



## Local Government Performance Assessment

Bukedea District

(Vote Code: 578)

| Assessment                        | Scores |
|-----------------------------------|--------|
| Accountability Requirements       | 67%    |
| Crosscutting Performance Measures | 84%    |
| Educational Performance Measures  | 86%    |
| Health Performance Measures       | 78%    |
| Water Performance Measures        | 79%    |

| Summary of requirements   | Definition of compliance   | Compliance justification   | Compliant? |
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| 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"> <li>• 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"> <li>o If LG submitted before or by due date, then state 'compliant'</li> <li>o If LG had not submitted or submitted later than the due date, state 'non-compliant'</li> </ul> </li> <li>• From the Uganda budget website: <a href="http://www.budget.go.ug">www.budget.go.ug</a>, check and compare recorded date therein with date of LG submission to confirm.</li> </ul> | <p>Bukedea district was Compliant with the PFMAA and LG Budget guidelines regarding the requirement to have submitted the Performance Contract to MoFPED by the 1st of August 1st 2018. The Performance Contracts was submitted on line (as per report generation date indicated on the hard copy that was dully approved by the PS/ST and endorsed by the CAO) on the 24th of July 2018.</p> <p>The submission date corroborates with the date (of submission and approval) indicated on the LG report status/submission schedule generated at the MoFPED on the 28th of August 2018.</p> | Yes        |
| Supporting Documents for the Budget required as per the PFMA are submitted and available  |  |  |            |

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| <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"> <li>• From MoFPED's inventory of LG budget submissions, check whether: <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ul> | <p>Bukedea district was compliant with the LG PPDA regulations, 2006, that require LGs to submit Budget Estimates together with Procurement Plans. The budget Estimates and the Procurement Plans were duly submitted to MoFPED on the 24th of July 2018 per report generation date indicated on the hard copy of the budget estimates and the Procurement Plan available at the district Planner's office. The date corroborates with the date (of submission and approval) indicated on the LG report status/submission schedule generated at the MoFPED on the 28th of August 2018.</p> | <p>Yes</p> |
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Reporting: submission of annual and quarterly budget performance reports

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| <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"> <li>• If LG submitted report to MoFPED in time, then it is compliant</li> <li>• If LG submitted late or did not submit, then it is not compliant</li> </ul> | <p>Bukedea district was not compliant with the LG Budget preparation Guidelines as per PFMA Act requiring LGs to have submitted the Annual Performance Report by the 31st of July 2018.</p> <p>The Annual Performance Report was submitted on line to MoFPED on the 28th of August 2018, as per report generation date indicated on the hard copy of the Annual performance Report available in the District Planner's office. This was after the expiry of the deadline of the 31st July 2018.</p> <p>The submission date corroborates with that date indicated on the MoFPED LG report status/submission schedule that was generated on the 28th of August 2018.</p> | <p>No</p> |
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| <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"> <li>• 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).</li> <li>• If LG submitted late or did not submit at all, then it is not compliant.</li> </ul> | <p>Bukedea District was not compliant with the requirement as per PFMA Act, 2015, of the LGs to have submitted Quarterly budget performance report by the 31st of July 2018.</p> <p>The quarter 4 budget performance report was submitted late on the 28th August 2018, after the expiry of the deadline of 31st July 2018.</p> | <p>No</p> |
| <p>Audit</p>  |  |   |           |

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| <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"> <li>• If LG submitted a 'Response' (and provide details), then it is compliant</li> <li>• If LG did not submit a 'response', then it is non-compliant</li> <li>• If there is a response for all – LG is compliant</li> <li>• If there are partial or not all issues responded to – LG is not compliant.</li> </ul> | <p>The status of implementation of the audit findings was submitted as per the letter dated April 17, 2018 and referenced as CR 251/2. It was received by the Directorate of Internal Audit on April 20, 2018 as per the stamp appended to the forwarding letter and many of the issues pointed out appeared to be resolved.</p> | <p>Yes</p> |
| <p>The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer.</p>  |  | <p>The LG obtained an unqualified report for the FY 2017/18 as per the report of the Auditor General</p>   | <p>Yes</p> |

578 Bukedea  
District

Crosscutting  
Performance  
Measures 2018

| Summary of requirements           | Definition of compliance | Compliance justification | Score |
|-----------------------------------|--------------------------|--------------------------|-------|
| Planning, budgeting and execution |                          |                          |       |

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

Maximum 4 points for this performance measure.

Evidence that a district/ municipality has:

- A functional Physical Planning Committee in place that considers new investments on time: score 1.

Bukedea district has a functional Physical Development Planning Committee that was appointed by the CAO on the 9th December 2017, as per letter reference number; CR/218/1. The committee is comprised of the following officers:

- Physical Planner (secretary)
- Road Engineer
- District Education Officer
- District Health Officer
- Water Engineer
- District Community Development Officer
- Environment Officer
- Town Clerk
- Physical Planner in private practice
- Chief Administrative Officer ( Chairperson)

The committee was enriched with additional members including the Staff Surveyor, Natural Resources Officer and the Agricultural Officer that were appointed on the 18/06/2018 as per letter from the CAO Ref.No.CR/218

The Committee only met twice (not enough Plans had been developed and submitted for review and approval) during the year to review and approve architectural plans for the government and private developers. The committee met on the following dates:

- Committee sitting on 27/11/ 2017, that reviewed and approved architectural plans that were still pending as well as discussing the need for surveying public land and acquire titles for land where government projects are situated.
- Meeting of the 12/03/18 discussed guidelines sent by MoLHUD regarding physical planning and also discussed the need to monitor and control developments in the newly emerging New Growth Areas. Reviewed and approved the exiting architectural plans.

The Unit has a Plans Registration Book that captures information about the date of submission of the Plans, type of investment, owner of the investment and landownership type, location of the investment, remarks/comments about the plan, date approved and date of collection of the plan and signature.

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| <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"> <li>• Evidence that district/ MLG has submitted at least 4 sets of minutes of Physical Planning Committee to the MoLHUD score 1.</li> </ul> | <p>The minutes of the committee meetings were not shared with the Physical Planning division of the Ministry of Lands Housing and Urban Development. The Minutes registration book at the MoLHUD, reviewed by the Assessor on the 29th of August 2018, did not include Bukedea among the districts that had shared minutes with MoLHUD,</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"> <li>• All infrastructure investments are consistent with the approved Physical Development Plan: score 1 or else 0</li> </ul>               | <p>Bukedea district has not yet developed a Physical Development Plan therefore infrastructure investments are not appraised against any physical plan.</p>   | <p>0</p> |



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| <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"> <li>Action area plan prepared for the previous FY: score 1 or else 0</li> </ul>   | <p>No Area Action Plans were developed during the previous FY due to inadequate funding of the Physical Development Planning Unit. For example only 5.2 million shillings was allocated to the unit for the forthcoming Financial Year (2018).</p>   | <p>0</p> |
| <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"> <li>Evidence that priorities in AWP for the current FY are based on the outcomes of budget conferences: score 2.</li> </ul> | <p>Bukedea district held a budget conference on the 23/11/2017 and among other issues discussed planned priorities for the FY 2017/18. The priorities were outlined in the Budget Conference Report –available in the district planner’s office– on pages 12 and 13 the education priorities were named that included; classroom construction at various schools, supply of school desks, construction of pit latrines, supply of tables and chairs for teachers as well as cupboards. Health priorities were outlined on page 14 including construction of Maternity wards at Akwor, Kangole and Kacheka HC IIs</p> | <p>2</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"> <li>• 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.</li> </ul> | <p>Bukedea District has a Five year Development Plan covering the period 2015/16 – 2019/20. The capital investments in the approved Annual Work plan for FY 2018/19 were derived from the five year development plan.</p> <p>The capital investments for the different sectors are cited at different pages of the DDP and the current AWP as follows:</p> <p>Education</p> <ul style="list-style-type: none"> <li>- Construction of classrooms</li> <li>- Construction of pit latrines</li> <li>- Procurement of desks</li> <li>- Procurement of furniture for teachers</li> </ul> <p>Cited on pages 75, 144 and 2014 of the DDP.</p> <p>The same projects are detailed in the current AWP on page 26 and specific locations are mentioned.</p> <p>Health</p> <ul style="list-style-type: none"> <li>- Construction of a staff house at Kocheke HC II</li> <li>- Construction of a pit latrine at Kocheke HC II</li> <li>- Construction of laboratories at Kakuoro and Kocheke HC II,</li> <li>- Construction of Placenta pits at Nalugai, Kangore and Kocheke HC II.</li> <li>- Construction of maternity wards at Nalugai, Kangore and Akuoro HC II.</li> <li>- Construction of staff houses at Nalugai, Kangore, and Akuoro HC IIs.</li> </ul> <p>Cited on pages 142 and 203 of the DDP.</p> <p>The same capital investments are detailed on page 24 of the 2018/19 Annual Work Plans and budgets.</p> <p>Water</p> <ul style="list-style-type: none"> <li>- Drilling of boreholes</li> <li>- Drilling of shallow wells</li> <li>- Cited on pages 90 and 145 of the DDP.</li> </ul> <p>The same projects are detailed and specific locations mentioned on pages 34 and 35 of the current Annual Work Plan and Budget.</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"> <li>Project profiles have been developed and discussed by TPC for all investments in the AWP as per LG Planning guideline: score 2.</li> </ul>   | <p>Project profiles were developed and appended to the DDP document. However, for each financial year, an extract of the project profiles relevant to the projects are extracted and attached to the annual work plans and budgets. The Project Profiles for the 2018/19 projects were discussed at the TPC sittings of the 12/04/ 2018 as per minute numbers DTPC 17/05/2018 and DTPC 006/05/2018.</p>   | 2 |
| <p>Annual statistical abstract developed and applied</p> <p>Maximum 1 point on this performance measure</p>  | <ul style="list-style-type: none"> <li>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.</li> </ul> | <p>Annual Statistical Abstracts with gender disaggregated data were compiled and used to support budget allocation and decision making. A booklet for Bukedea District Statistical Abstracts 2017-2018 was published in June 2018.</p> <p>The Statistical Abstracts were presented to the TPC meeting of 26/07/2018 to be used to determine budget allocation and other decision making. The abstracts were discussed under minute number DTPC 006/07/2018.</p> | 1 |

Investment activities in the previous FY were implemented as per AWP.

Maximum 6 points on this performance measure.

• 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

Evidence was adduced in form of a list of projects that were implemented in the previous FY as outlined in the Annual budget performance report for 2017/18. The list was compared with an extract of projects included in the Annual Work Plan and budget that was approved by Council. The projects that were included in the AWP 2017/18 and reported on in the Annual Budget performance Report included|:

#### Education

- Classrooms construction at Kachage, Kotia and Okunguro primary schools

- Latrine construction and rehabilitation

- Procurement of desks for Kachage, Okunguro, Katekwa and Amusapir Primary schools.

#### Health

- Completion of staff house at Kocheke,

- Construction of pit latrines at Kocheke

#### Water

- Drilling of 2 Bore holes at selected location in Kachumbala Sub county

- Drilling of 2 boreholes at selected sites at Kadongole Sub county

- Drilling of 2 boreholes at selected sites at Malera sub county

- Rehabilitation of bore holes at Bukedea, Kidugole, Malera and Kolir

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| <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"> <li>• Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY.</li> <li>o 100%: score 4</li> <li>o 80-99%: score 2</li> <li>o Below 80%: 0</li> </ul> | <p>Obtained the projects monitoring report and this was matched with payments as per the draft financial statements and noted that majority of the investment projects were completed as per work plan by the end of the financial year. All these projects had the retention fees outstanding. The projects include:</p> <p>1- Construction of 2 classrooms at Kachage PS shs. 64,825,000. Contract sum was shs. 65,088,387 and payment was done to the tune of shs.31,775,306 which is 49% and another payment is done of shs.29,971,617 pushing the construction to 95%</p> <p>2- Spring protection 6 at shs. 42,000,000. Contact price is 38,986,728 and expiry date of 30/04/2018 and was completed on 25/05/2018. Paid 31,133,400 as per voucher 729</p> <p>3- Borehole drilling and sitting 2 of them budgeted at shs50,000,000. The contract sum was shs.41,028,482 and paid to the tune of shs.38,977,170 s per voucher 1387 dated 14/05/2018. Achieving 95% target. The balance is retention fees. End date was 30/03/2018 and completed on 12/02/2018.</p> <p>4- Borehole construction and retention, 9 of them with a total budget of shs.225,000,000. Contract sum was shs.170,762,000 and was to be completed on 30/05/2018 but completed on 04/05/2018. Paid shs. 100,000,000. Achievement is 62% although the certificate says 94% achieved in physical performance</p> <p>5- Construction of staff house at Kocheke Health Centre II Contract price is shs. 42,229,208 and paid shs.41,737,969. 94% achieved</p> <p>With the example of the projects above, many were commenced and completed within the FY and only have retention payments outstanding which pits there completion to between 80%-95%</p> |
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| <p>The LG has executed the budget for construction of investment projects and O&amp;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"> <li>Evidence that all investment projects in the previous FY were completed within approved budget – Max. 15% plus or minus of original budget: score 2</li> </ul> | <p>A review of information contained in the Annual budget performance report (as part of the Q4 report submitted to MoFPED and the Annual Final Accounts confirmed that the projects were completed within the approved budgets.</p> <p>Projects looked at were:</p> <ol style="list-style-type: none"> <li>Construction of staff house at Kocheke Health Centre II Contract price is shs. 42,229,208 and paid shs.41,737,969. 94% achieved.</li> <li>Borehole drilling and sitting 2 of them budgeted at shs50,000,000. The contract sum was shs.41,028,482 and paid to the tune of shs.38,977,170 s per voucher 1387 dated 14/05/2018. Achieving 95% target. The balance is retention fees. End date was 30/03/2018 and completed on 12/02/2018</li> <li>Construction of 2 classrooms at Kachage PS shs. 64,825,000. Contract sum was shs. 65,088,387 and payment was done to the tune of shs.31,775,306 which is 49% and another payment is done of shs.29,971,617 pushing the construction to 95%</li> <li>Borehole construction and retentions, 9 of them with a total budget of shs.225,000,000. Contract sum was shs.170,762,000 and was to be completed on 30/05/2018 but completed on 04/05/2018. Paid shs. 100,000,000. Achievement is 62% although the certificate says 94% achieved in physical performance</li> <li>Spring protection 6 at shs. 42,000,000. Contact price is 38,986,728 and expiry date of 30/04/2018 and was competed on 25/05/2018. Paid 31,133,400 as per voucher 729</li> </ol> |
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| <p>The LG has executed the budget for construction of investment projects and O&amp;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"> <li>Evidence that the LG has budgeted and spent at least 80% of the O&amp;M budget for infrastructure in the previous FY: score 2</li> </ul> | <p>Evidence to confirm that the LG budgeted and spent at least 80% of the Operations and Maintenance budget for infrastructure was only identified in the budgets of the Water and Education Sectors.</p> <p>Water:</p> <p>Budgeted for the repair and maintenance of the Ecosan Toilet at the district headquarters.</p> <ul style="list-style-type: none"> <li>- Budgeted 11,200,000=</li> <li>- Spent 11,200,000= (100%)</li> </ul> <p>Education: Budgeted for the renovation of 2 classrooms at Kotia primary school whose roof was blown off by wind.</p> <ul style="list-style-type: none"> <li>- Budgeted 512, 235,000=</li> <li>- Spent 512,235,000= (100%)</li> </ul> <p>In both cases the O&amp;M budget was spent to the tune of 100% .</p> | <p>2</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"> <li>Evidence that the LG has filled all HoDs positions substantively: score 3</li> </ul>   | <p>According to the approved staff structure (approved by the District Council under Minute No. BDLG/COU/49/03/2017 and by MoPS 13th June 2017 Ref No. ARC/135/306/1) the District has 10 departments. Of the 10 departments 7 are substantively filled while 3 are in acting positions . The departments that are not substantively filled are:</p> <ul style="list-style-type: none"> <li>a) Health services currently headed by an assistant DHO. Assigned duties of DHO on 5th Jan 2015 by CAO</li> <li>b) Production and marketing headed by the principal veterinary officer; assigned duties of DPO on 1st July 2017 by CAO; and</li> <li>c) Natural Resources.</li> </ul>  | <p>0</p> |

