



THE REPUBLIC OF UGANDA

OFFICE OF THE PRIME MINISTER

**ENHANCEMENT OF PRODUCTIVITY, ACCOUNTABILITY
AND KNOWLEDGE SYSTEMS (EPAKS) PROJECT
(P172078)**

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**LABOUR MANAGEMENT PROCEDURES
(LMP)**

October 2021

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1. INTRODUCTION

Government of Uganda (GoU) received financing from the World Bank/DFID Trust Fund to implement “Enhancement of Productivity, Accountability and Knowledge Systems (EPAKS) Project, through the Office of the Prime Minister (OPM) under the Prime Minister’s Delivery Unit (PMDU). EPAKS is building on an ongoing and successful pilot of Health and Education workforce attendance to duty tracking technologies in 20 districts in eastern Uganda.

The project intervention is expected to: a) improve the operations of civil servants in health and education setups in line with public related expenditure, b) strengthen capacity of local leaders in supervision of health and education services to ensure value for money and c) institutionalize the use of real time data to drive attendance and ensure improved return on investments in schools and health centres in selected Local Governments (LGs). EPAKS project will complement every existing government effort to improve returns on investment by directly supporting new and innovative (demand-driven) initiatives that contribute to improved learning outcomes in education and improved service delivery in health. The value addition of this project will be to roll out the Health and Education workforce attendance to duty tracking technologies throughout the country under a participatory approach to cause individual LGs act on absentee staff and, reward good performance, for better accountability and return on Public investment.

2. OVERVIEW OF LABOR USE ON THE PROJECT

Improving outcomes in Primary Healthcare Facilities and Primary Schools are two of Prime Minister’s Delivery Unit (PMDU’s) four focus priorities for the National Development Plan (NDP) II through NDP III period. These two priorities are key development concerns and contribute directly to the NDP II and III’s human capital development strategic objective of increasing the stock of a skilled and healthy workforce through education initiatives as well as improvement in health services delivery. This focus is also informed by the awareness that satisfactory policy and planning frameworks are in place, but such frameworks are inadequately translated into services for citizens.

While the procurement processes of the project involve suppliers/manufacturers of the biometric phones, these are not considered in the category of Project staff. The consultant who will be hired to develop and install the software will also not be considered under this category. This project involves existing staff at PMDU, central level government sectors of Education, Health, Local government, Public service, District Local Governments (DLG), Schools and Health Facilities. The biometric devices are in the form of mobile phones which once installed with the necessary software by the appointed team of public servants, will be delivered by the technical team comprised of members of the Inter-Ministerial Task Force (IMTF) from the sectors of Health, Education, Public service, Local government and PMDU to the respective DLG. At the DLG, the gadgets will be received by the Chief Administrative Officers (CAOs) and thereafter taken to the user units specifically the Health facility In-charges and Head teachers/Parish chiefs ready for use. At these levels, the teachers and health workers will be enrolled and the unique features such as Iris, fingerprint or voice captured. The Project team will conduct training of biometric users in the

various aspects including clock in and out, synchronizing data and generating attendance reports and, procedures for disposal of e-waste resulting from biometric devices at the end of useful life.

This Labor Management Procedure (LMP) is prepared in fulfilment of the requirements of the World Bank's Environmental and Social Standard 2 (ESS2) under the Environmental and Social Framework (ESF).

2.1. Number of Direct Workers:

The T Project will leverage from existing human resources at PMDU/OPM, Ministry of Education (MoES), Ministry of Health (MoH), and Ministry of Local Government (MoLG), DLGs and, Schools and Health Facilities. Through the pilot, PMDU and partners trained about 52 Trainers of Trainers (TOTs) in biometric system, these will also be utilized for technical problem solving as and when need arises. The TOTs are all serving staff in LGs mainly in positions of Biostatisticians and Health Management Information Systems (HMIS) focal persons.

The total number of workers involved in the various activities of the project therefore is estimated to be 1, 801 as highlighted in table 1 and varies depending on the key activity.

2.2. Characteristics of Direct Workers:

To execute project works, the PMDU will use public servants under pension and employment contracts recruited in accordance with the normal recruitment procedures of staff in Uganda's public service. They include both female and male within the age group 18 to 60 years in the following categories; PMDU staff, select technical staff from collaborating sectors at the level of Commissioner and Principle, political and technical leaders of the respective local governments, Health Facility In-Charges and head teachers, Health and Education information focal persons and Parish chiefs. Therefore, there will be no hiring of direct workers as the devices are handheld and mobile and do not require technicians or consultants.

