

## **Local Government Performance Assessment**

### Butambala District

(Vote Code: 608)

| Assessment                        | Scores |
|-----------------------------------|--------|
| Accountability Requirements       | 33%    |
| Crosscutting Performance Measures | 67%    |
| Educational Performance Measures  | 83%    |
| Health Performance Measures       | 88%    |
| Water Performance Measures        | 83%    |

# Accontability Requirements 2018

| 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) | 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:  If LG submitted report to MoFPED in time, then it is compliant  If LG submitted late or did not submit, then it is not compliant   | The annual performance report for the previous FY was submitted on 23rd August 2018 beyond the deadline of 31st July 2018, thus the LG is NOT compliant.  | No |
|---|--|---|----|
| 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).                          | From MoFPED's official record/ inventory of LG submission of quarterly reports submitted to MoFPED, check the date MoFPED received the quarterly performance reports:  If LG submitted all four reports to MoFPED of the previous FY by July 31, then it is compliant (timely submission of each quarterly report, is not an accountability requirement, but by end of the FY, all quarterly reports should be available).  If LG submitted late or did not submit at all, then it is not compliant. | The LG submitted quarterly and annual reports as follows: Quarter 1 on 12th December 2017, Quarter 2 on 07th February 2018, Quarter 3 on 15th May 2018 and Quarter 4 on 23rd August 2018.  The LG submitted the Quarter 4 report on 23rd August 2018. This is beyond the deadline of 31st July hence the LG is NOT compliant. | No |
| Audit   |  |   |    |

| 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 find- ings where the Internal Audi- tor and the Auditor General recommended the Accounting Officer to take action in lines with applicable laws. | From MoFPED's Inventory/record of LG submissions of statements entitled "Actions to Address Internal Auditor General's findings", Check:  If LG submitted a 'Response' (and provide details), then it is compliant  If LG did not submit a' response', then it is non- compliant  If there is a response for all –LG is compliant  If there are partial or not all issues responded to – LG is not compliant. | The LG provided information to the PS/ST on the status of implementation of audit responses on 20/4/2018 with cover letter ref CR.203/1, dated 18/4/2018 and signed by Mr. Muwaga Fred the District Internal Auditor. | Yes |
|--|---|---|-----|
| The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer.  |   | Butambala DLG got a clean (unqualified) audit opinion from the Auditor General for the financial year 2017/18.  | Yes |

608 Butambala District

### Crosscutting Performance Measures 2018

| Summary of requirements   | Definition of compliance   | Compliance justification   | Score |
|---|--|--|-------|
| Planning, budgeti   | ng 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. | Butambala District LG does not have a fully constituted Physical Planning Committee. One member is missing, that is, the Physical Planner in Private Practice.   | 0     |
| 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 district/ MLG has submitted at least 4 sets of minutes of Physical Planning Committee to the MoLHUD score 1.                     | Only ONE (1) set of District Physical Planning Committee minutes (of the First Quarter convened on 14th April 2014) instead of the required FOUR (4) sets specified in the guidelines was submitted to the MoLHUD on the 22nd of April 2014 under reference: CR.202/2. | 0     |

| 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. | All infrastructure investments are consistent with the approved Physical Development Plan: score 1 or else 0 | The LG does NOT have a physical development plan to guide the implementation of infrastructure Investments. | 0 |
|---|--|---|---|
| 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. | Action area plan prepared for the previous FY: score 1 or else 0   | The LG does NOT have an approved Action Area Plan in place.   | 0 |

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

development plan, are based on discussions in annual reviews and

budget conferences and

have project profiles

Maximum 5 points on this performance measure.

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

There was evidence that the Priorities in AWP for the current FY are based on outcomes of the budget conference dated 16/11/2017. The priorities in the AWP included:

- Construction of a 5- stance pit latrine at Wamala Foundation Primary School;
- Procurement of a motorcycle for water department;
- Periodic maintenance of Bulo-Bugobango (10 km) road (pg. 57 on AWP and pg.25 on Budget Conference report);
- Periodic maintenance of Senge-Nsozibirye (11 km) road, (pg. 57 on AWP and pg.21 on Budget Conference report);
- Rehabilitation of Gombe Hospital, (pg. 47 on AWP and pg.19 on Budget Conference report);
- Sensitization programs under the Youth Livelihood Programme (YLP) and Uganda Women Entrepreneurship Programme, (pg. 67 on AWP and pg.29 on Budget Conference report); and
- Periodic maintenance of Namilyango-Seggabi (8 km) road, (pg. 58 on AWP and pg.25 on Budget Conference report) among others.

The priorities were discussed under TPC Min B11/17: Presentation of proposed projects 2018/19 and Min06/B11/17: Presentation of district performance status and planned activities among others.

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

development plan, are based on discussions in annual reviews and

budget conferences and

have project profiles

Maximum 5 points on this performance measure.

 Evidence that 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.

There was evidence that the capital investments in the AWP for the current FY were derived from the approved five year development plan (approved under Min06/02/15), dated 17/02/2015. The capital investments in the AWP for the current FY included:

- Construction of a two 5 stance pit latrine at Wamala (pg. 224 on five year development plan);
- Periodic maintenance of Senge-Nsozibirye, Kikunyu-Benyenga, Wamala-Kanyogoga, Kinoni-Gomba among others (pg. 57 on AWP ans pg.234 on five year development plan);
- Rehabilitation of Maternity ward at Gombe Hospital, (pg. 47 on AWP and pg.210 on five year development plan); and
- Education provision of furniture/desks for Sempira Primary School, Wasusuma Primary School, Kayenje Primary School and Simba Islamic School (pg. 226 on five year development plan) among others.

The prioritized investment activities in the approved AWP for the current FY are derived from the approved fiveyear

development plan, are based on discussions in annual reviews and

budget conferences and

have project profiles

Maximum 5 points on this performance measure.

 Project profiles have been developed and discussed by TPC for all investments in the

AWP as per LG Planning

quideline: score 2.

There was evidence that the project profiles were developed and discussed in TPC meeting dated 15th and 16th of March 2018 under Minute Min.04/03/18: Presentation and discussion of departmental project profiles for FY 2018/2019.

The Project profiles included:

- Technical services & Works (rural Roads) Road routine and periodic maintenance strategy of district roads; Code: 540-07-02; Implementing Agency: Works Department; Amount: UGX355,985,000; and
- Works, Water & Technical services: Sector: Water; Code: 06-62-01; Project title: Water & Environmental Sanitation; Amount: UGX208,214,127.

abstract developed and applied

Maximum 1 point on this performance measure

Annual statistical • Annual statistical abstract, with genderdisaggregated data has been compiled and presented to the TPC to support budget allocation and decision-makingmaximum score 1.

There was evidence that the statistical abstract with gender dis-aggregated data was compiled and approved by TPC on 23/01/2018 under min 03/01/18: Brief on Butambala District LG Statistical abstract.

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

There was evidence that all investment projects implemented in FY 2017/18 were derived from the AWP and approved budget. The projects included:

- Rehabilitation of Maternity ward at Gombe Hospital (pg. 13/47 on AWP and pg.16 on approved budget);
- Construction of classroom block at Muvugeera Primary School and Latrine at Kitimba UMEA Primary School (pg. 16 on AWP and pg.21 on approved budget);
- Periodic maintenance of Seeta-Mukikeera road 3km (pg. 17 on AWP and pg.24 on approved budget);
- Water: Solar powered borehole at Nakatooke trading centre (pg. 19 on AWP and pg.27 on approved budget);
- Water: Drilling Solar powered borehole at Lugali Ngando Sub County (pg. 19 on AWP and pg.27 on approved budget);
- Rehabilitation of district headquarters administration office (pg. 23 on AWP and pg.32 on approved budget);
- Routine maintenance of Kibugo-Lugano road 4km (pg. 18 on AWP and pg.24 on approved budget); and
- Routine maintenance of Nsenge-Nsozibirye road 11km (pg. 18 on AWP and pg.24 on approved budget) among others.

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

Maximum 6 points on this performance measure.

• Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY.

o 100%: score 4

o 80-99%: score

2

o Below 80%: 0

There was evidence that 30 out of 33 investment projects implemented in the previous FY were completed as per work plan by end for FY. This accounts for 91% completion rate.

Selected investments projects included:

- Rehabilitation of Maternity ward at Gombe Hospital;
- Construction of classroom block at Muvugeera Primary School and Latrine at Kitimba UMEA Primary School:
- Rehabilitation of district headquarters administration office; and
- Water: Drilling Solar powered borehole at Lugali Ngando Sub County (pg. 19 on AWP and pg.27 on approved budget).

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

Maximum 4 points on this Performance Measure.

