

## 10.1 Performance on Health Sector Performance Measures

Performance Area	No.	Performance Measures	Scoring guide	Assessment Procedures	Score	Detailed assessment findings
(A) Human resource planning and management (Maximum 26 points)	1.	LG has substantively recruited primary health workers with a wage bill provision from PHC wage <b>(Maximum 8 points)</b>	Evidence that LG has filled the structure for primary health workers with a wage bill provision from PHC wage for the current FY (2018/19) <ul style="list-style-type: none"> <li>• More than 80% filled: <b>score 8 points,</b></li> <li>• 60 – 80% - <b>score 4 points</b></li> <li>• Less than 60% filled: <b>score 0</b></li> </ul>	<ul style="list-style-type: none"> <li>• From the LG Performance Contract: <ul style="list-style-type: none"> <li>✓ Check the LG approved structure</li> <li>✓ Check wage bill provision</li> <li>✓ Establish the positions filled</li> </ul> </li> </ul> <p><i>If there is evidence of effort to recruit (e.g. advertisement etc.) but LG has failed to attract provide the score.</i></p>	<b>8</b>	KMCC has 7 health facilities for which it is fully accountable for its management and health services delivery. These have a total approved establishment of 83 health workers. The total number of health workers recruited in the 7 health facilities are 90 implying 108% recruitment as shown in annex 1. The over recruitment is a result of two health facilities (Kasese MC III and Rukoki HC III which are high volume sites and they are delivery in services which are beyond the capacity of HC III facility. The staffing therefore had to be boosted for the two health facilities to meet the demands of the increased patient load.
	2.	The LG Health department has submitted a comprehensive recruitment plan for primary health care workers to the HRM department <b>(Maximum 6 points)</b>	Evidence that Health department has submitted a comprehensive recruitment plan/request to HRM for the current FY (2018/19), covering the vacant positions of health workers: <b>score 6 points</b>	<ul style="list-style-type: none"> <li>▪ From the Performance Contract, review recruitment plan to determine whether the vacant positions of primary health care workers have been included in the current FY (2018/19)</li> </ul>	<b>0</b>	The recruitment plan is available. For 2016/17, the Health department planned to recruit as follows: Kilembe Mines Hosp: 5 positions, Rukoki HC III: 16 positions, and Hqs 1 position. We were not availed with the recruitment plan for FY 2018/19.

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	3.	The LG Health department has conducted performance appraisal for Health Centre I/Is and Hospital in-charge and ensured performance appraisals for HC III and II in-charges are conducted. <b>(Maximum 8 points)</b>	Evidence that all health facility in-charges have been appraised during the previous FY (2017/18): <ul style="list-style-type: none"> <li>▪ 100%: <b>score 8 points</b></li> <li>▪ 70 – 99%: <b>score 4 points</b></li> <li>▪ Below 70%: <b>score 0</b></li> </ul>	<ul style="list-style-type: none"> <li>• From the LG HR department, obtain and review a sample of in-charge personnel files to determine whether they were appraised during the previous FY (2017/18).</li> </ul>	<b>4</b>	<ul style="list-style-type: none"> <li>▪ All staff were appraised as indicated in annex 2</li> </ul>
	4.	The Local Government Health department has equitably deployed health workers across health facilities and in accordance with the staff lists submitted together with the budget in the current FY (2018/19). <b>(Maximum 4 points)</b>	<ul style="list-style-type: none"> <li>▪ Evidence that the LG Health department has deployed health workers equitably, in line with the lists submitted with the budget for the current FY (2018/19), and if not provided justification for deviations: <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ From the MHO, obtain and review a sample of health facilities (rural and urban) verify whether the health workers as indicated in the staff lists are actually deployed in the health facilities.</li> </ul>	<b>4</b>	<p>The deployment of staff was based on the MOH staffing norms and structure. To ensure that the staff are equitably deployed, the following considerations were made:</p> <ul style="list-style-type: none"> <li>▪ Staffing gap of the unit due staff who are on training</li> <li>▪ Patient load</li> <li>▪ Staff skills</li> </ul> <p>Kasese MC III and Rukoki HC III had more staff than what is required as per MOH staffing norms / structure. This is because the two facilities are high volume sites, attending to cases which should be handled at a higher facility level. The two facilities were being prepared for upgrading to HC</p>
<b>(B) Monitoring and</b>	5.	The MHO has effectively communicated and	<ul style="list-style-type: none"> <li>▪ Evidence that the MHO has communicated all guidelines, policies,</li> </ul>	<ul style="list-style-type: none"> <li>▪ From MOH obtain guidelines, policies, circulars issued by</li> </ul>	<b>3</b>	<p>Distribution list for circulars were available but not for policy guidelines. The Policy guidelines and circulars are given out through the DHOs, when he calls the meeting</p>

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<b>supervision</b> <b>(Maximum 32 points)</b>		explained guidelines, policies, circulars issued by the national level in the previous FY (2017/18) to health facilities <b>(Maximum 6 points)</b>	circulars issued by the national level in the previous FY (2017/18) to health facilities: <b>score 3 points</b>	the national level in the previous FY (2017/18) to health facilities (MOH to prioritize the documents to be reviewed) <ul style="list-style-type: none"> <li>From the MHO obtain evidence that s/he communicated guidelines, policies, circulars to health facilities (e.g. through meetings, submission letters, etc).</li> <li>From the sample of health facilities, check whether the guidelines, policies, circulars were received.</li> </ul> <p><i>If all guidelines of the previous year are still applicable and no new ones have been issued, then score 3</i></p>	<b>0</b>	and the gives out. The following policy documents were found at health facilities visited: <ul style="list-style-type: none"> <li>Guidelines to health local Government Planning, Health Sector Supplement , 2016</li> <li>Measles Questions and Answer Book</li> <li>Human Papilloana Virus (HPV) Vaccine, Fact Sheet</li> <li>Uganda Public Health Services Protocol, MOH, May 2016</li> <li>Performance management Implementation guidelines, MOH 2015</li> <li>HMIS, Volume 1, Health Unit and Community Procedure Manual Oct, 2014</li> <li>Immunisation in practice, Uganda National Expanded Programme of Immunisation, reference manual for Pre-and In Service health workers, June 2017.</li> <li>Uganda Clinical Guidelines , 2016; MOH</li> <li>Essential Medicines and Health Supplies for Uganda, 2016</li> <li>Standard Operating Procedures and Guidelines for Responding to Ebola and Marburg Virus Disease Outbreak in Uganda, Dec 2015,</li> <li>Quality Improvement Methods, A manual for Health Workers in Uganda, MOH, 2015</li> <li>Technical guidelines for Integrated Disease Surveillance and Response</li> <li>Injection Safety and appropriate Health Care Waste Management, Participants Notes, MOH</li> </ul> <p>There was no evidence of a meeting held to review and explain guidelines and policies to the Health Unit In-Charges. Only Kasese MC HC III had held the Continuing Medical Education (CME) Sessions, during which the following were presented and discussed by the staff:</p>

