

17.1 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 (Maximum 8 points)	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"> • More than 80% filled: score 8 points, • 60 – 80% - score 4 points • Less than 60% filled: score 0 	<ul style="list-style-type: none"> • From the LG Performance Contract: <ul style="list-style-type: none"> ✓ Check the LG approved structure ✓ Check wage bill provision ✓ Establish the positions filled <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>	0	<ul style="list-style-type: none"> Out of the 61 position, 20 are filled constituting 33%. The staffing gap is 41 of which 29 (73%) are support staff. During FY 2017/18, the wage bill provision was USHS. 156,205,000 and the Mubende Municipal Health Office (MIMHO) utilised USHS. 143,571,264, leaving a balance of USHS. 12,633,736. MIMHO did not attract a competent Health Educator for whom the resources had been earmarked. Annex 1 provides details of the staffing status. There is gross understaffing at all the HC in the Municipality, to the extent that sometimes the facilities are managed and run by Nursing Assistants as described below: <ul style="list-style-type: none"> Nabikakala HC II: Out Patients Department (OPD) attendance declined from 804 in October 2017, to 536 in December 2017, to 275 in January 2018, to 119 in February 2018, and 277 in March 2018. Ariti Natal Health Care (ANC) declined from 18 in October 2017, to 3 in December 2017, to 0 in January & February 2018 3 in March and 0 in April 2018. The Enrolled Midwife and In-Charge of the facility delivered in December 2017, and was on leave until end March 2018. During the time of her leave, the facility was being run by a Nursing Assistant, who was carrying out the

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	2.	The LG Health department has submitted a comprehensive recruitment plan for primary health care workers to the HRM department (Maximum 6 points)	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: score 6 points	<ul style="list-style-type: none"> 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) 	4	<p><i>immunization, OPD, and sometimes ANC.</i></p> <p>MMLG Health department submitted a comprehensive recruitment plan for FY 2017/18 primary health care workers to the HRM department;</p> <ul style="list-style-type: none"> The recruitment plan was produced on 27th April 2017. MIMHO wanted to recruit 4 positions of (1 Health Educator, 1 Health Inspector, and “Health Assistants. One health Inspector and 2 Health Assistants were recruited; However the recruitment plan only covered Municipal headquarters staff and it left out Health Centres During 2017/18, the wage bill provision was USHS. 156,205,000 and the Mubende Municipal Health Office (MIMHO) utilised USHS. 143,571,264, leaving a balance of USHS. 15,865,956. MIMHO did not attract a competent Health Educator for whom the resources had been earmarked. Annex 1 provides details of the staffing status.
	3.	The LG Health department has conducted performance appraisal for Health Centre IVs and Hospital in-charge and ensured performance appraisals for HC III and II in-charges are conducted. (Maximum 8 points)	Evidence that all health facility in-charges have been appraised during the previous FY (2017/18): <ul style="list-style-type: none"> 100%: score 8 points 70 – 99%: score 4 points Below 70%: score 0 	<ul style="list-style-type: none"> 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). 	8	<p>MMLG all health facility in-charges were appraised during the FY 2017/18. Our assessment of the five sampled in-charge personnel files determined that they were appraised during the FY 2017/18:</p> <ul style="list-style-type: none"> Nakayiky'i Betty Bukirwa In-charge Kayinja HC II: Appraisal date: 12th June 2018. The performance plan had 5 outputs to appraised and all the 5 were appraised Nabufu Harriet: In- Charge, Kaweeri HC II Appraisal Date: 14th June. The appraisal covered

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	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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 	4	<ul style="list-style-type: none"> 6 output areas and yet the plan had 5 outputs.: The appraisal output areas, apart from the accountability are different from what was planned Assimwe Morrine, In-Charge, Nabikakala HC II Appraisal date: 12th June 2018. There were 6 output areas in the plan and only five were all appraised. The output area for coordination of HU activities was appraised yet it was not in the Plan. The out area for immunisation was appraised yet not in plan Mulindwa Imelda, In-Charge: Mubende TC Appraisal Date 14th July 2018. The plan had 5 output areas and were all appraised. Mwesigwa Ronald, In-Charge Lwenikomago HC II Appraisal Date: 12th June 2018. All 5 output areas planned for were appraised Kawuma Amina, In-Charge, Kanseera HC II: Appraisal date: 12th June 2018. Planned output areas were 5 and all were appraised Deployment is informed by the OPD attendance work load, ANC and Family Planning (FP) services work load, time spent at the facility, personal strength and challenges of staff. MLG Health department equitably deployed health workers across health facilities.

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(B) Monitoring and supervision <i>(Maximum 32 points)</i>	5.	The MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY (2017/18) to health facilities <i>(Maximum 6 points)</i>	<ul style="list-style-type: none"> Evidence that the MHO has communicated all guidelines, policies, circulars issued by the national level in the previous FY (2017/18) to health facilities: score 3 points 	<ul style="list-style-type: none"> From MoH obtain guidelines, policies, circulars issued by the national level in the previous FY (2017/18) to health facilities (MoH to prioritize the documents to be reviewed) From the MHO obtain evidence that s/he communicated guidelines, policies, circulars to health facilities (e.g. through meetings, submission letters, etc). From the sample of health facilities, check whether the guidelines, policies, circulars were received. <p><i>If all guidelines of the previous year are still applicable and no new ones have been issued, then score 3</i></p>	3	<ul style="list-style-type: none"> MOH mainly recognise the DHO. Most documents and policies are communicated through the DHO. The MHO has only received the circulars on: <ul style="list-style-type: none"> Scheme of service for Nursing and MW cadre, the Uganda Public service, dated 27th December 2017, Guidelines on On-Boarding and Engagement of HWs dated November 2017, from MOH, MOH sector grants and budget guidelines for 2017/18, obtained from DHO. Communication and explanation of guidelines, policies, circulars issued by the national level was as follows: <ul style="list-style-type: none"> Schemes of service was circulated to all in charges (ICs) on 28th December 2017, through a circular signed by the PHL. However this was not found at the facilities visited. The guidelines on On-Boarding and Engagement of HW was communicated to the In-Charges by the MHO on 2nd December 2017, by the Principle Inspector, Ref NMC/MUB, addressed to all I/CS. This was also not found at the facilities visited <p>The following policy documents found at the health facilities visited:</p> <ul style="list-style-type: none"> Uganda Clinical Guidelines, 2016, MOH Essential Medicines and Health Supplies for Uganda, 2016 Management of medicines and health supplies

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	6.	The LG Health Department has	<ul style="list-style-type: none"> Evidence that the MHT has supervised <ul style="list-style-type: none"> Evidence that the MHO has held meetings with health facility in-charges and among others explained the guidelines, policies, circulars issued by the national level: score 3 points 	<ul style="list-style-type: none"> From the MHO obtain and review minutes and/or other evidence of meetings with health facility in-charges in the previous FY (2017/18). <ul style="list-style-type: none"> Check from a sample of 5 health facilities 	3	<ul style="list-style-type: none"> manual, Division of Pharmacy Services, MOH. Vaccine Preventable Diseases Surveillance Case Based Forms, Dec 2016, MOH. Introduction of Pneumococcal Conjugate Vaccine into the National Routine Immunisation Programme, Uganda Guide for Health Manager and Service Provider, UNEPI, MOH, Jan 2013. Routine Immunisation Flip Chart Immunisation in practice, Uganda National Expanded Programme of Immunisation, reference manual for Pre-and In Service health workers, June 2017. Guidelines for PMTCT and Paediatric HIV & AIDS Care Performance Management Implementation Guidelines for the Health Sector, 2015 Introduction to Rota virus vaccine into routine immunisation: Training manual for operational level health workers, Ministry of Health ,20018 (Only at Mubende Town Council Health HC II) <p>The MHO has held meetings with health facility in-charges and among others explained the guidelines, policies, circulars issued by the national level.</p> <ul style="list-style-type: none"> The meeting of 25th August 2016 of in charges under minute Min 5a0, reviewed and discussed PHC guidelines, Management of the cold Chain System, Infection control and compliance & PHC guidelines.
			<ul style="list-style-type: none"> Evidence that MHT has supervised 	<ul style="list-style-type: none"> From the MHO obtain: <ul style="list-style-type: none"> The LG support 	3	<ul style="list-style-type: none"> Mubende MC does not have a HC IV. All the six facilities are Health Centre II managed by Nurses.

