



THE REPUBLIC OF UGANDA

## HEALTH SERVICE COMMISSION



The New Members of the Health Service Commission with Hon. Justice Dr. Emmanuel Baguma, (front row 4th left), Hon. Dr. Jane Ruth Acheng, Minister of Health (front row centre) and Other Dignitaries during the Swearing In Ceremony at the Court of Appeal in March 2025.



Members and Staff of the Health Service Commission with the Director and Staff of Uganda Virus Research Institute during a Support Supervision Visit in September 2025.



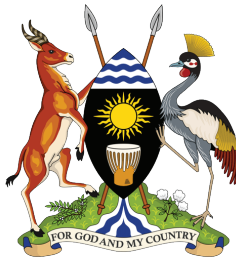
The Deputy Chairperson, Members and the Permanent Secretary of the Health Service Commission handing over ICT Equipment for Jinja Regional Referral Hospital e-Recruitment Hub during a Recruitment and Planning Meeting at Hotel Africana held in October 2025.



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

## CLIENTS' CHARTER

FYs 2025/26 - 2029/30



THE REPUBLIC OF UGANDA

# **HEALTH SERVICE COMMISSION**

## **CLIENT CHARTER**

**FYs 2025/26 2029/30**

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## FOREWORD

The Health Service Commission Client Charter is document meant to enhance accountability to clients and stakeholders. It facilitates clients and citizens to access information regarding the service standards and commitment of the Health Service Commission to its clientele. This is in recognition that client orientation is one of the important tenets of good governance.

The objectives of our Client Charter are to:

1. Inform Clients about the services of the Commission, coverage, service quality, efficiency and effectiveness and its commitment.
2. Inform Clients of their rights and obligations and provide an accountability framework.
3. Enhance transparency in the services delivered by the Commission.
4. Act as a tool for continuous performance improvement through addressing service delivery challenges and periodic revision of the Charter.

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

I therefore call upon all Members, Staff and Stakeholders to support the implementation of this Charter by effectively playing their respective roles.



Dr. Henry G. Mwebesa  
**CHAIRPERSON**

## PREAMBLE

The principal objective of any Client Charter is to provide a mechanism for monitoring the quality and quantity of services and/or goods to its clients from the client perspective. The Charter is about securing feedback on the clients' satisfaction with the services and products and to continuously improve service delivery as it entails clarity of purpose, better focus on clients, increased efficiency and accountability.

It should be appreciated that the bulk of the primary clients of the Health Service Commission are individual Health Professionals who directly interact with the Commission especially during the recruitment and selection process. These Professionals are part and parcel of the wider external labour market. Dealing with the clients and the labour market as a whole, requires appropriate client focus given the fragile, sensitive and competitive nature of the market. Furthermore, decisions of the Commission have far reaching implications on health service delivery since they affect the most valued assets in the Sector; Human Resource for Health who directly provide health services to the population.

The development and implementation of the HSC Client Charter is therefore, not only a Public Service Reform intervention but also a strategic step in streamlining of the delivery of HSC services and ultimately contributing to quality health services for our people.

I extend my gratitude to all those who have contributed to the review and development of this Client Charter for 2025/26 – 2029/30. Implementation of the Charter, requires full cooperation of the Commission's external and internal clients, both at Institutional and individual levels and all stakeholders in order to realize the objectives of this Charter.



Ketty Lamaro

**PERMANENT SECRETARY/SECRETARY**

## LIST OF ABBREVIATIONS

**CAO** Chief Administrative Officer

**CSC** City Service Commission

**DHO** District Health Officer

**DSC** District Service Commission

**e-RS** Electronic Recruitment System

**ESA** Examination and Skills Assessment

**HRH** Human Resources for Health

**HSC** Health Service Commission

**DCP** District Chairperson

**MoPS** Ministry of Public Service

**NCRI** National Chemotherapeutic Research Institute

**NIRA** National Identification Registration Authority

**PNFP** Private Not For Profit

**RRH** Regional Referral Hospital

**UVRI** Uganda Virus Research Institute

**NRH** National Referral Hospital

**KCCA** Kampala Capital City Authority

## **CHAPTER ONE**

### **1.0 INTRODUCTION:**

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

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

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

The Mandate of the Commission is provided under Articles 169 and 170 of the Constitution of the Republic of Uganda (1995) and the Health Service Commission Act, 2001 which is to:

