



Local Government Performance Assessment

Amuria District

(Vote Code: 565)

Assessment	Scores
Accountability Requirements	67%
Crosscutting Performance Measures	64%
Educational Performance Measures	73%
Health Performance Measures	48%
Water Performance Measures	56%

Summary of requirements	Definition of compliance	Compliance justification	Compliant?
Annual performance contract			
<p>LG has submitted an annual performance contract of the forthcoming year by June 30 on the basis of the PFMAA and LG Budget guidelines for the coming financial year.</p>	<ul style="list-style-type: none"> • From MoFPED's inventory/schedule of LG submissions of performance contracts, check dates of submission and issuance of receipts and: <ul style="list-style-type: none"> o If LG submitted before or by due date, then state 'compliant' o If LG had not submitted or submitted later than the due date, state 'non-compliant' • From the Uganda budget website: www.budget.go.ug, check and compare recorded date therein with date of LG submission to confirm. 	<p>Amuria district was compliant with the PFMAA and LG budget submission guidelines. Performance Contracts were submitted on line on the 30th of July 2018 and duly received at the MoFPED on the same date as reflected on inventory/schedule of LG submissions of Performance contracts generated at the MoFPED on the 28th of August 2018.</p> <p>Hard copies of the Performance contracts were also available at the District Planning unit duly endorsed by the CAO and the District LC V chairperson. The hardcopies were received at the ministry on the 14/08/18.</p>	Yes
Supporting Documents for the Budget required as per the PFMA are submitted and available			

<p>LG has submitted a Budget that includes a Procurement Plan for the forthcoming FY by 30th June (LG PPDA Regulations, 2006).</p>	<ul style="list-style-type: none"> • From MoFPED's inventory of LG budget submissions, check whether: <ul style="list-style-type: none"> o The LG budget is accompanied by a Procurement Plan or not. If a LG submission includes a Procurement Plan, the LG is compliant; otherwise it is not compliant. 	<p>Amuria was compliant with the PFMAA and LG budget submission guidelines. Performance Contracts (with a budget that includes a procurement Plan as an appendix) were submitted on line on the 30th of July 2018 and duly received at the MoFPED on the same date as reflected on inventory/schedule of LG submissions of Performance contracts generated at the MoFPED on the 28th of August 2018.</p>	<p>Yes</p>
<p>Reporting: submission of annual and quarterly budget performance reports</p>			
<p>LG has submitted the annual performance report for the previous FY on or before 31st July (as per LG Budget Preparation Guidelines for coming FY; PFMA Act, 2015)</p>	<p>From MoFPED's official record/inventory of LG submission of annual performance report submitted to MoFPED, check the date MoFPED received the annual performance report:</p> <ul style="list-style-type: none"> • If LG submitted report to MoFPED in time, then it is compliant • If LG submitted late or did not submit, then it is not compliant 	<p>Amuria district was not compliant with the requirement to submit the Annual Performance Report for the previous FY on or before the 31st of July. The Annual Performance Report was submitted on line to MoFPED on 24th of August 2018 (as reflected on the inventory/schedule of LG submissions of Performance contracts generated at the MoFPED on the 28th of August 2018. This was after the expiry of the deadline of 31st July 2018 as per PFMA Act 2015.</p> <p>Reasons given by the planner for the delayed submission included among others, challenges faced by the heads of departments in using the newly introduced PBS system. In addition, there was a lot of work load within departments as all departments were striving to prepare, complete and submit all mandatory reports within the same period.</p>	<p>No</p>

<p>LG has submitted the quarterly budget performance report for all the four quarters of the previous FY by end of the FY; PFMA Act, 2015).</p>	<p>From MoFPED's official record/ inventory of LG submission of quarterly reports submitted to MoFPED, check the date MoFPED received the quarterly performance reports:</p> <ul style="list-style-type: none"> • If LG submitted all four reports to MoFPED of the previous FY by July 31, then it is compliant (timely submission of each quarterly report, is not an accountability requirement, but by end of the FY, all quarterly reports should be available). • If LG submitted late or did not submit at all, then it is not compliant. 	<p>Amuria district was not compliant with the requirement to submit the quarterly budget performance report by the 31st July as per PFMA Act 2015. The Quarterly budget performance report was submitted on line on the 28th of August 2018 as reflected on inventory/schedule of LG submissions of Quarterly reports generated at the MoFPED on the 28th of August 2018. Submission was done after the expiry of the submission date of the 31st July 2018. Hard copies of the 4 sets of quarterly reports were available at the district Planner's office and were duly endorsed by the CAO and the district LC V chairperson.</p>	<p>No</p>
<p>Audit</p>			

<p>The LG has provided information to the PS/ST on the status of implementation of Internal Auditor General and the Auditor General's findings for the previous financial year by end of February (PFMA s. 11 2g). This statement includes actions against all findings where the Internal Auditor and the Auditor General recommended the Accounting Officer to take action in lines with applicable laws.</p>	<p>From MoFPED's Inventory/record of LG submissions of statements entitled "Actions to Address Internal Auditor General's findings",</p> <p>Check:</p> <ul style="list-style-type: none"> • If LG submitted a 'Response' (and provide details), then it is compliant • If LG did not submit a 'response', then it is non-compliant • If there is a response for all – LG is compliant • If there are partial or not all issues responded to – LG is not compliant. 	<p>The LG submitted to the PS/ST responses/actions to the Internal Audit reports for FY 2017/2018 for 1st and 2nd Quarters on 20th March 2018 and was signed off by the CAO Mr. Leru Andrew.</p> <p>4 items were identified in the 1st quarter and all were acted upon.</p> <ol style="list-style-type: none"> Non release of Local revenue to the department. Un-accounted for funds Failure to maintain revenue registers Under Education – Inadequate accountability under UPE that looked at Non maintenance of cash book, vouchers not being stamped PAID and poor number of payment vouchers. <p>A gain 4 items were identified in Quarter 2 and all of them were acted on and responses provided for that matter.</p> <ol style="list-style-type: none"> Unaccounted for funds Under Education schools failing to avail files for audit, inadequacies in accountabilities and lapses in internal controls as required in procurement under Education Under water – lapses in the procurement processes and procedures <p>(A) Internal Auditor General FY 2017/2018</p> <p>Number of queries raised Number of queries cleared Number of queries pending</p> <p>8 8 None</p>	<p>Yes</p>
<p>The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer.</p>		<p>From the Auditor General's report for the FY 2017/18 the LG obtained a qualified opinion.</p>	<p>Yes</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Planning, budgeting and execution			
<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<p>Evidence that a district/ municipality has:</p> <ul style="list-style-type: none"> • A functional Physical Planning Committee in place that considers new investments on time: score 1. 	<p>The district has a functional Physical Planning Committee that considers new investments. The committee is composed of 10 members including; the District Engineer, Water Officer, Agricultural Officer, District Community Development Officer, District Health Officer, Town Clerk, Environment Officer, Natural Resources Officer, Physical Planner (secretary to the committee) and CAO as Chairperson.Appointment letters were issued to all committee members by the CAO on the 16/01/2017, Ref: CR/186/2.</p>	1
<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that district/ MLG has submitted at least 4 sets of minutes of Physical Planning Committee to the MoLHUD score 1. 	<p>Minutes of the committee (4 sets of minutes) were submitted to MoPHUD registry as per letter from CAO to the Physical Planning department dated 28/08/18 Ref. CR/213/5, although the minutes had not yet been registered in the Local Governments' Minutes Registration Book at the Directorate of Physical Planning at the Ministry of Lands Housing and Urban Development by the 29th of August 2018, when the Assessor checked the registration book.</p> <p>The committee sat on the dates indicated below:</p> <ul style="list-style-type: none"> - Meeting of 5/10/2017: Approved Air tel Plans as per minute number 04/04/2017 - Meeting of 30/11/201: Approved district investment Plans as per minute number 04/13/11/2017. - Meeting of 29/03/2018- Approved Plans for Acoa Adolescent centre as per minute number 04/a/03/11/2017 	1

<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> • All infrastructure investments are consistent with the approved Physical Development Plan: score 1 or else 0 	<p>Amuria district has not yet developed a Physical Development Plan; hence it was not possible to verify the consistency of infrastructure projects against any physical development plan.</p>	<p>0</p>
<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> • Action area plan prepared for the previous FY: score 1 or else 0 	<p>Four (4) Area Action Plans for New Growth Areas, had been developed by the time of the review. These included: Amolo Trading Centre, Agas Trading Centre and Asinga Trading Centre. Copies of the Physical Plans that had been developed were presented to the Assessor by the Physical Planner of Amuria district..</p>	<p>1</p>

The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year

development plan, are based on discussions in annual reviews and

budget conferences and

have project profiles

Maximum 5 points on this performance measure.

• Evidence that priorities in AWP for the current FY are based on the outcomes of budget conferences: score 2.

Priorities in the Amuria district Annual Work plan in the current FY were based on the outcomes of the budget conferences.

A review of minutes of the Amuria District budget conference held on 2/11/2017 and the budget conference report dated 2/11/2017 revealed that the priorities summarised in the annual work plan on pages 14-18 were consistent with those mentioned in the budget conference report. Some of the projects mentioned in the report that appear in the Annual Work Plan included:

- Construction of council chambers
- Installation of a fish feeding machine
- Renovation of health staff quarters
- Renovation of maternity wards
- Construction of Classrooms
- Construction of laboratories
- Construction of pit latrines
- Low cost sealing of roads
- Drilling of Boreholes
- Micro solar water supply project

<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the capital investments in the approved Annual work plan for the current FY are derived from the approved five-year development plan. If differences appear, a justification has to be provided and evidence provided that it was approved by the Council. Score 1. 	<p>The capital investments in the Approved Annual Work plan for the current FY were derived from the approved five-year development plan. A review of the Amuria Five Year Development Plan (2015/16- 2019/20), page 244 presents a summary of the capital investments across the sectors which are consistent with those included in the Annual work Plan and Budget. The budgetary allocations are also mentioned on pages 188-189 of the 5 year Development Plan. Key capital investment projects included: Completion of Seed Secondary Schools, construction and rehabilitation of old OPD ward at Wera HC III, Construction of a 3 stance pit latrine at Amusus HC III, Renovation of the Surgical Theatre at Amuria HC IV.</p>	<p>1</p>
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<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> • Project profiles have been developed and discussed by TPC for all investments in the AWP as per LG Planning guideline: score 2. 	<p>Whereas Project Profiles were developed for investments in the Annual Work Plan, and some were discussed at the TPC meeting of 16/05/2018, profiles for the Education department were not developed and hence not presented at the TPC meeting by the DEO. Minutes of the TPC meeting were available in the office of the District Planner (Ref: file of the minutes of the TPC meetings). A review of the minutes by the Assessor revealed that indeed the education department (DEO) did not present profiles for investments in the education department.</p>	<p>0</p>
<p>Annual statistical abstract developed and applied</p> <p>Maximum 1 point on this performance measure</p>	<ul style="list-style-type: none"> • Annual statistical abstract, with gender-disaggregated data has been compiled and presented to the TPC to support budget allocation and decision-making- maximum score 1. 	<p>No Statistical Abstracts were developed during the previous FY (2017/18) and therefore there was no presentation made to the TPC of the statistical abstracts to support budget allocation and decision making for 2018/19. However, Statistical Abstracts for the FY 2016/17 (that were used for planning for FY 2017/18) were available at the district Planner's office.</p> <p>Reasons cited by the planner for the failure to develop statistical abstracts included among others, included the workload on the office of the Planner (particularly the statistician) that could not allow him time to update the statistical data for the district.</p>	<p>0</p>

<p>Investment activities in the previous FY were implemented as per AWP.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that all infrastructure projects implemented by the LG in the previous FY were derived from the annual work plan and budget approved by the LG Council: score 2 	<p>All infrastructure projects implemented by the LG in the previous FY were derived from the annual work plan and budget approved by the LG Council</p> <p>A review of the Annual Work Plan of FY 2017/18 by the Assessor revealed that 26 infrastructure projects were planned. This information was verified against an extract from the Annual Work Plan dated 13/04/2018 available at the district Planner's office. Further comparison was made with the infrastructure projects indicated in the Annual Performance Report that was submitted to MoFPED on the 24/08/2018. The projects were consistent with those indicated in the AWP. The infrastructure projects implemented included the following:</p> <ul style="list-style-type: none"> - Construction of Council Chambers - Installation of a Fish Feeds Mill - Renovation of staff quarters at the Agonga HC II - Renovation of a maternity ward at Obalanga HC III - Construction of classrooms - Construction of laboratories at Wera SS - Construction of Pit Latrines at Wera SS - Low cost sealing of selected community roads - Drilling of Bore holes - Micro water supply project - Renovation of the Planning office - Renovation of the DCAO's office 	<p>2</p>
<p>Investment activities in the previous FY were implemented as per AWP.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY. o 100%: score 4 o 80-99%: score 2 o Below 80%: 0 	<p>Eighteen (18) out of the 19 Investment projects (excluding water and road construction projects) implemented in the previous FY were completed as per work plan by the end of the FY. This constituted a percentage completion of 94.7 %.</p> <p>A comparison was made of the planned investment projects in the Annual work Plan and Budget (an extract of the planned projects was available in the district planners office) with the projects reported in the Annual Budget Performance Report and the final accounts available in the CFO's office. All projects were reported as Completed except the periodic maintenance of 27 KM stretch of road.</p>	<p>2</p>

The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY

Maximum 4 points on this Performance Measure.

