



UGANDA POLICE FORCE

UGANDA POLICE FORCE HEALTH POLICY

May 2021

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ASTU	Anti Stock Theft Unit
DHO	District Health Officer
DPC	District Police Commander
EPI	Expanded Program on Immunization
HC	Health Center
HIV	Human Immune Virus
HIMS	Health Information Management System
HMC	Health Management Committee
HUMC	Health Unit Management Committee
ICT	Information Communication Technology
KMP	Kampala Metropolitan Police
MoH	Ministry of Health
NHP	National Health Policy
NMS	National Medical Stores
PAC	Police Advisory Committee
PHS	Police Health Services
PHSSP	Police Health Services Strategic Plan
PLHIV	People Living with HIV
PPP	Public Private Partnership
RPC	Regional Police Commander
TWG	Technical Working Group
UNMHCP	Uganda National Minimum Health Care Package
UPDF	Uganda People's Defence Forces
UPF	Uganda Police Force
UPHP	Uganda Police Health Policy
UPS	Uganda Prisons Services
UNHRO	Uganda National Health Research Organization
VHT	Village Health Team

GLOSSARY

Minimum Health Care

Package: This consists of a predetermined list of public health and clinical services which are provided at primary and/or secondary care level.

Universal Health Coverage:

It is how to extend health care to more citizens in a way that guards against the risk of catastrophic out-of-pocket expenditures, improve health outcomes equitably and use available resources efficiently.

Quality of Care: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge of best practice.

Health Management

Committee: Top most administrative organ of the Directorate of Police health services, Headed by the Director and composed of representatives from the

different departments/units.

Attested member of the UPF:

Is a Police officer regardless of rank who has completed the initial training course, taken the requisite oath and has been listed in the force as a member.

Auxiliary member of the UPF:

Any member of the general public willingly cooperating and working with Uganda Police Force performing a supportive function.

Civilian staff member of UPF:

Any member of the public appointed by public service to work with Uganda Police Force.

Immediate families: Include spouse and biological children below the age of 18 years.

Police trainees: Include recruits on initial Police training and officers on in-service training.

Experts and Dignitaries:

Include consultants and guests to UPF.

UPHP 1: The first Uganda Police Health Policy.

Police community: This category shall mean and include the following;

1. **Attested members of the UPF**
2. **Auxiliary members of the UPF**
3. **Civilian staff members of UPF**
4. **Immediate families of (i), (ii) & (iii) above**

5. **Police trainees**

6. **Visiting parties/ dignitaries to UPF**

Members of the general

public: This category shall mean and include the following;

1. **Persons in police custody**
2. **Victims of crime**
3. **Persons injured by Police in line of duty**

FORE WORD

The Government of Uganda has expressed its commitment to providing quality health services through a number of instruments that include the National Health Policy 2010, the Health Sector Development Plan 2015/16 - 2019/20 among others. The Uganda Police Force has also expressed its commitment to providing quality health services to its personnel and immediate families. The Uganda Police Force Strategic Policing Plan 2020/21-2024/2025 recognizes the importance of a healthy work force in the provision of policing services to the public.

The Directorate of Police Health Services has gone through a lot of transformation since the time of its inception as Police Medical Services. It has provided services albeit without

a guiding policy in place.

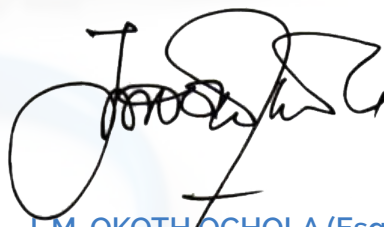
The UPHP I has been developed through a participatory process involving the Technical Working Group (TWG) whose membership was approved by the Police Advisory Committee (PAC). Views of Police Directors, Commandants of specialized units, Regional Police commanders and District Police commanders were sought. UHRC, UPS, MoH, MoPS and Makerere University (School of Public health) were also consulted among other external stakeholders. This Policy focuses on health promotion, disease prevention, early diagnosis and treatment of diseases among Police community. It will specifically prioritize the effective delivery of the Uganda National Minimum Health Care Package

(UNMHCP) and the Uganda Police Force (UPF) Strategic Policing Plan 2020/21-2024/25, efficient use of available health resources, strengthening public and private partnerships for health and strengthening of health systems in UPF.

The adoption of this UPF health policy is therefore an opportunity to have more targeted, structured and consistent interventions to make the UPF a healthier and productive institution. We are cognizant of the fact that the health issues that need to be addressed are many and require that we have policy guidelines to focus our direction in the achievement of a healthy work force.

The UPF considers that this health policy will provide a guiding framework to the Police Force in its responsibility to provide quality health services to the personnel and their families. In the medium to long term, a healthier UPF will be able to execute its mandate as prescribed in article 212 of the Constitution of the Republic of Uganda.

