <li>• Within 30 min</li> </ul>
2).	<b>Health education carried out</b>	<ul style="list-style-type: none"> <li>• Identifying the topic</li> <li>• Researching on the topic</li> <li>• Preparing the learning materials</li> <li>• Mobilizing the community</li> <li>• Presenting the program</li> <li>• Following up</li> </ul>	<ul style="list-style-type: none"> <li>• No. of participants</li> <li>• Time taken</li> </ul>	<ul style="list-style-type: none"> <li>• 50 participants</li> <li>• Two hours</li> </ul>

Signature of Appraisee.....Date.....

Name and Signature of Appraiser.....Date .....

## What is a job summary?

The job summary presents usually, in one short, sharp and focused sentence why the job exists as distinct from other jobs in the cadre for example the DHO's summary is managing health service delivery in the district. (Planning, budgeting, coordination, supervision, advocacy, partnership) While that of a Nursing officer is providing and coordinating nursing care in the facilities and PHC services.

### 3.5 What is a performance target?

A performance target is agreed minimum level of performance. It is stated in measurable terms time, volume, cost for example HMIS reports submitted to the DHO by 14th of the following month; prescriptions according to standards and 40 children immunized per week, 10 mothers delivered per day. While setting target, the health worker should consider; past performance (trend analysis), available resources and standards.

### Signatures

The health worker (appraisee) and immediate supervisor (appraiser) agree and sign the performance plan. In case of disagreement the health worker appeals to the supervisor of the immediate supervisor.

### 3.6 Can a performance plan be amended?

The performance plan may be amended at any time during the financial year, particularly during the quarterly review meetings. This may arise as a result of some changes in the job/ duties/ responsibilities/ key outputs.

### Refer to Annex 2 for the Format of the Performance Plan

## Section Four: Developing Individual Key Result Areas and Job Schedules

Individual Key Result Areas (KRA) is a cornerstone in performance management.

### 4.1 What is a key result area?

A key result area is an area where a job holder must produce results, failure of which would spell doom to the job holder and the institution. For example if a District Health Officer does not submit a district annual work plan for the health services in the district, health services will be negatively affected. Developing key result areas enables the job holder to understand his/her job roles and be able to relate them to the outputs of the institution for which she/he works. This process builds into the individual performance planning process where the KRA guide the development of individual performance outputs.

### 4.2 What is a job schedule?

A job schedule is a set of specific job related activities performed on a regular basis (daily, weekly, monthly) for the achievement of organizational goals. The specificity of activities performed serves to distinguish job schedules from job descriptions. A Job Description provides generic functional areas while a job schedule provides what is expected of an employee in his/her individual capacity.

### 4.3 What are the key steps in developing job schedules?

To be able to develop an individual job schedule one has to:

- a) State the job summary
- b) Identify the KRAs / accountabilities / responsibilities
- c) Derive activities from the KRAs

#### a) State job summary

A job summary presents usually, in one short, sharp and focused sentence why the job exists as distinct from other jobs in the cadre. For example:

- **DHO** - managing health service delivery in the district. (Planning, budgeting, coordination, supervision, advocacy, partnership)
- **Director of a hospital**- oversee the management and delivery of health services in the hospital

#### b) How to identify KRAs

A key result area as defined earlier is an area where a job holder must produce results e.g. KRAs for DHO include:

- a) **Planning:** for the delivery of health services in the district. This includes overseeing the development of strategic and operational plans.
- b) **Budgeting:** to carefully plan and control how much money to spend based on available resources and needs.
- c) **Coordination:** the DHO oversees the coordination of service delivery within the district. He/she acts a link between the different stakeholders in service delivery including public, private and PNFP stakeholders.



- d) **Supervision-** a key role of the DHO is supervision providing both technical and managerial support supervision to supervisees.

#### 4.4 What are the key questions in appreciating one's key result areas?

To be able to develop an individual job schedule one has to state the job summary; identify the key result areas (KRAs) / accountabilities / responsibilities and derive activities from the KRAs. The following questions usually help in appreciating one's key result areas:

What roles / activities one performs on a regular (daily/weekly/monthly) basis?

- In what performance areas would one be required to provide regular (monthly / quarterly) reports?
- What roles/ activities would one be solely responsible for (usually in the job description)?
- In what performance areas would one be required to provide regular (monthly / quarterly) reports?
- In what performance areas would one be required to provide regular (monthly / quarterly) reports?
- Under what circumstances would one's supervisor summon him/her over failure to meet the performance expectations?

#### 4.5 How are activities derived from the key result areas?

In order to achieve the key result areas, a number of activities have to be undertaken. An activity is what one does/ tasks performed to deliver a service or a product for example:

Key Result Area	Activities
Operate Patients	<ul style="list-style-type: none"> <li>Assess patient fitness for theater</li> <li>Request for investigations including grouping and matching</li> <li>Counsel patient</li> <li>Obtain patient's consent for the operation</li> <li>Carry out the operation</li> <li>Monitor patient</li> <li>Review patient</li> </ul>
Planning	<ul style="list-style-type: none"> <li>Prepare five year health sector district development plan</li> <li>Develop annual procurement plans</li> <li>Prepare annual work plans</li> <li>Prepare recruitment plans</li> </ul>

**REFER TO ANNEX 3 FOR A SAMPLE TOOL FOR DEVELOPING JOB SCHEDULES**

## Section Five: Performance Monitoring and Review

### 5.1 What is performance monitoring?

Performance monitoring is the continuous assessment of performance against the agreed plan. It involves discussing and documenting critical events. This is a crucial phase of continuously tracking and improving performance, through feedback and reinforcement of key results and behavior. The process ensures that the performance plan is on track and provides an opportunity to discuss work progress and feedback on performance. It also provides opportunity to discuss work progress, competences, and personal development.

- a) The performance monitoring will be done at least quarterly. Monitoring will include support supervision visits to check on progress on the indicators to identify key achievements and challenges.
- b) At all levels, findings will be discussed and agreed on in a meeting at departmental, health facility or at individual level, between supervisor and the health worker.
- c) The supervisor and the health worker will discuss progress towards achieving the set targets and document the results of their discussion on the quarterly review form.
- d) If there are any performance gaps that need to be corrected by the health worker, these shall be documented in the performance improvement plan which shall specify the time frame in which those performance gaps must be corrected.

## EXAMPLE OF A QUARTERLY REVIEW /PERFORMANCE MONITORING PLAN

Period of Assessment..... *1<sup>st</sup> July 2015 to 30th September 2015*

Name of Health Worker ..... *Gonzaga Gonza*

Name of Supervisor ..... *Dr. Antanansio Bazzeketta*

Output	Indicator	Target	Progress made	Area for improvement
HIV/AIDs pre-ventive strategy developed	Time taken	By June 2015	1 <sup>st</sup> Draft ready	Improve on the format
ABC Educa-tion & Promo-tion guidelines developed	<ul style="list-style-type: none"> <li>• Time taken</li> <li>• Format</li> <li>• Standard</li> </ul>	<ul style="list-style-type: none"> <li>• By Dec. 2015</li> <li>• According to format &amp; standard</li> </ul>	Behind schedule	Fast track this activity next Qt
Monthly reports prepared & sub-mitted	<ul style="list-style-type: none"> <li>• Time taken</li> <li>• Format</li> </ul>	By the 2 week of the preceding month	All targets met	Improve on quality of the report

Signature of Appraisee.....Date.....

Name and Signature of Appraiser.....Date .....

## 1.2 How is performance reviewed?

Reviewing performance is a continuous process. It will typically have three elements:

- a) Regular informal meetings where supervisors will discuss current work and development. They will offer feedback to recognize achievement and to encourage progress and identify any possible problems.
- b) Formal interim reviews where the health worker will sit down with his/her supervisor to discuss progress against their performance plan and the annual appraisal review.

### Keeping a record of progress

Both the health worker and supervisor should keep a record of achievements and development activities. This need not be an onerous task and will normally involve recording relevant examples which can guide the discussion at the review meeting.

#### a) Regular feedback

A regular dialogue between supervisors and their team members will be at the heart of performance management. Supervisors shall discuss work as it goes along by talking at regular informal meetings about:

- How the health worker is doing in terms of objectives and competencies.
- What might be added to his/her record of achievements?
- Things to think about that might be enhanced further to work on and any concerns about performance. These may feed into the employee's development plan.

### Refer to Annex 4 for a Format of the Quarterly Review Plan

## SECTION B: ASSESSMENT OF THE LEVEL OF ACHIEVEMENT

This section should be filled by both the Appraiser and the Appraisee. At the beginning of each assessment period, the Appraiser and Appraisee will agree on the key outputs for the assessment period. The means by which performance shall be measured (Performance Indicators) and the minimum level of performance (performance targets) for each output shall be agreed upon. If in the course of the assessment period, other activities are assigned to the Appraisee, the outputs related to the new activities should be agreed upon and included immediately or at least before the end of the assessment period. It is recommended that the maximum number of outputs for each assessment period should not exceed 10.

At the end of the assessment period, an appraisal meeting should be conducted by the Appraiser. The Appraisee completes part B (1), before the appraisal meeting, by indicating the key outputs, performance indicators and targets agreed upon in the performance plan at the beginning of the assessment period. The Appraiser should complete part B (2), after the appraisal meeting. The assessment should reflect the jointly agreed position.

The assessment of the Individual outputs shall be reflected as a performance level under section B(2), this will be supported by relevant comments on performance under the same section. The performance levels shall be described as Excellent, Very Good, Good, Fair and Poor. In order to quantify the assessment the performance levels shall be awarded scores namely; 5 for excellent, 4 for Very Good, 3 for Good, 2 for fair and 1 for Poor. Right after the table below is a detailed description of the performance levels.

## Section Six: Performance Measurement

Performance monitoring is a crucial phase of performance management. Progress towards the achievement of the set performance targets is continuously tracked and performance improved through feedback and reinforcement of key results and behavior.

### 6.1 What is performance measurement?

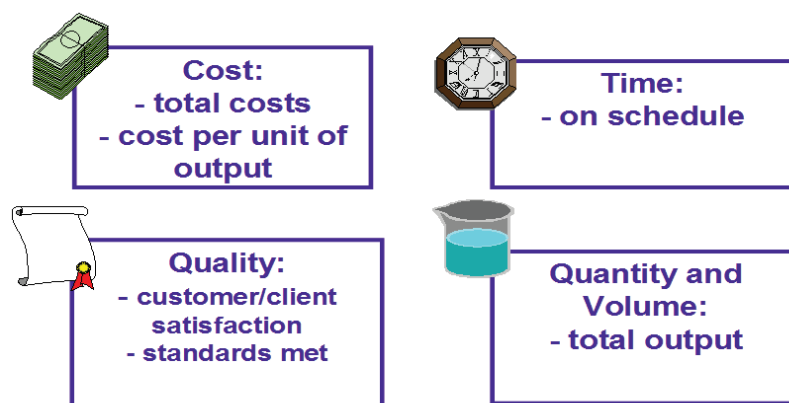
Performance monitoring is the continuous assessment of performance against the agreed plan. It involves discussing and documenting critical events. It is the monitoring of and reporting of program accomplishments particularly progress toward pre-established goals. A health worker cannot improve performance unless he/she knows what the present performance is, and what the expected performance should be.

### 6.2 How is performance measured?

Performance can be measured using a number of units and these include: the cost of producing the result, the timeliness or time

**Cost:** -The cost of delivering a service/output and is mainly valued in monetary terms e.g. total cost per child immunized or cost of a caesarian section.

**Time:** -The responsiveness and time taken to deliver a service is an important measure of performance. Time can be expressed in units of hours, days, months, years e.g. patient waiting time, average length of stay in hospital.



**Quantity:** -This measure of performance is a count of the actual volume of an output produced versus the planned e.g. the number of children immunized, number of patients treated.

**Quality:** - The mission of the health sector is to provide quality services to the population. Quality is defined as the extent to which the output/ service meet the standards and client expectations e.g. percentage of parents satisfied with services, number of patients treated according to standard treatment guidelines.

### 6.3 What is the importance of measuring performance?

According to Tom Peters, "What gets measured gets done. If you don't measure results, you can't tell success from failure. If you can't see success, you can't reward it. If you can't reward success, you are probably rewarding failure. If you can't see success, you can't learn from it. If you can't recognize failure, you can't correct it. If you can demonstrate results, you can win public support". Monitoring performance is important in that it:

- a) Ensures that the performance plan is on track.
- b) Is an opportunity for providing feedback and taking remedial action
- c) Provides opportunity to discuss work progress, competences and personal Developments
- d) Aids the making amendment to the Performance plan when necessary.

According to Robert Einstein, "Everything that can be counted does not count; everything that counts cannot be counted. You get what you inspect, not what you expect"

## Section Seven: Performance Appraisal

Staff performance appraisal is part of the performance management system for the Public Service of Uganda. It is used as a management tool for establishing the extent to which set targets within overall goals of the organization are achieved. Through staff performance appraisal, performance gaps and development needs of an individual health worker are identified. The appraisal process offers an opportunity to the health worker and his/her immediate supervisor to dialogue and obtain a feedback on performance. This therefore, calls for a participatory approach to the appraisal process.

During the performance appraisal stage actual performance is assessed against expectations at the end of the performance cycle to review and document planned vs. actual performance. This stage of the performance unlike the other stages of the performance management cycle is commonly done although it is most times done wrongly. In most cases appraisals are carried out subjectively rather than objectively because they do not refer to performance plans. Performance planning is the weakest stage of performance management and needs to be strengthened urgently.

### 7.1 What is performance appraisal?

Performance Appraisal is the assessment of performance of an individual in relation to the objectives, activities, outputs and targets of a job over a specific period of time.

### 7.2 Why appraise staff?

Staff performance appraisal is intended to:-

- a) Determine the extent to which set performance targets are achieved;
- b) Identify the development needs of the health worker, with a view to developing his or her potential;
- c) Increase officers' motivation;
- d) Provide constructive feedback on performance; and improve staff performance.

### 7.3 What are the benefits of staff performance appraisal?

Staff performance appraisal:

- a) Increases staff motivation, commitment to work;
- b) Improves communication between the health worker and the supervisor;
- c) Enables the identification of current skills and actual performance gaps;
- d) Basis for reviewing performance and future planning;
- e) Offers opportunity for dialogue and feedback on performance;
- f) Serve as a tool for establishing goals that will lead to promotions and career advancement.

### 7.4 When should the assessment take place?

The annual assessment period is from 1st July to 30th June of the following year for confirmed officers and after six months for Officers on probation. The quarterly assessment is done after every three months. The following timelines must be adhered to.



Time line	Action
15 <sup>th</sup> June	Duly filled forms submitted to the supervisor
15 <sup>th</sup> July	Performance assessment/ appraisal conducted
15 <sup>th</sup> August	Signed forms submitted to relevant offices

## 7.5 Who qualifies to appraise staff?

Every health worker must be assessed by the immediate supervisor or someone who directly supervises him or her or as authorized by the head of facility. As a matter of emphasis, the in charges of HC II and HC III must be appraised by the Sub County Chief as the immediate supervisor and thereafter the forms should be submitted to the DHO as a counter signing officer.

## 7.6 How to complete the staff performance appraisal form

Every health worker, who is not on performance contract, will be assessed using PS Form 5, a copy of which is annexed to these guidelines as **Annex 5**.

### 7.6.1 Who initiates the appraisal process?

The process of performance assessment is initiated by the individual health worker by filling Section A and B1 of the Performance Appraisal Form at the end of the assessment period, 1st July to 30th June. It is recommended that the maximum number of outputs for each assessment period should not exceed 10.

### 7.6.2 Who fills section B: Assessment of the level of achievement?

This section should be filled by both the health worker and his/her immediate supervisor. At the beginning of each assessment period, the health worker and his/her immediate supervisor will agree on the key outputs for the assessment period. The means by which performance shall be measured and the minimum level of performance for each output shall be agreed upon. If in the course of the assessment period, other activities are assigned to the health worker, the outputs related to the new activities should be agreed upon and included immediately or at least before the end of the assessment period.

### 7.6.3 How do you assess the level of achievement?

The assessment of the Individual outputs shall be reflected as a performance level under section B(2), this will be supported by relevant comments on performance under the same section. The performance levels shall be described as Excellent, Very Good, Good, Fair and Poor. In order to quantify the assessment the performance levels shall be awarded scores namely; 5 for excellent, 4 for Very Good, 3 for Good, 2 for fair and 1 for Poor.

### 7.6.4 What is the criterion for assessing performance?

The following assessment criterion is used:

- a) Excellent (5):** The health worker has exceeded the agreed targets and has consistently produced results of excellent quality and demonstrated a high level of productivity and timeliness. The Officer is a model of excellence in terms of the results achieved and the means by which they are achieved.
- b) Very good (4):** The health worker has achieved all the agreed outputs in line with the agreed targets and has consistently met the expectations for the outputs achieved and the means by which they were achieved.
- c) Good (3):** The health worker has achieved most, but not all the agreed outputs in line with the agreed targets, and there is supporting rationale for not meeting the other commitments.
- d) Fair (2):** The health worker has achieved minimal outputs in line with the agreed targets and without a supporting rationale for inability to meet the commitments.
- e) Poor (1):** Has not achieved most of the agreed targets and without supporting rationale for not achieving them.

### 7.6.5 How do you determine the overall assessment of performance?

The overall assessment of performance is derived by adding the scores for each section. The average score obtained shall be the overall assessment.

### 7.6.6 How to conduct an appraisal meeting

At the end of the assessment period, an appraisal meeting should be conducted by the immediate supervisor. The health worker completes part B (1), before the appraisal meeting, by indicating the key outputs, performance indicators and targets agreed upon in the performance plan at the beginning of the assessment period. The immediate supervisor should complete part B (2), after the appraisal meeting. The assessment should reflect the jointly agreed position.

### 7.6.7 What should be done during an appraisal meeting?

The health worker and his or her immediate supervisor should do the following during the appraisal meeting:

What the supervisor should do	What the health worker should do
Prepare and share with the health worker a copy of the Appraisal Form	Prepare properly for the appraisal interview;
Provide a conducive climate for the appraisal meeting;	Complete part of the Paper work;
Be honest and open to the health worker;	Draw to the attention of the supervisor to any obstacles of performance;
Be familiar with the Appraisal Instrument and help the health worker;	Ensure that an action plan to improve performance is drawn up;
Attack problems, not the health worker; Agree on the performance plan and performance improvement plan	Accept justifiable criticism;
Provide immediate constructive feedback on performance.	Be open and honest with the Appraiser, and accept feedback on performance.

### 7.6.8 What should not be done during an appraisal meeting?

The health worker and his or her immediate supervisor should not do the following during the appraisal meeting:

What the supervisor should not do	What the health worker should not do
<ul style="list-style-type: none"> <li>• Use stereotype judgment;</li> <li>• Become emotional and argumentative</li> <li>• Use the appraisal interview to settle a personal grudge with your subordinate</li> <li>• Be afraid to draw attention to short comings, but do it in a constructive way</li> <li>• Take the easy way out and rate every one as "average";</li> </ul>	<ul style="list-style-type: none"> <li>• Be defensive unnecessarily;</li> <li>• Be driven by emotions or be rude;</li> <li>• Delay paper work;</li> <li>• Fear to seek for support from your Appraiser; and</li> <li>• Be dishonest with yourself.</li> </ul>

### 7.6.9 What are the roles and responsibilities of supervisors and health worker?

The following are the key roles and responsibilities of both the health worker and his or her immediate supervisor during the appraisal process:

Supervisor	Health Worker
Develop a Performance plan;	Develop Performance Plan;
Offer guidance, coach and mentor	Implement the performance plan
Provide relevant resources and documentation;	Seek guidance and or clarification whenever needed; Prepare for and attend the appraisal meeting
Conduct periodic performance review meetings,	Agree with the supervisor on the performance plan of the following assessment period;
Give regular, honest and constructive feedback	Ensure that all agreed training and development objectives are met; and
Reorganize & reward good performance	Objectively determine any competency gaps that need to be addressed.
Sanction poor performance	
Evaluate performance	
Objectively evaluate performance	

### 7.6.10 How to complete section C: Assessment of core competencies

This section is filled by the immediate supervisor after discussion with the health worker. The assessment helps to establish any areas where some training or development is necessary. The health worker is only rated only in areas, which are relevant to his/her job. The maximum points per competence are 5, where 5 is for Excellent, 4 - Very Good, 3 - Good, 2 - Fair, 1 - Poor, N/A - Not Applicable. The supervisor should give work related examples under comments, to justify their rating.

### 7.6.11 what are competencies?

Competencies are specific and observable knowledge, skills and behaviors that are associated with effective functioning of the job/task. The behavioral competencies describe traits and attitudes, while technical competencies describe skills and knowledge required to do a specific job.

The performance is therefore also discussed in terms of competencies in Section C that enabled the outputs and targets to be met or the weaknesses that hampered their attainment. The competencies should be the basis for training needs identification and development plan in Section D. (Action plan)

### 7.6.12 How to complete section D: Action Plan to improve performance

The action plan is jointly agreed upon during the performance appraisal meeting, taking into consideration the health worker's required job competences and the identified performance gaps. The action plan to improve performance may include; training, coaching, mentoring, attachment, job rotation, counseling and/or provision of other facilities and resources.

Where the plan (s) involves formal training of the health worker, the record should be forwarded to the performance management task team/training committee.

#### Example of a Performance Improvement Plan

Performance Gap	Agreed Action	Time frame
Customer care	Attachment	Two weeks
Report writing skills	Coaching by supervisor	One month
Communication skills	Mentoring	Two months

### 7.6.13 what is a personal development plan?

A personal development plan is where development needs of the health worker will be set out. The plan need includes: the development needed; how the development will be achieved, when the development will be achieved, how the achievement will be measured. As with any training and development there will be many ways to help the health worker develop.

**Refer to Annex 5 for a Format of the Performance Improvement Plan**

### **7.6.14 How to complete section E: Comments, Recommendations and Signatures**

This section is to be completed by the health worker, his/her immediate supervisor and the counter signing Officers. It is a confirmation that the appraisal meeting took place and that there was agreement or if there was disagreement, it was resolved. It is also confirmation that the action plan to improve performance was discussed and agreed upon. The health worker / immediate supervisor / countersigning officer should use this section to comment about the job, career and any other relevant information.

### **7.6.15 who is a counter signing officer?**

A counter signing officer is the supervisor of the health workers immediate boss; for example if the immediate supervisor is the senior nursing officer, the countersigning officer is the principal nursing officer.

### **7.6.16 who is the Responsible Officer?**

The responsible officer is the Permanent Secretary, the Chief Administrative Officer/ Town Clerk of a Municipal Council or anyone they have formally assigned or delegated this function in writing.

### **7.6.17 what happens when there is a disagreement between the health worker and his/her immediate supervisor?**

If the health worker disagrees with his/her immediate supervisor about any element of the appraisal, the supervisor's supervisor should be consulted to help resolve the issue. If the supervisor is not able to resolve the issue, it should be forwarded to the next supervisor in rank and finally to the responsible officer.

**Refer to Annex 6 for a Sample Performance Appraisal Form (PS Form 5)**

## Section 8: How to Manage Under Performance

The performance improvement process contains several elements. The process:

- a) Provides specific expectations,
- b) Explains the deficient performance,
- c) Allows reasonable time to resolve the deficient performance,
- d) Ensures staff are treated consistently, and
- e) Notifies staff of the consequences of continued deficient performance.

It also provides health workers with the opportunity to engage with management in developing strategies to improve performance and reduces liability to the health facility.

### 8.1 What is a performance gap?

A performance gap is the discrepancy between the desired and the actual level of achievement/performance.

### 8.2 Key Issues to Managing Performance Gaps

There is need for the supervisor to carry out an analysis to: -

- a) Confirm whether the disparity between the set performance target and
- b) actual achievement constitute a real performance gap;
- c) Determine whether the performance gap is significant and relevant;
- d) Identify the root cause of non-performance;
- e) Confirm whether non-performance is the result of culpable or non-culpable behavior;

Non culpable reasons for non - performance may include perceived or actual work over-load; insufficient training or instruction; insufficient information; in adequate financial resources while culpable reasons for non - performance may include insubordination, absenteeism, late coming, moonlighting, theft, reporting for duty when drunk and destruction of property.

### 8.3 When to use the performance improvement process

There are generally three instances when supervisors are strongly encouraged to initiate the performance improvement processes, which are listed below.

#### a) The staff member's quality and/or quantity of work are below standard.

Examples include:

- Performance expectations are not met
- Deadlines are missed
- Errors are repeated numerous times
- Patient submits complaint

#### b) Staff violates policy. Examples include:

- Excessive absenteeism
- Failure to follow procedures
- Taking unauthorized breaks

c) **Staff commits an infraction of the facility policy.** Examples include:

- Sexual harassment
- Theft
- Assault or workplace violence
- Discrimination

## 8.4 How to manage individual performance gaps

When the supervisor realizes that one of the expected results defined in the performance plan were not achieved, he/she must first determine if non achievement is a result of individual performance or general organizational factors. If non achievement is the result of an organizational factor, this does not constitute a performance gap. There is need to identify the root cause of non-performance.

## 8.5 What supervisors should do or not do

Supervisors should	Supervisors should not
<ul style="list-style-type: none"> <li>• Clearly communicate expectations verbally and in writing.</li> <li>• Document all interactions with staff that relate to their performance.</li> <li>• Neutrally and thoroughly assess situations by gathering all the pertinent facts.</li> <li>• Identify areas of development and ensure that on-boarding practices are in place.</li> <li>• Talk with staff as soon as possible regarding performance concerns</li> <li>• Invest in the employee's success.</li> <li>• Provide a copy of schedules of duties</li> <li>• Resist reacting to a situation when emotional.</li> <li>• Coach and counsel staff</li> <li>• Listen to staff when they discuss "their side" of an incident and then document the response.</li> <li>• Provide written notice to staff of performance issues.</li> </ul>	<p>Overreact.</p> <ul style="list-style-type: none"> <li>• Ignore issues.</li> <li>• Take sides on an issue or situation.</li> <li>• Promise or commit to take actions that are not consistent with health sector practices</li> <li>• Act inconsistently in the management of similar cases.</li> <li>• Disregard policies and procedures.</li> <li>• Proceed with incomplete information, such as not asking staff for a response about the performance concern.</li> <li>• Issue corrective action/discipline without reference to the PM Committee or HR</li> </ul>

## 8.6 Step by step Management of Poor Performance

What supervisor needs to do?

- a) Discuss with the health worker the poor performance
- b) Inform the health worker that his or her work does not meet the required performance standards;
- c) Explain to the employee the performance standards required;
- d) Determine the reasons for the poor work performance; and
- e) Determine the manner in which poor work performance is to be addressed, including practical steps that need to be taken by both parties

## 8.7 Remedial steps

The course of action should include:

- a) Providing the health worker with clear instructions on the best way to perform his/ her tasks
- b) Set measurable performance goals and allow reasonable timeframes for improvement;
- c) Providing guidance or coaching (if necessary) or appointing a competent colleague to do this on your behalf;
- d) Provide the health worker with, or arrange formal or informal training (if necessary);
- e) Provide the health worker with, or arrange formal or informal training (if necessary); and
- f) Set a review date and follow-up meetings to check on the health worker's progress.

## 8.8 Documenting health worker performance

One of the key elements in the creation of a high performance culture involves the effective management of staff performance. Supervisors play a pivotal role in this process which includes on-going coaching, feedback and documentation.

In this context, it is critical for staff to know, and for supervisors to share with staff, whether they are not meeting, meeting, or exceeding performance expectations. Supervisors should encourage excellence in performance by sharing those instances where staff is meeting/exceeding expectations. When performance is below expectations or when any regulation has been violated, it is imperative to document it, as well as any counseling sessions with the staff member. Adhering to the following points will help a supervisor effectively implement the performance improvement process when needed:

- a) State the facts of the incident and/or behavior
- b) What happened?
- c) The regulation that may have been violated.
- d) Where it happened.
- e) When it occurred.
- f) Witnesses to the incident.
- g) Give the health worker an opportunity to respond.

## 8.9 Developing a Performance Improvement Plan (PIP)

A performance improvement plan is developed to help the health worker be successful in the job by changing the undesired behavior. The intent is to provide sufficient structure to support excellent staff performance. Performance improvement plans should be maintained in the staff member's permanent personnel file.

## 8.10 What is included in the improvement plan and conversation?

A performance improvement plan and conversation should include:



- a) Description of the performance that needs to be corrected and why it needs to be corrected.
- b) A statement describing how the unit is negatively impacted by the lack of performance.
- c) A discussion with the employee to understand the reasons why performance is not at the desired level. Based on this dialogue proceed with the development of a performance improvement plan.
- d) Identify the expectation or regulation that has been violated.
- e) Describe the desired performance; any qualitative or quantitative measurement, if applicable; and the time frame within which the desired performance must occur.
- f) Identify action steps that can be taken to reach the desired performance.
- g) Inform the employee as to how staff performance will be monitored/reviewed.
- h) Establish a date and time to discuss progress (successes and challenges) in changing the performance.
- i) Identify and select any additional resources that the unit may provide to help the staff member improve the performance.

### 8.11 Performance Improvement Plan (PIP)

- a) The plan shall be jointly agreed during the performance appraisal meeting,
- b) It should take into consideration the health worker's required job competences and the identified performance gaps.
- c) The plan may include; training, coaching, mentoring, attachment, job rotation, counseling.

#### Example: of a performance improvement plan

Performance Gap	Agreed Action	Time frame
Customer care	Attachment	Two weeks
Report writing skills	Coaching by supervisor	One month
Communication skills	Mentoring with senior midwife	Two months
Record keeping	Attachment	1 week
Use of pantograph	Coaching	2 Weeks

### 8.12 What if performance does not improve?

Give the health worker a written report on the outcome of the process followed thus far; and make it clear to the employee during this meeting that::

- a) Problems have been experienced with his/her performance for some time;
- b) You have given the health worker appropriate opportunity to improve his/her performance to meet the required standards;
- c) Despite the employee being aware of the required performance standards, the employee's work still fails to meet the performance standards; and the supervisor must then consider whether:
- d) To continue giving the health worker further guidance, counseling and establish a further appropriate period for the employee to meet the required standards of performance, or
- e) Place the health worker in a more appropriate job, or
- f) Mentor the health worker, or
- g) Charge the health worker with misconduct or incapacity, whichever is appropriate, given the circumstances surrounding the continual poor performance.

### 8.13 Performance Improvement (PI) Checklist

- a) In the performance improvement plan did you tell the health worker that his or her work was unacceptable in one or more critical elements?
- b) Did the performance improvement plan tell the health worker specifically what he or she had to do to improve performance in order to keep his or her job?
- c) Did you explain what efforts would be made to assist the health worker (including training, if appropriate)?
- d) Was the notice clear that continuing failure to meet performance standards would result in demotion or removal?
- e) Did you provide the promised assistance (training, etc.) to the health worker?
- f) Did you document the health worker's performance during the PIP?
- g) Did you take into account any approved annual, sick, or other leave during the opportunity period?
- h) When the performance improvement plan ended, was the health worker still performing at less than the minimally successful level?
- i) If the employee succeeded in raising his or her performance was he/she rewarded?

### 8.14 Importance of regular feedback

The performance management system should help managers to regularly review performance and identify problems early on. Action should be agreed between the supervisor and health worker to remedy any problems at the earliest opportunity but not to wait until the end of the assessment period or during the appraisal process.

### 8.15 Support and coaching

Supervisors should help health workers through support supervision and coaching to enable them understand possible options for improving performance and take the necessary action. Under performance may have a variety of causes and some of them may be outside the individual health worker's control. It is therefore important to discuss any problems carefully with workers so that practical solutions can be agreed.

### 8.16 Having that difficult conversation

Regular reviews and support will help minimize under-performance. Nevertheless there may be occasions when, despite adequate support, the health worker's performance consistently fails to reach the required standard. Where this is the case supervisors must not duck the issue, the supervisor must be prepared and ready to have difficult conversations with the worker concerned.

### 8.17 Disciplinary action

Where informal approaches fail you the supervisor should take more formal action in accordance with the Public Service Standing Orders and Public Service and Health Service Commission Regulations. In cases of unsatisfactory performance the first formal stage will be in writing setting out, the performance problem, the improvement that is required, and the timescale for achieving this improvement, a review date and any support required by the worker.

Discipline in the Public Service entails the observance and execution of one's roles and obligations in accordance with the Public Service Code of Conduct and Ethics. No health worker will be subjected to any punishment without first being informed, in writing, what he or she has done and being given an opportunity to defend himself or herself in writing.

The Performance management task team handling disciplinary cases must be impartial and both sides in the case must be heard. It is essential that when disciplinary proceedings are instituted against

a health worker, they are brought to a speedy conclusion.

The Disciplinary procedures provide for a progressive approach to disciplinary action as indicated below:-

- a) Oral or verbal warning by the supervisor to be noted but not recorded is valid for a duration of three (3) months;
- b) A formal warning is given in writing in serious cases stating the nature of the offence and likely consequences for further offences; and
- c) A final written warning under the signature of the Responsible Officer should, when given, be valid for a period of twelve (12) months.

Recurrence of the offence should lead to suspension and interdiction or other disciplinary measures as the case may be.

## Section Nine: Rewarding or and Sanctioning Performance

Sustenance of an effective performance management system must be supported by an objective rewards and sanctions framework, which allows managers to reward excellent performance and sanction poor performance in a timely manner. Such a framework must be objective and robust enough to provide incentives for molding the behavior of employees and to cultivate a performance culture that focuses on results, excellence and professionalism.

### 9.1 What is a reward?

A reward is an incentive given to an individual or a team or an institution for their outstanding contribution to the attainment of organizational goals/objectives.

### 9.2 What is a sanction?

A sanction on the other hand is an action against a public officer, team or institution whose performance falls short of the expected standards, as a result of culpable behaviors.

### 9.3 Why the emphasis on rewards and sanctions in the health sector?

Whereas the Ministry of Public Service introduced the reward and sanctions framework and whereas the public service regulations provide for measures and procedures to deal with indiscipline, their enforcement is still weak and slow both at individual and institutional level. The rewarding of best performing districts is not conclusive and does not provide for individual rewards. The emphasis on rewards and sanctions in the health sector is intended to:

- Enhance consistency, transparency and objectivity in application of rewards and sanctions in the Public Service;
- Introduce sanctions to promote better performance;
- Promote innovation in public service performance and delivery;
- Introduce financial rewards in addition to the already existing non-financial rewards; and
- Increase the value of rewards and the intensity of the consequences of sanctions.

### 9.4 Who qualifies for a reward?

To qualify for a reward, institutions, teams or individuals must satisfy a number of conditions.

Institutional level	Individual level
Achievement of all performance targets	Exceed key commitments outlined in their performance plans.
Evidence of fulfillment of key service standards	Sponsorship of an innovation that results in efficiency, economy and effectiveness.
Sponsorship of an innovation that results in efficiency, economy and effectiveness	Demonstration of outstanding contribution towards achievement of institutional goals.
Demonstration of outstanding contribution towards national development goals	Exhibition of a good image of a Public Officer or the Public Service.
Achievement of results as reflected in the Government Assessment Report.	

## 9.5 What are the conditions for sanctioning poor performance?

Application of sanctions to institutions, teams or individuals shall be based on the following conditions: Sanctions shall be applied in cases of failure by an institution or individual to:

### Institutional Level Individual

Institutional level	Individual level
Achieve half of the key deliverables as outlined in the performance plans,	Achieve half of the key deliverables as outlined in the performance plan
Fulfill key service standards as outlined in the Client Charters.	Observe the Code of Conduct and Ethics in the Public Service.
Adhere to the Public Finance and Accountability Act and the Leadership Code.	Adhere to the Public Finance and Accountability Act, the Leadership Code.
Meet performance standards as stipulated in the Client Charters.	

## 9.6 Types of rewards

Reputational rewards	Financial rewards	Operational rewards
Certificates	Increased budget allocation	Operational flexibility and comfort in the management of financial and non-financial resources
Letter of recognition	Bonuses	
Plaques	Coupons and cash	
Trophies		
Public applause		

## 9.7 Types of Sanctions

Reputational sanctions	Financial sanctions
All interventions that are a source of shame	These include reduced budget allocation and imposition of fines and penalties and other sanctions in accordance with the Public Finance and Accountability Act
Public naming and shaming	
Disciplinary action as per the government regulations	

Refer to annex No.7 for a copy of the Public Service Reward and Sanctions Framework

## Section 10: Performance Contracting /Performance Agreements

In order to address the shortcomings in service delivery and enhance transparency and accountability, performance agreements were introduced for Hospital Directors of Regional Referral Hospitals in July 2011 and were supposed to be cascaded to lower level health units. Effective 1st July 2015, all heads of HC IVs will sign performance agreements with their immediate supervisor and shall be witnessed by the Chairperson of the management board. The following is the detailed timelines by Ministry of Public Service for rolling out the implementation of performance agreements in the public sector.

### 10.1 What are a performance agreement/ contract?

A performance agreement/contract is a management tool for measuring performance against negotiated performance targets. The agreement/contract specifies the mutual performance obligations, intentions and responsibilities of the two parties.

### 10.2 What are the expected outcomes of introducing the agreements?

The performance agreements provide a formal process to document the level of achievement of key outputs and targets to enable the supervisor to recognize and reward excellent performance by utilizing consistent criteria for assessing and addressing performance gaps, while at the same time sanctioning poor performance. The expected outcomes of the introduction of Performance Contracts in the health sector include:

- a) Improved efficiency in service delivery to the public by ensuring that holders of public office are held accountable for results;
- b) Improvement in performance and efficiency in resource utilization and ensuring that public resources are focused on attainment of the key national health policy priorities;
- c) Institutionalization of a performance-oriented culture;
- d) Ability to measure and evaluate performance;
- e) Ability to link reward for work to measurable performance;
- f) Instilling accountability for results at all levels of service delivery;
- g) Ensuring that the culture of accountability pervades all levels of service delivery;
- h) Creating a culture of results-oriented management in the Public Service.

### 10.3 How to sign the Performance Agreement

The Hospital Director signs the Performance Agreement with the Director General, Health Services and the Chairperson; Hospital Management Board witnesses the signing. In the case of the HC IV the Medical Superintendent signs the Performance Agreement with the Chief Administrative Officer and the Chairperson; Hospital Management Board and the District Health Officer witness the signing.

## What are the timelines for signing the performance agreement?

The performance agreements will be signed annually by 31st August as follows:

Post Title	Supervisor
Hospital Director	Director General Health Services
Medical Superintendent	Chief Administrative Officer
In Charge HC III	Sub County Chief
In Charge HC II	Sub County Chief

### 10.4 How many copies should be signed?

Four copies will be signed and distributed as follows:

- One (1) copy for the Officer.
- One (1) copy for Officer's file. Where an electronic file exists, a scanned copy must be kept on the Officers' e-file.
- One (1) copy for the Supervisor.
- One (1) copy for the Ministry of Health ( in case of Directors) or the Chief Administrative Officer/ Town Clerk for others

### 10.5 How to fill the Performance Agreement Form

The Performance Agreement Form has four (4) sections.

Section A; is for the personal particulars; Sub-section B1 is for key out puts; Subsection B2 is for financial, Human Resource and Assets management outputs; Subsection B3 is for cross cutting initiatives and Sub-section B4 is for professional and personal development initiatives and innovations. Section C is for commitments and Section D is for signatures.

#### 10.5.1 Section one: Strategic outputs

- In this Section, the health worker is required to report on at least four (4) strategic outputs.
- The key outputs and targets reflected in the performance agreement will be determined based on the Ministerial Policy Statements, Local Government Budget Framework Papers and Facility priorities.

#### 10.5.2 Section two: Financial and Human Resource Management outputs

In this section, the health worker is required to deliver on key financial outputs determined by the Responsible Officer and human resource outputs determined by the Ministry of Public Service. The human resource outputs will be communicated annually through a Performance Management Circular.

### 10.5.3 Section three: Cross-Cutting Initiatives and Innovation

In this section, the health worker is required to report on at least one (1) contribution to the cross-cutting initiatives or any innovation introduced during the Financial Year. The cross-cutting initiative include: promotion of gender awareness or HIV/ AIDS, health and safety at the work place, protection of the environment etc.

#### 10.5.4 Section four: Commitments

In section four, the key commitments of the Responsible Officer and health worker are highlighted.

#### 10.5.5 Section five: Signatures

In section five, the Supervisor and the health worker are required to sign the performance agreement.

## 10.6 Monitoring Performance

The performance of the health worker is monitored on a continuous basis by the respective supervisors and a record of kept on the health worker's file. The Ministry of Health and the Chief Administrative Officer are responsible for monitoring the implementation of the performance agreements and for providing progress reports.

### 10.7 How to conduct the performance assessment

The performance assessment should be concluded by the 31st July. The health manager is required to:

- a) Capture the outputs and targets from the agreement into the performance assessment form/ Report.
- b) Indicate the results achieved and the supporting evidence which had been agreed upon as the means of verifying that the out puts and targets had been met; and
- c) Provide reasons in cases where targets were not met, including any mitigating measures taken.

Every health worker is required to submit his or her annual performance report to the Supervisor by 30th June every year. The immediate supervisors are responsible for determining the extent to which performance targets have been achieved by the respective Officers on an annual basis.

### 10.8 What is the criterion for assessing performance?

The assessment criterion used is similar to that of other health workers who are not on contract as details in No. 7.6.4 of these guidelines. The maximum points per competence are 5, where 5 is for Excellent, 4 - Very Good, 3 - Good, 2 - Fair, 1 – Poor. The supervisor should give work related examples under comments, to justify their rating.

### 10.9 How to conduct the overall assessment of performance

The overall assessment of performance is derived by adding the scores for each section. The average score obtained shall be the overall assessment.



## 10.10 How to rewards and sanctions performance

Based on the results of the performance assessment, the Responsible Officer may recommend to the Permanent Secretary, Ministry of Public Service an Officer to be rewarded or recognized for his or her excellent performance. The Responsible Officer may institute disciplinary action against an Officer in case of unsatisfactory performance. The rewards will be in line with the Public Service Rewards and Sanctions Framework,

## 10.11 How are the performance reports distributed?

Four copies of the Performance Report will be signed and distributed as follows:

- a) One (1) copy for the officer
- b) One (1) copy for officer's file. Where an electronic file exists, a scanned copy must be kept on the officers' e-file.
- c) One (1) copy for the supervisor
- d) One (1) copy to the ministry of health ( in case of hospital directors) or the Chief Administrative Officers in case of others

## 10.12 What happens when one is not satisfied with the assessment?

A health worker who is not satisfied with the performance assessment may appeal to the supervisor's immediate supervisor to help resolve the issue. If the issue, is not resolved then it should be referred to the Responsible Officer.

## Section 11: Benefits of Implementing Performance Management in the Health Sector

Effective implementation of performance management in the health sector shall yield enormous benefits to the clients, individual health worker, health facility, district local government, Ministry of health & other line ministries, and other key stakeholders as outlined below:

Patients/clients	Individual health workers	Health facility
<ul style="list-style-type: none"> <li>Improved client focus and customer care</li> <li>Increased accountability</li> <li>Reduced patient waiting time</li> <li>Improved communication</li> <li>Increased public trust and confidence</li> <li>Better health seeking behavior</li> <li>Improved service delivery</li> <li>Demand driven service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Accountability for results</li> <li>Improved job satisfaction and motivation</li> <li>SMART objectives, targets, indicators and outputs</li> <li>a shared vision and alignment to institutional results</li> <li>Guidance and career development.</li> <li>Improved communication</li> <li>Motivating working environment</li> <li>Better assessment of performance</li> <li>Professional growth and career advancement.</li> <li>Performance based rewards and sanctions</li> </ul>	<ul style="list-style-type: none"> <li>Improved efficiency and effectiveness</li> <li>Higher productivity</li> <li>high-quality services,</li> <li>Reduced absenteeism</li> <li>Equitable deployed of staff</li> <li>Improved staff attraction and retention</li> <li>Accountability for results</li> <li>Public trust and confidence</li> </ul>

There are also benefits to the district local government, Ministry of health and other line ministries plus other key stakeholders as detailed below.

District Local Governments	MoH and MDA	Other stakeholders
<ul style="list-style-type: none"> <li>Improved service delivery</li> <li>Improved Institutional performance.</li> <li>Demand driven service delivery</li> <li>Attraction and retention of staff</li> <li>Improved capacity building interventions</li> <li>Reduced absenteeism</li> <li>Higher productivity</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced alignment to sector activities and processes to the achievement of National Development Plan objectives</li> <li>Better achievement of health-related MDGs</li> <li>Efficiency, effectiveness and productivity</li> <li>Better service delivery</li> <li>Prioritized allocation of resources.</li> </ul>	<ul style="list-style-type: none"> <li>Improved financing and resource allocation</li> <li>Partnerships in service delivery and project implementation</li> <li>Improved service delivery</li> <li>Transparency and accountability</li> </ul>

## Section 12: Performance Management Implementation Structures and Roles and Responsibilities of Key Stakeholders

The implementation of performance management in the health sector shall be guided by the following structures:

### Performance Management Committees

For the effective implementation and coordination of PM initiatives, there shall be established PM Committees at:

- a) Ministry of Health Headquarters
- b) National Referral Hospitals
- c) Regional referral Hospitals
- d) District Local Government

#### 1. Ministry of Health Performance Management Committee at MOH

##### a) Establishment and Composition

There shall be a Performance Management Committee at the MoH headquarters to oversee the overall implementation of performance management in the health sector. The Committee shall be chaired by the Responsible Officer or his/her Nominee. The Committee membership shall comprise of the members of the Top Management Team of the ministry. The Head of the Human Resource Management Section shall be the Secretary to the Committee.

##### b) Roles and responsibilities of the Ministry of Health Performance Management Committee

There shall be a Performance Management Committee at the MOH to oversee the overall implementation of performance management in the health sector. The Committee shall carry out the following roles and responsibilities.

a) Oversee the overall implementation of performance management in the health sector.	b) Coordinate PM activities
c) Coordinate capacity building for PM Committees at the lower levels	d) Provide ongoing supportive supervision.
e) Supervise and monitor the implementation of performance management activities	f) Constitute a core Team of trainers
g) Develop, customize and make available PM tools	h) Supervise the implementation of performance agreements at the various levels.
i) Clarify job descriptions, support of develop schedules of duties & job expectations	j) Support development of departmental and individual performance plans.
k) Prepare and submit periodic PM reports	l) Manage all activities hitherto done by the Rewards and Sanctions Committee
m) Manage all activities hitherto done by the Disciplinary Committee	n) Support the review of individual performance plans and align them with the institutional work plans.
o) Organize training programs for staff skills improvement based on performance assessment reports.	

### c) **Composition, Roles and Responsibilities of Chairperson and Secretary to the PM Committee**

The PM Composition, Committee shall be composed of a Chairperson, Members and a Secretary, who shall carry out the following roles and responsibilities.

Roles of the Chairperson	Roles of the Secretary
<ul style="list-style-type: none"> <li>a) Convene meetings</li> <li>b) Coordinate and monitor the implementation of the performance management system</li> <li>c) Ensure compliance with PM guidelines</li> <li>d) Chair meetings</li> <li>e) Submit periodical performance reports to the Responsible Officer.</li> </ul>	<ul style="list-style-type: none"> <li>a) Organize meetings, record and circulate proceedings to members.</li> <li>b) Communicate decisions of the Committee.</li> <li>c) Implement decisions of the Committee.</li> <li>d) Maintain records in an accessible format.</li> <li>e) Compile and analyze performance reports</li> </ul>

## 1. **Performance Management Committee at National and Regional Referral Hospital Level**

### a) **Establishment and Composition**

There shall be a District Performance Management Committee at the Referral hospital level to oversee the overall implementation of performance management in the hospital. The Committee shall be supervised by the Chief Director and its membership shall comprise of the Heads of Department. The Head of the Human Resource Management Section shall be the Secretary to the Committee.

### b) **Roles and functions of the Referral Hospital Performance Management Committee**

<ul style="list-style-type: none"> <li>a) Capacity building for members of the I Performance Management Committee and other supervisory staff</li> <li>b) Support staff at to clarify job descriptions and to develop schedules of duties in line with tasks performed.</li> <li>c) Ensure the availability of departmental and individual work plans by supporting departments and staff to develop and review their performance plans in line with the institutional work plans.</li> <li>d) Analyze and assess performance reports from the hospital departments and submit reports</li> </ul>	<ul style="list-style-type: none"> <li>e) Organize training programs for staff skills improvement based on performance assessment reports.</li> <li>f) Ensure the availability of performance management and monitoring tools at all levels.</li> <li>g) Oversee the implementation of the recognition and sanctions framework</li> <li>h) Carry out functions hitherto done by the rewards and sanctions Committee and the Disciplinary Committee</li> </ul>
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## Composition, Roles and Responsibilities of Chairperson and Secretary to the PM Committee

The Performance Management Committee at the Referral Hospital shall be composed of a Chairperson, Members and a Secretary, who shall carry out the following roles and responsibilities.

Roles of the Chairperson	Roles of the Secretary
<ul style="list-style-type: none"> <li>a) Convene meetings</li> <li>b) Coordinate and monitor the implementation of the performance management system</li> <li>c) Ensure compliance with PM guidelines</li> <li>d) Chair meetings</li> <li>e) Submit periodical performance reports to the Responsible Officer.</li> </ul>	<ul style="list-style-type: none"> <li>a) Organize meetings, record and circulate proceedings to members.</li> <li>b) Communicate decisions of the Committee.</li> <li>c) Implement decisions of the Committee.</li> <li>d) Maintain records in an accessible format.</li> <li>e) Compile and analyze performance reports</li> </ul>

### 2. Performance Management Committee at District Level

#### a) Establishment and Composition

There shall be a District Performance Management Committee at the district to oversee the overall implementation of performance management in the district. The District Performance Management Committee shall be supervised by the Chief Administrative Officer and its membership shall comprise of the Heads of Department. The Head of the Human Resource Management Section shall be the Secretary to the District Performance Management Committee.

#### b) Roles and functions of the District Performance Management Committee

The PM Committees at the district level will carry out the following roles and responsibilities:

<ul style="list-style-type: none"> <li>a) Capacity building for members of the I Performance Management Committee and other supervisory staff</li> <li>b) Support staff at to clarify job descriptions and to develop schedules of duties in line with tasks performed.</li> <li>c) Ensure the availability of departmental and individual work plans by supporting departments and staff to develop and review their performance plans in line with the institutional work plans.</li> <li>d) Analyze and assess performance reports from the hospital departments and submit reports</li> </ul>	<ul style="list-style-type: none"> <li>e) Organize training programs for staff skills improvement based on performance assessment reports.</li> <li>f) Ensure the availability of performance management and monitoring tools at all levels.</li> <li>g) Oversee the implementation of the recognition and sanctions framework</li> <li>h) Carry out functions hitherto done by the rewards and sanctions Committee and the Disciplinary Committee</li> </ul>
---	---

#### c) Composition, Roles and Responsibilities of Chairperson and Secretary

The Performance Management Committee at the District level shall be composed of a Chairperson, Members and a Secretary, who shall carry out the following roles and responsibilities.

Roles of the Chairperson	Roles of the Secretary
<ul style="list-style-type: none"> <li>a) Convene meetings</li> <li>b) Coordinate and monitor the implementation of the performance management system</li> <li>c) Ensure compliance with PM guidelines</li> <li>d) Chair meetings</li> <li>e) Submit periodical performance reports to the Responsible Officer.</li> </ul>	<ul style="list-style-type: none"> <li>a) Organize meetings, record and circulate proceedings to members.</li> <li>b) Communicate decisions of the Committee.</li> <li>c) Implement decisions of the Committee.</li> <li>d) Maintain records in an accessible format.</li> <li>e) Compile and analyze performance reports</li> </ul>

### 3. Performance Management Committee at Health Facility Level

#### a) Establishment and Composition

There shall be a Performance Management Committee at the health facility level to oversee the overall implementation of performance management at the facility. The Committee shall be supervised by the in charge of the facility and its membership shall comprise of the heads of Units. The officer in charge of Human Resource Management or administration shall be the Secretary to the Committee.

#### b) Roles and functions of the Health facility Performance Management Committee

<ul style="list-style-type: none"> <li>a) Capacity building for members of the I Performance Management Committee and other supervisory staff</li> <li>b) Support staff at to clarify job descriptions and to develop schedules of duties in line with tasks performed.</li> <li>c) Ensure the availability of departmental and individual work plans by supporting departments and staff to develop and review their performance plans in line with the institutional work plans.</li> <li>d) Analyze and assess performance appraisals</li> </ul>	<ul style="list-style-type: none"> <li>e) Organize training programs for staff skills improvement based on performance assessment reports.</li> <li>f) Ensure the availability of performance management and monitoring tools.</li> <li>g) Handle all matters of recognition and sanctions of staff</li> </ul>
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#### c) Composition, Roles and Responsibilities of Chairperson and Secretary

The Performance Management Committee at the Referral Hospital shall be composed of a Chairperson, Members and a Secretary, who shall carry out the following roles and responsibilities.

Roles of the Chairperson	Roles of the Secretary
<ul style="list-style-type: none"> <li>a) Convene meetings</li> <li>b) Coordinate and monitor the implementation of the performance management system</li> <li>c) Ensure compliance with PM guidelines</li> <li>d) Chair meetings</li> <li>e) Submit periodical performance reports to the sub county chief</li> </ul>	<ul style="list-style-type: none"> <li>a) Organize meetings, record and circulate proceedings to members.</li> <li>b) Communicate decisions of the Committee.</li> <li>c) Implement decisions of the Committee.</li> <li>d) Maintain records in an accessible format.</li> <li>e) Compile and analyze performance reports</li> </ul>

## Section 13: Conclusion

Performance management must be viewed as the next logical evolution and essential component of successful health sector management. It is a cultural, operational and human resource management change. The transition requires recognition that:

- a) Rationality is the underlying force of performance management. Ministerial, departmental and health facility managers bring rationality and professional expertise to the sector.
- b) Performance management increases and enhances the professionalism exhibited by managers and must become an accepted practice norm within the sector.

It is envisaged that effective implementation of performance management in the sector will:

- a) Enable the sector to attract and retain talent;
- b) Lead to significant improvement in performance and customer sensitivity among health workers
- c) Promote professionalization.
- d) Offer equal opportunities, for progression on merit and recognition while ensuring high morale amongst health workers;
- e) Contribute to higher productivity and motivation amongst health workers.
- f) Increased public satisfaction with services offered by public health facilities.

Ultimately, effective implementation of performance management will facilitate achievement of results, enhance motivation, and make health workers more accountable. The productivity and performance of the health workforce and the quality of health services will improve, with better access, effectiveness, and efficiency.

## References

1. Circular Standing Instruction No. 4 of 2010: Performance Agreements for Hospital Directors
2. Circular Standing Instruction No. 2 Of 2010: Payment of the hardship allowance in the Public Service: Ministry of Public Service
3. Circular Standing Instruction No.1 of 2011: Public Service Rewards and Sanctions Framework: Ministry of Public Service
4. Establishment Notice No. 2 of 2011: Job Descriptions and Person Specifications for Local Governments: Ministry of Public Service
5. Establishment Notice No. 3 Of 2011: Guidelines for Documenting Service Delivery Standards In the Public Service: Ministry of Public Service
6. Establishment Notice No.4 Of 2009: Application of Sanctions in case of absenteeism In the Public Service: Ministry of Public Service
7. Health Service Commission Regulations
8. Michael Armstrong (2000): Performance management key strategies and practical guidelines 2nd edition.
9. Milwaukee (April 02 2005): Practice-Based Performance Management International Symposium for Developing Effective Performance Measurement Systems in Government
10. MOPS (2007): Integrated performance management framework for the Uganda Public Service.
11. MOPS (2007): Staff performance appraisal in the public service guidelines for managers and staff.
12. MoH: Performance Management in the Health Sector Training Manual; 2012
13. Public Service Standing Orders: 2010 Edition
14. Public Service Reward and Sanctions Framework: 2011
15. Staff Performance Appraisal in the Public Service: Guidelines for Managers and Staff
16. The Uganda Public Service Competence Dictionary; 2007



## Appendix one: Performance Plan



Republic of Uganda

(This form should be filled at the beginning of the assessment period)

### Performance Plan

Period of Assessment..... to.....

