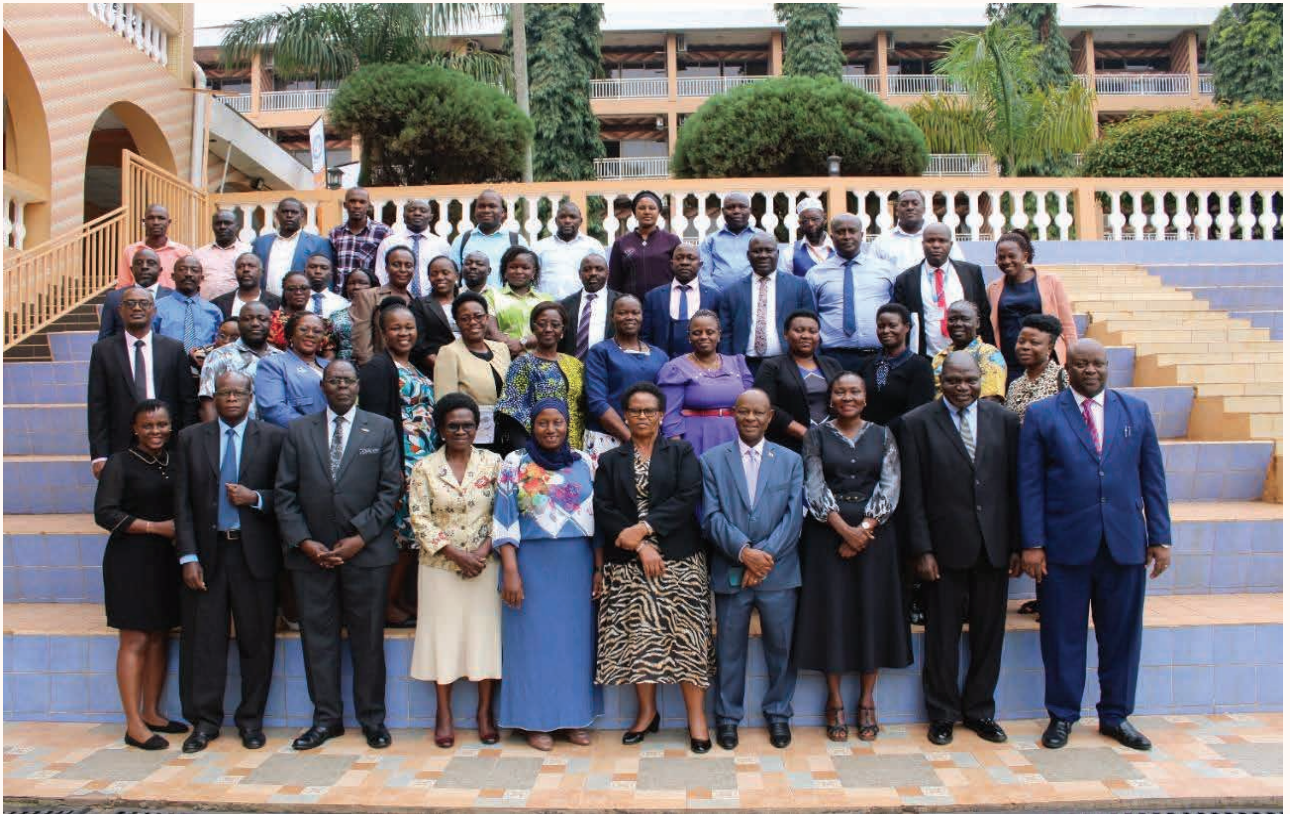




Excellence in Human Resource for Health

HEALTH SERVICE COMMISSION SERVICE DELIVERY STANDARDS

2025/26 - 2029/30



Members of the Health Service Commission and Staff during a Staff General Meeting and Team Building at Hotel Africana in August, 2025.



Members of the Health Service Commission and Staff during Support Supervision Visit at Mulago Specialized Women and Neonatal Hospital in September, 2025

Table of Contents

FOREWORD	3
PREFACE	4
SERVICE DELIVERY STANDARDS FOR HEALTH SERVICE COMMISSION	5
Vision	5
Mission	5
Goal	5
Mandate	5
Core Values and Principles	5
Objectives	6
Strategic Objectives	6
The purpose of the Service Delivery Standards	6
Objectives of the Service Delivery Standards	6
IMPLEMENTATION OF SERVICE DELIVERY STANDARDS	7
Institutional arrangements	7
Roles and responsibilities	7
Table 1: Roles and Responsibilities of Internal Stakeholders	7
Table 2: Roles and Responsibilities of External Stakeholders	8
MONITORING AND EVALUATION OF SERVICE DELIVERY STANDARDS	9
Monitoring and Evaluation arrangements	9
Review of the Service Delivery Standards	9
Service Delivery Standards for Health Service Commission	10

FOREWORD

I am privileged to forward the Health Service Commission Service Delivery Standards as service commitment to our service recipients.