For God and My Country



J. M. OKOTHCHOLA (Esq)
INSPECTOR GENERAL OF
POLICE

EXECUTIVE SUMMARY

The Police Health Policy was formulated after the realization that the Directorate was operating without established guidelines that govern management functions. The Policy describes long-term vision for health service delivery in Police, with a strong focus on tangible benefits and deliverables. It also describes the leadership and governance structure, centered on the Technical Working Group that will help ensure the timely implementation of health initiatives.

The policy formulation process was participatory in order to have a policy that is holistic and inclusive. Therefore, it includes the views of multiple groups and sectors that were consulted.

This policy aims at resolving the challenges UPF has grappled with for a very long time. The challenges include among others;

Lack of an established procedure of managing referral systems for complicated medical cases

Absence of reliable partnerships with other stakeholders in especially responding to medical emergencies.

Limited capacity in form of human resource, infrastructure among others.

Limited geographical coverage in the provision of services.

Well-articulated strategies have been laid out in this policy to adequately address

the challenges in order to effectively and efficiently provide all the services as mandated by the force.

To track the level of implementation of this policy and its accrued results, a monitoring and evaluation framework will be developed, relevant data collected and analysed to establish whether the policy has had an impact as far as service delivery is concerned.

This Policy shall be implemented through the

development of a Police Health Services Strategic Plan (PHSSP), linked to the National Health Sector Development Plan, the UPF Strategic Policing Plan and other planning frameworks. Successful implementation of this Policy and its Strategy will employ a well-defined governance structure to provide improved visibility, coordination, and control of health activities that are occurring across the Police health sector.



INTRODUCTION

1.1 Background

The Directorate of Police Health Services (PHS) started as Police Medical Services (PMS) unit in 1963 with only a maternity ward at Nsambya Police Barracks to cater for the Police women at that time. The ward was run by only two (2) midwives. In 1970, clinical services (outpatient department) were opened up at Naguru Police College (the current FFU base) to cater for the health needs of Police officers and their families. It was operated by only three nurses (1 senior nursing officer and 2 enrolled nurses) and the number of staff later increased by one (1) Doctor and two (2) other senior nurses. Clinical services later extended to Nsambya Police Barracks in 1975. Since then, more health centers have been opened up in the different districts to offer

general medical services.

With the enhancement of human resource capacity of the unit in 2001, provision of medico-legal services became a core function of the department to support the criminal investigations to adduce scientific evidence before courts of law through post-mortem examination and examination of victims of crime and suspects for various offences.

To further support the operations of the Force, the scope of services scaled up to offer medical emergency response services to evacuate casualties in Uganda and this service commenced with three (03) ambulances in 2007. In 2013, the unit was elevated to a fully-fledged directorate by MoPS after having undergone several years of transformation.

1.2 Situational Analysis

Uganda Police Force (UPF) considers health care service delivery as one of the core priorities for its personnel and their families. Health care service in the UPF has generally improved over the last ten years, but it remains unsatisfactory and disparities continue to exist. The Directorate faces enormous technical and administrative challenges due to the absence of standard rules and guidelines to govern daily operational activities and decision making.

1.2.1 Demographic and Health Status of UPF

Uganda Police Health Services has a mandate to care for over 300,000 people who include Police officers, their immediate family members, Police trainees, suspects and victims of crime. This population is spread across the country but more

concentrated in urban and peri-urban places.

The common causes of morbidity and mortality among the Police community are malaria, respiratory tract infections, HIV and AIDS, tuberculosis, maternal and child conditions and trauma (injuries). In the recent years, it has emerged that non-communicable diseases such as diabetes, cancers, hypertension among others are on the increase. Nationally, seventy-five percent (75%) of the disease burden in Uganda is still preventable through health promotion and disease prevention. The disease pattern in UPF cannot be different from the national trend. These problems call for intensive, focused and well-coordinated collaboration between the Directorate of Police Health Services and other stakeholders within and outside Police.

1.2.2 Social Determinants of Health

The major determinants of health in UPF just like in the general population include levels of income and education, housing conditions, access to sanitation and safe water, cultural beliefs, social behaviours and access to quality health services (National Demographic Survey, 2016). In addition to the above, it has been noticed that differences in social status determined by Police ranks and nature of deployment significantly impact on the prevalence of diseases and other health conditions in the UPF. Generally, all Police barracks, suspect's cells are in a very pitiable state. This has greatly escalated the spread of preventable illnesses like malaria, typhoid among others

1.2.3 Organization of Police Health Services

It is the mandate of the Directorate of Police Health Services to plan, organize, direct, control, and provide overall guidance to Police top management on all matters of health affecting the Force. To fulfil this mandate, the Directorate is structured at three control levels, i.e. the centre, regions and districts. The Directorate is headed by the Director, deputized by the Deputy Director Police Health Services. There are four departments headed by Commissioners of Police who directly supervise the work of the respective departments which include; Clinical services, Public health services, Medico-legal services and Administration and training. At the regions, health services are headed by the Police surgeons who report to the Director

Police Health Services, while at the districts/divisions and specialized units, the services are headed by the health unit in charges who are supervised by the regional Police surgeons. The supervision at the district is limited by inadequate number of Police surgeons to cover all Police regions (11 out of the 27 regions are covered as of December, 2019). The number of health facilities in the UPF increased from 68 in 2010 to 93 in 2019. However, not all Police districts, divisions and specialized units, as guided by Police top management, are covered with health facilities because of resource constraints. The health facilities are housed in dilapidated and small buildings which were not purposely designed to serve as health centers. All Police health centers are inadequately facilitated with diagnostic equipment, transport, medical waste

disposal facilities, and ICT infrastructure.