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| <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"> <li>• Evidence that HoDs have been appraised as per guidelines issued by MoPS during the previous FY: score 2</li> </ul> | <p>From among 10 HoDs (both acting and substantive), 8 had been appraised and their performance reports seen on file, the other two had just been newly recruited hence were not existing in the previous financial year. Below are appraisal details of three of the 8 HoDs.</p> <p>a) Otwarun Isaac: CFO; Performance report signed by CAO on 2nd Aug 2018.</p> <p>b) Amuya Stephen Okwalinga: District Engineer; Performance report signed by CAO on 3rd Aug 2018.</p> <p>c) Akwap Marion: Community Based services; Performance report signed by CAO on 3rd Aug 2018.</p>  | <p>2</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"> <li>• Evidence that 100 % of staff submitted for recruitment have been considered: score 2</li> </ul>                    | <p>From review of vacancy declaration file, it was found out that 131 vacancies were submitted for recruitment (121 new recruits and others on transfer within service). All the submissions for recruitment (100%) were considered by the commission during the meetings of:</p> <p>a) 31st February to 13 March 2018 under DSC Minute Nos: 001/2018; 002/2018; 003/2018; 004/2018; 005/2018; 007/2018; 008/2018; 009/2018; 010/2018;; 012/2018; 013/2018; 014/2018, 011/2018, 015/2018016/2018; 017/2018; 018/2018; 019/2018; 020/2018; 021/2018; 022/2018; 023/2018</p> <p>b) Meeting of 26th June 2018 Minute 26/2018, 27/2018</p> | <p>2</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"> <li>• Evidence that 100 % of positions submitted for confirmation have been considered: score 1</li> </ul>               | <p>85 staff were submitted to the DSC for confirmation. All the 85 (100%) were confirmed during the meeting of 26th June 2018 under the following DSC minute numbers:</p> <p>Minute 25/2018 (G), Minute 25/2018 (c), Minute 25/2018 (B) Minute 25/2018 (D) Minute 25/2018 (F) Minute 25/2018 (A) Minute 25/2018 (E)</p>  | <p>1</p> |



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| <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"> <li>• Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1</li> </ul> | <p>In 2017/18 there were no submissions for disciplinary actions submitted to the DSC. It was reported that disciplinary cases were handled at rewards and sanctions committee.</p> | <p>1</p> |
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| <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"> <li>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</li> </ul>    | <p>From the review of the updated staff list (as at 31st July 2018), it was found out that 121 new staff were recruited and issued appointment letters on 18th March 2018. All the newly appointed staff (100%) accessed the payroll within two months after appointment this was evidenced from the review of May payroll.</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"> <li>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</li> </ul> | <p>8 staff were due for retirement in 2017/18, of these only 4 (50%) had accessed the payroll by the time of the assessment while the other 4 had not accessed the payroll. Below are the details of three of the four staff who have not accessed the payroll.</p> <p>Angura Mathews, due date of retirement 30/11/2017, has not accessed the payroll because he had issues with date of Birth that is being handled by MoPS</p> <p>Moko John Peter, due date of retirement 23/09/2017, has not accessed the payroll because he had issues with date of Birth that is being handled by MoPS</p> <p>Okurut Charles Thadeus, due date of retirement 24/11/2017, has not accessed the payroll because he had issues with date of Birth that is being handled by MoPS</p> | <p>0</p> |
| <p>Revenue Mobilization</p>   |   |  |          |

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| <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"> <li>•• 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.</li> <li>• If the increase is from 5% -10 %: score 2.</li> <li>• If the increase is less than 5 %: score 0.</li> </ul> | <p>Total of OSR for FY 2016/2017 was shs. 118,315,001</p> <p>Total of OSR for FY 2017/2018 was shs. 192,138,882</p> <p>Increase Shs. 73,823,881</p> <p>Percentage. 62.4 %</p> <p>The financial 2016/17 there was disposal of assets amounting to shs.558,000. So the previous year revenue of shs. 118,873,001 is reduced by that much to shs.118,315,001.</p> <p>For the financial year 2017/18 a total of shs. 4,500,000 was collected as non-reimbursable amounts through bids which is a one off and does not qualify</p> | 4 |
| <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"> <li>• 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.</li> </ul>  | <p>Total Local Revenue Planned/Budgeted for FY 2017/2018 Shs. 176,414,000</p> <p>Total Local Revenue collected during FY 2017/2018 Shs.192,138,882</p> <p>The LG Performance is +8.9 % over the budgeted</p>  | 2 |
| <p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>  | <ul style="list-style-type: none"> <li>• Evidence that the District/Municipality has remitted the mandatory LLG share of local revenues: score 2</li> </ul>  | <p>Local Revenue collections subjected to sharing with LLGs Shs. 76,826,552 for FY 2017/18</p> <p>Amount of local revenue remitted to LLGs in FY 2017/18 Shs.49,937,259</p> <p>Status of compliance: 65%</p> <p>Reviewed voucher no 3077 dated 2/02/2018 that transferred the LLG share of shs.49,937,259</p>   | 2 |

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| <p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>           | <ul style="list-style-type: none"> <li>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</li> </ul>                         | <p>Total of OSR for FY 2017/2018 was shs. 192,138,882</p> <p>Total of OSR for FY 2016/17 was shs. 118,315,001</p> <p>Emoluments and allowances paid out to council as extracted from the payment vouchers was shs.17,880,000 is paid out as allowances to council. Percentage of allowances paid out to council to the previous financial year OSR was 15.1%. This exceeds the threshold of 20% thus the LG does not score under this indicator.</p> | <p>2</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"> <li>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</li> </ul> | <ul style="list-style-type: none"> <li>In 2017/18, the District had a Substantive Senior procurement officer (Emojong Felix Amaitum) appointed on contract under DSC minute No: 194/2015.</li> <li>Additionally, the District has a procurement officer (Egwayu Stephen) appointed under DSC minute No: 214/2016.</li> </ul>   | <p>2</p> |

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| <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"> <li>Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1</li> </ul> | <p>TEC produced and submitted reports to the Contracts Committee.</p> <p>For example</p> <p>(a) Technical evaluation Committee meeting was held 07/09/2017 (Ref; BUKE578/WRKS/17-18/00008): Construction of a maternity in Malera HCIII</p> <p>Produced report 07/09/2017 submitted to contracts committee. The report</p> <p>Recommended that M/S AMUGU UNITED COMPANY LIMITED be awarded contract at UGX 117,470, 829 (phased into two 1st phase 78,009,000 and 2nd Phase 39,461,829).</p> <p>(b) Technical evaluation Committee meeting was held 07/09/2017 (Ref; BUKE578/WRKS/17-18/00002): Drilling, casting and installation of 9 bore holes Produced report 07/09/2017 submitted to contracts committee. The report</p> <p>Recommended that M/S EBOWA INVESTMENTS LTD be awarded contract at UGX 170,762, 000.</p> <p>(c) Technical evaluation Committee meeting was held 07/09/2017 (Ref; BUKE578/WRKS/17-18/00001): Low cost sealing of 1.0km of Kidongole-Bukedea Rd</p> <p>Produced report 07/09/2017 submitted to contracts committee. The report</p> <p>Recommended that M/S EMPA ASSOCIATES LTD be awarded contract at UGX 285,556, 582.</p> | <p>1</p> |
|---|--|--|----------|

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| <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"> <li>• Evidence that the Contracts Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1</li> </ul> | <p>Contracts Committee considered recommendations of the TEC.</p> <p>For example</p> <p>a) (Ref; BUKE578/WRKS/17-18/00008): Construction of a maternity in Malera HCIII Report of the contracts committee seating on 27/10/2017, minute no Item 5(b) 27-10--17 as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that M/S AMUGU UNITED COMPANY LIMITED be awarded contract at UGX 117,470, 829 (phased into two 1st phase 78,009,000 and 2nd Phase 39,461,829).</p> <p>b) (Ref; BUKE578/WRKS/17-18/00002): Drilling, casting and installation of 9 bore holes -Report of the contracts committee seating on 07/09/2017, minute no Item 5(k) 7-09--17 as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that that M/S EBOWA INVESTMENTS LTD be awarded contract at UGX 170,762, 000.</p> <p>c) (Ref; BUKE578/WRKS/17-18/00001): Low cost sealing of 1.0km of Kidongole-Bukedea Rd. Report of the contracts committee seating on 7/0/92017, minute no 5(o) 7-09--17 as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that M/S EMPA ASSOCIATES LTD be awarded contract at UGX 285,556, 582.</p> | <p>1</p> |
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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 (approval date 24/05/2018) annual work plan and budget. For example

- Construction of two classrooms with office, furniture and pit latrine at Tokor P/S (Ref; BUKE578/WRKS/18-19/00005) at UGX 103,204,420
- Construction of a low cost seal of 1.3kms Bukedea-Kidongole Rd (Ref; BUKE578/WRKS/18-19/00001) at UGX 420,000,000.
- Construction of a two classrooms and pit latrine, furniture at Achomai P/S(Ref; BUKE578/WRKS/18-19/00007).
- .Construction of 3 classrooms and furniture at Kchage P/S (Ref; BUKE578/WRKS/18-19/00003).
- Construction of two classrooms with office, furniture and pit latrine at Kacoc P/S

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

- Construction of a maternity in Malera HCIII (Ref; BUKE578/WRKS/17-18/00008) at UGX 117,470, 829
- Drilling, casting and installation of 9 bore holes (Ref; BUKE 578/WRKS/17-18/00002) UGX 170,762, 000.
- Low cost sealing of 1.0km of Kidongole-Bukedea Rd (Ref; BUKE578/WRKS/17-18/00001) at UGX 285,556, 582
- Completion of a staff house in Kocheke HCIII (Ref; BUKE578/WRKS/17-18/00009) at UGX 36,851, 258
- Protection of 6 spring wells BUKE578/WRKS/17-18/00006) at UGX 34,734, 580.

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| <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"> <li>• For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/ infrastructure by August 30: score 2</li> </ul>              | <p>For FY 2018/2019, By August 30 2018, all bid documents for all investment/infrastructure were prepared above 80%. The Approval date was 9/June/2018 These include:</p> <ul style="list-style-type: none"> <li>• Construction of two classrooms with office, furniture and pit latrine at Tokor P/S (Ref; BUKE578/WRKS/18-19/00005) at UGX 103,204,420</li> <li>• Construction of a low cost seal of 1.3kms Bukedea-Kidongole Rd (Ref; BUKE578/WRKS/18-19/00001) at UGX 420,000,000.</li> <li>• Construction of a two classrooms and pit latrine, furniture at Achomai P/S(Ref; BUKE578/WRKS/18-19/00007).</li> <li>• .Construction of 3 classrooms and furniture at Kchage P/S (Ref; BUKE578/WRKS/18-19/00003).</li> <li>• Construction of two classrooms with office, furniture and pit latrine at Kacoc P/S</li> </ul> | <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"> <li>• For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2</li> </ul> | <p>For FY 2017/2018, contract register fully updated (2017-2018).such as</p> <ul style="list-style-type: none"> <li>• Construction of a maternity in Malera HCIII (Ref; BUKE578/WRKS/17-18/00008) at UGX 117,470, 829</li> <li>• Drilling, casting and installation of 9 bore holes (Ref; BUKE 578/WRKS/17-18/00002) UGX 170,762, 000.</li> <li>• Low cost sealing of 1.0km of Kidongole-Bukedea Rd (Ref; BUKE578/WRKS/17-18/00001) at UGX 285,556, 582</li> <li>• Completion of a staff house in Kocheka HCIII (Ref; BUKE578/WRKS/17-18/00009) at UGX 36,851, 258</li> <li>• Protection of 6 spring wells BUKE578/WRKS/17-18/00006) at UGX 34,734, 580.</li> </ul>   | <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"> <li>• For previous FY, evidence that the LG has adhered with procurement thresholds (sample 5 projects): score 2.</li> </ul>   | <p>For FY 2017/2018, procurement thresholds were well adhered to. Example of sampled projects Above 50 million (Open Domestic bidding) and below selective</p> <ul style="list-style-type: none"> <li>• Construction of a maternity in Malera HCIII (Ref; BUKE578/WRKS/17-18/00008) at UGX 117,470, 829 (Open Domestic bidding, Daily Monitor Thursday, 14th July 2017)</li> <li>• Drilling, casting and installation of 9 bore holes (Ref; BUKE 578/WRKS/17-18/00002) UGX 170,762, 000. , Daily Monitor Thursday, 14th July 2017)</li> <li>• Low cost sealing of 1.0km of Kidongole-Bukedea Rd (Ref; BUKE578/WRKS/17-18/00001) at UGX 285,556, 582, Daily Monitor Thursday, 14th July 2017</li> <li>• Completion of a staff house in Kocheke HCIII (Ref; BUKE578/WRKS/17-18/00009) at UGX 36,851, 258 (Daily Monitor Thursday, 14th July 2017)</li> <li>• Protection of 6 spring wells BUKE578/WRKS/17-18/00006) at UGX 34,734, 580 (Daily Monitor Thursday, 14th July 2017)</li> <li>• Construction of slaughter slab at Akwarikwar BUKE 578/WRKS/17-18/00014 (Selective Biding sent Invitation to selected firms dated 17/08/2017)</li> </ul> | <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"> <li>• 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</li> </ul> | <p>Projects implemented in the FY 2017/18 were appropriately certified with interim and completion certificates as per technical supervision. For example Completion and interim certificates were available.</p> <p>For example</p> <ul style="list-style-type: none"> <li>• Construction of a maternity in Malera HCIII (Ref; BUKE578/WRKS/17-18/00008) Completion certificates dated certificate 13/February/2018) 8/June/2018</li> <li>• Drilling, casting and installation of 9 bore holes (Ref; BUKE 578/WRKS/17-18/00002) Completion certificate dated 18-May-2018</li> <li>• Completion of a staff house in Kocheke HCIII (Ref; BUKE578/WRKS/17-18/00009) at UGX 36,851, 258 completion certificate dated 22/02/2018.</li> <li>• Protection of 6 spring wells BUKE578/WRKS/17-18/00006) at UGX 34,734, 580 completion certificate dated 25/05/2018</li> </ul>  | <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"> <li>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</li> </ul> | <ul style="list-style-type: none"> <li>The FY 2018/2019 project site boards for all projects are not yet erected available.</li> <li>But even the ones that were erected previous financial year are not clearly labelled. They miss information on contract value and expected duration.</li> </ul>   | 0     |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
|--|--|--|-------|--------|------|---------|------|------------|--------|------|------------|----------|------|------------|----------|------|------------|-------------|------|------------|------------|------|------------|-------------|------|------------|---|
| Financial management   |  |  |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| <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"> <li>Evidence that the LG makes monthly bank reconciliations and are up to-date at the time of the assessment: score 4</li> </ul>  | <table border="1"> <thead> <tr> <th>Month</th> <th>Status</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>June 30</td> <td>Done</td> <td>13/07/2018</td> </tr> <tr> <td>May 31</td> <td>Done</td> <td>15/06/2018</td> </tr> <tr> <td>April 30</td> <td>Done</td> <td>16/05/2018</td> </tr> <tr> <td>March 31</td> <td>Done</td> <td>18/04/2018</td> </tr> <tr> <td>February 28</td> <td>Done</td> <td>16/03/2018</td> </tr> <tr> <td>January 31</td> <td>Done</td> <td>16/02/2018</td> </tr> <tr> <td>December 31</td> <td>Done</td> <td>18/01/2018</td> </tr> </tbody> </table>  | Month | Status | Date | June 30 | Done | 13/07/2018 | May 31 | Done | 15/06/2018 | April 30 | Done | 16/05/2018 | March 31 | Done | 18/04/2018 | February 28 | Done | 16/03/2018 | January 31 | Done | 16/02/2018 | December 31 | Done | 18/01/2018 | 4 |
| Month  | Status   | Date   |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| June 30  | Done   | 13/07/2018   |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| May 31   | Done   | 15/06/2018   |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| April 30   | Done   | 16/05/2018   |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| March 31   | Done   | 18/04/2018   |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| February 28  | Done   | 16/03/2018   |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| January 31   | Done   | 16/02/2018   |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| December 31  | Done   | 18/01/2018   |       |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |
| <p>The LG made timely payment of suppliers during the previous FY</p> <p>Maximum 2 points on this performance measure</p>                    | <ul style="list-style-type: none"> <li>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.</li> </ul>  | <p>Reviewed voucher No. 1039 which was for payment for construction of 2 classroom block at Kachage PS by Amononeno Investments Uganda Ltd. The request for payment was submitted on 28/05/2018. The DEO recommended for payment on 12/06/2018 and the payment was approved on 13/06/2018. Payment was effected on 27/06/2018.</p> <p>Looked at Voucher No. 733 dated 09/04/2018 that had a request for payment dated 01/03/2018. The DEO recommended for payment on 19/03/2018 and the payment was done on 09/04/2018</p> <p>Reviewed the request for payment made by Amonpneno Investments Uganda Limited that was prepared on 13/02/2018. The DEO made a recommend for payment on 22/02/2018. Payment was approved on 19/03/2018 and paid under voucher No. 718 dated the same date of approval.</p> <p>Reviewed request made by Taraso Constructors Limited for the retention fees that was submitted on 7/12/2017 and recommendation was done by the DEO on 07/12/2017. The</p> | 2     |        |      |         |      |            |        |      |            |          |      |            |          |      |            |             |      |            |            |      |            |             |      |            |   |

