



Health Service Commission

Strengthening
Human Resources for Health
in Institutions

STRATEGIC PLAN

2020-2025

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

The third National Development Plan (NDPIII) and the Second Health Sector Development Plan and prudent corporate governance require the Health Service Commission (HSC) to develop and articulate its strategic direction with an aim to align operations with its mission, vision, values and strategies so as to ensure realisation of its mandate. This builds on the lessons learnt in the implementation of the Third Strategic Plan for the period 2015/16 -2019/20.

The HSC mandate has a bearing on the Uganda's 30 year National Vision Framework; the Five-Year National Development Plan III 2020/21-2024/25; the National Health Policy 2010, the Health Sector Development Plan 2014/15-2019/20 and the Sustainable Development Goals (SDG) as well as the New Partnership for Africa's Development (NEPAD) programme.

This Strategic Plan outlines strategies to improve governance and service delivery in relation to healthcare workforce in Uganda. This will require the Commission to consolidate and strengthen its structures and systems and to leverage on Information, Communication Technology for a sustainable efficient and effective service delivery.

1.2 Rationale for the Strategic Plan

The Commission's Strategic Plan (2015/16-2019/20) came to an end on 30th June, 2020 and as part of its mandate, the Commission found it necessary to develop a plan for the next five year 2020/21 – 2024/25 period. This will enable the Commission to align its activities to the emerging Government priorities in the plan period in form of the Third National Development Plan - NDPIII (2020-2025). In the Third National Development Plan period, the Government priority will be guided by five objectives which include value addition, job creation, productive infrastructure, wellbeing of the population and strengthen the role of the state in guiding and facilitating development. This strategic plan is in line with Government intention. The plan sets out the Commission's intended direction and priorities. It defines its vision, mission and outputs that that will make the vision a reality. It also allows for efficient allocation of limited resources to those activities that will yield expected results.

1.3 Support to National Development Agenda

Uganda's national development agenda is guided by the Constitution and Uganda Vision 2040. The Constitution recognizes health as a basic need and seeks to bring quality health services to its citizens.

1.3.1 Vision 2040

Human resources for health have been supporting Vision 2020 and the associated national development plans. Vision 2020 articulates the long-term vision for Uganda. It articulates national

aspirations and dreams for the future and sets ambitious goals that must be accomplished by the year 2040. The Uganda Vision 2040, whose goal is **“a Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years”** aims at transforming Uganda from a predominantly peasant and low income country to a competitive upper middle income country. The Vision 2040 is a national development blue print which is implemented through five-year National Development Plans. Vision 2040 guides strategic thinking and policymaking which are done through five-year national development plans. Vision 2040 provides a great opportunity for strengthening Human Resources for Health into the fore of the development agenda.

1.3.2 The Third National Development Plan

The third National Development Plan (2020-2025), which is currently in force, outlines strategies for attainment of **“Increase Household Incomes and Improve Quality of Life of Ugandans”**. Its key objectives are:

1. Enhance value addition in key growth opportunities;
2. Strengthen the private sector to create jobs;
3. Consolidate and increase the stock and quality of productive infrastructure;
4. Enhance the productivity and social wellbeing of the population; and
5. Strengthen the role of the state in guiding and facilitating development.

Human resource for health is an indispensable resource for national development. The HRH is the stock of all people engaged in actions whose primary intent is to enhance health. Addressing HRH requires ensuring appropriate and equitably distributed health workers, attraction and retention of required health workers, improving of institutional and health worker performance, and training capacity building and development of the Health Workforce for the realisation of the national healthcare and well-being goals.

The development and implementation this HSC Strategy coincides with the period in which the importance of HRH investment has been emphasised by the ongoing Human Capital Development Programme, which in addition to the need to address the Covid – 19 pandemic, will be realised through strengthening the existing capabilities to match the growing needs. Human resources for health will play a major role in addressing the country’s healthcare needs and progress towards the attainment of national and global goals. In order to enhance the productivity and social wellbeing of the population, HSC aims to strengthen its capacity for improved recruitment planning by leveraging partnerships for increased resources and improved access to health services.

The Government of Uganda, through the Ministry of Health, Ministry of Education and Sports, and Ministry of Public Service, is working towards the strengthening the stock of human resource to ensure that the national goals are met. This initiative has a two-way linkage to the development of HRH in Uganda, first by considering HRH individually and second through the need for HRH in order to ensure wellbeing of other people and/or human resources. In order to ensure wellness there is a need for quality and equitably distributed and accessible HRH.

1.3.3 The Health Sector Development Plan

The Health Sector Development Plan is part of the overall Health Sector planning framework. The health sector has defined seven areas of focus that include:

- a) Governance and partnerships,

- b) Service delivery systems,
- c) Health information,
- d) Products and technologies,
- e) Health Workforce,
- f) Infrastructure, and
- g) Financing.

These investment areas are all inter-connected, and to attain the desired sector outcomes the Commission contributes to the investment area regarding health workforce.

During the period 2020/21 to 2024/25, HSC aims to recruit, manage HRH and establish partnerships that strengthen supported institutions for improved health service organisation through recruiting, recommending and placing skilled, motivated and service-driven workforce that will offer healthcare service needs of the population for the realisation of national healthcare service delivery performance targets.

1.3.4 The National Health Policy 2010

The goal of the second National Health Policy is to attain a good standard of health for all people in Uganda in order to promote healthy and productive lives. The priority amongst others, which the Commission is contributing to, is: “**Addressing the human resource crisis**” (page 14). The Commission Strategic Plan is developed in pursuance of this goal. The policy identifies strategies aimed at ensuring adequate and appropriate Human Resource (HR) for health service delivery as follows:

- a) Strengthen human resource planning in the health sector.
- b) Produce, recruit and retain more health workers with appropriate professional mix in partnership with the private sector.
- c) Review curricula and training strategies to enable health workers cope with emerging health problems, approaches and challenges.
- d) Re-define the institutional framework of health workers’ training institutions including the mandate, leadership and coordination mechanisms among all stakeholders.
- e) Strengthen management and leadership skills at all levels in public and private sectors to ensure effective planning and efficient management of resources.
- f) Strengthen supportive supervision and performance management for both public and private health workers.
- g) Strengthen enforcement of professional standards and develop effective ways of increasing health workers accountability towards client communities.
- h) Ensure a fair and transparent professional and career development for all public and private sector health workers.
- i) Develop and implement a safe working environment to minimise health risk for the human resource and patients.
- j) Ensure provision of appropriate remuneration of health workers
- k) Ensure provision of decent accommodation for health workers at health facilities.

1.4 Linking the HSC Mandate to Global Health

Uganda is a member of the World Health Assembly, the supreme decision-and policy- making body for the World Health Organization. HRH is required to achieve global health and related goals.

1.4.1 Sustainable Development Goals

Health issues are part of the global agenda that is articulated in the Sustainable Development Goals. The HSC specifically contributes to “Goal 3: **Ensure healthy lives and promote well-being for all at all ages.**” Ensuring healthy lives and promoting the well-being for all at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killer diseases associated with child and maternal mortality. Major progress has been made on increasing access to clean water and sanitation, reducing malaria, tuberculosis, polio and the spread of HIV/AIDS. However, many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues. It is therefore very important that the HSC strategic plan is implemented in order for it to efficiently and effectively recruit human resources for health.

1.4.2 WHO Global Code on Health Workforce

Uganda is a signatory to **The WHO Global Code of practice on the international Recruitment of Health Personnel** and expected to report on annually to World Health Organization and the World Health Assembly. The Code was adopted following the “*Kampala Declaration*” on Human Resource Global Health Work force Alliance. The HSC considers the WHO Global Code of practice on the International Recruitment of Health Personnel, as this is very critical in implementing its mandate.

1.5 The role of the Commission in attainment of the national development agenda

The Commission contributes to the national development agenda through the recruitment and management of the necessary human resource for the health of the population as outlined in the Uganda Vision 2040 and other Government initiatives. To support the realization of these initiatives, the Commission will ensure the requisite skills mapping, recruitment and retention of skilled healthcare workforce to support the required health care services.

Specifically, the role of the Commission, as provided for in the Constitution is critical in the following: -

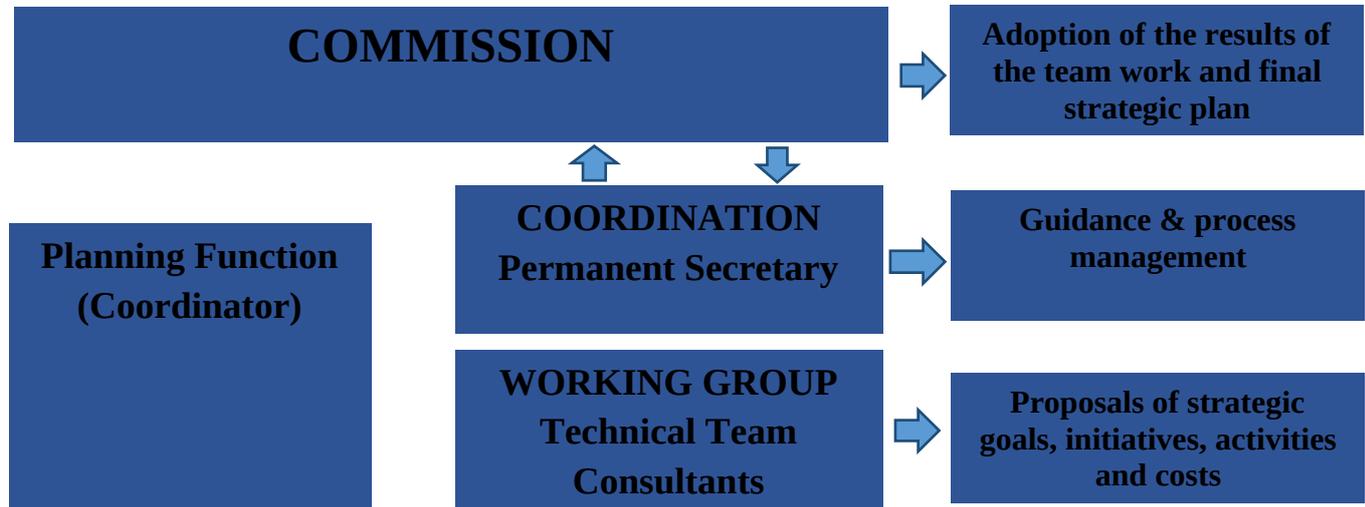
- a) advise the President in performing, in relation to the health service, his or her functions under article 172 of this Constitution;
- b) have power to appoint persons to hold or act in any office in the health service, including the power to confirm such appointments, to exercise disciplinary control over those persons and to remove them from office;
- c) review the terms and conditions of service, standing orders, training and qualifications of members of the health service and matters connected with their management and welfare and make recommendations on them to the Government;
- d) perform such other functions as may be prescribed by this Constitution or any other law

The Commission will adhere to the constitutional requirements in the discharge of its functions especially in appointments, disciplining and reporting.

1.6 The Strategic Planning Process

This section presents the manner in which the strategy development process was managed and the different roles and responsibilities of those involved in the process. The overarching goal of the planning methodology was to harness clear leadership and ownership over the process, the participation of a large number of different stakeholders within the process and the establishment of a feeling of common purpose. The figure below shows the process used for the development of the strategic plan.

Figure 1: HSC Planning Process for Strategic Plan 2020/21 -2024/25



The strategic planning process was overseen by the Commission and strategic plan for the entire institution was developed as a whole. Detailed planning was done by all departments and units in order to compile all parts of the HSC mandate. The strategic planning process entailed the participation of all Members of the HSC. The Permanent Secretary was key in defining the planning structure around which the strategic plan was developed. Departments and units defined the objectives related to their responsibility within the context of the overall institution's mandate and development priorities of HSC from which initiatives, activities and costs were derived.