1.2.4 Health Service Delivery in UPF

Health services to the Police community are provided by Police, public and private health facilities. The services are based on a Minimum Health Care Package developed by Ministry of Health at different levels of care, that is to say; HCs I, II, III, IV, general hospitals, Regional and National Referral Hospitals. Health care services by UPF to its community is through the existing 93 Police HCs at the levels of HC II (79), HC III (10) and HC IV (04) which exclusively offer out patient care. Other special clinics and services offered include; dental care, eye care, HIV and AIDS, medico-legal, emergency medical and public health response, laboratory services, maternal and child health. However, due to the limited health

infrastructure and human resource capacity, not all the Police districts access these services and none of the existing Police health centers offers the required package of services per level of care. Also due to lack of a Police hospital, complicated medical conditions are referred to other hospitals for further management which comes with financial and follow up challenges to the individual officers and the institution.

Currently there are 476 out of the approved 517 number of health workers (approved structure 2013) and this includes a significant number of the non-critical cadre such as nursing assistants. Besides, the approved staff structure of 2013 no longer matches the current operational demands for health services as a result of increased number of Police personnel, deployment in peace keeping missions, emergency medical and

public health response, and creation of new districts, among others.

1.2.5 Supervision, Monitoring and Evaluation

UPF provides health care services on behalf of MoH which has the mandate to supervise, monitor and evaluate health care services in the country. The Directorate of Police Health Services (PHS) supervises the Police health facilities, monitors and evaluates performance based on the set targets through submission of monthly performance reports by lower units to Police headquarters. At district level, supervision is done by the Police Health Unit Management Committees (HUMC) with support from the respective district health officers (DHOs). Monitoring based on the national Health Management Information System (HMIS) has not taken stance due to limited number

of technical staff to manage data at the respective health centers coupled with the limited ICT infrastructure. This compromises the timeliness, accuracy, completeness, consistency and uniqueness of Police health data.

1.2.6 Research

The congregated nature of the settlements in Police establishments and the kind of Police work environment pose a high level of vulnerability to ill health. This unique environment therefore, is suitable to undertake periodical research to inform decisions and evidence-based practices in order to maintain a deployable work force. The Directorate of Police Health Services has limited technical capacity to conduct operational research and this area must be strengthened to the benefit of the UPF.

1.3 Problem Statement

Despite the availability of the national health policy and other health regulations in the country that serve as the benchmark for the provision of health services in UPF, the unique health challenges affecting the Force have not been adequately addressed hence the need for a specific health policy for the Force.

The health of the personnel in the force has a direct impact on productivity. The force requires personnel who are healthy at all times to be able to secure life and property of the people in Uganda. Much as the Directorate has improved its capacity to provide health care, it still faces the challenges while executing its mandate, namely;

1. Absence of standardised procedure to guide management in supporting personnel who require

specialised health care in private hospitals or even abroad.

2. Lack of clear guidelines for provision of health services to Police retirees and other members of the general public.
3. Lack of clear standards for medico-legal services provided by private health service providers.
4. Lack of guidelines for establishing partnerships with other stakeholders e.g. private health service providers, government health centres, local governments etc.

1.4 Policy Justification and Rationale

Police health policy is an essential tool in setting general guidelines and standards in decision making to achieve the desired health outcomes. Police health policy is essential in providing clarity when dealing with issues and

activities that are critical to health, safety, legal liabilities and regulatory requirements affecting the personnel and the institution. This Policy will ultimately enhance the productivity and efficiency of the personnel as well as setting a foundation for the delivery of safe and cost effective quality health care to the Police community.

1.5 Policy Outcomes

The implementation of the Police health policy will lead to;

- Enhanced equity and equality in health care service accessibility.
- Informed decision making on all matters relating to health
- Safeguard the UPF against preventable legal redress
- Promotion of timely and cost effective quality health service delivery
- Mainstream health services in all Police operations

2.0 VISION, MISSION, GOALS, OBJECTIVES AND GUIDING PRINCIPALS

2.1 Policy Vision

Enhanced equity and equality in health care service accessibility.

2.2 Policy Mission

To provide quality and accessible health services to the Uganda Police Force and the surrounding communities in a professional manner that conforms to Ministry of Health guidelines.

2.3 Policy Goal

To deliver outstanding health services for a healthy and productive Police Force.