Name of Appraisee.....

Job Title/Rank..... Salary Scale.....

Job Description (summary) .....

Output	Activities	Performance Indicators	Performance Targets

Signature of Appraisee .....Date .....

Name and Signature of Appraiser.....Date.....

## Appendix two: Quarterly Review Form



Republic of Uganda

### Quarterly Review Form

Period of Assessment.....

Name of Appraisee.....

Name of Appraiser.....

Output	Performance Indicator	Targets	Progress made since the last meeting	Consensus/Areas for Improvement

Signature of Appraisee..... Date.....

Signature of Appraiser..... Date.....

## SECTION B: ASSESSMENT OF THE LEVEL OF ACHIEVEMENT

This section should be filled by both the Appraiser and the Appraisee. At the beginning of each assessment period, the Appraiser and Appraisee will agree on the key outputs for the assessment period. The means by which performance shall be measured (Performance Indicators) and the minimum level of performance (performance targets) for each output shall be agreed upon. If in the course of the assessment period, other activities are assigned to the Appraisee, the outputs related to the new activities should be agreed upon and included immediately or at least before the end of the assessment period. It is recommended that the maximum number of outputs for each assessment period should not exceed 10.

At the end of the assessment period, an appraisal meeting should be conducted by the Appraiser. The Appraisee completes part B (1), before the appraisal meeting, by indicating the key outputs, performance indicators and targets agreed upon in the performance plan at the beginning of the assessment period. The Appraiser should complete part B (2), after the appraisal meeting. The assessment should reflect the jointly agreed position.

The assessment of the Individual outputs shall be reflected as a performance level under section B(2), this will be supported by relevant comments on performance under the same section. The performance levels shall be described as Excellent, Very Good, Good, Fair and Poor. In order to quantify the assessment the performance levels shall be awarded scores namely; 5 for excellent, 4 for Very Good, 3 for Good, 2 for fair and 1 for Poor. Right after the table below is a detailed description of the performance levels.

B(1)			B(2)	
Agreed Key Outputs, Performance Indicators and Targets			Agreed Assessment of Performance between the Appraiser and the Appraisee	
Key Outputs	Performance Indicators (How will results be measured)	Performance targets (An agreed minimum level of performance)	Performance Level	Comments on Performance

## Definition of the Performance Levels

**Excellent (5):** The Appraisee has exceeded the agreed targets and has consistently produced results of excellent quality and demonstrated a high level of productivity and time-ness. The Appraisee is a model of excellence in both the results achieved and the means by which they are achieved.

**Very good (4):** The Appraisee achieved all the agreed outputs in line with the agreed targets. The Appraisee consistently meets expectations for the outputs achieved and the means by which they are achieved.

**Good (3):** The Appraisee achieved most, but not all the agreed outputs in line with the agreed targets, and there is no supporting rationale for not meeting the other commitments.

**Fair (2):** The Appraisee has achieved minimal outputs in line with the agreed targets and without a supporting rationale for inability to meet the commitments

**Poor (1):** The Appraisee has not achieved most of the agreed targets and without supporting rationale for not achieving them.

## Overall Assessment of Performance

Overall assessment of performance should be derived by adding the scores at each performance level and the total divided by the total number of outputs. The average of the scores obtained shall be the overall assessment.

### Overall Performance Level

Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1

### Tick the relevant box

## SECTION C: ASSESSMENT OF CORE COMPETENCIES

This section should be filled by the Appraiser after joint discussions between the Appraiser and Appraisee. The assessment will help establish any areas where some training or development is necessary. The Appraisee should be rated only in areas, which are relevant to his/her job. The maximum points per competence are 5, where 5 is for Excellent, 4 - Very Good, 3 - Good, 2 - Fair, 1 – Poor, N/A - Not Applicable. The Appraiser should give work related examples under comments, to justify their rating.

COMPETENCE	ASSESSMENT						COMMENTS
	Performance level attained (Please tick)						
	5	4	3	2	1	N/A	
<b>Professional knowledge/skills</b> Draws on own experience, knowledge and expertise to demonstrate good judgment; relates professional knowledge to work.							
<b>Planning, organizing and coordinating</b> Prioritizes own work, develops and implements plans; rationally allocates resources, builds group capacity for effective planning and executing of work. Has ability to meet deadlines.							
<b>Leadership</b> Keeps people informed; models and encourages personal accountability; uses power and authority fairly; demonstrates credible leadership, champions new initiatives; reinforces and communicates a compelling vision for change.							
<b>Decision Making</b> Makes logical analysis of relevant information and factors; develops appropriate solutions and takes action, generates ideas that provide new insight; provides reasons for decision or actions, is objective.							
<b>Team work</b> Works cooperatively and collaboratively; builds strong teams; shares information and develops processes to improve the efficiency of the Team.							
<b>Initiative</b> Shows persistence by addressing current problems; acts proactively, plans for the future and implements comprehensive plans. Is open to new ideas; curious about and actively explores new possibilities; identifies how to create more value for customers; takes action on innovative ideas and champions innovation.							

<p><b>Communication</b> Actively listens and speaks respectfully; seeks to send clear oral and written messages; understands the impact of messages on others.</p>							
<p><b>Result Orientation</b> Takes up duty willingly and produces results.</p>							
<p><b>Integrity</b> Communicates values to others, monitors own actions for consistency with values and beliefs, takes pride in being trust worthy; is open and honest and provides quality services without need for inducements.</p>							
<p><b>Human Resource Management</b> Works effectively with people to achieve organizational goals. Motivates the supervisees, focuses on the knowledge, skills and attitudes and the general work environment that affects their efficiency and effectiveness. Trains, mentors, coaches, inspires, motivates the supervisees, delegates effectively and are able to build a strong working team.</p>							
<p><b>Financial Management</b> Knows the basic financial policies and procedures; familiar with the overall financial management processes.</p>							
<p><b>Management of other resources (equipment &amp; facilities)</b> Effectively and efficiently uses resources to accomplish tasks.</p>							
<p><b>Time Management</b> Always in time and accomplishes tasks in time required and maximizes the use of time to achieve set targets.</p>							
<p><b>Customer care</b> Responds well and attends to clients. Reflects a good image for the Public service.</p>							
<p><b>Loyalty</b> Complies with lawful instructions of Supervisor and is able to provide on going support to Supervisors.</p>							
<p>Any other relevant Competence</p>							

**SECTION D: ACTION PLAN TO IMPROVE PERFORMANCE**

The Action Plan shall be jointly agreed during the performance appraisal meeting, taking into consideration the Appraisee's required job competences and the identified performance gaps.

The action plan to improve performance may include; Training, Coaching, mentoring, attachment, job rotation, counseling and or provision of other facilities and resources.

Where the plan (s) involves formal training of the Appraisee, the record should be forwarded to the Training Committee.

<b>Performance Gap</b>	<b>Agreed Action</b>	<b>Time frame</b>

**SECTION E: COMMENTS, RECOMMENDATIONS (IF ANY) AND SIGNATURES**

This section is to be completed by the Appraisee, Appraiser and the counter signing Officers. It is a confirmation that the appraisal meeting took place and that there was agreement or if there was disagreement, it was resolved. It is also confirmation that the action plan to improve performance was discussed and agreed upon. The Appraisee / Appraiser / countersigning officer should use this section to comment about the job, career and any other relevant information.

**COMMENTS OF THE APPRAISEE**

.....  
 Signature ..... 

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**COMMENTS OF THE APPRAISER**

.....  
 .....  
 .....  
 Signature ..... 

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**COMMENTS OF THE COUNTERSIGNING OFFICER/SUPERVISOR OF APPRAISER**

.....  
 .....  
 Name of Counter signing Officer .....  
 Job Title .....  
 Signature ..... 

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**COMMENTS OF THE RESPONSIBLE OFFICER**

.....  
 Name .....  
 Job Title .....  
 Signature ..... 

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**Appendix Three: PS FORM 5**



**REPUBLIC OF UGANDA**

**STAFF PERFORMANCE APPRAISAL FORM FOR THE PUBLIC SERVICE**

Uganda Government Standing Orders Section A-e

**Preamble**

Staff Performance Appraisal is part of the Performance Management System for the Public Service of Uganda. It is used as a management tool for establishing the extent to which set targets within overall goals of the organization are achieved. Through staff performance appraisal, performance gaps and development needs of an individual employee are identified. The appraisal process offers an opportunity to the Appraisee and Appraiser to dialogue and obtain a feedback on performance. This therefore, calls for a participatory approach to the appraisal process and consistence in the use of guidelines by all Public Officers in filling the form.

The Appraiser and Appraisee are therefore, advised to read the detailed guidelines before filling this form.<sup>1</sup>

Period of Assessment From   <sup>DD</sup>   <sup>MM</sup>   <sup>YY</sup>   <sup>DD</sup> To   <sup>MM</sup>   <sup>YY</sup>

**SECTION A: PERSONAL INFORMATION (To be filled by the Appraisee)**

Name of the Appraisee .....

Date of Birth   <sup>DD</sup>   <sup>MM</sup>    <sup>YY</sup>

Job Title/Rank..... Salary scale .....

Date of present appointment   <sup>DD</sup>   <sup>MM</sup>    <sup>YY</sup>

Terms of employment (Probation, Permanent, Contract).....

Name of the Appraiser .....

Job Title/Rank.....Salary scale .....

Ministry/ Department/ Local Government/Institution .....

Department.....Division.....

<sup>1</sup> Every Public Officer should be provided with a copy of the staff performance appraisal guidelines, which is also available on the Ministry website: [www.publicservice.go.ug](http://www.publicservice.go.ug)



THE REPUBLIC OF UGANDA

# **STAFF PERFORMANCE APPRAISAL IN THE PUBLIC SERVICE**

## **Guidelines for Managers and Staff**

Ministry of Public Service

JULY 2007

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## Introduction

Performance Appraisal is the assessment of performance of an individual in relation to the objectives, activities, outputs and targets of a job over a specific period of time. Good performance appraisal practice is beneficial to the organization, the individual and the Public Service as a whole. Attainment of individual job objectives leads to attainment of organizational and overall Public Service objectives.

### 2.0 Objectives of Staff Performance Appraisal

The objectives of staff performance appraisal are to:-

- a) Determine the extent to which set performance targets are achieved;
- b) Identify the development needs of the Appraisee with a view to developing his or her potential;
- c) Increase officers' motivation;
- d) Provide constructive feedback on performance; and
- e) Improve staff performance.

### 3.0 Principles Of Staff Performance Appraisal

The basic principles of the performance appraisal process for the Public Service are:-

#### a) Fairness

The appraisal system shall be guided by impartial and reasonable judgments or actions taken by the Appraisers devoid of personal biases.

#### b) Transparency

The system shall be as open as possible giving room for explaining the reasons for the actions and inactions.

#### c) Objectivity

Decisions on performance shall be based on facts and professional predictions rather than opinion.

#### d) Openness and participatory

The process must be open and interactive to allow for the full involvement of the person being appraised.

### 4.0 Benefits of Staff Performance Appraisal

- a) Creates a link between organizational goals/objectives and the staff responsible for implementing them;
- b) Enables the Ministry / Department / Local Government to identify current skills and actual performance gaps thus designing appropriate interventions;
- c) Increases staff motivation, commitment to work and performance as a result of increased involvement and interaction between the Appraiser and Appraisee;
- d) Enables the Appraiser and Appraisee to review past performance and plan for the future;
- e) Offers an opportunity to the Appraisee to dialogue and obtain a feedback on performance;
- f) Gives an opportunity to obtain objective information on performance which can be used in assignment of duties, promotion, training or rewarding good performers and remedial action for poor performance; and
- g) Provides an opportunity to the Appraisee to openly discuss with the Appraiser the training and development requirements and other areas where further assistance is needed.

## 5.0 To whom is it applicable?

The appraisal system applies to all Public Officers in the Central Government Public Service including Police, Prisons, Judicial Service, Health Service, Education Service as well as the Local Governments.

## 6.0 Period of Assessment

This is the period for which performance is being assessed. For example 1<sup>st</sup> July to 30<sup>th</sup> June for confirmed officers in the Traditional Civil Service or every after six month for officers on probation or 1<sup>st</sup> January to 31<sup>st</sup> December for confirmed Teachers.

## 7.0 Number of copies

Each Appraisee shall complete two copies of the form. For all staff in Central Ministries/Departments, a copy should be retained in the Ministry/Department and the other copy sent to the Ministry of Public Service. For all staff in a Local Government, one copy shall be retained in the Department and another kept in the Office of the Chief Administrative Officer or Town Clerk.

## 8.0 Who Qualifies to be an appraiser

In order to be an Appraiser to any staff, one should have directly supervised him/her. In case the work situation does not provide for direct supervision, then one should have worked very closely with the Appraisee and has been authorized by the Head of Department or Responsible Officer to assess his/her performance.

## 9.0 Documents to be referred to in the performance appraisal process

The documents to be referred to by both the Appraiser and Appraisee in the assessment process should include the following:-

- a) Policy Statement, strategic plan and performance plan for the Ministry, Department or Local Government;
- b) Result Oriented Management (ROM) handbook;
- c) Guidelines for Managers and Staff on performance appraisal;
- d) The Performance Appraisal Forms;
- e) The quarterly performance review forms;
- f) The Performance Plan for the assessment period;
- g) Last year's completed Performance Appraisal Forms; and
- h) Other documents the Appraiser and Appraisee may find necessary in obtaining facts, for example reports, minutes and memos.

## 10.0 The Performance Appraisal Process

The Performance appraisal process is divided into four major stages. These are:-

- a) Performance Planning
- b) Performance Monitoring
- c) Performance Assessment
- d) Performance Improvement

### 10.1 Performance Planning

#### (Setting Objectives, Outputs, Performance Indicators and Targets)

##### 10.1.1 What is a Performance Plan?

The performance plan establishes an officer's commitments for the assessment period. It is a record of the individual performance outputs, indicators and targets that contribute to the achievement of the

organizational goals as set out in part B1 of the Performance Appraisal instrument. The performance plan offers the basis or framework against which individual performance outputs/ achievements shall be measured at the end of the assessment period.

Every public officer must have an individual performance plan, which shows clear link to the Ministry's/ Department's/Local Government's overall goals. The performance plan should be jointly developed and agreed between the Appraiser and Appraisee.

Public Officers shall use the format in Annex I to develop their performance plans.

### 10.1.2 When to Develop Performance Plan

A performance plan shall be developed at the beginning of the assessment period immediately following the annual planning and budget cycle of the Ministry/Department/Local Government for all Public Officers and within two weeks from the date of assumption of duty for newly deployed / recruited officers.

### 10.1.3 Key Considerations when Developing a Performance Plan

In developing an individual performance plan, consideration should be given to those elements that relate to one's area of responsibility, strategic objectives of the Department, Division, or Section and the available resources.

### 10.1.4 Responsibility for Developing a Performance Plan

The Appraisee shall develop an initial performance plan, which shall thereafter be jointly discussed and agreed upon with the Appraiser.

### 10.1.5 Key elements of the Performance Plan

The key elements of the performance plan are:-

- a) Job Descriptions (summary of duties)
- b) Outputs
- c) Performance indicators and targets
- d) The signatures of both the supervisor and supervisee

### 10.1.6 Elements of the key Outputs

An output is a product or service delivered by an individual or organization over which it has substantial control. The key outputs in the performance plan should:-

- a) Meaningfully fit into the mandate and annual performance plan of the Ministry/ Department/Local Government / Institution for that particular year;
- b) Not be more than ten (10) and not less than five (5).
- c) Reflect the obligations of the job and not the activities or duties;
- d) Contain key words that describe: results, not means and or activities; and
- e) Meet the **S.M.A.R.T** criteria.

**S:** - Specific – answers who, what, where, when, why, and how.

**M:** - Measurable – establish concrete criteria. Ask questions like "how much? How many?" express the output either quantitatively or qualitatively so that achievement of the measure can be determined?

**A:** - Achievable – the measure is challenging yet realistic and is within your capacity to accomplish. You have the responsibility, authority and resources to be accountable for the results.

**R:** - Realistic or Result Oriented - the measure is stated primarily in terms of end results or outcomes, not just activities.

**T:** - Time bound – must contain a time frame in which you desire a result.

### 10.1.7 Performance Indicator

A performance indicator is a means to measure the progress of an individual over time towards achieving his/her output, usually expressed as an aspect of economy, efficiency or effectiveness. Types of Performance measures are: Quantity, Quality, Cost, and Time.

### 10.1.8 Performance Target

A performance target is a benchmark or standard expected to be derived from the performance plan. Targets should be stated in measurable terms such as volume, time, units, cost, clients handled, reports, meetings etc.

### 10.1.9 Amendment to the Performance Plan

- a) The performance plan may be amended at any time during the Performance Appraisal process. This may arise as a result of some changes in the job/ duties/responsibilities/key outputs.
- b) Disagreements between the Appraiser and Appraisee over the amendment to the performance plan should be referred to the supervisor of the Appraiser or the Head of Department.

In preparing their performance plans, Public Officers are advised to refer to Annex II for the examples of outputs, performance indicators and targets.

## 10.2 Performance Monitoring

The Appraiser has the responsibility of monitoring performance on a continuous basis throughout the year to ensure that activities in line with the agreed performance plan are on track and to provide advice and take remedial action in case of need. The Appraisee should also seek guidance in case of doubt. Critical events or outputs over the assessment period should be noted, by recording them.

In addition to continuous monitoring, the Appraiser shall organize quarterly reviews to discuss:-

- a) The work progress
- b) Competences;
- c) Personal developments; and
- d) Any other issues related to performance.

To ensure that managers keep track of individual performance, Quarterly Review Forms shall be used to document all the results using the format in Annex III. Incidents related to the Performance that stand out and contribute in a big way to the achievements of the targets/goals shall be recorded. At the end of the assessment period, the Appraiser and Appraisee shall use the results obtained to make a final assessment. Performance Appraisal files can be used to record critical performance outputs.

During the quarterly review, the Appraisee starts by giving an oral self-assessment of the progress. He/she should explain how he/she has used the competencies to achieve the agreed outputs/targets. In case of any slippages, he/she should explain the reasons responsible for this and suggest possible solutions. The Appraiser then gives his/her view of the Appraisee's progress. Thereafter, both the Appraiser and Appraisee discuss and agree what learning and development plans are needed to improve performance.

## 10.3 Performance Assessment

### 10.3.1 When should performance assessment take place?

Performance assessment shall take place at the end of the assessment period as below:-

- a) Once every financial year by 15th June in the case of confirmed officers;
- b) Every six (6) months with effect from the date of assumption of duty for officers serving on probation;
- c) Once at the end of calendar year, for teachers by 15<sup>th</sup> December; and
- d) At the end of a period of twelve months for Officers serving on contract terms of appointment.

### 10.3.2 How to Complete the Staff Performance Appraisal Form

The process of performance assessment shall be initiated by the individual Public Officer by filling section A and B1 of the Performance Appraisal Form at the end of the Assessment period. The performance Appraisal form has the following features:

#### a) Preamble

The preamble states the objectives of staff performance appraisal in the public service. It emphasizes the need to read the guidelines before filling the form. Period of assessment indicated in the preamble is the period for which performance is being assessed for example 1<sup>st</sup> July 2004 to 31<sup>st</sup> June 2005.

#### b) Section A – Personal Information

##### Name of the Appraisee

The Appraisee should fill in his / her proper name tallying with the information appearing on his / her letter of appointment and personal information form. In case of change of names, Public Officers should observe the provisions of Government Standing Orders relating to change of names.

The date of birth should be consistent with the dates captured on PSC Form 3 (Application Form for Employment) and the Personal Information Form.

The Job title/rank and salary scale, should be as they appear on the most recent letter of appointment.

The date of present appointment should be the date when the Appraisee assumed duty in the present appointment.

Under terms of employment, the Officer should indicate the terms of appointment whether probation / permanent / contract as specified in the present appointment.

Name of the Appraiser should be the name of the person directly supervising the Appraisee.

#### a) Section B

This section should be filled by both the Appraiser and the Appraisee. At the beginning of each assessment period, the Appraiser and Appraisee will agree on the key outputs for the assessment period. The means by which performance shall be measured (Performance Indicators) and the minimum level of performance (performance targets) for each output shall be agreed upon. If in the course of the assessment period, other activities are assigned to the Appraisee, the outputs related to the new activities should be agreed upon and included immediately or at least before the end of the assessment period. It is recommended that the maximum number of outputs for each assessment period should not exceed 10.



At the end of the assessment period, an appraisal meeting should be conducted by the Appraiser. The Appraisee completes part B (1), before the appraisal meeting, by indicating the key outputs, performance indicators and targets agreed upon in the performance plan at the beginning of the assessment period. The Appraiser should complete part B (2), after the appraisal meeting. The assessment should reflect the jointly agreed position.

The assessment of the Individual outputs shall be reflected as a performance level under section B(2), this will be supported by relevant comments on performance under the same section. The performance levels shall be described as Excellent, Very Good, Good, Fair and Poor. In order to quantify the assessment the performance levels shall be awarded scores namely; 5 for excellent, 4 for Very Good, 3 for Good, 2 for Fair and 1 for Poor.

During the appraisal meeting, the Appraiser and Appraisee shall discuss and review performance in light of the outputs, indicators and targets agreed on in Section B. They will clearly identify the strengths (competencies in Section C) that enabled the outputs and targets to be met or the weaknesses that hampered their attainment. The identified strengths and weaknesses shall be taken into consideration while agreeing on outputs, indicators and targets for the next review period.

In filling this part, the Appraisee and Appraiser should be guided by the worked out examples in Annex II.

## b) Definition of Performance Levels

The performance levels under section B of the Performance Appraisal Form provide guidance in identifying the appropriate performance rating for an officer from among the five performance levels. They are used in relation to the achievement of the key performance outputs, listed under section B (1). The maximum points per performance level is five (5), where 5 is excellent, 4-Very Good, 3 – Good, 2 – Fair, 1 – Poor.

### Excellent (5)

This rating is reserved for those employees who produce results of excellent quality and who demonstrate a high level of productivity and timeliness. The employee is a model of excellence in both the results achieved and the means by which they are achieved.

Performance at this level indicates that the employee has gone beyond the plan, i.e. has consistently achieved results beyond expectations for all key performance outputs, unless a supporting rationale exists for failure to meet a key output which could not be predicted, e.g. funding for a project removed.

The resulting products or outcomes from work done or projects worked on have exceeded Unit/ Division/Department/ Ministry/Local Government expectations and have resulted in improved results for the Unit/Division/Department/Ministry/Local Government. This includes:

- Volunteering and commitment to work on organizational tasks/assignments/committees.
- Mentoring/coaching new staff
- Being a model for knowledge sharing and/or horizontal policy development/service delivery
- Identifying and executing money-saving/time- saving efficiencies

This may have been through developing streamlined or innovative processes, taking particular initiative or excellent management of material, financial and human resources such that the impact went beyond the employee's expected sphere of influence.

Strong teamwork and leadership have contributed to achievement of a goal. This has led to ongoing

positive working relationship with peers, subordinates, partners and clients in such a way that results for the Unit/Division/ Department/Ministry/Local Government are enhanced.

### Very Good (4)

Performance at this level indicates that the employee has met all key performance commitments, unless a supporting rationale exists for failure to meet a key commitment which could not be predicted e.g. funding for a project removed.

This rating indicates that the employee consistently meet expectations for the results achieved and the means by which they are achieved.

Performance meets expectations for quality and timelines, with attention to the impact on achievement of organizational results for the Unit/Division/ Department/Ministry/Local Government taking into account both short- and long-term impacts. Demonstrates independence: i.e. not requiring ongoing direction or re-direction

Performance commitments have been carried out while maintaining positive working relationships with peers, subordinates, partners and clients and with effective management of material, human and financial resources.

### Good (3)

While the employee may have met key performance commitments, he/she requires support in the means by which the commitments were met. For example:

- The employee has managed some, but not all, of the issues related to achievement of the result or product, e.g. ongoing management of the process or result may be difficult.
- Demonstrates lower level of independence requiring higher than usual supervision, direction or re-direction
- While the employee has managed relationships well with clients/stakeholders for the most part, the clients/stakeholders are not fully engaged; ongoing coordination may not be fully effective.
- The means by which results have been achieved are not well aligned with other work at the unit/ Division/Department/Ministry/Local Government.

Performance at this level indicates that the employee has delivered on the majority of the key performance commitments expected for the position; however, the key performance commitment(s) not achieved do not have a supporting rationale for inability to meet the commitment(s). The employee has met most expectations in terms of the quality produced, has met most deadlines and for the most part has demonstrated issues management skills. The employee may be learning in a new position or adjusting to change position expectations, and has not been able to achieve the results expected.

### Fair (2)

Performance at this level indicates that the employee has met some key performance commitments without a supporting rationale for inability to meet all commitments. Some indicators of performance at this level include:

- Majority of the key performance commitments have not been met, without a supporting rationale, either as a result of inadequate results or lack of quality or timeliness.
- Ineffective methods have been used in carrying out the project/work such that ineffective results were achieved or issues were not managed.
- Work relationships with peers, subordinates, partners and/or clients have been detrimental to the achievement of the project or organizational goals, or such that customer needs were not met.

## Poor – (1)

The Appraisee has not achieved most of the agreed targets and without supporting rationale for not achieving them. Some indicators of performance at this level include:-

- Almost all key performance commitments have not been met, without a supporting rationale.
- Ineffective methods have been used in carrying out the work/project.
- Work relationships with peers, subordinates, partners and/or clients have been detrimental to the achievement of results.

## Overall Performance Assessment

The scores at each performance level shall be added and the total divided by the total number of outputs. The average of the scores obtained shall be the overall assessment.

### c) Section C - Assessment of Competencies

Competencies are specific and observable knowledge, skills and behaviors that are associated with effective functioning of the job. This section is intended to measure the presence or absence of (and to what level) core competencies of an individual Public Officer that enable achievement of the performance plan in Section B.

Although this section is filled by the Appraiser, the Appraisee should be given an opportunity to assess his competencies during the Appraisal meeting.

The level of rating in this section should be used to determine the learning and development plan in Section D.

Appraisers should endeavor to indicate the work-related examples in the comments column to support their rating, for example, if an Appraisee is given 5 in integrity, an example should be indicated when the officer exhibited this competency.

### d) Section D – Action Plan to Improve Performance

Under this Section, the Appraiser and Appraisee, taking into consideration the Appraisees required job competencies and identified performance gaps, shall develop an action plan to improve performance.

The Action Plan sets out a course of action for getting the knowledge, skills and competencies, which the employee shall require to improve performance and achieve career objectives. The Action plans shall also reflect the needs of Ministry/Department/Local Government and employees to address needs identified during quarterly performance reviews in order to achieve organizational goals.

The Action Plans shall include, but will not be limited to, coaching, training, attachments, mentoring and close supervision. The plans shall take into account competency profiles and schemes of service for specific jobs and shall be linked to the organizational goals.

### e) Section E – Comments, Recommendations and Signatures

This section is to be completed by the Appraisee, Appraiser and the Counter Signing Officers. It is a confirmation that the appraisal meeting took place and that there was agreement or if there was disagreement, it was resolved. It is also confirmation that the action plan to improve performance was discussed and agreed upon. The Appraisee / Appraiser / Countersigning Officer should use this section to comment about the job, career and any other relevant information.

### 10.3.3 How to conduct the Performance Appraisal Meeting

At the end of the assessment period, an appraisal meeting between the Appraisee and Appraiser shall be held. The objective of the appraisal meeting is to: -

Review performance in light of the objectives, outputs, targets and indicators, as agreed in the performance plan;

Identify the strengths that enabled the Appraisee achieve his/her targets and or the weaknesses that hampered their attainment; and

Develop an action plan to improve performance.

#### Dos and Don'ts during an Appraisal Meeting

In conducting an Appraisal meeting, there are practices, which are encouraged and those that are discouraged.

a) <b>Dos of the Appraiser</b>	b) <b>Don'ts of the Appraiser</b>
<ul style="list-style-type: none"> <li>(i) Prepare and share with the Appraisee a copy of the Appraisal Form;</li> <li>(ii) Be honest and open to the Appraisee;</li> <li>(iii) Be familiar with the Appraisal Instrument and help the Appraisee;</li> <li>(iv) Provide a conducive climate for the appraisal meeting;</li> <li>(v) Make the Appraisal a positive experience;</li> <li>(vi) Attack problems, not the Appraisee;</li> <li>(vii) Be a good listener;</li> <li>(viii) Seek the Appraisee's input;</li> <li>(ix) Agree on the performance plan and performance improvement plan with the Appraisee;</li> <li>(x) Help the Appraisee to improve performance; and</li> <li>(xi) Provide immediate constructive feedback on performance.</li> </ul>	<ul style="list-style-type: none"> <li>(i) Become emotional and argumentative during the appraisal meeting;</li> <li>(ii) Use stereotype judgment;</li> <li>(iii) Dominate the appraisal meeting;</li> <li>(iv) Use the appraisal interview to settle a personal grudge with your subordinate;</li> <li>(v) Be afraid to draw attention to short comings, but do it in a constructive way;</li> <li>(vi) Push the process by treating it as an unwanted chore;</li> <li>(vii) Take the easy way out and rate every one as "average"; and</li> <li>(viii) Delay in completing the paper work.</li> </ul>
c) <b>The Dos of the Appraisee</b>	d) <b>Don'ts of the Appraisee</b>
<ul style="list-style-type: none"> <li>(i) Prepare properly for the appraisal interview;</li> <li>(ii) Complete part of the Paper work;</li> <li>(iii) Draw to the attention of the Appraiser to any obstacles of performance;</li> <li>(iv) Ensure that an action plan to improve performance is drawn up;</li> <li>(v) Accept justifiable criticism;</li> <li>(vi) Be open and honest with the Appraiser, and</li> <li>(vii) Accept feedback on performance.</li> </ul>	<ul style="list-style-type: none"> <li>(i) Be defensive unnecessarily;</li> <li>(ii) Be driven by emotions;</li> <li>(iii) Be rude;</li> <li>(iv) Delay paper work;</li> <li>(v) Fear to seek for support from your Appraiser; and</li> <li>(vi) Be dishonest with yourself.</li> </ul>

## Actions after the Appraisal Meeting

After the appraisal meeting, the Appraiser shall:-

- a) Complete his/her part of the assessment form within one week following the appraisal meeting;
- b) Send a copy to the Appraisee to read and sign and follow up with the Appraisee if agreement cannot be reached or a further meeting is needed to resolve any issues;
- c) Arrange for the assessment form to be countersigned;
- d) Ensure that the agreed assessment forms are delivered to the authorized Officer;
- e) Ensure all training and development needs are planned and met. Integrate if other staff have similar training needs;
- f) Continue to provide support to staff in meeting his/her their objectives; and
- g) Agree on the performance plan for the next review period using the format at annex I.

## 10.4 Performance Improvement

### 10.4.1 Managing Individual Performance Gaps

When the Appraiser realizes that one of the expected results defined in the Appraisee's performance plan was not achieved, the Appraiser must first determine if non achievement is a result of Appraisee's individual performance or general organizational factors, such as changes in priorities, reorganization or restructuring initiatives.

In the context of individual performance appraisal, if non achievement is the result of an organizational factor, it does not constitute a performance gap. Only non-achievements that result from individual performance and where circumstances impacting achievement were within the Appraisee's control constitute a performance gap that the Appraiser should explore and address.

### 10.4.2 Key Issues to Managing Performance Gaps

There is need to carry out an analysis to: -

- a) Confirm whether the disparity between the set performance target and actual achievement constitute a real performance gap;
- b) Determine whether the performance gap is significant and relevant;
- c) Ensure that the outputs, performance indicators and targets are appropriately defined;
- d) Identify the root cause of nonperformance;
- e) Confirm whether performance is the result of culpable or non-culpable behavior;
- f) Find out the legal or policy requirements / implications of the identified source of nonperformance;
- g) Every time a performance gap is identified, the Appraiser should consult the Personnel Office and consider all the regulations that may have an impact on the Appraiser's course of action.

Once a performance gap has been identified: -

- a) The Appraiser and the Appraisee should sit and agree upon a remedial measure which may include coaching, training and motivation.
- b) The Appraiser should implement improvement initiatives, provide ongoing monitoring and support to the Appraisee.
- c) The Appraiser should discuss any problems of poor performance with the Appraisee as soon as he/she notices it and work with the Appraisee to resolve it by exploring the source of the problem and trying to resolve it. The quality of performance or performance level should be part of the regular periodic review during the assessment period. The Appraiser and Appraisee should avoid a situation where issues of poor performance are raised at the end of the assessment period.

- d) Initiatives or a program to improve performance should be developed and integrated into the action plan. The Appraiser should ensure that the necessary follow up actions are undertaken to ensure performance improvement
- e) The Appraiser should avoid pointing out only faults but should also point out the appraisees' strong points and encourage him / her to even do better.

### 10.4.3 Causes of Poor / Non performance

Causes of non-performance may vary, but in general can be categorized into two basic categories, the non-culpable and culpable behavior.

#### a) Culpable behaviors

Culpable behavior applies to an Appraisee who, while possessing the ability, qualifications, training, knowledge of rules and performance standards, is unwilling to meet the required standard of performance and conduct for his/her position. Appraisees who exhibit negative culpable behaviors shall be subject to progressive discipline as a means to correct their unwanted behavior and improve their performance. Examples of culpable behavior include:-

- (i) Insubordination;
- (ii) Disorderly conduct /assault;
- (iii) Absenteeism / Absence from duty without due permission;
- (iv) Late coming;
- (v) Misappropriation of government assets / properties;
- (vi) Destruction of property;
- (vii) Reporting for duty when drunk;
- (viii) Moonlighting;
- (ix) Unwilling to meet performance standards; and
- (i) Theft

Appraisees whose performance falls short of expected standards as a result of culpable behaviors also require support and guidance from the Appraiser in order to improve performance, but are subject to different levels of discipline. In situations where an Appraisee fails to meet the performance standards, the culpable behavior should be addressed following the disciplinary procedures for the Public Service.

#### b) Non culpable behaviors

Non culpable behaviors apply to an Appraisee who, despite all his/ her effort at improving performance or conduct, is genuinely unable to meet the required performance standards due to factors outside his/her control. An Appraisee whose failure to perform is non-culpable is not subject to progressive discipline. Rather such employees should receive all the help the Appraiser is able to provide, such as training, mentoring, coaching etc. Examples of non-culpable behavior include:-

- (i) Illness;
- (ii) Disability;
- (iii) Lack of skills;
- (iv) Lack of resources;
- (v) Lack of training; and
- (vi) Personal problems.

In cases where non culpable behavior is a result of a disability, the Appraiser is obliged to provide the Appraisee with the necessary support and also to define the performance standards in accordance with the particular circumstances of the Appraisee.

## 11.0 Feedback and Follow Up Action

At the end of the assessment period, the Head of Personnel section should notify all staff as to whether their appraisal forms have been completed, received, and filed. He/she may, from time to time, access the folder in case of need to analyse the information for purposes of Human Resource Development or for any follow up action. The appraisal files will also be used in making relevant recommendations to relevant Service Commissions. In that regard, individual staff should be informed of the movement of their folders.

## 12.0 Sending to Relevant Authorities and Ensuring Safe Custody

After the form has been signed off, the Head of Personnel Section in the Ministry / Department / Local Government should ensure that a copy is sent to the relevant authority, in this case the Ministry of Public Service. The copy for the Ministry or Local Government should be filed in the Performance Appraisal Report Folder of the individual Officer and securely kept in lockable filing cabinets.

## 13.0 Roles and Responsibilities in the Performance Appraisal Process

### 1.1 The Appraisee shall: -

- a) Participate in the development of a Performance Plan;
- b) Execute his/her duties in line with the agreed performance plan and the relevant regulations and the Code of Conduct and Ethics for the Public Service;
- c) Seek guidance and or clarification whenever needed;
- d) Prepare for the appraisal meeting by completing the Appraisee section of the Performance Appraisal form, referring in particular to the previous year's jointly agreed objectives and plan;
- e) Make notes of issues he/she wishes covered during the appraisal meetings;
- f) Effectively participate in the appraisal meetings;
- g) Agree with the Appraiser on the performance plan of the following assessment period;
- h) Ensure that he/she receives the final assessment forms, reads through and; signs and return to the Appraiser if in full agreement. (If agreement cannot be reached the Appraiser's line manager should be consulted);
- i) Ensure that all agreed training and development objectives are met; and
- j) Objectively determine any competency gaps that need to be addressed.

### 1.2 The Appraiser shall:

- a) Develop a Performance plan;
- b) Offer guidance, coach and mentor the Appraisee;
- c) Provide the Appraisee with relevant resources and documentation;
- d) Conduct periodic performance review meetings, make notes on Appraisee's achievements, areas of improvement and circumstances that may have affected performance;
- e) Guide the Appraisee in filling the staff performance appraisal form;
- f) Invest enough time and effort in managing performance throughout the year – not just at the quarterly reviews;
- g) Encourage Appraisee to take ownership of his/her own performance and development, and provide support as needed;
- h) Give regular, honest and constructive feedback on the Job Holder's performance, by recognizing good performance and challenging and managing poor or unacceptable performance as they occur;
- i) Keep the line manager informed of the Appraisee's performance;
- j) Hold career discussions with the Appraisee as needed;



- k) Schedule the appraisal meeting well in advance to ensure that both Appraiser and Appraisee have time to prepare;
- l) Identify a convenient place to hold the appraisal meetings with Appraisee and ensuring that the environment is suitable and there will be no interruptions; and
- m) Evaluate performance based on relevant and specific examples for discussion.

### 1.3 The Head of Department shall:

- a) Ensure that there is a designed, relevant and implemented performance plan for each officer in the department;
- b) Assist in resolving disputes between Appraiser and Appraisee;
- c) Review the Performance Plan whenever necessary;
- d) Ensure that the different levels of performance are recognized; and
- e) Hold career discussions with the Appraisee and Appraiser as need may arise.

### 13.4 The Head of Personnel Section in a Ministry / Department/Local Government

All Ministries/Department/Local Governments should have a Senior Officer who acts as the Performance Appraisal Coordinator. This should be the Head of the Personnel Section of a Ministry /Department or Local Government. Among other roles, his/her responsibilities should include: -

- a) Focal Point Officer and ensuring that all staff are trained in Staff Performance Appraisal;
- b) Establishing a timetable within the Ministry / Department or Local Government for the completion of the appraisal forms and to provide the Appraisers and Appraisees with the appropriate documentation;
- c) Maintaining an up to date record of the process, tracking the movement of forms and following up staff and Managers who fail to complete the appraisal on time;
- d) Ensuring that the performance appraisal process is completed within the agreed timetable and that all the necessary paperwork is properly filed;
- e) Providing training and guidance on Performance appraisal as and when it may be required; for example for newly promoted, deployed and recruited Officers;
- f) Ensuring that the training needs for the Ministry/ Department / Local Government as reflected in the individual action plans are collated for appropriate action; and
- g) Acting as the liaison person between the Ministry / Department / Local Government and the Ministry of Public Service, which has corporate responsibility for managing performance of Public Officers.

### 13.5 The Responsible Officer

As the Chief Executive of a Ministry / Department or Local Government, the Permanent Secretary or Chief Administrative Officer / Town Clerk has the overall responsibility of ensuring that the objectives and outputs of the Ministry or Local Government are met. He/she should also ensure that all staff are appraised in terms of their individual contribution to the attainment of those objectives and outputs. The Responsible Officer is therefore expected to:

- a) Ensure that realistic overall Annual objectives, targets and outputs are set;
- b) Monitor overall progress of activities and ensure fair and equitable facilitation of all Departments;
- c) Ensure availability of Appraisal Instrument;
- d) Assess the performance of Senior Staff, directly under his/her supervision in the Ministry/ Department / Local Government;



- e) Countersign forms for all the Officers in a Ministry / Department or Local Government or appropriately delegate the responsibility;
- f) Ensure that appraisal forms for all officers in the Ministry / Department and Local Government are completed by 31st July every Financial Year in the case of Officers in the traditional Public Service and 31st January in the case of teachers and every end of twelve (12) months for Officers on Contract. And that the completed forms are sent to the relevant Service Commissions as and when required;
- g) Ensure that all Appraisers and Appraisees are trained in performance appraisal;
- h) Ensure that good performance is recognized and rewarded appropriately and remedial action is taken in case of poor performance; and
- i) Seek clarification from the Ministry of Public Service on any emerging issues on staff performance appraisal.

### 13.6 The Ministry of Public Service

The Ministry of Public Service has overall responsibility in monitoring and evaluating the management of the performance appraisal system in the Public Service. It will specifically undertake the following:-

- a) Keep the framework of principles and other documentation under review and suggest any necessary changes to improve the system, in consultation with other stakeholders;
- b) Sensitizing Public Officers on the need to carry out Performance Appraisal;
- c) Monitor the management of the appraisal process and paperwork in all Ministries and Local Governments so as to ensure that it is in accordance with the basic Principles;
- d) Offering Technical support and assistance whenever necessary;
- e) Training Public Officers in conducting Performance Appraisal.
- f) Offering clarification on any emerging issues

### 14.0 Rewards and Sanctions

The Performance Appraisal assessment shall be used in rewarding good performance and disciplining poor performance in the Public Service. It is the role of Appraisers and line managers to ensure that employees are well facilitated in order to perform their duties with the highest standards of professional and ethical competence and integrity. Officers shall be rewarded for outstanding contribution towards achievement of corporate goals or innovation in accordance with the Reward and Recognition Scheme for the Public Service. Officers who will not perform to the agreed standards will be subjected to disciplinary action in line with the relevant regulations for the Public Service.

### 15.0 Frequently Asked Questions

#### a) What happens when there is a disagreement between the Appraiser and Appraisee?

If the Appraiser and the Appraisee disagree about any element of the appraisal, the Appraiser's line manager should be consulted to help resolve the issue. If the line manager is not able to resolve the issue, it should be forwarded to the supervisor of that line manager and finally to the Responsible Officer for the Ministry/ Department or Local Government who should conclude the matter. In case the disagreement is between the Chief Executive of a Ministry / Department or Local Government and a Head of Department or Director, arbitration may be sought from the Head of Public Service. In case the disagreement is between the Chief Administrative Officer or Town Clerk and the Head of Department, arbitration may be sought from the Chairperson of the District Service Commission. In either case the disagreement should be clearly documented.

**b) What happens when the Appraisee is transferred?**

An Appraisee, who is transferred after three months, should have a formal performance review with the former Appraiser within four weeks of leaving, following the Performance Appraisal Form. If the Appraisee has served 9 months or more, the performance review stands as final one for that reporting year. The performance review for the new post will cover the period from the start of the job until the end of the next reporting period, which will be more than twelve months.

**c) What happens when the Appraiser is transferred or Leaves the Service?**

An Appraiser, who is transferred or leaves the job after at least three months' of the review period, should complete a formal Performance Appraisal process for all staff before leaving (and at least within four weeks of leaving). If the review period is 9 months or more, the performance review stands as the final one for that reporting year. The new Appraiser's Performance review will cover the period from the change of the Appraiser until the end of the next review period which will often be more than twelve months.

**d) What happens if the Reporting period is less than three months?**

If the reporting period is less than 3 months, the departing officer should carry out formal performance reviews before leaving and ensure a record is made using the Periodic Review Form in Annex III. Both Appraisers' comments shall be used in the End – Year Performance Appraisal.

**e) What happens when the Appraisee is on study leave or leave without pay?**

The Appraisee is not expected to fill the performance appraisal instrument. However, the Appraisee should submit progressive reports on his/her study or work while on leave without pay. On return, the officer should agree on a performance plan with Appraiser within two weeks of reporting.

**Annex I**



Republic of Uganda

(This form should be filled at the beginning of the assessment period)

**Performance Plan**

Period of Assessment..... to.....

Name of Appraisee.....

Job Title/Rank..... Salary Scale.....

Job Description (summary) .....  
.....

<b>Output</b>	<b>Performance Indicators</b>	<b>Performance Targets</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Signature of Appraisee .....Date .....

Name and Signature of Appraiser..... Date.....

## Annex II

### Worked Examples of Outputs, Performance Indicators and Performance Targets for Selected Posts in the Public Service

Annex II contains worked examples of outputs, performance indicators and performance targets for selected jobs in the Public Service. This should work as a guide to the Appraiser and Appraisee during performance planning.

Individual officers should develop job specific performance outputs, indicators and targets that conform to the standards and regulations of their various sectors.

<b>Senior Assistant Secretary, Scale U3</b>		
<b>Outputs</b>	<b>Performance Indicators</b>	<b>Performance Targets</b>
Periodic reports prepared and submitted.	Time taken to produce and submit report(s). Number of reports prepared against plan. Quality of reports prepared and submitted.	Periodic reports prepared and submitted 1 week after completion of the activity. All reports conform to the given format.
Staff performance assessed.	Staff performance assessed by a given date. Number of staff expressing satisfaction with the appraisal process.	All staff assessed by end of each assessment period. All staff satisfied with the appraisal process.
Minutes of staff meetings taken.	Time taken to compile minutes.	Minutes compiled and submitted 3 days after the end of each meeting.
Data for public speeches compiled.	Completeness of the data collected. Time taken to compile data.	Data for public speeches collected and integrated into the speech 3 days before date for presentation.
Government policies implemented.	Policies implemented by a given date.	Policies implemented within the set time frame.
Public funds and other resources accounted for.	Accountabilities made by a given date. Completeness and correctness of the accountabilities.	Complete accountability for funds made 2 weeks after the completion of the planned activities. Nil audit queries.
Technical advice tendered.	% of the public satisfied with the technical advice. Time taken to offer technical advice.	100% of the public satisfied with the technical advice.  Technical advice of a verbal nature offered within 30 minutes.  Technical advice of a written nature offered within 5 days from date of receipt.
<b>Senior Engineer, Scale U3</b>		
<b>Outputs</b>	<b>Performance Indicators</b>	<b>Performance Targets</b>
Bills of quantities compiled.	The BOQ produced conforms to the set standards. BOQs produced by a set date.	All BOQs produced according to set standards and produced 1 week before the set deadline.

Roads, bridges and others structures designed.	Roads, bridges and other structures designed in accordance with the agreed standards.	All roads, bridges and other structure designed according to set standards (specify the standards).
Bid documents prepared.	Bid documents prepared by a given date. Bid documents conform to the given standards.	All bid documents prepared by the set deadline (specify). All bid documents conform to the standards (specify)
Tender documents evaluated.	Evaluation done by a set date. Evaluation based on the agreed standards.	All evaluation done by the set date and based on the agreed standards.
Construction work inspected and supervised.	Construction work conform to the set standards	All construction work conforms to the set standards.
Quarterly activity reports compiled.	Reports compiled by a given date	All reports compiled 1 week after the end of each quarter.
Staff trained	Number of staff trained against plan and budget. % of staff satisfied with the training.	Number of staff trained against plan and budget. All staff satisfied the training delivered.

#### Medical Officer, Scale U4

Outputs	Performance Indicators	Performance Targets
Patients diagnosed and treated.	Percentage of patients treated according to the treatment plan. Diagnosis and treatment meets the set standards. Patient waiting time.	90% of patients diagnosed and treated according to the treatment plan.  Patients attended to within 30 minutes from time of arrival.
Work plans and budgets prepared.	Work plans and budgets prepared by a set date. Work plans and budgets based on the agreed format and standard.	Work plans and budgets prepared and submitted 1 week before the set deadline. Work plans approved.
Patients counseled.	Number of patients counseled. % of patients expressing satisfaction with the counseling sessions	All patients who seek counseling services are attended to within the set time frame.  90% of patients satisfied with the counseling services.
Health workers trained.	Number of health workers trained against plan.	Health workers trained in accordance with plan and budget. 80% of the Health Workers satisfied with the training.
Medical data collected and analyzed.	Completeness, timelines and correctness of the data.	A complete medical data in place two weeks after data collection and analysis.
Health education outreach carried out.	Number of health outreaches conducted according to plan.	All health outreaches conducted.

Performance of health workers assessed.	Staff performance assessed by a given date. Number of staff satisfied with the appraisal process.	95% of staff assessed by the end of assessment period. All staff satisfied with the appraisal process. 90% of the work plans implemented.
<b>Accountant, Scale U4</b>		
<b>Outputs</b>	<b>Performance Indicators</b>	<b>Performance Targets</b>
Cash flow statements prepared.	Cash flows prepared in line with agreed format. Time taken to prepare cash flow statements.	Cash flow statements prepared by agreed format and a set date.
Monthly and quarterly reports produced.	Reports produced by at set dates. Quality of the reports conform to the set standards	Reports produced 1 week after the end of each month and quarter.  All reports conform to the set standard.
Audit queries answered.	Audit queries answered within a set time frame.	Audit queries answered within two weeks of receipt.
Departmental work plans and budgets prepared.	Work plans and budgets prepared by a given date.	Work plans and budgets prepared and submitted 1 week before the set deadline. Work plans reflect the priorities of the department.
Payment vouchers prepared.	Time take to prepare payment vouchers. Completeness of the payment vouchers.	Vouchers prepared 1 week before payment date.  Error free vouchers
Final accounts produced.	Final accounts produced by a set date. Final accounts based on an agreed format.	Final accounts produced and submitted within the 1st quarter of the new financial year. Final accounts conform to agreed format.
<b>Personal Secretary, Scale U4</b>		
<b>Outputs</b>	<b>Performance Indicators</b>	<b>Performance Targets</b>
Accurate and error-free work presented.	Time taken to present the error-free work.	Error-free work produced within 1 hour.
Office diary kept up-to date.	Appointments followed up in line with the diary.	All appointments fulfilled in accordance with the diary up date.
Mail and other correspondences received and dispatched.	Time taken to dispatch mail.	Correspondences dispatched within 1 day from the date of signature.
Records managed.	Time taken to retrieve and forward records to action officers.	Records retrieved and forwarded for action within 10 minutes.
Letters of routine nature drafted.	Time taken to draft letters.  Quality of the letters drafted.	Letters of routine nature drafted within 10 minutes.  The supervisor satisfied with all drafts.

Documents for meetings and speeches produced.	Documents produced within set time frame.	Documents produced and circulated 1 day before the meeting.
Stationery and equipment requisitioned and managed.	Stationery and equipment requisitioned within the set time frame	All requisitions made within 2 weeks.
Clients attended to.	Time taken to attend to clients. Quality of customer care	Callers attended to in person or on telephone within 15 minutes. Callers attended to with courtesy
<b>Assistant Education Officer, Scale U5</b>		
Schemes of work (SOW) prepared.	Time taken to prepare schemes of work. Quality of the schemes of work prepared and submitted.	SOW prepared and submitted within the first week of January. Schemes of work conform to the given format.
Teaching aids prepared.	Time taken to prepare teaching aids.	Teaching aids prepared at least 1 day before lessons are conducted
Lessons plans prepared.	Time taken to prepare lesson plans. Lesson plans based on the agreed format.	Lessons plans prepared before each lesson is conducted.
Lessons conducted	Time taken to conduct lessons. No. of lessons conducted vs plan. % of students satisfied with the lessons.	Lessons conducted within the set time All lessons conducted according to plan All students satisfied with the teaching.
Career Guidance and counseling services provided.	% of students expressing satisfaction with the guidance and counseling services. Number of students offered career guidance and counseling.	90% of students satisfied with guidance and counseling services. All students seeking guidance and counseling services attended to within the set time frame.
Evaluate learning by students	Student learning evaluated according to set standards.	All learning promptly evaluated.
<b>Driver, Scale U8</b>		
Vehicle driven as assigned.	Vehicle driven in line with the time schedule	Consistent and clean driving record. Supervisors satisfied.
Vehicle maintained and minor repairs carried out.	Quality of the repairs and maintenance carried out.	Vehicle maintained according to set standards.
Major mechanical faults reported.	Time taken to report major mechanical faults. Condition of the vehicle.	Major mechanical faults reported within 1 hour from discovery. Vehicle kept in sound mechanical condition
Basic vehicle records maintained.	Records maintained according to the set standards.	All records maintained according to set standards.
Vehicle kept clean.	Cleanliness of the vehicle.	Vehicle kept clean and tidy at all times.

**Annex III**

**Quarterly Review Form**

Period of Assessment.....

Name of Appraisee.....

Name of Appraiser.....

<b>Output</b>	<b>Performance Indicator</b>	<b>Targets</b>	<b>Progress made since the last meeting</b>	<b>Consensus/Areas for Improvement</b>

Signature of Appraisee..... Date.....

Signature of Appraiser..... Date.....





REPUBLIC OF UGANDA

**STAFF PERFORMANCE APPRAISAL FORM FOR THE PUBLIC SERVICE**

Uganda Government Standing Orders Section A-e

**Preamble**

Staff Performance Appraisal is part of the Performance Management System for the Public Service of Uganda. It is used as a management tool for establishing the extent to which set targets within overall goals of the organization are achieved. Through staff performance appraisal, performance gaps and development needs of an individual employee are identified. The appraisal process offers an opportunity to the Appraisee and Appraiser to dialogue and obtain a feedback on performance. This therefore, calls for a participatory approach to the appraisal process and consistence in the use of guidelines by all Public Officers in filling the form.

The Appraiser and Appraisee are therefore, advised to read the detailed guidelines before filling this form.<sup>1</sup>

**Period of Assessment:** From 

DD
----

MM
----

YY
----

 To 

DD
----

MM
----

YY
----

**SECTION A: PERSONAL INFORMATION (To be filled by the Appraisee)**

Name of the Appraisee .....

Date of Birth 

DD
----

MM
----

YY
----

Job Title/Rank..... Salary scale .....

Date of present appointment 

DD
----

MM
----

YY
----

Terms of employment (Probation, Permanent, Contract).....

Name of the Appraiser .....

Job Title/Rank.....Salary scale .....

Ministry/ Department/ Local Government/Institution .....

Department.....Division.....

<sup>1</sup> Every Public Officer should be provided with a copy of the staff performance appraisal guidelines, which is also available on the Ministry website: [www.publicservice.go.ug](http://www.publicservice.go.ug)

## SECTION B: ASSESSMENT OF THE LEVEL OF ACHIEVEMENT

This section should be filled by both the Appraiser and the Appraisee. At the beginning of each assessment period, the Appraiser and Appraisee will agree on the key outputs for the assessment period. The means by which performance shall be measured (Performance Indicators) and the minimum level of performance (performance targets) for each output shall be agreed upon. If in the course of the assessment period, other activities are assigned to the Appraisee, the outputs related to the new activities should be agreed upon and included immediately or at least before the end of the assessment period. It is recommended that the maximum number of outputs for each assessment period should not exceed 10.

At the end of the assessment period, an appraisal meeting should be conducted by the Appraiser. The Appraisee completes part B (1), before the appraisal meeting, by indicating the key outputs, performance indicators and targets agreed upon in the performance plan at the beginning of the assessment period. The Appraiser should complete part B (2), after the appraisal meeting. The assessment should reflect the jointly agreed position.

The assessment of the Individual outputs shall be reflected as a performance level under section B(2), this will be supported by relevant comments on performance under the same section. The performance levels shall be described as Excellent, Very Good, Good, Fair and Poor. In order to quantify the assessment the performance levels shall be awarded scores namely; 5 for excellent, 4 for Very Good, 3 for Good, 2 for fair and 1 for Poor. Right after the table below is a detailed description of the performance levels.