 Evidence that all investment projects in the previous FY

were completed within approved budget – Max. 15% plus or minus of original budget: score 2

All investment projects in the previous FY were completed within Max. of 15% plus or minus the original budget. Five projects sampled include:

- 1) Rehabilitation of Maternity ward at Gombe Hospital (budgeted: UGX300,000,000; Actual Expenditure UGX300,000,000), hence 100% expenditure;
- 2) Construction of classroom block at Muvugeera Primary School and Latrine at Kitimba UMEA Primary School (budgeted: UGX125,000,000; Actual Expenditure UGX125,000,000), thus 100% expenditure;
- 3) Rehabilitation of district headquarters administration office (budgeted: UGX52,449,000; Actual Expenditure UGX44,480,000), hence 85% expenditure;
- 4) Water: Drilling Solar powered borehole at Lugali Ngando sub county (budgeted: UGX222,658,000; Actual Expenditure UGX222,658,000), thus 100% expenditure; and
- 5) Purchase of bulls turds (Budgeted: UGX12,932,000; Actual Expenditure UGX12,932,000), completion rate of 100%.

| The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY Maximum 4 points on this Performance Measure. | • Evidence that the LG has budgeted and spent at least 80% of the O&M budget for infrastructure in the previous FY: score 2 | NO evidence of O&M budget nor expenditure was availed.  | 0 |
|---|---|---|---|
| Human Resource  | Management  |   |   |
| LG has<br>substantively<br>recruited and<br>appraised all<br>Heads of<br>Departments<br>Maximum 5<br>points on this<br>Performance<br>Measure.  | • Evidence that the LG has filled all HoDs positions substantively: score 3   | The district has substantively filled some Heads of Department posts; DEO, District Production & Marketing, Planner, DHO, CFO, DIA, PHRO. The acting staff were DCO, DE and DCDO.   | 0 |
| LG has substantively recruited and appraised all Heads of Departments  Maximum 5 points on this Performance Measure.  | • Evidence that HoDs<br>have been appraised as<br>per guidelines issued by<br>MoPS during the<br>previous FY: score 2       | There was evidence that all the Heads of department had been appraised at the time of assessment as per the sampled 8 HoDs that signed performance agreements with the CAO; DEO (10/07/2018), Production & Marketing (10/07/2018), CFO (10/7/2018), Ag DCDO (6/07/2018), Ag District Engineer (19/7/2018), Planner (3/07/2018), Internal Auditor (13/07/2018), DNRO (12/07/2018). | 2 |

| The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.  Maximum 4 points on this Performance Measure. | Evidence that 100 % of staff submitted for recruitment have been considered: score 2      | The DSC considered all the submissions for recruitment as per CAO letters dated below:  a) 11th September 2017; b) 10th October 2017; c) 11th October 2017; d) 2nd January 2018; e) 12th January 2018 and f) 26th February 2018.  The submissions were considered under the DSC meetings held on: a) 17th October 2017; b) 11th November 2017; c) 14th to 19th December 2018; d) 4th January 2018 and e) 16th October 2018. | 2 |
|--|---|---|---|
| The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.  Maximum 4 points on this Performance Measure. | Evidence that 100 % of positions submitted for confirmation have been considered: score 1 | There was evidence that all the submissions by the CAO for confirmation dated; 11th/07/2017, 19th/07/2017, 20th/07/2017, 27th/07/2018, 8th/08/2017, 3rd/11/2017, 13th/11/2017, 19th/01/2018/ 13th/03/2018 were considered in the DSC meetings held on; 12th/09/2017, 17th/09/2017, 4th/01/2018, 20th/03/2018 and 6th /06/2018.  | 1 |

|  | I  |  |   |
|--|--|--|---|
| The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.  Maximum 4 points on this Performance Measure. | Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1  | There was evidence that the submitted case by office of the CAO dated 14th/05/2018 to (Suppliers Officer) to DSC was considered by the DSC in a meeting held on 21st to 25th /05/2018. | 1 |
| Staff recruited and retiring access the salary and pension payroll respectively within two months  Maximum 5 points on this Performance Measure.   | Evidence that 100% of<br>the staff recruited during<br>the previous FY have<br>accessed the salary<br>payroll not later than two<br>months after<br>appointment: score 3     | All the 33 staff recruited in the financial year 2017/18 accessed the payroll within two months as per the recruited staff list and payroll.   | 3 |
| Staff recruited and retiring access the salary and pension payroll respectively within two months  Maximum 5 points on this Performance Measure.   | Evidence that 100% of<br>the staff that retired<br>during the previous     FY have accessed the<br>pension payroll not later<br>than two months after<br>retirement: score 2 | All the 9 staff that retired in 2017/18 financial year did not access the pensioner payroll within the stipulated two months period.   | 0 |
| Revenue Mobiliza   | ation  |  |   |

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)

Maximum 4 points on this Performance Measure.

•• If increase in OSR (excluding one/off, e.g. sale of assets) from previous FY but one to previous FY is more than 10 %: score 4.

- If the increase is from 5%
- -10 %: score 2.
- · If the increase is less than 5 %: score 0.

The LG Own Source Revenue for 2017/18 was UGX 104,833,779, this compared to UGX 196,921,237 for the year 2016/17 showed a percentage drop of -46%

Reasons include:

- 1. No collection from Taxi park because of the President directive; and
- 2. Markets also never paid because of the Presidential directive.

local revenues as per budget (collection ratio)

Maximum 2 points on this performance measure

LG has collected • 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.

The LG budgeted revenue collection for the year 2017/18 was UGX 132,838,000, but collected UGX 104,833,779; a budget realization of only 79%.

Reasons include:

- 1. No collection from Taxi park because of the Presidential directive; and
- 2. Markets also never paid because of the Presidential directive.

Local revenue administration. allocation and transparency

Maximum 4 points on this performance measure.

· Evidence that the District/Municipality has remitted the mandatory LLG share of local revenues: score 2

The LG remitted the mandatory LLG share of local revenues, for example in the month of June 2018, the following remittances were made:

- Kibibi Sub county UGX 500,000 cheque number 6756;
- -Bulo Sub county UGX 500,000 cheque number 6758;
- -Budde sub county 500,000 cheque number 6760;
- -Ngando sub county 1,000,000 cheque number 6759;
- -Gombe sub county 1,000,000 cheque number 6757; and
- -Kalamba sub county 500,000 cheque number 6755.

| Local revenue administration, allocation and transparency  Maximum 4 points on this performance measure.           | • Evidence that the total<br>Council expenditures on<br>allowances and<br>emoluments- (including<br>from all sources) is not<br>higher than 20% of the<br>OSR collected in the<br>previous FY: score 2    | Total allowances and remuneration for the Council from all sources was UGX 67,800,000 (UGX 30m allowances and UGX 37.8m salaries) in 2017/18. The LG Own Source Revenue for 2016/17 was UGX 196,921,237. Therefore Council allowances and emoluments was 34%, way above the recommended 20%, hence the LG was not compliant.   | 0 |
|--|---|--|---|
| Procurement and  | contract management   |  |   |
| The LG has in place the capacity to manage the procurement function  Maximum 4 points on this performance measure. | • 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 | There was evidence that the District had both positions of Senior Procurement Officer and Procurement Officer substantively filled. The Senior Procurement Officer was retained in service in a letter dated 25th June 2018 quoting Min. 11 of 2018, and signed by Ashaba Allan Ganafa, then Chief Administrative Officer. The Procurement Officer was also retained in Service in a letter dated 25th June 2018 quoting Min. 112 of 2018. The letter was signed by the same Chief Administrative Officer. | 2 |

The LG has in place the capacity to manage the procurement function

Maximum 4 points on this performance measure.

 Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1 There was evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY. TEC Reports seen included:

- 1) Minutes of TEC meeting on 17th November 2017 on Construction of 5-stance lined pit-latrine at Nakatooke UMEA primary school;
- 2) Minutes of TEC meeting on 17th November 2017 for Drilling and installation of 1 (one) hand Pump Borehole at Wamala Village, Ngando Sub-county and upgrading of 2 (two) Hand Pump boreholes at Nakatooke Parish- Seeta Central Bulo Sub-county and Lugali Parish Ngando Sub-county to solar powered boreholes using Water Grant Funds;
- 3) Minutes of TEC meeting on 17th February 2018 on renovation of District Administration Headquarters (Construction of ramps, paving walk ways and splash apron);
- 4) Minutes of TEC meeting on 26th September 2017 supply of a motorcycle to Butambala district Local government Water department and
- 5) Minutes of TEC meeting on 20th July 2018 on Construction of a twin classroom block at Kinoni primary school, Kibibi Town Council.

The LG has in place the capacity to manage the procurement function

Maximum 4 points on this performance measure.

• Evidence that the Contracts

Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score

There was evidence that the Contracts Committee considered recommendations of the TEC and provided justifications for any deviations from those recommendations. CC meeting Minutes seen for the following meetings where TEC reports were considered as one of the agenda items as follows:

- 1) CC meeting minutes of Friday November 24th 2017 at the Council Hall:
- 2) CC meeting minutes of Thursday July 19th 2017 at the Council Hall;
- 3) CC meeting minutes of Thursday August 10th 2017 at the Council Hall;
- 4) CC meeting minutes of Thursday September 28th 2017 at the Council Hall and
- 5) CC meeting minutes of January 08th 2018 at the Council Hall.

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

There was no evidence that that the procurement and Disposal Plan for the current year covers all infrastructure projects in the approved annual work plan and budget. New procurement Guidelines were issued after 4th July 2018. This happened after the LG had prepared the Procurement and Disposal Plan having all infrastructure projects. Out of 38 projects, Butambala LG was left to implement only 26. The withdrawn projects would be implemented by Education and Health Ministries. It was not clear to the LG whether the withdrawn projects would be implemented by Headquarter or not and

There was no evidence that the LG made procurements in previous FY as per plan i.e., adhered to the procurement plan for the previous FY (2017/2018). The Contracts Register showed that 9 out of 64 projects were procured. The rest were not done due to lack of funds.

The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.

Maximum 6 points on this performance measure.

 For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/

infrastructure by August 30: score 2

The LG put out an advert in the Daily Monitor Newspaper of June 12, 2018 on page 35 where they advertised all Butambala LG projects.

| The LG has prepared bid documents, maintained contract                              | • For Previous FY, evidence that the LG has an updated contract register and has complete procurement | An updated Contracts Register was seen having 9 projects implemented in previous FY. | 2 |  |
|---|---|--|---|--|
| registers and procurement activities files and adheres with established thresholds. | activity files for all procurements: score 2  |  |   |  |
| Maximum 6 points on this performance measure.                                       |   |  |   |  |

The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.

Maximum 6 points on this performance measure.

 For previous FY, evidence that the LG has adhered with

procurement thresholds (sample 5 projects):

score 2.

There was evidence that for previous FY, the LG adhered with procurement thresholds. This was seen from sampled projects as follows:

#### Open Bidding:

- 1) Project: Renovation of Gombe Hospital Maternity Ward Contractor: M/S Pharm Investments Ltd. *Amount: UGX226,821,252.* Procurement Ref. No. Buta608/works/17 18/00004. Contract Signed 8th June 2018:
- 2) Project: Drilling and installation of 1 (one) hand Pump Borehole at Wamala Village, Ngando Subcounty and upgrading of 2 (two) Hand Pump boreholes at Nakatooke Parish- Seeta Central Bulo Subcounty and Lugali Parish Ngando Subcounty to solar powered boreholes using Water Grant Funds. Contractor: M/S East Africa Boreholes Ltd *Amount: UGX157,840,092*. Procurement Ref. No. Buta608/works/17 18/00003. Contract Signed 8th June 2018.