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	6.	The LG Health Department has effectively provided support supervision to district health services <b>(Maximum 6 points)</b>	<p>circulars issued by the national level: <b>score 3 points</b></p> <ul style="list-style-type: none"> <li>Evidence that MHT has supervised 100% of HC I/ Vs and district hospitals (including PNFEPs receiving PHC grant) at least once in a quarter: <b>score 3 points</b></li> </ul>	<p>the previous FY (2017/18).</p> <ul style="list-style-type: none"> <li>Check from a sample of 5 health facilities</li> </ul>	<b>3</b>	<ul style="list-style-type: none"> <li><b>Meeting of 12<sup>th</sup> Feb 2018:</b> TB management according to the new guidelines</li> <li>Meeting of 10<sup>th</sup> August 2017: Mentorship on Getting Started on RBF</li> <li>Meeting of 21<sup>st</sup> July 2016: Infection Control and West Management</li> <li>Meeting of 8<sup>th</sup> August 2016: New Method of Family Planning,</li> <li>Roll out of New HIV Guidelines</li> </ul>
			<p>Evidence that MHT has ensured that HSD has supervised lower level health facilities within the previous FY (2017/18):</p> <ul style="list-style-type: none"> <li>If 100% supervised: <b>score 3 points</b></li> <li>80 - 99% of the health facilities: <b>score 2 points</b></li> <li>60% - 79% of the health facilities: <b>score 1 point</b></li> <li>Less than 60% of the health facilities: <b>score 0</b></li> </ul>	<p>From the MHO obtain:</p> <ul style="list-style-type: none"> <li>The LG support supervision reports (quarterly)</li> <li>Minutes of MHT meetings</li> <li>Facility records</li> <li>Review and check a sample of minimum 5 facilities</li> </ul>	<b>3</b>	<p>The HSD activities are administratively carried out by the Kasese Municipal Health Office. There is no funding provided by MOH to support the functions and activities of the HSD. The Municipal Health Office supervised lower level health facilities (HC III&amp; II) on the following dates: 26<sup>th</sup> Feb 2018, 27<sup>th</sup> Feb 2018, and 27<sup>th</sup> March 2018. The supervision had the following purpose and focus</p> <p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>Assess the functionality of health facilities</li> <li>Provide onsite hands-on technical support supervision and guidance to health facility based and extension staff</li> </ul> <p><b>Areas of Focus during the Supervision</b></p> <p>i) Compound maintenance</p>

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						<ul style="list-style-type: none"> <li>ii) Structural appearance</li> <li>iii) Human resource issues (Staff attendance, appearance, etc.</li> <li>iv) Drug stock and management (maintenance of stock cards, updated or not)</li> <li>v) General health facility functionality: functionality of the OPD &amp; IP Depts.</li> <li>vi) Functionality of maternity Dept. (ANC, &amp; post natal units)</li> <li>vii) Treatment procedure: prescriptions , investigations (clinical and lab)</li> <li>viii) Health facility extension services; outreach services, numbers and areas covered</li> <li>ix) Financial Management: Maintenance of books of account, accountability, and other relevant financial report</li> <li>x) Waste management; handling of clinical waste, ordinary garbage etc.</li> </ul> <p>Wrap up meeting with the facility staff to discuss findings HSD activities are being support administratively by the MC. No specific funding. Thus no health assemblies etc</p>
	7.	The LG Health department (including HSDs) have discussed the results/ reports of the support supervision and monitoring visits, used them to make recommendations	<ul style="list-style-type: none"> <li>▪ Evidence that all the 4 quarterly reports have been discussed and used to make recommendations (in each quarter) for corrective actions during the previous financial year (2017/18): <b>score 4 points</b></li> </ul>	<p>From the MHO obtain and review:</p> <ul style="list-style-type: none"> <li>• Support supervision and monitoring visit reports</li> <li>▪ Minutes of quarterly meetings</li> <li>▪ Minutes of monthly MHT meetings</li> </ul>	<b>0</b>	<p>Stakeholders meeting held on 28<sup>th</sup> July 2016, 28<sup>th</sup> June 2016, 24<sup>th</sup> November 2016, Jan 2017, April 2017 and also on 2<sup>nd</sup> Feb 2018 (for Private clinics). However these meetings did not discuss finding and recommendations of support supervision meet</p>

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(C) Governance, oversight, transparency and accountability (Maximum 14 points)	8.	The LG Health department has submitted accurate/consistent reports/data for health facility lists receiving PHC funding as per formats provided by MoH (Maximum 10 points)	<ul style="list-style-type: none"> <li>Evidence that the LG has submitted accurate/consistent data regarding list of facilities receiving PHC funding, which are consistent with both HMIS reports and PBS - <b>score 10 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the MoH obtain and review: <ul style="list-style-type: none"> <li>HMIS reports for the current FY (2018/19)</li> <li>The performance contract for the current FY (2018/19)</li> <li>Check whether the lists of health facilities submitted are consistent/similar</li> </ul> </li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>We were not provided with HMIS reports for the current FY (2018/19) from the MoH to enable us undertake the procedure.</li> </ul>
	9.	The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council (Maximum 4 points)	<ul style="list-style-type: none"> <li>Evidence that the committee responsible for health met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports etc. during the previous FY (2017/18) - <b>score 2</b></li> </ul>	<ul style="list-style-type: none"> <li>From the Clerk to Council obtain and review: <ul style="list-style-type: none"> <li>Health sector standing committee meeting minutes – check if the Council has approved the sector implementation plan</li> </ul> </li> </ul>	<b>2</b>	<p><b>LG committee responsible for health met, discussed service delivery issues;</b></p> <p><b>Committee meeting held on 23<sup>rd</sup> Aug 2017, focused on the following issues</b></p> <ul style="list-style-type: none"> <li>Toilet coverage in Railway, requires involvement of counselors</li> <li>Garbage collection in Railway zone and Kigoro areas be prioritized</li> <li>Garbage truck</li> </ul>

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			<b>points</b>	<ul style="list-style-type: none"> <li>▪ and discussions by the committee</li> <li>▪ Review the MHO's reports to the committee</li> </ul>		<ul style="list-style-type: none"> <li>• Sanitations situation in Railways and Katiri wards</li> <li>• School Sanitation</li> </ul> <p><b>Committee meeting held on 1<sup>st</sup> Nov 2017 focused on the following issues</b></p> <ul style="list-style-type: none"> <li>• Completion of theatre at Rukake HC III is underway</li> <li>• Procurement of Water Harvesting tanks for KMC HC III</li> <li>• Procurement of a laptop for the department</li> <li>• Completion of the theatre ( painting and tiling</li> <li>• Supervision of HWS</li> <li>• Waste management and sale of manual</li> <li>• Involvement of VHTs in sanitation promotion and training in reporting system</li> <li>• Collaboration effort to manage garbage</li> </ul> <p><b>Committee meeting held on 9<sup>th</sup> Jan 2018 focused on the following issues</b></p> <ul style="list-style-type: none"> <li>• Drugs shops – Inspection</li> <li>• Ablator completed and should be maintained at the highest hygiene standard possible</li> <li>• Opening of sanitary lanes in the city should be opened and cleaned</li> <li>• Sanitation at Nyakasanga market, debris removal and leveling of the ground to facilitate free flow of business</li> <li>• Inspection of premises at Railway zone, and enforce compliance</li> <li>• Follow up drugs shops that sale Government drugs and enforce the law.</li> <li>• Confirmation of staff into positions</li> <li>• Staff absenteeism and disciplinary measures be taken</li> </ul> <p><b>Committee meeting held on 15<sup>th</sup> Jan 2018</b></p>

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			<ul style="list-style-type: none"> <li>▪ Evidence that the health sector committee has presented issues that require approval to</li> </ul>	<ul style="list-style-type: none"> <li>▪ From the Clerk to Council obtain and review health sector standing</li> </ul>	<b>2</b>	<ul style="list-style-type: none"> <li>• Renovation of Railway HC II</li> </ul> <p><b>Committee meeting held 20<sup>th</sup> Feb 2018</b></p> <ul style="list-style-type: none"> <li>• Support supervision reports of HCs</li> <li>• Noted late reporting of staff, signing and going back by staff, staff on study leave who are not officially allowed</li> <li>• Kirembe HC doing poorly, and staff house not utilized</li> <li>• Staff at Kirembe HC were not fully attending to duty</li> <li>• All counselors requested to play their role, in their areas concerns health centres and projects in their area.</li> </ul> <p><b>Committee meeting held on 8<sup>th</sup> May 2018</b></p> <ul style="list-style-type: none"> <li>• Ablator in operation, and requires proper supervision and hygiene. Dept. put in place guidelines for management of the Abator in good hygiene</li> <li>• Enforcement of adherence to required standards for drug shops and clinics</li> <li>• Fund raising by Uganda Red Cross, MTN donated 100 beds, mattress and nets to Kilembe hospital and more resources were required to revamp the hospital</li> <li>• Medical examination of food handlers carried out</li> </ul> <p>Electricity at Railways HC II, which facilitated having a fridge at the facility</p> <p>The health sector committee has presented issues that require approval to Council;</p> <p><b>Council meeting held on July 27<sup>th</sup> 2017 considered the following</b></p>