<b>B(1)</b> <b>Agreed Key Outputs, Performance Indicators and Targets</b>			<b>B(2)</b> <b>Agreed Assessment of Performance between the Appraiser and the Appraisee</b>	
<b>Key Outputs</b>	<b>Performance Indicators</b> (How will results be measured)	<b>Performance targets</b> (An agreed minimum level of performance)	<b>Performance Level</b>	<b>Comments on Performance</b>

## Definition of the Performance Levels

- Excellent (5):** The Appraisee has exceeded the agreed targets and has consistently produced results of excellent quality and demonstrated a high level of productivity and timeliness. The Appraisee is a model of excellence in both the results achieved and the means by which they are achieved.
- Very good (4):** The Appraisee achieved all the agreed outputs in line with the agreed targets. The Appraisee consistently meets expectations for the outputs achieved and the means by which they are achieved.
- Good (3):** The Appraisee achieved most, but not all the agreed outputs in line with the agreed targets, and there is no supporting rationale for not meeting the other commitments.
- Fair (2):** The Appraisee has achieved minimal outputs in line with the agreed targets and without a supporting rationale for inability to meet the commitments
- Poor (1):** The Appraisee has not achieved most of the agreed targets and without supporting rationale for not achieving them.

## Overall Assessment of Performance

Overall assessment of performance should be derived by adding the scores at each performance level and the total divided by the total number of outputs. The average of the scores obtained shall be the overall assessment.

### Overall Performance Level

Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1

### Tick the relevant box

## SECTION C: ASSESSMENT OF CORE COMPETENCIES

This section should be filled by the Appraiser after joint discussions between the Appraiser and Appraisee. The assessment will help establish any areas where some training or development is necessary. The Appraisee should be rated only in areas, which are relevant to his/her job. The maximum points per competence are 5, where 5 is for Excellent, 4 - Very Good, 3 - Good, 2 - Fair, 1 - Poor, N/A - Not Applicable. The Appraiser should give work related examples under comments, to justify their rating.

COMPETENCE	ASSESSMENT						COMMENTS
	Performance level attained (Please tick)						
	5	4	3	2	1	N/A	
<b>Professional knowledge/skills</b> Draws on own experience, knowledge and expertise to demonstrate good judgment; relates professional knowledge to work.							
<b>Planning, organizing and coordinating</b> Prioritizes own work, develops and implements plans; rationally allocates resources, builds group capacity for effective planning and executing of work. Has ability to meet deadlines.							
<b>Leadership</b> Keeps people informed; models and encourages personal accountability; uses power and authority fairly; demonstrates credible leadership, champions new initiatives; reinforces and communicates a compelling vision for change.							
<b>Decision Making</b> Makes logical analysis of relevant information and factors; develops appropriate solutions and takes action, generates ideas that provide new insight; provides reasons for decision or actions, is objective.							
<b>Team work</b> Works cooperatively and collaboratively; builds strong teams; shares information and develops processes to improve the efficiency of the Team.							
<b>Initiative</b> Shows persistence by addressing current problems; acts proactively, plans for the future and implements comprehensive plans.  Is open to new ideas; curious about and actively explores new possibilities; identifies how to create more value for customers; takes action on innovative ideas and champions innovation.							
<b>Communication</b> Actively listens and speaks respectfully; seeks to send clear oral and written messages; understands the impact of messages on others.							

<p><b>Result Orientation</b> Takes up duty willingly and produces results.</p>							
<p><b>Integrity</b> Communicates values to others, monitors own actions for consistency with values and beliefs, takes pride in being trust worthy; is open and honest and provides quality services without need for inducements.</p>							
<p><b>Human Resource Management</b> Works effectively with people to achieve organizational goals. Motivates the supervisees, focuses on the knowledge, skills and attitudes and the general work environment that affects their efficiency and effectiveness. Trains, mentors, coaches, inspires, motivates the supervisees, delegates effectively and are able to build a strong working team.</p>							
<p><b>Financial Management</b> Knows the basic financial policies and procedures; familiar with the overall financial management processes.</p>							
<p><b>Management of other resources (equipment &amp; facilities)</b> Effectively and efficiently uses resources to accomplish tasks.</p>							
<p><b>Time Management</b> Always in time and accomplishes tasks in time required and maximizes the use of time to achieve set targets.</p>							
<p><b>Customer care</b> Responds well and attends to clients. Reflects a good image for the Public service.</p>							
<p><b>Loyalty</b> Complies with lawful instructions of Supervisor and is able to provide on going support to Supervisors.</p>							
Any other relevant Competence							

## SECTION D: ACTION PLAN TO IMPROVE PERFORMANCE

The Action Plan shall be jointly agreed during the performance appraisal meeting, taking into consideration the Appraisee's required job competences and the identified performance gaps.

The action plan to improve performance may include; Training, Coaching, mentoring, attachment, job rotation, counseling and or provision of other facilities and resources.

Where the plan (s) involves formal training of the Appraisee, the record should be forwarded to the Training Committee.

<b>Performance Gap</b>	<b>Agreed Action</b>	<b>Time frame</b>

**SECTION E: COMMENTS, RECOMMENDATIONS (IF ANY) AND SIGNATURES**

This section is to be completed by the Appraisee, Appraiser and the counter signing Officers. It is a confirmation that the appraisal meeting took place and that there was agreement or if there was disagreement, it was resolved. It is also confirmation that the action plan to improve performance was discussed and agreed upon. The Appraisee / Appraiser / countersigning officer should use this section to comment about the job, career and any other relevant information.

**COMMENTS OF THE APPRAISEE**

.....  
 Signature ..... 

<b>DD</b>	

<b>MM</b>	

<b>YY</b>

--	--

**COMMENTS OF THE APPRAISER**

.....  
 Signature ..... 

<b>DD</b>	

<b>MM</b>	

<b>YY</b>

--	--	--	--

**COMMENTS OF THE COUNTERSIGNING OFFICER/SUPERVISOR OF APPRAISER**

.....  
 Name of Countersigning Officer .....  
 Job Title .....  
 Signature ..... 

<b>DD</b>	

<b>MM</b>	

<b>YY</b>

--	--	--	--

**COMMENTS OF THE RESPONSIBLE OFFICER**

.....  
 Name .....  
 Job Title .....  
 Signature ..... 

<b>DD</b>	

<b>MM</b>	

<b>YY</b>

--	--	--	--



## Key Milestones of the Appraisal Process

	Activity	Timeframe	Responsibility Centre
1.	Developing Performance plan	<ul style="list-style-type: none"> <li>• During the month of July</li> <li>• Within one month on assumption of duty</li> <li>• During the month of January for the teachers</li> </ul>	Appraisee, Appraiser
2.	<i>Performance monitoring</i>	<ul style="list-style-type: none"> <li>• Throughout the year</li> </ul>	Appraiser, supported by line manager
3.	<i>Hold performance reviews, and record reviews</i>	Regularly throughout the year, preferably quarterly	Appraiser, Appraisee
4.	Filling of the form by the Appraisee	<ul style="list-style-type: none"> <li>• Two weeks to the appraisal meeting.</li> </ul>	Appraisee
5.	Performance appraisal meeting	<ul style="list-style-type: none"> <li>• During the month of June for other Public Officers</li> <li>• During the month of November for the teachers.</li> </ul>	Appraiser/Appraisee
6.	Filling of the form by the Appraiser	Within two weeks after the appraisal interview.	Appraiser
7.	Signing off of the form by the Appraisee	Within one month after the appraisal interview	Appraisee
8.	Signing off the form by countersigning officer	By August 31 <sup>st</sup>	Counter signing officers



THE REPUBLIC OF UGANDA

MINISTRY OF PUBLIC SERVICE

**GUIDELINES FOR PERFORMANCE AGREEMENTS  
FOR HOSPITAL DIRECTORS AND HEAD  
TEACHERS**

Ministry of Public Service  
P. O. Box 7003, KAMPALA  
Tel: 256 – 41 – 250534/250557  
Fax: 256 – 41 – 255463/4  
E-mail: [ps@publicservice.go.ug](mailto:ps@publicservice.go.ug)  
Website: [www.publicservice.go.ug](http://www.publicservice.go.ug)

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## 1. Introduction

- 1.1 The introduction of Results Oriented Management (ROM) has enabled Public Service Institutions to clearly define the mission statements, strategic objectives with specific and measurable outputs, outcomes and key performance indicators. In addition, other key performance management initiatives have been introduced, namely: a new performance appraisal system; the Public Service Code of Conduct and Ethics; a Reward and Recognition Scheme; Client Charters; Output Oriented Budgeting (OOB); and a National Integrated Monitoring and Evaluation System (NIMES).
- 1.2 These initiatives have formed a framework for an effective performance management system aimed at delivering high quality services and building public confidence and trust. As a result, there is improved transparency and accountability across Government Institutions as evidenced by the annual performance plans and reports, the Ministerial Policy Statements and the Sectoral Budget Framework Papers.
- 1.3 However, the National Service Delivery Survey conducted in 2008, established that clients were not yet fully satisfied with the quality of services delivered. There are still challenges that include continued absenteeism, late coming, early leaving, moonlighting and poor attitude towards work.
- 1.4 In order to address the shortcomings in service delivery and enhance transparency and accountability, performance agreements were introduced for Senior Managers in July 2010. The implementation commenced with the Permanent Secretaries, Chief Administrative Officers and Town Clerks. The Performance Agreements are now being cascaded to Hospital Directors (formerly Medical Superintendents) for the Referral Hospitals.
- 1.5 The objective of the performance agreement is to provide full accountability and demonstration of commitment to the achievement of the Country's strategic goals as spelt out in the National Development Plan (NDP).
- 1.6 The performance agreements will:
  - a) Provide a mechanism for the Hospital Director to align the Hospital's strategies, budgets, outputs and targets with the Government and Sector annual policy agenda.
  - b) Enable Government recognise and reward excellent performance by utilising consistent criteria for assessing performance.
  - c) Institutionalise a transparent and accountable process for assessing the achievement of agreed outputs and targets for which the Hospital Directors are accountable.
  - d) Provide a formal process to document the level of achievement of key outputs and targets across the Public Service.
  - e) Assist Hospital Directors to identify and address performance gaps, and
  - f) Provide a transparent and accountable process for assessing Hospital Directors' performance on agreed outputs.
- 1.2 The Performance Agreement will be signed by the Hospital Director at the beginning of the financial year.
- 1.3 These Guidelines set out the procedure for preparing performance agreements within the broad context of the national, sectoral and organizational priorities.

## 2.0 Signing the Performance Agreement

The performance agreements will be signed annually by 15<sup>th</sup> September.

The Hospital Director, will sign a performance agreement with the Director General Health Services. The agreement shall be witnessed by the Chairperson, Hospital Management Board. For the new Hospital Directors, the key functions attached as Annex1 will be attached to their appointment letters.

### 3.0 Instructions for Filling the Performance Agreement Form

- a) The Performance Agreement Form, attached as Annex 2, has four (4) sections. Section A; is for the personal particulars; Sub-section B1 is for key out puts; Sub-section B2 is for financial, Human Resource and Assets management outputs; Sub-section B3 is for cross cutting initiatives and Sub-section B4 is for professional and personal development initiatives and innovations. Section C is for commitments and Section D is for signatures.
- b) Standardized key outputs and targets have been developed in consultation with the Health Sector. The key outputs and targets have been determined with a specific aim of achieving the Government's and Sector annual policy agenda, based on the NDP; Sector Strategic Plan; the Sector Budget Framework Paper and the Ministerial Policy Statement.
- c) Changes in the standardized key outputs and targets will be communicated from time to time by Ministry of Public Service in consultation with the Health Sector.

#### 3.1 Section A: Personal Particulars

In this Section, the Hospital Director is required to indicate his/her name and that of his/her supervisor, the name of the Hospital and the District where it is located.

#### 1.2 Section B: Key Outputs and Targets

This section spells out the standardized key outputs and targets to be reported on by the Hospital Director.

##### 3.2.1 Sub-Section B1: Strategic outputs

In this Sub-section, the Hospital Director is required to report on the standardized key outputs and targets, which are critical to delivery of quality health care.

##### 3.2.2 Sub-Section B2: Financial, Human Resource and Assets Management

In this Sub-section, the Hospital Director is required to report on the standardized key financial, human resources and Assets management outputs and targets.

##### 1.1.3 Sub-Section B3: Cross-Cutting Initiatives

In this Sub-section, the Hospital Director is required to report on the standardized cross cutting initiatives.

##### 1.1.4 Sub-Section B4: Professional and Personal Development Initiatives and Innovations

- a) In this Sub-section, the Hospital Director will be required to report at least one personal and professional development initiative geared towards improved performance. The initiative may include development of leadership and management capabilities.
- b) The Hospital Director will also be required to report at least one innovation which will improve service delivery in the Hospital.

#### 1.2 Section C: Commitments

In this Section, the key commitments of Government and Hospital Director are spelt out.

#### 3.4 Section D: Signatures

The Hospital Director and the Director General of Health Services are required to sign the performance agreement, which shall be witnessed by the Chairperson, Hospital Management Board.

## 2.0 Performance Monitoring

- a) The performance of the Hospital Director will be monitored on continuous basis.
- b) The performance of the Hospital Director will be monitored through annual reports submitted by him/her to the Director General of Health Services.
- c) The Ministry of Public Service Performance Management Unit will be responsible for monitoring the implementation of the performance agreements, providing technical support and preparing progress reports.

## 5.0 Performance Assessment

- a) The Director General, Health Services will be responsible for determining the extent to which the performance targets have been achieved.
- b) At the review meeting, the Hospital Director will be required to discuss the Performance Report with the Director General Health Services before it is signed by both parties.
- c) The performance assessment should be concluded by the 31<sup>st</sup> July.
- d) The completed Performance Report should be signed by all parties and submitted to the relevant offices by 15<sup>th</sup> August.

### 5.1 Filling the Performance Report

The Hospital Director will be required to:

- a) Capture the outputs and targets from the agreement into the Performance Report attached as Annex 3;
- b) Indicate the results achieved and the supporting evidence which had been agreed upon as the means of verifying that the outputs and targets had been met; and
- c) Provide reasons in cases where targets were not met, including any mitigating measures taken.

### 5.3 Assessment Criteria

- a) The following assessment criteria will be used:
  - i) **Excellent (5):** Has exceeded the agreed targets and has consistently produced results of excellent quality and demonstrated a high level of productivity and timeliness. The Officer is a model of excellence in terms of the results achieved and the means by which they are achieved.
  - ii) **Very good (4):** Has achieved all the agreed outputs in line with the agreed targets and has consistently met the expectations for the outputs achieved and the means by which they were achieved.
  - iii) **Good (3):** Has achieved most, but not all the agreed outputs in line with the agreed targets, and there is no supporting rationale for not meeting the other commitments.
  - iv) **Fair (2):** Has achieved minimal outputs in line with the agreed targets and without a supporting rationale for inability to meet the commitments.
  - v) **Poor (1):** Has not achieved most of the agreed targets and without supporting rationale for not achieving them.

### b) Overall Assessment of Performance

The overall assessment of performance shall be derived by adding the scores for each section and the total divided by 4. The average of the scores obtained shall be the overall assessment.

### 1.2 Rewards and Sanctions

- a) Based on the results of the performance assessment, the Director General Health Services may recommend to the Permanent Secretary, Ministry of Health that the Hospital Director be rewarded or recognised for his or her excellent performance.
- b) The rewards will be in line with the Public Service Reward and Recognition Framework. A summary is provided in Annex 4.
- c) The Director General Health Services may institute disciplinary action against a Hospital Director in the case of unsatisfactory performance.

- d) The sanctions will be in accordance with the Public Service Act 2008; Public Finance and Accountability Act, 2003; the Public Procurement and Disposal of Assets Act, 2006; the Leadership Code Act, 2002; the Standing Orders; the Public Service Code of Conduct and Ethics; the Public Service Commission Regulations 2008, the Public Service Rewards and Sanctions Framework or any other relevant laws or regulations. A summary of offences and disciplinary action are provided in Annexes 5 and 6.

### 1.5 Distribution of the Performance Reports

Four copies of the Performance Report will be signed and distributed as follows:

- a) One (1) copy for the Hospital Director
- b) One (1) copy for the Ministry of Health
- c) One (1) copy for the Chairperson Hospital Management Board.
- d) One (1) copy to the Ministry of Public Service.

### 1.6 Amendment of the Performance Agreement

The outputs and targets in the Performance Agreement may change during the year. This may arise due to emergencies which may bring on board other key outputs of national importance and have to be performed. The outputs and targets should be communicated and included in the Agreement.

### 1.7 Emerging disagreements between the Director General Health Services and Hospital Director

If the Director General Health Services and the Hospital Director disagree over any element of the performance agreement or assessment, the Permanent Secretary Ministry of Health should be consulted and consensus on deliverables reached. A record of disagreements should be documented.

## 6.0 The Appeal Mechanism

- a) A Hospital Director who is not satisfied with the performance assessment may appeal to the Health Service Commission for Administrative review.
- b) The appeal shall be lodged within 30 days from the date of the Performance Assessment.
- c) Appeals shall be disposed of in a period not exceeding 90 days.

## 7.0 Roles and Responsibilities of Key Players

### 7.1 Ministry of Health

- a) Provide financial and human resources to facilitate the Hospital to meet its service delivery needs;
- b) Determine and communicate to the Ministry of Public Service the key outputs for the Hospital Directors;
- c) Provide the necessary technical support for implementation of the Performance Agreement;
- d) Provide supervisory role and continuous professional development;
- e) Provide guidance on the key outputs and targets for the Hospital Director;
- f) Implement the recommendation of the Director General Health Services which include rewarding/recognizing the best performers;
- g) Compile Statistics on Hospital Directors who would have hit the targets and those who have underperformed and therefore breached the Performance Agreements by name and hospital;
- h) Take (remedial or punitive) action against those who would have defaulted;
- i) Compile and submit an annual report on the implementation status of the Performance

Agreement to the Permanent Secretaries of Ministries of Public Service, Local Government, Finance, Planning and Economic Development;

- j) Constitute Hospital Management Board and ensure that they are operational; and
- k) Provide a status report to the Ministries of Public Service and Finance, Planning and Economic

Development. The reports will include among others:

- i) Statistics on the Hospital Directors who will have achieved the planned targets;
- ii) Those who will have underperformed and therefore, breached the performance agreements by name and hospital; and
- iii) Action taken in case of Hospital Director who failed to meet the targets, without a justifiable cause.

## 7.2 Ministry of Public Service

- a) Organize annual reviews on the implementation of Performance Agreements;
- b) Provide implementation guidelines on performance agreements;
- c) Sensitize stakeholders on the performance agreements;
- d) Provide technical support as and when required;
- e) Monitor implementation of the performance agreements; and
- f) Provide an annual performance report to Cabinet.

## 7.3 The Director General Health Services

- a) Sign the performance agreement on behalf of the Ministry of Health;
- b) Keep the Permanent Secretary informed about the Hospital Directors' performance in regard to the set targets;
- c) Monitor the performance of the Hospital Directors for purpose of tracking progress;
- d) Design and budget for support programmes aimed at improving the performance of Hospital Directors and service delivery in the hospitals;
- e) Carry out annual assessment of performance; and
- f) Identify and implement performance improvement strategies necessary to improve performance in the Referral Hospitals

## 7.4 Chairperson, Hospital Management Board

- a) Play an oversight role in monitoring and supervising hospital activities;
- b) Witness the signing of the performance agreement;
- c) Monitoring the performance and conduct of the Hospital Director;
- d) Ensure conducive working environment for the achievement of the set targets; and
- e) Foster harmony between Staff and the Hospital Director to accomplish their tasks.

## 7.5 Hospital Director

- a) Sign the Performance Agreement;
- b) Perform the necessary tasks to realize the outputs and targets;
- c) Seek guidance whenever necessary;
- d) Prepare and submit progress reports on the outputs and targets;
- e) Observe the commitments in the Performance Agreement;
- f) Constantly monitor and evaluate performance against the set targets to ensure that they are on track;



- g) Record any critical incidents that occur during the year; and
- h) Fill the Performance Agreement Forms and submit them to the Director General, Health Services, in accordance with the specified timelines.

## 8.0 Monitoring And Evaluation

- a) The Performance Monitoring Unit under the Ministry of Public Service will be responsible for monitoring and evaluating the implementing of the Performance Agreement.
- b) Any issues requiring clarification should be brought to the attention of the Ministry of Public Service
- c) The Permanent Secretary, Ministry of Health shall be required to submit an annual performance report by 15<sup>th</sup> August to the Ministries of Public Service and Finance, Planning and Economic Development.

## 9.0 Training and Sensitization

To ensure that all those involved in Performance Agreement play their roles. Intensive sensitization shall be conducted by Ministries of Health and Public Service.

## 10.0 Scheduled Time Frames For Hospital Directors

The following time frames will apply for FY 2010/11:

31 <sup>st</sup> January	Dully filled Performance Agreements for the six months
15 <sup>th</sup> February	Signed Performance Agreements submitted to the relevant Offices.
30 <sup>th</sup> June	The Performance Reports submitted to the Director General Health Services.
31 <sup>st</sup> July	Performance assessment concluded.
15 <sup>th</sup> August	Signed Performance Reports submitted to the relevant Offices.
31 <sup>st</sup> October	A Performance Report submitted to Cabinet by the Minister responsible for the Public Service.

The following time frames will be applicable annually:

30 <sup>th</sup> June	A Performance Management Circular issued to the Service.
<b>Performance Agreements</b>	
31 <sup>st</sup> August	Duly filled annual Performance Agreement forms submitted to the Director General Health Services.
15 <sup>th</sup> September	Performance agreements signed and copies submitted to the relevant Offices.
<b>Performance Reports and Assessment</b>	
31 <sup>st</sup> May	Annual Performance Reports submitted to the Director General Health Services.
31 <sup>st</sup> July	Performance assessment concluded.
15 <sup>th</sup> August	Signed Performance Reports submitted to the relevant Offices.
31 <sup>st</sup> October	A Performance Report submitted to Cabinet by the Minister responsible for the Public Service.

## 10.0: Annexes

- Annex 1: Key Functions of a Hospital Director**
- Annex 2: Performance Agreement Form**
- Annex 3: Annual Performance Assessment Form**
- Annex 4: Rewards and Recognition**
- Annex 5: Offences**
- Annex 6: Disciplinary Actions**

## Annex 1: Key Functions of a Hospital Director

<b>Job Title</b>	:	<b>Hospital Director</b>
<b>Salary Scale</b>	:	U1SE
<b>Reports to</b>	:	Hospital Management Board/ and The Director General, Ministry of Health
<b>Responsible for</b>		Senior Consultant <ul style="list-style-type: none"> <li>• Consultant</li> <li>• Principal / Senior Hospital Administrator</li> <li>• Principal Medical Officer</li> <li>• Principal Nursing Officer</li> </ul>

### Job Purpose

To provide strategic leadership in developing, reviewing, monitoring and implementation of policies, plans, strategies and programs of the Regional Hospital.

### Key Functions

- a) Coordinating the development and review of policies, plans, strategies and programmes for the hospital and monitor their implementation;
- b) Providing guidance in strategic, business and operational planning and budgeting for health service delivery activities in the Hospital and its catchments area;
- c) Promoting accountability and transparency in the management of medical, fiscal and other resources;
- d) Mobilizing resources for health service delivery activities in the hospital and its catchments area;
- e) Promoting and enhancing collaboration linkages between the Local Government,
- f) Non-Government Organizations, Communities and Public Private Partnership in Health;
- g) Preparing and submitting Periodic Hospital Performance Reports to the relevant authorities;
- h) Manage the Public Relations function for the Hospital;
- i) Guiding, supervising, monitoring and coordinating staff and activities of the Hospital;
- j) Promoting research initiatives in health care.
- k) Initiating Capacity Building and Development Programme for the Hospital staff for better service delivery.
- l) Enforcing ethical standards and observance of the codes of conduct and;
- m) Ensuring care, treatment and protection of patients.

## Annex 2: Performance Agreement Form



**REPUBLIC OF UGANDA**

### **PERFORMANCE AGREEMENT FORM**

**FINANCIAL YEAR .....**

<p align="center"><b>PERFORMANCE AGREEMENT BETWEEN THE HOSPITAL DIRECTOR AND THE DIRECTOR GENERAL HEALTH SERVICES</b></p>
---

#### **PREAMBLE**

- The Performance agreement will be filled by the Hospital Director by 31st August and signed with the Director General, Health Services, by 15th September.
- The Performance Agreement Form has four sections. Section A provides for personal particulars, Section B: provides for key deliverables for the Hospital Director which also is critical to service delivery in the Hospital, Section C: provides for commitments by the Government and the Hospital Director and Section D: Signatures.
- The Hospital Director and the Director General Health Services are advised to read the detailed guideline before completing and signing the Agreement.

#### **SECTION A: PERSONAL PARTICULARS**

<b>NAME OF HOSPITAL DIRECTOR</b>	
<b>NAME OF DIRECTOR GENERAL HEALTH SERVICES</b>	
<b>NAME OF HOSPITAL</b>	

## Section B1: Strategic Outputs

In this sub-section, the Hospital Director is required to report on the following standardized key out. The targets should be simple, measurable, achievable, and relevant and time bound.

Objective	Key outputs	Targets & Indicators	Means of verification
1.To deliver quality Health care	Deliveries in health facilities monitored	Increased proportion of deliveries by skilled Attendants in Health facilities in the catchment area to 34%	Deliveries in health facilities monitored
2. To improve Maternal and child health	Immunization of children under 5 monitored	Increased proportion of fully immunized children in the catchment area to at least 90%	Immunization of children under 5 monitored
3. To prevent and control communicable diseases	HIV education promoted	Increased proportion of population of knowledge of at least 2 correct methods of HIV prevention from 90-95%	HIV education promoted
	Rate of early TB detection increased	Raise TB case detection rate from 60.1-70%	Rate of early TB detection increased

## Section B2: Financial, Human Resource and Assets Management

In this Section the Hospital Director will be required to meet financial, assets and human resource outputs and targets as set out by the Ministries of Finance Planning and Economic Development, Ministry of health and Public Service.

Objective	Outputs	Targets
<b>Financial Management</b>	Annual work Plans developed, implemented , monitored and evaluated	Annual work plans submitted to MOFPED by 30th December
		Quarterly performance reports ,accountabilities submitted by 15 of the preceding month
<b>Human Resource Management</b>	Staff absenteeism and indiscipline reduced	All disciplinary cases handled within one month of occurrence
	Staff performance appraisals conducted	All staff performance reports submitted to the PS-MOH by October
<b>Assets Management</b>	Government equipment, Buildings, Vehicles and other Assets maintained	Assets inventory updated and submitted to PS by August
		Maintenance and procurement plans submitted by August

### Section B3: Cross Cutting Initiatives

In this Section the Hospital Director will be required to identify two (1) key contributions of the Hospital to the cross cutting initiatives during the Year as spelt out in the hospital work plan.

Initiative	Output	Target
Environmental Health	Waste management facilities provided	As per procurement plan and budget

### Section B4: Professional Learning And Personal Development Initiatives

In this section the Hospital Director will be required to identify one key personal development requirement where she/he believes that once it is handled by the Government his/her output will increase.

### Section B4: Professional Learning And Personal Development Initiatives

#### Section C: Commitments

1. Government commits to provide financial and human resources to facilitate the hospital to meet its service delivery needs; to ensure timely release of funds as per annual work plans and to reward or discipline the Hospital Director in accordance with the Rewards and Sanctions Framework for the Public Service.
2. The Hospital Director commits to provide an enabling environment that foster effective service delivery in the Hospital; to monitor the performance of health workers; to submit timely performance reports and work plans in the prescribed format to Stakeholders; and. to reward or disciplined the staff in the hospital in accordance with the Rewards and Sanctions Framework for the Public Service.
3. The Hospital Director commits to observe the professional code of conduct and the Public Service Code of Conduct and Ethics.

#### Section D: Signatures

This Performance Agreement is for a period 1st July.....to 30th June.....

Hospital Director (Name, Signature and Date).....

Director General Health Services (Name, Signature and Date).....

Witnessed by (Chairperson – Hospital Management Board

**Annex 3: Annual Performance Assessment Form****REPUBLIC OF UGANDA****HOSPITAL DIRECTORS'S ANNUAL PERFORMANCE REPORT**

<b>Name of the Hospital Director</b>	
<b>Name of the Hospital</b>	
<b>Name of the Director General of Health Services</b>	
<b>Name of the District where the Hospital is located</b>	

### Section One: Strategic Outputs for the Hospital Director

In this Section, the Hospital will report on the two (2) key outputs which are critical to the attainment of the Health strategic goals.

Key Hospital Outputs	Key Targets	Actual Achievement	Remarks
<b>Rating</b>			

### Section Two: Financial, Human Resource And Assets Management

In this Section the Hospital Director will report on financial, assets and human resource management outputs and targets as set out by the Ministries of Finance Planning and Economic Development, Ministry of Health and Public Service respectively.

Key Hospital Outputs	Key Targets	Actual Achievement	Remarks
<b>Financial Management</b>			
<b>Human Resource Management</b>			
<b>Assets Management</b>			
<b>Rating</b>			

### Section Three: Cross Cutting Initiatives

In this Section the Hospital Director will be required to report on (1) key contribution of the Hospital to the cross cutting initiatives during the Year.

Initiative	Out put	Target	Actual Achievement	Remarks

### Section Four: Personal Development Initiatives

In this section the Hospital Director will report on one key personal development under taken during the year.

Personal Devt	Out put	Target	Actual Achievement	Remarks

### Section Five: Overall Assessment Of Performance

The overall assessment of performance shall be derived by adding the scores for each section. The average of the scores obtained shall be the overall assessment

	Section 1 (one)	Section 2 (Two)	Section 3 (Three)	Section 4 (Four)
<b>Total Score</b>				
<b>Rating for overall Performance</b>				



### Section Six: Rewards And Sanctions

Where appropriate, the, Director General Health Services, after signing off the performance assessment, will recommend to the Permanent Secretary for a reward or sanction.

### Section Seven: Signatures

#### Comments by the Hospital Director

.....

#### Comments by the Director General Health Services

.....

#### Hospital Director(Name, Signature and Date)

.....

#### Director General Health Services (Name, Signature and Date)

.....



**THE REPUBLIC OF UGANDA**

## **MINISTRY OF PUBLIC SERVICE**

### **GUIDELINES FOR PERFORMANCE AGREEMENTS FOR DIRECTORS, HEADS OF DEPARTMENT, DEPUTY CHIEF ADMINISTRATIVE OFFICERS AND DEPUTY TOWN CLERKS**

**Ministry of Public Service  
P. O. Box 7003, KAMPALA  
Tel: 256 – 41 – 250534/250557  
Fax: 256 – 41 – 255463/4  
E-mail: [ps@publicservice.go.ug](mailto:ps@publicservice.go.ug)  
Website: [www.publicservice.go.ug](http://www.publicservice.go.ug)**

**2011**

## 1. Introduction

- 1.1 The introduction of Results Oriented Management (ROM) has enabled Public Service Institutions to clearly define the mission statements, strategic objectives with specific and measurable outputs, outcomes and key performance indicators. In addition, other key performance management initiatives have been introduced, namely: a new performance appraisal system; the Public Service Code of Conduct and Ethics; a Reward and Recognition Scheme; Client Charters; Output Oriented Budgeting (OOB); and a National Integrated Monitoring System (NIMES).
- 1.2 These initiatives have formed a framework for an effective performance management system aimed at delivering high quality services and building public confidence and trust. As a result, there is improved transparency and accountability across Government Institutions as evidenced by the annual performance plans and reports, the Ministerial Policy Statements and the Sectoral Budget Framework Papers. However, the National Service Delivery Survey conducted in 2008, established that clients were not yet fully satisfied with the quality of services delivered.
- 1.3 In order to address the shortcomings in service delivery and enhance transparency and accountability, Senior Managers are now required to sign annual performance agreements.
- 1.4 The objective of the performance agreements is to provide full accountability and demonstration of commitment to the achievement of the country's strategic goals as spelt out in the National Development Plan (NDP). The performance agreements will:
- Provide a mechanism for Senior Managers to align the organizational strategies, budgets, outputs and targets with the Government annual policy agenda.
  - Institutionalize a transparent and accountable process for assessing the achievement of agreed outputs and targets for which the Senior Managers are accountable.
  - Provide a formal process to document the level of achievement of key outputs and targets across the Public Service.
  - Enable Government recognizes and reward excellent performance by utilizing consistent criteria for assessing performance.
  - Form a basis for renewal or non-renewal of contract appointments and retention of Senior Managers in the Public Service.
  - Assist Senior Managers to identify and address performance gaps.

### 1.5 Performance agreements are being implemented in a phased manner as follows:

Phase	Date	Senior Manager
Phase 1	July 2010	All Permanent Secretaries, Chief Administrative Officers and Town Clerks
Phase 2	January 2011	All Hospital Directors and Primary School Head Teachers
Phase 3	July 2011	All Directors, Heads of Department, Deputy Chief Administrative Officers and Deputy Town Clerks
Phase 4	July 2012	All Accounting Officers of Government Agencies and Institutions
Phase 5	July 2013	All Heads of District Health Facilities and Secondary School Head Teachers

- 1.6 These Guidelines set out the procedure for preparing performance agreements within the broad context of national, sectoral and organizational priorities.

## 2. Signing the Performance Agreement

2.1 The performance agreements will be signed annually by 31st August as follows:

#	Post Title	Supervisor
1.	Director	Permanent Secretary
2.	Head of Department (Ministries, Departments and Local Governments)	Immediate supervisor
3.	Deputy Chief Administrative Officer	Chief Administrative Officer
4.	Deputy Town Clerk	Town Clerk

1. Four copies will be signed and distributed as follows:

- a) One (1) copy for the Officer.
- b) One (1) copy for Officer's file. Where an electronic file exists, a scanned copy must be kept on the Officers' e-file.
- c) One (1) copy for the Supervisor.
- d) One (1) copy for the Ministry of Public Service.

## 2. Instructions For Filling The Performance Agreement Form

The Performance Agreement Form attached as Annex 1 has Five (5) Sections. When preparing the performance agreement, the key outputs and targets should be determined with a specific aim of achieving the Ministry or Department or Local Government key outputs and targets.

### 1.1 Section One: Strategic Outputs

- a) In this Section, the Officer is required to report on at least four (4) strategic outputs.
- b) The key outputs and targets reflected in the performance agreement will be determined based on the Ministerial Policy Statements and the Local Government Budget Framework Papers.
- c) Targets specified should be simple, specific, measurable, achievable relevant and time bound.

### 1.2 Section Two: Financial and Human Resource Management Outputs

In this Section, the Officer will be required to deliver on key financial outputs determined by the Responsible Officer and human resource outputs determined by the Ministry of Public Service. The human resource outputs will be communicated annually through a Performance Management Circular.

### 1.3 Section Three: Cross-Cutting Initiatives and Innovation

In this Section, the Officer will be required to report on at least one (1) contribution to the cross-cutting initiatives or any innovation introduced during the Financial Year. The cross cutting initiative include: promotion of gender awareness or HIV/AIDS, health and safety at the work place, protection of the environment etc.

## 3.4 Section Four: Commitments

In Section Four, the key commitments of the Responsible Officer and Officer are highlighted.

## 3.5 Section Five: Signatures

In Section Five, the Supervisor and the Officer are required to sign the performance agreement.

## 4.0 Performance Monitoring

- a) The performance of the Officer will be monitored on a continuous basis by the respective supervisors and a record of kept on the Officers file.
- b) The Ministry of Public Service will be responsible for monitoring the implementation of the performance agreements and for providing progress reports to the stakeholders.

## 5.0 Performance Assessment

### 5.1 General Guidelines

- a) The Officer will be required to submit a performance report once a year.
- b) The supervisors will be responsible for determining the extent to which the performance targets have been achieved.
- c) At the review meeting, the Officer will be required to discuss the Performance Report with the supervisors before it is signed by both parties.
- d) The performance assessment should be concluded by the 31st July.
- e) The completed Performance Report should be signed by all parties and submitted to the relevant offices by 15th August annually.
- f) With effect from 1st July 2011, the Directors, Heads of Department, Deputy Chief Administrative Officers and Deputy Town Clerks will no longer be required to fill annual performance appraisal forms.

### 5.2 Filling the Performance Report

The Officer will be required to:

- a) Copy the outputs and targets from the agreement into the Performance Report attached as Annex 3.
- b) For each section, the results achieved and the supporting evidence (such as a survey report) should be indicated in the results column.
- c) In cases where targets were not met, the reasons should be provided including any mitigating measures taken.

### 5.3 Assessment Criteria

The following Assessment Criteria will be used:

- a) **Excellent (5):** Has exceeded the agreed targets and has consistently produced results of excellent quality and demonstrated a high level of productivity and timeliness. The Officer is a model of excellence in terms of the results achieved and the means by which they are achieved.
- b) **Very good (4):** Has achieved all the agreed outputs in line with the agreed targets and has consistently met the expectations for the outputs achieved and the means by which they were achieved.
- c) **Good (3):** Has achieved most, but not all the agreed outputs in line with the agreed targets, and there is supporting rationale for not meeting the other commitments.
- d) **Fair (2):** Has achieved minimal outputs in line with the agreed targets and without a supporting rationale for inability to meet the commitments.
- e) **Poor (1):** Has not achieved most of the agreed targets and without supporting rationale for not achieving them.

## Overall Assessment of Performance

The overall assessment of performance shall be derived by adding the scores for each section. The average score obtained shall be the overall assessment.

### 5.4 Rewards and Sanctions

- Based on the results of the performance assessment, the Responsible Officer may recommend to the Permanent Secretary, Ministry of Public Service an Officer to be rewarded or recognized for his or her excellent performance.
- The Responsible Officer may institute disciplinary action against an Officer in case of unsatisfactory performance.
- The rewards will be in line with the Public Service Rewards and Sanctions Framework, 2011. A summary is provided in Annex 3.
- The sanctions will be in accordance with the Public Service Act 2008; Public Finance and Accountability Act, 2003; the Public Procurement and Disposal of Assets Act, 2006; the Leadership Code Act, 2002; or any other relevant laws or regulations. A summary of offences and disciplinary action are provided in Annex 4 and Annex 5.

### 1.5 Distribution of the Performance Reports

Four copies of the Performance Report will be signed and distributed as follows:

- One (1) copy for the Officer
- One (1) copy for Officer's file. Where an electronic file exists, a scanned copy must be kept on the Officers' e-file.
- One (1) copy for the Supervisor
- One (1) copy to the Ministry of Public Service

## 6.0 The Appeal Mechanism

- An Officer who is not satisfied with the performance assessment may appeal to the Supervisor's line Manager to help resolve the issue. If the issue, is not resolved then it should be referred to the Responsible Officer who should conclude the matter.
- In case the disagreement is between the Responsible Officer of the Ministry or Department arbitration may be sought from the Head of Public Service who should conclude the matter.
- In all cases the disagreement should be clearly documented.
- Appeals shall be lodged within 30 days from the date of performance assessment.
- Appeals shall be disposed off in a period not exceeding 90 days.

## 7. Scheduled Time Frames

The following time frames will be applicable annually:

30th June	A Performance Management Circular issued to the Service.
<b>Performance Agreements</b>	
31st August	Duly filled annual Performance Agreement forms submitted to the Supervisor.
15th September	Performance agreements signed and copies submitted to the relevant Offices.
<b>Performance Reports and Assessment</b>	
31st May	Annual Performance Reports submitted to the Supervisor
31st July	Performance assessment concluded.
15th August	Signed Performance Reports submitted to the relevant Offices.
31st October	A Performance Report submitted to Cabinet by the Minister responsible for the Public Service.
30th June	A Performance Management Circular issued to the Service.



**REPUBLIC OF UGANDA**

**PERFORMANCE AGREEMENT FORM FINANCIAL YEAR .....**

**Directors, Heads of Department, Deputy Chief Administrative Officers and Deputy Town  
Clerks Annual Performance Agreement with ..... (Title of the Supervisor)**

<b>Name of Officer</b>	
<b>Name of Ministry or Department or Local Government</b>	
<b>Name of Supervisor</b>	

## Section One: Strategic Outputs For The Ministry Or Department Or Local Government

In this Section, the Officer is required to report 4 key outputs which are critical to the attainment of the Government's strategic goals. The targets should be simple, measurable, achievable, and relevant and time bound.

Key outputs	Targets & Indicators	Means of verification

## Section Two: Financial And Human Resource Management Outputs And Targets

In this Section the Officer will be required to deliver on financial and human resource outputs and targets.

Key outputs	Targets & Indicators	Means of verification
<b>Financial management</b>		
<b>Human Resource Management</b>		

## Section Three: Cross Cutting Initiative or Innovation

The Officer will be required to identify and contribute to one (1) cross cutting initiative or to introduce an innovation critical to service delivery improvement which will be reported on at the end of the Financial Year.

Initiative/ Innovation	Key outputs	Targets & Indicators	Means of verification

## Section Four: Commitments

1. The Responsible Officer commits to provide financial and human resources to facilitate the Officer to achieve the planned outputs; to ensure timely release of funds as per annual work plans and budget; and to reward or discipline the Officer in accordance with the Rewards and Sanctions Framework for the Public Service.
2. The Officer commits to monitor the performance of staff; to submit timely performance reports and work plans to the Supervisor; and to deliver key outputs outlined in this agreement.

## Section Five: Signatures

This Performance Agreement is for a period 1<sup>st</sup> July .....to 30<sup>th</sup> June.....

Officer (Name, Signature and Date) .....

Supervisor (Name, Signature and Date) .....



**REPUBLIC OF UGANDA****PERFORMANCE REPORT FINANCIAL YEAR .....**

<b>Name of Officer</b>	
<b>Name of Ministry or Department or Local Government</b>	
<b>Name of Supervisor</b>	

### Section One: Strategic Outputs

In this section, the officer is required to report on key outputs which are critical to the attainment of the strategic objectives. The actual achievement is discussed and agreed upon by the employee and the supervisor.

Key outputs	Key Targets	Actual achievement	Comments
<b>Rating for section one</b>			

### Section Two: Financial And Human Resources Outputs And Targets

In this section, the officer is required to report on financial and human resource management outputs and targets. The actual achievement is discussed and agreed upon by the employee and the supervisor.

Key outputs	Key Targets	Actual achievement	Comments
<b>Rating for section two</b>			

### Section Three: Cross Cutting Initiative Or Innovation

In this section, the Officer is required to report on at least one cross cutting initiative or innovation under taken during the year.

Initiative/ Innovation	Targets	Actual achievement	Comments
<b>Rating for section one</b>			

### Section Four: Section Four: Overall Assessment Of Performance

The overall assessment of performance shall be derived by adding the scores for each section. The average of the scores obtained shall be the overall assessment.

Section 1	Section 2	Section 3	Overall rating

### Section Five: Rewards Or Sanctions

Where appropriate the supervisor will recommend the officer either for rewarding or sanctioning

**Section Six: Overall Comments and Signatures**

a) **Comments by the Officer**

.....  
.....

b) **Comments by the Supervisor**

.....  
.....

c) **Comments by the Responsible Officer**

.....

**Employee(Name, Signature and Date)**

.....

**Supervisor (Name, Signature and Date)**

.....

**Responsible Officer(Name, Signature and Date)**

.....

## Rewards and Recognition

### 1. Rewards

The rewards for individuals and Departments shall include but will not be limited to: -

- a) Paid trips to professional meetings
- b) Short-term work exchange
- c) Higher budget allocation
- d) Trophies
- e) Retreats
- f) Re-tooling
- g) Breakfast with the Boss
- h) Certificates of good performance
- i) Paid vacation

### Recognition

Recognition shall be done through the following means: -

- a) Certificate of merit in recognition of good performance
- b) Letter or Certificates of recognition
- c) Long service awards
- d) Formal public recognition e.g. publicizes captioned photos of the person being recognizing in the newsletter or hanging up photographs of best performers in public places.
- e) Provision of mementos, badges etc.

### Sanctions

#### a) **Misconduct and Disciplinary Action**

1. Section 14 of the Public Service Act, 2008, provides for performance evaluation and discipline of Public Officers in accordance with the laid down regulations and procedures.

2. The Government Standing Orders, Section F provides for the management of discipline in the Public Service. Under Sub –Section F-s misconduct shall include, but shall not be limited to:

- a) gross negligence in performance of duty;
- b) acts that bring the Service into disrepute;
- c) disclosure of information in contravention of the law;
- d) acts involving turpitude e.g. theft, corruption, tribalism, nepotism etc;
- e) negligence causing loss to the Government;
- f) malicious damage to Government Property;
- g) inside Trading;
- h) unauthorized use and possession of Government Property or facilities;
- i) intimidation;
- j) assault;
- k) sexual harassment;
- l) act or omission against public interest;
- m) using abusive language;
- n) holding more than one fulltime employment concurrently;
- o) unsatisfactory performance of duty;
- p) incitement with intent to cause disobedience/strike undermining administration;
- q) use and abuse of drugs or alcohol at the work place;
- r) absence from duty without permission;
- s) insubordination;
- t) lateness for duty;

- u) refusal to comply with a posting instruction or order;
- v) falsification of records or documents;
- w) making false statements; and
- x) Driving an Official vehicle under the influence of intoxicating liquor or stupefying drug.

3. The Standing Orders provide for a progressive approach to disciplinary action and the following discreet steps shall apply:-

- a) Oral or verbal warning** by the supervisor to be noted but not recorded shall be valid for duration of three (3) months.
- b) A formal warning** is given in writing in serious cases stating the nature of the offence and likely consequences for repeated offences.
- c) A final written warning** under the signature of the Responsible Officer should, when given, be valid for a period of six (6) months. Recurrence of the offence shall lead to suspension and interdiction.

## B: Sanctions

Punishments which may be inflicted by the Public Service Commission in-line with the Public Service Commission Regulations; Subject to the provisions of regulation 32, the Commission may inflict one or more of the following punishments upon public officers as a result of proceedings under the Public Service Commission Regulations, 2009:

- a) Reprimand
- b) Severe reprimand
- c) Reduction in rank or seniority
- d) Reduction in salary
- e) Recovery of the cost or part of the cost of any loss damage caused by default or negligence
- f) Retirement in the public interest
- g) Dismissal.

## Offences and Penalties Related to Financial Mismanagement

1. Offences specified under the Public Finance and Accountability Act, 2003 (Part VI-Miscellaneous Section 42. A person commits an offense if that person:-
  - a) without reasonable excuse, fail to provide by the due date any information the Secretary to the Treasury may reasonably require under sub-section (1) of section (6) of the Act;
  - b) without reasonable excuse fails to provide any information that the Secretary of the Treasury, Auditor General or a person authorized by him or her may reasonable require under sub-section (5) of section (6) of section 31 of the Act;
  - c) without reasonable cause fails to provide, or willfully obstructs access to any item required under sub-section (5) and (6) of the Act;
  - d) Opens or causes to be opened any bank account for public or official use without the permission of the Accountant General or in any other way contravenes section 40 in respect of any bank account of the Act;
  - e) Contrary to sub-section (2) of section 33, interfaces with or exerts undue influence on any officer or employee of the Auditor – General to perform functions under the Act of the Act.
  - f) Without reasonable excuse and contrary to paragraph (a) of sub-section (1) of section 34, fails to provide the Auditor-General or a person authorized by him or her with any expectations and information that the Auditor-General or that person may reasonable require of the Act; or
  - g) Without reasonable cause fails to provide, or willfully obstructs access to any item as required under sub-section (4) of section 34 of the Act; or
  - h) Being an Accounting Officer, without reasonable excuse fails to comply with any financial

regulations or instructions under any law, or fails to execute duties and functions imposed on him or her under this Act or any other law of the Act.

**2. Penalties and surcharge under the Public Finance and Accountability Act, 2003 (Part VI-Miscellaneous Section 43).**

Any person who commits an offence under section 42 of this act shall be liable to a penalty not exceeding a fine two hundred fifty currency points, or a term of imprisonment not exceeding two years or both. Where: –

a) A loss or deficiency in public money or other money occurs that has been advanced to or was under the control of a public officer, or

b) A loss or deficiency of or damage to public property or other property occurs while the property was in the care of a public officer, and the minister is satisfied after due enquiry, that the negligence or misconduct of the public officers caused or contributed to the loss or deficiency – The amount of loss or deficiency;

- The value of the property lost or destroyed; or
- The cost of replacing or repairing the damage to that property, as the case may be, shall be a debt due to the Government, and maybe recovered from the public officer either administratively or through a court of competent jurisdiction.

**3.** Where the negligence or misconduct of a public officer is not the sole cause of any loss, deficiency or destruction resulting in an action under sub section (2), the amount recoverable from the public officer maybe restricted to only the cost of replacing or repairing the loss, deficiency, damage or destruction that the Minister considers, after due enquiry, to be just and equitable, having regard to the contribution made by the public officer to that loss, deficiency, damage or destruction





THE REPUBLIC OF UGANDA

MINISTRY OF PUBLIC SERVICE

**PUBLIC SERVICE REWARDS AND  
SANCTIONS FRAMEWORK**

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## 1. Background

- 1.1 Government has been implementing Public Service Reforms geared towards improving efficiency and effectiveness in the performance of the Public Service. Central to these reforms was the introduction of Results Oriented Management (ROM) as a performance management tool to enhance accountability, productivity and service delivery.
- 1.2 Accordingly, a number of initiatives have been introduced to support ROM. These initiatives are: the Public Service Code of Conduct and Ethics; the open Performance Appraisal System; Client Charters; Output Oriented Budgeting; Performance Agreements for Senior Managers; and the Rewards and Recognition Scheme. Besides, National Service Delivery Surveys (NSDS) have been taken under periodically to establish the extent to which the delivery of Government services is being provided to the Citizens. These measures are aimed at transforming the Public Service and linking the performance of individuals to the Organisational and national goals. The ultimate goal is to promote public trust and confidence by holding Public Officers accountable for their actions and inactions.
- 1.3 Sustenance of an effective performance management system must however be supported by an objective rewards and sanctions framework, which allows managers to reward excellent performance and sanction poor performance in a timely manner. Such a framework must be objective and robust enough to provide incentives for molding the behavior of employees and to cultivate a performance culture that focuses on results, excellence and professionalism.

## 2. Current Situation

- 1.1 A number of regulations and disciplinary procedures are detailed in the Public Service Act, the Uganda Government Standing Orders, the Code of Conduct and Ethics for the Public Service, the Public Service Commission Regulations, and the Rewards and Recognition Scheme.
- 1.2 Although the regulations provide for measures and procedures to deal with indiscipline, their enforcement is still weak and slow. The focus is on rewarding and recognizing good performance. Sanctioning poor performance as a means of improving performance is not being addressed. This has been confirmed by Public Service Inspection Reports, the Local Government Reports, the Service Commission Reports and the Joint Government/Development Partners' Reports
- 1.3 The current system has the following weaknesses:
  - a) The rewards have not been applied in a standard manner across the Service. Hence there is a lot of inconsistency in the implementation.
  - b) The rewards are not significant enough to cause change in behavior and to encourage exertion of extra effort.
  - c) The criteria for nominating best performers have been challenged resulting in discontent.
  - d) The criteria for reward or recognition places little emphasis on promoting innovativeness.
  - e) The focus on rewarding individuals does not allow enough recognition of the collective and collaborative efforts by teams to deliver key outputs.

## 3. The Rewards and Sanctions Framework

- 1.1 In order to address the above shortcomings, a Rewards and Sanctions Framework has been developed to provide a range of rewards and sanctions to be enforced in the Public Service. The Framework provides the principles and the criteria to be followed as well as the Institutional arrangements. Specifically the Framework shall:
  - a) facilitate recognition of employee performance, achievements, innovations and contributions;
  - b) guide the management and sanctioning of poor performance at the corporate, team and

- individual levels;
- c) support a working environment that values employees and facilitates a workplace that motivates and encourages high performance; and
- d) Provide for rewarding and sanctioning of Public Officers as individuals or as members of a team.

## 1. Objectives of the Framework

### 1.1 Overall Objective

The overall objective of the Rewards and Sanctions Framework is to create a competitive work environment that supports a culture of continuous search for improvements in performance, productivity, innovation and service delivery.

### 1.2 Specific Objectives

The specific objectives of the framework are to:

- a) enhance consistency, transparency and objectivity in application of rewards and sanctions in the Public Service;
- b) introduce sanctions to promote better performance;
- c) promote innovation in public service performance and delivery;
- d) introduce financial rewards in addition to the already existing non-financial rewards; and
- e) Increase the value of rewards and the intensity of the consequences of sanctions.

## 2. Guiding Principles

The implementation of Rewards and Sanctions in the Public Service shall be guided by the following principles:

Transparency:	There shall be openness and sharing of information in rewarding good performance and sanctioning poor performance.
Impartiality :	In rewarding and sanctioning performance there shall be fairness, irrespective of gender, race, religion, disability or ethnic background.
Results Orientation:	The extent to which performance of individuals, teams or organizations impacts on achievement of organizational or national objectives will be the basis for rewards or sanctions in the Public Service.
Affordability:	In determining the nature of rewards, availability of resources and sustainability shall be taken into account.
Timeliness:	There shall be immediate rewarding of good performance for greater impact. Likewise, immediate sanctioning shall be taken against poor performance.
Flexibility:	The rewards and sanctions may be customized to take into account peculiar conditions that pertain in a given Public Service entity.

## 3. Applicability

The Public Service Rewards and Sanctions Framework shall apply to all Ministries, Departments, Agencies and Local Governments at Corporate; Team (Directorates, Departments, Divisions, Sections, Units, Task Teams); and individual levels.

## 4. Criteria for Application of a Reward or Sanction

### 4.1 Criteria for Applying Rewards

To qualify for a reward, institutions, teams or individuals must satisfy a number of conditions.

#### 4.1.1 Conditions for Rewards at Institutional Level

- a) Achievement of all performance targets as outlined in the institutional performance plans outlined in the Ministerial Policy Statement and the Budget Framework Papers.
- b) Evidence of fulfillment of key service standards outlined in client charters.
- c) Sponsorship of an innovation that results in efficiency, economy and effectiveness.
- d) Demonstration of outstanding contribution towards national development goals outlined in the National Development Plan (NDP).
- e) Achievement of results as reflected in the Government Assessment Report.

#### 4.1.2 Conditions for rewards at Team level

To qualify for a reward, a Team must demonstrate the following:

- a) Achievement of all performance targets as outlined in the performance plans, and the terms of reference in case of Task Teams.
- b) Sponsorship of an innovation that results in efficiency, economy and effectiveness.
- c) Demonstration of outstanding contribution towards achievement of organizational goals.

#### 4.1.3 Conditions for Rewards at Individual Level

To qualify for a reward, an individual must achieve one or a combination of the following:

- a) Individuals must exceed key commitments outlined in their performance plans.
- b) Sponsorship of an innovation that results in efficiency, economy and effectiveness.
- c) Demonstration of outstanding contribution towards achievement of organizational goals
- d) Exhibition of a good image of a Public Officer or the Public Service by exceptionally observing the Code of Conduct and Ethics for the Public Service.

### 4.2 Criteria for Applying Sanctions

Application of sanctions to institutions, teams or individuals shall be based on the following conditions:

#### 4.2.1 Conditions for Sanctions at institutional level

Sanctions shall be applied in cases of failure by an institution to:

- a) Achieve half of the key deliverables as outlined in the performance plans agreed upon under the Ministerial Policy Statements, the Budget Framework Papers, and the Joint Assessment Framework.
- b) Fulfill key service standards as outlined in the Client Charters.
- c) Adhere to the Public Finance and Accountability Act and the Leadership Code.

#### 4.2.2 Conditions for Sanctions at Team level

Sanctions shall be applied in cases of:

- a) Failure by a Department or Team to achieve half of the key deliverables as outlined in the performance plans agreed in the Budget Framework Papers and Joint Assessment Framework.
- b) Being among the last three worst performing Government Institutions identified under the Government Assessment Report.

#### 4.2.3 Conditions for Sanctions at Individual level

Sanctions shall be applied in cases of failure by a Public Officer to:

- a) Achieve half of the key deliverables as outlined in the performance plans agreed upon under Performance Agreements and the performance appraisal process.
- b) Observe the Code of Conduct and Ethics in the Public Service.
- c) Meet performance standards as stipulated in the Client Charters.
- d) Adhere to the Public Finance and Accountability Act, the Leadership Code.