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|  |  | <p>payment was done on 26/02/2018</p> <p>Reviewed request for payment dated 22/05/2018 raised by Obur Enterprises for the protection of 6 spring wells . The district water officer recommended for payment on 25/05/2018 and payment was done on 26/06/2018</p> <p>Request for payment for rehabilitation of Akuoro Road was done by Rema (U) Ltd on 10/11/2017. Payment was done on 04/12/2017 as per voucher No. 1371</p> <p>Reviewed voucher 730 being payment to Ebowa Investments for drilling 9 boreholes. Payment was done on 29/06/2018 and the request was submitted on 5/05/2018. DEO recommended on 18/05/2018</p> <p>Reviewed Voucher 1387 being payment for drilling of boreholes by KLR Uganda Ltd. that was done on 14/05/2018. Request was done on 2/03/2018 and DEO recommended for payment on 13/03/2018</p> <p>Reviewed request for payment made by Mastak Investments Limited for rehabilitation of 10boreholes.Request was submitted on 4/12/2017. DWO passed it on 13/12/2017 and payment was done on 28/02/2017</p> <p>Voucher No. 1370 being payment casting and installation of 5 bore holes by Honest well that was paid on 17/11/2017. Request was done on 28/09/2017 DWO recommended for payment on 10/10/2018 and approval was achieved on 17/11/2017</p> <p>Looked at the request made by Obur Enterprises made on 4/06/2018 with respect to completion of staff house in Kocheke Health Centre II. The DHO cleared on 12/06/2018. Payment was done on the 21/06/2018</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"> <li>• Evidence that the LG has a substantive Senior Internal Auditor: 1 point.</li> <li>• LG has produced all quarterly internal audit reports for the previous FY: score 2.</li> </ul> | <p>Seen a copy of the appointment letter for Mr. Tukei Geoffrey being appointed the Acting Principal Internal Auditor as per minute No. 56/2017 in a letter dated 21/12/2017 and referenced CR.156/1. Ag. CAO Mr. Kumakech Oluba Charles communicated.</p> <p>The LG lacks a substantive Senior Internal Auditor.</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"> <li>• LG has produced all quarterly internal audit reports for the previous FY: score 2.</li> </ul>  | <table border="1"> <thead> <tr> <th>Quarter</th> <th>Date of report</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>04/10/2017</td> <td>Aud251/1</td> </tr> <tr> <td>Quarter 2</td> <td>10/1/2018</td> <td>Aud 251/1</td> </tr> <tr> <td>Quarter 3</td> <td>08/04/2018</td> <td>Aud251/1</td> </tr> <tr> <td>Quarter 4</td> <td>11/07/2018</td> <td>Aud 251/1</td> </tr> </tbody> </table> <p>All reports were distributed to District Chairperson, RDC, PS MoLG, Chairperson PAC, Internal Auditor General, and The Auditor General.</p> | Quarter | Date of report | Reference | Quarter 1 | 04/10/2017 | Aud251/1 | Quarter 2 | 10/1/2018 | Aud 251/1 | Quarter 3 | 08/04/2018 | Aud251/1 | Quarter 4 | 11/07/2018 | Aud 251/1 | 2 |
|--|---|--|---------|----------------|-----------|-----------|------------|----------|-----------|-----------|-----------|-----------|------------|----------|-----------|------------|-----------|---|
| Quarter  | Date of report  | Reference  |         |                |           |           |            |          |           |           |           |           |            |          |           |            |           |   |
| Quarter 1  | 04/10/2017  | Aud251/1   |         |                |           |           |            |          |           |           |           |           |            |          |           |            |           |   |
| Quarter 2  | 10/1/2018   | Aud 251/1  |         |                |           |           |            |          |           |           |           |           |            |          |           |            |           |   |
| Quarter 3  | 08/04/2018  | Aud251/1   |         |                |           |           |            |          |           |           |           |           |            |          |           |            |           |   |
| Quarter 4  | 11/07/2018  | Aud 251/1  |         |                |           |           |            |          |           |           |           |           |            |          |           |            |           |   |
| <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</p> <p>internal audit findings for the previous financial year i.e. follow up on audit queries from all quarterly audit reports: score 2.</p> | <p>There is no evidence that the LG provided information to the Council and LG PAC on the status of implementation of the internal audit findings.</p>   | 0       |                |           |           |            |          |           |           |           |           |            |          |           |            |           |   |
| <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"> <li>• 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.</li> </ul>   | <p>Reviewed a document referenced CR 10/3 and dated 28 June 2018 by Chairperson PAC submitting the reports on the internal audit findings and their implementation. A single meeting was held for the deliberation of the audit findings.</p> <p>Received by office of the auditor General on 04/07/2018, MoLG and Directorate of Government on the same date</p>  | 1       |                |           |           |            |          |           |           |           |           |            |          |           |            |           |   |

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| <p>The LG maintains a detailed and updated assets register<br/>Maximum 4 points on this performance measure.</p>           | <ul style="list-style-type: none"> <li>• 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</li> </ul>  | <p>An assets register is maintained by the LG. It is in the format provided for in the manual.</p>  | <p>4</p> |
| <p>The LG has obtained an unqualified or qualified Audit opinion<br/>Maximum 4 points on this performance measure</p>      | <p>Quality of Annual financial statement from previous FY:</p> <ul style="list-style-type: none"> <li>• Unqualified audit opinion: score 4</li> <li>• Qualified: score 2</li> <li>• Adverse/disclaimer: score 0</li> </ul>                          | <p>The LG obtained an unqualified report for the FY 2017/18 as per the report from the Auditor General.</p>   | <p>4</p> |
| <p>Governance, oversight, transparency and accountability</p>  |   |   |          |
| <p>The LG Council meets and discusses service delivery related issues<br/>Maximum 2 points on this performance measure</p> | <ul style="list-style-type: none"> <li>• 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</li> </ul> | <p>Evidence was provided by the Clerk Council to confirm that council meets and discusses service delivery issues including monitoring reports and performance assessment results.</p> <p>Evidence adduced included a set of 8 minutes of meetings of council that were convened as follows:</p> <p>Meeting of the 26/06/2018: discussed the state of affairs in the district (as per minute number BDLG/Cou/ 057/06/2018) outlining the major achievements, constraints and challenges per sector. For example in Health key achievements included:</p> <ul style="list-style-type: none"> <li>- Completion of Kocheke HC II staff house</li> <li>- Completion of Kachumbala maternity ward</li> <li>- Procured a new Mitsubishi vehicle</li> <li>- Developed an HIV&amp;AIDS Strategic Plan</li> <li>- Completed Bukedea HC IV Operating Theatre ( opened for use)</li> <li>- Installed the Gyne-Xpert Machine</li> </ul> <p>Water:</p> | <p>2</p> |

- Completion of water sources including 6 springs installed at Bukedea HC IV,
- completion of 11 deep boreholes,
- Rehabilitation of 10 boreholes

#### Education

- 1 class room built by Build Africa at Kaleu primary schools
- Construction of latrine stances at various sites; 12 at Kachage PS, 5 stances at Kokorotum by Plan International.
- Renovation of 2 classroom blocks at Kotia PS, 2 classroom blocks at Kachage, 2 Classroom blocks at Okunguro.
- Training of teachers in reading skills.

Meeting of 24/05/2018. Basically dealt with the approval of the 2018/19 work plans and budgets and basically all the projects were approved as per minute number BDLG/Cou/053/ 05/2018.

Also discussed the need for government to take up 12 private secondary schools and 1 private primary school for government support.

Meeting of 17/05/2018: basically discussed health issues including the approval of the District costed implementation Plan funded by JEPHEIGO as per minute number BDLG/Cou/087/05/2018.

Meeting of the 29/03/2018: mainly handled the laying of the budget for 2018/19 as per minute number BDLG/Cou/48/03/2018.

Meeting of 08/02/2018: mainly handled the approval of the 2018/19 Annual Work Plans and Budgets as per minute number BDLG/Cou/081/02/2018.

Meeting of 16/11/2018: Approved recruitment for vacant positions across all sectors. Recommended for the procurement of theatre Equipment for Bukedea HC IV, approved board members for all secondary schools and tagged councillors to particular secondary schools for the routine monitoring and support supervision and for promotion of extracurricular activities. Approved Kamute water Shed supported by NUSAF.

Meeting of 18/09/2017 discussed the issue of amendment of the article 102 (b) of the Constitution of the Republic of Uganda.

Meeting of 31/08/2017: Discussed and approved the creation of new administrative units as per minute number BDLG/Cou/65/ 08/2017. Also approved the District State of Affairs for the previous year (2016/17). Appreciated the funding from the

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|  |   | <p>Local Economic Growth from the Islamic African bank. Water Issues discussed included: need to identify 6 sites for water projects that were to be funded by the African Islamic Bank, need to sensitise the communities so as to appreciate the Gravity Flow Water Scheme. Education issues included the need to complete payment for the hitherto incomplete projects at Kagoro, Okunguro and Kotia primary schools. Issue of the need to transfer some teachers that had overstayed at particular schools and approved newly selected members to the Boards of Governors for secondary schools. Health Issues included the need to recruit an Anaesthetics Officer for Bukedea HC IV in order to make the theatre operational.</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"> <li>• Evidence that LG has designated a person to coordinate response to feedback (grievance /complaints) and responded to feedback and complaints: score 1.</li> </ul>                  | <p>Bukedea district has a designated person to coordinate responses and feedback to communities regarding complaints/ grievances and/or petitions:</p> <p>The CAO assigned the Principal Administrative Secretary (PAS) the responsibilities to among others, receive and record complaints, channel complaints to line departments and ensure feedback to the complainants. The appointment was made as per letter from the CAO to the PAS dated 4/07/2017, Ref. CR/251/2.</p> <p>Complaints are recorded in a complaints register that details the name of the complainant, nature of complaint, date of complaint and signature of the complainant. The PAS on receipt of the complaints forwards the complaints to the relevant sectors/officers for appropriate action and also ensures that feedback is provided to the complainant either through face to face meetings or written feedback in form of letters. All complaints made through writing as well as written feedback are filed in file Ref. No. CR/ 252.3 labelled Complaints and Grievances from available at the office of the PAS.</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"> <li>• 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</li> </ul> | <p>Complaints are recorded in a <i>Complaints Register</i> that details the name of the complainant, nature of complaint, date of Ccomplaint and signature of the complainant. The PAS on receipt of the complaints forwards the complaints to the relevant sectors/officers for appropriate action and also ensures that feedback is provided to the complainant either through face to face meetings or written feedback in form of letters. All complaints made through writing as well as written feedback are filed in file Ref. No. CR/ 252.3 labelled Complaints and Grievances from Communities available at the office of the PAS.</p>   | <p>1</p> |



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| <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"> <li>• The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2</li> </ul>  | <p>There was evidence to confirm that The LG Payroll and Pensioner Schedule were published on public notice boards and other means.</p> <p>By the time of the assessment, the September Salary pay roll had already been pinned on the public notice boards for viewing by any interested party. The teachers' salary payroll for the month of September was particularly displayed at the Education office notice board. The pensioner schedule for the few staff that had already accessed the pension was also displayed.</p>   | <p>2</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"> <li>• Evidence that the procurement plan and awarded contracts and amounts are published: score 1.</li> </ul>   | <p>There was evidence to confirm that the awarded contracts and amounts were published. Call for bids notices for the year 2018/19 and the Best Bids Evaluated and Awarded with amounts were duly displayed at the procurement office and other public notice boards.</p>  | <p>1</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"> <li>• 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.</li> </ul> | <p>Evidence was adduced to confirm that the LG performance assessment results and implications were published. While the budget website was down, the LG made an effort to disseminate the results during the TPC meeting of 2/08/2018 (although outside the period of assessment). Note that the results were disseminated late by Government – late May-. The results were discussed under minute number DTPC 004/08/2018. An extract-summary- of the results was distributed to all members of the TPC and also pinned on various notice boards of the district.</p> <p>A special TPC was also convened that was attended by participants from all sub counties (participants lists duly signed by the participants were seen by the assessor). All participants were given a copy of the summarised results. The results were discussed under minute No. DTPC 013/08/2018.</p> | <p>1</p> |