2.4 Policy Objectives

This Policy aims at addressing the following broad objectives;

- To strengthen the organization and management of the Police health system.
- To enhance the provision of medico-legal services in support of criminal investigations.
- To provide universal health care coverage to the UPF and surrounding community.
- To support the national emergency medical and public health response mechanisms.
- To promote health research agendas in UPF.
- To promote quality health care for Police personnel and their families
- To mobilize resources

for Police health service delivery.

- To promote supervision, monitoring and evaluation of Police health programs.
- To establish a framework for partnerships within UPF and other stakeholders.

2.5 Guiding Principles

The Uganda Police Health Policy shall be guided by the following principles: -

- 1. Confidentiality:** All information related to the health of personnel shall be kept confidential at all levels of command. Although, UPF top management shall have a right to access such information for the benefit of the employee and or the institution, such information shall still be maintained confidential.
- 2. Non-discrimination:** UPF shall uphold the rights and

dignity of people with any medical condition and ensure a fair and safe work environment for all its employees.

- 3. Partnerships:** In order to enhance the capacity to deliver quality and accessible health services, UPF shall partner with relevant public and private stakeholders. The partnerships shall be guided by the existing national legal frameworks.
- 4. Efficiency.** There will always be more health needs than the resources provided. The directorate will at all-times efficiently utilise the resources allocated for benefit of the Police community.
- 5. Justice.** All victims of crime and suspects shall be availed with medical examination where necessary to facilitate crime investigation and prosecution in courts of law.
- 6. Beneficence.** The UPF has an obligation to provide health services for the benefit of all the Police personnel, their immediate families, Police trainees, suspects in custody and victims of crime on request.
- 7. Recognition of health of police community as a key welfare issue:** UPF recognizes health of its community as a key welfare component that should be given priority. The health status of the Police community greatly affects personnel deployment and productivity. UPF shall therefore, use the available opportunities and resources to ensure that its community is safe and healthy.

2.6 Application of the Policy

The policy shall apply to the following categories:-

a) Police community. This category shall mean and include the following;

- Attested members of the UPF
- Auxiliary members of the UPF
- Civilian staff members of UPF
- Immediate families of (i), (ii)

& (iii) above

- Police trainees
- Visiting parties/ dignitaries to UPF

b) Members of the general public. This category shall mean and include the following;

- (i) Persons in police custody
- (ii) Victims of crime
- (iii) Persons injured by Police in line of duty.



3.0

INSTITUTIONAL FRAMEWORK FOR MANAGING HEALTH SERVICES IN UPF

This section spells out the institutional framework and processes through which the management of Police health services shall be delivered to the Police community. UPF shall ensure that health service delivery is a priority.

The Police institution is mandated to formulate policies to cater for its peculiar and unique challenges hence the basis for the formulation of this Police health policy. The PHP shall be reviewed every after 10 years to take care of the emerging health challenges.

Accordingly, the following structures shall be instituted for proper management of health services in UPF.

3.1 Police Council Health committee

There shall be a committee known as the Police Council Health Committee.

3.1.1 Composition of the Police Council Health Committee

The Committee shall be composed of the following persons;

- (i) Deputy Inspector General of Police - Chairperson
- (ii) Chief of Joint Staff
- (iii) Director/ Health Services
- (iv) Director/ Welfare & Production
- (v) AIGP/CPC
- (vi) Director/ HRA
- (vii) Director/HRD
- (viii) Director/ L&E

(ix) Deputy director/ Health Services

(x) CP Finance

(xi) CP Women Affairs

(xii) Commissioner/Personnel Management

(xiii) Any other co-opted member

3.1.2 Functions of the Police Council Health Committee

The committee shall perform the under listed functions:

- To approve health needs and related interventions for the UPF
- To approve long term career development courses for Police health workers.
- To approve five year strategic development plan for Police health services
- To approve and consider

personnel for retirement and deployment on medical grounds.

- To approve applications for referral for treatment of Police personnel abroad in conformity with the national health policy framework.
- To approve and represent the UPF in lobbying, collaboration and networking with other health stakeholders.

3.2 Inspector General of Police

- The IGP shall provide strategic guidance in regard to health in UPF.
- Ensure operationalization of the Police health Policy
- Ensure that all Police officers receive timely, equitable and quality health care services.

3.3 The Health Management committee(HMC)

The committee shall be composed of members selected from different departments/health units of the directorate of Police Health Services. It shall perform the following functions:

- Approve medical fitness of candidates for initial and In-service Police training;
- Provided guidance on work plans for police health services
- Ensure effective implementation of health activities.
- Conduct health evaluation for the UPF
- Formulate the health services strategic plan
- Ensure effective implementation of the Police health policy

3.3.1 Director Police Health Services

- Supervise health services provision in the UPF
- Guide the operationalization of the health policy
- Conduct medical examination of personnel and other members of the police community and advise management appropriately.
- Prepare and present periodic work plans for management consideration
- Monitor and Evaluate all health activities in the UPF
- Support criminal investigations with medico-legal services
- Ensure disease prevention and control and health promotion in UPF

3.2.4 Regional Police surgeon

- Supervise health services in the respective areas of operation.
- Ensure proper management of health supplies within the region.
- Promote discipline of health personnel.
- Ensure appropriate Infrastructure for health services
- Ensure health centres submit periodic performance reports.
- Constitute and operationalize the health unit management committees
- Liaise with DHOs & other health partners to support area Police health services.