### 5. Categories of Rewards and Sanctions

Three categories of rewards and sanctions shall be implemented in the Public Service.

#### 5.1 Reputational Rewards and Sanctions

- a) **Reputational Rewards:** Interventions that are non-financial but boost one's ego by exposing excellent performance. These will include the Head of state honors; the Minister of Public Service Award; and the Minister of Local Government Award; Head of Public Service and Secretary to Cabinet Award; Certificates, Letters of Recognition or Commendation; plaques, trophies, public applause, publishing the names and photographs of best performers.
- b) **Reputational Sanctions:** All interventions that are a source of shame. These include public naming and shaming and other appropriate disciplinary actions in accordance with the Standing Orders, Service Commission Regulations and other appropriate regulations.

#### 5.2 Financial Rewards and Sanctions

- a) **Financial Rewards:** These include increased budget allocations, bonuses, coupons, and cash.
- b) **Financial Sanctions:** These include reduced budget allocations, and imposition of fines and penalties and other sanctions in accordance with Public Finance and Accountability Act.

#### 5.3 Operational Rewards and Sanctions

- a) **Operational Rewards:** These are interventions that provide operational flexibility and comfort in the management of financial and non-financial resources.
- b) **Operational Sanctions:** These are interventions that withhold or deny operational flexibility and comfort in the management of financial and non-financial resources.
- c) **The implementation modalities** are detailed in Annex 1.

### 6. Institutional Arrangements

- a) The Ministry of Public Service will oversee the implementation of the Rewards and Sanctions Framework.
- b) There will be a Corporate Rewards and Sanctions Committee at national level.
- c) A Rewards and Sanctions Committee will be established in every Ministry, Department or Local Government. These Committees will replace the Disciplinary Committees.
- d) The implementation of the rewards and sanctions in the Public Service will be a shared responsibility of all Public Officers, supervisors and managers. Key among these are the Political leaders in Ministries and Local Governments, Head of Public Service and Secretary to Cabinet, Responsible Officers,

Heads of Department, Supervisors and Heads of Human Resource Division.

- e) The roles and responsibilities for the key institutions and actors are detailed in Annex 2 and 3

## 7. Information, Education & Communication Programme

- a) All Public Officers should be aware of the rewards and sanctions applicable in the Public Service. In this regard, Ministry of Public Service will develop and implement a comprehensive information, education and communication programme in respect of the Rewards and Sanctions Framework.
- b) The sensitization on rewards and sanctions will be included as one of the sessions at all induction and orientation programs.

## 8. Monitoring and Evaluation (M&E) Framework

- a) The Ministry of Public Service Performance Monitoring Unit will be responsible for monitoring the implementation of the Rewards and Sanctions Framework.
- b) The implementation of the framework will be monitored through quarterly reports on disciplinary/ absenteeism cases submitted by the respective Ministries and Local Governments and through annual reports, in the case of rewards.
- c) The Unit will provide technical assistance and support to Ministries, Departments, Agencies and Local Governments in the implementation of the framework.

## 9. Implementation Arrangements

The implementation of this Circular takes effect from 1<sup>st</sup> July 2011: Responsible Officers are required to circularize the Public Service the contents of this Circular for implementation and compliance. The Circular can be accessed on the Ministry of Public Service Website: [www.publicservice.go.ug](http://www.publicservice.go.ug).



Jimmy R. Lwamafa

**PERMANENT SECRETARY**

**Distribution "B"**

## Annex 1

### Framework for Implementing Rewards and Sanctions at Individual, Team or Organisational Level

#### 1. Rewards

##### 1.1 Rewards at Corporate Level

###### 1.1.1 Reputational Rewards

Reward	Implementation Modalities
Head of State Honors	This will be awarded to the best performing Ministry or Department; Agency and Local Government by H.E. the President.
Minister of Public Service Award	This will be awarded to the second best performing Ministry or Department; Agency.
Minister of Local Government Award	This will be awarded to the second best performing Local Government.
Head of Public Service and Secretary Cabinet Award	This will be awarded to the third best performing Ministry or Department; Agency and Local Government.
Other Rewards	<p>a) The best three performing Ministries or Departments; Agencies and Local Governments will be publicized in the mass media.</p> <p>b) Certificates of recognition will be issued to the best three performing Ministries or Departments; Agencies and Local Governments.</p>

###### 1.1.2 Financial Rewards

Reward	Implementation Modalities
Budget allocations	The Ministry responsible for Finance will explicitly communicate, in the budget call circular, how past good performance will have influenced budget allocations to the best scored/ranked MDAs and LGs
Cash/ Bonuses	The best three performing MDAs/LGs may be considered for bonuses.

###### 1.1.3 Operational Rewards

Reward	Implementation Modalities
Flexibility in the management of financial resources	The Ministry responsible for Finance will provide special guidelines to grant flexibility to best performing institutions.
Flexibility in the management of human resources	The Ministry responsible for Public Service will provide special guidelines to grant flexibility to best performing institutions.

## 1.2 Rewards at Team (Directorate/Department or Division or Unit Level)

### 1.2.1 Reputational rewards

Reward	Implementation Modalities
Minister's Award	a) The Minister of the respective Institution will give an award to the best performing team.
Chairperson LCV/Mayor Award	a) The Chairperson LCV/Mayor of the respective Local Government will give an award to the best performing team.
Other Rewards	<p>a) The best performing Team will be publicized on all Institutional Notice Boards.</p> <p>b) Certificates of Recognition, Plaques, Trophies will be awarded based on the recommendation of the Reward and Sanctions Committee</p> <p>c) The best performing Team will be recognized and applauded in all appropriate fora, throughout the year.</p>

### 1.2.2 Financial rewards

Staff bonuses/Cash/Coupons	The best performing team will be given staff bonus cash or coupons by the respective Accounting Officers.
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## 1.3 Rewards at Individual Level

### 1.3.1 Reputational Rewards

Reward	Implementation Modalities
Responsible Officers' Award	The respective Responsible Officers may award Certificates of Recognition/Letters, Plaques to the best performing individuals.
Other Rewards	<p>a) Best performing Officers will be publicized on all Institutional Notice Boards.</p> <p>b) Certificates of recognition, plaques, trophies may be awarded based on the recommendation of the Rewards and Sanctions Committee.</p> <p>c) The best performing Officers will be recognized and applauded in appropriate fora throughout the Year.</p> <p>d) Status symbols e.g. badges, key holders may be given to outstanding performers</p>

### 1.3.2 Operational Rewards

Invitation to high level meetings/functions	Outstanding performers may be nominated to attend high level meetings/ functions.
Representing Senior Management	Best performers may be nominated to represent Senior Management as and when the Responsible Officer deems appropriate.
Assignment of more challenging duties	The best performers may be assigned more challenging and motivating duties.

### 1.3.3 Financial Rewards

Gifts/Presents	Gifts/ presents may be given to the best performers by the Responsible Officers.
Bonus/ Cash reward	Best performers may be given Cash rewards/Bonuses/ Shopping Vouchers.

## 2. Sanctions

### 2.1 Sanctions at Corporate Level

#### 2.1.1 Reputational sanctions

Sanction	Implementation Modalities
Naming and Shaming	Poor performing institutions will be publicised

#### Financial Sanctions

Reduced budget allocations	The budgets of the poor performing institutions may be reduced.
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### 2.2 Sanctions at Team (Directorate/Department/Division/Unit) Level

#### 2.2.1 Reputational Sanctions

Sanctions	Implementation Modalities
Internal sanctions	Internal sanctions like, warning letters will be administered to the poor performers.
Public shaming	Results of the poor performers will be publicized in all appropriate fora

#### 2.2.2 Financial Sanctions

Sanctions	Implementation Modalities
Penalty	Poor performing Teams may be deprived of certain financial incentives/ benefits e.g bonuses/cash by the respective Responsible Officers.

### 2.3 Sanctions at Individual Level

#### 2.3.1 Reputational sanctions

Sanctions	Implementation Modalities
Administrative Action	Administrative progressive disciplinary action will be taken against poor performers by the Responsible Officers, in accordance with the Standing Orders, Service Commission Regulations and other appropriate regulations. These include: <ol style="list-style-type: none"> <li>a) Warning</li> <li>b) Severe Reprimand</li> <li>c) Withholding or deferment of increment</li> <li>d) Stoppage of increment Suspension of increment.</li> <li>e) Surcharge or refund.</li> <li>f) Making good of the loss or damage of public property/assets</li> <li>g) Interdiction from duty</li> <li>h) Reduction in rank</li> <li>i) Removal from the Public Service in Public Interest</li> <li>j) Dismissal</li> </ol>
Specific disciplinary measures	Cases of persistent poor performance without justified cause will be submitted to the respective Service Commissions for appropriate action.



### 2.3.3 Financial Sanctions

Sanctions	Implementation Modalities
Specific disciplinary measures	<p>Appropriate disciplinary action will be taken against poor performers by the Responsible Officers, in accordance with the Standing Orders, Public Service Commission Regulations and other appropriate Financial and Accounting Regulations.</p> <p>These may include:</p> <ul style="list-style-type: none"> <li>a) Warning</li> <li>b) Severe Reprimand</li> <li>c) Withholding or deferment of increment</li> <li>d) Stoppage of increment Suspension of increment.</li> <li>e) Surcharge or refund.</li> <li>f) Making good of the loss or damage of public property/assets</li> <li>g) Interdiction from duty</li> <li>h) Reduction in rank</li> <li>i) Removal from the Public Service in Public Interest</li> <li>j) Dismissal</li> </ul>

## Annex 2: Institutional Arrangements

### 1. Ministry of Public Service

Ministry of Public Service will be responsible for:

- a) Overseeing the implementation of the Rewards and Sanctions Framework;
- b) Monitoring and evaluating the implementation of the framework;
- c) Providing technical assistance and support to Ministries, Departments, Agencies and Local Governments;
- d) Reviewing the framework;
- e) Preparing and issuing implementation guidelines; and
- f) Receiving and analyzing quarterly and annual reports from Ministries, Departments, Agencies and Local Governments.

### 2. Corporate Rewards and Sanctions Committee

A Corporate Rewards and Sanctions Committee (CRSC) will be appointed by the Head of Public Service. The Committee will, on an annual basis, determine the level of performance at Ministry, Department, Agency or Local Government level and recommend appropriate rewards and sanctions.

#### 2.1 Composition of the Committee

The Committee will be composed of the following:

- a) Deputy Head of Public Service/Secretary Administrative Reform as the Chairperson.
- b) Four members of high integrity drawn from the, Private Sector, Civil Society Organization who are knowledgeable about organizational performance management and evaluation.
- c) One representative from the Public Sector.
- d) One representative from the Academia
- e) Ministry of Public Service will be the Secretariat.

#### 2.2 Roles and Functions of the Committee

The roles and functions the Corporate Rewards and Sanctions Committee shall be to:

- a) Develop guidelines for scoring and ranking MDAs against performance indicators applied in the performance plans/agreements.
- b) Consider submissions from the respective Responsible Officers who deserve recognition for exemplary performance or for sanctioning.
- c) Based on the guidelines and submissions from the Responsible Officers, review the
- d) performance of the institution and identify best and worst performing institutions.
- e) Submit to the Head of Public Service nominees for consideration for annual rewards and
- f) recognition by the H.E. the President, the Minister responsible for Public Service and the
- g) Minister responsible for Local Government.
- h) Prepare and publish an annual performance scoring and ranking of all Ministries,
- i) Departments, Agencies and Local Governments.
- j) Support the Head of Public Service in identifying appropriate interventions to improve the performance of poor performing Ministries, Departments, Agencies and Local Governments.

### 3. Ministry/Department/Local Government Rewards and Sanctions Committee

Each Ministry/Department/Local Government shall have a Rewards and Sanctions Committee, constituted by the Responsible Officer to:

- a) Develop guidelines for scoring and ranking Teams against performance indicators applied in the performance plans/agreements.
- b) Consider submissions from the respective Heads of Departments who deserve recognition for exemplary performance or for sanctioning;
- c) Based on the guidelines and submissions from the Heads of Department, review the performance of the team and identify best and worst performing teams.
- d) Submit to the Responsible Officer nominees for consideration for annual rewards and recognition by, the respective Minister/Chairperson /Mayor.
- e) Prepare and publish an annual performance scoring and ranking of all teams.

### 3.1 Composition of the Committee

The Responsible Officer will appoint a person of high integrity as the Chairperson of the Committee, composed of the following:

- a) Chairperson
- b) Two retired Public Servants
- c) One Civil Society representative
- d) One Academia
- e) Head of Human Resource (Secretariat)

### 3.2 Roles and Functions of the Committee

The Committee shall be responsible for:-

- a) Receiving, assessing and reviewing nominations for rewarding and sanctioning nominees.
- b) Recommend appropriate rewards and sanctions that will be awarded.
- c) Develop guidelines for scoring and ranking nominees against performance indicators applied in the performance plans/agreements.
- d) Consider nominees by Heads of Department who deserve recognition for exemplary performance or for sanctioning.
- e) Submit to the Responsible Officer nominees for consideration for annual rewards and sanctions.
- f) Recommend to the Responsible Officer appropriate interventions to improve the performance of lowly-scoring Departments.

## Annex 3: Roles and Responsibilities Key Players

### 1. Head of Public Service and Secretary to Cabinet

- a) Appointing Members of the National Rewards and Sanctions Committee.
- b) Submit the names of the nominees to H.E. the President, the Minister responsible for Public Service and the Minister responsible for Local Government.
- c) Hosting the ceremony for the third best performing institution.

### 2. Responsible Officers

The Responsible Officers will have the direct responsibility and accountability for implementing the Rewards and Sanctions Framework, in their respective institutions. They will specifically:

- a) Ensure effective performance management system in the Ministry, Department, Agency or Local Government.
- b) Observe and adhere to the laid down disciplinary procedures.
- c) Enforce the Code of Conduct and Ethics for the Public Service.
- d) Ensure that Public Officers are aware of their rights and obligations.
- e) Establish the Rewards and Sanctions Committee.
- f) Ensure that in each financial year, adequate funds are budgeted for the Reward and sanctions.
- g) Ensure constant application and compliance to the Rewards and sanctions scheme.
- h) Provide annual reports on the implementation of the Framework.
- i) Prepare and publish an annual scoring and ranking Teams.

### 4. Heads of Department

- a) To identify Public Officers in the department who qualify for rewards or sanctions in line with this framework.
- b) Promote innovation and personal initiative.
- c) Support the Heads of Sections /Divisions in delivering to the expected standards.

### 5. Supervisors

- a) Support and guide staff to deliver on key deliverables in their performance plans/Agreements.
- b) Ensure that Public Officers are aware of their rights and obligations.
- c) Identify individual Public Officers and teams for rewarding or Sanctioning in the line with this framework.
- d) Assess performance.
- e) Recommend staff for rewards or sanctions.

### 6. Heads of Human resources Division/Section

- a) Sensitize staff about the Rewards and Sanctions Framework.
- b) Provide technical advisory services to all employees, supervisors and managers concerning the framework.
- c) Assist the Institution in developing their own awards and sanctions in line with the principles and objectives spelt out in the Framework.
- d) Monitor and evaluate of the implementation of the rewards and sanctions by the institution.
- e) Ensure that approved awards and sanctions are properly and timely processed.
- f) Maintain records of the on rewards and sanctions.
- g) Coordinate the awards ceremonies.

## 7. Public Officers

- a) Meet performance commitments as per the Performance Plan/Agreement.
- b) Adhere to the Public Service Code of Conduct and Ethics and other Professional Codes.
- c) Support innovations at the individual or team level.



THE REPUBLIC OF UGANDA

MINISTRY OF PUBLIC SERVICE

# RESULTS ORIENTED MANAGEMENT (ROM) INDIVIDUAL IMPLEMENTATION MANUAL

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## 1. Introduction

Purpose of this manual is to outline the main features of Result Oriented Management (ROM) in the Government of Uganda (GoU), presenting two levels of ROM – institutional and individual. The focus will be on individual performance and how the individual performance of the public officer shall be managed in the Ugandan public services.

## 2. Purpose of Result Oriented Management

- 2.1 Transparent and efficient use of public resources to endure the best possible outcomes for the citizens (clients/voters) is necessary in the modern world where the increased civic engagement requires the public bodies to be more transparent, and accountable for the resources allocated. ROM in Uganda was introduced under the Public Service Reform Programme (PSRP) to change the management culture in the public service. It was viewed as a strategy that would support the implementation of the Poverty Eradication Action Plan (PEAP), which clearly identified the need to 'strengthen public sector performance and accountability' through the implementation of ROM as an important strategy to meet the Government's overall objective of eradicating poverty and transforming Uganda into a middle-income country. In the meantime, PEAP has been replaced by the National Development Plan (NDP) which was successfully launched in mid- 2010 and provides the macro-framework for national development in the next five years, i.e. 2010-2015.
- 2.2 ROM is a management instrument/model which seeks to optimize the use of resources available by focusing on the results delivered at institutional and individual levels in line with the sector plans and the over-arching national development framework. It belongs to the family of result-based tools (systems), developed in line with the resource-based management (RBM) principles laid down in the US in the mid-1950s.
- 2.3 The ROM approach integrates the objectives and outcomes defined within the national planning framework, the NDP and sector plans, with the 'results framework' for each public sector organization. The 'results framework' includes the purpose for which the organization exists, the objectives that it aims to achieve, the key outputs that must be delivered and the performance indicators that will be used to measure how well the organization is delivering those outputs.

## 3. Result Oriented Management as a Result Framework (Macro-level)

- 3.1 ROM is an instrument of institutional planning, where the public organizations link intended outputs of their activities to the budget approved. Hence budgets are output oriented, and should be driven in the process of preparation by the targets agreed/set by the organizations. ROM operates, as a rule, within the annual cycle, linking with the broader frameworks, which in the case of Uganda is NDP, and takes into considerations limits and orientations defined under the Medium-term Expenditure Framework (MTEF).
- 3.2 Ministries, Departments and Agencies (MDAs) within the GoU are expected to develop and continuously review their missions, and vision in line with their mandate. These are followed by the strategic objectives which clearly outline what every MDA would like to achieve, in meeting its vision and mission. Similarly, following country-wide decentralization local governments (LGs) have the responsibility that allows them to deliver locally and are increasingly held accountable by local residents. As they are now direct users of the consolidated state budget, they are equally required to think strategically of their roles and duties. MDAs and LGs in Uganda are largely strategically driven, and therefore they are required to clearly define, within the (projected) results framework the following: 1) Mission; 2) Objectives; 3) Outputs, and 4) Performance Indicators.

- 3.3 In the result framework the organization should clearly spell out the results of its activities undertaken to meet the mission and vision of the organization. Following the definition of the results framework, it should use the outputs and performance indicators to collect baseline data (both internal and external) and use this as a starting point in preparing plans and budgets. Each plan must include specific outputs and the performance indicators to be used to assess how well those outputs are delivered. Targets should be set for the volume of output to be delivered as well as the targeted performance indicators for that output.
- 3.4 The plan serves as a basis for monitoring the performance of the organization, its departments and individuals. In order to ensure that the plans are delivered continuous improvement is an integral part of the planning and delivery process, hence it is necessary to identify any room for improvement and include it in the future plans.
- 3.5 Properly applied ROM process within the GoU enhances efficiency, effectiveness, access to improved services and strengthen accountability by:
- Clarifying the purpose for which a MDA or Local LG exists through the definition of a unifying mission statement to guide the organization;
  - setting specific and attainable strategic objectives for the main services delivered;
  - identifying the key outputs, which the MDA or LG management can focus on to ensure marked improvements in performance;
  - evaluating performance by measuring the outputs delivered and developing performance indicators to provide a clear basis for performance assessment;
  - establishing linkages between the planning and budgeting systems, and the resources available, with a specific focus on the outputs to be delivered;
  - providing performance reports to political leaders and management based on the performance indicators to enable them to identify corrective actions and opportunities for performance improvement and prepare action plans for implementing the identified measures;
  - Providing a basis for communicating actual performance of the MDA or LG against the budget or plan to various stakeholders in order to enhance transparency and accountability in the Public Service.
- 3.6 An organisation can measure its results effectively only if sets performance targets against which it's actual achievement should be compared. Organisational targets are set by technical staff (public officers) who have good knowledge of the organisation, its mission, vision and internal processes. When setting the targets the organisation, as a collective, should collectively be able to respond confidently to the following questions:
- Are the targets realistic taking into account the immediate and wider environment but, at the same time, challenging?
  - Are the targets consistent with the performance of the previous financial year, aiming for an improvement next financial year?
  - Can they be achieved with the budgets, people, skills and equipment that will be made available next financial year (as outlined in budget memorandum)?
  - Is it specified when the targets will be achieved, and can we define the precise deadlines by which the targets will be achieved?
  - Are the targets fully compliant with the service standards or performance standards?
- 3.7 A well-organized and managed public organisation should be able to define the targets relatively easily, as it is aware of its mission, vision, and strategic objectives. It is capable of forecasting its budget, even before the budget estimates are made known by the Ministry of Finance, Planning and Economic Development (MoFPED).  
Targets are proposed from bottom up of the organisation (technical staff), but are finally agreed following the internal consultation within an MDA, government and interacting with the political appointees, who are elected representatives of the people (public services ultimate users).



Technical staffs are responsible for the professional aspects of the planning and delivery, whilst the political appointees (primarily the ministers) are overseeing the political aspects of the work and should provide the overall societal guidance to an MDA. Similarly, at LG level political appointees are to provide the political guidance to the local administration, but not to interfere into the professional aspects of the delivery.

- 3.8 In a participatory model, such as ROM, the managers are encouraged to set periodic (annual, semi-annual and quarterly) targets and ensure that they are achieved, through effective management of improved inputs. Targets are developed from periodic outputs and related indicators that are in turn related to the organization's mission and objectives. If the targets are not met, managers should seek to understand why and then prepare and implement action plans with the aim of doing better next time. Accordingly, the philosophy underpinning ROM places emphasis on learning and improving performance, where targets are not met.
- 3.9 Each of the targets proposed has to be justified by the head of the unit that has put the proposal forward, so that they can be justified to the Organisational top/senior management which ultimately will approve all the targets. Targets have to satisfy the criteria of visibility and transparency so that all interested parties are fully aware of the achievements and can relate to them. It is not always possible to define the targets easily. Usually, past performance is the best estimator of the future performance, especially if the positive trends have been recorded.
- 3.10 In the budgeting process the organisation must obtain financial resources to deliver the targets that have been put forward and finally achieve the performance that would be deemed to be acceptable by the management of the organisation and the Government. In the case that the financial resources have not been allocated the targets have to be scaled down and adjusted to the newly emerged situation.
- 3.11 However, one also should be aware of the situation that the costs of the activity underpinning the targets has to be justified, either through comparison to the cost of the activity/action/programme last year, or through the benchmarking process and comparison to similar activities/actions/programmes in the target groups. Good public officers have the duty to ensure that the value-for-money principle has been observed and that the public has the right to receive the best service for the money that the society has put into the respective public service. Hence, in the process of targeting, the public organisation has to assess the costs and define the costs of delivering the service.
- 3.12 Following the approval of the organization's budget, the organisation determines whether it is necessary to adjust the targets, based on the financial allocations approved by the Parliament. Also, it is possible that adverse economic conditions may prove that the approved financial resources are not enough to finance the targets put forward. Again, at the very moment that the situation arises the MDA or LG should alert the Government, that the delivery plan may be in jeopardy.
- 3.13 After the Ministerial Policy Statement (MPS) is approved and the underpinning funds are approved in the Consolidated State Budget, an MDA or LG knows clearly what is expected of it. The planning process is based on a bottom-up approach model and organizations should have already developed detailed delivery plans at all levels of activities, including the individual work (engagement) plans/schedules agreed with the individual public officers. In other words, MPS should, in principle, encompass all the activity plans developed in the ministry, from the individual delivery plans (work schedules) of individual public officers to the annual plan of the entire ministry, formalized in MPS and accompanied with the request for the allocation of public money.

## 4. Staff Appraisal Process

Performance appraisal is a well-defined, formalized active relationship (interaction) between a Appraisee (subordinate) and supervisor, which, as a rule, takes the form of a periodic interview, in which the work performance of the Appraisee is assessed and discussed, with a view to identifying weaknesses and strengths, room for improvement and skills development.

1.1 Staff appraisal is a process and as such has to be completed in a number of phases.

- a) Definition of expected outputs
- b) Definition of individual performance targets to be achieved
- c) Communication of these targets
- d) Continuous Monitoring of the performance
- e) Measuring of actual performance and comparison with the targets agreed
- f) Discussion of results and feedback provided
- g) Effectuation of corrective actions (if required)

4.2 Appraisee and supervisor will agree the outputs/targets that an employee/Appraisee has to deliver. In principle targets are defined based on comparisons and benchmarking within the appropriate peer group. For instance, service delivery standards for some outputs are usually used for the definition of individual targets. The process of setting individual targets has to be participatory where both sides (public officer/Appraisee and his/her supervisor) clearly provide input and jointly agree on the targets and how these will be measured.

4.3 Delivery expectations must be known across at least the immediate peer group, and preferably the entire organisation. Targets have to be transparent, so that there is no discrimination across the organisation. An employee/Appraisee has to be clear as to what he or she is expected to do, in order to satisfy the expectations.

4.4 Outputs and targets agreed, should meet the criteria of being: Simple, Measurable, Realistic, Achievable and Time bound, i.e. SMART. Both appraiser and Appraisee should ensure that the agreed outputs and performance targets do meet these criteria simultaneously and concurrently. If the outputs and targets fail to meet these criteria summarily, it will be difficult, if not impossible to ensure their monitoring and later on assessment.

4.5 Data must be generated consistently across the organisation, so that the performance of an employee can be monitored and assessed confidently. The collection of data and other information has to be such that it is not biased and that promotes equalities and derivatively to ensure that people are treated fairly across the organisation. At the same time, an employee – public officer shall be reasonably expected to keep the record of his engagement and provide necessary management data on him or herself. At the end of the review period the supervisor shall consult the performance data, in preparation for a review meeting and establish whether the reportee/Appraisee has delivered to the expected standards and levels.

4.6 Targets and expectations are set out on the first performance meeting between an employee and supervisor that is Appraisee and appraiser. At the first meeting they will agree targets that have to be achieved in the course of the year, that it under the next regular appraisal cycle. In the case that the employee has been appointed in the last quarter of the financial year, his/her appraisal period on the first year may be longer than one year. Based on job description/specification, the officer should be able to come up with a reasonable proposal of the targets that should be achieved/ delivered throughout the year; and in the discussion with his/her immediate supervisor, who will have a proposal of his/her own, agree the targets for the next financial year. Appraisee should be appraised in the current fiscal year, only if he or she has been in the post for more than six months, i.e. appointed on or before January 31st of the calendar year.

- 4.7 Appraisal process is shared responsibility between public officer-appraisee and his/her immediate supervisor. A public officer required to complete the general part of the form and provide correct information on his past performance, before sending it on to his/her immediate supervisor. The supervision on his/her part should respond within reasonable time (usually three weeks) and set a meeting with the employee to review past performance and agree targets for the following year.
- 4.8 The appraisal meeting, in principle, has three main parts, one looks at the past financial year and analyses the achievements and performance in the previous reporting period. This also provides an opportunity to the supervisor and supervise (i.e. appraiser and appraisee) to discuss the competences, before the supervisor completes the competency section of the Annual appraisal form. Then appraiser and Appraisee agree the activities in the next reporting period (next financial/activity year), and finally they are supposed to discuss staff development needs of an employee/appraisee and what the organisation can do to support an employee to ensure that he/she delivers. The meeting should take the form of a friendly and professional discussion, where supervisor should provide mentorship and guidance for an employee and ensure that from an Organisational point of view everything has been done to ensure the good performance of the appraisee.
- 4.9 The formal Staff Appraisal Form should be signed by both appraisee and appraiser and delivered to the Personnel/HRM unit (section/division/department) for safe keeping and monitoring. It should also ensure that there is one point of contact in the case of inspection and monitoring. It is expected that HR department will prepare a survey of agreed targets for the organization's accounting/responsible officer.
- 4.10 Good practice from highly successful organizations suggest that semi-annual review point meetings are highly advisable, in order to ensure higher level of success and compliance. In the case of new employees this practice should be deemed necessary and supported by the top/senior management.  
Personnel/HR unit provides assistance to public officers regarding the application of ROM and derivatively the staff appraisal process and staff appraisal forms. Public officer should contact either Personnel/HRM unit in his/her own MDA/LG, or to contact the Ministry of Public Service (MoPS) by any means of communication.
- 4.11 If the targets have not been met, the appraiser and appraisee will analyze the reasons why and what is the variance between the planned and delivered output. In the case of justifiable mitigating circumstance (like for instance, the lack of resources, delayed deployment of resources, etc.) the underperformance will be exonerated and this will be flagged up for the attention of the accounting officer, who has to be the final arbiter in this situation. In the case the underperformance is clearly reflecting inability of the appraisee to deliver, the supervisor and appraisee will agree the plan to remedy situation and improve the performance in the following year. If there is a continuous underperformance for at least two out of three years, the supervisor (the head of the division or above) will recommend to the accounting officer the initiation of the procedure that may lead to the dismissal of the underperforming public officer. However, the final decision rests, ultimately, with the appropriate Service Commission.
- 4.12 It is therefore of utmost importance for both parties (appraisee and the supervisor/appraiser) to document the process and have the performance targets agreed in writing. Staff appraisal process is not necessarily very formal process, but the outcome of the process has to be formalized, through the completed and endorsed staff appraisal form.

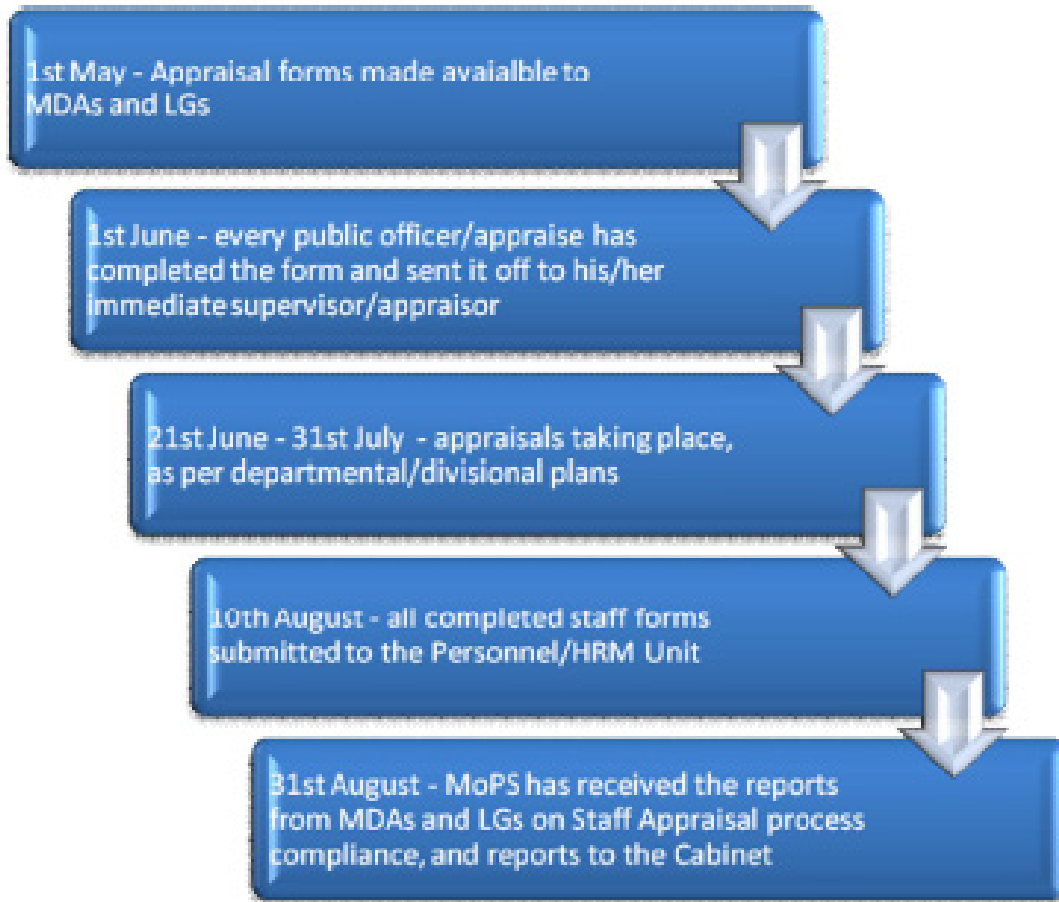
## 1. Staff Appraisal Timeframe

- a) 1st May – MoPS makes the form available on its website and the form is distributed electronically to all MDAs and LGs.
- b) 1st June – the deadline for submission of the completed staff appraisal forms by the public officer/ appraisee to their supervisor/appraiser
- c) 21st June -31st July – Appraisal meetings take place, outputs and targets agreed, and a copy of the form duly signed by both participants in the process: appraiser and appraisee
- d) 10th August – the final deadline for submission of the completed appraisal forms to the MDA and/or LG's Personnel/HR unit
- e) 31st August – Personnel/HR units report to MoPS on the completion rates and the issues that need to be addressed in the next appraisal cycle.
- f) 1st - 31st January – semi-annual review meetings taking place.
- g) A note on a meeting is submitted to the Personnel/HR unit

## 2. Conclusion

- 6.1 ROM is a major integrated initiative within the Government of Uganda, which ensures that the publicly allocated resources are used to the best uses and that the desired outputs are achieved through the activities of the public officer.
- 6.2 It is duty of each and every public officer to discharge his or her duties to the best of his/her abilities, respecting the laws and public policies of the Republic of Uganda.
- 6.3 Public officers are accountable for their activities, and as public servants are responsible to the President of the Uganda, and through the other publicly elected representatives, ultimately to the people of Uganda.
- 6.4 ROM is a planning tool that operates at both institutional and individual level. In order to secure the preparation of the institutional plan, which is bodied in the form of MPS, the organisation has to ensure that individual work plans are agreed with each individual public officer and that they have signed to it, through the annual staff appraisal process.
- 6.5 In order to deliver the planned activities, public officers are entrusted public resources for which they are accountable to the public, through the respective accounting officer, who is obliged by the performance contract to ensure that the Organisational (MDA or LG) performance is in line with the approved plans and that the public resources are used adequately.
- 6.6 Annual staff appraisal process is both a management and developmental tool. It enables the supervisor to review annually the performance of its staff members, and at the same time allows the appraisee (public officer) to raise concerns and/or request staff development opportunities.
- 6.7 ROM has been applied with the varying degree of success across the Ugandan public services for more than a decade. Although it is a well-established framework, it is also a developing framework that is linked and supports other initiatives/tools, like Output Oriented Budgeting (OOB), Balanced Scorecard (BSC), policy evaluation frameworks, etc.
- 6.8 Hence, it is of utmost importance for all the parties concerned to endorse the continuous improvement as one of the presumptions of the success of ROM and the entire Ugandan public sector.

## Annex: Individual Rom Flowchart





THE REPUBLIC OF UGANDA

MINISTRY OF PUBLIC SERVICE

**TIME MANAGEMENT IN THE UGANDA  
PUBLIC SERVICE**

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## Preface

The aim of this Manual is to provide the essential aspects of time management so that Public Officers can appreciate that time is a resource which should be utilized in the most cost effective manner because it is totally perishable and cannot be stored. Time is totally irreplaceable and there is no substitute for it.

This Manual may appear to be saying the obvious in the day to-day life of a Public Officer. However, the things one tends to think are common sense with regard to time management, and therefore, need no reminder are the very things that have overtime had a negative impact on the Public Service Management. This Manual identifies common tools of time management, features of time wasting; and gives tips on how to improve our time management.

It is therefore the responsibility of all Public Officers that the concept of time management as part of the value system is revitalized to support and sustain performance improvement efforts on a firm ground.

Public Officers are encouraged to use this Manual as an educational material to spread the concept of time management to all those within and outside their span control. This can be done through presentations and making sure that all Public Officers get access to this Manual, as well as being role models by being time conscious all the time.

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## 1. Introduction

### 1.1 Background

Since 1990, Government has been increasingly concerned with adopting and developing structures, systems and values of the Public Service, which would achieve greater efficiency, more responsive and flexible services. The role of Government has changed from being the principal provider of services to that of creating and an enabling environment for both economic and social development. This means that the Public Service as the facilitator has to transform itself from any unresponsive and inefficient bureaucracy, into a dynamic results and customer oriented entity, to meet the demands of the growing private sector.

The value system within the Public Service underpins this transformation, and needs to be renewed to ensure that there is concern for the quality of services provided to clients. Within this value system, the concept of time management is very important, among others.

Time Management can be defined as maximizing the use of time to achieve set targets. As part of the Public Service Reform, it has become necessary to give more attention to the concept of time management because it is one of those resources taken for granted. Time is a resource, which needs to be well utilized to achieve improved service delivery.

#### 1.1 Characteristics of Poor Time Management

Outlined below are the most common characteristics of poor time management at both individual and organizational level which hinder the provision of timely, efficient and effective services.

- 1.1.1 Habitual late coming to office, meetings or other scheduled gatherings thus wasting the time of those who are punctual.
- 1.1.2 Failure to organize and manage effective meetings.
- 1.1.3 Unnecessary consultations, which prolong decision making and action.
- 1.1.4 Failure to fix definite appointments on when one is in position to attend them.
- 1.1.5 Failure to attend to clients on time, asking them to come back again and again.
- 1.1.6 Failure to complete assignments on time without reasonable cause.
- 1.1.7 Tendency to defer complex work for future dates.
- 1.1.8 No response at all, or untimely response to correspondence.
- 1.1.9 Failure of individual Officers to leave information with Secretaries or other officers on their whereabouts hence other staff and clients wasting time tracing them.
- 1.1.10 Failure to provide basic information to clients on services provided and appropriate Offices responsible for the services.
- 1.1.11 Unjustified early departure from office, leaving the days' tasks un-finished.

#### 1. Principles of Time Management

- 1.1 Time is a unique resource and unlike others it cannot be replenished. It cannot be borrowed
- 1.2 Time management is a key aspect of the Public Service value system and an essential element of good work culture. It provides the driving force for efficient and effective service delivery and consequently the socio-economic development of a Country.
- 1.3 Time should be cherished, practiced and marketed at individual, organizational and national levels.

## 2. Tools to Facilitate Time Management

Traditionally there were many objects which were very instrumental in the management of time. The role of the sun, moon, cock and the drum to our fore fathers, cannot be over-emphasized and is greatly appreciated even in the current situation. In the modern world, however there are an increasing number of tools that facilitate time management as outlined below:

### 2.1 Wrist watch

A wrist watch is the best companion in time management. Besides the most fashionable watches, there are reasonably affordable watches that equally serve the same purpose. Please ensure to have one.

### 2.2 Wall Clock

This has the advantage of being visible to all who come into your office. It is also quite handy when the wrist watch fails.

### 2.3 Alarm Clock

The earlier one begins the day the more likely that he or she may accomplish the day's plan as any delay in the morning negatively impacts on the whole day's program. An alarm clock is very essential if one needs an external help to wake up daily or during very special assignments.

### 2.4 Calendar

We cannot rely on our memories for dates and months. However we can rely on the calendar. It helps us keep numerous appointments and schedules. Every Ministry or Department must provide wall calendars to all offices. If affordable, it would be good to have desk diaries as well.

### 2.5 Desk Diary

This is the home for the most important information and appointments. Keep your desk diary up-to-date and sure that you utilize the information in it. In addition, it might be useful to have a "things to do" list for each day's activities.

### 2.6 Records and information technology

With accurate, up to date and easy to retrieve records, you cannot go wrong in making appropriate and timely decisions. Ministries and Departments should keep well organized and classified records. Individual officers must also be made aware of the importance of keeping their personal records. Acquisition and utilization of up to date information technology facilities good time management in much as processing and storing and retrieving information is concerned.

### 2.7 Telephone, Fax, E-Mail and Internet

Telephone, Fax, E-Mail and Internet saves not only time but also money. It is now very easy to consult or confirm appointments while at your desk and to transmit hard information very easily using the fax. It is also possible to be quickly updated on relevant subjects from the internet.

### 2.8 Planned Business Activities

Weekly, Monthly and Annual planned activities are essential in providing a sense of direction to a Ministry or Department. If pinned on the notice boards, they are very useful to clients who are only seeking information. An individual officer should make an effort to maintain a daily, weekly, monthly, quarterly and annual plan as illustrated in the annex.

### 3. Time Wasters

Ensure to guard against the following time wasters.

#### 3.1 Setting unrealistic targets

Most Ministries or Departments set unrealistic targets well knowing that they do not have capacity to attain them. In the process resources are over stretched in different directions without achieving the desired outputs.

#### 3.2 Inability to identify priorities

Most organizations and individuals are not able to identify their priorities. It therefore becomes difficult to know what is important and must be accomplished in order to allocate time and other resources effectively.

#### 3.3 Lack of schedule of duties

Most supervisors do not provide schedules of duties to staff but instead assign work on an ad-hoc basis. Staff may be kept to work but may not be sure of what they are supposed to do and to what extent. It is also common to find that two officers have been assigned to handle exactly the same assignment by the supervisor.

#### 3.4 Lack of or Poor Delegation

There are supervisors who do not appropriately delegate and assign duties either because they prefer to handle the activities themselves or because they do not have confidence in their staff. If there is any delegation sometimes it is aimed at "catch the staff on their wrong foot" or getting rid of boring activities. Supervisors and some staff whom they think is more reliable end up being overwhelmed with work. In the process some activities suffer and even those which are embarked on are not completed at all and if completed, they are poorly done and beyond the expected time frame.

#### 3.5 Lack of Action Plans

Most organizations and individuals don't prepare action plans to guide their business. More often than not work gets done on an ad-hoc basis.

#### 3.6 Poorly sequenced event

Lack of proper sequencing of events wastes time and resources as there may be need to repeat a task or the realization that it was not necessary after all.

#### 3.7 Procedures and Processes

Wrongly addressed letters particularly those directed to action officers waste a lot of time. Worst still if the source of the letter is not sure of the correct title of the officer, they end up on other officer's desks and have to be redirected thus wasting a lot of time. They time times get misplaced and eventually may get lost.

#### 3.8 Wrongly addressed Letters

Waste a lot of time especially where these letters have to be redirected. In the process such letters end up being misplaced and eventually lost.

### 3.9 Poorly organized meetings

Frequent poorly organized and unmanaged meetings are a common time waster.

### 3.10 Unnecessary memos and other paperwork

Letters and loose minutes are sometimes used when relationships are strained. Colleagues and bosses or subordinates find it difficult to verbally consult each other and resort to writing, wasting a lot of time.

### 3.11 Office accommodation and other facilities

If Departments of a single organization are not housed in the same location or if there is congestion of offices time will be wasted in moving up and down or interruptions by the activities of other colleagues and their clients. In addition, secretarial, photocopy and other common services are a source of time wasting if not adequately provided for.

### 3.12 Visitors

Personal visitors who go to work places waste a lot of time. Semiofficial visitors who have been directed by colleagues, friends or other relatives waste a lot of more time. Each Ministry, Department or District should devise ways of handling individual cases. Secretaries and Receptionists should also be effective in handling such visitors.

### 3.13 Idle conversations

A lot of time is spent on gossiping rather than get work done.

### 3.14 Lack of good working relationships

Good interpersonal skills at individual and organizational level facilitate teamwork and time management. A lot of time might be spent on withholding vital information and undermining each other in the absence of teamwork.

## 4. Management Practices that Enhance Time Management

### 4.1 Work Plans and budgets

From your mandate Identify organizational priorities and set targets and outputs, which should be translated into a realistic work plan and budget: With the introduction of result oriented management, the Public Service is no longer managed on undefined and indefinite activities but on time bound activities.

### 4.2 Schedules of duties

Each staff should be clear on their individual roles and responsibilities. Providing schedule of duties and therefore minimizing duplication, confusion and uncertainty is essential and a responsibility of all managers.

### 4.3 Effective delegation

Delegation is an effective tool every manager should use to get things done if effectively utilized. The following steps are very useful:

- 4.3.1 Identify the activities to be delegated
- 4.3.2 Identify the staff to whom the activities or tasks should be delegated to
- 4.3.3 Adequately brief the staff as to what is required to be done
- 4.3.4 Provide all the necessary documentation or contact persons necessary in performing the activity or task and the time frame within which it should be accomplished
- 4.3.5 Provide the appropriate guidance to the staff
- 4.3.6 Avoid undue interference I the course of the activity
- 4.3.7 Do not delegate the same activity to more than one staff
- 4.3.8 Monitor and provide appropriate feedback to staff on completion of the activity
- 4.3.9 On the other hand staff to whom work has been delegated also have the responsibility of ensuring that they are very clear of what is delegated to them, seeking sufficient support and guidance and are able to complete the task on time.

#### 4.4 **Effective communication**

- 4.4.1 The importance of communication between the organisation and the clients and the managers and staff in the organisation cannot be over emphasized. The most appropriate mode / channel of communication should be chosen depending on the nature of message to be communicated.
- 4.4.2 Assigning day today tasks to staff and communicating decisions to clients are the most critical moments when one has to be careful choosing the mode of communication. Whichever mode is be clear and precise in your message because being obscure will waste time and other resources. In addition be attentive to the feedback you receive. You must guard against holding information which is vital for decision making in the organisation.
- 4.4.3 Letters are the most common mode of communication in the Public Service. They provide hard evidence of decisions and commitments of the day today transactions. Letters have however become ineffective because of delays, lack of acknowledgements, let alone response. This resulted into individuals moving up and down to personally deliver the message and to follow up responses. This costly to the individual in terms money, time and other work which would otherwise have done by the individual. To the organisation it increases the number of visitors to be attended resulting it congestion, interference and lack of concentration. The Public Service as a whole each responsibility centre including the individual officers need to restore confidence in the letter system by acknowledging receipt and providing timely responses.

#### 4.4 **Provide the necessary facilities**

When assigning tasks and determining the time frame, managers should take into account the availability of other facilities/inputs.

#### 4.5 **Performance management**

Requires managers to have the capacity to manage both their staff and other resources The performance management culture recognizes the fact that managers and subordinates have shared responsibilities for outputs.

#### 4.6 **Leading by example**

Managers are enjoined to enforce time management and therefore must act as role models.

## 4.7 Making and honoring appointments

There is great need to slowly but surely encourage the practice of making appointments with clients on predictable issues and honoring such appointments. Onnon-predictable subjects and complaints all attempts should be made to promptly attend to all clients with or without appointments.

## 4.8 Well organized meetings

Meetings if well organized and properly managed meetings can save time and ensure that adequate consultations and appropriate decisions are made without wasting a lot of time. For that reason guidelines for effective management of meetings are highlighted in the next chapter.

## 5. Effective Management of Meetings

Meetings are very important avenue consulting and arriving at key decisions but, if not well managed, are the key time wasters. Consultative meetings have indeed become very instrumental I the management of the Public Service so much so that a lot more attention needs to be paid as to how they should be organized otherwise they can be a source of digression and indecisiveness and hence time wasting.

5.1 It is advisable to follow the following checklist when organizing a meeting.

- 5.1.1 What is the purpose/agenda for the meeting? Is there no possibility of resolving the issue without calling a meeting?
- 5.1.2 Who is going to be invited to attend the meeting? Are they in position to add value to the subject? Will they be personally available or will they delegate? If they are going to delegate, have they adequately briefed their staff about what is expected of them
- 5.1.3 When where is the meeting to take place? Have the invitations been circularized and the venue arranged in time?
- 5.1.4 Are the previous minutes or other documents to facilitate the discussion? Have they been circularized to provide for ample time to study and internalize the issues?
- 5.1.5 Who is going to chair the meeting? Is he/she conversant with the subject and able to steer the people who have been invited?
- 5.1.6 Who is the secretary to the meeting? Is he/she able to comprehend quickly and to produce a timely, record of the meeting?
- 5.1.7 How much time is to be allocated to the meeting? How much time is to be allocated to other business?
- 5.1.8 If the proposed meeting is likely not to meet the first five criteria, choose another mode of consultation or postpone it because even when you go ahead with the arrangement, you will certainly waste a lot of time without achieving anything. Factors (6.1.5) and (6.1.7) also depend on the personalities of the individuals concerned. Nevertheless, each individual has the capacity and responsibility to develop his/her skills in those areas.

## 5.2 The role of the Chairperson

The chairperson of any meeting should be able to do the following, before, during and after the meeting:

### 5.2.1 In preparation for the meeting

- a) Read through the documents and anticipate problems and solutions.
- b) Be punctual for the meeting and do not keep others waiting and; ensure that the meeting starts on time.

### 5.2.2 In conducting the meeting

- a) Be able to quickly determine by the attendance whether it is worthwhile to go ahead with the meeting or to call it off. This applies to a meeting where critical decisions are to be made and yet those who turn up could have been without any briefing or documents.
- b) Confirm the Agenda for the meeting and make appropriate adjustments if necessary, taking into account the time that has been allocated for the meeting.
- c) Allow reasonable discussion and avoid making a one person's show.
- d) Stick to the agreed agenda by avoiding undue interference. Even any other business should be related to the overall objective of the meeting and the right forum.
- e) Avoid making the meeting an avenue for resolving other problems/differences.
- f) Summarise the agreed issues after each agenda item and/or when closing the meeting.
- g) Be audible and allow members make their contributions without being interrupted by others.

### 5.2.3 After the meeting

- a) Read through and agree the minutes before the Secretary distributes them.
- b) Make follow up action on agreed issues.

## 5.3 The role of a Secretary

### 5.3.1 In preparation for the meeting

- a) Should ensure that the invitation and other documents are circularized in time, received and confirm the attendance.
- b) Should arrange and confirm the availability of the venue.
- c) Be very punctual. Should arrive at the venue before all the others who are to attend the meeting, at least 10 minutes before the scheduled time.
- d) Bring with him/her a few extra copies of previous minutes or other documents, as a need is likely to arise.

### 5.3.2 During the meeting

Be attentive and seek clarifications from the Chairperson so as to accurately record the conclusion of each item.

### 5.3.3 After the meeting

- a) Produce minutes promptly, at least within a week, reflecting key decision areas and responsibility centers.
- b) Circularize the minutes promptly once the Chairperson has confirmed them.

## 5.4 The role of other Members

### 5.4.1 Before the meeting

- a) Study the documents beforehand and anticipate alternative solutions.
- b) If you intend to delegate, inform the convener in time. Also, brief your staff adequately and provide him/her the relevant documents.
- c) If you are to present a paper to a meeting, carry out adequate research, consultation and preparation, circularize the paper in time.
- d) Be punctual for the meeting at least five minutes before the scheduled time.

## 5.4.2 After the meeting

- a) Provide a written brief promptly to whoever sent you without waiting for the minutes of the meeting.
- b) Initiate action promptly on clearly agreed action without necessarily waiting for the minutes.

## 5.5 Routine management meetings

- 5.5.1 The frequency of management and consultative meetings is increasingly raising a lot of concern to staff and clients in some Ministries/Departments because some staff seems to spend most of their time for follow up action on decisions taken in meetings.
- 5.5.2 Regular Departmental meetings should be held as a way of evaluating progress and laying a strategy. They should also be updating staff on decisions taken in Senior Management meetings, and other activities, which affect the Department. Such meetings should not exceed one hour.

## 5.6 Cancellation of meetings

The Chairperson and Secretary to the meeting have the responsibility to ensure that members are promptly informed of cancellation of a meeting. It is very time consuming, and disturbing to travel for a meeting only to find a notice on the door that has been postponed and sometimes no notice and nobody to explain what is happening. If a meeting is postponed, it is advisable to indicate the new time and venue at the time of cancellation.

## 5.7 Training in the management of meetings

Effort should be made by all Ministries, Departments and Local Governments to train their staff in the effective management of meetings.

## 5.8 Time Standards

Indicative time standards are provided to guide the service and the general public as to the time limits within which their issues should be resolved, in key service areas.

Activity	Sub-Activity	Time Standard
Working Hours	Reporting time Lunch break Closing	Promptly and strictly as provided for in the Standing Orders
Correspondence	Acknowledgement Response/Action/ feedback	Within one week Within two weeks
Salary payments	Monthly salary Salary increments where applicable	28th of every month Once a year on the due date
Submission to Service Commission	For filling vacant posts Confirmations Promotions Disciplinary cases	Within 2 months Within 24 months w.e.f date of assumption of duty After 3 years subject to availability of vacant post ,funds, good performance. To be finalized within 6 months
Implementing decisions of Service Commissions	Issuing letters of appointment Acceptance of appointment	Within 1 week after receipt of the minutes or . Within one month



Performance appraisal	Officers on probation.  Officers who are confirmed and officers on contract.	Twice a year as provided in the UGSO. Once a year as provided in the Standing Orders.
Leave	Annual Leave	Every year according to regulations but can be taken in phased manner within the calendar year.
Duty allowance		For a maximum period of six months as indicated in the regulations
Terminal benefits	Initial pay for pensions and terminal benefits. Monthly payment of pension.	Within 3 months Promptly at the end of each month

The above are general time standards, for the Public Service, each service should establish time standards for their specific activities and communicate them to the clients.

## 8. Wise Sayings about Time Management

Time and Tide wait for no man.

Time flies.

Lost time is never found.

One today is worth two tomorrows.

Tomorrow never comes.

Never put off for tomorrow what can be done today.

First come first served.

Punctuality is the politeness of Princes.

A stitch in time saves nine.







THE REPUBLIC OF UGANDA

MINISTRY OF PUBLIC SERVICE

# APPLICATION OF SANCTIONS IN CASE OF ABSENTEEISM IN THE PUBLIC SERVICE

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## 1. Introduction

The Uganda Government Standing Orders Chapter 1 Section F-c provides that every Public Officer “is employed on the understanding that the whole of his or her time is at the disposal of the Government. It further provides that if the official hours are insufficient to deal with the pressure of work, it is his or her duty, whenever it becomes necessary to do so, to work outside office hours without extra remuneration”, save for those officers who may claim overtime allowance as provided for in Section B-h.

- 1.1 The obligation of Public Officers to report any absence from office to the immediate supervisor is also highlighted. These provisions are reinforced by the Code of Conduct and Ethics for the Uganda Public Service which emphasizes the mandatory obligation of a Public Officer to attend to duty and to observe official working days and to commit official working hours to official duties.
- 1.2 The Public Service Commission Regulations 2009 (Regulation 37) lays down the procedures to be followed in handling cases where a Public Officer absents him or herself without reasonable cause or fails to report his or her absence from office, as well as the actions to be taken before making a submission for a disciplinary decision to the appropriate Service Commission.
- 1.3 In spite of all the above provisions, Public Officers continue to absent themselves from office and yet they continue getting salary for the days not worked leading to wastage of public funds. This has been confirmed by various studies and inspection reports. For example the 2008 National Service Delivery Survey (NSDS) Report highlights absenteeism as major challenge to service delivery especially in the health and education sectors.
- 1.4 This Establishment Notice, therefore, seeks to remind all Public Officers about their obligation to attend to duty at all times during working hours. It also seeks to enforce the existing regulations by instituting measures to facilitate a practical, transparent and systematic approach to managing absenteeism in the Public Service.

## 2. Sanctions for absenteeism

Regular attendance to duty is a contractual obligation. Public Officers are required to be at their duty stations during working hours from Monday to Friday or as agreed with supervisors in case of the Officers in essential services who operate under shift or rotation arrangement. Absence from office without reasonable cause must therefore attract sanctions unless such absenteeism is granted by the supervisor. The following sanctions will be applied:

- a) Warning and Reprimand
- b) Suspending salary increment
- c) Stopping salary increment
- d) Deducting salary by an amount proportionate to the days of absence
- e) Deducting days of absence from the annual leave entitlement.
- f) Stopping salary until satisfactory explanation is provided
- g) Reduction in rank (demotion)
- h) Declare as having abandoned duty and resigned accordingly
- i) Retirement in public interest
- j) Dismissal.

