



## LGPA 2017/18

Accountability Requirements

Abim District

(Vote Code: 573)

Assessment	Compliant	%
Yes	2	33%
No	4	67%

Summary of requirements	Definition of compliance	Compliance justification	Compliant?
Assessment area: Annual performance contract			
LG has submitted an annual performance contract of the forthcoming year by June 30 on the basis of the PFMAA and LG Budget guidelines for the coming financial year.	xxx	Not Compliant – There was no proof that Abim District submitted the APC FY 2017/18, let alone submit it in time.	No
Assessment area: Supporting Documents for the Budget required as per the PFMA are submitted and available			
LG has submitted a Budget that includes a Procurement Plan for the forthcoming FY (LG PPDA Regulations, 2006).	xxxxx	Not Compliant - No documented evidence that a (signed and stamped) Abim APC 2017/18 submitted to MoFPED on the 28th July 2017 was accompanied by a Procurement Plan. The District Planner couldn't trace copies of the plan at the time of the assessment (17th/1/2018), et cetera.	No
Assessment area: Reporting: submission of annual and quarterly budget performance reports			
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)	xxxxx	Not Compliant – Abim LG APR 2016/17 was submitted to the MoFPED on the 8th August 2017 (Receipt No: 4075), so it went in rather belatedly (i.e. after 31st July 2017).	No

<p>LG has submitted the quarterly budget performance report for all the four quarters of the previous FY; PFMA Act, 2015)</p>	<p>xxxxxx</p>	<p>Not Compliant - All 4 quarterly reports for the FY 2016/17 were duly submitted but Q4 submitted late (i.e. Q1 - 21st/11/2016 Receipt No: 0093; Q2 - 14th/2/2017 Receipt No: 0342; Q3 – 22nd/5/2017 Receipt No: 0741; and Q4 - 8th/8/2017 Receipt No: 4075).</p>	<p>No</p>
<p>Assessment area: Audit</p>			
<p>The LG has provided information to the PS/ST on the status of implementation of Internal Auditor General or Auditor General findings for the previous financial year by April 30 (PFMA s. 11 2g). This statement includes actions against all findings where the Auditor General recommended the Accounting Officer to take action (PFMA Act 2015; Local Governments Financial and Accounting Regulations 2007; The Local Governments Act, Cap 243).</p>	<p>xxxxxx</p>	<p>The LG provided information to the PS/ST on the status of implementation of Internal Auditor General findings for the previous Financial year. The submission dated 21st /2/2017 was received on 28th /2/2017. All the audit queries were responded to by the LG.</p>	<p>Yes</p>
<p>The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer</p>	<p>xxxxxx</p>	<p>Abim LG obtained a qualified Audit opinion as evidenced in the annual report of the auditor general FY 2016/2017.</p>	<p>Yes</p>



## **LGPA 2017/18**

Crosscutting Performance Measures

Abim District

(Vote Code: 573)

Score 56/100 (56%)

No.	Performance Measure	Scoring Guide	Score	Justification
Assessment area: Planning, budgeting and execution				
1	<p>All new infrastructure projects in: (i) a municipality; and (ii) all Town Councils in a District are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<p>Evidence that a municipality/district has:</p> <ul style="list-style-type: none"> <li>• A functional Physical Planning Committee in place that considers new investments on time: score 2.</li> </ul>	2	<p>The Abim Physical Planning Committee (PPC) was formed but has not been functional based on evidence availed to the assessment team (as at 17th/1/2018). For instance, there were only 2 out of the 8 minutes available (i.e. it met only twice out of the 8 mandatory times in 2 FYs (i.e. FY 2015/16 and FY 2016/17). As such, we only have marginal proof of its functionality as to help it deliver on its mandate (i.e. consider new investments within 28 days). Functionality appears to be on the wane – meeting only in the 17th/7/2015 (approved minutes) and sometime in 8/2016 (not approved minutes) but at no time in recent time (FY 2016/17 and 2017/18). The PPC for Abim Town Council was reportedly more active than its district counterpart mainly on account of varied access to funding to facilitate their operations. The 2 PPCs worked in conjunction, especially on account of sharing technical LG staff between them.</p>
		<ul style="list-style-type: none"> <li>• All new infrastructure investments have approved plans which are consistent with the Physical Plans: score 2.</li> </ul>	2	<p>The Abim District PPC and Abim Town Council PCC work in unison to approve new plans and seen to be consistent with the existing Physical Plan(s). According to official records at the MoLHUD (on the Status of Physical Planning in Uganda 2017, the MoLHUD Physical Planning Department (2015) considered Abim to have available a valid Structural Plan 2008-2018 and valid Detailed Plan 2008-2018 (see Page 1). Even so, at the time of the LGPA 2018 both plans were on the verge of expiry (hence required revision).</p>

The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles

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

2

There is some linkage or matching between district priorities in key official district documents such as the AWP FY 2017/18 and the Budget Conference Report (BCR)/BFP 2017/18.

There was no TPC minute seen discussing the project profiles or the DDP 2015/16-2019/20 with which they are appended. The LGPA (2018) confirmed that no TPC minutes showed documented proof that TPC meetings sat to discuss developed or develop project profiles. The TPC deliberations were anchored more on the general district problems and programmes than on the specifics of projects. Indeed, for the FY2016/17, NPA's (2017) Certificated of Compliance with Planning Guidelines awarded Abim a score of 75% on the robustness of the planning process and an average score of 49.1% when all planning aspects were considered (see page 81).

- 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 different, justification has to be provided and evidence that it was approved by Council. Score 2.

2

Some evidence is seen to confirm that capital investments in the approved AWP 2017/18 are derived from 5-year District Development Plan (DDP) 2015/16-2019/20 such as those seen in the production sector.

- Project profiles have been developed and discussed by TPC for all investments in the AWP as per LG Planning guideline: score 1.

0

There was no TPC minute seen discussing the project profiles or the DDP 2015/16-2019/20 with which they are appended. The LGPA (2018) confirmed that no TPC minutes showed documented proof that TPC meetings sat to discuss developed or develop project profiles. The TPC deliberations were anchored more on the general district problems and programmes than on the specifics of projects. Indeed, for the FY2016/17, NPA's (2017) Certificated of Compliance with Planning Guidelines awarded Abim a score of 75% on the robustness of the planning process and an average score of 49.1% when all planning aspects were considered (see page 81).

3	<p>Annual statistical abstract developed and applied</p> <p>Maximum 1 point on this performance measure</p>	<ul style="list-style-type: none"> <li>Annual statistical abstract, with gender disaggregated data has been compiled and presented to the TPC to support budget allocation and decision-making- maximum 1 point.</li> </ul>	1	<p>While the Abim Statistical Abstracts (2013) captured some gender-related data (e.g. gender dis-aggregated information) there was no evidence in the TPC minutes that TPC members deliberated or used such data to inform decision making.</p>
4	<p>Investment activities in the previous FY were implemented as per AWP.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>Evidence that 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</li> </ul>	2	<p>As seen at the district and MoFPED online/website, all infrastructure projects implemented by the LG in the FY 2016/17 were completed as per AWP by end of the FY 2016/17. According to documented evidence drawn from the APC/Budget 2016/17, all projects implemented in the FY 2016/17 were drawn from AWP 2016/17. Even so, there was no proof that the plan was approved by council.</p>
		<ul style="list-style-type: none"> <li>Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY. <ul style="list-style-type: none"> <li>100%: score 4</li> <li>80-99%: score 2</li> <li>Below 80%: 0</li> </ul> </li> </ul>	0	<p>Only some projects (72%) implemented in FY 2016/17 and derived from the AWP 2017/18 were completed. The few best practices included completed rehabilitation of 4 boreholes. No meeting minute and minute number was seen on approval of the budget by the district council meeting. Only some projects in FY 2016/17 were not completed within the budget (see pages 118-164 of the Q4 Consolidated Report FY 2016/17).</p>
5	<p>The LG has executed the budget for construction of investment projects and O&amp;M for all major infrastructure projects and assets during the previous FY</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> <li>Evidence that all investment projects in the previous FY were completed within approved budget – Max. 15% plus or minus of original budget: score 2</li> </ul>	2	<p>Some projects implemented in FY 2016/17 were completed as per work plan (as per the indications in the Q4 Consolidated Report FY 2016/17) while others were incomplete. This was attributed to delayed procurement processes and contractors abandoning sites. Best-practice cases included rehabilitation of a maternity ward in Q4 consolidated report (page 44) and as seen in the 2016/17 work plan (page 86).</p>