The strategic planning process for the Strategic Plan involved three key steps, namely:

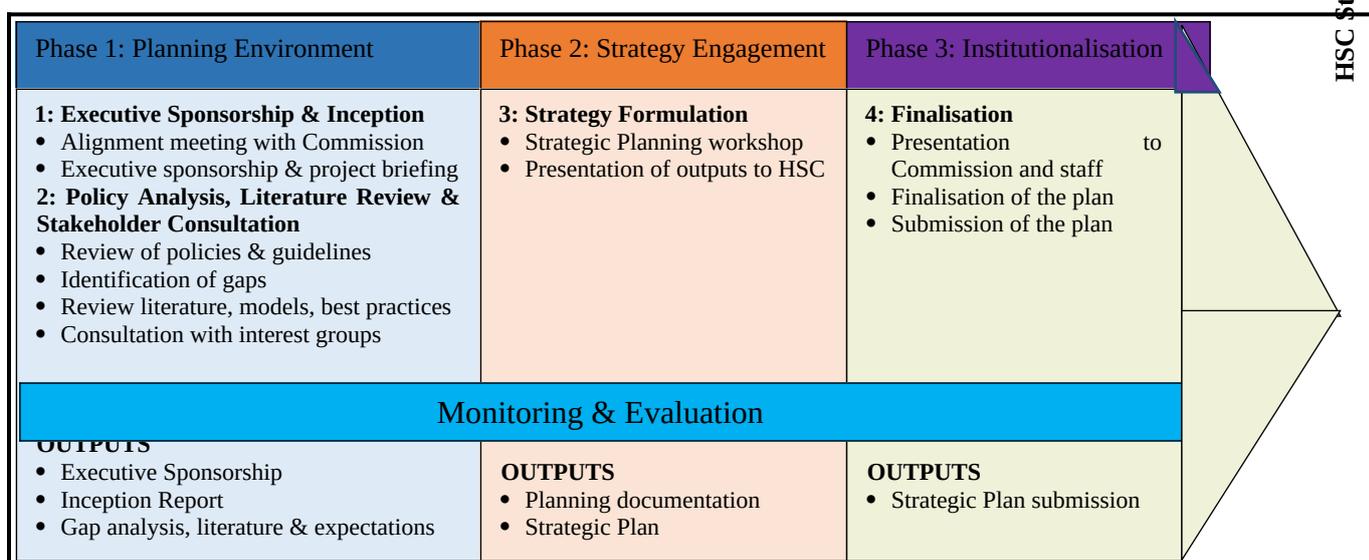
Step 1: Formation of the strategic planning team. In order to guide the Strategic Planning process, the Commission engaged the consultant and constituted a team composed of senior technical staff to guide the process and provide technical guidance.

Step 2: A review of past performance for the period 2015/16 to 2019/20. A terminal review and evaluation of the Third Five-Year Strategic Plan was undertaken. The objectives were to:

1. Determine the extent to which the strategic objectives set out in the Third Strategic Plan had been achieved.
2. Identify constraints and challenges encountered by the Commission during the implementation of the strategic plan and make recommendations.

The results of the assessment were applied during the development of the Strategic Plan.

Step 3: Development of the Strategic Plan 2020/21-2024/25. The formulation of the Strategic Plan involved: reviewing of documents, stakeholder consultations, consultation with HSC Technical Planning Team, and consultation with Members of the Commission. The information that was collected was used to develop objectives, strategies and identify activities to be undertaken. The draft Strategic Plan components were validated in meetings with the Members of the Commission and its technical team to ensure that all issues were addressed.



1.7 Structure of this document

The HSC Strategic Plan 2020/21 – 2024/25 is organized as follows:

Chapter 1: Introductory chapter, which covers the institutional set up and the policy context of the Plan.

Chapter 2: Situation analysis – review of past performance, the major challenges faced and lessons learned during implementation of the Third Strategic Plan 2015/16-2019/20.

Chapter 3: Strategic thrust for the Strategic Plan 2020/21-2024/25 including the Vision, Mission, and Strategic goals, objectives, results, measures and targets.

Chapter 4: Financing the strategic plan.

Chapter 5: Implementation framework including the implementation arrangement, and

Chapter 6: M&E framework

CHAPTER TWO

2.0 SITUATION ANALYSIS

2.1 Introduction

The aim of this analysis is to provide a consensus of the current reality based on data and trends that influence HSC in order to describe the context within which the plan is developed and forms the basis for formulating strategic responses. The review involved:

1. Review of relevant literature including Vision 2040, NDPIII, HSDP, MDGs, Sustainable Development Goals, as well as documentation on International Health workforce management and Practice.
2. Critical success factor analysis to provide the backdrop against which HSC capability is measured and strategies formulated.
3. PESTEL analysis to identify the internal and external factors that pose a threat to operations or provide opportunities for the accomplishment of the Vision and goals. The external factors include political/policy factors, economic factors, social factors, technological factors and legal/regulatory factors.
4. Organisational capacity assessment conducted in groups during strategic planning workshops using various tools including McKinsey 7s Model, and SWOT Analysis. A brief description of each model is given below.
 - a) The McKinsey 7S Model recognizes the interdependence of seven business elements. It makes a distinction between the “hardware” of business success comprising strategy, structure and systems and the “software” made up of shared values, skills, staff and style. The presence of the soft elements enhances successful implementation of the strategy.
 - b) SWOT Analysis is a pictorial presentation of the key issues emanating from internal and external environmental scans.

The findings and discussion thereof are below:

2.2 Current Status of the Health Service Commission

The Health Service Commission was established in 1998 following the promulgation of the 1995 Constitution. The first Five-Year Strategic Plan 2005/6-2009/10 laid the ground to deliver on her mandate, through which the Commission consolidated itself by implementing various strategies and mechanisms to meet the demands of its clientele. Some of the strategies the Commission has been applying include: collaboration with stakeholders on human resources for health issues, advocating for improvement in the terms and conditions of service of health workers, carrying out support supervision to DSCs and health institutions and providing guidelines and necessary information to

all stakeholders. The Commission has been building the capacity of her Members and staff, acquiring the necessary tools and creating networks and partnerships.

a) Number of Institutions Supported

The number of institutions supported by HSC has increased since the beginning of the third strategic planning period. During the period 2015/16 – 2019/20, the number of institutions increased from 22 to 26 institutions. Presently, there are approximately 26 health care institutions in need of HSC support in addition to the 6 new cities, Ministry of Health (MOH), MoWT (Soroti Flying School), MoTWA (Crane Institute Jinja), Uganda Prison Services (Medical Services), District Service Commissions (DSCs) and the District Local Governments (Staff of Scale U2 and above). Since the beginning of the previous strategic plan, the number of HRH decisions has grown from 365 to 2000 which if properly managed can effectively contribute to Uganda's Vision 2040. All that is required is providing an enabling environment and effective performance monitoring for to contribute towards the delivery of the Uganda's healthcare goals.

b) Technical and Staff Capacity

Given the undoubted importance of healthcare, and thus HRH workforce, the need for effective oversight calls for improved reach and service delivery. To ensure availability of services as mandated, the HSC will need to explore strengthening institutional and workforce support by increasing technical support. Additional capabilities will be realised through leveraging technology and partnering with institutions to deliver services as appropriate.

The HSC grew significantly by creating an additional department and the approved staff establishment from 56 employees to the current 79 posts for the three departments. There was growth in the number of computers, online e-recruitment services, website, complaints and feedback services.

To increase the performance of health workforce, HSC will need increased funding from the Government; increased collaboration with stakeholders; increased exposure to other regulatory bodies; support from the Commission and the Secretariat, increase in the number of technical staff; strengthening HRH management reforms; and adoption of quality standards. HSC will also strengthen its monitoring and evaluation, performance management and reporting systems.

c) Process Time and Efficiency

The HSC has continuously reviewed its processes and procedures for providing technical advice, support supervision and addressing HRH management issues. There has been an increase in the number of issues handled per year over the past planning period. The Service Charter has also

improved service delivery. The HSC will improve client-focus and service quality to boost performance and HRH satisfaction.

d) Compliance of Supported Institutions

As a means of assisting supported institutions and District Local Governments to comply with reporting requirements, HSC will improve its tracking systems and improve stakeholder engagement and field review visits. Currently compliance levels for the submission of quarterly reports is low. The HSC still has capacity gaps if it is to effectively implement its mandate; competently advise the Government on HRH matters and facilitate an enabling environment for improved workforce performance to meet national development goals. The HSC will benchmark operations against other similar institutions to acquire best practices.

2.3 Review of the Third Strategic Plan 2015/16 to 2019/20

2.3.1 Achievements

The third HSC Strategic Plan 2015/16-2019/20 set out to address several pains, achieve different milestones and exploit opportunities that were identified in the organizational assessment exercise carried out. This section considers the key planned outputs from the Strategic Objectives of providing timely advice to H.E. the President and Government on matters relating to the state of the Health service, efficiently and effectively recruiting health workers to meet Uganda citizens' health needs, carrying out advocacy and making recommendations to improve the terms and conditions of service of the health workforce and enhancing the institutional capacity of the Health Service Commission to deliver on its mandate.

a) Timely advice to H.E. the President and Government on the state of the health service

Over 146 recommendations on medical specialists were made for appointment during the period. A number of engagements were made with a view of identifying and resolving issues affecting health workers with relevant Government bodies. The Commission ensured timely periodic reporting as required by the law.

b) Efficiently and effectively recruiting health workers to meet Uganda health needs

During the plan 2015/16-2019/20 period, over 1200 recruitments were effected in addition to over 1100 re-designation of human resource for health. Overall over 3500 human resource for health worker related cases were handled growing from 421 cases in 2015/16. The e-recruitment system was implemented and launched easing the paper handling work load and enabling on-time receipt and initial application processing.

c) Advocacy and recommendations to improve HRH terms and conditions of service

The Commission participated in fora and meetings whose agenda related to addressing issues associated with the terms and conditions of service for health workers. In addition, HSC presented a paper to Government in collaboration with the Inter-Commission agencies in relation to the terms and conditions of service of public servants.

d) Strengthening HSC institutional capacity

During the planning period, the Commission secured additional office space in addition to vehicles, office tools and equipment required to support staff perform requisite tasks. Commission Members and staff were trained in areas related to their work.

2.3.2 Implementation Challenges / Lessons Learnt

The HSC registered strong performance against stated objectives and is a stronger organization than before the third planning period. However, HSC experienced quite a number of challenges that hampered the realization of some stated Outputs. The magnitude of the HSC activities increased, operational needs increased and the inflexible budget allocations hampered some Outputs. Other challenges were as follows:

- a) Inadequate budget provision for key output areas hampered the implementation of some critical initiatives of the 2015/16 to 2019/20 plan such as support supervision and technical support. The Commission will need to strengthen its monitoring and evaluation capabilities to support tracking the implementation of HSC decisions by the institutions.
- b) Delay in deployment of common cadre staff against vacant posts at the Commission has affected implementation of planned initiatives. Staffing needs strengthened to match the growing health work force management and oversight needs.
- c) Increase in the wage bill for Health Institutions without a corresponding increase in the recruitment budget of the Commission is misaligned to the sector strategies.
- d) Inadequate office space and the high cost of rent calls for continued pursuance of a permanent home for the Commission.
- e) Inadequate transport for the Members and staff of the Commission hampers travel for core Commission support supervision and technical support.
- f) High numbers of applicants will continue to increase the cost and time of recruitment.
- g) Failure to attract applicants by some positions and stations including District Health Officers and Assistant District Health Officers will require a multi-stakeholder approach.
- h) The increasing number of Referral Hospitals, Districts and newly created cities that the HSC has to provide with technical support has increased workload.
- i) Poor alignment of recruitment plan to the planning
- j) Non growth of the public sector
- k) Government not providing wage at all times to Districts besides existing vacancies
- l) Payment/salaries still low for health workers

2.4 External Environment Analysis

HSC needs to appreciate trends and developments in the external environment in order to position the organisation favourably. The external environment analysis covers external factors such as political, economic, social and technological.

2.4.1 PESTEL

The PESTEL analysis is an environmental scan for factors impeding or supporting HSC's operations and strategy as well as ensuring a fit between operations and the external environment. Understanding the environment is critical in shaping the future of HSC. Key developments in the environment can be categorized as Political, Economic, Social, Technological, Environmental and Legal factors.

A. Political Factors

These are political or Government Policy factors that pose threats or provide opportunities for HSC. The political dynamics that will be prevailing in the country during the plan period will affect the attainment of set goals. The following factors will impact the future of its operations:

- a) Government policies and programmes such Vision 2040, Decentralisation and the Health Sector Investment and Strategic Plan initiatives that provide opportunities for HSC;
- b) National Development Plan provides an opportunity for strengthening healthcare workforce;
- c) The continued creation of administration units like new District Local Governments, Cities and municipalities will create new healthcare facilities and HRH related workload and the need for additional budget support;
- d) Global frameworks and initiatives which provide opportunities and support for healthcare workforce; and
- e) Continued political goodwill and increased Government support to the health sector.

B. Economic Factors

These are macro-economic factors that provide opportunities or pose threats for HSC. The performance of the economy during the plan period will have a bearing on the adequacy of financial resources available to support the implementation of the Strategic Plan. The recent COVID-19 pandemic has led Government to review healthcare strengths and preparedness in face of healthcare hiccups. Nations worldwide will seek to strengthen their healthcare capabilities of which human resources are critical. It is anticipated that Government policy will shift towards diversification of health care capabilities. There are opportunities for increasing the financial support to the health sector and this will rhyme well with HSC plans. There is continued economic growth though the number of poor is also still high. Economic aspects that will affect the HSC include:

- a) Government support for the health sector will include strengthening human resources;
- b) Infrastructure growth and increased number of new healthcare facilities;
- c) Post-COVID-19 global economic situation will impact health sector spending.

