

**Mission Statement**  
**and**  
**Policy**  
**of**  
**Catholic Health Services**  
**in Uganda**



Text Approved by the Bishops' Conference in Uganda  
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# TABLE OF CONTENT

Catholic Health Services In Uganda.....Pg 3	
Mandate Of The Health Commission Of The Episcopal Conference.....Pg 4	
Mandate Of The Uganda Catholic Medical Bureau (UCMB).....Pg 4	

## Catholic Health Services in Uganda

Vision.....Pg 5	
	Section A
Mission Statement.....Pg 7	
	Section B
Policy Statement.....Pg 8	
	Section C
Policy priorities.....Pg 11	
	Section D
Specific Objectives.....Pg 12	

## CODE OF CONDUCT

### For Office Beares In Rcc Health Services In Uganda

Objective of the document:.....Pg 21	
Use of the document:.....Pg 21	
Structure of the document & its application:.....Pg 21	
	Section 1
STATEMENT OF COMMITMENT For Senior Staff Of Catholic Hospitals/Health Units.....Pg 23	
	Section 2
STATEMENT OF COMMITMENT for Members of the Catholic Hospitals & HUMT.....Pg 25	
	Section 3
CODE OF CONDUCT of Members Of The Board Governors & Diocesan Health Boards.....Pg 28	
	Section 4
CODE OF CONDUCT Of Personnel Of Catholic Health Services.....Pg 30	

# **CATHOLIC HEALTH SERVICES IN UGANDA**

## **Background**

The Roman Catholic Church started health care services for the rural underprivileged well before independence in Uganda. At the moment it counts 27 hospitals with 11 nursing schools and 228 lower level health units. These institutions constitute a sizeable component of the public health system in Uganda. Co-ordination and facilitation of - and policy development for the health units is organised at intermediate / diocesan level and at national level through the Health Commission of the Episcopal Conference and its technical arm the Uganda Catholic Medical Bureau.

The main focus of the health services of the RCC is in the presence of health care institutions. These units offer a package of curative, preventive and promotional services as per their level and in line with the national health policy.

## **Organisation**

The health care institutions are almost exclusively owned by the 19 Dioceses in Uganda. Only a very limited number of lower level units is owned by Religious Congregations. However many of the hospitals and larger lower level units are either managed by or see a substantial presence of Religious Congregations. The Health Commission of the Episcopal Conference, through its technical arm – the Uganda Catholic Medical Bureau - is the national co-ordinating body. Common policies and approaches are mapped out here, but each bishop decides if and how the plans are to be implemented in his diocese.

The Uganda Catholic Medical Bureau (UCMB) was established in 1955 – along with the sister Protestant organisation, the UPMB - with the main purpose to oversee the procurement of drugs and medical equipment and to distribute to the units grants in aid to the voluntary health sector received by the colonial administration. At the time it was one of the first departments of the Inter-diocesan Secretariat, which later became the Catholic Secretariat of the Uganda Episcopal Conference (UEC). From the juridical point of view, the Bureau exists as Department of the Catholic Secretariat, headed by an Executive Secretary appointed by the Bishops' Conference. In its turn, the Catholic Secretariat falls under the juridical personality of the Episcopal Conference. In 1979, the Catholic Medical Bureau and the Protestant Medical Bureau jointly established a drugs' procurement agency: the Joint Medical Stores. The JMS is now an autonomous organisation in whose Board sit the representative of the founding bodies (the UPMB and the UCMB).

## **The Uganda Catholic Medical Bureau**

The present mandate of the Uganda Catholic Medical Bureau, as received and laid down by the Health Commission of the Episcopal Conference in 1997, covers activities in support of the health services of the RCC (data collection and management, dissemination of information, facilitation of fora of sharing of experience), activities oriented towards the external environment (advocacy, lobbying, representation) and activities in support of the functions of the Health Commission of the Episcopal Conference. The Bureau is located at the Catholic Secretariat (Nsambya).

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## **MANDATE OF THE HEALTH COMMISSION OF THE EPISCOPAL CONFERENCE**

The Health Commission is instituted by the Uganda Episcopal Conference to deal with all health matters, including policies and practice, as carried out by Roman Catholic Church Health Services. It is responsible to the Episcopal Conference.

Its roles include:

- Initiation and development of and fostering the implementation of Church Health Policy.
- Advise the Episcopal Conference on relevant health matters.
- Facilitation of the co-operation with government health policies, provided such policies do not contradict the Church's teaching
- Identification of areas of non-compliance of Episcopal Conference/Ordinaries/Units with established Government/Church policies and standards.
- Establish, appoint members, set terms of reference and time frame for statutory and ad hoc committees as needed.
- Receive mandates from the Episcopal Conference as needs arise.

It exercises its roles by

- ✓ meeting twice a year and, with all Services' Representatives, at the Annual General Meeting
- ✓ receiving reports from statutory and ad hoc committees and initiate suitable actions
- ✓ utilising its technical arm, the UCMB.

### **MANDATE OF THE UGANDA CATHOLIC MEDICAL BUREAU (UCMB)**

The UCMB is the health office of the Catholic Church in Uganda and the technical arm of the Health Commission, carrying out its day to day operations.

It has the following functions

#### **Service oriented functions**

- offering services in view of improving managerial, administrative, fiscal, legal capacities of RCC Health Services either directly through its own staff or through purchased expertise
- gathering and managing data/information in view of proving the relevance, cost-efficiency/effectiveness and the social orientation of RCC health services
- gathering and disseminating relevant information for RCC health services
- facilitate the establishment of fora of common discussion, learning, collaboration, exchange of experience, identification of common problems and priorities.

#### **Environment oriented functions**

- advocating/lobbying for the RCC health Services in front of Government, Private for Profit, International Agencies and Donor Community
- representing RCC health services before and liaising with Government
- co-operating with Government in areas of health policy development, planning, quality assurance, training, etc.

#### **Intra institutional functions (RCC)**

- facilitate the work of the Health Commission and of the Annual General Assembly
- present to the Episcopal Conference and to the Ordinaries points of action required by the established policies

highlight areas of non-compliance of Episcopal Conference/Ordinaries/Units with established policies and standards.

# Catholic Health Services in Uganda

## Vision

***The vision of the RCC health services is a healthy and reconciled life for all individuals, their families and their communities.***

*It is a world where:*

- *the individual, the families and the communities pursue a holistically healthy life style*
- *the families and the communities are empowered to accompany those who suffer*
- *those who suffer find support, care and treatment in a spirit of Christian solidarity.*

*The RCC health care services are based on this Vision and the concept of Primary Health Care and the ensuing strategy of Health For All and seek to realise that:*

- *health units offer basic curative, preventive and promotional health care services that are available, accessible and affordable for all in the defined catchment area;*
- *services are sustainable in the local socio-economic system;*
- *health care providers work together with communities and related sectors to promote a better health care status for all based on community involvement and responsiveness to local needs;*
- *services are integrated with - and complementary to other services in the public health system in the context of the district health care system;*
- *services are provided in harmony with other sectors of development.*

NB: The text of the "Vision" is not part of the text presented and approved by the Episcopal Conference in 1999. It represents a further development of the Mission and Policy Statement elaborated by UCMB.