• Evidence that all investment projects in the previous FY were completed within approved budget – Max. 15% plus or minus of original budget: score 2

All investment projects in the previous FY were completed within the approved budget- Maximum 15% plus or minus of the original budget.

A review of information contained in the Annual budget performance report (as part of the Q4 report submitted to MoFPED on the 24/08/18 and the Annual Final Accounts confirmed that the projects were completed within the approved budgets.

Five examples of projects were completed included:

- Renovation of a Female Ward and Maternity Ward at Katakwi hospital- Budgeted amount-180,000,000=, Actual expenditure-182,000,000= (% variance 2.5%)

- Alele- Omodoi Project- Fully completed as evidenced by the Practical completion report by the district Engineer dated 11/07/2018 (budgeted cost was 425,630,000= shillings and actual budget expenditure was 419,613,000= (% -ve variance of 14%)

- Construction works at Katakwi Hospital -Fully completed. Budgeted amount-120,000,000=, Actual expenditure-126,250,000= (% variance of 5%)

- Construction of a 2 classroom block at Kokorio PS- budgeted amount-80,000,000=, Actual Expenditure-79,952,000= (% variance - 0.06%.

- Adele road project- Budgeted amount - 425,163,000=, Actual Expenditure- 419,613,000= (% varinace of 1.3 %)

<p>The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG has budgeted and spent at least 80% of the O&M budget for infrastructure in the previous FY: score 2 	<p>While Amuria district made budget provisions for Operations and maintenance of some of the infrastructure projects, it was difficult to identify specific budget lines for operations and maintenance across all sector budgets as presented in the annual final accounts and the Annual performance report. The projects that had budgets allocated exclusively for Operations and Maintenance were mainly renovation projects that required repairs and or renovations such as:</p> <ul style="list-style-type: none"> - Renovation of the Education department office block - Renovation of staff house in Agonga HC II - Rehabilitation of the maternity ward at Obalanga - Rehabilitation of the District Planning department offices <p>Quoting only the O&M budget for exclusively renovation and rehabilitation projects was deemed by the assessor not to be representative of the entire O&M budget.</p> <p>For other infrastructure projects that were not of a renovation nature, it was not possible to identify specific budget lines for O&M hence rendering it difficult to compute the percentage expenditure on O&M.</p>	<p>0</p>
<p>Human Resource Management</p>			

<p>LG has substantively recruited and appraised all Heads of Departments</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that the LG has filled all HoDs positions substantively: score 3 	<p>Review of the District Approved structure for 2017/18 (copy of approval from Ministry of Public Service seen Ref. No: ARC/135/306/01 indicates that the District has 11 departments.</p> <p>Of the 11 provided HoDs positions only 5 are substantively filled while 6 are in acting positions. Below are the details of two sampled HoDs in acting positions:</p> <p>Chelli Peter Production Appointed as a Principal Veterinary officer on 1/6/2018 under DSC minute No: DSC/AMUR/05/05/2018 (1) (h). He was assigned duties as Acting District production Officer by CAO (copy of letter of assignment of duty seen Ref No. CR/156/1 dated 1st 11/2016)</p> <p>Alungat Petua Finance Appointed as Internal Auditor on 20th May 2015 under DSC minute No: 19/04/2015. She was assigned duties as Acting CFO by CAO (copy of renewal of assignment of duty seen Ref No. CR/156/4 dated 20th June 2017)</p> <p>The positions of the District Engineer, and production were reportedly advertised but the candidates that expressed interest did not have sufficient qualification and experience. The District plans to re-advertise and also engage the Ministry to help them source for qualified candidates.</p> <p>The CFO and DHO were interdicted and convicted six years ago (these officers appeal the sentence so the LG is still not sure of whether they should fill these positions).</p>	<p>0</p>
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LG has substantively recruited and appraised all Heads of Departments

Maximum 5 points on this Performance Measure.

• Evidence that HoDs have been appraised as per guidelines issued by MoPS during the previous FY: score 2

All the District HoDs were appraised, copies of the appraisals and performance reports seen as elaborated below:

- Akelem Emmanuel District Planner Performance report of 2017/18 seen. Counter signed by the CAO on 4th/09/2018. File No CR/D/1007
- Oloit John Micheal Community Based Services. The officer was appraised by the CAO on 13/7/2018. Copy of the appraisal seen. File No. CR/D/10067
- Osuku Julius Internal Audit. The officer was appraised by the Town Clerk on 9th/7/2018. Copy of the appraisal seen. File No. CR/D/11735
- Cheli Peter Production. The officer was appraised by the CAO on 30th/6/2018. Copy of the appraisal seen. File No. CR/D 10375
- Eonya Julius Works He has just been assigned duties 26/07/2018. He was appraised for 2017/18 by the District Engineer of Amuria on 2nd/7/2018 (File reference NoCR/D/11771)
- Akiror Stella Health Services The officer was appraised the former acting District health officer on 28th/06/2018 (File reference NoCR/D/10050)
- Aucha Flavia Natural Resources Management Performance report for the period 2017/18 seen. The report was signed by Deputy CAO on 01/09/2018. The Appraisal form too was signed by the Deputy CAO on 1st/09/2018. File Ref No. CD/D/101204.
- Acom Kellen District Education Officer The officer was appraised the appraisal report signed by the CAO on 16/7/2018. File No: CR/D/10080
- Alungat Petua Finance The officer was appraised for the period 2017/18 by the CAO on 06/07/2018. File No CR/D/10001
- Apio Jesca Statutory Bodies The officer was appraised for the period 2017/18 by the PAS on 12/07/2018. File No CR/D/10170

The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.

Maximum 4 points on this Performance Measure.

• Evidence that 100 % of staff submitted for recruitment have been considered: score 2

The DSC received submission of positions for recruitment on replacement basis from CAO on 24th January 2018; letter ref No. CR/156/4 and an adjusted submission to increase the number of staff to be recruited on 22nd June 2018

Between 19th and 21st Feb 2018 the commission met discussed and approved the advert for recruitment of new staff under DSC Minute No: MIN/DSC/AMUR/03/02/2018.

All the advertised positions were considered by the DSC under the following minutes below as extracted from the minutes extracts of the DSC

11) Assistant Town Clerks Considered under Min. DSC/AMUR/04/06/2018 (a) (3)

1) Stenographer Secretary Considered under Min. DSC/AMUR/04/06/2018 (a) (6)

2) Principal Human Resource Officer Considered under Min. DSC/AMUR/04/06/2018 (a) (1)

35) Parish Chief Considered under Min. DSC/AMUR/04/06/2018 (a) (5)

15) Drivers Considered under Min. DSC/AMUR/04/06/2018 (a) (8)

9) Senior Assistant secretary Considered under Min. DSC/AMUR/04/06/2018 (a) (2)

1) Office Attendant Considered under Min. DSC/AMUR/04/06/2018 (a) (7)

10) Accounts Assistant Considered under Min. DSC/AMUR/04/06/2018 (a) (9)

1) Planner Considered under Min. DSC/AMUR/04/06/2018 (a) (20)

2) CDO Considered under Min. DSC/AMUR/04/06/2018 (a) (16)

1) Sports Officer Considered under Min. DSC/AMUR/04/06/2018 (a) (13)

10) Deputy head teacher Considered under Min. DSC/AMUR/04/06/2018 (a) (14)

<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for confirmation have been considered: score 1 	<p>From review of submission of confirmation from CAO's office in 2017/18 it was found out that 22 staff were submitted to the DSC for confirmation only 6 (27%) were confirmed. The six that were confirmed were:</p> <p>Emoju George</p> <p>Echeru Israel</p> <p>Enyetu Patrick</p> <p>Omoto Moses</p> <p>Alupot Betty</p> <p>Ekelot Emmanuel</p>	<p>0</p>
<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1 	<p>From review of submissions from the CAO's office to the DSC in regards to disciplinary action, it was found out that not all submissions were handled by the DSC as indicated in the sampled two cases below:</p> <p>Olupot Samuel Case not yet handled but culprit invited to appear by the Chairman of DSC</p> <p>Abao Egou William Case not yet handled but culprit invited to appear by the Chairman of DSC</p>	<p>0</p>

<p>Staff recruited and retiring access the salary and pension payroll respectively within two months</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that 100% of the staff recruited during the previous FY have accessed the salary payroll not later than two months after appointment: score 3 	<p>Findings from the assessment revealed that there was no appointment of new staff in the District in 2017/18 FY. This was also evidenced from review of minutes from the DSC. The only appointments made were for transfer in service and appointment on promotion but no new recruitment. The process of new recruitment extended in 2018/19 (appointment letters for the new recruits issued in July 2018 as the DSC only finalized considering the vacancies in June 2018).</p>	<p>3</p>
<p>Staff recruited and retiring access the salary and pension payroll respectively within two months</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that 100% of the staff that retired during the previous FY have accessed the pension payroll not later than two months after retirement: score 2 	<p>Review of the Pension list revealed that there were 15 staff due for retirement in 2017/18. All the 15 (100%) retiring staff had not accessed the payroll by the time of the assessment as indicated the sample of five retiring staff below:</p> <p>Amuron Jolly 20/5/2018 Had not accessed the payroll. File still in DSC for regularization of 1st appointment</p> <p>Okello Joseph M 23/12/2017 Had not accessed the payroll. His 1st appointment has just been regularized</p> <p>Ojada John M 3/1/2018 Had not accessed the payroll. His 1st appointment has just been regularized</p> <p>Akwanu Beatrice 1/1/2018 Had accessed payroll. The file had wrong date of birth and got murdered before rectifying</p> <p>Agoro Christine 21/1/2018 Had not accessed. The file still at the Ministry</p> <p>To avoid the delays in enrolling retired staff on the pension payroll, the district is undertaking a pre-retirement guidance to prepare staff for retirement before they retire. Helping them to know the mandatory instruments required so that they can start to prepare early. Initially people would just retire and disappear which would delay the process of processing their pensions.</p>	<p>0</p>
<p>Revenue Mobilization</p>			

<p>The LG has increased LG own source revenues in the last financial year compared to the one before the previous financial year (last FY year but one)</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> •• If increase in OSR (excluding one/off, e.g. sale of assets) from previous FY but one to previous FY is more than 10 %: score 4. • If the increase is from 5% -10 %: score 2. • If the increase is less than 5 %: score 0. 	<p>Received and reviewed the draft financial statements prepared by 30 August 2018 together with the final financial statements for the FY 2016/17 and was able to extract the own source revenue as presented below:</p> <p>Total of OSR for FY 2016/2017 Shs. 206,488,489</p> <p>Total of OSR for FY 2017/2018 Shs.236,804,789</p> <p>Increase was Shs.30,316,300</p> <p>Percentage 14.7%</p> <p>Since the increase is above the score of 10%, the LG scores full marks</p>	<p>4</p>
<p>LG has collected local revenues as per budget (collection ratio)</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • If revenue collection ratio (the percentage of local revenue collected against planned for the previous FY (budget realisation) is within +/- 10 %: then score 2. If more than +/- 10 %: Score 0. 	<p>Reviewed the original budget for the District and was able to ascertain the budget for local revenue as shs.557,819,000. Accordingly reviewed the draft financial statements for the FY 2017/18 where the local revenue was extracted.</p> <p>Total Local Revenue Planned/Budgeted for FY 2017/2018 Shs.557,819,000</p> <p>Total Local Revenue collected during FY 2017/2018 Shs.236,804,789</p> <p>Performance 42.4%%. The uncollected OSR stands at 57.6% which is outside the threshold of +/- 10 hence the LG doesn't score.</p>	<p>0</p>