		<ul style="list-style-type: none"> <li>• Evidence that the LG has budgeted and spent at least 80% of O&amp;M budget for infrastructure in the previous FY: score 2</li> </ul>	2	<p>Abim District budget for O&amp;M but more often than not the actual expenditure exceeding (by about 130%) planned expenditure (see Q4 Consolidated Report FY 2016/17). Even so, there was no demonstrable evidence that the district attempted to budget for O&amp;M systematically. The existing practice is adhoc O&amp;M (i.e. O&amp;M as and when such needs arise) not deliberate O&amp;M management (i.e. O&amp;M planning, O&amp;M budgeting, O&amp;M monitoring, O&amp;M coordination, etc).</p>
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Assessment area: Human Resource Management

6	<p>LG has substantively recruited and appraised all Heads of Departments</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> <li>• Evidence that HoDs have been appraised as per guidelines issued by MoPS during the previous FY: score 2</li> </ul>	2	<p>All staff that were substantively appointed (2) and those in acting capacity (3) were appraised by CAO according to the standard guidelines issued by MoPs. The areas of assessment included:</p> <ul style="list-style-type: none"> <li>• Core Competencies</li> <li>• Keys targets and outputs</li> <li>• Human Resource Outputs</li> <li>• Financial management</li> <li>• Strategic initiatives and innovations</li> </ul> <p>The officers were appraised on the dates indicated below:</p> <ul style="list-style-type: none"> <li>• District Engineer (appraised in 2017/18- was on interdiction in 2016/17)</li> <li>• Chief Finance Officer-8/07/2017</li> <li>• District Health Officer-28/06/17</li> <li>• Comm. Dev. Officer- 6/9/16</li> <li>• District Educ. Officer-10/01/17</li> <li>• Prodn &amp;Mktg.Officer-(check date)</li> </ul> <p>Copies of dully signed performance contracts and performance reports were contained in each individual's personnel file in the HRM's office as per file reference numbers quoted earlier above.</p>
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• Evidence that the LG has filled all HoDs positions substantively: score 3

0

Only 3 out of 8 existing positions of the HoDs were filled substantively by the time of the review. The 3 include the Chief Administrative Officer (centrally recruited), the District Education Officer ( ref file no: CR/ABM/1069/OM and the Chief Finance Officer (ref file no: CR/ABM/0014/OBG. 3 positions were being held by staff in acting capacity while 2 are held by staff in ca-taking capacity as indicated below:

Acting

- District Health Officer ( file ref: CR/1069/OAO)
- District Engineer( file ref: CR/ABM/0069/OM
- Production and Marketing Officer: CR/ABM/0036/OJ

Caretaking

- Natural Resources Officer (file ref: CR/ABM/0068/OG
- Community Development Officer ( file ref: CR/ABM/1080/OA

The Position of Local Economic Development Officer is vacant

7

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 percent of staff submitted for recruitment have been considered: score 2

2

DSC considered all the submissions made by CAO for staff recruitment. This constituted 100 % of the submissions made by CAO. Evidence seen at the HRM office and minutes of the DSC indicate that submissions were made and action taken as indicated below:

• On 27/07/2016, CAO requested for the recruitment of midwives (ref. letter dated 5/08/17 – CR/ABM/156 (as per directive from MoH dated 27/072016 ref: ADM.168/248/01. Recruitment was supported by USAID/Intra Health Program. DSC sat on 31/1/16 and recommended the appointment of the midwives on contract after a selection process by the DSC (ref. letter CR/ABM/154).

• On the 27/11/16, CAO's submission ref: CR/ABM/212/1 for the recruitment of 40 health workers. DSC sat and considered the submissions as evidenced by communication from the DSC dated 5/12/16 ref no: CR/DSC/05

• Submission by CAO on 26/09/17 (ref: CR/ABM/122/2 for recruitment of 7 health workers and 15 teachers on replacement basis. DSC met on November 8th to 10th and considered the submission as per minute extract no. 01/25/ADSC/10/11/17.

*The November DSC meeting was the last one as the district run out of funds to facilitate DSC activities.*

		<ul style="list-style-type: none"> <li>• Evidence that 100 percent of staff submitted for confirmation have been considered: score 1</li> </ul>	1	<ul style="list-style-type: none"> <li>• DSC met and acted on all (100%) the submissions made by CAO for staff confirmation. Evidence in the HRM office and Secretary to the DSC indicates that CAO made two submissions during FY 2016/17; for the confirmation of the 5 health workers recruited with support from USAID/Intra Health and for 20 staff (who had completed performance appraisals after probation) out of the 40 that had been recruited during the FY. Individual personnel files of the 5 health workers with a cover letter on each file requesting the DSC to consider confirmation of the staff in question were submitted. DSC that sat on 8/06/17 and considered the submissions as per minute extract DSC/Min no. 208</li> <li>• Confirmations for the 20 staff (submission made in mid-December 2017) are pending the next sitting of the DSC which is delayed due funding constraints.</li> </ul>
		<ul style="list-style-type: none"> <li>• Evidence that 100 percent of staff submitted for disciplinary actions have been considered: score 1</li> </ul>	1	There was no disciplinary case during the PY under review.
8	<p>Staff recruited and retiring access the salary and pension payroll respectively within two months</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> <li>• Evidence that 100% of the staff recruited during the previous FY have accessed the salary payroll not later than two months after appointment: score 3</li> </ul>	0	<p>None of the staff recruited during FY 2016/17 accessed the payroll not later than two months after appointment/deployment. Staff were recruited and deployed in January 2017 but none accessed the payroll by end March 2017. Only a few managed to access the April pay roll for example staff Payroll reference nos:</p> <ul style="list-style-type: none"> <li>• 1004329</li> <li>• 1004327</li> <li>• 1003303</li> <li>• 1003299</li> </ul>

		<ul style="list-style-type: none"> <li>Evidence that 100% of the staff that retired during the previous FY have accessed the pension payroll not later than two months after retirement: score 2</li> </ul>	0	<p>None (0%) of the 4 retired staff during the FY 2016/17, as reflected on the Budget for Pension and Gratuity available in HRM office for 2017/18, accessed Pension Payroll. A review of the Pension Payroll for August 2017, indicates that staff that retired in December 2016 had not yet accessed the Pension Payroll, for example staff ref nos:</p> <ul style="list-style-type: none"> <li>CR/ABM/00328/ LIV(retired in Dec.2016)</li> <li>CR/ABM/0539/004/OOA (retired in Dec 2016)</li> <li>CR/ABM/0473/ONT(retired in Dec 2016)</li> </ul>
Assessment area: Revenue Mobilization				
9	<p>The LG has increased LG own source revenues in the last financial year compared to the one before the previous financial year (last FY year but one)</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> <li>If increase in OSR from previous FY but one to previous FY is more than 10% : score 4 points</li> <li>If the increase is from 5 -10% : score 2 point</li> <li>If the increase is less than 5% : score 0 points.</li> </ul>	0	<p>The district experienced a decline in Own source revenue collected from 118,067,642 Ugx in 2015/16 to 116,715,207 Ugx in 2016/17 as recorded in their final Accounts 2015/2016 and 2016/2017 respectively. The decline was 1.2% of the actual. The explanation for the decline was that the LG had planned disposal of some assets in FY 2016/2017 but due to late submission of the disposal report by government valuers, disposal could not be done in financial year 2016/17 as was planned.</p>
10	<p>LG has collected local revenues as per budget (collection ratio)</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> <li>If revenue collection ratio (the percentage of local revenue collected against planned for the previous FY (budget realisation) is within +/- 10% : then 2 points. If more than +/- 10% : zero points.</li> </ul>	0	<p>The LG failed to collect local revenue as per budget. The budget for FY 2016/2017 was Ugx: 345,934,000 and the actual collection for FY 2016/2017 was Ugx 116,715,207 as evidenced in the final accounts of 2016/17. The shortfall was Ugx 229,218,793. The shortfall in percentage was 66%.</p>

11	Local revenue administration, allocation and transparency  Maximum 4 points on this performance measure	<ul style="list-style-type: none"> <li>Evidence that the District/Municipality has remitted the mandatory LLG share of local revenues: score 2</li> </ul>	2	The district remitted 100% to Abim Town council as evidenced on transfer voucher dated 5/01/2017, request dated 6/12/2016 and acknowledgement receipt number 20 dated 11/01/2017. The CFO explained that remittance of 65% to sub counties was made directly from the centre to the sub counties. However, the lower local governments also remitted the 35% to the District as the law requires (section 85 (4) of the LG Act CAP 243). This was evidenced by samples of general receipts seen from Abim sub county number 2861 and from Alerek sub county number 2860.
		<ul style="list-style-type: none"> <li>Evidence that the LG is not using more than 20% of OSR on council activities: score 2</li> </ul>	2	Evidence that the LG was not using more than 20% of OSR on council activities was extracted from the cash book for statutory bodies which revealed that the amount spent on council emoluments was 20,184,000 Ugx. This therefore shows that the LG used approximately 17% of OSR on council activities in FY 2016/2017 (Reg 4 of the First Schedule of the LG Act, CAP 243). ( source of information Financial accounts 2015/16 and cash book).