C. Social Factors

The social factor that provide opportunities or pose threats include:

- a) There is growing demand for healthcare services and by extension healthcare workforce due to the growing education and household needs;
- b) Population growth provides opportunities for the health sector and thus HSC; and
- c) Increasing communicable diseases.

D. Technological Factors

There is a growing influence of technology in everyday life. Technology offers new opportunities for better ways of performing activities. The use of ICT is recognized as a major vehicle to accelerate economic development and facilitate effective service delivery. The following opportunities accrue from technology:

- a) Computers systems have become more powerful and affordable, and create opportunities for automation of some HSC operations and as well as data management, archiving and storage;
- b) Availability of human resource support systems has increased the prospects for IT application to HSC;
- c) Availability of technology solutions will enable HSC in partnerships, provision of services and technical support.

E. Environmental Factors

A conducive and supportive work environment enhances the output of an organization. Climate change, occupational safety, health, security, waste and pollution management are some of the environmental factors that are likely to affect the operations of the Commission during the plan period.

F. Legal factors

Changes in legislations and increased litigations are some of the legal factors that may impact on the Strategic Plan implementation.

The implication of the above analyses is that HSC has to continuously monitor the interplay of the above environmental factors to ensure that they don't negatively impact its overall vision.

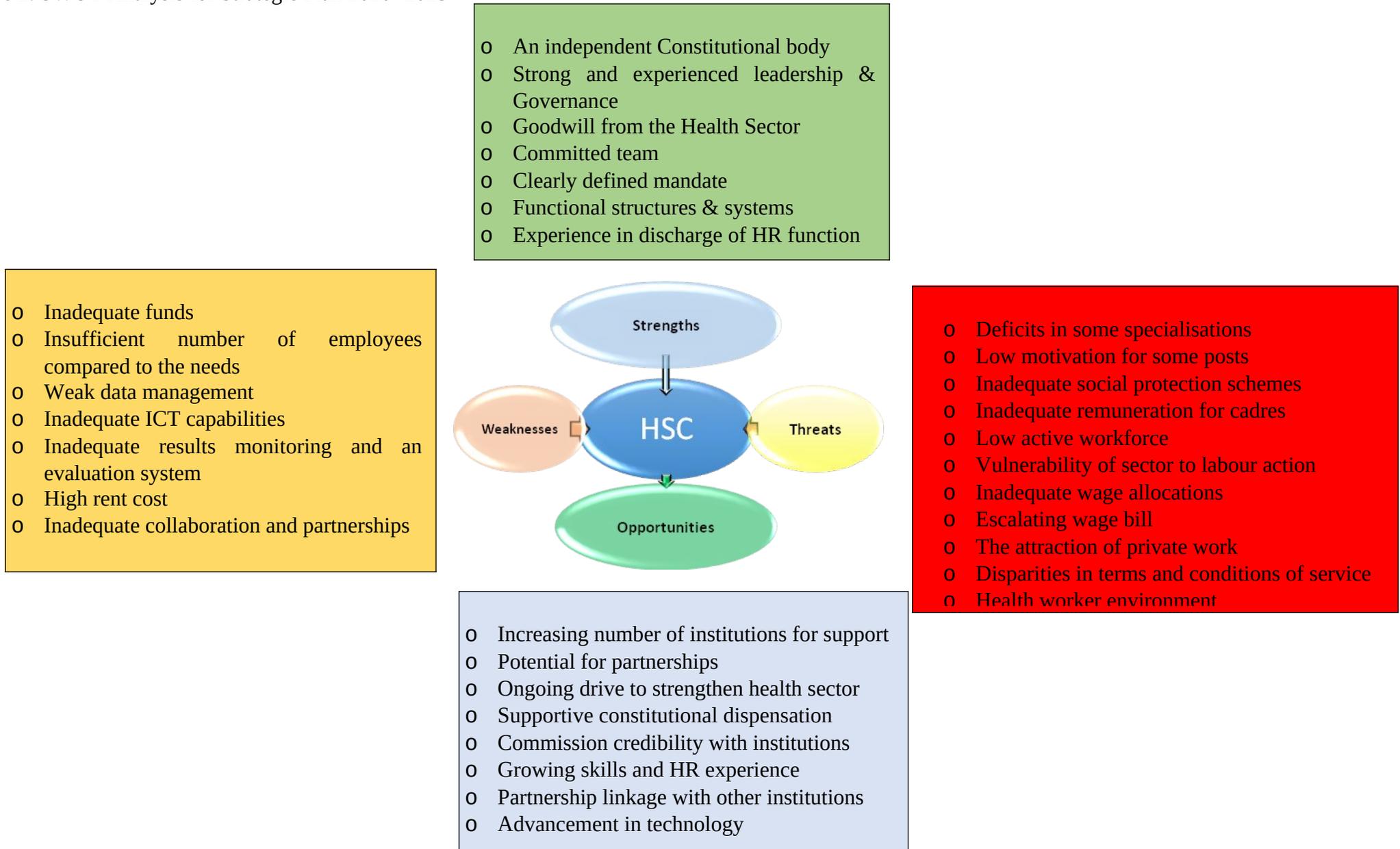
The implementation challenges above necessitated the analysis of the strengths, weaknesses, opportunities and threats of the Commission. The environment under which the Commission operates is influenced by both internal and external factors. Analysis of these factors is crucial in setting the strategic direction of the Commission in the next five years. The internal factors are the strengths and weaknesses, and the external factors are the threats and opportunities.

2.4.2 SWOT ANALYSIS

Based on our Mission, Vision, Values and the operating environment, HSC will improve its ability to realize the vision by leveraging its opportunities and strengths (enablers) and resolving the threats and weaknesses (pains) that can hinder ability to deliver the Commission value proposition. A SWOT analysis was therefore done to evaluate the strengths, weaknesses, threats and opportunities of the Commission. The results of the SWOT analysis are shown in Table 2.

ASSESSMENT OF THE STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Figure 2: SWOT Analysis for Strategic Plan 2020 -2025



2.4.3 Stakeholder Analysis

Stakeholder analysis was undertaken to take into account the interests and expectations of the Commission and its stakeholders. This involved taking an inventory of all parties that have a stake in the work of the Commission. The table below gives the summary of the stakeholder analysis.

Table 1 : HSC Stakeholders

Stakeholder	Functions of Stakeholder	Stakeholder Expectation	What the Commission should do to meet expectation	What Stakeholder should do to Assist Commission
Ministry of Health	Provide support in the enactment of the relevant Policies and legislation. Making submissions for action by the Commission. Deployment of health workers recruited by the Commission. Setting standards for health care and HRH.	Timely recruitment of health workers and HRH decisions. Monitoring.	Implementation of mandate, compliance with ministry plans, support and implementation of ministry plans	Support in making relevant policies, proper communication on policy issues from the Government
Health Care Professional Organisations	Ensure professional standards and integrity for institutions and health care workers, Support continuous professional development for healthcare workforce, Collaborate with professional associations in the enforcement of professional code of conduct and practice. Involvement in policy making.	To ensure institutions and health care workers meet expected standards of Professional practice.	To advise them on institutions and health care workers that flout professional standards, to set and advise institutions and health care workers on professional standards.	Update the Commission on professional standards and practices, Continuous Professional Development, Promote professionalism, Enforce compliance with professional code of conduct and practice. Participate in policy making.
Health Institutions	Effective implementation of mandate. Make submissions for Commission action. Submit quarterly reports to the Commission, promote best practice. Comply with the legal and regulatory framework and reporting requirements. Give	Efficient support services, accountability and integrity. Partnership and collaboration.	Provide efficient services, ensure accountability, integrity and an enabling regulatory, legal and policy environment.	Comply with the HSC Act 2001 and its Regulations, participate in relevant forums organized by the Commission, give feedback and apply best practices in their operations.

	feedback on Commission services.			
Health Care Workforce	Offering clinical patient management services according to their professional oath and conducting research in improved services.	Efficient and effective Commission services, fairness and the exercise of equity for available job opportunities, and in appointments, promotions and distribution of training opportunities, good governance and ethical behaviour of the Commission.	Advocacy and collaborations for conducive work environment, just reward, career development, recognition and motivation system. Professionalism and fairness in dealings.	Qualified persons will apply for jobs when they are advertised, comply with regulations and guidelines of the Commission, file appeals and petitions, participate in vetting process for appointments.
Parliament	Report on the discharge of the Commission's mandate. Receive and debate issues facing the sector on the floor. Allocation of resources to meet strategic objectives.	Allocate adequate funds for Commission's operations and strategic objectives. Enact legislations and regulations to support Commission's functions. Information sharing, partnership and collaboration.	Share information and be willing to participate in partnership and collaboration.	Offer technical support, share information and be willing to participate in partnership and collaboration.
Ministry of Public Service	Provide policies and guidelines on Human Resource Management	Adherence to approved structures and terms and conditions of service when appointing health workers.	Review the staff establishment for Hospitals and Local Governments.	Make proposals for review of staff establishment and terms and conditions of service.
Ministry of Finance Planning and Economic Development	MoFPED tracks financial flows to the Commission and monitors inputs, outputs and progress of implementation of Government programmes and projects included in annual budgets.	Through Performance Contracts, MoFPED obliges the Commission Accounting Officer to report against commitments made in the annual Performance contracts.	Quarterly and annual performance and accountability reports.	Release of appropriated resources.
Ministry of Education and Sports	To oversee education at all levels and ensure a population with	Feedback on knowledge and skills gaps and current specialist	Share human resource gaps and	Review and improve standards, curricula and education to

	knowledge and skills to meet current and future development needs	gap and projections for the future	knowledge gaps	strengthen human resources
National Council for Higher Education	To assess, oversee and support higher education at University and other tertiary education institutions	Quality programmes for skilled graduate cadre	Provide information on skills needs for all cadres	To approve curriculum aligned to prevailing and future development needs
Academic, Training and Research Institutions	To provide linkage between the academia and the health service, Facilitate internship opportunities, Provide complimentary data and information, Partnership in research and policy formulation	Quality programmes and graduates of all cadres	Provide feedback and be engaged in programme review	To align academic curriculum to the demands of the labour market, Share relevant research findings, To uphold the values and principles in Articles 172, Provide training opportunities to healthcare workers
Office of the Prime Minister	Assesses performance of the Commission against key objectives outlined in the National Development Plan, and the Plan.	Oversight and advice for improved health workforce performance.	Timely decision-making advice and reporting. Professionalism and discharge of mandate.	Timely processing of requests, improved collaborations and oversight.
Other Ministries and Government	Partnership, collaboration and relevant technical support	Information sharing	Timely delivery of services and information	Understand the Commission's mandate, consult the Commission on issues affecting its mandate, timely information on Government policies
Development partners	Prudent management of public resources. Ethical conduct Transparency and accountability.	Support the strategic initiatives of the Commission.	Implementation of strategic activities supported by Development Partners.	Regular consultations and engagements. Cooperation and partnerships Support Commission programmes and projects.
Regional and International Bodies	Cooperation, collaboration and partnership, Structured framework for engagement and collaboration.	Promotion of regional and international standards for HRH.	Compliance to regional and international standards regarding HRH recruitment.	Benchmark for best practices, Share knowledge and experiences, Exchange programmes.
Labour Unions	Protect the interest and rights of	To uphold fair labour practices.	Engagement regarding the	Uphold and respect the

	healthcare workforce.	Advocacy for the review of terms and conditions of service.	review of terms and conditions of service of HRH.	Commission's mandate, Uphold the rule of law.
Public	Feedback on Commission services.	Efficient services, accountability and integrity from the Commission.	To provide efficient services.	Cooperate with the Commission and provide feedback.
Media	Openness, transparency and ease of access to information, Communication strategy.	Publicise the work of the Commission.	Provide information periodically	Accurate, objective and fair reporting.

The table below gives the summary of internal stakeholders and their functions, roles and expectations.

Table 2 : HSC Internal Stakeholders

Commissioners	Provide strategic direction, relevant policy, approve annual workplans and ensure implementation of strategic plan procedures and policies.	Secretariat expected to implement the Strategic Plan and other relevant policies. Adequate funding and timely disbursement every year from GoU.	Provide timely reports and accurate information to the Commission.	Commitment, integrity and professionalism in handling the business of the Commission.
Commission Staff	Implementation of the Commission strategic plan and Mandate.	Provide a conducive work environment, just reward, career development, recognition and motivation system.	Provide a conducive work environment, just reward, career development, recognition and motivation system.	Carry out their duties with diligence, efficiency, integrity and professionalism.