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			Council - <b>score 2 points</b>	committee meeting minutes – check if the sector committee has presented issues that require approval.		<ul style="list-style-type: none"> <li>• Beatification plan,</li> <li>• Popularization of the policy on rain water harvesting</li> <li>• Approval of supplementary budget, which included funding from MSF for health activities</li> </ul> <p><b>Council meeting held on 26<sup>th</sup> Oct 2017 considered the following:</b></p> <ul style="list-style-type: none"> <li>• IDEAL project being commended by the Council. Supports waste management and sanitation, good governance and improvement of own source revenue, coordinated under health</li> </ul> <p><b>Council meeting held on Dec 21<sup>st</sup>, 2017 considered the following:</b></p> <ul style="list-style-type: none"> <li>• Supplementary for Baylor funds for health</li> <li>• Presidential Initiative on HIV &amp; AIDS., implementation of the 90-90-90 targets</li> <li>• Follow on the construction of the fence and change the gate</li> <li>• Enforcement of sanitation and involve the VHT's in the promotion of hygiene</li> </ul> <p><b>April 2018</b></p> <ul style="list-style-type: none"> <li>○ This was special seating of the Council held in memory of the Council members who died in an accident</li> </ul>
	10.	The Health Unit Management Committees and Hospital Board are operational/ functioning <b>(Maximum 6 points)</b>	Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues): <ul style="list-style-type: none"> <li>▪ If 100% of randomly</li> </ul>	<ul style="list-style-type: none"> <li>▪ Check files of HUMCs and minutes of HUMCs (Check list for all and sample 5 to review)</li> <li>▪ Study files from 5 randomly sampled health facilities to</li> </ul>	<b>5</b>	<p>The Health Unit Management Committee were functional and held meetings as follows:</p> <p><b>Railways HC II</b></p> <p>HUMC meeting held on 28<sup>th</sup> June 2018</p> <ul style="list-style-type: none"> <li>• Considered the report for the In-Charge that covered the following: <ul style="list-style-type: none"> <li>• Upgrading of the facility to HC III</li> <li>• Staff discipline</li> </ul> </li> </ul>

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			<p>sampled facilities: <b>score 6 points</b></p> <ul style="list-style-type: none"> <li>▪ If 80-99 %: <b>score 4 points</b></li> <li>▪ If 70-79: %: <b>score 2 point</b></li> <li>▪ If less than 70%: <b>score 0</b></li> </ul>	<p>confirm whether they have HUMCs and review whether they have held 4 mandatory meetings</p>		<ul style="list-style-type: none"> <li>• Drug supply challenge</li> <li>• Wild animal – Elephants coming to the HU at night and in the morning</li> <li>• Lack of Incinerator</li> <li>• Lack of PHC funding</li> </ul> <p><b>28<sup>th</sup> Nov 2017</b></p> <ul style="list-style-type: none"> <li>• HC was not accredited to receive drugs from NMIS</li> <li>• Sanitation and Cleanliness</li> <li>• Tree Planting</li> <li>• Cracks in the Facility wall</li> </ul> <p><b>Salute HC II</b></p> <ul style="list-style-type: none"> <li>• <b>8<sup>th</sup> June 2018:</b> Considers report of the In-Charge, discussed security of the facility and the challenge of electricity</li> <li>• <b>23/03/ 2018:</b> Considered the report of the In-Charge. Report gave coverage of services offered, PHC funding and achievements</li> <li>• <b>29<sup>th</sup> Sept 2017:</b> Considered a report of the In-Charge</li> </ul> <p><b>Kilembe Hospital</b></p> <p>Meetings held on 25<sup>th</sup> April 2018, 25<sup>th</sup> May 2018, and 21<sup>st</sup> June 2018</p> <ul style="list-style-type: none"> <li>▪ Budget for 2018/2019</li> <li>▪ Agreements with suppliers for 2018/19</li> <li>▪ Allocation of land identified for construction</li> <li>▪ Mobilisation of funds to extend surgical ward</li> <li>▪ Repairs of x-ray machines</li> <li>▪ Disposal of vehicles</li> <li>▪ Purchase of double cabin pick up</li> </ul>
	11	The LG has publicised all health facilities receiving PHC non-wage	<ul style="list-style-type: none"> <li>▪ Evidence that the LG has publicised all health facilities receiving PHC non-wage recurrent grants e.g. through</li> </ul>	<ul style="list-style-type: none"> <li>▪ Check the LG Notice Boards and LG budget website to establish if the Health department</li> </ul>	<b>3</b>	<p>The PHC funds were displayed at the wall of the Municipal Health Office and at the health facility. At Railways HC II PHC Funds were displayed as follows:</p> <ul style="list-style-type: none"> <li>• Oct – Nov 2016: USHS. 330,000</li> </ul>

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<b>(D) Procurement and contract management</b> <b>(Maximum 8 points)</b>	12	The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget <b>(Maximum 4 points)</b>	<ul style="list-style-type: none"> <li>Evidence that the sector has submitted input to procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30, 2018 for the current FY (2018/19) - <b>score 2 points</b></li> <li>Evidence that LG Health department submitted procurement request form (Form PP5) to the PDU by 1<sup>st</sup> Quarter of the current FY: <b>score 2 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the Municipal Health Officer (MHO) obtain and review submissions to DPU;</li> <li>From PDU crosscheck submission from DHO</li> </ul>	<b>2</b>	<ul style="list-style-type: none"> <li>Kasese LG Health Department Procurement Plan 2018/2019 was prepared by Senior Health Inspector, Kabagambe Chris, approved by Head of Department and submitted to Head of the Procurement and Disposal Unit (PDU) on 29<sup>th</sup> March 2018 which was before due date of 30<sup>th</sup> April 2018.</li> </ul> <p>The investment items for health department captured in the Procurement Plan included: Construction of 2 stance pit latrine at Kilembe HC III, Renovation of Kilembe HC II and construction of surgical ward at Rukooki HC IV.</p> <ul style="list-style-type: none"> <li>LG PP Form 5 (Procurement Requisitions) for the above named items were not yet prepared at the time of assessment</li> </ul>
	13	The LG Health department has certified and initiated payment for supplies on time <b>(Maximum 4 points)</b>	<ul style="list-style-type: none"> <li>Evidence that the MHO (as per contract) certified and recommended suppliers timely for payment- <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From CFO obtain a sample of contracts, review and determine whether payment requests were certified and recommended on time</li> </ul>	<b>0</b>	<p>We obtained records on the only item in Health department: <u>Purchase of an Anaesthetic Unit from Joint Medical Stores and assessed</u> to confirm if certification and recommendation for payment was done on time and established the following:</p> <ul style="list-style-type: none"> <li>Payment documentation such as invoice and payment voucher were unavailable for us to confirm if certification and recommendation for payment was done on time.</li> </ul>