<p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the District/Municipality has remitted the mandatory LLG share of local revenues: score 2 	<p>Reviewed the draft financial statements and the request for local service tax by Amuria Town council dated 13/03/2018 referenced CR/LR/LST/2017-18 and the payment voucher No. 16999720 as well as payment voucher No. 15609629 for the transmittal of funds to LLG and noted the following:</p> <p>Local Revenue collections subjected to sharing with LLGs Shs.64,115,650</p> <p>Amount of local revenue remitted to LLGs Shs.18,837,400</p> <p>Status of compliance: 29.4% remitted to the LLG. The LG was not able to remit the mandatory 65% of the funds collected due to cash flow challenges. The LG doesn't score on this.</p>	<p>0</p>
<p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the total Council expenditures on allowances and emoluments- (including from all sources) is not higher than 20% of the OSR collected in the previous FY: score 2 	<p>Reviewed the figures as extracted from the trial balance which is part of the draft financial statements and noted:</p> <p>Total expenditure on council allowances during FY 2017/2018 being shs.65,942,000. The OSR is for the period being shs.206,488,489</p> <p>Percentage of expenditure on council activities is 31.9%. The amount paid out as allowances to council exceeded the 20% of the OSR as provided in the manual.</p>	<p>0</p>
<p>Procurement and contract management</p>			
<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the District has the position of a Senior Procurement Officer and Procurement Officer (if Municipal: Procurement Officer and Assistant Procurement Officer) substantively filled: score 2 	<p>The District does not have a substantive senior procurement officer. The Acting senior procurement officer; Egobu Richard is a commercial officer who was assigned duties of acting senior procurement officer on 26th July 2018 by the CAO. Letter Ref No: CR/153/1</p>	<p>0</p>

<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1 	<p>TEC produced and submitted reports to the Contracts Committee.</p> <p>For example Technical evaluation Committee meeting was held 30/October/2017; approved the project under minute no: CC/SEPT/2017-2018/APPROVALS/04(d) for project ref Amun 565/2017-2018/00003.</p> <p>Produced report (30/October/ 2018) submitted to contracts committee. The report recommended KLR (U) Limited for the award of the contract.</p>	<p>1</p>
<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the Contracts Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1 	<p>Contracts Committee considered recommendations of the TEC. For example Report of the contracts committee seating on 16/November/2017, minute no CC/NOV/2017-2018/AWARD/15 (Item5), as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation of awarding contract to KLR(U)Ltd at a contract sum 79,604,336 UGX</p>	<p>1</p>

The LG has a comprehensive Procurement and Disposal Plan covering infrastructure activities in the approved AWP and is followed.

Maximum 2 points on this performance measure.

• a) Evidence that the procurement and Disposal Plan for the current year covers all infrastructure projects in the approved annual work plan and budget and b) evidence that the LG has made procurements in previous FY as per plan (adherence to the procurement plan) for

the previous FY: score 2

-The procurement and Disposal Plan for 2018/2019 year covers all infrastructure projects in the approved annual work plan and budget. For example Construction of storied building (COUNCIL CHAMBERS PHASE IV with estimated budget of UGX 220 Million), (ref Amun/565/wrks/18-19/00004)

Renovation of Deputy CAOs Residence estimated budget of UGX 15 Million(ref Amun/565/wrks/18-19/00010) , Drilling of Nine bore holes at UGX 162Million(ref Amun/565/wrks/18-19/00005) , Low cost sealing of Amuria DLG Roads at UGX 220Million(ref Amun/565/wrks/18-19/00006) , Construction of standard Maternity Ward in Golokwara HCII at UGX 135 Million (ref Amun/565/wrks/18-19/00007)

-In FY 2017/2018 procurements were done as per plan in accordance with the procurement plan).

-Drilling of 4 bore holes at UGX 76 Million (ref Amun/565/wrks/17-18/00003)

-Renovation of Maternity Ward at Obalanga HCII at UGX 30 Million (ref Amun/565/wrks/17-18/00035).

-Renovation of a staff house in Agonga HCII at 30 Million (ref Amun/565/wrks/17-18/00034)

-Construction of classroom block with office and store at Agereger P/S at 50 Million (ref Amun/565/wrks/17-18/00005).

-Renovation of Education block at UGX 30 Million (ref Amun/565/wrks/17-18/00033).

-Construction of 5 stance pit latrine at Adodoi P/S at Ugx 17 Million (ref Amun/565/wrks/17-18/00036).

<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/ infrastructure by August 30: score 2 	<p>For FY 2018/2019, By August 30 2018, all bid documents for all investment/infrastructure were prepared above 80%. These include</p> <ul style="list-style-type: none"> -Construction of storied building (COUNCIL CHAMBERS PHASE IV with estimated budget of UGX 220 Million), (ref Amun/565/wrks/18-19/00004) -Renovation of Deputy CAOs Residence estimated budget of UGX 15 Million(ref Amun/565/wrks/18-19/00010) , - Drilling of Nine bore holes at UGX 162Million(ref Amun/565/wrks/18-19/00005) , -Low cost sealing of Amuria DLG Roads at UGX 220Million(ref Amun/565/wrks/18-19/00006) , Construction of standard Maternity Ward in Golokwara HCII at UGX 135 Million (ref Amun/565/wrks/18-19/00007) 	<p>2</p>
<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2 	<p>For FY 2017/2018, contract register fully updated (2017-2018).</p> <p>Quarter 4 report gives all completed procurements such as</p> <ul style="list-style-type: none"> Renovation of a staff house in Agonga HCII at 30 Million (ref Amun/565/wrks/17-18/00034) -Construction of classroom block with office and store at Agereger P/S at 50 Million (ref Amun/565/wrks/17-18/00005). -Renovation of Education block at UGX 30 Million (ref Amun/565/wrks/17-18/00033). -Construction of 5 stance pit latrine at Adodoi P/S at Ugx 17 Million (ref Amun/565/wrks/17-18/00036). 	<p>2</p>

<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For previous FY, evidence that the LG has adhered with procurement thresholds (sample 5 projects): score 2. 	<p>For FY 2017/2018, procurement thresholds were well adhered to. Example of sampled projects</p> <ul style="list-style-type: none"> -Drilling of 4 bore holes at UGX 76 Million (ref Amun/565/wrks/17-18/00003) -Construction of classroom block with office and store at Agereger P/S at 50 Million (ref Amun/565/wrks/17-18/00005). - Low cost sealing of Amuria DLG Roads at UGX 220Million(ref Amun/565/wrks/17-18/00001). -Construction of a min-micro solar pipe water system at UGX 38 Million (ref Amun/565/wrks/17-18/00063). -Construction of Wera Seed School,at UGX 700 million (ref Amun/565/wrks/17-18/00059). 	<p>2</p>
<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all works projects implemented in the previous FY were appropriately certified – interim and completion certificates for all projects based on technical supervision: score 2 	<p>Projects implemented in the FY 2017/18 were appropriately certified with interim and completion certificates as per technical supervision. For example Completion certificates</p> <ul style="list-style-type: none"> -Drilling of 4 bore holes at UGX 76 Million (ref Amun/565/wrks/17-18/00003) certificate no:2 dated 13/06/2018 - Construction of classroom block with office and store at Agereger P/S at 50 Million (ref Amun/565/wrks/17-18/00005) certificate No:1 dated 12/April/2018 - Construction of storied building (COUNCIL CHAMBERS PHASE III with estimated budget of UGX 220 Million), (ref Amun/565/wrks/17-18/00058) Certificate No 1: dated 24th January 2018 - Low cost sealing of Amuria DLG Roads at UGX 220Million(ref Amun/565/wrks/17-18/00001).Certificate No:1 Dated 18/January/2018 -Construction of a min-micro solar pipe water system at UGX 38 Million (ref Amun/565/wrks/17-18/00004).Certificate of completion date 20th June 2018 -Construction of Wera Seed School,at UGX 700 million (ref Amun/565/wrks/17-18/00059). <p>Completion Certificate date:18/July/2018.</p>	<p>2</p>

<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> Evidence that all works projects for the current FY are clearly labelled (site boards) indicating: the name of the project, contract value, the contractor; source of funding and expected duration: score 2 	<p>The FY 2018/2019 project site boards for all projects are not yet erected available but even the one that is erected Construction of storied building (COUNCIL CHAMBERS PHASE IV is not clearly labelled. It misses information on contract value and expected duration.</p>	<p>0</p>
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<p>Financial management</p>																								
<p>The LG makes monthly and up to-date bank reconciliations</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the LG makes monthly bank reconciliations and are up to-date at the time of the assessment: score 4 	<p>Copies of bank reconciliation were received and reviewed and the following noted:</p> <p>The reconciliations are up-to-date and are done within the stipulated time. Systems reconciliations are done on a daily basis and copies were checked. The LG SCORES the points.</p> <table border="1" data-bbox="630 985 1398 1422"> <thead> <tr> <th>Month</th> <th>Status</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>30/06/2018</td> <td>Done</td> <td>6/07/2018</td> </tr> <tr> <td>31/05/2018</td> <td>Done</td> <td>11/06/208</td> </tr> <tr> <td>30/04/2018</td> <td>Done</td> <td>10/05/2018</td> </tr> <tr> <td>28/02/2018</td> <td>Done</td> <td>13/03/2018</td> </tr> <tr> <td>31/10/2017</td> <td>Done</td> <td>06/11/2017</td> </tr> <tr> <td>30/09/2017</td> <td>Done</td> <td>06/10/2017</td> </tr> </tbody> </table>	Month	Status	Date	30/06/2018	Done	6/07/2018	31/05/2018	Done	11/06/208	30/04/2018	Done	10/05/2018	28/02/2018	Done	13/03/2018	31/10/2017	Done	06/11/2017	30/09/2017	Done	06/10/2017	<p>4</p>
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The LG made timely payment of suppliers during the previous FY

Maximum 2 points on this performance measure

- If the LG makes timely payment of suppliers during the previous FY
 - no overdue bills (e.g. procurement bills) of over 2 months: score 2.

Reviewed contracts, payment requests and payment vouchers and noted that payment of supplies and contractors is done on time as indicated below:

i. Cavali enterprises Amuria with a construction contract AMUN/565/WRKS/2017-2018/00036 and contract price of shs. 17,198,509 had a payment request dated 21/03/2018 and was paid on 9/04/2018 as per payment voucher No. 17315505.

ii. Obur Enterprise Limited with a construction contract AMUN/565/WRKS/2017-2018/00035 and contract price of shs. 30,000,000 had a payment request dated 04/04/2018 and was paid on 11/06/2018 as per payment voucher No. 18049205

iii. Empa Associates Limited with a road works contract AMUN/565/WRKS/2017-2018/00001 and contract price of shs. 436,720,000 had a payment request dated 13/02/2018 and was paid on 13/02/2018 as per payment voucher No. 16668170

iv. Itiira Engineering General Supplies with a supplies contract AMUN/565/SUPLS/2016-2017/00017 and contract price of shs. 39,325,000 had a payment request dated 29/11/2017 and was paid on 5/12/2017 as per payment voucher No. 15958455

v. Sovia Engineering Services Ltd with a Supplies contract AMUN/565/WORKS/2016-2017/00063 and contract price of shs. 20,200,000 had a payment request dated 14/11/2017 and was paid on 23/11/2017 as per payment voucher No. 15817954

vi. LAG Construction Company LTD with a construction contract AMUN/565/WRKS/2017-2018/00033 and contract price of shs. 29,771,931 had a payment request dated 14/06/2018 and was paid on 18/06/2018 as per payment voucher No. 18179214

vii. Empa Associates Ltd with a road works contract AMUN/565/WRKS/2017-2018/00001 and contract price of shs. 436,720,000 had a payment request dated 30/05/2018 and was paid on 31/05/2018 as per payment voucher No. 18001256

viii. Edicas Enterprises Ltd with a supplies contract AMUN/565/SUPLS/2017-2018/00066 and contract price of shs. 44,000,000 had a payment request dated 22/06/2018 and was paid on 22/06/2018 as per payment voucher No. 18377960

<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG has a substantive Senior Internal Auditor: 1 point. • LG has produced all quarterly internal audit reports for the previous FY: score 2. 	<p>The LG has a Principal Internal Auditor who was appointed on 24/07/2018 by the names of Mr. Osuku Julius as per Minute No. DSC/AMUR/04/06/2018 A (10) (I) and appointed by the CAO Mr. Leru Andrew as per letter Reference No. CR/159/1.</p>	<p>1</p>															
<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • LG has produced all quarterly internal audit reports for the previous FY: score 2. 	<p>Copies of all quarterly reports were obtained, management responses provided and action points observed and duly circulated as per stamps noted on the reports. There were however, no minutes for the internal audit meetings since it was a one person office.</p> <table border="1" data-bbox="630 1025 1398 1326"> <thead> <tr> <th>Quarter</th> <th>Date of report</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>30/10/2017</td> <td>AUD/252/1</td> </tr> <tr> <td>Quarter 2</td> <td>15/01/2018</td> <td>AUD/252//1</td> </tr> <tr> <td>Quarter 3</td> <td>16/05/2018</td> <td>AUD/252/1</td> </tr> <tr> <td>Quarter 4</td> <td>27/08/2018</td> <td>AUD/252/1</td> </tr> </tbody> </table>	Quarter	Date of report	Reference	Quarter 1	30/10/2017	AUD/252/1	Quarter 2	15/01/2018	AUD/252//1	Quarter 3	16/05/2018	AUD/252/1	Quarter 4	27/08/2018	AUD/252/1	<p>2</p>
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<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<p>Evidence that the LG has provided information to the Council and LG PAC on the status of implementation of internal audit findings for the previous financial year i.e. follow up on audit queries from all quarterly audit reports: score 2.</p>	<p>The report that was prepared by Apolot Agnes Vicky, the Ag. District Internal Auditor on 27th August 2018 was received by the Central Registry on 27 August 2018 and the Principal Auditor on 31 August 2018, Clerk to Council on 27 August 2018 and the Chairperson District PAC on the same date. There was however, no evidence that these were reviewed and the status of implementation of all audit findings for all the quarters was ascertained.</p>	<p>0</p>															