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		effectively provided support supervision to district health services (Maximum 6 points)	<p>100% of HC IVs and district hospitals (including PNFPS receiving PHC grant) at least once in a quarter: score 3 points</p> <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"> ▪ If 100% supervised: score 3 points ▪ 80 - 99% of the health facilities: score 2 points ▪ 60% - 79% of the health facilities: score 1 point ▪ Less than 60% of the health facilities: score 0 	<p>From the MHO obtain:</p> <ul style="list-style-type: none"> ▪ The LG support supervision reports (quarterly) ▪ Minutes of MHT meetings ▪ Facility records ▪ Review and check a sample of minimum 5 facilities 	3	<p>The Municipal Health Office carried support supervision four times on a quarterly basis covering all the health facilities. Supervision reports are available for the followings dates: 12th October 2017, 25th January 2018, 30th March 2018 and 9th June 2018.</p> <ul style="list-style-type: none"> • Each supervision had objectives stated, focused on management and service availability. • The support supervision are presented for each HC visited (with exception of the 2nd January 2017 report). The findings cover the status and environment for health care services delivery as well as the challenges experienced for each facility. The recommendations however are not presented unit by unit. They are all put together. The short coming of the support supervision are as follows ▪ The report did not include the names of supervision team members and the people met. ▪ The supervision did not review and examine and analyse coverage of services such as OPD, Immunisation or ANC, to be able to access progress using available data. ▪ There was no benching marking with previous support supervision findings. This implies that

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	7.	The LG Health department (including HSDs) have discussed the results/ reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and follow up (Maximum 10 points)	<ul style="list-style-type: none"> 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): score 4 points 	<p>From the MHO obtain and review:</p> <ul style="list-style-type: none"> Support supervision and monitoring visit reports Minutes of quarterly meetings Minutes of monthly MHT meetings 	0	<p>there was no follow up previous recommendations.</p> <ul style="list-style-type: none"> The supervision also lacked agreed action for improving performance and service delivery. <p>Assessment failed to identify evidence on whether all the 4 quarterly reports have been discussed and used to make recommendations as explained below;</p> <ul style="list-style-type: none"> Meeting on 3rd October 2017, had monitoring findings on the agenda. It was reported that challenges faced by the individual health facilities and knowledge gaps were identified, recommendations and possible solutions as per the previous supervision report. However the issues for corrective recommendations were not identified. All the meetings of 27th December 2017, 13th March 2018, and 3rd July 2018 did not have the review of the support supervision findings and recommendations on the agenda and the reports were never discussed. <p>A review of the supervision reports shows that there is no follow up of recommendations made with specific action. Support supervision visits do not review recommendations or make reference to previous supervisions. As a result similar findings and recommendations are made, with no progress being realised as indicated below:</p> <p><u>Recommendation made from support supervision report of 25th January 2018</u></p> <p>i. All facilities must conduct staff meetings to discuss issues and challenges faced by them and</p>
			<ul style="list-style-type: none"> Evidence that the recommendations are followed up and specific activities undertaken for correction: score 6 points 	<ul style="list-style-type: none"> From the sampled health facilities, determine whether the Health department provided recommendations from the supervision visits and followed up. 	0	

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						<p>must lay strategies for the way forward</p> <p>ii. All In-Charges must ensure that HJUMC meetings are conducted every quarter and minutes of every meeting filled</p> <p>iii. In-Charges to make quarterly report</p> <p>iv. Senior Assistant Town Clerks of Divisions to plan with Principle Health Inspector and Municipal Engineer to ensure that all facilities are fenced</p> <p>v. The management of Mubende Municipal Council to plan for staff recruitment</p> <p><u>Recommendation made support supervision report of 9th July 2018</u></p> <p>i. All facilities must conduct staff meetings to discuss issues and challenges faced by them and must lay strategies for the way forward</p> <p>ii. All In-Charges must ensure that HJUMC meetings are conducted every quarter and minutes of every meeting filled</p> <p>iii. In-Charges to make quarterly report</p> <p>iv. Senior Assistant Town Clerks of Divisions to plan with Principle Health Inspector and Municipal Engineer to ensure that all facilities are fenced</p> <p>v. The management of Mubende Municipal Council to plan for staff recruitment</p> <p>vi. Conduct induction training workshop for the newly appointed HJUMC.</p> <p>Nabikakala HC II Supervision Report of 13th October 2017</p> <p>Challenges Faced :</p> <ul style="list-style-type: none"> • No stand by gas cylinder • Facility not fenced

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	8.	The LG Health department has submitted accurate/ consistent reports/ data for health facility lists	<ul style="list-style-type: none"> Evidence that the LG has submitted accurate/ consistent data regarding list of facilities receiving 	From the MoH obtain and review: <ul style="list-style-type: none"> HMIS reports for the current FY (2018/19) The performance 	0	<ul style="list-style-type: none"> Strangers are using the pit latrine and they litter it No water tank Provision of power Recommendations <ul style="list-style-type: none"> West Division to plan for buying a gas cylinder Fencing Installation of water tank Provision of power Ensure all records are properly filled up to date <p><i>With this kind of practice, the support supervision is of very limited value addition</i></p> <p>HMIS reports for the current FY (2018/19) were not availed to enable assessment of this measure</p>

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(C) Governance, oversight, transparency and accountability <i>(Maximum 14 points)</i>	9.	The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council <i>(Maximum 4 points)</i>	<ul style="list-style-type: none"> 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) - score 2 points 	<ul style="list-style-type: none"> From the Clerk to Council obtain and review: <ul style="list-style-type: none"> Health sector standing committee meeting minutes – check if the Council has approved the sector implementation plan and discussions by the committee Review the MHO's reports to the committee 	2	<p>The MLG committee responsible for health met and discussed service delivery issues. The committee held meetings as follows:</p> <p>8th August 2017: The Committee considered the following issues</p> <ul style="list-style-type: none"> HIV reduction and advocacy Distribution of Maama kits Mosquito nets distribution Ambulance services Garbage management <p>14th Dec 2007: The Committee discussed the following issues</p> <ul style="list-style-type: none"> Lake coming of HW per facility Land encroachment per facility Budget framework paper and prioritization of projects <p>15th Marc 2018</p> <ul style="list-style-type: none"> Waste water management Garbage management Updating of VHT registers Annual work plan for the health Department <p>9th May 2018</p>
		receiving PHC funding as per formats provided by MoH <i>(Maximum 10 points)</i>	PHC funding, which are consistent with both HM/IS reports and PBS - score 10 points	<ul style="list-style-type: none"> contract for the current FY (2018/19) Check whether the lists of health facilities submitted are consistent/ similar 		