3.2.5 Health Unit Management committee (HUMC)

The committee shall be district/unit based.

3.2.6 Composition of HUMC

The committee shall consist of persons/offices as indicated below:-

- 1. Chairman:** The District Police Commander (DPC).
- 2. Secretary:** The in charge (Medical) of the Health Facility.
- 3. Members:**
 - (i) Officer In-charge (O/C) Barracks.
 - (ii) Police Standards Unit (PSU) representative.
 - (iii) District Political Commissar
 - (iii) VHT/PLHIV representative.

3.2.7 Functions of the HUMC

- To supervise the general administration of the HC on behalf of Uganda Police Force (UPF).
- To ensure effective delivery of health services

in respective area of operation;

- To advise, regulate, monitor the collection, allocation and use of Health supplies from other sources.
 - To ensure proper delivery, storage and utilization of all HC goods and services as guided by Police Health Services.
 - To foster improved communication with the public, thereby encouraging community participation in health
- activities within and outside the unit.
 - Lobby for resources from the Local Governments, NGOs, local community members, for the benefit of the health unit.
 - Conduct quarterly / or any other relevant committee meetings and furnish the Regional Police Surgeon / Director Police Health Services with the minutes.

4.0

POLICY PRIORITY AREAS

- 1. Medical examination prior to recruitment and selection:** Since 1906, medical examination has always been conducted on all recruits joining the Police Force. UPF shall continue to carry out pre-recruitment medical examinations according to the acceptable national and international standards for safety of the individual, because the training involves vigorous exercises that require medically and physically fit persons. This policy recommends that persons with chronic and life threatening medical conditions like cancers, hepatitis infection, kidney disease, HIV and AIDS, diabetes mellitus, hypertension among others, shall not be recruited for the initial training.
- 2. Recruitment of health care personnel:** To improve the human resource capacity of the directorate in providing health care services, UPF shall always take strong consideration to recruit health workers during any available recruitment opportunity at all levels of entry. This shall enhance the coverage of the police health service delivery across the country.
- 3. Health of trainees during initial Police training:** UPF shall ensure that all trainees are accorded appropriate medical care during their training like any other member of the Force. In the event that a trainee develops a life

threatening condition or suffers permanent disfigurement at any stage of the training which cannot permit him/ her to continue, UPF management shall discontinue such a trainee with recommendation from the Police Health Management Committee (HMC) which shall determine whether the trainee's condition was due to the training activity or otherwise. Top Police management will then determine whether the discontinued trainee is to be compensated or not. In case a trainee dies in the course of training, HMC shall discuss the cause of death and determine whether it was due to the training activity or otherwise to inform top Police management accordingly.

4. In-service training and development: All personnel shall be given the same consideration for

training and development opportunities irrespective of their health status. However, medical examinations shall be conducted before commencement of any training program for purposes of guaranteeing safety of the officers. Personnel found with chronic medical conditions shall be considered for training on recommendation by the Director Police Health Services. In the event that a trainee develops a life threatening condition or suffers permanent disfigurement at any stage of the training which cannot permit him/ her to continue, UPF management shall discontinue such a trainee from the course with recommendation from the Police Health Management Committee (HMC).

5. Routine medical examination: Annual general medical

examinations shall be conducted on all UPF personnel for early identification of health problems and initiate treatment early in order to maintain a deployable Force. In cases where medical examination has been conducted by other accredited health facilities, the Director Police Health Services shall verify the authenticity of such results. Voluntary routine medical examinations shall be supported by UPF.

6. Promotion, deployment and transfer: Health status alone shall not be a basis for disqualification of personnel recommended for promotion. In line with Public Service Standing Orders, all public officers may be deployed in any part of the country and or abroad by normal posting. However, UPF employees with chronic health conditions, as may be guided by the Director Police Health Services,

shall be transferred or deployed in areas where they can access medical attention, care and support, and in places where the environmental conditions do not affect their health or welfare.

7. Continuation of employment relationship:

UPF shall ensure that the medical condition of the employee is not necessarily a cause for termination of employment if such condition does not affect his/her ability to discharge duty.

8. Retirement on medical grounds:

An employee, incapable of discharging duty due to disease of mind or body and such disease is likely to be permanent, shall be eligible for retirement on medical grounds with benefits. Such retirement shall be handled in accordance with the Uganda Public Service

Standing Orders.