The following document has been prepared by an ad hoc Committee established by the Health Commission of the Episcopal Conference.

The Committee worked during the months of February to April 1999 and was composed by the following members:

*Rev. Fr. Dr. John Mary Waliggo, Justice and Peace Commission, UCS*

*Prof. Fr. Michel Lejeune, Vice Chancellor, Uganda Martyrs' University*

*Rev. Sr. Joseph Donatus, Tutor, Rubaga School of Midwifery*

*Dr. Rita Moser, Consultant, Rubaga Hospital*

*Mr Boniface Tebandeke, Diocesan Health Co-ordinator, Masaka Diocese*

*Prof. Ignatius Kakande, Consultant, Mulago Hospital*

*Dr. Bro. Daniele Giusti, AgES/PHO, UCMB*

The Draft of the Mission Statement was examined by the Health Commission, circulated to all Diocesan Health Co-ordinators and to all Catholic Hospitals and presented at the Annual General Assembly of the Catholic Health Units in April 1999. Suggestions and comments were kept into account and incorporated in the text.

The final Draft was eventually presented to the Episcopal Conference during the Plenary Meeting of June 1999 and received approval after few amendments.

The Document is composed of 4 sections:

**Section A** is the Mission Statement proper. It states the mandate for and commitment of the Catholic Church to the exercise of the healing ministry of Jesus Christ.

**Section B** presents the principles guiding the exercise of the healing ministry.

*Both sections A and B are expected to remain unchanged along time. Section C and D present instead the way the healing ministry is going to be exercised in the present time, and therefore these section are clearly contextual and may change along time.*

**Section C** presents the policy priorities. It is deemed necessary to revise this section every 5 years or with a different periodicity, if need arise.

**Section D** presents the policy specific objectives for the next 5 years. Each objective to be pursued is stated in detail. Each Diocese is requested to use this section and section C as reference for the preparation of Diocesan Health Policy and Plans. It is understood that the proposed objectives can be pursued at different pace in each diocese. It is anyway expected that within 5 years all the objectives will be achieved.

Kampala, 24.6.1999, Solemnity of the Nativity of John the Baptist

## Section A

# **Mission Statement**

- 1. The mission of the Catholic health services in Uganda is derived from the mission of the Church which has a mandate, based on the imitation of Christ and His deeds, to promote life to the full and to heal. These services are committed to a holistic approach in healing by treating and preventing diseases, with a preferential option for the less privileged.*
- 2. Since the person is at the centre of all activities of the catholic health services, a basic attitude of respect for the human dignity will be the guideline for all. Therefore the principle of subsidiarity will be applied with equity in all relationships within the catholic health service network.*
- 3. Justice, universality and equality will mark the work of all catholic health units in Uganda. Their work will be done in a professional way and in a spirit of total dedication and transparency. Human life being sacred, the basic attitude of all personnel in catholic health services will be the healing of the person with total respect for life.*

## Section B

# **Policy Statement**

*All catholic health services shall adhere to in their constitutions, statutes, policies and work to the guiding principles of the mission statement and of the policy statements here below specified.*

### **Co-ordination of services**

1. Between all health units there should be a spirit of open and frank collaboration where the principle of subsidiarity is the rule and is respected. The common good of people and of the nation will be the concern guiding all initiatives of collaboration.
2. To facilitate collaboration between them and with other bodies, all Catholic health units should seek accreditation and register with the Uganda Catholic Medical Bureau.
3. For the purpose of effective co-ordination, each diocese will have a health Co-ordinator who will work together with the Executive Secretary of the Uganda Catholic Medical Bureau and with the persons in charge of units. The Co-ordinator will be guided and assisted in his work by a team of advisors to form the diocesan health advisory board.
4. Each advisory board and Co-ordinator will adapt the church common health policy to local situations and will be responsible for its implementation.
5. The establishment of intermediate levels of co-ordination between dioceses and Medical Bureau will be considered as an option to be pursued once the Ecclesiastical Provinces will be firmly established.

### **Consolidation of services**

6. The existing units and services set-up will be consolidated during the next period of five years. Clear objectives aiming at the consolidation of the existing units will be set in each diocesan policy, pursued and regularly assessed. National guidelines about the establishment of new units will also be respected.
7. The opening of new units in a diocese will be decided upon on the ground of a thorough previous evaluation of need, feasibility, viability and sustainability. It is of great importance that an equal distribution of services be attained in co-operation with government and other health service providers and keeping into account government policies.

### ***Professionalism, quality of care and training***

8. The personnel of units and services will be professional in their work. High quality and professional standards will be the rule and to maintain these, there is a need for constant and continuous education and training. Professional posts will be filled with personnel with adequate qualifications.
9. The existing training institutions will consider diversifying the type of training offered. This option is preferred to the setting up of new schools. Training plans will be co-ordinated with Government and other organisations like Uganda Protestant Medical Bureau. In all aspects of training it should be remembered that any school is a place for life-long learning. When talking of professionalism, specialised areas of the profession have to be strengthened, thus giving to all a possibility of access to the best possible services. In so doing, quality care should remain at the heart of all health services.
10. In the training of health personnel, be it on-going or pre-service, ethics will have to have a central place, thus introducing into the profession the basic attitudes needed in the exercise of the health profession.
11. The Uganda Catholic Medical Bureau will endeavour to assist units and services in the training of health personnel and may call upon specialised institutions, to assist in this task. A formal co-operation will be established for this purpose with Uganda Martyrs University, particularly with regard to the training of health services' managers.

### ***Equitable sustainability***

12. Services have to be sustainable in a reasonable way. The purpose of health care is not to create a money-making business but to develop services in such way that all may have access to it. Hence all catholic health service will pursue a "NOT FOR PROFIT" rationale of operation.
13. A certain contribution towards the health services received shall be asked from patients and users, but it should be of such nature that the «caring» aspect of health care be safeguarded. It is of paramount importance that the question of fee structures will have to be studied in the light of the mission of all Catholic Health Units in Uganda.
14. As there is a preferential option for the less privileged in our health services, the poor have to be enabled to obtain services in an equal way as others and obtain the best care possible.
15. The achievement of a sustainable service will require high managerial skills where accountability and transparency are the rule. Without these, no sustainable service will be achieved. Units and services will take particular care in developing managerial skills of their personnel.

***Integration and co-operation***

16. Catholic health units do not work in isolation and must always remember that there are other providers in the Country which need to be recognised and respected. The Catholic health units will operate as part of a national health system. Therefore, a sound working relationship within the church services, with Government institutions and with other health care providers is of paramount importance and will be pursued.
17. There will be co-operation in all possible fields, from training to health care delivery. Each one has to be recognised for its own work although no Catholic health unit should compromise on its own identity and the principles it stands for. Advocacy for the RCC health services will be pursued at all levels.
18. A system of referral and counter-referral will facilitate the movement of the patient and user through various levels of service delivery system and to specialised institutions of whatever kind and affiliation.