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| <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"> <li>• Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1</li> </ul> | <p>The District Planner provided evidence to confirm that Bukedea district communicated and explained guidelines, circulars and policies issued by the national level to lower level local governments during the previous year.</p> <p>The Planner provided examples of the documents that were disseminated and they included the following:</p> <ul style="list-style-type: none"> <li>- Ministry of Health guidelines on Health Sector Grants and Budget Guidelines 2018/19. Disseminated through the TPC meeting of 29/07/2018 as per minute number DTPC/005/07/2018.</li> <li>- Planning, Budgeting and Implementation Guidelines for the Education sector. Disseminated through the TPC sitting of the 29/07/18. Discussed under minute number DTPC/005/07/2018.</li> <li>- DDEG guidelines disseminated through TPC meeting of 15/12/2017. Discussed under minute number DTPC/004/12/2017. Meeting also discussed guidelines for unconditional grants and guidelines for how to raise local revenues.</li> <li>- The balanced Score Card guidelines issued by OPM, disseminated the rough the TPC meeting of 12/09/2017 under minute number DTPC 005/9/2017.</li> <li>- Budget Call Circular (revised 2nd call), disseminated through the TPC sitting of April 2018 under minute number DTPC 006/04/2018.</li> </ul> | <p>1</p> |
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| <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"> <li>• 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.</li> </ul> | <p>Bukedea LG conducted discussions mainly through Barazas, with the public to provide feedback on status of activity implementation.</p> <p>Detailed updates about the status of implementation was given to the citizens during the Council meeting of the 26/06/2018 during which the district chairperson presented highlights of activity implementation as per briefs compiled for him by the heads of departments. The council meeting was open to the attendance of the general public.</p> <p>Two Barazas were conducted on the dates indicated below and various issues were discussed including giving updates on the status of activity implementation.</p> <p>- Baraza held on the 12/06/2018 at Kolir Sub County which was facilitated by the Council of African Policy. Heads of departments addressed the participants and presented the key achievements, challenges and constraints to activity implementation. Report of the Baraza meeting was available with the District Planner with detailed participants list of the Baraza.</p> <p>- Baraza held on the 24/03/2018 organised by Action aid and other development partners. The meeting was addressed by the Chief Administrative Officer and heads of departments who provided details of activity implementation including achievements to date, major challenges and constraints and the way forward. A report about the Baraza was available at the district Planner's office with signed copies of participants' lists.</p> |  |
| Social and environmental safeguards  |   |   |  |

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| <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"> <li>• 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.</li> </ul>  | <p>Guidance has been provided by gender focal point person to departments regarding how to mainstream gender. For example</p> <ul style="list-style-type: none"> <li>• Issued guidelines to all departments (Date:08th May, 2017) CAPACITY BUILDING GENDER MAIN STREAMING FOR ALL HEADS OF DEPARTMENT AND OTHER STAKEHOLDER</li> <li>• Provided guidance to CDOs at sub county level on 25/04/2018 in the District Production Board room</li> <li>• The training was done to women groups under UWEP and organizing women's day.</li> <li>• Training on integration and mainstreaming of Gender into local government plans (Held on 30/APRIL/2018.</li> <li>• Gender Analysis for women councils</li> </ul>   | <p>2</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"> <li>• 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.</li> </ul> | <p>In FY 2018/19 Gender focal point person and CDO have planned activities (work plan submitted 6/08/2018). These include</p> <ul style="list-style-type: none"> <li>• Gender Main streaming</li> <li>• children and youth services,</li> <li>• community based services and</li> <li>• support to disabled and elderly, representation on Women councils.</li> <li>• probation and welfare support</li> <li>• operation of community based services Department.</li> <li>• UWEP Projects (transfers to women groups).</li> </ul> <p>In FY 2017/18 over 90% of the planned activities on gender activities/vulnerability/social inclusion well implemented e.g</p> <ul style="list-style-type: none"> <li>• 100% achievement was registered as was planned. Departments were helped on how to conduct culture mainstreaming, use data for planning, mentoring of departments on gender main streaming, facilitating youth council meetings, supporting people with disabilities, dissemination of gender aggregated data,</li> <li>• Trainings for UWEP activities were successfully done</li> </ul> | <p>2</p> |

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| <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"> <li>• 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</li> </ul> | <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 depending on the department e.g Water (Voucher number 1390 indicates money drawn from the budget as planned for conducting environmental screening water projects.</p> <p>Example of screened included:</p> <ul style="list-style-type: none"> <li>• Construction of a maternity in Malera HCIII (Ref; BUKE578/WRKS/17-18/00008) screening done on 6/10/2017</li> <li>• Drilling, casting and installation of 9 bore holes (Ref; BUKE 578/WRKS/17-18/00002) screening done on 7/10/2017</li> <li>• Low cost sealing of 1.0km of Kidongole-Bukedea Rd (Ref; BUKE578/WRKS/17-18/00001) screening done on 31/9/2017</li> <li>• Completion of a staff house in Kocheke HCIII (Ref; BUKE578/WRKS/17-18/00009) screening done on 3/10/2017</li> <li>• Construction of 2-classrooms at Kachage Primary school screening done on 10/10/2017</li> </ul>  | <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"> <li>• Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1</li> </ul>   | <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 reviewed, they contain the clause on environmental management and health and safety plans (They are well captured in the BOQs in the contract and bid documents).</p> <p>For example contract for the projects below</p> <ul style="list-style-type: none"> <li>• Construction of two classrooms with office, furniture and pit latrine at Tokor P/S (Ref; BUKE578/WRKS/18-19/00005)</li> <li>• Construction of a low cost seal of 1.3kms Bukedea-Kidongole Rd (Ref; BUKE578/WRKS/18-19/00001)</li> <li>• Construction of a two classrooms and pit latrine, furniture at Achomai P/S(Ref; BUKE578/WRKS/18-19/00007).</li> <li>• .Construction of 3 classrooms and furniture at Kchage P/S (Ref; BUKE578/WRKS/18-19/00003).</li> <li>• Construction of two classrooms with office, furniture and pit latrine at Kacoc P/S</li> </ul> | <p>1</p> |

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| <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"> <li>• Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1</li> </ul>                             | <p>At the time of assessment, there no evidence of land ownership. The district has no Land tittle and other areas where projects were, there was no proof of land ownership.</p> <p>For boreholes agreements/letter of consent were available and well signed by both parties and witnessed by Village members. For example:</p> <ul style="list-style-type: none"> <li>• Bore hole at Kalapati Village (Agreement dated 27/03/2018.</li> <li>• Bore hole at Abitibit Village (Agreement dated 24/11/2017</li> <li>• Bore hole at Kangole Village (Agreement dated 20/11/2017</li> <li>• Bore hole at Kodike Village (Agreement dated 08/11/2017</li> <li>• Bore hole at Kakere Village (Agreement dated 8/11/2017)</li> <li>• Sadik Community well (Agreement dated 15/01/2018</li> </ul>   | <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"> <li>• Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer and CDO: score 1</li> </ul> | <p>All completed projects have Environmental and Social Mitigation Certification. For example</p> <ul style="list-style-type: none"> <li>• Construction of a maternity in Malera HCIII (Ref; BUKE578/WRKS/17-18/00008)</li> </ul> <p>Certification dated 15/06/2018</p> <ul style="list-style-type: none"> <li>• Drilling, casting and installation of 9 bore holes (Ref; BUKE 578/WRKS/17-18/00002) Certification dated 10/05/2018</li> <li>• Low cost sealing of 1.0km of Kidongole-Bukedea Rd (Ref; BUKE578/WRKS/17-18/00001)</li> </ul> <p>Certification dated 15/03/2018</p> <ul style="list-style-type: none"> <li>• Completion of a staff house in Kocheke HCIII (Ref; BUKE578/WRKS/17-18/00009)</li> </ul> <p>Certification dated 25/03/2018</p> <p>Construction of 2-classrooms at Kachage Primary school<br/>Certification dated 20/02/2018</p> <p>Mitigation Certification Forms completed and signed by Environmental Officer and CDO</p> | <p>1</p> |

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| <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"> <li>• Evidence that the contract payment certificated includes prior environmental and social clearance (new one): Score 1</li> </ul>  | <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. Environmental and social clearance was done before every payment. For example</p> <ul style="list-style-type: none"> <li>• Construction of a maternity in Malera HCIII (Ref; BUKE578/WRKS/17-18/00008) dated 5/06/2018</li> <li>• Drilling, casting and installation of 9 bore holes (Ref; BUKE 578/WRKS/17-18/00002) dated 10/05/2018</li> <li>• Completion of a staff house in Kocheka HCIII (Ref; BUKE578/WRKS/17-18/00009) dated 11/06/2018.</li> <li>• Construction of 2-classrooms at Kachage Primary school Certification dated 20/02/2018</li> </ul> | <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"> <li>• Evidence that environmental officer and CDO monthly report, includes a) completed checklists, b) deviations observed with pictures, c) corrective actions taken. Score: 1</li> </ul> | <p>Monthly reports were well prepared by the Environmental Officer and CDO. The checklists are completed. There were no deviations observed as per pictures with pictures (c) corrective actions taken.</p> <ul style="list-style-type: none"> <li>• For example the report dated 15.05.2018. Covers Drilling, casting and installation of 9 bore holes (Ref; BUKE 578/WRKS/17-18/00002) with completed checklists including pictures and well spelt actions</li> </ul>   | <p>1</p> |

578 Bukedea District Education Performance  
Measures 2018

| Summary of requirements   | Definition of compliance   | Compliance justification  | Score |
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| 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> | <p>• 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> | <p>The LG Education department budgeted for Bukedea District Performance Contract FY 2018/2019 (Vote: 578, Workplan 6) indicates budgeting for head teachers and teachers. Example: A list of 97 primary schools, a list of 1,329 teachers including Head teachers, staff list by school show at least the seven teachers (ref List of teachers as per performance contract 2018/19)</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> | <p>• 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>  | <p>As per teachers list, deployment is done accordingly ascertained with H/R payroll of 1,329 teachers. For sampled schools;</p> <p>-Kongunga P/S has a head teacher and 18 class room teachers.</p> <p>-Akuoro P/S has 17 teachers including the head teacher.</p> <p>-Kaloko P/S has 15 teachers including the head teacher.</p> <p>-Okunguro Parents P/S has 11 teachers including the head teacher.</p> <p>-Tamula Muslim P/S has 9 teachers including the head teacher</p> | 4     |

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| <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"> <li>• Evidence that the LG has filled the structure for primary teachers with a wage bill provision</li> <li>o If 100%: score 6</li> <li>o If 80 - 99%: score 3</li> <li>o If below 80%: score 0</li> </ul> | <p>According to Bukedea District approved structure as per DEO's proposed work plan to the H/R dated 25/4/18 structure for primary teachers is filled with a wage bill provision. The wage bill provision is for 1,329 teachers.</p> <p>Teachers proposed by office of the DEO was 1,347, the wage bill provision is 1,329, placements filled is 1,329 which is 100 %</p> <p>The Education department submitted request for filling the of 31 from 1,298, letter to CAO dated 3/4//18 REF;Educ 218/1</p> | 6 |
| <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"> <li>• 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</li> </ul>                                     | <p>Bukedea District approved structure (Approved establishment of the district, as per the performance contract dated 24/7/18 for 2018/19, it is 2 slots of inspectors of schools and they are filled according to the HRM s staff payroll too.</p>  | 6 |
| <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"> <li>• Primary Teachers: score 2</li> </ul>                                 | <p>The DEO has submitted a recruitment plan to HRM for the FY 2018/2019 on 25/4/18 Education Department proposed Primary Teachers positions to be filled to the tune of 1,329 of them.</p>   | 2 |



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| <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"> <li>• School Inspectors: score 2</li> </ul> | <p>The DEO has submitted a recruitment plan to HRM for the FY 2018/2019 on 25/4/18 Education Department proposed Positions of school inspectors to be filled are 2</p> | <p>2</p> |
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Monitoring and Inspection

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| <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"> <li>• 100% school inspectors: score 3</li> </ul> | <p>The District has 2 inspectors and one education officer who works in inspection, all the three (100%) were appraised in FY 2017/18 as indicated below:</p> <p>a) Obuya Michael, Senior Inspector of schools was appraised on 26th /06/2018 by DEO</p> <p>b) Anyango Jane, Inspector of schools was appraised on 28h /06/2018 by DEO</p> <p>c) Okurut Stephen, Education Officer was appraised on 28h /06/2018 by DEO</p> | <p>3</p> |
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| <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"> <li>• Primary school head teachers o 90 - 100%: score 3</li> <li>o 70% and 89%: score 2</li> <li>o Below 70%: score 0</li> </ul> | <p>The District has 97 Government aided primary schools, review of 10 randomly sampled head teacher’s files from among the 97 revealed that all the sampled head teachers were appraised in 2017 as indicated below:</p> <ul style="list-style-type: none"> <li>a) Ekelot Nechemia: Kasechi PS; Performance report signed by SAS Aminit Sub-County on 29/01/2018</li> <li>b) Opolot Julius: Tamula Moslem PS; Performance report signed by SAS Kolir Sub-County on 29/01/2018</li> <li>c) Ouka Joyce: Komuge PS; Performance report signed by SAS Komuge Sub-County on 29/01/2018</li> </ul>  | <p>3</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"> <li>• 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</li> </ul>   | <p>All guidelines, policies, circulars issued by the national level in the FY 2017/2018 were communicated to schools. For example on 2/2/18 there was general meeting with head teachers and communication was given regarding policies issued, ref; min 5/2018, inspectorate and Min; 6/2018 by DEO on guidelines on school charges by PS MoES REF;ADM/48/315/01, enforcing of standard operating procedures for private schools dated 5/2/18, early grade reading ref; ADM/48/90/01 and teacher presence and time on task under the global partnership REF;ADM/124/239/2. Meetings were also held on 15/11/17 on MDD and Accommodation challenges and also on 12/9/17 and 12/10/17 for gender 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"> <li>• 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</li> </ul>   | <p>A number of meetings were held with head teachers of primary schools on different dates</p> <p>For example on 2/2/18 there was general meeting with head teachers and communication was given regarding policies issued, ref; min 5/2018, inspectorate and Min; 6/2018 by DEO on guidelines on school charges by PS MoES REF;ADM/48/315/01, enforcing of standard operating procedures for private schools dated 5/2/18, early grade reading ref; ADM/48/90/01 and teacher presence and time on task under the global partnership REF;ADM/124/239/2. Meetings were also held on 15/11/17 on MDD and Accommodation challenges and also on 12/9/17 and 12/10/17 for gender guidelines.</p>                     | <p>2</p> |