<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that internal audit reports for the previous FY were submitted to LG Accounting Officer, LG PAC and LG PAC has reviewed them and followed-up: score 1. 	<p>The report that was prepared by Apolot Agnes Vicky, the Ag. District Internal Auditor on 27th August 2018 was received by the Central Registry on 27 August 2018 and the Principal Auditor on 31 August 2018, Clerk to Council on 27 August on 27 August 2018 and the Chairperson District PAC on the same date.</p> <table border="1" data-bbox="628 360 1399 696"> <thead> <tr> <th>Quarter</th> <th>Date of submission</th> <th>Reference for report review</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>30/10/2017</td> <td>AUD/252/1</td> </tr> <tr> <td>Quarter 2</td> <td>15/01/2018</td> <td>AUD/252/1</td> </tr> <tr> <td>Quarter 3</td> <td>16/05/2018</td> <td>AUD/252/1</td> </tr> <tr> <td>Quarter 4</td> <td>27/08/208</td> <td>AUD/252/1</td> </tr> </tbody> </table> <p>There was no evidence that the CAO provided the status of implementatin of the audit recmmendations to the council and LG PAC</p>	Quarter	Date of submission	Reference for report review	Quarter 1	30/10/2017	AUD/252/1	Quarter 2	15/01/2018	AUD/252/1	Quarter 3	16/05/2018	AUD/252/1	Quarter 4	27/08/208	AUD/252/1	0
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<p>The LG maintains a detailed and updated assets register</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the LG maintains an up-dated assets register covering details on buildings, vehicle, etc. as per format in the accounting manual: score 4 	<p>Reviewed the assets register as presented by the LG and although the register is maintained outside the system, the hard copies provided are in conformity with the format as provided.</p> <p>The assets location, description, condition, date of purchase, user title and initial cost are all the particulars provided in the assets register. Although the number of engravement is not provided. The LG scores full marks.</p>	4															
<p>The LG has obtained an unqualified or qualified Audit opinion</p> <p>Maximum 4 points on this performance measure</p>	<p>Quality of Annual financial statement from previous FY:</p> <ul style="list-style-type: none"> Unqualified audit opinion: score 4 Qualified: score 2 Adverse/disclaimer: score 0 	<p>From the Auditor General's report the LG had a qualified opinion hence scores 2 points</p>	2															
<p>Governance, oversight, transparency and accountability</p>																		

<p>The LG Council meets and discusses service delivery related issues</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the Council meets and discusses service delivery related issues including TPC reports, monitoring reports, performance assessment results and LG PAC reports for last FY: score 2 	<p>There was evidence that Council met and discussed service delivery related issues including monitoring reports, performance assessment results and LG PAC reports for last FY.</p> <p>Council sat 6 times in the previous FY and the first four meetings mainly discussed service delivery issues, while the last two council meetings were largely devoted on tabling the annual plans and budgets and approval of the annual plans and budgets respectively.</p> <ul style="list-style-type: none"> - Council sat on the 26/09/2017 and discussed issues presented by the Health, Education and Community Based Services as indicated in minute no. 9c/26/09/ 2017 (page 21 of the minutes). - Council meeting of 31/05/2018, discussed service delivery issues as reflected in minute extract 08/05/ 2018-09-09 - Council meeting of the 9/05/2018, discussed service delivery issues as reflected in minute extract 08/05/2018. - Council meeting of the 19/06/2018 discussed service delivery issues as well as adopting the customized staffing structure. <p>The last two meetings of the 29/03/2018 and 31/05/ 2018 mainly discussed planning and budgeting issues as well as approval of the plans and budgets during the council meeting of the 31/05/2018.</p>	<p>2</p>
<p>The LG has responded to the feedback/ complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that LG has designated a person to coordinate response to feed-back (grievance /complaints) and responded to feedback and complaints: score 1. 	<p>There was evidence to confirm that Amuria district designated a person to coordinate response to feed-back (grievance /complaints) and responded to feedback and complaints.</p> <p>The CAO appointed the District Community Development Officer on assignment of duty as the Focal Point Officer for citizens' complaints and responses for the year 2018/19 in a letter dated 21/05/2018 reference number CR/161/1.</p>	<p>1</p>

<p>The LG has responded to the feedback/ complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<ul style="list-style-type: none"> • The LG has specified a system for recording, investigating and responding to grievances, which should be displayed at LG offices and made publically available: score 1 	<p>Amuria district has specified a system for recording; investigating and responding to grievances through registering all incoming grievances in the file of a “Grievances and Complaints from Citizens” file available in the CAO’s office. In addition, the district published a “District Client Charter” that was disseminated to lower local government as per letter from the CAO dated 16/07/18 , ref. No. CR/206/1 .</p>	<p>1</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<p>Evidence that the LG has published:</p> <ul style="list-style-type: none"> • The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2 	<p>There was no public display of the Salary Payroll and Pensioners schedule at the time of the review.</p>	<p>0</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the procurement plan and awarded contracts and amounts are published: score 1. 	<p>There was no display of the Procurement Plan and awarded contracts for the Previous FY on the public notice boards by the time of the review.</p>	<p>0</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the LG performance assessment results and implications are published e.g. on the budget website for the previous year (from budget requirements): score 1. 	<p>There was evidence that the LG Performance Assessment results and implications for the previous year were published. The district planner presented to the assessor, a copy of a letter from the CAO (with at attachment of an extract from the Synthesis report of national performance assessment results that highlighted the key performance assessment issues for Amuria district (dated 7/08/2018), reference CR/210/8 addressed to the heads of departments, sub-county chiefs, LC V chairperson, councillors, LC III chairpersons and the town clerk Amuria Town Council.</p>	<p>1</p>

<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1 	<p>Evidence was presented to the Assessor to confirm that the HLG communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous.</p> <ul style="list-style-type: none"> - The evidence included a set of TPC meeting minutes for the meeting held on 22/02/2018 that discussed DDEG guidelines. The meeting was also attended by the sub-county Chiefs, community Development officers and councillors. The participants were sensitised about the DDEG guidelines. - A report of the Orientation workshop held on the 13/06/2018, to orient Community Development Officers, Sub county Chiefs and Accounts Assistants about the Planning Guidelines and Mid Term Review of local governments issued by the National Planning Authority. 	<p>1</p>
<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that LG during the previous FY conducted discussions (e.g. municipal urban fora, barazas, radio programmes etc.) with the public to provide feed-back on status of activity implementation: score 1. 	<p>There was no evidence presented to the Assessor at the time of the review to confirm that discussions (e.g. municipal urban fora, barazas, radio programmes etc.) were held with the public to provide feed-back on status of activity implementation</p>	<p>0</p>
<p>Social and environmental safeguards</p>			

<p>The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG gender focal person and CDO have provided guidance and support to sector departments to mainstream gender, vulnerability and inclusion into their activities score 2. 	<p>Guidance has been provided by gender focal point person to departments regarding how to mainstream gender. For example</p> <p>-Report (Ref No. CR/161/1) TRAINING OF TECHICAL STAFF ON CROSS CUTTING ISSUES, SPECIFIC ON GENDER. Held at Amuria District Headquarters on 8/5/2018:</p> <p>The training covered (Practical steps in gender main streaming, cross cutting issues)</p> <p>-Minutes of technical planning committee meeting held on 14th/ 06/2018 in the health board room, Amuria District (Min:06/14/2018 mentoring on gender main streaming).</p> <p>-Minutes of district women council meeting held on 27th September 2017 at District headquarters (Gender officer and CDO guided the women councillors on issues of gender and governance, gender main streaming and shared the guidelines on how to integrate gender issues in governance).</p>	
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The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles

Maximum 4 points on this performance measure.

• Evidence that the gender focal point and CDO have planned for minimum 2 activities for current FY to strengthen women's roles and address vulnerability

and social inclusions and that more than 90 % of previous year's budget for gender activities/ vulnerability/ social inclusion has been implement-ted: score 2.

In FY 2018/19 Gender focal point person and CDO have planned activities (work plan generated on 31/07/2018, Vote:565 Amuria District). These include

- Gender Main streaming
- children and youth services,
- community based services and
- support to disabled and elderly, representation on Women councils.
- probation and welfare support
- operation of community based services Department.

In FY 2017/18 over 90% of the planned activities on gender activities/vulnerability/social inclusion well implemented e.g 100% achievement was registered as was planned (Annual report CR/161/1 dated 5/July/2018). Departments were helped on how to use data for planning, mentoring of departments on gender main streaming, facilitating youth council meetings, supporting people with disabilities, dissemination of gender aggregated data, conducting radio talk shows,

-Gender main streaming Action plan for 2017-2018 specified the activities that were meant to be achieved and they were achieved as per plan

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 1 	<p>Environmental screening and EIA are carried out for activities and projects are planned and budgeted for in respective BOQs for specific projects in each department e.g Education (Voucher number No: 16674565 indicates money drawn from the budget as planned for conducting environmental Impact Assessment for construction of schools, pit latrines, renovations, roads). For example</p> <ul style="list-style-type: none"> -Construction of a 5-stance pit latrine at Amugei P/S screening done on 15/05/2018. -Construction of a 5-stance pit latrine at Amuria P/S screening done on 14/02/2018. - Construction of storied building (COUNCIL CHAMBERS PHASE III), (ref Amun/565/wrks/17-18/00058) screening done 30/04/2018 - Low cost sealing of Amuria DLG Roads (ref Amun/565/wrks/17-18/00001).screening done 15/12/2017 -Construction of a min-micro solar pipe water system (ref Amun/565/wrks/17-18/00004) screening done 22/03/2018. 	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1 	<p>Environmental and social management and health and safety plans are integrated and appended on the bid documents are contracts agreements for example: for example bid documents</p> <ul style="list-style-type: none"> -Construction of storied building (COUNCIL CHAMBERS PHASE IV with estimated budget of UGX 220 Million), (ref Amun/565/wrks/18-19/00004) -Renovation of Deputy CAOs Residence estimated budget of UGX 15 Million(ref Amun/565/wrks/18-19/00010) , - Drilling of Nine bore holes at UGX 162Million(ref Amun/565/wrks/18-19/00005) , -Low cost sealing of Amuria DLG Roads at UGX 220Million(ref Amun/565/wrks/18-19/00006) , Construction of standard Maternity Ward in Golokwara HCII at UGX 135 Million (ref Amun/565/wrks/18-19/00007). 	<p>1</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1 	<p>All projects are implemented on land where the LG has proof of ownership. For example</p> <ul style="list-style-type: none"> - Construction of storied building (COUNCIL CHAMBERS PHASE III), (ref Amun/565/wrks/17-18/00058), Construction of a min-micro solar pipe water system (ref Amun/565/wrks/17-18/00004) and Low cost sealing of Amuria DLG Roads (ref Amun/565/wrks/17-18/00001). On government land title Amuria District Block 1, Plot 86&87 found in Amuria Town Council. <p>Other sub counties in Amuria have land titles Block1, plot 194,</p> <p>Kapelebyong H/C IV has land Block1, plot 195,</p> <p>Asamuk H/C III Block1, plot 189,</p> <ul style="list-style-type: none"> -Construction of a min-micro solar pipe water system (ref Amun/565/wrks/17-18/00004). -Drilling of 4 bore holes (ref Amun/565/wrks/17-18/00003) was done on land and agreements were made and were available and MOUs. The agreements are witnessed by chairpersons and community members 	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer and CDO: score 1 	<p>Not all completed projects have Environmental and Social Mitigation Certification. Those which have include</p> <ul style="list-style-type: none"> -Construction of a 5-stance pit latrine at Amuria P/S Certificate dated 14/02/2018. - Construction of storied building (COUNCIL CHAMBERS PHASE III), (ref Amun/565/wrks/17-18/00058) certificate dated 30/04/2018 - Low cost sealing of Amuria DLG Roads (ref Amun/565/wrks/17-18/00001).No certificate because of non-compliance to plant trees after road construction; letter from environmental officer was issued to stop payment on 11/May/2018. <p>But also Environmental and Social Mitigation Certification Forms were only signed by Environment officer.</p>	<p>0</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the contract payment certificated includes prior environmental and social clearance (new one): Score 1 	<p>The contract payment certificated includes prior environmental and social clearance. Clearance is done after inspection of contracts committee and based on the report of this committee.</p> <p>e.g</p> <ul style="list-style-type: none"> -Construction of a 5-stance pit latrine at Amuria P/S Contracts Committee Inspection report dated 14/02/2018. - Construction of storied building (COUNCIL CHAMBERS PHASE III), (ref Amun/565/wrks/17-18/00058) Contracts Committee Inspection report dated 30/04/2018 - Construction of 5-stance pit latrine in Asamukaparisa primary school Contracts Committee Inspection report dated 11/06/2016 -Construction of Maternity Ward in Obalanga HCIII Contracts Committee Inspection report dated 9/05/2018 	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental officer and CDO monthly report, includes a) completed checklists, b) deviations observed with pictures, c) corrective actions taken. Score: 1 	<p>Reports were prepared though by only environmental officer. No reports were prepared by both environmental officer and CDO together. No evidence in terms of monthly reports prepared by both officers (Environmental and CDO) were found at the time of assessment at Amuria on 6/09/2018</p>	<p>0</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Human resource planning and management			
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<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: score 4 	<p>The LG Education department budgeted for Amuria District Performance Contract FY 2018/2019 (Vote 565) indicates budgeting for headteachers and teachers. Example : A list of 108 primary schools, a list of 809 teachers including Head teachers, list of school show at least the seven teachers (ref List of teachers as printed 06/09/2018)</p> <p>Amucu P/S has 13 teachers including H/T.</p> <p>Ajaki Asinge P/S has 8 teachers including H/T.</p> <p>Amuria P/S has 14 teachers including H/T.</p> <p>Abarilela P/S has 9 teachers including H/T.</p> <p>Ococia P/S has 16 teachers including H/T</p>	4
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the 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: score 4 	<p>As per teachers list, deployment is done accordingly. For example</p> <ul style="list-style-type: none"> -Amuria P/S has 14 teachers including head teacher -Ajakasinge P/S has 8 including the head teacher -Amucu P/S has 13 teachers including the head teacher. -Abarilela P/S has 9 teachers including H/T. -Ococia P/S has 16 teachers including H/T 	4