## Section C

### **Policy priorities**

1. The consolidation of the existing services is the main goal to be achieved in the next five years.
2. Within this time-frame, each Diocese will set the pace of the policy implementation by adapting this policy and drawing up/implementing Diocesan/Hospital plans.
3. The monitoring of the implementation of such plans will be the responsibility of the Boards (Diocesan Health Boards and Hospital Boards) with the facilitation of the Diocesan Health Co-ordinators and the Catholic Medical Bureau and will be carried out with the use of objective means of verification.

## Section D

### **Specific Objectives**

The process of consolidation of the existing units/services cover different aspects of service provision and organisation, namely

- I. Content and quality of the service provided
- II. Management
- III. Training
- IV. Co-ordination and integration

### **I. Content and quality of the service provided**

The care provided in each catholic unit will be

1. Holistic: The service provided will keep into account all dimensions of the sick person (physical, psychological, spiritual, social) in respect of the plan of God and of life at its beginning and end.

*1.1. All units will therefore promote the access to spiritual care, counselling, social welfare assistance. All units will have*

- i. a Chaplain, or Pastoral Co-ordinator or a Catechist*
- ii. a counsellor*
- iii. a person to address social needs of the patient*
- iv. an accessible/identified place of worship/prayer*

1.1.a. While units will preserve their catholic identity, co-operation with other denominations will be sought in order to guarantee to patients the need of assistance of a spiritual guide of his/her choice. This assistance will be facilitated, unless this becomes motive of confusion, disturbance and scandal for the local catholic community and patients.

*1.2. All units will uphold the ethical code of the Catholic Church on health matters as far as the professional conduct is concerned.*

- i. a copy of the UCMB ethical code for health units of the RCC will be available for consultation to all professional staff at the time of employment*
- ii. instructions for guidance on emerging critical issues will be drawn up*
- iii. existence or access to an ethics committee will be ensured*

1.2.a. Employees of RCC health units belonging to different religious affiliations will be required to accept and be guided by the Ethical code of the RCC on health matters. Objections arising will be considered with respect by the ethical committee if motivated by genuine concern for the patient. A final decision will be reached by the committee in dialogue with the objecting employee.

1.2.b. Patients have to be made aware of the Ethical Code under which the RCC health services operate.

2. Integrated and continuous. The service provided will respond to the immediate need of the sick person. At the same time it will aim at taking into account the necessity of promoting health, preventing the occurrence of disease and rehabilitate the sick person to social life and work. Once a person is accepted by the unit he/she will be accompanied through the episode of

disease until its end.

*2.1. All units/services will tend to address and integrate as far as possible all components of care, namely*

- i. Curative*
- ii. Rehabilitative*
- iii. Preventive*
- iv. Promotive*

2.1.a. Though it may not be possible to provide all the different aspects of care stated above in the same unit/service, all units/services will have to clarify the means through which integration is pursued (referral, co-operation, etc.).

*2.2. All units will also have clearly established guidelines regulating the movement of the patient through the different components and levels of care in the pursuit of continuity (referral and counter-referral of patients' guidelines).*

3. Good quality. The service provided will respond to quality and infra-structural standards requirements expected for each specific level of care (primary, secondary, tertiary) as established by the legitimate authority.

*3.1. All units will*

- i. comply with the existing regulations with regards to standards*
- ii. establish quality control mechanisms and identify quality alert indicators*
- iii. have plans for structural up-grading or down grading*

4. Accessible and sustainable. The service provided will be made as accessible as possible in relation to the economic environment and the need for financial sustainability. A positive discrimination will be accorded to the less privileged people.

*4.1. All units/services will, in this regard, have a clearly established written policy regarding criteria of accessibility for the weak and the poor stating*

- i. Fee structure and charges*
- ii. Exemptions and subsidies*

4.1.a. Absolute financial accessibility cannot be pursued in most instances without endangering the economic viability of the unit/service. The levels of exclusion from services caused by the fee options adopted need to be monitored closely to avoid departure from the mission statement.

*4.2. All units will have a not-for-profit aim and a service funding policy clearly stating the option choices through which progressive and/or improved financial sustainability will be pursued, namely*

- i. Cost recovery rates*
- ii. Diversification of income*
- iii. Use of operating surpluses*
- iv. Funding of operating deficits*
- v. Prepayment and insurance schemes*

## **II. Management**

The management of units will be considered a priority area and strengthened accordingly, also in co-operation with Uganda Martyrs' University as stated in section B. Specific attention will be given to address issues pertaining to the Institutional set-up of units and to the style of management.

### 1. Institutional and organisational set-up

*All units will clearly define their institutional/organisational set up.*

#### 1.1. Statutes

*All units will have a statute or constitution that will define the following issues:*

- i. Name of the unit*
- ii. Brief history of the unit establishment*
- iii. Identity of the unit with reference to the standing catholic church policy*
- iv. Ownership of the fixed assets, equipment and land*
- v. Purpose of the unit*
- vi. Organisation of the unit and controlling bodies, with composition, function and mutual relationships*
- vii. Accountability of the unit towards the population served, the church, the health authority*

1.1.a. Major units such as hospitals will be controlled by a Board of Governors and have a specific Statute or Constitution. Lower level units will/can be assisted by the respective diocesan Co-ordinators in adopting a standard format of statute, adaptable to local and specific circumstances. The content of the Statute will anyway make provision for all the items listed above.

#### 1.2. Institutional relationships

*In addition to the statute all units will define the following, according to need*

##### *1.2.1. Relationships between Owner and Management*

*In all units entrusted by the owner to a managing organisation other than the Board of Governors (or statutory controlling bodies), will be so by virtue of a contract stipulated between the Owner and the Managing Organisation. The contract will mention*

- i. the name of the parties involved*
- ii. the period of validity*
- iii. the reciprocal commitments*
- iv. the relationships to be established between the managing organisation and the statutory controlling bodies*
- v. any other relevant issue.*

##### *1.2.2. Relationships between the unit and employees*

- i. All units will have clearly stated terms and conditions of service and/or contracts of employment, respectful of labour legislation.*
- ii. All units will have written job descriptions for staff*
- iii. All units will have clearly defined established posts and policies guiding recruitment*
- iv. All units will establish clear regulations about private practice of health*

*professionals and criteria of compatibility of employment with active political career pursuance.*

1.2.2.a. Neither private practice nor political career are, per se, incompatible with employment in RCC units, though they are both not encouraged. The regulations about private practice will aim at avoiding situations where the unit economic viability and credibility could be undermined by the competition of the employed staff. The regulations about active political activity will aim at avoiding a too close identification of the unit with political factions/personalities.