- 9. Sick leaves:** UPF employees shall be entitled to sick leave on recommendation from Director Police Health Services or Government Medical Officer. Such leave shall be granted within the provisions of the existing Uganda Public Service Standing Orders.

10. Treatment and Referrals:

All sick UPF personnel shall be handled in the Police health facilities. Personnel with complex medical conditions shall be referred to other government health facilities and the institution shall be responsible to meet all the costs incurred. Referral to private health facilities shall only be in cases of emergencies or for such specialized services upon approval by the Director Police Health Services and the institution will also be responsible to meet all the costs incurred.

Referrals for treatment abroad will be by the Uganda Medical Board as per the Public Service Standing Orders.

- 11. Health of personnel on missions and special assignments abroad:** UPF shall be responsible for the health of the personnel deployed on missions and special assignments abroad.

- 12. Health of retired Police personnel:** UPF shall continue to treat retired personnel in its health facilities. In case of any complex condition that cannot be managed in UPF health facilities, treatment and referral to other health facilities shall be at the cost of the individual personnel.

- 13. Persons in Police custody:** UPF shall be responsible for the health of all suspects in its custody. Suspects with conditions that require specialized management shall be

referred to government health facilities.

14. Victims of crime: UPF shall manage medico legal services at no cost to victims of crime in its health facilities upon request by a competent authority. In case a victim of crime is in need of specialised health services, he/she will be referred to government health facilities.

15. Immediate families to Police personnel: UPF shall also be responsible for the health of the immediate family members to the Police personnel.

16. Health promotion: UPF shall undertake health programs that aim at promoting the physical, social, mental and spiritual wellbeing of its personnel.

17. Early diagnosis and treatment: UPF shall ensure availability of appropriate and adequate

resources to guarantee early diagnosis of disease conditions and treatment of its personnel.

18. Disease prevention and control: UPF shall institute measures to prevent and control the occurrence of both communicable and non-communicable diseases among its community.

19. Emergency medical and public health response services: PHS shall be part of the national medical emergency response mechanism with capacity to respond to all forms of emergencies whether on land, water and air.

20. Bio-safety and Bio-security: UPF shall develop the capacity of health services to participate in the prevention, detection, response and investigation of possible occurrence of chemical, biological, radiological, nuclear or explosive threats that may

threaten lives of Ugandan population whether naturally occurring, intentional or accidental.

21. Mobile health services:

Given the nature of its operations, UPF shall extend mobile health services to its personnel within and outside the country or in such areas where access to public health services is limited.

22. Health and safety of personnel while at work:

UPF shall develop and implement health and safety guidelines for purposes of protecting the health of personnel on duty. Health conditions suffered by personnel as a result of occupational hazards shall be managed in accordance with the Police Welfare Policy. The national labour laws shall apply for such cases that may require compensation.

23. Psychosocial support:

Well aware that Police personnel face a multitude of challenges (e.g. traumatic events, social stress, economic hardships, etc), PHS in liaison with the Directorate of Welfare shall establish psychosocial centres to support the affected personnel.

24. Health Insurance for UPF:

UPF through its Directorate of Health Services shall develop, adopt and/ implement a suitable health insurance scheme aimed at solving the health challenges faced by the Police community.

25. Systems strengthening:

UPF shall establish a functional and resilient healthcare system to support all its functions and activities in terms of human resources and equipment capacity.

5.0 STRATEGIC INTERVENTIONS

5.1 Policy Objective 1:

To strengthen the organization and management of Police health systems

In order to cope with the prevailing health demands, the management of UPF shall, when deemed fit, review and determine how Police health services are organized and managed. This will be done in accordance with the existing legal frameworks.

5.1.1 Strategic Interventions

1. Harness the relationship between UPF and MoH for policy and strategic guidance to offer quality health services.
2. Establish and operationalize a Police referral hospital with capacity to manage all cases from lower level police health units.
3. Strengthen the regional level health administrative units to ably superintend over all operations in the region.
4. Establish Police health centers at every Police district/ Division and specialized units with the capacity to serve the community within the respective jurisdiction.
5. Strengthen capacity of UPF to deliver health services to all Police personnel who may be deployed in hard to reach areas or under special circumstances, within or outside the country.
6. Establish Information Communication Technology (ICT)

infrastructure for the management and delivery of quality health services.

7. Adopt and customize the national health management information system to facilitate complete, reliable and timely data to inform decision making.

5.2 Policy Objective 2: To provide medico-legal services to support criminal Investigations

In order to promote quality and accessible medico-legal services, PHS shall take lead in;

- Forensic pathology by carrying out autopsies and exhumation of bodies for purposes of establishing cause of death/ identification/ taking off samples for further analysis etc,
- Forensic surgery by examining suspects of capital offences and victims of rape, defilement,

assault, fire arm injuries and accidents among others,

- Attend court and testify whenever summoned as expert witnesses.