2.3. Timing of Labor Requirements:

The timing and sequencing of labor requirements in terms of numbers, locations, types of jobs and skills will be informed by the key project activities. Given that the project will utilize in-house government public servants, the relevant staff will be appointed and deployed as and when the project requires them and for specific tasks to be performed in addition to their daily normal routines. For example, once the devices are delivered and the team that will be appointed to develop, test and install the software accomplish their task, they will hand over the biometric handheld devices to another team that will deploy the devices in the respective districts guided by the roll out plan that shall be developed for this purpose.

2.4. Contracted Workers:

The project will not employ any contracted workers for the purpose of developing and installing the software on the handheld biometric devices from the OPM/PMDU. Space shall be secured from where the installation and testing will be done by appointed public servants.

2.5. Migrant Workers:

This project will not have migrant workers.

3. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

3.1. Nature/type of the Project

EPAKS' Project Development Objective (PDO) is *to enhance effectiveness and efficiency in operations in education and health of 20 selected district local governments in Eastern Uganda, to realize the expected returns on public investments.* It involves the procurement of, and installation of software in small handheld biometric reading machines in selected schools and health centers; and of IT equipment in District Offices to collect and analyze data. The Prime Minister's Delivery Unit (PMDU) is responsible for overall oversight of the project, implemented through Ministries, Departments and Agencies (MDA) and Local Governments (LG). In health, the project beneficiaries include; targeted Health Facilities and the consumers of the health services (population), Ministry of Health (MoH) Technical staff, District Health Officers (DHO), and District Health Teams (DHTs). In education, beneficiaries include; targeted Primary schools in selected districts, pupils and parents. Ministry of Education and Sports (MoES) Technical staff, District Education Officers (DEOs), District Inspectors of Schools (DIS), Primary Head Teachers (PHT) and Teaching Staff (TS). The project comprises of four components as described below;

Component 1: Acquisition, Installation and roll out of appropriate technology- biometric mobile phones (BMP) – US\$ 445,000. The equipment will be utilized for tracking health worker/teacher attendance to ensure improved performance. A total of 760 BMPs will be purchased and distributed to health facilities and Universal Primary Education (UPE) schools/Parishes in the following structure: (i) 260 BMPs to 202 health facilities with district hospitals and health center IVs receiving two BMPs each given the higher number of health workers at these facilities; (ii) 500 BMPs to parishes/schools ensuring at least one school per parish in the selected 20 LGs. The processes will include procurement of equipment, development, installation, and testing of software and, and deployment of biometric equipment in the targeted 702 facilities.

Component 2: Regional and district level stakeholder engagement and sensitization – US\$ 120,000 The objectives of this component are to secure project buy in by the district leadership, plan for implementation, appraise progress towards agreed goals and targets, and resolve implementation bottlenecks.

Component 3: Capacity building – US\$ 30,000: The objective of this component is to conduct capacity building initiatives to ensure biometric system efficiency and effectiveness. PMDU and partners will organize and conduct trainings for biometric equipment users targeting health facility managers, head teachers, records focal persons, district biostatisticians, and IT persons. Develop a communication strategy to promote the final service delivery index report in the PMDU Health and Education thematic areas. Routine spot checks by PMDU and partners to validate system data and problem solving.

Component 4: Monitoring and supervision - USD: 35,000: The objective of this component is to set up a program for routing, monitoring, supervision and problem solving for user units. PMDU will strengthen Inter-ministerial task forces for health and Education, which are a mechanism for coordinating

3.3. Key Project activities:

PMDU shall establish and implement a rigorous system for planning, implementation, tracking routines and, appraising progress on agreed results and targets. Project implementation progress was slowed down by the onset of COVID-19 and delays in the procurement process. Therefore, the following activities outlined below are either under implementation or shall be implemented once the biometric devices are deployed and schools are running in addition to the health facilities in operation:

3.1.1. Procurement of appropriate technology for tracking staff attendance to duty

Procurement requirements for engaging a firm to provide biometric handheld devices have been completed by the PMDU. The purchase of the devices, the development, testing and installation of software and, the eventual deployment of biometric devices shall be in the 760 targets units. These will include 500 parishes/schools and 202 Health Facilities (HF). A recent (2021) inventory of HFs was carried out and the number found to have increased from 160 in 2019 to 202. This was mainly because of upgrades carried out consistent with the creation of new administrative units. The high volume of HFs namely; the District hospitals and HC IVs will receive 3 biometric devices each, stationed in three critical Units of the HF such as Out Patient Department (OPD), maternity, and special clinics.

3.1.2. Delivery planning

Organize and carry out Delivery Labs as a means of stakeholder engagement for planning and execution of the Project. These will draw participants from central-level collaborating sectors, leaders and technical staff from the respective district local governments.

