

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

**EMPLOYMENT MANUAL  
FOR  
ROMAN CATHOLIC CHURCH LOWER LEVEL HEALTH UNITS IN UGANDA  
[TERMS AND CONDITIONS OF EMPLOYMENT]**



**June 2003**

NB: This is not a normative document but a working paper in continuous development. In its basic format for hospitals it has been approved by the Health Commission of the Episcopal Conference. This is a simplified version of the Manual for Hospitals. It serves the purpose of guiding Health Unit Management Committees (Health Unit Management Committees) and the Diocesan Health Boards (Diocesan Health Boards) in addressing the problem of human resource management. It requires a work of study and adaptation to local circumstances before its adoption, if deemed necessary. If all provisions in this document are instead easily adoptable, the document can be approved as such by the Health Unit by just completing the parts in *italics*.

Even after its approval it requires continuous up-dates through notices or standing order that the Health Unit management or the Diocese needs to issue and attach in chronological order to this document. The Bureau will do the same whenever the change of context will require further clarifications or directives.

The Bureau can assist in clarifying issues and advising in possible adaptations, if requested to do so. The Bureau will also appreciate if Health Units introducing Terms and Conditions of service inspired by this working paper will kindly share the fruit of their discernment with UCMB.

THIS VERSION HAS BEEN UPDATED AND MATCHED WITH THE  
DRAFT CHARTER OF HEALTH UNITS

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## **ABBREVIATIONS / GLOSSARY**

Addendum/a: official addition to this manual that may occur through publication of Notices/standing orders, attached in chronological order to this Manual, and that modify prior provisions of this Manual.

DHC: Diocesan Health Co-ordinator

DHB: Diocesan Health Board.

Employer: the Legal Employer is the Board of Trustees of the Diocese, who delegates the Health Unit Management Committee to employ on its behalf. In the text the Health unit Management Committee is sometimes referred to as “the Health Unit”.

## **WARNING**

*Entries in - this character- mean variable parts of the Manual where the input from the specific Health unit / diocese is absolutely necessary.*

*Otherwise the entire text is open for amendments and adaptation by the Health unit / diocese.*



## A. INTRODUCTION

### 1. About This Employment Manual

i) This employment manual aims to answer questions about Health Unit's personnel policies, procedures and benefits. It is designed to give you an overview of the Health Unit's organisation and to provide guidelines for all Health unit employees. It is also designed to provide a common reference for employees in different units of the Diocese, so that terms and conditions of service and procedures are harmonious in all the units of the Diocese.

ii) For the units legally owned by the Diocese, the Diocese is the legal employer. This manual assumes that in normal circumstances, and save for cases in which a specific formal correspondence between the Diocese and the Health Unit Management Committee gives instructions to the contrary, the Health Unit Management Committee is delegated to employ on behalf of the Diocese. The delegated appointing authority is therefore the Health Unit Management Committee.

iii) Because of the natural evolution of things, the need for various policies and procedures is constantly changing. The Diocese reserves the right to make changes and to update this manual to reflect such changes. Each Health Unit Management Committee is assumed to comply with measures, actions, standing orders issued by the Diocese to this extent. To the extent that any policy or benefit is subject to interpretation, such interpretation will be reserved to the Health unit In Charge for non professional staff, and the Health Unit Management Committee for professional staff, within the provision of the Laws of Uganda. In case of irreconcilable disagreement the final interpretation of this manual is referred to the Diocesan Health Board.

iv) The objective of this Employment Manual is to ensure correct and fair handling of all employees' matters by establishing defined rules and procedures. From time to time, as policies are added, the staff will be notified by official notices from the Chairman of the Health Unit Management Committee. These notices will then become part of the official Health Unit Employment Manual (Addenda). In case of any future conflict or confusion in the change of a policy, the policy detailed in the most recent Addendum will take precedence.

v) The conditions contained in this document comply with all the employment-related laws, decrees and provisions effective in Uganda; and as such, the labour laws will be followed to settle any conflict.

vi) The present manual and its provisions take effect with the date indicated on its cover, and replace any regulations or policies that may have existed before. The provisions, procedures etc... stipulated below are not retro-active.

vii) The Diocesan Health Board will determine the necessary processes and timing of the up-dating of all contracts of employment for all employees in service at the moment of approval of this Manual, leaving its implementation within the set time frame to Health Unit Management Committee with the In charge of the Health Unit.

### 2. Mission Statement of the Health Unit

i) The Mission of the Health Unit is to provide health care to the needy and to fight diseases and poverty, thus witnessing the maternal concern of the Church for every sick person regardless of ethnic origin, social status, religious or political affiliation.

ii) The Health Unit wants to promote the access to health care of the weakest social groups, like women, children, people in destitute financial conditions, and people affected by chronic diseases and unable to provide for themselves offering to all of them a quality medical service.

iii) The Health Unit advocates a comprehensive, integrated and sustainable action on health, which includes treatment, prevention and training of health workers. In fulfilling its mandate, the Health Unit shall always follow the medical ethics and the moral teaching of the Roman Catholic Church and the Mission Statement of the Health Services of the RCC as approved by the Episcopal Conference.

iv) The Health Unit will deliver its services in accordance with the stated Policies and directives of the Ministry of Health, and in respect of the policies established by the Episcopal Conference of Uganda and of the Diocesan Health Board.

ii) The Health Unit management and all employees shall adhere to the principles of the Mission Statement and, since the person is at the centre of all activities of the Health Unit, a basic attitude of respect for human dignity and of compassion for the sick and needy shall be the guideline for all.

### **3. The Health Unit's organisational structure**

i) The Health Unit is owned by

*legal status (NGO, Trust, Company Limited by guarantee) (not-for-profit, Catholic Mission Hospital).*

ii) Under the name of "Health Unit" it is meant the whole complex of facilities and activities related to the institution, including health unit based activities, outreach activities, training activities, and administrative, logistic and technical support services.

iii) The Health Unit is governed the Diocesan Health Board and managed by a Health Unit Management Committee, which meets at least four times a year. The Board establishes the policies and the Committee supervises their implementation. The Committee also appoints the Health Unit In Charge only after consultation with the Diocesan Health Board. The appointment of the other employees of the Health Unit is managed by the Committee.

iv) The Health Unit In Charge is the overall Manager of the Health Unit, who can delegate some responsibilities to the other Members of Staff.

v) Other details about the organisation of the Health unit can be referred to the Health Unit charter or the Health Unit Management Committee guidelines.

## **B. RECRUITMENT AND ITS PROCESS**

### **1. RECRUITMENT POLICY**

i) The Health Unit is an 'Equal Opportunity Employer', which means that the recruitment policy employed to fill vacancies is open, competitive and non-discriminatory with regard to race, creed, gender, and ethnicity.

ii) Recruitment efforts are oriented towards the employment of competent individuals who are will bring knowledge and experience to their positions and are willing to establish a long lasting relationship with the Health Unit. All other conditions being equal, in the choice between different candidates, preference will be given to Catholic faithful.

iii) Recruitment in the health unit employment occurs against a defined establishment of employment posts as determined by the Health Unit Management Committee and guided by the Standards of staffing foreseen in the current national policy .

iv) The recruitment process is started by the Health Unit in Charge under instruction of the Health Unit Management Committee and managed by the Health Unit Management Committee itself.

v) Exception to i) here above is made for posts reserved to members of Religious Congregations operating in the health unit when this is formally agreed between the Owner of the health unit and the Religious Congregations in a Memorandum of Understanding, and the health unit has received a copy of such Memorandum.

### **2. CRITERIA AND BASIS FOR SELECTION**

i) Employment at the Health unit is open to all persons who fulfil eligibility requirements to work in Uganda.

ii) The criteria for selection of a candidate are based both on the academic qualifications and on the level of experience needed to effectively carry out the functions of the post. It is understood that consideration will also be given to recommendations of past and present employers, previous professional experience, references and the candidate's behaviour and conduct at the time of the interview.

iii) The evaluation of applications to fill the post of Health Unit in Charge will be carried out by the Health Unit Management Committee, who will solicit from the Diocesan Health Board an opinion on the eligibility of the candidate for employment as In-charge. A negative opinion from the Board will be binding for the Committee.

iv) The evaluation of applications for employment in other positions will be carried out normally by the Health Unit Management Committee.

### **3. PROCESS OF ENGAGEMENT**

The successful candidate will be informed, will receive a copy of the Health Unit Employment Manual and will be invited to sign an employment contract. The contract can be:

- a standard contract (Letter of Appointment), making reference to this manual: once returned countersigned by the employee, complete with all the other necessary documents (e.g. signed commitment from the Code of Conduct) it establishes and finalises the contract
- a personalised contract, providing in its text all details and references, and the necessary signatures of employer and employee.

### **4. PERSONAL FILES**

i) All employees will have a personal file that will be kept in the Health Unit Archive under the responsibility of the Chairman of the Health Unit Management Committee (or other person formally designated).

ii) Personal files are confidential and accessible only to members of the Management and the Committee having title for it.

iii) Any employee wishing to consult his/her personnel file may do so with the permission of the Chairman of the Health Unit Management Committee.

### **5. FALSE INFORMATION**

i) The Health Unit will disqualify a candidate who submits false information during the interview process from consideration for employment.

ii) False information includes, but is not limited to, information regarding references, education, work experience and health status.

iii) False or incomplete information given during the recruitment process shall invalidate the employment contract and be a cause of immediate termination of the contract

### **6. MEDICAL EXAMINATION**

i) Every applicant selected for appointment in the Health unit shall submit him/herself to medical examination carried out by qualified medical practitioners appointed by the Health Unit Management Committee.

ii) The existence of a chronic disease by itself should not be a reason for disqualifying a candidate, who is otherwise in condition of carrying out the duty expected from him/her.

### **7. REGISTRATION WITH PROFESSIONAL BODIES**

i) The responsibility to register with professional bodies when required by laws or regulations lies exclusively with the employee. At the established intervals the employee will provide evidence of his/her registration with applicable professional bodies.

ii) Any appointment done while the registration process has not yet been concluded is conditional, and will be null and void if the employee does not produce the required registration within 3 months from the appointment.

iii) Employees already employed at the time this document is adopted, must provide evidence of their registration within 3 months. Failure to do so will lead to the termination of employment.

## **8. ENROLMENT WITH PROFESSIONAL ASSOCIATIONS**

Enrolment and subscription to Professional Associations is a personal choice of the employee and the Health unit will not contribute for the association fees and expenses.

## **C. FORMALISATION OF EMPLOYMENT**

### **1. ESTABLISHMENT**

i) All appointments in the Health unit occur, in normal circumstances, against established post approved by the Health Unit Management Committee.

ii) In exceptional circumstances recruitment and appointment can occur outside the established posts. The Health Unit in Charge will seek clearance from the Committee to do so, and the appointment will occur exclusively on fixed terms.

iii) The recruitment and appointment of staff to any post will follow a comprehensive financial assessment by the Health Unit Management Committee to ascertain the source of funding for the post and the availability of funds.

### **2. JOB DESCRIPTION**

i) Each established post entails the existence of a relevant job-description specifying the required qualifications, tasks and duties.

ii) The job-description may vary during the employment as dictated by the demands of service. Changes of job-description do not necessarily require alteration of the terms and conditions of service.

iii) The Job description will define

- Job title
- Necessary qualifications, preferential title and desirable profile
- Entry point (spine, scale and points in scale)
- Purpose of the job
- Supervisors
- Supervisees if necessary
- Nature of task (detailed)
- Appointing authority
- Working hours

### **3. APPOINTMENT**

#### **3.a. Appointing authority**

i) The appointing authority shall be the Health Unit Management Committee for all health unit employees, unless otherwise specified by the Diocese. For all practical purposes the Appointing authority is the "Employer".

ii) The Health Unit in Charge shall be appointed to the post after the Diocesan health Co-ordinator has expressed consent vis-à-vis the suitability of the candidate to the post.

#### **3.b. Type of Appointments**

i) All appointments at the Health unit will fall under the following categories:

- Permanent terms: otherwise defined General or Open: all those appointments that have no specified end at the moment of appointment.
- Fixed terms: otherwise defined Personal: all those appointments with a specified end at the moment of appointment.

ii) Fixed terms appointments are applicable to employees

- over the age of 60 years
- expatriate staff
- in-charges
- staff belonging to different administrations released for service in the health unit
- staff recruited for specific tasks and projects

- *others to be specified*

iii) The Health Unit Management Committee may, at any time, and for reasons dictated by the health unit needs, decide to change an appointment on permanent terms into a fixed term appointment.

### **3.c. Probationary period**

i) A probationary period will be applied to all employees who have the qualifications/experience to occupy an established post, but are on their first appointment in the Health unit.

ii) The probationary period for staff on Permanent Terms Appointments shall be:

- one (1) year for medical, nursing staff and allied professional staff, administrative staff
- three (3) months for support and technical staff.

iii) The probationary period for staff of Fixed Terms appointment will be defined in the contract.

iv) Personnel on probationary appointment have no title to the following benefits:

- Paid study leave
- *Specify if other*

### **3.d. Confirmation of appointment**

i) On satisfactory completion of the probationary period, and on request of the employee, the Health Unit Management Committee will issue a letter of confirmation of appointment.

ii) Failure of the employee to request written confirmation of appointment will free the health unit from the obligation to comply with the benefits applicable to confirmed staff.

### **3.e. Appointment on Vocational Training**

i) Inexperienced personnel or unskilled personnel with clear development potential can fall under this category.

ii) The duration of vocational training shall normally not exceed two years.

iii) The recruitment under this arrangement does not entail any obligation of permanent or contractual appointment by the Health unit at the end of the period.

iv) At the end of the vocational period, the Health Unit Management Committee may decide to offer permanent or fixed terms employment depending on the assessment of the vocational period. The concerned staff shall not be subjected to another probation period after completing the vocational period.

v) Unskilled or inexperienced personnel already employed on adoption of this manual shall fall under this category until completion of two (2) years of employment.

### **3.f. Casual Terms workers**

i) As and when the need arises, the Health unit shall employ personnel on Casual Terms. The establishment of the Health unit will specify a ceiling for casual workers to be engaged in each section.

ii) Employment on Casual Terms does not create an obligation for the employer to provide work for the employee on a continuous basis, nor to provide any benefit.

iii) Employment on casual terms entails payment on a daily basis. Due to administrative reasons, payments can be arranged on a weekly/ bi-weekly or monthly basis, on the ground of days of actual work, ascertained through roll calls and recorded in a muster roll. This arrangement does not modify the terms of employment. Employment on Casual Terms does not require a written appointment.

iv) A casual worker that works without interruption for more than six months is entitled to formal employment.

### **3.g. Part Time employment**

Employment at the Health unit may occur on a part-time basis. As general rule, this type of employment will be stipulated under fixed terms.

## **4. CONTRACTS**

The documents described here below, when signed by both parties, will constitute a contract of employment:

### **4.a. Letter of Appointment:**

- i) Applicable to all employees on permanent terms appointment.
- ii) In the absence of further specification in the letter of appointment, the terms and conditions detailed in this manual will constitute the terms and conditions of the employment.
- iii) The Letter of Appointment will be signed in two original copies, one for the employer and one for the employee.
- iv) The signature of the Letter of Appointment by the employee assumes the knowledge and free acceptance of the Section 4 of the Code of Conduct of Personnel in Catholic Health Services.
- v) The Letter of Appointment signed by Health Unit in Charges and other professional staff will be accompanied by a signed Statement of Commitment drawn from Section 1 of the same Code of Conduct.
- vi) The Letter of appointment will specify, in addition to the personal information of the employee all of the following:
  - Entry point in schedule, spine, scale, point in scale
  - Basic salary on appointment
  - Title (or absence of) to housing and other benefits

### **4.b. Personalised contract:**

- i) Applicable to all employees on fixed terms of employment.
- ii) The contract will reflect in detail all of the terms and conditions agreed upon by the Health unit and the employee during the recruitment process.
- iii) The personalised contract will be signed in two original copies, one for the employer and one for the employee.
- iv) For terms and conditions not otherwise specified in the contract, the terms and conditions defined in this manual will serve as norm.
- v) The contract signed by Employees will be accompanied by a signed Statement of Commitment drawn from Section 1 or 2 of the Code of Conduct, as applicable.

### **4.c. Civil servants**

- i) Civil servants deployed by the competent authority to work in the Health unit will be considered employees of the Health Unit and work under fixed terms contract.
- ii) Whenever possible deployment of civil servants to the health unit will occur under the terms of a specific Memorandum of Understanding between the health unit and the deploying government authority.
- iii) The Health Unit Management Committee and Health Unit in Charge will ensure that the District Service Commission receive punctual and updated information on
  - Reporting date to the Health unit
  - Leave of all type
  - Statutory reports (semestral and annual)
  - Date of expiry of the contract
  - Date of departure of the employee from the Health unit on conclusion of service.

iv) The salary paid by Government to the employee will constitute a proportion or the entirety of the remuneration of the civil servant. In practical terms this means that, if the total package paid by the Health unit to own employees with equal terms of service and with equal title to benefit, is higher than that paid by civil service, the civil servant will receive only the difference between the two. The proportion of salary paid by Government will by all means and effects constitute an outsourcing of part of the salary by the Health unit.

#### **4.d. Members of Religious Congregations**

i) Members of Religious Congregations deployed by the competent religious superior to the health unit will be Employees of the health unit and they shall work under fixed terms - contract.

ii) The deployment of members of religious congregations to the Health unit will occur under the terms of a specific Memorandum of Understanding between the Owner of the health unit and the Religious Congregation. Copy of this memorandum will be attached to the personal file of the employee.

iii) The Health Unit Management Committee will ensure that the Religious Superior(s) of the Congregation and the Owner of the health unit receive punctual and updated information on

- Reporting date to the Health unit
- Leave of all type
- Date of expiry of the contract
- Prior notice on intended training ventures

Date of departure of the employee from the Health unit on conclusion of service.

### **5. STAFF ORIENTATION**

When a new employee is recruited, an orientation/induction programme will be drawn up by Health Unit Management Committee. Its purpose will be to provide the new employee with suitable information to create an understanding of the history, objectives and activities of the Health unit. The orientation programme for the Health Unit in Charge will include a period of familiarization in the various activities of the Health unit in order to gain insight into its operations.

## **D. CONDUCT OF THE TWO PARTIES**

### **1. MUTUAL OBLIGATIONS**

In every agreement, each party commits him/herself to fulfil obligations, which constitute the expectations and rights of the other party. Since not all circumstances can be foreseen and regulated in advance, the principles of good faith, mutual trust and respect, fairness, justice, empathy and compassionate approach, sense of duty and full acceptance of the Health unit's mission shall apply in any case not specifically regulated in this manual.

#### **1.a. Employer's Obligations**

i) The Health Unit Management Committee is committed to:

- Establishing a conducive environment for employees to do their jobs well and discuss freely any work-related matters of interest or concern with immediate supervisors
- Providing salaries and benefits which bear a fair, reasonable relationship to work performed
- Permitting each employee as much discretion and responsibility as is consistent with a well-coordinated and effective operation; and
- Welcoming constructive suggestions that relate to the methods, procedures, working conditions and the nature of work performed

ii) The Health Unit Management Committee retains the right to exercise usual and customary managerial functions, including but not limited to:

- Assign, supervise and utilise corrective action
- Determine and change starting and ending times and shifts
- Establish and change its policies, practices, rules, and regulations
- Determine and change methods by which its operations are to be conducted, and assign duties to employees in accordance with Health unit's needs and requirements

### 1.b. Employee's Obligations

i) The Health Unit Management Committee expects each employee to abide with the principles, values and behaviour outlined in the **Code of Conduct of Personnel in Catholic Health services**, provided in annex to this manual.

ii) More specifically, but not exclusively, the Health Unit Management Committee expects its employees to adhere and comply to the following obligations:

- Fulfil responsibilities as outlined in job descriptions and contribute to the Health unit's effectiveness by performing additional duties not specifically outlined therein
- Give a productive day's work to the best of his/her abilities and skills
- Demonstrate a considerate, cordial, and constructive attitude towards fellow employees and visitors
- Handle patients and patients' relatives/attendants always with respect and a humane attitude
- Adhere to the policies, procedures and directives adopted by the Health Unit Management Committee.
- Abide by the Ethical Code Guidelines for Health services under the Catholic Church in Uganda, Codes of Conduct of the Catholic Health Services and of the Uganda Health Services Commission
- Conduct him/herself in such a manner as to enhance the professional image, the good name and effectiveness of the Health unit. The Health Unit Management Committee also expects employees to follow rules of conduct that will protect the interests and safety of all employees, orderly operations and the best possible work environment.
- Accept the responsibilities inherent to their position, adhere to acceptable principles in matters of personal conduct and accountability, and exhibit a high degree of personal integrity. This involves not only sincere respect for the rights of others, but also demands that employees refrain from any behaviour that might be viewed unfavourably, interfere with management or fellow employees, or jeopardise the public image and perception of the Health unit.

iii) Confidentiality

- Any improper transfer of materials or disclosure of information, even if it is not apparent that one has personally gained by such an action, constitutes unacceptable conduct. Participation in such a practice will result in disciplinary action, up to and including termination of employment and legal action.
- Respect of confidentiality is a condition of employment. The Health unit is an open environment and, as such, employees have access to a variety of information of a sensitive nature. This information includes project proposals, budgets, salaries, and other sensitive information. Employees may also have access to proprietary technical and business information of a confidential nature. It is strictly forbidden to divulge this information outside the Health unit.
- Information about patients is strictly confidential and may not be divulged without permission of the patients or of the relatives if the patient is not in condition of giving his/her consent. Health unit staffs are not allowed to give information to the press about patients and the Health unit activities and must refer the member of the press to the Chairman of the Health Unit Management Committee.

iv) Prudent use of Health unit Property in general

- All employees are obliged to protect and conserve the property of the Health unit.
- Employees are individually responsible for furniture, equipment and/or supplies under their care and must repair or replace, at the discretion of the Health Unit Management Committee, any items which are lost or damaged as a result of negligence.
- Employees should notify management immediately when any Health unit property is lost or damaged.
- No property should be lent, rented, or moved to another location without written authorisation from management.
- The Health Unit Management Committee reserves the right to inspect any employee's assigned workspace and desk when it is deemed necessary.

v) Use of Health unit Means of Communication

- The use of Health unit computers, telephones, and fax machine are limited to the needs of service. Employees may not use, directly or indirectly, Health unit property such as computers, or photocopiers for anything but Health unit business without authorisation.
- The unauthorised use of Health unit headed paper, rubber stamps, or other official documents constitutes fraud and is strictly forbidden. Violation of this rule may result in immediate termination and possible prosecution.

vi) Use of Health unit Vehicles (if any)

The following rules pertain to the Health unit vehicles:

- The Health Unit in Charge is the only employee responsible for assigning vehicles and duties to drivers.
- Removal of any of the vehicles from the Health unit premises without authorisation from the Health Unit in Charge is forbidden and may bear adverse consequences. Any unauthorised use of a health unit vehicle constitutes a violation.
- Health unit vehicles should never be used for a purpose other than their authorised purpose.
- Each vehicle has a mileage log that must be completed for each trip.
- All accidents, however minor, must be brought to the immediate attention of the Health Unit in Charge and Chairman of the Health Unit Management Committee. In addition, the accident must be reported to the police and a police report obtained. The driver must submit a written report to the health unit administration no later than the day after the accident.
- Only Unit drivers are allowed to drive Health unit vehicles. The Health Unit in Charge may authorise other employees as needs arises.
- Vehicle maintenance problems should be brought to the immediate attention of the Chair person of the Health Unit Management Committee.
- Drivers should drive defensively and strictly observe all traffic regulations. In addition, drivers should take additional safety precautions such as compliance with stipulated speed limits, appropriate use of the horn, and be particularly observant of pedestrians, bicycles and other cars on the road.
- Drivers should refrain from overloading of Health unit vehicles with goods or passengers.
- Drivers are responsible for the cleaning of vehicles and should be courteous in the conduct of their duties since they represent the Health unit to the general public.

vii) Use of intoxicating substances/drugs

- In view of the responsibility connected with the practice of medical, nursing and allied health professions, and in general of working in a health unit, the health unit has the duty of protecting patients and other staff by enforcing strict rules against the use of whatever intoxicating substance.
- Consumption of alcohol and of narcotic drugs on the Health unit facilities, in the field and during the conduct of official duties is strictly forbidden. Reporting to duty in condition of intoxication is a breach of this rule. Abuse of intoxicating substances outside the Health unit premises, is also a breach of the code of conduct, if it causes harm to the public image of the Health unit.
- The employee, by signing the letter of appointment/employment contract, gives explicit permission to the Health Unit Management Committee to carry out clinical laboratory tests to determine the level of alcohol in his/her blood, when requested by the Health Unit in Charge.
- Violation of these rules or refusal to accept this test could lead to immediate termination of employment with the Health unit.