*1.2.3. Relationship between the unit and other partners*

*All units entering into co-operation with other institutional partners for the purpose of delivering service, will do so under the guidance of contracts, agreements, memoranda, as it will best apply.*

2. Style and content of the managerial function

*In all units the management will be organised in such a way that the following qualities and contents will be pursued*

2.1. Transparency, Accountability, Advocacy

All units exist in pursuance of the common good and with the purpose of providing a service without the aim of profit making. Their management will be guided by a spirit of stewardship and shared responsibility. In view of safeguarding the above, the management of units will be transparent and accountable. Furthermore, the existence, viability and continuity of units is affected by external conditions requiring continuous monitoring and skilful advocacy in relevant fora. In order to pursue the above qualities the following objectives will be reached:

- i. all units will be managed in a collegial way through management teams whose composition is determined by the respective statutes*
- ii. all units will define their area of responsibility (geographical/social - also known as catchment area) for different types of service rendered*
- iii. all units will have a register of assets*
- iv. all units will maintain both financial and activity records in a format compatible with, respectively, the national accounting regulations and the national health information system*
- v. all units will have written internal regulations pertaining management of resources (human and material) and will have control systems of resources and finance*
- vi. all units will prepare a budget and give a financial report approved by the respective controlling bodies and to the relevant health authority. Copies of these reports will be given also to the Diocesan Co-ordinators and to the Bureau. Hospitals will have their financial statements audited by an auditor appointed by the Board of Governors.*
- vii. all units will have a clearly defined personnel establishment*
- viii. all units will prepare a comprehensive annual narrative activity report. Copies of these reports will be given also to the Diocesan Co-ordinators and to the Bureau.*
- ix. all units will have an archive for the storage of permanent records of official correspondence, of medical records and of all other official documents (such as contracts, personnel notes/files, reports, accounts,*

*minutes of meetings, etc.).*

- x. *all units will have regular meetings of their controlling and managing bodies as provided in their statute.*
- xi. *all units will organise regular meetings with the employees to foster a spirit of co-responsibility*
- xii. *all units will endeavour to make use of the information produced in relevant fora.*
- xiii. *all units/dioceses will have a development/re-organisation and work plan that will be drafted in consultation with local health authorities and other key actors in health care provision*

2.1.a. With the necessary adaptation, the objectives above will apply also to the Diocesan Co-ordination Offices and to the Bureau.

### **III. Training**

Special attention will be paid to the training of personnel. Units, with the support of dioceses and of the Bureau, will facilitate and promote training both ongoing/in-service and formal/institutional, also in co-operation with Government and Uganda Protestant Medical Bureau.

- 1. *All units will pursue this objective by having*
  - i. *Training plans*
  - ii. *Specific budgetary provision for training*
  - iii. *Bonding agreements*
- 2. *Units having training institutions (professional schools) will co-ordinate their effort in order to*
  - i. *Identify emerging training needs*
  - ii. *Complement efforts through co-operation*
  - iii. *Provide trained personnel to units without training institutions*
- 3. *A special role in the field of training, and in particular of health managers, will be exercised by the Uganda Martyrs' University in co-operation with the Medical Bureau. Affiliated and compliant Health Units will be able to obtain facilitated access to training initiatives at Uganda Martyrs' University through the Medical Bureau.*

#### **IV. Co-ordination and co-operation**

An ever improving co-ordination will be promoted at different levels of the church health services network while a spirit of co-operation will be upheld between units in the network and partners, in full respect for the principle of subsidiarity. This principle will guide the mutual relationships between the Bureau, the Diocesan Health Offices and units of different level.

##### 1. Co-ordination (accreditation)

Operating a service within the institutional framework of the Catholic Church implies co-ordination and compliance with the policy objectives established by the Episcopal Conference (through the Health Commission) and by the respective Bishops (through Diocesan Health Boards). The compliance of individual units to the established policy is carried out by a process of periodical evaluation, solicited by units and ending in a formal accreditation, certified by the Catholic Medical Bureau under recommendation of the Diocesan Health Boards.

Therefore

- i. All units will accept the co-ordination exercised by the respective bodies established by the Episcopal Conference (The Medical Bureau and the Diocesan Health Co-ordinators)*
- ii. All units will solicit from their respective co-ordinating bodies (Diocesan Health Boards for Lower level units and projects, Medical Bureau for Hospitals) an evaluation process at regular interval*
- iii. All units will apply at established intervals, for accreditation as Catholic Health Units, through their Diocesan Co-ordinator, to the Medical Bureau*
- iv. All units will obtain a certificate of accreditation from the Medical Bureau.*
- v. All units will contribute to the sustenance of the co-ordinating bodies.*

The possession of a certificate of accreditation will empower the respective co-ordinating bodies to represent the affiliated units' interests and to avail to them relevant services.

##### 2. Co-operation

The pursuit of the common good implies working in common with different partners pursuing the same objectives. For these reasons the relationships with these partners has to be pursued actively, particularly the co-operation with those partners inspired by the same Christian principles. At the same time this co-operation needs to be established in a clear framework.

##### 2.1. Relationship between the unit/diocese and health authority

- i. All units will operate within the existing legal frame and regulations provided by the established authority, with the exception of any legislation/regulation in contrast with the ethical code upheld by the Catholic Church.*
- ii. All units will obtain from the respective health authority the necessary licence for operation and registration of personnel, according to the established timetables.*
- iii. All units will submit the required reports to the respective health authority.*

- iv. *All units engaging in exchange of financial aid with service with the respective health authority will do so under the frame of a written agreement.*
- v. *The establishment of new units/services will be agreed between the diocese and the health authority and address as priority geographic and service areas not covered otherwise. The standing provisions for coverage will be respected.*

2.1.a. Units operating without licence will not qualify for accreditation with the UCMB.

## 2.2. Relationship with external partners

External partners may be donors, NGOs, projects etc. The co-operation with these partners needs to be regulated by clear terms agreed before the co-operation is started.

- i. *All units accepting financial aid from private benefactors or organisations for a certain purpose will respect such purpose and account for the use of funds to the donor if required to do so.*
- ii. *All units accepting goods, human resources and financial aid from organisations for a certain purpose will do so under the frame of a written agreement.*

## 2.3. Relationship with privileged partners

Partners may also be Christian organisations, NGOs, health units who operate with the same evangelic spirit and recognise themselves in the same mission, though institutionally legally distinct from Dioceses. The relationship with these partners will be considered privileged by both the Dioceses and the Bureau. If these partners wish to operate within the framework of the RCC health policy and mission statement, on recommendation of the respective local ordinary, a certificate of accreditation to UCMB may be issued. These partners will become eligible for assistance from both the DHC and UCMB, under the same provisions applicable to Diocesan Units.

**Uganda Episcopal Conference  
HEALTH COMMISSION  
Uganda Catholic Medical  
Bureau**

**CODE OF  
CONDUCT**

**FOR  
OFFICE BEARES  
IN ROMAN CATHOLIC CHURCH  
HEALTH SERVICES IN UGANDA**

November 2002

Whoever holds a management or other position of responsibility or service in an Institution of the Catholic Church is guided by the awareness that this position has to be held in a spirit of stewardship, as portrayed in the Holy Scripture: *“When you have done all that you have been told to do say: We are merely servants, we have done no more than our duty.”*(Lk 17,10).