3.1.3. Strengthening Inter Ministerial tasks forces (IMTFs)

These are mechanisms for coordinating implementation efforts across government and enabling better inter-ministerial coordination while ensuring clear delineation of responsibilities and accountability throughout implementation stages. These were used during the pilot project and shall be maintained during project implementation.

3.1.4. Project stock takes

These will be conducted at various levels namely; Rt Hon. Prime Minister with sector leadership (Health, Education, Public Service and Local Government) to drive accountability and provide Monthly briefing notes to sectors on project progress, Regional level involving political and technical leadership of the 20 LGs to review progress and learn from one another.

3.1.5. Routine analysis and dissemination of attendance data

Carry out Data analyses and dissemination through monthly data packs on performance to district local governments to stimulate competition and well as compelling them to sanction poor attendance and reward good performance.

3.1.6. Capacity building for DLGs and biometric end users

Following the deployment of biometric devices at the user units, capacity building initiatives to ensure biometric system efficiency and effectiveness will be undertaken. PMDU and partners will

organize and conduct trainings for biometric devices users targeting health facility managers, head teachers, records focal persons, district Biostatisticians, and IT persons.

3.1.7. Routine spot checks in schools and health facilities

These will be coordinated by PMDU and will involve technical officers from collaborating sectors to validate attendance data, problem solve and, monitoring of adherence to the national procedures for e-waste disposal.

Table 1: Summary estimate of workers on the Project

Key activity	Number of staff	Comments
1. Procurement of appropriate technology for tracking staff attendance to duty, deployment of phones in targeted units	10	Includes PMDU data team leader, data expert, health experts (3) education experts (2) MoH Asst. Commissioner Compliance, MoES commissioner standards
2. software development, testing and installation,	2	This will include two public servants (Experts) appointed by PMDU in collaboration with the participating sectors to perform the task.
3. Delivery planning	150	MoH, MoES, MoLG, MoPS technical representatives on the IMTF, PMDU leadership and technical staff and 130 political and technical representatives of the 20 districts
4. Strengthening Inter Ministerial Tasks Forces (IMTFs)	15	MoH, MoES, MoLG, MoPS technical representatives on the IMTF, PMDU health, education and data experts
5. Project stock takes	25 for PM's stock take 152 for regional	RT. Hon. Prime Minister, Head and D/Head PMDU, PMDU technical staff for health, education and data, MoH, MoES, MoLG, MoPS technical representatives on the IMTF, Ministers and PS's of Health, Education Public service and Local government MoH, MoES, MoLG, MoPS technical representatives on the IMTF, PMDU leadership and technical staff and 130 political and technical representatives of the 20 districts, Rt. Hon PM, PS OPM
6. Routine reporting, analysis and dissemination of attendance data	7*20 districts +4 MoH and MoES IT staff, + 9 PMDU health education and data technical teams (total = 153)	Head teacher, HF incharge, HMIS focal person, district biostatistician, DEO, DHO of 20 districts, MoH and MoES IT focal persons and PMDU technical staff for data, health and education
7. Capacity building for DLGs and biometric end users	1480	Select staff involved in biometric attendance reporting chain
8. Routine spot checks in schools and health facilities	15	IMTF members

3.4. Key Labor Risks:

EPAKS project does not involve civil works. The project is anticipated to have smooth implementation with minimum risks and impacts to the workers, who in this case are public servants. Risks related to the current COVID-19 pandemic such as acquiring infection while at work e.g., during daily clock in and out, during meetings and workshops, and while conducting spot checks, training and stakeholder engagement activities. To mitigate such risks, staff shall from time to time be reminded to adhere to the Standard Operating Procedures (SOPs) and COVID-19 Control guidelines as recommended by World Health Organization (WHO) and Ministry of Health. Where appropriate, workman's compensation shall be sought as per the labor laws of Uganda.

Risks associated with Data safety

Data safety is complex, complicated, and expensive depending on the desired level of safety, yet very vital to have optimal data safety. The anticipated risks to the concerned data include destroying, modification of data and unauthorized reading of data.

Ensuring data safety

As far as EPAKS Project is concerned, the data safety that is affordably desired, putting into account the principle of value for money is as follows:

Client- End Data safeguards

- Inherent robustness of Android operating system: Android operation system is inherently a robust system.
- Avoidance of remote software: All the client biometric software will be compiled solutions to avoid remote manipulation and other transmission of data to and from desired locations.
- Avoidance of intentional Software backdoors: The TORs for the appointed staff who will develop the required software will cater for avoidance of intentional backdoors for illegitimate use of the system or its data.
- Ensuring tamperproof robustness: The TORs for the appointed staff who will develop the software will cater for tamperproof robustness.

