



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

GUIDELINES FOR HEALTH CENTRE III 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 III 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 IIIs.



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MINISTER OF HEALTH

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 IIIs in Uganda.

1.1 Health Centre III

Health Centre IIIs provide basic preventive, promotive and curative care and support supervision of the community and Health Centre IIs under their jurisdiction. There are provisions for laboratory services for diagnosis, maternity care and first level referral cover for the Sub county.

1.2 Purpose of the Committee

To strengthen the management and governance of the health unit for improved service delivery and utilization of health services in the community.

1.3 Objectives of the Committee

The objectives of the Health Unit Management Committees are to:

- 1.3.1 Strengthen the management of the health centre 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 III shall have nine members, three of whom shall be women, with a minimum academic qualification of Ordinary Certificate of Education (UCE) and not holding any political position. The Committee shall consist of the following persons:

- i) A public figure of high integrity (Chairperson).
- ii) Staff representative (Member).
- iii) Assistant Secretary in-charge of the Sub county (Member)
- iv) A head teacher of a school within the Sub county where the health facility is located (Member)
- v) Four community representatives of high integrity, including representatives of women, youth and other special interest groups from the parishes within the Sub county.
- 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 chairperson LC III.
- 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 Senior Assistant Secretary (Sub County Chief), 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 Chairperson LC III by the Senior Assistant Secretary.
- 3.5 Staff representative shall be chosen by the Health Centre III employees and the name forwarded to the Sub county or Division Executive Committee.
- 3.6 Community members shall be nominated by the respective parishes within the Sub county.
- 3.7 The Sub county/Division Executive Committee shall nominate Members including the Chairperson for the designated positions on the Health Centre III Health Management Committee.
- 3.8 The Chairperson LC III shall forward the names of the nominees together with their curriculum vitae to the Sub county/Division Council for approval.

- 3.9 The Members including the Chairperson of the Committee shall be selected and approved by the Sub county/Division Council from amongst the nominees.
- 3.10 The minimum academic qualification of the members shall be Uganda 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 annual work plans, budgets and any necessary reallocations within the budget as presented by management.
- 4.3 Discuss and approve the health facility annual report before it is submitted to the Senior Assistant Secretary (Sub County Chief) 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:
- i) 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 appointing authority 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 appointing authority 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 appointing authority. The report shall comprise of committee activities, health facility performance, strategic directions and challenges.

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