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			<ul style="list-style-type: none"> Evidence that the health sector committee has presented issues that require approval to Council - score 2 points 	<ul style="list-style-type: none"> From the Clerk to Council obtain and review health sector standing committee meeting minutes – check if the sector committee has presented issues that require approval. 	2	<ul style="list-style-type: none"> Discussion of the draft budget Roles of VHTs in the community School inspection <p>12th June 2018</p> <ul style="list-style-type: none"> Considered Departmental reports including the one of Health <p>Overall the committee meeting largely discussed environment health issues and limited priority was given to health care services delivery issues</p> <p>The health sector committee presented issues that require approval to Council. The council received and deliberated on sector committee issues on meetings held as follows:</p> <p>Council meeting held 31st August 2017</p> <ul style="list-style-type: none"> Resolved that transfer of health workers be done Intensification of HIV sensitization <p>Council meeting held on 22nd December 2017</p> <ul style="list-style-type: none"> Resolved that garbage be dumped at Kalagala. The space at Kalagala should be abstained before dumping Directed Senior Assistant Town Clerk to include provision sanitation facilities for Mubende TC HC II and Kaweeri HC II be included the work plan Procurement of water tanks for Nabikakala, Kaweeri, and Mubende TC HC II by Division Council Divisions should undertake fencing of health facilities. The leakage of Kaweeri HC II was noted by the

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	10.	The Health Unit Management Committees and Hospital Board are operational/functioning (Maximum 6 points)	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"> If 100% of randomly sampled facilities: score 6 points If 80-99 %: score 4 points If 70-79 %: score 2 point If less than 70%: score 0 	<ul style="list-style-type: none"> Check files of HUMCs and minutes of HUMCs (Check list for all and sample 5 to review) Study files from 5 randomly sampled health facilities to confirm whether they have HUMCs and review whether they have held 4 mandatory meetings 	6	<p>The Health Unit Management Committees were functional and held meetings as indicated below;</p> <table border="1"> <thead> <tr> <th>Facility</th> <th>2017/18: Date & issues discussed</th> </tr> </thead> <tbody> <tr> <td>Kanseera HC II:</td> <td> 20th Sept 2017 : <ul style="list-style-type: none"> Out reaches VHT facilitation Late delivery of drugs 19th Dec 2017 <ul style="list-style-type: none"> FP services ANC services Immunisation outreaches Repair of the HU ceiling 14th March 2018 <ul style="list-style-type: none"> Staff quarter repairs Land encroachment </td> </tr> </tbody> </table> <p> <ul style="list-style-type: none"> Resolved that VHT be facilitated </p> <p> <ul style="list-style-type: none"> Late coming of health workers </p> <p>The Council meeting held on 28th March 2018</p> <ul style="list-style-type: none"> Presentation of the Budget for 2018/19, which included Health Resolved to take legal action against individuals who open sewage that runs through their neighborhood Commented the health department for garbage management Resolved to recruit more VHT <p>Council meeting held on 29th May 2018</p> <ul style="list-style-type: none"> Recruitment of VHT to intensify the Mobilisation for health service delivery <p>Council meeting held on 29th June 2018</p> <ul style="list-style-type: none"> Resolved that VHT be facilitated 	Facility	2017/18: Date & issues discussed	Kanseera HC II:	20th Sept 2017 : <ul style="list-style-type: none"> Out reaches VHT facilitation Late delivery of drugs 19th Dec 2017 <ul style="list-style-type: none"> FP services ANC services Immunisation outreaches Repair of the HU ceiling 14th March 2018 <ul style="list-style-type: none"> Staff quarter repairs Land encroachment
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						<ul style="list-style-type: none"> VHT registers 15th May 2018 Work plan and budget Understaffing Water tank for the facility
						<p>Kayinja HC</p> <ul style="list-style-type: none"> 30th Sept 2107 Introduction of New staff VHT facilitation General sanitation and cleanliness of the facility Immunisation Outreaches <p>21st Dec 2017</p> <ul style="list-style-type: none"> General security of the facility Staff houses – lacking Late coming and absenteeism <p>10th April 2018</p> <ul style="list-style-type: none"> Delivery of drugs from NIMS Outreaches and ANC
						<p>Kaweeri HC</p> <ul style="list-style-type: none"> 25th Aug 2107 Lack of medical stationery PHC Funds Immunisation Outreaches Team work <p>24th Nov 2017</p> <ul style="list-style-type: none"> Verification of drugs by the HUMC Drug stock outs Sanitation of the facility VHT participation in immunisation activities <p>22nd Feb 2018</p> <ul style="list-style-type: none"> Code of conduct and ethics Leaking roof

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	11.	The LG has publicised all health facilities receiving PHC non-wage recurrent grants (Maximum 4 points)	<ul style="list-style-type: none"> Evidence that the LG has publicised all health facilities receiving PHC non-wage recurrent grants e.g. through posting 	<ul style="list-style-type: none"> Check the LG Notice Boards and LG budget website to establish if the Health department publicised all health 	3	<ul style="list-style-type: none"> Attendance by members of HUMC FP and HCT services 23rd May 2018 Services offered at the HU Community mobilisation for immunisation by parish mobilisers Child growth monitoring, ANC and FP services <p>Nabikakala</p> <ul style="list-style-type: none"> 8th Sept 2017 Post natal care Hygiene among villages OPD PHC Utilisation 15th Dec 2017 Security of the facility Drug supply Water source at facility PHC fund utilisation 23rd May 2018 PHC fund utilisation Renovation of HU Extending pipe water to the HU Performance and review of ANC and immunisation <p>The PHC funds were pinned up at the Mubende Municipal Council notice boards. At the health facilities, the PHC funds were displayed as follows:</p> <ul style="list-style-type: none"> Lwenikomago HC II PHC for 2018 • Q1 : 993,000

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(D) Procurement and contract management <i>(Maximum 8 points)</i>	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 <i>(Maximum 4 points)</i>	on public notice boards - score 4 points	<ul style="list-style-type: none"> facilities receiving non-wage recurrent grants Check a sample of health facilities 	2	<ul style="list-style-type: none"> Q2 993,000 Q3: 993,000 Q4: 993,000 <p>Nabikakala HC II: Had PHC funds displayed as follow:</p> <ul style="list-style-type: none"> 8th Sept 2016: USHS. 993,369 28th Oct 2016: USHS. 993,369 21st Feb 2017: USHS. 993,369 5th May 2017: USHS. 993,369 25th Aug 2017: USHS. 993,369 25th Oct 2017: USHS. 993,369 22nd Jan 2018: USHS. 993,369 24th April 2018: USHS. 993,369 Mubende TC II : PHC funds displayed as follows: <ul style="list-style-type: none"> 3rd Quarter 2017/18: 800,000 <p>Kaweere HC II: There was no display of PHC funds</p> <ul style="list-style-type: none"> Mubende LG Health Department Procurement Plan 2018/2019 was prepared by Principal Health Inspector , Mashate Isaac , approved by Head of Department and submitted to Head of the Procurement and Disposal Unit (PDU) on 9th April 2018 which was before due date of 30th April 2018. There was one investment item for health department captured in the Procurement Plan - the construction of an Out Patient Department (OPD) ward estimated at Ushs. 192,110,394.73.