<p>LG has substantively recruited all primary school teachers where there is a wage bill provision</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has filled the structure for primary teachers with a wage bill provision <ul style="list-style-type: none"> o If 100%: score 6 o If 80 - 99%: score 3 o If below 80%: score 0 	<p>According to Amuria District approved structure (Approving MIN:12/19/09/CL/2017), the structure for primary teachers is filled with a wage bill provision. For example</p> <p>809 teachers proposed by office of the DEO, as per the wage bill 621 placements filled which is only 76%.</p>	<p>0</p>
<p>LG has substantively recruited all positions of school inspectors as per staff structure, where there is a wage bill provision.</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has substantively filled all positions of school inspectors as per staff structure, where there is a wage bill provision: score 6 	<p>Amuria District approved structure had a provision of 1 slot of school inspector and this position was substantively filled (OBT, 17/18,Amuria District, Vote 565: Education department)</p>	<p>6</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> • Primary Teachers: score 2 	<p>According to submitted a recruitment plan to HRM for the FY 2018/2019 Education Department, number of vacant positions for teachers are 1457. The proposed number of Primary Teachers positions to be filled are 100</p>	<p>2</p>

<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> • School Inspectors: score 2 	<p>According to submitted a recruitment plan to HRM for the FY 2018/2019 Education Department position of school inspectors to be filled is 1.</p>	<p>2</p>
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Monitoring and Inspection

<p>The 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.</p> <p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY</p> <ul style="list-style-type: none"> • 100% school inspectors: score 3 	<p>The District currently has one school inspector (Okilla Paul appointed as acting inspector of schools under DSC Minute No: DSC/AMUR/04/06/2018 (c) 9. This inspector was last appraised by the DEO 18/7/2017 (File No: CR/D/10706. No appraisal for 2017/18 seen.</p>	<p>0</p>
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The 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.

Maximum 6 for this performance measure

Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY

- Primary school head teachers o 90 - 100%: score 3
- o 70% and 89%: score 2
- o Below 70%: score 0

From the review of randomly sampled 10 head teacher's files, it was found out that all the 10 head teachers (100%) had been appraised in the calendar year 2017 as elaborated below:

Name date	School name	Appraisal
Odongo Leo 14/12/2017	Ogalai P/S	
Alungat Hellen Atirir	Asamuk PS	28/7/2017
Otet Richard 14/11/2017	Aojakitoi PS	
Ogulan Pampius	Agonga PS	13/11/2017
Emokor Silver 16/10/2017	Amukarat PS	
Enayu Robert 17/10/2017	Oriebai PS	
Amodoi Vincent 24/11/2017	Moruarengan PS	
Agelu Hassan	Abuket PS	20/9/2017
Ileet Sam Katine	Wera PS	30/6/2017
Agwaya Enyiku	Opam PS	16/10/2017

From the presentation above it is observed that though the appraisals are done, the timing of the appraisal is not consistent. The reasons given for this was that the head teachers and the sub-county chiefs think that they should be appraised following the financial year like the rest of the staff. There is thus need to refresh the head teachers as well as the sub-county chiefs especially now that there are many new ones so that they internalize and appreciate the process

<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has communicated all guidelines, policies, circulars issued by the national level in the previous FY to schools: score 1 	<p>All guidelines, policies, circulars issued by the national level in the FY 2017/2018 were communicated to schools. For example on 3/8/18 there was general meeting with head teachers and communication was given also on 21/8/17, 11/6/18 and 31/5/17 for various guidelines.</p>	<p>1</p>
<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the 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 	<p>A number of meetings were held with head teachers of primary schools on different dates to elaborate and sensitize on the matters regarding education improvement as guided by the MOES</p> <p>for example 31/5/17, 11/6/18, and 3/8/18</p>	<p>2</p>

<p>The LG Education De- partment has effectively inspected all registered primary schools²</p> <p>Maximum 12 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all licenced or registered schools have been inspected at least once per term and reports produced: o 100% - score 12 o 90 to 99% - score 10 o 80 to 89% - score 8 o 70 to 79% - score 6 o 60 to 69% - score 3 o 50 to 59 % score 1 o Below 50% score 0. 	<p>In FY 2017/18, inspections were done and reports were produced.</p> <p>However not all the schools were inspected accordingly. Out of 108 primary schools at least 85 schools were inspected (79%) as per report dated 2/6/2, 18, 31/7/17 sampled schools.</p> <p>Amuria P/S (inspected 3 times in total)</p> <p>-Ajakasinge P/S (inspected 4 times in total)</p> <p>-Amucu P/S (inspected 3 times in total)</p>	<p>6</p>
<p>LG Education department has discussed the results/ reports of school inspec- tions, used them to make recommendations for corrective actions and fol- lowed recommendations</p> <p>Maximum 10 for this performance measure</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: score 4 	<p>The education department has discussed school inspection reports and used reports to make recommendations.</p> <p>For example Minutes of SMCs, inspection reports 25/7/18 meeting on Inspection. Recommendations corrective measures a Mr. Okoed Richard and Inyangat Ann cautioned for professional capacity. Other disciplinary cases as per reports submitted to Human Resource, Min 01/6/18, Min 02/6/18, 03/6/18 and other minutes as at 26/6/18 by Human Resource</p>	<p>4</p>

<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports (MoES): Score 2 	<p>At the time of assessment, there was no evidence that Amuria Education department submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports.</p>	<p>0</p>
<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the inspection recommendations are followed-up: score 4. 	<p>Inspection recommendations are followed-up. For example:</p> <p>The H/R report dated 26/6/18 which included disciplinary cases and sanctions ref; min 04/6/18 concerning 11 teachers on several issues that emerged from inspection reports.</p>	<p>4</p>
<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has submitted accurate/consistent data: <ul style="list-style-type: none"> o List of schools which are consistent with both EMIS reports and PBS: score 5 	<p>Data submitted was accurate and consistent</p> <p>For example performance contract FY 2018/2019 dated 31/7/2018 provides the list of schools which are consistent with PBS report as reviewed by the assessor at the time of assessment</p>	<p>5</p>

<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p> <p>Maximum 10 for this performance measure</p>	<p>Evidence that the LG has submitted accurate/consistent data:</p> <ul style="list-style-type: none"> • Enrolment data for all schools which is consistent with EMIS report and PBS: score 5 	<p>Enrolment data submitted for all schools was consistent and accurate/consistent with PBS as reviewed by the assessor at the time of assessment</p>	<p>5</p>
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Governance, oversight, transparency and accountability

<p>The LG committee responsible for education met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<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: score 2 	<p>There was evidence to confirm that the council committee responsible for Education (as part of the council committee for Education, Health and Community Based Services); met and discussed services delivery issues that require approval by the council.</p> <p>Evidence presented included minutes of the Quarterly meetings of the committee such as minutes of the meeting held on the 28/03/2018 that discussed the 1st and 2nd quarter reports monitoring and supervision reports as per minute extract 05/03/2018. Other sources of evidence included a report of the council committee of Education, Health and Community Based services held on 31/05/17 and minutes of the meeting held on the 21/9/17 with details of discussions as per minute extract 4/09/2017.</p>	<p>2</p>
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<p>The LG committee re- sponsible for education met, discussed service delivery issues and pre- sented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the education sector committee has presented issues that require approval to Council: score 2 	<p>There was evidence to confirm that the Education sector issues that require approval by council were presented by the Chairpersons of the Education, Health and Community services committee to the council meetings held on the 26/09/2017, 31/05/ 2018, 9/05/ 2018, 19/ 06/ 2018 and the meeting held on 31/03/2018.</p> <p>Some of the key issues requiring council approval included but not limited to; increased supervision of Youth Livelihood Program activities, need to increase support supervision activities to schools to improve effectiveness of teaching, disciplining of errant teachers, approval of the education sector work plans (meeting of the 31/05/18 as per minute extract 08/05/2018.</p>	<p>2</p>
<p>Primary schools in a LG have functional SMCs</p> <p>Maximum 5 for this performance measure</p>	<p>Evidence that all primary schools have functional SMCs (estab- lished, meetings held, discussions of budget and resource issues and submission of reports to DEO/ MEO)</p> <ul style="list-style-type: none"> • 100% schools: score 5 • 80 to 99% schools: score 3 • Below 80 % schools: score 0 	<p>All the 108 primary schools in Amuria District have functional SMCs. These SMCs meet regularly and keep minutes. For example as sampled ,</p> <p>-Ajakasinge P/S SMC meeting minutes of 21/06/2018, 21/03/2018, 6/2/18</p> <p>-Amucu P/S SMC meetings on 13/2/18, 8/7/2018</p>	<p>5</p>
<p>The LG has publicised all schools receiving non- wage recurrent grants</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has publicised all schools receiving non-wage recurrent grants <p>e.g. through posting on public notice boards: score 3</p>	<p>The District has put up for publicity of all schools receiving non- wage recurrent grant on the public notice board and the main education department notice board.</p>	<p>3</p>
<p>Procurement and contract management</p>			

<p>The LG Education department has submitted input into the LG procurement plan, complete with all technical requirements,</p> <p>to the Procurement Unit that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<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 by April 30: score 4 	<p>Education Department Submissions were done and they covered all investment items in the approved Sector annual work plan and budget. However, the submissions were done late on 5/4/18 within the required submission time of April 30</p>	<p>4</p>
<p>Financial management and reporting</p>			
<p>The LG Education department has certified and initiated payment for supplies on time</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3. 	<ul style="list-style-type: none"> • Cavali enterprises Amuria with a construction of a 5 stance pit latrine at Adodoi P/S contract AMUN/565/WRKS/2017-2018/00036 and contract price of shs. 17,198,509 had a payment request dated 21/03/2018 and was paid on 9/04/2018 as per payment voucher No. 17315505. Request certified on the same date. • LAG Construction Company LTD with a construction contract AMUN/565/WRKS/2017-2018/00033 and contract price of shs. 29,771,931 had a payment request dated 14/06/2018 and was paid on 18/06/2018 as per payment voucher No. 18179214. Certified by DEO on 13/6/2018. 	<p>3</p>