#### Selective Bidding:

- 1) Project: Fencing of Bulo Health Centre III. Contractor: M/S Bwanga technical Services Ltd *Amount: UGX10,986,980.* Procurement Ref. No. Buta608/works/17 – 18/00008. Contract Signed 12th December 2017;
- 2) Project: Construction of 5-stance lined pit latrine at Nakatooke UMEA Primary School. Contractor: M/S Jabana Enterprises Ltd. *Amount: UGX19,460,973*. Procurement Ref. No. Buta608/works/17 18/00002. Contract Signed 22nd December 2017.

#### Framework Bidding:

1) Project: Supply of 50 Three-seater desks to selected primary schools in Butambala District. Contractor: Bwanga technical Services Ltd. *Amount: UGX7,000,000*. Procurement Ref. No. Buta608/supls/17 – 18/00015. Contract Signed 1st August 2017.

The LG has certified and provided detailed project information on all investments

Maximum 4 points on this performance measure

 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 There was evidence that all works projects implemented in the previous FY were appropriately certified – interim and completion certificates for all projects based on technical supervision. Some of the projects sampled and Certificates seen included:

- 1) Interim Certificate No. 1 issued to M/S Jabana Enterprises Ltd after completion of Construction of 5stance lined pit latrine at Nakatooke UMEA Primary School. Certificate issued on 8th February 2018;
- 2) Interim Certificate No. 1 issued to M/S Bwanga Technical Services Ltd after completion of Construction of Bulo Health Centre III. Certificate issued on 17th December 2017:
- 3) Interim Certificate No. 1 issued to M/S Lugaaga Technical Services Ltd after completion of Construction of Mavugeera UMEA Primary School. Certificate issued on 22nd December 2017;
- 4) Interim Certificate No. 1 issued to M/S East Africa Boreholes Ltd after completion of Construction of Drilling and installation of 1 (one) hand Pump Borehole at Wamala Village, Ngando Sub-county and upgrading of 2 (two) Hand Pump boreholes at Nakatooke Parish-Seeta Central Bulo Sub-county and Lugali Parish Ngando Sub-county to solar powered boreholes using Water Grant Funds.. Certificate issued on 18th June 2018 and
- 5) Interim Certificate No. 1 issued to M/S Pharm Investments Ltd after completion of renovation of Gombe Hospital Maternity ward. Certificate issued on 16th April 2018.

The LG has certified and provided detailed project information on all investments

Maximum 4 points on this performance measure

• 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

There was no evidence of site boards indicating the Contract Value of the projects.

Financial management

The LG makes

Evidence that the LG

The LG maintained 14 bank accounts, a sample of 5

0

monthly and up to-date bank reconciliations

Maximum 4 points on this performance measure.

makes monthly bank reconciliations and are up to-date at the time of the assessment: score 4

bank accounts was made as below:

- 1. Butambala LG Administration Account,
- Administration account July 2017 was reconciled on 8/8/2017;
- Administration account December 2017 was reconciled on 9/1/2018; and
- Administration account June 2018 was reconciled on 16/7/2018.
- 2. Butambala LG General Account,
- General account July 2017 was reconciled on 8/8/2017;
- General account December 2017 was reconciled on 9/1/2018; and
- General account June 2018 was reconciled on 16/7/2018.
- 3. Butambala LG Water Account,
- water account July 2017 was reconciled on 8/8/2017;
- Water account December 2017 was reconciled on 9/1/2018.; and
- Water account June 2018 was reconciled on 16/7/2018.
- 4. Butambala LG Education Account;
- Education account July 2017 was reconciled on 8/8/2017.
- Education account December 2017 was reconciled on 9/1/2018.
- Education account June 2018 was reconciled on 16/7/2018.
- 5. Butambala LG Statutory Account,
- Statutory account July 2017 was reconciled on 8/8/2017;
- -Statutory account December 2017 was reconciled on 9/1/2018; and
- -Statutory account June 2018 was reconciled on 16/7/2018.

All the bank reconciliations were prepared by Senior Accountant, checked by CFO and verified by the Internal Auditor.

| The LG made timely payment of suppliers during the previous FY  Maximum 2 points on this performance measure  | If the LG makes timely payment of suppliers during the previous FY     no overdue bills (e.g. procurement bills) of over 2 months: score 2.  | The LG made timely payment of suppliers during the year 2017/18 within 2 months, for example:  - A request from Hassamic suppliers of UGX 678,500 for supply of stationery was put in on 9/2/2018 and paid on 9/2/2018 (1 day);  - A request from Mr. Kyambadde Sam of UGX 1,390,000 for design of solar borehole system in Bulo and Ngando sub counties was put in on 12/9/2017 and was paid on 12/9/2017 (1 day);  - A request from Kalule Patrick of UGX 159,488,169 for renovation of maternity ward Gombe hospital was put in on 16/4/2018 and paid on 26/4/2018 (10 day);  - A request from Nansubuga Shamim of UGX 3,150,000 for ex-gratia for Councillors for the month of April 2018 was put in on 23/4/2018 and paid on 25/4/2018 (2 day); and  - A request from Senyomo Isaac of UGX 280,000 for collection of valuation letters from government value and chief mechanical engineer was put in on 23/4/2018 and paid on 24/4/2018 (2 days). | 2 |
|---|--|---|---|
| The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations  Maximum 6 points on this performance measure. | <ul> <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> | The LG had a Principal internal auditor Mr. Muwagga Fred at the time of the assessment, his appointment was on letter reference CR156/2 dated 26/6/2017, signed by the then Chief Administration Officer Mr Ashaba Allan Ganafa. This was per Minute no 127 of 2017 of Butambala District Service Commission.   | 1 |

| The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations  Maximum 6 points on this performance measure. | LG has produced all quarterly internal audit reports for the previous FY: score 2.  | The LG produced all the 4 quarterly reports as follows:  -Quarter 1 dated 23/10/2017;  -Quarter 2 dated 12/1/2018;  -Quarter 3 dated 26/4/2018; and  -Quarter 4 dated 25/7/2018.  | 2 |
|---|---|---|---|
| The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations  Maximum 6 points on this performance measure. | Evidence that the LG has provided information to the Council and LG PAC on the status of implementation of internal audit findings for the previous financial year i.e. follow up on audit queries from all quarterly audit reports: score 2. | The LG provided information on the status of implementation of internal audit findings to the Council and the LG PAC as below:  -Quarter 1 with status of implementation was submitted to PAC on 23/10/2017;  -Quarter 2 with status of implementation was submitted to PAC on 12/1/2018;  -Quarter 3 with status of implementation was submitted to PAC on 26/4/2018; and  -Quarter 4 with status of implementation was submitted to PAC on 25/7/2018. | 2 |
| The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations  Maximum 6 points on this performance measure. | 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.   | The LG had no evidence that the LG PAC considered the 2017/18 internal audit recommendations.   | 0 |

| The LG maintains a detailed and updated assets register Maximum 4 points on this performance measure.            | • 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                                      | The LG maintained an up to date Asset Register with all the required details as per Treasury Accounting Manual format.   | 4 |
|--|---|--|---|
| The LG has obtained an unqualified or qualified Audit opinion  Maximum 4 points on this performance measure      | Quality of Annual financial statement from previous FY:  • Unqualified audit opinion: score 4  • Qualified: score 2  • Adverse/disclaimer: score 0  | Butambala DLG got a clean (unqualified) audit opinion from the Auditor General for the financial year 2017/18.   | 4 |
| Governance, ove  | rsight, transparency and ac   | countability   |   |
| The LG Council meets and discusses service delivery related issues  Maximum 2 points on this performance measure | 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 | The Council meets and discusses service delivery related issues. The evidence availed was minutes of joint TPC meeting dated 10th May 2018 under min.04/05/18: Presentation of the budget and work plan for FY 2018/2019; and minutes of District Executive Committee meeting dated 14/02/2018, min.DEC4/02/2018: Issues: Mushrooming slums near the district, and the recommendation that the Council comes up with resolution on the type of houses that should be built near the district administration. | 2 |

| The LG has responded to the feedback/ complaints provided by citizens  Maximum 2 points on this Performance Measure | • Evidence that LG has designated a person to coordinate response to feed-back (grievance /complaints) and responded to feedback and complaints: score 1.               | The LG designated Mr. Kato Patrick Perry to handle and coordinate response to feed-back (grievance/complaints). The evidence availed was appointment letter dated 18/07/2017 under ref: CR.206/1.   | 1 |
|---|---|---|---|
| The LG has responded to the feedback/ complaints provided by citizens  Maximum 2 points on this Performance Measure | 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 | There was no evidence of the grievance procedure and system on the notice board or website.   | 0 |
| The LG shares information with citizens (Transparency)  Total maximum 4 points on this Performance Measure          | Evidence that the LG has published:  • The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2   | The LG payroll (August payroll register 2018) and Pensioner Schedule were pinned on public notice boards at the district - dated August 2018.   | 2 |
| The LG shares information with citizens (Transparency)  Total maximum 4 points on this Performance Measure          | Evidence that the procurement plan and awarded contracts and amounts are published: score 1.  | The procurement plan and awarded contracts and amounts were published on the notice board, dated 25/05/2018.  An example of contract awarded had the following particulars: procurement No. Buta/608/Wrks/18-19/00003: Construction of a twin classroom block at Kinoni UMEA primary school in Kibibi town council, using school facilitation grant; amount: UGX72,643,122. | 1 |

| The LG shares information with citizens (Transparency)  Total maximum 4 points on this Performance Measure  | • 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.                                      | The LG published the LG performance assessment results and implications dated June 2018.   | 1 |
|---|---|--|---|
| The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens  Maximum 2 points on this performance measure | Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1   | The LG communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY. The evidence availed was:  - Minutes of TPC meeting dated 1st November 2017 under min.06/11/2017: New policy on management of taxi parks;  - Circulars from Uganda Local Government Association (ULGA) payment of subscription by sub counties dated 10/05/2018; and  - Circulars from Ministry of Public Service on implementation of LG staffing structure, dated 12/09/2017 among others. | 1 |
| The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens  Maximum 2 points on this performance measure | • 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. | The evidence provided was status report on attendance to duty and teachers' absenteeism dated 10/01/2018. However, there was no proof of discussion of the report with the public and neither does the report discuss status of implementation of activities.  | 0 |

The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles

Maximum 4 points on this performance measure.