2.5 Internal Environmental Analysis

The McKinsey 7S Model which recognizes the interdependence of seven business elements was used for internal environment analysis. It makes a distinction between the “hardware” of business success comprising strategy, structure and systems and the “software” made up of shared values, skills, staff and style. This analysis covered a wide array of dimensions including: strategy, structure, systems, style/ leadership, staff, shared values, skills, resources and business model. The detailed findings per dimension are:

2.5.1 Strategy

HSC is currently guided by the Third Strategic Plan 2015/16 – 2019/20. The Plan contains Strategic Objectives in alignment to the HSC Act 2001. The plan was used to inform the activities of the Commission over the past five years of implementation.

2.5.2 Structure

An organisational structure provides a framework within which HSC services are delivered. HSC structure was reviewed in light of operations and strategy leading to the creation of the third department. The structure has worked well as illustrated by the performance reports thus far. The structure comprises the Commission and HSC Secretariat.

A. The Commission

a) Membership

The Health Service Commission consists of a Chairperson, Deputy Chairperson and five Members.

Members are:

1. Dr. Pius Okong - Chairperson
2. Dr. Christine Mwebesa - Deputy Chairperson
3. Prof. Medi Kawuma - Member
4. Mrs. Irene Cheruto Akena - Member
5. Dr. Apollo Karugaba - Member
6. Ms. Ruth Frances Atala - Member
7. Mr. Seale Anabo Anguma - Member

b) Roles of the Chairperson, Deputy Chairperson and Members of the Commission

The implementation of the Plan will be supervised by the HSC under the leadership of the Chairperson, Deputy Chairperson and Members of the Commission in close collaboration with the key stakeholders. The Chairperson and Members of the Commission will be responsible for:

- i. Providing the strategic leadership necessary to ensure effective and efficient implementation of the strategic plan;
- ii. Securing the commitment and support from the executive and legislature for effective championing and execution of the plan;
- iii. Working together for cultivating and maintaining mutually reinforcing corporate relations to protect and promote the responsibilities of the Commission.

B. Secretariat of the Commission

The Health Service Commission has a Secretariat headed by the Permanent Secretary/Secretary to the Commission who is assisted by three Heads of Department namely the Undersecretary Finance & Administration, the Commissioner Human Resource Advisory Services and the Commissioner Recruitment and Selection Systems. By June 2020 the Secretariat had 50 staff in post out of 79 approved posts.

a) Roles of the Secretary

The Secretary shall be responsible for:

- i. Providing technical and administrative leadership to the HSC Secretariat that is charged with the operations of the Commission;
- ii. Monitoring the implementation of the strategic plan, production of the required reports and organising review meetings;
- iii. Preparing and submitting to the Health Sector Working Group and the OPM both outputs and financial reports on a quarterly basis for monitoring and evaluation of implementation.

The functions of the three Departments are as follows:

b) Finance and Administration

The Department provides administrative support services and resources to facilitate the work of the HSC in implementation of its mandate and programmes. It ensures timely resource mobilization, proper expenditure and accountability for resources according to the work plan of the Commission.

The key functions of Finance and Administration Department include:

- i. Resource mobilization;
- ii. Commitment control, financial reporting and accounting;
- iii. Human resource management of the Secretariat and welfare of the Members and staff of the Secretariat;
- iv. Office accommodation, management and supervision;
- v. Procurement, management and disposal of assets.

c) Human Resource Advisory Services

This Department is responsible for operations for ensuring appointment and Human Resource for Health (HRH) issues in the Health Sector for the institutions under the jurisdiction of HSC; handling HRH management cases; organizing support supervision visits and technical support to Districts, DSCs and health institutions and any other matters related to the management of HRH.

The key functions of the Department are to:-

- i. Organize and coordinate competitive recruitment and selection of human resource for the health institutions under the Central Government;

- ii. Offer technical guidance, support supervision and outreach services to the National Referral Hospitals, Regional Referral Hospitals, Local Governments and District Service Commissions;
- iii. Foster and promote ethical conduct of health workers;
- iv. Handle regular submissions on appointments, confirmations, study leave, discipline, retirement and any other human resource management matters for health institutions under the jurisdiction of the Commission;
- v. Review of Guidelines for the Recruitment of Health Workers in Local Governments.

d) Recruitment and Selections Systems

This Department is responsible for operations ensuring online application and administration of selection examinations under the jurisdiction of HSC, Districts, DSCs and health institutions and any other matters related to recruitment and selection of HRH.

The key functions of the Department are to:-

- i. Design appropriate selection systems and examination methods for the Health Service.
- ii. Fully operationalise and maintain the e-recruitment system/ selection.
- iii. Continuously review, update examination materials and maintain examination database
- iv. Periodically update job profiles on the e-recruitment system.

2.5.3 HSC Organisation Structure

While the current structure has generally served its purpose, certain challenges have been observed in light of current operations and the requirements of the Strategic Foundations and High-level Goals.

The challenges are:

- i. The positioning of ICT within the overloaded Department of Finance and Administration compromises its role as an enabler in the work of HSC. This however is a standard across Government Institutions.
- ii. The one person Planning Unit is limited to support effective Monitoring and Evaluation, and tracking progress and reporting.
- iii. Unfilled positions impede service delivery and accomplishment of Vision and Goals.

2.5.4 System

HSC interacts with the institutions and entities identified in the stakeholder analysis while also offering outputs in line with its mandate.

2.5.5 Shared Values

The values are aligned to the core values as presented in section 3.2.4.

2.5.6 Staffing and Skills

Delivery of mandate and accomplishment of strategic objectives requires adequate staff with requisite competencies. Sustainable provision of quality healthcare depends on a carefully selected and

nurtured talent pipeline. HSC will continue to strengthen its capacity to deliver its objectives by supporting and developing its staff.

CHAPTER THREE

3.0 THE STRATEGIC DIRECTION

3.1 Introduction

This section articulates the strategic issues that HSC plans to address in order to discharge its mandate. The strategic issues are derived from the findings of the review of the third Strategic Plan 2015/16 – 2019/20, the SWOT analysis and the contextual framework. The strategic objectives have been developed aware of the strategic issues and will seek to address the weaknesses and minimise the impact of the identified threats. Each of the strategic issues will be addressed by strategic objectives which will then be monitored and evaluated against specific outputs and expected Outputs. These objectives and outputs and the requisite activities are also outlined herein.

3.2 Strategic Framework

The strategic framework for HSC is based the NDPIII which defines the national goals, strategic objectives, programmes and interventions to be pursued during the period 2020/21 to 2024/25.

3.2.1 Mandate

The Commission was established in 1998 by an Act of Parliament and derives its mandate from Article 169 of the 1995 Constitution of the Republic of Uganda; section 56(3) of the Local Government Act, 1997 and, the HSC Act, 2001 section 25 (2). A mandate outlines the formal expectations regarding the functions that HSC is supposed to fulfil. The mandate of the HSC is to appoint, confirm, promote, and review the terms and conditions of service, training and qualifications of health workers and to foster professional and work ethics, and exercise disciplinary control over the health workers under its jurisdiction.

3.2.2 Functions and Powers of the Commission

The functions of the Commission are as set out in Article 172 of the Constitution. The Commission makes annual appraisals to Parliament and deals with the peculiarities or unique issues of the health workers.

The functions of the Commission are as set out in Article 172 of the Constitution include the following:

- a) Advise the President in performing, in relation to the Health Service, his or her functions under article 172 on the Constitution;

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

The HSC jurisdiction covers Central Government Health Institutions which include:- Ministry of Health, National Referral Hospitals, Referral Hospitals, Regional Referral Hospitals, Uganda Blood Transfusion Services. In addition, the Commission provides technical support and support supervision to District Service Commissions (DSCs) and Local Governments on matters relating to HRH management such as recruitment of health workers.

HSC has a well-defined governance and management structure that promotes service, initiative and accountability. The structure is made up of seven full-time Members that include a Chairperson and Deputy Chairperson. The Commission Secretariat is headed by the Secretary as the Responsible Officer. It comprises three departments namely: Finance and Administration: headed by an Undersecretary; and Human Resource Management Department and the Recruitment and Selection Department, each headed by a Commissioner.

3.2.3 Vision

A vision statement paints a compelling picture of where the Commission aspires to be in the future.

The Vision of the Health Service Commission is to be ***“a fully resourced health workforce that is responsive, efficient and effective in Uganda's socio-economic transformation process”***.

3.2.4 Mission

The Mission of the Health Service Commission is ***“to build a fundamentally strong and competent human resource base for efficient and effective health service delivery”***. The Mission is anchored on the following pillars that are aimed at enabling the realization of the vision:

- a) HSC aspires to reach and support all institutions according to its mandate.
- b) HSC will strengthen its operational capacity, services and tools.
- c) HSC will continue to engage in initiatives that empower the healthcare workforce.

3.2.5 Core Values

In order to deliver on the Mission and attain the Vision, the Commission espouses certain Values that guide the conduct of the leadership and staff. We commit to:

Table 3 : HSC Core Values

VALUE	BEHAVIOUR
Independence	<ul style="list-style-type: none"> • Operate independently and make decisions • Resist undue pressure when carrying out duties
Merit	<ul style="list-style-type: none"> • Recognise and reward service, achievement and dedication. • Recruit and select candidates on merit.
Professionalism	<ul style="list-style-type: none"> • Exercise responsibility, respect, good judgment, and team spirit • Use scientific principles in carrying out work • Abide by professional code of conduct
Integrity	<ul style="list-style-type: none"> • Operate with a high sense of moral and ethical standards • Demonstrate commitment to doing what is right and ethical • Place interest of organisation above all else • Promote openness in daily activities
Confidentiality	<ul style="list-style-type: none"> • Maintain privacy throughout and beyond processes • Keep confidential information confidential
Transparency & accountability	<ul style="list-style-type: none"> • Commit to account • Operate in an open manner • Accept consequences of their decisions

These values will be inculcated among staff and be seen to be lived with leadership providing exemplary behaviour. The values will also be incorporated into the performance management system.

3.3 Current Strategic Issues that inform the strategic plan 2020/2025

The review of the Strategic Plan 2015/16- 2019/20 revealed certain gaps and challenges faced by HSC during the strategic plan implementation period. These serve as basis in the formulation of the Strategic Plan framework. This section presents a summary of the identified gaps and challenges based on Policy Analysis and HSC Assessment, Literature Review, and Stakeholder Consultation.

a) Advocacy and Health Workforce Issues

1. *Need for harmonized and integrated action plan with other Key Stakeholders.* The HSC should work closely with the Ministry of Health, Ministry of Public Service, Ministry of Finance

Planning and Economic Development and all supported institutions to have a HRH improvement plan for a more holistic and integrated plan to address both performance and motivation interventions to include monitoring and evaluation of their effectiveness.

2. *Insufficient advocacy campaigns on HRH improvement.* Advocacy for improvement of working environment and conditions of service still need to be strengthened. Other areas of concerns include hard to reach stations, comparison with other institutions, and specialist differentials should be addressed.
3. *Need for coalition-building with supported institutions and workforce.* There is a need to enhance partnership mechanisms and corresponding capacities through multi-sectoral actions to harmonize efforts and handle issues that cannot be addressed by HSC alone. This will also support tracking of commission decision at all levels for improved implementation.
4. *Developing advocacy concern priorities that need to be addressed.* With limited budgets allocated, there is a need for HSC to list periodic advocacy priorities to be pursued during the planning period.
5. *Need for review of training and qualifications for workforce.* There is a need to continuously review and improve the training, skills and qualification for various positions and cadres at all levels.

b) Capacity Building

1. *Need for increased input into capacity building activities for health workers.* Although there are training programs for HRH workforce, the training programs is not sufficiently coordinated and aligned with national healthcare needs, capacity building activities do not match the gaps. There is a need to engage in collaborations that increase training programs for health workers; use of information technology for technical know-how (e.g. online and tele-partnerships).
2. *Maximizing technology for recruitment.* The HSC should acquire and strengthen online recruitment technologies to maximize technology for service delivery.

c) Healthcare Financing

1. *Limited budget allocations.* Government allocations have not grown at the same rate as service needs. Limited budget and resources has impaired HSC activities in the delivery of its mandate.
2. *Need to tap other funding sources for strategic plan implementation.* Mobilizing other sources, not just the public sources, for activity implementation is still limited in the current initiatives.

d) Policy Development and Regulation

1. *Existing policies on HRH development and motivation need improvement.* Existing policies do not support effective and efficient management of HRH workforce due to the different actors with different mandates. There is a need to amend/update/attune existing policies with current situation; need to encourage multi-sectoral participation in policy development and implementation.

e) Surveillance, Monitoring, and Evaluation

1. *Problem on the data bases.* There is a need to intensify research to keep abreast of the growing needs of a competent and motivated HRH workforce; develop and strengthen the HRH strategic database and information systems database as an important component of HSC services for effective advice to government and stakeholders.
2. *Implementation of M&E systems.* Although HSC designed an elaborate M&E tool, it is yet to be fully implemented thus limiting the capacity to analyze and measure the HRH workforce status needs and aiding the implementation and assessment of performance.