In developing and documenting these Standards, we are cognizant of the social contract we have with Ugandans.



The major goal of these Service Standards is to align your expectations of the services we offer with our promise to you. In doing so, we shall remain focused and mindful of the service expectations we provide to you to hold the Commission accountable.

These Standards will provide the basis for the Health Service Commission Strategic Plan and will be institutionalized in all HSC processes and management tools, including the annual planning and budgeting processes.

I appeal to all our service recipients and stakeholders to use these standards to guide your service interactions with HSC and demand what is due to you.

I believe that when the service commitments and standards are fully implemented, there will be a significant improvement in the service delivery system in HSC.

A handwritten signature in blue ink, appearing to read 'Henry G. Mwebesa', with a long horizontal stroke extending to the right.

Dr. Henry G. Mwebesa
CHAIRPERSON
HEALTH SERVICE COMMISSION

PREFACE

Health Service Commission Service Delivery Standards (SDS) for the period 2025/26 to 2029/30 outline the expected minimum levels of service delivery in the recruitment of competent Health Workers in terms of quality, quantity, time, cost effectiveness, accessibility and coverage.

The main objectives of the Service Delivery Standards are four-fold:

- Ensure uniformity in service delivery across all the Health Institutions and the general Public.
- Use Service Delivery Standards to determine budget allocations for different Service areas across the Commission.
- Empower the service recipients to demand for services offered by the Commission.
- Measure performance of the Health Service Commission

The Service Delivery Standards are vital for ensuring that government services meet citizens' expectations in various aspects and will be reviewed every five (5) years to ensure their relevance and effectiveness.

As Health Service Commission, we are committed to implementing and complying with the set standards as we deliver services to our clients. I therefore, call upon all beneficiaries to utilize the Service Delivery Standards to provide informed feedback on their levels of satisfaction with the services we provide as a Commission. Compliance to these Service Delivery Standards will highly facilitate the attainment of our vision "To Build a Fundamentally Strong and Competent Human Resource Base for Efficient and Effective Health Service Delivery"



Ketty Lamaro

PERMANENT SECRETARY/SECRETARY



SERVICE DELIVERY STANDARDS FOR HEALTH SERVICE COMMISSION

The Health Service Commission (HSC) derives its legal, functional, and policy mandates from Article 169 of the 1995 Constitution of the Republic of Uganda. The HSC is mandated to advise the President on the appointment of health workers and to handle matters of recruitment, disciplinary control, and human resource management for public health workers in Uganda. The Commission operates in accordance with the Health Service Commission Act (2001), which defines its structure, roles, and responsibilities in overseeing the human resource function in the Health Service area.

Vision

"A professional, responsive, and well-governed health workforce delivering quality health services for all Ugandans."

Mission

To uphold merit-based recruitment, appointment, and disciplinary processes for human resources in Uganda's health sector, ensuring the availability of competent, motivated, and professional health workers to deliver quality services to all Ugandans.

Goal

"An Effective and Efficient Health Service Delivery System"

Mandate

The mandate of the HSC is to appoint, confirm, promote, and review the terms and conditions of service, training and qualifications of health workers and to foster professional and work ethics, and exercise disciplinary control over the health workers under its jurisdiction.

Core Values and Principles

The HSC is guided by values and principles that align with the Uganda Public Service Code of Conduct, the HSC Client Charter, and good governance practices. These include:

- (i) **Professionalism:** Upholding the highest standards of ethics and conduct in public service.

- (ii) **Integrity:** Ensuring honesty, transparency, and accountability in all Commission activities.
- (iii) **Meritocracy:** Promoting fairness and competence-based recruitment processes.
- (iv) **Equity and Inclusiveness:** Ensuring fair representation and equal opportunity in the health workforce across gender, regions, and special interest groups.
- (v) **Efficiency and Effectiveness:** Striving for optimal use of resources and timely service delivery.
- (vi) **Client-Centered Service:** Focusing on the needs of the Ministry of Health, Local Governments, and the public in health workforce services.

Objectives

Over the next five (5) years, the Commission will pursue the following objectives:

Strategic Objectives

1. To enhance efficiency in recruitment systems and processes
2. To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers
3. To recruit qualified and competent human resources for efficient and effective health service delivery
4. To provide advice to His Excellency the President in respect to health human resources for timely decisions
5. To strengthen institutional capacity within the Health Service Commission

The purpose of the Service Delivery Standards

To promote professionalism, responsiveness, transparency and accountability in the recruitment of Health workers.