- 1.1.1 Advise the President in performing, in relation to the health service, his or her functions under Article 172 of the Constitution;

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

## **1.2 Vision, Mission, Core Values and Strategic Objectives**

### **1.2.1 Vision**

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

### **1.2.2 Mission**

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

### **1.2.1 Institutional Values**

The HSC is committed to quality service delivery and therefore, regards its institutional core values as critical in the execution of its mandate. The Commission is a key player in the promotion of good governance through a free and just society and a member of the inter-agency anti-corruption forum of Uganda. The following values guide the operations of the Commission.

- 1.2.3.1 Professionalism:** The Commission shall seek to accomplish her mandate in a professional way. Tasks shall be performed

at the highest professional standards to guarantee the quality of outputs

- 1.2.3.2 Integrity:** The Commission shall operate with a high sense of moral and ethical standards in all its dealings.
- 1.2.3.3 Merit:** The Commission shall recruit and select candidates on merit.
- 1.2.3.4 Equity and Inclusiveness:** The Commission shall ensure fair representation and equal opportunity in the Health workforce across Gender, Regions and Special Interest Groups.
- 1.2.3.5 Efficiency and Effectiveness:** The Commission shall strive for optimal use of resources and timely service delivery.
- 1.2.3.6 Client Centered Service:** The Commission shall focus on the needs of the Ministry of Health, Local Governments and the Public in Health workforce services.
- 1.2.3.7 Independence:** The Commission shall operate independently in executing her mandate.
- 1.2.3.8 Transparency and Accountability:** The Commission shall operate in an open environment. It will not accommodate non-transparent methods of work among its Members and staff.
- 1.2.3.9 Confidentiality:** The Commission shall be discreet with the confidential information it handles in the course of executing her mandate, i.e. handling matters of individual health workers and government business. Such information shall not be divulged to unwarranted third parties without the express permission from the source of the information.

#### 1.2.4 Guiding Principles

Our key Guiding Principles are;

**1.2.4.1 *Expediitouness*** in handling of recruitment, appointment, confirmation, promotion, approval of Study leave and disciplining of Health professionals.

**1.2.4.2 *Responsiveness***: Timely response to the needs of stakeholders in a way that meets their expectations.

**1.2.4.3 *Maximum attention*** to unique and peculiar problems affecting the Health professions as they emerge.

**1.2.4.4 *Innovativeness***: innovatively strengthen Institutional capacity to effectively fulfill her mandate; organizationally and professionally.

**1.2.4.5 *Teamwork***: In the course of executing her mandate, the Commission derives its effectiveness from all its Members and Staff acting as a body in a synergetic manner.

#### 1.2.5 Strategic Objectives

Our Strategic Objectives are to;

- a) Provide advice to H. E. the President of Uganda and Government in respect to human resources for health for timely and strategic decision making.
- b) Recruit qualified and competent human resources for health for efficient and effective health service delivery.
- c) Enhance efficiency in recruitment systems and processes.
- d) Carry out advocacy and make recommendations to improve the terms and conditions of service of health workers; and

- e) Enhance the Institutional capacity of the HSC to deliver on its mandate.