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(E) Financial management and reporting <i>(Maximum 8 points)</i>	14	The LG Health department has submitted annual reports (including all quarterly reports) in time to the Planning Unit <i>(Maximum 4 points)</i>	<ul style="list-style-type: none"> <li>Evidence that the department submitted the annual performance report for the previous FY – 2017/18 (including all four quarterly reports) to the Planner by mid-July for consolidation - <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the Planning Unit, obtain and review performance report files</li> <li>From the MHO check annual and quarterly reports for the previous FY (2017/18)</li> </ul>	4	<ul style="list-style-type: none"> <li>For the FY 2017/18, the Planning unit was using PBS. The departmental head for health had access to PBS and input their departmental figures after which the Planner would receive an email notification from the PBS system though there was no evidence of submission.</li> </ul> <p>However, we noted that all the quarterly performance reports included input from the health department and Kasese MLG annual performance report for the FY 2017/18 was submitted to MoFPED on 23<sup>rd</sup> August 2018 before the deadline of 30th August 2018.</p>									
	15	LG Health department has acted on Internal Audit recommendations (if any) <i>(Maximum 4 points)</i>	<p>Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year</p> <ul style="list-style-type: none"> <li>If sector has no audit query - <b>score 4 points</b></li> <li>If the sector has provided</li> </ul>	<ul style="list-style-type: none"> <li>From the Internal Auditor obtain copies of sector audit reports from the internal audit and Management responses for the previous FY</li> </ul>	0	<p>For the FY 2017/18, the Acting Medical Officer of Health did not provide responses to all the issues raised to internal audit as shown in the table below hence the score <b>zero</b>:</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Query</th> <th>Action taken</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>No issues raised</td> <td></td> </tr> <tr> <td>2</td> <td>Unaccounted for funds worth USHS. 6,637,000</td> <td>No action</td> </tr> </tbody> </table>	Quarter	Query	Action taken	1	No issues raised		2	Unaccounted for funds worth USHS. 6,637,000	No action
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<b>(F) Social and environment safeguards</b> <b>(Maximum 12 points)</b>	16	Compliance with gender composition of Health Unit Management Committee (HUMC) and promotion of gender sensitive sanitation in health facilities. <b>(Maximum 4 points)</b>	<ul style="list-style-type: none"> <li>Information to the internal audit on the status of implementation of all audit findings for the previous financial year (2017/18) - <b>score 2 points</b></li> <li>If all queries are not responded to - <b>score 0</b></li> </ul>	<ul style="list-style-type: none"> <li>From the sampled health facilities, find out whether the number and gender of committee members is as per required composition</li> </ul>	<b>2</b>	<p>Committees for sampled health facilities met the gender composition as per guidelines (i.e. minimum 30% women).</p> <ul style="list-style-type: none"> <li><b>Railway HC II</b> – Committee was composed of 5 members with 2 women and 3 men meeting required minimum 30% women Composition.</li> <li><b>Saluti H/C II</b> – Committee was composed of 5 members with 3 women and 2 men meeting required minimum 30% women Composition.</li> <li><b>Kasee MC HC III</b> – Committee was composed of 7 members with 2 women and 5 men meeting required minimum 30% women Composition.</li> </ul>

		taken
3	No issues raised	
4	Flouting of the procurement procedures at Kasee Municipal Health Centre worth US\$54,127,600	No action taken

Performance Area	No.	Performance Measures	Scoring guide	Assessment Procedures	Score	Detailed assessment findings
	17	LG Health department has ensured that guidelines on environmental management are disseminated and complied with. <b>(Maximum 4 points)</b>	<ul style="list-style-type: none"> <li>Evidence that all health facility infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: <b>score 2 points</b></li> <li>The environmental officer and community development officer have visited the sites to check whether the mitigation plans are complied with: <b>score 2 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the Environmental officer obtain and review filled screening forms to ascertain whether and whether risks mitigation plans were developed.</li> <li>From the Environmental officer and CDO obtain and review Site visit reports to establish whether they checked compliance to the risk mitigation plans</li> </ul>	2	<ul style="list-style-type: none"> <li>Renovation of Immunisation Centre at Kyando Scheme ward was the only health facility infrastructure project planned in 2017/18.</li> <li>A site visit was made by the Environmental officer and CDO during construction of an inspection and completion report were seen on file.</li> </ul>
	18	The LG Health department has issued guidelines on medical waste management <b>(Maximum 4 points)</b>	<ul style="list-style-type: none"> <li>Evidence that the LG has issued guidelines on medical waste management, including sanitation charts, posters, etc) for construction of facilities for medical waste disposal - <b>score 4 points.</b></li> </ul>	<ul style="list-style-type: none"> <li>From the sampled health facilities, find out whether the LG has issued guidelines on medical waste management</li> </ul>	4	From the sampled health facilities, there were medical waste management guidelines displayed at various locations around the facility. Medical waste management guidelines were summarised in form of charts and posters that were displayed at various locations of the sampled health centers. Medical waste disposal dust bins well labelled with different colours were observed in all the health centers visited.
<b>Total</b>					<b>53</b>	

## 10.2 Performance on Education Sector Performance Measures

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings						
<b>(A) Human resource planning and management</b> <i>(Maximum 30 points)</i>	1.	The Municipal LG education department has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school) <i>(Maximum 8 points)</i>	<ul style="list-style-type: none"> <li>Evidence that the LG has budgeted for a Head Teacher and minimum of 7 teachers per school (or minimum a teacher per class for schools with less than P.7) for the current FY (2018/19) - <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the Municipal LG Performance Contract: (i) review the list of schools; and (ii) the staff lists and validate that:               <ul style="list-style-type: none"> <li>The Municipal LG has budgeted for at least a Head Teacher and a minimum of 7 teachers per school.</li> </ul> </li> </ul>	0	The performance contract for the FY 2018/19 was obtained and reviewed. The staff list had a total of 366 teachers and 27 schools. It was noted the MLG had not budgeted for a Head Teacher and minimum of 7 teachers in two schools (with P.7 class) listed below: <ul style="list-style-type: none"> <li>Only 7 teachers (inclusive of the head teacher) were budgeted for Khara P/S; and</li> <li>Only 7 teachers (inclusive of the head teacher) were budgeted for Miska P/S.</li> </ul> Note: the 7 include a head teacher, and the schools have P.7 class						
			<ul style="list-style-type: none"> <li>Evidence that the Municipal LG has deployed a Head Teacher and minimum of 7 teachers per school (or minimum of a teacher per class for schools with less than P.7) for the current FY (2018/19) - <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the MEO obtain and review               <ul style="list-style-type: none"> <li>Teachers' lists to determine whether Municipal LG has deployed a Head Teacher and minimum of 7 teachers (or minimum of a teacher per class for schools with less than P.7) per school for the current FY (2018/19).</li> <li>From the sampled schools (urban and</li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>The teacher's list 2018/19 was obtained and reviewed. The following schools had less than the required teachers:               <table border="1" data-bbox="500 1409 699 1948"> <thead> <tr> <th>School</th> <th>Teacher's Staff list</th> <th>Highest class</th> </tr> </thead> <tbody> <tr> <td>Masule P/S</td> <td>7</td> <td>P.7</td> </tr> <tr> <td>Mubuku Irrigation P/S</td> <td>4</td> <td>P.4</td> </tr> </tbody> </table> </li> <li>A sample of 5 schools was selected and visited. All schools visited had more than the minimum number of teachers.</li> </ul>	School	Teacher's Staff list	Highest class	Masule P/S	7
School	Teacher's Staff list	Highest class										
Masule P/S	7	P.7										
Mubuku Irrigation P/S	4	P.4										
						<table border="1" data-bbox="277 1409 358 1965"> <thead> <tr> <th>School</th> <th>Deployed teachers</th> <th>Staff list</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	School	Deployed teachers	Staff list			
School	Deployed teachers	Staff list										