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	13	The LG Health department has certified and initiated payment for supplies on time (Maximum 4 points)	<ul style="list-style-type: none"> Evidence that LG Health department submitted procurement request form (Form PP5) to the PDU by 1st Quarter of the current FY (2018/19) - score 2 points Evidence that the MHO (as per contract) certified and recommended suppliers timely for payment- score 4 points 	<ul style="list-style-type: none"> From the CFO obtain a sample of contracts, review and determine whether payment requests were certified and recommended on time 	4	<ul style="list-style-type: none"> At the time of assessment, the LG PP Form 5 (Procurement Requisitions) were not yet raised due to unconfirmed sources of funding for the projects. <p>The payment requests submitted by Shell Mubende were approved and recommended on time. There was no need for certification in this instance as the supply is pre-paid for and the Mubende Municipal Council drivers draw down the account which is replenished as and when the account is depleted. There is a framework contract for fuel supply between Shell Mubende and Mubende Municipal Council. We sampled and reviewed the following LPOs.</p> <p>LPO 018</p> <ul style="list-style-type: none"> AS per LPO No 018 dated 10th May 2018, issued to Shell Mubende, Mubende Municipal Council ordered for the supply of 130 litres of fuel worth USHS. 600,000. Shell Mubende supplied the required fuel as evidenced in Fuel Order form No. 615 Shell Mubende was paid on 10th May 2018 as seen from Receipt no. 2136. <p>LPO 151</p> <ul style="list-style-type: none"> As per LPO no 151 dated 21st February 2018, issued to Shell Mubende, Mubende Municipal Council ordered for the supply of 150 litres of

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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"> 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 - score 4 points 	<ul style="list-style-type: none"> From the Planning Unit, obtain and review performance report files From the MHO check annual and quarterly reports for the previous FY (2017/18) 	4	<ul style="list-style-type: none"> fuel worth USHS. 600,000. Shell Mubende supplied the required fuel as evidenced in Fuel Order form no. 612 Shell Mubende was paid on 12th March 2018 as seen from Receipt no. 291 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. <p>However, we noted that all the quarterly performance reports included input from the health department and Mubende MLG annual performance report for the FY 2017/18 was submitted to MoFPED on 14th August 2018 before the deadline of 30th August 2018.</p>

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	15	LG Health department has acted on Internal Audit recommendations (if any) (Maximum 4 points)	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 <ul style="list-style-type: none"> If sector has no audit query - score 4 points If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year (2017/18) - score 2 points If all queries are not responded to - score 0 	<ul style="list-style-type: none"> From the Internal Auditor obtain copies of sector audit reports from the internal audit and Management responses for the previous FY (2017/18) 	0	<p>The Town Clerk appears before LGPAC and responds to the queries. The Town Clerk then requests the departmental heads to respond to the issues raised.</p> <p>We reviewed the quarterly internal audit reports and noted that the MLG Health department has not provided information to the internal audit on the status of implementation of all audit findings for the FY 2017/18 as shown in the table below hence the score zero:</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Finding</th> <th>Response</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Absenteeism of Health staff at Kayinja HC II</td> <td>No action taken</td> </tr> <tr> <td></td> <td>Unaccounted for funds worth USHS. 993,367 at Kayinja HC II</td> <td></td> </tr> <tr> <td></td> <td>Failure to access stock cards and the store at Kayinja HC II</td> <td></td> </tr> <tr> <td></td> <td>Lack of a pit latrine at Mubende Town HC II</td> <td></td> </tr> <tr> <td></td> <td>Existence of expired drugs at Nabikakala HC II</td> <td></td> </tr> <tr> <td></td> <td>Drug shortages at Nabikakala HC II</td> <td></td> </tr> <tr> <td></td> <td>Absenteeism of the Officer in-charge of Lwemikomago HC II</td> <td></td> </tr> <tr> <td></td> <td>Unaccounted for funds worth USHS.</td> <td></td> </tr> </tbody> </table>	Quarter	Finding	Response	1	Absenteeism of Health staff at Kayinja HC II	No action taken		Unaccounted for funds worth USHS. 993,367 at Kayinja HC II			Failure to access stock cards and the store at Kayinja HC II			Lack of a pit latrine at Mubende Town HC II			Existence of expired drugs at Nabikakala HC II			Drug shortages at Nabikakala HC II			Absenteeism of the Officer in-charge of Lwemikomago HC II			Unaccounted for funds worth USHS.	
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Performance Area	No.	Performance Measures	Scoring guide	Assessment Procedures	Score	Detailed assessment findings	
(F) Social and environment safeguards (Maximum 12 points)	16	Compliance with gender composition of Health Unit Management Committee (HUMC) and promotion of gender sensitive sanitation in health facilities.	<ul style="list-style-type: none"> ▪ Evidence that HUMC meet the gender composition as per guidelines (i.e. minimum 30% women) - score 2 points 	<ul style="list-style-type: none"> • From the sampled health facilities, find out whether the number and gender of committee members is as per required composition 	2	993,367 at Lwemikomango HC II	
						Disorganised stores section at Nabikakala HC II	
						Lack of a pit latrine at Nabikakala HC II	
						Failure to present books of accounts to auditors at Nabikakala HC II	
						Unhealthy working environment at Nabikakala HC II	
Improper record keeping at Nabikakala HC II							
2	No issues raised						
3	No issues raised						
4	Failure to realize value for money from Kalagala garbage composite site	No action taken					
<ul style="list-style-type: none"> • Committees for selected health facilities met the gender composition as per guidelines (i.e. minimum 30% women). • <u>Lwemikomango HC II</u> – Committee is in place composed of 5 members with 2 women and 3 men, meeting required minimum 30% women Composition. • <u>Nabikakala HC II</u> - Committee is in place composed of 5 members with 2 women and 3 							

Performance Area	No.	Performance Measures	Scoring guide	Assessment Procedures	Score	Detailed assessment findings
		(Maximum 4 points)				men, meeting required minimum 30% women Composition.
			<ul style="list-style-type: none"> Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women - score 2 points 	<ul style="list-style-type: none"> From the sampled health facilities, find out whether the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women 	0	From the sampled health facilities (Nabikakala HC II and Lwemikomango HC II), there was no evidence showing that the LG has issued guidelines on how to manage sanitation in health facilities. There were no guidelines on sanitation displayed at the sampled health facilities sampled and at the municipal health department offices.
	17	LG Health department has ensured that guidelines on environmental management are disseminated and complied with. (Maximum 4 points)	<ul style="list-style-type: none"> 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: score 2 points The environmental officer and community development officer have visited the sites to check whether 	<ul style="list-style-type: none"> From the Environmental officer obtain and review filled screening forms to ascertain whether screening was done and whether risks mitigation plans were developed. From the Environmental officer and CDO obtain and review Site visit reports to establish whether they checked compliance to the risk mitigation plans 	2	<ul style="list-style-type: none"> There was no capital development fund for health for 2017/18. There were therefore no health infrastructural projects for screening. No site visits were made since there were no health facility projects implemented in 2017/18.

Performance Area	No.	Performance Measures	Scoring guide	Assessment Procedures	Score	Detailed assessment findings
	18	The LG Health department has issued guidelines on medical waste management (Maximum 4 points)	<ul style="list-style-type: none"> the mitigation plans are compiled with: score 2 points Evidence that the LG has issued guidelines on medical waste management, including guidelines (e.g. sanitation charts, posters, etc) for construction of facilities for medical waste disposal - score 4 points. 	<ul style="list-style-type: none"> From the sampled health facilities, find out whether the LG has issued guidelines on medical waste management 	4	From the sampled health facilities there was evidence that the LG Health department has issued guidelines on medical waste management. Medical waste management guidelines in form of charts and posters were displayed at various locations around the facilities.
Total					61	