## CHAPTER TWO

### 2.0 PRINCIPAL SERVICES and COMMITMENTS

S/N	SERVICES OFFERED	Minimum access time	Procedure /Requirements to Access The Service	FEES (IF ANY)
01	Recruit qualified and competent Human Resource.	30 days	Through the HSC e-rs Portal	-
02	Taking decisions on HRH matters such as approval of study leave, confirmation in appointment and disciplinary control.	2 months	By Notification of the clients after feedback.	-
03	Recruitment Guidelines in respect of Health Workers in Districts and Urban Authorities Provided.	1 Month	Online and the District Local Governments	-
04	Support Supervision of City Service Commissions(CSCs), District Service Commissions (DSCs), National and Regional Referral Hospitals and specialized Health Institutions undertaken.	Quarterly	Through meetings with several stake holders	-

<b>05</b>	Technical support provided to DSCs and CSCs in the selection interviews for posts in Salary Scale U2 and above.	<b>Demand driven</b>	<b>Request made by Chief Administrative Officer</b>	-
<b>06</b>	Administering online and written Aptitude tests upon requests from the Districts.	<b>One week upon request</b>	<b>Online test</b>	-

**NB: These are services that the client has to initiate in order to be served**

**COMMITMENTS: (These are HSC Mandates/obligations to perform without Clients requesting)**

- 2.1 Advice to the President on the appointment, confirmation, disciplinary control and removal from office of Health Workers at Head of Department level and above.
- 2.2 Appointment of qualified and suitable Health Workers.
- 2.3 Taking decisions on HRH matters such as approval of study leave, confirmation in appointment and disciplinary control.
- 2.4 Recruitment Guidelines in respect of Health Workers in Districts and Urban Authorities provided.
- 2.5 Support Supervision of City Service Commissions (CSCs), District Service Commissions (DSCs), National and Regional Referral Hospitals and specialized Health Institutions undertaken.

- 2.6 Advice to Government on Terms and Conditions of Service, training and qualifications of Health Workers.
- 2.7 Promotion of observance of the Code of Conduct and Ethics for Health Workers.
- 2.8 The e-recruitment and selection system maintained.
- 2.9 Selection systems and examination methods for human resources for Health Service implemented and reviewed.
- 2.10 Administrative and support services provided.
- 2.11 Annual Performance Report to Parliament and other Key Stakeholders prepared.

### **3.0 CHAPTER THREE GENERAL STANDARDS KEY RESULT AREAS /**

#### **3.1 Advise the President on the appointment, confirmation, disciplinary control and removal from office of Health Workers at Head of Department level and above.**

We shall:

- 3.1.1 Advise H.E the President on appointments or any other HRH issues with maximum transparency, accuracy, professionalism and such advice shall be timely.
- 3.1.2 Prepare and submit Instruments to H.E the President within seven (14) working days upon the decision(s) of the Commission.
- 3.1.3 Forward signed and sealed Instruments to the Responsible Permanent Secretary, Ministry of Public Service within five (5) working days upon receipt of the Instruments.

## **3.2 Appointment on merit of Health Workers**

We shall:

- 3.2.1 Acknowledge receipt of the cleared and declared vacancies from the user institutions under the jurisdiction of the Health Service Commission within 14 days from the date of receipt.
- 3.2.2 Advertise for Jobs in a widely accessed media of communication.
- 3.2.3 Advertise posts within two months from the date of receipt of submission.
- 3.2.4 At all times involve Technical Representatives in the selection process during shortlisting and interview exercises.
- 3.2.5 Display shortlists and disseminate interview programmes within 14 days from the date of approval.
- 3.2.6 Inform shortlisted candidate(s) of the programme of interviews at least fourteen (14) days before he/she is expected to attend the interview, using the most convenient and quickest means of communication available.
- 3.2.7 Give feedback to only successful candidates on interview results within 14 days.
- 3.2.8 Other options notwithstanding, openly and competitively recruit Health Workers of all cadres, ranks and categories.
- 3.2.9 Fill vacancies in the Health Institutions under the jurisdiction of the HSC as and when cleared and declared in any Financial Year provided the labour market appropriately responds.

- 3.2.10 Release error-free decisions (Minutes) on appointments and promotions within one (1) month after the interviews.
- 3.2.11 Disseminate HSC decisions (Minutes) to responsible officers (s) within 14 days from date of approval.
- 3.2.12 Inform successful candidates within fourteen (14) days from the date of release of the results.