In all the above cases, the existing disciplinary procedures must be followed whereby Officers are given a chance to defend themselves or even appeal if they so wish, in accordance with the Uganda Government Standing Orders Sections F and G, respectively, and the Public Service Commission Regulations.

### 3. Table 1: Framework for Managing Unjustified Absenteeism in the Public Service

<b>Duration Of Absence</b>	<b>Action</b>	<b>Responsibility Centre</b>	<b>Remarks</b>
1 to 2 days in a week	Verbal warning	Immediate Supervisor	The supervisor should inform the Officer of the next course of action if he or she does not improve
3 to 5 days in a week	Written warning	Supervisor	The letter of warning should indicate the next course of action if there is no improvement
6-10 days in a month	i) Suspend salary until satisfactory reason for absence is established  ii)Written warning	Immediate supervisor Responsible Officer	Supervisor must immediately advise the Human Resource Department/ Division to take necessary action in accordance with the payroll management procedures  On recommendation of the Supervisor.  The warning letter should indicate what steps will be taken if the officer does not improve or provide justified reasons for his/her absence
More than 10 days in a month	i) Stop salary  ii) Submission to Disciplinary Committee  iii)Recommend disciplinary action	Human Resource Division Responsible Officer Disciplinary Committee	On recommendation of the immediate supervisor This must be in writing and stating details of the days the officer has been absent and the action the supervisor has taken The Disciplinary committee must meet immediately a case is submitted in any case not more than a week after

#### 4. Disciplinary Committees

- a) Each entity will establish a Disciplinary Committee.
- b) The Secretary of the Disciplinary Committee will be the Head of the Human Resource Management division/Section.

#### 5. Roles and Responsibilities

Management of employee absenteeism is the responsibility of many individuals in the Public Service. Outlined below are the roles and responsibilities of key persons whose responses will greatly impact the success of managing absenteeism in the Public Service. These are:

- a) Individual Public Officers
- b) Human Resource Officers
- c) Supervisors
- d) Accounting Officers
- e) Members of the Disciplinary Committee
- f) Service Commissions.

## 5.1 Individual Employees

All employees have the obligation to attend to work and fulfill the responsibilities. Where circumstances arise that require an employee to be away from office, employees have a responsibility to report such absences in accordance with the existing regulations.

## 5.2 Human Resource Officers

Human Resource Officers will provide support and guidance in the implementation of this Establishment Notice; ensure that officers receive support in case of justified absenteeism and prepare submissions to the Service Commissions and act as Secretary to the Disciplinary Committee.

## 5.3 Supervisors

The effectiveness of absenteeism management greatly hinges on the commitment and determination of the immediate supervisors given their day to day interaction with employees. On a daily basis therefore, supervisors will monitor employee attendance and initiate any action that may be necessary depending on the peculiar circumstances that may exist for each absenteeism case.

## 5.4 Responsible Officers

The Responsible Officers have the overall responsibility of ensuring effective absenteeism management. They will therefore be personally liable for not taking appropriate action within the provisions of this Establishment Notice and other existing provisions related to the subject matter.

They will therefore ensure that there is effective communication, monitoring of attendance, ensuring employee orientation during which attendance expectations are clarified, recognizing employees with good performance record as well as instituting sanctions to those who must be sanctioned, and establishing and facilitating the Disciplinary Committee.

## 5.5 The Disciplinary Committee

The Disciplinary Committee will analyze disciplinary cases arising out of absenteeism, case by case and propose appropriate disciplinary action.

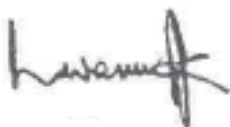
## 5.6 Service Commissions

The Service Commissions will exercise their Constitutional roles of exercising disciplinary control over persons holding office in the Public Service.

## 6. Appeals

Public Officers may appeal in accordance with the existing procedures in case they feel they have been treated unfairly

7. Responsible Officers are required to draw the attention of all Public Officers under their supervision, the contents of this Establishment Notice for their information, reference and compliance.



Jimmy R. Lwamafa  
**PERMANENT SECRETARY**  
 Distribution "B"



THE REPUBLIC OF UGANDA

MINISTRY OF PUBLIC SERVICE

**INDUCTION TRAINING MANUAL FOR NEWLY  
APPOINTED PUBLIC OFFICERS**

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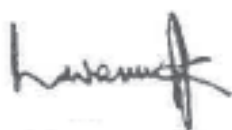
## Preface

A well planned and designed induction will give new employees a sense of belonging and lead to greater motivation and productivity. It can also facilitate higher employee retention as it helps new employees to quickly settle in their new jobs.

Besides, a standard Induction Manual will ensure that there is consistent application of knowledge to new employees across the Public Service for effective career development.

This Manual therefore provides a framework to guide both the supervisors and the new entrants to the Public Service as they go through the induction process.

I therefore urge supervisors of new staff to fully take up their responsibility in staff development by ensuring that their staff is inducted within 3 months of appointment as provided for under the Government Standing Orders.



Jimmy R. Lwamafa

**PERMANENT SECRETARY**

## 1. Introduction

It is the objective of Government to apply staff development in the Public Service in order to make it an efficient and effective organ, providing the main driving force in the execution of public policies within a rapidly changing and challenging social and economic environment.

In pursuance of the above objective, and in line with its mission of “attracting, retaining and developing a competent and motivated Public Service workforce”, the

Ministry of Public Service has developed this Induction Manual to guide Ministries, Departments and Local governments as they plan induction training programmes for their staff. It also provides a guide to newly appointed officers as to what they need to know as they start their career in the Public Service.

The topics highlighted in this Manual are general ones that any new entrant to the

Public Service (regardless of profession or level), ought to be familiar with. Individual Ministries/ Departments and Local Governments should therefore enrich the programme by adding other topics that are specific to a Cadre, Ministry, Department or Local Government.

In order to keep trainees interested and fully involved, a combination of two or more training methods should be used. Given that induction training is mainly a knowledge imparting exercise however, the lecture method should be dominant. The choice of training method is left to be agreed upon by the trainer and the training manager. To guide this process, each training method is analyzed at Appendix 1 to this Manual.

This Manual contains the following:

- a) General course objectives
- b) Seven Modules and the module General objective
- c) A number of Sessions within each module
- d) Session objectives.
- e) Content outline
- f) Reference Materials for each topic

It also provides a broad guide to standard evaluation forms, course programme and budget. Training managers may adjust these formats depending on different circumstances.

## 2. General Course Objectives

Induction training is essential for assisting new employees settle in their new jobs. The training is intended to provide the basic knowledge, skills and attitudes regarding the Public Service as an institution, and the specific jobs. By the end of the induction training programme therefore, participants will:

- a) Be aware of the current Government principles, goals, objectives and programmes.
- b) Have knowledge about how Government operates
- c) Be familiar with the Decentralization process in Uganda.
- d) Have knowledge of, and ability to comply with appropriate protocols in the Public Service
- e) Be aware of the terms and conditions of service in the Public Service
- f) Know the mission, strategic objectives and functions of their organization, as well as the functions of the different departments within it.
- g) Be ready to accept personal responsibility for the use of resources under their control and influence

### 3. Training Modules

The Induction training programme includes six modules as follows:

- a) The Government
- b) The Public Service
- c) Performance Management
- d) The Local Government System in Uganda
- e) General Management
- f) Public expenditure and Financial Management
- g) Understanding own organization/workplace

The modules are elaborated in sessions in section 4 below.

## 1. Modules, Sessions and Reference Materials

### Module 1: The Government

**General objective:** To enable participants understand the operation of Government machinery, its goals, principles and strategic objectives

#### Session 1: Government: An Overview

##### Session Objectives

By the end of the session, participants will:

- a) Know what a government is
- b) Know the different arms of Government
- c) Understand the functions of each arm of Government

##### Content Outline

- a) Definition of Government
- b) Arms of Government
- c) Components of each arm of Government
- d) Functions of the arms of Government

##### Reference Materials

The Constitution of the Republic of Uganda

## Session 2: Government Goals, Principles and Objectives

### Session objectives

By the end of the sessions participants will:

- a) Be aware of the Government of Uganda principles and objectives as laid down in the Constitution
- b) Be familiar with the Millennium development goals, Vision 2025
- c) Be familiar with Uganda Government strategic objectives

### Content outline

- a) Government of Uganda: Principles and objectives
- b) Millennium Development Goals (MDGs)
- c) Vision 2025 objectives and goals
- d) The Poverty Eradication Action Plan (PEAP)

### Reference materials

- a) The Constitution of the Republic of Uganda
- b) Vision 2025 document
- c) PEAP document

## Module 2: The Public Service

**General objective:** To enable participants understand the Public Service structure and work environment

### Session 1: Composition and structure of the Public Service

#### Session objectives

By the end of the session participants will:

- a) Be able to identify what constitutes the Public Service
- b) Understand the basic structure of a typical Government Ministry, Department and Local Government.

#### Content outline

- a) Definition of the Public Service
- b) What constitutes the Public Service
- c) The legal framework for the Public Service
- d) Structure of a Ministry
- e) Structure of a Local Government

#### Reference materials

- a) The Constitution
- b) The Public Service Act
- c) Restructuring reports of Ministries and Local governments
- d) The Local Government Act, 1997 ( with its amendments)

## Session 2: Terms and conditions of service in the Public Service

This is the core subject of induction so each session is sub-divided into sub session to ensure detailed coverage

**General Objective:** To inform participants of their benefits, entitlements, obligations and the way of conducting business in the Public Service

### Sub-session2.1: Recruitment and selection process

**Session Objectives:** By the end of this session, participants shall:

- a) Know the various appointing authorities and their mandates
- b) Know their benefits, entitlements and obligations
- c) Be familiar with the recruitment and selection process in the Public Service.
- d) Know the different types of appointment in the Public Service

#### Content Outline

- a) Appointing Authorities and their mandates
- b) Conditions for recruitment
- c) Vacancy declaration
- d) The selection process
- e) Methods of selection
- f) Employees benefits, entitlements and obligations
- g) Medical examination
- h) Oaths
- i) Date of assumption of duty
- j) Types of appointment

#### Reference Materials

- a) The Constitution
- b) The Local Governments Act, 1997(with its amendments)
- c) The Public Service Commission Checklist
- d) Guidelines on the Management of Human Resources in Local Governments
- e) The Acts of the Appointing Commissions
- f) The Police Statute

### Session 2.2: Training and staff development

**Session objectives:** By the end of the session participants will:

- a) Have knowledge of training and development opportunities and procedures available in the Public service.
- b) Appreciate the role of training and staff development in career and institutional development

#### Content Outline

- a) Definitions of "training" and "staff development"
- b) Approaches to training and staff development in the Public Service
- c) Conditions for training – study leave, bonding etc.
- d) Sources of funding for training and staff development
- e) Responsibility centers for training and staff development functions



## Reference Materials

- a) The Uganda Government Standing Orders
- b) The Service Commission Regulations
- c) The Local Governments Act, 1997 (with its amendments)
- d) Circular Standing Instructions on training and staff development
- e) Establishment Notices on training and staff development
- f) Other Manuals or literature on Human Resource Management/Development
- g) The training policy for the Public Service

### Sub- Session 2.3

#### The Exit policy and the management of Terminal Benefits in the Public Service

##### Session Objectives:

By the end of the session participants will:

- a) Be aware of the avenues for exiting the Public Service
- b) Be knowledgeable about the conditions attached to each exit avenue
- c) Have knowledge of the various terminal benefits and the procedure followed in accessing such benefits

##### Content Outline

The legal basis for pension's provision

Avenues of leaving the Public Service:

- a) Resignation
- b) Retirement in Public Interest
- c) Mandatory retirement (retirement on due date)
- d) Retirement on marriage grounds
- e) Appointment on transfer to another service
- f) Retirement to effect economy
- g) Abolition of Office
- h) Retirement on medical grounds
- i) Voluntary/Early retirement
- j) Dismissal
- k) Demise.

Types of terminal benefits

Requirements and procedure for processing benefits

## Reference Materials

- a) The Constitution
- b) The Pensions Act, "Cap 281"
- c) The Public Service Act
- d) The Uganda Government Standing Orders
- e) Relevant Circular Standing Instructions
- f) The Pensions Management Manual, 2000
- g) Relevant Establishment Notices

### Sub-session 2.4: Allowances and fringe benefits

##### Session Objectives

By the end of the session participants will:

- a) Be aware of the various allowances and benefits that the service offers to employees
- b) Be aware of the conditions for qualifying for such allowances and benefits
- c) Appreciate Government's efforts to facilitate Public Officers

### Content Outline

- a) Definitions of "allowances" and "benefits"
- b) The rationale for providing allowances
- c) Types of allowances and conditions attached to each of them
- d) Common fringe benefits
- e) Entitlements

### Reference Materials

- a) The Uganda Government Standing Orders
- b) Relevant Circular Standing Instructions
- c) Specified Officers Act
- d) Relevant Establishment Notices
- e) Letters of Appointment
- f) Local contract agreement forms

## Sub-session 2.5: The Code of Conduct for Public Officers

### Session Objectives

By the end of the session participants will:

- a) Appreciate the need for a code of conduct for the Public Service
- b) Be familiar with their obligations as Public officers and expectations of Government from them
- c) Be aware of the implications for breaching the Code of conduct

### Content Outline

- a) The importance of a Code of Conduct
- b) The basic principles for the code of conduct
- c) Content of the Code of Conduct
- d) The leadership code
- e) Professional code of conduct
- f) Types of Sanctions

### Reference Materials

- a) The Government Standing Orders
- b) Code of Conduct for the Public Service
- c) Professional Codes of Conduct
- d) Leadership Code Act, 2002

## Sub Session 2.6: Disciplinary procedures

### Session Objectives

By the end of the session, participants will:

- a) be aware of what prompts disciplinary action on a Public Officer
- b) know the types of disciplinary action
- c) be familiar with the procedures taken to discipline a Public Officer
- d) be aware of the process of appealing against disciplinary action

- e) be aware of the right for protection of a Public Officer

### **Content Outline**

- a) What constitutes indiscipline
- b) The disciplinary measures available
- c) The disciplinary process
- d) The Appeals procedure

### **Reference Materials**

- a) The Constitution
- b) The Public Service Act and the Public Service Commission regulations
- c) The Uganda Government Standing Orders
- d) Public Service Commission Checklist
- e) The Code of Conduct
- f) The Local Government Act, 1997(with its amendments)
- g) Guidelines on the Management of Human Resources in Local Governments
- h) The Penal Code

## Module 3: Performance Management

### General Objective

To equip participants with the knowledge of Performance Management systems in the Public Service.

### Session 1: An Overview of Performance Management

#### Session Objectives

By the end of the session participants will:

- Have a clear understanding of the concept and process of 'Performance Management'
- Appreciate the need to implement performance management systems for better service delivery
- Be aware of the various instruments for Performance Management

#### Content Outline

- Definition of Performance Management as a concept
- Performance Management: Principles and objectives
- Performance Management Process
- Performance Management Approaches- Results Oriented management, Management by Objectives, Total Quality management etc.

#### Reference Materials

Books and other literature on General Management and Human Resource Management/ Development

### Session 2: Implementation of Results Oriented Management (ROM) in the Public Service

#### Session Objectives

By the end of this session participants will:

- Be aware of the evolution of ROM in the Public Service
- Be aware of progress made in implementing ROM
- Have knowledge on the way forward for ROM
- Appreciate the need to implement ROM in the Public Service

#### Content Outline

- What ROM is
- Background to implementation of ROM
- Progress in implementation of ROM in the Public Service
- Benefits of ROM
- Challenges of implementing ROM
- The role of Public Officers in implementing ROM in their Organization

#### Reference Materials

- The ROM Manual
- Annual performance reports of the Ministry/department or Local Government
- Quarterly performance reports of the ministry/department or Local Government

## Session 3: Performance Appraisal scheme in the Public Service

### Session objectives

By the end of the session participants will:

- a) Be familiar with the principles underlying the performance Appraisal scheme in the
- b) Public Service
- c) Be conversant with the Performance Appraisal process
- d) Understand their roles and those of other Stakeholders in performance appraisal
- e) Understand the importance of performance appraisal scheme
- f) Be able to fill the performance appraisal form

### Content outline

- a) Definition of Performance appraisal
- b) The performance appraisal principles, process
- c) Types of performance appraisal schemes
- d) The performance appraisal scheme and its importance in the Public Service
- e) Filling of the performance appraisal forms

### Reference materials

- a) Performance Appraisal in the Public Service: Guidelines for managers and staff
- b) The Public Service of the Government of Uganda Standing Orders
- c) Books and other Literature on Human Resource Management/Development
- d) Competence Dictionary

## Module 4: The Local Government System in Uganda

### General Objective

To enable participants have an understanding of the Local Government System

### Session 1: An overview of the Decentralization policy in Uganda

#### Session Objectives

By the end of the session, participants will:

- Understand the background to Decentralization in Uganda
- Know the setup of Local Governments
- Know the powers and functions of Local Governments
- Be familiar with the key aspects of human resource management in Local governments

#### Content Outline

- The decentralization policy: Principles and objectives
- Background to decentralization in Uganda
- The setup of Local Governments- Institutional framework
- Powers and functions of the various organs within the Local Governments
- The Human Resource aspect in Local Governments

#### Reference Materials

- The Constitution
- The Local Governments Act 1997[with its amendments]
- The Human Resource Management manual for Local Governments
- The Local Government Restructuring Report
- The Local Government Finance Commission Act,1999

### Session. 2: Centre - Local relations

#### Session Objectives

By the end of the session, participants should be able to understand:

- The role of the Central Government in the
- Decentralization process
- How the Local Governments relates with the Central Government institutions in managing Local Governments' administration, Human Resource Management and Financial Management

#### Content Outline

- Functions of the central government
- Functions of Local Governments
- Human Resource Management in Local Governments
- Planning and budgeting in Local Government

#### Reference Materials

- The Constitution
- The Local Governments Act, 1997(with its amendments)
- The Human Resource Management Manual for Local Governments.

## Module 5: General Management

### General objective:

To equip participants with knowledge on important management systems and culture

### Session 1: Records Management in the Public Service

#### Session Objectives

By the end of the session participants will:

- a) Be aware of the basic personal records that must be kept
- b) Be familiar with the key issues of the Archives Act 2001
- c) Be familiar with the filing system in the Public Service
- d) Be familiar with the basic registry Procedures
- e) Understand their role as records users

#### Content Outline

- a) The records cycle
- b) The filing system
- c) The role of records users in the management of records
- d) Personnel records
- e) Highlights on the Archives Act, 2001

#### Reference Materials

- a) The Constitution of the Republic of Uganda
- b) The Archives Act 2001
- c) The Uganda Government Standing Orders (2010)
- d) Retention and disposal schedules

## Session 2: Communication in the Public Service

### Session Objective

By the end of the session, participants will:

- be familiar with the ways in which to Communicate in the Public Service
- be familiar with the communication protocol in the Public Service

### Content Outline

- Hierarchy in communication
- Dos and Don'ts in communication
- Ways/channels of communicating in the Public Service – Loose minute, Red minute, Black minute, meetings etc.
- Communication language in the Public Service
- Common abbreviations e.g. BU, TNA, FYI etc.

### Reference Materials

- The Constitution
- The Uganda Government Standing Orders
- Books and other Literature on Communication in the Public Sector.

## Session 3: Customer Care and Public Relations

### Session Objectives

By the end of this Session participants will:

- Understand Public Relations as a concept and a practice
- Appreciate the need for good Public Relations and Customer Care in the Public Service
- Be able to identify their customers

### Content Outline

- Definition of Customer Care
- The importance of Customer Care
- Who is a customer to Public Servants
- Why must a customer be satisfied with services of a Public officer and how they relate to each other in achieving organizational goals
- Types of customers
- Common language in dealing with a customer

### Reference Materials

Books and other literature on the subject matter

## Sub-Session 4: Gender Issues in Public Service Management

### Session objectives

By the end of the session participants will:

- Understand the 'gender' concept
- Understand the legal provisions for gender in management
- Be aware of gender issues in Public Service Management
- Appreciate the need to be gender sensitive in managing the affairs of the Public Service



## Content Outline

- a) Definition of Gender
- b) Gender mainstreaming
- c) Difference between 'gender' and 'sex'
- d) The Constitution of Uganda and gender issues
- e) International conventions on gender issues
- f) Gender issues in Human Resource Management

## Reference Materials

- a) The constitution
- b) The Gender Policy
- c) International Conventions
- d) Literature on Gender issues

## Session 5: HIV/AIDS concerns for Public Service management

### Session objectives

By the end of the session participants will:

- a) Be aware of the difference between HIV and AIDS
- b) Be aware of ways of mitigating the impact of the HIV/AIDS
- c) Be aware of the impact of HIV/AIDS on performance of the Public Service
- d) Be familiar with the Public service policy on HIV/AIDS

## Content Outline

- a) Definition of "HIV" and "AIDS"
- b) Facts and figures on HIV/AIDS in the Public Service
- c) HIV/AIDS policy in the Public Service

## Reference Materials

- a) The HIV/AIDS Policy document
- b) Government Policies

## Module 6: Public Expenditure and Financial Management

### General Objective

To enable participants understand the processes, procedures in Public Expenditure and Financial Management

### Session 1: The Budget process and Financial Accountability

#### Session Objects

By the end of the session participants will:

- Be familiar with the budget process in the Government of Uganda
- Understand how their organizations are funded
- Be aware of roles of the different Stakeholders in the budget process
- Know the implications for failure to account for public funds

#### Content outline

- The Budget process
- Budget Management
- The role of Ministry of Finance, Planning and Economic Development
- The role of other Ministries/Departments
- Accountability for public funds and need for transparency in handling public funds

#### Reference Materials

- The Constitution
- The Public Finance and Accountability Act 2003
- The Chart of Accounts
- Local Government Finance and Accounting Regulations

### Session 2: Public Procurement and Disposal of Assets

#### Session Objectives

By the end of the session participants will:

- Be familiar with the Institutional framework for Management of Public Procurement and Disposal of Assets
- Be familiar with basic procurement and disposal of Public Assets principles
- Common methods of Public Procurement and Disposal of Public Assets Procedure

#### Content Outline

- Background to Procurement Reform
- Institutional Framework for managing Public Procurement and Disposal of Public Assets Principles
- Common methods of Public Procurement
- Disposal of Public Assets Procedure

#### Reference Materials

- The Procurement and Disposal of Public Assets Act 2003
- The Public Procurement and Disposal of Public Assets Regulations 2003
- The Local Government Act, 1997[with its amendments]
- The Constitution
- Relevant Circulars and Guidelines

## Module 7: Understanding Own Organization/Work Place

**NB:** This particular module could be conducted at the workplace boardroom even if the other sessions have been carried out, outside/off the organization premises.

**General objective:** To enable participants understand their organization.

### Session 1: Organizational structure, mission, objectives and mandate.

#### Session Objectives

By the end of the Session, participants will:

- a) Be familiar with the mission, goals and strategic objectives of their organization.
- b) Know the different departments in their organizations
- c) Know the functions of the various departments in the organization and how they contribute to the mission of the organization.
- d) Know the organizational structure and culture
- e) Identify organizational key stakeholders

#### Content Outline

- a) Mission statement, goals and strategic objectives of the organization
- b) Departments of the organization and their functions
- c) Organizational structure and culture
- d) Appreciation of cultural differences and backgrounds

#### Reference Materials

- a) Restructuring Reports
- b) Performance Reports
- c) The Constitution
- d) The Local Governments Act, 1997
- e) Policy Statements
- f) Sector strategic plans

### Session 2: Understanding the premises and workmates

This session should involve taking new employees around the office premises and showing them the offices and introducing them to Officers

#### Session Objectives

By the end of the session participants will:

- a) Be able to know the location of different Offices of the organization
- b) Be able to know the Officers within the
- c) Organization and available staff facilities
- d) Feel more comfortable to interact with the officers in their organization.

#### Reference materials

- a) Sketch plan
- b) Office allocation lists
- c) Staff lists
- d) List of office telephone numbers including extension numbers
- e) Schedule of duties

## Appendix I

### Description, Advantages and Disadvantages of Various Training Methods

#### 1. Case Study

This is a training technique where learners/participants are given information about a situation and are directed to come to decisions or solution to a problem concerning the situation. The cases presented should be as close to reality as possible. This technique is useful in giving participants a chance to practice a method of tackling difficult problems before they are personally involved in a “real” situation that may be difficult, confusing and frightening.

#### Advantages

- a) Provides concrete subjects for discussion
- b) Provides active learner involvement
- c) Simulates performance required after training
- d) Learning can be observed
- e) Participants experiences can be brought into use and shared with others:

#### Disadvantages

- a) It is time consuming to produce a case study
- b) Needs sufficient time for participants to complete the case
- c) Difference between the training situation and real world may not be recognized
- d) Participants can become too interested in the case content and loose track of the critical issues
- e) There is not always just one right solution

#### 2. Group Discussion

This is where participants discuss training issues being trained on in groups. This training technique enables learning to be derived from the participants rather than the facilitators. Group Discussions as a training method enhances problem-solving skills critical for formation and molding of attitudes and clarification of personal values. Group discussions also stimulate interest and help participants to learn from each other.

#### Advantages

- a) Keeps participants interested and involved
- b) Participants resourcefulness can be revealed and shared
- c) Learning can be observed
- d) Allows for reinforcement and clarification of sessions through discussion
- e) Participants’ activity can be high and less dependent on the facilitator.
- f) Shy participants feel free to make their contribution in smaller groups than in plenary contributions

#### Disadvantages

Time consuming

#### 3. Role - Playing

This is where the participants are presented with a situation which they are expected to explore by acting out the roles of those represented in this situation. The players should be carefully selected

and should be properly prepared for their roles. The audience should be equally prepared for the role play by debriefing them on how they are to behave during the presentation. The players should behave naturally in the course of the acting.

### Advantages

- a) It allows change/modification of attitudes
- b) Development of interactive knowledge and skills
- c) Enables people to see the consequences of their actions on others.
- d) Can generate interest in the subject
- e) Active participation is generated
- f) Provides a living example of the situation being studied

### Disadvantages

- a) Role players learn more than observers
- b) Observers may be passive until the exercise is discussed
- c) Success depends on imagination of the players
- d) Attitude change may be short lived.

## 4. Demonstration

Demonstration is a presentation of a method for doing something. By actual performance, the facilitator shows the learners what to do and how to do it. With his/her associated explanations, the facilitator indicates why, when, where and how something is done. The technique is mainly used for showing correct/incorrect actions, procedures, practices etc, teaching a specific skill or technique, modeling a step- by - step approach and giving participants a yardstick to aim at.

### Advantages

- a) Aids understanding and retention
- b) Stimulates the participants' interest
- c) Can give participants a model to follow
- d) Large groups can be handled
- e) Easy to focus participant's attention

### Disadvantages

Facilitator's demonstrations may be difficult for all learners to follow at the same rate.

## 5. Lecture/ Exposition

A lecture is a straight talk or exposition possibly using visual or other aids, but without active group participation. A lecture is very appropriate where the trainer knows more on the subject than the participants and where the size of the group is large. *MINISTRY OF PUBLIC SERVICE* **Advantages**

- a. A large amount of material can be covered within limited time
- b. One facilitator can handle a large audience at the same time
- c. Content and sequence are completely under the control of the facilitator
- d. Ensures consistency of information

### Disadvantages

- a) Does not allow for immediate feedback from the participants
- b) The attention of the participants can easily be distracted

- c) Knowledge/information imparted by talking is not easily memorable unless it is followed up with a more practical technique
- d) Saturation point is reached relatively quickly

## 6. Brainstorming

This is where participants suggest ideas on given issues, which are later discussed. The facilitator normally engages the participants in a brainstorming session by asking them a general question.

### Advantages

Active participation in the learning process allows for enhancement and clarification of issues through discussion.

### Disadvantages

- a) Participants can be easily derailed
- b) Difficult to apply to a large audience
- c) Requires ample time

## 7. Coaching

This is a one-to-one process which focuses on the practical improvement of specific skills.

### Advantage

There is a direct relationship between learning and the actual work to be performed by the officer

### Disadvantages

- a) Results could be disastrous in case one is given a wrong coach
- b) It is time consuming

## Appendix 2

### Standard Evaluation Form

**Instructions** At the end of course participants fill in an evaluation form by ticking the box that most closely represents their feelings about the following aspects of the induction courses/programme. The training manager should analyze the information provided and draw lessons for future programmes.

Item under Review	Excellent	Very good	Good	Satisfactory	Fair	Poor	Very Poor
Facilitators knowledge of subject matter							
Time Management							
Timing of session							
Handouts provided							
Relevance of issues covered to participants							
Venue of the training							
Administration of the programme							
Logistics provided							

Other Remarks (Recommendation).....  
 .....  
 .....  
 .....

**Thank You**

## Appendix 3

### Sample time table for Induction Program

#### Day one

Time	Topic
8.00a.m - 9.00a.m	Registration of participants
9.00a.m – 9.30a.m	Opening Ceremony
9.30a.m – 11.30a.m	Government – An overview
10.30a.m – 11.00a.m	<b>BREAK TEA/COFFEE</b>
11.00a.m – 12.00noon	Government Goals, Principles and Objectives
12.00noon – 1.00p.m	Composition and structure of the Public Service
1.00p.m – 2.00p.m	<b>LUNCH</b>
2.00p.m – 3.00p.m	Recruitment and Selection process
3.00p.m – 4.00p.m	Training and staff development
4.00p.m – 4.30p.m	<b>BREAK TEA/COFFEE</b>
4.30p.m – 5.30p.m	The Exit Policy and the Management of Terminal benefits

#### Day two

8.00a.m - 9.00a.m	Allowances and fringe benefits
9.30a.m – 10.30a.m	The Code of Conduct
10.30a.m – 11.00a.m	<b>BREAK TEA/COFFEE</b>
11.00a.m – 12.00noon	Disciplinary Procedure
12.00noon – 1.00p.m	An overview of Performance Management
1.00p.m – 2.00p.m	<b>LUNCH</b>
2.00p.m – 3.00p.m	Implementation of ROM in the Public Service
3.00p.m – 4.00p.m	Performance Appraisal Scheme in the Public Service
4.00p.m – 4.30p.m	<b>BREAK TEA/COFFEE</b>
4.30p.m – 5.30p.m	Contribution of Performance Appraisal in the Public Service

#### Day three

8.00a.m – 9.30a.m	Decentralization policy in Uganda
9.30a.m – 10.30a.m	Centre –Local Relationships
10.30a.m – 11.00a.m	<b>BREAK TEA/COFFEE</b>
11.00a.m –12.00noon	Records Management in the Public Service
12.00noon –1.00p.m	Communication in the Public Service
1.00p.m –2.00p.m	<b>LUNCH</b>
2.00p.m – 3.00p.m	Customer Care and Public Relations
3.00p.m – 4.00p.m	Gender Issues in Public Service Management
4.00p.m – 4.30p.m	<b>BREAK TEA</b>
4.30p.m – 5.30p.m	HIV/AIDS concerns in the Public Service



**Day four**

8.00a.m – 9.30p.m	The Budget process and Financial Accountability
9.30a.m – 11.00a.m	Public Procurement and Disposal of Assets
11.00a.m – 11.30a.m	Break Tea/Coffee
11.30a.m – 2.00p.m	Free Time
2.00p.m – 5.00p.m	Understanding your Organisation - Mission - Strategic Objectives - Function/Mandate - Departments - The People - The Officers - Other Specific Issues concerning Organization of work.

**Day five**

8.00a.m – 1.00pm	Understanding your Organization (continued)
1.00p.m – 2.00p.m	<b>Lunch</b>
2.00p.m – 3.30p.m	General Evaluation
3.30p.m – 4.30p.m	Closing Ceremony
4.30p.m – 5.00p.m	Photography (optional)
5.00p.m – 7.00p.m	Cocktail/Reception (optional)

**Appendix 4****Guideline for Budgeting for an Induction Programme**

1. (a) Conference Venue	Daily rate x the number of days of induction
(b) Conference facilities	May include Public Address system, LCD Projector, Overhead Projector, Flip Chart Stand @ daily rate x the number of days of induction
2. Stationery	Writing Pads/material, pens, file folders per participants. Flip Chart paper, markers, transparencies, etc.
3. Allowances	- Resource persons @ GOU rates or agreed rate in case of donor funding - Transport allowance to participants - Night allowance if the course is off station and accommodation is not provided
4. Feeding	- Break tea/coffee - Lunch - Evening tea/coffee/refreshments - Dinner (if the course is residential) - Cock tail eats and drinks (optional) but very good in developing cohesive teams and networking
5. Consultancy fees	- As per contract [In case one chose to use service providers]
6. Administrative costs	- Fuel and lubricants - Postage and communication/mailing - Contingence of 5% of the total budget to cater for incidentals



THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH

# GUIDELINES FOR ON-BOARDING AND ENGAGEMENT OF HEALTH WORKERS

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## Foreword

These on-boarding and engagement guidelines have been developed to improve the capacity of Ministry of Health and Ministry of Local Government in the management of processes related to settling in new health workers at their workstations. It is believed that when health workers are effectively on-boarded, they are likely to take less time to acclimatize to their work environment; in addition they will exhibit a high sense of engagement which culminates into high levels of commitment and enhanced productivity. All of these contribute towards positive health outcomes. There is various policy documents related to human resources in the Ministry of Health in particular and in the Public Service in general that should be properly understood.

These guidelines will support the leadership and management of the Ministry of Health, Directors of Referral Hospitals, Local Governments, Kampala City Council Authority (KCCA), District Health Officers, Municipal Health Officers, Human Resource Officers and Health Unit Management Committees (HUMC) to facilitate effective on-boarding. It is important to note that these guidelines will not replace the existing induction procedures but compliments them in order to achieve better results from the health workers.

The Ministry of Health is committed to positive health outcomes as a result of properly on-boarded and engaged health workers and will ensure that these guidelines are used at all levels to promote health service delivery to our population.

I wish to extend my appreciation to all those who have contributed to the development of these guidelines. In particular I am indebted to USAID, Intra-health project for funding this activity and the Officials from the Central government Ministries and agencies plus others that have not been mentioned here.

I implore all relevant officers and implementers to make use of these useful guidelines to promote best practices in on-boarding and engagement of health workers for the benefit of our population.



**Diana Atwine**  
PERMANENT SECRETARY  
MINISTRY OF HEALTH

## Acknowledgement

These guidelines offer a framework to guide both the supervisors and health workers (both new and on transfer) in the process of on-boarding to facilitate faster and full integration.

This development of these guidelines was financially supported by Strengthening Human Resources Health (SHRH) a USAID funded project under Intra health. We thank Officials from the Ministry of Health, Ministry of Local Government, Health Service Commission and Ministry of Public Service for availing themselves for interviews during the initial stages of this assignment. They provided immense insight and expertise that greatly contributed to the success of this exercise.

I would also like to show my gratitude to all those participants drawn from selected Ministries, Local Governments, National Referral Hospitals, Regional Referral Hospitals and District Hospitals, who attended a two-day validation workshop on the on-boarding guidelines. Their knowledge and expertise were invaluable to the achievement of this noble objective.

I am also immensely grateful to Dr. Vincent Oketcho, Dr. John Odaga; Mr. Godwin Tugume, Mr. Mugalu- Kanya and the entire staff of IntraHealth, Strengthening Human Resources for Health project for their comments on an earlier version of these guidelines. Lastly, I wish to acknowledge to contribution of Dr. Wilberforce Turyasingura, the Consultant who put these guidelines together.



Dr. Diana Atwine

**PERMANENT SECRETARY,  
MINISTRY OF HEALTH**

## Acronyms

CAO	Chief Administrative Officer
CEO	Chief Executive Officer
CG	Central Government
CPD	Continuous Professional Development
DHO	District Health Officer
DHS	District Health Supervisory Authority
DSC	District Service Commission
EID	Early Infant Diagnosis
GoU	Government of Uganda
HC	Health Center
HoD	Head of Department
HRD	Human Resource Development
HRH	Human Resources for Health
HSSP	Health Sector Strategic Plan
HSSIP	Health Sector Strategic and Investment Plan
LG	Local Government
LLG	Lower Local Government
MDA	Ministries, Departments & Agencies
MoFPED	Ministry of Finance Planning and Economic Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoPS	Ministry of Public Service
MoU	Memorandum of Understanding
NDP	National Development Plan
NGO	Non-Governmental Organization
PHC	Primary Health Care
PPDA	Public Procurement and Disposal of Assets
PSC	Public Service Commission
ROM	Result Oriented Management
RRHs	Regional Referral Hospitals
SDS	Strengthening Decentralization for Sustainability
SHRH	Strengthening Human Resources for Health
PEPFAR	President's Emergency Plan for AIDS Relief

## Glossary

<b>Accountability:</b>	The answerability or liability of the health worker to responsibilities
<b>Attachment:</b>	The temporary placement of an officer to a Section/unit to learn on the job
<b>Code:</b>	The set of laws, rules, regulations, procedures, policy or system
<b>Engagement:</b>	The extent to which employees feel passionate about their jobs, are committed to the organization, and put discretionary effort into their work
<b>Ethics:</b>	The moral principles or code of moral values expected to be observed by Civil Servants.
<b>Familiarization:</b>	Adaptation, getting used to, becoming accustomed to a new environment
<b>Health worker</b>	Any staff employed in health service delivery. It also refers to non-medical personnel Induction. The process of receiving and orientating a new employee into an organization
<b>On-boarding:</b>	A mechanism through which new employees acquire the necessary knowledge, skills, and behaviours to become effective organizational members and insiders
<b>Orientation:</b>	The initial welcoming and blending of a new employee/officer into workstation and environment.
<b>New Officer:</b>	The entrant to the Civil Service: It also refers to an Officer ontransfer to a new workstation.
<b>Reception:</b>	The receiving of a new officer; the way in which health workers servants are received in their new employment
<b>Workplace:</b>	The occupational settings, stations and places where workers spend time for gainful contribution

## 1.0. Introduction

These guidelines are developed to support the onboarding process of health workers, to promote their levels of engagement and improve the rate of retention. This is against the background that the Ministry of Health planned to conduct massive recruitment at all levels of health service delivery. Currently the Health sector is witnessing increase in number of Health workers recruited by the Health Service Commission at National Level and District Service Commissions in Local Governments to fill vacant posts existing in establishment structures of Health facilities. The staffing rate in the Health sector has increased from 60.5 % in 2013 to 70% in 2015. In the year 2015, the Health sector recruited 2504 Health workers in Local Governments. 730 new health workers were recruited under PEPFAR supported recruitment for high volume HIV/AIDS treatment sites. Out of these, 549 were posted in 53 health facilities in 43 districts. Overall, the Ministry is targeting to increase the staffing levels to 90% by the year 2018. Unfortunately some of the new recruits are not retained in the service which has a negative implication of health care delivery.

Upon their recruitment, it's expected that the new health workers undergo orientation and on-boarding as part of their initiation into the Public Service and the Health sector in particular. On-boarding is a process of helping new employees to adjust to the social and performance aspects of their new jobs quickly and smoothly. It is regarded as a critical stage in development of employees. Research shows that a well conducted on-boarding fosters employee commitment and retention. At this stage of their first contact, it is anticipated that the new employees are:-

- i. Guided on the geography and physical environment of their new work stations and surroundings
- ii. Guided into organizational structures, hierarchies and linkages with related Institutions
- iii. Helped to learn the basic operating procedures
- iv. Given hands on training for operating the basic tools and equipment
- v. Socialized and integrated into the new communities
- vi. Oriented into the organizational culture
- vii. Oriented on their job descriptions, expectations pay and the arrangements for other project supported staff.
- viii. Handed a set of key guiding manuals and policy documents
- ix. Handed a set of tools necessary for accomplishment of new assignments
- x. Integrated into teams of colleagues, supervisors and subordinates
- xi. Guided on their terms and conditions such as the expected remuneration, housing, transport and other benefits
- xii. Introduced to their job expectations and schedule of duties and
- xiii. Progressively guided through the initial assignments within their first year of engagement

The existing induction programmes in the Public service have not proved satisfactory in supporting new health workers to get on board as quickly as possible in order to become engaged in productive activities. It is anticipated that systematic on-boarding and engagement of new employees will enhance their confidence in their assignments and improve their performance and increase retention levels.

It is envisaged that both line managers (as process champions) and officers responsible for human resources (as process owners) in health facilities, will play a critical role for successful on-boarding on newly recruited health workers.

It is important to note that any health institution without qualified and engaged employees cannot succeed at serving its patients and the community well. Therefore, hiring the right people, engaging and retaining them will improve their level of morale, reduce turnover rate, and produce better results at work. In the health sector, the ability to quickly screen, recruit, and on-boarding medical



personnel can have a direct effect on patients' wellbeing. Consequently, recruitment and retention in the health sector should be a top priority for policy makers.

## 2.0. Why On-Boarding Guidelines?

It is acknowledged that there is an induction programme in place for all new civil servants using the prescribed induction manual. However, the induction programme has over time become a routine activity, takes place any time and is not systematic. These guidelines provide for a systematic procedure for on-boarding a health worker to enable him/her fit in the workplace quickly and embark on health service delivery. The guidelines provide for a step by step process of on-boarding staff, gives the roles of all stakeholders involved in on-boarding activities, and the timelines within which all on-boarding activities should be undertaken.

## 3.0. When Should These Guidelines Be Used?

The main aim of these on-boarding guidelines is to help individuals settle in their workplaces quickly and engage in productive activities for supporting health service delivery as fast as possible. Therefore, they are intended to be used under three circumstances namely:

- a) Newly recruited health workers who are getting into the service for the first time and need to cope with the new jobs
- b) Health workers who have been transferred to the new health facilities where the working environment may be different from the ones they have been used to.
- c) Health workers that have been promoted to new positions requiring an understanding of the requirements of a higher position in terms of job descriptions and managerial capabilities required.

## 4.0. Intended Users Of Onboarding Guidelines

These guidelines are intended to be used by officers responsible for the management of human resources at all levels of health service delivery chain across the country. These include at the national level, regional referral, In-charges of health centres for example:- District Health Officers (DHO), Directors of regional Referral Hospitals, Hospital Administrators, Human Resource Officers (HRO), and Health Unit Management Committees (HUMC) among others. Strengthening on-boarding of health workers will support managers of the health service delivery chain to realise quick productivity from staff posted in their stations.

## 5.0. Existing Interventions

There are mainly two interventions in place meant to settle new staff in their workplaces.

### a) Public Service Induction programme

The Government of Uganda through the Ministry of Public Service (MPS) developed an induction manual for the newly appointed public officers. All public officers therefore are supposed to undergo induction training as per the Public Service Standing Orders. The manual referred to above gives details of what a new public officer should know and is delivered as a course facilitated by experienced officers in the service.

The Public Service induction programme is composed of seven (7) modules namely:-

- a) Overview of government and government goals and objectives
- b) The public service highlighting the composition and structure of the public service, recruitment and selection , training and staff development, the exit policy, allowances and fringe benefits, the

- code of conduct and disciplinary procedures
- c) Performance management highlighting the overview of performance management, the implementation of results oriented management, and Performance Appraisal processes in the Public service
- d) The local government system in Uganda highlighting the overview of the decentralisation policy in Uganda, and centre/local relationships
- e) General management aspects which looks at records management in the public service, communication in the public service, customer care and public relations, gender issues in the public service, and HIV/AIDS concerns in public service management
- f) Public expenditure and financial management focussing on budgeting processes, Public Procurement and Disposal of Assets
- g) Understanding your organisation/workplace.

The topics provided for in the modules above are generic to any new entrant to the Public service regardless of the profession or level.

### **b) HRH participant handbook:**

The handbook provides a summary of the training conducted by the Strengthening Decentralization for Sustainability (SDS) program to induct the newly recruited health workers under United States President's Emergency Plan for AIDS Relief (US/PEPFAR) HRH Initiative. It covers thirteen core training areas namely:

- a) Overview of SDS and HRH Implementation Plan.
- b) The Government: Goals, Principles and Objectives.
- c) Public Service.
- d) The Role of ACLAIM Africa in the Management of HRH.
- e) Performance Management.
- f) General Management.
- g) Customer Care, Communications and Public Relations in Health Service Delivery.
- h) The Role of the Professional Health Councils in the Health Service Delivery.
- i) The Role of Implementing Partners in HRH Implementation.
- j) Local Government Systems in Uganda.
- k) Financial and Health Supply Chain Management.
- l) Understanding an Organization.
- m) District Health Information Systems.

The induction targets which are aimed at integrating the new health workers into the local government and the health system settings. The above section has shown the existing interventions designed to help a new health worker to settle at the workplace. But they both seem to focus largely on induction aspects with only a few aspects on orientation.

Consequently, the existing interventions require to be augmented with the onboarding guiding in order to make them more comprehensive. Experience has also shown that induction programmes in the public service in general and health sector in particular tend to be more generic, and routine in nature. The current interventions are silent on boarding practices for staff on promotion and those on transfers.

## **5.0. The Situational Analysis**

The situational analysis was conducted to determine the strengths, weaknesses, opportunities and threats of the proposed interventions in the Ugandan Civil Service. Responses were drawn from a wide spectrum of participants that included officials from the Ministry of Health, Ministry of Public

Services, National Referral Hospitals, Regional Referral Hospitals and District Hospitals. Table 1 and 2 below present the summary of the analysis:

**Table 1: Summary of the Strengths and Weaknesses**

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>▪ Existing policy framework(HR Policy)</li> <li>▪ Human Resources( Skilled man power)</li> <li>▪ Availability financial support</li> <li>▪ Existence of useful partnerships</li> <li>▪ Positive political will &amp; Advocacy</li> <li>▪ Well-developed institutional structures and mandate</li> <li>▪ Existence of implementation committees</li> <li>▪ Positive organizational norms, attitudes, values,</li> <li>▪ Some guidelines are already in existence such as interns and induction guidelines</li> <li>▪ Existing HR personnel to orient new staff in organizational structures</li> <li>▪ Mother ministries already conduct orientation and induction</li> <li>▪ Accessing payroll in very short time</li> <li>▪ Availability of Hospital SACCOs</li> <li>▪ Availability of internet services</li> <li>▪ Social events involvement like sports and parties</li> </ul>	<ul style="list-style-type: none"> <li>▪ Negative Political intervention (at the implementation stage)</li> <li>▪ Lack of awareness of existing policies</li> <li>▪ Inadequate dissemination of these policies</li> <li>▪ Weak enforcement mechanisms</li> <li>▪ Poor attitude of some staff and other stakeholders</li> <li>▪ No direct linkage between the committee and the Service Commission</li> <li>▪ Inadequate funding for orientation and induction activities</li> <li>▪ Inadequate planning and prioritization for orientation and induction</li> <li>▪ Poor implementation of orientation and induction</li> <li>▪ Orientation takes a short time and done in a rushed manner</li> <li>▪ Lack of accommodation for staff</li> <li>▪ Settlement allowance is not given as per required standard</li> <li>▪ Some hospitals lack adequate space for staff</li> <li>▪ Weak supervisory role at all levels</li> <li>▪ Resistance to change due to social factors e.g. family issues</li> </ul>

Table 2 below summarizes opportunities and threats external to the Institute and are categorized according to the Political/legal/regulatory, Economic, Social, and Technological (PEST) framework.

**Table 2: Summary of the Opportunities and Threats**

Opportunities	Threats
<ul style="list-style-type: none"> <li>▪ The Health Sector is a priority area in its own right</li> <li>▪ Participatory planning process</li> <li>▪ Development partners</li> <li>▪ Increased public awareness on quality service delivery</li> <li>▪ Support from Partners i.e. payment of salaries and consumables to staff</li> <li>▪ Existing training institutions in the country UMI, CSC, HMDC,</li> <li>▪ Communities welcome medical staff</li> <li>▪ Potential funding opportunities from development partners</li> <li>▪ Human resource capacity in the ministries</li> <li>▪ Existing professional councils /regulatory councils</li> <li>▪ Increasing number of prospective health workers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Political Intervention</li> <li>▪ Brain drain and elevated levels of attrition specifically in the lower local governments.</li> <li>▪ Presence of competing private clinics, some owned by our staff</li> <li>▪ Inadequate funding</li> <li>▪ Inadequate guidance from public service ministry</li> <li>▪ Weak inter-ministerial linkages</li> <li>▪ Mushrooming health training institutions which are poorly regulated</li> <li>▪ Poorly trained health workers</li> <li>▪ High cost of orienting and inducting/ internship training</li> </ul>

The strengths and opportunities identified provide a firm basis upon which the new guidelines can be implemented. These on boarding guidelines have also taken into account the weaknesses in the existing interventions and how the new guidelines will bridge the gap.

## 6.0. Justification For The Guidelines

These on-boarding guidelines go beyond induction and new entrants and place more emphasis on orientation and socialisation essentials which are considered necessary to trigger employee engagement levels. These guidelines are not meant to replace the Public service induction programme and the HRH induction training; they complement each other and therefore should be used together. They are meant to enrich the current practices in order to achieve better results.

## 7.0. What Is On-Boarding?

Onboarding refers to the mechanism through which new employees acquire the necessary knowledge, skills, and behaviours to become effective organizational members and insiders. It is more than just orienting new staff. Previously, the process of converting a newly appointed employee into a fully contributing and knowledgeable member of staff was a preserve of the personnel departments on the first day of the orientation programme. Employees would be left to *"sink or swim"* from that point onwards.

On boarding is the most recent addition on supervisor's activities to ensure that the newcomers feel welcome and comfortable in their new surroundings, assuring them that they made a good decision and reducing time it takes to become productive members of the new group. The onboarding process helps the organisation to develop a happy contributor to its objectives. Onboarding conveys the organisational culture and values, aligns institutional and staff expectations and provides the tools for the employee to be successfully assimilated into his or her position to quickly become productive.

## 7.1. Objectives of on-boarding

The purpose of onboarding is to facilitate the new employee to get a smooth transition into the health institution and reduce uneasiness associated with the new work environment. It helps to decrease the learning curve. It allows the new employee to easily integrate into the new work and social environment while building new relationships at work both formal and informal. The manner in which the new employees are treated when they join the Institution determines whether they will become productive quickly, get engaged faster and remain engaged. It also determines the participation levels in decisions affecting the institution as well as how long such members of staff will be retained. Specifically, onboarding process have the following objectives

- a) Integrate the new employee into the organisation: During onboarding process, the new employee gains a sense of belonging and begins to create a network of information about the culture of the Institution, and the work environment in general.
- b) Early employee engagement: The culture and the way of doing things differ from health institution to another but what is important is how the new employee gets engaged quickly to start delivering on his/her key result areas. If a new employee is effectively on-boarded, it will go a long way towards fostering engagement and retention in the future.
- c) Trust building: Effective onboarding programmes educate and inform the new health workers about the practices in the health sector and enlighten the new staff on the key initiatives and goals being pursued.
- d) Encourage open communication: Onboarding programme provides a structure and suitable setting for the new employees to get answers to questions about the organisation with ease.
- e) Building connections: Research proves that employees with strong connections to their colleagues and supervisors tend to be more engaged. The onboarding process helps new employees to develop those connections especially if a mentor is assigned during the onboarding process.
- f) Teambuilding: Onboarding supports teambuilding interventions through forging relationships between new health workers and the entire teams in the health institution.

## 7.2. Onboarding best practices

Best practices that are aimed at ensuring that the employee is quickly socialised in order to embark on productive engagements include the following:

- a) Implement the basics and undertake sufficient preparations for on boarding prior to the arrival of the new entrant
- b) Endeavour to make the first day of the employee at the work station a special day for him/her
- c) Use the formal orientation and induction programmes effectively
- d) Develop a written onboarding plan for all new health workers
- e) Make onboarding a participatory process
- f) Ensure that the onboarding programme is consistently monitored
- g) Apply milestones for success of the onboarding programme such as 30 days, 60 days, 90 days etc.
- h) Engage stakeholders in planning the onboarding activities such as fellow health workers, human resource officers, line managers and Accounting officers of the health facilities.
- i) Train heads of departments and line managers about the role of establishing an effective onboarding process.

### 7.3. On-boarding phases

To get the maximum benefit from the on-boarding intervention, best practices suggest that it should be done in phases. In each phase, there has to be clearly identified stakeholders, their roles laid out, and distinct periods for each phase along with activities for each phase. These guidelines provide for seven (7) phases of on-boarding a new health worker. These are:

- a) Pre-entry phase
- b) On the first day of work
- c) By the first week at work
- d) By the first month at work
- e) By three months phase
- f) By the first six months
- g) After one year at work

In each of these phases there are specific on-boarding activities to be undertaken to ensure that the employee feels welcome and comfortable in the new work environment. The subsequent section highlights action in each of the phases above.

#### 7.3.1. Pre-entry phase

After the new health worker has received the appointment letter and posting instructions, he/she is very anxious about the new workstation and the way this anxiety is handled by the receiving Institution will have lasting implications for the performance and successful retention of such an employee. Some of the actions that can be taken in this phase include:

- a) **Make contact with the new employee:** It is considered very important for the Human Resource Officer or the person in charge of personnel in the health institution to make direct contact with the new staff through either an e-mail where possible or a telephone call. The message should encourage the new employee to report and express eagerness to welcome them to the organisation. At this point, the employee should be able to submit a letter of acceptance of the employment offer as per the standing orders. The new employee should be informed of the necessary requirements to submit on the first day. They include:
  - i. Copy of appointment letter
  - ii. Acceptance letter
  - iii. Fully endorsed medical examination form by the Government Medical Officer (PSF 21)
  - iv. Medical history
  - v. Passport photographs
  - vi. National Identity Card
  - vii. TIN certificate
  - viii. Bank account number and a provisional bank statement for salary processing
  - ix. Duly filled personal record form (PSF 7)
- b) **Arrange the working space or office for the new staff:** A new employee in a new environment will feel more comfortable if, prior to his/her arrival to the workstation the office space has been arranged and the essential furniture or stationary is available. In addition, other tools of the trade such as uniforms, gloves, protective gear, computer, microscopes, chemicals, and other lab equipment should be prepared for the incoming staff where deemed relevant.