<p>The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by 15th of July for consolidation: score 4 	<p>The Education department did not comply with the requirement to have submitted all 4 quarterly reports to the Planner for consolidation. While all four sets of the consolidated quarterly reports were available at the district Planners office and duly submitted to MoFED, the Planner could not adduce evidence to confirm that the education sector submitted their report to the planning unit by mid.-July.</p> <p>Planner observed that generally all sectors did not comply with the submission deadline of the 15th July due to limited capacity in using the PBS system in preparing and submitting reports.</p>	<p>0</p>
<p>LG Education has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<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 <ul style="list-style-type: none"> o If sector has no audit query <p>score 4</p> <ul style="list-style-type: none"> o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 2 o If all queries are not responded to score 0 	<p>Internal Audit Reports for all the quarters were reviewed and all management responses taken note of. Status of implementation of audit recommendations taken note of.</p> <p>Reviewed copy of the letter from CAO to the Head teacher referenced CR/201/1 dated 17/05/2018 directing to ensure implementation and compliance with internal audit recommendations for the 3rd quarter.</p> <p>Reviewed copy of the letter from CAO to the District Education Officer referenced CR/201/1 dated 17/05/2018 directing her to ensure implementation and compliance with internal audit recommendations is done and catered for in the next financial year's budget as per the 3rd quarter recommendations.</p> <p>Number of queries raised</p> <p>i. 4 issues raised in quarter 3 and management took note of the observation although required action is exogenous to the LG as it may require external intervention from the Centre as it's majorly due to insufficient funding and policy related like recruitment to cover the gaps</p> <p>ii. 4 in quarter 4 and management took note of the queries although action was yet to be taken</p>	<p>2</p>
<p>Social and environmental safeguards</p>			

<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<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 	<p>At the time of assessment, there was no evidence that education department and gender focal person held any consultations to obtain guidelines on how senior women/men teacher should provide guidance to girls and boys to handle hygiene, reproductive health, life skills.</p>	<p>0</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> • 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 	<p>According to April-June 2018 report dated 30/06/2018 indicates Education department in collaboration with gender focal point person have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools</p>	<p>2</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the School Management Committee meets the guideline on gender composition: score 1 	<p>School Management Committee meets the guideline on gender composition. For example in the sampled schools such as Ajakasinge P/S and Amucu P/S each SMC had 4 women and 6 men on the committee.</p>	<p>1</p>

<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<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 1: 	<p>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.</p> <p>For examples they issued guidelines on management of cooperation agreements for tree planting in schools .</p>	<p>1</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all school 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 1 	<p>Screening forms signed by only Environmental Officer were available for all school infrastructure projects.</p> <p>However at the time of assessment no Environmental officer and CDO site visit reports were found.</p>	<p>0</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 1 	<p>At the time of assessment, there was no evidence that environmental officer and community development officer visited the sites to check whether the mitigation plans are complied with. (No site visit reports found).</p>	<p>0</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Human resource planning and management			
<p>LG has substantively recruited primary health care workers with a wage bill provision from PHC wage</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that LG has filled the structure for primary health care with a wage bill provision from PHC wage for the current FY</p> <ul style="list-style-type: none"> • More than 80% filled: score 8 • 60 – 80% - score 4 • Less than 60% filled: score 0 	<p>The Amuria DLG HD had substantively recruited PHC workers to the tune of 80% only (i.e. according to MoPS' PS letter to CAO on approved and adopted structure for Amuria):</p> <ol style="list-style-type: none"> 1. The advert (in the New Vision 26th/2/2018, page 50) only focused on the filling the DHO office and the assertion was that the wage bill could only go so far. 2. The DLG had IPFs with a PHC wage bill provision for PHC workers amounting to UGX 2,249,294,000 for the FY 2017/18 (which included Kapelebyong, a newly created district) and UGX 2,479,740,000 for FY 2018/19. 3. There were mismatches between the HR and HD level records and indeed those at the HF level. For example, the HC IV reported having only 34 filled positions (not 58). The DHO cited plans to upgrade HC IV but did not offer written proof for the same. It was clear that the HD's records were not up to date and this includes the ones offered to the assessment team (see table). ID Type of HF No. of HFs Norm Filled Vacant 1 HC IV 1 48 58 -10 2 HC III 6 114 94 20 3 HC II 10 90 50 40 Total 17 252 202 50 	4

<p>The LG Health department has submitted a comprehensive recruitment plan for primary health care workers to the HRM department</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that Health department has submitted a comprehensive recruitment plan/request to HRM for the current FY, covering the vacant positions of primary health care workers: score 6</p>	<p>Amuria DLG HD submitted a staff recruitment plan/request to HRM but the submission was not comprehensive enough to cover all PHC workers in all HFs in the DLG:</p> <ol style="list-style-type: none"> 1. As seen from the PBS (Vote 565) for the FY 2018/19, the plan and request only covered filling the vacant position of the DHO (i.e. as seen in the New Vision 26th/2/2018, page 50). The biggest staffing gap of unfilled staff were at HC II level (40), followed by HC III (20) but HC IV was overfilled (58). This was attributed to the fact that procedures were under way to upgrade it to a hospital. The records cited by the DHO did not offer written proof for the efforts under way. • Only 4 out of 50 PHC HWs are cited in related submissions (i.e. an Anesthetic Officer, an Enrolled Midwife, a Laboratory Assistant and a Medical Officer). 2. According to the records in the HD and HFs there were mismatches between the HR records at the HD level and those at the HF level. For example, the HC IV reported having only 34 filled positions (not 58 as report at HD level). 	<p>0</p>
<p>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</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that the all health facilities in-charges have been appraised during the previous FY:</p> <ul style="list-style-type: none"> o 100%: score 8 o 70 – 99%: score 4 o Below 70%: score 0 	<p>The District has 16 HCs of these there are: 1 HC Vs, 6 HC III and 9 HC IIs.</p> <p>From the review of 10 personal files availed to the assessment team it was found out that 5 staff had been appraised for the period 2017/18 while the other 5 had not been appraised. The staff that were not appraised are indicated below:</p> <p>Oriokot Joyce: Kuju HC III</p> <p>Onyait James: Abeko HC II</p> <p>Adiebo Rose Mary: Akeriau HC II</p> <p>Ariokot Anna Grace: Amolo HC II</p> <p>Oumo Francis: Golokwara HC II</p>	<p>0</p>

<p>The Local Government Health department has deployed health workers across health facilities and in accordance with the staff lists submitted together with the budget in the current FY.</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Health department has deployed health workers in line with the lists submitted with the budget for the current FY, and if not provided justification for deviations: score 4 	<p>The discrepancy between what the DHO documentation on staffing lists stated and the deployment at the HF level indicated a 20% shortfall even on the basis the HD records alone:</p> <ol style="list-style-type: none"> The overall deployment of PHC workers was not fully in line with the staffing lists in use together with the budget for FY 2018/19). The staff deployment was not in accordance with the positions as seen in the staffing lists. As seen in the DHO's staffing lists, Amuria DLG HD deployed HWs across HFs. However, most of the sampled HFs (including Amuria HC IV that had records of fully filled portfolios, 	<p>0</p>
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Monitoring and Supervision

<p>The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO has communicated all guidelines, policies, circulars issued by the national level in the previous FY to health facilities: score 3 	<p>There was mixed evidence from the sampled HFs that the DHO/HD was effective when it came to communicating all the circulars, guidelines and policies issued by the national level for the FY 2017/18 (see table). There was only evidence that the sampled HFs had access to some assorted circulars, guidelines and policies from the national level (i.e. did not receive all or 100% of those issued). Indeed, there were both apparent and reported challenges in the mode of communication and documentation between and within the HD and HFs:</p> <ol style="list-style-type: none"> As signals for commitment towards “effective communication” and investment into efforts towards supporting CME, more systematic records of those received and those distributed would be necessary. Even going by their own records alone, there was no documented evidence that the DHO had communicated all the circulars, guidelines and policies received from the center (i.e. in the spirit of ensuring “effective communication” and promoting CME). It was not always easy to prove that the HFs’ access to specific circulars, guidelines and policies (e.g. those issued in the FY 2017/18) was attributed directly to “the effective communication” on the part of the HD. Also, HF’s records indicated that the list of those received excluded “Guidelines for LG Planning for the Health Sector, 2017; Sector Grant and Budget Guidelines FY2018/19; and Policy Strategies for Improving Health Service Delivery 2016-2021”. The only concrete evidence came in form of 	<p>0</p>
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		<p>DHO transmittal letters dated 1st/8/2017, 4th/9/2018 and 21st/9/2017, respectively communicating the issuing of the Use of Infection Control Policy and Procedures; the Test and Treat Guidelines; as well as the Policy Standards for Sexual and Reproductive Health Rights. These were all in line with CME efforts). However, none of the visited HFs presented the letter to the assessor.</p> <p>ID No. Issued to HFs (FY 2017/18) Average</p> <p>1 Amuria HC IV 4</p> <p>3</p> <p>2 Asumuk HC II 3</p> <p>3 St. Michael HCF HC II 1</p> <p>4 Wera HC III 2</p>	
<p>The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO has held meetings with health facility in- charges and among others explained the guidelines, policies, circulars issued by the national level: score 3 	<p>There was some scanty evidence in the sampled HFs that the DHO's effectively explained the circulars, guidelines and policies issued by the national level through stakeholder engagement (e.g. meetings with HFs in charges among others to disseminate the circulars, guidelines and policies):</p> <ol style="list-style-type: none"> The DHO records indicated some dissemination activities of circulars, guidelines and policies (.e.g. the 11th/9/2017 dissemination of the Roll out of the Test and Treat Guidelines and 20th/3/2018 dissemination of the Policy Guidelines on Rural Hygiene and Sanitation). Evidence for facilitating the dissemination through cascaded explanations of the circulars, guidelines and policies left a lot to be desired the lower one went below the ladder the health sector. 	3
<p>The LG Health Department has effectively provided support supervision to district health services</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that DHT/MHT has supervised 100% of HC IVs and district hospitals (including PNFPs receiving PHC grant) at least once in a quarter: score 3</p>	<p>The DHT supervised 100% of the sampled HC IVs. There was evidence from the MoH Supervision Log Books that the DHT supervised fully all higher level HFs:</p> <ol style="list-style-type: none"> There was evidence from the MoH Supervision Log Books that the DHT supervised Amuria HC IV at least once in a quarter as captured in the 4 mandatory support supervision quarterly reports. The visits are captured: <p>Quarters Date</p>	3

Q1 11th/10/2017

Q2 23rd/11/2017

Q3 27th/3/2018

Q4 18th/7/2018

1. There was evidence from the MoH Supervision Log Books that the DHT supervised Amuria HC IV at least once in a quarter as captured in the 4 mandatory support supervision quarterly reports (see table). For example, for FY 2017/18, Amuria HC IV's visits are captured in the logbook.

ID HFs OFFICIALVISITS (FY 2017/18) TOTAL

DHO DHT HSD

1 Amuria HC IV 4 13 - 17

2 St. Michael HCF HC II/PNFP 1 7 2 10

1. For the FY 2017/18, the support supervision visits for Amuria HC IV are captured in the in the logbook and in visitors book. For the latter, the DHT and DHO made 13 and 4 visits respectively.
2. The HD supervised 100% of the sampled PNFP (St. Michael's Care Foundation/HC III) as evidenced from the number of DHT support supervision visits in the MoH Supervision Log Book at the HF level. The assessment team visited a sample of PNFP (St. Michael Health Care Foundation) and confirmed that they too benefited from and received advice from the DHT through support supervision. For the FY 2017/18 the visits at St. Micheal Health Care Foundation at Wera are captured between serial numbers 222417 and 222421 in the logbook (1 visit by the DHO, 7 by the DHT and 2 by the HSD).