17.2 Performance on Education Sector Performance Measures

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings												
(A) Human resource planning and management (Maximum 30 points)	1.	The Municipal LG education department has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school) (Maximum 8 points)	<ul style="list-style-type: none"> 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) - score 4 points 	<ul style="list-style-type: none"> 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"> The Municipal LG has budgeted for at least a Head Teacher and a minimum of 7 teachers per school. 	4	The 2018/19 performance contract was obtained and reviewed. It was noted that one Head Teacher and a minimum of 7 teachers had been budgeted per school for all the 24 schools. The Municipal LG had a total of 278 teachers.												
			<ul style="list-style-type: none"> 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) - score 4 points 	From the MEO obtain and review <ul style="list-style-type: none"> 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). 														
					4	The teacher's list was obtained and reviewed. It was noted that each of the 24 schools had one head teacher and a minimum of 7 teachers deployed at the school. A sample of 5 government aided schools was randomly selected, and visited to verify actual deployment of teachers. It was noted that for each of the 5 sampled schools, the number of teachers in the staff list was the same as that deployed at school, as shown in the table below. <table border="1" data-bbox="276 1302 519 1848"> <thead> <tr> <th>School</th> <th>Deployed teachers</th> <th>Staff list</th> </tr> </thead> <tbody> <tr> <td>Kasenyi P/S</td> <td>14</td> <td>14</td> </tr> <tr> <td>Kattabalanga P/S</td> <td>10</td> <td>10</td> </tr> <tr> <td>Kaweeri</td> <td>16</td> <td>16</td> </tr> </tbody> </table>	School	Deployed teachers	Staff list	Kasenyi P/S	14	14	Kattabalanga P/S	10	10	Kaweeri	16	16
School	Deployed teachers	Staff list																
Kasenyi P/S	14	14																
Kattabalanga P/S	10	10																
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Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings						
				<ul style="list-style-type: none"> From the sampled schools (urban and rural), verify whether the teachers as indicated in the staff lists are actually deployed in the schools. 		<table border="1"> <tr> <td>Mubende P/S</td> <td>29</td> <td>29</td> </tr> <tr> <td>Rwabagabo P/S</td> <td>11</td> <td>11</td> </tr> </table>	Mubende P/S	29	29	Rwabagabo P/S	11	11
Mubende P/S	29	29										
Rwabagabo P/S	11	11										
	2.	Municipal LG has substantively recruited all primary school teachers where there is a wage bill provision (Maximum 6 points)	<ul style="list-style-type: none"> Evidence that the Municipal LG has filled the structure for primary teachers with a wage bill provision <ul style="list-style-type: none"> ✓ If 100% - score 6 points ✓ If 80 - 99% - score 3 points ✓ If below 80% - score 0 	<ul style="list-style-type: none"> From the Municipal LG Performance Contract: <ul style="list-style-type: none"> Check the Municipal LG approved structure Check wage bill provision Positions filled. <i>If there is evidence of effort to recruit (e.g. advertisement etc.) but Municipal LG has failed to attract, provide the score.</i> 	6	The performance contract 2018/19 was reviewed. It was noted that the wage bill provision was 1,746,452,198. According to the staff structure, the staff ceiling was 278 teachers, and all 278 positions were filled. Therefore 100% of the structure is filled.						
	3.	Municipal LG has substantively recruited all positions of school inspectors as per staff structure, where there is a	<ul style="list-style-type: none"> Evidence that the Municipal LG has substantively filled all positions of school inspectors as per staff structure, 	<ul style="list-style-type: none"> From the Municipal LG Performance Contract: <ul style="list-style-type: none"> Check the Municipal LG approved structure 	0	<p>The approved structure was reviewed, and it had 2 positions for the inspector of schools.</p> <ul style="list-style-type: none"> It was noted that only one out of 2 positions for inspector of schools was filled. The municipal LG had substantively appointed Nabatanzi Specioza (Mrs. Mubiru) as the senior inspector of schools. 						

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings									
		wage bill provision. (Maximum 6 points)	where there is a wage bill provision - score 6 points	<ul style="list-style-type: none"> Positions filled. 											
	4.	The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY (2018/19). (Maximum 4 points)	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"> Primary Teachers - score 2 points School Inspectors - score 2 points 	From the Municipal LG Performance Contract: <ul style="list-style-type: none"> Review the recruitment plan to determine whether the vacant positions of teachers and inspectors have been included. 	2	<ul style="list-style-type: none"> The recruitment plan for the current FY (2018/19) was reviewed. <ul style="list-style-type: none"> It was noted that there was no need for recruitment of teachers, given that the MLG wage bill provision was exhausted by the 278 teachers. The position of Inspector of schools was included in the recruitment plan. 									
	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	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"> 100% school inspectors - score 3 points 	From the Municipal HR department obtain and review: <ul style="list-style-type: none"> Personnel files for school inspectors and a sample of head teachers to determine whether they were appraised during the previous FY (2017/18). 	3	<ul style="list-style-type: none"> The personnel file for Mrs Mubiru Nabatanzi Specioza was reviewed. There was evidence of appraisal for the FY 2017/18. The appraisal form was dated 14th August 2018. Personnel files for head teachers of the 5 sampled schools were obtained and reviewed. All the 5 head teachers had been appraised for the year 2017 as shown in the table below; <table border="1"> <thead> <tr> <th>School</th> <th>Name of head teachers</th> <th>Date of appraisal</th> </tr> </thead> <tbody> <tr> <td>Kasenyi P/S</td> <td>Namata Samalle</td> <td>22/02/2018</td> </tr> <tr> <td>Kattabalanga P/S</td> <td>Oryango Simon</td> <td>22/02/2018</td> </tr> </tbody> </table>	School	Name of head teachers	Date of appraisal	Kasenyi P/S	Namata Samalle	22/02/2018	Kattabalanga P/S	Oryango Simon	22/02/2018
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Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings									
		(2017/18). (Maximum 6 points)	<ul style="list-style-type: none"> ▪ Primary school head teachers ✓ 90 - 100% - score 3 points ✓ 70% and 89% - score 2 points ✓ Below 70% - score 0 			<table border="1"> <tr> <td>Kaweeri</td> <td>Ndalise K. Susan</td> <td>22/02/2018</td> </tr> <tr> <td>Mubende P/S</td> <td>Nanteza Mariam Balinda</td> <td>11/12/2017</td> </tr> <tr> <td>Rwabagabo P/S</td> <td>Asimwe Jane</td> <td>22/02/2018</td> </tr> </table>	Kaweeri	Ndalise K. Susan	22/02/2018	Mubende P/S	Nanteza Mariam Balinda	11/12/2017	Rwabagabo P/S	Asimwe Jane	22/02/2018
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Mubende P/S	Nanteza Mariam Balinda	11/12/2017													
Rwabagabo P/S	Asimwe Jane	22/02/2018													
(B) Monitoring and inspection (Maximum 35 points)	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 (Maximum 3 points)	<ul style="list-style-type: none"> • 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 - score 1 point 	<ul style="list-style-type: none"> ▪ From MOES obtain guidelines, policies, circulars issued by the national level in the previous FY (2017/18) to schools ▪ From the MEO obtain evidence that s/he communicated guidelines, policies, circulars to schools. ▪ From the sampled schools, check whether the guidelines, policies, circulars were received. 	1	<p>There was evidence of communication of guidelines, policies, circulars issued by the national level in FY 2017/18.</p> <p>Cover letters were availed indicating proof of dissemination of the guidelines to head teachers. Some circulars were signed by the recipients (head teachers) as acknowledgement of receipt of the document, examples of these include:</p> <ul style="list-style-type: none"> • The circular on Early Grade Reading was communicated on 6th February 2018. • The letter to head teachers on illegal operation of boarding section dated 18th September 2017 was also signed by head teacher as acknowledgement of receipt. <p>Some of the policies/guidelines/circulars that were found at the sampled schools include:</p> <ul style="list-style-type: none"> • Dress code for the non-uniformed officers in the public service dated 13th July 2017 • Guidelines for supervision of schools dated 19th July 2017 • Teacher's scheme of service and academic qualifications for headship dated 15th September 2017 • Guidelines on Early Grade Reading (EGR) dated 6th February 2018 • NIR/A Registration dated 4th December 2017 									