• Evidence that the LG gender focal person and CDO have provided guidance and support to sector departments to mainstream gender, vulnerability and inclusion into their activities score

There was evidence that the LG gender focal person (who is also the CDO) has provided guidance and support to sector departments to mainstream gender, vulnerability and inclusion into their activities. This was seen from the following reports:

- 1) An undated Report titled "Enhancement Strategies and Activities to address Gender Inequalities between men and women 2015/2016 2019/2020" prepared by Kaggwa John Hannington, DCDO Butambala District;
- 2) An undated Report on "Analysis of Gender issues in Butambala District". The report analysed gender issues department by department in the District;
- 3) Minutes of a meeting dated 07/09/2017 on Gender mainstreaming for 2017/2018 for District Heads of Departments and
- 4) A report on achievements for FY indicating Beneficiary groups funded.

The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles

Maximum 4 points on this performance measure.

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

and social inclusions and that more than 90 % of previous year's budget for gender activities/ vulnerability/ social inclusion has been implement-ted: score 2. There was evidence that gender focal point had planned for minimum 2 activities for the current FY to strengthen women's roles and address vulnerability and social inclusions. Three reports were seen in this regard, namely:

- 1) Butambala District Local Government Budget Framework Paper for FY 2018/2019. In this Framework, various activities were planned under different sections including the Elderly, Women Councils, PWDs special Grants support and FAL PAF/Community Development;
- 2) A Report on: Monitoring and Supervision of Sub-County level CDOs Supporting the 2nd Quarter CDW-CG Funds Release (5%). The report mentioned that a number of activities were planned for various sub-counties:
- 3) Activities planned under Annex One: Integrating Gender into the LLG Budget Process and

Out of UGX 317,041,635, the District used UGX 276,455,801 (87.2%) in the previous FY.

LG has
established and
maintains a
functional
system and staff
for
environmental
and social
impact
assessment and
land acquisition

Maximum 6 points on this performance measure

• 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 There was evidence that environmental screening are carried out for activities, projects and plans and mitigation measures are planned and budgeted for. This was seen from the following:

- 1) Environmental screening renovation of Gombe Hospital Maternity Ward dated 1st December 2017;
- 2) Construction of 5-stance lined pit-latrine at Nakatooke UMEA primary school dated 19th July 2017:
- 3) Construction of a Classroom Block at Mavugera Primary school dated 19th July 2017;
- 4) Solar Powered Borehole construction dated 19th July 2017 and
- 5) Construction of Borehole/Drilling at Ngando Sub counties dated 19th July 2017.

LG has
established and
maintains a
functional
system and staff
for
environmental
and social
impact
assessment and
land acquisition

Maximum 6 points on this performance measure

• Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1

There was evidence that the LG integrates environmental and social management plans in the contract bid documents. The Environmentalist determined what needed to be done, the quantities and method of doing the work. Computation of the totals was then done by PDU. Also, the Environmentalist, together with the Engineer, determined BOQs for Lightening arrestor. Such procedure was seen from sampled BOQ that the environmentalist did this for environmental rehabilitation during:

- 1) Construction of Kinoni UMEA Primary school, Gombe Town Council;
- 2) Construction of a twin Classroom Block at Butalunga Primary school and
- 3) Construction of a twin Classroom Block at Kyerima UMEA Primary school.

LG has
established and
maintains a
functional
system and staff
for
environmental
and social
impact
assessment and
land acquisition

Maximum 6 points on this performance measure

 Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc..): score 1 Land agreements were seen where land was donated for construction of the RDC's Office and another for the Justice Centre Offices. The one for the RDC's Office was donated by the District Administration from their titled Land whereas that for the Justice Centre Offices was donated by a one Mr. Kisawuzi Elias Omer

Butambala District Local Government has got a Land Title for the land the offices occupy.

Of the five sub-counties, one has a land title and the rest are located on Kabaka's Land.

Of the more than sixty schools, not much was known about proof of land ownership.

LG has
established and
maintains a
functional
system and staff
for
environmental
and social
impact
assessment and
land acquisition

Maximum 6 points on this performance measure

 Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer and CDO: score 1 There was evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer. The CDO is not involved in this exercise. Certificates seen include:

- 1) Certificate No. 27, dated 27th June 2018 issued to M/S Pharm Investment Ltd for renovation of Gombe Hospital;
- 2) Certificate No. 26, dated 09th March 2018 issued to M/S Lugaaga Technical Services Ltd for Construction of a Classroom Block at Mavugera Primary school;
- 3) Certificate No. 25, dated 7th June 2018 issued to M/S Jabana Enterprise Ltd for construction of a 5-stance latrine at Nakatooke UMNEA Primary School;
- 4) Certificate No. 24, dated 11th June 2018 issued to M/S East African Boreholes Ltd for drilling of boreholes in Ngando sub-county and
- 5) Certificate No. 23, dated 11th June 2018 issued to M/S East African Boreholes Ltd for construction of solar-powered borehole at Lugali, Ngando sub county.

| LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition  Maximum 6 points on this performance measure | Score 1  | There was no evidence that the contract payment certificated includes prior environment and social clearance  | 0 |
|--|--|---|---|
| LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition  Maximum 6 points on this performance measure | b) deviations observed with pictures, c) corrective actions taken. | A report dated 08th January 2018 titled "Environmental Monitoring and Inspection Report on selected projects that were implemented financial year 2017/2018 under the water and education sector" was seen that tabulated the projects by location, Conservation measures and remarks (remedial measures supposed to be taken). | 1 |

608 Butambala District

# **Education Performance Measures 2018**

| Summary of requirements  | Definition of compliance   | Compliance justification   | Score |
|--|--|--|-------|
| Human resource pla   | inning and manageme  | nt   |       |
| The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)  Maximum 8 for this performance measure | • Evidence that the<br>LG has budgeted for<br>a Head Teacher and<br>minimum of 7<br>teachers per school<br>(or minimum a<br>teacher per class for<br>schools with less<br>than P.7) for the<br>current FY: score 4 | Butambala District Education Office has budgeted for a Head Teacher and 7 teachers per school as evidenced in the 2018/19 District Budget. | 4     |
| The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)  Maximum 8 for this performance measure | • Evidence that the<br>LG has deployed a<br>Head Teacher and<br>minimum of 7<br>teachers per school<br>(or minimum of a<br>teacher per class for<br>schools with less<br>than P.7) for the<br>current FY: score 4  | Butambala District Education Office has made the required deployments as evidenced by the staffing list of 2018.                           | 4     |

| LG has substantively recruited all primary school teachers where there is a wage bill provision  Maximum 6 for this performance measure   | • Evidence that the LG has filled the structure for primary teachers with a wage bill provision o If 100%: score 6 o If 80 - 99%: score 3 o If below 80%: score 0             | Butambala Distric Local Governement has filled 100% of the structure for primary schools as evidenced by the staffing list of 30/06/18.                        | 6 |
|---|---|--|---|
| LG has substantively recruited all positions of school inspectors as per staff structure, where there is a wage bill provision.  Maximum 6 for this performance measure         | • Evidence that the<br>LG has substantively<br>filled all positions of<br>school inspectors as<br>per staff structure,<br>where there is a<br>wage bill provision:<br>score 6 | Butambala District Local Government has substantively filled all the positions of school inspectors as evidenced by the staffing list of 30/0618.              | 6 |
| The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.  Maximum 4 for this performance measure | Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of • Primary Teachers: score 2                         | There is no need for recruitment plan of teachers because all positions of teachers are filled as evidenced by the FY 2018/19 performance contact of 29/10/17. | 2 |

The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.

Maximum 4 for this performance measure

Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of

• School Inspectors: score 2

Monitoring and Inspection

The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.

Maximum 6 for this performance measure

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

• 100% school inspectors: score

The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.

Maximum 6 for this performance measure

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

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

There was evidence in the sampled 10 schools that 40% (4 out of 10) head teachers had been appraised at the time of assessment. The sampled were; St Kizito Ssenyomo (9/04/2018), Kawami C/U (13th/12/2017), Kakubo Muslim (15th/12/2017), Nawongo C/U ( 5th/12/2017). Those not appraised were; Bukeesa, Bugobango, Butalunga, Lukalu (Incomplete), Mavugeera UMEA and Kibibi.

The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to the previous FY to schools

Maximum 3 for this performance measure

 Evidence that the LG Education department has communicated all guidelines, policies, circulars issued by the national level in schools: score 1

The Butambala District Education Officer (DEO) received the following guidelines which he duly communicated and were available in all the five schools visited (Bwebukya Primary School, Kibibi Primary School, Gombe UMEA Primary School, Kayengye Church of Uganda Primary School and Kayengye Catholic School):

- a. Enforcing closure of illegal schools of 26/03;
- b. Phasing out implementation of Universal Secondary Education (USE) in private schools of 19/01/18 by the Permanent Secretary, Ministry of Education and Sports (MOES) to all Head Teachers:.
- c. Request for an update on closure of illegal unlicensed schools of 08/02/18 by the Permanent Secretary (MOES) to the Chief Administrative Officer ((CAO);
- d. Adherence to school calendar dated 9/05/17 by the P/S MOES:
- e. Reminder on closure of all illegal settings in form of Schools by Butambala District CAO to all Head Teachers on 27/01/18; and
- f. Warning against non- declaration of private candidates by the Uganda National Examination Board ( UNEB) Executive Secretary of 20/04/17.

The LG Education
Department has
effectively
communicated and
explained
guidelines, policies,
circulars issued by
the national level in
the previous FY to
schools

Maximum 3 for this performance measure

• 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 Butambala Distict Education Department held meetings with primary school head teachers and among others explained and sensitized on the guidelines and circulars issued by the national level as evidenced by the minutes of: beginning of term Head Teachers meeting with DEO of 20/09/18; Butambala Head Teachers meeting held on 16/03/17; and beginning of 2018 term two primary schools' Head Teachers meeting held on 08/5/18.