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings															
				<p>rural), verify whether the teachers as indicated in the staff lists are actually deployed in the schools.</p> <table border="1"> <tr> <td>St. Peter's Nyakasanga P/S</td> <td>20</td> <td>20</td> </tr> <tr> <td>Bulembia P/S</td> <td>13</td> <td>14</td> </tr> <tr> <td>Katiri P/S</td> <td>11</td> <td>11</td> </tr> <tr> <td>Kasese P/S</td> <td>25</td> <td>24</td> </tr> <tr> <td>Kasese SDA P/S</td> <td>16</td> <td>17</td> </tr> </table> <p>Therefore, since 2 schools didn't have the required deployment of teachers, the score is zero.</p>	St. Peter's Nyakasanga P/S	20	20	Bulembia P/S	13	14	Katiri P/S	11	11	Kasese P/S	25	24	Kasese SDA P/S	16	17		<p>The performance contract for 2018/19 was obtained and reviewed.</p> <p>The wage bill provision was Ushs. 2,483,144,908 budgeted for 374 teachers. Only 366 positions were filled, implying 98% of the staff structure is filled.</p> <p>Note: The establishment hierarchy report (approved structure) was not up to date and so was not relied upon.</p>
St. Peter's Nyakasanga P/S	20	20																			
Bulembia P/S	13	14																			
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Kasese SDA P/S	16	17																			
	2.	<p>Municipal LG has substantively recruited all primary school teachers where there is a wage bill provision <b>(Maximum 6 points)</b></p>	<ul style="list-style-type: none"> <li>Evidence that the Municipal LG has filled the structure for primary teachers with a wage bill provision <ul style="list-style-type: none"> <li>If 100% - <b>score 6 points</b></li> <li>If 80 - 99% - <b>score 3 points</b></li> <li>If below 80% - <b>score 0 points</b></li> </ul> </li> </ul>	<p>From the Municipal LG Performance Contract:</p> <ul style="list-style-type: none"> <li>Check the Municipal LG approved structure</li> <li>Check wage bill provision</li> <li>Positions filled.</li> </ul> <p><i>If there is evidence of effort to recruit (e.g. advertisement etc.) but Municipal LG has failed to attract, provide the score.</i></p>	<b>3</b>																
	3.	<p>Municipal LG has substantively recruited all positions of school inspectors as per staff structure,</p>	<ul style="list-style-type: none"> <li>Evidence that the Municipal LG has substantively filled all positions of school inspectors as per staff structure, where there</li> </ul>	<p>From the Municipal LG Performance Contract:</p> <ul style="list-style-type: none"> <li>Check the Municipal LG approved structure</li> <li>Positions filled.</li> </ul>	<b>0</b>	<p>The approved structure was obtained and reviewed. The structure has 2 inspectors of schools. However, the municipal LG has only one inspector of schools (Tobia Kyomuhendo). As a result, it was noted that inspection activities were carried out by all department members, and there was no segregation of duties as intended.</p>															



Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings												
		where there is a wage bill provision. <b>(Maximum 6 points)</b>	is a wage bill provision - <b>score 6 points</b>															
	4.	The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY (2018/19). <b>(Maximum 4 points)</b>	Evidence that the Municipal LG Education department has submitted a recruitment plan to HRM for the current FY (2018/19) to fill positions of: <ul style="list-style-type: none"> <li>Primary Teachers - <b>score 2 points</b></li> <li>School Inspectors - <b>score 2 points</b></li> </ul>	From the Municipal LG Performance Contract: <ul style="list-style-type: none"> <li>Review the recruitment plan to determine whether the vacant positions of teachers and inspectors have been included.</li> </ul>	<b>2</b>	<ul style="list-style-type: none"> <li>The recruitment plan for the current FY (2018/19) was obtained and reviewed. It was noted that 07 Deputy Head teachers were included on the on the recruitment plan.</li> <li>The position of a senior Inspector of schools was also included on the recruitment plan.</li> </ul>												
	5.	The Municipal LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY <b>(Maximum 6 points)</b>	Evidence that the Municipal LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY (2017/18) <ul style="list-style-type: none"> <li>100% school inspectors - <b>score 3 points</b></li> <li>Primary school head teachers - <b>score 3 points</b></li> </ul> ✓ 90 - 100% - <b>score 3 points</b> ✓ 70% and 89% - <b>score</b>	From the Municipal HR department obtain and review: <ul style="list-style-type: none"> <li>Personnel files for school inspectors and a sample of head teachers to determine whether they were appraised during the previous FY (2017/18).</li> </ul>	<b>3</b>	<ul style="list-style-type: none"> <li>The personnel files of the inspector of schools, Kyomuhendo Tobia, was obtained and reviewed. It was noted that Tobia was appraised on 4<sup>th</sup> July 2018.</li> <li>The personnel files of the head teachers of the 5 sampled schools were reviewed.</li> </ul> <p>All the 5 head teachers had been appraised for the year ended December 2017. Refer to the table below for the dates of appraisal:</p> <table border="1"> <thead> <tr> <th>School</th> <th>Name of head teacher</th> <th>2017 appraisal date</th> </tr> </thead> <tbody> <tr> <td>Kasese Primary</td> <td>Masse B. Africano</td> <td>31<sup>st</sup> December 2017</td> </tr> <tr> <td>St. Peters Nyakasanga</td> <td>Eunice Mutooro</td> <td>10<sup>th</sup> January 2018</td> </tr> <tr> <td>Bulembya P/S</td> <td>Kule Maliko William</td> <td>16<sup>th</sup> January 2018</td> </tr> </tbody> </table>	School	Name of head teacher	2017 appraisal date	Kasese Primary	Masse B. Africano	31 <sup>st</sup> December 2017	St. Peters Nyakasanga	Eunice Mutooro	10 <sup>th</sup> January 2018	Bulembya P/S	Kule Maliko William	16 <sup>th</sup> January 2018
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Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings						
<b>(B) Monitoring and inspection</b> <i>(Maximum 35 points)</i>	6.	The Municipal LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY (2017/18) to schools  <i>(Maximum 3 points)</i>	<ul style="list-style-type: none"> <li>Evidence that the Municipal LG Education department has communicated all guidelines, policies, circulars issued by the national level in the previous FY (2017/18) to schools - <b>score 1 point</b></li> </ul>	<ul style="list-style-type: none"> <li>From MoES obtain guidelines, policies, circulars issued by the national level in the previous FY (2017/18) to schools</li> <li>From the MEO obtain evidence that s/he communicated guidelines, policies, circulars to schools.</li> <li>From the sampled schools, check whether the guidelines, policies, circulars were received.</li> </ul>	<b>1</b>	<table border="1"> <tr> <td>Kasese SDA P/S</td> <td>Mubingwa Stephen Walina</td> <td>22<sup>nd</sup> December 2017</td> </tr> <tr> <td>Katiri P/S</td> <td>Masereka Eric</td> <td>15<sup>th</sup> January 2018</td> </tr> </table>	Kasese SDA P/S	Mubingwa Stephen Walina	22 <sup>nd</sup> December 2017	Katiri P/S	Masereka Eric	15 <sup>th</sup> January 2018
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<ul style="list-style-type: none"> <li>Evidence that the Municipal LG Education department has held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level - <b>score 2 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the MEO obtain and review minutes and/or other evidence of the meetings with Head Teachers</li> </ul>	<b>2</b>	<p>There was evidence that the MLG Education department held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level as indicated below;</p> <ul style="list-style-type: none"> <li>Under minute Min06/2017 of the meeting with head teachers held on 11<sup>th</sup> October 2017 the circular on licensed schools was explained.</li> <li>Under minute min. 14.8. 17 of the meeting held on 17<sup>th</sup> August 2017, Policy on school feeding was explained.</li> </ul>									

