

THE REPUBLIC OF UGANDA

# MINISTRY OF HEALTH

# GUIDELINES FOR HEALTH CENTRE IV HEALTH UNIT MANAGEMENT COMMITTEES

2019

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#### **Foreword**

Health Unit Management Committees are the key governance structures. The Committees promote participation and ownership of health services by the community, advocate for improved quality of service delivery, promote transparency in management of human, material and financial resources.

I am therefore delighted to present to you the guidelines for Health Centre IV Health Unit Management Committees, which I believe, is a step to realize our vision for creating, accountable and well-governed health units capable of taking decisions and competent enough to operate in a rapidly changing sector. It is indeed a starting point for stimulating ambition in expanding the notion of good governance in the entire healthcare sector aimed at reaching more effectiveness and efficiency in serving the people of Uganda. The guidelines lay a credible and hard-edged foundation for sustainable community participation in matters pertaining to their health. The guidelines outline the composition, roles, responsibilities, management of the proceedings of the Committee and provide clear guidance to members in executing their roles.

I would like to extend my appreciation to the senior management team of Ministries of Health, Public Service, Local Government and Health Development Partners, specifically IntraHealth International for their contribution towards the development of these guidelines.

I call upon all key stakeholders to use these guidelines in the governance, management and delivery of health services in Health Centre IVs.

Dr. Aceng Jane Ruth MINISTER OF HEALTH

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#### 1.0 Introduction

Health Unit Management Committees are key governance structures. The Committees promote participation and ownership of health services by the community, advocate for improved quality of service delivery, promote transparency in management of human, material and financial resources. The establishment of the Committees is in pursuit of one of the policy objectives of the Second National Health Policy which is to ensure that communities are empowered to play their role, take responsibility for their own health and ensure that they actively participate in the design, planning and management of health services.

These guidelines outline the composition, roles, responsibilities, and management of the proceedings of the Health Unit Management Committees for Health Centre IVs in Uganda.

#### 1.1 Health Centre IV

Health Centre IVs provide preventive, promotive, outpatient, curative, maternity, in patient, laboratory, ultrasound, emergency, blood transfusion and mortuary services. District Local Governments manage Health Centre IVs and provide supervision and monitoring of all health activities, including those in the private sector, in their respective districts.

## 1.2 Purpose of the Committee

To strengthen the management and governance of Health Centre IVs for improved service delivery.

## 1.3 Objectives of the Committee

The objectives of the Health Unit Management Committees are to:

- 1.3.1 Strengthen the management of health units through community participation in decision making.
- 1.3.2 Promote transparency in management of human, material and financial resources of the health centre.
- 1.3.3 Advocate for improved quality of service delivery in the health centre.

## 2.0 Composition of the Committee

- 2.1 The Health Unit Management Committee for Health Centre IVs shall have nine members, three of whom shall be women, with a minimum academic qualification of Uganda Advanced Certificate of Education (UACE). The Committee shall consist of the following persons:
- i) A public figure of high integrity not holding a political position (Chairperson).
- ii) Staff representative (Member).
- iii) Assistant Chief Administrative Officer in-charge of the County or Town Clerk in case of municipality (Member).
- iv) Head of Nursing (Member)
- v) Four public figures with high integrity, not holding any political position and shall include representatives of women, youth and other special interest groups.
- vi) Assistant Medical Superintendent (in-charge)

# 3.0 Nomination and Formation of the Health Unit Management Committee

- 3.1 Committee Members, including the Chairperson shall be appointed by the District Chairperson.
- 3.2 The process of sourcing for new members of the committee shall start six months before the expiry of the term of office of the current committee.
- 3.3 The Assistant Medical Superintendent (in-charge) shall initiate the formation of the committee by writing to the Chief Administrative Officer or Town Clerk, giving the date of the expiry of the current committee.
- 3.4 The expiry date of the committee shall be drawn to the attention of the District Chairperson by the Chief Administrative Officer or Town Clerk.
- 3.5 Staff representative shall be chosen by the Health facility employees and the name forwarded to the District Executive Committee.
- 3.6 Community members shall be nominated by the respective Sub-County or Division Councils.
- 3.7 The District Executive Committee shall nominate members including the Chairperson for the designated positions on the Health Centre IV Health Management Committee.
- 3.8 The District Chairperson shall forward the names of the nominees together with their curriculum vitae to the District or Municipal Council for approval.

- 3.9 The Members including the Chairperson of the Committee shall be selected and approved by the District or Municipal Council from amongst the nominees.
- 3.10 The minimum academic qualification of the members shall be Uganda Advanced Certificate of Education.
- 3.11 The Committee shall co-opt health facility members of staff as and when required but not more than two members.
- 3.12 Appointed members of the Committee shall take an oath of service and oath of secrecy before assuming office.
- 3.13 Appointed members of the Committee shall be inducted before they commence duty.