The LG Education De- partment has effectively inspected all registered primary schools2

Maximum 12 for this performance measure

- Evidence that all licenced or registered schools have been inspected at least once per term and reports produced:
- o 100% score 12
- o 90 to 99% score 10
- o 80 to 89% score 8
- o 70 to 79% score 6
- o 60 to 69% score 3
- o 50 to 59 % score 1
- o Below 50% score 0.

Butambala District Education Department inspected all licenced and registered schools in the District as evidenced by the following inspection reports:

- a. Private schools' inspection report of 23/08/18;
- b. Government aided schools, inspection report of 13/06/18;
- a. Private schools' inspection report of 26/06/18;
- b. Government aided schools' inspection report of 03/09/18;
- a. Private schools' inspection report of 25/06/17; and
- b. Government aided schools' inspection report of 25/06/17.

| LG Education department has discussed the results/ reports of school inspec- tions, used them to make recommendations for corrective actions and fol- lowed recommendations Maximum 10 for this performance measure | • Evidence that the inspection recommendations are followed- up: score 4.   | The DEO made a follow up of the inspection recommendations as evidenced by;  a. Minutes of the Departmental meeting of 6/06/18;  b. Minutes of the Departmental meeting of 3/09/18;  c. Letters of commitment to improve performance from the following teachers;  Ayakaka Rose of Kibibi Church of Uganda (COU) Primary School on 25/07/18; and  Senoga Kaweesa Ahmed of Kibibi COU Primary School on 19/06/17. | 4 |
|---|---|--|---|
| The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES Maximum 10 for this performance measure                                   | Evidence that the LG has submitted accurate/consistent data:     o List of schools which are consistent with both EMIS reports and PBS: score 5       | EMIS and PBS schools' data is not consistent as evidenced by data collected from the two sources: EMIS report (obtained from MOES): 62 schools; and PBS report (submitted by CAO to PS/ST on 08/1/18):68 schools.  | 0 |
| The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES Maximum 10 for this performance measure                                   | Evidence that the LG has submit- ted accurate/consistent data: • Enrolment data for all schools which is consistent with EMIS report and PBS: score 5 | EMIS and PBS enrollment data is not consistent as evidenced by data from two sources: EMIS (obtained from MOES): 20030 pupils; and PBS (submitted by CAO to PS/ST on 08/1/18): 23568 pupils.   | 0 |

| 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 LG committee responsible for education met and discussed service delivery issues including supervision reports. This was evidenced by the General Purpose Committee meeting dated 15/05/2018 under minute BD.GP.Cmin02/05/2018: Presentation of education work plans and budget. The Committee demanded to know why mathematical instruments were not procured by the end of the financial year. Minute BD.GP.Cmin02/05/2018: Presentation of department reports; Issues of concern were (a) Children were sent back home for mock fees yet UPE is supposed to be free; and (b) there was a concern that Kibibi UMEA primary school had no deputy head teacher and the same was with many other government schools. | 2 |
|--|---|---|---|
| The LG committee re- sponsible for education met, discussed service delivery issues and ore- sented issues that require approval to Council Maximum 4 for this performance measure | • Evidence that the education sector committee has presented issues that require approval to Council: score 2   | The education sector committee presented issues that require approval to Council. This was evidenced by Council minutes dated 29th March 2018, D.C min.03/3/2018: Laying the budget for Butambala District Local Government; and minutes dated 24th May 2018, D.Cmin.07/5/2018: Approval of Butambala budget estimates.   | 2 |
| Primary schools in a LG have functional SMCs  Maximum 5 for this performance measure   | 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)  • 100% schools: score 5  • 80 to 99% schools: score 3  • Below 80 % schools: score 0 | Evidenced by the following minutes of the SMC meetings from the sampled five schools' files from the DEOs office:  i. Bujumba Primary School management committee meeting of 08/06/18;  ii. Kyelima UMEA Primary School management committee meeting of 06/03/18;  iii. Kibuga Primary School management committee meeting of 13/06/18;  iv. Saadi Senene Primary School management committee meeting of 15/07/18;  v. Gwatiro Primary School management committee meeting of 30/01/18; and  vi. Kibibi Primary School management committee meeting of 16/07/18.  | 5 |

Financial management and reporting

| The LG Education department has certified and initiated payment for supplies on time  Maximum 3 for this performance measure                                    | Evidence that the LG Education departments timely (as  per contract) certified and recommended suppliers for payment: score 3.   | The LG Education department recommended suppliers for payment in time, for example:  - A request from Lugaaga Technical services ltd of UGX 29,825,410 for construction 4 class rooms at Mavugera P/S in Kalamba Sub county was put in on 14/2/2018 and recommended for payment by the DEO on 15/2/2018 (1 day);  - A requisition from JABANA enterprises ltd of UGX 19,460,973 for construction of a toilet at nakatooke P/S in bulo sub county was put in on 7/2/2018 and recommended for payment on 8/2/2018 (1 day); and  - A request from Lugaaga Technical Services of UGX 2,349,085 for a class room slab block at sempiira P/S Gombe town Council was put in on 14/6/2018 and recommended for payment by the DEO on 20/6/2018 (6 days). | 3 |
|---|--|---|---|
| The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit  Maximum 4 for this performance measure | • 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 | The department submitted the annual performance and report and all four quarterly reports to the Planner by mid-July for consolidation. This was evidenced by the following submission dates: Quarter 1 on 17/10/2017; Quarter 2 on 22/01/2018; Quarter 3 on 10/04/2018; and Quarter 4 on 9/07/2018.  | 4 |

LG Education has acted on Internal Audit recommendation (if any)

Maximum 4 for this performance measure

• Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year

o If sector has no audit query

score 4

o If the sector has provided information to the internal audit on the status of imple- mentation of all audit findings for the previous financial year: score 2

o If all queries are not respond-

ed to score 0

The Education sector had audit issues but they were all responded to via letters dated 31/5/2018 and 8/8/2017 for all the 9 issues raised.

# Social and environmental safeguards

LG Education
Department has
disseminated and
promoted
adherence to
gender guidelines

Maximum 5 points for this performance measure

 Evidence that the LG Education department in consultation with the gender focal person has disseminated quidelines

on how senior women/men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills, etc.: Score Evidenced by the report for the sanitation training for schools Health Clubs' members and patrons in liquid soap making facilitated by the Youth Initiative for Economic Liberty and Development (YIELD) from 11th to 12th July 2018.

LG Education
Department has
disseminated and
promoted
adherence to
gender guidelines

Maximum 5 points for this performance measure

• 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

Evidenced by :report on the Training of Trainers (TOT) for Budde and Kalanda Sub County schools in Menstrual Hygine that took place from 11th to 15th December 2017;report on monitoring of Senior women and men teachers of Budde S/county schools on enforcing of skills on children rights and responsibility training of 12/07/17; and report on Training C/persons of school management Committees (SMCs) and Head Teachers Senior women and senior men.teachers of Budde S/C between 21-23 June 2017.

1

LG Education
Department has
disseminated and
promoted
adherence to
gender guidelines

Maximum 5 points for this performance measure

• Evidence that the School Management Committee meets the guideline on gender composition: score 1

All primary schools in Butambala District have SMCs that meet the guideline on gender composition as evidenced by information obtained the sampled schools:

- a. Bwebukya Primary School (out of the 6 foundation members on the SMC, 4 are women);
- b. Kibibi P/S (out of 6 foundation members on the SMC, 2 are women);
- c. Gombe UMEA Primary School (out of the 6 foundation members on the SMC, 2 are women);
- d. Kayengye Church of Uganda Primary School (out of 6 SMC foundation members on the SMC, 2 are women); and
- e. Kayengye Catholic School ( out of the six foundation members of the SMC, 2 are women).

LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with

Maximum 3 points for this performance measure

• 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:

Evidenced by the communication; Tree planting project in Government aided schools in 2017/18 by the DEO to CAO on 04/08/17.

| LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with  Maximum 3 points for this performance measure | • 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 | No evidence was availed. | 0 |
|---|---|--------------------------|---|
| LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with  Maximum 3 points for this performance measure | The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 1   | No evidence was availed. | 0 |

| Summary of requirements  | Definition of compliance  | Compliance justification  | Score |
|--|---|---|-------|
| Human resource planni  | ng and management   |   |       |
| LG has substantively<br>recruited primary<br>health care workers<br>with a wage bill<br>provision from PHC<br>wage   | Evidence that LG has filled the structure for primary health care with a wage bill provision from PHC wage for the current FY   | There was evidence that Butambala LG filled the structure for primary health care workers with a wage bill provision from PHC wage for the current FY,as it was noted that there was an approved structure that had a total of 206 primary health care workers and the indicative planning figure for Butambala District for the current FY supported 206 primary health care workers thus reflecting a staffing level of 100%. | 8     |
| Maximum 8 points for this performance measure  | <ul> <li>More than 80% filled: score 8</li> <li>60 – 80% - score 4</li> <li>Less than 60% filled: score 0</li> </ul>  |   |       |
| The LG Health department has submitted a comprehensive recruitment plan for primary health care workers to the HRM department  Maximum 6 points for this performance measure | 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 | There was evidence that Health department submitted a comprehensive recruitment plan/request to HRM for the current FY, covering the vacant positions of primary health care workers, as a recruitment plan for FY 2018/2019 dated 15/6/2018 with 59 positions of primary health care workers was submitted and received by Human Resource Manager on the 15/06/2018.   | 6     |

| The LG Health department has conducted performance appraisal for Health Centre IVs and Hospital In- charge and ensured performance appraisals for HC III and II in-charges are conducted  Maximum 8 points for this performance measure | Evidence that the all health facilities in-charges have been appraised during the previous FY:  o 100%: score 8  o 70 – 99%: score 4  o Below 70%: score 0  | There was evidence that 80% (8 out of 10) sampled In-charges of health centres had been appraised. The in-charges included; Bulo HCIII (17th/08/2018), Ngando HC III (22nd/08/2018), Kitimba HC III (13th/06/2018 & 12/12/2017), Kyabaddaza HC III (8th/07/2018), Epi Centre HC III (22nd /08/2018), Ntoromwe HC II (20th/07/2018), Nzozibirye HC II (Inconsistent date of 19th/10/2018 appraised yet assessment was carried out on 25/09/2018), Kabasanda HC II (Not appraised) and Kilokola HC II (18th/07/2018). | 4 |
|---|---|---|---|
| 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.  Maximum 4 points for this performance measure | • 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 | There was evidence that Butambala LG Health department deployed health workers in line with the lists submitted with the budget for the current FY, as there was a deployment list that had 206 primary health care workers, and it was similar to what was reflected in the PBS. The Cadres on both lists were also similar, despite a few transfers.  | 4 |