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings																																																								
	7.	The Municipal LG Education Department has effectively inspected all registered schools <b>(Maximum 12 points)</b>	<ul style="list-style-type: none"> <li>▪ Evidence that all licenced or registered schools have been inspected at least once per term and reports produced: <ul style="list-style-type: none"> <li>✓ 100% - <b>score 12</b></li> <li>✓ 90 to 99% - <b>score 10</b></li> <li>✓ 80 to 89% - <b>score 8</b></li> <li>✓ 70 to 79% - <b>score 6</b></li> <li>✓ 60 to 69% - <b>score 3</b></li> <li>✓ 50 to 59 % - <b>score 1</b></li> <li>✓ Below 50% - <b>score 0</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ From the MEO, obtain and review school inspection reports and inventory of schools inspected in the previous FY (2017/18)</li> <li>▪ From sampled school verify the number of times they were inspected during the previous FY (2017/18)</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>▪ A sample of 5 government aided schools and 5 private schools was randomly selected from a list of licenced schools.</li> <li>▪ Three quarterly reports were obtained and reviewed. The reports did not contain details of dates of inspection. The Quarter four (second term 2018) inspection report was under preparation</li> <li>▪ In addition to the quarterly reports, inspection feedback reports were obtained and reviewed for each of the sampled schools.</li> </ul> <p>It was noted that 2 schools (Kasese P/S and Bulembia P/S) out of the 10 sampled schools were inspected in all the three terms. And so the score is zero.</p>																																																								
<table border="1"> <thead> <tr> <th>School</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> </tr> <tr> <th>Period (Term, T)</th> <th>2017 T2</th> <th>2017 T3</th> <th>2018 T1</th> </tr> </thead> <tbody> <tr> <td colspan="4"><b>Government Aided Schools</b></td> </tr> <tr> <td>Katiri P/S</td> <td>Y</td> <td>N</td> <td>Y</td> </tr> <tr> <td>Kasese P/S</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>St. Peters Nyakasanganga P/S</td> <td>Y</td> <td>N</td> <td>Y</td> </tr> <tr> <td>Bulembia P/S</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>Kasese SDA P/S</td> <td>N</td> <td>Y</td> <td>Y</td> </tr> <tr> <td colspan="4"><b>Private schools</b></td> </tr> <tr> <td>Unique (western) P/S</td> <td>N</td> <td>N</td> <td>N</td> </tr> <tr> <td>Parental Care P/S</td> <td>N</td> <td>N</td> <td>N</td> </tr> <tr> <td>Mother Care P/S</td> <td>N</td> <td>N</td> <td>N</td> </tr> <tr> <td>Namhuga K/M/S</td> <td>N</td> <td>N</td> <td>N</td> </tr> <tr> <td>Nyakasanganga Infant</td> <td>N</td> <td>N</td> <td>N</td> </tr> </tbody> </table>							School	Q1	Q2	Q3	Period (Term, T)	2017 T2	2017 T3	2018 T1	<b>Government Aided Schools</b>				Katiri P/S	Y	N	Y	Kasese P/S	Y	Y	Y	St. Peters Nyakasanganga P/S	Y	N	Y	Bulembia P/S	Y	Y	Y	Kasese SDA P/S	N	Y	Y	<b>Private schools</b>				Unique (western) P/S	N	N	N	Parental Care P/S	N	N	N	Mother Care P/S	N	N	N	Namhuga K/M/S	N	N	N	Nyakasanganga Infant	N	N	N
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Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
	8.	Municipal LG Education department has discussed the results/reports of school inspections, used them to make recommendations for corrective actions and followed recommendations (Maximum 10 points)	<ul style="list-style-type: none"> <li>▪ Evidence that the Education department has discussed school inspection reports and used reports to make recommendations for corrective actions during the previous FY (2017/18) - <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ From the MEO obtain and review minutes of departmental meetings to determine whether school inspection reports were discussed and used to make recommendations for corrective actions during the previous FY (2017/18).</li> </ul>	4	<p>There was evidence that the Education department discussed school inspection reports and used them to make recommendations for corrective actions. The minutes of the education departmental meetings were obtained and reviewed and ascertained the following;</p> <ul style="list-style-type: none"> <li>▪ Inspection report was discussed under minute KMC/EDUC/13/9/2016/17 of the meeting held on 28<sup>th</sup> September 2017 and the following were among others discussed non-accountability of UPE funds, inadequate infrastructure (classrooms, desks and latrine stances), drunkard teachers, teacher and pupil absenteeism.</li> <li>▪ Inspection report was discussed under Minute 4 of the meeting held on 22<sup>nd</sup> May 2018 2017 and the following were discussed; among others, absenteeism of teachers, and acting head teachers who were not substantive. Recommendations for corrective actions were proposed.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Evidence that the Municipal LG Education department has submitted school inspection reports to the DES in the Ministry of Education and Sports (MoES) - <b>score 2 points</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ From the DES obtain and review a list of LGs that have submitted school inspection reports</li> <li>▪ From the MEO check whether the MEO has letter of acknowledgement from DES</li> </ul>	2	<ul style="list-style-type: none"> <li>▪ From the DES, we obtained and reviewed a list of LGs that have submitted school inspection reports. Kasese MLG had not submitted inspection reports of all the four quarters to the DES.</li> <li>▪ However, from the MEO, there was evidence that the MLG Education department submitted school inspection reports to the DES regional office in Mbarara. Acknowledgement forms dated 21<sup>st</sup> July 2017, 6<sup>th</sup> February 2018 and 29<sup>th</sup> May 2018 for submission of 2017 term 2, 2017 term 3 and 2018 term 1 respectively were obtained and reviewed.</li> </ul> <p><b>Note:</b> Inspector of schools submitted the reports to the regional DES office, but the reports were not submitted (by DES regional officers) to the DES headquarters.</p>

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
			<ul style="list-style-type: none"> <li>Evidence that the inspection recommendations are followed-up - <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the sampled schools, determine whether the education department provided recommendations from the inspection reports and followed-up.</li> </ul>	<b>4</b>	<ul style="list-style-type: none"> <li>There was evidence that the MLG Education Department provided recommendations from the inspection reports and there was follow up as evidenced below: <ul style="list-style-type: none"> <li>On the issue of teacher absenteeism, the department had a recommendation that the teachers be forwarded to the rewards and sanctions committee. The committee meeting was on 13<sup>th</sup> July 2018, and the individual teachers were sanctioned to the meeting.</li> <li>On the issue of UPE accountability, the department had recommended that the MEO follow up by writing to the individual head teachers. We reviewed letters in which the MEO gave a deadline for submission of the accountabilities to non-compliant head teachers, which was adhered to. Copies of the letters were signed “cleared” on presentation of accountabilities by head teachers.</li> </ul> </li> </ul>
	9.	The Municipal LG Education department has submitted accurate/consistent reports/date for school lists and enrollment as per formats provided by MoES <b>(Maximum 10 points)</b>	<ul style="list-style-type: none"> <li>Evidence that the Municipal LG has submitted accurate/consistent data: <ul style="list-style-type: none"> <li>✓ List of schools which are consistent with both EMIS reports and Programme Budgeting System (PBS) - <b>score 5 points</b></li> </ul> </li> <li>Evidence that the Municipal LG has submitted accurate/consistent</li> </ul>	<ul style="list-style-type: none"> <li>From MoES obtain and review EMIS reports for the current FY (2018/19)</li> <li>Obtain and review the performance contract for the current FY (2018/19)</li> <li>Check whether the list of schools submitted are consistent/similar.</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>From the MoES, the EMIS reports were not availed for review.</li> <li>We obtained and reviewed the performance contract for 2018/19. The list of schools has 13 Government Aided primary schools.</li> </ul> <p>Based on the above, we were unable to ascertain the level of consistency of information submitted in PBS and the EMIS reports. Therefore the score is zero.</p> <ul style="list-style-type: none"> <li><b>Note:</b> From the MEO, we obtained a list of schools (a different format from the performance contract), which had 27 government aided schools.</li> </ul>
			<ul style="list-style-type: none"> <li>Evidence that the Municipal LG has submitted accurate/consistent</li> </ul>	<ul style="list-style-type: none"> <li>From MoES obtain and review EMIS reports for the current FY (2018/19)</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>From the MoES, the EMIS reports were not availed for review.</li> <li>We obtained and reviewed the performance contract for 2018/19. The enrollment in the 13 Government</li> </ul>