**1.c. Protection against litigation**

i) Except in case of proved negligence in carrying out his/her duty, and/or in seeking a second opinion from a senior staff, and/or gross malpractice, the Health unit shall indemnify the employee against claims from patients related to medical acts performed while on treatment in Health unit.

ii) In order to take advantage of this protection, the employee shall report immediately and truthfully every professional mishap to the Chairman of the Health Unit Management Committee and to the Diocesan health co-ordinator.

iii) In case of ascertained gross negligence on the part of the employee, or failure of the employee to report the occurrence of an accident, the Health Unit Management Committee reserves the right to initiate a legal procedure against the employee, aimed at recovering the damage incurred by the Health unit.

**2. GRIEVANCE PROCEDURES**

The Health Unit Management Committee recognises that problems may arise within the work environment. Grievances will be handled by the Health Unit Management Committee, according to the following procedure:

- First Step: the employee should file a grievance in writing to the Chairman of the Health Unit Management Committee, clearly outlining the grievance

- Second Step: the Health Unit Management Committee shall invite the employee to discuss the grievance within 7 days. If the grievance was solved during the discussion a note signed by the employee shall be entered in the employee's file
- Third Step: should the matter not be resolved through discussion, the employee may submit his original memo to the Diocesan health Co-ordinator, mentioning the result of the discussion with the Health Unit Management Committee.
- Fourth Step: The Diocesan Health Co-ordinator shall invite the employee to discuss the grievance within 14 days. If the grievance was solved during the discussion a note signed by the employee and by the Diocesan health Co-ordinator shall be sent to the Health unit Management Committee for action (if needed) and be entered in the employee's file..
- Fifth Step: in case of failure of the Diocesan Health Co-ordinator to solve the matter, the grievance file will be referred by the Diocesan Health Co-ordinator to the Diocesan Health Board for consideration within 30 days. The Diocesan Health Board (either directly or through the established Quality Assurance, Discipline and Grievance Committee) will study the received suggestions/ complaints / grievances and determine which other information or interviews are required to assess the issues and determine the solution / recommendation to be given. Once all the information is analysed a factual / objective conclusion will be drawn up and recommendations formulated. The findings and recommendations will be presented to the Health Unit Management Committee for action.

## **E. WORK TIMETABLES**

### **1. HOLIDAYS**

- i) In addition to the gazetted public holidays, the Health unit considers public holidays the 15 of August, the 1<sup>st</sup> of November and the 24 of December (half day). No additional holiday shall be considered, unless otherwise communicated officially by the Government of Uganda.
- ii) Work of service on public holidays of an employee on permanent terms shall create title of an equal time on compensatory rest. Exceptionally it may be compensated through overtime payment.
- iii) Sundays and Saturdays afternoons starting 1.00 p.m. are days of rest for employees not subjected to work in rotas.  
*( iii applies to health units with a working week of 45 hrs. Other arrangements may be necessary here for Dioceses adopting a different working week)*

### **2. HOURS OF WORK**

- i) If not otherwise specified in the contract the normal working hours in average shall not exceed 45 hours a week, and not be lower than 35 hours a week. A post requiring less than 35 hrs a week of work shall be considered part-time.
- ii) The working timetable will be determined by needs of service and shall follow the duty roster established by the Health Unit in Charge.
- iii) All absences during the hours of service, no matter how short and for whatever reason, must be requested approved in advance by the Health Unit in Charge. Absences of the Health Unit in Charge must be approved by the Chairman of the Health unit Management Committee.
- iv) Absence of half an hour is allowed every morning for tea break. The absence for tea break shall be agreed upon with the Health Unit in Charge and organised in shifts, so that service shall not suffer. Tea break is not computed in the calculation of the working hours.
- v) The Health Unit Management Committee shall introduce Time Sheets for all employees and employees of all levels shall follow the procedures that shall be introduced to keep record of their presence.

### **3. DUTY ROTAS**

- i) Employees on permanent terms of employment whose job covers a service that the health unit has to guarantee on permanent basis (24 hrs a day) shall be working under the provision of rotas arranged by the Health Unit in Charge. This may entail long shifts of work and a working week longer than 45 hrs. Compensatory rest will be granted in the following week to compensate overtime.

ii) In normal circumstances rotas will be arranged in such way that the total number of hours worked in a 9 weeks period will neither exceed nor be less than that stipulated in the contract.

iii) Duty rotas shall be published in the Health Unit's Notice Board and will be randomly checked by the Health Unit Management Committee members to ensure compliance.

#### **4. UNAUTHORISED ABSENCE**

Any unauthorised absence during working hours shall cause loss of pay. Apart from the loss of pay, disciplinary action shall be taken if the absence constitutes breach of discipline.

## **F. REMUNERATION, SALARY AND BENEFITS**

A proper understanding of the structure and amounts of the remuneration benefiting the employee assumes the knowledge of the Concept Paper "Harmonisation of remuneration, salary structures and amounts in RCC health Services" and "Scales and points assessment" in Annex to this manual. A brief summary of the annexes is provided here for clarity:

### **1. DEFINITIONS**

#### **1.a. Salary**

Salary is the sum of moneys, paid on monthly basis (or with shorter periodicity according to terms and conditions of service), that enter into the composition of remuneration.

##### **i) Basic salary**

This is the salary as it appears from the schedules, spines, scales and points reported in the structure of salary.

Seniority in service is reflected uniquely by the basic salary.

##### **ii) Allowances**

The monetary benefits added to the basic salary and paid on regular basis, gauged on the type of work carried out, the profile of the person carrying out this work, the level of responsibility exercised, praemia and awards permanently accrued for good record of service etc.. .

Allowances do not give title to seniority in service.

##### **iii) Refunds**

Moneys that the employee receives to cover direct costs personally incurred, on occasional basis, to produce work, documented and requested, for payment.

##### **iv) Gross Salary**

This is the final amount resulting from the addition of basic salary plus allowances, plus the estimated monetary value of non-monetary benefits enjoyed on regular basis (e.g. institutional housing is a non monetary benefit whose monetary value enters into the calculation of the gross salary).

The gross salary forms the basis for computation of PAYE and NSSF and/or other forms of insurance.

##### **vi) Net salary**

This is the amount of money an employee "takes home" at the end of the month. It results from the deduction of all statutory payments and other applicable deductions from the value of the gross salary.

#### **1.b. Benefits**

##### **i) Monetary Benefits**

Moneys an employee occasionally receives from the employer over and above the salary.

##### **ii) Non monetary benefits**

Goods and services the employee receives from the employer, either occasionally or regularly to which the employee is entitled by virtue of his/her contract of employment.

#### **1.c. Remuneration**

Remuneration as the sum of all goods and benefits, monetary and non-monetary, that an employee receives from the employer in exchange for the labour provided, whether on regular basis during employment or at specific time during the employment and/or at its conclusion.

Only the Remuneration provides a fair view of the value that the Employer attaches to the work of the Employee.

#### **1.d. Other Provisions**

The Employer will respect the current legislation with respect to statutory deductions, taxation and subscription of the Employee to Social Security Fund.

### **2. SALARY STRUCTURE**

i) The Health Unit Management Committee adopts a salary structure similar to that used in Civil Service, to facilitate the ratings of each post and its assignment to a specific grade, schedule (Medical and Non medical), scale and given point in the scale.

ii) In addition, keeping into account that different jobs may require slightly different working time per week, the Health Unit Management Committee further sub-divides scales of Civil Service in parallel spines, depending on hours of work per week.

iii) The Diocesan Health Board will determine the amounts of salary applicable to each scale, spine and point of the structure, in a rational and proportional approach; in accordance with Article 1.1 of the D.H.B. terms of reference.

iv) The allocation of the different categories of staff in the salary structure is guided by the ratings applicable to civil service (in annex 3). The Health Unit Management Committee reserves the right to assign a specific cadre to a different level than in the government structure, when it deems necessary because of local circumstances.

v) The applicable grade, scale, spine and point of entry will be specified in the letter of appointment of each staff.

### **3. SPECIAL PROVISIONS FOR SALARY**

i) The salary for employees on vocational terms appointment shall be established every financial year by a standing order of the Health Unit Management Committee.

ii) The salary of unskilled personnel employed before the date of approval of this manual shall be increased to the same level of the salary of the employees on vocational terms and shall follow this scale until they complete two (2) years of employment.

iii) If the consolidated salary of an employee at the date of approval of this manual is higher than his/her entitlement according to the new scales here introduced, the first shall be maintained, but there shall be no further increments until it reaches the amount of the scale in force.

iv) If an employee has been given in the past a higher salary than other employees in the same cadre because he/she had no accommodation in the Health unit, he/she shall retain the same salary less the subsidy foreseen for staff living outside the Health unit, which shall be computed separately.

### **4. ANNUAL INCREMENTS**

i) Annual increments shall follow the progressive points in the scale. Seniority of employment shall be calculated by financial year. Employees shall be considered to have completed one year of service on the 30 of June of the following calendar year.

ii) When the employee's performance is below standard the annual increment can be withheld on the discretion of the Health Unit Management Committee.

### **5. SENIORITY ACCRUED THROUGH PRIOR EMPLOYMENT**

Seniority accrued in service to another employer will be recognised by the health unit on condition that it is documented, relevant and that the employee produces a satisfactory service report from the previous employer. Final decision on this matter pertains to the appointing authority of the Health unit.

## 6. ALLOWANCES

Moneys paid to the Employee on a regular basis for a specific title are defined allowances and are consolidated in the remuneration package.

### 6.a. General Concepts

- i) As a matter of principle, allowances that in the past used to be paid separately (e.g. lunch allowance), are now consolidated in the basic salary.
- ii) The title of an employee to a certain allowance is communicated in the appointment letter or in a written communication from the Health Unit Management Committee to be added to the personal file of the employee.
- iii) The amount of each allowance is expressed in a lump monthly sum, not subject to annual increments. The Health Unit Management Committee will determine the increase of all allowances on ad hoc basis.
- iv) All allowances are added to the basic salary and subject to income taxation.

### 6.b. Details

- i) The Health Unit Management Committee shall pay to the employees, subject to the detailed entitlement specified in the Letter of Appointment or Personal Contract, the following allowances:
  - Responsibility allowance: this applies to employees that, although not occupying a higher post for which they do not have the right qualifications, bear on regular basis a special responsibility for service. In addition several extra duty related compensations can be accommodated under this category of allowance. In particular praemia or awards for which the employee gets permanent title on the basis of extraordinary merit, as established and decided by the Health Unit Management Committee, will be defined as responsibility allowance.
  - Acting allowance: this allowance applies to employees that, although not having the qualifications to occupy a certain post, are asked to act in that post, and take upon themselves an additional responsibility on regular basis for a prolonged period of time, exceeding one month.
  - Hardship/incentive/top up allowance: this allowance is intended to attract rare skills or personnel to the Health unit, who would not otherwise be attracted.
  - Overtime: the employee will be available for any service required outside normal working timetable. Should the situation necessitate it, such duty will be considered overtime and compensated for in accordance with the standing regulations.
    - \* As a rule, the Health Unit Management Committee shall pay overtime only when it is a scheduled and continuous additional activity of a staff, otherwise compensatory rest shall be granted.
    - \* Overtime shall be preventively authorised by the Health Unit Management Committee on request of the Health Unit in Charge.
    - \* The rate for over-time payments shall be established by standing order of the Health Unit Management Committee.
    - \* Overtime shall be paid within the end of the month. Claims on overtime shall not be accepted beyond three days after the end of the month in which overtime was due.
    - \* Overtime is payable only to staff on permanent employment. Employees on fixed terms contract shall not be paid overtime and extra hours shall be considered fully covered by the special conditions that they are granted.
    - \* Employees receiving responsibility allowance are not eligible for payment of overtime, except a continuous and significant additional commitment is required from them.

## 7. PROVISIONS FOR HOUSING SUBSIDIES

- i) Employees entitled to housing, and are actually housed by the health unit, shall be considered as receiving a housing subsidy in kind, whose value will be reflected in the gross salary and shall be taxable.
- ii) Employees entitled to housing, who are not housed by the health unit, shall receive a monetary housing subsidy, whose value will be reflected in the gross salary and shall be taxable.

## **8. REFUNDS**

All moneys paid to the Employee to cover occasional costs incurred by the Employee in the production of service, that are paid on a need to basis, are defined refunds and are not taxable.

### **8.a. Payment of refunds**

i) The payment of refunds may occur on production of evidence for expenses incurred or on a forfeit basis.

ii) The entitlement to refunds/allowances and their amount shall be established by standing order by the Health Unit Management Committee.

iii) Staff participating in whatever capacity to residential activities organised by other administrations entailing travel refunds and provision of food and accommodation are not entitled to any refund.

iv) It is an obligation of the employee to declare refunds obtained from other administrations.

### **8.b. Type of refunds**

i) Day Travel refund: It shall be payable to staff travelling for duty outside a radius of 5 km from the Health unit for a period of more than 6 hours, but less than 12 hours. Day Travel refund shall not be cumulated with reimbursement of expenses for food.

ii) Day and Night Travel refund: it shall be payable to staff out of station on official duty for more than 12 hours. Day and Night Travel refund incorporates the Day Travel refund and cannot be cumulated.

## **9. DEDUCTIONS**

### **9.a. Statutory deductions**

The health unit shall deduct from the gross salary of the employee, and remit to the relevant authority the following statutory deductions:

- NSSF to the tune of 5% of the gross salary. In addition, the health unit shall remit to NSSF, at its cost, 10% of the gross salary of the employee
- PAYE at the applicable rates determined by the Uganda Revenue Authority
- Graduated Tax at the applicable rate imposed by the Local Council Administration.

### **9.b. Other deductions**

The health unit deducts from the salary of the employee the cost/value of all services provided to the employee when these are not specified as benefits to which the employee is entitled in virtue of his/her contract of employment or otherwise specified in this document.

## **10. COMPENSATORY REST**

i) The Health Unit Management Committee shall normally arrange for compensatory rest in lieu of overtime payment for employees who served beyond normal working hours or on holidays.

ii) As a rule, compensatory rest should be given in the same month. If it has to be postponed for service reason, it has to result from a written form.

iii) Claims on compensatory rest shall not be accepted beyond the end of the calendar month in which it was due.

## **11. OTHER BENEFITS**

### **11.a. General provisions**

i) Other benefits are a mix of services, goods the employee receives in kind, or moneys. Housing and medical treatment are examples of such benefits mentioned in specific paragraphs of this document. In addition the health unit may provide other benefits on regular basis. Examples of non monetary benefits are food, additional insurance, transport etc... An example of monetary benefits is insurance against accidents the Health Unit Management Committee may voluntarily decide to subscribe the employee to.

ii) Such benefits and their value, if occurring after the stipulation of the contracts, will be detailed either through standing orders issued by the Health Unit Management Committee or privately communicated in writing to the employee.

iii) As a general rule, and with exceptions mentioned in items F.7 and F.11b (housing or housing subsidy) non-monetary benefits to which the employee is entitled or becomes entitled in the course of his/her employment will be valued and reflected in the pay slip, over and above the gross salary, as non-taxable items. The sum of gross salary and benefits will constitute the value of the remuneration of the employee.

#### **11.b Housing**

i) Entitled employees: in the definition of the establishment of the health unit there will be posts that imply a title to accommodation in the health unit houses (inside or outside the health unit compound). This title (or its absence) is made clear to the new employees at the time of engagement/appointment.

ii) In case the number of health unit houses does not suffice to cover all the entitled employees, the Health Unit Management Committee shall proceed to the assignment of health unit housing according to priority criteria determined by:

- Special condition of work such as shifts, since working hours might start early in the morning and finish after sunset
- Seniority of service.
- *Other criteria (to be specified)*

iii) The assignment of housing constitutes in any case a benefit that will be valued in monetary terms and computed in the gross salary for the purpose of taxation.

iv) Entitled officers not accommodated in health unit houses will receive a housing subsidy in lieu of accommodation, that will be computed in the gross salary for the purpose of taxation. The amount of the subsidy shall be determined by standing order of the Health Unit Management Committee.

v) Entitled employees who freely opt to live in a private house despite their title to housing, shall forfeit their right to any housing benefit and will not be compensated. In exceptional cases, and for justified reasons, the Health Unit Management Committee may decide to except to this rule.

vi) Non-entitled employees housed by the health will refund to the health unit the cost of accommodation at rates established by management and published in a standing order of management. In this case the monetary value of this benefit will not be computed in the calculation of the gross salary.

vii) Accommodation during calls: Staff on call shall be required to be available within easy reach.

viii) Applicable rules:

- In case of assignment of accommodation inside the Health unit premises, the Health Unit Management Committee will assure regular supervision of the quarters and any damage will have to be paid by the occupant(s).
- No employee is allowed to pass on the key(s) of the house assigned to him/her to another staff or anybody else without the permission of the Health Unit Management Committee. This includes holiday periods.

#### **11.c. Medical treatment**

i) Medical treatment within the Health unit is made available free of charge for the employee, husband/wife, biological/adopted children up to 12 years of age in a total number of five, and biological mother and father or stepmother and father. Free medical treatment is confined to investigations and treatments normally available in the health unit and will not exceed a total annual amount that will be fixed by a standing order of the Health Unit Management Committee.

ii) Prosthesis of any type is not included in the free treatment. Employees must register their dependants with the Health Unit Management Committee and produce adequate documentation to prove the family relation. False information on this regard shall be considered as serious breach of discipline.

iii) The health unit shall issue a bill for the treatment given, but the payment shall be waived. The cost of the service provided will be reflected in the pay slip as non-monetary and non-taxable benefit.

**11.d. Burial**

i) Death of the employee

- At the death of an employee still on full service, the Health Unit Management Committee shall provide a financial support in the form of a lump sum that shall be established by a standing order. This has to be considered as a lump-sum contribution towards transport and burial expenses. The Health Unit Management Committee shall also pay two months salary as a contribution to the family of the deceased staff.

**11.e. Salary Advance (Early Payment of Salary)**

i) There is no obligation of the Health Unit Management Committee to give advances on salaries.

ii) Salary advances are considered only as exception and paid only until the 20th day of the month.

iii) These shall not exceed 50% of the salary due for the month and shall be deducted at the end of the same month.

**11.f. Loans**

i) It is considered a loan any advance of money exceeding the month's net salary of the employee and which can not be reimbursed at the end of the same month in which it has been given.

ii) As a matter of principle, the Health Unit Management Committee does not give loans to employees.

iii) Only in exceptional circumstances, the Health Unit Management Committee on its sole discretion shall give a loan to an employee, not exceeding three months of salary, to be refunded within a maximum of six months.

**11.g. Uniforms and Identification badges**

i) All newly recruited medical and nursing staff, with the exception of administrative and technical staff, shall be provided with two uniforms. All staff provided with a uniform must wear it while on duty.

ii) A new uniform shall be given every two years.

**12. PAY SLIPS**

i) Each employee will receive at the end of each month a pay slip reflecting the following:

- Basic salary
- Allowances
- Overtime
- Taxable benefits
- Gross salary
- Refunds
- Statutory deductions
- Non statutory deductions
- Net salary
- Non monetary benefits
- Hospital contributions to statutory deductions
- Monetary value of the remuneration package

ii) The employee will sign a copy of the pay slip on reception of payment, and any other receipt related to outsourcing of his/her pay.

**13. OUTSOURCING OF PERSONNEL COST**

i) The health unit can outsource the cost of staff employment or proportion of it from special project and other sources (such as PHC Conditional grant), or by accepting employees deployed by other administrations (e.g. NGOs or Government Civil Service).

ii) The health unit retains the right to split the salary of an employee in two or more components for the purpose of accountability to the different donors/projects/outsourcing organisations.

iii) The employee agrees, in virtue of his/her employment, to sign specific receipts, in addition to the receipt attached to the pay slip, for the salary received or part of it. This additional receipt does not create additional title to compensations over and above what is stipulated in the contract. An unjustified refusal to sign a specific additional receipt will lead to the immediate termination of the contract.

iv) In case of queries concerning this issue the employee is free to solicit explanations from the management by submitting a written request to the Health Unit Management Committee.

## **G. VACATION AND LEAVE**

### **1.a. Annual leave (vacation leave)**

i) All full-time employees on probationary, vocational, permanent and fixed term contract are entitled to

- 2.5 calendar days of vacation leave for each month of service if in level U8 or above.
- 2 calendar days of vacation leave for each month of service if in lower scales.
- Casual workers are not entitled to any paid leave.

ii) For the sake of simplification annual leave is calculated by calendar year and have to be taken before the end of the year.

iii) If an employee has been recruited in the course of the year, his/her leave shall be reduced accordingly.

iv) Employees are entitled to take paid leave for time accrued after six (6) months of continuous service with the Health unit. In case the calendar year is ending before six months from the beginning of employment, the employee could be authorised to take the accrued leave before the end of the calendar year, or to bring them forward as an addition to the annual leave of the following calendar year.

v) If the employee gives notice of termination, the employee will not be permitted to take leave during the period in which notice is being served. Accrued leave not utilised shall be compensated. Permission to take occasional days during that period may be given by the Health Unit Management Committee.

vi) Employees wishing to take leave must complete a "Leave Request Form," have it signed by the Health Unit in Charge and submit it to Health Unit Management Committee.

vii) On resumption of duty after leave, employees must report to the Health Unit in Charge to notify their resumption of duty. The Health unit In Charge will do the same with the Chairman of the Health unit Management Committee.

viii) The Health Unit Management Committee encourages all employees to take leave and only exceptionally and for serious service reasons shall compensate accrued leave days in monetary terms, provided they have been agreed upon with the Health Unit Management Committee before the end of September of every calendar year.

ix) All vacation leave should be taken within the calendar year, otherwise it will be forfeited. The exception to this rule occurs when the Health Unit Management Committee requests an employee to defer taking leave. Such vacation leave carried over with approval to the following year, must be enjoyed in the following year or it will be forfeited.

x) Employees may apply for enjoyment of fractions of their accrued leave at different periods of the year down to a minimum of one-half of a workday for each application.

xi) All employees shall inform their immediate supervisors of their planned leave in the month of December before the end of the previous year. The Health Unit Management Committee shall try to grant the annual leave in the period requested by the employee, but there is no obligation. Failure to indicate the period of leave desired shall result in the assignment of period of leave by the Health Unit in Charge. The head of each ward/service/units shall compile the leave schedules for the employees leave in a way that service shall not be affected.

xii) Sick leave shall not be granted in addition to ordinary leave when the period of illness falls within it. If an employee falls sick during his / her leave and must postpone their return on duty, s/he must inform the Health Unit Management Committee by all means and shall produce an admission certificate from a Hospital or Health Centre. Failure to provide such evidence implies that the period of additional absence shall be considered leave without pay.

xiii) Untrue declarations of sickness constitute a serious breach of discipline.