Objectives of the Service Delivery Standards

- a) To document the minimum levels of service that the Health Service Commission should provide the public in terms of quantity, quality, time, process, cost and coverage.
- b) To empower the public to demand for services which are due to them at the expected standard.
- c) To enforce quality assurance and compliance mechanisms for service delivery against National and International standards and best practices.

IMPLEMENTATION OF SERVICE DELIVERY STANDARDS

Institutional arrangements

Health Service Commission shall track and report on the implementation of Service Delivery Standards on a quarterly and annual basis. The report shall be discussed by the Senior Management and Top Management of the Commission

Roles and responsibilities

The Tables below show the roles and responsibilities of the different internal and external stakeholders.

Table 1: Roles and Responsibilities of Internal Stakeholders

Responsible Centre	Roles and Responsibilities in the implementation of the Strategy
The Health Service Commission	<ul style="list-style-type: none">• To provide overall policy and strategic leadership, and oversee and guide the implementation of the Service Delivery Standards.• Safeguard integrity and adherence to the Health Code of Conduct.• Enforce adherence to performance management measures in the Commission.• Recruit and promote Health Worker high ethical and professional standards.• Investigate complaints and take appropriate action.• Carry out inspections.
Secretary to the Commission	<ul style="list-style-type: none">• As Accounting Officer, oversee and guide on the implementation of the Service Delivery Standards in the HSC in accordance with Articles 169 and 170 of the Constitution and other provisions, Public Finance Management Act, 2015, Health Service Commission Act 2001, and other relevant laws, policies and regulations.• Ensure adequate financing for the implementation of the Service Delivery Standards.

Responsible Centre	Roles and Responsibilities in the implementation of the Strategy
Heads of Institution and Head of Department/Section/Unit	<ul style="list-style-type: none"> • Implement the Service Delivery Standards at their respective Health institutions, Departments and Units in line with their mandate, and report on progress. • Ensure adherence to HSC code of conduct and promotion of ethics and integrity among staff. • Ensure adherence to performance management measures among staff.
Planning Unit	Monitor and evaluate the implementation of Service Delivery Standards.
Human Resource/ Administration Section	<ul style="list-style-type: none"> • Implement and enforce the Service Delivery Standards in line with its mandate. • Ensure adherence to performance management measures.
Members and staff of Health Service Commission	<ul style="list-style-type: none"> • Proactively implement the various undertakings spelt out under the Service Delivery Standards. • Adhere to ethical standards and values of the Commission.

Table 2: Roles and Responsibilities of External Stakeholders

Responsible Centre	Roles and Responsibilities in the implementation of the Strategy
Ministry of Public Service	<ul style="list-style-type: none"> • Technical support for review, development, documentation, dissemination, clearance for approval and application of Service Delivery Standards. • Approval of Service Delivery Standards.
National Planning Authority	To set standards for the National and Decentralized Planning in Uganda and to ensure that Strategic Plans are aligned to NDP.
Office of the Prime Minister	Integration of service delivery standards to the National Monitoring and Evaluation framework and to apply National Service Delivery Standards in the Government Annual Performance Assessments.

Responsible Centre	Roles and Responsibilities in the implementation of the Strategy
Ministry of Finance, Planning and Economic Development	Integration of service delivery standards into program budgeting system, identify and provide funding for implementation of NSDS activities.
Office of the Auditor General	Undertake value-for-money audits in accordance with and in respect to the set standards.
The Public Procurement and Disposal of Public Assets Authority (PPDA)	Undertake procurement audits.
Civil Society	Sensitize the public on the HSC Service Delivery Standards.
Development Partners	<ul style="list-style-type: none"> • Participate in the implementation of the Health Service Commission Service Delivery Standards. • Propose actions to strengthen service delivery to the public.

MONITORING AND EVALUATION OF SERVICE DELIVERY STANDARDS

Monitoring and Evaluation arrangements

The Health Service Commission Service Delivery Standards shall be monitored through:

- a) Compliance inspections
- b) Performance audits
- c) Client satisfaction surveys

Review of the Service Delivery Standards

The Service Delivery Standards shall be reviewed every five years and in line with the National Service Delivery Survey, Strategic Direction of the National Development Plan and the HSC Strategic Plan. The baseline will be used to develop other service delivery standards.