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

We shall:

- 3.3.1 Acknowledge receipt of all submissions within fourteen (14) days upon their receipt.
- 3.3.2 Produce and disseminate to responsible officers(s) high quality HSC decisions on all recommendations submitted by user Institutions under the jurisdiction of the HSC within fourteen (14) days from date of approval.
- 3.3.3 Provide HSC decision(s) and/or feedback on any recommendation within one (1) month upon receipt.

**3.4 Recruitment Guidelines provided in respect of Health Workers in Districts, Referral Hospitals and Urban Authorities.**

We shall:

- 3.4.1 Disseminate the Guidelines to all the principal stakeholders; that is, the CSCs, DSCs, Chief Administrative Officers (CAOs), Local Council Five (LCV) Chairpersons, Mayors, Town/City Clerks and District Health Officers (DHOs).

- 3.4.2 Attend to concerns of users and consider their recommendations for review of any aspect of the Guidelines as it may be deemed desirable following all due consultations.
- 3.4.3 Review the Guidelines every five (5) years in line with the NDP IV.
- 3.4.4 Respond to any Government policy that may necessitate review of any or whole of the Guidelines.

**3.5 Support Supervision to CSCs, DSCs, National and Regional Referral Hospitals and Specialized Health Institutions undertaken.**

We shall:

- 3.5.1 Undertake support supervision to all the scheduled CSCs, DSCs, District Local Governments (DLGs), Urban Councils, Specialized Health Institutions, National and Regional Referral Hospitals (RRHs) each Financial Year at least once in a quarter.
- 3.5.2 Notify Cities, Districts, National Referral Hospitals (NRHs), RRHs and Specialized Health Institutions of the support supervision visits programme fourteen (14) days in advance.
- 3.5.3 Provide support instruments such as Recruitment Guidelines at every visit as it may apply.
- 3.5.4 Send salient issues arising from the CSCs and DSC's quarterly supervision reports fourteen (14) days in advance for discussion during the next support supervision visit.

- 3.5.5 Respond to issues raised during the visits with accurate and informed advice.
- 3.5.6 Attend to urgent issues immediately on return from the visits and disseminate appropriate feedback within one (1) month.
- 3.5.7 Prepare and disseminate support supervision reports to all visited CSCs, DSCs, DLGs, Urban Councils, National and Specialized Health Institutions and RRHs and share the same with other stakeholders within three (3) months.
- 3.5.8 Follow up issues presented in the Support Supervision Reports and disseminate appropriate feedback.

### **3.6 Technical Support Provided to CSCs and DSCs.**

We shall:

- 3.6.1 Acknowledge receipt of the request for a Technical Representative within two (2) working days.
- 3.6.2 Provide Technical Representatives to DSCs and CSCs during the shortlisting exercise and selection interviews for posts in U2 and above.
- 3.6.3 Acknowledge receipt of all technical issues raised by any DSC and CSC within seven (7) days.
- 3.6.4 Provide appropriate advice, feedback or response on all technical issues concerning HRH raised by any DSC and CSC within thirty (30) days on receipt.
- 3.6.5 Produce a report within thirty (30) working days

### **3.7 Advice to Government on Terms and Conditions of Service, Training and Qualifications of Health workers.**

We shall:

- 3.7.1 Produce position papers on human resources for health sector issues annually.
- 3.7.2 Review the terms and conditions of service for Health Workers and submit recommendations to Government every five (5) years.
- 3.7.3 Review every five (5) years HSC recommendations on the training and qualifications of Health Workers and submit to Government by the 30<sup>th</sup> October of the review year.
- 3.7.4 Identify restructuring issues and bring them to the attention of the relevant Authorities.
- 3.7.5 Conduct annual Recruitment planning consultative sessions with stakeholders and field studies.

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

We shall:

- 3.8.1 Provide the Code of Conduct and Ethics (CCE) Booklets to every new Health Worker basing on the recruitment figures every Financial Year.
- 3.8.2 Attach the Code of Conduct and Ethics (CCE) Booklet on the Notification Letter to successful candidates.
- 3.8.3 Provide awareness to health workers on the Code of Conduct and Ethics (CCE) at every support supervision visit.
- 3.8.4 Disseminate Code of Conduct and Ethics (CCE) soft copy on the Commission website.