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| <p>The LG Education De- partment has effectively inspected all registered primary schools<sup>2</sup></p> <p>Maximum 12 for this performance measure</p> | <ul style="list-style-type: none"> <li>• Evidence that all licenced or registered schools have been inspected at least once per term and reports produced:</li> <li>o 100% - score 12</li> <li>o 90 to 99% - score 10</li> <li>o 80 to 89% - score 8</li> <li>o 70 to 79% - score 6</li> <li>o 60 to 69% - score 3</li> <li>o 50 to 59 % score 1</li> <li>o Below 50% score 0.</li> </ul> | <p>In FY 2017/18, inspections were done and reports were produced.</p> <p>All the schools were inspected accordingly. Out of 97 primary schools at least each school was inspected once per term (100%) were visited as per E-inspection reports for the period 1st April to 9th April 2018 as verified by lead ICT specialist MoES on 9/8/18.</p> <p>Term 3 inspection report by DIS dated 4/12/17, schools inspected list attached and letter by CAO to MoES quote; No. CR 218/1. DES at the MoES received report on 7/12/17.</p> <p>Term 1 inspection report by DIS dated 10/5/18, schools list attached and letter to MoES by CAO, quote; Educ 218/1. DES received report on 30/5/18.</p> <p>Term 2 inspection report by DIS dated 20/8/18, schools attached and a letter by CAO to MoES quote; Educ 218/1. DES received report on 24/8/18.</p> <p>the sampled schools,</p> <p>-Kongunga P/S was inspected at least three times on 18/4/18, 14/6/18, and support supervision report dated 25/8/18 for term 2.</p> <p>-Akuoro Primary school was inspected at least three on the 3/11/17, 26/4/18 and 3/6/18.</p> <p>-Kaloiko P/S was inspected at least three times 3/8/17, 12/4/18 and 28/9/17 support supervision by H/T.</p> <p>-Okunguro Parents P/S was inspected at least two times as on 11/4/18 and 10/8/18 all by support supervision.</p> <p>-Tamula Muslim P/S was inspected at least three times as on 22/9/17, 18/5/18 and 1/9/18.</p> <p>In all the schools there were no feedback tools filed back.</p> |  |
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| <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"> <li>• 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</li> </ul>            | <p>The education department has discussed school inspection reports and used reports to make recommendations.</p> <p>For example Minutes of department meeting on inspection reports dated 22/11/17. Challenges like absenteeism of teachers and lack of desks noted and recommendations to involve SMCs and regular meetings were suggested.</p> <p>Department meeting for term 1 on 10/5/18 where challenges discussed included lack of hand washing facilities and insufficient sitting facilities. Recommendations included SMCs to lobby sub county, engagement of parents and appeal to H/Ts to ensure the hand washing facilities are in place by next visits.</p> <p>Department meeting held on 26/8/18 on term 2 inspection report, among challenges were feeding of children, lack of class room infrastructure and grazing on the compound. Recommendations included involvement of SMC to lobby for class rooms at the District, mobilize parents on feeding of children, demarcation of school land to avoid encroachers and sensitizing communities against grazing on the compound.</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"> <li>• 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</li> </ul> | <p>Bukedea Education department submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports through E-inspection reports for the period 1st April to 9th April 2018 as verified by lead ICT specialist MoES on 9/8/18.</p> <p>Term 3 inspection report by DIS dated 4/12/17, schools inspected list attached and letter by CAO to MoES quote; No. CR 218/1. DES at the MoES received report on 7/12/17.</p> <p>Term 1 inspection report by DIS dated 10/5/18, schools list attached and letter to MoES by CAO, quote; Educ 218/1. DES received report on 30/5/18.</p> <p>Term 2 inspection report by DIS dated 20/8/18, schools attached and a letter by CAO to MoES quote; Educ 218/1. DES received report on 24/8/18.</p>  | <p>2</p> |

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| <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"> <li>Evidence that the inspection recommendations are followed- up: score 4.</li> </ul>  | <p>Inspection recommendations are followed-up. For example:</p> <p>Absenteeism by some teachers, Okello Robert, Okwatum David, Osire Robert, Elungat Patrick advised to write letters of apology as they did on 25/7/18.</p> <p>Department meeting on 3/8/18 a disciplinary committee formed to handle teachers non compliance to inspection recommendations min; 5/8/2018.</p> <p>Sitting facilities as found lacking, the sub county provided 90 desks to Aligoi P/S. they were received on 28/5/18 as per H/Ts letter.</p> | 4 |
| <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"> <li>Evidence that the LG has submitted accurate/consistent data: <ul style="list-style-type: none"> <li>List of schools which are consistent with both EMIS reports and PBS: score 5</li> </ul> </li> </ul> | <p>At the time of assessment we were not able to confirm the consistency of the number of schools, 97, with the performance contract information.</p> <p>The performance contract does not show the no. of schools.</p>   | 0 |
| <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"> <li>Enrolment data for all schools which is consistent with EMIS report and PBS: score 5</li> </ul>                                     | <p>Enrolment data submitted for all schools is not available at the department and the performance contract does not show to confirm the consistence.</p>   | 0 |
| Governance, oversight, transparency and accountability  |  |   |   |

The LG committee re- sponsible for education met, discussed service delivery issues and pre- sented issues that require approval to Council

Maximum 4 for this performance measure

• 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

The Council committee on education met on several occasions during the previous FY and deliberated on service delivery and other issues as per meetings convened on the dates indicated below:

Meeting of 29/08/18 under minute number BDLG /SS/005/8/2017, discussed the issue of delayed completion of some projects, encroachment of school land by residents in the neighbourhood, inadequate capacity by some education staff at the district and school level and the need for capacity building of head teachers and staff at the education office, need to code all schools in the district, need to confirm head teachers that had been in acting capacity for a long time.

Meeting of 12/10/2017, under minute number BDLG/SS/012/10/2017, discussed issues including the need for increased transport facilitation to the inspectorate unit of the education office to enable it conduct more frequent support supervision visits to the schools. Issue of staffing levels at the Education office as well as at school level and the need to recruit more staff during the coming FY.

Meeting of 5/12/17 mainly discussed Budget Framework papers under minute number BDLG/SS/017/12/2017. Heads of departments presented their priorities and budget estimates for the committee to review and approve. All BFPs were approved with minor changes.

Meeting of 24/04/18 discussed under minute number BDLG/SS/24/04/2018, the detailed budget estimates for the education and health sectors. Other Key education issues included the establishment of Osanyul primary school and decided that 12 privately funded secondary schools should be taken over by government. Issue of need for increased funding for the inspection office was also discussed as well as the need to establish a Registry at the Education Office.

Meeting of 22/05/18 discussed under minute number BDLG/SS/31/05/2018 issues including a discussion on Bukedea Primary Schools' Head Teachers Association (BUPSHA) and defined the roles and responsibilities of the association and the need to formally register the association. Issue of the need for UPE schools to support extra -curricular activities, the need to harmonise the budget for printing exams at all primary schools.

LG PAC issues are not necessarily discussed at committee level but the PAC reports are forwarded to DEC and the DEC makes recommendations to the accounting officer (CAO) who then writes to the officers mentioned in the report to account for any missing funds and/or cause the officers to have the funds in question be recovered through the payroll.

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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"> <li>• Evidence that the education sector committee has presented issues that require approval to Council: score 2</li> </ul>  | <p>Council resolved/approved various issues presented by the Council committee on education on the following sittings, based on the recommendations made by the education committee:</p> <ul style="list-style-type: none"> <li>- Council meeting of the 29/06/2018, under minute number BDLG Cou/ 057/ 06/2018) resolved/approved the list of schools that were earmarked for various construction activities including classroom construction at Kaleu, and latrine construction at Kachage, Kokorotum, renovation of classroom blocks at Kotia PS, at Kachage PS and Okunguro PS.</li> <li>- Meeting of the 24/05/2018: Approved the Annual work plans and budgets ( including for the education sector)</li> <li>- Meeting of 29/03/2018 discussed the laying of the budget including that for the education sector under minute number BDLG/Cou/048/03/2018.</li> <li>- Meeting of the 16/11/2017, under minute BDLG/Cou/073/11/2017, resolved among other issues the filling vacant positions at the education office as well as the primary schools level and also approved the Board of Governors members that were elected at a number of secondary schools.</li> </ul> | <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"> <li>• 100% schools: score 5</li> <li>• 80 to 99% schools: score 3</li> <li>• Below 80 % schools: score 0</li> </ul> | <p>All the 97 primary schools in Bukedea District have functional SMCs; the office of the DEO has a record of submitted minutes of SMC meetings as submitted by the schools.</p> <p>all sampled schools held meetings,</p> <ul style="list-style-type: none"> <li>-Kongunga P/S held meetings on 1/12/17, 16/2/18 and 22/6//18 where budget and strategies for the year discussed.</li> <li>-Akuoro Primary school held meetings on 17/10/17, 14/3/18, and 2/7/18 and budget proposals discussed.</li> <li>-Kaloko P/S SMC held meetings on 26/10/17, 21/3/18 and 28/6/18 budget approvals were discussed.</li> <li>-Okunguro Parents P/S held meetings on 28/9/17, and 20/2/18 school boundaries and budget issues discussed.</li> <li>-Tamula Muslim P/S SMC meetings held discussed budget approvals and feeding of learners.</li> </ul>  | <p>5</p> |



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| <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"> <li>• Evidence that the LG has publicised all schools receiving non-wage recurrent grants</li> </ul> <p>e.g. through posting on public notice boards: score 3</p> | <p>All schools receiving non-wage recurrent grants were posted on public notice boards at the main education notice board the District Education Office publicity is on the walls at the verandah too.</p> | <p>3</p> |
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Procurement and contract management

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| <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"> <li>• Evidence that the sector has submitted procurement input to Procurement Unit that covers all investment items in the approved Sector annual work plan and budget on time by April 30: score 4</li> </ul> | <p>Education Department Submissions of the procurement in put were done and they covered all investment items such as a 2 class room block at Tokor P/S, furniture for Kadacar P/S, 5 stance latrines at Katekwan P/S, etc. in the approved Sector annual work plan and budget.</p> <p>The submissions were done on 18/4/18 well before the required submission time of April 30th.</p> | <p>4</p> |
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Financial management and reporting



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| <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"> <li>• Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3.</li> </ul>  | <p>Reviewed payment vouchers to ascertain that the Sector timely initiated, recommended and certified suppliers' requests for payment. With the requests seen, the DEO timely made recommendation and certified suppliers' requests for payment. Example are listed below:</p> <p>Reviewed voucher No. 1039 which was for payment for construction of 2 classroom block at Kachage PS by Amononeno Investments Uganda Ltd. The request for payment was submitted on 28/05/2018. The DEO recommended for payment on 12/06/2018 and the payment was approved on 13/06/2018. Payment was effected on 27/06/2018.</p> <p>Looked at Voucher No. 733 dated 09/04/2018 that had a request for payment dated 01/03/2018. The DEO recommended for payment on 19/03/2018 and the payment was done on 09/04/2018.</p> <p>Reviewed the request for payment made by Amonpneno Investments Uganda Limited that was prepared on 13/02/2018. The DEO made a recommend for payment on 22/02/2018. Payment was approved on 19/03/2018 and paid under voucher No. 718 dated the same date of approval.</p> <p>Reviewed request made by Taraso Constructors Limited for the retention fees that was submitted on 7/12/2017 and recommendation was done by the DEO on 07/12/2017. The payment was done on 26/02/2018</p> | <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"> <li>• 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</li> </ul> | <p>The District Planner produced evidence in the form of an acknowledgement letter by the Planner indicating that the education sector presented the Q4 report to the Planner for consolidation on the 15/06/2018, which was before the deadline of July 15th 2018. All the Q4 consolidated reports were available in the district planner's office.</p>  | <p>4</p> |

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| <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"> <li>• 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</li> <li>o If sector has no audit query</li> <li>score 4</li> <li>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</li> <li>o If all queries are not responded to score 0</li> </ul> | <p>Seen a copy of a letter dated 21/07/2018 and referenced CR 251/2 from the Ag. CAO Mr. Kumakech Oluba Charles to the DEO communicating the audit findings for the 2nd quarter. However, there is no evidence adduced that audit queries were responded to.</p>  | <p>0</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"> <li>• Evidence that the LG Education department in consultation with the gender focal person has disseminated guidelines</li> <li>on how senior women/men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills, etc.: Score 2</li> </ul>  | <p>Evidence that the LG Education department in consultation with the gender focal person has disseminated guidelines on how senior women/men teacher as in a meeting on 8/7/17 addressed by DIS on dissemination of guidelines on gender at Bukedea P/S.</p> <p>Meeting with H/Ts on 4/8/17 at Bukedea Town ship P/S on the composition of SMCs.</p> | <p>2</p> |

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| <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"> <li>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</li> </ul>   | <p>The education department and gender focal person have been in collaboration to issue guidelines on how to manage sanitation for girls and PWDs in primary schools meeting on 4/8/17 gender focal person address as per min; 1/2017 also on persons with disabilities.</p> <p>List of impaired children of various impairment submitted drawn and submitted to MoES BY CAO 14/5/18.</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"> <li>Evidence that the School Management Committee meets the guideline on gender composition: score 1</li> </ul>  | <p>The School Management Committees meet the guidelines on gender composition. All schools sampled have two or more female members on their SMC.</p> <ul style="list-style-type: none"> <li>-Kongunga P/S has 13 SMC members with five female members.</li> <li>-Akuoro P/S has 13 SMC members, 3 of them female.</li> <li>-Kaloko P/S has 13 SMC members with 5 female.</li> <li>-Okunguro Parents P/S has 13 members with four female.</li> <li>-Tamula Muslim P/S has 13 members with 2 female.</li> </ul> <p>The guidelines are that at least two members should be female as part of the SMC committee.</p> | <p>1</p> |
| <p>LG Education department has ensured that guide- lines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p> | <ul style="list-style-type: none"> <li>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:</li> </ul> | <p>The Education department has been in collaboration with Environment department to issue guidelines on environmental management (tree planting, waste management, the inspection report dated 2/8/18 where trees, flowers planting eg; at Malera P/S, Kasoka P/S and Kachage P/S.</p> <p>At Kachage P/S the screening form for the construction of a 2 classroom signed by CDO DEO and NRO on 10/10/17.</p> <p>At Kamon P/S screening form for the construction of a 5 stance Pit latrine signed by CDO, DEO and NRO ON 20/10/17.</p>  | <p>1</p> |