SERVICE DELIVERY STANDARDS FOR HEALTH SERVICE COMMISSION

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
To enhance efficiency in recruitment systems and processes;	E-recruitment processes and systems strengthened	Proportion of applications received Duration of the advert Frequency of running adverts Frequency of updating the system Time taken to prepare and submit the report	All applications for recruitment shall be received online (HSC ERS Portal) Advertisements for positions shall be run for 21 working days in nationally recognized media and newspapers Quarterly Quarterly Within seven (7) working days after the exercise	Citizens, LGs, DSCs, CSCs, MoH, RRHs, Referral Hospitals, Health Professional, Councils, NRHs, specialized health institutions, civil society organizations	HSC-Website, Media, Accounts for applicants, e-RS Hubs, Mobile App, Notice board	Application, Data analysis, document review, e-RS Hubs, field visits	Human resources, internet, Assorted stationery, ICT equipment, Logistics, Data	No user fee	HSC-Dept of R&SS, MoFPED, MoH, Partners
		% of recruitment based on e-system Time taken to advertise	All complete submissions shall be handled in line with HSC regulations and guidelines. Adverts shall run for at least 21 working days Adverts for recruitment shall be	Citizens, Applicants Health institutions under HSC Jurisdiction, LGs, DSCs, and CSCs	Website, Newspapers, and notification of appointment letters. Minute extracts, Application forms	Advertise vacancies, short-listing and interviewing candidates, data analysis, and document review	HR, assorted stationery, ICT Equipment, airtime, fuel, computers, stationery.	None	HSC (Dept of R&SS)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT- RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
		positions for recruitment	run in nationally recognized media						
	ERS hubs established and updated	Frequency of updating the ERS hub Quality	The ERS hub shall be updated quarterly Provision of cost-free recruitment services to the public. Borderless and 24/7 access to the recruitment portal. All Minutes and mail accurately captured in accordance to system requirements and shall conform to the SoPS.	Institutions LGs, DSCs, and CSCs	Website	Online Publications Data collection, sorting, coding, and shortlisting	Servers, Network Infrastructure, Bandwidth, Computers, software Systems, Human resource, and funds.	None	HSC (Dept of R&SS)
	Exam administered online	Proportion of candidates shortlisted for exams Process time of the report Time taken to prepare and submit the report	All exams shall be administered online Reports shall be produced within 7 days Within seven (7) working days after the exercise	Applicants Health institutions under HSC Jurisdiction LGs, DSCs, and CSCs	E-recruitment systems	Run report from the E-recruitment systems, data analysis, coding, Document review	Systems, Personnel, allowances, Servers, Network Infrastructure, Bandwidth, Computers, software Stationary	None	HSC (R&SS Dept)
		Frequency of ESA reports	ERS report shall be prepared quarterly	Applicants, Health institutions	Websites	Run a report from the E-	Systems, Personnel, funds, Servers,	None	HSC (Dept of R&SS)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
	E-Records system developed and implemented	Time taken to access and retrieve records Time taken to scan and upload records for action Number of staff trained Frequency	Records retrieved within 5 minutes. Records scanned and uploaded within 5 minutes. All Registry procedures must be adhered and conform to the guideline records. 54 members of Staff trained on the use of the system annually.	under HSC Jurisdiction, DScs, and CSCs	E- recruitment systems Publish reports on the websites On requests through the secretary for external users. Internally, requests are made through the registry head online	recruitment systems data analysis, coding, Document review Document review, classification of record	Network Infrastructure, Bandwidth, Computers, software Infrastructure, Bandwidth, Computers, software	None None	HSC (Dept of F&A)
To carry out advocacy and make Recommend ations to improve the terms and conditions of service	Recommend ations on terms and conditions of service made	Proportion of approved recommend ations made Frequency of reviewing orders for health	All approved recommendations made on human resource for health Reviewed after every five years	H.E. the President, Health institutions, MDAs, Parliamentary health committee and the general public	Website, archives, field	Document review, stakeholders engagement, field visits,	Infrastructure, Bandwidth, Computers, software	None	HSC (Dept of RAS)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
for the health workforce		workers and ethical code of conduct	Quarterly						
		Frequency of conducting consultative sessions							
		Frequency of support supervision	Quarterly	H.E. the President, Health institution, MDAs, and the general public.	Website, Annual report,	Document review, field visits, and stakeholder 's engagemen ts.	Staff, cars, computers, working desks, stationary, fuel, funds allowances	None	HSC (Dept of RAS)
	Time taken to prepare and submit report	Reports prepared and submitted within 10 working days after the field							
	Proportion of HRH issues reviewed	All HRH issues reviewed and documented and Must Conform to relevant laws and policies and procedure,		MDAs, RRHs, NRHs, and the general public.	Website, Newspapers, meetings, messages, phone calls, and notification of appointment letters. Minute extracts, Application forms	Document review, field visits, and stakeholder 's engagemen ts.	Staff, registration, books, airtime, fuel, computers, working desks, stationery.	None	HSC(RAS Dept), MDAs
	Quality	All complete submissions shall be handled in line with HSC regulations and guidelines.							
	Proportion of position papers handled	Position papers shall be prepared on all HR Issues for Health annually.		MDAs, RRHs, NRHs, and the general public.	Website, Newspapers, meetings, messages, phone calls, and notification of	Document review, field visits, spot checks, stakeholders	Staff, registration, books, airtime, fuel, computers, working desks, stationery.	None	HSC(RAS Dept), MDAs
	Position papers on human resources for health sector issues produced								