Assessment area: Procurement and contract management

12	The LG has in place the capacity to manage the procurement function  Maximum 4 points on this performance measure.	<ul style="list-style-type: none"> <li>Evidence that the District has the position of a Senior Procurement Officer and Procurement Officer (if Municipal: Procurement Officer and Assistant Procurement Officer) substantively filled: score 2</li> </ul>	0	<ul style="list-style-type: none"> <li>Position of Senior Procurement officer not available at the LG. .Only position of Procurement Officer available and on probation (vide letter dated 2nd Sept 2016 signed by the CAO)</li> </ul>
		<ul style="list-style-type: none"> <li>Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1</li> </ul>	1	<ul style="list-style-type: none"> <li>The TEC produced and submitted reports to contracts committee for FY 16/17 in a letter dated 31 Aug 2016 signed by the chairperson TEC addressed to CAO(Evaluation report for pre-qualification of firms for FY 16/17</li> </ul>

		<ul style="list-style-type: none"> <li>• Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1</li> </ul>	1	<ul style="list-style-type: none"> <li>• Contracts committee considered recommendations for TEC in committee meetings held on 4 April 17, 4th March 2016, 31st Jan 2017 in minutes signed by committee members. Eg re-evaluation of Abim hospital , renovation of Abim hospital phase two signed by secretary and chairperson on 25th Jan 2017</li> </ul>
13	<p>The LG has a comprehensive Procurement and Disposal Plan covering infrastructure activities in the approved AWP and is followed.</p> <p>Maximum 2 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	2	<ul style="list-style-type: none"> <li>• Procurement and disposal plan covers all infrastructural projects for FY 17/18 in a letter dated 29 Nov 2017 addressed to the Executive Director PPDA (Submission of procurement work plan for FY 17/18 Signed by CAO, Akileng Simon Peter..</li> <li>• The LG made procurements for previous FY 16/17 e.g. For Abim Hospital phase 2, completion of septic tank and fencing of abattoir, supply of KTB Beehives and supply of Yamaha Motorcycle at Lotuke sub county.</li> </ul>
14	<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> <li>• For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/infrastructure by August 30: score 2</li> <li>• For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2</li> </ul>	2	<ul style="list-style-type: none"> <li>• For current FY, Advertised on 11 July 2017, prequalification and open bidding done, selective bidding done for FY 17/18, evaluation reports approved , contracts committee approved projects. Minutes produced for contracts committee held on 21st Nov 2017. therefore by 30th Aug 80% of bid documents were done,</li> <li>• The LG has complete contracts register (showing Reg No, contractor/supplier, contract agreement no , commitment requisition form, amount committed shs, Bills and amount due) and complete activity reports for FY 16/17 (request for approved bidding documents and bid notice PP Form 5, adverts, BOQs, bidding documents, records of bids recommended, bid opening, issue of bids, receipts of bids , invitation to evaluation committee, ethical code of conduct evaluation reports and minutes of contract committee)</li> </ul>

		<ul style="list-style-type: none"> <li>For previous FY, evidence that the LG has adhered with procurement thresholds (sample 5 projects): score 2.</li> </ul>	2	<ul style="list-style-type: none"> <li>Projects for 200m UGX above are addressed to solicitor general for approval ,for supplies 30m UGX below for selective bidding i.e. supply of 100 heifers to Lotuke SC at 70,200,000M,supply of bean seeds at Alereek Sub county at 7,857,000m UGX, construction of 3 stance pit latrine at Galonger Primary school at 12,241,910,shs,renovation of Abim Hospital at 369,877,431m UGX</li> </ul>
15	<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that all works projects implemented in the previous FY were appropriately certified – interim and completion certificates for all projects based on technical supervision: score 2</li> </ul>	2	<ul style="list-style-type: none"> <li>All projects were certified and completion certificates issued for FY 16/17 ie Completion certificate for 8 boreholes siting, drilling hand pump installation and casting of splash Apron and animal trough, completion certificate for Abim hospital renovation, interim payment certificate for renovation of Abim Hospital ,interim payment certificate of completion for construction of district water office, completion certificate for construction of kitchen and store at Kanu primary school</li> </ul>
		<ul style="list-style-type: none"> <li>Evidence that all works projects for the current FY are clearly labelled (site boards) indicating: the name of the project, contract value, the contractor; source of funding and expected duration: score 2</li> </ul>	2	<ul style="list-style-type: none"> <li>There were no Projects for current FY 17/18 that had started by the time of assessment</li> </ul>
Assessment area: Financial management				
16	<p>The LG makes monthly and up to-date bank reconciliations</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>Evidence that the LG makes monthly bank reconciliations and are up to-date at the time of the assessment: score 4</li> </ul>	0	<p>Cash books for statutory bodies and works had bank reconciliations made and updated up to 30/6/2017. However, starting from July 2017 the District was enrolled on IFMS and information on bank reconciliation can only be viewed online. Efforts by the District Auditor and deputy CAO to open the system were futile. CAO was on official duties at the ministry at the time of assessment.</p>

17	<p>The LG made timely payment of suppliers during the previous FY</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> <li>• If the LG makes timely payment of suppliers during the previous FY – no overdue bills (e.g. procurement bills) of over 2 months: score 2.</li> </ul>	0	<p>The District was not consistent in making timely payment to suppliers during FY 2016/2017 as seen from sampled payments; request for payment for supply of printable documents to finance department by Snow print enterprises dated 11/7/2016 and payment voucher 12/10/2016, request for payment for construction of a 4 in 1 staff house at Barotuke P/S by Apuru and family Co. LTD dated 21/3/2017 and payment voucher dated 28/3/2017 and request for payment by Wacara Enterprises for retention fees for construction of a two classroom block at Gulotworo P/S dated 6/1/2017 and paid on 5/5/2017. The LG has a book used as payment register titled “Administration cheque record book where suppliers sign to receive their cheques. However, there is no payment claim register to view overdue bills.</p>
18	<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG has a substantive Senior Internal Auditor and produced all quarterly internal audit reports for the previous FY: score 3.</li> </ul>	0	<p>According to the structure from Ministry of public service dated 27/3/2017 and signed by the PS, the approved staff establishment for Abim District is that the District is supposed to have a District internal Auditor and an internal auditor. On that not the District has no substantive senior internal Auditor. However, the District Internal Auditor produced all the quarterly internal audit reports for the previous FY. First quarter dated 22/11/2016, second quarter dated 28/2/2017, third quarter dated 28/7/2017 and fourth quarter dated 31/4/2017.</p>
		<ul style="list-style-type: none"> <li>• 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: score 2.</li> </ul>	2	<p>The LG has provided information to council and LGPAC on the status of implementation of the internal audit findings for the previous FY as evidenced in the Quarterly audit reports 2016/17. The internal audit reports for the previous FY were submitted to accounting officer and LGPAC as evidenced by stamps and signatures on the cover pages confirming receipt of the reports. Follow up was done and evidence of responses to audit queries were in the Internal Audit unit book titled “Records of discussion and responses to audit queries” e.g Muraka Isaac Phillip number 6/11 had unaccounted for funds of Ugx: 675,000, he responded and accounted for the funds and the case was dropped.</p>