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
(C) Governance, oversight, transparency and accountability (Maximum 12 points)	10.	The Municipal LG committee responsible for education met, discussed service delivery issues and presented issues that require approval to Council (Maximum 4 points)	<ul style="list-style-type: none"> <li>data: ✓ Enrolment data for all schools which is consistent with EMIS report and PBS - <b>score 5 points</b></li> </ul>	<ul style="list-style-type: none"> <li>Obtain and review the performance contract for the current FY (2018/19)</li> <li>Check whether the enrolment levels are consistent/similar.</li> </ul>	2	<p>Aided primary schools was 5,711.</p> <p><b>Note:</b> From the planner, we obtained enrolment data of 14 schools (a different format from the performance contract), which had 5,735 pupils.</p> <p>Based on the above, we were unable to ascertain the level of consistency of information submitted in PBS and the EMIS reports. Therefore the score is zero.</p> <p>There was evidence that the council committee for social services met and discussed service delivery issues.</p> <ul style="list-style-type: none"> <li>The committee meeting held on 1<sup>st</sup> November 2017 received and discussed the Quarter 2 Inspection report and also recommended private schools to have functional SMCs.</li> <li>The committee meeting held on 23<sup>rd</sup> August 2017 received and discussed the Quarter 1 Inspection report with key issues being need to improve teacher attendance, and the need to sensitize parents to improve pupils' attendance.</li> <li>The committee meeting held on 15<sup>th</sup> January 2018 noted the need for more infrastructure – desks and classrooms for Road barrier P/S, and the need to procure a vehicle for the education department.</li> </ul>
			<ul style="list-style-type: none"> <li>Evidence that the council committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports etc... during the previous FY (2017/18) - <b>score 2 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the Clerk to Council obtain and review education sector standing committee meeting minutes – check if the Council has approved the sector implementation plan and discussions by the standing committee</li> <li>MEO's reports to the committee</li> </ul>	2	<p>There was evidence that the social services education sector committee presented issues that requires approval to Council as summarized below:</p> <ul style="list-style-type: none"> <li>In the council meeting dated 28<sup>th</sup> February 2018, Council received a report and deliberated on PLE results. Enforcement of closure of 43 unlicensed schools were discussed.</li> <li>In the council meeting dated 26<sup>th</sup> October 2017 under min.K/SE/MC/12/02/2017/18, Council received a report</li> </ul>
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	11.	Primary schools in a Municipal LG have functional SMCs <b>(Maximum 5 points)</b>	Evidence that all primary schools have functional SMCs (established, meetings held, discussions of budget and resource reports to MEO) <ul style="list-style-type: none"> <li>▪ 100% schools: <b>score 5</b></li> <li>▪ 80 to 99% schools: <b>score 3</b></li> <li>▪ Below 80 % schools: <b>score 0</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Check files from MEO if head teachers have submitted reports to SMCs and minutes of SMCs (check the entire list and sample 5 reports)</li> <li>▪ Study files from 5 randomly sampled primary schools to confirm whether they have SMCs and review whether they have held 3 mandatory meetings</li> </ul>	<b>3</b>	<p>SMC minutes of the 5 sampled schools were reviewed. It was noted that 4 schools (Kasese SDA, Kasese P/S, St. Peter's Nyakasanga P/S and Katiri P/S) had held the 3 mandatory meetings in the FY 2017/18 as shown in the table below.</p> <table border="1"> <thead> <tr> <th>Name of school</th> <th>Date of SMC Meeting</th> <th>Period (Term)</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Kasese P/S</td> <td>14<sup>th</sup> July 2017</td> <td>2017 term 2</td> </tr> <tr> <td>1<sup>st</sup> December 2017</td> <td>2017 term 3</td> </tr> <tr> <td>22<sup>nd</sup> April 2018</td> <td>2018 term 1</td> </tr> <tr> <td rowspan="3">Kasese SDA</td> <td>30<sup>th</sup> July 2017</td> <td>2017 Term2</td> </tr> <tr> <td>15<sup>th</sup> September 2017</td> <td>2017 Term3</td> </tr> <tr> <td>20<sup>th</sup> April 2018</td> <td>2018 Term1</td> </tr> <tr> <td rowspan="3">Katiri P/S</td> <td>22<sup>nd</sup> February 2018</td> <td>2018 term1</td> </tr> <tr> <td>24<sup>th</sup> October 2017</td> <td>2017 term3</td> </tr> <tr> <td>23/06/2017</td> <td>2017 term2</td> </tr> <tr> <td rowspan="2">St. Peter's Nyakasanga P/S</td> <td>20<sup>th</sup> October 2017</td> <td>2017 term 3</td> </tr> <tr> <td>6<sup>th</sup> December 2017</td> <td>2017 term 3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> <ul style="list-style-type: none"> <li>▪ from the chairperson of the social services committee, and note the increased enrolment at Railway Primary School, and resolved to consider construction of additional classrooms.</li> <li>▪ In the council meeting of dated 24<sup>th</sup> May 2018 under min.K'SE MC 34/07/2017/18, the annual work plan and budget for 2018/19 for the education sector was discussed, and among others, procurement of a vehicle for the education department was approved by the council.</li> </ul> </td> </tr> </tbody> </table>	Name of school	Date of SMC Meeting	Period (Term)	Kasese P/S	14 <sup>th</sup> July 2017	2017 term 2	1 <sup>st</sup> December 2017	2017 term 3	22 <sup>nd</sup> April 2018	2018 term 1	Kasese SDA	30 <sup>th</sup> July 2017	2017 Term2	15 <sup>th</sup> September 2017	2017 Term3	20 <sup>th</sup> April 2018	2018 Term1	Katiri P/S	22 <sup>nd</sup> February 2018	2018 term1	24 <sup>th</sup> October 2017	2017 term3	23/06/2017	2017 term2	St. Peter's Nyakasanga P/S	20 <sup>th</sup> October 2017	2017 term 3	6 <sup>th</sup> December 2017	2017 term 3							<ul style="list-style-type: none"> <li>▪ from the chairperson of the social services committee, and note the increased enrolment at Railway Primary School, and resolved to consider construction of additional classrooms.</li> <li>▪ In the council meeting of dated 24<sup>th</sup> May 2018 under min.K'SE MC 34/07/2017/18, the annual work plan and budget for 2018/19 for the education sector was discussed, and among others, procurement of a vehicle for the education department was approved by the council.</li> </ul>
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<b>(D) Procurement and contract management (Maximum 7 points)</b>	12.	The Municipal LG has publicised all schools receiving non-wage recurrent grants <b>(Maximum 3 points)</b>	<ul style="list-style-type: none"> <li>Evidence that the Municipal LG has publicised all schools receiving non-wage recurrent grants e.g. through posting on public notice boards - <b>score 3 points</b></li> </ul>	<ul style="list-style-type: none"> <li>Check the Municipal notice boards to establish if the Education department publicised all schools receiving non-wage recurrent grants for public viewing</li> <li>Check a sample of schools for postings of non-wage recurrent grants</li> </ul>	<b>3</b>	<ul style="list-style-type: none"> <li>The municipal noticeboards were reviewed. There was evidence that the Education department publicised all schools receiving non-wage recurrent grants for public viewing.</li> <li>The schools receiving non-wage recurrent grants had been displayed at the municipal noticeboards.</li> <li>All the 5 sampled schools had the UPE funds published on manila papers in the head teacher's office or the staff room.</li> </ul>
	13	The LG Education department has submitted input into the LG procurement plan, complete with all technical requirements, to Procurement Unit that cover all items in the approved Sector annual work plan	<ul style="list-style-type: none"> <li>Evidence that the sector has submitted procurement input to Procurement Unit that covers all investment items in the approved Sector annual work plan and budget on time by April 30, 2018 - <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the Municipal Education Officer (MEO) obtain and review submission to Procurement Unit; <ul style="list-style-type: none"> <li>From DPU crosscheck submission from MEO</li> </ul> </li> </ul>	<b>4</b>	<ul style="list-style-type: none"> <li>The Municipal inspector of schools, Ms Tobia Kyomuhendo prepared the Kasese MLG Education Department Procurement Plan for 2018/2019 on 29th March 2018, which was then approved by Head of Department and submitted to Head of the Procurement and Disposal Unit (PDU) on 29<sup>th</sup> March 2018 (before the due date of 30<sup>th</sup> April 2018).</li> <li>Investment items; procurement of desks valued at USHS. 35,000,000 and construction of 5 stance pit latrine at Kamaba P/S, Bulembia P/S and St Peters P/S were captured in the Annual Sector Work plan as submitted in the Education Procurement Plan.</li> </ul>