This code of conduct is inspired by the Vth Book of the Code of Canon Law, 1983 (Can. 1283 to 1289), detailing and giving practical guidance to all those who are called to exercise of the powers of administration in spirit of stewardship, as well as to all those who serve in the Catholic health services. It expresses the developments taking place in the national legal systems and international environment, complementing the Mission Statement and Policy of the Catholic Health Services (section D. I. 1.2. ii). It also complements the Code of Conduct and Ethics for Health Workers of the Uganda Health Services Commission (HSC, May 2002).

This code expresses therefore the concern of the Church for all her sons and daughters who, while serving, also exercise power, and are thus exposed to various forms of temptation and corruption. Its value does not lie in external coercion, but on the fact that those concerned feel bound by what they themselves freely decide to adhere to and undertake, once their conscience has been dutifully and rightly informed.

The Church wishes for all men and women that the words of Our Lord *“Well done, my good servant. As you have proved yourself faithful in a very small thing, you shall have the government of ten cities”* (Lk 19,17) may apply to them at the time they will be called to give account.

In itself this Code of Conduct does not add anything to what is already enshrined in principles, values, customs and traditions upheld by the Catholic Church for centuries and implicitly adhered to by generations of administrators of ecclesiastical institutions in various fields. Making them explicit and declared helps both memory and conscience, creating the occasion of a renewed awareness for those taking office in an institution of the Church.

**This document has been examined and approved after the necessary amendments by the Health Commission of the Episcopal Conference on 27<sup>th</sup> November 2002.**

**Objective of the document:**

This document explicitly states the standards of conduct to which all persons holding a senior position<sup>1</sup>, those administering or governing, or simply serving as employees in the Catholic Health Services are invited to choose, pursue and adhere to as matter of personal choice and commitment.

**Use of the document:**

This Code of Conduct needs to be circulated to all Catholic Health Services, presented to and gradually adopted by all those to whom it is addressed in the most convenient manner. All Hospital Board of Governors and Diocesan Health Board will decide on the best approach to introduce its use and secure consistent practice.

**Structure of the document and its application:**

The document is composed by four sections.

- **The first and second sections** constitute the Statement of Commitment applicable to, respectively, Senior Staff and Members of the Management Team of Catholic Health services.

**Action required**

***In order to make the person already holding a senior position in the Catholic Health services aware of the commitment s/he has undertaken, the Code of Conduct is adapted to constitute a Statement of Commitment. The Employing authority in each Hospital/health units will ask all those concerned to read and sign the applicable section at an opportune time and in the most suitable way. The signed copy will be stored in the archive/personal file.***

***For newly appointed persons the signature of the Statement of Commitment will become standard practice of the employment and appointment process.***

***Nobody that has not agreed to sign the Statement of Commitment can hold or take up a Senior position, and less so a Managerial position in the Catholic Health Services.***

- In the **third section** the Code of Conduct for members of the Board of Governors of Hospitals/health units and Diocesan health Boards is presented.

**Action required**

***Each existing Board will read in formal session, at a convenient time, the Third section of this document and minute the act. The Bishop will circulate this document to each newly appointed member of Boards, along with the letter of appointment.***

- In addition, the general Code of Conduct applicable to all employees of Catholic Health Services is also presented in the **fourth section**.

**Action required**

***The Management of each hospital/health unit will, at the convenient time, present the Fourth section of this document in a general staff meeting or other suitable***

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<sup>1</sup> By Senior position it is intended a position entailing supervisory function of personnel, responsibility for running and accountability of one of the departments of the organization and/or for more than one department.

Each organisation clearly defines those positions that are considered to be of senior nature. Senior positions are not necessarily limited to the members of the Management Team. The members of the Management Team together hold a collective accountability to the legal owner of the organization, its Board, the people served and to other specific stakeholders and partners for the operation of the organisation as a whole. Holding a senior position in an organisation entails a additional responsibility and abidance to Code of conduct where the Organizational Culture is expressed.

***occasion, and minute the act. Each new Employee will be asked to read the Fourth section of this document, and the Code of Ethics of the Catholic Health services in Uganda before accepting his/her employment, and state in writing the acceptance of both.***

## SECTION 1

<b>STATEMENT OF COMMITMENT for SENIOR STAF OF CATHOLIC HOSPITALS/HEALTH UNITS</b>
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*I undersigned \_\_\_\_\_ undertake to uphold the standards and honour the commitment hereby stated.*

**1. Hospital/Health Unit Mission and Plans:**

I will at all times pursue the mission and plans of the hospital/health unit in a consistent and transparent way in all my internal and external working relations and actions.

I will at the same time fully respect the Code of Ethics of the Catholic health services.

**2. Integrity and openness:**

I will assure and uphold my own integrity, and foster openness and honesty within my team and among all staff members.

**3. Exemplary behaviour:**

I am aware that my behaviour is a key instrument to inspire, lead, and motivate my fellow workers in view of continuous quality and performance improvements. I will reflect the high standards the hospital/health unit wishes to attain.

**4. Professional practice**

I recognise that the knowledge and skills of my profession need to be constantly up-dated and nourished by a continuous learning attitude and practice. I commit to using all possible means to improve my professional proficiency. I also commit to abide to the specific deontology of the profession exercised, if any.

In the practice of the medical/nursing and allied clinical professions I will be available to answer emergency calls at any time during day and night, placing the interest of the patient in distress before any other legitimate consideration (e.g. off duty). I will post-pone every discussion about the pertinence of the emergency call to other subsequent moments and in the right fora.

**5. Equality:**

I will treat patients, fellow-workers, and external colleagues as equal partners and with full respect for their personal dignity. I will pursue team spirit and team work to ensure that staff participate fully and feel co-responsible for the achievements of the institution.

I will ensure that views and complaints of fellow workers are considered seriously and addressed when valuable, applicable, and / or justified

**6. Accountability, transparency, and communication:**

I will ensure that all information and communication exchanges will be complete and transparent to enable all hospital/health unit teams to achieve the departmental and institutional objectives. If asked to provide reports, both internal and to external partners, I will ensure that all reports and accounts will provide true, accurate and transparent narrative and financial information on all the operations of the department/hospital/health unit as applicable.

**7. Personal accountability:**

I will also assure that my personal performance objectives are achieved and that I can account clearly for results during ordinary and extraordinary reviews.

I acknowledge and agree that I can be held personally accountable for misuse of funds or hospital/health unit property, unauthorized expenditures, and Public Relations damage to the hospital/health unit, caused or allowed by my actions.

**8. Conflict of interest**

I will also declare all situations arising in the practice of my profession where my personal interest conflicts with the interest of the hospital/health unit. In doubt about the best course of action, I will consult with the hierarchical superiors in the hospital/health unit and abide with their suggestions.