		<ul style="list-style-type: none"> <li>• Evidence that internal audit reports for the previous FY were submitted to LG Accounting Officer, LG PAC and LG PAC has reviewed them and followed-up: score 1</li> </ul>	0	The internal audit reports for the previous FY were submitted to accounting officer and LGPAC as evidenced by stamps and signatures on the cover page confirming receipt of the reports. LGPAC has not yet deliberated on all the audit reports. The First quarter internal audit report was reviewed but the evidence was not complete in terms of endorsement. The incomplete document was with the District internal auditor. LGPAC last sat in July 2016 (13th – 16th July). The second, third and fourth quarter reports were not reviewed.
19	<p>The LG maintains a detailed and updated assets register</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG maintains an up-dated assets register covering details on buildings, vehicle, etc. as per format in the accounting manual: score 4</li> </ul>	0	The District maintains a detailed and updated (updated up to 14th /12/2017) Asset register covering details on buildings, vehicle etc. However, the format was not as per the format in the accounting manual.
20	<p>The LG has obtained an unqualified or qualified Audit opinion</p> <p>Maximum 4 points on this performance measure</p>	<p>Quality of Annual financial statement from previous FY:</p> <ul style="list-style-type: none"> <li>• unqualified audit opinion: score 4</li> <li>• Qualified: score 2</li> <li>• Adverse/disclaimer: score 0</li> </ul>	2	The LG obtained a Qualified audit opinion as evidenced in the annual report of the auditor general financial year 2016/2017.
Assessment area: Governance, oversight, transparency and accountability				
21	<p>The LG Council meets and discusses service delivery related issues</p> <p>Maximum 2 points on this performance measure</p>	<p>Evidence that the Council meets and discusses service delivery related issues including TPC reports, monitoring reports, performance assessment results and LG PAC reports for last FY: score 2</p>	2	There was documented evidence in the District Council Minutes of the 30th/5/2017, 21st/12/2016, 14th/9/2016, 26th/5/2016, 3rd/5/2016 and 31st/3/2016 that it met as per requirements (i.e. 6 out of 6 times to deliberate on relevant service-delivery issues e.g. approval of plans and/or budgets, discussion of committee and departmental reports, etc). However, what appeared to be missing in its discussions in the FY 2016/17 were deliberations on TPC reports, monitoring reports and performance assessment reports.

22	<p>The LG has responded to the feedback/complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<ul style="list-style-type: none"> <li>Evidence that LG has designated a person to coordinate response to feed-back (grievance /complaints) and responded to feedback and complaints: score 2.</li> </ul>	0	<p>No evidence that there is a designated official to coordinate lower-level feedback on and responses to (grievances /complaints).</p>
23	<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<p>Evidence that the LG has published:</p> <ul style="list-style-type: none"> <li>The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2</li> </ul>	2	<p>The LG Payroll is published on the District Notice Board but not the Pensioner Schedule.</p>
		<ul style="list-style-type: none"> <li>Evidence that the procurement plan and awarded contracts and amounts are published: score 1</li> </ul>	1	<p>Published procurement plan and awards seen on the district notice board.</p>
		<ul style="list-style-type: none"> <li>Evidence that the LG performance assessment results and implications, are published e.g. on the budget website for the previous year (from budget requirements): score 1.</li> </ul>	0	<p>Not Applicable (N/A) – There was no LGPA in the FY under review.</p>
24	<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1</li> </ul>	0	<p>Only self-reported claims are made of efforts made to conduct barazas and use radios to engage and discuss with the public but with no documented evidence that this was done to update citizens on the implementation of activities and/or projects.</p>
		<ul style="list-style-type: none"> <li>Evidence that LG during previous FY has conducted discussions (e.g. municipal urban fora, barazas, radio programmes etc..) with the public to provide feed-back on status of activity implementation: score 1.</li> </ul>	0	<p>Only self-reported claims are made of efforts made to conduct barazas and use radios to engage and discuss with the public but with no documented evidence that this was done to update citizens on the implementation of activities and/or projects.</p>

Assessment area: Social and environmental safeguards

25	<p>The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>Evidence that the LG gender focal person has provided guidance and support to sector departments to mainstream gender into their activities score 2.</li> </ul>	2	<ul style="list-style-type: none"> <li>Submission of reports to CAO dated 9th march 2017, Gender and HIV mainstreaming activity reports signed by CDO in charge of Gender but not stamped.</li> <li>Formation of male action groups in Gender Based Violence, viewed registration of disadvantaged groups in a book register for vulnerable groups to have access to various interventions for both partners and developers.</li> </ul>
		<ul style="list-style-type: none"> <li>Evidence that gender focal point has planned activities for current FY to strengthen women's roles and that more than 90% of previous year's budget for gender activities has been implemented: score 2.</li> </ul>	2	<ul style="list-style-type: none"> <li>Planned activities for current FY 17/18 according to the Abim district work plan(local Government work plan) through the CDO includes, mainstreaming at all levels, 6LLGs to be followed up after mainstreaming, commemoration of women's day will be some of the outputs</li> <li>No budget for FY 16/17 for Gender mainstreaming. however the GFP held a 2 days workshop with sub county chiefs, CDOs and head sector heads on 6-7 March 2017 on gender mainstreaming</li> </ul>
26	<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 2</li> </ul>	2	<ul style="list-style-type: none"> <li>Environmental screening where appropriate for Regional Pastoral Livelihoods Resilience Projects(RPCR) for FY 17/18, There were environmental and social checklists seen for projects i.e. cattle crush at Pemkwono, social impact assessment form for cattle crush, environmental checklist for Omuruga valley dam at Anuknam, Slaughter house at Obanango south and also for NUSAF 3 projects There were environmental management plans viewed.</li> </ul>

		<ul style="list-style-type: none"> <li>• Evidence that the LG integrates environmental and social management plans in the contract bid documents: score 1</li> </ul>	1	<ul style="list-style-type: none"> <li>• The LG integrated environmental and social safeguards in bid documents and budgets eg 2% of total project cost. The percentage cost is used for trainings environmental and social issues and mitigation measures e.g. for projects in nursery beds, for black farms of 100 acres of the budget 5% goes for environment and social safeguards.eg in theBOQ for community access roads in Odokomit village, Nyakwae sub county and Gotapwou village and Awach sub county Environmental and social safeguard issues had 5% budget</li> </ul>
		<ul style="list-style-type: none"> <li>• Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1</li> </ul>	1	<ul style="list-style-type: none"> <li>• There are minimal land issues found in the LG and sub counties however,. there was land agreement signed between Abim LG and the land owner Mr Aupe John Pius(15 x 15m)for the construction of community Chlorination house for the piped water supply scheme at Aremo sub county signed by Aupe John Pius and government witnesses i.e. LC I,LC II and Parish chief signed and stamped on 17th June 2016, Consent forms for voluntary land acquisition in Obar-Yath village in Nyakwae Sub county and Olem central village in Alerek subcounty signed and stamped by LC111 Chairmen respectively</li> </ul>
		<ul style="list-style-type: none"> <li>• Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer: score 2</li> </ul>	0	<ul style="list-style-type: none"> <li>• Environmental and social mitigation Certificates have not been issued because there were delays in release of funds therefore no monitoring of projects has taken place and consequently no certification forms Issued/completed.</li> </ul>



## **LGPA 2017/18**

Educational Performance Measures

Abim District

(Vote Code: 573)

Score 67/100 (67%)

No.	Performance Measure	Scoring Guide	Score	Justification
Assessment area: Human Resource Management				
1	<p>The LG education department has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<p>• Evidence that the LG has budgeted for a Head Teacher and minimum of 7 teachers per school (or minimum a teacher per class for schools with less than P.7) for the current FY: score 4</p> <p>• Evidence that the LG has deployed a Head Teacher and minimum of 7 teachers per school for the current FY: score 4</p>	4	<p>Verified the evidence from the Abim Local Government Performance Contract FY 2017/18</p> <p>Verified the evidence from Work plan 6 ( Education) of the Abim Local Government Performance Contract FY 2017/18</p>
2	<p>LG has substantively recruited all primary school teachers where there is a wage bill provision</p> <p>Maximum 6 for this performance measure</p>	<p>• 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</p>	3	<p>• Abim is yet to fill 15/ 485 teachers with a wage bill provision as evidenced in the letter from the DEO to the CAO on 7th August 2017</p>