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	14	The LG Education department has certified and initiated payment for supplies on time <b>(Maximum 3 points)</b>	<ul style="list-style-type: none"> <li>Evidence that the LG Education department timely (as per contract) certified and recommended suppliers for payment: <b>score 3 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the CFO obtain a sample of contracts, review and determine whether payment requests were certified and recommended on time</li> </ul>	<b>3</b>	<p>The MLG Education departments timely (as per contract) certified and recommended contractors/suppliers for payment as summarised below;</p> <p><b>Contract signed between MEKUS Company Limited and Kasese Municipal Council for USHS. 7,198,000 on 12<sup>th</sup> January 2018 March 2017 for the Supply of 21 three seater desks;</b></p> <ul style="list-style-type: none"> <li>The request for payment submitted by MEKUS Company Limited was certified and recommended for payment on time.</li> <li>MEKUS Company Limited supplied the desks on 8<sup>th</sup> June 2018 as seen from Delivery Note No. 70.</li> <li>The Municipal Engineer certified the works on the same date as evidenced in Form 8 Certificate of Works for Civil Works and Furniture.</li> <li>The payment request for sum USHS. 4,200,000 from the contractor dated 7<sup>th</sup> June 2018 was recommended for payment by the Principal Education Officer on 7<sup>th</sup> June 2017.</li> </ul> <p><b>Contract between Mwimu Engineering Works and Kasese Municipal Council dated 12<sup>th</sup> January 2018 for Construction of 5 stance VIP Latrine at Buhunga Playground Primary School</b></p> <ul style="list-style-type: none"> <li>The request for payment by Mwimu Engineering Works for the construction of 5 stance VIP Latrine at Buhunga P/S was certified and recommended on time.</li> <li>The contractor completed the first phase of works on</li> </ul>

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<b>(E) Financial management and Reporting</b> <i>(Maximum 8 points)</i>	15	The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit <i>(Maximum 4 points)</i>	<ul style="list-style-type: none"> <li>Evidence that the department submitted the annual performance report for the previous FY – 2017/18 (with availability of all four quarterly reports) to the Planner by 15<sup>th</sup> July for consolidation: <b>score 4 points</b></li> </ul>	<ul style="list-style-type: none"> <li>From the Planning Unit, obtain and review performance report files</li> <li>From the MEO check annual and quarterly reports for the previous FY (2017/18)</li> </ul>	<b>4</b>	<ul style="list-style-type: none"> <li>For the FY 2017/18, the Planning unit was using PBS. The departmental head for education had access to PBS and input their departmental figures after which the Planner would receive an email notification from the PBS system though there was no evidence of submission.</li> <li>However, we noted that all the quarterly performance reports included input from the education department and Kasese MLG annual performance report for the FY 2017/18 was submitted to MoFPED on 23<sup>rd</sup> August 2018 before the deadline of 30<sup>th</sup> August 2018.</li> </ul>
	16	LG Education has acted on Internal Audit recommendations (if any)	<ul style="list-style-type: none"> <li>Evidence that the sector has provided information to the internal audit on the status of</li> </ul>	<ul style="list-style-type: none"> <li>From the Internal Auditor obtain copies of sector audit reports from the internal audit</li> </ul>	<b>0</b>	For the FY 2017/18, the Principal Education Officer did not provide responses to all the issues raised to internal audit as shown in the table below hence the score <b>zero</b> :

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings															
<b>(F) Social and environment safeguards</b> <b>(Maximum 8 points)</b>	17	LG Education Department has disseminated and promoted adherence to gender guidelines <b>(Maximum 5 points)</b>	<ul style="list-style-type: none"> <li>✓ If all queries are not responded to - <b>score 0</b></li> <li>✓ If the sector has provided information on the internal audit on the status of implementation of all audit findings for the previous financial year (2017/18) - <b>score 2 points</b></li> <li>✓ If sector has no audit query - <b>score 4 points</b></li> <li>✓ If the sector has provided information on the internal audit on the status of implementation of all audit findings for the previous financial year (2017/18) - <b>score 2 points</b></li> </ul>	<ul style="list-style-type: none"> <li>and Management responses for the previous FY (2017/18)</li> <li>From the Municipal Education Officer (MEO) obtain evidence on dissemination of gender guidelines on how senior women/ men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills etc....</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>There was no evidence on dissemination of gender guidelines on how senior women/ men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills.</li> <li>The Municipal Education Officer and head teachers of sampled schools did not have any related guidelines on file.</li> <li>There was no evidence of minutes from meetings between MEO and the schools discussing guidelines on how senior women/ men teachers should provide guidance to girls and boys to handle hygiene, reproductive health and life skills.</li> </ul>															
							<ul style="list-style-type: none"> <li>Evidence that LG Education department in collaboration with</li> </ul>	<ul style="list-style-type: none"> <li>From the MEO obtain evidence on dissemination of</li> </ul>	<b>0</b>	There was no evidence to show that the MLG has issued guidelines on how to manage sanitation for girls and PWDs in primary schools. At the sampled schools, there were no											
						<table border="1"> <thead> <tr> <th>Quarter</th> <th>Query</th> <th>Action taken</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>No issues raised</td> <td></td> </tr> <tr> <td>2</td> <td>Unaccounted for funds worth USHS. 7,130,961</td> <td>The department only accounted for USHS. 4,762,961</td> </tr> <tr> <td>3</td> <td>No issues raised</td> <td></td> </tr> <tr> <td>4</td> <td>No issues raised</td> <td></td> </tr> </tbody> </table>	Quarter	Query	Action taken	1	No issues raised		2	Unaccounted for funds worth USHS. 7,130,961	The department only accounted for USHS. 4,762,961	3	No issues raised		4	No issues raised	
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	18	LG Education department has ensured that guidelines on environmental management are disseminated and complied with <b>(Maximum 3 points)</b>	<ul style="list-style-type: none"> <li>gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools - <b>score 2 points</b></li> <li>Evidence that the School Management Committee meet the guideline on gender composition - <b>score 1 point</b></li> </ul>	<ul style="list-style-type: none"> <li>sanitation guidelines and awareness raising on how to manage sanitation for girls and PWDs in primary schools</li> <li>From the sampled schools, check whether the SMC meets the guideline on gender composition</li> </ul>	<ul style="list-style-type: none"> <li>From MEO obtain and review: <ul style="list-style-type: none"> <li>✓ Circulars to schools</li> <li>✓ Minutes of meetings with teachers</li> <li>✓ Sample of schools inspection reports to schools</li> </ul> </li> <li>From Environmental</li> </ul>	<ul style="list-style-type: none"> <li>0</li> </ul>	<ul style="list-style-type: none"> <li>There was no evidence that LG Education department issued guidelines on environmental management disseminated and complied with.</li> <li>No meetings were held in which the guidelines were disseminated.</li> <li>There were no circulars on file at the environmental officer's and head teacher's offices communicating environmental management activities to schools.</li> </ul> <p>From the sampled schools (Kasese, Kasese SDA and St. Peter's Nyakasanga primary schools), it was however</p>
					1	<p>The School Management Committees for the sampled schools were duly composed with at least 2 females, following the guidelines in the Education (pre-primary, primary and Post Primary) Act, 2008. Specific examples are documented below;</p> <ul style="list-style-type: none"> <li><u>Kasese Primary School</u> – Committee is composed with 5 women and 7 men, meeting required minimum at least 2 females on the SMC committee.</li> <li><u>Kasese SDA Primary School</u> - Committee is composed with 3 women and 9 men meeting required minimum at least 2 females on the SMC committee.</li> <li><u>St. Peter's Nyakasanga Primary School</u> - Committee is composed with 5 women and 7 men meeting required minimum at least 2 females on the SMC committee.</li> </ul>	

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
			and environment education etc.); <b>score 3 points</b>	<ul style="list-style-type: none"> <li>officer obtain and review: Filled screening forms to ascertain whether screening was done and whether risks mitigation plans were developed.</li> <li>From Environmental officer and CDO obtain and review: Site visit reports to establish whether they checked compliance to the risk mitigation plans</li> </ul>		established that the schools are actively involved in environmental management activities such tree planting and have formed environment clubs.
<b>Total</b>					<b>48</b>	