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE / STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
	Technical advice provided on implementation of schemes of services, restructuring and standing orders	Frequency Time taken to produce the reports	Quarterly Reports prepared within 10 working days	MDAs, Health Institutions LGs, DSC&CSC.	Website, meetings, message, letters. Workshops, mentoring, coaching	Document review, field visits, meetings, and training	Staff, registration, books, airtime, fuel, computers, working desks, stationery.	None	HSC (RAS Dept), MDAs
To recruit qualified and competent human resources for efficient and effective health service delivery	Recruitment guidelines for Central Government health Institutions implemented and reviewed	Frequency of reviewing recruitment guidelines	Recruitment Guidelines shall be reviewed after every 5 years	MDAs, Health Institutions, LGs, Cities, PSC	Websites, publication and support supervision.	Literature review, consultation with stakeholders Field visits	Computers, Airtime, Staff, Stationery, Internet, Office space, furniture, subscription fees, allowances	HSC meets costs	HSC (RAS Dept)
	Dissemination of recruitment guidelines	Frequency of disseminating recruitment guidelines	Dissemination shall be conducted every quarter	LGs, MDAs, health institutions	Websites, publication Brochures and support supervision.	field visits, sensitize, document review, meeting,	Computers, Airtime, Staff, Stationery, Office space, furniture, subscription fees, vehicles and fuel, allowances	HSC meets costs	HSC (RAS Dept)
	Support Supervision to Health Institutions conducted	Frequency of support supervision.	Quarterly	DLGs and Health Institutions	support supervision.	Field visits with checklists and detailed programme	Airtime, Staff, Stationery, Office space, subscription fees, vehicles and fuel.	HSC meets costs	HSC

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
	Technical support provided in the recruitment of Health workers	Proportion of LGs provided with technical support Frequency Adherence	Technical support shall be offered to LGs in the recruitment of Health workers on request monthly Quarterly technical support report. Technical Guidance must conform to the HSC regulations and other laws governing recruitment and selection	MDAs, LGs, DSC, His Excellency President.	Upon receipt of request for guidance from LGs Formal communication, distribution of the manual	programme, spot checks, and written requests Field visits, consultative meetings, and document review	and fuel. Staff, computers, printers, stationery, airtime, vehicles, fuel allowances.	None	HSC (RAS Dept).
	Achieve improved communication and information flow to stakeholders	Frequency of meeting	Ordinary Commission Meetings held at least once a month Extra-ordinary meetings held atleast once a month Senior Management Meetings held weekly. Departmental meetings held monthly General Staff meetings at both Half year and Annual. Recruitment planning meeting and seminars held annually.	MDAs, HSC, development partners, parliament	Internal Memos, Letters, and Minutes.	Meetings, workshops and seminars	HR, Computers, internet, stationery, meals, facilitations	Nil	HSC (F&A & RAS Dept)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE / STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
		Time taken to produce minutes	Minutes of the Ordinary and extraordinary commission meetings circulated within 14 working days Minutes of Senior Management and Heads of Department meetings circulated within 5 working days	Chairperson, Deputy, Commission Members, Secretary, Heads of Departments, Heads of Divisions and Sections, All concerned staff & MDAs	Internal Memos, Letters, and Minutes.	meetings, workshops and seminars	Computers, internet, human capital mgt software, stationary, meals, facilitations	Nil	HSC (F&A & R&SS Dept)
		Proportion of candidate notification letters for advertised positions issued Time taken	All candidates must be notified for the interview Candidates shall be notified within 14 working days before the date of the interview The Commission shall write formally to institutions to nominate Technical representatives to the interviewing board within 14 working days to the interviews Technical Persons shall sign a confidentiality and	Applicants, HSC	Website, Applications, Online, SMS, email, letters	Document review, short listing, interview, selection	Computers, internet, human capital mgt software, stationary, meals, facilitations	Nil	HSC (R&SS Dept)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS	
To provide advice to His Excellency the President in respect to health human resources for timely decisions	Recommend ations to improve health workforce terms and conditions of service made to Government	Frequency of preparation of the report	conflict of interest declaration before the interviews.							
			Recommendation report prepared and produced annually	H.E, the President, Minister of Health, Cabinet	Letters, Minutes, Memos	Document review, Report and Memo writing,	Computers, internet, human capital mgt software, stationary,	Nil	HSC (RAS & F&A Dept)	
	Human resources for health issues reviewed and documented	Proportion of recommend ations Proportion of submissions from health institutions received and reviewed proportion of disciplinary issues held adherence to (quality)		The update score shall be <60% by 2030	H.E, the President, Minister of Health, Applicants	Letters	Memo writing	Computers, internet, stationary,	Nil	HSC (RAS Dept)
				All Quarterly recommendations made	H.E, the President, Minister of Health, Applicants	Letters	Memo writing	Computers, internet, stationary,	Nil	HSC (RAS Dept)
				All Human resource Issues for Health reviewed annually	Minister of Health, RRH	Letters, Minutes, Memos	Document review, Report and Memo writing,	Computers, internet, human capital mgt software, stationary,	Nil	HSC (RAS & F&A Dept)
				All disciplinary cases must be handled subject to a fair hearing and rule of natural justice The Disciplinary Procedure must conform R&S framework of 2019 and the Standing Orders 2021	MoH, Hospitals	Letters, Minutes, Memos	Document review, Report and Memo writing,	Computers, internet, human capital mgt software, stationary,	Nil	HSC (RAS & F&A Dept)