**9. Private practice**

I will not engage in private practice of my profession unless cleared to do so by the hierarchical superiors in the hospital/health unit, and I will do so, once cleared, under written agreement and in any case in ways that are not detrimental to the welfare of the hospital/health unit and of patients.

**10. Engagement in research activities**

I will not engage in research activities promoted/solicited by agencies other than the hospital/health unit entailing publication of data/information without prior written consent of the hierarchical superiors in the hospital/health unit and its ethical committee. I accept that this consent will be given only after full disclosure of the aims and objectives of the research, methodology, time commitment and emoluments or other honoraria I may become entitled to.

**11. Engagement in election for public office or appointment to public/private office.**

I will inform the hierarchical superiors in the hospital/health unit about my intention to stand for election to a public office before actual engagement and I will accept their discernment and decision about the necessity of obtaining a leave of absence for the necessary period. I will also inform the hierarchical superiors of the hospital/health unit of my appointment to public or private office before accepting, discuss with them about the consequences for my service to the hospital/health unit and agree on the course of action.

**12. Transparent decision making policies and procedures:**

I will pursue the development of clear policies, procedures, and rules to facilitate decision making at the most appropriate level in the organisation. These policies and procedures will respect the objectives of the hospital/health unit and the principles of equality and transparency among all workers. Particular attention will also be paid to developing procedures for handing over responsibilities to new office bearers.

**13. Respect for decision making procedures:**

I will respect the channels and procedures determined to arrive at management and implementation decisions at all times. I will ensure that fellow workers understand, respect, and apply the same channels and procedures.

**14. Confidentiality:**

I will uphold the confidentiality of information disclosed as such to me. In the event, I feel, disclosure of confidential information is necessary for the interests of the hospital/health unit or staff member(s), I will first discuss the matter in the Management Team. The aim of this discussion will be to arrive at a common decision and an approach which prevents personal damage as much as possible. If the Management Team cannot arrive at a unanimous decision the matter will be brought to the Chairman of Board of Governors.

**15. Correct use of hospital/health unit financial resources:**

I will adhere to the standard reimbursement and compensation rules and regulations of the hospital/health unit for allowances, board and lodging, and travel expenses for duty travels and other duty activities outside the workplace. When arranging travel, board and lodging I will ensure that the arrangement is the least expensive and concurs with the agreed ceilings. If additional costs are expected, I will first seek approval from the Management Team or Board of Governors, as it may apply, before incurring or committing to any expenses.

**16. Refusal of donations or gifts:**

In the event that a party offers me a significant<sup>1</sup> gift or any amount of monetary donation, for duties performed as a hospital/health unit officer, I will refuse to accept them. In the case the donor precludes refusal I will hand the gift / donation over to the hospital/health unit.

**17. Disciplinary action:**

Lastly and conclusively I acknowledge and agree that breach of any of the above principles will result in disciplinary action from the side of the Board of Governors of the Hospital/health unit.

Place:

Date:

Signed  
Chairman of the Management Team  
or  
Chairman of the Board

Signed  
Senior Staff

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<sup>1</sup> By “significant” it is intended a gift whose value goes beyond the expression of pure gratitude for services well provided and satisfactorily received.

## SECTION 2

<p style="text-align: center;"><b>STATEMENT OF COMMITMENT</b> <b>for Members of the Catholic Hospitals</b> <b>and Health Units' Management Team</b></p>
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*I undersigned \_\_\_\_\_ undertake to uphold the standards and honour the commitment hereby stated.*

**1. Hospital/health unit Mission and Plans:**

I will at all times pursue the mission and plans of the hospital/health unit in a consistent and transparent way in all my internal and external working relations and actions.

I will at the same time fully respect the Code of Ethics of the Catholic health services.

**2. Integrity and openness:**

I will assure and uphold my own integrity, and foster openness and honesty within the hospital/health unit Management Team and among all staff members.

**3. Exemplary behaviour:**

I am aware that my behaviour is a key instrument to inspire, lead, and motivate my fellow workers in view of continuous quality and performance improvements. I will reflect the high standards the hospital/health unit wishes to attain.

**4. Professional practice**

I recognise that the knowledge and skills of my profession need to be constantly up-dated and nourished by a continuous learning attitude and practice. I commits to using all possible means to improve my professional proficiency. I also commits to abide to the specific deontology of the profession exercised, if any.

In the practice of the medical/nursing and allied clinical professions I will be available to answer emergency calls at any time during day and night, placing the interest of the patient in distress before any other legitimate consideration (e.g. off duty). I will post-pones every discussion about the pertinence of the emergency call to other subsequent moments and in the right fora.

**5. Equality:**

I will treat patients, fellow-workers, and external colleagues as equal partners and with full respect for their personal dignity. I will pursue team spirit and team work to ensure that staff participate fully and feel co-responsible for the achievements of the institution.

I will ensure that views and complaints of fellow workers are considered seriously and addressed when valuable, applicable, and / or justified

**6. Accountability, transparency, and communication:**

I will ensure that all information and communication exchanges will be complete and transparent to enable all Hospital/health unit teams to achieve the departmental and institutional objectives. If asked to provide reports, both internal and to external partners, I will ensure that all reports and accounts will provide true, accurate and transparent narrative and financial information on all the operations of the hospital/health unit as applicable.

**7. Personal accountability:**

I will also assure that my personal performance objectives are achieved and that I can account clearly for results during ordinary and extraordinary reviews.

I acknowledge and agree that I can be held personally accountable for misuse of funds or Hospital/health unit property, un-authorized expenditures, and Public Relations damage to the Hospital/health unit, caused or allowed by my actions.

### **8. Conflict of interest**

I will also declare all situations arising in management where my personal interest conflicts with the interest of the hospital/health unit. In doubt about the best course of action, I will consult with the hierarchical superiors in the hospital/health unit and abide with their suggestions.

### **9. Private practice**

I recognize that private practice of my profession may place my interest at odds with the interest of the Hospital/Health unit. I will not therefore engage in regular private practice of my profession unless cleared to do so by the hierarchical superiors in the hospital/health unit, and I will do so, once cleared, under written agreement and in any case in ways that are not detrimental to the welfare of the Hospital/Health unit, of patients and my managerial duties and functions.

### **10. Engagement in research activities**

I will not engage in research activities promoted/solicited by agencies other than the hospital/health unit entailing publication of data/information without prior written consent of the hierarchical superiors in the hospital/health unit and its ethical committee. I accept that this consent will be given only after full disclosure of the aims and objectives of the research, methodology, time commitment and emoluments or other honoraria I may become entitled to.

### **11. Engagement in election for public office or appointment to public/private office**

I will inform the hierarchical superiors in the hospital/health unit about my intention to stand for election to a public office before actual engagement and I will accept their discernment and decision about the necessity of obtaining a leave of absence for the necessary period. I will also inform the hierarchical superiors of the hospital/health unit of my appointment to public or private office before accepting, discuss with them about the consequences for my service to the hospital/health unit and agree on the course of action.