- c) **Arrange accommodation for the new staff:** Accommodation is a big problem in Uganda especially in hard to reach areas such as Karamoja, Kanungu and similar regions. A new environment can be very intimidating to a new staff without accommodation. Where staff houses are not available, efforts should be made to help the new employee find a safe place where to rent a house.
- d) **Notify other staff:** Before a new staff reports to work, the existing staff should be informed of the impending arrival of a new colleague. This helps to prepare ground for receiving him or her. The staff will not be seen as a stranger amidst them.
- e) **Role definition:** In most cases a health worker is posted to a station without specific roles apart from the general job description. At the new workplace, the general description is translated into specific accountabilities and result areas. The HR should therefore clearly define such roles in preparation for the incoming staff members who will be taken through these roles. In consultation with the immediate supervisor, a first assignment for the employee should be planned before arrival.
- f) **Alert the staff of first contact:** When a new member of staff is reporting, there are certain categories of staff he/she has to have the first contact with. These include the hospital administrator, the head of relevant department to mention but a few. These should be alerted to prepare to receive the new member of staff.
- g) **Arrange necessary information:** The new employee will be anxious to know a number of things at the workplace. It is therefore pertinent to prepare an information pack for the new staff which includes the job description card, the human resource manual, government standing orders, information about benefits etc. Among other documents, the information pack should include:
  - a) Organisational chart
  - b) Job description
  - c) Schedule of duties
  - d) Pay structure
  - e) Allowances manual
  - f) Public service code of conduct and ethics
  - g) Performance plan format

### 7.3.2. First day at work

- a) Welcome the new staff to the workstation and show them that you are excited to receive them
- b) Open a personal file which has his/her Public Service Commission form III plus other personal information
- c) Show the new staff the work area and the tools and equipment used at work
- d) Assign a peer or mentor who is not necessary a supervisor who will make the new employee comfortable and answer most of the questions related to the work environment
- e) Arrange to have lunch with the new employee
- f) Highlight to the new employee the use of telephones, e-mail, and internet
- g) Take the staff to the staff quarters where he/she will be accommodated where applicable
- h) Introduce the staff to the immediate supervisor and the Accounting Officer of the facility
- i) Introduce the new staff to other departmental members
- j) Provide an overview of the functional area namely the purpose of the job, how the job contributes to the overall performance of the health facility
- k) Discuss with the new employee the immediate on-the-job training plan including training necessary to make them fully competent
- l) Offer a new staff a complete tour of the hospital or the health facility
- m) Give a new staff guiding documents namely:



- Performance guidelines
  - Performance appraisal manual
  - Standing orders
  - Uganda Public service regulations
  - Uganda Public Service Commission regulations
  - Client service charter
  - Standard Operating procedures
  - Medical operational guidelines
  - Code of conduct
  - Constitution of the Republic of Uganda
  - On-boarding guidelines
  - Other policy documents
- n) Review the following with the new employee:
- Purpose and goals of the department
  - Work hours
  - Dress code
  - Absent notification procedures
  - Procedures for reporting accident and safety rules, procedures and emergencies
  - First aid procedures
  - Performance appraisal and evaluation processes

### 7.3.3. By the first week on the job

Expectations in the first week are that the new employee will have built knowledge of internal processes and performance expectations and feels more settled into the new work environment. Some of the onboarding activities in this period include:

- a) Give the new employee an initial meaningful assignment which is small and doable
- b) Provide additional contextual information about the department and the organisation to increase understanding of the purpose and how he/she contribute towards goal attainment.
- c) Review the performance management process using the Performance Management Implementation guidelines for the health sector.
- d) Follow up with the employee to determine whether there are questions related to the written materials that were provided on the first day of reporting
- e) Check if the new employee requires additional supplies or equipment needed to perform the duties
- f) Explore to understand employees expectations, fears and challenges
- g) Recap the week's experience and activities with the new employee
- h) Set performance targets with the employee following the performance management implementation guidelines of the health sector
- i) Communicate resources needed for work
- j) Requisition for settling in allowance

### 7.3.4. By the first month on the job

- a) Arrange a formal induction programme within one month's using the public service induction manual which highlights among others the following:
  - The Government system
  - The Public Service
  - Performance management in the Public service
  - The local Government system in Uganda
  - General management aspects
  - Public expenditure
  - Understanding own organisation



- b) Administer the oath of secrecy and oath of allegiance
- c) Ensure the staff accesses the pay roll through effecting pay-change reports
- d) Develop a performance work plan based on the targets agreed upon
- e) Provide feedback on performance
- f) Explain to the new employee the performance expectations within the probationary period

### 7.3.5. By the first three months on the job

After three months, the new employee is becoming fully aware of his/her responsibilities, beginning to work independently and to produce meaningful work. The new employee continues to adjust to the new work environment both socially and in terms of the function performed. Some of the on-boarding activities in this phase include:

- a) Organise regular one-on-one meetings to determine whether the new staff has challenges to be addressed. It is advisable to make such meetings at least bi-weekly
- b) Undertake a three months performance review based on the work-plans and give constructive feedback. This also includes reviewing the performance targets. The exercise is aimed at helping the new employee to catch up on the expected performance levels in preparation for the end of probation performance evaluation.
- c) Acknowledge good performance and encourage continuation and discuss causes of performance gaps if any
- d) Identify and implement interventions aimed at addressing performance gaps if any
- e) Design short term performance improvement training programmes/sessions
- f) Create written performance goals and professional development goals
- g) Intensify coaching activities in this period
- h) Assign responsibilities that are challenging but doable
- i) Ask the employee to attend some of the key meetings to give them an exposure on the department and the health institution
- j) Engage in informal conversations on a regular basis with the new member of staff
- k) Confirm that the new employee underwent formal induction training.
- l) Provide information about training opportunities available and the criteria for accessing such training.

### 7.3.6. By the first six months on the job

The probation period as per public service standing orders is six months. At this point the new employee is expected to have gained sufficient momentum in performing his/her duties, must have started to take on and lead some initiatives and should have built some relationships with peers. The employee is expected to feel confident, and should be engaged in the new role while at the same time getting opportunities to learn about the work and the organisation.

Some of the key onboarding activities in this phase include:

- a) Conduct a six months performance evaluation to determine suitability for confirmation of the new staff into the Civil Service using the prescribed performance appraisal forms. The Public service standing orders section 12 provides for an extension of the probationary period only once for a period not exceeding six (6) months in the event of unsatisfactory performance.
- b) After confirmation, the new employees qualify for long-term training relevant to their job
- c) Continuous performance monitoring in line with the set targets
- d) Create opportunities for the employee to be involved in activities outside the work area
- e) Meet the employee and the peer to mark the end of a structured peer relationship
- f) Discuss how things went during the period and what needs to be improved

### 7.3.7. After one year on the job

After a full year at the workstation, it is expected that the employee is fully engaged and is able to apply the knowledge and skills, able to make sound decisions, effectively contributes to team goals, and understands how his/her assignment affect others in the Institution. At this point the person should have a strong understanding of the Institutions vision, mission values and culture. Provided with the right interventions, the employees continue to be engaged in their roles, gain greater confidence in their capacity to deliver and begin to take on additional assignments while working with some level of autonomy. Some of the critical onboarding activities in this phase include:

- a) Recognising positive employee contribution to health service delivery
- b) Continuously reward better performance
- c) Celebrating every success with the employee
- d) Holding discussions with the employee in respect of whether their expectations have been met, how their skills have been put to proper use, and determining what is working and what is not working well
- e) Using the prescribed performance appraisal assess performance for the whole year
- f) Create employee development plan through agreeing on training needs and professional development goals
- g) Identify relevant learning opportunities
- h) Develop performance plans for the following year
- i) Seek feedback from the employee on how onboarding can be improved.
- j) Effect annual salary increment as per standing orders
- k) Provide continuous monitoring of performance and provide support supervision

## 8.0. On boarding and Employee Engagement

Many practitioners have contended that effective on-boarding of employees results in high levels of employee engagement. There is an outcry that the health service delivery levels in Uganda are below expectations. The performance of some health workers is reportedly characterised by a high rate of absenteeism, low productivity levels, coming late and leaving early, low sense of commitment, rendering unsatisfactory patient care and persistent complaints about their working conditions. All these are symptoms of employees who are not engaged.

Employee engagement is essential for the health sector. Engaged employees are committed to their work, exhibit a sense of belonging and ownership, are satisfied at work and are willing to put in extra efforts to improve health outcomes of the communities they serve. There is evidence that employee engagement significantly influences employee performance in particular and quality of health service in general.

Employee engagement can be enhanced through different strategies and effective on-boarding is one of them.

### 8.1. What is employee engagement?

Employee engagement is the extent to which employees feel passionate about their jobs, are committed to the organization, and put discretionary effort into their work. Employee engagement can be exhibited in three parts namely:

- a) Physical engagement:** This is where health workers exert high levels of physical energy to accomplish their tasks
- b) Emotional engagement:** This is health workers put their heart and mind into their job, have a strong sense of involvement in their work and are inspired to contribute positively to health outcomes
- c) Cognitive engagement:** This occurs when employees become more committed and are fully engrossed in their work.

## 8.2. How to promote employee engagement

Engagement of health workers can be enhanced through deliberate strategies targeting supervisors, leaders and managers of the health facilities, colleagues in work teams, staff training and development and job designs as indicated below:

### ***Leadership and Management***

- Fair treatment of staff in terms of availing them opportunities for growth
- Rendering support supervision, guidance, mentoring and coaching to employee especially while handling challenging tasks
- Providing regular and objective performance feedback to the employee
- Proven commitment to improving quality of health care
- Proven commitment to improving workplace safety
- Communicating to staff in clear terms about their goals
- Acting on suggestions and feedback from staff
- Timely resolution of staff complaints
- Promote staff rotation
- Effective onboarding
- Hold regular meetings
- Support supervision

### ***Colleagues and work teams***

- Helping each other out in case of necessity
- Treating every employee with respect
- Supporting one another in work related matters and other issues
- Opportunity to make suggestions regarding work improvement
- Evident sense of belonging
- Appropriate workload
- Open communication channels

### ***Staff training and development***

- Opportunity to apply skills acquired by the employee
- Opportunity for the employee to take initiatives
- Opportunity for career growth and advancement
- Continuous professional development opportunities
- Strengthen internship and apprenticeship of health workers
- Refresher training

### ***Job characteristics***

- Some degree of flexibility to enable the employee decide how to go about their work without breaching standard operating procedures
- Clear goals and objectives set for the employees
- Provision of adequate resources such as equipment, protective gear to do the work
- Recognition for the work done

### ***Community relationship***

- Sensitize the communities around health centres to change their attitude towards health workers
- Promote positive relationship between the health centres and the community they serve

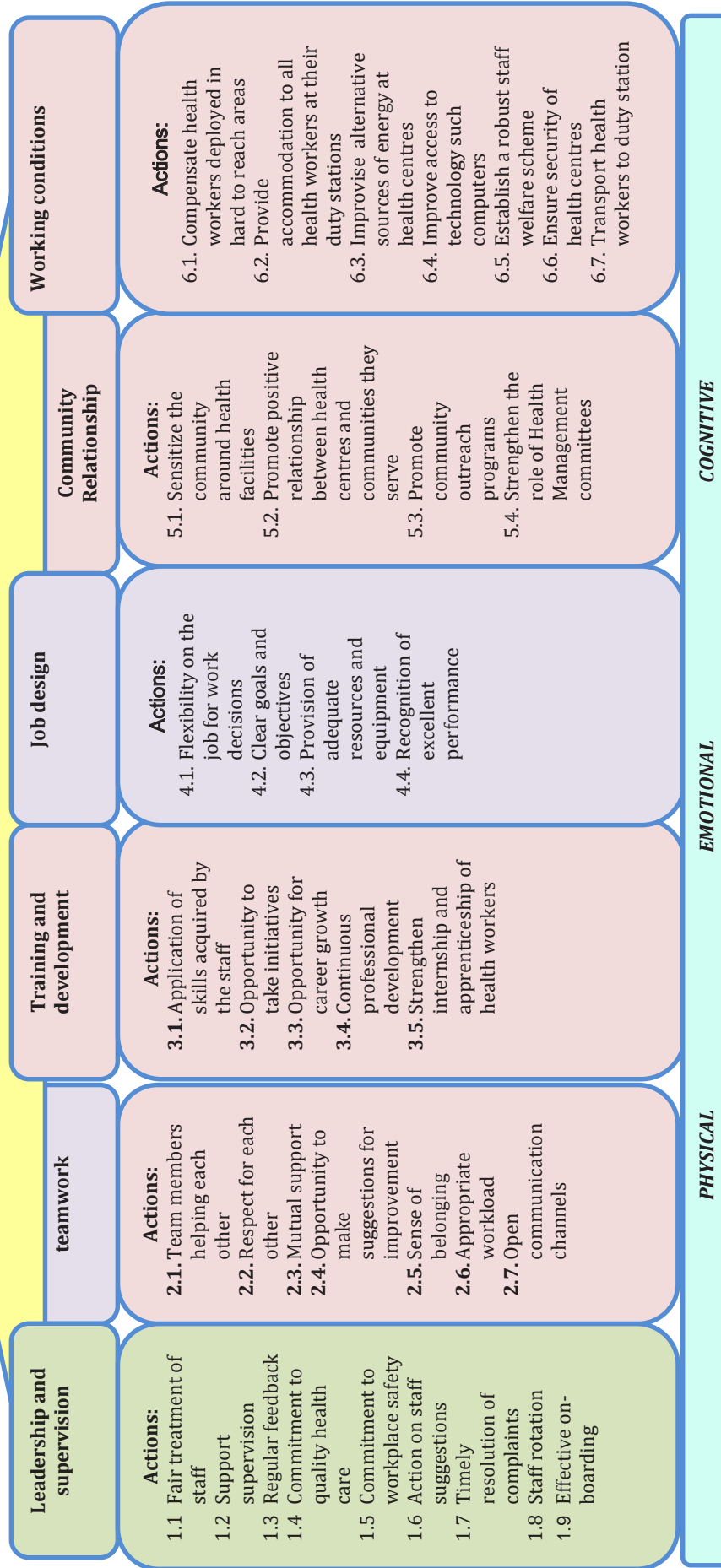
- Community outreach
- Strengthen the function of Health Management Committees
- Promote community ownership of health facilities

### ***Working conditions***

- Allowances for health workers deployed in hard to reach areas should be enhanced
- There should be a deliberate effort to provide accommodation to all health workers
- Improve lighting in staff houses and lower health centres by use of alternative sources of energy
- Improve rain water harvest for use in lower health centres
- Improve access to technology such as computers, internet connections, etc.
- Establish a robust staff welfare scheme
- Ensure that health facilities are clean and tidy all the time
- Ensure security of the health centres through fencing
- Transport health workers to respective duty stations

**Fig 1: Health worker engagement framework**

**“Health worker engagement for improved health outcomes”**



## Annex 1: Summary of onboarding activities per phase [newly appointed staff]

No.	Onboarding phase	Activities	Responsibility centre
1	Pre-entry phase	Arrange necessary information	HRO
		Make contact with the new employee	HRO
		Arrange the working space or office for the new staff	HRO & Administrator
		Arrange accommodation for the new staff:	HRO
		Notify other staff	HRO
		Role definition	Immediate supervisor
		Alert the staff of first contact	HRO
2	First day	Welcome the new staff to the workstation and inform them that you are excited to receive them	In-Charge of Health facility
		Open the personal file which has his/her Public Service Commission form III plus other personal information	HRO
		Show the new staff the work area and the tools and equipment used at work	Immediate supervisor
		Assign a peer or mentor who is not necessary a supervisor	In-Charge of Health facility
		Arrange to have lunch with the new employee	In-Charge of Health facility
		Highlight to the new employee the use of telephones, e-mail, fax, and internet	HRO & Administrator
		Take the staff to the staff quarters where he/she will be accommodated where applicable	HRO & Administrator
		Introduce the new health worker to the immediate supervisor and the Accounting Officer	HRO
		Introduce the new staff to other departmental members	Immediate supervisor
		Provide an overview of the functional area namely the purpose of the job	Immediate supervisor
		Discuss with the new employee the immediate on-the-job training plan including training necessary to make them fully competent	Immediate supervisor
		Offer a new staff a complete tour of the hospital or the health facility	HRO & Administrator

No.	Onboarding phase	Activities	Responsibility centre
3.	First week	Giving the new employee an initial meaningful assignment which is small and doable	Immediate supervisor
		Interact with the new employee after attending initial meetings, attends training and ensure contact each day of the week	Immediate supervisor
		Provide additional contextual information about the department and the organisation	Immediate supervisor
		Review the performance review process	Immediate supervisor
		Follow up with the employee to determine whether there are questions related to the written materials that were provided on the first day of reporting	HRO & Administrator
		Check if the new employee requires additional supplies or equipment needed to perform the duties	HRO & Administrator
		Explore to understand employees expectations, fears and challenges	In-Charge of Health facility
		Recap the week's experience activities with the new employee	HRO & Administrator
		Set performance targets with the employee	Immediate supervisor
		Communicate resources needed for work	Immediate supervisor
		Ensure the staff accesses the pay roll through effecting pay-change reports	HRO & Administrator
4.	First month	Arrange a formal induction programme within one month	In-Charge of Health facility
		Requisition for settling in allowance where applicable	HRO & Administrator
		Develop a performance work plan based on the targets agreed upon	Immediate supervisor
		Provide feedback on performance	Immediate supervisor
		Explain to the new employee the performance expectations within the probationary period	Immediate supervisor

No.	Onboarding phase	Activities	Responsibility centre
5	First 3 months	Organise regular one-on-one meetings to determine whether the new staff has challenges to be addressed.	In-Charge of Health facility
		Undertake a three months performance review based on the work-plans and give constructive feedback.	Immediate supervisor
		Acknowledge good performance and encourage continuation and discuss causes of performance gaps if any	Immediate supervisor
		Identify and implement interventions aimed at addressing performance gaps if any	Immediate supervisor
		Design short term performance improvement training programmes/sessions	Immediate supervisor
		Create written performance goals and professional development goals	Immediate supervisor
		Intensify coaching activities in this period	Immediate supervisor
		Assign responsibilities that are challenging but doable	Immediate supervisor
		Ask the employee to attend some of the key meetings to give them an exposure on the department and the health institution	Immediate supervisor
		Engage in informal conversations on a regular basis with the new member of staff	In-Charge of Health facility
		Confirm that the new employee underwent formal induction training.	In-Charge of Health facility
		Provide information about training opportunities available and the criteria for accessing such training	HRO & Administrator
		6	First 6 months
After confirmation, the new employees qualify for long-term training relevant to their job	In-Charge of Health facility		
Continuous performance monitoring in line with the set targets	Immediate supervisor  In-Charge of Health facility		
Create opportunities for the employee to be involved in activities outside the work area	HRO & Administrator		
Meet the employee and the peer to mark the end of a structured peer relationship	HRO & Administrator		
Discuss how things went during the period and what needs to be improved	HRO & Administrator		



No.	Onboarding phase	Activities	Responsibility centre
7	One year	Recognising positive employee contribution to health service delivery	In-Charge of Health facility
		Continuously reward better performance	In-Charge of Health facility
		Celebrating every success with the employee	In-Charge of Health facility
		Holding discussions with the employee in respect of whether their expectations have been met.	In-Charge of Health facility
		Using prescribed performance appraisal assess performance for the whole year	HRO/ Immediate supervisor
		Create employee development plan through agreeing on training needs and professional development goals	HRO/ Immediate supervisor
		Identify relevant learning opportunities	HRO/ Immediate supervisor
		Develop performance plans for the following year	Immediate supervisor
		Seek feedback from the employee on how onboarding can be improved	HRO & Administrator
		Effect annual salary increment as per standing orders	HRO & Administrator
		Provide continuous monitoring and provide support supervision	Immediate supervisor

**Annex 2: Summary of onboarding activities per phase [Staff on transfer]**

<b>No.</b>	<b>Onboarding phase</b>	<b>Activities</b>	<b>Responsibility centre</b>
1	Pre-entry phase	Arrange necessary information	HRO
		Make contact with the new employee	HRO
		Arrange the working space or office for the new staff	HRO & Administrator
		Arrange accommodation for the new staff (where applicable)	HRO
		Alert the staff of first contact	HRO
2	First day	Welcome the new staff to the workstation and inform them that you are excited to receive them	In-Charge of Health facility
		Show the new staff the work area tools and equipment	Immediate supervisor
		Assign a peer or mentor who is not necessary a supervisor	In-Charge of Health facility
		Arrange to have lunch with the new employee	In-Charge of Health facility
		Highlight to the new employee the use of telephones, e-mail, fax, and internet	HRO & Administrator
		Take the staff to the staff quarters where he/she will be accommodated where applicable	HRO & Administrator
		Introduce the new health worker to the immediate supervisor and the Accounting Officer	HRO
		Introduce the new staff to other departmental members	Immediate supervisor HRO
		Discuss with the new employee the immediate on-the-job training plan including training necessary to make them fully competent	Immediate supervisor
		Offer a new staff a complete tour of the hospital or the health facility	HRO Immediate supervisor

No.	Onboarding phase	Activities	Responsibility centre
3.	First week	Interact with the new employee after attending initial meetings, attends training and ensure contact each day of the week	Immediate supervisor
		Provide additional contextual information about the new station	Immediate supervisor
		Check if the new employee requires additional supplies or equipment needed to perform the duties	HRO & Administrator
		Explore to understand employees expectations, fears and challenges	In-Charge of Health facility
		Recap the week's experience activities with the new employee	HRO & Administrator
		Set performance targets with the employee	Immediate supervisor
		Communicate resources needed for work	Immediate supervisor
		Requisition for settling in allowance where applicable	HRO & Administrator
		Develop a performance work plan based on the targets agreed upon	Immediate supervisor
4	First 3 months	Organise regular one-on-one meetings to determine whether the new staff has challenges to be addressed.	In-Charge of Health facility
		Undertake a three months performance review based on the work-plans and give constructive feedback.	Immediate supervisor
		Acknowledge good performance and encourage continuation and discuss causes of performance gaps if any	Immediate supervisor
		Identify and implement interventions aimed at addressing performance gaps if any	Immediate supervisor
		Design short term performance improvement training programmes/sessions	Immediate supervisor
		Create written performance goals and professional development goals	Immediate supervisor
		Intensify coaching activities in this period	Immediate supervisor
		Ask the employee to attend some of the key meetings to give them an exposure on the department and the health institution	Immediate supervisor
		Engage in informal conversations on a regular basis with the new member of staff	In-Charge of Health facility
		Provide information about training opportunities available and the criteria for accessing such training	HRO & Administrator
		Provide feedback on performance	Immediate supervisor

### Annex 3: Summary of onboarding activities per phase [Staff on Promotion]

No.	Onboarding phase	Activities	Responsibility centre
1	First day	Welcome the staff to the new position and congratulate them upon their promotion	Immediate supervisor
		Show the staff the work area and the tools and equipment used at work if there is a change in the office	Immediate supervisor
		Discuss with the employee the immediate on-the-job training plan including training necessary to make them fully competent	Immediate supervisor
2.	First week	Interact with the new employee after attending initial meetings, attends training and ensure contact each day of the week	Immediate supervisor
		Provide additional contextual information about the new position	Immediate supervisor
		Explore to understand employees expectations, fears and challenges of the new position	In-Charge of Health facility HRO
		Recap the week's experience activities with the new employee	HRO & Administrator
		Set performance targets with the employee	Immediate supervisor
		Communicate resources needed for work	Immediate supervisor
		Develop a performance work plan based on the targets agreed upon	Immediate supervisor
		Provide feedback on performance	Immediate supervisor
		Discuss with the employee the immediate on-the-job training plan including training necessary to make them fully competent	Immediate supervisor

No.	Onboarding phase	Activities	Responsibility centre
3	First three months	Undertake a three months performance review based on the work-plans and give constructive feedback.	Immediate supervisor
		Undertake a three months performance review based on the work-plans and give constructive feedback.	Immediate supervisor
		Acknowledge good performance and encourage continuation and discuss causes of performance gaps if any	Immediate supervisor
		Identify and implement interventions aimed at addressing performance gaps if any	Immediate supervisor
		Design short term performance improvement training programmes/sessions	Immediate supervisor
		Create written performance goals and professional development goals	Immediate supervisor
		Ask the employee to attend some of the key meetings to give them an exposure on the department and the health institution	Immediate supervisor
		Engage in informal conversations on a regular basis with the new member of staff	In-Charge of Health facility
		Provide information about training opportunities available and the criteria for accessing such training	HRO & Administrator



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

## GUIDING NOTES TO DEVELOP A CLIENT CHARTER IN THE HEALTH SECTOR

### Ministry of Health

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## Acronyms

BCC	Behavior Change Communication
HC	Health Center
HDP	Health Development Partner
HSD	Health Sub-District
HPAC	Health Policy Advisory Committee
HSSIP	Health Sector Strategic and Investment Plan
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education Communication
LG	Local Government
MDA	Ministries, Departments and Agencies
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MoPS	Ministry of Public Service
OPM	Office of the Prime Minister
PPPH	Public Private Partnership For Health
SMC	Senior Management Committee
TWG	Technical Work Group
UNMHCP	Uganda National Minimum Health Care Package
VHT	Village Health Team



## Definition of Terms

Definitions clarify terms used in the Client Charter. They are expected to be the same across for all health delivery units. However institutions are at liberty s may add more to the following:

<b>Accountability</b>	The acknowledgement and assumption of responsibility for actions, products, decisions and policies including administration, governance, and implementation within the scope and role of the organization. It encompasses the obligation to report, explain and be answerable for resulting consequences.
<b>Client Charter</b>	A document issued by a Public Service Organisation explaining the services offered by the organisation.
<b>Client</b>	The recipient of a good, service, product, or idea, or supplier for a monetary consideration.
<b>External Clients</b>	Those outside the Public Service organisation who receives or uses the product or services from the organisation.
<b>Internal Clients</b>	Individuals, departments, or units within a Public Service organisation who receive products or services from another individual, department or unit within the organisation.
<b>Feedback</b>	Information about the gap between the services received and the expected (standard) services.
<b>Feedback Mechanism</b>	The action or means used to subsequently modify the gap between the services received and the expected (standard) services.
<b>Stakeholder</b>	A person, group, organization, or member with an interest or concern in an or system who affects or can be affected by an organization's actions

## 1. Introduction

### Foreword

Introductory note from an outstanding personality e.g. the Political Head, Chairperson for the Hospital Board (RRH) or HUMC (HC IV), etc

### Pre-amble

Introductory statement from the technical officer like the Chief Executive who is the Hospital Director for the RRH or the In-charge of the HC IV

#### 1.1 Mandate

Authorised responsibility of the institution

- a) RRH:
- b) General Hospital:
- c) Health Centre IV:

1.2 **Vision:** Direction, long term focus for the institution.

1.3 **Mission:** Purpose for existence of the institution.

## 2. Core Values and Principles

These are cross cutting for all levels service delivery (RRH, General Hospitals/ HC IVs).

Values: Refers to strong beliefs to that enable the institution to perform

Principles: Refers to fundamental rules/guide.

#### 1.1 Core Values(Cross cutting for all levels)

We shall be guided by the following core values:

##### a) Client Focus and Responsiveness

Our services shall endeavor to meet the client needs and expectations, and their interests will always be our first priority. We shall attend to all our clients' issues, suggestions, ideas, requests and constructive criticisms in a timely and friendly manner.

##### b) Quality

High quality client care is our primary objective and driving factor. We pride ourselves in the provision of high quality services and products through the development and application of our medical, patient and customer service standards of care.

##### c) Equity

Our services ensure equal access to the same health services for individuals with the same health conditions.

##### d) Respect

Promotive health aspects of cultures and traditions of the peoples of Uganda  
Respect individual identity and autonomy of our partners in line with the professional code of

conduct and national policies.

#### **e) Professionalism, integrity and ethics**

We perform our work with the highest level of professionalism, integrity, honesty, openness and trust as detailed in the ethics guidelines enforced by professional bodies to which we are affiliated.

#### **f) Effective communication**

We promote effective communication in all aspects of health service delivery.

#### **g) Professional Development**

We value learning, feedback, coaching and mentoring by taking responsibility to gain the required development to meet our clients' needs.

#### **h) Transparency and Accountability**

We ensure a high level of efficiency and effectiveness in the development and management of the national health system. We believe in accountability for our performance, not only to the political and administrative system, but, above all, to the community.

### **1.2 Principles**

Our guiding principles aim at providing the highest affordable quality services and these include:

#### **a) Leadership**

Effective leadership should be structured, present and accessible. Our leadership strategy is based on a practice and overall management level support network which provides both personal and team motivation, direction and accountability.

#### **b) Teamwork**

The health sector is composed of a team from different professions. Therefore we believe in teamwork to reinforce the services from different disciplines all aiming at improving the overall care-giving experience.

#### **c) Decentralization**

We acknowledge and shall support health services within the framework of decentralization and any future reforms therein.

#### **d) Partnerships**

The private sector shall be seen as complementary to the public sector in terms of increasing geographical access to health services and the scope and scale of services provided. The MoH will promote the Public-Private-Partnership-For-Health (PPPH) policy nationally and internationally.

#### **e) Information**

We believe that consistency in standards, protocols and procedures is essential to maintaining and improving the quality of our services.

## f) Gender-sensitive and responsive health care

A gender-sensitive and responsive national health delivery system shall be achieved and strengthened through mainstreaming gender in planning and implementation of all health programs.

## g) Human rights approach

The MoH will ascertain that the rights to access to quality health care and health information are respected by all categories of individuals of the society both within the public and private sector

### 3. Key result areas/outputs:

4. Areas of performance which include the departments and sections in the hospital.

#### 1.1 Regional Referral Hospitals

- a) Hospital management and support services
- b) Outpatient services
  - General outpatient services
  - Specialized outpatient services – General surgery, ENT surgery, Ophthalmology, Orthopedic surgery, Obstetrics and Gynecology, Internal Medicine, Paediatrics, Dermatology, Mental health, Oral health, HIV treatment, care and support
  - Emergency/Causality services
- c) Community health services – Disease surveillance, school health, infection prevention and control, immunization, health education and promotion, reproductive health
- d) Prevention and rehabilitation services –Physical medicine and rehabilitation services
- e) Inpatient services – General surgery, Orthopedic surgery, ENT surgery, ophthalmology, obstetrics & gynecology, internal medicine, pediatrics, mental health
- f) Diagnostic services - laboratory, radiology, and pathology services
- g) Private health services – outpatient services, inpatient services and diagnostic services
- h) Specialists outreach services
- i) Training and research

#### 1.2 General Hospital/HC IV

- a) Hospital administration, management and support services
- b) Outpatient services
  - General outpatient services
  - Emergency/Causality services
- c) Community health services –Health education. Immunisation and promotion, reproductive health
- d) Prevention and rehabilitation services –Physical medicine and rehabilitation services
- e) Inpatient services – General surgery, Orthopedic surgery, Ophthalmology, Obstetrics & Gynecology, Internal medicine, Paediatrics, Mental health
- f) Diagnostic services – laboratory and radiology
- g) Private health services (for General Hospitals)– outpatient, inpatient services and diagnostic services

## 5. Commitments

Services the institution will provide to its clients over a given period. They have to be aligned with the strategic plan and have to be SMART (Specific, Measurable, Attainable, Realistic and Time bound)

## 4.1 Regional Referral Hospital

### 1.1.1 Out-patient Services

- a) Attend to all emergencies within less than 15 minutes;
- b) Screen and attend to all non-emergency patients promptly within the first 30 minutes (waiting time) on arrival;
- c) Conduct triage, registration, health education, appropriate counseling, testing and treatment to all patients within two (2) hours (service time);
- d) Conduct appropriate referrals (internal and external) within less than 30 minutes;

### 1.1.2 Emergency/causality Services

- a) Attend to all emergencies within 20 minutes on arrival.
- b) We shall carry out effective and specific monitoring and management of patients for the first 24 hours to determine their stability.
- c) We shall conduct appropriate referrals (internal and external) within less than 30 minutes.

### 1.1.3 In-patients Services

- a) Attend and screen all critically ill patients within the first 20 minutes on arrival to the wards.
- b) Conduct health education, appropriate counseling, testing and treatment to all patients admitted on the ward.
- c) Provide specialised management and support to patients with chronic illnesses (Surgery cases, medical/peadiatric cases for HIV AIDS, Diabetes Mellitus, Hypertension, Cancer, etc).
- d) Perform minor/major operations and manage post operation complications in a professional way.
- e) Treat and care for patients until they are discharged.
- f) Conduct clinical (death) audits on a monthly basis to discuss cause of death with a view to devising remedial measures.
- g) Receive, assess and provide rehabilitative and support services to patients as required.
- h) Timely referral for complicated cases.

### 1.1.4 Diagnostic services (Laboratory, Radiology, and Pathology services)

- a) Provide and maintain a 24 hour operational laboratory services.
- b) Attend to patients for diagnostic services like laboratory investigations, X-ray and Ultra-sound scan etc within 1 hour after presenting the investigation form.
- c) Carry out safe removal and transportation of corpses from wards to the mortuary within 30 minutes of being pronounced dead.

### 1.1.5 Medicines and health supplies

- a) Timely orders for medicines and health supplies to NMS as required by Ministry of health.
- b) Provide the prescribed medicines and other supplies available to patients under our care during the standard working hours.
- c) Provide relevant information to patients as required/prescribed by the clinician.
- d) Provide monthly updates of available medicines and supplies to the relevant hospital departments.

### 1.1.6 Infrastructure and other support services

- a) Update annually the equipment inventory and maintain the equipment in proper working condition.

- b) Routinely repair equipment, vehicles and buildings and replace obsolete equipment.
- c) Deliberate effort to improve working housing conditions for staff.

### 1.1.7 Community health services

- a) Routine data collections, analysis and utilization in the hospital and from the region supervised by the Hospital.
- b) Conduct monthly integrated support supervision (availability of medicines and supplies; immunization and diseases surveillance, etc.) for the 14 districts in the region.
- c) Conduct quarterly specialist outreach services for the region.

### 1.1.8 Training and Research

- a) Provide high quality training to trainees in our hospital staff who include interns, clinical officers and nurses.
- b) Carry out annual research meetings
- c) Develop a hospital research agenda

### 1.1.9 Administration and management services

- a) Provide conducive working environment to all staff.
- b) Conduct monthly staff meetings.
- c) Hold quarterly Hospital board meetings.
- d) Organize Hospital Day every year.
- e) Have a Client's desk

### 1.1.10 Private Wing Services

- a) Provide in and outpatient services on a daily basis and at a reasonable fee.
- b) Conduct daily ward rounds
- c) Have regular staff for the private wing.

## 1.1 General Hospitals/Health Centre IVs

### 1.1.1 Out-patient Services

- a) Attend to all emergencies within less than 15 minutes;
- b) Screen and attend to all non-emergency patients promptly within the first 30 minutes (waiting time) on arrival;
- c) Conduct triage, registration, health education, appropriate counseling, testing and treatment to all patients within two (2) hours (service time);
- d) Conduct appropriate referrals (internal and external) within less than 30 minutes;

### 1.1.2 Emergency/causality Services

- a) Attend to all emergencies within 20 minutes on arrival.
- b) We shall carry out effective and specific monitoring and management of patients for the first 24 hours to determine their stability.
- c) We shall conduct appropriate referrals (internal and external) within less than 30 minutes.

### 1.1.3 In-patients Services

- a) Attend and screen all critically ill patients within the first 20 minutes on arrival to the wards.
- b) Conduct health education, appropriate counseling, testing and treatment to all patients admitted on the ward.
- c) Provide management and support to patients with chronic illnesses (medical/peadiatric cases for HIV AIDS, Diabetes Mellitus, Hypertension, Cancer, etc
- d) Perform surgical operations for obstetric emergencies cases and manage post operation complications in a professional way. (General Hospitals to handle other cases for general surgery and OB GY).
- e) Treat and care for patients until they are discharged.
- f) Conduct clinical (death) audits on a monthly basis to discuss cause of death with a view to devising remedial measures.
- g) Timely referral for complicated cases.

### 1.1.4 Diagnostic services (Laboratory, Radiology, and Pathology services)

- a) Provide and maintain a 24 hour operational laboratory services.
- b) Attend to patients for diagnostic services like laboratory investigations, X-ray and Ultra-sound scan etc within 1 hour after presenting the investigation form.
- c) Carry out safe removal and transportation of corpses from wards to the mortuary within 30 minutes of being pronounced dead.

### 1.1.5 Medicines and health supplies

- a) Timely orders for medicines and health supplies to NMS as required by Ministry of health.
- b) Provide the prescribed medicines and other supplies available to patients under our care during the standard working hours.
- c) Avail relevant information to patients as required/prescribed by the clinician.
- d) Give monthly updates of available medicines and supplies to the relevant hospital departments.

### 1.1.6 Infrastructure and other support services

- a) Update annually the equipment inventory and maintain the equipment in proper working condition.
- b) Routinely repair equipment, vehicles and buildings and replace obsolete equipment.
- c) Deliberate effort to improve working housing conditions for staff.

### 1.1.7 Communityhealth services

- a) Routinedata collections, analysis and utilization in the hospital and from the region supervised by the Hospital.
- b) Conduct monthly integrated support supervision (availability of medicines and supplies; immunization and diseases surveillance, etc.) for the all health facilities in the district/health sub-district.
- c) Carry out quarterly meetings with VHTs

### 1.1.8 Administration and management services

- a) Provide conducive working environment to all staff.
- b) Conduct quarterly staff meetings.
- c) Hold quarterly Health Unit Management Committee/Hospital board meetings.
- d) Organize Hospital/HC IV day annually.
- e) Have a Client's desk.

## 1. Private Wing Services

For General Hospitals only:

- a) Provide in and outpatient services on a daily basis and at a reasonable fee.
- b) Conduct daily ward rounds

## 2. Clients for RRH

The same applies for General Hospitals and HC IVs

- Internal clients
- Health workers

### External Clients

The patients

- a) Patient attendants
- b) The Government (Central and Local)
- c) Political and Religious leader
- d) The Community
- e) The Press media
- f) Security organs-Police, Prisons, Army etc.
- g) Other institutions like: National Medical Stores, Regional Blood Bank, Regional Medical Equipment Workshop, School of Clinical Officers and the School of Nurses
- h) Utility service providers like National Water and Sewerage Corporation, UMEME and the contractors.
- i) Health Development and Implementation Partners
- j) NGOs and Civil Society Organizations.
- k) Traditional healers and complementary health practitioners.

## 3. Clients' Responsibilities and Rights

### 1.1 Clients Responsibilities

Our clients shall have responsibilities and these shall include, but not be limited to, the following:

- a) **Provision of information and feedback** - We shall expect our clients to provide relevant, accurate and timely information in accordance with set guidelines and regulations.
- b) **Provision of Quality Services** - Respective clients should provide the relevant quality services to the sector. This includes quality training of health workers, provision of quality medical supplies and equipment, contractual services, consultancy services, health care delivery, etc.
- c) **Compliance with policies, guidelines, standards and regulations** - Comply with set policies, standards, guidelines and regulations.
- d) **Rapid Response** - Respond appropriately and rapidly to requests in cases of emergencies and disasters.
- e) **Participation in National Programs** - We shall expect our clients to participate in National Health Programs in line in the National Development Plan and HSSIP by addressing gaps identified in partnership with the MoH.



## 1.2 Client Rights

Clients' rights and expectations shall include the following:

- a) **A right to Services** - Quality services in accordance with the existing regulations and guidelines.
- b) **A right to information** - Access relevant health-related information in line with standard regulations and guidelines.
- c) **Non-Discrimination** – Nondiscrimination against on grounds of political affiliation, disability, race, age, sex, social status, economic status, disease, ethnicity, nationality or other such grounds when receiving services.
- d) **Right to participation** - Right to participate or be represented in development, implementation, monitoring and evaluation of health policies, systems and programs.
- e) **Right to be treated with respect and courtesy** – Treatment with respect and courtesy and have their dignity protected.
- f) **Informed consent** - Right to make decisions on their own health after a full explanation of their conditions or state of health.
- g) **Confidentiality** - Right to confidentiality on their health status or condition, provided withholding such information will not be to the detriment of the client or the population.
- h) **Timely intervention** - Right to be attended to in a timely manner.
- i) **Safe environment** - Right to a safe environment during the course of receiving services.
- j) **Privacy** - Right to privacy during the course of consultation or interaction with the MoH staff.

## 1.0 Feedback

Improving performance should be accordance to the feedback received from our Clients. This is the most important aspect of developing client charter.

### 1.1 Feedback Mechanisms

Clients shall provide feedback on our services through the following mechanisms:

- a) Stakeholders meetings: Health Facility Management Committee/ Board and meeting,
- b) Client Charter feedback during the routine support supervision activities.
- c) Independent surveys e.g. Client satisfaction surveys/Exist interviews.
- d) Commendation and Suggestion boxes.
- e) Information Communication Technology, ICT - Telephone, SMS, and email messages and the MoH website.
- f) MoH Public Relations Desk
- g) Health Consumer Organizations reports
- h) Media reports
- i) Writing letters through the Health Facility address

### 1.2 Feedback Management

Clients are entitled to their opinion and shall not be penalized or ostracized for expressing it, provided it is intended to contribute towards improvement of service delivery.

- a) Feedback management system shall be the responsibility of the In-charge of the health facility

(Director of the RRH, MS for GH and In-charge for the HC IV).

- b) A feedback register shall be opened in which to receive and record compliments and complaints.
- c) Each department shall be required to have a feedback register in the office of the head of the unit/Department.
- d) Compliments and complaints shall be summarized and discussed during the Health facility management meetings.

### 1.3 Compliment management

- a) Our clients shall have a right of expression of compliments.
- b) The compliments shall be directed to the service provider or addressed to the immediate supervisor of the officer(s) who provided the service or designated person for acknowledgement.
- c) Acceptance of presents and gifts as a compliment shall be in line with the Uganda Public Service Standing Orders and the Leadership Code.

### 1.4 Complaints management

- a) Our clients shall have a right of redress in case of complaints or grievances.
- b) The complaints shall first be addressed internally by the immediate supervisor of the officer(s) who provided the service or designated person to handle complaints within two weeks.
- c) If the complaint is not handled in the agreed time then it shall be referred to the next level of supervision e.g. the Head of Department or Programme Manager.
- d) In case of failure to handle it at Departmental level, the matter shall be referred to the next level i.e. Directorate.
- e) The final level for addressing complaints internally is the Top Management.

### 1.0 Accountability

- a) We shall report and discuss our performance through various mechanisms listed here:
  - (i) Stakeholders' meetings or conferences (e.g. Joint Review Missions and National Health Assemblies)
  - (ii) Annual Ministerial Policy Statements
  - (iii) Budget framework papers
  - (iv) Performance Reports (e.g. Annual Health Sector performance Reports)
  - (v) Ministry Website
- b) We shall continuously improve our performance by undertaking annual review of this Charter in a participatory manner including taking on various recommendations from stakeholders.
- c) We shall ensure timely accountability.
- d) We shall ensure transparency of our procurement procedures through public advertisement and displaying contractors and contracts awarded.

We commit ourselves to implement this charter, For God and Our Country.

In case of additional information, our Clients can contact:  
The Permanent Secretary

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## Annex 1: Key Outputs for Regional Referral Hospitals

Parameter	2011/12	Target		
		2012/13	2013/14	2014/15
Bed capacity				
Number of admissions				
Average length of stay				
Bed occupancy rate				
Major Operations				
OPD contacts				
ANC attendances				
Deliveries				
Immunizations				
Family planning visits				
Lab and imaging investigations				
<b>Staffing positions</b>				
• Approved posts				
• Posts filled				

SUO stands for standard unit of output an output measure converting all outputs into outpatient equivalents.  $SUO\ total = \Sigma(IP*15 + OP*1 + Del.*5 + Imm.*0.2 + ANC*0.5)$

## Annex 2: Key Outputs for General Hospitals

Parameter	2011/12	Target		
		2012/13	2013/14	2014/15
Beds				
In patients				
Inpatient days				
Out patients				
Deliveries				
Major operations				
ANC				
Cesarean Section				
Immunization				
<b>SUO</b>				

**SUO** stands for standard unit of output an output measure converting all outputs into outpatient equivalents.  $SUO\ total = \Sigma(IP*15 + OP*1 + Del.*5 + Imm.*0.2 + ANC*0.5)$

### Annex 3: Key Outputs for Health Centre IV

Parameter	2011/12	Target		
		2012/13	2013/14	2014/15
OPD				
Deliveries				
<b>HCT</b>				
PMTCT				
Dental				
IPD				
ART				
Minor Operations				
LTFP				
Major Surgery				
C/S				
Blood Transfusion				
Laboratory				

## Annex 4: Indicators

Should be derived from the Strategic plan of the institutions: MoH indicators are indicated below

Indicator domain	Indicator	Status	Target			
		2010/11	2011/12	2012/13	2013/14	2014/15
Health Impact	Maternal Mortality Ratio (per 100,000 live birth)	435 (2006)				131
	Neonatal Mortality rate (per 1000 live births)	70 (2006)				23
	Infant Mortality Rate (per 1000 live births)	76 (2006)				41
	Under 5 mortality rate (per 1000 live births)	137 (2006)				56
	% of households experiencing catastrophic health expenditures	28 (2009)	22	19	16	13
Coverage for Health Services	% pregnant women attending 4 ANC sessions	32 (10/11)	53	55	57	60
	% deliveries in health facilities (public and PNFP)	39 (10/11)	50	65	75	90
	% children under one year immunized with 3rd dose Pentavalent vaccine	90 (10/11)	82	83	84	85
	% one year old children immunized against measles	85 (10/11)	80	85	90	95
	% pregnant women who have completed IPT <sub>2</sub>	43 (10/11)	55	60	65	70
	% of children exposed to HIV from their mothers accessing HIV testing within 12 months	30 (10/11)	45	55	65	75
	% U5s with fever receiving malaria treatment within 24 hours from VHT	13.7 (09/10)	40	60	70	85
	% eligible persons receiving ARV therapy	53 (2009)	60	65	70	75

Indicator domain	Indicator	Status	Target				
		2010/11	2011/12	2012/13	2013/14	2014/15	
Coverage's for other health determinants	% of households with a pit latrine	71 (10/11)	69.5	70.5	71.5	72	
	% U5 children with height /age below lower line (stunting)	38 (2006)	34	32	30	28	
	% U5 children with weight /age below lower line (wasting)	16 (2006)	14	13	12	10	
Coverage's for risk factors	Contraceptive Prevalence Rate	33 (09/10)	40	41	42	43	
Health System outputs (availability, access, quality, safety)	% of new TB smear + cases notified compared to expected ( TB case detection rate)	54 (10/11)	65	70	70	70	
	Per capita OPD utilization rate	1.0 (10/11)	1.0	1.0	1.0	1.0	
	% of health facilities without stock outs of any of the six tracer medicines in previous 3 months	43 (10/11)	55	60	70	80	
	% of functional Health Centre IVs (providing EMOG)	24 (10/11)	33	38	43	50	
	% clients expressing satisfaction with health services	46 (2008)	55	60	65	70	
Health Investments and governance	% of approved posts filled by trained health workers	56 (10/11)	65	70	72.5	75	
	% Annual reduction in absenteeism rate	46 (09/10)	20	20	20	20	
	% of villages/ wards with trained VHTs	72 (10/11)	60	75	90	100	
	General Government allocation for health as % of total government budget	8.9 (10/11)	8.6	9.8	10	10	

1.



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

DEPARTMENT OF QUALITY ASSURANCE

**PATIENTS CHARTER**

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## Foreword

Uganda is passing through a phase of transformation characterized by rapid population growth overcrowding in cities and towns, emerging new diseases like Ebola, Influenza H1N1, Birdflue and Marburg. These new diseases create major challenges in the management and control by the ministry of health. Furthermore chronic communicable diseases such as Tuberculosis, HIV/AIDS and non-communicable diseases such as Diabetes Mellitus, Hypertension, Cancers and many others consume most of the limited resources available in the ministry.

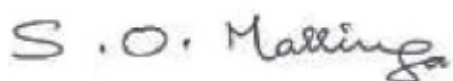
Therefore the patients charter which has been carefully developed with the support and collaboration from development partners as well as government sectors, is intended to raise the standard of Health care by empowering the clients and patients to responsibly demand good quality health care from government facilities.

The patients' charters will bring about the awareness of patients' rights and responsibilities that has been lacking among the population of Uganda. In addition the patients' charter will motivate the community to participate in the management of their health by promoting disease prevention, timely referral of patients to health facilities for immediate attention of their health problems and concerns.

The Department of Quality Assurance of the ministry of Health has been charged with the responsibility of monitoring, supervising and evaluating the use of the patients' charter including dissemination and regular review and revision of the charter.

The ministry of Health is extremely grateful to all those health institutional experts, Government and Non-Government sectors, civil society organizations and development partners whose technical and financial contribution enabled the ministry of Health to develop and produce this important guide line.

Finally the patient charter is meant for use in Uganda but may be used as a reference material by other health and humanitarian organizations.



Hon. Dr. Stephen Mallinga (MP)  
**Minister of Health**

## Introduction

The government of Uganda is committed to ensuring access of all people to high quality health care services as granted in the constitution of Uganda (Social and Economic Objective No. XX of the 1995) Uganda government is progressively realizing the right to Health by championing the development of the legal framework through the development of the patient's charter.

Ministry of Health is committed to initiate a process through which Patients' Charter is put in place to ensure that the Rights of Patients are protected in the course of seeking health services. The capacity of Ugandans to demand for their health rights is still limited due to inadequate awareness resulting from limited availability of the requisite information which translates into poor health indices. This charter provides a basis for a legal and regulatory framework in health that contributes to improved capacity for quality health care.

The Patients Charter is a result of joint effort by Ministry of Health in partnership with Civil Society Organization led by the Uganda National Health Consumers Organization (UNHCO). The objective of the patients' charter is to empower health consumers to demand high quality health care, to promote the rights of patients and to improve the quality of life of all Ugandans and finally eradicate poverty nationwide.

The patients charter and its constant review processes will enable health users' to contribute to the development and contribution of the overall health care system, guide and improve the capacity of health providers in provision of high quality care. The implementation of the Patients' Charter will enhance community participation and empower individuals to take responsibility for their health. This will promote accountability and improve the quality of health services.

The Patients' Charter would not have been possible without the concerted and protracted efforts of the Quality Assurance Department Ministry of Health, health workers training Institutions, Medical councils, Health Professional Associations, Ministry of Justice, Health Service Commission, Human Rights Commission, Constitution Reforms, and development partners. The contribution of Civil Society Organizations: under the stewardship of the Uganda National Health User / Consumers. Organization in the development of the Patients' Charter is commended. This charter is subject to the provisions of any law operating within the Republic of Uganda and to the financial means of the country.

## Operational Definitions

<b>“Charter” -</b>	Explains the Rights and responsibilities of the patients and the health workers.
<b>“Medical Care” or “Medical treatment”</b>	Includes medical diagnostic procedures, preventive, promotive, psychological care and nursing.
<b>“Health facility”</b>	Hospital, health centre or clinic.
<b>“Health Worker”</b>	Means a health professional, administrative, scientific, and support staff employed in the health service
<b>“Patient”</b>	A sick person or any person requesting or receiving medical care.
<b>“Clinician”</b>	A physician, dentist, nurse, midwife or any other professional recognized by relevant Registration Councils and so published in the official gazette as a health care provider
<b>“Medical Information”</b>	Information that refers directly to patient's state of physical or mental health, or to the medical treatment of it
<b>“Medical emergency”</b>	A situation threatening immediate danger to life or severe, irreversible disability, if medical care is not given urgently

## Section 1: Patients' Rights

### Articles

#### 1. The Right to Medical Care

Every person in need of medical care is entitled to impartial access to treatment in accordance with regulations, conditions and arrangements obtaining at any given time in the government health care system.

In a medical emergency, a person is entitled to receive emergency medical care unconditionally in any health facility without having to pay any deposits or fees prior to medical care.

Should a medical facility be unable to provide treatment to the patient, it shall, to the best of their facility, refer him/her to a place where he/she can receive appropriate medical care.

#### 2. Prohibition of Discrimination

No health facility or health provider shall discriminate between patients on ground of disease, religion, political affiliation, disability, race, sex, age, social status, ethnicity, nationality, country of birth or other such grounds.

#### 3. Participation on decision – making

Every citizen has the right to participate or be represented in the development of health policies and systems through recognized institutions.

#### 4. A healthy and safe environment

Everyone has the right to a healthy and safe environment that will ensure physical, mental and social well-being, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental dangers such as pollution, ecological degradation and infection.

#### 5. Proper Medical Care

A patient shall be entitled to appropriate health care with regard to both its professionalism and quality assurance based on clinical need.

#### 6. Be treated by a named health careprovider

- a) Everyone has the right to know the identifiable and professional position of the person providing health care and therefore shall be attended to by clearly identifiable health care provider.
- b) Ministry of Health shall issue guidelines as to the way clinicians and every health worker in medical facility shall be identified.

#### 7. Training and Research

The participation of a patient or client in clinical training programs or for the purpose of obtaining information shall be voluntary and informed with written or verbal consent – and consent shall be witnessed.

## 8. Right to safety and security

The patient has the right to safety and security to the extent that the practices and installations of the health facility do no harm.

## 9. Receiving visitors

A patient hospitalized in a health facility is entitled to receive visitors at the times, and according to the guidelines provided by the facility management.

## 10. Informed consent

Every patient has the right to be given adequate and accurate information about the nature of one's illness, diagnostic procedures, and the proposed treatment for one to make a decision that affects any one of these elements. The information shall be communicated to the patient at the earliest possible stage in a manner that he/she is expected to understand in order to make a free informed, and independent choice. However, the clinician may withhold the medical information from the patient concerning his/her condition if he/she strongly feels that by giving this information, it is likely to cause severe harm to the patient's mental or physical health.

### The way in which informed consent may be given

- a) Informed consent may be given verbally or in writing or demonstrated by patient's behavior. Consent should be witnessed.
- b) In a medical emergency, informed consent shall be given as soon as possible afterwards.

The patient should be kept informed if the institution is proposing to carry out or undertake human experimentation or some other educational or research project. The patient has the right to decline to participate in such activities.

## 11. Medical Care without consent

A health provider may give medical treatment without informed consent of the patient if:

- a) The patient's physical or mental state does not permit obtaining his/her informed consent
- b) It is impossible to obtain the consent of the patient's representative or of the patient's guardian, where the patient is a minor or an incapacitated person.

## 12. Refusal of treatment

- a) A person may refuse treatment and such refusal shall be verbal or in writing provided that such refusal does not endanger the health of others.
- b) But the health provider may perform the treatment against the patient's will if the facility management has confirmed the following conditions that:
  - c) The patient has received information as required to make an informed choice.
  - d) The treatment is anticipated to significantly improve the patient's medical condition.
  - e) There are reasonable grounds to suppose that after receiving treatment, the patient will give his/her retrospective consent.
- f) When the refusal of treatment by the patient or his/her authorized representative interferes with the provision of adequate treatment according to professional standards, the relationship between the patient and the health provider shall be terminated with reasonable prior advance notice.

### 13. Be referred for a second opinion

Every person has the right to be referred for a second opinion with or without request or when indicated.

### 14. Continuity of Care

No client shall be abandoned by a health care professional worker or a health facility which initially took responsibility for one's health.

### 15. Confidentiality and privacy

Patients have the right to privacy in the course of consultation and treatment. Information concerning one's health, including information regarding treatment may only be disclosed with informed consent, except when required by law or on court order.

Facility management shall make arrangements to ensure that health workers under their direction shall not disclose any matters brought to their knowledge in the course of their duties or their work.

Health facility or health worker may however pass on medical information to a third person in any of the following cases:

- a) That the disclosure is for the purpose of the patient's treatment by another health worker.
- b) That disclosure of the information is vital for the protection of the health of others or the public, and that the need for disclosure overrides the interest in the information's non-disclosure.
- c) That the disclosure is for the purpose of publication in a medical journal or for research or teaching purposes if all details identifying the patient have been suppressed.

### 16. The Patient's Right to Medical Information

The patient shall be entitled to obtain from the clinician or the medical facility medical information concerning himself/herself, including a copy of his/her medical records.

### 17. Custody of Medical Records

The Ministry of Health shall be the legal owner and custodian of the medical records and will ensure that the confidentiality be the responsibility of all health workers.

### 18. Medical records Retention (Medical archives)

- a) General: 25 years or 3 years after death
- b) Obstetric: 25 years after the birth of the child (including still birth)
- c) Psychiatric: Lifetime of the patient or 3 years after death

At the conclusion of periods set out above, the records may be destroyed but there is no obligation to do so. For research, clinicians may ask for indefinite retention.

### 19. Right to Redress

Every health facility shall designate a person or a committee to be responsible for the observance of patient rights, whose duties shall be:

- a) To give advice and assistance to a patient as to the realization of her/his rights spelt out in this document.
- b) To receive, investigate, and process patient's complaints. Complaints regarding the quality of medical care shall be referred to the attention of the facility in-charge.
- c) To educate, and instruct all medical and administrative staff in the facility in all matters regarding the patient's rights.

## **Section 2: Responsibilities of the Patient**

### **Articles**

#### **20. Provision of information**

Every patient has the responsibility to provide the health worker with relevant, complete and accurate information for diagnostic, treatment rehabilitation or counseling purposes.

#### **21. Compliance with instructions**

The patient has the responsibility to comply with the prescribed treatment or rehabilitation procedures meant to improve his/her health.

#### **22. Refusal of treatment**

The patient takes responsibility for his/her actions if he/she refused to receive treatment or does not follow the instructions of the health worker.

#### **23. Respect and consideration**

The patient has the responsibility to respect the rights of other patients and the health workers and for helping to spread diseases, control noise, smoke and the number of visitors. He/she shall respect the rights and property of other persons and of the health facility. Patients should refrain from using verbal abuse or physical violence against health workers or other patients.