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

### **3.9 The e-Recruitment and Selection Systems (e-RS) maintained.**

We shall:

- 3.9.1 Utilize the Electronic Recruitment system (e-RS) process to receive and screen applications.
- 3.9.2 Administer aptitude tests using Examinations and Skills Assessment (ESA) application.
- 3.9.3 Generate aptitude examination reports within seven (7) days of administering the examinations.
- 3.9.4 Disseminate aptitude results notifying successful candidates through the HSC website within seven (7) days after the aptitude exams and approval of results by the Commission.
- 3.9.5 Generate e-RS reports within seven (7) days after shortlisting and interview exercises respectively.
- 3.9.6 Update job profiles on the e-RS annually.
- 3.9.7 Offer functional and technical support to regional hubs established by the HSC quarterly.

### **3.10 Selection systems and examination methods for human resources for Health Service implemented and reviewed.**

- 3.10.1 Conduct continuous training on e-RS and hands-on support to Regional Hubs.

- 3.10.2 Establish an examination data bank to strengthen administration of aptitude exams.
- 3.10.3 Scale up use of the e-RS modules and inter-link with systems of other entities (MoH, Professional Councils, MoPS, NIRA among others)

### **3.11 Administrative and Support Services Provided**

We shall:

- 3.11.1 Establish and use internal systems and procedures in all transactions, regarding financial, human resources, records and IT, and assets management.
- 3.11.2 Observe Financial and Accounting Regulations, Guidelines and Procedures.
- 3.11.3 Adhere to Procurement Regulations.
- 3.11.4 Prepare and implement the annual and quarterly work plans and budgets.
- 3.11.5 Prepare financial and physical budget performance reports quarterly and annually.
- 3.11.6 Ensure timely payment of salaries, pensions and other approved obligations by 28<sup>th</sup> day of every month.
- 3.11.7 Provide ICT support services to users as and when required.
- 3.11.8 Update staff lists monthly.

### **3.12 Annual Performance Report to Parliament and Other Reports**

We shall:

- 3.12.1 Submit to Parliament Reports that are comprehensive and factual by 30<sup>th</sup> October every year.
- 3.12.2 Submit the Reports within the timelines set under the law.
- 3.12.3 Submit a Report in respect of our performance of our functions, to Parliament and other Stakeholders by 30<sup>th</sup> October of every year.
- 3.12.4 For any other Report, finalize within six (6) months from the date of conception of the idea.

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

Our Clients are;

##### **4.1 External Clients :**

- i. H.E The President of the Republic of Uganda
- ii. Office of the President
- iii. The Parliament of Uganda
- iv. Ministry of Health
- v. Ministry of Public Service
- vi. Ministry of Finance, Planning and Economic Development
- vii. Ministry of Education and Sports
- viii. Ministry of Local Government
- ix. District Service Commissions
- x. City Service Commissions
- xi. National Appointing Commissions and Appointing Authorities

- xii. National and Regional Referral Hospitals
- xiii. Specialized Health Institutions namely;
  - a) Uganda Blood Transfusion Services
  - b) Central Public Laboratories
  - c) Vector Control Division
  - d) TB and Leprosy Laboratory
- xiv. Kampala Capital City Authority
- xv. Professional Councils in the Health Sector
- xvi. Uganda Prisons Services
- xvii. Health Training Universities and Institutions
- xviii. Health Professionals of all categories
- xix. Ministry of Works and Transport
- xx. Ministry of Gender, Labour and Social Development
- xxi. Equal Opportunities Commission
- xxii. Other Ministries
- xxiii. Service Providers
- xxiv. Private Not For Profit (PNFP) Hospitals
- xxv. Institutions under the Uganda National Health Research Organization;
  - a) Uganda Virus Research Institute (UVRI),
  - b) Natural Chemotherapeutics Research Institute (NCRI)
- xxvi. Non-Governmental Organizations (NGOs)
- xxvii. The Public