3.4 Linking HSC Plans to NDP III Programmatic Plans

The HSC developed its strategic plan following its mandate, the NDP, the Global HRH Plan, the Health Sector Development Plan II, and the aforementioned gaps and issues. Furthermore, the HSC constructed its strategy map around the **core values, vision** and **mission**. To execute its mission and achieve its vision in five years, the HSC identified **strategic objectives (SOs)** along with the result areas. The SOs are designed to synergize and complement each other for better HSC Outputs in resolving the strategic issues and addressing strategic questions of:

1. Inadequate human resources for health numbers based on international standards.
2. Growing workload due to staffing gaps and new disease patterns.
3. Inadequate resources to support fulfillment of HSC mandate.

3.5 Strategic Goals, Objectives and Results

To deliver on its mandate the Commission has identified the following strategic goals and key results reflect the breakdown of the Mission and Vision into actionable focus areas adopted for the period 2020/21-2024/25.

The HSC will focus on the following goals (**related NDP III objectives are in brackets**) in the next five years;

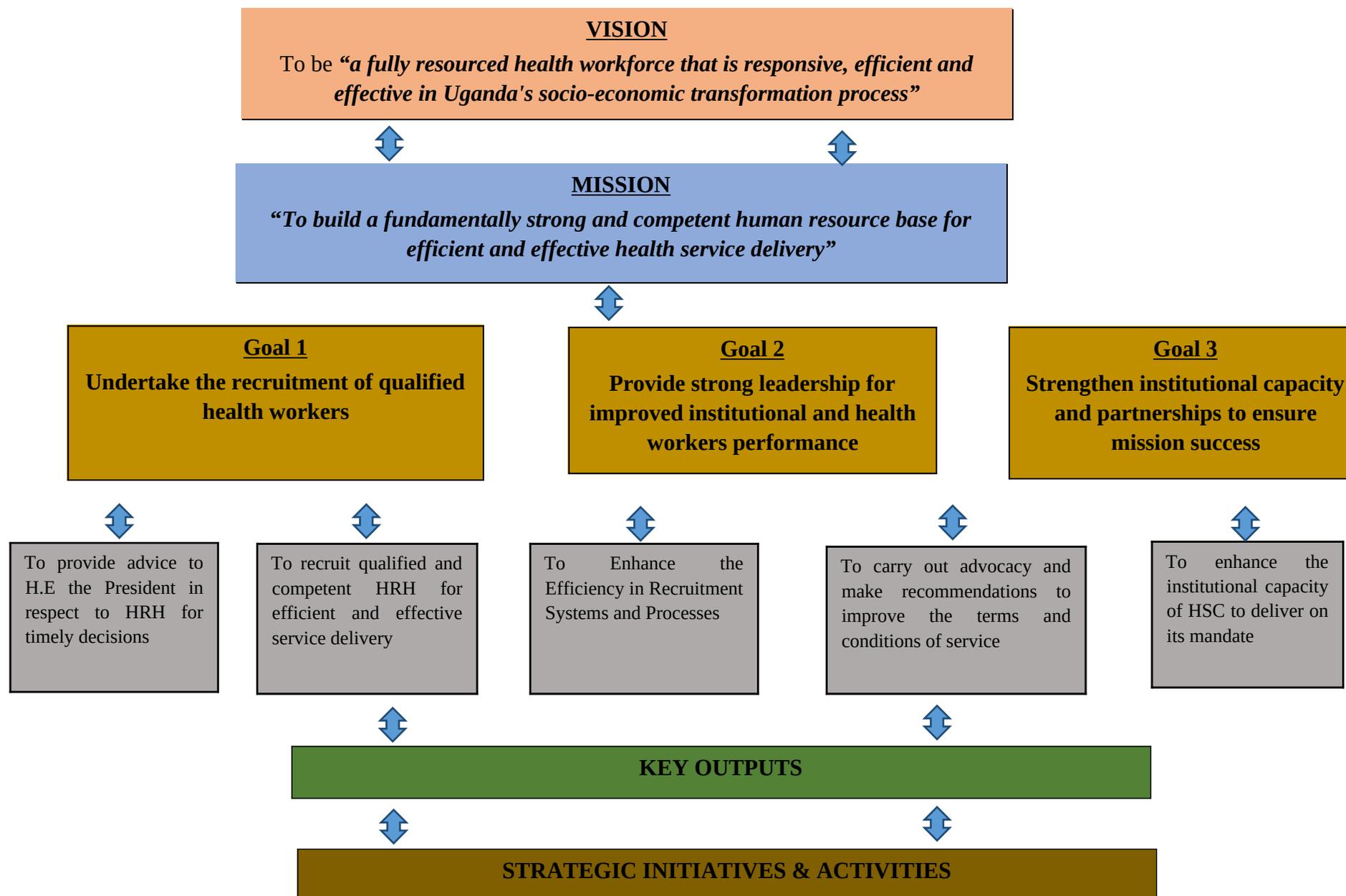
- 1) Undertake the recruitment of qualified health workers; (**Improve access and quality of health services**).
- 2) Provide strong leadership for improved institutional and health worker performance; (**Institutionalise Recruitment Planning**).

- 3) Strengthen institutional capacity and partnerships to ensure mission success. **(Enhance partnerships that increase resource mobilisation).**

Objectives can be defined as measurable deliverables or achievements with specified timeframes. HSC has set five (5) strategic objectives to enable attainment of the above goals. It must be noted that the objectives support National Development Plan (NDP) objectives and are in line with the Strategic Health Investment Plan.

The main thrust of the strategic plan is addressing the availability of appropriate and equitably distributed health workers, attraction and retention of required health workers, improving of institutional and health worker performance, and training capacity building and development of the Health Workforce.

3.5.1 The HSC Strategy Framework



3.5.2 Health Service Commission Strategic Objectives, Outputs and links to NDP III

During the period 2020/21-2024/25, HSC will pursue strategic goals defined based on all of the situation analyses and the resulting key issues. The strategic goals were obtained from the issues identified. HSC anchored its strategic objectives on the current situation analysis (SWOT) and the projected industry trends. The following table provides a detailed presentation of what HSC intends to achieve over the planning period.

Table 4 : Strategic Objectives, Outputs and Performance Measures

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Human resources recruited to fill vacant posts								
HSC Objective 1: To provide advice to H.E the President of Uganda and Government in respect to HRH for timely and strategic decision making								
Outputs	Indicators	Performance Measure	Target					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
1.1 Recommendations on recruitment of health workers to H.E the President submitted.	HRH staffing needs established by facility and specialist category	Annual Assessment report	1	1	1	1	1	C/HR & AS
	HRH database developed	% of updated database		40	60	70	80	C/HR & AS
	Health workers at U1SE, HODs and specialists recommended to H.E the President for appointment.	Number of recommendations for appointment	40	40	50	60	65	Secretary
1.2. Human resources for health issues reviewed and documented	Timely reporting and status reports on HRH Issues	District Service Commission compliance rate (%)	40	45	50	60	70	C/HR & AS
		Quarterly HRH issues report	3	4	4	4	4	C/HR & AS

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development			Programme Objective: Improve population health, safety and management					
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Human resources recruited to fill vacant posts								
HSC Objective 2: To recruit qualified and competent human resources for health for efficient and effective health service delivery								
Output	Indicator	Performance Measure	Targets					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
2.1. Recruitment guidelines for Central Government health Institutions in use	Recruitment guidelines for health Institutions developed	% level of completion of guidelines	50	100				C/HR & AS
	Recruitment guidelines disseminated and implemented	% of institutions using guidelines			100			C/HR & AS
2.2. Health workers attracted, recruited and retained	Annual Recruitment Plan developed and implemented	Annual recruitment plans	1	1	1	1	1	C/HR & AS
	Number of posts to be filled annually.	% of posts declared filled	65	70	75	80	85	C/HR & AS
2.3. Recruitment Guidelines for LGs updated and disseminated.	Revised HSC recruitment Guidelines developed and implemented.	% level of completion of guidelines		50	100			C/HR & AS
		% of institutions using guidelines			30	50	70	C/HR & AS
2.4. Technical support to Districts& DSCs provided	Number of LGs& DSCs provided with Technical support	# LGs& DSCs provided technical support annually	40	40	40	50	60	C/HR & AS
		# of LGs& DSCs interviews conducted	40	40	40	50	60	C/HR & AS

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Human resources recruited to fill vacant posts								
HSC Objective 2: To recruit qualified and competent human resources for health for efficient and effective health service delivery								
Output	Indicator	Performance Measure	Targets					Responsible centre
2.5. Achieve improved communication and information flow to stakeholders	Timely communication of HSC minutes extracts to user institutions ensured	% effected 2 weeks after the commission meeting	40	40	40	50	60	Secretary
	Quarterly Commission engagement sessions held	# HSC ordinary meetings held	4	4	4	4	4	Secretary
	Use of website improved	% of candidate notification letters issued on email	70	80	90	100	100	C/HR & AS
		% of interview results published on the Website	75	80	90	100	100	C/HR & AS

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development			Programme Objective: Improve population health, safety and management					
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: E-personnel recruitment, performance management system developed								
HSC Objective 3: To Enhance the Efficiency in Recruitment Systems and Processes								
Output	Indicator	Performance Measure	Targets					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
3.1. E-recruitment processes and systems strengthened	E-Recruitment utilised to receive and screen applications	% of applications received online	50	50	50	70	80	C/R&SS
	E-Recruitment used to administer aptitude and other preliminary candidate screening	% # of recruitment based on e-system	30	40	60	60	60	C/R&SS
	E-Recruitment utilised for conducting interviews	# of e-interviews	10	10	10	10	10	C/R&SS
3.2. Increase the number of ERS hubs established	Number of ERS reports generated	# of ERS hubs established and maintained	6	12	18	18	18	C/R&SS
	Number of posts to be filled annually.	% of posts declared filled	65	70	75	80	85	C/R&SS
3.3. Administer written exam online	Reduce the time taken to realize Report after Examination	# of days taken to realize Report	5	2	2	1	1	C/R&SS
	Increase the Districts supported to conduct written exams	# of ESA reports	40	40	50	50	70	C/R&SS

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: E-personnel recruitment, performance management system developed								
HSC Objective 3: To Enhance the Efficiency in Recruitment Systems and Processes								
Output	Indicator	Performance Measure	Targets					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
3.4. Electronic Document Management System Implemented	EDMS procured, Installed and used	% Completion of Concept paper for EDMS	50	100				US/F&A
		Procurement of EDMS application & Equipment						US/F&A
		Training report						US/F&A
3.5. E-Records system developed and implemented	E-Records system procured & installed	Installation and user report						US/F&A
	Digitization & Archiving of data	Reduction in the time taken to access and retrieve records						Digitization schedule US/F&A
	Use of website improved	% of notifications issued on email	70	80	90	100	100	C/R&SS
		% of interview results published on the Website	75	80	90	100	100	C/R&SS
3.6 On-line	Online meeting Application procured &	User requirements						C/R&SS

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: E-personnel recruitment, performance management system developed								
HSC Objective 3: To Enhance the Efficiency in Recruitment Systems and Processes								
Output	Indicator	Performance Measure	Targets					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
meeting Application developed	Installed	Procurement & Installation of Application						US/F&A
	Training users	Training report						C/R&SS US/F&A

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development			Programme Objective: Improve population health, safety and management					
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output:								
HSC Objective 4: To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers								
Output	Indicator	Performance Measure	Target					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
4.1 Recommendations to improve health workforce terms and conditions of service made to Government	Position papers produced on human resources for health sector issues.	Number of papers annually	1	1	1	1	1	C/HR & AS
	HRH engagement survey conducted and shared.	% of updated score	65	70	75	80	80	C/HR & AS
	Recommendations on terms and conditions made.	Number of recommendations reports produced	1	1	1	1	1	C/HR & AS
	Annual consultative sessions and field studies conducted	# of recommendations	1	2	3	3	3	C/HR & AS
4.2 Human resources for health issues reviewed and documented	Decisions on confirmations Redesignations promotions disciplinary procedure handling management of human resource for health made.	# of submissions from health institutions received and reviewed	1000	1100	1200	1300	1100	C/HR & AS
		# of disciplinary and hearings held	50	45	40	40	40	C/HR & AS
4.3 Achieve a clear message about HR aspects to realise the commission mandate	Quarterly advice provided on schemes of service, restructuring, Standing Orders	# of sessions and workshops for reports/ concept notes on issues	4	4	4	4	4	C/HR & AS