<p>The LG Health Department has effectively provided support supervision to district health services</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that DHT/MHT has ensured that HSD has supervised lower level health facilities within the previous FY:</p> <ul style="list-style-type: none"> • If 100% supervised: score 3 • 80 - 99% of the health facilities: score 2 • 60% - 79% of the health facilities: score 1 • Less than 60% of the health facilities: score 0 	<p>Support supervision for FY 2017/18 was not complete (55%) and based on the list of sampled HFs alone:</p> <ul style="list-style-type: none"> • The sampled HFs at the level of HC IIIs which included Asumuk HC III, Wera HC III and St. Michael Health Care Foundation HC III (PNFP), respectively. <p>ID HFs OFFICIALVISITS (FY 2017/18) TOTAL</p> <p>DHO DHT HSD</p> <p>1 Asumuk HC II 2 19 4 25</p> <p>2 St. Michael HCF HC II 1 7 2 10</p> <p>3 Wera HC III 2 13 5 20</p> <ol style="list-style-type: none"> 1. From the other (DHO, DHT and HSD/HC IVs) records for FY 2017/18, it was clear that discussion of support supervision results/reports was partial (25%) for lower level HFs. Based on those records, while the DHT ensured that the HSD supervised lower level HFs, the Support Supervision Reports of 31st/3/2018 and 30th /6/2018 discussed Q1 and Q2 as well as Q3 and Q4 reports, respectively, it was clear that only those reported to be covered were only 6 out of 24 HFs. 2. Another operational gap worth noting (but explaining the limited discussion of support supervision reports/results) was the fact that the DHT only met 5 out of 12 DHT monthly meetings (with minutes seen for 2nd/7/2017, 12th/8/2017, 28th/3/2018, 8th/5/2018 and 5th/6/2018). In absence of such monthly meetings, it is possible that the DHT only covered less HFs by way of discussion of results/reports from support supervision. 	<p>0</p>
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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 followed up

Maximum 10 points for this performance measure

- Evidence that all the 4 quarterly reports have been discussed and used to make recommendations (in each quarter) for corrective actions during the previous FY: score 4

There was no evidence of discussing all the 4 quarterly reports; using them to make recommendations in each quarter for corrective action during the FY 2017/18 (see table). The DHT met only 5 out of 12 times in the FY 2017/18. The following are worth noting:

1. First, for the FY 2017/18 quarterly reports, these were dated as seen in the table below.

Quarters Submission Date

Q1 11th/10/2017

Q2 23rd/11/2017

Q3 27th/3/2018

Q4 18th/7/2018

1. Secondly, the recommendations in quarterly reports came in form of advice rendered as pointers to corrective actions, mainly those needed to assess and deal with emerging challenges. Based on the details in the health sector AWP, it is clear that the recommendations made were followed up. For example, the procurement of medical equipment appears in the DHT meeting of 27th/8/2018 (see DHT minutes) as well as page 68 of the health sector AWP (for FY 2018/19). Also, procurement of laptops is seen in the DHT meeting of 1st/11/2017 (see DHT minutes) as well as page 68 of the health sector AWP (FY 2018/19).

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 followed up

Maximum 10 points for this performance measure

- Evidence that the recommendations are followed
- up and specific activities undertaken for correction: score 6

Both the HD and HF implemented support supervision related recommendations. On the latter, in the course of support supervision visits, all sampled HFs (100%) benefited from DHT recommendations with evidence of advice on corrective actions and follow up:

1. For the sampled HC IV and lower HFs respectively, the DHO made 4 and 5 visits altogether in FY 2017/18. For the sampled HC IV and lower HFs, the DHT made 13 and 34 visits altogether respectively in the FY 2018/19.
2. As seen in the MoH Supervision Log Books, Visitors Books, selected HUMC minutes seen in the sampled HFs, the visits were opportunities for HF in-charges to solicit advice but to offer proof that the advice was being followed up.

FY 2017/18 Recommendations

ID HF Findings & Advice Follow up

1 Amuria HC IV Seen Follow up seen physically

2 Asumuk HC II Seen (468423-468431) Follow up seen physically

3 St. Michael HCF HC II/PNFP Seen (222417-222421) Follow up seen physically

4 Wera HC III Seen (222435-221443) Follow up seen physically

<p>The LG Health department has submitted accurate/consistent reports/data for health facility lists receiving PHC funding as per formats provided by MoH</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has submitted accurate/consistent data regarding: <ul style="list-style-type: none"> o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10 	<p>The data and reports on HFs was accurate and consistent for all the 17 HFs when it came to HFs receiving PHC funding as per formats provided by MoH. However, there are mismatches that are apparent but ones that would be easy to harmonise when the PBS and HMIS are refined:</p> <ol style="list-style-type: none"> 1. First, based on the documents that the assessor reviewed (e.g. the HMIS Excel Sheets on Amuria, the DHO's records, Their HMIS reporting rate was adequate or consistent (i.e. meeting the required 100%). 2. Amuria DLG HD list of HFs receiving PHC grant and the details in the PBS for the FY 2018/19, pages 71), the number of HFs appeared inconsistent. 3. The DHO cites 17 HFs receiving PHC grants, the HMIS covers 43 altogether while the PBS limits viewing to 15 HFs only. HMIS takes into view all HFs managed through other parallel arrangements (e.g. Uganda Government Prisons HC II). The PBS limit is a system defect because the Biostatistician confirmed that the HD submitted more than 15 HFs receiving the PHC grant. The defect concerns the PBS system having cut off of 15 HFs only that is view-able. 	<p>10</p>
<p>Governance, oversight, transparency and accountability</p>			
<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG committee responsible for health met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports etc. during the previous FY: score 2 	<p>The Council committee responsible for Health met (on a quarterly basis) and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports during the previous FY.</p> <p>Details of the issues discussed were captured under the relevant minute extracts:</p> <ul style="list-style-type: none"> - Meeting held on the 28/03/18 (Min ext. 05/03/18) - Meeting held on 21/09/2017 (Min. Ext 4/09/2017) - Meeting held on 28/03/ 2018 (Min ext. 4/03/2018. 	<p>2</p>

<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the health sector committee has presented issues that require approval to Council: score 2 	<p>Health sector issues that required approval by council were presented by the Chairpersons of the Education, Health and Community services committee to the council meetings held on the 26/09/2017, 31/05/ 2018, 9/05/ 2018, 19/ 06/ 2018 and the 31/03/2018.</p> <p>- Key issues tabled for Council approval included need for Care givers to take referrals seriously, allocation of funds for the construction of a maternity wing at Akeriau sub county HC III, procurement of an Ambulance for Orungo HC III, completion of a staff house at Abeko HC III among other issues.</p>	<p>2</p>
<p>The Health Unit Management Committees and Hospital Board are operational/functioning</p> <p>Maximum 6 points</p>	<p>Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues):</p> <ul style="list-style-type: none"> If 100% of randomly sampled facilities: score 6 If 80-99 %: score 4 If 70-79: %: score 2 If less than 70%: score 0 	<p>According to the sampled HFs only 50% of the HUMCs were functional and the average level of functionality was at 81.3% overall (i.e. with minutes for the FY 2017/18). NB: Only Amuria HC IV and Wera HC III had minutes for 4 quarters (see table). A division of the sum of the said 2 figures by 2 is above 60% (i.e. $50.0+81.3= 131.3\div 2= 65.7\%$). Therefore, the HD met the gender composition requirement because the average of the sample hovers above the 60% composite rate (hence met the requirement) - see table.</p> <p>HFs' HUMCs No of Meetings in FY 2017/18 Functionality</p> <p>Amuria HC IV 4 100%</p> <p>Asumuk HC II 3 75%</p> <p>St. Michael HCF HC II 2 50%</p> <p>Wera HC III 4 100%</p> <p>% of HFs with 100% Functional HUMCs (50%) (81.3%)</p>	<p>2</p>

<p>The LG has publicised all health facilities receiving PHC non-wage recurrent grants</p> <p>Maximum 4 for this performance measure</p>	<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 on public notice boards: score 4 	<p>There was evidence from the DHO's Notice Board that Amuria DLG published all the 17 HFs receiving PHC non-wage recurrent grants. The publication captured relevant information about the HF such as the account number, annual budgets and total for FY 2017/18. Also 75% of the sampled HFs had posted similar information (i.e. Amuria HC IV, Asumuk HC III and Wera HC III). However, there was no posting of the same information on the DLG budget website and on the PNFP notice board (i.e. the St. Michael Health Care Foundation).</p>	<p>4</p>
<p>Procurement and contract management</p>			
<p>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</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> 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 for the current FY: score 2 	<p>While the HD submitted input to the procurement plan on time (the 4th/4/2018 i.e. before 30th April), there was inconsistency in the submission. NB: For example, there were 19 investment items cited in the health sector AWP FY2018/19 whereas there were 14 investment items cited in the submission to PDU according to the PBS records (the PBS systems cut off 5). All in all there were indications of consistency across and within the LG systems used.</p>	<p>0</p>
<p>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</p> <p>Maximum 4 for this performance measure</p>	<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: score 2. 	<p>The DHO submitted Procurement Form PP1 on the 4th/4/2018, hence submitted late (i.e. not by the end of the Q1 for FY 2017/18).</p>	<p>0</p>

<p>The LG Health department has certified and initiated payment for supplies on time</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO (as per contract) certified and recommended suppliers timely for payment: score 4. 	<p>There is evidence that the DHO recommended payment of suppliers requests in time as demonstrated in the payment below:</p> <p>Obur Enterprise Limited with a construction contract AMUN/565/WRKS/2017-2018/00035 and contract price of shs. 30,000,000 had a payment request dated 04/04/2018 and was paid on 11/06/2018 as per payment voucher No. 18049205. Certified on 24/05/2018 by District Health Officer</p>	<p>4</p>
<p>Financial management and reporting</p>			
<p>The LG Health department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 4 	<p>There was no evidence adduced by the Planner to confirm that the health department submitted all quarterly reports (particularly the Quarter 4 report) to the Planner by mid-July for consolidation. Failure to trace the date of submission was attributable to the limitations of the PBS system that cannot generate the date of submission per department after submission to MoFPED. The Planner however, indicated that health department report could have been submitted after the 15th of July 2018.</p> <p>The Planning department however, produced a consolidated Quarter 4 report that included all departmental reports (generated on the 24th of August and submitted to MoFPED on the same date) A hard copy of the Q 4 report was available in the District Planner's office.</p>	<p>0</p>

<p>LG Health department has acted on Internal Audit recommendation (if any)</p>	<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>	<p>Reviewed copy of the letter from CAO to In charge Amuria Health CIV referenced CR/201/1 dated 28/08/2018 directing him to ensure implementation and compliance with internal audit recommendations within one month for the 4th quarter.</p>
<p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • If sector has no audit query: Score 4 • If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: Score 2 points • If all queries are not responded to Score 0 	<p>Number of queries raised</p> <p>i. 2 issues were raised under the sector in quarter 4 in relation to gaps in staffing and general hygiene conditions of the facility. Corrective action is yet to be undertaken</p>
<p>Social and environmental safeguards</p>		

<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines (i.e. minimum 30 % women: score 2 	<p>Only 50% of the sampled HFs offered evidence of gender composition that met the 30% requirements. The sampled 4 HFs had an average 26.6% of the required gender composition, hence did not meet the requirement overall (see table). A division of the sum of the said 2 figures by 2 is way below 50% (i.e. $50.0+26.6=76.6\div 2=38.3\%$). Therefore, the HD did not meet the gender composition requirement because the average of the sample hovers way below the 50% composite rate (not above, hence failed to meet the requirement). (see table).</p> <p>Name of HF HUMC Members Female Members %/Female</p> <p>Amuria HC IV 9 1 11.1</p> <p>Asumuk HC III 7 2 28.6</p> <p>St. Michael Health Care Foundation HCIII / PNFP 9 3 33.3</p> <p>Wera HC III 9 3 33.3</p> <p>Average Gender Composition 26.6</p>	<p>0</p>
<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<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. 	<p>No HF (0%) of the sampled HFs met the requirements of having received communication for promoting of gender-sensitive sanitation, including having access to the issued guidelines on the separation of facilities for female and male. For all the 4 HFs, according to all records made available to the assessors at the time of the assessment (i.e. by 7th/9/2018), there was no evidence on file in form of HD or DHO submission letters or IEC dispatch logs to help confirm that the HD attempted to make efforts towards issuing guidelines on how to manage sanitation in HFs (e.g. in form of charts).</p>	<p>0</p>

<p>LG Health department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 4 points for this performance measure</p>	<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 	<p>The assessor reviewed only 1 signed and stamped Environment Screening Form for renovation of an existing HF:</p> <ol style="list-style-type: none"> The HD implemented no health infrastructure project in the FY 2017/18 but with only 1 health infrastructure project in the FY 2018/19. According to records made available by the EO at the time of the assessment (by 7th/9/2018), only one HF (i.e. Obalanga HC III, now under Kapelebyong District, a recently formed district curved out of Amuria District) has a screening form. The assessor reviewed 1 environment screening form for the project seen above. The reviewed form neither fully outlined environment and social risks nor did it specify the attendant mitigation plans. In another related progress-report on the same, issues were cited and documented that appeared to constitute risks as well as mitigation plans. These included citing the need to remove debris from the site and to dig a soak pit, all specified in the report but not the screening form. 	<p>2</p>
<p>LG Health department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 2 	<p>Evidence was lacking when it came to site visit reports by the EO and CDO:</p> <ol style="list-style-type: none"> No district-specific site visit reports (by the district EO or CDO) were made available to the assessor. This was because there was as no health facility infrastructure projects during FY 2017/18 implemented by the HD. According to records made available to the assessors at the time of the assessment (by 7th/9/2018), there was no evidence on file in form of EO and CDO Site Visit Reports to help confirm that efforts had been made to check how any risks and mitigation plans were being dealt with. 	<p>0</p>