## **4.2 Internal Clients:**

The Chairperson, Deputy Chairperson, Members and Staff of the HSC

### **4.3 Client Expectations and Rights**

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

- 4.3.1 Free services.
- 4.3.2 Prompt and timely delivery of services and products.
- 4.3.3 Fair, socially just, non-discriminative and transparent Commission decisions.
- 4.3.4 Timely and appropriate feedback on issues raised with the Commission.
- 4.3.5 Guidelines, recommendations or any undertaking of policy nature that are born out of intensive and extensive consultations.
- 4.3.6 Obtain a hearing or appropriate response on any justifiable matter relating to decisions made by the Commission on appointments, disciplinary action or any other HRH issue.
- 4.3.7 Observe confidentiality of classified information.

### **4.4 Client Obligations**

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

- 4.4.1 Respect the independence of the Commission especially in regard to appointments, promotions and disciplinary control of Health Workers. Accordingly our Clients have to resist any influence peddling and bribery.

- 4.4.2 Strict observance of standards, guidelines and checklists that are instrumental in the furtherance of uniformity and consistency in the provision of services.
- 4.4.3 Strictly “keep their bargain”; e.g. Institutions need to plan recruitment, timely submit cleared vacancies and expeditiously implement HSC decisions on appointments.
- 4.4.4 Professional Councils and Pharmaceutical Society of Uganda should promptly register and provide licenses to Health Professionals under their jurisdiction.
- 4.4.5 Observe confidentiality of classified information.
- 4.4.6 Technical Representatives must not divulge Commission proceedings.
- 4.4.7 Feedback on Commission transactions including constructive criticism.
- 4.4.8 Readiness for and active participation whenever called upon to participate in the activities of the Commission.
- 4.4.9 Without fear or favour bring to the attention of the Commission any corrupt tendencies or any deviant behavior from the set standards, norms and values by contacting us physically or using email.
- 4.4.10 Maintaining high quality submissions and/or services in the transaction of business with the Commission.

## **5.0 GENERAL STANDARDS**

### **5.1 General Standards**

In implementation of the Commitments under this Charter, the HSC shall observe the following general service standards;

## **ATTENDANCE TO DUTY AND MANAGEMENT OF TIME**

Our offices will be open five days a week, i.e. Monday to Friday 8:00 a.m. to 12:45 pm and 2:00 p.m. to 5:00 p.m.

Our offices will be closed to the Public on and designated Public holidays. Our staff shall be available at all times during working hours and will commit working hours to official duties.

## **IMAGE**

We shall dress appropriately and appear descent at all times. Our staff shall wear official identification tags at all times in office premises. The Ministry will maintain a clean and healthy environment. Our staff shall not solicit for bribes and inducement for services offered by the Ministry.

## **CLIENT MANAGEMENT**

Our clients shall be subjected to security checks to access the premises. Idlers and hawkers/vendors shall not be allowed in the premises. Clients shall be expected to wait at designated waiting areas and our staff shall attend to all clients without discrimination within 5 minutes. We shall at all times adhere to and continually improve the standards of services indicated below:

- 5.1.1 Answer telephone calls by the third ring.
- 5.1.2 Be courteous to all our Clients.
- 5.1.3 Attend to all our Clients within 30 minutes from the time of arrival at our respective service points.
- 5.1.4 Respond to all written correspondences within five working days of receipt.
- 5.1.5 Provide information on new policies, reports, publications and circulars through the Commission website.

- 5.1.6 Adhere to timelines set for reporting outputs/outcomes and communicate any divergence from these norms to the relevant authority within 7 working days on identification of the bottleneck.

**In addition we shall;**

- 5.1.7 Provide services free of charge.
- 5.1.8 Provide services in a conducive work environment.
- 5.1.9 Wear identity cards.