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings																		
			<ul style="list-style-type: none"> 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 - score 2 points 	<ul style="list-style-type: none"> From the MEO obtain and review minutes and/or other evidence of the meetings with Head Teachers 	2	<p>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. Minutes of meetings with head teachers were obtained and reviewed and the following policies were explained in the following meetings;</p> <table border="1"> <thead> <tr> <th>Meeting Date</th> <th>Document that was explained</th> </tr> </thead> <tbody> <tr> <td>31st May 2018</td> <td>Guidelines for security were communicated.</td> </tr> <tr> <td>29th September 2017</td> <td>Licencing private schools, guidelines for boarding school.</td> </tr> </tbody> </table>	Meeting Date	Document that was explained	31 st May 2018	Guidelines for security were communicated.	29 th September 2017	Licencing private schools, guidelines for boarding school.												
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29 th September 2017	Licencing private schools, guidelines for boarding school.																							
7.		The Municipal LG Education Department has effectively inspected all registered schools (Maximum 12 points)	<ul style="list-style-type: none"> Evidence that all licenced or registered schools have been inspected at least once per term and reports produced: <ul style="list-style-type: none"> ✓ 100% - score 12 ✓ 90 to 99% - score 10 ✓ 80 to 89% - score 8 ✓ 70 to 79% - score 6 ✓ 60 to 69% - score 3 ✓ 50 to 59% - score 1 	<ul style="list-style-type: none"> From the MEO, obtain and review school inspection reports and inventory of schools inspected in the previous FY (2017/18) <ul style="list-style-type: none"> From sampled school verify the number of times they were inspected during the previous FY (2017/18) 	0	<p>A list of all licenced schools and Quarterly Inspection reports were obtained and reviewed.</p> <ul style="list-style-type: none"> It was noted that the Inspection reports did not specify the schools visited nor the dates of inspection. For the 5 sampled government aided schools, inspection feedback reports were obtained and reviewed, and dates of inspection were noted as follows: <table border="1"> <thead> <tr> <th>School</th> <th>Date of inspection</th> <th>Period (term)</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Kasenyi P/S</td> <td>25/04/2018</td> <td>2018 Term 1</td> </tr> <tr> <td>15/10/2017</td> <td>2017 term 3</td> </tr> <tr> <td>25/04/2018</td> <td>2018 Term 1</td> </tr> <tr> <td rowspan="2">Kattabalanga P/S</td> <td>10/10/2017</td> <td>2017 term 3</td> </tr> <tr> <td>07/03/2018</td> <td>2018 Term 1</td> </tr> <tr> <td>Mubende P/S</td> <td>10/10/2017</td> <td>2017 term 3</td> </tr> </tbody> </table>	School	Date of inspection	Period (term)	Kasenyi P/S	25/04/2018	2018 Term 1	15/10/2017	2017 term 3	25/04/2018	2018 Term 1	Kattabalanga P/S	10/10/2017	2017 term 3	07/03/2018	2018 Term 1	Mubende P/S	10/10/2017	2017 term 3
School	Date of inspection	Period (term)																						
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Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings												
			<ul style="list-style-type: none"> Below 50% - score 0 			<table border="1"> <tr> <td></td> <td>04/08/2017</td> <td>2017 term 2</td> </tr> <tr> <td>Rwabagabo</td> <td>27/06/2018</td> <td>2018 Term 2</td> </tr> <tr> <td>P/S</td> <td>26/04/2018</td> <td>2018 Term 1</td> </tr> <tr> <td></td> <td>11/10/2017</td> <td>2017 term 3</td> </tr> </table> <p>There was no evidence that the Municipal LG Education Department effectively inspected private schools. Based on the above, only Rwabagabo and Mubende P/S were inspected at least once a term, and so the score is zero.</p>		04/08/2017	2017 term 2	Rwabagabo	27/06/2018	2018 Term 2	P/S	26/04/2018	2018 Term 1		11/10/2017	2017 term 3
	04/08/2017	2017 term 2																
Rwabagabo	27/06/2018	2018 Term 2																
P/S	26/04/2018	2018 Term 1																
	11/10/2017	2017 term 3																
	8.	<p>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)</p>	<ul style="list-style-type: none"> 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) - score 4 points 	<ul style="list-style-type: none"> 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). 	<p>0</p>	<ul style="list-style-type: none"> Minutes of departmental meetings held on 13th July 2018, 28th May 2018, 29th November 2017, 18th September 2017 were reviewed. It was noted that one inspection report was discussed in the meeting dated 29th November 2017 and recommendations made. Since there was evidence of discussion of only one inspection report, the score is zero. 												
			<ul style="list-style-type: none"> Evidence that the Municipal LG Education department has submitted school inspection reports to the DES in the Ministry of 	<ul style="list-style-type: none"> From the DES obtain and review a list of LGs that have submitted school inspection reports From the MEO check whether 	<p>0</p>	<p>From the DES headquarters, we obtained and reviewed lists of LGs that had submitted school inspection reports in FY 2017/18. It was noted that Mubende LG was not on the list.</p> <p>From the MEO, there were no letters of acknowledgement from the DES, and so there was no evidence that the Municipal LG Education department submitted school inspection reports to the DES in the Ministry of Education and Sports (MoES).</p>												

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
			<p>Education and Sports (MoES) - score 2 points</p> <ul style="list-style-type: none"> Evidence that the inspection recommendations are followed-up - score 4 points 	<p>the MEO has letter of acknowledgement from DES</p> <ul style="list-style-type: none"> From the sampled schools, determine whether the education department provided recommendations from the inspection reports and followed-up. 	0	<ul style="list-style-type: none"> In the departmental meeting held on 29th November 2017, Inspection report was discussed. One of issues identified was Habitual absenteeism of teachers to be submitted to the MEO. There was evidence of warning letters issued to the undisciplined teachers by the MEO. In addition, names of undisciplined teachers were forwarded to the Rewards and Sanctions Committee. Since there was evidence of follow up of only one recommendation that was made in the departmental meeting, the score is zero.
	9.	The Municipal LG Education department has submitted accurate/consistent reports/ date for school lists and enrolment as per formats provided by MoES (Maximum 10 points)	<ul style="list-style-type: none"> Evidence that the Municipal LG has submitted accurate/consistent data: <ul style="list-style-type: none"> ✓ List of schools which are consistent with both EMIS reports and Programme Budgeting System (PBS) - score 5 points Evidence that the Municipal LG has submitted 	<ul style="list-style-type: none"> From MoES obtain and review EMIS reports for the current FY (2018/19) Obtain and review the performance contract for the current FY (2018/19) Check whether the list of schools submitted are consistent/similar. From MoES obtain and review EMIS reports for 	0	<ul style="list-style-type: none"> From MoES, the EMIS report was not availed for review. We obtained and reviewed the performance contract for 2018/19, which indicated 24 government-aided schools on the submitted list. <p>Based on the above we were unable to ascertain the level of consistency of information submitted in PBS and the EMIS reports.</p>
					0	The EMIS report from MoES was not availed for review. We obtained and reviewed the enrolment data from the performance contract for 2018/19. The number of pupils enrolled in