#### 4.0 Roles of the Committee

- 4.1 Provide strategic direction for the health centre within the framework of the Health Policy.
- 4.2 Review and approve the work plans, budgets and any necessary reallocations within the budgets as presented by management.
- 4.3 Discuss and approve the health facility annual report before it is submitted to the Chief Administrative Officer or Town Clerk.
- 4.4 Oversee the procurement, storage and utilization of all health facility goods and services as well as essential medicines and health supplies.
- 4.5 Provide oversight in the management of human resources for health including: attraction, development, motivation, attendance to duty, performance, retention, and exit.
- 4.6 Oversee proper sanitation and good health facility environment for effective health services delivery.
- 4.7 Monitor the proper security of all the health facility assets including land.
- 4.8 Promote and improve communication between the health facility and the public and foster community participation in health facility activities.
- 4.9 Mobilize resources for the health facility.

## 5.0 Sub committees

- 5.1 The Committee shall form the following sub committees to carry out specific duties:
- Human Resources (to include welfare, rewards and sanctions);
- ii) Finance and Development; and
- iii) Quality Assurance.
- 5.2 The Committee shall have authority to appoint ad hoc committees as necessary.

# 6.0 Proceedings of Committee Meetings

- 6.1 The Chairperson shall preside over all meetings and in his/her absence the members shall elect a Chairperson from among themselves to preside over the meeting.
- 6.2 The medium of communication shall be the English language.
- 6.3 The Secretary shall call all committee and subcommittee meetings in consultation with the Chairperson.
- 6.4 Two-thirds of the members (excluding ex-officials) shall form the desired quorum for any meeting.
- 6.5 The committee shall meet quarterly to conduct committee business.
- 6.6 There shall be provisions for extra ordinary meetings but not exceeding two in one financial year if necessary.
- 6.7 The meetings of the committee shall as much as possible be held at the health facility premises.
- 6.8 The Chairperson, in consultation with the Secretary, may at any time convene a special meeting of the Committee to consider a special subject on his/her own initiative or if requested in writing by not less than three members of the committee.
- 6.9 Contentious issues discussed shall be decided upon by a simple majority of the members present through voting by show of hands. The Chairperson shall have a deliberative and casting vote.

- 6.10 A minimum of fourteen days' notice (including the agenda, minutes of the previous meeting and all the requisite documents) shall be required to call members for a regular meeting.
- 6.11 A minimum of five days' notice (including the agenda and requisite documents) shall be required to call members for special meetings.
- 6.12 In the event of an emergency however, the Chairperson shall have powers to waive this time limit as he/she sees it necessary.
- 6.13 The minutes of the proceedings shall be recorded by the Secretary and shall be reviewed in the next meeting.
- 6.14 All minutes will be carefully stored by the Secretary for future reference.

#### 7.0 Tenure of office

- 7.1 Members appointed to the Committee including the Chairperson shall hold office for a term of three years and will be eligible for renewal for one more term.
- 7.2 If a position falls vacant on the Committee, the appointing authority shall fill in the vacancy by appointing another member to that vacancy within two months. The due selection process will be followed. The new member shall hold office for the remaining term of office for that Committee.
- 7.3 The Chairperson or any Member may by notice in writing under his/her hand addressed to the District Chairperson with a copy to the Chairperson of the Committee, resign his/her membership respectively. In either case a notice of one month is required.
- 7.4 The District Chairperson may at any time remove a Member of the Committee if he/she is convinced that the member;
- i) is incapacitated by physical or mental illness;
- ii) has been absent for 3 consecutive meetings without good reasons in writing;
- iii) has been convicted of a criminal offence in a Court of Law,
- iv) Is involved directly or indirectly with the health facility in a business transaction as a trader, supplier or contractor.

#### 8.0 Emoluments for Committee Members

The emoluments for the committee members shall be as per the guidelines below:

- 8.1 Members will be paid a sitting allowance and transport refund as per Ministry of Public Service Circular Standing Instructions.
- 8.2 Subcommittee members shall be paid honoraria.
- 8.3 The details of the payments shall be specified in the individual appointment letters.
- 8.4 The allowances shall be paid from the health facility funds.
- 8.5 Any humanitarian assistance to a committee member may be provided as appropriate; depending on availability of resources.

## 9.0 Powers and limitations

The powers of the Committee are limited to the roles provided under these guidelines.

# 10.0 Review of the guidelines

These guidelines shall be revised at least every five years or as and when need arises.

#### 11.0 Dissolution of the Committee

The appointing authority may dissolve the Committee under the following circumstances:

- a) Where committee members have acted in a manner that is illegal, oppressive or fraudulent;
- b) The health facility assets are being misapplied or wasted;
- c) Gross conflict of interest and abuse of office prejudicial to the efficient operations of the Committee; or
- d) The Committee is incompetent to effectively execute its roles as provided for under section 4 of these guidelines.

# 12.0 Monitoring and evaluation of Committee activities

- 12.1 The Committee shall make annual work plans with clear performance indicators and targets and submit to the appointing authority.
- 12.2 The Committee shall be monitored by the appointing authority and assessed annually based on their work plans.
- 12.3 The Committee shall submit annual reports to the District Chairperson. The report shall comprise of committee activities, health facility performance, strategic directions and challenges.

#### **Ministry of Health**

P. O. Box 7272 Kampala Uganda Plot 6 Lourdel Rd, Nakasero

General Telephone: +256-414-340874 / 231563/9 Permanent Secretary's Office: +256-414-340872

> Fax: +256-414-231584 Email: info@health.go.ug