5.2.1 Strategic Interventions

1. Scale up medico - legal services to all Police regions and districts in the country.
2. Develop capacity of health workers in performing forensic pathology examinations and court processes.
3. Create partnerships with private and local authorities to establish and/or manage mortuaries.
4. Ensure efficient management of victims and suspects of crime.

5.3 Policy Objective 3:

To provide universal health care coverage to the Police community

UPF shall ensure provision of holistic and equitable quality health care package consisting of preventive, curative, rehabilitative and palliative services to all members of its community.

5.3.1 Strategic Interventions

1. Establish and adequately equip Police health facilities.
2. Mobilize resources necessary for health care service delivery.
3. Creation of awareness for personnel to gain greater control over decisions and actions affecting their health.
4. Strengthen capacity of health workers at all levels to provide quality health services.
5. Strengthen all measures aimed at disease prevention.
6. Establish a rehabilitative system to address recovery from life

threatening conditions.

7. Establish UPF occupational health and safety guidelines.
8. Develop capacity of personnel at all levels of operation to ably provide first aid services.

5.4 Policy Objective 4: To support the national emergency medical and public health response mechanisms

UPF shall support the national medical emergency response services by

- Carrying out referral of Police personnel and their immediate families to hospitals
- Offering medical cover to convoys of national and international dignitaries
- Managing casualties involved in natural, chemical, biological, radiological, nuclear and explosive disasters
- Any other sanctioned

emergencies.

5.4.1 Strategic Interventions

1. Develop capacity to provide technical support for medical and public health emergencies whether on land, water and air.
2. Mobilize appropriate resources for emergency medical and public health response across the country.
3. Develop and operationalize Standard Operating Procedure for Police ambulance services.
4. Establish partnerships with stakeholders in the emergency response sector.

5.5 Policy Objective 5: To promote health research agenda in UPF.

Promotion of health research shall be given priority to support evidence based policies, decisions and

practices in the operations of UPF and delivery of health services to the Police community.

5.5.1 Strategic Interventions

1. Develop a health research agenda for UPF
2. Mobilize resources to support UPF health research.
3. Initiate and implement health research in UPF in line with Uganda National Health Research Organization (UNHRO) and other health research regulatory bodies.
4. Disseminate and utilize the research findings to the relevant stake holders.

5.6 Policy Objective 6:

To mobilize resources for Police Health service delivery

In order to effectively deliver a comprehensive healthcare package, UPF with support

from partners, shall make available all necessary health resources including human resource, medicines and other health supplies, health infrastructure and financial resources.

5.6.1 Human resources for health

UPF recognizes that for effective health service delivery, it is important to recruit and retain adequate number of human personnel with professional diversity. Therefore, this policy shall prioritize the strategies for strengthening attraction, motivation, proper remuneration, and development of human resources that are relevant to the Force.

5.6.1.1. Strategic Interventions

1. Strengthen human resource planning function of PHS
2. Recruit and retain more

health workers with appropriate professional diversity

3. Prioritize training and development of staff to enhance institutional capacity to cope with emerging health challenges
4. Strengthen supervision and performance management for all Police health workers
5. Enhance enforcement of professional standards and develop effective ways of increasing accountability by health workers.
6. Develop and implement a safe working environment to minimize health risks for the staff and clients.
7. Police health workers shall be employed as professionals according to their respective medical qualifications and paid a salary that is commensurate with public service scale.

8. The health workers in police will also benefit from incentives, allowances and entitlements paid by other government institutions such as lunch, risk allowances and salary enhancement.

5.6.2.1 Medicines and health supplies

At all times, UPF shall ensure availability and rational use of essential, efficacious, safe, good quality and affordable medicines and health supplies in all its health facilities.

4.6.2.2. Strategic Interventions

1. Ensure adequate financing of essential medicines and health supplies
2. Ensure efficient management of medicines and health supplies logistics, rational prescription, dispensing and use in accordance with the national guidelines.

5.6.3.1 Health Infrastructure

UPF shall provide and maintain functional health infrastructure like; buildings, furniture, equipment (medical and ICT) and transport that are efficient, safe, environmentally friendly and sustainable for effective health care delivery.

5.6.3.2 Strategic Interventions

1. Ensure evidence-based capital investment to address key priority infrastructural needs.
2. Strengthen planning, procurement and management of health infrastructure according to available national legal frameworks.
3. Prioritize renovation, maintenance and rational use of health infrastructure.
4. Ensure appropriate medical waste disposal.

5.6.4.1 Health financing

Well aware that PHS provides support to all UPF operations, sufficient financial resources shall be mobilized to fund the prioritized service areas while ensuring equity, efficiency, transparency and accountability.

5.6.4.2 Strategic Interventions

1. Ensure that UPF funds health programs among the key priority areas.
2. Strengthen capacity in planning and budgeting for health services
3. Strengthen capacity for lobbying support from health development partners.
4. Adopt and implement national mechanisms for health financing.
5. Ensure that all finances allocated for health service delivery are administered according to the stipulated accountability modalities.