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| <p>LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with</p> <p>Maximum 3 points for this performance measure</p> | <ul style="list-style-type: none"> <li>• 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</li> </ul> | <p>Screening forms signed by Environmental Officer and the CDO were available for all school infrastructure projects, example;</p> <p>The construction of a two classroom block at Kachage P/S environment compliance certificate signed by CDO and NRO on 20/2/18.</p> <p>The construction of a 5 stance pit latrine at Kamon P/S compliance certificate signed by CDO and NRO on 20/8/18.</p> <p>Environment and Social management plan for 2017/18 projects signed by the CDO and NRO on25/10/17.</p>                  | <p>1</p> |
| <p>LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with</p> <p>Maximum 3 points for this performance measure</p> | <ul style="list-style-type: none"> <li>• The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 1</li> </ul>   | <p>The Environmental Officer and Community Development Officer visited the sites to check whether the mitigation plans are complied with as in;</p> <p>The construction of a two classroom block at Kachage P/S environment compliance certificate signed by CDO and NRO on 20/2/18.</p> <p>The construction of a 5 stance pit latrine at Kamon P/S compliance certificate signed by CDO and NRO on 20/8/18.</p> <p>Environment and Social management plan for 2017/18 projects signed by the CDO and NRO on25/10/17.</p> | <p>1</p> |

| Summary of requirements   | Definition of compliance  | Compliance justification   | Score |
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| 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"> <li>• More than 80% filled: score 8</li> <li>• 60 – 80% - score 4</li> <li>• Less than 60% filled: score 0</li> </ul> | <p>The Bukedea DLG HD had substantively recruited to the tune of 78.5%:</p> <ol style="list-style-type: none"> <li>1. The fully substantively recruited and filled were 128 (78.5% i.e. according to the HD's staffing and deployment lists).</li> <li>2. The Bukedea DLG HD's Staffing Norm for the HWs was 163 but those filled only 128 (with no attempts made at filling the vacant according to the above-mentioned details).</li> <li>3. The HD provided no evidence of attempts to fill/recruit but having failed to attract (0.0%) i.e. according to the HD's records reviewed by the assessor, no news paper advertisement was seen.</li> <li>4. The approved health sector staffing structure is based on CAO's letter to PS/MoPS dated 19th/5/2017 (Ref: CR151/1) on the submission of the New Staff Establishment/Structure for Bukedea DLG for the FY 2018/19.</li> <li>5. The above means that the total effort works to 128 out of the 163 which works out at 78.5 % filled only.</li> <li>6. The DLG had IPFs with a PHC wage bill provision amounting to UGX 1,556,951,000 for the FY 2018/19, This was meant to cater for 129 according to the PBS records on staffing levels.</li> <li>7. Also there were some mismatches in the information on staffing, especially inconsistencies between the HD and HF level records. For example, the Bukedea HC IV reported having 44 staff only while the HD report 41 staff (i.e. 3 staff extra).</li> </ol> <p>ID Type of HF No. Norm Filled Vacant</p> <p>1 DHO 1 11 8 3</p> <p>2 Hospital N/A - - -</p> <p>3 HC IV 1 48 41 7</p> <p>4 HC III 5 95 77 18</p> <p>5 HC II 1 9 2 7</p> <p>Total 7 163 128 35</p> | 4     |



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| <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/re- quest to HRM for the current FY, covering the vacant positions of primary health care workers: score 6</p>                                   | <p>The HD submitted a comprehensive recruitment plan for FY 2018/19. All staffing records offered signs that suggested evidence consistency of the actual figures on the filled and vacant positions seen as follows:</p> <ol style="list-style-type: none"> <li>1. The DHO provided proof in form of a submission letter of the Recruitment Plan to the PHRO (dated 24th April 2018).</li> <li>2. The PBS print out (dated 8th/7/2018) reflected records of a recruitment plan that covered 35 vacant positions (those to be filled under the HD).</li> <li>3. However, there was some inconsistencies in the records stated that the filled positions were 128 while the PBS pointed to 129 in the FY 2018/19. The difference between HD and PBS records is 1 more PHC HW.</li> </ol> | <p>6</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"> <li>o 100%: score 8</li> <li>o 70 – 99%: score 4</li> <li>o Below 70%: score 0</li> </ul> | <p>The District has 8 Health units, in charges of all the health units (100%) were appraised in FY 2017/18 as indicated below:</p> <ol style="list-style-type: none"> <li>a) Oselle Julius: Bukedea HC IV; was appraised on 30th/06/2018</li> <li>b) Okiror Stephen: Kidongole HC III; was appraised on 15th June 2018</li> <li>c) Muwenge Sarah: Malera HC III; was appraised on 2nd July 2018.</li> </ol>   | <p>8</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"> <li>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</li> </ul> | <p>The HD records on staffing/deployment levels were only marginally comparable with those stated within the sampled HFs. Some fairly minor discrepancies or inconsistencies were evident when it came to what the HD and HF levels documented as the filled HF positions (see table):</p> <ol style="list-style-type: none"> <li>For some HFs the staff deployment was not in accordance with the positions as seen in HD's official records.</li> <li>For Bukedea HC IV the HD records indicated that it had 41 staff yet the HF's records showed 44 fully-filled portfolios.</li> <li>To account for the differences in the accuracy of the parallel records, the HD attributed it to weak systems of updating and reporting on staffing records at HD and HF levels respectively, et cetera.</li> </ol> <p>ID</p> <p>HF's Deployed HWs FY 2017/18</p> <table border="1"> <thead> <tr> <th></th> <th>HF Records</th> <th>HD Records</th> <th>Norm</th> </tr> </thead> <tbody> <tr> <td>1 Bukedea HC IV</td> <td>44</td> <td>41</td> <td>48</td> </tr> <tr> <td>2 Kachumbala HC III</td> <td>20</td> <td>19</td> <td>19</td> </tr> <tr> <td>3 Kachumbala Mission HC II/PNFP</td> <td>4</td> <td>-</td> <td>9</td> </tr> <tr> <td>4 Malera HC III</td> <td>10</td> <td>11</td> <td>19</td> </tr> </tbody> </table> |      | HF Records | HD Records | Norm | 1 Bukedea HC IV | 44 | 41 | 48 | 2 Kachumbala HC III | 20 | 19 | 19 | 3 Kachumbala Mission HC II/PNFP | 4 | - | 9 | 4 Malera HC III | 10 | 11 | 19 | <p>0</p> |
|--|---|---|------|------------|------------|------|-----------------|----|----|----|---------------------|----|----|----|---------------------------------|---|---|---|-----------------|----|----|----|----------|
|  | HF Records  | HD Records  | Norm |            |            |      |                 |    |    |    |                     |    |    |    |                                 |   |   |   |                 |    |    |    |          |
| 1 Bukedea HC IV  | 44  | 41  | 48   |            |            |      |                 |    |    |    |                     |    |    |    |                                 |   |   |   |                 |    |    |    |          |
| 2 Kachumbala HC III  | 20  | 19  | 19   |            |            |      |                 |    |    |    |                     |    |    |    |                                 |   |   |   |                 |    |    |    |          |
| 3 Kachumbala Mission HC II/PNFP  | 4   | -   | 9    |            |            |      |                 |    |    |    |                     |    |    |    |                                 |   |   |   |                 |    |    |    |          |
| 4 Malera HC III  | 10  | 11  | 19   |            |            |      |                 |    |    |    |                     |    |    |    |                                 |   |   |   |                 |    |    |    |          |

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| <p>Monitoring and Supervision</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"> <li>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</li> </ul> | <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"> <li>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</li> </ol> | <p>0</p> |



from the center (i.e. in the spirit of ensuring “effective communication” and promoting CME).

2. Again going by the records secured at the HD and HF levels, the HD acknowledged receiving 5 circulars, guidelines and policies secured from the national level. However, those sent to higher and lower level HFs were reportedly more (an average of 9, hence 4 more circulars, guidelines and policies). Also, HD’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”.
3. At a HD level, it was difficult to retrieve credible information with respect to the total number of circulars, guidelines, policies and standards received by the HD in the FY 2017/18. However, the HD had its own official records of those they were able to dispatch/ distribute to HFs (5 altogether). On the former, the challenge had to do with weak documentation of Incoming circulars, guidelines and policies. The HD documented outgoing communications on circulars, guidelines and policies (e.g. through authentic forms that served as logbooks or registers of those dispatched). The uneven documentation of receipts and better documentation of those distributed made it difficult to secure more systematic records of those got and those sent. It should be easier to retrieve information with respect to what circulars, guidelines and policies the HD received and those sent in FY 2017/18 (i.e. a complete record of what they were). Incoming versus outgoing communication through use of logbooks. This would be the most systematic way by which to achieve effective record keeping but one that requires intervention. As a result, the HD’s rough records indicated that it had gotten in the region of 5 circulars, guidelines and policies altogether but the average received by the HFs was 9 altogether. This inconsistency and mismatch is a sign of weak documentation.
4. At a HF level, while it was often difficult for HFs to establish when exactly they had received what circular, guideline or policy, on the whole the sampled HFs possessed an average of (only) 9 circulars, guidelines or policies issued in the FY 2017/18 (see table). When you compare with the HD’s rough records, it is clear that the HD got in the region of 5 circulars, guidelines and policies altogether. The fact that the HFs got about 9 circulars, guidelines and policies suggests that the DHO had sent above 100% of

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|  |   | <p>whatever it had received (an indication of records with mixed/uneven accuracy).</p> <p>ID</p> <p>No. Issued to HFs (FY 2017/18) DHO Visits</p> <p>1 Bukedea HC IV 10 0</p> <p>2 Kachumbala HC III 8 5</p> <p>3 Kachumbala Mission HC II/PNFP 7 0</p> <p>4 Malera HC III 11 3</p> <p>Average 9 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"> <li>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</li> </ul> | <p>In line with the quest to support effective communication and promote CME, it was clear that the DHO attempted to explain some of the issued circulars, guidelines and policies by the national level in FY 2017/18). The assessor reviewed the following relevant HD documents:</p> <ol style="list-style-type: none"> <li>1. HD Minutes of the Dissemination Meeting (dated 23rd/5/2018) on Guidelines for LG Planning for the Health Sector (with 6 HFs represented according to the attached attendance list).</li> <li>2. For the FY 2017/18, only 3 out of 4 sampled HF Visitors Books demonstrated evidence of DHO, DHT or HD visits to explain selected circulars, guidelines and policies (e.g. Malera HC III's Visitors Book date 27th/9/2017 shows Dissemination of Immunization Law – The Immunization Act, 2016; Kachumbala HC III's Visitors Book date 18th/1/2018 shows Orientation of HWs on Test, Treat and Track Policy; Kachumbala Mission HC II's / PNFPs Visitors Book date 17th/5/2017 shows Discussion of Changes in Monitoring ART Clients).</li> </ol> | 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 HD compiled evidence for support supervision but rather inadequately, to the extent that it was not easy to gauge its efficiency and effectiveness when it came to its operations in the FY 2017/18.</p> <p>ID Date No. of Supervision Visits 17/18 Comments</p> <p>1 HC IV 3 PNFPs</p> <p>Q1 4th/10/2017 1 out of 1 3 out of 3 Full coverage of all.</p> <p>Q2 12th/12/2017 1 out of 1 3 out of 3 Full coverage of</p>   | 3 |

all.

Q3 30th/3/2018 1 out of 1 3 out of 3 Full coverage of all.

Q4 17th/6/2018 1 out of 1 3 out of 3 Full coverage of all.

According to HD records:

1. The DHT covered 100% (once in a quarter) of the higher HF's and all the 3 PNFPs (i.e. covered 100% for Bukedea HC IV 100% for 3 PNFPs i.e. 3 out of 3 PNFPs for all quarters Q1, Q2, Q3 and Q4 – see table).
2. There were no pointers of errors of omission or commission in the coverage and documentation of support supervision for the said HF's (see table).

According to HF records:

1. Bukedea HC IV support supervision is documented between series 404033 and 404043 (i.e. from 6th/10/2017 to 15th/5/2018) for the FY 2017/18. However, on close scrutiny, this appears inadequate considering that the HF is relatively closer to the HD. It is possible that there could be a documentation gap.
2. Kachumbala Mission HC IV/PNFP support supervision is documented between series 404626 and 404631 (i.e. from 25th/7/2017 to 22nd/6/2018) for the FY 2017/18. Again, on close scrutiny, this appears inadequate considering that the HF is a PNFP in dire need of hands-on support and relatively close to the HD as well as the HSD.

ID HF SUPPORT SUPERVISION VISITS (FY 2017/18)

HF DHO DHT HSD Total

1 Bukedea HC IV 0 24 N/A 24

2 Kachumbala Mission HC II /PNFP 0 23 N/A 23

Total 0 47 - 47

The LG Health Department has effectively provided support supervision to district health services

Evidence that DHT/MHT has ensured that HSD has supervised lower level health facilities within the previous FY:

Support supervision for FY 2017/18 covered 96.6% (i.e. falling between the mark of 80-99%) of the lower-level HF's. Based on the contents cum records derived from the availed 4 quarterly support supervision reports the following figures were captured and used (see table):

1. The coverage of lower-level HF's for all the 4

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| <p>Maximum 6 points for this performance measure</p> | <ul style="list-style-type: none"> <li>• If 100% supervised: score 3</li> <li>• 80 - 99% of the health facilities: score 2</li> <li>• 60% - 79% of the health facilities: score 1</li> <li>• Less than 60% of the health facilities: score 0</li> </ul> | <p>quarters for the FY 2017/18, the HD only registered a numbers of 23 HFs only.</p> <ol style="list-style-type: none"> <li>2. The total numbers of expected or required visits for 100% coverage of lower-level HFs for all the 4 quarters for the FY 2017/18 48 would be 24 HFs altogether is (i.e. for 5 HC IIIs and 1 HC II).</li> <li>3. The above works out at 96.6% (i.e. with a numerator of 23 only as the visits that materialized and a denominator of 24 expected visits altogether; multiply with 100%).</li> </ol> <p>ID Date Support Supervision Visits Comments</p> <p>5 HC IIIs 1 HC II</p> <p>Q1 4th/10/2017 5 out of 5 1 out of 1 Full coverage (6 of 6)</p> <p>Q2 12th/12/2017 5 out of 5 1 out of 1 Full coverage (6 of 6)</p> <p>Q3 30th/3/2018 5 out of 5 1 out of 1 Full coverage (6 of 6)</p> <p>Q4 17th/6/2018 5 out of 5 0 out of 1 Partial coverage (5 of 6)</p> <p>The other records presented the following evidence (see table):</p> <ol style="list-style-type: none"> <li>1. The HF visits by the DHO are far fewer than those of the DHT. However, the function of the HSD was reportedly fused into the operations of the DHT.</li> <li>2. There is coverage of several HFs for the 4 quarters. However the proportion of the HFs covered for lower-level HFs by the DHT is below 100% (i.e. the fact that it is at 96.6% only).</li> </ol> <p>ID</p> <p>HF's OFFICIALVISITS (FY 2017/18) Total</p> <p>DHO DHT HSD</p> <p>1 Bukedea HC IV 0 24 N/A 24</p> <p>2 Kachumbala HC III 5 39 N/A 44</p> <p>3 Kachumbala Mission HC II/PNFP 0 23 N/A 23</p> <p>4 Malera HC III 3 35 N/A 38</p> <p>Total 8 121 - 129</p> |
|--|---|--|

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| <p>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</p> <p>Maximum 10 points for this performance measure</p> | <ul style="list-style-type: none"> <li>Evidence that all the 4 quarterly reports have been discussed and used to make recommendations (in each quarter) for corrective actions during the previous FY: score 4</li> </ul> | <p>The HD provided evidence of the existence of the required 4 out of 4 quarterly reports for FY 2017/18 (see table):</p> <ol style="list-style-type: none"> <li>All the 4 quarterly reports were made available, signed and stamped (see table). These reports discussed separately the issues and reports arising from support supervision with respect to all HFs.</li> <li>All the 12 DHT monthly meetings minutes (for FY 2017/18) were made available, fully signed and stamped – i.e. 26th/7/2017, 21st/8/2017, 15th/9/2017, 30th/10/2017, 10th/11/2017, 11th/12/2017, 30th/1/2018, 30th/2/2018, 30th/3/2018, 28th/4/2018, 30th/5/2018 and 29th/6/2018.</li> <li>There were 4 of the 12 DHT meetings that discussed the results arising from the 4 quarterly support supervision reports (see table).</li> </ol> <p>?</p> <p>ID Q Reports DHT Meetings DHT Minutes &amp; Quarterly Reports</p> <p>Q1 4th/10/2017 21st/8/2017 Agenda 2, (pg.1) MIN 2 (pg.1 )</p> <p>Q2 12th/12/2017 30th/1/2018 Agenda 2, (pg.1) MIN 2/2017 (pg.1-3)</p> <p>Q3 30th/3/2018 30th/5/2018 Agenda 3, (pg.1) MIN 3 (pg.1-2)</p> <p>Q4 17th/6/2018 29th/6/2018 (Agenda 2, (pg.1).</p> | <p>4</p> |
| <p>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</p> <p>Maximum 10 points for this performance measure</p> | <ul style="list-style-type: none"> <li>Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6</li> </ul>  | <p>Both the quarterly support supervision reports (as well as DHT Minutes) and HF support supervision logbooks indicated evidence of discussion of relevant support-supervision issues emerging from quarterly support supervision and monitoring visits (i.e. the reports or results). For the former, it was reported that the aim of the DHT discussion was to pave the way for better follow up of emerging issues with proper actions focused on specific corrective measures.</p> <p>ID HD Recommendation Follow up</p> <p>1 Bukedea DLG HD Issue of giving malaria patients treatment without testing generated a recommendation to follow the test, treat and track policy. Q2 report (12th/12/2017) and DHT minutes (30th/1/2018) discuss malaria-related treatment. A HD Performance Review Meeting (28th/6/2018) discussed</p>   | <p>6</p> |

progress and cited reduced cases of clinically treated malaria (pg. 3).