#### **24. Will**

The patient is free to advise the health care workers on his/her wishes with regard to his/her death including dying in dignity, spiritual support as well as organ support.



## Section 3: Responsibilities of Health Workers

### Articles

#### 25. Penalties

Any health worker who contravenes these rights may face appropriate disciplinary actions from Health Unit Management committees, Health Professional Councils, Medical Boards, and Courts of law.

#### 26. Duration of admission

The health worker shall determine each patient's stay depending on the condition, need for referral or care at home on approval from management. No in-patient shall be allowed to remain in the health facility longer than 8 weeks after admission unless the provider under whose care he/she is recommended and is approved by the facility management. The health worker shall determine this according to condition, need for referral or care at home.

#### 27. Comments, Suggestions and complaints

To provide a service which meets everyone's needs, Ministry of Health welcomes your comments. All health facilities including District Health Officers' office, Ministry of Health headquarters will have suggestion boxes accessible to public.

Every Endeavour will be made by a senior member of staff within the facility to resolve your concerns or complaints promptly. Your complaint will be investigated thoroughly and impartially and a response will be provided.

Anyone not satisfied by the response may write in confidence to:

#### **The Director General of Health Services**

Ministry of Health  
P.O. Box 7272

**Kampala**  
**Tel 041-2340874**

#### Amendments

The Patient's Charter shall be reviewed as need arises in any case not later than 3 years. No amendments on these rights shall be made without approval of the Ministry of Health.

#### Entry into force

These rights shall come into force three months from the date of publication.

#### Ministry of Health

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Website: www.health.go.ug



**THE REPUBLIC OF UGANDA**

**MINISTRY OF PUBLIC SERVICE**

**THE CODE OF CONDUCT AND ETHICS FOR  
THE UGANDA PUBLIC SERVICE**

**Ministry of Public Service  
P. O. Box 7003, KAMPALA  
Tel: 256 – 41 – 251002/344088/250570  
Fax: 256 – 41 – 255463  
E-mail: [ps@publicservice.go.ug](mailto:ps@publicservice.go.ug)  
Website: [www.publicservice.go.ug](http://www.publicservice.go.ug)**

## 1. Preamble

The Public Service as the implementing arm of Government policies and programmes is charged with the responsibility of providing timely, high quality and cost effective services to the nation. To achieve this, it must have public officers who are loyal, committed, results-oriented, and customer-centered and observe a high standard of conduct in both official and private life. The existence of a Code of Conduct and Ethics for public officers to enhance performance and reflect a good image of the Public Service and promote good governance is of paramount importance.

The aim of this Code of conduct and Ethics is to provide general guidance to Public officers in their relationships and dealings with their clients and the general public. It compliments existing laws, regulations, guidelines and professional Codes of Conduct issued over the years for the purpose of prescribing acceptable standard of behavior and conduct in the Public Service. Provision has also been made for appropriate sanctions to be applied where a Public officer's conduct is found to be inconsistent with the Code.

## 2. Application of the Code of Conduct and Ethics and Interpretations

### 2.1 Application of the Code

This Code of conduct and Ethics is applicable to persons holding or acting in any public office in the Public Service of Uganda. The Code shall be reinforced by professional Codes of Conduct and Ethics. Information on the Code shall be made available to all Public officers. All Public officers shall consciously subscribe to the Code of conduct and Ethics by swearing the Official Oath and the Oath of Secrecy prescribed in the Uganda Government Standing Orders.

#### 1.1 Interpretation

In this Code, unless the context otherwise requires:-

<b>Bribe</b>	Means any gratification as an inducement to or a reward for or otherwise on account of any public officer for doing or forbidding to do anything in respect of any matter or transaction whatsoever, actual or proposed in which the public body is concerned. It is anything offered or given to or given out by a public officer to gain favor and influence in a particular case
<b>Code</b>	Means the Code of conduct and Ethics for the Uganda Public Service.
<b>Conduct</b>	Means behavior, attitude and character exhibited by a public officer within and outside the working environment
<b>Conflict of interest</b>	Refers to a situation where a public officer has got to make a decision between his or her personal interest and public interest
<b>Currency-Point</b>	Is equivalent to twenty thousand shillings
<b>Customer</b>	Means a person, whether external or internal, whom a public officer serves or interacts with in the course of his or her official duties
<b>Employer</b>	Means the Central Government or a Local Government.
<b>Ethics</b>	Means a Code of morals applicable in the Public Service.
<b>Family Member</b>	Means a Public officer's Spouse, biological children or legally adopted children.
<b>Gift</b>	Means any present, donation, grant or favor whether monetary or in kind or any other gain of a personal nature given as an appreciation after a service has been rendered.
<b>Interdiction</b>	Means Temporary stoppage of a public officer from exercising the powers and functions of his or her office to pave way for investigation of a case.
<b>Professional Code</b>	Means the Code that applies to a specific profession in the Public Service.
<b>Public Service</b>	Means Service in a civil capacity of the central Government or of a Local Government.
<b>Public officer</b>	Means any person holding or acting in an office in the Public Service.
<b>Public Office</b>	Means an office in the Public Service.

**Responsible Officer**

Means a Permanent Secretary or Head of Department under which the Officer is serving or the Chief Administrative Officer or Town Clerk of a local Government.

**Sexual Harassment**

Means conduct of a sexual nature that affect the dignity of women and men, which is unwelcome, irritating, unreasonable and offensive to the recipient. Such a conduct may be explicit, verbal or non-verbal or implicit and creates an intimidating, hostile or humiliating working environment for the recipient.

## 2.0 Guiding Principles of the Code of Conduct and Ethics

The Code of conduct and Ethics is based on the following principles: -

<b>Accountability</b>	A Public officer shall hold office in public trust and shall be personally responsible for his or her actions or inactions.
<b>Decency</b>	A Public officer shall present himself or herself in a respectable manner that generally conforms to morally accepted standards and values of society.
<b>Diligence</b>	A public officer shall be careful and assiduous in carrying out his or her official duties.
<b>Discipline</b>	A Public officer shall behave in a manner as to conform with the rules, regulations and the Code of Conduct and Ethics for the Public Service generally and codes of professional conduct for the specific professions.
<b>Effectiveness</b>	A Public officer shall strive to achieve the intended results in terms of quality and quantity in accordance with set targets and performance standards set for service delivery.
<b>Efficiency</b>	A Public officer shall endeavour to optimally use resources including time in the attainment of organisational objectives, targets or tasks.
<b>Impartiality</b>	In carrying out public business, a Public officer shall give fair and unbiased treatment to all customers irrespective of gender, race, religion, disability or ethnic background. A Public officer shall make choices based solely on merit.
<b>Integrity</b>	A Public officer shall be honest and open in conducting public affairs.
<b>Loyalty</b>	A Public officer shall be committed to the Policies and programmes of the Government both at national and local levels.
<b>Professionalism</b>	A Public officer shall adhere to the professional codes of conduct, exhibit high degree of competence and best practices as prescribed for in a given profession in the Public Service.
<b>Selflessness</b>	A Public officer shall not put his or her own interest before the public interest. He or she should not take decisions in order to gain financial and other benefits.
<b>Transparency</b>	A Public officer shall be as open as possible about all the decisions and actions taken. He or she must always be prepared when called upon to give reasons for the decisions he or she has taken.

### 3.0 Work Ethics

#### 1.2 Attendance to duty

- (i) A Public officer shall observe the official working days in accordance with the regulations and shall always be available for official duty when called upon.
- (ii) A Public officer shall without exception perform his or her duty in a manner that conveys professionalism, respect and conforms to morally accepted standards.
- (iii) A Public officer shall commit working hours to official duties.
- (iv) A Public officer in position of authority shall exercise such authority with due diligence and trust and shall demonstrate a high standard of Performance of duty and conduct.
- (v) A Public officer shall not hold two jobs at any point in time (moonlighting), and shall not draw two salaries from Government payrolls.
- (vi) A Public officer shall be results-oriented and committed to the performance of his or her duties.
- (vii) A Public officer shall set clear standards of performance that customers can reasonably expect.

#### 1.2 Time management

- (i) A Public officer shall have strict regard to the working hours. He or She shall not come late to office meetings and Official functions without reasonable cause.
- (ii) A Public officer shall endeavor to accomplish planned activities on time. He or she shall desist from engaging in behavior or conduct that disrupts or interferes with the work of other officers, such as, but not limited to: -
  - a) Full time reading newspapers, keeping the radio loud as to disrupt concentration, playing computer games or surfing the Internet irresponsibly. The only exceptions are training- related Television and video programmes, Video Conferencing, Open and Distance Learning.
  - b) Being lazy and idle at work.
  - c) Engaging in private conversation and gossip during working hours
  - d) Transacting private business in office and during office hours.

(iii) Unless otherwise stated, the official working hours are:-

**Monday – Friday: 8.00a.m – 12.45p.m**  
**2.00p.m – 5.00 p.m**

#### 1.3 Absence from duty

- (i) A Public officer shall seek and obtain permission from his or her supervisor to be absent from duty. Permission shall not be unreasonably denied or granted.
- (ii) A Public officer shall, during official working hours, report his or her absence from office to his or her immediate supervisor or relevant persons.

#### 1.4 Sexual Harassment

- (i) A Public officer shall avoid unethical and unbecoming behavior such as use of rude, abusive and obscene language, indecent dressing, hard supervision and sexual suggestive gestures which constitute sexual harassment and hence a violation of human rights.
- (ii) A Public officer shall not subject others or be subjected to conduct of a sexual nature affecting his or her dignity, which is unwelcome, unreasonable and offensive to the recipient.
- (iii) A sexually suggestive and offensive behavior may manifest itself in such forms:
  - a) An employee being forced to choose between acceding to sexual demands or losing job benefits (sexual blackmail).
  - b) Verbal and non-verbal sexually offensive behavior exhibited by colleagues (or even

customers).

- (iv) A Public officer who is subjected to sexual harassment overtures shall report such a case with the adduced evidence, where applicable, to the department of Government that is responsible for investigating civil and criminal offences with a view to obtaining redress.
- (v) A Public officer who has lodged any complaint regarding sexual harassment using the established complaints procedure shall not be unduly victimised.
- (vi) Remedies for sexual harassment shall be those prescribed under the civil or criminal laws.

## 1.5 Customer Care

A Public officer shall serve customers with fairness, transparency, promptness, clarity, respect and courtesy with a view to ensuring customer satisfaction and enhancing the image of the public service. Therefore, a Public officer shall:-

- (i) Serve every customer in a professional manner in accordance with the set standards.
- (ii) Not discriminate or harass any customer and ensure that the services are available and applied equally to all.
- (iii) Accord courtesy, empathy and fairness to all customers with special attention to persons with disabilities, the aged, sick and expectant mothers.
- (iv) Respond to all customers' requests with promptness and clarity.
- (v) Uphold teamwork and advance the public good for efficient service delivery.

## 1.6 Conflict of interest

- (i) In the execution of official Government business, a public officer shall not put himself or herself in a position where his or her personal interest conflicts with his or her duties and responsibilities as a public officer. The Public officer is required to inform his or her supervisor of the nature and extent of his or her interest.
- (ii) A Public officer shall not either directly or indirectly enter into any contracts with Government. This is unethical since it affects the impartiality of a Public officer and mars his or her reasonable judgment.
- (iii) Any Public officer infringing this regulation shall be liable to disciplinary action.

## 1.7 Financial Credibility

A Public officer shall not engage in any arrangement that would cause him or her financial embarrassment, e.g. bankruptcy.

## 1.8 Communication of Information

### 1.8.1 Secrecy and Confidentiality

- (i) A Public officer is a custodian of official information that comes into his or her possession in the course of his or her duty in the Public Service. The release of such information must be guided by the laws relating to rights of access to information as prescribed in the Official Secrets Act and other relevant laws that may be enacted from time to time.
- (ii) A Public officer shall continue to maintain secrecy and confidentiality of official information even after he or she has left the Public Service. Such information shall not at any point in time be used against the Government.
- (iii) A Public officer shall not at any time engage himself or herself in loose talk and make unguarded statements.



### 1.8.2 Publishing of official information

- (i) A Public officer shall not publish any official information in any document, article, book, play, film or otherwise without explicit permission from the Responsible Officer.
- (ii) For Royalties, Patents and Copyrights, a Public officer shall notify his or her Responsible Officer if he or she creates what is believed to be an invention.

### 4.8.3 Communication to the Press

- (i) A Public officer shall not communicate with the media on issues related to work or official policy without due permission from the authorizing officer.
- (ii) Official information will be released to the media by officials who have been authorized to do so according to the laid down procedures.

### 1.1.4 Anonymous communication

A Public officer is prohibited from writing or disseminating anonymous and malicious letters and printing of graffiti intended to demean the image of Government or public institution, public officer or any other person.

### 1.1.5 Use of official information for personal gain

A Public officer shall not use official information acquired in the course of official duties to advance personal gain.

### 1.1.6 Chain of Command

A public officer aggrieved by the decisions or actions of his or her immediate supervisor shall follow the established disputes and settlement procedure in seeking redress.

### 1.8 Removal, destruction or altering of records

A Public officer shall not, without the permission of the person immediately in charge, willfully remove, destroy or alter public records from the office or section to which they belong or from any other office premises.

### 1.9 Accountability

A Public officer shall hold office in public trust and shall be accountable to the public. He or She shall be accountable for all resources under him or her as follows:-

#### 4.10.1. Financial

- (i) A Public officer shall ensure proper and frugal utilization of public funds and value for money.
- (ii) A Public officer shall at all-time promptly account for any financial resources entrusted to him or her in accordance with the Financial Regulations, Treasury Accounting Instructions (Part I Finance and Part II Stores) and Procurement Regulations.

### 1.1.2 Public Property/Assets

A Public officer shall safeguard public property/assets entrusted to him or her and shall ensure that no damage, loss or misappropriation occurs in the process of procurement, storage, utilization and disposal.

### 1.1.3 Human Resource

- a) A Public officer shall ensure that staff under his or her supervision have clear job descriptions and understand the scope of their work.
- b) A Public officer shall, without favor, support staff under his or her supervision to enhance their competencies and self-development.
- c) A Public officer shall ensure respect for subordinates, colleagues and supervisors.

### 4.10.4 Administrative

- a) A Public officer shall be accountable both for actions and inactions through normal tiers of authority and will adhere to meritocratic principles in decision making.
- b) Where a Public officer believes that he or she is being required to act in any way which is inconsistent with this Code he or she shall refrain and report the matter to the next line manager.

## 1.10 Handling of Gifts, Bribes, Favours and Presents by Public officers

### 1.1.1 Gifts

- a) A Public officer or any member of his or her family shall not solicit or accept valuable gifts, presents, hospitality gratuity or favour or other benefits, if he or she has reason to believe that the acceptance of such gifts, presents and other benefits is bound to influence his or her judgment or action in a matter he or she is dealing with or will handle in future.
- b) A Public officer shall not give such gifts to influence the judgment or action of another person in his or her favours.
- c) A Public officer who, in the course of discharging his or her duties, receives any gifts or other benefits of a value of five currency points or above from any one source shall disclose that gift or benefit to Government and shall be treated as a gift or donation or commission to Government.
- d) A Public officer may accept or give a gift if the gift is in the nature of a souvenir or ornament and does not exceed five currency points in value.
- e) A Public officer may accept personal gift or donation from a relative or personal friend for such an extent and on such occasion as is recognized by custom.

### 1.1.1 Bribes

- a) A Public officer who in his or her personal or official capacity, demands, accepts or gives any bribe or is an agent of any person who intends to influence him or her or another officer is in breach of this Code.
- b) A member of the public who corruptly gives promises or offers any gift or present or reward or gratuity (tips) to any Public officer as an inducement is guilty of a misdemeanor and shall be dealt with in accordance with the laws of Uganda.

## 1.11 Dress and Appearance

For the promotion and projection of a good image of the Public Service, a Public officer shall at all times dress appropriately and appear decent and respectable in a way that is generally acceptable.

### 1.11.1 Uniformed and non-uniformed

A Public officer on duty shall dress in a way which is compatible with the generally accepted standards of propriety in the Uganda community. Where an officer is in part of the Service which is uniformed, such a uniform shall be provided at public expense. The officer shall wear the uniform during working hours, maintain and keep it clean.

### 1.11.2 Mode of Dress

A Public officer shall dress in a manner that is acceptable and as prescribed under the Standing Orders.

### 1. Engagement of Public Officers in Political Activities

A Public officer may participate in politics within the provisions of the law, rules and regulations. He or she shall avoid in particular:

- (i) Engaging in active politics.
- (ii) Canvassing political support for candidates.
- (iii) Participating in public political debates.
- (iv) Displaying party symbols

Where the Public officer's conduct is found to be inconsistent with the code, the relevant laws and regulations shall apply.

### 2. Sanctions

Unethical conduct by Public officers shall not be accepted in the Public Service. Sanctions for any breach of this Code shall be those prescribed by the Service Commissions Regulations, the Uganda Government Standing Orders and Administrative Instructions issued from time to time.

Depending on the gravity of the offence or misconduct, the following penalties shall apply:

- (i) Warning or reprimand.
- (ii) Suspension of increment.
- (iii) Withholding or deferment of increment.
- (iv) Stoppage of increment.
- (v) Surcharge or refund.
- (vi) Making good of the loss or damage of public property/assets.
- (vii) Interdiction from duty with half pay.
- (viii) Reduction in rank.
- (ix) Removal from the Public Service in public interest.
- (x) Dismissal

### 3. Rewards

An appropriate reward and recognition shall be accorded to a Public officer who exhibits good ethical conduct.

A reward shall be accorded to the Public officer by the Responsible Officer or appropriate authority. The rewards shall include; but not limited to;-

- a) Word of recognition of good performance
- b) Open praise
- c) Challenging work assignments normally done by seniors
- d) Letter of commendation
- e) Presents
- f) Mementoes
- g) Certificate of merit
- h) Concessionary trips
- i) Cash bonuses
- j) Salary increments
- k) Award of Medals

#### 4. Obligations of Government

While a Public officer is expected to observe the code, Government as the employer has the following obligations as laid down in the Constitution and operationalized by the relevant laws:-

- (i) To provide satisfactory, safe and healthy working environment.
- (ii) To ensure reasonable pay for public officers.
- (iii) To ensure equal pay for work of equal value.
- (iv) To ensure that employees are accorded rest and reasonable working hours and periods of holidays with pay as well as remuneration for Public holidays.
- (v) To enable every employee to practice his or her profession consistent with the professional Code of conduct and Ethics, the Constitution and other laws of Uganda.
- (vi) To accord every Public officer the right to join a Trade Union of his or her choice for the promotion and protection of his or her economic and social interests in accordance with the law.
- (vii) To protect Public officers' rights, including the right to withdraw labour in accordance with the law.
- (viii) To accord protection to female officers during pregnancy and after birth.
- (ix) To provide Public officers with the necessary tools, equipment and gear for performance of their duties.

## Acknowledgements

I am indebted to many people who, amidst their heavy work schedules, took time off to participate in this work. My sincere thanks go to the Director General of Health Services, Dr. Sam M. Zaramba, for the support he personally accorded to the exercise.

I am equally indebted to the Chairperson of the Health Service Commission, Professor George Kirya, for chairing and guiding the multi-stakeholder meetings. I would also like to thank the Chairpersons and Registrars of Professional Councils, whose stewardship in the working groups enabled me to complete the work faster than would have otherwise been possible. Indeed, it was their envisioning of a strong joint body to ensure conformity to these codes, instead of fragmented weak entities, that prompted preparation of this document.

Finally, my sincere thanks go to IntraHealth and the Capacity Project for commissioning and financially supporting the work. A start has been made, but the process of inculcating professional ethical behavior and practice in health workers must not be allowed to stall.

J.H.K. Consultant

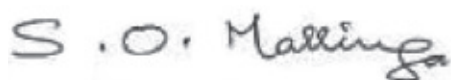
## Foreword

The health care delivery process involves teams of health workers working together, with each member contributing a skill that uniquely complements the team. Although the members of the teams have diverse skills and may be employed as health professionals, administrators, or scientific or support staff, their common focus is the patient/client, and they must comport themselves in accordance with a common code of conduct and ethics. While there are codes of conduct and ethics specific to each profession in the health sector, the Joint Code of Conduct and Ethics is based on ethical obligations and standards or guiding principles which apply to any health worker in the country, whether in government service or private sector. Indeed, it was during the review of individual professional codes that the necessity first arose for a code that applies to any health worker anywhere in the country.

Many health workers commit offences because they do not know that it is unethical to do so. This Code provides an invaluable opportunity to increase health workers' awareness about the need to comply with the acceptable norms and standards of conduct, care and competence as well as respect for patients' rights and human rights. This Code references the Code of Conduct and Ethics for the Uganda Public Service, the Health Service Commission Act Code of Conduct and Ethics for Health Workers and the four existing health professional codes.

Inculcating good behavior, morals, attitude and character begins at the family level, proceeds through the community, ascends through the education system and into the health training institution and continues thereafter. This process is a joint task, involving many stages and players. A similar variety of players exists at the point of service delivery, where the need now exists to ensure continuous conformity to stipulated conduct and ethics. All these players should have access to this code.

If fully implemented, this Code will contribute immensely to improvements in quality health care delivery, and will help to restore the good reputation of the health sector of Uganda. Please disseminate this code immediately in sufficient numbers to all stakeholders. I wish you good reading.



Dr. Stephen O. Mallinga  
**Minister of Health**

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## Explanation of Terms

**Code:** A prescribed model of behavior based on agreed upon values and standards.

**Conduct:** Behavior, attitude and character exhibited by a professional within and outside the working environment.

**Ethics:** A code of morals applicable in service delivery. It is a code accepted voluntarily within the profession and which members pledge to keep and to be governed thereby, as opposed to statutes and regulations imposed by official legislation.

**Health Professional:** Any person registered under any of the Acts referred to in this document.

**Health Worker:** Any health professional, administrative, or scientific and support staff lawfully involved in health care services.

**Registrar:** The Registrar of the Council under any of the Acts referred to in this document.

**Sanctions:** Measures that may be taken against a health professional who fails to live up to the specified Professional Code of Conduct and Ethics.

1.



## Introduction

### Preamble

This Joint Code of Conduct and Ethics is a guide to promote and maintain the highest standards of ethical behavior by all health workers in Uganda. In order to maintain public confidence in the professional standards of health workers, it is essential that high ethical standards be exhibited in carrying out their duties. It provides a simplified form of obligations and lays down the standards of professional practice expected of health workers in general and in relation to health professions in particular.

### Regulation of Health Workers in Uganda

The regulation of health professionals is governed by four Acts, namely: the Medical and Dental Practitioners, Allied Health Professionals, Nurses and Midwives, and Pharmacy and Drugs Acts. These Acts apply to all health professionals in the country. In addition, the Health Service Commission Act provides a code of conduct and ethics that must be observed by all health workers in the public service of Uganda. Preparation of the Code took into account the Code of Conduct and Ethics for the Uganda Public Service, the Health Service Commission Act Code of Conduct and Ethics for Health Workers and existing health professional codes.

### Role of Employers, Managers and Professional Associations

The Joint Code of Conduct and Ethics is based on ethical obligations and standards or guiding principles which apply to any health worker in the country, whether in government service or private sector. Apart from the regulatory professional councils, the role of promotion and ensuring conformity to acceptable attitude, morals and behavior includes employers/managers and professional associations, and the community and individuals.

## Guiding Principles of the Joint Code of Conduct and Ethics for Health Workers in Uganda

### Access to Health Care Services

A health worker shall not deny emergency treatment, or health care to a patient; and shall at all times exercise due diligence and provide services of good quality especially where he or she bears responsibility for the resources that determine the quality of care.

### Confidentiality and Privacy

A health worker shall observe the patient's confidentiality and privacy and shall not disclose any information regarding a patient except to the extent that it is necessary to do so in order to protect the public or advance greater good of the community.

### Customer Care

A health worker shall serve clients with fairness, transparency, promptness, clarity, respect and courtesy with a view to ensuring customer satisfaction and enhancing the image of the health sector.

### Decency

A health worker shall present himself or herself in a respectable manner that generally conforms to morally accepted standards and values of society.

### Delegation of Care

Where a health worker believes it is appropriate, he or she may delegate medical care of a patient to another health care staff, he or she shall ensure that the person to whom he or she delegates is competent to undertake the procedure or therapy involved. He or she shall also ensure that enough information about the patient and the treatment needed is passed on. Where the A has delegated care, he or she shall still be legally responsible for management of the patient.

### Discipline

A health worker shall behave in a manner as to conform with the rules and regulations of the Joint Code of Conduct and Ethics generally and the codes of professional conduct for specific professions.

### Integrity

A health worker shall maintain honesty while carrying out health care delivery.

#### **A health worker shall not:**

Aid in any form to inflict violence, torture, or degrading punishment or treatment to a person by the state or a private individual  
Conduct any intervention or treatment without consent, except when a bona fide emergency exists.

### Respect for Human Rights

#### **A health worker shall not:**

- Violate the human rights of a patient the patient's family or caregiver
- Use his or her professional skills to participate in any actions that lead to violations of human rights.

A health worker shall report to the Council or any human rights bodies if there has been a violation of human rights.

## Respect for Persons

### A health worker shall not:

- Discriminate in the management of patients based on gender, race, religion, disability, HIV status or any other indication of vulnerability
- Act violently or indecently toward a patient, professional colleague or the general public.

## Code of Conduct and Ethics for Health Workers in Uganda

### Responsibility to Patient or Client

#### A health worker shall:

- Hold the health, safety and interest of the patient/client to be of first consideration and shall render due respect to each patient at all times and in all circumstances
- Ensure that no action or omission on his or her part or within his or her sphere of responsibility is detrimental to the interest, condition or safety of patients/clients
- Ensure that a patient or client receives relevant, clear and accurate information about his or her health on which to base consent and management for his or her condition
- Seek and receive the full, free and informed consent of a patient who has the capacity to consent prior to treatment and other forms of medical intervention, except in emergencies when such intervention may be done in the best interest of the patient; in the case of a minor or other incompetent patients consent shall be obtained from a parent or a relative or guardian
- When attending to a person held in detention, act and serve in the interest of the detainee, and maintain strict confidentiality, just as with other patients.

#### A health worker shall not:

- Ask for or accept a bribe
- Compromise the confidentiality and interest of a patient when carrying out an examination or supplying a report at the request of an authorized person
- Abandon a patient under his or her care.

### Responsibility to the Community

#### A health worker shall:

- Ensure that no action or omission on his or her part, or within his or her sphere or responsibility is detrimental to the interest, condition or safety of the public
- Promote the provision of effective health services and notify the health and other relevant authorities whenever he or she becomes aware of any hazard to the health of the community.

### Responsibility to Health Unit or Place of Work

A health worker shall abide by rules and regulations governing the place of work and shall conform to the expectations of the health unit and strive to fulfill the mission of the institution.

## Responsibility to the Law and Profession

### A health worker shall:

- Observe the law, uphold the dignity and honor his or her profession, and accepted ethical principles
- Subject to subsection (5) of section 30, respect the confidentiality of information relating to a patient or client and his or her family; such information shall not be disclosed to anyone without the patient's or appropriate guardian's written consent except where it is required by law
- Keep abreast of professional knowledge in order to maintain a high standard of professional competence through continuing professional education; proof of which education shall be given by a method that the Commission shall from time to time prescribe
- Be registered with his or her relevant professional council and membership in of the national association
- Expose without fear or favor all those engaged in illegal or unethical conduct and practice.

### A health worker shall not:

- Engage in activities that bring discredit to his or her profession or the delivery of health services
- Aside from effort to notify the public of services available in a health facility, directly or indirectly advertise his or her professional skills or entice patients away from his or her colleagues
- Perform his or her duties under the influence of alcohol
- Indulge in dangerous lifestyles such as alcoholism, drug addiction or such other behavior that may bring his or her personality or the health profession into dispute
- Support or become associated with occult or unscientific practices professing to contribute to health care.

## Responsibility to Colleagues

A health worker shall cooperate with his or her professional colleagues, and recognize and respect each other's expertise in the interest of providing the best possible holistic care.

## Responsibility in Biomedical Research

A health worker shall not participate in health research that does not conform to national and internationally accepted guidelines.

## Statutory Duties of Councils

### A health worker shall not:

- Perform any act that prevents the Council or the registrar from carrying out duty mandated by legislation
- Communicate with a person whom he or she knows to be a witness at an inquiry into his or her professional conduct on any aspect of the evidence to be given by such witness at the inquiry.

## Obligations of the Client/Patient and Attendant

### Obligations of Clients/Patients

#### A client/patient shall:

- Give all the information necessary for the health worker to provide the appropriate service delivery effectively
- Readily give consent where the mode of case management requires so
- Respect the rights of health workers

- Respect the health care system and laid down procedures
- Avoid derogatory statements toward health workers, before establishing facts
- Acquaint himself/herself with the client's charters in the health sector

### Obligations of Attendants

Where the client/patient is unable to do so, accompanying attendants shall:

- Give all the information necessary for the medical or dental practitioner to effectively diagnose and/or provide appropriate service delivery
- Readily give consent where the mode of case management requires so.

A client/patient and attendants shall not use the collaboration with medical or dental practitioner to abet or participate in any actions that lead to violations of the law.

## 4. Rewards and Sanctions Framework

### Rewards

An appropriate reward and recognition shall be accorded to a nurse who exhibits good and ethical conduct. The rewards may include, but are not limited to:

- Word of recognition of good performance
- Letter of commendation
- Certificate of merit
- Other awards or medals.

### Sanctions/Penalties

Depending on the gravity of the offence or misconduct, any of the following penalties shall apply:

- A written warning
- A more serious warning, copied to the employer
- Suspension from practice for a prescribed period
- Erasure from the register
- Any other penalty the Council may deem fit in the circumstances.

### Examples of Professional Misconduct

Unethical conduct by a health worker shall not be accepted in any of the professions. The following misdeeds constitute examples of professional misconduct:

- Neglecting patients
- Acting rudely to patients
- Abandoning a patient under one's care
- Disclosing information regarding a patient without his/her permission
- Committing offenses involving forgery, dishonesty, indecency or violence
- Engaging in sexual relationships with patients and/or attendants
- Exhibiting a lack of respect for colleagues
- Abusing drugs and alcohol
- Conducting biomedical research without following established guidelines
- Intentionally administering a lethal chemical to a patient.

## 5. Obligations of the Government or any other Employer of Health Workers

While the health worker is expected to observe the Code, the Government or any other employer has the following obligations:

- To provide satisfactory, safe and healthy working environment
- To ensure reasonable pay for health workers
- To ensure equal pay for work equal value
- To ensure that employees are accorded rest and reasonable working hours and periods of holidays with pay, as well as remuneration for public holidays
- To enable every employee to practice his or her profession consistent with the professional Code of Conduct and Ethics, the Constitution and other laws of Uganda
- To accord every health worker the right to join a trade union of his or her choice for the promotion of his or her economic and social interest in accordance with the law
- To protect health workers' rights, including the right to withdraw labor in accordance with the law
- To accord protection to female officers during pregnancy and after birth
- To provide health workers with the necessary tools, equipment and gear for performance of their duties

## 6. Code of Conduct and Ethics for Allied Health Professionals

### Preamble

Statute 10, Allied Health Professionals Statute, provides for the regulation, supervision and control of allied health professionals and for the establishment of a council to register and license allied health professionals. The Code of Conduct and Ethics for Allied Health Professionals is based on this statute, provides a simplified form of obligations and lays down the standards of professional practice expected of allied health professionals in general and in relation to other health professions in particular.

### Code of Conduct and Ethics

At all times, each allied health professional shall act in such a manner as to:

- Safeguard and promote the interests of individual patients/clients
- Serve the interests of society
- Justify public trust and confidence
- Uphold and enhance the good standing and reputation of the professions.

### Registration Not a Right to Practice Medicine

Registration under this Statute shall not confer upon any registered person under this Statute a right under the Medical and Dental Practitioners Statute.

### Operation of Private Health Units

No license for private practice shall be granted unless the Council is satisfied that the applicant has acquired experience for a period of not less than four years prior to the application, by having rendered satisfactory service in full time employment in a hospital or health unit approved by the Council or has obtained equivalent experience in a similar institution.

An allied health professional shall not at any time, except with a special license or permission, engage in stock piling, retailing or wholesaling of drugs at his or her allied health unit.

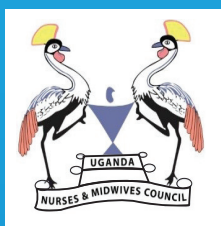




THE REPUBLIC OF UGANDA

# **Joint Code of Conduct and Ethics for Health workers in Uganda**

## **September 2009**



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## 7. Professional Code of Conduct for Medical and Dental Practitioners

### Preamble

A practitioner plays a vital role in a society founded on respect for human rights. Patients are entitled to good standards of competence and conduct from practitioners. The duties of a practitioner do not begin and end with the faithful performance of his job; they encompass the necessity to serve the best interests of patients as well.

A practitioner's function, therefore, lays on him or her variety of ethical and moral obligations toward patients, medical and dental professions in general and each fellow member in particular.

### Clinical Practice

#### A practitioner shall:

- Regularly update his or her skills and knowledge base appropriate to his or her scope of practice
- Maintain adequate standards of equipment and hygiene in all aspects of his or her service
- Assess patient's condition, based on the history and clinical signs and, where necessary carry out appropriate investigations
- Refer a patient to another practitioner, where it is deemed necessary
- Keep clear, accurate and current records of the relevant clinical findings, the decisions made, advice given, and treatment prescribed to a patient
- Meet the standards of professional practice that are generally regarded as appropriate nationally and internationally.

#### A practitioner shall not:

- Perform a professional act for which he or she is inadequately qualified or insufficiently experienced
- Perform a professional act under improper conditions or in an appropriate surroundings
- Over-service a patient for his or her own personal gain
- Issue a false medical report.

### Advertising

A practitioner shall not advertise his or her services in an unprofessional manner.

### Canvassing and Touting

A practitioner shall not canvass or tout for patients in any manner whatsoever.

### Professional Stationery

A practitioner shall not print on any professional stationery such as letterheads and account forms any information other than his or her name, profession, registered category, specialty (if any), registered professional qualifications or other academic qualifications and honorary degrees in abbreviated form, addresses, telephone numbers and hours of consultation.

A group of practitioners, as a juristic person, may indicate such fact on their professional stationery. A practitioner shall not use prescription forms or envelopes bearing the name and address of a pharmacist.

## Practice Names

A practitioner shall not for private practice use a name or any other expression that creates the impression that such a practice is in association with or affiliated to an existing hospital or clinic.

## Itinerant Practice

A practitioner shall not carry out itinerant practice at a place where another practitioner is established unless he or she renders the same service at the same cost, as in the place where he or she is resident.

## Fees and Commissions

### A practitioner shall not:

- Accept a commission from a person or another practitioner in return for the purchase, sale or supply of substances or materials used by him or her in the conduct of his or her practice.
- Pay a commission to any person for recommending a patient
- Share fees with any person or practitioner who has not taken a part in the services for which those fees are charged
- Charge or receive fees for services not personally rendered by another practitioner with whom he or she is associate as a partner, shareholder in a juristic persona
- Receive any consideration from or on behalf of a particular facility or institution in return for carrying out any professional activities for such facility or institution.

## Partnerships and Juristic Persons

### A practitioner shall not:

- Practice in partnership or association with a person not accredited or registered with the Council as a health professional
- Practice in partnership, association or as a juristic person outside the scope of the profession in respect of which the practitioner is registered.

### A practitioner may not:

- Employ as a professional assistant or *locum tenens*, a person not registered as a practitioner
- Help or support a person registered in respect of a profession in any illegal practice or conduct
- Employ any person who is suspended from practicing.

## Taking Over a Patient

A practitioner shall not take over patient from another practitioner without taking reasonable steps to inform the practitioner who was originally in charge of the case.

## Impeding

A practitioner may not impede a patient, or someone acting on behalf of a patient, from obtaining the opinion of another practitioner or from being treated by another practitioner.

## Professional Reputation of Colleagues

A practitioner shall not unjustifiably cast doubt on the probity or professional reputation or skills of another practitioner.

## Certificates and Reports

A certificate of illness granted by a practitioner shall contain the following information:

- The name, address and qualification of the practitioner
- The name of the patient
- The employment number of the patient (if applicable)
- The date and time of the examination
- Indication of whether the certificate is being issued as a result of personal observation by the practitioner during an examination, or as the result of information received from the patient and which is based on acceptable medical grounds
- A description of the illness, disorder or malady in layman's terminology (with the consent of the patient)
- Indication of whether the patient is totally indisposed for duty or whether the patient will be able to perform less strenuous duties in the work situation
- The exact period of recommended sick leave
- The date of issuing the certificate of illness
- A clear indication of the identity of the practitioner who issued the certificate.

When a practitioner uses preprinted stationery, he or she shall delete words that are irrelevant.

A practitioner shall issue a brief factual report where a patient requires information concerning him or herself.

## Professional Appointments

A practitioner shall not accept any professional appointment detrimental to the interests of the public or the profession.

## Secret Remedies

In the conduct of his or her practice, a practitioner shall not use:

- Any form of treatment, apparatus or technical process which is secret or is claimed to be secret
- Any apparatus, which has been proved upon investigation to be incapable of fulfilling the claims, made in regard to it.

## Consulting Rooms

A practitioner shall not share a consulting or waiting room with a person not registered with the Council as a practitioner: or has an entrance to or nameplate at, the entrance of such person's consulting or waiting room or business.

## Statutory Duties of the Council

### A practitioner shall not:

- Perform any act that prevents the Council or the registrar from carrying out duty mandated by legislation
- Communicate with a person whom he or she knows to be a witness at an inquiry into his or her professional conduct on any aspect of the evidence to be given by such witness at the inquiry.

## Exploitation

A practitioner shall not permit himself or herself to be exploited in a manner that is detrimental to the public or professional interest.

## Medicines

- Subject to legislation relating to medicines control, a practitioner shall not:
  - a) Participate in the manufacture (for commercial purposes), sale, advertising or promotion of any medicine, or in any other activity that amounts to trading in medicines;
  - b) Advocate the preferential use or prescription of any medicine, if any valuable consideration is derived from such preferential use or prescription.
- Without prejudice to the previous sub-rule, a practitioner shall not be prohibited from owning shares in a registered company manufacturing or marketing medicines, from being an owner or part owner of a pharmacy, or, while being employed by a pharmaceutical concern, from performing duties as are normally performed in accordance with such employment.
- A practitioner shall not prescribe or supply any substance listed in legislation relating to medicines control as habit-forming or potentially so, unless he or she has ascertained through a personal examination, or by virtue of a report by another practitioner under whose treatment the specific patient has been, that such a prescription or supply is necessary for the treatment of the patient, except in the case of a repeat prescription for a patient with a chronic illness.

## Financial Interest in Hospitals

A practitioner who has a financial interest in a private clinic or hospital shall not refer patients to such a clinic or hospital without disclosing that he or she has a financial interest in such a clinic or hospital.

## Impairment

### A practitioner shall:

- Report impairment in another practitioner to the Council if he or she is convinced that such other practitioner is impaired
- Report his or her own impairment to the Council if he or she is aware of his or her impairment or has been advised to obtain help in view of impairment.

## Conviction in Courts of Law

When a practitioner has been convicted in a court of law or a legal tribunal has made an adverse finding against him or her, the Council shall deal with him or her in accordance with the Act.

## Removal from Register

After inquiry, the Council may cause to be removed from the medical or dental register the name of any registered or provisionally registered person:

- Who is convicted by any court of law of a criminal offence involving moral turpitude;
- Who is found guilty of professional misconduct by the Council;
- Whose name has been removed from the medical or dental practitioner's register of any other country or who is suspended from practice

When the name of any person is removed from the register in accordance with this section, the registration of a health unit or specialized establishment under his or her name shall also lapse by virtue of this removal.

## 8. Professional Code of Conduct and Ethics for Nurses and Midwives

### Preamble

A nurse is trained and qualified in the promotion of health, prevention of disease, care of the sick, care of women in relation to childbirth and care of infants. Nurses render health services to the indi-

vidual, the family and community, and coordinate their services with those of related groups. Nurses are registered or enrolled under section 24 of the Act of 1996 to:

- Promote health
- Prevent illness
- Restore health
- Alleviate suffering.

Respect for human rights—including the rights to life, dignity and respect—is inherent in nursing. Nursing care is respectful of and unrestricted by considerations of age, color, religion, culture, disability or illness, gender, nationality, race or social status.

The Professional Code of Conduct and Ethics for Nurses has four principal elements that outline the standards of ethical conduct:

- Nurse and people
- Nurse and practice
- Nurse and profession
- Nurse and co-workers.

### The Four Principal Elements of the Code

At all times, a nurse shall act in such a manner as to:

- 1) Safeguard and promote the interest of the individual patients/clients
- 2) Serve the interest of society
- 3) Justify public trust and confidence
- 4) Uphold and enhance the good reputation of the profession.

### A Nurse and People

A nurse's primary professional responsibility is care for people. A nurse shall:

- Hold the health, safety and interest of the patient/client to be of first consideration and shall render due respect to each patient at all times and in all circumstances
- Promote an environment in which the human rights, values, customs and spiritual beliefs of the individuals, family and community are respected
- Ensure that a patient or client receives relevant, clear and accurate information about his or her health on which to base consent and management for his or her condition
- Share with society the responsibilities for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations
- Ensure that no action or omission on his or her part or within his or her sphere of responsibility is detrimental to the interest, condition or safety of patients/clients
- Work in an open and cooperative manner with patients/clients and their families, foster their independence and recognize and respect their involvement in the planning and delivery of care
- Recognize and respect the uniqueness and dignity of each patient/client, and respond to the need for care, irrespective of ethnic origin, religious beliefs, personal attributes, the nature of the health problems or any other factor
- Avoid abuse of his/her privileged relationship with patients/clients and of the privileged access allowed to their person, property, residence or workplace
- Protect all confidential information concerning patient/clients obtained in the course of professional practice and make disclosures only with consent, where required by the order of the court or where he/she can justify disclosure in the wider public interest
- Refuse any gift, favor, or hospitality from patients/clients currently in her care which might be interpreted as seeking to exert influence to obtain preferential consideration.

## A Nurse and Practice

A nurse shall:

- Keep abreast of professional knowledge in order to maintain a high standard of professional competence through continuing professional development
- Maintain a standard of personal health such that the ability to provide care is not compromised
- Use judgment regarding individual competence when accepting and delegating responsibility
- Maintain standards of personal conduct which reflect well on the profession and enhance public confidence at all times
- Ensure that the use of technology and scientific advances are compatible with the safety, dignity and rights of people
- Acknowledge any limitations in his/her knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner
- Report to an appropriate person or authority, having regard to the physical, psychological, and social effects on patients/clients, any circumstances in the environment of care which could jeopardize standards of practice
- Report to an appropriate person or authority any circumstances in which safe and appropriate care for patients/clients cannot be provided
- Report to an appropriate person or authority where it appears that the health or the safety of the colleagues is at risk, as such circumstances may compromise standards of practice and care.

A nurse shall not abandon a patient under his or her care.

## A Nurse and Profession

A nurse shall:

- Play a leading role in determining and implementing acceptable standards of clinical nursing practice, management, research and education
- When acting through professional organization, participate in creating and maintaining safe, equitable social and economic working conditions in nursing
- When acting through professional organization, participate in creating and maintaining safe, equitable social and economic working conditions in nursing
- Work in a collaborative manner with health care professionals and others involved in providing care, and recognize and respect their particular contributions within the health care team
- Report to an appropriate person or authority, at the earliest possible time, any conscientious objection which may be relevant to his/her professional practice
- Assist professional colleagues, in the context of his/her own knowledge, experience, and sphere of responsibility, to develop his/her professional competence and assist others in the care team
- Ensure that his/her registration status is not used in the promotion of commercial products or services, declare any financial or any other interests in relevant organizations providing such goods or services and ensure that his/her professional judgment is not influenced by commercial considerations.

## A nurse shall not:

- Engage in activities that bring discredit to his or her profession or to the delivery of health services, and shall expose without fear or favor all those engaged in illegal or unethical conduct
- Perform his or her duties under the influence of alcohol
- Support or become associated with occult or unscientific practices professing to contribute to health care.

## A Nurse and Co-workers

A nurse shall:

- Cooperate with his or her professional colleagues and those from other fields, and recognize and respect each other's expertise in the interest of providing the best possible holistic care
- Take appropriate action to safeguard individuals, families and communities when their health is endangered by a co-worker or any other person.

## A Nurse and Education

- A nurse shall keep abreast of professional knowledge in order to maintain a high standard of professional competence through Continuing Professional Development.
- A nurse is responsible for designing pre- and in-service training programs that are responsive to changes in the environment and disease patterns.
- Nurse Training Institutions have the responsibility to instill and reinforce professional caring ethics and practice throughout the training.
- The Nurse Training Institutions should ensure that the aim of the curricula reflect professional practice requirement (scope of practice, standards for practice, core competencies and core content) required at each level of the program.

## Statutory Duties of the Council

### A nurse shall not:

- Perform any act that prevents the Council or the registrar from carrying out duty mandated by legislation
- Communicate with a person whom he or she knows to be a witness at an inquiry into his or her professional conduct on any aspect of the evidence to be given by such witness at the inquiry.

## Conviction in Courts of Law

Where the nurse has been convicted in a court of law or a legal tribunal has made an adverse finding against him or her, the Council shall deal with him or her in accordance with the Act.

## Removal from Register

After inquiry, the Council may cause to be removed from the register or roll the name of any registered or enrolled person:

- Who is convicted by any court of law of a criminal offence involving moral turpitude
- Who is found guilty of professional misconduct by the Council
- Whose name has been removed from the register or roll of any other country or who is suspended from practice

Where the name of any person is removed from the register in accordance with this section, the registration of a health unit or specialized establishment under his or her name shall also, by virtue of the removal, lapse.

## Examples of Unprofessional or Unethical Conduct by a Nurse

- Failure to update one's Continuing Professional Development (CPD) and obtain Annual Practicing License
- Advertising
- Professional incompetence

- Disclosure of information regarding a patient without patient's/ client's permission
- Deliberate failure to obtain consent from a patient/client
- Lack of respect for colleagues
- Giving false evidence
- Receiving or giving a bribe
- Rudeness to patients/clients
- Failure to refer a patient where it is clearly indicated
- Abandonment of a patient under one's care
- Absenteeism from duty
- Abuse of drugs and alcohol
- Offences involving forgery, dishonesty, indecency or violence
- Sexual relationship with patients and or attendants
- Professional negligence that leads to injury or death
- Conducting biomedical research without following established guidelines
- Intentionally administering a lethal chemical to a patient.

## 10. Professional Code of Conduct and Ethics for Pharmacists

### Preamble

This Professional Code of Conduct and Ethics is a guide to promote and maintain the highest standards of ethical behavior by pharmacists in Uganda. A pharmacist is a person who:

- Holds a degree, diploma or other qualifications in Pharmacy approved by the bylaws made by the council
- Denotes a standard which, in the opinion of the council, is not lower than a Bachelor's degree in Pharmacy
- Completes practical training of such description and for such a period as is defined by the bylaws of the council.

### Regulation of the Pharmacy Profession

- The Pharmacy and Drugs Act, Cap. 280, provides for the governance and regulation of the pharmacy profession. The Pharmacy Board is the topmost governance structure while the Pharmaceutical Society of Uganda is mandated the regulation of the pharmacy profession.
- Membership of the Society is a prerequisite to registration to practice the pharmacy profession in the country.

### Functions of the Council

- The executive arm of the Society is its Council. Apart from the management and administration of the Society, the Council is charged with the general responsibility for securing the highest practicable standards in the practice of pharmacy.
- The duties conferred to the Council by the Pharmacy and Drugs Act are:
  - To provide for the conduct of qualifying examinations for membership of the society or for registration as a pharmacist under this Act and to prescribe or approve courses of study for such examinations
  - To maintain and publish a register of pharmacists
  - To supervise and regulate the engagement, training and transfer of pharmacy students and to make provision for the registration of students
  - To specify the class of persons who shall have the right to train pharmacy students and specify the circumstances in which any person of that class may be deprived of that right
  - To maintain a library of books and periodicals relating to pharmacy and allied subjects and to encourage the publication of such books
  - To encourage research in the subject of pharmacy and chemistry and generally to secure the



- well-being and advancement of the profession of pharmacy.
- For the purpose of discharging its functions, the Council may:
  - Make bylaws regulating the activities of the society
  - Enact a code of conduct which shall, on approval by the society at a general meeting of the society, be binding upon the members of the society.

## Professional Code of Conduct and Ethics for Pharmacy Profession and Practice

The Code of Ethics comprises 24 principles that prescribe the fundamental duties applicable to all pharmacists and to persons lawfully conducting pharmacy business.

1. A pharmacist's prime concern is the welfare of both the pharmacist's patient and other members of the public.
2. A pharmacist has to uphold the honor and dignity of the profession, and must not engage in any activity which may bring the profession into disrepute.
3. A pharmacist must, at all times, have regard to the laws and regulations applicable to pharmaceutical practice and maintain a high standard of professional conduct.
4. A pharmacist must avoid any act or omission that impairs confidence in the pharmaceutical profession, and must ensure efficiency for every pharmaceutical service provided.
5. A pharmacist must respect the confidentiality of information acquired in the course of professional practice relating to a patient and the patient's family, and must not disclose the information to anyone without the consent of the patient or appropriate guardian, unless the disclosure is in the interest of the patient or the public.
6. A pharmacist must keep abreast of pharmaceutical knowledge in order to maintain a high standard of professional competence relative to his or her sphere of activity.
7. A pharmacist must not agree to practice under any conditions which compromise his or her professional independence or judgment, and must not impose such conditions on other pharmacists.
8. A pharmacist or pharmacy owner should, in the public interest, provide information about available professional services truthfully, accurately, and fully and a pharmacist must not use the publicity to claim or imply any superiority over the professional services provided by other pharmacists or pharmacies.
9. A pharmacist offering services directly to the public must do so on premises that reflect the professional character of the pharmacy as indicated in National Drugs Authority Act.
10. A pharmacist must at all times endeavor to cooperate with professional colleagues and members of the other health professions so that patients and the public may benefit.
11. A reasonable comprehensive pharmaceutical service shall be provided by every pharmacy.
12. The conditions in a pharmacy shall be such as will preclude avoidable risk of error or contamination in the preparation, dispensing and supply of medicines.
13. The appearance of a pharmacy shall reflect the professional character of the pharmacy.
14. The dispensing of medicines shall not be advertised whether directly or indirectly.
15. Names of substances and preparations in the authorized pharmacopoeia or names closely resembling them shall not be applied to substances of a different composition.
16. Labels, trademarks and other signs and symbols of contemporaries or their products shall not be imitated or copied.
17. No misleading or exaggerated claims shall be made for any medicinal product.
18. No advertising or display material deemed undignified in style or content by the Council shall be used in a pharmacy.
19. No substitution of articles or ingredients in a prescription may be made, except in cases of obvious error, without the prior authority of the prescriber
20. A drug or medicine likely to cause addiction or other form of abuse shall not be supplied when there is reason to suppose that it is required for such purpose
21. Drugs shall not be supplied to any person when there is reason to suppose that such drugs are destined for illicit channels or will be misused

22. A pharmacist shall not disclose any information which he or she has acquired during his or her professional activities unless required by law to do so
23. Articles or preparations that, in the opinion of the Council, should be supplied only on the prescription of a medical practitioner, dentist, veterinary surgeon or veterinary practitioner may not be supplied otherwise after due notice has been given.
24. The society's emblem or devices resembling it shall not be used for business purposes.

## Conclusion

This Joint Code of Conduct and Ethics is intended to be used as a guide to promote and maintain the highest standards of ethical behavior by all health workers in Uganda. It is essential to uphold and enact these high ethical standards at all times. The duties of a health worker do not begin and end with the faithful performance of his job, but also encompass the necessity to serve the patient's interest as well. The immediate challenge now is to ensure dissemination of the Joint Code together with the Professional Codes and related documents to every stakeholder, and prompt roll out the implementation program. The target is to eliminate the prevailing unsatisfactory client-provider relationship and improve the quality of care. This Code will undergo future reviews as new developments





## MINISTRY OF HEALTH

# CREATION OF POSITIONS OF HEALTH FACILITY MANAGERS AND APPROVAL OF THE SCHEMES OF SERVICE FOR HEALTH FACILITY MANAGERS

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## 1. Introduction

Among the key strategies of the Public Service Reform Program is a need to strengthen human resource in order to make the public service more responsive, efficient, effective and accountable in use of resources and service delivery. Development and updating the Schemes of Service for various cadres in the Public Service is one of the reform and change implementation strategies aimed at improving and sustaining quality of human resources and productivity in the Public Service. This is more so critical in the delivery of health services at the health facilities level.

## 2. Objectives of the Scheme

The objectives of the Scheme are:

- a) To provide for a well-defined path of career progression which will attract, motivate and facilitate retention of suitably qualified health facility managers in the Public Service for the efficient and effective delivery of given outputs of the right quality and quantity in a cost effective and timely manner;
- b) To provide for clearly defined job descriptions and specifications with clearly delineated duties and responsibilities at all levels within the career structure so as to ensure proper deployment and utilization of the health facility managers;
- c) To establish standards for recruitment, training and advancement within manager's career structure on the basis of professional competence, merit, diligence and ability as reflected in work performance and results; and
- d) To facilitate appropriate career planning and succession management in the cadre.

## 3. Administration and Management of the Scheme

The Schemes of Service for the health services managers shall be administered in line with existing Public Service regulations and, Administrative instructions as issued from time to time.

### 3.1 General Management Guideline

The general management guidelines are as follows:

Implementation of the Health Facility Manager Cadre Scheme

Responsible Officers shall be the heads of the implementing health facilities and shall administer this Scheme of service in consultation with the Permanent Secretary Ministry of Health, and/or Secretary to relevant Service Commission (s) while handling matters relating to recruitment, appointments, confirmation, postings, reviewing structures/staffing norms and professional training.

### 3.2 Recruitment and Promotion

- i. Where filling a vacant post requires recruitment by the Central Government (Ministry of Health) other than posting or deployment, the Permanent Secretary Ministry of Health shall make arrangement to seek clearance from the Permanent Secretary, Ministry of Public Service to fill the vacant post;
- ii. Where filling a vacant post requires recruitment by the Local Government (District Service Commissions) other than posting or deployment, the Accounting Officers in the District Local Governments shall request for clearance from the Permanent Secretary Ministry of Health; who will in turn seek clearance from the Permanent Secretary, Ministry of Public Service to fill the vacant post;
- iii. Upon obtaining clearance to fill the vacant post(s), the Permanent Secretary Ministry of Health shall recommend and declare the vacant post (s) to the Secretary, Health Service Commission for further action.
- iv. In the case of Local Governments, respective Responsible Offices shall submit cases for re-

cruitment to the Secretary, District Service Commission.

### 3.3 Deployment

- i. Filling vacant positions at the Centre shall normally be through posting or deployment by the parent Ministry – Ministry of Health
- ii. In the case of Local Governments; respective heads of District Local Governments shall be responsible for posting to various health facilities.
- iii. The receiving Facility shall be responsible for day-to-day administration, discipline, performance appraisal, staff development training, payroll management and, custody of personal records.

### 3.4 Training

The Ministry responsible for the Health Facility Managers cadre (MOH); in conjunction with the relevant professional Councils; shall be responsible for setting standards regarding professional ethics, career development and training. Responsible Officers are encouraged to provide respective budgets; and develop and implement training plans for staff deployed under their jurisdiction in accordance with the overall Public Service Training Policy framework.