#### **1.b. Compassionate Leave**

i) Employees are entitled to compassionate leave. Such leave is only granted in case of death or severe illness of a relative in the employee's immediate family. Immediate family is defined as father, mother, brother, sister, spouse or child.

ii) Adequate documentation shall have to be produced to substantiate the request.

iii) The maximum number of compassionate leave days per year is seven calendar days. Compassionate leave time is fully paid. Where additional leave is required, the employee may elect to take annual leave or the Health Unit Management Committee may agree to grant unpaid leave.

iv) Untrue declarations of motives for compassionate leave constitute a serious breach of discipline.

#### **1.c. Sick Leave**

i) Any period during which an employee is absent from duty for illness or convalescence shall be considered sick leave.

ii) Sick leave will be authorised when the employee is unable to work because of sickness or injury or when the employee needs medical examination or treatment that can be obtained only during the time when the employee normally would be working. An employee who is absent due to illness must inform his/her supervisor within the first half day from the onset of the illness.

iii) All absences due to sickness must be supported by a medical certificate issued by one of the staff doctors designed by standing order. Certificates from other practitioners shall not be accepted.

iv) The maximum sick leave period authorised, justified by a staff doctor is three (3) months within a calendar year of which the first thirty (30) days shall be on full pay and the following sixty (60) at half pay.

v) However, if the cumulative medical leave exceeds ninety (90) days in a calendar year, the employer has the right to terminate the employment. In this case, however the Health Unit Management Committee might offer an appointment on contract terms for a different or limited duty that the employee is still in condition of carrying out.

#### **1.d. Maternity Leave**

i) All female full-time employees, except casual workers, who have been employed by the Health unit for a period exceeding one year are entitled to maternity leave at the occurrence of birth or in the period immediately preceding the birth for a total of forty-five (45) calendar days on full pay.

ii) Staff will not be eligible to receive paid maternity leave within the first year of appointment. They retain the right to obtain unpaid leave for the same period of time.

iii) Maternity leave can be cumulated with the accrued annual leave.

#### **1.e. Unpaid Leave**

i) Unpaid leave is granted on condition that the absence of the concerned employee does not overly affect service delivery. Exception is made for item 1.d.ii.

ii) Request for this type of leave must be in writing and approved by the Health Unit Management Committee.

iii) In normal circumstances, unpaid leave will not exceed a period of three consecutive months.

#### **1.f. Study Leave**

i) Study leave may be granted to employees undertaking training courses.

ii) Depending on the interest the Health Unit Management Committee attaches to the type of course undertaken by the employee, and subject to specific conditions defined in the Bonding Agreement, a salary will be paid up to a maximum of the basic salary, without allowances.

iii) An employee under probation is not entitled to study leave.

## **H. STAFF DEVELOPMENT**

### **1. PERFORMANCE APPRAISAL AND EVALUATION**

i) The Health Unit Management Committee shall gradually introduce at least an annual performance appraisal of all staff, guided by the criteria and methodologies suggested by the Health Unit Management Committee (see also annexes to this document). The employee and the Health Unit Management Committee will complete written appraisal forms.

ii) After discussion and review with the Health Unit Management Committee, the employee will sign a completed appraisal form. The criteria for appraisal will include such things as the grasp of the work demands, productivity, achievement of objectives, conduct, etc.

iii) The appraisal of the Health Unit Management Committee will form the basis for employee's annual performance evaluations. Promotion shall take into account the performance evaluations.

### **2. PROMOTION**

i) Employees on fixed terms of employment are not entitled to promotions. Should the opportunity to promote a staff on fixed terms of employment occur, the old contract will be terminated and a new contract will be drafted.

ii) For employees on permanent employment, promotion means re-appointment to a higher level of the salary structure.

iii) The Health Unit Management Committee will consider and decide, on annual basis, promotion on the following grounds:

- Additional qualification acquired during employment: additional qualification shall give access to the corresponding scale and point in scale, unless specified otherwise in the Bonding Agreement.
- Consistently positive performance evaluations.
- Outstanding merit: this type of promotion has to be considered exceptional and shall be justified by the Health Unit Management Committee.

iv) On the basis of the recommendations of the Committee, promotions or re-formulation of contracts, shall be granted, after assessment of the budgetary implications involved.

### **3. TRAINING**

#### **3.a. Commitment of the Health unit to training**

i) The Health unit is committed to providing and supporting training and development of staff in order to help them improve their knowledge, skills and attitudes, on condition that

- the identified training avenues correspond to an objective documented need of the Health unit aiming at the improvement of the service provided
- the additional knowledge and skills acquired during training benefit the Health unit and its services as well as the staff performance.

ii) Towards this objective and in line with the conditions set by the Diocesan health Board, the Health Unit Management Committee, will solicit support from the Diocesan Health Board to provide opportunities for training and development of its staff in so far as is possible within the resource constraints prevailing.

iii) All matters pertaining to staff development, and all proposals for training of whichever source, shall be handled by the Health Unit Management Committee, who will prepare annual training plans and submit them to the Diocesan Health Board for incorporation in the Diocesan Health Training Plan.

### **3.b. Assessment of training needs**

i) Training needs of employees shall be assessed through performance appraisal and special interviews organised by the Health Unit Management Committee to determine training needs will be used as basis for training needs assessment, ensure that proposed training and development programmes are appropriately designed and executed.

ii) The Health unit Management Committee will make every effort to ensure that proposed training and development programmes meet either specific short term or long term needs of the Health unit staff and are reflected in/guided by the Diocesan Health Training Plans.

### **3.c. Institutional in service training**

i) In service training is the most natural, immediate, inexpensive and most valuable form of training. It can be achieved in various ways: coaching of junior staff by more senior ones – on the job training -, CME/CNE or other diocesan training initiatives.

ii) The Health Unit Management Committee will request from the Health unit in Charge accountability for In Service Training Initiatives.

iii) All employees have an obligation to attend in-service training initiatives organised by the Health unit and/or the Diocesan Health Board, keeping into account the need of securing a smooth and uninterrupted service to the people.

### **3.d. Short term Formal Training (up to 6 months)**

i) Short term formal training requires a person to be a resident in an institution for a specified period not exceeding 6 months.

ii) During this period the employee will receive either basic or proportion or no salary payment<sup>1</sup> as agreed upon between the Health Unit Management Committee and the employee, and recorded in the bonding agreement, under the same provision as for long term formal training.

iii) Short term courses do not entail for the Health Unit Management Committee any obligation to recognize such training with a change of post or an increment of salary. This may be considered if the qualification awarded allows the trained staff to occupy a vacant post at higher level.

### **3.f. Long term formal training (beyond 6 months)**

i) Long term formal training is subject to approval by the Diocesan Health Board, who will ascertain the consistency of the proposed training with the unit's and Diocesan Health Training/Development Plans for human resources.

ii) The Health Unit Management Committee shall present its need for long term formal training of one of its staff to the Diocesan Health Board.

iii) Support for long term training shall be offered by the Diocese to one of the Units' employees:

- When the proposed course shall fit in the plans of the Diocese
- When the concerned employee shall have shown an aptitude in the specific field
- When the concerned employee shall have been working in the current post for at least three (3) years with good or outstanding results. This period can be shorter if there is a vacancy to be filled in any of the Diocesan Health Units' establishment
- When the concerned employee is ready to sign a bonding agreement with the Diocesan Health Board for the reimbursement of the loan through working in the Health unit or other Diocesan Unit for a certain period of time.
- When resources can be mobilised by the diocese for the purpose.

iv) The employees under such training scheme shall be granted unpaid leave and shall retain the employment.

v) All financial support, including the proportion of salary paid, received by the employee to undertake training shall be a soft loan, that the employee will refund to the Diocese on completion of training.

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<sup>1</sup> Full or proportion: depending on several factors such as the need for the health unit to employ a substitute, the type of cost already incurred by the health unit to fund training, who desires/proposes that training (health unit or staff) etc...

vi) The Diocese will accept to waive the refund of the soft loan at conditions to be specified in a contract (Bonding agreement).

vii) The Diocese is free to outsource the loan granted to the employee through sponsoring organisations and donors. For all means and purpose moneys obtained by the Diocese to support training of a Diocesan Unit's employee are Diocese property.

#### **4. BONDING**

##### **4.a. Bonding of Employees of the Health Unit/Diocese**

i) Any employee receiving a loan from the Diocese for further-training will be bonded through a formal contract (Bonding agreement) to work for the Health unit / Diocese for an equivalent length of time to that required by the training.

ii) The Bonding agreement shall detail all the obligations of the employee and of the health unit / diocese, including a clause for waiver from the obligation of the employee to refund the loan received on satisfactory completion of the period of service for which s/he has been bonded.

iii) Failure of the employee to honour the terms agreed in the Bonding Agreement will lead to a legal action of the Diocese against the employee, aiming at recovering the entire loan awarded and the cost of the legal procedure.

##### **4.b. Bonding of Employees of other administrations deployed to the health unit**

i) When the Diocese/Health Unit Management Committee sponsor a staff belonging to a different administration (e.g. a civil servant deployed or posted to the one of the Health units, member of a religious congregation) for formal training requiring Bonding as in 3.d and 3.f, the Diocese/Health Unit Management Committee (as applicable) must notify the original employer of the intention to sponsor the concerned staff.

ii) Subsequent to the notification to the deploying administration, the Diocese/Health Unit Management Committee shall request the employee to obtain a written clearance that the concerned staff can undergo training and will be allowed to honour the Bond with the health unit for the stipulated time.

iii) Failure to obtain such clearance creates an obligation for the Health Unit Management Committee or Diocese to annul the sponsorship.

## **I. DISCIPLINE**

### **1. GENERAL PRINCIPLES**

i) In all disciplinary proceedings, the rule of neutral justice shall apply.

ii) All disciplinary matters concerning employees of the health unit are referred to the Health Unit Management Committee.

ii) The Diocesan Health Board will consider disciplinary matters concerning Health Unit In-Charge and other professional staff if required to do so by the Health Unit Management Committee.

### **2. DISCIPLINARY MATTERS**

The following matters shall be considered of disciplinary nature:

- Negligence or omission to perform duty/ies
- Direct refusal to carry out orders or instruction given by accredited supervisor
- Incompetence or inefficiency in the performance of any duty assigned
- Absence from duty and/or station without permission
- Being late, leaving the workplace without permission
- Gross misconduct in private life
- Disclosure to public of any information covered by professional confidentiality
- Reporting on duty while under the influence of alcohol or other intoxicating substance
- Soliciting or accepting bribe
- Un-authorized private practice.
- Theft, including whatever small quantity of drugs and consumable items, forgery, fraud,

- corruption and any other criminal activity
- Any action against professional ethics and code of conduct, as defined in the present manual

### 3. DISCIPLINARY MEASURES

i) In the above cases the following disciplinary measures can be applied:

- Verbal Warning: generally, an employee will receive a verbal warning from his/her direct supervisor for unacceptable performance or behaviour. Documentation will be placed in the employee's personnel file to record issuance of the verbal warning.
- Written Warning: if unacceptable performance or behaviour continues, the next step may be a written warning. A written warning shall be issued by the Chairman of the Health Unit Management Committee. The employee will be given the opportunity to review the written warning and discuss its content with the Health Unit Management Committee. A copy of the written warning will be placed in the employee's personnel file.
- Referral to the Diocesan Health Board: the Health Unit Management Committee will refer to the Diocesan Health Board disciplinary matters concerning Health Unit In-Charge and professional staff entailing sanction, requesting advice for further disciplinary action.

ii) The above mentioned disciplinary measures do not necessarily need to be applied in above sequence.

### 4. DISCIPLINARY SANCTIONS

i) Instant dismissal by the Health Unit Management Committee: this sanction shall be applicable to all Health unit's employees, without notice, in the presence of documented or testimonial evidence of theft, bribe, corruption, fraud and any other behaviour which constitutes a criminal offence carried out in the Health unit premises or related to the employee's activity in the Health unit.

ii) Cautionary Suspension by the Health Unit Management Committee: in case of actions or behaviour, which can lead to Instant Dismissal or to referral to the Diocesan Health Board, the Health Unit Management Committee can order immediate Cautionary Suspension of the employee under the following conditions:

- For the period of suspension the Employee shall receive 50% of the pay due.
- The period of suspension is determined by the need of instructing the case for the committee. In any case it will not exceed two calendar months from the date of suspension.
- If the employee is then cleared by the disciplinary committee, he/she shall receive the suspended pay.

iii) Disciplinary matters requiring sanctions referred to the Diocesan Health Board, concerning breach of discipline by Health Unit In Charges and other professional staff, will be examined and decided upon by the Diocesan Health Board within 30 days.

iv) On matters referred, the Diocesan Health Board will recommend to the Health Unit Management Committee, according to the gravity of the matter, the following dispositions, after demanding a verbal or written explanation from the employee:

- Formal reprimand: a formal reprimand is a serious action in which the employee is informed that termination will occur if improvement in performance or conduct is not achieved immediately.
- Suspension without Pay: in accordance with Statutory Instructions from the Ministry of Labour, an employee may be suspended without pay for a serious infraction.
- Discharge/Termination: this sanction shall be considered in case of an additional breach of regulation after a final written warning has been issued, and in any case of serious breach of discipline.

### 5. INDICTMENT

i) Indictment of an employee (criminal charge entailing imprisonment), also unrelated to duty, can cause cautionary suspension at half pay at the discretion of the Health Unit Management Committee, for a maximum period of two months.

ii) On completion of two months, if the case has not been finalised, the employee may retain his/her employment by applying for leave without pay for a maximum of three months.

iii) Indictment followed by Conviction by a court of law to imprisonment will lead to the termination of the employment.

iv) Indictment followed by acquittal with full discharge within three months from the application for leave without pay, the employee has the right to apply for the payment of the salary withheld during the leave without pay, and 50% of the salary unpaid during the period of cautionary suspension.

v) Indictment not followed by sentence within 5 months will lead to termination of the employment without notice.

## **J. RESOLUTION OF THE EMPLOYMENT**

### **1. TERMINATION OF THE EMPLOYMENT**

#### **1.a. Notice of termination**

Either party may terminate the employment by giving advance notice of intention. The minimum notice depends on the type of employment and on the seniority of the employee as follows:

Employees on casual terms	No notice
Employees on vocational appointment	7 days notice
Employees on probationary appointment	7 days notice
Employees on permanent appointment	
Less than one year after confirmation	15 days notice
More than one year but less than 3 years after confirmation	1 month notice
More than 3 years after confirmation	3 months notice

#### **1.b. Resignation of the employee**

i) In case of resignation of an employee, the employee must give a written advance notice as above. The employee has a right to his/her salary during the period of advance notice.

ii) If the employer wishes to terminate the contract immediately upon receipt of the resignation letter, the Health Unit Management Committee shall pay salary in lieu of notice.

iii) Beside the above obligation of notice, in case an employee wants to leave the Health unit for whatever reason, he/she is invited to inform the Health Unit Management Committee as soon as possible. The Health Unit Management Committee respects fully the decision of an employee to move to a different employer, and shall show its appreciation, by mentioning his/her correctness in any reference letter it might be asked to write and by including a note of appreciation in the employee's file for the case that he/she might in the future apply again for employment in Health unit.

#### **1.c. Termination by the Health Unit Management Committee**

The Health Unit Management Committee may terminate the employment of an employee by giving prior notice according to the schedule above, or by paying salary in lieu of notice for the required period.

### **2. MANDATORY RETIREMENT**

All employees on permanent employment shall retire at the age of 60 years. After retirement they can nevertheless be offered employment on fixed terms, if the Health unit needs to retain their services.

### **3. LETTER OF REFERENCE**

i) On request of the concerned employee the Health Unit Management Committee shall write letters of reference for employment or sponsorship even if the employee has not yet given notice of termination of the employment showing appreciation for the openness of the employee.

ii) The letter of reference of the Health Unit Management Committee shall strictly reflect the evaluation of the employee's performance while in Health unit. If the employee has failed to fulfil his/her obligation of giving adequate notice before leaving service, this shall be mentioned in the reference letter.

**4. TERMINAL BENEFITS**

- i) The NSSF is the instrument designed by law to cater for the needs of employees leaving employment.
- ii) The Health Unit Management Committee shall not pay other benefits unless otherwise specified in the letter of appointment or personal contract.
- iii) Should the situation change because of privatisation of NSSF and/or introduction of alternative funds, the Health Unit Management Committee shall review the matter.

**K. INTERPRETATION OF THE PROVISIONS OF THIS MANUAL**

- i) Disagreements on the interpretation of the provisions contained in this manual will be handled as grievance according to the established procedures.
- ii) The Diocesan Health Board will handle and rule all disagreements between the Employee and the Health Unit Management Committee that could not be satisfactorily solved through the established grievance procedures.

**EMPLOYMENT MANUAL**  
**FOR**  
**ROMAN CATHOLIC CHURCH HEALTH UNITS IN UGANDA**  
[TERMS AND CONDITIONS OF EMPLOYMENT]

**ANNEXES**

June 2003



## **ANNEX 1:**

### **THE QUALITY ASSURANCE, DISCIPLINE & GRIEVANCE PROCEDURE**

The RCC Health Facilities aim to provide high quality health care services. Patient friendliness and professionalism therefore figure high on each health worker's and managers agenda.

A suggestion is an honestly expressed advice to improve services following the experiences of the patient, attendant, and / or employee.

A complaint is an honestly expressed situation of dissatisfaction/discontent

- between an employee(s) and a patient and / or his/her attendant
- between an employee(s) and another member of the community
- between an employee(s) and another employee in whichever hierarchical position
- by a patient/user vis-à-vis standards and procedures followed in the health unit
- by an employee vis-à-vis standards and procedures followed in the health unit
- by a supervisor vis-à-vis a member of the health unit staff
- by a supervisor vis-à-vis standards and procedures followed in the Health facility

which may negatively affect the smooth running of the health facility and its reputation.

As such suggestions and complaints should be considered signals of shortcomings in the global quality of the services provided. The lessons they present are valuable inputs to improve the functioning of the health unit, the department, the ward, and / or individual health worker.

#### **1. Goal:**

The ultimate goal of the Quality Assurance, Discipline & Grievance procedure is therefore to continuously improve the quality of the health services and to increase the confidence in - and satisfaction with - the health facility of the internal and external communities.

#### **2. Objective:**

The Quality Assurance, Discipline & Grievance procedure seeks to ensure that complaints and grievances, as well as suggestions, are investigated and settled in an objective, transparent, constructive, and timely way.

It shall also aim to ensure that all parties in question have the opportunity to be heard fairly before any action or disciplinary measure is taken.

#### **3. The Responsible Structures and their responsibilities:**

Each level of the health facility organisation has a specific role to play to ensure that complaints are handled correctly and really lead to improving quality of services.

##### **3.1. The Chairman of the Health Unit Management Committee:**

The Chairman of the HUMC has the responsibility to investigate formal complaints and propose actions, either through the HUMC or through delegation to a committee of the Diocesan Health Board when necessary<sup>1</sup>.

##### **3.2. The Health Unit Management Committee (or delegated Committee of the Diocesan Health Board):**

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<sup>1</sup> This second approach is preferable if matters investigated require professional skills not available in the HUMC or if members of the HUMC and/or the Health Unit In Charge are the source of the grievance.

The Committee has the duty and obligation to investigate every individual case presented to it, in writing, and to propose appropriate actions to be taken by the relevant authority.

The Committee will hear the parties concerned, hear third parties when necessary, and have free access to and study any other information relevant to the case.

The Committee will sit on the occurrence of any case in need of immediate attention.

The recommendations of the Committee will be based on the principles of quality, best practice and feasibility. The Committee members will also ensure that their proposals match with the health unit's financial possibilities and need to pursue the maximum level of sustainability. To this purpose the Committee will work out the cost implications of the proposed measures before submitting the recommendations.

The Committee (if different from the HUMC) will forward its findings and recommendations, and suggested actions (including disciplinary sanctions) to improve the quality of services and / or to prevent similar complaints or grievances, to the HUMC.

If one of the members of the Quality Assurance, Discipline & Grievance Committee is a party in the complaint, this member will leave the meeting (and the procedure) to allow the other Committee members to investigate the complaint independently<sup>2</sup>.

The Committee members pledge to respect the confidential nature of their investigations and they will only present the objective findings and recommendations to all other parties. They will protect the integrity of the persons involved and the health unit.

### 3.3. The Health Unit In Charge (HUIC):

The HUIC will implement the actions proposed by the Committee as soon as possible. If the interests of the health Unit and the quality of services are served better by more drastic and / or additional actions the HUIC will install these.

In case the actions preferred entail a change of health unit policy the HUMC will be consulted and its advice followed.

The HUIC will report at each HUMC meeting an overview of the actions undertaken under the guidance of the Committee, and their results.

The HUIC will explain the actions required and quality improvement reasons for them at the heads of department and staff meetings. Clear guidelines will be issued to all wards to facilitate implementation.

With regards to proposals to improve the quality of services sent to the HUIC by heads of departments/sections:

The HUIC will consider these seriously and when these are found realistic and feasible adopt them or pilot them in the department concerned. Appropriate guidelines and explanations will be given in the same fora as mentioned above. These initiatives will also be reported to the HUMC.

If the proposal can not be adopted the department head and staff will be contacted to explain the position of the HUIC and explore alternatives together.

### 3.4. Staff members:

Each and every staff member is aware of their duty to take suggestions, complaints of patients and colleagues seriously. If a complaint can be settled amicably between the staff member and the plaintiff this will be done forthwith. The staff members will report the complaints and the actions taken to their head of department.

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<sup>2</sup> See also the Code of Conduct for RCC Senior Staff and Managers.

In case the individual staff member can not solve the complaint, s/he will present the case to his/her superior at the earliest occasion to seek advice on possible actions to improve services and prevent similar complaints.

If the complaint warrants investigation by the HUMC the staff member will contact a member of the Committee or deposit a written report in the suggestion box.

If a quality problem or complaint is perceived as urgent by more than three staff members they can request the HUMC to hear them during an extra ordinary meeting.

#### **4. Procedure for presenting complaints:**

Different options may be followed by the person aggrieved or by the person raising a concern or complaint (referred to as "aggrieved"). The variety of options aims at facilitating the expression of a complaint as much as possible.

##### *a) Recourse to the HUIC:*

Suggestions, complaints, and grievances may be presented to the HUIC for immediate discernment and action. If the result is not deemed to be satisfactory the following sequence will be followed

##### *b) Appeal to the HUMC:*

- i). First Step: the aggrieved should file a grievance notice in writing to the Chairman of the Health Unit Management Committee, clearly outlining the nature of the grievance.
- ii). Second Step: the Health Unit Management Committee shall invite the aggrieved to discuss the grievance within 7 days. If the grievance is solved with mutual satisfaction no further action will be required.
- iii). Third Step: should the matter not be resolved through discussion and agreed action if any, the aggrieved may submit his original memo to the Diocesan health Co-ordinator, mentioning the result of the discussion with the Health Unit Management Committee.
- iv). Fourth Step: The Diocesan Health Co-ordinator shall invite the aggrieved to discuss the grievance within 14 days. If the grievance is solved during the discussion a note signed by the aggrieved and by the Diocesan health Co-ordinator and be sent to the Health unit Management Committee for action (if needed).
- v). Fifth Step: in case of failure of the Diocesan Health Co-ordinator to solve the matter, the grievance file will be referred by the Diocesan Health Co-ordinator to the Diocesan Health Board for consideration within 30 days. The Diocesan Health Board (either directly or through the established Quality Assurance, Discipline and Grievance Committee) will study the received suggestions/ complaints / grievances and determine which other information or interviews are required to assess the issues and determine the solution / recommendation to be given. Once all the information is analysed a factual / objective conclusion will be drawn up and recommendations formulated. The findings and recommendations will be presented to the Health Unit Management Committee for action.

##### *c) Suggestion boxes:*

- i) There shall be suggestion box in each health unit through which both patients, public and health unit staff can easily channel their discontent<sup>3</sup>.
- ii) There shall be a notice board in clearly visible areas of the unit explaining the standard procedure to be followed by both patients and members of staff in order to forward complaints.