Monitoring and Supervision

The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities

Maximum 6 for this performance measure

• 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 There no was evidence that the DHO communicated all guidelines, policies and circulars issued by the national level, to health facilities as it was noted that only one out of the three priority guidelines and policies issued by the national level was disseminated and that was Sector Grant and Budget guidelines among a series of non priority 2017/2018 financial year MOH guidelines, policies, circulars disseminated by DHO to health facilities, as reflected below:

- Communication letter dated 14th/02/2018 by DHO to all health unit in-charges regarding: A circular on disposal of expired and unwanted medicines from health facilities (By MOH, 12th/02/2018 was available);
- Another communication letter dated 10th/05/2018 by DHO to all Health Unit in-charges was available regarding a circular on, use of updated ARV and T.B medicines by MOH, 03/05/2018;
- An acknowledgment list by 15 in-charges date 28/05/2018 was available regarding, the surge initiative to rapidly increase the number of individuals enrolled on Antiretroviral treatment to meet National target for HIV Epidemic (By MOH);
- Also an acknowledge list by 15 in-charges was available dated 7/7/2017, regarding, a circular on revision of viral load rejection criteria, by MOH (2018);
- Delivery note dated 21/03/2018 regarding immunization in practice manual 2018 by MOH was also available;
- Also files containing copies of guidelines, policies and circulars were available in each of the facility visited i.e. Ngando Health center III, Bulo Health center III, Kyabadazza Health center III, EPI Centre Health center III and Gombe Hospital.

The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities

Maximum 6 for this performance measure

• Evidence that the DHO/ MHO has held meetings with health facility incharges and among others explained the guidelines, policies, circulars issued by the national level: score 3 There was no evidence that the DHO held meetings with health facility in-charges and among others explained the guidelines, policies and circulars issued by the national level as it was noted that the DHO explained only one priority guideline out of the three issued by the national level in the previous FY, i.e Sector Grant and Budget guidelines, among a series of non priority guidelines, policies and circulars, as reflected below:

- Under minute 02/06/2018 of the District Health Management Team for 4th Quarter of financial year 2017/218 held on 27th/06/2018. The DHO explained a new policy on HIV testing strategy;
- Under the same minute, the DHO also highlighted the policy on the upgrading or ARV and T.B medicine WEB BASED ordering and reporting system.(MOH 8th/05/2018);
- He also explained under the same minute (i.e. 02/6/2018 of District Health Management meeting held on 27th/06/2018), a policy on implementation of surge which was intended to increase number of HIV positive individuals enrolled on ART to meet the national target of HIV epidemic control. Attached to the minutes of District Health management meeting was an attendance list that included all the health unit in-charges and was dated 27/06/2018.

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

Maximum 6 points for this performance measure

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 There was evidence that DHT supervised adequately Gombe Hospital, the only District Public Hospital in Butambala District on a quarterly basis as reflected in all the 4 quarterly supervision reports below:

- Submission of support supervision report for 1st quarter of FY 2017/2018, dated 27th/10/2017;
- Submission of support supervision report for 2nd Quarter FY 2017/2018, dated 11th/01/2018;
- Submission of support supervision report for 3rd quarter FY 2017/2018, dated 14th/04/2018 and
- Submission of support supervision report for 4th quarter FY 2017/2018, dated 19th/07/2018.

The LG Health Department has effectively provided Evidence that DHT/MHT has ensured that HSD

There was evidence that DHT ensured that HSD supervised lower level health facilities within the previous FY, as it was noted that 100% (All of the 16

3

support supervision to district health services

Maximum 6 points for this performance measure

has super- vised lower level health facili- ties within the previous FY:

- If 100% supervised: score 3
- 80 99% of the health facilities: score 2
- 60% 79% of the health facilities: score 1
- Less than 60% of the health facilities: score 0

health facilities receiving PHC non-wage, were supervised as reflected in all the quarterly supervision reports dated, 27th/10/2017, 11th/01/2018, 14th/03/2018 and 19th/07/2018 respectively.

Also from the supervision log books in the health facilities visited it was noted that integrated support supervision was conducted as reflected below:

## Ngando H/C III:

- Quarter I, integrated support supervision was conducted on 20/07/2017;
- Quarter 2, supervision was conducted on 24/11/2017:
- Quarter 3, supervision was conducted on 30th/04/2018 and
- Quarter 4, supervision was conducted on 4th/06/2018.

#### Bulo Health center III:

- Quarter I, integrated support supervision was conducted on 21st/07/2017;
- Quarter 2, supervision was conducted on 25/08/2017;
- Quarter 3, supervision was conducted on 10th/04/2018 and
- Quarter 4, supervision was conducted on 04th/06/2018.

## Kyabandaza Health center III:

Quarter 1, supervision was conducted on 29th/09/

#### 2017;

- Quarter 2, supervision was conducted on 29th/11/2017:
- Quarter 3 , supervision was conducted on 25/03/2018 and
- Quarter 4. supervision was conducted on 06/06/2018.

## EPI Center Health center III:

- Quarter1, supervision was conducted on 7/7/2017;
- Quarter 2 ,supervision was conducted on 29th/11/2017;
- Quarter 3, supervision was conducted on 15//02/2018 and

|   |   | Quarter 4 , supervision was conducted on 08th/05/2018.  |  |
|---|---|---|--|
| The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up  Maximum 10 points for this performance measure | Evidence that all the 4 quarterly reports have been discussed and used to make recommendations (in each quarter) for corrective actions during the previous FY: score 4 | There was evidence that all the 4 quarterly supervision reports were discussed and used to make recommendations, as reflected below in minutes of DHT meetings:  • Under minute 3 (Report on general supervision findings and issues affecting service delivery) of DHT meeting for 1st quarter FY 2017/2018 held on 26th/09/2017;  • Under minute 03/12/2017 (presentation of findings for the support supervision) of DHT meeting for 3rd quarter FY 2017/2018 held on 19th/12/2017;  • Under minute 03/03/2018 (presentation and review of support supervision findings) of DHT meeting for 3rd quarter FY 2017/2018 held on 24th/03/2018 and  • Under minute 03/06/2018 (presentation and review of support supervision findings) of DHT meeting for 4th quarter FY 2017/2018 held on 27th/06/2018.   |  |
| The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up  Maximum 10 points for this performance measure | Evidence that the recommendations are followed     up and specific activities undertaken for correction: score 6  | There was evidence that the recommendations following support supervision visits were followed and specific action points undertaken as shown in the column of action taken, from support supervision log book of all the five sampled health units as reflected below:  • Ngando Health center III, supervision log book showed quarterly supervision findings and action points from supervision visits dated:- 20th/07/2017, 24/11/2017, 30th/04/2018 and 04th/06/2018 respectively;  • Bulo Health center III, supervision log book showed findings and action points from supervision visits dated 21st/07/2017, 25th/11/2017, 10th/04/2018 and 04th/06/2018 respectively;  • Kyabadaza Health center III, action points from supervision, visits dated 29th/09/2017, 29th/11/2017, 25th/03/2018 and 06/06/2018 respectively and  EPI Centre Health center III, action points from supervision visits dated 7th/07/2017, 29th/11/2017, 15th/02/2018 and 08th/08/2018 respectively. |  |

10

Also, it was noted that from quarterly DHT meetings, various recommendations following support supervision findings were corrected as shown below:

Quarter 1, support supervision recommendations fixed included, repair of a hand washing facility and repair of a vaccine refrigerator at Kirokola Health center II, among other recommendations, (from minute 03/09/2017 of DHT meeting held on 26th/09/2017);

Quarter 2, support supervision recommendations fixed included, up date of stock cards in all health facilities, among others, (from minute 03/12/2017 of DHT meeting held on 19th/12/2017);

Quarter 3,support supervision recommendations fixed included, display of information, education, communication materials and maintenance of cold chain in all health facilities, among others, ( from minute 03/03/2018 of DHT meeting held on 03rd/03/2018 ) and

Quarter 4, support supervision recommendations fixed included, continuous medical education being conducted in all health facilities, among others, (from minute 03/06/2018 of DHT meeting held on 27th/06/2018).

The LG Health department has submitted accurate/ consistent reports/data for health facility lists receiving PHC funding as per formats provided by MoH

Maximum 10 for this performance measure

 Evidence that the LG has submitted accurate/consistent data regarding:

o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10 There was evidence that Butambala LG submitted accurate/consistent data, as it was noted that 100% (17 health facilities out of 17) as reflected in PBS reported accurately and consistently via HMIS, and the list included the following health facilities, Bulo Health center III, Gombe Hospital, Kyabadaza Health center III, kibugga Health center II, EPI Center Health center III, Kitimba Health center II, Nsozibirye Health center II, Kirokole Health center II, Kabasanda Health center II, Butaka Health center II, Kiziko Health center II, Kibibi Nursing Home Health center III, Bugobango Health center III, Kidawalime Nursing Home Health center III and Ntolomwe Health center.