OBJECTIVES/SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONTRIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVICE DELIVERY POINTS
Strengthen institutional capacity within the Health Service Commission	HSC planning and monitoring systems strengthened	Frequency of preparing strategic plans	Strategic plans prepared once after every Five years and aligned to NDP Ministerial Policy Statement (MPS) prepared annually and submitted to parliament for approval by 31 st March of every year BFP prepared and submitted to Finance by November 30 th of every year. Budget performance shall be monitored quarterly	HSC, Staff, MoFPED, NPA and Parliament	Publications, Website, Stakeholder meetings	Document review, consultations, field visits, data analysis, stake holders' engagements, budget conferences	Computers, internet, human capital mgt software, Personnel, and funds	Nil	HSC (Planning unit)
		Frequency of monitoring							
	Structure of HSC reviewed and implemented	Time taken to review structures	Structures reviewed after every 5 years	All Departments	Submission to MOPS	Document review, consultation	Computers, internet, human capital Mgt software, Personnel, and funds	Nil	HSC (HR Unit)
	Staffing levels increased	Frequency of preparing recruitment plans	Recruitment plan prepared and submitted to MOPS by 30 th September of every FY (Annually)	Health institutions under the HSC jurisdiction	Submissions to MOPS, Website, meetings	Document review, wage bill, Meetings	Computers, internet, human capital Mgt software, Personnel, and funds	Nil	HSC (HR Unit)
	Staff training and Development strengthened	Appointment of the training committee	Training committee in place Composition of TC: 7 members	HSC, staff	Appointment, training needs assessment, bond agreements, applications	Document review, data analysis, bonding agreements	ICT equipment, stationery, allowances, visual aids	Nil	HSC (HR Unit)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
		<p>Quality</p> <p>Frequency</p>	<p>Tenure of office for members: 3 years renewable once.</p> <p>Approved 5-year capacity building plan must be in place</p> <p>Training committee must conduct a meeting at least once a Quarter</p> <p>All staff recommended for training must sign a bonding agreement as Per the training policy of 2006</p> <p>Career Development training annually</p> <p>Training and Development of Human Resource prepared annually</p> <p>On job performance improvement training quarterly</p> <p>Balanced scorecard tool rolled out and implemented with effect from July 2026 in line with CSI No. 4 of 2024.</p>			<p>Training policy, recommendations</p>			
	<p>Performance of staff managed.</p>	<p>Time</p>		<p>Internal clients</p>	<p>Automated system (HCM), online</p>	<p>Meetings document review, monitoring and evaluation.</p>	<p>ICT tools, Staff Stationery, Staff HR</p>	<p>Free</p>	<p>HSC (F&A)</p>