3	<p>LG has substantively recruited all positions of school inspectors as per staff structure, where there is a wage bill provision.</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the LG has substantively filled all positions of school inspectors as per staff structure, where there is a wage bill provision: score 6</li> </ul>	0	<p>Abim DEO is yet to fill the 2nd of the 2 positions provided in the District wage bill as evidenced in the letter requesting for replacement of DIS of 15/05/17 signed by the DEO to the CAO.</p>
4	<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of Primary Teachers: score 2</p>	2	<p>Abim DEO plans to replace 15 teachers in the already Departmental approved structure as evidenced in the letter from the DEO to the CAO on 7th August 2017</p>
		<p>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</p>	2	<p>Abim DEO plans to replace the 2nd (recently retired) of the 2 inspectors in the already approved structure as evidenced in the letter requesting for replacement of DIS from DEO to the CAO on 15/05/17</p>

5	<p>The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.</p>	<p>Evidence that the LG Education department appraised school inspectors during the previous FY • 100% school inspectors: score 3</p>	3	<p>Appraisals were conducted for the 2 existing inspectors during FY 2016/17:</p> <ul style="list-style-type: none"> <li>• District Inspector of Schools: File Ref. No: CR/ABM/007/OR was appraised and both the performance plan and performance appraisal report are on file.</li> <li>• Inspector of Schools (recently retired) File Ref. No: CR/ABM/0070/OJ was appraised and both the performance plan and performance appraisal report are on file.</li> </ul>
	<p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department appraised head teachers during the previous FY. • 90% - 100%: score 3 • 70% - 89%: score 2 • Below 70%: score 0</p>	3	<p>All primary school Head Teachers (34 Head Teachers) were appraised. Copies of appraisal forms dully filled and signed by sub county chiefs and endorsed by the DEO were seen at the HRM. A sample of 4 files listed below was made and the files contained dully completed and signed appraisal forms:</p> <ul style="list-style-type: none"> <li>• CR/ABM/0572</li> <li>• CR/ABM/0456</li> <li>• CR/ABM/0942</li> <li>• CR/ABM/0793</li> </ul>

Assessment area: Monitoring and Inspection

6	<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG Education department has communicated all guidelines, policies, circulars issued by the national level in the previous FY to schools: score 1</li> </ul>	1	<p>Verified evidence from communication from the DEO to the H/Teachers and the minutes of workshops/meetings regarding the following policies:</p> <ul style="list-style-type: none"> <li>• National Role of Vaccine against Cervix cancer vaccine of 22/04/16</li> <li>• Mensuration Hygiene management (Monitoring report of 3rd quarter of 23th June 2017 by Programs Coordinator PMU/MOES)</li> <li>• Child labour is a factor of high drop out of schools – 8/08/17</li> <li>• Focus on School inspection during FY 2107/2018</li> <li>• Minutes of the Head Teacher’s meeting held on 31st August 2017 about the school feeding program communicated by the letter from HE the President of the Republic of Uganda of 15th May 2017</li> </ul>
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		<ul style="list-style-type: none"> <li>Evidence that the LG Education department has held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level, including on school feeding: score 2</li> </ul>	2	<p>Verified the evidence from:</p> <ul style="list-style-type: none"> <li>Minutes of head teachers meeting of 31st August 210 at Kiru Primary School.</li> <li>Notification from the DEO to the H/Teachers about the 'School meals Pipeline Break' meeting organised by the OPM</li> <li>WFP workshop report of 7th September sent to the CAO by the DEO</li> </ul>
7	<p>The LG Education Department has effectively inspected all private and public primary schools</p> <p>Maximum 12 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that all private and public primary schools have been inspected at least once per term and reports produced: <ul style="list-style-type: none"> <li>o 100% - score 12</li> <li>o 90 to 99% - score 10</li> <li>o 80 to 89% - score 8</li> <li>o 70 to 79% - score 6</li> <li>o 60 to 69% - score 3</li> <li>o 50 to 59% score 1</li> <li>o Below 50% score 0.</li> </ul> </li> </ul>	12	<p>Verified the evidence from;</p> <ul style="list-style-type: none"> <li>Summarised schools' inspection reports of the 34 Gov't aided P/S, 3 private schools and 7 community schools in Abim District sent by the DEO to the MOE, received and stamped by the Directorate of Education Standards on 30/10/17.</li> </ul>
8	<p>LG Education department has discussed the results/reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the Education department has discussed school inspection reports and used reports to make recommendations for corrective actions during the previous FY: score 4</li> </ul>	4	<p>Verified the evidence from the following reports:</p> <ul style="list-style-type: none"> <li>School inspection report of Loyorot PS 03/3/17 to the DEO by DIS</li> <li>Focused inspection report on 25/03/17 by the DIS to the DEO</li> <li>Support supervision report of 5/06/17 for Orwamuge Primary School by the DIS</li> <li>Report on Capacity building workshop held on 20/08/17</li> </ul> <p>for the District Technical Team on elimination of violence against in schools.</p> <ul style="list-style-type: none"> <li>Performance Assessment Report of Abim District for 2016/17</li> </ul>

		<ul style="list-style-type: none"> <li>Evidence that the LG Education department has submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports (MoES): Score 2</li> </ul>	2	<p>Verified the evidence from:</p> <ul style="list-style-type: none"> <li>Schools inspection reports of the 34 Gov't aided P/S, 3 private schools and 7 community schools in Abim District sent by the DEO to the MOE received and stamped by the Directorate of Education Standards on 30/10/17.</li> </ul>
		<ul style="list-style-type: none"> <li>Evidence that the inspection recommendations are followed-up: score 4</li> </ul>	4	<p>Verified evidence from the report of the follow-up meeting by the DEO, CAO and WFP held on 05/06/17 regarding misuse of funds for the school feeding program by the Head Teacher of Opopong P/S in Nyakway. During the meeting, a decision was made to demote the H/T to a class room Teacher</p>
9	<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p>	<ul style="list-style-type: none"> <li>Evidence that the LG has submitted accurate/consistent data: o List of schools which are consistent with both EMIS reports and OBT: score 5</li> </ul>	0	<p>The list of Government aided schools' data submitted by the DEO is not consistent as evidenced from data obtained from the two sources of PBS and EMIS</p> <ul style="list-style-type: none"> <li>EMIS 37 Schools</li> <li>PBS 34 Schools</li> </ul>
	<p>Maximum 10 for this performance measure</p>	<p>Evidence that the LG has submitted accurate/consistent data: • Enrolment data for all schools which is consistent with EMIS report and OBT: score 5</p>	0	<p>The P/ Schools' enrolment data for 2017/18 is not consistent as evidenced from the P/S enrolment data obtained from the two sources of PBS and EMIS</p> <ul style="list-style-type: none"> <li>OBT 28437 Pupils</li> <li>EMIS 25009 Pupils</li> </ul>
<p>Assessment area: Governance, oversight, transparency and accountability</p>				

10	<p>The LG committee responsible for education met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the council committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports etc...during the previous FY: score 2</li> </ul>	2	<p>The Social Services Council Committee (SSC) is responsible for education on top of other social sectors. Evidence from the SSC minutes for the FY 2016/17 confirmed that it met 2 out of the 6 mandatory times (i.e. on the 23rd/2/2017 and the 28th/10/2016). It discussed education service delivery issues including departmental budgets and reports. Even so, there was no direct evidence in the minutes covering discussions of results from performance assessments, inspection and monitoring.</p>
		<ul style="list-style-type: none"> <li>Evidence that the education sector committee has presented issues that requires approval to Council: score 2</li> </ul>	0	<p>There no evidence from the minutes of the district council (30th/5/2017, 21st/12/2016, 14th/9/2016, 26th/5/2016, 3rd/5/2016 and 31st/3/2016) and those of the SSC that education issues were discussed and the SSC sought for approval by the district council.</p>
11	<p>Primary schools in a LG have functional SMCs</p> <p>Maximum 5 for this performance measure</p>	<p>Evidence that all primary schools have functional SMCs (established, meetings held, discussions of budget and resource issues and submission of reports to DEO) • 100% schools: score 5 • 80 to 99% schools: score 3 • Below 80% schools: score 0</p>	5	<p>Verified the evidence from a sample of the approved minutes by the SMC signed by the H/Ts ( who are the SMC secretaries) of the following schools submitted to the DEO on:</p> <ul style="list-style-type: none"> <li>11th July 2017 by ADEA P/S</li> <li>17/10/17 by Orwamuge P/S</li> <li>15/11/7 by Otalabara P/S</li> </ul>
12	<p>The LG has publicised all schools receiving non-wage recurrent grants</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the LG has publicised all schools receiving non-wage recurrent grants e.g. through posting on public notice boards: score 3</li> </ul>	3	<p>Verified the evidence from the list of UPE schools that received grants in Abim District publicised on the DEO Notice Board and the Notice Board of each of the two primary schools visited during the assessment;</p> <ul style="list-style-type: none"> <li>Orwamuge P/S and</li> <li>Morulem Girls Primary School</li> </ul>
Assessment area: Procurement and contract management				