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"> accurate/consistent data: <ul style="list-style-type: none"> ✓ Enrolment data for all schools which is consistent with EMIS report and PBS - score 5 points 	<ul style="list-style-type: none"> the current FY (2018/19) <ul style="list-style-type: none"> Obtain and review the performance contract for the current FY (2018/19) Check whether the enrolment levels are consistent/similar. 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 MEO's reports to the committee 	2	<p>UPe schools was 9,941. Based on the above we were unable to ascertain the level of consistency of information submitted in PBS and the EMIS reports.</p> <p>Minutes of the sectorial committee for education and health were reviewed and there was evidence of discussion of education service delivery issues.</p> <table border="1"> <thead> <tr> <th>Date of meeting</th> <th>Key highlights</th> </tr> </thead> <tbody> <tr> <td>12th June 2018</td> <td>PLE performance</td> </tr> <tr> <td>13th October 2017</td> <td>Issues in Namutimpa P/S and Kawuula P/S</td> </tr> </tbody> </table> <p>Other meetings were held on 15th March 2018, 29th January 2018, 8th August 2017, and in these meetings, no issues specific to the education sector were discussed.</p>	Date of meeting	Key highlights	12 th June 2018	PLE performance	13 th October 2017	Issues in Namutimpa P/S and Kawuula P/S
Date of meeting	Key highlights											
12 th June 2018	PLE performance											
13 th October 2017	Issues in Namutimpa P/S and Kawuula P/S											
			<ul style="list-style-type: none"> 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) - score 2 points 	<ul style="list-style-type: none"> From the Clerk to Council obtain and review minutes to check if education 	2	<p>Minutes of the council meetings were reviewed and there was evidence that the education sector committee has presented issues that requires approval to Council.</p>						

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings																																
	11.	Primary schools in a Municipal LG have functional SMCs (Maximum 5 points)	that requires approval to Council - score 2 points	issues have been presented to the Council.	0	<table border="1"> <thead> <tr> <th>Date of meeting</th> <th>Key highlights</th> </tr> </thead> <tbody> <tr> <td>29th June 2018</td> <td>Issue of school dropout, Raising mock fees</td> </tr> <tr> <td>29th May 2018</td> <td>Inspection reports, gender inequality among teachers deployment</td> </tr> <tr> <td>28th March 2018</td> <td>Indisciplined teachers</td> </tr> <tr> <td>22nd December 2017</td> <td>SMC membership, Education Department office space and furniture</td> </tr> <tr> <td>7th November 2017</td> <td>Induction on new SMC</td> </tr> <tr> <td>31st August 2017</td> <td>Promotion of poor performance learners, Gender issues-some schools have one female teachers</td> </tr> </tbody> </table> <p>Minutes of SMC meetings were reviewed for the 5 sampled schools. It was noted that only Kasenyi P/S held 3 mandatory meeting in FY 2017/18 as shown in the table below:</p> <table border="1"> <thead> <tr> <th>Schools</th> <th>Date of minutes</th> <th>Period (Term)</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Kasenyi P/S</td> <td>23/04/2018</td> <td>2018 Term1</td> </tr> <tr> <td>24/10/2017</td> <td>2017 Term3</td> </tr> <tr> <td>14/07/2017</td> <td>2017 Term2</td> </tr> <tr> <td rowspan="2">Rwabagabo P/S</td> <td>22/08/2018</td> <td>2018 Term2</td> </tr> <tr> <td>15/11/2017</td> <td>2017 Term3</td> </tr> <tr> <td>Mubende P/S</td> <td>12/07/2016</td> <td>2016 Term2</td> </tr> </tbody> </table>	Date of meeting	Key highlights	29 th June 2018	Issue of school dropout, Raising mock fees	29 th May 2018	Inspection reports, gender inequality among teachers deployment	28 th March 2018	Indisciplined teachers	22 nd December 2017	SMC membership, Education Department office space and furniture	7 th November 2017	Induction on new SMC	31 st August 2017	Promotion of poor performance learners, Gender issues-some schools have one female teachers	Schools	Date of minutes	Period (Term)	Kasenyi P/S	23/04/2018	2018 Term1	24/10/2017	2017 Term3	14/07/2017	2017 Term2	Rwabagabo P/S	22/08/2018	2018 Term2	15/11/2017	2017 Term3	Mubende P/S	12/07/2016	2016 Term2
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		Evidence that all primary schools have functional SMCs (established, meetings held, discussions of budget and resource issues and submission of reports to MEO)	Check files from MEO if head teachers have submitted reports to SMCs and minutes of SMCs (check the entire list and sample 5 reports)	Study files from 5 randomly sampled primary schools to confirm whether they have SMCs and review																																		
		100% schools: score 5 80 to 99% schools: score 3 Below 80 %																																				

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings						
			schools: score 0	whether they have held 3 mandatory meetings		<table border="1"> <tr> <td>Kattabalanga</td> <td>03/06/2018</td> <td>2018 Term2</td> </tr> <tr> <td>Kaweeri</td> <td>12/04/2018</td> <td>2018 Term1</td> </tr> </table> <p>Since only 20% of the sampled schools had a functional SMC, the score is zero.</p>	Kattabalanga	03/06/2018	2018 Term2	Kaweeri	12/04/2018	2018 Term1
Kattabalanga	03/06/2018	2018 Term2										
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	12.	The Municipal LG has publicised all schools receiving non-wage recurrent grants (Maximum 3 points)	<ul style="list-style-type: none"> Evidence that the Municipal LG has publicised all schools receiving non-wage recurrent grants e.g. through posting on public notice boards - score 3 points 	<ul style="list-style-type: none"> Check the Municipal notice boards to establish if the Education department publicised all schools receiving non-wage recurrent grants for public viewing Check a sample of schools for postings of non-wage recurrent grants 	3	<ul style="list-style-type: none"> The municipal noticeboards were reviewed. There was evidence that the Education department publicised all schools receiving non-wage recurrent grants for public viewing. All the 5 sampled schools had the UPE funds published on manila papers in the head teacher's office or the staff room. 						
(D) Procurement and contract management (Maximum 7 points)	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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> From the MEO obtain and review submission to Procurement Unit; From DPU crosscheck submission from MEO 	0	<ul style="list-style-type: none"> The Procurement Plan 2018/2019 for Mubende MLG Education Department was prepared by Municipal Education Officer Kyeyune Godfrey on 15th May 2018, and approved by Head of Department Kabunga Asaph. It was submitted to Head of the Procurement and Disposal Unit (PDU) after the due date of 30th April 2018; on 16th May 2018. Investment items: Classroom construction at Busurera P/S valued at USHS. 80,000,000 and purchase of motor vehicle was estimated at Ushs. 160,000,000 was captured in the Annual Sector Work plan as submitted in the Education Procurement Plan. 						