#### ID HF Recommendation Follow up

2 Bukedea HC IV Improve filing system by using colour codes to differentiate patients (see logbook 404043 on the 2nd/11/2017). ART clinic patients files coded into categories e.g. stable and unstable as well as unsuppressed viral load, discordant couples, key populations, children (under 10 years) and adolescents (10-24years).

3 Kachumbala HC III Open stock cards for other items (see logbook 406828, date 8th /8/2017). Seen HMIS Form 015 records: Stock cards on medicines, nets, etc)

4 Kachumbala Mission HC II/PNFP Update stock cards' Average Monthly Consumption (AMC) records (seen in logbook 404627, date 27th/11/2017). Seen HMIS Form 015 records updated: Stock cards AMCs computed for ARV provided for the months of September 2018, etc)

5 Malera HC III Classify and interpret all nutritional assessments (see logbook 404428, date 27th/2/2018). Seen Outpatient Register (HMIS Form 031) records on BMI computed based on figures on height and weight, etc)

On the discussion of support supervision quarterly reports, the following are worth noting:

1. First, evidence was shaky for the HD relying on discussions of support-supervision quarterly reports (findings and results) to generate actionable recommendations in each quarter that are followed up with specific corrective activities or actions. The scanty evidence at HD level was surprising but equally surprising was that HFs were more readily inclined to give indications of actions emerging from support-supervision (as seen in their logbooks and based on discussions with the in-charges of sampled HFs).
2. Secondly, the DHT met 12 out of 12 mandatory times, an indication that the DHT was functional but meetings discussion of support-supervision results and reports not deliberately, directly, fully and systematically documented to maximum effect.
3. Third, 4 DHT minutes discussed 4 quarterly reports but the HD confided that documentation of the 2 related documents needed to improve (e.g. to better cite or quote HF-specific needs, emerging priority issues, corresponding pages where a DHT refers to a specific quarterly

report, et cetera).

4. Forth, according to HD records at the commencement of the assessment (1st/10/2018), the assessor accessed 3 DHT minutes. At the end of the assessment (3rd/10/2018), the assessor accessed a batch of 8 other DHT minutes. Altogether, the assessor saw 11 out of 12 DHT monthly meetings for FY 2017/18.
5. Fifth, the accessed DHT minutes confirmed that the meetings happened on the dates 20th/7/2017, 3rd/8/2017, 27th/9/2017, 26th/10/2017, 6th/11/2017, 14th/12/2017, 17th/1/2018, 22nd/2/2018, 15th/3/2018, 12th/4/2018, 10th/5/2018 and 9th/8/2018. Note that the last DHT Minute (underlined) would need to be disqualified because it came in rather belatedly (i.e. striding far away from the previous to the current FY). Therefore, of the expected and required 12 DHT meetings, there was evidence of only in 11 out of 12 DHT monthly meetings minutes.
6. Last but not least, and in summary, in part because of weak documentation methods, both the HD and the sampled HFs struggled to wade through their records to pick out what support-supervision issues and recommendations had been followed up with corrective action, While all sampled HFs (100%) benefited from DHT support supervision and all had pieces of evidence (e.g. in the supervision logbooks) to confirm that the DHT made recommendations and with further evidence of follow up on the advice on corrective actions to be implemented in the FY 2017/18), picking evidence of the actual follow up actions often proved difficult (tedious and time consuming). Again, while the monthly DHT meetings discussed quarterly support-supervision reports/results, the HD staff often struggled to prove what meeting discussed what quarterly report as well as the recommendation followed up with specific corrective actions, et cetera. The most commonly reported operational gap had to do with the limited funding to the HD to support total and integrated documentation of support supervision and monitoring operations at HD and HF level. The critical gaps are linked to weak documentation, including limited awareness, low capacity as well as dysfunctional systems for evidence storage and retrieval, etc).

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| <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"> <li>• Evidence that the LG has submitted accurate/consistent data regarding: <ul style="list-style-type: none"> <li>o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10</li> </ul> </li> </ul> | <p>There was accurate and consistent data and reports on the 7 HFs receiving PHC funding (as per MoH formats). The following was evident in the records:</p> <ol style="list-style-type: none"> <li>1. The 7 HFs had been posted both on the DLG and HD's Notice Boards covering the 7 HFs receiving PHC funding for the FY 2017/18.</li> <li>2. The 7 HFs posted on the notice board and in the HD's files were all reflected in the MoH HMIS Excel spreadsheet. NB: Their reporting rate was adequate (100% HMIS reporting).</li> <li>3. The 7 HFs were covered in the PBS FY 2018/19 (e.g. between pages 21 (see LG approved budget estimates).</li> </ol> | <p>10</p> |
| <p>Governance, oversight, transparency and accountability</p>  |  |   |           |



The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council

Maximum 4 for this performance measure

- 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

There was evidence to confirm that the council committee responsible for health met and discussed service delivery issues including supervision reports among other issues.

The committee met on the 29/08/2018 and discussed under minute number BDLG/SS/005/8/2018, issues including a review of Q4 performance and it was noted that the health sector did not receive local revenue and some of the Q4 activities had not yet been implemented including that St. Jude had not yet received PHC funds due to management challenges at the facility that needed to be sorted out expeditiously, BAYLOR Uganda took over the funding of staff salaries at the facilities that were hitherto funded by TASO, commissioning of the maternity ward at Kachumbala HC III, need to re-allocate the budget at Bukedea HC IV from renovation to purchase of medical equipment for the facility.

Meeting of 12/10/2017, under minute number BDLG/SS/012/10/2017, discussed the Q4 performance, realised the need to procure solar system for Nalugayi HC II, need to reallocate 27 million shillings that was meant for procurement to funding salaries of newly recruited health workers, need to procure medical equipment for the theatre at Bukedea HC IV to make it operational]. Noted the delayed release of funds by partners that affected activity implementation.

Meeting of the 5/12/2017 discussed budget framework papers including for health as per minute number BDLG/SS/017/12/2017.

Meeting of 27/04/2018 under minute number discussed detailed plans and budgets for 2018/19 including for the health sector. Also discussed the need to clear contractor retention fees at Nalugayi and Kangole HC II. The need for commencement of the implementation of the district costed plan and the need to upgrade some HC IIs to IIIs was also discussed.

Meeting of the 18/06/2018 under minute number BDLG/36/06/2018 discussed the adjusted work plans and budgets for the health sector focusing on the costing for upgrading one HC II to HC III as per approval by MOH .

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| <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"> <li>Evidence that the health sector committee has presented issues that require approval to Council: score 2</li> </ul>  | <p>The health sector committee presented issues for councils approval and resolution at different sittings of Council as indicated below:</p> <p>Meeting of 29/06/2018 under minute number 29/06/18 observed that there was urgent need to complete Kocheke HC II staff house to improve the situation of staff accommodation at the facility. Reiterated the need to have the maternity wing at kachumbala HC III completed to enable the citizens start accessing services, reviewed and approved the district HIV&amp;AIDS strategic plan, reported to council that the Operating Theatre at Bukedea HC IV was operational and also reported that the departments had acquired a new Mitsubishi vehicle.</p> <p>Meeting of the 16/11/2017, under minute number BDLG/Cou/073/11/2017, discussed the need to fill vacant positions across all sectors and the need procure Theatre equipment for Bukedea HC IV.</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"> <li>If 100% of randomly sampled facilities: score 6</li> <li>If 80-99 %: score 4</li> <li>If 70-79: %: score 2</li> <li>If less than 70%: score 0</li> </ul> | <p>According to all the sampled HFs only 75% had functional HUMCs and the average level of functionality at 93.8% (i.e. each with minutes covering all the 4 quarters of the FY 2017/18 – see table). A division of the sum of the said 2 figures by 2 is above 60% (i.e. <math>75+93.8= 168.8\div 2= 84.4\%</math>). Therefore, the HD met the HUMC functionality threshold because the average of the sample hovers above the 60% composite rate. This evidence was not corroborated by HD records because support supervision by DHT was mostly concerned with other preoccupations (hence had not mainstreamed committee functionality in support supervision related analysis and documentation.ID</p> <p>HFs' HUMCs Meetings in FY 2017/18 Functionality</p> <p>1 Bukedea HC IV 4 100%</p> <p>2 Kachumbala HC III 4 100%</p> <p>3 Kachumbala Mission HC II/PNFP 3 75%</p> <p>4 Malera HC III 4 100%</p> <p>Average 3/4 HFs (75%) 93.8%</p> | <p>4</p> |

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| <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"> <li>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</li> </ul>  | <p>While the DLG publicized the list of 7 HFs receiving PHC non-wage recurrent grant on the HD's notice board all the sampled HFs appeared to face challenges of managing the list when circulated by the HD:</p> <ol style="list-style-type: none"> <li>At the HF level, only a few had the list in the public areas to allow for public viewing. Those that had the list had posted it in the offices, left it in files or extracted HF-specific info as one to be publicized.</li> <li>At the HD level, the HD notice board had posted the 7-HF list of HFs receiving PHC funding but the HD had not conceived of more pragmatic and systematic ways of publicizing the list of the 7 HFs (e.g. using support supervision to encourage HFs to post the list or to influence the DLG to publicize the list on a LG website). These would foster wider transparency and accountability mechanisms.</li> <li>At a DLG level, the Bukedea DLG budget website was yet to publicize the 7-HF list of HFs receiving PHC funding. Indeed, the DLG Main Block Notice Board never posted the list.</li> </ol> | <p>0</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"> <li>Evidence that the sector has submitted input to procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30 for the current FY: score 2</li> </ul> | <p>The DHO submission of input to the procurement plan to the PDU was made in time (3rd/4/2018) i.e. way before the deadline of 30th/4/2018. Indeed, the 10-item list of the submitted inputs to the procurement plan (e.g. rehabilitation of Kocheke HC II and rehabilitation of Nalugai HC II) matched the contents of the approved health sector AWP 2018/19 (i.e. as seen on pages 24 and 23 for the cited items alone). Others are seen between pages 22 and 24.</p>  | <p>2</p> |

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| <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"> <li>Evidence that LG Health department submitted procurement request form (Form PP5) to the PDU by 1st Quarter of the current FY: score 2.</li> </ul>  | <p>The DHO submitted Procurement Form PP1 on the 19th/4/2017, hence submitted it in time (i.e. by the end of the Q1 for FY 2017/18/ - with a deadline of 30th/9/2017). A reviewed sample of Form PP1 covered the Completion of a Staff house in Kocheka HC II.</p>   | <p>2</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"> <li>Evidence that the DHO/ MHO (as per contract) certified and recommended suppliers timely for payment: score 4.</li> </ul>   | <p>Looked at the request made by Obur Enterprises made on 4/06/2018 with respect to completion of staff house in Kocheka Health Centre II. The DHO cleared on 12/06/2018. Payment was done on the 21/06/2018.</p> <p>There were not so many activities under the Health Sector but from the one above, the DHO recommended and certified payment in a timely manner.</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"> <li>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</li> </ul> | <p>Evidence was presented by the District Planner to confirm that the health department submitted the annual performance report including four quarterly reports to the planning unit for consolidation. Four Copies of quarterly reports were available at the district planner's office with the Q4 report from the health sectors submitted on the 6/07/2018, to the Planning Unit for consolidation. This was before the expiry of the deadline of 16th July 2018.</p> | <p>4</p> |

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| <p>LG Health department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</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> <ul style="list-style-type: none"> <li>• If sector has no audit query: Score 4</li> <li>• 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</li> <li>• If all queries are not responded to Score 0</li> </ul> | <p>Three issues were identified in the 1st quarter and I have seen a communication from the District Health Officer to the CAO on the status of implementation of the audit findings.</p> | <p>2</p> |
| <p>Social and environmental safeguards</p>  |   |   |          |

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| <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"> <li>Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines (i.e. minimum 30 % women: score 2</li> </ul>                   | <p>Based on a sample of 4 HFs (see table), only 50% of the committees met the gender composition requirement. The average composition based on the assessments sample was 38% as the overall average for Bukedea DLG (see table). A division of the sum of the said 2 figures by 2 is way below 50% (i.e. <math>50+38=88\div 2=44\%</math>). Therefore, the HD did not meet the gender composition requirement because the average of the sample only hovers below 50% composite rate (not above, hence failed to meet the requirement only marginally). The HD had not commissioned assessments or used the support-supervision function to find out the composition of committees and to address the associated problems. ?</p> <p>ID Name of HF All Members Female Members %/Female</p> <p>1 Bukedea HC IV 8 2 25.0%</p> <p>2 Kachumbala HC III 7 2 28.6%</p> <p>3 Kachumbala Mission HC II/PNFP 9 5 55.6%</p> <p>4 Malera HC III 7 3 42.9%</p> <p>Average Gender Composition 38.0%</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"> <li>Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2.</li> </ul> | <p>There some mixed evidence regarding the DHO issuing a circular on sanitation, including labeling toilets for men and women. The noteworthy evidence includes the following:</p> <ol style="list-style-type: none"> <li>The DHO circular (dated 28th/1/2018) to HF in-charges, head teachers and the security apparatus in the DLG (e.g. the army, police and prisons) which quoted the need to enforce the Public Health Act. Only 12 agencies acknowledged receipt directly on the DHOs circular.</li> <li>Only 75% of the sampled HFs possessed the DHO's circular on sanitation, including labeling toilets for men and women. Only 25% of the sample had gone ahead to enforce the contents of the circular (i.e. by promoting gender-sensitive sanitation through separating and labeling toilets for men and women). The best practice was Malera HC III that had appropriate words written (i.e. "Angor for Female and Ikirok for Male"). The absence of appropriate pictures for the same meant that the illiterate patients or those that never spoke the language would not be guided appropriately.</li> </ol> | <p>2</p> |