13	<p>The LG Education department has submitted procurement requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the sector has submitted procurement requests to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30: score 4</li> </ul>	0	<p>The initiation forms for the following construction projects signed by the DEO and submitted to the DPU were submitted on 15/05/17 f later April 30</p> <ul style="list-style-type: none"> <li>• 4 stance pit latrine at Obolokome P/S</li> <li>• 5 stance pit latrine at Alerek P/s</li> <li>• 5 stance pit latrine at Abim P/S</li> <li>• 4 unit staff house Obolokome P/S</li> </ul>
14	<p>The LG Education department has certified and initiated payment for supplies on time</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3 points</li> </ul>	3	<p>The Education department certified and initiated timely payment for suppliers. For example Wacara Enterprises lodged in a request on 6th/01/2017 for retention for construction of a two classroom block at Gulotworo P/S ,certified by DEO on 6/01/2017 but payment was made on 5th/5/2017 (as per payment voucher) and receipt number 00077 and request for payment for construction of a 4 in 1 staff house at Barotuke P/S by Apuru and family Company Ltd dated 21/3/2017 was certified by DEO on 21/3/2017 and paid on 28/3/2017</p>
Assessment area: Financial management and reporting				
15	<p>The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by mid-July for consolidation: score 4</li> </ul>	0	<p>According to the LG Planner's records and evidence from the Q4 Consolidated APR for the FY 2016/17, while the education department submitted inputs to the planning unit for all 4 quarters for FY 2016/17 (i.e. Q1 - 21st/11/2016 Receipt No: 0093; Q2 - 14th/2/2017 Receipt No: 0342; Q3 – 22nd/5/2017 Receipt No: 0741; and Q4 - 8th/8/2017 Receipt No: 4075), the submissions were sometimes slow, hence the late submission of the Q4 APR (meant to be submitted before 31st/7/2017).</p>

16	<p>LG Education has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year</li> <li>o If sector has no audit query score 4</li> <li>o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 2 points</li> <li>o If all queries are not responded to score 0</li> </ul>	0	<p>The education sector provided information to internal audit on the status of implementation of the internal audit queries for the previous financial year. There was evidence in the internal audit unit book titled " records of discussions and responses to internal audit queries"</p> <p>The sector had internal audit queries as per the quarterly internal audit reports; in first quarter, the audit issues were absenteeism and abscondment of in Primary schools, no cash books maintained, procured items lacked verification by SMCs and management action for these were; finance department to enforce financial management practices and CAO wrote and retaliated in District TPC meetings to all staff on the government's position on attendance to duty as per UGPSSO. Second quarter had internal audit queries; no cash books, payment vouchers not stamped 'PAID' and illicit expenditure under UPE policy guidelines. Management response was education department to lobby for financial assistance to facilitate training of head teachers in financial management and regular monitoring and inspection of schools. Fourth quarter had audit queries similar to second quarter. However, there was evidence that the sector responded to some of the audit queries. For example Oluka Josephine number 14 in the audit queries' response book, did not provide attendance list and training report for training teachers on menstruation management in schools. She responded by providing the report and attendance list which was verified and query dropped. However, not all audit queries were responded to.</p>
Assessment area: Social and environmental safeguards				

<p>17</p> <p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG Education department in consultation with the gender focal person has disseminated guidelines on how senior women/men teacher should provide guidance to girls and boys to handle hygiene, reproductive health, life skills etc....: Score 2</li> </ul>	<p>2</p>	<p>Verified evidence from the following documents received by the DEO from MOES and communicated to the H/Ts:</p> <ul style="list-style-type: none"> <li>• National Integration of the Early Childhood Development Program, monitoring and evaluation and support supervision activity 10th May 2017</li> <li>• Concept note and program for the district orientation seminar on Adolescent Development of 6 to 9 November 2017 organised by the MOES, MOLGSD and MOLG attended by all Head teachers in Abim District.</li> </ul>
	<ul style="list-style-type: none"> <li>• Evidence that LG Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools: score 2</li> </ul>	<p>2</p>	<p>In 2017 MOES, UNICEF. MOLGSD and UNICEF under its 2016-2020 Uganda Country Program conducted a workshop on mensuration Hygiene management for school girls between ages 10-16.</p> <ul style="list-style-type: none"> <li>• Did not see any guidelines or report for the above workshop because this activity was fully funded and conducted MOES (gender section)</li> </ul>
	<ul style="list-style-type: none"> <li>• Evidence that the School Management Committee meet the guideline on gender composition: score 1</li> </ul>	<p>1</p>	<p>Verified evidence from the 2017 SMC report in DEOs office and from sample of the two schools visited during the assessment:</p> <ul style="list-style-type: none"> <li>• Orwamuge Primary School 4/11 are women</li> <li>• Morulem Girls Primary School 4/12 are women</li> </ul>

18	<p>LG Education department has ensured that guidelines on environmental management are disseminated</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG Education department in collaboration with Environment department has issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education etc.): score 3:</li> </ul>	3	<p>Verified the evidence from:</p> <ul style="list-style-type: none"> <li>• 2017/18 DEO's AWP where there are BoQs for each contractor to plant trees around the projects being constructed</li> <li>• Minutes of the consultative meeting on draft guidelines on the formation of students Environmental Clubs on 20/07/17 at Moroto Core primary Teachers College.</li> </ul>
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## **LGPA 2017/18**

Health Performance Measures

Abim District

(Vote Code: 573)

Score 47/100 (47%)

No.	Performance Measure	Scoring Guide	Score	Justification
Assessment area: Human resource planning and management				
1	<p>LG has substantively recruited primary health workers with a wage bill provision from PHC wage</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that LG has filled the structure for primary health workers with a wage bill provision from PHC wage for the current FY • More than 80% filled: score 6 points, • 60 – 80% - score 3 • Less than 60% filled: score 0</p>	6	83% of the positions on the staff structure are filled and a wage bill is available for the available staff in the OBT.
2	<p>The LG Health department has submitted a comprehensive recruitment plan to the HRM department</p> <p>Maximum 4 points for this performance measure</p>	<p>Evidence that Health department has submitted a comprehensive recruitment plan/request to HRM for the current FY, covering the vacant positions of health workers: score 4</p>	0	The recruitment plan was developed, but it has not been submitted to HRM for consideration during the current FY
3	<p>The LG Health department has ensured that performance appraisal for health facility in charge is conducted</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that the health facility in-charge have been appraised during the previous FY: o 100%: score 8 o 70 – 99%: score 4 o Below 70%: score 0</p>	8	Performance appraisal was done for the acting Medical Superintendent of Abim Hospital (the only facility in-charge that qualified to be appraised by the DHO). Evidence on the personnel file indicates that the Medical Superintendent was appraised on 1/4/16. The performance plan and reports are on file also dated 1/4/16. Areas assessed included levels of achievement against set outputs, core competencies and action plans for improvement were set.