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<sup>3</sup> It should be understood that it would be healthier that staff expresses their complaint or grievance directly to the person concerned and / or their direct supervisor. As this might be difficult in the beginning the suggestion box route can be accepted for some time. The HUIC will ensure that the need to use this route will disappear by dealing with staff grievances in a constructive and objective way and fostering trust among staff.

- iii) Any person with a complaint can write it down and deposit it in the suggestion box. Complaints shall be signed with the name and contact of the author in order to facilitate further investigation of the issues.
- iv) In the interests of transparency and in the view of avoiding rumour mongering, anonymous letters, which do not indicate the source/author of the complaint, shall not be entertained.
- v) All complaints shall be treated with the level of confidentiality that they deserve in order to preserve the integrity of the persons and the health unit.
- vi) Two members of the HUMC shall open the suggestion boxes every week. The complaints shall then be registered and presented at next HUMC meeting. The Committee will then decide on the steps and time schedule required to investigate, determine the required actions, and present the outcome to the responsible structure.
- vii) In case the severity of the complaint is such that immediate action is needed, the two members of the HUMC will call an extra ordinary committee meeting.

## **ANNEX 2:**

# **GUIDELINES FOR THE HARMONISATION OF REMUNERATIONS, SALARY STRUCTURES AND AMOUNTS IN RCC HEALTH SERVICES**

March 2003

## **PART I – GENERALITIES**

### **1. Preamble**

For some time the UCMB has been urged to provide guidance in harmonizing remuneration and salary structures for employees of the RCC Health Services. The underlying assumption is that terms of employment are also harmonized. This will be a given only after the adoption of the Manual of Employment of the RCC Health Services. The UCMB provided guidance on this issue in the early '90 but since then the situation has evolved: each institution has tried to adapt to the evolving situation by introducing new practices and at the moment a great variety of institutional terms and conditions of service, salary structures and remuneration packages exist.

A new Manual of Employment for RCC Health units in Uganda is now ready in a form that needs to be adapted by each Diocesan Health Board to local circumstances. It and constitutes the basis of these guidelines. Units of Lower Level reaching a certain degree of complexity (e.g. large Health centre with a departmentalised organisation), may wish to refer to the Manual of Employment, whose annexes are more complete.

Harmonization does not mean making two things equal or identical. The very concept of "harmony" accepts the fact that differences do exist. Harmonizing means making two different situations comparable. In the case of salary structures it means that it should always be possible to allow, for any given position, a leeway for justified weighted decisions in each institution about actual salary. At the same time it should always be possible, starting from different actual salaries, to trace back the point of departure for each position in the employment scale.

The necessary adaptation of general guidelines or structures to local circumstances is an important and necessary process that has to be undertaken in each health unit. Only in this way the management can really own the Employment Manual and the decisions its adoption entails.

These guidelines aim at facilitating this process of ownership in decision making.

### **2. Definitions**

Definitions used in these guidelines are the same as those in the Manual of Employment. They shall be repeated here for an improved consistency.

#### **2.1. Regarding Salary and remuneration**

##### **Salary**

We define salary the sum of moneys, paid on monthly basis (or with shorter periodicity according to terms and conditions of service), that enter into the composition of remuneration.

##### **i) Basic salary**

This is the salary as it appears from the schedules, spines, scales and points reported in the structure of salary.

Seniority in service is reflected uniquely by the basic salary.

**ii) Allowances**

These are the monetary benefits added to the basic salary and paid on regular basis, gauged on the type of work carried out, the profile of the person carrying out this work, the level of responsibility exercised, praemia and awards permanently accrued for good record of service etc.. Allowances earn money but no seniority in the scales.

**iii) Refunds**

These are moneys that the employee receives to cover direct costs personally incurred, on occasional basis, to produce work, documented and requested, for payment.

**iv) Gross Salary**

This is the final amount resulting from the addition of basic salary plus allowances, plus the estimated monetary value of non-monetary benefits enjoyed on regular basis (e.g. institutional housing is a non monetary benefit whose monetary value enters into the calculation of the gross salary).

The gross salary forms the basis for computation of PAYE and NSSF and/or other forms of insurance.

**vi) Net salary**

This is the amount of money an employee “takes home” at the end of the month. It results from the deduction of all statutory payments and other applicable deductions from the value of the gross salary.

**Benefits**

**i) Monetary Benefits**

These are moneys an employee occasionally receives from the employer over and above the salary.

**ii) Non monetary benefits**

These are the goods and services and employee receives from the employer, either occasionally or regularly to which the employee is entitled in virtue of his/her contract of employment.

**Remuneration**

We define remuneration the sum of all goods and benefits, monetary and non-monetary, that an employee receives from the employer in exchange for the labour provided, whether on regular basis during employment or at specific time during the employment and/or at its conclusion

In addition we define

Pension: pension is a salary paid monthly after termination of employment and after a certain age. This payment is not usually made by the employer but by an independent fund or organization.

**NB: The Manual of Employment does not foresee title to any form of Pension for RCC Health unit Employees.**

Terminal Gratuity: it is a lump sum of money paid to the employee at the end of the period of employment, in proportion with the years of service.

**NB: The Manual of Employment does not foresee the payment of gratuity to the employees under permanent employment. Subscription to NSSF discharges this kind of obligation.**

## 2.2. Regarding terms of employment

All employment in RCC Health units falls under the following categories:

- Permanent terms: otherwise defined General or Open: all those appointments that have no specified end at the moment of appointment.
- Fixed terms: otherwise defined Personal: all those appointments with a specified end at the moment of appointment.

In addition:

Casual Employment

Vocational Employment

Fixed terms appointments (personal contracts) are applicable to employees

- over the age of *nn* years
- expatriate staff
- top management
- staff belonging to different administrations released for service in the unit
- staff recruited for specific tasks and projects

<p>PART II GUIDING PRINCIPLES FOR THE ESTABLISHMENT OF THE VALUE OF REMUNERATION</p>
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### 1. Guiding principles, elements and criteria applied

The starting point of these guidelines are the salary structures of public employment. These have already been thoroughly studied and assessed, and embody a set of principles we recognize as valid: rationality, comprehensiveness, proportionality, reward, equality, equity, fairness, exceptions, transparency..... We wish to make them clearer through some statements that follow here.

### 2. Elements to be reflected in the establishment of the remuneration

- The remuneration paid needs to reflect the amount of working time it intends to buy. For all means and purposes the basic assumption in this paper is that the working week is of 40 effective hrs. An employment requiring a longer or shorter working week (as regular occurrence) needs to be paid, respectively, more or less. **As this is not a rare occurrence in RCC Health units, a multiple spine parallel structure (each spine reflecting different duration of the working week) will be adopted in these guidelines.**
- The remuneration needs to reflect differences in the burden (not necessarily and exclusively physical) that the job creates to the employee (job demand) and therefore reward it. The more one job is burdensome, the more it needs to be paid.
- The remuneration also reflects the rarity of the skill and capacity for responsibility that the employment wants to secure to the institution. This element captures factors such as prior training and qualifications, but also experience, ingeniousness and creativity. The more a given skill or personal profile is rare the more it has to be paid.
- The remuneration needs to reflect the basic needs of the employee and his/her immediate family, in such a way that it has to consider the cost of meeting these basic needs in the context where the work is provided. This includes also the cost that the employee incurs in producing work. This element is very dear to the Catholic Social teaching and takes up a hue of equity.
- The remuneration needs to be comprehensive, that is to say, it needs to capture the value of all the items that are considered in the structuring of the remuneration,

and also all the sources of its financing. In other words we speak of remuneration intending the package an employee is entitled to earn. What the employee is entitled to receive as money at the end of each month (net salary) is included in the remuneration. **Remuneration, gross and net salary are by necessity different. All these values need to be made known to the employee.**

- The remuneration needs to be one and consolidated, regardless of the way it is sourced and paid. This is particularly important for employees belonging to more than one administration (e.g. civil servants posted to RCC health units, deployed staff from NGOs etc.). In this sense the employer decides and negotiates with the employee both the final remuneration and the net salary the employee will receive at the end of the working period, regardless that all or part of these are paid by the employer or by another administration. Two or more different administrations may separately concur in funding the remuneration package of an employee, but for all means and purpose the remuneration is a unitary package<sup>4</sup>.
- The remuneration needs to reflect the capacity of the employer to generate and sustain enough monetary resources to secure a timely and regular payment of salary and the fulfilment of all other obligations incurred, along with the possibility of avoiding excessive cost of service production that will be reflected in the charges to patients. It is matter of maintaining a balance between to moral obligations: that of paying a “fair wage” and that of charging a “fair price”.

### **3. Manageability, transparency and comprehensiveness of the remuneration**

If we wanted to go further in accommodating all the elements expounded above, this will probably introduce a great variability in the remuneration, exposing it to the risk of subjectivity, arbitrariness, lack of transparency and making it difficult to manage. It will also make it almost impossible to project in the future the cost of the wage expenditure and therefore hamper accurate short and mid term budgeting. To limit the degree of uncertainty and unpredictability, we have used as starting point the structures adopted by public employment. These provide a good and rational starting point even though they are unable, at present, to capture to an adequate extent all of the above elements. Here follow some explanations and definitions.

### **4. The need to refer RCC remuneration and salary scales to civil service pay scales (harmonization)**

For the purpose of harmonizing the terms of employment between RCC health services employment and civil service, it is necessary to be able to trace back the point reached in any given scale by each employee at any point in time of his employment. In other words: it should be possible to refer the position of an employee to the current Government structures, regardless of the amounts of salary actually paid and the size of the remuneration.

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<sup>4</sup> In no instance it should happen that two employees have similar working conditions and receive two grossly different final packages because of their different employers. It happens in fact that two doctors, one posted by Government and one employed exclusively by the RCC health unit, receive two grossly different salaries because the first cumulates two salaries and the second only one. This practice creates a serious inequality of conditions of employment and introduces irrational privileges that lead to serious disgruntling of staff and provoke situations that end up by being un-manageable. The right practice would be: the final take home net salary is agreed upon with either employee. The employee who receives a government salary will see a correspondent amount deducted from the package he would be entitled to receive. He will then receive only the difference between what Government pays to her/him, and what s/he is entitled to receive under the employment with the RCC health units. In this way both s/he and her/his colleague will pocket a very similar net take home package.

The first point to make clear is that there is an indirect relationship between position in the scales of Government and salaries actually paid and remunerations to the employee by RCC health services employers. These latter depend:

- On the prior choice of the employer about Grades of applicable schedules
- On the duration of working week
- On applicable allowances (those payment that earn money but no seniority) and
- On statutory deductions.

Non monetary benefits represent a kind of shadow allowance whose value needs to be kept into account.

## **5. Grades of applicable schedules**

Options for applicable schedules offer four different possibilities. It is not assumed that the employer has an obligation to pay the same amounts as those payable in civil service. Only the structure used is the same as that of civil service. The choice concerning amounts pertains to the employer, once the overall availability of funds in the year of introduction of the manual has been assessed. The options (Schedules' Grades) proposed are 4:

- Grade 1: the same as that of civil service (corrected for the duration of the working week)
- Grade 2: 90% of civil service
- Grade 3: 80% of civil service
- Grade 4: 70% of civil service.

Grade 1 to 3 may be opted for by units of all Levels. Grade 4 is an option reserved exclusively to units of Lower Level. This does not imply that units of Lower Level must opt for Grade 4. This is just an option offered to small units with little income, that is not open for Hospitals.

The choice of Grade depends also on other benefits applicable to the employee. An employer who extends substantial benefits to its employees may decide to adopt a lower grade, banking on the fact that the benefits added on the amount option chosen (i.e. the remuneration), compensate the employee for the lower grade.

In summary: the first choice the employer has to make is if its salaries are the same as those of Government or lower, and how lower. Once this choice is made by the Board, all the rest becomes an automatic sequence described in Part III.

## **6. Maximum and minimum basic salaries**

For employees on permanent terms of service

- Grade 1 schedules will be the maximum basic salary applicable in all RCC Health services
- **Grade 4 schedules will be the minimum basic salaries applicable only in RCC Health services of Lower Level.**
- The minimum basic salary applicable in Hospitals is reflected in Grade 3 schedules.

Guidance by the Diocesan Health Board in the establishment of the applicable Grades in a given Diocese is highly recommended.

PART III  
PROCEDURES FOR THE CALCULATION OF SALARY AND REMUNERATION

NOTA BENE

The calculation of salary and remuneration is complex if matters are not clear in the Letter of Appointment or contract of the employee.

We outline here the process leading to the calculation of, respectively, the Payable Salary (“take home package”) and the Value of the remuneration (the real value of the package the employee receives, either as money or as benefits), step by step. It is very important that the employee knows both, even if this entails a certain effort at providing clear explanations at the beginning.

**Preliminary Step**

Before proceeding to the calculation of salary and remuneration, **the employer has to make a first choice on the Schedule Grade** that will be applicable to its employees. In this the employer has to be guided by the current salaries paid, by the values of the benefits accorded, by the capacity to generate enough resources to fulfil the obligations incurred with the employee and access to service for the people. Refer to the 4 Grades envisaged (three possible grades 3 for Hospitals and 4 possible Grades for Units of lower level) and to the Minimum applicable salary. Once this choice has been made, the rest follows through a sequential flow described here below.

**1. Calculation of Basic salary - STEP 1**

For this reason we propose (once the prior choice of Schedule Grade has been made) to adopt **a multiple spine parallel set of scales in two different schedules**. Schedules apply, respectively, to clinical/medical and non clinical/medical employees. Spines reflect a particular situation of employment, as provided in the explanations about the different spines. Each RCC institution/diocese will have to adopt one or more specific spine, applicable to the situation, and indicate in the letter of appointment:

- ***The applicable schedule (medical or traditional/non medical)***
- ***The entry spine (four or more depending on the duration of the working week and other special criteria)***
- ***The entry scale ( the various U and SS scales - in line with qualifications)***
- ***The entry point in the scale (determining the point of departure for annual increments – each year one point in the scale upwards) -***

**1.a. Schedules**

There are two different schedules

- One applicable to clinical/medical staff
- One applicable to non clinical/medical staff.

Also this has to be specified at the moment of employment.

**1.b. Spines**

How does one hospital/diocese/health unit decide which spine (or spines) is (are) applicable to the own context? On the basis of the duration of the working week, which must accurately be assessed for each category of employees (especially for nursing staff).

- Spine A: applicable to institutions (employees) applying an effective working week of 45 hrs.

- Spine B: applicable for a normal effective working week of 40 hrs.
- Spine C: applicable for an effective working week of 35 hrs.
- Spine D: applicable to part time employment of less than 35 effective working hrs per week or to institutions at lower level than hospitals if there is not enough work for a full 40 effective hours of employment.

One Institution may offer employment to employees of the same scale under different spines, depending on working hours.

Changes of spine may occur in the course of employment and have to be recorded and notified in writing to the employee.

### **1.c. Scales**

Scales are determined by the qualification of the employee and the post occupied (see tables in annex). Scales may change in the course of the employment (e.g. when one employee undergoes training and on his/her return takes up a different post), and each change has to be notified in writing for permanent record.

**As these guidelines are intended for Units of Lower Level, only scales from U8 to U4 are provided. In the rare event that a Health units employs staff entitled to higher scale rating, the Manual of Employment for RCC Hospitals needs to be consulted.**

### **1.d. Point in the scale**

- The entry point at the beginning of employment soon after qualification is at the bottom of the scale.
- The entry point for an employee who has already served elsewhere is determined by his/her position in the scale from the prior employment, and needs to be certified by the letter of service released to each employee at the moment of discontinuation of service. The absence of letter of service forfeits the title of the employee to enter above the bottom point in the applicable scale.
- During employment, moving from one point to the next up-ward occurs instead automatically, at annual intervals.
- Additional movements upwards can be awarded because of positive performance assessment as premium.
- Conversely, the automatic advancement can be denied for unsatisfactory performance. It is also possible to move an employee downwards in the points of the scale for disciplinary reasons. Proper records need to be maintained.

<p>SUMMARY 1 Value of Basic Salary (BS)</p>
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## **2. Calculation of taxable additions to the Basic salary – STEP 2**

### **2.a. Addition of Allowances**

Allowances in general are additions to the basic salary. They need to be added to it to compute the taxable basis (the gross salary). Once added to the basic salary they constitute the gross salary.

As matter of fact, only four allowances are considered in the RCC health service employment:

- **Responsibility allowance:**

this allowance applies to employees that, although not occupying a higher post for which they do not have the right qualifications, bear on regular basis a special

responsibility for service. In addition, several extra duty related compensations (e.g. teaching) can be accommodated under this category of allowance. In particular praemia or awards for which the employee gets permanent title on the basis of extraordinary merit, as established and decided by the HUMC, will be defined as responsibility allowance.

It is suggested that, in monetary terms, this allowance should vary **between 10 and 30% of the basic salary, on decision of the HUMC/DHB. Once its value is established on the basis of the salary, the allowance is frozen to that value** (i.e. it does not automatically increase with the automatic increases of salary).<sup>5</sup>

▪ **Acting allowance:**

this allowance applies to employees that, although not having the qualifications to occupy a certain post, are asked to act in that post, and take upon themselves an additional responsibility on regular basis for a prolonged period of time, exceeding one month. It is calculated as the responsibility/acting allowance on the basic salary. It is suggested that this allowance should vary **between 10 and 30% of basic salary.**

Once its value is established on the basis of the salary, the allowance is frozen to that value (i.e. it does not automatically increase with the automatic increases of salary).

**Acting allowance and responsibility allowance cannot be cumulated**

▪ **Hardship/incentive/top up allowance:**

this allowance is intended to attract rare skills or personnel to the Hospital, who would not otherwise be attracted.

It is suggested that this allowance **should not exceed 30% of the basic salary.** As for the other two allowances above, once calculated, it is frozen and does not automatically increase with the increase of salary

**This allowance can be cumulated with one of the two above.**

▪ **Overtime**

This allowance covers for extended hours of service over and above the established rosters and declared length of the working week. The value of one hour of work is calculated on the basis of the gross salary divided by the monthly number of hours of work.

**2.b. Addition of Taxable Benefits**

In the calculation of the gross salary (Taxable part of the salary), housing benefits and subsidies need to be considered.

**As general rule the provision of housing by the employer implies and addition of 15% (calculated on the Basic Salary).** The HUMC may decide to value the amount accrued by the provision of housing in a different way. The principle stands that the provision of housing increases the basis for PAYE.

SUMMARY 2

Sum of Allowances + Taxable benefits = Taxable additions (TA)

<sup>5</sup> One employee has a basic salary of 210,632 Ug Sh but carries a specific responsibility. The Board of the hospital establishes that his/her allowance will be 15% of the basic salary, meaning 31,595 Ug Sh. The gross salary of this employee reaches then 242,227 Ug Sh. From this moment on the basic salary will grow year after year, but the allowance will remain fixed at 31,595 Ug Sh. Responsibility allowances will be discontinued when the employee ceases to exercise the special responsibility for which the allowance was paid. All of this has to be recorded and communicated in writing to the employee.

### 3. Calculation of Gross Salary – STEP 3

The Gross Salary is calculated by adding Taxable Benefits to the Basic Salary

SUMMARY 3  
Basic Salary + Taxable benefits = Gross Salary (GS)

### 4. Calculation of Statutory Deductions from the gross salary – STEP 4

There are three statutory deductions: income tax (Pay as you earn – PAYE), National Social Security Fund (NSSF), and Graduated Tax.

All deductions are calculated separately on the gross salary. The deduction of PAYE and NSSF, and their payment to the respective funds, is a legal obligation of the Employer. No RCC Employer can overlook this legal obligation.

- **PAYE**

There are schedules guiding the computation of PAYE. The amount to be paid to URA for PAYE need to come in its entirety from the employee<sup>6</sup>.

- **NSSF**

The NSSF is fed by a contribution coming from the employer and a contribution coming from the employee. The employer deducts from the salary the employee contribution, adds on its own and remits the total amount to the Fund<sup>7</sup>.

- **Graduated tax**

Depending on local council instructions, graduated tax may be deducted from the gross salary during the first quarter of the calendar year. They are usually a lump sum.

SUMMARY 4  
NSSF 5% + PAYE + Graduated tax = Statutory deductions (SD)

### 5. At this juncture a difference needs to be made between employees entitled to certain benefits and employees not-entitled to certain benefits. Title (or lack of) to benefits is declared in the Letter of Appointment or Personal contract.

- Entitled employee: For Entitled employees the value of benefits will be calculated and its total will have a (+) value.
- Not entitled employees: the non entitled employees that receive benefits will have to pay them and the total value of the benefits received will have a (-) value

#### 5.a Calculation of additions for benefits granted to entitled employees (STEP 5 A)

- **Lunch:**

If lunch is provided by the employer to an entitled employee, its value needs to be calculated and added.

- **Transport:**

If an employee has title to receive free transport, the value of this service needs to be calculated and added.

- **Telephone:**

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<sup>6</sup> Formula to calculate the PAYE deduction = Gross Salary \* applicable rate

<sup>7</sup> Contribution of the employer = Gross salary \* 10% - Contribution of the Employee = Gross salary \* 5%

When telephone bills (or proportion) are paid by the unit on behalf of an entitled employee, their value needs to be calculated and added.

- **Water and electricity:**

The value of utilities provided to entitled employees needs to be calculated and added.

***The HUMC may decide to attach a forfeit value to each of the above.***

SUMMARY 5 A

Lunch + Transport + Telephone + Water + Electricity = (+) Additions for Benefits (AFB)

### **5.b Calculation of deductions for benefits granted to non-entitled employees (STEP 5b)**

- **Housing:**

The consolidated allowance for housing is already covered in the basic salary. If a non-entitled employee is housed by the unit, a deduction of a lump sum not exceeding in value 15% of the basic salary is applied.

- **Lunch:**

If lunch is provided by the employer, a suitable deduction from the salary needs to occur, at amounts established by the HUMC.

- **Transport:**

Transport provided to the employees outside official transport for duty, needs to be charged to the employee at reasonable rates fixed by the HUMC. Personal use of institutional vehicles cannot be allowed. If this is common practice, it needs to be thoroughly discouraged.

- **Telephone:**

Fixed telephones cost may need to be paid by the employer for special cases (e.g. doctors on call), but variable telephone costs are charged to the employee.

- **Utilities (water and electricity):**

Utilities provided to the employees need to be charged to the employee at rates fixed by the HUMC.

SUMMARY 5 B

Housing + Lunch + Transport + Telephone + Water + Electricity = (-) Deductions for Benefits (DFB)

### **6. Calculation of additional expenses incurred by the Health unit – STEP 6**

Besides what the Health Unit Management Committee pays or grants to the employee, there are expenses that the Health Unit Management Committee incurs of which the employee is not usually aware:

- **The Health unit 10% contribution to NSSF**
- **The cost of insurance for accidents (if the Health unit has subscribed its employees to this insurance)**
- **The cost of medical services provided to the employee and family**
- **(The cost of gratuity accruals)<sup>8</sup>**

SUMMARY 6

NSSF 10% + Insurance + Medical bills = HUMC expenses (HE)

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<sup>8</sup> The Manual of employment does not foresee the payment of gratuity. For those Hospitals that wish to maintain this privilege refer to the following chapter for instructions.

## 7. Calculation of additional deductions – STEP 7

There are also deductions for:

- advances the employees has received on his/her salary
- payments effected by other agencies when his/her salary or part of it is outsourced (e.g. government salary of civil servants)
- for the re-payment of loans.
- There may be other deductions for damages caused by the employee to the unit.

### SUMMARY 7

Outsourced pay + Salary advance + Loans repayment + Damages = Additional deductions (AD)

## 8. Putting numbers together

It is now necessary to arrive at the important conclusion.