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Institutions and facilities strengthened and equipped for effective service delivery								
HSC Objective 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate								
Outputs	Indicator	Performance Measure	Targets					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
5.1. HSC planning and monitoring systems strengthened	Plans and budgets developed & implemented	Timely budget Framework Paper submission	Oct-Nov	Oct-Nov	Oct-Nov	Oct-Nov	Oct-Nov	US/F&A
	Final Budget Estimated submitted	Timely Estimates submission	Mar	Mar	Mar	Mar	Mar	US/F&A
	Monitoring and evaluation implemented	Monitoring reports	May' 21					US/F&A
	Participation in the health sector budget meetings	Timely Ministerial Policy Statement submission	Feb	Feb	Feb	Feb	Feb	US/F&A
5.2. Structure of HSC reviewed and implemented	Staffing gaps and vacant positions identified	Annual HSC staffing review report	1		1		1	US/F&A
	Recruitment plans prepared and submitted to MOPS	Recruitment plan	1	1	1	1	1	US/F&A
	Recruitment and deployment by MoPS, MoFPED	Annual recruitment and deployment reports	1	1	1	1	1	US/F&A
5.3. Staff training	Staff training assessment	Assessment Report	1	1	1	1	1	Secretary

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Institutions and facilities strengthened and equipped for effective service delivery								
HSC Objective 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate								
Outputs	Indicator	Performance Measure	Targets					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
and Development strengthened	conducted							
	Staff development and training program developed and implemented	Annual Staff development program	1	1	1	1	1	Secretary
	Staff performance management tool developed and implemented	Performance Management Report	1	1	1	1	1	Secretary
	Staff performance measured and improved	Performance score (%)	70	75	80	85	85	Secretary
5.4 Annual Accountability and Reporting improved	Annual report prepared and submitted to Parliament by October every year	Writing, review and printing reports	1	1	1	1	1	Secretary
		Report Dissemination	1	1	1	1	1	Secretary
5.5 HSC working environment improved	Office space well maintained	Maintenance report	1	1	1	1	1	US/F&A
	Tools and equipment procured and deployed	Procurement plan	1	1	1	1	1	US/F&A
		Equipment in use	1	1	1	1	1	US/F&A
5.6 HSC permanent home with modern facilities and ample space developed	HSC permanent home constructed	Feasibility study report for the HSC home		1				US/F&A
		Design,		1				US/F&A

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Institutions and facilities strengthened and equipped for effective service delivery								
HSC Objective 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate								
Outputs	Indicator	Performance Measure	Targets					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
		procurement & Construction						
5.7 Compliance to HSC guidelines improved	Client charter, SOPs, Clients feedback mechanism & IECs materials reviewed	Client charter disseminated			1			US/F&A
	SOPs reviewed every 3 years	Review report			1			US/F&A
	Annual IEC review	Implementation monitoring report	1	1	1	1	1	US/F&A
ICT Unit strengthened	Equipment procured & maintained.	Procurement and maintenance report	1	1	1	1	1	US/F&A
	ICT staff recruited & trained.	In-house training report		1				US/F&A
5.8 Records management strengthened	Archiving facilities established and maintained	Procurement and maintenance report	1	1	1	1	1	US/F&A
5.9 Mechanisms for effective collaboration and partnership for UHC at all levels established	Improve like-minded Partnerships	Number of collaborations	1	1	1	1	1	Secretary

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Institutions and facilities strengthened and equipped for effective service delivery								
HSC Objective 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate								
Outputs	Indicator	Performance Measure	Targets					Responsible centre
			20/21	21/22	22/23	23/24	24/25	
	Revisit and strengthen existing partnerships	Number of upgrades						Secretary
	Proposal development team established	Team membership	3	5	5	8	10	Secretary
	Secure funding	Number of funding proposals	1	2	3	3	3	Secretary
5.10 Strategic Plan Implemented, monitored and reviewed.	Quarterly and annual M& E Reports prepared	Quarterly and annual reports	1	1	1	1	1	Secretary
	Mid-term review of strategic plan	Mid-term evaluation report			1			Secretary
	Terminal strategic plan review conducted	Terminal strategic plan review report					1	Secretary

CHAPTER FOUR

4.0 FINANCING THE STRATEGIC PLAN

4.1 Introduction

It is expected that during the plan implementation period, financing of the Health Service Commission will be strengthened to contribute to the overall strategic goal of improving the availability and access to healthcare. Deliberate efforts will be made to increase availability of resources by advocating for higher budgetary allocations, enhance mechanisms that solicit partner support aligned to the sector and Commission goals and objectives and adoption of practices that promote productivity and efficiency in service delivery, including an implementation framework that ensures implementation of all planned activities. In addition, the Commission will strengthen accountability, reporting and cost management to optimise impact and generate value.

4.2 Resource Requirements for Strategic Plan Implementation

In order to provide services in line with the HSC mandate, an adequate and sustained flow of resources is required. While there are several modes of financing health services, the important sources available to be tapped by HSC include public sector provision through appropriation by parliament, as well as donor funds. These modes of financing have become increasingly important for funding health services in the country. By and large, HSC financing will largely depend on the Government's budget provision, which in turn depends on the performance of the economy.

Realisation of this strategic plan will require availability of funds for wage, non-wage and development initiatives to enable realisation of the stated goals that will enable the Commission to deliver on its mandate.

4.2.1 Costing Methodology

The HSC Strategic Plan was costed based on all of the initiatives and activities related to the strategic goals determined within its strategic plan and the annual prioritisation for the planning period. During the planning period HSC will carefully align workplans with the budgeting process to ensure sufficient funds for their implementation.

4.2.2 Cost Estimates

The costing model was based on cost estimates by objectives, initiative and activities. The table below therefore provides costs estimates by strategic objectives and the outputs.

Table 5 : The Budget Summary of the Five-Year Strategic Plan per Strategic Objective

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
Programme Objective: Improve population health, safety and management								
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Human resources recruited to fill vacant posts								
HSC Objective 1: To provide advice to H.E the President of Uganda and Government in respect to HRH for timely and strategic decision making								
Output	Output	Activities/ Centre	Cost	Total costs (UGX '000)				
				20/21	21/22	22/23	23/24	24/25
1.1 Recommendations on recruitment of health workers to H.E the President submitted.	HRH staffing needs established by, facility and specialist category	<ul style="list-style-type: none"> •Needs study •Reporting 	100,000	100,000	100,000	100,000	100,000	
	HRH database developed	<ul style="list-style-type: none"> •Database setup & tool •Data Capture & update 	30,000	5,000	5,000	5,000	10,000	
	Health workers at U1SE, HODs and specialists recommended to H.E the President for appointment.	<ul style="list-style-type: none"> •Advertising •Short listing •Conducting interviews •Preparing & Submitting reports 	301,000	301,000	301,000	301,000	301,000	
1.2HRH issues reviewed and documented	Status Reports on HRH Issues developed	<ul style="list-style-type: none"> •Stakeholder meetings •Annual report 	136,000	136,000	136,000	136,000	136,000	
		<ul style="list-style-type: none"> •Quarterly LGs & Health institution visit & submission • Report writing 	243,000	243,000	243,000	343,000	343,000	
Sub total				810,000	785,000	785,000	885,000	890,000

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Human resources recruited to fill vacant posts								
HSC Objective 2: To recruit qualified and competent human resources for health for efficient and effective health service delivery								
Output	Outputs	Activities/ Centre	Cost	Total costs (UGX '000)				
				20/21	21/22	22/23	23/24	24/25
2.1. Recruitment guidelines for Central Government health Institutions in use	Recruitment guidelines for health Institutions developed	<ul style="list-style-type: none"> • Stakeholder sessions • Workshops • Travel 		57,000	57,000	107,000	128,000	128,000
	Recruitment guidelines disseminated and implemented	<ul style="list-style-type: none"> • Advert • Shortlist • Interview • Travel • Reporting 		28,000	28,000	28,000	28,000	28,000
2.2. Health workers attracted, recruited and retained	Annual Recruitment Plan developed and implemented	<ul style="list-style-type: none"> • Review sessions • Workshops • Travel 		80,000	193,000	40,000	116,000	140,000
	Number of posts to be filled annually.	<ul style="list-style-type: none"> • Advert • Shortlist • Interview • Travel • Reporting 		96,000	96,000	96,000	96,000	96,000
2.3. Recruitment Guidelines for LGs updated and disseminated.	Revised HSC recruitment Guidelines developed and implemented.	<ul style="list-style-type: none"> • Workshops • Allowance • Fuel 		160,100	160,100	160,100	132,100	132,100
		<ul style="list-style-type: none"> • Printing 		120,500	120,500	120,500	120,500	120,500

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.								
HCD Output: Human resources recruited to fill vacant posts								
HSC Objective 2: To recruit qualified and competent human resources for health for efficient and effective health service delivery								
Output	Outputs	Activities/ Centre	Cost	Total costs (UGX '000)				
				20/21	21/22	22/23	23/24	24/25
		<ul style="list-style-type: none"> • Allowance • Fuel 						
2.4. Technical support to Districts & DSCs provided	Number of LGs & DSCs provided with Technical support	<ul style="list-style-type: none"> • Allowance • Meals • Fuel 	40,000	40,000	40,000	40,000	40,000	
		<ul style="list-style-type: none"> • Website costs • Costs • Courier costs 	7,000	7,000	7,000	7,000	7,000	
2.5. Achieve improved communication and information flow to stakeholders	Timely communication of HSC minutes extracts to user institutions ensured	• HSC Ordinary Meeting	6,000	6,000	6,000	6,000	6,000	
	Quarterly commission engagement sessions held	• Courier Costs	6,000	6,000	6,000	6,000	6,000	
	Use of website improved	• Web updates	1,000	1,000	1,000	1,000	1,000	
Sub Total				601,600	714,600	611,600	580,600	604,600

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population							
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management			
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.							
HCD Output: E-personnel recruitment, performance management system developed							
HSC Objective 3: To Enhance the Efficiency in Recruitment Systems and Processes							
Output	Outputs	Activities/ Cost Centre	Total costs (UGX '000)				
			20/21	21/22	22/23	23/24	24/25
3.1. E-recruitment processes and systems strengthened	E-Recruitment used to administer aptitude and other preliminary candidate screening	<ul style="list-style-type: none"> •Creating Job Descriptions •Running job adverts 	78,000	78,000	78,000	178,000	178,000
	E-Recruitment utilised to receive and screen applications	<ul style="list-style-type: none"> •Application receipt • 	90,000	90,000	90,000	90,000	90,000
	E-Recruitment utilised for conducting interviews	<ul style="list-style-type: none"> •Interview Sessions 	50,000	50,000	50,000	50,000	50,000
3.2. Increase the number of ERS hubs established	Number of ERS reports generated	<ul style="list-style-type: none"> •Shortlisting & reporting •Sitting Allowance •Meals/ refreshments 	123,000	123,000	123,000	123,000	123,000
	Hubs established and maintained	<ul style="list-style-type: none"> •Interviews •Stationery •Notifications 	27,000	27,000	27,000	27,000	27,000
	Increase the Districts supported to conduct written exams	<ul style="list-style-type: none"> •Resource persons •Fuel •Venue 	82,400	82,400	82,400	82,400	82,400
3.4. Electronic Document Management	EDMS procured, Installed and used	<ul style="list-style-type: none"> •EDMS Application 	60,000				

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population							
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management			
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.							
HCD Output: E-personnel recruitment, performance management system developed							
HSC Objective 3: To Enhance the Efficiency in Recruitment Systems and Processes							
Output	Outputs	Activities/ Cost Centre	Total costs (UGX '000)				
			20/21	21/22	22/23	23/24	24/25
System Implemented		<ul style="list-style-type: none"> • Training • EDMS Server 		60,000			
3.5. E-Records system developed and implemented	E-Records system procured & installed	<ul style="list-style-type: none"> • 5 Low Power Desktops • Desktop RAID • Backup (12TB) 	26,000				
	Digitization & Archiving of data	<ul style="list-style-type: none"> • 2 Network scanners • E-record application • Server 		52,000			
	Use of website improved	<ul style="list-style-type: none"> • 					
3.6 On-line meeting Application developed	Online meeting Application procured & Installed	<ul style="list-style-type: none"> • Online Meeting Application • Installation & Configuration (HSC & Hubs) 	12,400	12,400	12,400	12,400	12,400
	Users Trained	<ul style="list-style-type: none"> • Training sessions 	30,000	30,000	30,000	30,000	30,000
Sub Total			558,800	604,800	492,800	592,800	592,800