Server-End Data safeguards

- Norton Server Security: OPM and MOH have a running Norton Server security license which will be utilized to safeguard our biometric data.
- Proper user protocols in collaboration with MOH, MoES and OPM, proper protocols will be put in place to avoid abuse of access rights to the detriment of biometric data.

It is important to note that none of the anticipated labor related risks and impacts identified above have been registered because the biometric devices are yet to be procured and deployed. Therefore, no gap filling mitigation measures are required now.

4. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

Since the Project team is comprised of people who are already in service, the existing terms and conditions of civil service including the public service standing orders and, the respective work-specific policies such as code of conduct, the labour law and, Occupational Health and Safety shall apply. Ministry of Public Service is one of the collaborating sectors on this project and ensuring compliance with the existing laws and guidelines, resolving conflicts and managing staff performance shall be their responsibility.

4.1. *Professional Code of Conduct and Ethics for Public Officers*

The Public Service as the implementing arm of Government policies and programmes is charged with the responsibility of providing timely, high quality and cost effective services to the nation. The existence of a Code of Conduct and Ethics for public officers to enhance performance and reflect a good image of the Public Service and promote good governance is of paramount importance. The aim of this Code of conduct and Ethics is to provide general guidance to Public officers in their relationships and dealings with their clients and the general public. It compliments existing laws, regulations, guidelines, and professional Codes of Conduct issued over the years for the purpose of prescribing acceptable standard of behavior and conduct in the Public Service. Provision has also been made for appropriate sanctions to be applied where a Public officer's conduct is found to be inconsistent with the Code.

4.1.1. **Work Ethics**

Attendance to duty: Observe the official working days in accordance with the regulations and be available for official duty when called upon. Perform his or her duty in a manner that conveys professionalism, respect and conforms to morally accepted standards. Not hold two jobs at any point in time (moonlighting), and not draw two salaries from Government payrolls. Commit working hours to official duties.

Time management: Strict regard to the working hours. Not come late to office meetings and Official functions without reasonable cause, accomplish planned activities on time, Being lazy and idle at work (Being on phone, radio, reading newspaper, gossip), Unless otherwise stated, the official working hours are:- Monday – Friday: 8.00a.m – 12.45p.m, 2.00p.m – 5.00 p.m.

Absence from duty: Seek and obtain permission from his or her supervisor to be absent from duty. Permission shall not be unreasonably denied or granted. During official working hours, report his or her absence from office to his or her immediate supervisor or relevant persons

4.1.2. **Sanctions**

Unethical conduct by Public officers shall not be accepted in the Public Service. Sanctions for any breach of this Code shall be those prescribed by the Service Commissions Regulations, the Uganda Government Standing Orders and Administrative Instructions issued from time to time.

Depending on the gravity of the offence or misconduct, the following penalties shall apply:

- Warning or reprimand.

- Suspension of increment.
- Withholding or deferment of increment.
- Stoppage of increment.
- Surcharge or refund.
- Making good of the loss or damage of public property/assets.
- Interdiction from duty with half pay.
- Reduction in rank.
- Removal from the Public Service in public interest.
- Dismissal

4.1.3. Rewards

An appropriate reward and recognition shall be accorded to a Public officer who exhibits good ethical conduct. A reward shall be accorded to the Public officer by the Responsible Officer or appropriate authority

The rewards shall include; but not limited to;-

- Word of recognition of good performance
- Open praise
- Challenging work assignments normally done by seniors
- Letter of commendation
- Presents
- Mementoes
- Certificate of merit
- Concessionary trips
- Cash bonuses
- Salary increments
- Award of Medals

4.1.4. Obligations by the Government

While a Public officer is expected to observe the code, Government as the employer has the following obligations as laid down in the Constitution and operationalized by the relevant laws:- Provide satisfactory, safe and healthy working environment. Ensure reasonable pay for public officers. Ensure equal pay for work of equal value. .Ensure that employees are accorded rest and reasonable working hours and periods of holidays with pay as well as remuneration for Public holidays. Enable every employee to practice his or her profession consistent with the professional Code of conduct and Ethics, the Constitution and other laws of Uganda. Accord every Public officer the right to join a Trade Union of his or her choice for the promotion and protection of his or her economic and social interests in accordance with the law. Protect Public officers' rights, including the right to withdraw labor in accordance with the law. Accord protection to female officers during pregnancy and after birth. Provide Public officers with the necessary tools, devices and gear for performance of their duties.

5. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

The Occupational Safety and Health Act of Uganda, 2006 provides for a written statement of policy with respect to the safety and health of employees while at work and duties of both the employer and the employee. Aspects of cautions like display of safety precautions to any person who may be affected in a manner in which the employer conducts his or her undertaking, reasonable control measures etc., are also of interest. Measures relating to Occupational Safety and Health (OSH) are for protecting workers from injuries, illness or impacts associated with exposure to hazards encountered in the work place or while working. Such OSH measures include awareness raising and guidance on how to prevent accidents at the work place. It also provides for health and welfare, which entails workplace conditions, such as suitable lighting, sanitary facilities provision, provision of adequate wholesome drinking water among others.

The *key aspects* of the Occupational Safety and Health Act of 2006, and how this legislation applies to the different categories of workers on the project are summarized below

5.1. General duties, obligations and responsibilities of employers

It is the Duty of employers to protect workers and ensure safety and health measures of employers. Workplace to have safety representatives and safety committees in place. Employer to monitor and Employer to provide personal protective gear; this is very critical during this time of the COVID-19 pandemic. Public servants working on the project shall be provided with necessary protective gear appropriate to their work including adequate and appropriate personal protective equipment (PPE) for Covid-19 prevention (facemasks, gloves, hand sanitizers) while in the field and during meetings.

5.2. Health and welfare

Workplaces shall be kept clean, healthy and with safe working environment. The project will ensure safe working conditions during the project activities by putting in place hand washing and social distancing arrangements. Public servants working on the project will be provided with adequate information on procedures for infection control precautions. The biometric user units may not require additional hand washing facilities to mitigate infections of COVID-19 since the mode of use will be through facial recognition instead of fingerprint, with actual contact with the devices limited to health units' In-Charges and school head teachers.

6. RESPONSIBLE STAFF

In this section, key highlights, and functions of individuals within the project responsible for management of the various aspects of project labor is addressed: One of the key project activities is sensitization of district local government leaders, technical staff and heads of biometric end user units on biometric system. Occupational health and safety and professional code of conduct and

work ethics will be among the topics covered. Soft copies as opposed to print outs shall be provided to all end user units for reference in efforts to minimize the spread of COVID-19 among the users.

6.1. Engagement and management of direct workers

This will be the responsibility of the respective employment agencies (government sectors of health, Education, Local government .and the respective local governments).

6.2. Engagement and management of contractors/subcontractors

There will be no contractor engaged to develop and install the software as this activity will be undertaken by public servants and managed by the PMDU of OPM.

6.3. Addressing worker grievances

Workers with grievances shall direct them through the appropriate existing channels including the Industrial court and appropriate action shall be taken. The staff responsible for the worker GRM and for overseeing OHS will vary according to the different levels and facilities. However, the overall staff responsible for the worker GRM and overseeing OHS at the national level will be the head, PMDU through the IMTF. In addition, the chairpersons of the Uganda Medical Association and Uganda Teachers' Associations are also tasked with health and education workers' grievances at the national level respectively.

At respective District local governments level, the CAO will be the overall responsible officer through the District Community Development Officer. At the health facilities and schools will be the in-charge/health unit management committee chair and head teachers'/school management committees chair respectively.

7. POLICIES AND PROCEDURES

As highlighted in section 3, Ministry of Public Service which is one of the collaboration sectors on this project shall be responsible for ensuring compliance with the existing labor laws, Public service standing Orders and Occupational Health and safety among others. The project will leverage from existing personnel, structures, policies and guidelines, The Inter-ministerial task force comprised of technical representatives at commissioner level, from the collaborating sectors of Health, Education, Public service, Local government and PMDU shall be utilized for this purpose. PMDU has utilized this mechanism in the pilot to steer implementation efforts across government and enable better inter-ministerial coordination while ensuring clear delineation of responsibilities and accountability throughout implementation stages.

8. TERMS AND CONDITIONS

All staff shall adhere to the terms and conditions of Civil service including the public service standing orders and, the respective work-specific policies such as code of conduct, the labour law and, Occupational Health and Safety. They shall observe the professional Code of Conduct and Ethics for Public Officers as stipulated in the Public service standing orders.

9. GRIEVANCE MECHANISM

As already stated in section 6 above, the IMTF will be the structure to be utilized for resolving grievances among other roles. These shall be channeled from service delivery points (schools and health facilities) either through routine reports or quarterly spot checks, presented and discussed at IMTF level and then escalated through the respective sector representatives for appropriate action

10. CONTRACTOR MANAGEMENT

The development and installation of the required software on the biometric devices shall be undertaken by public servants appointed by PMDU in collaboration with the participating sectors. There will thus be no contractor to warrant procurement and management.