“How much money will the employee take home”? i.e. the Payable Salary (PS) and

“What is the actual comprehensive value of moneys and benefits received by the employee”? i.e. The Value of Remuneration (VR)

### 8.a. Calculation of the payable salary– STEP 8A

The formula for the calculation of the payable salary is the following:

Starting from the Gross Salary, Statutory deductions must be subtracted, Additions for benefits must be added to entitled employees (or deduction for benefits must be subtracted for non-entitled employees) and finally Additional deductions must be subtracted.

### SUMMARY 8A

Entitled employees  $GS - SD + AFB - AD = \text{Payable Salary (PS)}$

Or

Non entitled employees  $GS - SD - DFB - AD = \text{Payable Salary (PS)}$

### 8.b. Calculation of the Value of Remuneration

The formula for the calculation of the value of remuneration is the following:

Starting from the Gross Salary, Additions for benefits must be added for entitled employees (or deductions for benefits must be subtracted for non entitled employees), and finally Health unit expenses must be added.

### SUMMARY 8B

Entitled employees  $GS + AFB + HE = \text{Value of remuneration (VR)}$

Or

Non entitled employees  $GS - DFB + HE = \text{Value of remuneration (VR)}$

PART IV NECESSARY CLARIFICATIONS ON MISCELLANEOUS ISSUES
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## 1. GRATUITY

Many RCC health institutions have introduced in the past the practice of gratuity. This is not an obligation by law – as said in the Manual of Employment it is in fact substituted by the NSSF. It becomes an obligation if the employer maintains that a gratuity needs to be paid over and above the institutional contribution to NSSF and introduces this commitment in the Terms and Conditions of Service (either for all employees or for employees on personal contract).

Per se this is a good practice but needs to be properly managed. Good management would require that the accrual of gratuity is reflected in the monthly budget. Instead of being paid to the employee the amount accrued is transferred to a special earmarked fund that needs to be prudently invested.

Custom wants that gratuity is paid at the rate on one month of basic salary for each year of service, at the average monthly salary of the last year.

For this reason an amount corresponding to 8.33% of the basic salary<sup>9</sup>, over and above the basic salary has to be set aside by the employer for safe custody.

**UCMB strongly recommends that the current practices of gratuity should be phased out, through a plan of payment for titles accrued until now.**

**UCMB strongly recommends that all RCC Health units introduce NSSF.**

**UCMB strongly recommends that all units intending to continue the practice of gratuity to establish and earmarked fund to be fed on a monthly basis . The newly established gratuity fund must not be used to pay gratuities accrued in the precedent period.**

**UCMB also encourages all the RCC institutions that opt to establish the gratuity fund and also subscribe to the NSSF, to:**

- liquidate the accrued gratuity at annual intervals. In this way each employee will earn one month more of salary every year and the employer avoids excessive accumulation of payable gratuity that will need to be paid at a higher level of computation (last year's average basic salary).
- encourage employees to use NSSF in its pension form. In any case a RCC Health employer that both subscribes its employees to NSSF and in addition pays a gratuity (either at the end of service or on annual basis), in practice endows the employee both with gratuity and pension benefits.
- It is also a good and desirable practice to substitute loans to employees to the right of withdrawal from accrued gratuity.

It goes by itself that each transaction concerning gratuity and its payment needs to be recorded.

NOTA BENE: at the moment of payment to the employee, gratuity is subject to taxation by URA (PAYE). This is why it represents an added advantage to pay gratuity at fixed intervals. Because if one waits until a large amount is cumulated, a much higher rate of taxation will apply.

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<sup>9</sup> Formula to calculate money to be set aside for gratuity = [Monthly basic salary \* 8.3%]

## **2. INSURANCE FOR ACCIDENTS AND INVALIDITY:**

Each employee needs to be compensated for accidents and invalidity, according to the provision of the Workers' compensation act 2000.

This can be done either by the employer directly or through subscription of the employer to an Insurance.

The annual insurance premium equals to 0.5% of 60 times the monthly basic salary. As consequence the employer has to set aside every month 2.5% of the basic salary to accrue in a special insurance fund in order to be able to pay the annual premia for the employees<sup>10</sup>.

**UCMB suggest that all Health units introduce insurance against accidents and invalidity even though this has not been provided for as obligation in the employment manual.**

## **3. OCCASIONAL PAYMENTS FROM OTHER AGENCIES**

These are payments made to an employee of RCC Health Services because of services provided to another agency while working on paid time by the Employer, and exclude refunds for direct costs incurred by the employee<sup>11</sup>.

A common example are emoluments and honoraria earned by the employees because of their involvement in research activities or other tasks promoted and solicited by an external agency. The Code of Conduct introduces an obligation by the Employee to disclose such emoluments and honoraria. The Employer can exercise the right to deduct either part or all these sums from the employee salary, as agreed in writing before the employee engages in such activities.

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<sup>10</sup> E.g: If we take the same employee above, earning a monthly salary of Ug Sh 210,632, the annual premium to be paid to the insurance company is: Annual premium =  $[210,632 * 60 * 0,005] = 63,189.6$  / What is then the monthly cost of this premium? Monthly cost of the premium =  $[63,189.6 / 12] = 5,265.8$  / What percentage does this represent of the monthly basic salary? Percentage of the monthly basic salary =  $[5265.8 / 63,189.6] = 2.5\%$  / Formula to calculate the money to be set aside for insurance =  $[monthly\ basic\ salary * 2.5\%]$

<sup>11</sup> For example: an employee attends a Conference called by another agency during his/her work time. S/he travels by public means and pays the ticket with own moneys. S/he gives a presentation about a study carried out in the hospital and receives a substantial honorarium plus transport refund. The transport refund is not deductible while the honorarium can be shared with the hospital,

**SUMMARY OF PROCESS FOR CALCULATION OF PAY AND REMUNERATION**

1. Calculation of Basic salary - STEP 1
2. Calculation of taxable additions to the Basic salary – STEP 2
3. Calculation of Gross Salary – STEP 3
4. Calculation of Statutory Deductions from the gross salary – STEP 4
- 5.a Calculation of additions for benefits granted to entitled employees (STEP 5 A)
- or
- 5.b Calculation of deductions for benefits granted to non-entitled employees (STEP 5b)
6. Calculation of additional expenses incurred by the HUMC – STEP 6
7. Calculation of additional deductions – STEP 7
- 8.a. Calculation of the payable salary– STEP 8A
- 8.b. Calculation of the Value of Remuneration

STEP 1  
Value of Basic Salary (BS)

STEP 2  
Sum of Allowances + Taxable benefits = Taxable additions (TA)

STEP 3  
Basic Salary + Taxable benefits = Gross Salary (GS)

STEP 4  
NSSF 5% + PAYE + Graduated tax = Statutory deductions (SD)

STEP 5 A  
Lunch + Transport + Telephone + Water + Electricity = (+) Additions for Benefits (AFB)

Or

STEP 5 B  
Housing + Lunch + Transport + Telephone + Water + Electricity = (-) Deductions for Benefits (DFB)

STEP 6  
NSSF 10% + Insurance + Medical bills = HUMC expenses (HE)

STEP 7  
Outsourced pay + Salary advance + Loans repayment + Damages = Additional deductions (AD)

STEP 8A

Entitled employees	$GS - SD + AFB - AD = \text{Payable Salary (PS)}$
Or	
Non entitled employees	$GS - SD - DFB - AD = \text{Payable Salary (PS)}$

STEP 8B

Entitled employees	$GS + AFB + HE = \text{Value of remuneration (VR)}$
Or	
Non entitled employees	$GS - DFB + HE = \text{Value of remuneration (VR)}$

## SALARIES

Schedules (Medical and Traditional)  
Grades (UCMB grades 1 to 4)  
Scales (SS3 to U4)  
Points

MEDICAL SCHEDULE (SIMPLIFIED) for further reference see Annex 3)

<b>MEDICAL OFFICERS.</b>	
SMO (Medical Director	U3
Medical Off.	U5a-3
<b>DENTAL</b>	
Dental Surgeon	U5a-3
PHDA	U6
<b>PHARMACY</b>	
Pharmacist	U5a-3
Dispensers	U6
<b>NURSING</b>	
SNO	U4
Reg NMW	U5c
Reg Nurse	U6
Reg Midwife	U6
Reg PHN	U6
Psychiatric Nu	U6
Enrolled Nurse	U7
Enrolled M/W	U7
Nursing Asst	U8
<b>ALLIED HEALTH PROFESSIONALS</b>	
PCO	U5b-a
OCO	U5c
Health Inspect	U6
MEO	U6
Radiographers	U6
Physiotherapist	U6
Occ/Therapist	U6
Orthop/Off.	U6
Health Educator	U6
Anaesth Off.	U6
Lab Technol	U5c
Lab. Technician	U6
Lab. Asst.	
Clinical Officer	U6

TRADITIONAL CIVIL SERVICE SCHEDULE (SIMPLIFIED) for further reference see Annex 3)

<b>ADMINISTRATIVE AND OTHER STAFF</b>	
Hospital Adm.	U5b-4
MSW	U5b-4
Nutritionist	U5b-4
Supplies Off	U5c
Steno-Secretary	U6
Stores Asst	U7
Records Asst	U7
Accounts Asst	U7
<b>SUPPORT STAFF</b>	
Darkroom Att	S3D
Mort. Att	S3I
Drivers	S3H
Cooks	S3E
Guards	S3G
Artisans	S3G
Support Staff	S3G

**SCHEDULES, GRADES, SCALES AND POINTS VALID FOR YEAR 2002/03**

**UCMB SCALES – GRADE 1**

**MEDICAL, NURSING, ALLIED PROF. STAFF**

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
		<b>2002/03</b>				
U4	12	598,900	658,790	598,900	527,032	449,175
	11	597,015	656,717	597,015	525,373	447,761
	10	596,125	655,738	596,125	524,590	447,094
	9	595,230	654,753	595,230	523,802	446,423
	8	594,340	653,774	594,340	523,019	445,755
	7	593,450	652,795	593,450	522,236	445,088
	6	592,560	651,816	592,560	521,453	444,420
	5	591,660	650,826	591,660	520,661	443,745
	4	590,770	649,847	590,770	519,878	443,078
	3	589,875	648,863	589,875	519,090	442,406
	2	588,990	647,889	588,990	518,311	441,743
1	587,000	645,700	587,000	516,560	440,250	
U5A	6	545,760	600,336	545,760	480,269	409,320
	5	543,530	597,883	543,530	478,306	407,648
	4	541,300	595,430	541,300	476,344	405,975
	3	539,060	592,966	539,060	474,373	404,295
	2	536,810	590,491	536,810	472,393	402,608
	1	534,675	588,143	534,675	470,514	401,006
U5B	6	359,370	395,307	359,370	316,246	269,528
	5	357,555	393,311	357,555	314,648	268,166
	4	355,740	391,314	355,740	313,051	266,805
	3	353,900	389,290	353,900	311,432	265,425
	2	352,080	387,288	352,080	309,830	264,060
	1	350,160	385,176	350,160	308,141	262,620
U5C	8	289,480	318,428	289,480	254,742	217,110
	7	286,367	315,004	286,367	252,003	214,775
	6	283,298	311,628	283,298	249,302	212,474
	5	280,273	308,300	280,273	246,640	210,205
	4	277,292	305,021	277,292	244,017	207,969
	3	274,355	301,791	274,355	241,432	205,766
	2	271,468	298,615	271,468	238,892	203,601
	1	268,619	295,481	268,619	236,385	201,464
U6	13	248,912	273,803	248,912	219,043	186,684
	12	248,087	272,896	248,087	218,317	186,065
	11	247,262	271,988	247,262	217,591	185,447
	10	246,443	271,087	246,443	216,870	184,832
	9	244,523	268,975	244,523	215,180	183,392
	8	243,423	267,765	243,423	214,212	182,567
	7	242,323	266,555	242,323	213,244	181,742
	6	241,509	265,660	241,509	212,528	181,132
	5	240,706	264,777	240,706	211,821	180,530
	4	239,903	263,893	239,903	211,115	179,927
	3	238,000	261,800	238,000	209,440	178,500
	2	237,824	261,606	237,824	209,285	178,368
	1	236,411	260,052	236,411	208,042	177,308

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U7	11	221,753	243,928	221,753	195,143	166,315
	10	220,653	242,718	220,653	194,175	165,490
	9	219,966	241,963	219,966	193,570	164,975
	8	218,178	239,996	218,178	191,997	163,634
	7	217,502	239,252	217,502	191,402	163,127
	6	216,792	238,471	216,792	190,777	162,594
	5	215,049	236,554	215,049	189,243	161,287
	4	214,378	235,816	214,378	188,653	160,784
	3	213,052	234,357	213,052	187,486	159,789
	2	212,387	233,626	212,387	186,901	159,290
	1	210,632	231,695	210,632	185,356	157,974
U8	13	180,845	198,930	180,845	159,144	135,634
	12	180,220	198,242	180,220	158,594	135,165
	11	179,610	197,571	179,610	158,057	134,708
	10	178,990	196,889	178,990	157,511	134,243
	9	178,380	196,218	178,380	156,974	133,785
	8	177,775	195,553	177,775	156,442	133,331
	7	177,170	194,887	177,170	155,910	132,878
	6	176,580	194,238	176,580	155,390	132,435
	5	175,980	193,578	175,980	154,862	131,985
	4	175,390	192,929	175,390	154,343	131,543
	3	174,805	192,286	174,805	153,828	131,104
	2	174,210	191,631	174,210	153,305	130,658
	1	173,650	191,015	173,650	152,812	130,238
SS1	4	83,140	91,454	83,140	73,163	62,355
	3	78,330	86,163	78,330	68,930	58,748
	2	75,530	83,083	75,530	66,466	56,648
	1	75,275	82,803	75,275	66,242	56,456
SS2	5	75,270	82,797	75,270	66,238	56,453
	4	74,630	82,093	74,630	65,674	55,973
	3	73,575	80,933	73,575	64,746	55,181
	2	72,780	80,058	72,780	64,046	54,585
	1	71,930	79,123	71,930	63,298	53,948
SS3	5	71,125	78,238	71,125	62,590	53,344
	4	70,640	77,704	70,640	62,163	52,980
	3	70,035	77,039	70,035	61,631	52,526
	2	69,710	76,681	69,710	61,345	52,283
	1	69,525	76,478	69,525	61,182	52,144

**UCMB SCALES – GRADE 1**  
**TRADITIONAL (non medical) STAFF**

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
		<b>2002/03</b>				
U4	12	483,860	532,246	483,860	425,797	362,895
	11	483,260	531,586	483,260	425,269	362,445
	10	482,670	530,937	482,670	424,750	362,003
	9	482,070	530,277	482,070	424,222	361,553
	8	481,480	529,628	481,480	423,702	361,110
	7	480,880	528,968	480,880	423,174	360,660
	6	480,280	528,308	480,280	422,646	360,210
	5	479,680	527,648	479,680	422,118	359,760
	4	479,090	526,999	479,090	421,599	359,318
	3	478,490	526,339	478,490	421,071	358,868
	2	477,900	525,690	477,900	420,552	358,425
	1	477,310	525,041	477,310	420,033	357,983
U5A	6	426,630	469,293	426,630	375,434	319,973
	5	425,360	467,896	425,360	374,317	319,020
	4	424,080	466,488	424,080	373,190	318,060
	3	422,800	465,080	422,800	372,064	317,100
	2	421,445	463,590	421,445	370,872	316,084
	1	420,140	462,154	420,140	369,723	315,105
U5B	6	348,470	383,317	348,470	306,654	261,353
	5	346,980	381,678	346,980	305,342	260,235
	4	345,500	380,050	345,500	304,040	259,125
	3	344,020	378,422	344,020	302,738	258,015
	2	341,930	376,123	341,930	300,898	256,448
	1	339,880	373,868	339,880	299,094	254,910
U5C	8	168,085	184,894	168,085	147,915	126,064
	7	165,630	182,193	165,630	145,754	124,223
	6	163,220	179,542	163,220	143,634	122,415
	5	160,840	176,924	160,840	141,539	120,630
	4	158,500	174,350	158,500	139,480	118,875
	3	156,190	171,809	156,190	137,447	117,143
	2	153,920	169,312	153,920	135,450	115,440
	1	151,680	166,848	151,680	133,478	113,760

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U6	14	134,880	148,368	134,880	118,694	101,160
	13	134,210	147,631	134,210	118,105	100,658
	12	133,410	146,751	133,410	117,401	100,058
	11	132,620	145,882	132,620	116,706	99,465
	10	131,830	145,013	131,830	116,010	98,873
	9	131,050	144,155	131,050	115,324	98,288
	8	130,270	143,297	130,270	114,638	97,703
	7	129,500	142,450	129,500	113,960	97,125
	6	128,730	141,603	128,730	113,282	96,548
	5	127,960	140,756	127,960	112,605	95,970
	4	127,200	139,920	127,200	111,936	95,400
	3	126,460	139,106	126,460	111,285	94,845
	2	125,700	138,270	125,700	110,616	94,275
	1	124,950	137,445	124,950	109,956	93,713
U7	11	109,790	120,769	109,790	96,615	82,343
	10	109,060	119,966	109,060	95,973	81,795
	9	108,230	119,053	108,230	95,242	81,173
	8	107,410	118,151	107,410	94,521	80,558
	7	106,590	117,249	106,590	93,799	79,943
	6	105,780	116,358	105,780	93,086	79,335
	5	105,655	116,221	105,655	92,976	79,241
	4	105,520	116,072	105,520	92,858	79,140
	3	105,460	116,006	105,460	92,805	79,095
	2	105,410	115,951	105,410	92,761	79,058
	1	105,370	115,907	105,370	92,726	79,028
U8	13	82,980	91,278	82,980	73,022	62,235
	12	82,695	90,965	82,695	72,772	62,021
	11	82,415	90,657	82,415	72,525	61,811
	10	82,125	90,338	82,125	72,270	61,594
	9	81,840	90,024	81,840	72,019	61,380
	8	81,555	89,711	81,555	71,768	61,166
	7	81,270	89,397	81,270	71,518	60,953
	6	80,980	89,078	80,980	71,262	60,735
	5	80,690	88,759	80,690	71,007	60,518
	4	80,410	88,451	80,410	70,761	60,308
	3	80,120	88,132	80,120	70,506	60,090
	2	79,840	87,824	79,840	70,259	59,880
	1	79,555	87,511	79,555	70,008	59,666

**UCMB SCALES – GRADE 2  
MEDICAL, NURSING, ALLIED PROF. STAFF**

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
		<b>2002/03</b>				
U4	12	598,900	592,911	539,010	474,329	404,258
	11	597,015	591,045	537,314	472,836	402,985
	10	596,125	590,164	536,513	472,131	402,384
	9	595,230	589,278	535,707	471,422	401,780
	8	594,340	588,397	534,906	470,717	401,180
	7	593,450	587,516	534,105	470,012	400,579
	6	592,560	586,634	533,304	469,308	399,978
	5	591,660	585,743	532,494	468,595	399,371
	4	590,770	584,862	531,693	467,890	398,770
	3	589,875	583,976	530,888	467,181	398,166
	2	588,990	583,100	530,091	466,480	397,568
1	587,000	581,130	528,300	464,904	396,225	
U5A	6	545,760	540,302	491,184	432,242	368,388
	5	543,530	538,095	489,177	430,476	366,883
	4	541,300	535,887	487,170	428,710	365,378
	3	539,060	533,669	485,154	426,936	363,866
	2	536,810	531,442	483,129	425,154	362,347
	1	534,675	529,328	481,208	423,463	360,906
U5B	6	359,370	355,776	323,433	284,621	242,575
	5	357,555	353,979	321,800	283,184	241,350
	4	355,740	352,183	320,166	281,746	240,125
	3	353,900	350,361	318,510	280,289	238,883
	2	352,080	348,559	316,872	278,847	237,654
	1	350,160	346,658	315,144	277,327	236,358
U5C	8	289,480	286,585	260,532	229,268	195,399
	7	286,367	283,503	257,730	226,803	193,298
	6	283,298	280,465	254,968	224,372	191,226
	5	280,273	277,470	252,246	221,976	189,184
	4	277,292	274,519	249,563	219,615	187,172
	3	274,355	271,611	246,920	217,289	185,190
	2	271,468	268,753	244,321	215,003	183,241
	1	268,619	265,933	241,757	212,746	181,318
U6	13	248,912	246,423	224,021	197,138	168,016
	12	248,087	245,606	223,278	196,485	167,459
	11	247,262	244,789	222,536	195,832	166,902
	10	246,443	243,979	221,799	195,183	166,349
	9	244,523	242,078	220,071	193,662	165,053
	8	243,423	240,989	219,081	192,791	164,311
	7	242,323	239,900	218,091	191,920	163,568
	6	241,509	239,094	217,358	191,275	163,019
	5	240,706	238,299	216,635	190,639	162,477
	4	239,903	237,504	215,913	190,003	161,935
	3	238,000	235,620	214,200	188,496	160,650
	2	237,824	235,446	214,042	188,357	160,531
	1	236,411	234,047	212,770	187,238	159,577

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U7	11	221,753	219,535	199,578	175,628	149,683
	10	220,653	218,446	198,588	174,757	148,941
	9	219,966	217,766	197,969	174,213	148,477
	8	218,178	215,996	196,360	172,797	147,270
	7	217,502	215,327	195,752	172,262	146,814
	6	216,792	214,624	195,113	171,699	146,335
	5	215,049	212,899	193,544	170,319	145,158
	4	214,378	212,234	192,940	169,787	144,705
	3	213,052	210,921	191,747	168,737	143,810
	2	212,387	210,263	191,148	168,211	143,361
	1	210,632	208,526	189,569	166,821	142,177
U8	13	180,845	179,037	162,761	143,229	122,070
	12	180,220	178,418	162,198	142,734	121,649
	11	179,610	177,814	161,649	142,251	121,237
	10	178,990	177,200	161,091	141,760	120,818
	9	178,380	176,596	160,542	141,277	120,407
	8	177,775	175,997	159,998	140,798	119,998
	7	177,170	175,398	159,453	140,319	119,590
	6	176,580	174,814	158,922	139,851	119,192
	5	175,980	174,220	158,382	139,376	118,787
	4	175,390	173,636	157,851	138,909	118,388
	3	174,805	173,057	157,325	138,446	117,993
	2	174,210	172,468	156,789	137,974	117,592
	1	173,650	171,914	156,285	137,531	117,214
SS1	4	83,140	82,309	74,826	65,847	56,120
	3	78,330	77,547	70,497	62,037	52,873
	2	75,530	74,775	67,977	59,820	50,983
	1	75,275	74,522	67,748	59,618	50,811
SS2	5	75,270	74,517	67,743	59,614	50,807
	4	74,630	73,884	67,167	59,107	50,375
	3	73,575	72,839	66,218	58,271	49,663
	2	72,780	72,052	65,502	57,642	49,127
	1	71,930	71,211	64,737	56,969	48,553
SS3	5	71,125	70,414	64,013	56,331	48,009
	4	70,640	69,934	63,576	55,947	47,682
	3	70,035	69,335	63,032	55,468	47,274
	2	69,710	69,013	62,739	55,210	47,054
	1	69,525	68,830	62,573	55,064	46,929