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population							
NDP III Programme: Human Capital Development			Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.							
HCD Output:							
HSC Objective 4: To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers							
Output	Output	Activities/ Cost Centre	Total costs (UGX '000)				
			20/21	21/22	22/23	23/24	24/25
4.1 Health workforce morale improved	Position papers produced on human resources for health sector issues produced	<ul style="list-style-type: none"> • Consultative meetings • Annual reports • Research • Venue 	174,800	174,800	174,800	174,800	174,800
	HRH engagement survey conducted and shared	<ul style="list-style-type: none"> • Research • Reports • Fuel 	25,000	25,000	25,000	25,000	25,000
	Recommendations on terms and conditions made	<ul style="list-style-type: none"> • Workshops • Fieldwork • Stationery 	90,400	90,400	90,400	90,400	90,400
4.2 Human resources for health issues reviewed and documented	Decisions on confirmations Redesignations	<ul style="list-style-type: none"> • Meetings • Feedback sessions • Disciplinary hearings 	32,000	32,000	32,000	32,000	32,000
	promotions disciplinary procedure handling management of human resource for health made.	<ul style="list-style-type: none"> • Stakeholder meetings • Reporting 	2,000	2,000	2,000	2,000	2,000
4.3 Achieve a clear message	Quarterly advice provided on schemes of service,	<ul style="list-style-type: none"> • Stakeholder meetings 	100,000	100,000	100,000	200,000	200,000

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population							
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management			
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.							
HCD Output:							
HSC Objective 4: To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers							
Output	Output	Activities/ Cost Centre	Total costs (UGX '000)				
			20/21	21/22	22/23	23/24	24/25
about HR aspects to realise the commission mandate	restructuring, Standing Orders						
4.4 Practical models developed to improve terms of service	Annual consultative sessions and field studies conducted	•Stakeholder meetings	10,000	10,000	10,000	10,000	10,000
Sub Total			434,200	434,200	434,200	534,200	534,200

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population							
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management			
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.							
HCD Output: Institutions and facilities strengthened and equipped for effective service delivery							
HSC Objective 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate							
Output	Outputs	Activities/ Cost Centre	Total costs (UGX '000)				
			20/21	21/22	22/23	23/24	24/25
5.1. HSC planning and monitoring systems strengthened	Plans and budgets developed & implemented	<ul style="list-style-type: none"> • Allowances • Facilitation 	50,000	50,000	50,000	50,700	50,,700
	Final Budget Estimated submitted	<ul style="list-style-type: none"> • Facilitation • Stationery • Printing • Office Equipment 	14,500	14,500	14,500	14,500	14,500
	Monitoring and evaluation unit established and staffed	<ul style="list-style-type: none"> • Facilitation • Stationery 		55,000	35,000	15,000	15,000
	Participation in the health sector budget meetings	<ul style="list-style-type: none"> • Allowances • Facilitation/Welfare • Communication 	950,000	950,000	950,000	950,000	950,000
5.2. Structure of HSC reviewed and implemented	Staffing gaps and vacant positions identified	<ul style="list-style-type: none"> • Allowances • Facilitation 	110,000	110,000	110,000	210,000	210,000
	Recruitment plans prepared and submitted to MOPS	<ul style="list-style-type: none"> • Training • In-service • Workshops & Seminars 	254,500	254,500	254,500	254,500	254,500
	Recruitment. remuneration and	<ul style="list-style-type: none"> • Staff Salaries • Staff Welfare 	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population							
NDP III Programme: Human Capital Development			Programme Objective: Improve population health, safety and management				
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.							
HCD Output: Institutions and facilities strengthened and equipped for effective service delivery							
HSC Objective 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate							
Output	Outputs	Activities/ Cost Centre	Total costs (UGX '000)				
			20/21	21/22	22/23	23/24	24/25
	deployment by MoPS and MoFPED	<ul style="list-style-type: none"> •Fuel •Staff retreats •Staff Induction 					
5.3. Staff training and Development strengthened	Staff training assessment conducted	<ul style="list-style-type: none"> •Survey Costs •Benchmarking sessions 	20,000		20,000		
	Staff development and training program developed and implemented	<ul style="list-style-type: none"> •Staff welfare •Allowances •Fuel •Workshops 	586.000	586.000	586.000	586.000	586.000
5.4. Annual Accountability and Reporting improved	Annual report prepared and submitted to Parliament by October every year	•Stationery	2,500	2,500	2,500	2,500	2,500
		<ul style="list-style-type: none"> •Allowance •Printing costs 	72,000	72,000	72,000	172,000	172,000
5.5 HSC working environment	Office space well maintained	<ul style="list-style-type: none"> •Rent •Cleaning •Utilities 	802,000	802,000	802,000	802,000	802,000

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population							
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management			
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.							
HCD Output: Institutions and facilities strengthened and equipped for effective service delivery							
HSC Objective 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate							
Output	Outputs	Activities/ Cost Centre	Total costs (UGX '000)				
			20/21	21/22	22/23	23/24	24/25
improved	Tools and equipment procured and deployed	<ul style="list-style-type: none"> • Security systems • Metal Scanners • Desks, Computers, Copier • Corporate wear • Vehicles 	54,000	552,600	560,000	412,000	417,000
5.6 HSC permanent home with modern facilities and ample space developed	HSC permanent home constructed	<ul style="list-style-type: none"> • Consultant • Project design • Stationery 		775,000			
5.7 Compliance to HSC guidelines improved	Client charter, SOPs, Clients feedback mechanism & IECs materials reviewed	<ul style="list-style-type: none"> • Stationery • Allowances • Fuel 		8,000			
	SOPs reviewed every 3 years	<ul style="list-style-type: none"> • Stationery • Allowances • Fuel 			96,000		
	Annual IEC review	<ul style="list-style-type: none"> • Stationery • Allowances • Fuel 	48,000	48,000	48,000	48,000	48,000
5.8 Physical	Archiving facilities	<ul style="list-style-type: none"> • Shelves 	484,600	484,600	484,600	684,600	684,600

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population							
NDP III Programme: Human Capital Development				Programme Objective: Improve population health, safety and management			
HCD Intervention 2.3 a): Improve the functionality of the health system to deliver quality and affordable, preventive, promotive, curative and palliative health care services by ensuring adequate human resource for health at all levels.							
HCD Output: Institutions and facilities strengthened and equipped for effective service delivery							
HSC Objective 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate							
Output	Outputs	Activities/ Cost Centre	Total costs (UGX '000)				
			20/21	21/22	22/23	23/24	24/25
records management strengthened	established and maintained	<ul style="list-style-type: none"> • Archival Boxes • Assorted equipment • Stationery • 10 Shreders • Filing cabinets • 10 Trolleys • 10 Filing Cabinets 					
5.9 Monitoring and Evaluation reports prepared.	Quarterly and annual M& E Reports prepared	<ul style="list-style-type: none"> • Allowances • Stationery 	96,000	96,000	96,000	196,000	196,000
	Mid-term review of strategic plan	<ul style="list-style-type: none"> • Allowances • Consultant • Fuel 			896,000		
	Terminal strategic plan review conducted	<ul style="list-style-type: none"> • Allowances • Consultant • Fuel 					492,000
	Motor vehicles procured	<ul style="list-style-type: none"> • 7 Motor vehicles 		1,400,000			
Sub Total			5,958,686	8,123,239	7,491,686	6,512,386	7,258,686

NDPIII Objective: Increase productivity, inclusiveness and well-being of the population								
Programme Objective: Improve population health, safety and management								
HCD Intervention 2.9: Establish and operationalise mechanisms for effective collaboration and partnership for UHC at all levels								
HCD Output: Functional multi-sectoral framework for joint planning coordination, common deliverables and performance indicators								
HSC Objective 1: To improve partnerships and collaborations that support the HSC mandate								
Output	Output	Activities/ Centre	Cost	Total costs (UGX '000)				
				20/21	21/22	22/23	23/24	24/25
6.1 Improved services and reach	Improve like-minded Partnerships	Review of existing partnerships		10,000	10,000	10,000	10,000	10,000
	Revisit and strengthen existing partnerships	Develop MOUs		30,000	30,000	30,000	30,000	30,000
6.2 Improved access to donor support	Proposal & facilitate development established team	Develop collaboration proposals		50,000	50,000	50,000	50,000	50,000
	Secure funding	Access funding and support		10,000	10,000	10,000	10,000	10,000
Sub total				100,000	100,000	100,000	100,000	100,000
TOTAL (A)				8,483,286	10,761,839	9,915,286	9,204,986	9,980,286
				48,345,683				

LONG-TERM INVESTMENTS

Office building constructed.	New office premises	By 2024	Prepare project concept and profile	Stationery	15,000	US/F&A
				Stakeholder engagement	60,000	
			Acquisition of land	Clearance		
			Architectural works.	Consultant	700,000	
				Project design	2,000,000	
				Plan approval	140,000	
				Contract	3,000,000	
			Supervision of construction	Certification for occupation	16,000	
			Retooling	Tools and equipment	10,000,000	
				Procuring filling cabinets and computers	8,000,000	
	LAN maintained and upgraded		Network maintenance & upgrade	Network Routers, cables, and skilled labor.	30,000,000	
	ICT services maintained		Maintenance of ICT services	Domain Name DNS Hosting rent Website Hosting	22,000,000	
TOTAL (B)					75,931,000	
GRAND TOTAL (A+B)					124,276,683	

Table 6 : Summary of Annual Funding Needs Per Objective

Objective	Funding Needs Per Year (UGX '000)					Total (UGX '000)
	2020/21	2021/22	2022/23	2023/24	2024/25	
1. To provide advice to H.E the President of Uganda and Government in respect to HRH for timely and strategic decision making	710,000	785,000	785,000	885,000	890,000	4,155,000
2. To recruit qualified and competent human resources for health for efficient and effective health service delivery	601,600	714,600	611,600	580,600	604,600	3,113,000
3. To Enhance the Efficiency in Recruitment Systems and Processes	558,800	604,800	492,800	592,800	592,800	2,862,000
4. To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers	434,200	434,200	434,200	534,200	534,200	2,371,000
5. To enhance the institutional capacity of the Health Service Commission to deliver on its mandate	5,958,686	8,123,239	7,491,686	6,512,386	7,258,686	35,344,683
6. To improve partnerships and collaborations that support the HSC mandate	100,000	100,000	100,000	100,000	100,000	500,000
TOTAL (A)	8,483,286	10,761,839	9,915,286	9,204,986	9,980,286	48,345,683
Long-Term Investments (B)						75,931,000
TOTAL						124,276,683

Strategic Plan Financing

This plan will require an elaborate resource mobilization and financing strategy. In this regard, HSC will actively engage with the Government in addition to strengthening its collaborations and partnerships to fund and or subsidize activities.

STRATEGIC PLAN 2020/21 – 2024/25 RESOURCE NEEDS SUMMARY

The Health Service Commission (HSC) has a mandate to appoint, confirm, promote, and review the terms and conditions of service, training and qualifications of health workers and to foster professional and work ethics, and exercise disciplinary control over the health workers under its jurisdiction. HSC seeks **UGX 124,276,683,000 (Shillings One Hundred Twenty Four Billion Two Hundred Seventy Six Million Six Hundred Eighty Three Thousand Only)** to enable it focus on core activities that are essential for implementing its mandate. The costing model was based on cost estimates by objectives, initiative and activities. The table below therefore provides costs estimates by strategic objective.

Table 7 :Extract of the key activities and funding needs as required.

Objective	Funding Needs Per Year (UGX '000)					Total (UGX '000)
	2020/21	2021/22	2022/23	2023/24	2024/25	
1. To provide advice to H.E the President of Uganda and Government in respect to HRH for timely and strategic decision making	710,000	1,185,000	685,000	785,000	790,000	4,155,000
2. To recruit qualified and competent human resources for health for efficient and effective health service delivery	601,600	714,600	611,600	580,600	604,600	3,113,000
3. To Enhance the Efficiency in Recruitment Systems and Processes	578,800	604,800	492,800	592,800	592,800	2,862,000
4. To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers	434,200	434,200	434,200	534,200	534,200	2,371,000
5. To enhance the institutional capacity of the Health Service Commission to deliver on its mandate	5,958,686	8,123,239	7,491,686	6,512,386	7,258,686	35,344,683
6. To improve partnerships and collaborations that support the HSC mandate	100,000	100,000	100,000	100,000	100,000	500,000
TOTAL (A)	8,383,286	11,161,839	9,815,286	9,104,986	9,880,286	48,345,683
Long-Term Investments (B)						75,931,000
TOTAL						124,276,683

CHAPTER FIVE

5.0 IMPLEMENTATION, MONITORING & EVALUATION

5.1 Introduction

This chapter presents the organizational structure, projection of the financial resources required to implement strategic plan, risk management analysis and detailed strategy implementation framework.

Strategy implementation involves putting the planned activities into action. HSC's successful implementation of this strategy is hinged on a systematic development of steps, methods, and processes to execute the strategy. It also includes determining the timelines of strategy implementation. The strategies were prioritized based on the magnitude of the underlying issues. Accordingly therefore, this plan provides strategic positioning and value-creating strategies. More detailed activity plans and budgets will be required to achieve annual targets.