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
		Frequency	Performance Plans prepared by 1 st July of each Financial Year	All HSC staff	All appointed HSC staff,	Meeting, document review	ICT tools, Stationery, Staff PM tools	Free	HSC (HR Unit)
		Frequency	Performance reviews (Monitoring) conducted quarterly	All HSC staff	All appointed HSC staff	Meeting, document review Consultations	ICT tools, Stationery, Staff PM tools	Free	HSC (HR Unit)
		Percentage	100% staff appraised annually by the 15 th June of every year (FY)	All HSC staff	All appointed HSC staff, document review	Meeting, document review	ICT tools, Stationery, Staff PM tools	Free	HSC (HR Unit)
	Compensation and Benefits paid promptly	Time Quality	Payment of Salaries and Pension by 28 th day of the month All Staff paid with accurate salary scales as per salary structure	Internal Clients	Appointment letter, proof of attendance to duty, on Bank accounts, EFT	HCM & IFMS systems, Data capture, EFT	ICT equipment, HR, wage bill, assorted stationery	Free	HSC (HR Unit)
		Frequency	Pension verification conducted annually	All pensioners	Life certificates	Field visits, document review	HR, stationery	Free	HSC (HR Unit)
	Attendance to duty monitored	Time	Staff should attend to duty from 8:00 am to 5:00 pm (including a lunch break from 12:45 pm to 2:00 pm)	Internal Clients	appointed staff, a Biometric attendance system, and attendance registers.	Arrival /departure registration, training, and data analysis	Biometric systems, HCM, ICT equipment, HR	Free	HSC (HR Unit)
		Frequency	Monthly attendance returns submitted to Responsible Officer	Internal Clients	appointed staff, a Biometric	Arrival /departure registration	Biometric systems, HCM,	Free	HSC (HR Unit)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
					attendance system, and attendance registers.	, training, and data analysis	ICT equipment, HR		
	Service Delivery Standards and Developed, documented, disseminated and reviewed	Frequency	Service Delivery Standards are reviewed after every 5 years.	Public Internal Client, stakeholders	Amendment in policy, law, and community engagement	Community engagement document, review, training, field visits	Computers, functional Human Resource systems,	Free	HSC (Planning Section)
		Quality	Documented service delivery standards aligned to the NDP	Internal Client Public	community engagement	Community engagement document, review, training, field visits	Computers, functional Human Resource systems,	Free	HSC (Planning Section)
	Institutional Client Charter Developed, implemented and reviewed	Quality	Client's charter developed and aligned to NDP and current strategic plan.	Public, Client, development partners	community engagement	Field visits, stakeholder consultations	HR, stationery	Free	HSC (HR Unit)
		Time take to review	Client Charter reviewed after every five (5) years.	Public Internal Client	Amendment in policy, law, and community engagement	Community engagement document, review, training, field visits	Computers, functional Human Resource systems,	Free	HSC (HR Unit)
	Board of Survey conducted and recommendation implemented	Frequency.	Once a year. Asset register updated monthly	HSC, MoFPED	Advertisement, online, asset register	Field visits, document review /Desk review	HR, allowances, stationery, vehicles	No	HSC (HR Unit)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
	Final accounts prepared and submitted.	Frequency.	Semi-annual: By end of 15 th February. For 9 months: By end of 15 th May. Annual: By end of 31 st August.	Employees/ staff, MoFPED	Document review, all staff	Document review, data collection, training, data analysis	Stationery, HR,	No	HSC (Accounts Section)
	Payment processed	Time taken to process payment	Within 3 working days	Employees/ staff, MoFPED	Document review, all staff	Document review, data collection, training, data analysis	Stationery, HR,	No	HSC (Accounts Section)
	Budgets monitored and implemented	Frequency	Finance committee in place and meets quarterly Composition of the Finance committee: HoDS, Units and Sections Finance committee meetings conducted once a quarter. Budget Performance reports prepared quarterly.	MoFPED, all Departments, Accountant General	Document review	Document review, consultations, meetings, PBS, data analysis, IFMIS data analysis, HCM data analysis	HR, stationery, ICT equipment,	No	HSC, (F&A Dept)
	Procurement and Disposal services well managed.	Frequency of preparing a procurement plan Committee	Procurement plans prepared; Annually Contracts Committee in place.	HSC, staff, the public, MoFPED, PPDA	Visit, HSC EGP system, Public media	Bidding Evaluation Display of Best Evaluated	Human resource, Vehicles, Reference materials, computer set, assorted	None	HSC, (PPD section)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
		<p>Time taken to make a decision.</p> <p>Adherence to the guideline</p>	<p>Term: 3 years' renewable once.</p> <p>Composition: 5 members including the chairperson and secretary</p> <p>Within 10 working days from the date of receipt of submission.</p> <p>100% compliance to PPDA Regulations.</p> <p>Bidding period: Micro: 2 working days upon publication</p> <p>Quotations: 5 working days upon publication</p> <p>Restricted: 10 working days upon publication</p> <p>Open bidding: 15 working days upon publication</p> <p>Evaluation: Works – within 20 working days</p> <p>Supplies and non-consultancy services</p>			Bidder Notice	stationery, notice board,		