### **12. Transparent decision making policies and procedures:**

I will pursue the development of clear policies, procedures, and rules to facilitate decision making at the most appropriate level in the organisation. These policies and procedures will respect the objectives of the Hospital/health unit and the principles of equality and transparency among all workers. Particular attention will also be paid to developing procedures for handing over responsibilities to new office bearers.

### **13. Respect for decision making procedures:**

I will respect the channels and procedures determined to arrive at management and implementation decisions at all times. I will ensure that fellow workers understand, respect, and apply the same channels and procedures.

### **14. Confidentiality:**

I will up hold the confidentiality of information disclosed as such to me.

In the event, I feel, disclosure of confidential information is necessary for the interests of the hospital/health unit or staff member(s), I will first discuss the matter in the Management Team. The aim of this discussion will be to arrive at a common decision and an approach which prevents personal damage as much as possible.

If the Management Team cannot arrive at an unanimous decision the matter will be brought to the Chairman of Board of Governors.

### **15. Correct use of hospital/health unit financial resources:**

I will adhere to the standard reimbursement and compensation rules and regulations of the hospital/health unit for allowances, board and lodging, and travel expenses for duty travels and other duty activities outside the workplace. When arranging travel, board and lodging I will ensure that the arrangement is the least expensive and concurs with the agreed ceilings.

If additional costs can be expected, I will first seek approval from the Management Team or Board of Governors, as it may apply, before incurring or committing to any expenses.

**16. Refusal of donations or gifts:**

In the event that an external party, member of staff or Board Member, offers me a significant<sup>2</sup> gift or any amount of monetary donation, for duties performed as a hospital/health unit officer, I will refuse to accept them. In the case the donor precludes refusal I will hand the gift / donation over to the hospital/health unit.

**17. Respect for the decision making process in the management team:**

I will ensure that the debates in the management team can be open and unrestricted so that each member can bring his / her ideas, proposals, concerns and fears to the table. Once a decision has been taken, either by consensus or majority, I will explain the decision and the motivations to all staff and any other person who requests clarification. At no time will I disclose opposing opinions of co-management team members nor endeavour to mobilise opposition against a Management Team decision among fellow workers.

**18. Avoid solo decisions and actions:**

I will not act in isolation or take a decision unilaterally when an incident or emergency occurs, for which no policy applies, or no preceding solution is evident. In such cases, I will actively seek advice from co-management team members. The decision or action, then taken in consultation, will be discussed in the next full Management Team meeting.

**19. Declaration of (absence of) conflict of interests:**

I declare that at this time no situation of incompatibility of interests between myself and other duties or persons in the hospital/health unit exists (f.i. blood relationship with a member of staff, provision of services or goods to the hospital/health unit, etc). In the event that such a situation may arise in the future I will inform the Management Team and abide by its decisions and/or the decisions of the Board.

***In alternative:***

I declare that a potential incompatibility of interests exists between myself and ....., and that this will not affect the fairness and neutrality of my decision making and behaviour. In the event that a similar situation may arise in the future I will inform the Management Team and abide by its decisions and/or the decisions of the Board.

**20. Non participation in discussion or decisions regarding myself:**

I will not take part in discussions or decisions in matters directly affecting my person pertaining to matters of re-election, remuneration, approval of transactions involving me, or about any other matter of which I would benefit personally, unless asked to make a submission as may be necessary for clarification or for stating my position..

**21. Disciplinary action:**

Lastly and conclusively I acknowledge and agree that breach of any of the above principles will result in disciplinary action from the side of the Board of Governors of the Hospital/Diocesan Health Board.

Place:

Date:

Signed  
Chairman of the Board

Signed  
Member of the Management Team

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<sup>2</sup> By “significant” it is intended a gift whose value goes beyond the expression of pure gratitude for services well provided and satisfactorily received.

## SECTION 3

<p style="text-align: center;"><b>CODE OF CONDUCT OF MEMBERS OF THE BOARD GOVERNORS OF CATHOLIC HEALTH SERVICES AND DIOCESAN HEALTH BOARDS</b></p>
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*Each member of the Board is a steward having a personal responsibility, shared with the other members the Board to ensure*

- *custody of the Mission of the Catholic Health Services*
- *custody of the Constitution of the Hospital/health unit*
- *custody of the Code of ethics of the Catholic health services*

*S/he knows all these documents and is committed to the pursuance of their aims and objectives.*

### **1. Policy and planning:**

In the guidance provided to the Hospital management team s/he constantly refers to the above documents, especially when policies are considered and future actions (plans) envisaged. S/he also endeavours to remain constantly up-dated with the evolution of the external policy and regulatory environment to ensure that the hospital/health unit operates in harmony with it as well as without detriment to its identity, mission and culture.

### **2. Integrity and openness:**

S/he upholds personal integrity, and foster openness and honesty within the Hospital Management Team and among all staff members. S/he is aware that personal behaviour is a key instrument to inspire, lead, and motivate fellow members of the Board and hospital/health unit workers in view of continuous quality and performance improvements.

### **3. Fairness in the loyalty to different administrations**

If representing another Organisation/Administration in the Board, s/he ensures that the double loyalty and line of accountability is exercised with fairness and honesty, and in any case is not detrimental to the mission, identity, culture, autonomy and sustainability of the Hospital. When facing a dilemma between different organisational priorities and policies s/he openly declares it.

### **4. Equality and equity:**

S/he takes particular care to foster equality and equity in the dealings of the hospital/health unit with patients and of the management team with employees, in full respect for their personal dignity and rights. S/he listens to complaints raised by the population and by the employees and ensures that they are followed up after adequate inquiry.

### **5. Accountability, transparency, and communication:**

S/he ensures that all information and communication exchanges are complete and transparent, understandable also by non specialists, both in the hospital/health unit dealings and in the Board proceedings. S/he actively solicits reception of reports, both internal and to external partners, diligently studies them and inquires about timely, true and accurate forwarding to the right destination. S/he is aware that negligence in these aspects or lack of vigilance may cause Public Relations damage to the hospital/health unit.

### **6. Transparent decision making policies and procedures:**

S/he pursues the development of clear policies, procedures, and rules to facilitate decision making at the most appropriate level in the hospital/health unit, including the Board. Aware that the institutional culture and tradition is a precious heritage to be safe-guarded, s/he pays particular attention to the development of procedures for handing over responsibilities to new office bearers, thus securing the necessary historical memory. This applies both to the hospital/health unit and to the Board.

**7. Respect for decision making procedures:**

S/he respects the channels and procedures determined to arrive at discernment and decision making at all times. S/he ensures that fellow Board members understand, respect, and apply the same channels and procedures.

S/he ensures that the debates in the Board are open and unrestricted so that each member can bring his / her ideas, proposals, concerns and fears to the table.

Once a decision has been taken, either by consensus or majority, s/he explains the decision and the motivations to all entitled parts/persons. At no time s/he discloses opposing opinions of Board members nor endeavour to mobilise opposition against a Board decision in external fora.