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| <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"> <li>Evidence that all health facility infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 2</li> </ul> | <p>All HF infrastructure projects were screened before approval and for FY 2017/18 the HD implemented 1 infrastructure investment project:</p> <ol style="list-style-type: none"> <li>The EO through the DHO offered the 1 health infrastructure investment project implemented in FY 2017/18 (i.e. Completion of the Staff House at Kocheke HC II).</li> <li>The signed and stamped environment and social impact screening form was dated 3rd/10/2017. The form identified environmental risks (e.g. generation of waste) but did not cite social risks (an indication of limited collaboration between the EO and CDO). The form also mentioned some mitigation measures (e.g. proper solid waste management e.g. debris).</li> </ol> | <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"> <li>The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 2</li> </ul>  | <p>For the 1 health infrastructure investment project (i.e. Completion of the Staff House at Kocheke HC II), there was an Environment Compliance Certificate dated 25th/3/2018 signed and stamped by the EO and CDO. It is this that was taken as the Site Visit Report.</p>   | <p>2</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"> <li>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.</li> </ul>   | <p>On access to guidelines on segregation of medical waste (either in form of a chart or otherwise) 100% of the sampled HFs displayed the chart (an indication that the HD had issued guidance on the same).</p>   | <p>4</p> |

| Summary of requirements   | Definition of compliance   | Compliance justification  | Score |
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| 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"> <li>• 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"> <li>o If 100 % of the budget allocation for the current FY is allocated to S/Cs below average coverage: score 10</li> <li>o If 80-99%: Score 7</li> <li>o If 60-79: Score 4</li> <li>o If below 60 %: Score 0</li> </ul> </li> </ul> | <p>Bukedea district has a safe water coverage of 72% with the sub-counties of Malera (53%), Bukedea (71%) and Kidongole (70%) below the district average. In 2018, more sub-counties were created from the already existing sub-counties. Malere sub-county was broken into Malera, Kangole and Kabarwa sub-counties; Kachumbal was broken into Kachumbala, Komuge, Aligoi and Kwarikwar sub-counties; Bukedea was broken into Bukedea, Kocheka and Bukedea Town Council sub-counties; Kolir was broken into Kolir, Aminit and Kamutur sub-counties; Kidongole was broken into Kidongole and Koena sub-counties. In the current FY AWP/Budget 2018/19 the district has allocated resources for the construction and rehabilitation of at least one borehole in the below average sub-counties. For example; Malera (6) two in each of the sub-counties, Bukedea (4) and Kidongole (4). This accounted for 65% of the total allocations for WSS.</p> | 4     |



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)

Maximum 15 points for this performance measure

- 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.

- o If 100 % of the water projects are implemented in the targeted S/Cs:

Score 15

- o If 80-99%:

Score 10

- o If 60-79: Score 5

- o If below 60 %: Score 0

In the previous FY, Bukedea district had a safe water coverage of 70% with the sub-counties of Malera (51%), Bukedea (68%) and Kachumbala (69%). The district had targeted to construct (9) and rehabilitated (10) with at least one borehole in each of the sub-counties below the district average. For example; Malera (6), Bukedea (3) and Kachumbala (4). It was observed that all these projects were completely implemented. This accounted for 100%.

Monitoring and Supervision

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| <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"> <li>• If more than 95% of the WSS facilities monitored: score 15</li> <li>• 80% - 95% of the WSS facilities - monitored: score 10</li> <li>• 70 - 79%: score 7</li> <li>• 60% - 69% monitored: score 5</li> <li>• 50% - 59%: score 3</li> <li>• Less than 50% of WSS facilities monitored: score 0</li> </ul> | <p>The LG water department has monitored each of WSS facility at least annually. For example the following reports were observed;</p> <ul style="list-style-type: none"> <li>- A technical monitoring report for water project in Bukedea district dated 8th/6/2018 where the boreholes in the different villages were reported to be monitored. It was signed on 14th June, 2018</li> <li>- A technical monitoring report for water project in Bukedea district for FY 2017/18 where the springs protected in the different villages were evidenced to be monitored. It was signed on 14th June, 2018. This accounted for 86%.</li> </ul> | <p>10</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"> <li>• Evidence that the district has submitted accurate/consistent data for the current FY: Score 5</li> <li>• List of water facility which are consistent in both sector MIS reports and PBS: score 5</li> </ul>  | <p>Bukedea District Local Government submitted accurate/consistent data for FY 2018/19. In the Management Information System (MIS) reports at the Ministry of Water and Environment (MoWE) 10 Deep Boreholes were reported to be rehabilitated and 12 drilled in the Financial Year. This is consistent with the 10 to be rehabilitated and 12 drilled as reported in PBS under Output: Borehole Drilling and Rehabilitation.</p>  | <p>5</p>  |

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| <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"> <li>List of water facility which are consistent in both sector MIS reports and PBS: score 5</li> </ul>  | <p>The facilities are in the sub-counties of ; Bukedea, Kocheke, Kachumbala, Komuge, Alogoi, Kidongole, Koena, Aminit, Kamutur, Malera, Kangole and Kabarwa.</p>   | <p>5</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 25th/04/2018. This was before the submission deadline of 30th April.</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"> <li>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</li> </ul> | <p>The district appointed a contract manager for the projects Mr. Odwar Samuel on 13th November, 2017. There LG water department did prepare a contract management plan for WSS infrastructure projects which was signed on 15th/12/2017. However, there were no monthly site visit reports for the different WSS infrastructure because most of the projects were constructed within the same time.</p> | <p>0</p> |

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| <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"> <li>If water and sanitation facilities constructed as per design(s): score 2</li> </ul>                           | <p>From the sampled water sources, construction was as per design(s). For example, the boreholes in Kakere Gagama Village, Balawoli sub-county, Kakere village borehole , St. Peters COU Village Borehole county and Kawo –Kidongole Village Borehole were as per stipulated design. They were well protected, had water discharge pit and right pump handle used.</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"> <li>If contractor handed over all completed WSS facilities: score 2</li> </ul>                                    | <p>There was evidence of handover of all WSS facilities in the district. For example, on Project file there was a handover report of drilling 8 boreholes for FY 2017/18 by Ebowa Investments Limited; procurement number: Buke578/Wrks/17-18/00002; dated: 6th/5/2018.</p> <p>There was also a handover of six (6) protected spring wells by Obur Enterprise Ltd; procurement reference number: Buke578/wrks/17-18/00006; Dated: 10th/05/2018.</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"> <li>If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2</li> </ul> | <p>The District Water Officer had certified all WSS projects in accordance with clause 56.1 (condition of contracts). For example, on project files there were completion certificates for the sitting, drilling, casting and installation of 9 boreholes by Ebowa Investments Limited at a contract sum of UGX: 170,762,00; Contract number: BUKE578/WRKS/17-18/00002; signed on 25th may 2018.</p> <p>Certificate of completion of protection of 6 springs constructed by Obur Enterprises Limited, contract sum of UGX 34,734,580; contract number: BUKE578/WRKS/17-18/00006; signed: 25th May, 2018</p> | <p>2</p> |

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| <p>The district Water department 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"> <li>Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points</li> </ul>   | <p>Reviewed request for payment dated 22/05/2018 raised by Obur Enterprises for the protection of 6 spring wells. The District Water Officer recommended for payment on 25/05/2018 and payment was done on 26/06/2018</p> <p>Reviewed voucher 730 being payment to Ebowa Investments for drilling 9 boreholes. Payment was done on 29/06/2018 and the request was submitted on 5/05/2018. DEO recommended on 18/05/2018</p> <p>Reviewed Voucher 1387 being payment for drilling of boreholes by KLR Uganda Ltd. that was done on 14/05/2018. Request was done on 2/03/2018 and DEO recommended for payment on 13/03/2018</p> <p>Reviewed request for payment made by Mastak Investments Limited for rehabilitation of 10 boreholes. Request was submitted on 4/12/2017. DWO passed it on 13/12/2017 and payment was done on 28/02/2017</p> <p>Voucher No. 1370 being payment casting and installation of 5 bore holes by Honest well that was paid on 17/11/2017. Request was done on 28/09/2017 DWO recommended for payment on 10/10/2018 and approval was achieved on 17/11/2017</p> <p>From the above it is evident that the District Water Officer timely recommended and certified suppliers' requests for payment</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 Planning Unit</p> <p>Maximum 5 for this performance measure</p> | <ul style="list-style-type: none"> <li>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</li> </ul> | <p>The water sector presented the Q 4 report to the Planning Unit for consolidation on the 10/07/2018, as per letter of acknowledgement of the Q4 report by the Planner from the Water Officer. The report was received before the expiry of the deadline of 15th July 2018. Reports (consolidated) for all the quarters were available in office of the district Planner.</p>  | <p>5</p> |

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| <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"> <li>• 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</li> <li>o If sector has no audit query score 5</li> <li>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</li> <li>If queries are not responded to score 0</li> </ul> | <p>No audit observation was seen under the sector in all the four reports reviewed.</p> | <p>5</p> |
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Governance, oversight, transparency and accountability

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| <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"> <li>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</li> </ul> | <p>The Council Committee responsible for water met on the dates indicated below to among other issues discuss service delivery issues including supervision and performance assessment, submissions from the district water and sanitation coordination committee (DWSCC) during the previous FY.</p> <p>Meeting of 24/08/2017 under minute number BDLG/Wks/03/08/2017, discussed among other issues the new guidelines from the Ministry of Water and Environment that stipulated that there should be no more construction of shallow wells in Bukedea district as the water in such sources tends to be contaminated and the sources easily dry up during the dry season. Discussed the Q4 performance report and noted that the sector had received all the grants during the FY. Recommended for the need to repair the vehicle that had gotten involved in an accident. Noted that the sub counties of Malera and Kolir were below the district average and needed priority in allocating funds for the construction of water sources during the forthcoming FY. Need for more DDEG funds to be allocated for the sinking of more water sources.</p> <p>Meeting of 12/10/2017 discussed under minute BDLG/Wks/10/2017, the need for community contribution towards the construction and maintenance of water sources. Discussed Q1 performance and noted that water source coverage was still low in Malera sub county. Noted that all funds for the first quarter had been received but no project implementation was done due to procurement delays.</p> <p>Meeting of the 6/12/2017, under minute number BDLG/Wks/19/12/ 2017, discussed the budget Framework Paper. The issue of rehabilitation the Ecosan toilet at the district headquarters and therefore the need to mobilise funds for the works. Recommended that another service provider should be identified to do the repairs of the accident vehicle since the first provider had quoted an exorbitant cost. Noted that the water coverage for the district had improved from 69% to 72%.</p> <p>Meeting of the 26/04/2018 scrutinised the water sector budgets for FY 2018/19, under minute number BDLG/WKs/ 26/ 04/2018, while the meeting of 15/05/2018 under minute number BDLG/Ss/Wks/26/05/2018 was a joint committee meeting that harmonised all the sector plans.</p> |
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| <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"> <li>Evidence that the water sector committee has presented issues that require approval to Council: score 3</li> </ul>  | <p>Evidence adduced by the Clerk to Council to confirm that the council committee for water presented issues that required council approval included recommendation to the council meetings that sat on the following dates and resolved some water related issues as follows:</p> <p>Meeting of the 29/06/2018, under minute number BDLG/Cou/ 057/06/2018, resolved that planned water sources should expeditiously be completed including the 6 water sources installed at Bukedea HC IV and the completion of 10 bore holes and rehabilitation of 11 boreholes.</p> <p>Meeting of 24/05/2018 handled the approval of Annual Work Plans and Budgets including for water under minute BDLG/Cou/053/05/2018.</p> <p>Meeting of the 29/03/2018 under minute number BDLG/Cou/ 48/03/ 2018 handled the Laying of the budget (including for the water sector).</p> <p>Meeting of the 16/11/2017 under minute number BDLG/Cou/073/11/2017 approved the construction of Kanute Water shed funded by NUSAF.</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"> <li>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.</li> </ul> | <p>From the District Notice boards, there was no display of AWP, Budget and Water Grant releases and expenditures as per the PPDA Act. There was no evidence in form of minutes for advocacy meetings</p>  | <p>0</p> |



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| <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"> <li>All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2</li> </ul>                        | <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. Kakere village borehole, DWD 46711; Funded by DWSBCG; Date: 16/2/2018; Contactor: Ebowa Enterprises Ltd.</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"> <li>Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2</li> </ul>                  | <p>Observation from the notice board proved that there was display of information on tenders and contract awards including name/contract and contract sum displayed on the District Notice boards. For example;</p> <p>Procurement reference number: Buke578/Wrks/17-18/00040; Subject of procurement: Construction of 2- stance pit latrine in Malera HCIII; Name of best evaluated Bidder: ORENA &amp; BROTHERS LTD; Total contract price: UGX 9,993,155</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"> <li>If communities apply for water/ public sanitation facilities as per the sector critical requirements (including community contributions) for the current FY: score 1</li> </ul> | <p>Review of community application file showed that there was an application letter for water/sanitation facilities as per sector critical requirements for the current FY. For example;</p> <p>Village application form for water source filled by LC council of Kalapata village in Aमित sub-county dated, 27th/03/2018.</p>   | <p>1</p> |

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| <p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>   | <ul style="list-style-type: none"> <li>Water and Sanitation Committees that are functioning evidenced by either: i) collection of O&amp;M funds, ii) carrying out preventive maintenance and minor repairs, iii) facility fenced/protected, or iv) they have an M&amp;E plan for the previous FY: score 2</li> </ul> <p>Note: One of parameters above is sufficient for the score.</p> | <p>From the sampled water supply facilities in the it was observed that not all WSCs were functioning as communities were not cooperative in the collection of the O&amp;M funds that could be used in maintenance and carrying out minor repairs.</p>  | <p>0</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"> <li>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</li> </ul>   | <p>Bukedea District Local Government did conduct environmental screening (as per templates) for all WSS projects implemented. There were filled templates found at the time of assessment. For example;</p> <p>The environmental screening and social impact screening form for drilling of deep boreholes in Ainit sub-county signed on 5th/10/2017</p> <p>The environmental screening and social impact screening form for drilling of deep boreholes in Aligoi sub-county signed on 6th/10/2017</p> <p>The environmental screening and social impact screening form for drilling of deep boreholes in Koliri sub-county signed on 8th/10/2017</p> <p>The environmental screening and social impact screening form for drilling of deep boreholes in Kidongole sub-county signed on 7th/10/2017</p> | <p>2</p> |

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| <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"> <li>Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1</li> </ul>                                  | <p>There was no evidence of follow up support provided in case of unacceptable environmental concerns in the past.</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"> <li>Evidence that construction and supervision contracts have clause on environmental protection: score 1</li> </ul>   | <p>From the 3 sampled contracts, the contract for the drilling &amp; construction of deep boreholes had a clauses on environmental protection.</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"> <li>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</li> </ul> | <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 WUC's women are members of the executive and occupy key positions. Field findings from Kakere Gagama village Water User Committee, St. Peters COU village and Kawo - Kidongoe Water User Committee in Kidongole Sub-county proved in affirmative where 50% women representation respectively was noticed</p> | <p>3</p> |

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| <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"><li>• If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3</li></ul> | <p>From the sampled public sanitation facilities, it was observed they did have separate stances for men and women but not all had ramps and stances for people with disabilities; For example, the sanitation facilities at the district headquarters.</p> | <p>0</p> |
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