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
	14	The LG Education department has certified and initiated payment for suppliers on time (Maximum 3 points)	by April 30, 2018 - score 4 points	<ul style="list-style-type: none"> From the CFO obtain a sample of contracts, review and determine whether payment requests were certified and recommended on time 	3	<p>Mubende MLG Education department certified (within 28 days) and initiated payment (within 30 days) for works on time as summarised below;</p> <p>Contract signed between Kyerimpa Holdings Limited and Mubende Municipal Council for Ushs. 22,327,370 on 4th November 2017 for Completion of 2 classroom block at Nabitimpa Primary School;</p> <ul style="list-style-type: none"> The requests for payment submitted by Kyerimpa Holdings Limited were certified and recommended for payment on time. Kyerimpa Holdings Limited completed works on 12th January 2018. The Municipal Engineer certified the works on 16th January 2018 as evidenced in Interim Certificate No.1. The payment request for sum Ushs. 22,327,370 from the contractor dated 12th January 2018 was recommended for payment by the Senior Assistant Internal Auditor on 16th January 2018. <p>Contract between Sakal Investments Limited and Mubende Municipal Council for the sum Ushs. 64,973,809 dated 16 March 2018 for Construction of 2 classroom block at Mazooba P/S</p> <ul style="list-style-type: none"> The request for payment by Sakal Investments Limited for the construction of a 2 classroom block at Mazooba P/S was certified and recommended on time. The contractor completed the first phase of works on 12th April 2018 and works were certified on 16th April 2018 by the Assistant Engineering Officer. The contractor submitted their claim for payment on 12th April

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings					
(E) Financial management and Reporting <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"> 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 15th July for consolidation: score 4 points 	<ul style="list-style-type: none"> From the Planning Unit, obtain and review performance report files From the MEO check annual and quarterly reports for the previous FY (2017/18) 	4	<ul style="list-style-type: none"> 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. However, we noted that all the quarterly performance reports included input from the education department and Mubende MLG annual performance report for the FY 2017/18 was submitted to MoFPED on 14th August 2018 before the deadline of 30th August 2018. 					
	16	LG Education has acted on Internal Audit recommendations (if any) <i>(Maximum 4 points)</i>	<ul style="list-style-type: none"> 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 (2017/18) 	<ul style="list-style-type: none"> From the Internal Auditor obtain copies of sector audit reports from the internal audit and Management responses for the previous FY (2017/18) 	0	<p>The Town Clerk appears before LGPAC and responds to the queries. The Town Clerk then requests the departmental heads to respond to the issues raised.</p> <p>We reviewed the quarterly internal audit reports and noted the department has not provided information to the internal audit on the status of implementation of all audit findings for the FY 2017/18 as shown in the table below:</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Finding</th> <th>Response</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>No issues raised</td> <td>No response required</td> </tr> </tbody> </table>	Quarter	Finding	Response	1	No issues raised
Quarter	Finding	Response									
1	No issues raised	No response required									

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings	
			<ul style="list-style-type: none"> ✓ If sector has no audit query - score 4 points ✓ If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year (2017/18) - score 2 points ✓ If all queries are not responded to - score 0 			<p>2</p> <p>Incomplete procurement records for procurements worth USHS. 9,311,000 at Kasenyi SSS.</p> <p>Absence of department work plans at Kasenyi SSS</p> <p>Absenteeism of school management leaders at Bright SSS</p> <p>Incomplete procurement records at Mubende High Secondary School.</p> <p>No standardised official documents used such as vouchers, requisitions, pay sheets and vote books at Mubende High Secondary School.</p> <p>Unauthorised expenditure and activities at Mubende High Secondary School.</p> <p>No evidence of bank reconciliations for the period June and July 2017 at Mubende High Secondary School.</p> <p>No existence of an asset register at Mubende High Secondary School.</p> <p>Absence of department work plans at Mubende High Secondary School.</p> <p>Failure to present books of accounts for audit at Comprehensive SSS</p> <p>Use of non-standardised documents at Mubende Light SS</p> <p>Failure to appoint a vote controller at Mubende Light SS</p> <p>Absence of departmental work plans at Mubende Army SSS</p> <p>Failure to appoint vote controllers at Mubende Army SSS</p>	No action taken

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings	
						<p>Non-payment of school fees worth USHS. 5,315,600 at St Peters Technical Institute</p> <p>Expiry of Board Committee members term of office at St Peters Technical Institute</p> <p>Irregular approval of budget estimates at St Peters Technical Institute</p> <p>Absence of departmental work plans at St Peters Technical Institute</p> <p>No clear procurement systems and procedures followed at St Peters Technical Institute</p> <p>Failure to appoint vote controllers at St Peters Technical Institute</p> <p>Non standardised financial documents used at St Peters Technical Institute</p> <p>* Failure to facilitate internal auditors to inspect UPE schools</p> <p>Low level of academic performance for UPE schools</p> <p>There is lack of a uniform format of the requisition voucher forms for primary schools for UPE</p>	
					3	<p>Failure to present books of accounts for audit at Katabalung, Buswera, Mazooba and St Mary's Primary schools</p> <p>No evidence of accountability submitted to the MEO for Bivwanga Church of Uganda</p>	No action taken
					4	<p>Failure to present books of accounts for audit by Comprehensive SS and St</p>	No action taken

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
						<p>Peters Technical Institute</p> <p>Doubtful tax remittances of USHS. 390,000 for Mubende Light SS</p> <p>Failure to appoint a vote controller at Mubende Light SS</p> <p>Expiry of Board Committee members term of office at Mubende Light SS</p> <p>Doubtful tax remittances of USHS. 3,314,856 for Kasenyi Secondary School</p> <p>Non-payment of school fees worth USHS. 260,846,450 at Kasenyi Secondary School</p> <p>Lapses in the procurement processes</p> <p>Failure to appoint vote controllers at Mubende Army SS</p> <p>Use of non-standardised requisitions at Mubende Army SS</p> <p>Use of non-standardised asset registers at Mubende Army SS</p> <p>No stores system followed at Mubende Army SS</p> <p>Non-payment of school fees worth USHS. 37,651,800 at Mubende Army SS</p>

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
(F) Social and environment safeguards <i>(Maximum 8 points)</i>	17	LG Education Department has disseminated and adhered to gender guidelines <i>(Maximum 5 points)</i>	<ul style="list-style-type: none"> Evidence that the LG Education department in consultation with the gender focal person has disseminated guidelines on how senior women/ men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills etc....: score 2 points Evidence that LG Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools – score 2 points 	<ul style="list-style-type: none"> 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. From the MEO obtain evidence on dissemination of sanitation guidelines and awareness raising on how to manage sanitation for girls and PWDs in primary schools 	0	There was no evidence of dissemination of gender guidelines on how senior women/ men teachers should provide guidance to girls and boys to handle hygiene, reproductive health and life skills.
			<ul style="list-style-type: none"> From the MEO obtain evidence on dissemination of sanitation guidelines and awareness raising on how to manage sanitation for girls and PWDs in primary schools 		0	There was no evidence to show that the MLG issued guidelines on how to manage sanitation for girls and PWDs in primary schools. At the sampled schools, there were no guidelines seen on file or notice boards and at the office of the MEO.

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
	18	LG Education department has ensured that guidelines on environmental management are disseminated and complied with (Maximum 3 points)	<ul style="list-style-type: none"> ▪ Evidence that the LG Education department in collaboration with Environment department has issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education etc.); score 3 points 	<ul style="list-style-type: none"> ▪ From the sampled schools, check whether the SMC meets the guideline on gender composition <ul style="list-style-type: none"> • From MEO obtain and review: <ul style="list-style-type: none"> ✓ Circulars to schools ✓ Minutes of meetings with teachers ✓ Sample of schools ✓ Inspection reports to schools • From the Environmental officer obtain and review: Filled screening forms to ascertain whether screening was done and whether risks mitigation plans were developed. 	1	<p>The School Management Committees for the 3 sampled schools (Kaweeri, Kattabalanga and Rwabogabo Primary schools) were duly composed with at least 2 females, following the guidelines in the Education (pre-primary, primary and Post Primary) Act, 2008</p> <p>There was no evidence that guidelines on environmental management were disseminated and complied with. The MLG does not have environmental management guidelines in place. Some meetings were held with head teachers, but no discussion of environmental management guidelines. There were no circulars on file at the environmental officer's office communicating environmental management activities to schools.</p>

Performance Area	No	Performance Measures	Scoring guide	Assessment Procedure	Score	Detailed assessment findings
				<ul style="list-style-type: none"> From the Environmental officer and CDO obtain and review: Site visit reports to establish whether they checked compliance to the risk mitigation plans 	42	
Total						