## 4. Grading Structure for the Health Facilities Manager Cadre

No.	Post	Salary Scale
1	Executive Director National Referral Hospital	U1SE
2	Director Regional Referral Hospital	U1SE
3	Medical Superintendent General Hospital	U2 SC
4	Medical Superintendent Health Centre IV	U3 SC
5	Assistant Medical Superintendent Health Centre III	U4 SC
6	Assistant Medical Superintendent Health Centre II	U5 SC

## 5. Recognized Qualifications

For appointment to the Health Facilities Manager Cadre, a candidate shall have trained in the following fields:

- a) Masters' degree in public health, health services Management, Business Administration and Public Administration ;
- b) A Bachelors' degree in Medicine and Surgery or Bachelor of Dental Surgery or Bachelor degree in Nursing awarded by a recognized Institution/Body;
- c) A post graduate qualification in Hospital Management or Health Services obtained for a recognized awarding institution
- d) A Diploma in Health Services Management or Hospital Management from a recognized institution.
- e) A diploma in Nursing or Midwifery from a recognized institution.
- f) Registered with Medical and Dental Practitioners Council/ Nurses and Midwifery Council/ Allied Health Professional Council

No.	Post	Salary Scale	Qualifications
1.	Executive Director National Referral Hospital	U1SE	<ul style="list-style-type: none"> <li>(i) Degree in Medicine (MBchB or B.D.S) or related field from a recognized University/Institution and;</li> <li>(ii) Postgraduate degree in Health related field;</li> <li>(iii) Postgraduate qualifications in Management from a recognized institution;</li> <li>(iv) Must be registered with the Medical and Dental Practitioners Council;</li> <li>(v) A good working experience in health services provision, management and control as well as in strategy and policy formulation gained from at least fifteen (15) years professional experience in the Health sector, three (3) of which should have been at the senior managerial level;</li> </ul>
2.	Director Regional Referral Hospital	U1SE	<ul style="list-style-type: none"> <li>(i) Degree in Medicine (MBchB or B.D.S) or related field from a recognized University/Institution and;</li> <li>(ii) Master's Degree in Public Health or Health Services Management or Human Resources for Health; Management or Business Administration or Public Administration and Management or equivalent qualifications from a recognized institution;</li> <li>(iii) Must be registered with the Medical and Dental Practitioners Council;</li> <li>(iv) At least nine (9) years' work experience, three(3) of which should be at Senior Managerial or specialist position from a reputable organization;</li> </ul>
3.	Medical Superintendent General Hospital	U2	<ul style="list-style-type: none"> <li>(i) A Bachelors degree in Medicine and Surgery [MB Ch.] or Bachelors of Dental Surgery [BDS] or Bachelor of Health services Management [BHSM] or equivalent degree from a recognized institution</li> <li>(ii) A Masters degree or a Postgraduate qualification in Public Health, Health Services Management or equivalent from a recognized institution;</li> <li>(iii) Must be registered with the Medical Practitioners Council;</li> <li>(iv) Have a thorough practicing knowledge in ealth services for at least six years 3 of which must have been at management level;</li> </ul>



4.	Medical Superintendent Health Centre IV	U3	<ul style="list-style-type: none"> <li>(i) A Bachelors degree in Medicine and Surgery [MB Ch.] or Bachelors of Dental Surgery [BDS] or Bachelors Degree in Nursing or equivalent degree from a recognized institution</li> <li>(ii) A Postgraduate qualification in hospital Management or health services management from a recognized institution</li> <li>(iii) Must be registered with the Medical Practitioners Council/Nurses council;</li> <li>(iv) Have a thorough practicing knowledge in health services for at least three (3) years;</li> </ul>
5.	Assistant Medical Superintendent Health Centre III	U4	<ul style="list-style-type: none"> <li>(i) Either An Advanced Diploma in Health Services Management or Hospital Management from a recognized Institution; with at least (3) three years of practical experience in clinical services at the level of a Clinical Officer;</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>(ii) A Diploma with Six [6] years of practical experience in clinical services;</li> <li>(iii) Must be registered with the Allied Health Professionals Council;</li> </ul>
6.	Assistant Medical Superintendent Health Centre II	U5	<ul style="list-style-type: none"> <li>(i) Must have a Diploma in nursing or Midwifery from a recognized Institution;</li> <li>(ii) Must be registered with the Allied Health Professionals Council;</li> <li>(iii) Must have three [3] years of practical experience in health services delivery</li> </ul>

## 6. Job Descriptions and Person Specifications

### 7.1 Executive Director National Referral Hospital

**Job Title** : Executive Director

**Salary Scale** : U1SE

**Reports to** : Board of Directors

**Directly supervises:**

- Deputy Executive Director;
- Director, Finance and Administration;
- Principal Internal Auditor; and
- Senior Personal secretary;

#### Main Purpose

To provide administrative and technical leadership of National Referral Hospital for effective delivery of Services to achieve the policy, legislative and strategic objectives of the Hospital and Health sector

#### Key Outputs

- a) Administrative and technical leadership and guidance to all professionals provided;
- b) Operational policies and strategies designed to promote effective health services delivery in the Hospital initiated and formulated;
- c) High standards of professional practice and observance of professional ethics and conduct in the Hospital ensured;
- d) Provision of viable and high quality health services in the Hospital ensured;
- e) Coordination with MoH Headquarters for policy and technical guidance facilitated;
- f) Collaborative links with other National Referral Hospitals, Regional Referral Hospitals as well as regional and international bodies and organizations initiated and maintained;
- g) Appropriate manpower skills for health service delivery developed;
- h) Health related Training and Research promoted;
- i) Reporting relationship and coordination with MOH maintained;
- j) Research, teaching and proper planning the Hospital coordinated;
- k) Accountability for hospital resources ensured;
- l) Hospital Board decisions implemented in time;

## Key Functions for the Job

- a) Interpret and operationalize the strategic objectives of the health sector in light of the hospital mandate, vision, mission;
- b) Provide administrative and technical leadership and guidance to all professionals and to initiate and formulate operational policies and strategies to promote effective health services delivery;
- c) Direct and control the sustenance of high standards of professional practice and observance of professional ethics and conduct in the Hospital;
- d) Ensure provision of viable health services in the Hospitals
- e) Coordinate with MOH headquarters for policy and technical guidance
- f) Initiate and maintain collaborative links with other national referral hospitals,, regional referral hospitals as well as regional and international bodies and organizations;
- g) Coordinate research, teaching and proper planning in the Hospital;
- h) Initiate and keep under review hospital operational strategies and plans
- i) Accounting officer of the Hospitals, ensuring proper management, reporting and accountability for hospital resources;
- j) Ensure timely implementation of Hospital Board decisions;

## Person Specifications

### a) Minimum Qualifications

- (i) Degree in Ministry of (MBchB or B.D.S.) or related field from a recognized University/Institution and;
- (ii) Postgraduate qualifications /Masters Degree in Health related field;
- (iii) Postgraduate qualifications/Masters Degree in Management from a recognized institution;
- (iv) Must be registered with the Medical and Dental Practitioners Council;

### b) Experience

A good working experience in health services provision, management and control as well as in strategy and policy formulation gained from at least fifteen (15) years professional experience in the Health sector, three (3) of which should have been at senior managerial level.

### c) Key Competencies

#### (i) Behavioral Competencies

- Leadership and Accountability;
- Ethics and integrity;
- Good judgment, decision making and Problem Solving;
- Assertiveness and Self-confidence;
- Communicating Effectively & Innovativeness;
- Networking and Team Management;
- Public Relations/Interpersonal skills

#### (ii) Technical Competencies

- Policy Management & Strategic thinking;
- Financial Management;
- Planning, organizing and Coordinating;
- Change Management;
- Coaching and mentoring;

- Ability to Delegate;
- Concern for Standards

## 7.2 Director Regional Referral Hospital

Job Title :Director Regional Referral Hospital  
 Salary Scale :U15E  
 Reports to :Hospital Management Board and Director Health Services (Clinical and Community Health)

### Directly supervises:

- Principal Hospital Administrator,
- Heads of Medical/Technical Departments,
- Internal Auditor,
- Personal Secretary

### Main purpose of the Job

To provide administrative and technical leadership of Regional Referral Hospital for effective delivery of Services to achieve the policy, legislative and strategic objectives of the Hospital and Health sector

### Key Outputs

- Policies, plans, strategies and programmes for the Hospital developed and Coordinated, their implementation reviewed of and monitored;
- Technical guidance in strategic business and operational planning and budgeting for health service delivery activities in the hospital and its catchment areas provided;
- Accountability and transparency in the management of medical, fiscal, human and other resources of the Hospital promoted;
- Resources for health service delivery activities in the hospital and its catchment areas mobilize;
- Collaboration linkages between Local Government, Non-Government Organizations, communities and Public Private Partnerships in Health promoted and enhanced;
- Periodic Hospital Performance Reports to the relevant authorities prepared and submitted;
- Support and research initiatives in Health Care provided;
- Capacity Building and staff development programmes for the Hospital Staff for better service delivery Initiated;
- Ethical standards and observance of the Codes of Conduct enforced.
- Care, treatment and protection of patients ensured;

### Key Functions for the Job

- Coordinate the development and review of policies, plans, strategies and programmes for the Hospital and monitors their implementation;
- Provide guidance in strategic, business and operational planning and budgeting for health service delivery activities in the hospital and its catchment areas;
- Promote accountability and transparency in the management of medical, fiscal, human and other resources
- Mobilize resources for health service delivery activities in the hospital and its catchment areas;
- Promote and enhance collaborative linkages between the Local Government, Non-Government Organizations, communities and Public Private Partnerships in Health;

- f) Prepare and submit periodic Hospital Performance Reports to the relevant authorities;
- g) Provide support and research initiatives in Health Care;
- h) Initiate Capacity Building and Development Programmes for the Hospital Staff for better service delivery;
- i) Enforce ethical standards and observance of the Codes of Conduct;
- j) Ensure care, treatment and protection of patients

## Person Specifications

### (a) Qualifications

- (i) A first degree in Medicine (MBChB or B.D.S) or related field from a recognized University/ Institution and;
- (ii) Postgraduate qualifications/Master's Degree in Public Health or Health Services Management or Human Resources for Health; Management or Business Administration or Public Administration and Management or equivalent qualifications from a recognized institution;
- (iii) Must be registered with the Medical and Dental Practitioners Council;

### (b) Experience

At least nine (9) years work experience, three (3) of which should be at Senior Managerial or specialist position from a reputable organization.

### (c) Key Competencies

#### (i) Behavioral Competencies

- Leadership;
- Accountability;
- Ethics and integrity;
- Good judgment, decision making and Problem Solving;
- Assertiveness and Self-confidence;
- Communicating Effectively;
- Innovativeness;
- Networking and Team Management;
- Public Relations/Interpersonal skills

#### (ii) Technical Competencies

- Policy Management
- Strategic thinking;
- Financial Management;
- Planning, organizing and Coordinating;
- Change Management;
- Coaching and mentoring;
- Ability to Delegate;
- Concern for Standards

### 7.3 Medical Superintendent General Hospital

**Job Title** : **Medical Superintendent (General Hospital)**

Salary Scale : U2 SC

Reports to : District health Officer

**Directly supervises:**

- Medical Officer;
- Dental Surgeon;
- Principal Nursing Officer;
- Sen. Clinical officer;
- Sen. Hospital Administrator; and
- Pharmacist

#### Job Purpose

To manage the operations of a general hospital and provide support supervision to ensure delivery of quality health services to the population

#### Key Outputs

- a) Plans and budgets for the general Hospital prepared;
- b) Disease surveillance conducted;
- c) Accountability for human and non-human resources made;
- d) Patients diagnosed, treated and or referred;
- e) Health information management systems supervised;
- f) Occupational health and safety at work place monitored
- g) Periodic reports prepared and submitted to relevant authorities;
- h) Adherence to national Health Services delivery Standards enforced;
- i) Professional and service codes of conduct and ethics enforced;
- j) Staff in the general hospital supervised and appraised;
- k) Primary health care, technical support and support supervision to lower Health Centers provided;
- l) Continuous Professional Development [CPD] and Continuous Medical Education [CME] programmes supported;

#### Key Functions for the Job

- a) Prepare work plans and budgets for the General Hospital;
- b) Conduct disease surveillance within the area;
- c) Prepare and make accountability for human and non-human resources for the general hospital;
- d) Diagnose and treat ailments and diseases for all patients, treat and or refer complicated cases to higher health facilities;
- e) Supervise the operations of Health Information Management Systems at the Hospital;
- f) Monitor occupational health and safety matters at the work place in the Hospital;
- g) Prepare periodic reports for the general hospital and submit them to relevant authorities;
- h) Enforced adherence to national Health Service delivery Standards in the Hospital;
- i) Supervise and appraise staff in the General Hospital;
- j) Provide Primary Health Care, technical support and support supervision to lower Health Centers;
- k) Support Continuous Professional Development [CPD] ad Continuous Medical Education [CME] programmes;

## Person Specifications

### a) Qualifications

- (i) A Bachelors degree in Medicine and Surgery [MB Ch.] or Bachelors of Dental Surgery [BDS] or Bachelor of Health services Management [BHSM] or equivalent degree from a recognized institution;
- (ii) A Masters Degree or equivalent Postgraduate qualifications in Public Health, Health Services Management from a recognized institution;
- (iii) Must be registered with the Medical and Dental Practitioners Council;

### b) Experience

Have a thorough practicing knowledge in health services for at least six years 3 of which must have been at management level;

### c) Key Competencies

#### (i) Behavioral Competencies

- Leadership;
- Accountability;
- Ethics and integrity;
- Good judgment, decision making and Problem Solving;
- Assertiveness and Self-confidence;
- Communicating Effectively;
- Innovativeness;
- Networking and Team Management;
- Public Relations/Interpersonal skills

#### (ii) Technical Competencies

- Policy Management
- Strategic thinking;
- Financial Management;
- Planning, organizing and Coordinating;
- Change Management;
- Coaching and mentoring;
- Ability to Delegate;
- Concern for Standards

## 7.4 Medical Superintendent Health Centre IV

<b>Job Title</b>	:	<b>Medical Superintendent [Health Centre IV]</b>
Salary Scale	:	U3 SC
Reports to	:	District Health Officer

### Directly supervises:

- Medical Officer;
- Sen. Nursing Officer; and
- Clinical officer

### Job Purpose

To manage delivery of effective and efficient health services; and provides technical support and support supervision to the lower Health Centers

### Key Outputs

- a) Disease surveillance conducted;
- b) Work plans and budgets for the Health Center prepared;
- c) Accountability for human and non-human resources in the Health Centre made;
- d) Patients diagnosed and treated;
- e) Health facility referral cases managed;
- f) Outreach public health programmes and activities supported;
- g) Health research activities supported;
- h) Health management information system supervised;
- i) Health facility infrastructure and equipment maintained;
- j) Equipment, medicines and other supplies requisitioned and managed;
- k) Staff of the Health facilities supervised, appraised, disciplined and monitored;
- l) Continuous Professional Development [CPD] and Continuous Medical Education [CME] programmes supported;

### Key Functions for the Job

- a) Conduct Disease surveillance within the area;
- b) Prepare work plan and budgets for the Health Center
- c) Prepare accountability for human and non-human resources in the Health Centre;
- d) Diagnose and treat Patients with different ailments and diseases;
- e) Manage the Health facility referral process and cases;
- f) Support the outreach public health programmes and activities;
- g) Support Health research activities in the Health Facility;
- h) Supervise the Health management information system in the Health Facility;
- i) Maintain the Health facility infrastructure and equipment;
- j) Requisition and manage equipment, medicines and other supplies for the Health Facility;
- k) Supervise, appraise, discipline and monitor staff of the Health Facility;
- l) Support Continuous Professional Development [CPD] ad Continuous Medical Education [CME] programmes;



## Person Specifications

### a) Qualifications

- (i) A Bachelors degree in Medicine and Surgery [MB Ch.] or Bachelors of Dental Surgery [BDS] or Bachelors Degree in Nursing or equivalent degree from a recognized institution.
- (ii) A Postgraduate qualification in hospital management or health services management from a recognized institution;
- (iii) Must be registered with the Medical Practitioners Council/ Nurses council;

### b) Experience

Have a thorough practicing knowledge in health services for at least three years;

### c) Key Competencies

#### (iii) Behavioral Competencies

- Leadership;
- Accountability;
- Ethics and integrity;
- Good judgment, decision making and Problem Solving;
- Assertiveness and Self-confidence;
- Communicating Effectively;
- Innovativeness;
- Networking and Team Management;
- Public Relations/Interpersonal skills

#### (iv) Technical Competencies

- Policy Management
- Strategic thinking;
- Financial Management;
- Planning, organizing and Coordinating;
- Coaching and mentoring;
- Ability to Delegate;
- Concern for Standards
- Human Resource Management;

## 6. Qualifications for Different Levels of the Health Facilities Manager Cadre

### 7.5 Assistant Medical Superintendent Health Centre III

<b>Job Title</b>	:	<b>Assistant Medical Superintendent [Health Centre III]</b>
Salary Scale	:	U4 SC
Reports to	:	Senior Assistant Secretary /Sub County Chief

#### Directly supervises:

- Clinical Officer;
- Nursing Officer/Nursing
- Nursing Officer/Midwifery

#### Job Purpose

To manage and provide administrative quality and quantity health services and support supervision to the lower Health Facilities

#### Key Outputs:

- Disease surveillance conducted;
- Work plans and budgets for the Health Center prepared;
- Patients examined, diagnosed and treated;
- Complicated cases referred
- Clients educated and counseled;
- Outreach public health programmes and activities conducted;
- Staff of the Health facility supervised and appraised;
- Continuous Professional Development [CPD] and Continuous Medical Education [CME] programmes supported;

#### Key Functions for the Job

- Conduct disease surveillance within the area;
- prepare work plan and budgets for the Health Facility;
- Examine, diagnose and treat Patients;
- Refer complicated health cases to higher Health Facilities;
- Educate and council clients for the Health Facility;
- Conduct outreach public health programmes and activities;
- Supervise and appraise staff of the Health Facility;
- Support Continuous Professional Development [CPD] ad Continuous Medical Education [CME] programmes;

#### Person Specifications

##### a) Qualifications

- Either an Advanced Diploma in Health Services Management or Hospital Management from a recognized Institution; with at least three years of practical experience in clinical services at the level of Clinical Officer;

Or

- A Diploma with Six [6] years of practical experience in clinical services;
- Must be registered with the Allied Health Professionals council;

## b) Key Competencies

### (v) Behavioral Competencies

- Leadership;
- Accountability;
- Ethics and integrity;
- Counselling skills
- Assertiveness and Self-confidence;
- Communicating Effectively;
- Innovativeness;
- TeamWork;

### (vi) Technical Competencies

- Policy Management
- Financial Management;
- Planning, organizing and coordinating;
- Change management;
- Coaching and mentoring;
- Ability to delegate;
- Concern for standards

## 7.6 Assistant Medical Superintendent Health Centre II

<b>Job Title</b>	:	<b>Assistant Medical Superintendent [Health Centre II]</b>
Salary Scale	:	U5 SC
Reports to	:	SAS /Sub County Chief

### Directly supervises

- Enrolled Nurse
- Enrolled Midwife
- Askari

### Job Purpose

To manage and provide administrative quality and quantity health services for the Health Facilities

### Key Outputs

- Disease surveillance conducted;
- Patients examined, diagnosed and treated;
- Health education and counseling provided;
- Complicated cases referred
- Outreach public health programmes and activities planned and implemented;
- Reports, budgets and work plans for the Health Facility prepared;
- Staff of the Health facility supervised and appraised;

### Key Functions for the Job

- Conducted disease surveillance within the area;
- Examine, diagnose and treat patients;
- Provide health education and counseling to clients of the health facility;
- Manage and refer complicated health cases to higher Health Facilities;
- Plan and implement outreach public health programmes and activities;
- Prepare reports, budgets and work plans for the Health Facility;
- Supervise and appraise staff of the Health Facility;

### Person Specifications

#### a) **Qualifications:**

- Must have a Diploma in Nursing or Midwifery from a recognized Institution;
- Must be registered with the Uganda Nurses and Midwifery Council;

#### b) **Experience**

Must have three [3] years of practical experience in health services delivery.

#### c) **Key Competencies**

##### (vii) **Behavioral Competencies**

- Leadership;
- Accountability;
- Ethics and integrity;
- Communicating Effectively;
- Teamwork;

(viii) **Technical Competencies**

- Policy Management
- Financial Management;
- Planning and organizing
- Coaching and mentoring;
- Concern for Standards



THE REPUBLIC OF UGANDA

MINISTRY OF PUBLIC SERVICE

# THE UGANDA PUBLIC SERVICE COMPETENCE DICTIONARY

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## Introduction

Welcome to the Uganda Public Service Competence Dictionary

Competencies are specific and observable knowledge, skills and behaviors that are associated with effective functioning of the job/task. This Dictionary focuses on behavioural and technical competencies which apply to all Public Officers regardless of the profession. Competence profiles will be developed to reflect competencies which are specific to a particular job/profession. The behavioural competencies describe traits and attitudes, while technical competencies describe skills and knowledge required to do a specific job.

Each competence in this Dictionary is divided into levels of proficiency which show the increasing sophistication or complexity at which the competence can be demonstrated with level 1 being the lowest. A few of the competencies however, are not divided into levels, which mean that all Public Officers require these competencies at more or less the same level.

It does not follow that the most senior Public Officers must be at the highest level of every competence. The required competence level will be specified in the job competence profile and will depend on whether the competence is critical, important or nice to have to enable the officer perform his/her job. An individual who is assessed at level 4 of any given competence must possess competencies at level 3, 2 and 1. The one assessed at level 3 must possess competencies at levels 2 and 1; while the one assessed at level 2 must possess competencies at level 1.

Below is a brief description of the levels:

**Level 1: The learning level:** Generally a level of awareness, basic understanding; and where significant amount of learning is still required, as well as clear and specific direction to get the job done.

**Level 2: The working knowledge level:** One understands enough to handle most tasks independently but requires direction on work objectives and needs more application/practice.

**Level 3: The Experienced knowledge level:** The person is technically experienced, can exercise independent judgment regarding all technical issues, and understands how areas of knowledge relate to broader issues, and is relied upon for guidance.

**Level 4: The Expert knowledge level:** One is fully competent and understands how the area of knowledge relates to broader organizational and national goals and can be relied upon for advice. He or she can also perform adviser or trainer roles.

The Dictionary is intended to help in understanding and describing the required capabilities that are important in the Uganda Public Service. It is a powerful tool for:

- Demonstrating enthusiasm in accomplishing tasks and achieving goals.
- Implementing more effective recruitment, selection and assessment methods;
- Identifying employee development that is directly linked to desired performance;
- Empowering Public Officers to take charge of their careers by directing their personal development and continually evaluating themselves against the required standards; and
- Guiding performance management processes, as articulated under the Integrated Performance Management System (IPMS)

Part One of the dictionary describes 18 behavioral competencies while Part Two is a description of 16 technical competencies. Competencies in this dictionary are presented in a format that includes a narrative definition of the competency followed by a set of behavioral indicators at each level of proficiency.

The Dictionary will be reviewed as and when necessary to take into account capability requirements for new developments in the Public Service.

## Part One: Behavioural Competencies

### 1. Accountability

Accountability involves setting performance and service delivery standards and making them known and holding self and other team members responsible for results and actions and inactions.

#### Level 1

- Accepts personal responsibility for own actions and inactions.
- Uses public resources for the purpose for which they are voted and appropriated
- Provides required information on the use of resources provided
- Is answerable to clients
- Promptly accounts for any financial and other resources

#### Level 2

- Is knowledgeable about Government of Uganda Accounting procedures, rules and regulations.
- Is able to set realistic performance and service delivery standards.

#### Level 3

- Upholds the principles of value for money
- Takes initiative and puts in place control measures to combat and eradicate misuse of public resources
- Is able to enforce accountability for organizational performance

### 2. Assertiveness and Self confidence

This is a belief in one's own capability to accomplish task and effectively solve problems related to the task while assertiveness refers to the ability to express oneself confidently, not being afraid of what one wants or believes in without hurting others.

#### Level 1

- Firm, relaxed in his/her actions.
- Willing to take on new and challenging assignments
- Defends his/her stand clearly when challenged while at the same time admitting mistakes

#### Level 2

- Is able to work with minimum supervision
- Consults when necessary

#### Level 3

- Analyses divergent views objectively
- Articulates his/her view as the most logical conclusion.
- Deals positively and firmly with situations that are stressful or challenging

### 3. Communicating effectively

Communicating effectively is the ability to send and receive information effectively. To the sender it means speaking and writing clearly and expressing oneself well so that information is understood by the receivers. To the receiver, effective communication demonstrates a clear understanding of the others position, listen actively and ask questions to seek comprehensive understanding. Effective communication also seeks to deliver clear messages, with the intention that such messages be understood and serve as the basis for any mutual agreement or action that is subsequently undertaken.

**Level 1**

- Able to verbally communicate ideas to individuals and small groups in a manner that fosters understanding and discussion.
- Listens in order to understand and responds to things that appear important to others.
- Is receptive and pays attention to the emotion in body language, facial expression and tone of voice.
- Shows respect by giving attention to the speaker and uses a respectful tone when speaking to others.
- Follows the rules of grammar, correct spelling, verb tenses and sentence structure.

**Level 2**

- Seeks the thoughts of others in an effort to better understand them.
- Responds by giving clear, concise and accurate information.
- Volunteer's additional information that may not have been requested in order to provide the listener with relevant information related to the issue.
- Formats the material based on the purpose of communicating, the competences of the target audience and in a way that facilitates the understanding of the message
- Formats writing to increase readability e.g. by providing content headings

**Level 3**

- Carefully designs the message by taking the listener's perspective into consideration.
- Responds to the speakers' ideas rather than the speakers' communication style.
- Uses language as a tool for communication rather than a means to display education, insider knowledge or status.
- Understands the necessity to acknowledge sources of information

**Level 4**

- Communicates information which sets new corporate and political direction and has a large public impact
- Understands that communication (achieving understanding of one's point) is the responsibility of the speaker
- Creates or develops complex documents by analysing a variety of ideas, views and issues into a fluid and cohesive fashion and articles of thought, processes and information in a profound and persuasive way to provoke audience to thought or action.
- Ensures written material is factual and based on authoritative research
- Uses appropriate examples, anecdotes, illustrations and humour to convey ideas.

**4. Concern for quality and standards**

Concern for quality and standards reflects the underlying drive to reduce uncertainty and errors in one's work and in the surrounding environment. It involves the ability to check and /or monitor work quality and processes, by insisting on standards and accountability for meeting performance measures.

**Level 1**

- Checks own work and double checks the accuracy of particular information.
- Follows internal control procedures and ensures own compliance with standards where they exist.

**Level 2**

- Endeavors to have clear information that relates to roles, performance expectations and tasks and accountability.
- Maintains current and thorough records
- Takes action to improve performance and to ensure success.
- Monitors progress against key criteria

**Level 3**

- Recommends and implements changes to procedures in order to achieve performance targets and meet expectations.
- Uses initiative to define quality criteria/standards for the performance of own, or others work where none exists or where there is a variety of inconsistent standards.

**Level 4**

- Sets up new procedures and establishes a system for measuring and monitoring compliance.
- Communicates and reinforces standards.

**5. Ethics and Integrity**

This refers to upholding actions that are consistent with the accepted social and ethical standards in job related activities. It is based on the willingness to hold oneself accountable for the use of public resources as well as acting in ways that are consistent with Public Service values, principles and professional standards.

**Level 1**

- Is willing to be assessed against personal/professional codes of conduct
- Takes pride in being a person of integrity
- Voluntarily modifies behavior in order to hold to ethical standards
- Is not persuaded to change standards even if others do not adhere to them
- Observes the cardinal principles and code of conduct of the Public Service

**Level 2**

- Does not require external monitoring to observe ethical standards but rather monitors own actions for consistency with accepted values and standards
- Openly advocates for observance of ethical values and principles to others.

**Level 3**

- Demonstrates ability to monitor and take corrective action to ensure adherence to organizational values, norms and principles.
- Openly and clearly expresses dissatisfaction when organizational values are being compromised, even at risk of losing personal or career benefits.
- Is committed and champions the Leadership code.

**6. Flexibility**

Flexibility is the ability to adapt and work effectively within a variety of situations and with various individuals or groups to achieve results. Flexibility means understanding and appreciating different and opposing perspectives on an issue, adapting ones approach as situations change and accepting changes within the organization or in ones own job. It also refers to adapting to new, different or changing situations, requirements and priorities.

**Level 1**

- Accepts other people's points of view.
- Acknowledges that people are entitled to their opinions and accepts that they are different.
- Stands in for co-workers when needed

**Level 2**

- Works creatively within standard procedures to fit a specific situation
- Understands policies and can work with them to meet goals at all levels.
- Prioritizes actions effectively in order to respond to numerous and diverse challenges and demands.

**Level 3**

- Changes approach as required to achieve desired outcomes.
- Recognizes when the basic business plan needs to be fundamentally changed and proceeds with making the case for change.
- Is responsive, creative in the face of evidence that a fundamental change is required or when an external event indicates a review or direction change is necessary or desirable.
- Acts quickly in defining new approaches and implementing new practices that support overall goals.

**7. Innovativeness**

Innovativeness is being open to new ideas and taking new approaches, to go beyond the conventional, to find better ways of doing business processes and service delivery. It involves a deliberate attempt to seek creative ideas and then develop and implement them so that they provide maximum value.

**Level 1**

- Is open-minded when presented with a new perspective and will not automatically dismiss new ideas.
- Accepts other solutions when conventional methods do not work.

**Level 2**

- Prepared to take other approaches and try different solutions.
- Is prepared to look beyond the obvious solutions.
- Stays abreast and adopts new theories, trends and developments.
- Gives justification for the proposed innovation and considers all options for implementation.

**Level 3**

- Questions and challenges the quality of conventional work methods, including ones assumptions.
- Generates varied solutions to the situations at hand.
- Understands strategic implications of new ideas.
- Looks to the future to explore evolving needs and new technology.
- Responds to change by seizing opportunity for achieving same goals differently.
- Honors ideas and innovation of others regardless of origin.

**Level 4**

- Actively contributes to and encourages others to build an environment for innovation.
- Drives out fears by fostering an environment where other people's new ideas can be heard and supported.
- Takes action to implement and follow up on innovative ideas.

**8. Judgment, Decision making and problem solving****9.**

This involves analyzing an issue or occurrence and drawing correct and appropriate conclusions and course of action to deal with it.

**Level 1**

- Has the ability to comprehend and describe the issue
- Is able to recognize the characteristics of the problem
- Has the ability to determine appropriate source of information

**Level 2**

- Ability to identify gaps between what should be and what is

- Sees patterns of or basic relationships or connections of the different characteristics

### **Level 3**

- Easily and quickly identifies causes and recommends the most workable course of action within good time.
- Takes a leading role in arriving at a decision
- Takes follow up action to ensure that the decision made is implemented.
- Openly commits oneself to the decision made by firmly expressing ones view and standing by it.

### **Level 4**

- Takes care of macro and long term consequences of decisions

## **10. Knowledge Management**

Knowledge Management is the ability to acquire, organize and share information for the benefit of the organization. It is driven by a desire to increase the mastery of a subject, and ability to improve personal and/ or professional effectiveness. It entails increasing the value of and access to knowledge and is intended to be of service to others in resolving issues or problems.

### **Level 1**

- Is generally aware of different kinds of knowledge that peers and others have.
- Shows curiosity and interest in new approaches, tools, methods, in own area of expertise, by seeking out others, reading, researching or attending workshops, among others.

### **Level 2**

- Values previously acquired knowledge as it applies to current situations
- Seeks for available sources of knowledge in response to new problems or situations.

### **Level 3**

- Expresses confidence in knowledge and acts decisively in situations requiring existing knowledge.
- Actively seeks out opportunities to add to other people's knowledge and share new knowledge with others.
- Motivated by public service objectives to increase the scope of and depth of knowledge acquired and shared.

### **Level 4**

- Constantly monitors both external and internal sources of knowledge
- Seeks out opportunities to address complex and /or ambiguous situations in which to apply current knowledge as a means of updating and expanding expertise.
- Seeks opportunities to expand boundaries of accepted practices and ways of doing things.
- Establishes systems for collecting, sharing and evaluating new information.

## **11. Leadership**

Leadership refers to the ability and desire to influence others towards a specific course of action or goal. It involves leading with a positive attitude, energy, resilience and stamina. It also includes taking action to provide adequate support and resources to others and removing obstacles to success. At higher levels it involves championing new visions, setting goals and priorities or initiatives, taking the courage to take risks, and taking the required action to ensure that members of the organization accept and support the vision to accomplish goals.

### **Level 1**

- Let's people affected by a decision know what is happening.
- Makes sure the group has the necessary information and shares expectation towards achievement of goals.

- Demonstrates willingness and selflessness to take on extra tasks and responsibilities
- Is able to persuade others towards a specific course of action
- Treats others with respect and expects the same.

### Level 2

- Encourages team Members to take action and accept personal accountability
- Demonstrates openness with others, sharing own values and beliefs in an effort to guide them.
- Provides constructive and supportive feedback.
- Uses formal authority and power in a fair and equitable manner
- Promotes team and individual effectiveness
- Uses strategies to promote morale and productivity.
- Empowers and encourages others to express their point of view

### Level 3

- Takes a stand on critical issues with honesty and integrity.
- Resolves Team conflict and tries to create an atmosphere that encourages collaboration towards achievement of results
- Makes sure that the practical needs of the team are met by removing roadblocks and/or obtaining the needed personnel, resources information among others.
- Publicly defines a specific area where change is needed.
- Sets and articulates a clear direction for the team
- Inspires confidence in the team and enthusiasm as well as commitment

### Level 4

- Actively promotes and stands by decisions that benefit the organization
- Models leadership for others and takes ownership on important business and operational issues.
- Is willing to take risks and champion new innovative approaches and initiatives that can lead to success.
- Leads the change process and creates a sense of urgency to achieve desired change.
- Has genuine passion about the vision and successfully instills in others to align the organization with the changed vision.
- Is committed and champions the Leadership code

## 12. Networking

Networking refers to building relationships to maintain effective contacts with people who are, or may be potentially helpful in achieving work- related goals and establishing advantages. It involves actively seeking opportunities to work horizontally across Ministries, Departments, Agencies (MDAs), Local Governments and with external partners.

### Level 1

- Makes himself/herself readily available to participate in gatherings/meetings of partners even if they are informal
- Is able to interact and relate to others

### Level 2

- Has strong interpersonal skills
- Takes full advantage of membership of occupational or professional groups/associations, cross-Organisational committees and communities of practice
- Easily gets involved in discussion of areas of mutual interest

### Level 3

- Observes the WIN-WIN principles in partnership
- Identifies with key persons within and outside the Uganda Public Service and maintains contacts

**Level 4**

- Uses the network to identify opportunities, gather information and seek input to problems with a view to sustaining Public Service excellence
- Takes action that in the long run will build relationships and support current and future endeavors

**13. Political acuity/ingenuity**

Political acuity/ingenuity refers to the ability to understand and appreciate the political environment within the country and the organization as well as exploiting both the formal and informal channels of authority that wield influence in decision-making.

**Level 1**

- Is aware of government's political agenda (manifesto)
- Able to identify the role of the organization in relation to others
- Understands the relationship amongst different arms of government
- Is aware of how government operates

**Level 2**

- Understands and uses the formal structures of the organization
- Understands the role of the organization in fulfilling government manifesto and other strategic objectives/policies
- Understands the key policies and principles of the organization

**Level 3**

- Has the ability to quickly identify and take into account important government interests into policy/decision making
- Identifies and uses key actors and decision influencers
- Understands the climate and culture of the organization and uses the language and approach that is generally acceptable to produce best response

**Level 4**

- Understands and addresses the underlying problems, opportunities or political forces that affect the organization.

**14. Pro-activism**

Pro-activism entails recognizing an opportunity or anticipating a problem and taking action rather than waiting to see what happens and then act accordingly.

**Level 1**

- Is able to plan and organize work in an effective manner
- Is able to identify potential problems, grasp opportunities and takes initiative to follow them other than wait for the problem to arise

**Level 2**

- Forecasts or/ recognizes opportunity, problem or an issue and exploits them for better performance.
- Thinks ahead and puts in place contingency plans to deal with short term concerns.
- Takes action to implement and follow up on new ideas

**Level 3**

- Is able to develop and implement comprehensive plans that bridge complex issues and span across time
- Always prepared for any contingency



## 15. Public Relations and Customer care

Public Relations and customer care are concerned with portraying a positive image of oneself and of the organization and a desire to serve the organization's customers who may include the public, colleagues, partners and peers. It focuses on making efforts to discover and meet the needs of the customer.

### Level 1

- Takes care to avoid behavior that may portray a negative image of the organization.
- Follows up customer inquiries, requests and complaints and keeps customer updated about progress.
- Ensures courteous and professional service
- Provides helpful information to clients.

### Level 2

- Clarifies roles and duties to avoid being misunderstood.
- Takes personal responsibility for correcting customer service problems and does so promptly.
- Sees oneself as a representative of the organization and acts in a way that markets/promotes the organization.

### Level 3

- Makes him/herself available when critically needed by the customer.
- Is able to identify the customer's real needs/issues beyond those expressed initially.

### Level 4

- Counters misinformation and upholds the image of the organization.
- Ensures that public processes are transparent and clear when dealing with controversial issues.
- Maintains clear communication with customer regarding mutual expectations.
- Monitors client satisfaction
- Works with a long term perspective in addressing customer's problems. May trade off immediate costs for long term relationships.
- Looks for long term benefits to the customer.

## 16. Results orientation

Results orientation is the ability and commitment to achieve results and work towards achievement of specific objectives both at individual and organizational level. It includes the demonstration of enthusiasm and pride in accomplishing tasks and achieving goals. Strives to continuously achieve higher levels of performance and sustainability of quality results in the Public Service: It involves clarifying the performance expectations to avoid ambiguity, setting clear and consistent goals, insisting firmly on production of results; monitoring performance and taking timely action and providing recognition and rewards for good performance

### Level 1

- Demonstrates enthusiasm in accomplishing tasks and achieving goals.
- Readily accepts responsibility and expresses enthusiasm about reaching goals.
- Works to achieve job goals/objectives

### Level 2

- Aware of the mission, goals, strategic objectives and key outputs of the organization and own department
- Able to link the objectives and outputs of the department to his/her own job.
- Able to prioritize work and makes decisions that are aligned with established objectives.
- Strives to improve results.

**Level 3**

- Ready to achieve challenging objectives in spite of obstacles and road blocks.
- Ready to seize new challenges and opportunities to set and achieve results.
- Integrates sustainability into work processes by setting actions that encompass building coalitions, capacity, support systems that ensure sustainability once the initial results are achieved.

**Level 4**

- Able to link the organizational objectives to the national planning frameworks
- Able to direct the organization towards achieving its overall objectives and to contribute to the national objectives.

**17. Self-control and stress management**

This is the ability to keep one's emotions under control and restrain negative actions when provoked, faced with opposition or hostility from others, or when working under stress.

**Level 1**

- Resists impulses to do inappropriate things

**Level 2**

- Holds back extreme emotions such as anger, extreme frustration and happiness
- Quickly goes over effects of stress

**Level 3**

- Appropriately addresses angering actions by others and responds calmly to provocations
- Responds constructively despite ongoing stress
- Diffuses stressful situations and calms others

**18. Teamwork**

Teamwork is the desire and ability to work co-operatively and collaboratively as opposed to competitively within an organization. It involves contributing fully and actively to team activities, projects and client initiatives to achieve group and organizational goals

**Level 1**

- Participates willingly and actively in team activities
- Fulfills what he/she is assigned in time
- Supports team decisions even when different from own point of view
- Is willing to learn from others
- Values other team members and their ideas

**Level 2**

- Keeps team members informed and up to date
- Shares experiences, knowledge with team members
- Promotes cooperation amongst team members
- Praises team members for achievements
- Coaches team members whenever necessary

**Level 3**

- Ensures team members have a common understanding of knowledge and relevant information
- Provides constructive criticism in case of any gaps
- Instills team agenda before personal/individual interest
- Anticipates and resolves conflicting differences by pursuing mutually agreeable solutions.

## 19. Time management

Time Management involves applying a systematic process to accomplishing work responsibilities, activities and tasks that helps an individual to effectively achieve their goals. Often, a similar process can be useful in achieving personal goals as well. Effective time management involves such things as setting priorities, managing multiple projects and tasks, organizing work and work resources, delegating and sharing work, concentrating time on high value activities and minimizing low value activities. Regular planning is an essential element to time management and should result in plans for the achievement of both short and long-term goals.

- Maintains written short and long-term goals and related work activity plans. Plans daily, weekly and monthly activities designed to achieve yearly and multiyear goals
- When assigned work, manages expectations appropriately. Communicates current work activities/responsibilities and the impact of the new assignment on their ability to achieve the desired results. Adjusts work activities as required to address changes in objectives.
- Maintains an organized work environment with easy access to necessary resources and files and with minimal clutter
- Uses an effective personal planning and scheduling tool, either computerized or print-based
- Maintains an organized filing system
- Takes specific steps to evaluate how time is used and to eliminate time wastage

## Part Two: Technical Competencies

### 1. Change Management

Change Management is the ability to initiate, support and cope with change in an organization. It involves helping the organization members to understand what the changes mean to them and providing the ongoing guidance and support that will maintain enthusiasm and commitment to the change process. People with this competency willingly embrace and champion change

#### Level 1

- Appreciates the need for change
- Has basic understanding of change process and factors that lead to change
- Is able to implement change

#### Level 2

- Is able to advocate change initiatives.
- Is able to explain how the change will affect work processes and structures.
- Takes initiative and sustained action to ensure the successful implementation of the change programme.
- Gives feedback on the progress of the change initiative.

#### Level 3

- Is able to transform abstract ideas into real programs and projects.
- Can create and support processes to support change

#### Level 4

- Can build trust amongst members and ensures that they understand the purpose and direction of the change.
- Reinforces the change message with own actions and attitude.
- Makes efforts to create and maintain commitment and enthusiasm towards changes
- Creates opportunities for feedback on the changes.
- Sets up a communication system that provides regular and sustained communication.
- Recognizes and rewards people/units within the organization that are excelling in implementation of the changes and can sustain change, balancing people, financial resources, technology and processes.

### 2. Coaching and mentoring

Coaching and mentoring involves the genuine intent to foster learning or development of others through expressing a positive regard for an individual's capacity to learn. The objective is to encourage others, transfer knowledge, develop skills and /or develop the understanding of the individual.

#### Level 1

- Willingly gives one's time and shares relevant information
- Is open to new ideas and alternatives

#### Level 2

- Provides routine exchange of knowledge with others to help them carry out assignments.
- Gives detailed instructions and/or on-the-job demonstration
- Asks the individual being coached questions about their effectiveness
- Listens for appropriate responses and provides encouragement and support for action.
- Reinforces behavior that produces positive outputs.
- Provides information and directs the individual to other sources of information in order to allow them navigate.

**Level 3**

- Arranges increasingly complex learning opportunities or experiences for the purpose of fostering the learning in order to make the individual independent.
- Seeks to develop expertise, skills or knowledge in the individual being coached to the point that the coach is no longer needed as a resource.

**Level 4**

- Helps build self-esteem, awareness and confidence through honest discussion of issues and discussions
- Sets high expectations of performance and encourages winning behavior.
- Confronts negative thinking and behavior.

**3. Delegation**

Delegation refers to the assignment of one's responsibility and authority in a clear and precise manner to the appropriate employee to enhance their learning and performance now and in the future.

- Is able to identify what to delegate and what must not be delegated
- Willingness to give away some of his/her responsibilities without abdicating
- Is able to give adequate time to staff to manage the assignment
- Articulates the purpose and tasks clearly
- Provides all the necessary documentation on the subject matter
- Sets realistic targets
- Periodically follows up on agreed targets
- Provides guidance and coaching whenever necessary
- Praises the employees for work well done
- Able to identify existing knowledge and skills of staff and identify gaps

**4. Financial management**

Financial management refers to the effective use of money to meet organizational goals. It has three main elements, namely; acquisition, utilization and accountability of financial resources. It involves the process of forecasting, negotiating financial requirements and revenue expectations including managing and allocating of budgets and targets, accurately processing transactions, tracking and reporting of financial accounts and preparing financial statements and reports. It also involves ensuring that there is a good financial management system in place that promotes cost efficiency and provides assurance of proper controls and accountability.

**Level 1**

- Has knowledge and skills of budgeting
- Understands how government funds are committed and disbursed

**Level 2**

- Understands the Government budgeting process
- Is able to forecast and make budget provisions within time
- Has knowledge of and understands Government financial accounting regulations/procedures / systems

**Level 3**

- Is able to identify and lobby key stakeholders
- Is able to fit the organizational/departmental budget into the macro economic framework
- Is able to establish a link between provision of financial resources and other resources

**Level 4**

- Is able to defend organizational/departmental budget estimates
- Is able to identify clear expenditure priorities and funding.
- Is able to monitor and evaluate budget performance and cause remedial action.

**5. Human Resource Management (HRM)**

Human Resource Management refers to working effectively with people to achieve organizational goals. It focuses mainly on two dimensions namely; the people and the systems. On the people dimension, it focuses on the knowledge, skills, attitudes and the general work environment that affect the individual's efficiency and effectiveness. The systems dimension puts emphasis on establishment of systems and procedures (including rules and regulations) that promote harmony and controlled behavior and ultimately efficiency and effectiveness.

HRM entails effective management of all processes right from the time of entry into the organization to exit, namely; acquisition, utilization, development, retention, exit and integration into the community.

**Level 1**

- Has basic understanding of Human Resource (HR) policies, procedures and practices
- Understands and is able to interpret provisions of the Uganda Government Standing Orders, Circular Standing Instructions, Establishment Notices and other rules and regulations governing the service.

**Level 2**

- Has analytical skills needed to make sound HR decisions
- Is able to interview for suitability for recruitment and promotion
- Is able to assess staff performance
- Can coach and mentor staff
- Is able to delegate and supervise staff

**Level 3**

- Has the knowledge required to provide guidance to the organization and stakeholders about HR policy matters

**Level 4**

- Is able to align HR needs to organizational business and national plans

**6. Information Communication Technology (ICT)**

Information Communication Technology (ICT) refers to the appropriate use of computers, computer software and other modern IT facilities to convert, store, protect, process, transmit and retrieve information

**Level 1**

- Uses existing technology to collect, organize, catalogue, classify and disseminate information
- Demonstrates basic computer skills such as keyboarding skills, electronic mail systems and MS office applications (Ms Word, Excel and PowerPoint)
- Applies basic Local Area and Wide area network ( intranet and internet)

**Level 2**

- Is able to trouble shoot to alleviate technology related problems
- Is aware of and able to identify technologies needed to facilitate organizational
- Is able to use audio visual aids.

**Level 3**

- Demonstrates advanced computer skills
- Understands appropriate Management Information Systems (MIS) in his/her field of operation
- Is able to provide a clear documentation of operations of the MIS
- Is able to come up with options of changes to enhance the efficiency of the MIS

**Level 4**

- Assesses, models and integrates appropriate hardware and software
- Understands and promotes ethical and legal use of technology
- Uses technology to increase productivity
- Demonstrates understanding of emerging technologies

**7. Management of organizational environment**

Management of organizational Environment focuses on deep understanding of the dynamics of one's organization. It is concerned with understanding the organization at four levels, namely; the macro, organizational, job and stakeholders levels.

**Level 1**

- Has basic understanding of the Constitutional provisions relating to the Public Service
- Is aware of his/her job and what needs to be done
- Understands the contributions of the job in relation to the mission of the department and organization

**Level 2**

- Is aware of the issues, processes and outcomes at the organizational level
- Understands Government's strategic objectives and principles
- Is able to identify the key stakeholders and the nature of the relationship.
- Understands the impact of the job on different stakeholders.

**Level 3**

- Understands the various Public Service Reforms and other Government reforms.
- Is able to establish the link between the organization and the government's agenda
- Is able to discern the impact of the entity on stakeholders.

**8. Managing Employee Performance**

Managing Employee Performance involves encouraging the development of skills that link individual and group performance goals to the organization's business goals. Using tools such as Business Performance Planning ensures those employees' activities and objectives support and contribute to the organisation. Provides coaching and support for employees in ways that encourage their maximum contribution.

**Level 1**

- Is familiar with the present performance management system within the organisation and follows guidelines and standards for formal performance planning and review.
- Maintains an open atmosphere to encourage questions and discussion.

**Level 2**

- In partnership with the employee, is able to plan activities and outlines expectations.
- Provides ongoing coaching and feedback appropriately and conducts formal review
- Responds promptly to potential problems
- Understands the organization's goals and objectives.
- Identifies competencies required of each job function for the achievement of those goals and is

able to communicate that understanding to others

- Using competency assessment tools assists individuals to assess their skills, knowledge and abilities. Helps individuals identify development areas and establish a development or learning plan for implementation within a defined time frame, e.g. one year
- Uses available resources to manage employees that perform below standard..
- Helps an individual clearly establish objectives for their job function. Clarifies their job responsibilities and measures of success.

### Level 3

- Sees the development of the potential of others as a personal job performance goal
- Is skilled at handling or defusing aggressive or non-productive behavior and does not delay feedback with employees about under performance

## 7. Negotiation and mediation

This refers to the ability to communicate one's position and arguments on a given issue systematically and in a convincing manner leading to agreement and acceptance by all parties involved.

### Level 1

- Obtains relevant facts about the issues for negotiation
- Communicates own position clearly and convincingly

### Level 2

- Objectively forms the negotiating team
- Has the patience to listen and to take into account the other party's point of view
- Able to disagree with the other party on any issue they raise without offending them

### Level 3

- Able to analyze different scenarios and identify the best fallback position
- Has clear understanding of the process and tactics of mediation and facilitating negotiation.
- Able to realize any ulterior motives of the other party
- Draws correct points of agreements and conclusions
- Is able to obtain a WIN-WIN position as an end result
- Is able to reach solutions to satisfy fundamental objectives

## 8. Planning, organizing and coordinating

Planning, Organizing and Coordinating involves proactively planning, establishing and allocating resources. It is expressed by developing and implementing increasingly complex plans. It also involves monitoring, evaluating and adjusting work to accomplish goals and deliver the organization's mandate.

### Level 1

- Develops operational plans in line with organization objectives, mandate and resources.
- Establishes measures to assess progress against plan.

### Level 2

- Adjusts plan appropriately and takes initiative to follow through rather than wait for problems.
- Anticipates problems, takes advantage of opportunities and effectively deals with them.

### Level 3

- Plans allocation of staff, funds, tools and facilities.
- Develops and implements work plans for complex projects.
- Demonstrates a strong understanding of the relationships among various components of pro-



- grams and organizes them to use resources most effectively
- Builds capacity through coaching, counseling, rewards, reinforcement of positive behavior and effective design of planning systems.

#### **Level 4**

- Demonstrates an in depth understanding of linkages and relationships between organizations, and takes timely actions in facilitating groups and departments working together.

### **9. Policy management**

Policy management involves developing a mechanism for identifying policy issues or problems, developing different policy options and choosing the most appropriate option. It also involves effective monitoring, implementation, reviewing and evaluation whenever necessary.

#### **Level 1**

- Understands the policy making process
- Is able to implement government policy

#### **Level 2**

- Is able to identify new challenges that may necessitate or call for new or reviewed policies.
- Is able to clearly state the policy needs/problem
- Is able to identify different options for addressing the issues
- Understands and follows the principles of Regulatory Best Practice (RBP)
- Is able to identify and consult key stakeholders

#### **Level 3**

- Is able to conduct research and analyze current policies for relevance.
- Is able to identify the most appropriate action
- Designs policy in an acceptable format and standard
- Promptly identifies deviations in policy implementation and makes appropriate recommendations
- Offers technical guidance on policy implementation
- Is able to recommend policy review in time

#### **Level 4**

- Lobbies key stakeholders to support new policies.

### **10. Procurement, Disposal and Contract management**

This refers to the process of selecting providers of public services, goods and works; and disposal of public assets in a fair and transparent manner and ensuring that the services provided are of good quality and acceptable to stakeholders.

#### **Level 1**

- Has basic understanding of procurement and disposal procedures
- Is able to maintain public assets within his/her control

#### **Level 2**

- Understands the institutional framework for managing procurement and disposal in Public Service organizations
- Is aware of the roles of the various actors in the process of procurement and disposal of public assets

**Level 3**

- Understands the principles of public procurement and disposal
- Knows the various methods of public procurement and disposal
- Is aware of the procurement and disposal processes
- Monitors adherence to Terms of Reference.
- Able to identify necessary amendment(s) to the contract in time

**11. Project management**

Project management entails defining and achieving targets in a given timeframe while optimizing the use of resources (time, money, people, materials, energy, space etc.

**Level 1**

- Is able to identify and articulate project issues and resources required
- Is able to identify and assign the key tasks
- Sets realistic timeframes for project activities
- Understands the project life cycle or phases
- Is able to report regularly on project activities

**Level 2**

- Monitors the activities of the project
- Able to design an effective monitoring and evaluation strategy for the project
- Ensures that each team member's skills are being used in the optimum way

**Level 3**

- Is able to persuasively present the project proposal to stakeholders
- Is able to guide and coach other Project managers
- Is able to define linkages between organizational goals and project goals to the members of the organization and other stakeholders

**12. Records and Information Management**

Records and information management refers to the efficient and systematic control of the creation, receipt, maintenance, use and disposal of records in order to support government operations to enhance accountability, transparency and good governance and to facilitate timely and informed decision making.

**Level 1**

- Collects, creates and receives records
- Arranges information according to classification scheme
- Identifies, retrieves, circulates and monitors records
- Provides access to records/information
- Respects and maintains the nature of records and information entrusted to him/her
- Recognizes and understands the differences between various types of records
- Ensures the security of records entrusted to him/her
- Understands the use of black and red minutes
- Understands the color coding of official files
- Is able to use the transit ladder on the files for communication purposes
- Understands the role of registries

**Level 2**

- Applies the bring up system to avoid delays in dealing with other issues on the files
- Is able to assess the security grading to the documents created or received by him/her
- Understands and applies registry and records management procedures and standards

**Level 3**

- Advises on technical issues related to records and information management
- Creates classification schemes
- Provides protection and preservation solutions
- Creates records retention and disposition schedule

**Level 4**

- Provides electronic records documents management services
- Demonstrates business and management skills
- Demonstrates interpersonal skills
- Able to dispose records

**13. Running Effective Management of Meetings**

Effective management of meetings involves planning meetings and leading the meeting process to help participants exchange information, engage in constructive discussion and debate, in order to come up with efficient, effective decisions. It involves everything from a well-planned and prepared agenda to making sure refreshments are adequate and arrive on time. An effective meeting is about something important, is the most effective medium for delivering the message or making the decision and is designed in a format that will provide participants with the information and resources they require.

**Level 1**

- Publishes the meeting agenda in advance along with reading or advance preparation work for participants
- Ensures that participants who are necessary to accomplish the goals of the meeting are present
- Organizes logistics to complement and enhance goals of the meeting.
- Is able to maintain attention and interest
- Calculates the cost of meetings

**Level 2**

- Holds meetings that are result or outcome oriented. Designs a meeting to accomplish specific, clearly defined, pre-set objectives. Analyses meeting results against objectives.
- Organizes and facilitates meetings that start and end on time

**Level 3**

- Organizes and facilitates meeting
- Ensures that all those attending a meeting can participate equitably.
- Handles disruptive or domineering behavior directly and brings the group back to the task at hand

**14. Strategic thinking**

Strategic thinking is the ability to scan the environment and link long range visions and concepts to daily work

**Level 1**

- Has a broad appreciation of issues and is able to link them in a coherent manner

**Level 2**

- Can design alternative scenarios and business models
- Is able to link organizational strategic plans to the departmental and individual performance plans

**Level 3**

- Can forecast and integrate different views
- Has the ability to identify how organizational policies, processes and procedures are likely to be affected by environmental changes

**Level 4**

- Has the ability to align current action with strategic goals, objectives and priorities of the organization/government





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