## **6.0 FEEDBACK MECHANISM**

### **6.1 Importance of Feedback**

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

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

- 6.2.1 Write to the Secretary of the Commission on P.O. Box 7452 Kampala.
- 6.2.2 Drop your message at the Records/Registry office.
- 6.2.3 Call our Client Charter Officer on our direct lines 0414-254378 or 041348501

6.2.4 E-mail your message through

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

## **7.0 MANAGING COMPLAINTS AND THE APPEAL PROCESS**

### **7.1 General Standards**

7.1.1 Complaints delivered in person and verbally communicated shall be attended to by the Secretary, Health Service Commission.

7.1.2 Errors, oversights, omissions etc, identified at source shall promptly be handled and recipients informed.

7.1.3 Complaints received in writing shall be promptly attended to; and given the nature and magnitude of the complaint, acknowledgement shall be provided within five (5) working days of receipt of the complaint.

### **7.2 Written Communications and Appeals**

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

Any appeal on recruitment related aspect should be lodged with the Commission within five (5) days in respect of shortlisting from the date the shortlist is publicized; or fourteen (14) days in respect of interview from the date of release of list of successful candidates.

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

### **7.3 General Communication Mechanism**

Any written communication from individual Clients should be addressed to the Secretary, HSC and not to Members of the Commission or Staff of the Commission.

## **8.0 ACCOUNTABILITY, REPORTING PERFORMANCE, PERFORMANCE IMPROVEMENT**

### **8.1 Accountability**

The Commission is accountable to the Government, its direct Clients and all the people of Uganda for all its acts. To realize this accountability, the Commission shall;

- 8.1.1 Strive to deliver its services and products basing on the value for money principle.
- 8.1.2 Report performance on the Client Charter in its Annual Report and Policy Statement.
- 8.1.3 Conduct bi-annual review of the Performance of the Client Charter.
- 8.1.4 Review the implementation of the Client Charter together with the Strategic Plan of the Commission during the 3<sup>rd</sup> year of the Plan.
- 8.1.5 Publish critical complaints as well as commendations (compliments) in Annual Reports.

- 8.1.6 Regularly monitor and evaluate performance of the Client Charter and discuss emerging issues during Extra-Ordinary Meetings of the Commission.

## **8.2 Reporting Performance against the Client Charter**

The Commission shall:

- 8.2.1 Monitor and evaluate performance against the Client Charter.
- 8.2.2 Publish performance against the Client Charter in the Commission's Policy Statements and Annual Reports.
- 8.2.3 Report on performance to Clients during the scheduled reviews of the Strategic plan and Client Charter.
- 8.2.4 Solicit for wider participation of Clients when carrying out major reviews e.g. of the Recruitment Guidelines.
- 8.2.5 Publish summary complaints obtained from the suggestion box or website or any other sources and corresponding HSC responses.

## **8.3 Performance Improvement**

We are guided by the principle of continuous performance improvement and the measures to deliver this are:

- 8.3.1 Re-designing and re-aligning HSC Strategies.
- 8.3.2 Prioritizing budgetary allocations.
- 8.3.3 Adopting modern ICT in line with Government Policy on E-Governance.

- 8.3.4 Adopting contemporary management methods e.g. E-recruitment; Results Oriented Management and Performance Agreements.
- 8.3.5 Tracking cycles of activities and removing identified bottlenecks.
- 8.3.6 Addressing salient concerns raised by Clients and tackling them as they emerge.
- 8.3.7 Consistent institutional and HR capacity improvements.
- 8.3.8 Rewarding Staff who excel and/or initiate new quality changes.
- 8.3.9 Reward and recognize initiatives and innovations that stimulate qualitative improvements in the implementation of the Client Charter.
- 8.3.10 Regular review of internal systems, procedures and processes and updating them to meet improvement concerns.

## 9.0 OUR CONTACTS

You may contact the Commission using one or a combination of the following:

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

**9.2** Our postal address is;

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

**9.3** Our direct telephone lines are:

**0414-254378** or **0414-348501**

**9.4** E-mail addresses: [secretary@hsc.go.ug](mailto:secretary@hsc.go.ug) / [info@hsc.go.ug](mailto:info@hsc.go.ug)

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

## **Health Service Commission**

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