4	<p>The Local Government Health department has equitably deployed health workers across health facilities and in accordance with the staff lists submitted together with the budget in the current FY.</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG Health department has deployed health workers equitably, in line with the lists submitted with the budget for the current FY: score 4</li> </ul>	0	<p>This could not be assessed. No documentary evidence was seen at the office of the DHO. Available information was electronic and not sufficient to support comparison of staff at health facilities with the staff deployment lists.</p>
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Assessment area: Monitoring and Supervision

5	<p>The DHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the DHO has communicated all guidelines, policies, circulars issued by the national level in the previous FY to health facilities: score 3</li> </ul>	0	<p>There were four guidelines accessed during the previous FY. These include PHC grants guidelines, Infection control and public private partnership guidelines at the DHOs office. Evidence of dissemination of these guidelines through written letters or DHT meeting minutes were not available at the DHOs office.</p>
		<ul style="list-style-type: none"> <li>• Evidence that the DHO has held meetings with health facility in-charges and among others explained the guidelines, policies, circulars issued by the national level: score 3</li> </ul>	0	<p>Although DHT meetings were held, minutes did not reflect dissemination of any new guidelines received, nether were there any circulars on file about the same</p>

6	<p>The LG Health Department has effectively provided support supervision to district health services</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that DHT has supervised 100% of HC IVs and district hospitals: score 3</p>	0	<p>In absence of a HC IV in the district, Abim Hospital, which serves serves as the HSD was not supervised by the office of the DHO during the previous FY. This can be confirmed from support supervision record at the office of the MS.</p>
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		Evidence that DHT has supervised lower level health facilities within the previous FY: • If 100% supervised: score 3 points • 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	2	There are 20 health facilities in Abim of which 16 (80%) were supervised by the district health office (DHT) over the previous FY. This is reflected in the support supervision report of 20/06/2017
7	The Health Sub-district(s) have effectively provided support supervision to lower level health units  Maximum 6 points for this performance measure	Evidence that health facilities have been supervised by HSD and reports produced: • If 100% supervised score 6 points • 80 - 99% of the health facilities: score 4 • 60 - 79% of the health facilities: score 2 • Less than 60% of the health facilities: score 0	0	Out of the 20 health facilities in Abim, The district hospital that serves as the HSD only supervise 8 (40%) of facilities which included Orwamuge HC III, Amita HCII, Atunga HCII, Oblokome HCII, Kanu HCII, Nyakwae HCII, Katabok and Kiru HCII. The HSD does not receive sufficient PHC to undertake this exercise quarterly.
8	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	<ul style="list-style-type: none"> <li>• Evidence that the reports have been discussed and used to make recommendations for corrective actions during the previous FY: score 4</li> <li>• Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6</li> </ul>	4	<p>Reports were discussed in quarterly review meetings. For example in the meeting held on 16/01/2017, item 5 on page 2 of the minutes shows that the decline of the district from position 7 to 10 of the league table over the previous FY was discussed and corrective actions were sought. Also the DHT meeting held on 22/02/2017 item 7 addressed performance gaps and suggested corrective measures.</p> <p>There was no information related to follow up of corrective actions suggested by the DHT.</p>

9	<p>The LG Health department has submitted accurate/consistent reports/date for health facility lists as per formats provided by MoH</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG has submitted accurate/consistent data regarding: <ul style="list-style-type: none"> <li>o List of health facilities which are consistent with both HMIS reports and OBT: score 10</li> </ul> </li> </ul>	10	<p>Data on health facilities in the district is consistent with what is in the OBT. All the 20 health facilities are reflected.</p>
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Assessment area: Governance, oversight, transparency and accountability

10	<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the council 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</li> </ul>	2	<p>The Social Services Council Committee (SSC) is responsible for health on top of other social sectors (i.e. community services, education, water and works etc). Evidence from the SSC minutes for the FY 2016/17 confirmed that the SSC sat 2 out of the 6 mandatory times (i.e. on the 23rd/2/2017 and the 28th/10/2016) to discuss service delivery issues in the areas of departmental budgets and reports. However, what was lacking was discussion of supervision reports, performance assessment results, LG PAC reports and formal recommendations to council, etc.</p>
		<ul style="list-style-type: none"> <li>• Evidence that the health sector committee has presented issues that require approval to Council: score 2</li> </ul>	0	<p>There was no evidence from the minutes the district council (30th/5/2017, 21st/12/2016, 14th/9/2016, 26th/5/2016, 3rd/5/2016 and 31st/3/2016)) and the SSC that health issues were discussed seeking approval.</p>

11	<p>The Health Unit Management Committees and Hospital Board are operational/functioning</p> <p>Maximum 5 points</p>	<p>Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues):</p> <ul style="list-style-type: none"> <li>• If 100% of randomly sampled facilities: score 5</li> <li>• If 80-99% : score 3</li> <li>• If 70-79%: : score 1</li> <li>• If less than 70%: score 0</li> </ul>	5	<p>The HUMC of the district hospital is established and functional . The committee holds meetings quarterly to discuss key issues including budgets. For example Min. 13/07/2017, page 3 and 4 demonstrates extensive discussions of resource issues for the hospital, and Min. 4/7/2016 page 6 shows the detailed report from finance</p>
12	<p>The LG has publicised all health facilities receiving PHC non-wage recurrent grants</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG has publicised all health facilities receiving PHC non-wage recurrent grants e.g. through posting on public notice boards: score 3</li> </ul>	0	<p>Although there was a summary review of budget performance for Q1-Q3 2016/2017 on the notes board, this was not specific to PHC non –wage as required by the indicator</p>

Assessment area: Procurement and contract management

13	<p>The LG Health department has submitted procurement requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p>	<ul style="list-style-type: none"> <li>• Evidence that the sector has submitted procurement requests to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30 for the current FY: score 2</li> </ul>	0	<p>According to the district annual work plan 2017/2018, the health department did not submit any procurement requirements to PDU for the current financial year.</p>
	<p>Maximum 4 for this performance measure</p>	<p>Evidence that LG Health department submitted procurement request form (Form PP5) to the PDU by 1st Quarter of the current FY: score 2</p>	0	<p>No procurement request has been submitted since no procurement has been planned for the department during the current FY.</p>

14	<p>The LG Health department has supported all health facilities to submit health supplies procurement plan to NMS</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG Health department has supported all health facilities to submit health supplies procurement plan to NMS on time:</li> <li>• 100% - score 8</li> <li>• 70-99% – score 4</li> <li>• Below 70% - score 0</li> </ul>	8	<p>Through the store keeper at Abim district hospital the LG has supported timely submission of orders online for medicines and supplies to NMS. All the 20 health units have receipts of medicines for the 6 cycles for FY 2016/2017. Copies of orders were available for the dates 11/08/2016, 8/11/2016, 28/11/2016, 20/02/2017/20/06/2017. Receipts on the following dates for the district hospital were on file and duly signed by the store keeper, 8/11/2016, 25/01/2017, 16/01/2017 23/03/2017, 14/05/2017 . For lower level health facilities, information for delivery of medicines in the previous FY for all the 6 cycles was available. 1st cycle 2/08/2016, 2nd cycle 25/09/2016 3rd cycle 27/10/2016, 4th cycle 25/01/2017, 5th cycle 10/03/2017 and 6th cycle 25/05/2017</p> <p>Copies of orders were available for the dates 11/08/2016, 8/11/2016, 28/11/2016, 20/02/2017/20/06/2017. Receipts on the following dates for the district hospital were on file and duly signed by the store keeper, 8/11/2016, 25/01/2017, 16/01/2017 23/03/2017, 14/05/2017</p> <p>For lower level health facilities, information for delivery of medicines in the previous FY for all the 6 cycles was available. 1st cycle 2/08/2016, 2nd cycle 25/09/2016 3rd cycle 27/10/2016, 4th cycle 25/01/2017, 5th cycle 10/03/2017 and 6th cycle 25/05/2017</p>
15	<p>The LG Health department has certified and initiated payment for supplies on time</p> <p>Maximum 2 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the DHO (as per contract) certified and recommended suppliers timely for payment: score 2 points</li> </ul>	2	<p>The DHO certified and initiated timely payment for suppliers.e.g Pacopaco traders Ltd payment for change of site from Awach H/C II to Oreta H/C II, request dated 26/9/2016 and certified by DHO on 26/9/2016 and payment voucher dated 28/3/2017.</p> <p>Also Bis Edwards' Auto Dealers request for payment of vehicle repair UG-3666M request dated 18/1/2017 and and forwarded for payment by DHO on 18/1/2017 and payment voucher 31/1/2017.</p>

Assessment area: Financial management and reporting

16	<p>The LG Health department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 4</li> </ul>	0	<p>According to the LG Planner's records and evidence from the Q4 Consolidated APR for the FY 2016/17, while the health department submitted inputs to the planning unit for all 4 quarters for FY 2016/17 (i.e. Q1 - 21st/11/2016 Receipt No: 0093; Q2 - 14th/2/2017 Receipt No: 0342; Q3 - 22nd/5/2017 Receipt No: 0741; and Q4 - 8th/8/2017 Receipt No: 4075), the submissions were sometimes slow, hence the late submission of the Q4 APR (meant to be submitted before 31st/7/2017).</p>
17	<p>LG Health department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year • If sector has no audit query score 4 • If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 2 points • If all queries are not responded to score 0</p>	0	<p>. The Health sector provided information to internal audit on the status of implementation of the audit findings for the previous financial year. There was evidence in the internal audit unit book titled " records of discussions and responses to internal audit queries"</p> <p>The sector had internal audit queries as per the quarterly reports but there was evidence of response to some of the audit queries. For example Ouga Isaac from the Health department had not accounted for 2,220,000 shillings, he provided accountability and the query was dropped. . However, not all audit queries were responded to. Management took action on audit issues for Lower health units and Abim hospital as seen in the quarterly internal audit reports FY 2016/17.</p>