**UCMB SCALES – GRADE 2  
TRADITIONAL (non medical) STAFF**

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
		<b>2002/03</b>				
U4	12	483,860	479,021	435,474	383,217	326,606
	11	483,260	478,427	434,934	382,742	326,201
	10	482,670	477,843	434,403	382,275	325,802
	9	482,070	477,249	433,863	381,799	325,397
	8	481,480	476,665	433,332	381,332	324,999
	7	480,880	476,071	432,792	380,857	324,594
	6	480,280	475,477	432,252	380,382	324,189
	5	479,680	474,883	431,712	379,907	323,784
	4	479,090	474,299	431,181	379,439	323,386
	3	478,490	473,705	430,641	378,964	322,981
	2	477,900	473,121	430,110	378,497	322,583
	1	477,310	472,537	429,579	378,030	322,184
U5A	6	426,630	422,364	383,967	337,891	287,975
	5	425,360	421,106	382,824	336,885	287,118
	4	424,080	419,839	381,672	335,871	286,254
	3	422,800	418,572	380,520	334,858	285,390
	2	421,445	417,231	379,301	333,784	284,475
	1	420,140	415,939	378,126	332,751	283,595
U5B	6	348,470	344,985	313,623	275,988	235,217
	5	346,980	343,510	312,282	274,808	234,212
	4	345,500	342,045	310,950	273,636	233,213
	3	344,020	340,580	309,618	272,464	232,214
	2	341,930	338,511	307,737	270,809	230,803
	1	339,880	336,481	305,892	269,185	229,419
U5C	8	168,085	166,404	151,277	133,123	113,457
	7	165,630	163,974	149,067	131,179	111,800
	6	163,220	161,588	146,898	129,270	110,174
	5	160,840	159,232	144,756	127,385	108,567
	4	158,500	156,915	142,650	125,532	106,988
	3	156,190	154,628	140,571	123,702	105,428
	2	153,920	152,381	138,528	121,905	103,896
	1	151,680	150,163	136,512	120,131	102,384

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U6	14	134,880	133,531	121,392	106,825	91,044
	13	134,210	132,868	120,789	106,294	90,592
	12	133,410	132,076	120,069	105,661	90,052
	11	132,620	131,294	119,358	105,035	89,519
	10	131,830	130,512	118,647	104,409	88,985
	9	131,050	129,740	117,945	103,792	88,459
	8	130,270	128,967	117,243	103,174	87,932
	7	129,500	128,205	116,550	102,564	87,413
	6	128,730	127,443	115,857	101,954	86,893
	5	127,960	126,680	115,164	101,344	86,373
	4	127,200	125,928	114,480	100,742	85,860
	3	126,460	125,195	113,814	100,156	85,361
	2	125,700	124,443	113,130	99,554	84,848
	1	124,950	123,701	112,455	98,960	84,341
U7	11	109,790	108,692	98,811	86,954	74,108
	10	109,060	107,969	98,154	86,376	73,616
	9	108,230	107,148	97,407	85,718	73,055
	8	107,410	106,336	96,669	85,069	72,502
	7	106,590	105,524	95,931	84,419	71,948
	6	105,780	104,722	95,202	83,778	71,402
	5	105,655	104,598	95,090	83,679	71,317
	4	105,520	104,465	94,968	83,572	71,226
	3	105,460	104,405	94,914	83,524	71,186
	2	105,410	104,356	94,869	83,485	71,152
	1	105,370	104,316	94,833	83,453	71,125
U8	13	82,980	82,150	74,682	65,720	56,012
	12	82,695	81,868	74,426	65,494	55,819
	11	82,415	81,591	74,174	65,273	55,630
	10	82,125	81,304	73,913	65,043	55,434
	9	81,840	81,022	73,656	64,817	55,242
	8	81,555	80,739	73,400	64,592	55,050
	7	81,270	80,457	73,143	64,366	54,857
	6	80,980	80,170	72,882	64,136	54,662
	5	80,690	79,883	72,621	63,906	54,466
	4	80,410	79,606	72,369	63,685	54,277
	3	80,120	79,319	72,108	63,455	54,081
	2	79,840	79,042	71,856	63,233	53,892
	1	79,555	78,759	71,600	63,008	53,700

**UCMB SCALES – GRADE 3  
MEDICAL, NURSING, ALLIED PROF. STAFF**

Scale	Point	GOVT  2002/03	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U4	12	598,900	527,032	479,120	421,626	359,340
	11	597,015	525,373	477,612	420,299	358,209
	10	596,125	524,590	476,900	419,672	357,675
	9	595,230	523,802	476,184	419,042	357,138
	8	594,340	523,019	475,472	418,415	356,604
	7	593,450	522,236	474,760	417,789	356,070
	6	592,560	521,453	474,048	417,162	355,536
	5	591,660	520,661	473,328	416,529	354,996
	4	590,770	519,878	472,616	415,902	354,462
	3	589,875	519,090	471,900	415,272	353,925
	2	588,990	518,311	471,192	414,649	353,394
1	587,000	516,560	469,600	413,248	352,200	
U5A	6	545,760	480,269	436,608	384,215	327,456
	5	543,530	478,306	434,824	382,645	326,118
	4	541,300	476,344	433,040	381,075	324,780
	3	539,060	474,373	431,248	379,498	323,436
	2	536,810	472,393	429,448	377,914	322,086
	1	534,675	470,514	427,740	376,411	320,805
U5B	6	359,370	316,246	287,496	252,996	215,622
	5	357,555	314,648	286,044	251,719	214,533
	4	355,740	313,051	284,592	250,441	213,444
	3	353,900	311,432	283,120	249,146	212,340
	2	352,080	309,830	281,664	247,864	211,248
	1	350,160	308,141	280,128	246,513	210,096
U5C	8	289,480	254,742	231,584	203,794	173,688
	7	286,367	252,003	229,094	201,602	171,820
	6	283,298	249,302	226,638	199,442	169,979
	5	280,273	246,640	224,218	197,312	168,164
	4	277,292	244,017	221,834	195,214	166,375
	3	274,355	241,432	219,484	193,146	164,613
	2	271,468	238,892	217,174	191,113	162,881
	1	268,619	236,385	214,895	189,108	161,171
U6	13	248,912	219,043	199,130	175,234	149,347
	12	248,087	218,317	198,470	174,653	148,852
	11	247,262	217,591	197,810	174,072	148,357
	10	246,443	216,870	197,154	173,496	147,866
	9	244,523	215,180	195,618	172,144	146,714
	8	243,423	214,212	194,738	171,370	146,054
	7	242,323	213,244	193,858	170,595	145,394
	6	241,509	212,528	193,207	170,022	144,905
	5	240,706	211,821	192,565	169,457	144,424
	4	239,903	211,115	191,922	168,892	143,942
	3	238,000	209,440	190,400	167,552	142,800
	2	237,824	209,285	190,259	167,428	142,694
	1	236,411	208,042	189,129	166,433	141,847

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U7	11	221,753	195,143	177,402	156,114	133,052
	10	220,653	194,175	176,522	155,340	132,392
	9	219,966	193,570	175,973	154,856	131,980
	8	218,178	191,997	174,542	153,597	130,907
	7	217,502	191,402	174,002	153,121	130,501
	6	216,792	190,777	173,434	152,622	130,075
	5	215,049	189,243	172,039	151,394	129,029
	4	214,378	188,653	171,502	150,922	128,627
	3	213,052	187,486	170,442	149,989	127,831
	2	212,387	186,901	169,910	149,520	127,432
	1	210,632	185,356	168,506	148,285	126,379
U8	13	180,845	159,144	144,676	127,315	108,507
	12	180,220	158,594	144,176	126,875	108,132
	11	179,610	158,057	143,688	126,445	107,766
	10	178,990	157,511	143,192	126,009	107,394
	9	178,380	156,974	142,704	125,580	107,028
	8	177,775	156,442	142,220	125,154	106,665
	7	177,170	155,910	141,736	124,728	106,302
	6	176,580	155,390	141,264	124,312	105,948
	5	175,980	154,862	140,784	123,890	105,588
	4	175,390	154,343	140,312	123,475	105,234
	3	174,805	153,828	139,844	123,063	104,883
	2	174,210	153,305	139,368	122,644	104,526
	1	173,650	152,812	138,920	122,250	104,190
SS1	4	83,140	73,163	66,512	58,531	49,884
	3	78,330	68,930	62,664	55,144	46,998
	2	75,530	66,466	60,424	53,173	45,318
	1	75,275	66,242	60,220	52,994	45,165
SS2	5	75,270	66,238	60,216	52,990	45,162
	4	74,630	65,674	59,704	52,540	44,778
	3	73,575	64,746	58,860	51,797	44,145
	2	72,780	64,046	58,224	51,237	43,668
	1	71,930	63,298	57,544	50,639	43,158
SS3	5	71,125	62,590	56,900	50,072	42,675
	4	70,640	62,163	56,512	49,731	42,384
	3	70,035	61,631	56,028	49,305	42,021
	2	69,710	61,345	55,768	49,076	41,826
	1	69,525	61,182	55,620	48,946	41,715

**UCMB SCALES – GRADE 3  
TRADITIONAL (non medical) STAFF**

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U4	12	<b>483,860</b>	425,797	387,088	340,637	290,316
	11	<b>483,260</b>	425,269	386,608	340,215	289,956
	10	<b>482,670</b>	424,750	386,136	339,800	289,602
	9	<b>482,070</b>	424,222	385,656	339,377	289,242
	8	<b>481,480</b>	423,702	385,184	338,962	288,888
	7	<b>480,880</b>	423,174	384,704	338,540	288,528
	6	<b>480,280</b>	422,646	384,224	338,117	288,168
	5	<b>479,680</b>	422,118	383,744	337,695	287,808
	4	<b>479,090</b>	421,599	383,272	337,279	287,454
	3	<b>478,490</b>	421,071	382,792	336,857	287,094
	2	<b>477,900</b>	420,552	382,320	336,442	286,740
	1	<b>477,310</b>	420,033	381,848	336,026	286,386
U5A	6	<b>426,630</b>	375,434	341,304	300,348	255,978
	5	<b>425,360</b>	374,317	340,288	299,453	255,216
	4	<b>424,080</b>	373,190	339,264	298,552	254,448
	3	<b>422,800</b>	372,064	338,240	297,651	253,680
	2	<b>421,445</b>	370,872	337,156	296,697	252,867
	1	<b>420,140</b>	369,723	336,112	295,779	252,084
U5B	6	<b>348,470</b>	306,654	278,776	245,323	209,082
	5	<b>346,980</b>	305,342	277,584	244,274	208,188
	4	<b>345,500</b>	304,040	276,400	243,232	207,300
	3	<b>344,020</b>	302,738	275,216	242,190	206,412
	2	<b>341,930</b>	300,898	273,544	240,719	205,158
	1	<b>339,880</b>	299,094	271,904	239,276	203,928
U5C	8	<b>168,085</b>	147,915	134,468	118,332	100,851
	7	<b>165,630</b>	145,754	132,504	116,604	99,378
	6	<b>163,220</b>	143,634	130,576	114,907	97,932
	5	<b>160,840</b>	141,539	128,672	113,231	96,504
	4	<b>158,500</b>	139,480	126,800	111,584	95,100
	3	<b>156,190</b>	137,447	124,952	109,958	93,714
	2	<b>153,920</b>	135,450	123,136	108,360	92,352
	1	<b>151,680</b>	133,478	121,344	106,783	91,008

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U6	14	134,880	118,694	107,904	94,956	80,928
	13	134,210	118,105	107,368	94,484	80,526
	12	133,410	117,401	106,728	93,921	80,046
	11	132,620	116,706	106,096	93,364	79,572
	10	131,830	116,010	105,464	92,808	79,098
	9	131,050	115,324	104,840	92,259	78,630
	8	130,270	114,638	104,216	91,710	78,162
	7	129,500	113,960	103,600	91,168	77,700
	6	128,730	113,282	102,984	90,626	77,238
	5	127,960	112,605	102,368	90,084	76,776
	4	127,200	111,936	101,760	89,549	76,320
	3	126,460	111,285	101,168	89,028	75,876
	2	125,700	110,616	100,560	88,493	75,420
	1	124,950	109,956	99,960	87,965	74,970
U7	11	109,790	96,615	87,832	77,292	65,874
	10	109,060	95,973	87,248	76,778	65,436
	9	108,230	95,242	86,584	76,194	64,938
	8	107,410	94,521	85,928	75,617	64,446
	7	106,590	93,799	85,272	75,039	63,954
	6	105,780	93,086	84,624	74,469	63,468
	5	105,655	92,976	84,524	74,381	63,393
	4	105,520	92,858	84,416	74,286	63,312
	3	105,460	92,805	84,368	74,244	63,276
	2	105,410	92,761	84,328	74,209	63,246
	1	105,370	92,726	84,296	74,180	63,222
U8	13	82,980	73,022	66,384	58,418	49,788
	12	82,695	72,772	66,156	58,217	49,617
	11	82,415	72,525	65,932	58,020	49,449
	10	82,125	72,270	65,700	57,816	49,275
	9	81,840	72,019	65,472	57,615	49,104
	8	81,555	71,768	65,244	57,415	48,933
	7	81,270	71,518	65,016	57,214	48,762
	6	80,980	71,262	64,784	57,010	48,588
	5	80,690	71,007	64,552	56,806	48,414
	4	80,410	70,761	64,328	56,609	48,246
	3	80,120	70,506	64,096	56,404	48,072
	2	79,840	70,259	63,872	56,207	47,904
	1	79,555	87,511	79,555	70,008	59,666

**UCMB SCALES – GRADE 4  
MEDICAL, NURSING, ALLIED PROF. STAFF**

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
		<b>2002/03</b>				
U4	12	598,900	461,153	419,230	368,922	314,423
	11	597,015	459,702	417,911	367,761	313,433
	10	596,125	459,016	417,288	367,213	312,966
	9	595,230	458,327	416,661	366,662	312,496
	8	594,340	457,642	416,038	366,113	312,029
	7	593,450	456,957	415,415	365,565	311,561
	6	592,560	456,271	414,792	365,017	311,094
	5	591,660	455,578	414,162	364,463	310,622
	4	590,770	454,893	413,539	363,914	310,154
	3	589,875	454,204	412,913	363,363	309,684
	2	588,990	453,522	412,293	362,818	309,220
1	587,000	451,990	410,900	361,592	308,175	
U5A	6	545,760	420,235	382,032	336,188	286,524
	5	543,530	418,518	380,471	334,814	285,353
	4	541,300	416,801	378,910	333,441	284,183
	3	539,060	415,076	377,342	332,061	283,007
	2	536,810	413,344	375,767	330,675	281,825
	1	534,675	411,700	374,273	329,360	280,704
U5B	6	359,370	276,715	251,559	221,372	188,669
	5	357,555	275,317	250,289	220,254	187,716
	4	355,740	273,920	249,018	219,136	186,764
	3	353,900	272,503	247,730	218,002	185,798
	2	352,080	271,102	246,456	216,881	184,842
	1	350,160	269,623	245,112	215,699	183,834
U5C	8	289,480	222,900	202,636	178,320	151,977
	7	286,367	220,503	200,457	176,402	150,343
	6	283,298	218,139	198,309	174,512	148,731
	5	280,273	215,810	196,191	172,648	147,143
	4	277,292	213,515	194,104	170,812	145,578
	3	274,355	211,253	192,049	169,003	144,036
	2	271,468	209,030	190,028	167,224	142,521
	1	268,619	206,837	188,033	165,469	141,025
U6	13	248,912	191,662	174,238	153,330	130,679
	12	248,087	191,027	173,661	152,822	130,246
	11	247,262	190,392	173,083	152,313	129,813
	10	246,443	189,761	172,510	151,809	129,383
	9	244,523	188,283	171,166	150,626	128,375
	8	243,423	187,436	170,396	149,949	127,797
	7	242,323	186,589	169,626	149,271	127,220
	6	241,509	185,962	169,056	148,770	126,792
	5	240,706	185,344	168,494	148,275	126,371
	4	239,903	184,725	167,932	147,780	125,949
	3	238,000	183,260	166,600	146,608	124,950
	2	237,824	183,124	166,477	146,500	124,858
	1	236,411	182,036	165,488	145,629	124,116

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U7	11	221,753	170,750	155,227	136,600	116,420
	10	220,653	169,903	154,457	135,922	115,843
	9	219,966	169,374	153,976	135,499	115,482
	8	218,178	167,997	152,725	134,398	114,543
	7	217,502	167,477	152,251	133,981	114,189
	6	216,792	166,930	151,754	133,544	113,816
	5	215,049	165,588	150,534	132,470	112,901
	4	214,378	165,071	150,065	132,057	112,548
	3	213,052	164,050	149,136	131,240	111,852
	2	212,387	163,538	148,671	130,830	111,503
	1	210,632	162,187	147,442	129,749	110,582
U8	13	180,845	139,251	126,592	111,401	94,944
	12	180,220	138,769	126,154	111,016	94,616
	11	179,610	138,300	125,727	110,640	94,295
	10	178,990	137,822	125,293	110,258	93,970
	9	178,380	137,353	124,866	109,882	93,650
	8	177,775	136,887	124,443	109,509	93,332
	7	177,170	136,421	124,019	109,137	93,014
	6	176,580	135,967	123,606	108,773	92,705
	5	175,980	135,505	123,186	108,404	92,390
	4	175,390	135,050	122,773	108,040	92,080
	3	174,805	134,600	122,364	107,680	91,773
	2	174,210	134,142	121,947	107,313	91,460
	1	173,650	133,711	121,555	106,968	91,166
SS1	4	83,140	64,018	58,198	51,214	43,649
	3	78,330	60,314	54,831	48,251	41,123
	2	75,530	58,158	52,871	46,526	39,653
	1	75,275	57,962	52,693	46,369	39,519
SS2	5	75,270	57,958	52,689	46,366	39,517
	4	74,630	57,465	52,241	45,972	39,181
	3	73,575	56,653	51,503	45,322	38,627
	2	72,780	56,041	50,946	44,832	38,210
	1	71,930	55,386	50,351	44,309	37,763
SS3	5	71,125	54,766	49,788	43,813	37,341
	4	70,640	54,393	49,448	43,514	37,086
	3	70,035	53,927	49,025	43,142	36,768
	2	69,710	53,677	48,797	42,941	36,598
	1	69,525	53,534	48,668	42,827	36,501

**UCMB SCALES – GRADE 4  
TRADITIONAL (non medical) STAFF**

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U4	12	<b>2002/03</b> 483,860	372,572	338,702	298,058	254,027
	11	483,260	372,110	338,282	297,688	253,712
	10	482,670	371,656	337,869	297,325	253,402
	9	482,070	371,194	337,449	296,955	253,087
	8	481,480	370,740	337,036	296,592	252,777
	7	480,880	370,278	336,616	296,222	252,462
	6	480,280	369,816	336,196	295,852	252,147
	5	479,680	369,354	335,776	295,483	251,832
	4	479,090	368,899	335,363	295,119	251,522
	3	478,490	368,437	334,943	294,750	251,207
	2	477,900	367,983	334,530	294,386	250,898
	1	477,310	367,529	334,117	294,023	250,588
U5A	6	426,630	328,505	298,641	262,804	223,981
	5	425,360	327,527	297,752	262,022	223,314
	4	424,080	326,542	296,856	261,233	222,642
	3	422,800	325,556	295,960	260,445	221,970
	2	421,445	324,513	295,012	259,610	221,259
	1	420,140	323,508	294,098	258,806	220,574
U5B	6	348,470	268,322	243,929	214,658	182,947
	5	346,980	267,175	242,886	213,740	182,165
	4	345,500	266,035	241,850	212,828	181,388
	3	344,020	264,895	240,814	211,916	180,611
	2	341,930	263,286	239,351	210,629	179,513
	1	339,880	261,708	237,916	209,366	178,437
U5C	8	168,085	129,425	117,660	103,540	88,245
	7	165,630	127,535	115,941	102,028	86,956
	6	163,220	125,679	114,254	100,544	85,691
	5	160,840	123,847	112,588	99,077	84,441
	4	158,500	122,045	110,950	97,636	83,213
	3	156,190	120,266	109,333	96,213	82,000
	2	153,920	118,518	107,744	94,815	80,808
	1	151,680	116,794	106,176	93,435	79,632

Scale	Point	GOVT	UCMB			
			Spine A ww 45 hrs	Spine B ww 40 hrs	Spine C ww 35 hrs	Spine D ww less
U6	14	134,880	103,858	94,416	83,086	70,812
	13	134,210	103,342	93,947	82,673	70,460
	12	133,410	102,726	93,387	82,181	70,040
	11	132,620	102,117	92,834	81,694	69,626
	10	131,830	101,509	92,281	81,207	69,211
	9	131,050	100,909	91,735	80,727	68,801
	8	130,270	100,308	91,189	80,246	68,392
	7	129,500	99,715	90,650	79,772	67,988
	6	128,730	99,122	90,111	79,298	67,583
	5	127,960	98,529	89,572	78,823	67,179
	4	127,200	97,944	89,040	78,355	66,780
	3	126,460	97,374	88,522	77,899	66,392
	2	125,700	96,789	87,990	77,431	65,993
	1	124,950	96,212	87,465	76,969	65,599
U7	11	109,790	84,538	76,853	67,631	57,640
	10	109,060	83,976	76,342	67,181	57,257
	9	108,230	83,337	75,761	66,670	56,821
	8	107,410	82,706	75,187	66,165	56,390
	7	106,590	82,074	74,613	65,659	55,960
	6	105,780	81,451	74,046	65,160	55,535
	5	105,655	81,354	73,959	65,083	55,469
	4	105,520	81,250	73,864	65,000	55,398
	3	105,460	81,204	73,822	64,963	55,367
	2	105,410	81,166	73,787	64,933	55,340
	1	105,370	81,135	73,759	64,908	55,319
U8	13	82,980	63,895	58,086	51,116	43,565
	12	82,695	63,675	57,887	50,940	43,415
	11	82,415	63,460	57,691	50,768	43,268
	10	82,125	63,236	57,488	50,589	43,116
	9	81,840	63,017	57,288	50,413	42,966
	8	81,555	62,797	57,089	50,238	42,816
	7	81,270	62,578	56,889	50,062	42,667
	6	80,980	62,355	56,686	49,884	42,515
	5	80,690	62,131	56,483	49,705	42,362
	4	80,410	61,916	56,287	49,533	42,215
	3	80,120	61,692	56,084	49,354	42,063
	2	79,840	61,477	55,888	49,181	41,916
	1	79,555	61,257	55,689	49,006	41,766

### ANNEX 3

## SCALES AND POINTS ASSESSMENT for the Employment of staff and the computation of salaries:

### STARTING SALARIES ON FIRST APPOINTMENT AND ASSESSMENT OF SALARIES FOLLOWING POST QUALIFICATION EXPERIENCE OR TRAINING.

The starting salary of a candidate joining a service on first appointment is the minimum salary point of that scale unless his experience and added qualifications suggest otherwise.

Table 1 below gives a guide to setting salary structures for cadres whose qualifications may not be referenced, other wise use the referenced scales shown in Table 2. Both tables should be used together in case of conflict or confusion in one or the other.

**Table 1**

<b>Minimum qualifications</b>	<b>Base salary point</b>	<b>Remarks</b>
Below Uganda Certificate of Education "O" level without any departmental training or equivalent	The relevant Group wage in the Grouping Scheme (USS)	
Below Uganda Certificate of Education "O" level with 3 years departmental training or equivalent	Minimum of U8	
Uganda Certificate of Education "O" level with the required subject passes <b>without</b> any departmental training or equivalent	Minimum of U8	
Uganda Certificate of Education "O" level with the required number of subject passes, but with a minimum of <b>two</b> years departmental training or equivalent	Minimum of U7	Usually certificate courses Examples: Enrolled Nurses, Enrolled Midwives, Health Assistant Grade 2, Laboratory Assistant (2 yr post "O" level training)
Uganda Certificate of Education "O" level with the required number of subject passes, but with a minimum of <b>three</b> years departmental training or equivalent*	Minimum of U6	Usually Diploma Courses Examples: Registered Nurses, Registered Midwives, Registered Psychiatric Nurse (N.O Gr 2), Anesthetic Assistant Grade 2, Enrolled Comprehensive Nurse.
Uganda Certificate of Education "O" level with the required number of subject passes, but with a minimum of <b>four</b> years departmental training or equivalent	2 increments above the U6 base salary	

\* If a O-level minimum course takes in an A-level with 2 principal passes, on qualification, the salary will be two increments above the minimum point of U5c, U6 or U7 for a course taking 5, 3 or two years respectively. A 4-year duration attracts two increments above the U6 salary.