5.7 Policy Objective 7:

To establish partnerships in Police health service delivery

In order to establish and sustain a resilient healthcare system, UPF shall partner with the relevant stakeholders under the available national legal frameworks to conduct research, implement proven service delivery models, and monitor & evaluate health programs.

5.7.1. Strategic Interventions

1. Develop strategies and priority action areas for the Force.
2. Create partnerships with relevant stake holders on common goals.

5.8 Policy Objective 8:

To promote supervision, monitoring and evaluation of Police health programs

This policy recognizes that effective supervision and monitoring are important components of the health

system and are significant in improving the quality of health services delivery. In this regard, UPF shall adopt, customize where need be and implement the national health information system in order to generate data for decision making, programming, resource allocation and management.

5.8.1. Strategic Interventions

1. Build sustainable capacity at all levels of PHS to carry out supervision, monitoring and evaluation of health interventions and disease surveillance.
2. Liaise with MoH to grant access rights in the national health information system at all levels of police health service delivery.
3. Build a robust ICT infrastructure to enhance data collection and management at all levels
4. Recruit, train and deploy the required human resource for effective data management and dissemination at all levels.
5. Ensure utilization and dissemination of information to stakeholders for purposes of improving management, sharing experiences, transparency and accountability.

6.0 CROSS CUTTING ISSUES

Gender equality. Gender is not about the biological differences between men and women but refers to different roles, rights and responsibilities. During the implementation of this policy, No person shall be discriminated based on gender or any other aspect.

Promotion of Human Rights. Several reports have faulted Uganda Police Force for violating human rights in several forms. This has created a poor image of the entire institution. Access to health care is a fundamental human right and therefore,

this policy shall emphasise that access to quality health care for the Police community is upheld.

Environmental protection. Protection of the environment is the responsibility of all stakeholders in Uganda. Poor management of health care waste potentially exposes health care workers, waste handlers, patients and the community at large to infection, toxic effects, injuries and risks polluting the environment. The policy shall ensure that the medical waste is disposed of appropriately to avoid environmental hazards.

7.0 LINKAGES TO EXISTING POLICY AND LEGAL FRAMEWORKS

7.1 National Policies, Legislations and Regulatory Frameworks

In developing this policy, wide consultations were made from the existing National Policies, Legislations and Regulatory Frameworks which include:-

- The Constitution of the Republic of Uganda, 1995 (as amended),
- Public Service standing orders, 2010
- Public health Act, 1935 Cap 281
- Uganda Health Sector Development Plan, 2015
- Uganda National Health Policy II, 2010
- Uganda Police Act, 1994 Cap 303
- The occupational safety and health Act, 2006
- Uganda Police Force

Training Policy, 2014

- Workers compensation Act, 2000 Article 225
- Employment Act, 2006
- HIV and AIDS Policy work place policy, 2013

7.2 International, Continental and Regional Dispensations

1. The Universal declaration of human rights (UDHR, 1948) Article 25(1)
2. International Covenant on Economic, Social and Cultural Rights (ICESCR, 1987) Articles 7(b), 10(2), 11(1) and 12.
3. The Convention on the elimination of all forms of discrimination against women (CEDAW, 1985) Articles 11(1), 11(2) and (3)
4. The African Charter on Human and Peoples Rights (ACHPR) Article 16 (2) and Article 18.

8.0 IMPLEMENTATION ARRANGEMENTS

This policy shall be implemented through the development of a Police Health Services Strategic Plan (PHSSP). The plan shall be linked to the National Health Sector Development Plan, the UPF strategic Policing Plan. The PHSSP shall be operationalized through the

development of periodic work plans. Successful implementation of this Policy requires a well-defined governance structure to provide improved visibility, coordination, and control of health activities that are occurring across the Police health sector.

9.0 M & E FRAMEWORK

Monitoring the implementation of the policy is a fundamental aspect in assessing its effectiveness in as far as achieving the intended objectives. A monitoring and evaluation framework will be developed

annually to track performance of the policy and institute corrective measures in case of un expected results. An evaluation shall be conducted after every 5 years to establish the impact of implementing the Policy.

10.0 COMMUNICATION STRATEGY

The policy shall be popularized among the Police community and other stake holders to ensure acceptability and adherence. UPF shall publish and disseminate the policy at all levels of its establishments including but not limited to

the use of electronic media.

Awareness workshops shall be organised at various levels of command to popularise the policy and also receive feedback that may likely inform the review of the policy to capture emerging issues.

11.0 FINANCING ARRANGEMENTS

Sufficient financial resources shall be mobilized to fund the prioritized service areas while ensuring equity, efficiency, transparency and accountability. Health services in UPF shall be financed through government budget allocations, from development partners as well as through Public Private Partnership (PPP) ventures.

The funds will be mobilized with emphasis on different mechanisms, namely;

1. Strengthen capacity in planning and budgeting for health services,
2. Strengthen capacity for lobbying support from health development partners
3. Adopt and implement national mechanisms for health financing.