5.2 Pre-conditions for Successful Implementation of the Plan

Implementation of the Strategic Plan will be largely anchored on: -

- a) strategy linked to organization structure;
- b) collaboration and cooperation with stakeholders;
- c) effective performance management system;
- d) effective communication and branding strategy;
- e) team work;
- f) positive culture and work ethics;
- g) leveraging on ICT infrastructure; and
- h) mobilization of adequate financial resources.

5.3 Organizational Structure, Infrastructure and Human Resource Capabilities

In implementing the plan, the Commission will adopt strategy to the existing organisation structure. However, this will be reviewed as and when necessary. The Commission will endeavor to ensure that the staffing gaps are addressed, and training availed to the secretariat staff. In addition, adequate and appropriate tools and equipment will be provided for effective service delivery.

5.4 Monitoring and evaluation

Effective implementation of the Strategy requires careful and continuous monitoring to ensure milestones are met and provides a mechanism for taking corrective action. Managing for Results is at the heart of the HSC approach to deliver on its Strategic Plan. Throughout its duration, the Commission and management will monitor progress and strive to achieve the results, indicators and activities outlined in this plan.

Monitoring will be two pronged, focusing on monitoring implementation of the Charter and monitoring implementation and results of the Strategic Plan. For the first item, modalities will be developed to ensure a flow of information. For the second, the implementation plan will form the basis for monitoring of indicators.

Results from monitoring will be discussed in Sessions of the Commission and will be consolidated in an Annual Report, which will assess progress in implementation of activities and towards achievement of outputs. In the third year of the Strategic Plan, a mid-term review will be held to assess progress towards results, learn lessons from the first two years of implementation and make necessary course corrections to implementation of the Plan. The review will be based on data from monitoring, annual reviews, research findings and detailed examination of the success factors and challenges influencing implementation. An end cycle evaluation will be undertaken at the beginning of the fifth year of the Strategic Plan and will feed into the development of the next Strategic Plan.

The table below provides an outline of what needs to be monitored, when the monitoring shall take place, the tools that will be used and the person responsible for conducting the monitoring.

5.5 General Monitoring Framework

Table 8 : Strategic Plan Monitoring framework

Dimension/ What	When	Tool	Responsibility
Alignment of Strategy and Annual Plans with NDP III	Annually	Annual Report	Commission
Alignment of Annual Plans with Strategy	Annually	Annual Report	Permanent Secretary
Alignment of Departmental Plans with Strategy	Annually	Annual Work Plan	Departmental Heads
Alignment of Individual Work Plans with Strategy	Half-Annually	Performance Contract (Performance Development Plan)	Head of Unit and “Strategy Coordinator”
Regular Reports Submitted	Quarterly	Agenda for Quarterly	Permanent Secretary

Outlining Achievements and Challenges		Commission Meeting	
Regular Reports Submitted Outlining Achievements and Challenges	Monthly	Monthly Progress Report	Heads of Departments
Regular Reports Submitted Outlining Achievements and Challenges	Fortnightly	Bi-monthly Progress Report	Head of Unit
Regular Reports Submitted Outlining Achievements	Weekly	Weekly Progress reports	Head of Unit

At the beginning of each year, all the Departments will set their performance targets as part of their annual work plans which are derived from the Strategic Plan. In setting these targets, it is proposed that performance be monitored during meetings of the Commission. The milestones of strategy monitoring and reporting will be

[a] Quarterly Department work-plan implementation (monitoring) report,

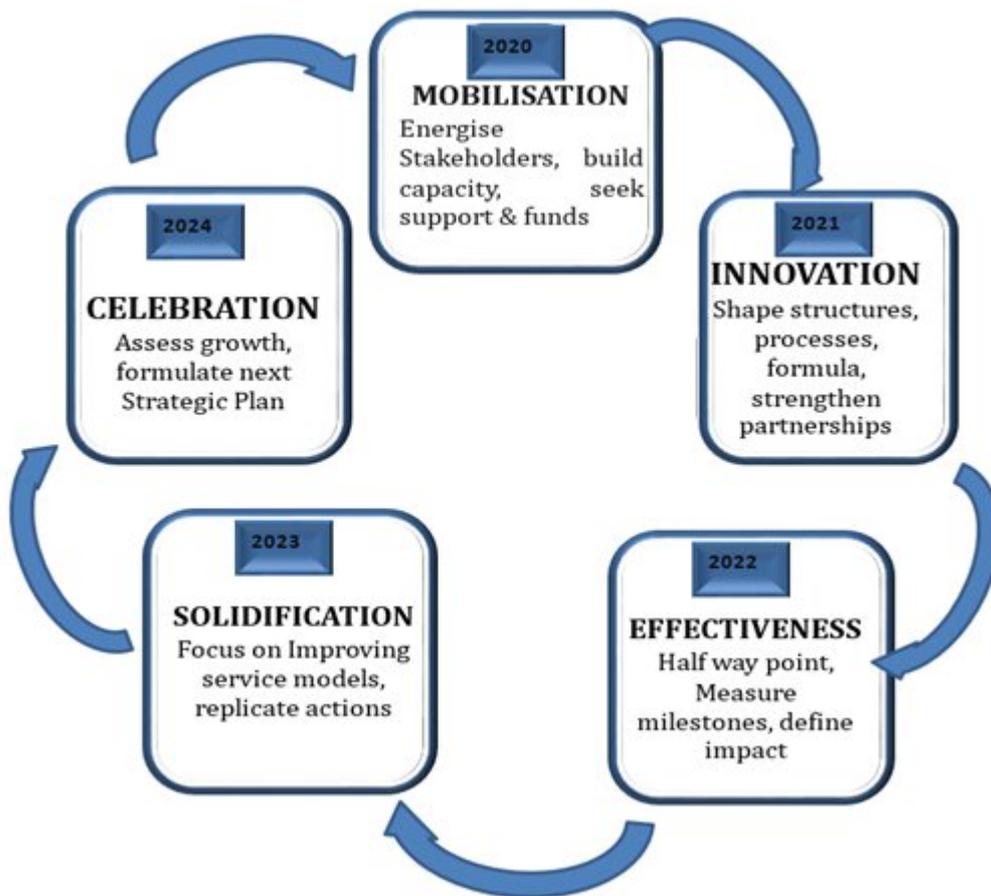
[b] Annual performance (evaluation) reports,

[c] Mid-Term Review (MTR) report (impact) to inform subsequent review and revision in 2022/23, and

[d] Final evaluation in 2024/25, i.e. after the five year implementation time line.

Figure 3: -HSC 5th Strategic Plan Cycle

It is expected that consistent monitoring will, amongst others, help to [a] establish if performance targets have been met and the deviations explained; [b] act as an early warning system and detect potential difficulties; and [c] provide feedback to the next phase of implementation thereby substantially reducing the time and cost of post-implementation evaluations.



5.6 Specific Output Monitoring Matrix

Table 9 : The Output Monitoring Plan

2020/21 HSC Scorecard					
Objectives	Weight	Objectives	Intended Result	Objective Owner	Measures
SO 1: To provide advice to H.E the president of the Republic of Uganda and Government in respect to human resources for health for timely and strategic decision making	20%	1.1 Recommendations on recruitment of health workers to H.E the President submitted.	HRH staffing needs established by population, facility and specialist category		Needs assessment Report by category
			HRH database developed		Database quality index
			Health workers at U1SE, HODs and specialists recommended to H.E the President for appointment.		Number of recommendations
		1.2HRH issues reviewed and documented	Stakeholder engagements & Institution visits held to generate Status Reports on HRH Issues		Number of key stakeholder engagements
SO 2: To recruit qualified and competent human resources for health for efficient and effective health service delivery	25%	2.1. Recruitment guidelines for Central Government health Institutions in use	Recruitment guidelines for health Institutions developed		% Completion of guidelines
			Recruitment guidelines disseminated and implemented		Timely dissemination
		2.2. Health workers attracted, recruited and retained	Annual Recruitment Plan developed and implemented		% of H4H recruited per plan
			Posts to be filled annually.		# of positions filled
		2.3. Recruitment Guidelines for LGs updated and disseminated.	Revised HSC recruitment Guidelines developed and implemented.		% completion

2020/21 HSC Scorecard					
Objectives	Weight	Objectives	Intended Result	Objective Owner	Measures
		2.4. Technical support to Districts& DSCs provided	LGs& DSCs provided with Technical support		# of DLGs provided with support
		1.2.5. Achieve improved communication and information flow to stakeholders	Timely communication of HSC minutes extracts to user institutions ensured		% of communications shared in 7 days
			Quarterly commission engagement sessions held		Number of engagement sessions
			Use of website improved		% use
SO 3: To Enhance the Efficiency in Recruitment Systems and Processes	15%	3.1. E-recruitment processes and systems strengthened	E-Recruitment used to administer aptitude and other preliminary candidate screening		% proportion of use
			E-Recruitment utilised to receive and screen applications		% proportion of use
		3.2. Increase the number of ERS hubs established	ERS reports generated		# of Reports generated
			Hubs established and maintained		# of Hubs established
			Increase the Districts supported to conduct written exams		# of Districts conducting written exams
		3.3. Electronic Document Management System Implemented	EDMS procured, Installed and used		% progress
		3.4. E-Records system developed and implemented	E-Records system procured & installed		# of systems

2020/21 HSC Scorecard					
Objectives	Weight	Objectives	Intended Result	Objective Owner	Measures
			Digitization & Archiving of data		% completion pof milestones
			Use of website improved		% improvement
		3.5 On-line meeting Application developed	Online meeting Application procured & Installed		% progress
			Training users		# trained
SO 4: To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers	15%	4.1 Health workforce morale improved	Position papers produced on human resources for health sector issues produced		# of position papers produced
			HRH engagement survey conducted and shared		H4H Engagement & satisfaction index score
			Recommendations on terms and conditions made		% completion of Stakeholder milestones
		4.2 Human resources for health issues reviewed and documented	Decisions on confirmations Resignations promotions disciplinary procedure handling management of human resource for health made.		Compliance rating with engagement standards - Index
		4.3 Achieve a clear message about HR aspects to realise the commission mandate	Quarterly advice provided on schemes of service, restructuring, Standing Orders		# of recommedations

2020/21 HSC Scorecard					
Objectives	Weight	Objectives	Intended Result	Objective Owner	Measures
		4.4 Practical models developed to improve terms of service	Annual consultative sessions and field studies conducted		Staff satisfaction & engagement index
SO 5: To enhance the institutional capacity of the Health Service Commission to deliver on its mandate	25%	5.1. HSC planning and monitoring systems strengthened	Plans and budgets developed & implemented		% of targeted time milestones achieved
			Final Budget Estimated submitted		% of targeted time milestones achieved
			Monitoring and evaluation unit established and staffed		# of staff unit engaged
			Participation in the health sector budget meetings		% of targeted time milestones achieved
		5.2. Structure of HSC reviewed and implemented	Staffing gaps and vacant positions identified		# of positions filled
			Recruitment plans prepared and submitted to MOPS		% milestone achieved
			Recruitment, remuneration and deployment by PSC, MoPS and MoFPED		% milestone achieved
		5.3. Staff training and Development strengthened	Staff training assessment conducted		Assessment report
			Staff development and training program developed and implemented		Training & development report
		5.4. Annual Accountability and Reporting improved	Annual report prepared and submitted to Parliament by October every year		% milestone achieved

2020/21 HSC Scorecard						
Objectives	Weight	Objectives	Intended Result	Objective Owner	Measures	
		5.5 HSC working environment improved	Office space well maintained		% milestone achieved	
			Tools and equipment procured and deployed		% milestone achieved	
		5.6 HSC permanent home with modern facilities and ample space developed	HSC permanent home constructed		% milestone achieved	
		5.7 Compliance to HSC guidelines improved	Client charter, SOPs, Clients feedback mechanism & IECs materials reviewed		% milestone achieved	
			SOPs reviewed every 3 years		% milestone achieved	
			Annual IEC review		% milestone achieved	
		5.8 Physical records management strengthened	Archiving facilities established and maintained		% milestone achieved	
		5.9 Monitoring and Evaluation reports prepared.	Quarterly and annual M& E Reports prepared		# of Reports shared	
			Mid-term review of strategic plan		% milestone achieved	
			Terminal strategic plan review conducted		% milestone achieved	

5.7 Annual Review

Every year, HSC management will review the Strategic Plan. The review will include:

- a) Achievements to date;
- b) Challenges met in implementing the Strategy;
- c) Lessons learnt that could be exploited going forward; and
- d) Noting any changes in the environment that could impact the Strategy.

The output of the review will be a strategy review report including action plan for the following year.

5.8 Mid-Term Review

The Mid-term Review (MTR) is a more formal process that will be undertaken to ensure that the HSC Strategic Plan is still relevant and for agreeing on changes in both the Plan and work programmes, where these changes are needed and justified. In addition, the MTR will reallocate resources according to performance and needs.

5.9 Terminal Review

An external consultant will conduct a terminal review of the HSC Strategic Plan.