**8. Avoid solo decisions and actions:**

S/he does not act in isolation or take a decision unilaterally when an incident or emergency occurs, for which no policy applies, or no preceding solution is evident. In such cases, s/he actively seeks advice from co-Board members.

**9. Confidentiality:**

S/he maintains absolute confidentiality of information acquired in the Board, unless otherwise dictated by a Board decision or by the very public nature of the information itself, as established by the Board.

**10. Refusal of donations or gifts:**

S/he refuses any gift or monetary donation from external actors, other Board members or members of the Management Team for duties performed and decisions considered or taken as member of the Board, other than the statutory refunds and honoraria. In the case the refusal of the gift or donation may cause Public Relations harm, s/he discusses the matter with the Board. If a gift or donation is accepted by common consensus, s/he formally hands it over to the hospital/health unit.

**11. Declaration of conflict of Interests:**

S/he openly declares to other Board members when a situation of incompatibility or conflict of interests between official duties as Board Member and other official or personal interest arises (such as blood relationship with a member of staff/candidate for employment, vested interest in the provision of services or goods to the hospital/health unit, etc), and helps the Board in understanding the degree of incompatibility or conflict of interest. S/he offers to abandon the Board room for the time it will take to the Board to reach a decision, and in any case does not exercise voting powers on the matter.

**12. Statutory refunds and honoraria for professional services**

S/he accepts to be compensated for expenses incurred or services provided as members of the Board only when these are fixed to an amount that is deemed reasonable and aligned with the customs of the place and with the non-profit nature of the hospital/health unit as hospital/health unit of the Catholic Church. In doing so she acknowledges that membership of the Board entails a reasonable degree of voluntary and selfless attitude. S/he opposes any internal or external attempt at creating situations of unjustified privilege for the Board and for the hospital managers.

## SECTION 4

### CODE OF CONDUCT OF PERSONNEL OF CATHOLIC HEALTH SERVICES

*Each employee of the Catholic Health Services is a steward having a personal responsibility to ensure the operation of the hospital/health unit in line with its Mission, its Constitution and its Code of ethics. S/he knows all these documents and is committed to the pursuance of their aims and objectives, participating to this by providing the highest standard of service expected from him/her. For this reason the employee ensures that:*

#### **1. Policy and planning:**

In the exercise of his/her profession or service, s/he constantly refers to the above documents, the standing policies and regulations. S/he also endeavours to remain constantly up-dated with the evolution of the internal policy and regulatory environment to ensure that service is provided in harmony with them, according to plans and without detriment to hospital/health unit's identity, mission and culture.

#### **2. Integrity and openness:**

S/he upholds personal integrity, and foster openness and honesty in the relationship with the hospital/health unit's management and among all staff members. S/he is aware that personal behaviour is a key instrument to inspire, lead, and motivate fellow employees in view of continuous quality and performance improvements. S/he is also aware that personal behaviour, even outside working hours, affects his/her credibility and the image of the hospital/health unit, and therefore abstains from improper behaviour. In particular s/he avoids excessive consumption of alcohol, abstains from use of illegal drugs, exercises responsibility and fairness of relationship in his/her private and family life.

#### **3. Equality and equity:**

S/he takes particular care to foster equality and equity in her/his dealings with patients, in full respect for their personal dignity and rights. S/he listens to complaints raised by them and ensures that they are reported to the management.

#### **4. Accountability, transparency, and communication:**

S/he ensures that all information and communication generated and acquired are complete, accurate, transparent and understandable. S/he acknowledges that this is particularly important when service provision is passed over from one working shift to the next and therefore ensures proper handing and taking over of duties. S/he is aware that negligence in these aspects or lack of vigilance may cause serious harm to the patients and damage the hospital/health unit's image.

#### **5. Conflict of interest**

S/he declares all situations arising in the professional practice where her/his personal interest conflicts with the interest of the hospital/health unit. In doubt about the best course of action, s/he consults with the hierarchical superiors in the hospital/health unit and abides with their suggestions.

#### **6. Private practice**

S/he does not engage in private practice of her/his profession unless cleared to do so by the hierarchical superiors in the hospital/health unit, and does so, once cleared, under written agreement and in any case in ways that are not detrimental to the welfare of the Hospital/Health unit and of patients.

#### **7. Engagement in research activities**

S/he does not engage in research activities promoted/solicited by agencies other than the hospital/health unit entailing publication of data/information without prior written consent of the hierarchical superiors in the hospital/health unit and its ethical committee. S/he accepts

that this consent will be given only after full disclosure of the aims and objectives of the research, methodology, time commitment and emoluments or other honoraria s/he may become entitled to.

**8. Engagement in election for public office or appointment to public/private office**

S/he will inform the hierarchical superiors in the hospital/health unit about the intention to stand for election to a public office before actual engagement and s/he will accept their discernment and decision about the necessity of obtaining a leave of absence for the necessary period. S/he will do the same for any other public or private office s/he may be appointed to.

**9. Confidentiality:**

S/he maintains absolute confidentiality of information acquired in provision of service, unless otherwise dictated by the very nature of the information itself. S/he acknowledges that this applies in an even stricter way to information concerning patients. In case of doubt about the confidential or public nature of the information, s/he first consults and seeks advice of the immediate superior.

**10. Professional practice:**

S/he recognises that the knowledge and skills of her/his profession need to be constantly up-dated and nourished by a continuous learning attitude and practice. S/he commits to use all possible means to improve his/her professional proficiency. S/he also commits to abide to the specific deontology of the profession exercised, if any.

In the practice of the medical/nursing and allied clinical professions s/he is available to answer emergency calls at any time during day and night, placing the interest of the patient in distress before any other legitimate consideration (e.g. off duty). S/he post-pones every discussion about the pertinence of the emergency call to other subsequent moments and in the right fora.

**11. Refusal of donations or gifts:**

S/he refuses any gift or monetary donation from patients for duties performed. In the case the refusal of the gift or donation may cause Public Relations harm, s/he discusses the matter with the management. If a gift or donation is accepted by common consensus, s/he formally hands it over to the hospital/health unit

**12. Correct use of the hospital/health unit resources:**

S/he uses/manages the resources (moneys, consumable goods, equipment and other assets) entrusted to her/him with the same care applied to own resources. S/he adheres to the standard reimbursement and compensation rules and regulations of the hospital/health unit for allowances, board and lodging, and travel expenses for duty travels and other duty activities outside the workplace. When arranging travel, board and lodging s/he ensures that the arrangement is the least expensive and concurs with the agreed ceilings. If additional costs can be expected, s/he first seeks approval from the hospital/health unit's management, before incurring any expenses.

**13. Discipline**

S/he understands that rules and regulations are necessary for a harmonious institutional life and smooth provision of service and accepts to undertake self discipline with this regard. S/he also accepts that breach of the rules and regulations, and of this very code of conduct, will cause damage also to her/his status of service and may lead to punitive remedial action or dismissal.

**This document has been printed for distribution to all**

**Hospital Boards' Members  
Diocesan Health Boards' Members  
Health Units' Management Committees' Members**

**Kampala, April 2004**