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
			within 10 working days Display of the Best Evaluated Bidder: within 10 working days after the award. Disposal Plan in place.						
	Procurement reports prepared.	Frequency	Annually Monthly. By 15 th of the subsequent month. Annual: by 15 th of July.	HSC, PPDA, MoFPED, OAG	Document reviews	Document review, field visits,	HR, stationery, ICT equipment	None	HSC, (PPD section)
	Audit reports prepared and submitted.	Time taken Frequency of preparing Audit reports	Quarterly: By 30 th of the subsequent month of the next quarter. Submission of accountabilities: within 60 days from the date of payment. Submit annual internal Audit work plan	HSC	Document reviews	Document review, field visits,	HR, stationery, ICT equipment		HSC (Internal Audit)
	Records archived	Frequency Number of boxes archived	Archived every after two years	HSC, MoPS	Record reviews	Appraisal of records from creators Health Institutions, LGs,	Skilled HR Retention and disposal manuals Transport equipment	Nil	HSC (Records Section)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
	Valuable archival records acquired and preserved for effective knowledge management and usage	No. of Health Institutions, and LGs where submissions are received, appraised and archived	50 Health Institutions and LGs whose submissions are received, appraised and archived	HSC, MoH, RRHs, GHs, NRHs, Other Health Institutions, LGs	Demand driven	Transfer to MoPS File appraisal File transfer to Archives	Fuel and allowances Skilled human resources Transport Allowances	Nil	HSC (Records Section)
	Records Management Systems strengthened	Time taken to retrieve a document Time taken to route a document Time taken to scan and upload Time taken to weed a document Time taken to archive a document	Five (5) Minutes for document retrieval. Document routed in 10 minutes Document scanned and uploaded within five (5) minutes Documents weeded quarterly Documents archived within one hour	HSC, MoH, RRHs, GHs, NRHs, Other Health Institutions, LGs	Demand driven	Hands on Training of records officers Sensitization of users Organization of registries and record	Funds Skilled HR Transport Allowances Stationery Legal framework Reference tools	Nil	HSC (Records Section)

OBJECTIVES/ SPECIFIC OBJECTIVES	OUTPUT/SERVICE DESCRIPTIONS	PERFORMANCE INDICATOR	STANDARD IN TERMS OF: QUALITY, QUANTITY, COST, TIME, PROCESS, AND ACCESSIBILITY AND COVERAGE/ STANDARD	TARGET RECIPIENTS	ACCESS CRITERIA TO OBTAIN SERVICE	METHODOLOGY FOR PROVIDING SERVICE	BASIC INFRASTRUCTURES TO PROVIDE SERVICES, INCLUDING TOOLS, EQUIPMENT, AND PERSONNEL	USER FEE/CONT RIBUTION BY RECIPIENTS	RESPONSIBILITY CENTRE/SERVIC E DELIVERY POINTS
	Valuable archival records acquired and preserved for effective knowledge management and usage	No. of Health Institutions, and LGs where submissions are received, appraised and archived	50 Health Institutions and LGs whose submissions are received, appraised and archived	HSC, MoH, RRHs, GHs, NRHs, Other Health Institutions, LGs	Demand driven	Transfer to MoPS File appraisal File transfer to Archives	Fuel and allowances Skilled human resources Transport Allowances	Nil	HSC (Records Section)
	Records Management Systems strengthened	Time taken to retrieve a document Time taken to route a document Time taken to scan and upload Time take to weed a document Time taken to archive a document	Five (5) Minutes for document retrieval. Document routed in 10 minutes Document scanned and uploaded within five (5) minutes Documents weeded quarterly Documents archived within one hour	HSC, MoH, RRHs, GHs, NRHs, Other Health Institutions, LGs	Demand driven	Hands on Training of records officers Sensitization of users Organization of registries and record	Funds Skilled HR Transport Allowances Stationery Legal framework Reference tools	Nil	HSC (Records Section)



Deputy Head of Public Service/ Secretary to Cabinet making remarks during the Launch of the HSC Strategic Plan and Service Delivery Standards at Kabira Country Club



Signed Dummies of both the Health Service Commission Service Delivery Standards and the Strategic Plan 2025/26 -2029/30



Deputy Head of Public Service/ Deputy Secretary to Cabinet, Members of the HSC, Staff and participants during the Launch of the Strategic Plan and the Service Delivery Standards



Deputy Head of Public Service/ Deputy Secretary to Cabinet signing the Dummy of the Strategic Plan of the Health Service Commission



The Chairperson, HSC signing a Dummy of the Strategic Plan for the Health Service Commission

Vision:

A Fully Resourced Health Workforce that is Responsive, Efficient & Effective in Uganda's Socio-Economic Transformation Process.

Mission:

To Build a Fundamentally Strong & Competent Human Resource Base for Efficient & Effective Health Service Delivery.



Excellence in Human Resource for Health

📍 Plot 1 Pilkington Road Workers' House, 3rd Floor
P.O Box 7452 Kampala 📞 Uganda Tel: 0414 348501 - Fax: 0414 254378
✉ Email: info@hsc.go.ug, 🌐 Website: www.hsc.go.ug