<p>The LG Health department has issued guidelines on medical waste management</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> 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. 	<p>The Amuria DLG HFs had access to guidelines on waste segregation in form of a chart for waste sorting. Even so, there was always limited evidence offered on the source of the guidelines in use by the HFs, let alone their being issued by the DLG's HD. Even so, on closer scrutiny of other evidence garnered through the assessment it was clear that there were mixed signals when it came to the management of guidance on medical waste. For example:</p> <ol style="list-style-type: none"> 4 out of the 4 sampled HFs offered evidence that they had access to medical waste management guidelines in form of charts. 0 out of the 4 sampled HFs offered evidence that they had access to formal communications in form of medical waste management circulars, either from the DHO, MoH or both. 	<p>4</p>
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Summary of requirements	Definition of compliance	Compliance justification	Score
Planning, budgeting and execution			
<p>The DWO has targeted allocations to sub-counties with safe water coverage below the district average.</p> <p>Maximum score 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has targeted sub-counties with safe water coverage below the district average in the budget for the current FY: <ul style="list-style-type: none"> o If 100 % of the budget allocation for the current FY is allocated to S/Cs below average coverage: score 10 o If 80-99%: Score 7 o If 60-79: Score 4 o If below 60 %: Score 0 	<p>Amuria district has safe water average coverage of 82% with the sub-counties of Willa (72%), Wera (74%), Orungo (65%) and Okungur (71%) below the district average.</p> <p>In the current budget (FY 2018/19), the district has made provision for the construction of four hand pumps in the sub-counties of Okungur (3) and Willa (1). All the allocations were targeted to sub-counties with safe water cover below district average. This therefore accounted for 100% of total allocations.</p>	10

<p>The district Water department has implemented budgeted water projects in the targeted sub-counties (i.e. sub-counties with safe water coverage below the district average)</p> <p>Maximum 15 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has implemented budgeted water projects in the targeted sub-counties with safe water coverage below the district average in the previous FY. <ul style="list-style-type: none"> o If 100 % of the water projects are implemented in the targeted S/Cs: <p>Score 15</p> o If 80-99%: Score 10 o If 60-79: Score 5 o If below 60 %: Score 0 	<p>In the previous FY, the district had an average safe water coverage of 80.93% with sub-counties of Akeriou (8%), Okungur (79%), Wera (73%) and Willa (57%) below the average coverage as evidenced by the Uganda Water Supply Atlas 2017. It was evident that the projects that were implemented in the previous year were targeted towards the sub-counties with safe water coverage below the district average such as Okungur sub-county that had three boreholes constructed. Therefore, accounting for 100%</p>	<p>15</p>
<p>Monitoring and Supervision</p>			
<p>The district Water department carries out monthly monitoring of project investments in the sector</p> <p>Maximum 15 points for this performance measure</p>	<p>Evidence that the district Water department has monitored each of WSS facilities at least annually.</p> <ul style="list-style-type: none"> • If more than 95% of the WSS facilities monitored: score 15 • 80% - 95% of the WSS facilities - monitored: score 10 • 70 - 79%: score 7 • 60% - 69% monitored: score 5 • 50% - 59%: score 3 • Less than 50% of WSS facilities monitored: score 0 	<p>At the time of the assessment, there was no inspection report available in the department.</p>	<p>0</p>

<p>The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the district has submitted accurate/consistent data for the current FY: Score 5 List of water facility which are consistent in both sector MIS reports and PBS: score 5 	<p>In the Management Information System (MIS) reports at the Ministry of Water and Environment (MoWE) there were no submission made for Amuria district.</p>	<p>0</p>
<p>The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> List of water facility which are consistent in both sector MIS reports and PBS: score 5 	<p>At the time of assessment, there was no list of water facility which are consistent in both sector MIS report and PBS.</p>	<p>0</p>
<p>Procurement and contract management</p>			
<p>The district Water department has submitted input for district's procurement plan, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has submitted input for the district procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time (by April 30): score 4</p>	<p>The District Water Office submitted inputs for procurement requisition on 13/4/2018; LG PP Form 1 R 65 (1). The procurement plan was submitted on 9th/3/2018 and entailed; Borehole siting, drilling, pump testing, apron casting, sign post and stainless steel installation in areas of Akeriau (4), Morungatuny (1), Kuju (1), Asamuk (1), Wera (1) and Apeduru (1). It also submitted procurement for the supply of drip lines complete with inline emitters. The submission was made within the acceptable time period.</p>	<p>4</p>

<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If the contract manager prepared a contract management plan and conducted monthly site visits for the different WSS infrastructure projects as per the contract management plan: score 2 	<p>From the Project files, there was no evidence in form of contract management plan, no evidence in form of minutes for site meetings between contract manager and the contractor. The argument was that once the contract is implemented it takes a short period of time to get done and the contractors are only called back when the projects are inconsistent. For example, there were letters of non-compliance to process of borehole construction dated; 10/4/2018.</p>	<p>0</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If water and sanitation facilities constructed as per design(s): score 2 	<p>From the sample, water and sanitation facilities were constructed as per design for example; Amilimil HC II; FUNDER: DWSCG; Contractor: KLR; Depth: 68.7m; Date: 23/3/2018. Ajaki-Asinge; FUNDER: MoWE; REHABILITATED: VPL; Date: 05/7/2017; Depth: 74m</p>	<p>2</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If contractor handed over all completed WSS facilities: score 2 	<p>At the time of the assessment, no evidence of handover of all WSS facilities was available in the district.</p>	<p>0</p>

<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2 	<p>The District Water Officer hadn't issued completion certificates for all WSS projects because the contractors hadn't been paid. However, Signed on 22nd/06/2018 was an Interim Completion Certificate for Sitting, Drilling, Testing, installation & Casting of 3 Boreholes in Amuria District under Contract No. Amun/565/Wrks/2017-2018/00003 KLR(U) Ltd..</p>	<p>0</p>
<p>The district Water depart- ment has certified and initiated payment for works and supplies on time</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points 	<p>Sovia Engineering Services Ltd with a Supplies contract AMUN/565/WORKS/2016-2017/00063 and contract price of shs. 20,200,000 had a payment request dated 14/11/2017 and was paid on 23/11/2017 as per payment voucher No. 15817954. Certified by water officer on 6/11/2017</p>	<p>3</p>
<p>Financial management and reporting</p>			
<p>The district Water department has submitted annual reports (including all quarterly reports) in time to the Plan- ning Unit</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 5 	<p>While the LG water department submitted annual performance reports (including all quarterly reports) to the Planning Unit for consolidation. There was no evidence adduced by the senior District Planner to confirm that the water sector submitted their Quarter 4 report to the Planning unit for consolidation by mid July. The major reasons for the delay in submission of the water sector reports were attributed to the challenges of using the newly introduced PBS as most staff had not yet mastered the use of the system to prepare and submit reports. Secondly, there were a number of mandatory reports that had to be prepared and submitted before the close of the FY.</p> <p>By the time of the assessment however, hard copies of Quarter 4 consolidated Annual Performance report (generated on the 28/08/2018 and submitted to MoFPED) was available at the Planner's office.</p>	<p>0</p>

<p>The District Water Department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 5 for this performance measure</p>	<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 o If sector has no audit query score 5 o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 3 If queries are not responded to score 0 	<p>One audit observation was made in quarter 4 as per the report with regard to securing of the mini solar powered system and management took note of the observation.</p> <p>In quarter 2 issues were identified in the procurement process under water for the borehole citting, drilling, installation and pump testing and these appear to have been resolved.</p> <p>Reviewed copy of the letter from CAO to the District Water Officer referenced CR/201/1 dated 28/08/2018 directing him to ensure implementation and compliance with internal audit recommendations for the 4th quarter.</p>	<p>3</p>
<p>Governance, oversight, transparency and accountability</p>			
<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the council committee responsible for water met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports and submissions from the District Water and Sanitation Coordination Committee (DWSCC) etc. during the previous FY: score 3 	<p>The council committee responsible for water met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports and submissions from the District Water and Sanitation Coordination Committee (DWSCC) etc. during the previous FY.</p> <p>Evidence presented to the Assessor included minutes of the committee meeting that sat on 28/03/2018. Minute extract 4/02/03/ 2018 reflects the service delivery issues discussed at the meeting including; review of monitoring reports to borehole sites, rehabilitation of Tobora borehole in Acowa sub county and the need to re- activate water user committees</p>	<p>3</p>

<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the water sector committee has presented issues that require approval to Council: score 3 	<p>The Water sector committee issues for presentation at Council were summarised in a report dated 22/09/2017, and were presented to the council meeting held on the 26/09/2017 for approval.</p>	<p>3</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> The AWP, budget and the Water Development grant releases and expenditures have been displayed on the district notice boards as per the PPDA Act and discussed at advocacy meetings: score 2. 	<p>From the District Notice boards, there was evidence of displayed of AWP dated , Budget and Water Grant releases There was no evidence in form of minutes for advocacy meetings.</p>	<p>0</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2 	<p>From the sampled WSS projects, all were clearly labelled and the following information was observed: the name of the project, date of construction contractor and source of funding e.g. Amilimil HC II, DWD-57379, Funded by District Water and Sanitation Grant, Dated, 23/3/208; Ajaki-Asinge, CD-2481, Funded by MoWE, Rehabilitated by VPL, Dated: 5/7/2017; Tobora, funded by MoWE, Rehabilitated by VPL, Dated: 7/7/2017; 2-stance drainable pit latrine with urinal, at the district head office; Project No. AMUN/565/WRKS/00026: Funded by P.H.C DEV'T.</p>	<p>2</p>

<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2 	<p>Observation from the notice board showed that information on tenders and contract awards including name/contract and contract sum displayed on the District Notice boards for example; Procurement reference number: AMUN/565/Wrks/2017-2018/00003; Subject of procurement: Borehole sitting, drilling and installation, pump testing and casting of 4 boreholes; Total contract price: 79,604,336 UGX; Date for display: 21st/11/2017; Date of removal: 4th/12/2017</p>	<p>2</p>
<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If communities apply for water/ public sanitation facilities as per the sector critical requirements (including community contributions) for the current FY: score 1 	<p>Review of community application file showed that there was no application letter for water/public sanitation facilities as per sector critical requirements for the current FY.</p>	<p>0</p>
<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Water and Sanitation Committees that are functioning evidenced by either: i) collection of O&M funds, ii(carrying out preventive maintenance and minor repairs, iii) facility fenced/protected, or iv) they an M&E plan for the previous FY: score 2 <p>Note: One of parameters above is sufficient for the score.</p>	<p>From the sampled water and sanitation facilities, the Water and sanitation Committees were functioning and were collecting O & M funds that are used to carry out preventive maintenance and minor repairs, facilities were well fenced and protected for example; Amilimil HC II water facility had a displayed board For proper O & M and contained the following information;</p> <ul style="list-style-type: none"> - Weekly payment of 125 shs per person - Proper accountability of funds - Clean containers and compound - Respect the water management committee 	<p>2</p>
<p>Social and environmental safeguards</p>			

<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that environmental screening (as per templates) for all projects and EIAs (where required) conducted for all WSS projects and reports are in place: score 2 	<p>Files showed that environmental and social screening of all projects i.e. borehole construction in Olebera, Asukusuk and Owinya of Okungur sub-county and also the construction of a borehole at Amilimil HCII was carried out by Amuria district. However, at the time of assessment, the forms were not dated as to when the screening was done and had no official stamp</p>	<p>0</p>
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1 	<p>At the time of assessment, no evidence on the follow up in case of unacceptable environmental concerns was found for the past FY.</p>	<p>0</p>
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that construction and supervision contracts have clause on environmental protection: score 1 	<p>From the sampled contracts, there was a clause on environmental protection i.e section 8. special condition of contracts indicates that the contractor is expected to plant at least 130 trees.</p>	<p>1</p>

<p>The district Water department has promoted gender equity in WSC composition.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If at least 50% WSCs are women and at least one occupying a key position (chairperson, secretary or Treasurer) as per the sector critical requirements: score 3 	<p>Review of District Software report 2017/2018 all Water User Committee are in place. These committees have at least 50% women and in most WSC's and they at least take up a key position such as the treasury.</p>	<p>3</p>
<p>Gender and special needs-sensitive sanitation facilities in public places/</p> <p>RGCs provided by the Water Department.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3 	<p>Sanitation facilities were found to have adequate access and separate stances for men, women and PWD For example; the 2-stance Drainable pit latrine with urinal at the District head offices; Project No: AMUN/565/WRKS/00026.</p>	<p>3</p>