Governance, oversight, transparency and accountability

| The LG committee responsible for health met, discussed service delivery issues and presented is- sues 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 | The LG committee responsible for health met and discussed service delivery issues including supervision reports.  This was evidenced by the General Purpose Committee meeting dated 15/05/2018 under BD.GP.Cmin02/05/2018: Presentation of health department work plans for FY 2018/2019. The main issues discussed were (a) National Medical Stores had drugs; (b) there were issues of increased absenteeism at the lower level health centers; and (c) the need to fence off government health centers to avoid encroachment of land. | 2 |
|--|--|--|---|
| The LG committee responsible for health met, discussed service delivery issues and presented is- sues that require approval to Council  Maximum 4 for this performance measure | Evidence that<br>the health sector<br>committee has pre-<br>sented issues that<br>require approval to<br>Council: score 2  | The health sector committee presented issues that required approval to Council. This was evidenced by Min the 11th Session of Council minutes dated 24th May 2018 under DC.Min03/05/2018: Supplementary budget of UGX150,000,000 from Ministry of Health for renovation of Gombe Hospital; and DC.Min07/05/2018: Approval of Butambala budget estimates for FY 2018/2019.  | 2 |

| The Health Unit         |
|-------------------------|
| Management              |
| Committees and          |
| Hospital Board are      |
| operational/functioning |

Maximum 6 points

Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discus- sions of budget and resource issues):

- If 100% of randomly sampled facilities; score 6
- If 80-99 %: score 4
- If 70-79: %: score 2
- If less than 70%: score 0

There was evidence that health facilities and hospitals had functional HUMCs/Boards (established, meetings held and budget and resource issues discussed, as it was noted that,100% (5 out of 5 sampled HUMCs) were active as reflected in the following meetings:

- Gombe hospital, met 7 times on 25th/07/2017, 21st/12/2017, 25th/01/2018, 01st/03/2018, 7th/03/2018, 16/05/2018and 13th/06/2018;
- Ngando Health center III, met 4 times on 26th/09/207,21st/01/2018, 15th/02/2018 and 28th/05/2018;
- Bulo Health center III, met 4 times on 4th/09/2017, 12th/11/2017, 17th/02/2018 and 08th/06/2018;
- Kyabadazza Health center III, met 4 times on, 11th/09/2017, 17th/10/2017, 16th/03/2018 and 14/05/2018 and
- EPI Centre Health center III. met 5 times on 21st/07/2017, 16th/07/2017, 19th/12/2017, 28th/02/2018 and 14th/06/2018.

The LG has publicised all health facilities receiving PHC nonwage recurrent grants

Maximum 4 for this performance measure

• 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

There was evidence that Butambala LG published all health facilities receiving PHC non - wage , as four lists of releases for health facilities with PHC non-wage figures were pinned on the DHO's notice board covering quarters 1,2,3, and 4 of FY 2017/2018 (the lists were undated).

Procurement and contract management

| 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  Maximum 4 for this performance measure | • Evidence that the sector has submitted input to procurement plan to PDU that cover all investment items in the approved Sector an- nual work plan and budget on time by April 30 for the current FY: score 2 | There was evidence that health sector submitted input to procurement plan to PDU that covered all investment items in the approved sector annual work plan and budget, as it was noted that a procurement plan was submitted and received by head PDU on 3rd/04/2018, and it covered the following items: Computer servicing; Motor vehicle repairing and servicing; Procurement of fuel; Printer cartridge and toner; Printing services; Upgrading of Butaka Health Center III to Health Center IV and improving Gombe Hospital sewage system. | 2 |
|---|--|---|---|
| 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  Maximum 4 for this performance measure | Evidence that<br>LG Health<br>department<br>submitted<br>procurement<br>request form (Form<br>PP5) to the PDU by<br>1st Quarter of the<br>current FY: score 2.   | There was evidence that Butambala LG Health department submitted procurement request form (Form PP1) to the PDU by 1st Quarter of the previous FY, as it was noted that there was one PP1 form dated 15th/08/2017 and had one item: Renovation of Gombe Hospital maternity ward.  | 2 |

| The LG Health department has   | Evidence that the DHO/ MHO (as   | The LG health sector recommended timely the suppliers for payment:   | 4 |
|--|--|--|---|
| certified and initiated payment for supplies on time                                       | per contract) certified and recommended suppliers timely for payment: score 4.     | - A request from Haj Lunuma Construction co ltd of UGX 5,400,000 for cleaning services at Gombe hospital put in on 3/5/2018 was recommended by the DHO on 15/5/2018 (10 days);   |   |
| Maximum 4 for this performance measure   |  | - A request from Rina general services ltd of UGX 2,561,780 for cleaning items at Gombe Hospital put in 14/5/2018 was recommended by DHO on 15/5/2018 (1 day);   |   |
|  |  | -A request from PHARM investments of UGX 157,488,169 for renovation of Gombe hospital maternity ward put in 16/4/2018 was recommended by DHO on 25/4/2018 (9 days);  |   |
|  |  | -A request from Work plan center ltd of UGX 708,000 for printing materials- Medical forms put in on 29/5/2018 was recommended by DHO on 19/6/2018 (20 days); and   |   |
|  |  | -A request from E power solutions ltd of UGX 19,858,574 for supply and installation of a water pump at Gombe hospital put in 27/10/2017 was recommended for payment 5/11/2017 ( 8 days).   |   |
| Financial management   | and reporting  |  |   |
| The LG Health department has submitted annual reports (including all quarterly reports) in | Evidence that<br>the depart- ment<br>submitted the<br>annual<br>performance report | The department submitted the annual performance and report and all four quarterly reports to the Planner by mid-July for consolidation. This was evidenced by the following submission dates: Quarter 1 on 24/10/2017; Quarter 2 on 24/01/2018; Quarter 3 on | 4 |

quarterly reports) in time to the Planning

Unit

Maximum 4 for this performance measure for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score

14/04/2018; and Quarter 4 on 6/07/2018.

LG Health department has acted on Internal Audit recommendation (if any)

Maximum 4 for this performance measure

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

- If sector has no audit query: Score
- If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year:

  Score 2 points
- If all queries are not

responded to Score 0

The LG sector provided information to the internal audit on the status of implementation of all audit findings for the year 2017/18.

Responses were provided on the 3 audit issues raised, with cover letter dated 11/8/2017, and on the other 6 audit issues raised with cover letter dated 31/5/2018; all signed by Dr Sekamate Samuel, the District Health Officer.

Social and environmental safeguards

|  |  |  | _  |
|--|--|--|--|
| Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.  | • Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines (i.e. minimum 30   | There was evidence that Health Unit Management Committees (HUMC) met the gender composition, as it was noted that 5 out of 5 sampled health facilities met the gender requirements of one third on HUMCs being females as follows:  • Gombe hospital 42% (3 females out of 7 Hospital board members);  | 2  |
| Maximum 4 points   | % women: score 2   | Ngandu Health Center III, 57% (4 females out of 7 committee members);  |  |
|  |  | Bulo Health Center III, 42% (3 females out of 7 committee members);  |  |
|  |  | Kyabadazza Health Center III, 42% (3 females out of committee members);  |  |
|  |  | • EPI centre Health Center III, 50% (3 females out of 6 committee members.   |  |
| Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.  Maximum 4 points                                | • Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2.  | There was evidence that Butambala LG issued guidelines on sanitation as "SANITATION" guidelines were available in all the 5 sampled health facilities (i.e. Gombe Hospital, Ngando Health Center III, Bulo Health Center III, Kyabadazza Health Center III and EPI Centre Health center III.  Also there was an acknowledgement list signed by all health unit in-charges dated 2nd/09/2017 in regard to issuance of sanitation guidelines in DHOs office.   | 2  |
| LG Health department has ensured that guidelines on environmental management are disseminated and complied with  Maximum 4 points for this performance measure | • 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   | There was evidence that health infrastructure projects were screened prior to approval for construction, as It was noted in an environmental and social screening exercise done on 1st/12/017 prior to renovation of Gombe Hospital (maternity ward) phase II from PHC grant. By the Natural Resource Officer and Community Development Officer, where risks and mitigation plans were developed.  | 2  |
|  | gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.  Maximum 4 points  Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.  Maximum 4 points  LG Health department has ensured that guidelines on environmental management are disseminated and complied with  Maximum 4 points for this performance | gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.  Compliance with gender composition as per guidelines (i.e. minimum 30)  Maximum 4 points  * Evidence that the LG has issued guidelines on how to manage sanitation in health facilities.  Maximum 4 points  * Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2.  LG Health department has ensured that guidelines on environmental management are disseminated and complied with  Maximum 4 points for this performance measure  Health Unit Management Committee (HUMC) meet the gender composition as per guidelines (i.e. minimum 30  * Evidence that the facilities including separating facilities for men and women: score 2. | Gommittee (HUMC) met the gender composition as provided from the guidelines (i.e., minimum 30)    Maximum 4 points |

| LG Health department has ensured that guidelines on environmental management are disseminated and complied with  Maximum 4 points for this performance measure | • The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 2   | There was evidence that environmental and Community development officers visited sites to check for compliance with mitigation plans as the monitoring report for renovation of Gombe Hospital (maternity ward Phase II PHC Grant dated 27th/06/2018, was available.  | 2 |
|--|---|---|---|
| The LG Health department has issued guidelines on medical waste management  Maximum 4 points   | • Evidence that the LG has is- sued guidelines on medical waste management, including guidelines (e.g. sanitation charts, posters, etc.) for construction of facilities for medical waste disposal2: score 4. | There was evidence that Butambala LG issued medical waste guidelines to health facilities as there were HEALTH "CARE WASTE MANAGEMENT" guidelines, available in all the five sampled health facilities (i.e. Gombe Hospital Ngando H/C III, Bulo H/C III, Kyabadazza H/C III and EPI Centre H/C III).  Also there was an acknowledgement list signed by all in-charges in DHOs office dated 2nd/09/2017 in regard to issuance of health care waste management guidelines. | 4 |

| Summary of requirements  | Definition of compliance  | Compliance justification  | Score |
|--|---|---|-------|
| Planning, budgeting an   | d execution   |   |       |
| The DWO has targeted allocations to sub-counties with safe water coverage below the district average.  Maximum score 10 for this performance measure | • 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:  o If 100 % of the budget allocation for the current FY is allocated to S/Cs below average coverage: score 10  o If 80-99%: Score 7  o If 60-79: Score 4  o If below 60 %: Score 0 | The Safe Water Coverage data for Butambala DLG show that the district has safe water access of 40.59%. Two sub-counties were below district safe water access coverage:  Ngando S/C-29.24% and  Bulo S/C-39.0%.  In the AWP for FY 2018/19 submitted on 19th July 2018 and approved by the MoWE on 17th August 2018, the two subcounties were targeted as below:  Production well(deep borehole drilling) in Kanyogoga village, Ngando S/C;  Deep borehole drilling (hamdpump) at Kankesa village, Bulo S/C.  In conclusion, about 100% of S/Cs with safe water coverage below district coverage of 40.59% have been targeted in the current FY 2018/19 hence the score 10. | 10    |

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 subcounties 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 annual progress report for quarter four of FY2017/18 submitted on 09th July 2018 and received by MoWE on 24th July 2018, Butambala DLG implemented water projects in the targeted S/Cs with safe water coverage below district coverage of 40.59%:

- Drilling of 1 borehole at Wamala village, Ngando S/C and
- Upgrading of 1 borehole to solar mini water supply system in Nakatooke village, Bulo S/C.