<b>Minimum qualifications</b>	<b>Base salary point</b>	<b>Remarks</b>
Uganda Certificate of Education “O” level with the required number of subject passes, but with a minimum of <b>five</b> years departmental training (with or without a break) or equivalent	Minimum of U5c	
Uganda Advanced Certificate of Education “U.A.C.E.” with at least 2 subjects passed at Principal level, but <b>without</b> departmental training or equivalent	6 Increments above the Minimum of U8	
Uganda Advanced Certificate of Education “U.A.C.E.” with at least 2 subjects passed at Principal level, with at least <b>two</b> years departmental training or equivalent	2 increments above the Minimum of U6 Salary Scale	E.g. Laboratory Technician Gr. II. (2 yrs post A-level training)
Uganda Advanced Certificate of Education “U.A.C.E.” with at least 2 subjects passed at Principal level, with at least <b>three</b> years departmental training (with or without a break) or equivalent	Minimum of U5c	E.g. All paramedical courses with 3 yrs post A-level training, Clinical Officers, Anesthetic Officers, Dispensers e.t.c. All the older cadres who did a 3 yr post O-level training are referred as grade II and start at U6.
University Degree or equivalent <b>without</b> postgraduate qualification. (For Non-professional posts only)	2 increments above the minimum of U5b-4 salary scale	
University Degree or equivalent <b>without</b> postgraduate qualification. (For professional posts only)	Minimum of U5a3 Salary scale	See table 3 for the list of public service recognized professional posts.
University Degree or equivalent <b>with</b> any postgraduate qualification Dip., Master, PhD e.t.c. (For Non-professional posts only)	Unless otherwise stated, 1 increment for each calendar yr of training or experience. Whether or not training leads to a qualification	
University Degree or equivalent <b>with</b> any postgraduate qualification. (For Professional posts only)	Increments above U5a3 minimum 1 academic yr = 3 increment 2 academic yrs = 4 “ 3+ academic yrs = 5 “	Internship for medical officers will be regarded as a postgraduate qualification.

## The Health Schedule

Below is the recommended Schedule for Health workers for the various staff found in our Hospitals and health units, where the cadre of staff employed is not listed, then the salary can be set guided by Table 1. It is particularly important to refer to this for non-health qualifications. It must be noted that promotions are not automatic on attaining the next minimum qualifications or experience, there has to be a vacancy in the establishment to be appointed. It is also important to note that where there is conflict of salary scale in table 2, you should refer to table 1 for clarification. Note that the minimum added qualification of Diploma in Health Services Management is not a must but desirable.

**Table 2**

<b>Cadre of Staff</b>	<b>Minimum Qualification</b>	<b>Minimum recommended experience</b>	<b>GoU Salary scale</b>	<b>Remarks</b>
<b>Nurses</b>				
Senior Nursing Officer Grade 1	URN or URM or URPsyN, + Dip. In Nursing admin. Or H.S.Management	4 years as a health worker	U4	
Senior Nursing Officer Grade II	URN or URM or URPsyN, + Dip. In Nursing admin. Or H.S.Management	4 years as a health worker	U5b-a	
Nursing Officer Grade 1	URN or URM or URPsyN		U5c	Refer to the U5c salary setting in table 1
Nursing Officer Grade II (Reg. Nurses or MW)	URN or URM or URPsyN		U6	For all additional qualifications before and after refer to table 1. E.g. an already double trained becoming a reg. Public health N. may start at U5c
Senior Enrolled Nurse	UEN cert.		U6	UCMB recommends 3 years as EN Gr II
Enrolled Nurse G II (EN)	UEN Cert.		U7	
Senior Enrolled Midwife	UEN cert.		U6	UCMB recommends 3 years as EM Gr II
Enrolled Midwife G II (EM)	UEM Cert.		U7	
Senior Enrolled PsyN	UEPsyN		U6	UCMB recommends 3 years as EPsyN Gr II
Enrolled Psychiatric Nurse G II (EP)	UEPsyN Cert.		U7	
Nursing Assistant (trained)	O level with formal health training		USS1	

<b>Cadre of Staff</b>	<b>Minimum Qualification</b>	<b>Minimum recommended experience</b>	<b>GoU Salary scale</b>	<b>Remarks</b>
Nursing Aide	Below O level without formal health training.		USS3	
Registered Comprehensive Nurse	RCN Cert.		U5c	
Enrolled Comprehensive Nurse	ECN cert.		U6	
Nurse Tutor	URN, URM, Dip. Tutors college		U4	Increments and other additional promotions or certificates from outside Uganda refer to Table 1.
<b>Allied Health Professionals</b>				
<b>Clinical Officers</b>				
Senior Clinical Officer Gr I	Diploma in Clinical Medicine and Comm. Health + Dip. In Health Serv. Management	4 years as health worker	U4	
Senior Clinical Officer Gr II	Diploma in Clinical Medicine and Comm. Health + $\geq 1$ in-service course	4 years as health worker	U5b-a	A promotional avenue for Clinical Officer Grade II
Clinical Officer Gr I	Diploma in Clinical Medicine and Comm.		U5c	Post A-level Clinical Officers Diploma
Clinical Officer Gr II	Diploma in Clinical Medicine and Comm.		U6	Post O-level Clinical Officers Diploma
Principal Psychiatric Clinical Officer	Must have Diploma in Mental health + Dip. In Health Serv. management	10 years as a health worker	U3	
Senior Psychiatric Clinical Officer Gr I	Must have Diploma in Mental health + Dip. In Health Serv. management	4 years as a health worker	U4	
Senior Psychiatric Clinical Officer Gr II	Must have Diploma in Mental health + $\geq 1$ in-service course	4 years as a health worker	U5b-a	
Psychiatric Clinical Officer	Must have Diploma in Mental health		U5c	Post A-level diploma

<b>Cadre of Staff</b>	<b>Minimum Qualification</b>	<b>Minimum recommended experience</b>	<b>GoU Salary scale</b>	<b>Remarks</b>
Senior Ophthalmic Clinical Officer Gr II	Trained Clinical Officer or Double trained Nurse + Diploma in Clinical Ophthalmology	4 years as a health worker	U5b-a	
Ophthalmic Clinical Officer	Trained Clinical Officer or Double trained Nurse + Diploma in Clinical Ophthalmology		U5c	
<b>Laboratory Officers</b>				
Laboratory Technologist	University Diploma in Med. Lab. Technology		U5c	
Principal Laboratory Technician	National Diploma in Medical Laboratory Techniques + Dip. In Health Service Management	10 years as a health worker	U3	
Senior Laboratory Technician Gr. 1	National Diploma in Medical Laboratory Techniques + Dip. In Health Service Management	4 years as a health worker	U4	
Senior Laboratory Technician Gr. II	National Diploma in Medical Laboratory Techniques + $\geq 1$ in-service course	4 years as a health worker	U5b-a	
Laboratory Technician Gr. 1	National Diploma in Medical laboratory Techniques		U5c	Post A-level Diploma lasting longer than 2 years
Laboratory Technician Gr. II	National Diploma in Medical laboratory Techniques		U6	Post A-level lasting 2 years
Senior Laboratory Assistant Gr. 1	Certificate in Medical Laboratory Techniques + $\geq 1$ in-service course	4 years as a health worker	U5b-a	

<b>Cadre of Staff</b>	<b>Minimum Qualification</b>	<b>Minimum recommended experience</b>	<b>GoU Salary scale</b>	<b>Remarks</b>
Senior Laboratory Assistant Gr. II	Certificate in Medical Laboratory Techniques	4 years as a health worker	U5c	
Laboratory Assistant Gr. 1	Certificate in Medical Laboratory Techniques		U6	
Laboratory Assistant Gr. II	Certificate in Medical Laboratory Techniques		U7	Post O-level Certificate
<b>Dental Officers</b>				
Senior Public Health Dental Assistant Gr. 1	Diploma in Public Health Dentistry + Diploma in Health Serv. Management	4 years as a health worker	U4	
Senior Public Health Dental Assistant Gr. II	Diploma in Public Health Dentistry + $\geq 1$ in-service training	4 years as a health worker	U5b-a	
Public Health Dental Assistant Gr. 1	Diploma in Public Health Dentistry		U5c	Post A-level Diploma
Public Health Dental Assistant Gr. II	Diploma in Public Health Dentistry		U6	Post O-level Diploma
Senior Dental Technologist Gr. II	Higher Diploma in Dental Technology + $\geq 1$ in-service training	4 years as a health worker	U5b-a	
Dental Technologist Gr.1	Higher Diploma in Dental Technology		U5c	
Dental Technician Gr. II	Ordinary Diploma in Dental Technology		U6	Post O-level diploma
<b>Dispensing Staff</b>				
Principal Dispenser	Diploma in Pharmacy or equivalent + Dip. In Health Serv. management	10 years as a health worker	U3	
Senior Dispenser Gr. 1	Diploma in Pharmacy or equivalent + Dip. In Health Serv. management	4 years as a health worker	U4	

<b>Cadre of Staff</b>	<b>Minimum Qualification</b>	<b>Minimum recommended experience</b>	<b>GoU Salary scale</b>	<b>Remarks</b>
Senior Dispenser Gr. 1	Diploma in Pharmacy or equivalent + $\geq 1$ in-service training	4 Years as a health worker	U5b-a	A promotional avenue for Dispenser Gr. II
Dispenser G 1	Diploma in Pharmacy or equivalent		U5c	
Dispenser G II	Diploma in Pharmacy or equivalent		U6	Post O-level Diploma
<b>Anesthetic Officers</b>				
Senior Anesthetic Officer Gr I	Trained Clinical Officer or Double trained Nurse + Higher Diploma in Anesthesia + Diploma in H. Serv. Management	4 years as a health worker	U4	
Senior Anesthetic Officer Gr. II	Trained Clinical Officer or Double trained Nurse + Higher Diploma in Anesthesia	4 years as a health worker	U5b-a	
Anesthetic Officer	Trained Clinical Officer or Double trained Nurse + Higher Diploma in Anesthesia.		U5c	
Anesthetic Assistant Gr II	Certificate in Anesthesia		U6	Should include Nurse Anesthetists
Orthopedic officers				
<b>Health Inspectors</b>				
Senior health Inspector Gr. II	Diploma in Environmental health Science + $\geq 1$ in-service training	4 years as a health worker	U5b-a	
Health Inspector Gr. 1	Diploma In Environmental health Science		U5c	
Health Inspector Gr. II	Diploma in Environmental Science		U6	Post O-level Diploma

<b>Cadre of Staff</b>	<b>Minimum Qualification</b>	<b>Minimum recommended experience</b>	<b>GoU Salary scale</b>	<b>Remarks</b>
<b>Health Assistants</b>				
Senior health Assistant Gr. 1	Certificate in Environmental health Science + $\geq$ 1 in-service training	4 years as a health worker	U5b-a	You may need to refer this to table 1 since the salary scale looks identical with the health inspectors above
Senior Health assistant Gr. II	Certificate in Environmental health Science	4 years as a health worker	U5c	You may need to refer this to table 1 since the salary scale looks identical with the health inspectors above
Health assistant Gr. I	Certificate in Environmental health Science			You may need to refer this to table 1 since the salary scale looks identical with the health inspectors above
Health assistant Gr. II	Certificate in Environmental health Science			You may need to refer this to table 1 since the salary scale looks identical with the health inspectors above
<b>Health Educators</b>				
Senior Assistant Health Educator Gr. 1	Clinical officer or Health Visitor or Health Inspector + Dip. in Health Education or equivalent + Dip. in Health Serv. Management	4 years as a health worker	U4	
Senior Assistant Health Educator Gr. II	Clinical officer or Health Visitor or Health Inspector + Dip. in Health Education or equivalent	4 years as a health worker	U5b-a	
Assistant Health Educator	Clinical officer or Health Visitor or Health Inspector + Dip. in Health Education or equivalent		U5c	

## The Traditional Civil Service Schedule

Owing to the variability in the cadre of staff in this schedule, it is difficult to give a comprehensive table yet, but the major cadres as in the revised proposals for staffing norms in district hospitals are shown below. Minimum qualifications and recommended experience are all UCMB proposals based on the tables 1 and 2 above. It is important to always refer to table 1 if in doubt. All the salary scales here are for the non-medical schedule, therefore the matching salary amounts are lower than those of the medical personnel. Where staff may hold an office with out the recommended minimum qualifications, table 1 should guide their payment schedule, they may qualify for a responsibility allowance top up.

<b>Cadre of Staff</b>	<b>Minimum Qualification</b>	<b>Minimum recommended experience</b>	<b>GoU Salary scale</b>	<b>Remarks</b>
<b>Finance and Administration</b>				
Nutritionist	Bsc Nutrition, food science or equivalent		U5b-4	
Accounts Assistant	UDBS or equivalent		U5c	
Stores assistant	Relevant certificate in stores management			Se salary scale according to table 1
Medical Records	Relevant certificate in medical records management			Set salary scale according to table 1
Records Assistant	Relevant certificate in records management			Set salary scale according to table1
Stenographer/secretary	Certificate or diploma in stenography			Set Salary scale according to table 1
<b>Support staff</b>				
Dark room attendant	Relevant Certificate or equivalent			Set Salary scale according to table 1
Dental Attendant	Relevant Certificate or equivalent			Set Salary scale according to table 1
Mortuary attendant	Relevant Certificate or equivalent			Set Salary scale according to table 1
Cooks			USS3	
Artisans			USS3	
Office Attendant			USS3	
Copy Typist			USS3	
Drivers	Drivers Permit		USS3	
Askaris			USS3	



## ANNEX 4.

### CODE OF CONDUCT OF OFFICE BEARERS AND PERSONNEL IN CATHOLIC HEALTH SERVICES

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>12</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 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.*

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<sup>12</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.

## SECTION 1

<b>STATEMENT OF COMMITMENT</b> <b>for SENIOR STAF OF CATHOLIC HOSPITALS/HEALTH UNITS</b>
---

*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>13</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 /HUMC  
or  
Chairman of the Board

Signed  
Senior Staff

<sup>13</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 for Members of the Catholic Hospitals 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-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 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 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 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>14</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 / HUMC

Signed  
Member of the Management Team

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<sup>14</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.

## **ANNEX 5**

### **GUIDELINES FOR REFUNDING MEDICAL TREATMENT COSTS OF STAFF MEMBERS IN RCC HEALTH FACILITIES.**

#### **1. Objective:**

This document aims to ensure that the refund of medical costs to staff members of RCC health facilities is rational, transparent and fair. Next to this it aims to ensure that the health facility management can manage and control the cost of treatment of staff adequately to safeguard the efficient use of the available financial resources.

#### **2. Background:**

The RCC Health Service Authorities attach great value to the health and well being of their most valuable resources: the staff members of the facilities.

In the past this was expressed, amongst others, by providing free medical treatment for health workers and their family. The latter could consist of the family in the extended sense or it could be limited to the nucleus of spouse and two or three children.

Unfortunately there are two reasons which oblige us to put a ceiling on the amount the health facility can spend on these treatments. The first reason is that it has proven to be very difficult to prevent misuse of the existing regulations, leading to undue rises in the expenditures on this budget line. Secondly our health units are facing tremendous financial constraints which entail that financial resources have to be managed diligently to avoid endangering access to the poor.

#### **3. Options:**

There are two possible options to rationalise refund of treatment costs:

1. Subscribing to a health insurance scheme for the staff.

In the capital and the largest cities, RCC hospitals have access to insurance companies. In the catchment area of a number of hospitals community health insurance schemes exist which could be open to subscription of a group of employees.

2. Setting up a treatment fund for staff.

Instead of having an open credit line for treatments of all workers, and therefore for each employee, a fixed amount is set aside each year for treatments. This amount is divided into a fixed credit amount per employee.

#### **4. Approach:**

For both options the first step is to establish what the average cost for treatment per employee has been over the last three years and which are the most important reasons to seek treatment.

For the first: the financial reports will be studied to determine which exact amount has been spent on medical treatments for all staff members. Then the number of staff for each year will be assessed. The annual amount will be divided by the number of employees of that year. In case the three annual average amounts, per employee, differ greatly the three averages will be added up and divided by three to arrive at an overall average. This outcome will be the basis of the calculations and comparisons to determine which option fits the best with the interests of the employees and the health facility budget.

For the second: the records of each of the three years will be examined to establish the ten most occurring medical conditions for which employees were treated.

1. Health Insurance Scheme:

In the capital a thorough assessment of the companies and their packages will be necessary. Key questions, amongst others, are:

- Does the company have a good reputation?
- What is the annual premium per employee? How does this compare to the present average cost for treatment per employee?
- What medical costs are covered in the insured package? Which medical costs or risks are excluded from the package? How do these compare to the list of conditions / services mostly provided during the last three years?
- What are the criteria and procedures set to enable a subscriber to access refund of costs incurred?
- Which health service providers does the company have a contract with? If it is with the own hospital: does providing services to the subscribers of the Insurance company represent an additional subsidy?

In the case of a community, or group, health insurance scheme in the catchment of the health facility the above questions also apply. But in addition the following questions need to be considered:

- Who is the underwriter of the community health financing scheme?
- If the health unit itself is the underwriter: does the subscription of the staff members and the ensuing additional utilisation of the scheme and / or risks weigh up against the old system?  
In explanation: if the health unit subsidises the community scheme and the risks are greatly increased by subscribing the staff, the health unit may end up paying double. In addition the annual subscription amount then represents “tied up” money.
- What are the risks for the Diocese, as owner of the health unit (and ultimate underwriter), if the insurance scheme runs into financial problems?

If the findings of the above assessment are all positive / favourable of a block subscription, for all employees of the health facility, to the health insurance scheme the case can be presented to the HUMC or Diocesan Health Board for consideration.

## 2. The Treatment Fund:

The principle of such a fund is that each employee is informed of the determined amount per year which s/he can access to cover treatment costs at his/her own discretion. If the employee wishes to use more than the amount fixed this will be his/her own responsibility.

The fund will consist of an amount equal to the average amount paid per staff over the last three years multiplied by the number of employees on the payroll at the beginning of the year. In case it is clearly established and agreed with the Health Unit Management Committee that the number of employees needs to be extended or reduced, during the coming year, the Treatment Fund will be increased or reduced accordingly.

Each following budget exercise the Treatment Fund will be determined on the basis of the number of employees on the payroll and the agreed establishment for the new year. A percentage correction for inflation and / or price increases will be applied as well.

The individual amount per employee is then derived at by dividing the amount in the Treatment Fund by the number of staff to be employed during that year.

At the beginning of each year the employees are informed of the amount which has been reserved for each of them in the treatment fund.

If the Board decides to include a provision for exceptions / emergencies an additional amount is reserved in the Treatment Fund for this purpose (f.i. the total amount required to cater for all the employees of that year is increased with 10% to provide for exceptions / emergencies)

## **5. Implementation:**

In the case the two options break even, financially and in terms of management, for the health facility, the Board may decide that the staff should be consulted. The Management Team will organise and implement this step. It will make sure that staff understand the different options clearly and can choose on the basis of objective information. Their choice is then conveyed to the Board/HUMC.

### **1. Health Insurance Scheme:**

Once the Board of Governors/ HUMC has decided on the option of health insurance, the management will implement the decision. A clear contract will be drawn up between the health facility and the insurance company. An annual review of the contract will be included to ensure that the health unit can annul the contract if the performance is below standard or the premium rises beyond the amount set by the Board for treatment costs.

The Health insurance company chosen will be requested to inform the staff during a general staff meeting. In addition all staff members will receive a copy of the insurance policy. This policy should include the description of the package and its exclusions, the criteria for accessing refunds, a clear complaint procedure, and any further rules and regulations.

The Management will make sure that all new staff members receive clear explanations and their copy of the insurance policy.

Whenever the insurance company changes the insurance policy, during the annual renewal process, all staff members will be informed immediately and receive a copy of the new description.

Annually the Board and Management will review both the performance of the insurance company and the changes to the package proposed by the company in combination with the new premium proposal of the company.

To this effect it will ensure that complaints of staff, regarding the insurance company's adherence to the insurance policy, are known to Management and Board through copies of the complaints deposited at the address of the company.

In case, during the year, a serious complaint comes to the attention of the Management and the Board an immediate investigation will be initiated. If required the Management will ensure that the company adheres to its insurance policy and the contract.

### **2. Treatment Fund:**

Once the Health Unit Management Committee has decided to establish the Treatment Fund, the Unit In charge will implement this decision.

The staff will be informed during a general staff meeting and clear written guidelines will be issued to each staff member.

Annually the utilisation of the Treatment Fund and the functioning of the rules and regulations will be reviewed and adapted according to the need to safeguard the budget and ensure fairness, transparency, and accountability.

## **6. Rules and regulations for the use of the Individual Treatment Credit Line:**

Four principles guide the utilisation of the annual individual amount for treatment, or individual treatment credit line:

- i.) The amount represents the absolute ceiling of the amount the employee can use for treatments of her / him self, family members and / or acquaintances. Beyond this ceiling the employee will have to bear the costs him/herself.
- ii.) S/he can decide for who they want to use this amount.
- iii.) The amount reserved for an individual employee will not be paid out in cash at any time.

- iv.) In the event that, at the end of the year, a part of the treatment fund remains, the unused amount is returned to the health unit overall accounts or is entered into the Samaritan fund (fund for the poor).

Use and administration of the Individual Treatment Credit Line:

- At the beginning of each fiscal year the Administration will open an 'account' (in the ledger) for each employee and enter the amount allocated for that year.
- When the employee needs treatment s/he will request the OPD or IPD department to bill the costs to her/his treatment account. (An alternative is to develop a form specifically for this purpose for the use of all departments)
- All the bills will be marked accordingly and sent to administration for further handling and administration will debit the treatment credit account of the employee.
- When the employee wishes to have a relative treated s/he will accompany the patient and request the OPD or IPD to mark the bills towards her/his treatment account, or fill the specific form for this purpose.
- The administration debits the employer's treatment credit line (account) in the same way as above.
- The administration informs the employee monthly, on the pay slip, what amount has been used and what amount remains available on the employee's individual treatment credit line.
- At the moment that the employee's individual credit line has been exhausted the administration will notify the employee concerned immediately.
- From then on the employee can use the same routing as before but the expenditures made on his behalf will be deducted from the next month's salary. S/he can also opt to pay directly at the OPD or IPD.

Exceptions:

- When the employee's individual treatment credit line has been exhausted and an emergency occurs, for which the employee can not cater, s/he can request the Health Unit In charge for an extra credit.
- The Unit In charge together with the HUMC will decide if this can be awarded, which conditions will apply, and what the maximum amount is that can be allocated.
- The HUMC can also instruct the HUIC, at the beginning of the year, in which cases and to which amounts extra credit for treatments can be allocated. In this case the criteria determined and the maximum amounts will be published to ensure transparency and fairness.

## **ANNEX 6**

### **GUIDELINES FOR RECRUITMENT**

#### **Recruitment:**

The recruitment of new staff in the health unit, to any position above casual employees, shall be the responsibility of the Health Unit Management Committee. The aim of the Committee is to ensure that the health unit obtains at minimum cost, the desired number and quality of employees required to satisfy the human resource needs of the hospital in accordance with the mission and objectives of the health unit.

#### **Criteria for recruitment:**

1. In the first instance recruitment takes place to fill an established position in the staff that is vacant or has fallen vacant.
2. New positions in the establishment staff shall be created after identifying gaps through a capacity needs assessment in the health unit to ensure that recruitment is a result of an established actual need.
3. New positions in the establishment staff shall only be created when it has been confirmed that the workload in the health unit requires an extra cadre.
4. The financial resources available should be able to sustain the post for the envisaged period of employment.
5. The creation of a new or additional position in the establishment should have been found to be the most appropriate alternative for addressing the need.