In conclusion, 100 % of water projects were implemented in the targeted S/Cs with safe water coverage below district coverage in the FY 2017/18 hence the score 15.

# Monitoring and Supervision

The district Water department carries out monthly monitoring of project investments in the sector

Maximum 15 points for this performance measure

Evidence that the district Water department has monitored each of WSS facilities at least annually.

- If more than 95% of the WSS facilities monitored: score 15
- 80% 95% of the WSS facilities -

monitored: score 10

- 70 79%: score 7
- 60% 69% monitored: score 5
- 50% 59%: score 3
- Less than 50% of WSS facilities monitored: score 0

Monitoring and supervision reports for all Water projects submitted to CAO by the DWO for the last FY 2017/18 were accessed:

- Annual progress report for water sector for FY 2017/18 dated 18th July 2018 and
- Report following inspection and monitoring of water sources constructed in the district dated 7th May 2018.

From the above, 100% of the WSS facilities were monitored annually by the DWO hence score 15.

| The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE  Maximum 10 for this performance measure  | Evidence that the district has submitted accurate/consistent data for the current FY: Score 5     List of water facility which are consistent in both sector MIS reports and PBS: score 5               | The Safe Water Coverage data for Butambala District LG show that the district has safe water access of 40.59%, Ngando S/C-29.24% and Bulo S/C-39.0%.  This was contrary to the MIS report that shows Butambala DLG has safe water access of 95%, Ngando S/C-95% and Bulo S/C-95%. In conclusion, inconsistent data for the current FY was found hence score 0. | 0 |
|---|---|--|---|
| The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE  Maximum 10 for this performance measure  | List of water facility which are consistent in both sector MIS reports and PBS: score 5   | The list of water facilities reported by DWO of Butambala DLG for FY 2017/18 were consistent in both PBS and MIS reports that is 260 springs, 240 shallow wells, 80 boreholes,45 tap stands and 3 piped water systems.   | 5 |
| 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  Maximum 4 for this performance measure | 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 | Procurement plan and requests to PDU from DWO for FY 2018/19 were submitted on time before 30th April 2018:  Consultancy services (siting and supervision of drilling of 2 deep boreholes at Kitimba village in Kalamba S/C and Kankesa village, Bulo S/C and upgrading of 1 water source in Ngando S/C (request submitted on 27th April 2018).                | 4 |

| The district has appointed Contract Manager and has effectively managed the WSS contracts  Maximum 8 points for this performance measure | 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 | Contract management plan for drilling of boreholes and solar powered boreholes was on file. Minutes of site meetings were also accessed for example minutes of site meetings on Lugali Solar powered system and Nakatooke solar powered system dated 21st June 2018 were found on file. | 2 |
|--|--|---|---|
| The district has appointed Contract Manager and has effectively managed the WSS contracts  Maximum 8 points for this performance measure | If water and sanitation facilities constructed as per design(s): score 2   | The designs for WSS visited during field work were found similar with what is mentioned in their Bills of Quantities for example the upgrade of 1 borehole to solar mini water supply system in Nakatooke village, Bulo S/C.  | 2 |
| The district has appointed Contract Manager and has effectively managed the WSS contracts  Maximum 8 points for this performance measure | If contractor handed over all completed WSS facilities: score 2  | No hand over reports of completed projects were found on file in the DWO.   | 0 |
| The district has appointed Contract Manager and has effectively managed the WSS contracts  Maximum 8 points for this performance measure | If DWO appropriately certified<br>all WSS projects and prepared<br>and filed completion reports:<br>score 2  | No completion certificates were awarded to the contractor.  | 0 |

The district Water depart- ment has certified and initi- ated payment for works and supplies on time

Maximum 3 for this performance measure

• Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points

The LG water department recommended suppliers for payments in time, for example:

- An invoice from ZED motors of UGX 112,000 for repair of motor cycle number LG 0009-025 put in on 5/2/2018 was recommended for payment by the DWO on 8/2/2018 ( 3 days);
- -A request from JJEMUVA Enterprises Itd of UGX 2,442,950 for construction of water tanks at Mitwetwe, new hope P/S, Ngando Academy, Bukesa P/S put in on 10/1/2018 was recommended for payment on 5/2/2018 (24 days); and
- -A requisition from East Africa bore holes Itd of UGX 9,254,088 for drilling of bore holes put in 8/12/17 was recommended on 5/2/2018 (26 days).

# Financial management and reporting

The district Water department has submitted annual reports (including all quarterly reports) in time to the Plan- ning Unit

Maximum 5 for this performance measure

• 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

The department submitted the annual performance report and all four quarterly reports to the Planner for consolidation.as follows: Quarter 1 on 6/10/2017; Quarter 2 on 23/01/2018; Quarter 3 on 6/04/2018; and Quarter 4 on 5/07/2018. This was before the 15th July deadline hence the LG is compliant.

The District Water Department has acted on Internal Audit recommendation (if any)

Maximum 5 for this performance measure

 Evidence that the sector has provided information to the internal audit on the status of implementation of all audit

findings for the previous financial

year

o If sector has no audit query score 5

o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 3

If queries are not responded to score 0

Audit Responses were made by the DWO on 5 audit issues raised with cover letter dated 9/2/2018, signed by Naigembe Jesca the Assistant District Water Officer.

Governance, oversight, transparency and accountability

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

Maximum 6 for this performance measure

• 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

The LG committee responsible for water met and discussed service delivery issues including supervision reports, and performance assessment results.

The evidence availed was minutes of the Production Committee dated 16/05/2018 under DC.Min07/05/2018: Presentation from water department. Issues of concern included (1) why the outcry water at Kibibi was not being attended to; and (2) the progress of water projects including drilling of borehole at Wamala and upgrading of Lugali and Nakatoke water service schemes.

| The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council  Maximum 6 for this performance measure | Evidence that the water sector committee has presented issues that require approval to Council: score 3  | The water sector committee presented issues that require approval to Council. This was evidenced by Council minutes dated 29th March 2018, D.C min.03/3/2018: Laying the budget for Butambala District Local Government; and minutes dated 24th May 2018, D.Cmin.07/5/2018: Approval of Butambala budget estimates.  | 3 |
|---|--|--|---|
| The district Water department has shared information widely to the public to enhance transparency  Maximum 6 points for this performance measure                                  | 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. | Information on Water Development<br>Grant releases for FY 2017/18 was<br>found on Butambala DLG notice board<br>and it contained: Quarter three release-<br>Ugshs 92,774,043 for water grant and<br>Ugshs 8,040,483 for sanitation grant<br>published by the CAO on 01st February<br>2018.   | 2 |
| The district Water department has shared information widely to the public to enhance transparency  Maximum 6 points for this performance measure                                  | All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2  | Field visits at 5 water facilities and found that all the five either missed the name of the contractor, source of funding or date of construction:  • Gongoliro borehole-missed contractor & source of funding;  • Namilyango borehole-missed name of contractor;  • Nakatooke mini solar piped water supply-missed name of contractor;  • Wamala borehole-missed name of contractor and  • Bwetyaba-missed name of contractor and Source of funding. | 0 |

| The district Water department has shared information widely to the public to enhance transparency  Maximum 6 points for this performance measure | Information on tenders and<br>contract awards (indicating<br>contractor name /contract and<br>contract sum) displayed on the<br>District notice boards: score 2   | No information on WSS tenders and contract awards were found on Butambala district notice board.   | 0 |
|--|---|--|---|
| Participation of communities in WSS programmes  Maximum 3 points for this performance measure  | If communities apply for<br>water/ public sanitation facilities<br>as per the sector critical<br>requirements (including<br>community contribu- tions) for the<br>current FY: score 1   | Community application forms for a water sources were seen by the assessor but there was no payment evidence of community contribution fees.  | 0 |
| Participation of communities in WSS programmes  Maximum 3 points for this performance measure  | Water and Sanitation Committees that are functioning evidenced by either: i) collection of O&M funds, ii( carrying out preventive mainte- nance and minor repairs, iii) facility fenced/protected, or iv) they an M&E plan for the previous FY: score 2  Note: One of parameters above is sufficient for the score. | Field visit confirmed that the water facilities were fenced to prevent destruction of water facilities for example Gongoliro borehole, Namilyango borehole, Nakatooke minisolar piped water supply, Wamala borehole and Bwetyaba borehole. | 2 |
| Social and environment   | al safeguards   |  |   |

| The district Water department has promoted gender equity in WSC composition.  Maximum 3 points for this performance measure                                      | 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 | Water User Committees were seen in the 2nd quarter software report for FY 2017/18 dated 3rd November 2018:  Nakatooke L.C.1, Bulo S/C (F=3, M=2), F-Chairperson;  Lugali L.C.1, Ngando S/C (F=3, M=2), F-Chairperson, Treasurer and  Wamala L.C.1, Ngando S/C (F=3, M=2), F-Treasurer.  Hence, from above statistics, all the WSCs were women (3 out of 3) and they occupied key positions hence score 3. | 3 |
|--|---|---|---|
| Gender and special needs-sensitive sanitation facilities in public places/ RGCs provided by the Water Department.  Maximum 3 points for this performance measure | If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3  | No public sanitation facility was constructed in the FY 2017/18.  | 3 |