#### **Recruitment procedure:**

1. Job analysis:  
The Health Unit Management Committee shall first of all carry out a job analysis for the post to be created. The process shall involve examining that particular job in order to identify the main features of the job and the duties to be fulfilled by the incumbent. The Committee shall also identify the results s/he is expected to achieve, the tasks to be undertaken by the job holder and the job relationship with other jobs in the hospital hierarchy.
2. Job Description:  
On the basis of the above findings the Committee shall then write a job description (profile) for the post specifying the
  - job title
  - the department to which the post belongs
  - the tasks, duties and responsibilities of the incumbent
  - the required qualifications for the job
  - the personal specifications of the desired person
  - the salary package, benefits and remuneration to be paid for the post.
3. The HUMC shall place an advertisement for the position in the relevant fora (notice boards, news papers, media, etc) and a deadline set for receiving applications.
4. Applications shall be received, sorted and suitable applicants shall be invited for interviews.

5. The successful candidates from the interview shall be notified of their success, while regrets are communicated to the unsuccessful candidates.
6. The process of engagement shall follow its normal course and the new staff shall receive appointment letters (or fixed terms contract as applicable) for countersignature as acceptance, accompanied with a job description and a copy of the employment manual.
7. The new staff is given a comprehensive induction into the job and the health unit environment to facilitate their adaptation to the job requirements.

## ANNEX 7

### **GUIDELINES FOR PERFORMANCE APPRAISAL**

The RCC health facilities aim at providing high quality health care services, to ensure patient friendliness and professionalism among the workers and the managers of the health facilities.

The Health Unit Management Committee is responsible for enabling the health unit bodies and workers to uphold transparent personnel development and promotion standards as determined by the RCC in Uganda, the health unit charter and as per the human resource establishment and development plan.

The Committee is responsible for ensuring that periodic performance appraisals of all staff in the health unit is carried out in a transparent and professional manner to enhance the provision of high quality services.

#### **Definition:**

Performance appraisal or performance evaluation, basically refer to the same thing. Performance appraisal is the assessment of the performance of an individual in relation to the objectives, activities, outputs and targets of a job over a specific period of time. It is an evaluation of people's performance in the way they perform their jobs or interact with co-workers and superiors, the way they interact with patients and the public at large, etc. Performance appraisal is a management tool for establishing the extent to which the objectives are achieved within the overall goals of the health unit.

#### **Objectives of performance appraisal / evaluation:**

The overall objectives of an employee performance evaluation are to measure, maintain, and improve job performance.

- The exercise aims at identifying the performance gaps and development needs of an individual employee.
- It provides feed back to the individual employee on how well or how badly they are performing.

*The staff cannot perform to their full potential unless they are told how well they are doing and helped to improve performance.*

- It helps to motivate employees to improve their performance and provides an open communication channel between superiors/supervisors and subordinates.
- It serves as an inventory on the health unit's human resources in terms of skills and competencies available as well as the numbers.

*The appraisal gives the health unit managers a good idea of where their employees stand in terms of job satisfaction, career goals, training needs, and other vital personnel issues at all times. This helps when making decisions regarding transfers, promotions, salary increments, training programmes, terminations, etc.*

- It provides information for developing action and training plans to correct performance problems and to establish goals for the next time period.

#### **Procedure for assessing performance:**

Under normal circumstances, an employee's performance is rated by the immediate supervisor indicated in the job description.

The final appraisal will pertain to the appraising authority. For purposes of simplicity, all staff in the health unit shall have their performance evaluated by members of the HUMC.

There are several approaches to performance appraisal and there is no one right way to do it.

Whatever method is chosen, it is important that

- it is participatory (i.e. requires openness and dialogue between the appraised staff and the supervisor(s))

- that all those involved in the process focus objectively on the particular job's requirements, the individual employee's level of skills and abilities, and the potential for future improvement in the job
- it is a continuous process that once a year is formalized through a written record (appraisal/evaluation forms)

### **The appraisal process**

The Health unit shall have standard performance appraisal/evaluation review (Performance review) forms. The exercise for filling out the evaluation forms shall be done once a year. The health unit shall decide on the timing of the appraisal whether to coincide with the end of the financial year or to coincide with the date of appointment to the post

However, the monitoring of performance shall be on going and where necessary informal immediate feedback shall be given to the individual staff.

Performance appraisal shall be done in a participatory atmosphere with open dialogue between the supervisor and the employee to enhance the spirit of co-operation and free expression.

### **Filling out the form:**

Performance review forms have to be developed to promote consistency, objectivity, and to oblige supervisors to evaluate employees in specific areas. Whatever form is used, it should be thoroughly explained to all who evaluate employees so that everyone will use such terms as "good", "excellent", or "poor" with the same meaning.

The forms should have space for:

- the individual employee to assess their own performance and give their comments
- the immediate supervisors to give their assessment and comments on the employee's performance
- the employee and direct supervisor to sign in confirmation of the performance appraisal
- the HUMC to give further comments and suggest suitable remedial actions.

Steps for filling the assessment forms:

- a) The Health Unit Management Committee shall issue the evaluation forms to the individual staff to make a self-assessment of their performance.
- b) After filling the self-assessment part, the individual shall return the filled form to the HUMC to fill their part.
- c) The HUMC shall then fix a date to sit with the individual to discuss and compare notes on the evaluations, and to chat the way forward. In the discussion they shall look at the achievements made, the reasons for the weaknesses and the steps/actions to be taken to correct and improve the weaknesses as well as agree on the tasks and duties for the future period.
- d) The forms shall then be signed by the two parties in the evaluation exercise. The individual staff shall keep a copy while another copy shall be kept in the personal file of the employee.

*The information obtained and the comments made, including prior appraisals, shall be crucial for management when making decisions on promotions, training programmes, salary increments, transfers and future recruitment, etc.*

**NN HEALTH UNIT  
PERFORMANCE APPRAISAL FORM**

**Instructions:**

- Part A: Employee section: to be completed by the employee prior to the appraisal meeting.  
Part B: Health Unit Management Committee Section: this section should be completed by the Direct Supervisor before the appraisal meeting.  
Part C: The jointly agreed action plan, activities and outputs between the employee and the supervisor for the following assessment period are summarised and recorded in this section, together with the overall assessment of the supervisor and his/her suggestions for the appraising authority.  
Part D: The HUMC records in this part suggestions, proposed actions and further comments for the future.  
Part E: The appraising authority records here the final decision taken and actions.

**PART A  
EMPLOYEE SECTION**

(Bio – data and self – assessment questionnaire)

This section is to be completed by the employee. S/he is required to state personal data and to complete the self – assessment questionnaire with a very open attitude.

**A.1**

Name of Employee
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Name of Supervisor
--------------------

Job title
-----------

Department
------------

Date of recruitment	Date of confirmation
---------------------	----------------------

Last training undertaken
--------------------------

Disciplinary measures and sanctions in the period
---

Period of assessment: From	To
----------------------------	----

**A 2.**

Name	
Date of Birth	
Sex (Male/Female)	
Marital Status	
No. of Children and their age	

**A 3. ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

AWARD (DEGREE/DIPLOMA/CERTIFICATE)	INSTITUTIONS	FROM - TO

**A 3. SHORT TERM TRAINING COURSES (Including formal or attendance certificates and other development activities in the last three years.)**

TRAINING COURSE	INSTITUTIONS	FROM - TO

**A 4. SELF – ASSESSMENT QUESTIONNAIRE**

a) What is the overall purpose of your job in relation to the objectives of your unit?

b) What is your schedule of duties? (Please indicate key areas in summary form)

c) What key skills and qualities (competencies) are of great help to you in performing your job?

d) Which of the job activities and outputs in the review period are you most satisfied with?

e) What activities would you have liked to have done better over the review period?

f) Were there any difficulties or conditions that affected your performance? (Please indicate them and propose solutions)

g) In what areas would you like more support?

h) What is your overall comment on your performance during the period of review?

i) What proposals do you make for the future concerning:

Your job?

Your department?

Your unit?

A 5.

Name of the Supervisor:  
Title: Period of Supervision:

A 6.

Signature of the Employee:  
Date Passed to Supervisor  
Signature of Supervisor: Date Received:

**PART B**  
**DIRECT SUPERVISOR (HUMC) SECTION**  
**TO BE DONE BEFORE THE APPRAISING MEETING WITH THE EMPLOYEE**

ANALYSIS AND ASSESSMENT OF CRITICAL COMPETENCIES APPLIED TO PERFORM THE ACTIVITIES

The employee should be rated only in areas which are relevant to his/her job. The maximum points per quality/competency are 10 while 1 is the lowest. The overall score is 100%. Please tick the relevant box thereafter add up the points which correspond to the ticks to get the total.

CORE JOB COMPETENCY	COMMENT	ASSESSMENT POINTS (Please tick)												
		10	9	8	7	6	5	4	3	2	1	NA		
Ability to apply professional / technical knowledge and skills. - applies the appropriate up to date knowledge and skills														
Has clear understanding of the job, what it involves, the relevant policies and practices.														
Conceptualises broad term issues, their implications; plans and organises work and resources. Is strategic.														
Makes logical analysis of relevant information and factors; develops appropriate solutions and takes action; generates ideas that provide new insight; provides reasons for actions taken.														
Organises and inspires staff to work towards clearly defined common objectives; willingly assigns tasks and gives appropriate authority; stimulates initiatives; organises suitable staff development programs; acknowledges progress. Encourages teamwork and is sensitive to other people's feelings. Effectively deals with staff and the general public.														
Management of Financial and Other Resources: Makes rational use of financial and other resources; equitably and fairly facilitates staff. Provides periodic reports on resource use for accountability and transparency.														
Expresses oneself clearly verbally and in writing. Adheres to laid down communication procedures.														
Observes laid down regulations / procedures; does not divulge information with any intention to harm or for personal benefit.														

CORE JOB COMPETENCY	COMMENT	ASSESSMENT POINTS (Please tick)											
		10	9	8	7	6	5	4	3	2	1	NA	
Honest and of high moral character; has self respect and respect for others. Courteous and mindful to all staff and the public. Reflects a good image of the RCC health services.													
Reliable in carrying out the commitments and obligations of the position; Accepts instructions, advice and correction, demonstrates competency and ability to complete assignments and produce desired results on time; responds to patients promptly. Is committed and dependable.													
TOTAL PER COLUMN													
TOTAL SCORE													

=====

**PART C**

**TO BE DONE BY THE SUPERVISOR DURING THE APPRAISING MEETING WITH THE EMPLOYEE**

**C1. OVERALL ASSESSMENT (TO BE DONE TOGETHER WITH THE EMPLOYEE)**

Overall ranking/assessment should only include outputs, competencies and qualities, which have been assessed, are relevant to the job and are consistent with the rating in B1; and should be as follows:

- 90+            A+     Outstanding
- 80 - 89        A        Excellent
- 70 – 79        B        Very Good
- 60 – 69        C        Good
- 50 – 59        D        Average
- 40 – 49        E        Poor
- 0 – 39         F        Very Poor

Note that the rating should also reflect the agreements/decisions of the appraisal interview and that it will be open to the employee.

Overall Comment	Overall rating: Please use words like good, fair,etc which ever is applicable.
On agreed activities / outputs	
On core competencies / qualities	

The supervisor completes this part following agreement with the employee on a joint action plan to improve performance and the activities and outputs for the following assessment period.

**C 2. JOINT ACTION PLAN TO IMPROVE PERFORMANCE**

(This may include: training, coaching, mentoring, provision of other facilities and resources, etc)

AGREED ACTIONS(S)	DURATION	ESTIMATED COST	FOLLOW UP BY

**C 3. JOINTLY AGREED ACTIVITIES AND OUTPUTS FOR THE FOLLOWING ASSESSMENT PERIOD**

ACTIVITY	OUTPUT	TIMESCALE	POINTS PER TASK

**C 4. COMMENTS AND SIGNATURES**

This is to be completed by the supervisor and the employee. It is a confirmation that the appraisal meeting took place and that there was agreement, or if there was disagreement, it was resolved. It is also a confirmation that the development needs of the employee were discussed and an action plan to improve performance agreed. Countersigning officers should not merely endorse the forms. They have the responsibility for ensuring that assessment is done correctly and genuinely.

<p>ANY OTHER COMMENTS BY EMPLOYEE</p> <p>Name of Employee.....Signature ..... Date .....</p>
<p>ANY OTHER COMMENTS BY SUPERVISOR</p> <p>Name of Supervisor.....Signature ..... Date .....</p>

**PART D**  
to be filled by the HUMC

**RECOMMENDATION FOR FUTURE ACTION ON THE BASIS OF ASSESSMENT ABOVE**  
(Please complete only the relevant recommendation. For each recommendation, specific reason/  
circumstance must be indicated)

ACTION	RECOMMENDATION	TIMEFRAME
<b>PROBATIONARY PERIOD</b> (Please indicate: Employee is still serving on probation; Probation should be extended; Should be terminated)		
CONFIRMATION		
PROMOTION		
CONSIDERATION FOR TRANSFER WITHIN DEPTS.		
DISCIPLINARY ACTION		
TRAINING		
EARLY RETIREMENT (specify reason)/RETIREMENT		
OTHER (specify)		

Signature of the Chairperson of the committee	Date
---	------

**PART E**  
**To be filled by the HUMC**  
**FINAL DECISION OF THE APPRAISING AUTHORITY**

Before taking a final decision the appraising authority will also examine the disciplinary measures and sanctions  
in file

Name of In charge	Signature of the In charge	Date
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or

Name of Chair HUMC	Signature of the Chair HUMC	Date
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The Form must be now sent for filing in the Personal file of the  
employee

**ANNEX 8**

**Guidelines for the formulation of letters of appointment/confirmation and fixed terms contracts**

=====

Specimen of

LETTER OF APPOINTMENT for personnel under permanent terms of employment

To:  
*Name of the employee*  
*Age*  
*Address*

I wish to inform you that with effect on .....*date*..... you have been appointed to the post of

Job Title: ....., in this Health Unit.

For all information concerning the terms of your appointment and the conditions of service I refer you to the "Manual of employment of the Health Unit" and its appendices, to the Code of Conduct and Code of Ethics of RCC health services employees.

The Job Description of the post is in annex to this letter and constitutes an integral part of it.

You are kindly requested to read all the mentioned documents before countersigning and returning a copy of this letter.

Your signature of this letter of appointment with its annex constitutes your contract of employment under the terms stipulated in the aforementioned manual and all its subsequent updates as approved by standing order of the Health Unit Management Committee. The terms of your employment will become permanent on successful completion of the probationary period and reception of a letter of confirmation in appointment.

Your entry point in the salary scales will be:

Schedule: .....

Spine: .....

Scale: .....

Point in scale: .....

Your basic salary at entry will be ..... Ugx per month.

You will be entitled to the following benefits

..... Estimated monthly value..... (payable/nonpayable cash)

The value of your remuneration at entry will be ..... Ugx per month.

Your net payable salary at entry will be ..... Ugx per month.

Your signature on this letter of appointment will certify that you have clearly understood and agreed to the stated Terms and Conditions and Codes applicable to your employment, and that you accept the employment under the stipulated terms.

Signed by the Employer

Signed by the Employee

.....

.....

=====

Specimen of

LETTER OF CONFIRMATION IN APPOINTMENT for personnel under permanent terms of employment

To:  
*Name of the employee*  
*Age*  
*Address*

I wish to inform you that, starting from .....*date*....., you have been confirmed to the post of \_\_\_\_\_ in this Health Unit.

Yours Sincerely,

Signed by the Employer

Signed by the Employee

.....

.....

Specimen of

CONTRACT OF EMPLOYMENT for personnel on fixed terms of employment

**NNNNN HEALTH UNIT**

**CONTRACT OF EMPLOYMENT**

THIS AGREEMENT made on this ..... day of .....between

**NNNNN HEALTH UNIT**

P.O. Box .....,

Town .....

(hereinafter referred to as the EMPLOYER) on the one part

AND

**Employee details**

Full name: .....

Date of Birth: .....

Marital Status:.....

Children:.....

Qualifications.....

(hereinafter referred to as the EMPLOYEE) on the other part.

**WITNESSETH AS FOLLOWS:**

1. The Employee has agreed and hereby takes up employment as ..... (Job title) with the Employer subject to the terms herein contained and subject further to the Employer's Manual of Employment, Codes of conduct, Ethical Code, Regulations, Terms and Conditions of Service as shall from time to time be in force during the subsistence of this contract. Wherever not otherwise specified in this contract the terms specified in the Manual of employment of the Health Unit will apply.
2. The Employee shall be informed specifically of what his/her duties shall be whether at the work station of any other assignment outside his/her workplace as per attached Job Description, which constitutes an integral part of this contract.
3. The Employee in performance of his/her duty shall apply the highest possible professional, moral and ethical standards and shall at all time devotedly serve the Employer and always abide by the Mission Statement, Code of Conduct and Ethical Code Guidelines for Hospitals and Health Units under the Catholic Church in Uganda. By signature of this contract the Employee acknowledges that he/she has taken vision of the guidelines and accepts to be guided by them in his/her work.
4.
  - i) Salary: The salary will be paid at ..... currently Uganda Shillings payable at the end of every month after all statutory deductions have been made.
  - ii) Benefits: The Employee is entitled to the following additional benefits:

..... Estimated monthly value..... (payable/nonpayable cash)

iii) Remuneration: The estimated value of the remuneration thus result at appx.  
 ..... currently Uganda Shillings per month.

5. For the duration of ..... years from this day of ..... to the end of contract/termination, the Employee shall be deemed to have entered into full time/part time employment of the Employer and shall henceforth be on duty at the days and time specified in the Job description here attached.

6. The employee may from time to time as shall be deemed necessary by the Employer be called upon in case of emergency or where a similar necessity arises to call on duty and serve in accordance with Duty Roster without prejudice to different provision in the Job description.

7. The Employee shall not without the consent of the Employer disclose any secret or any other confidential matters learned in the course of duties to anyone not authorised to receive them. During working hours the Employee will not, without the knowledge of the Employer, engage in any other business or occupation.

**NB A more restrictive approach may be specified here (e.g. if private practice will not be allowed it has to be specified here)**

8. The Employer shall make available and it shall be the duty of the Employee to acquaint himself/herself with the Employer's regulations that shall from time to time be in force.

9. There shall be a probation period of ..... months from the date of this appointment and at the expiry of such period the Employer shall exercise absolute discretion on whether or not to confirm the Employee to the job described in clause 1 of the Agreement. The confirmation will depend on the performance evaluation of the Employer.

10. This contract may during the probationary period be terminated by either party giving the other at least ..... days prior notice, and after confirmation on the job then it may be terminated by either party giving at least ..... month notice. Payment in lieu of Notice shall be adequate notice on the side of the Employer.

11. The contract is renewable thereafter at the discretion of the:  
 (i) Employer for such further period of time as shall be agreed by the parties in writing.  
 (ii) If the Employee wishes to continue in service he/she will inform the Employer in writing three (3) months before the expiry of the contract.

12. In event of the Employee falling sick during the period of probation, the Employee shall be entitled to ..... month full pay. And in case of he/she fails to improve during that period he/she shall be terminated from employment. In case the Employee is confirmed, the Employee shall be entitled to ..... month Sick Leave with full pay and ..... month half pay, if he/she fails to report on duty after such period, the Employer shall terminate his/her employment/contract. Sick Leave in case of absence from work due to sickness the Employee must obtain a Medical Certificate within ..... days and the relevant Officer in charge must be informed immediately. Maternity Leave for female Employees will be 45 consecutive days.

13. Clause 10 and 12 above notwithstanding, the Employer may at any time terminate employment without giving notice for the following reasons:  
i) Wilful refusal on the part of the Employee to comply with lawful directives of the Employer and regulations as laid down.  
ii) Conviction for serious offence of the Employee by a Court of Law. During the trial of the accused the Employer may suspend him/her from duty on half pay for a period of two (2) months.

14. After serving the Employer for at least 6 continuous months, the employee shall be entitled to annual leave which shall accrue at the rate of ..... calendar days per month. Such a leave is not cumulative and will be forfeited if not taken within the year. Special leave on compassionate or similar grounds may be given for a period not exceeding ..... days per year.

15. At the expiry of the contract, the Employee shall be entitled to gratuity of an amount of ..... % of the annual salary per year of service or fraction of it.

WHEREFORE the parties have set their signatures hereunto on the day month and year first above mentioned.

SIGNED by the said .....  
EMPLOYEE

SIGNED by the said .....  
EMPLOYER

ALL IN THE PRESENCE OF: .....  
WITNESS



## **ANNEX 9 - Specimen of Job descriptions for the HUIC**

### **JOB DESCRIPTION OF THE HEALTH UNIT IN CHARGE (HUIC)**

Job Title: HEALTH UNIT IN CHARGE (HUIC)

Job Purpose: the Health Unit In Charge (HUIC) is a manager with the task of ensuring means and conditions conducive for the smooth running of the health unit and the quality care of patients.

Job Duties:

The Health Unit In Charge:

- is the overall head of the health unit staff.
- is the ultimate responsible person for all activities taking place in the unit and/or in the filed by unit staff
- is answerable to the HUMC to which s/he is the professional advisor for health care and nursing matters;

She carries out all the duties entailed by the Professional qualification held (Nurse/midwife, Clinical Officer, as specifies in the Job Description of such profession.

With respect to the particular responsibility of In Charge of the unit, s/he:

1. Coordinates the activities of the Health Unit.
2. Gives direction for the effective and proper control of all activities of the Health Unit.
3. Ensures that there is strict transparency and proper accountability in every transaction affecting the Health Unit
4. Compiles and analyses the activity and finance report required by the standing procedures (HMIS, Diocese, UCMB) in time.
5. Ensures that proper ethical standards are maintained.
6. Ensures that there is adequate supply of safe essential medical drugs.
7. Ensures that the hygienic standards and other environmental requirements are standards are respected.
8. Liases with the District Director of Health Services and the Diocesan Health Coordinator in order to keep the Health Unit up to date.
9. Ensures that the Health Unit is represented at seminars and workshops beneficial.

In addition, in collaboration with the Health unit Management Committee and/or the Unit Administrator/Treasurer s/he

- prepares a draft annual budget and present it to the Management Committee so that it can be approved before the 1st of July for each year.
- prepares an annual overview of income and expenditure on the standard data-form as advised by the Diocesan Health Office and present it to the Management Committee at their first meeting after the 1st of July.
- makes proposals to the Management Committee about employment and dismissal of staff and their salary levels, in line with the staff-establishment.
- performs any other duties that may from time to time be assigned to him/her by the Management Committee.
- at any time inspects any place, books, records, minutes, and stores and may request for any information relevant to the Health Unit.

Professional Qualifications Required:

**For HC2:**

Preferable:

Enrolled Nurse or Enrolled Midwife or Enrolled comprehensive nurse, with at least three years practice as health worker

- Entry point U7-3 (three points upscale); for Comprehensive Nurse U6-3

Minimum

Enrolled Nurse or Midwife or Enrolled comprehensive nurse.

- Entry point U7 (U6 for Enrolled comprehensive nurse)

**For HC3:**

Preferable

Nurse, Midwife or Comprehensive Nurse at Registered level, with at least 4 years practice as health worker

Entry point: U6-4 (four points upscale); U5c-4 (four points upscale for Comprehensive Nurse)

or

Clinical Officer, with at least two years practice as health worker

Entry point: U5c-2 (two points upscale) if having and A level certificate; U6-2 (two points upscale if having O level certificate)

Minimum:

Registered Nurse or Registered Midwife or with at least two years practice as health worker.

- Entry point: U6-2 (two points upscale)

In addition, preferred in all cases

Certificate of Attendance to Health unit Management Committee Training or other management course.

Personal Profile:

The HUIC should be a person with a distinguished service record, capable of analytical and of articulated expression, with proven experienced in steering team-work, identified with the RCC Health Services Mission available for long hours work.

Entry point in scale: as for applicable Seniority in service of the respective profession plus suitable emolument for added responsibility.

Supervisor: The Chairman of the HUMC

Supervisees: all other staff in the Health Unit.

Special requirements:

**It is absolutely necessary that the HUIC, in virtue of the conflict of interests that may arise in the course of duty, should be exercised by an employee free from bonds with other administrations/employers. Private practice of the profession is not compatible with the post.**