Assessment area: Social and environmental safeguards

18	<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> <li>Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines: score 2</li> </ul>	0	<p>The HUMC at the health facility did not meet gender requirements. Only 2/9 members are the females.</p>
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		<ul style="list-style-type: none"> <li>• Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2</li> </ul>	0	<p>These guidelines were not available the health facility However it was also established that such guidelines have not been issued by the ministry of health.</p>
19	<p>The LG Health department has issued guidelines on medical waste management</p> <p>Maximum 2 points</p>	<ul style="list-style-type: none"> <li>• Evidence that the LGs has issued guidelines on medical waste management, including guidelines for construction of facilities for medical waste disposal : score 2 points.</li> </ul>	0	<p>Only SOPs for segregation of medical waste existed and only placed in the laboratory . No comprehensive guidelines as required by the indicator. The line ministry had not issued such guidelines to the LG</p>



## **LGPA 2017/18**

Water & Environment Performance Measures

Abim District

(Vote Code: 573)

Score 43/100 (43%)

No.	Performance Measure	Scoring Guide	Score	Justification
Assessment area: Planning, budgeting and execution				
1	<p>The DWO has targeted allocations to sub-counties with safe water coverage below the district average.</p> <p>Maximum score 10 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the LG Water department has targeted sub-counties with safe water coverage below the district average in the budget for the current FY: score 10</li> </ul>	10	<ul style="list-style-type: none"> <li>The Local Government Water Department has targeted sub counties with safe water coverage below district average of 86%.</li> <li>According to the Abim AWP work plan 2017/18 submitted to MoWE on 22nd August 2017 and received and stamped on 29th August 2017, planned borehole rehabilitations were targeted at Acgangali P/S, Lotuke S/C (Safe water access=67%), Abim main market, Abim TC(safe water access=66%), and Katala P/S,Nyakwae S/C(safe water access=86%).</li> </ul>
2	<p>The LG Water department has implemented budgeted water projects in the targeted sub-counties (i.e. sub-counties with safe water coverage below the district average)</p> <p>Maximum 15 points for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the LG Water department has implemented budgeted water projects in the targeted sub-counties with safe water coverage below the district average in the previous FY: score 15</li> </ul>	0	<p>Although, the assessor saw the Abim LG fourth progress report FY 2016/17 in the DWO, not all the targeted budgeted WSS projects were implemented. Out of the 8 boreholes, only 4 were rehabilitated in 2016/17 and the rest were rehabilitated in the current FY 2017/18.</p>
Assessment area: Monitoring and Supervision				

3	<p>The LG Water department carries out monthly monitoring and supervision of project investments in the sector</p> <p>Maximum 15 points for this performance measure</p>	<p>Evidence that the LG 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</p>	7	<p>75% of the WSS facilities were monitored in the FY2016/17. The assessor was able to see all the monitoring reports of the facilities, majority of which were joint monitoring by the DWO, RDC and L.C5 chairperson. The annual progress report for FY 2016/17 further confirm monitoring in place.</p>
4	<p>The LG Water department has submitted accurate/consistent reports/data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<p>• Evidence that the LG has submitted accurate/consistent data for the current FY: o List of water facility which are consistent in both sector MIS reports and OBT: score 10</p>	0	<ul style="list-style-type: none"> <li>• The list of water facilities for Abim district in the OBT are not consistent with the MIS data from the ministry of water and environment.</li> <li>• The Performance Contract for Abim shows that Lotuke had Safe Water Access of 67% and Nyakwae had safe Water access of 86% similar to Abim district average coverage.</li> </ul> <p>This was contrary to the MIS report that showed that Lotuke had safe water access of 78% while Nyakwae had 95% safe water access.</p>
Assessment area: Procurement and contract management				
5	<p>The LG Water department has submitted procurement requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has submitted procurement requests to PDU that cover all investment items in the approved Sector annual work plan and budget on time (by April 30): score 4</p>	0	<ul style="list-style-type: none"> <li>• The assessor saw only one DWO procurement request for completion of DWO block (Ugshs 84,787,817). This was signed by Abim district CAO on 15/09/2016. Other requests by the DWO could not be traced even at the PDU offices.</li> </ul>

6	<p>The DWO has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> <li>If the DWO prepared a contract management plan and conducted monthly site visits for the different WSS infrastructure projects as per the contract management plan: score 2</li> </ul>	0	<ul style="list-style-type: none"> <li>The DWO had two contract management plan on file for Morulem Piped Water Scheme and DWO block. Although, there were two staff in his office including Borehole Maintenance Technician.</li> <li>The DWO reported that he handled all the 3 WSS infrastructure projects himself (Morulem Piped Water Scheme, District Water Office Block and Borehole rehabilitation).</li> <li>No evidence of monthly site visits was seen on file.</li> </ul>
		<ul style="list-style-type: none"> <li>If water and sanitation facilities constructed as per design(s): score 2</li> </ul>	2	<p>Checking the Project design documents as well as the BOQs of Morulem Piped water Scheme, DWO block and boreholes rehabilitation, it was confirmed that they tallied with the information found in the project completion reports.</p>
		<ul style="list-style-type: none"> <li>If contractor handed over all completed WSS facilities: score 2</li> </ul>	2	<p>Site visits of Morulem piped water Scheme and rehabilitated boreholes in Abim S/C confirmed handover of projects with a completion stone mark. Also, project completion reports for Morulem piped water scheme as well as boreholes were seen in the DWO.</p>
		<ul style="list-style-type: none"> <li>If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2</li> </ul>	2	<p>The annual Progress report for Abim in the FY 2016/17 show that of Morulem piped water Scheme(done by Ebowa Investments Ltd) and 4 rehabilitated boreholes(done by Makmegi Technical Services Ltd) were certified by the DWO.</p>
7	<ul style="list-style-type: none"> <li>Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points</li> </ul>	<ul style="list-style-type: none"> <li>Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points</li> </ul>	3	<p>The DWOs certified and recommended suppliers for timely payment for works and supplies. For example request for payment for retention of 10 boreholes by 11 star suppliers and agency dated 3/1/2017 and forwarded for payment by the DWO on 3/1/2017 and payment voucher dated 21/4/2017.</p> <p>Payment request for snow print enterprises for supply of stationery to facilitate workshop (WSSB) dated 28/3/2017 and forwarded by the DWO for payment on 12/4/2017 and payment voucher dated 12/4/2017.</p>
Assessment area: Financial management and reporting				

8	<p>The LG Water department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 5</li> </ul>	0	<p>According to the LG Planner's records and evidence from the Q4 Consolidated APR for the FY 2016/17, while the water department submitted inputs to the planning unit for all 4 quarters for FY 2016/17 (i.e. Q1 - 21st/11/2016 Receipt No: 0093; Q2 - 14th/2/2017 Receipt No: 0342; Q3 – 22nd/5/2017 Receipt No: 0741; and Q4 - 8th/8/2017 Receipt No: 4075), the submissions were sometimes slow, hence the late submission of the Q4 APR (meant to be submitted before 31st/7/2017).</p>
9	<p>LG Water Department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year 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</li> </ul>	0	<p>The water sector provided information to internal audit on the status of implementation of some of the audit queries for the previous financial year. There was evidence in internal audit unit book titled " records of discussions and responses to internal audit queries"</p> <p>The sector had internal audit queries as per the quarterly reports but there was evidence of response to some of the audit queries. For example Muraka Isaac Phillip had un accounted for funds of 675,000 shillings for repair of blocked sewerage lines. He responded by accounting for the funds and query was dropped. LGPAC didn't sit to review the 2nd, 3rd and fourth Quarterly internal audit reports FY 2016/17.</p>

Assessment area: Governance, oversight, transparency and accountability

10	<p>The LG committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the council committee responsible for water met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports and submissions from the District Water and Sanitation Coordination Committee (DWSCC) etc. during the previous FY: score 3</li> </ul>	3	<p>The Social Services Council Committee (SSC) is responsible for water on top of other sectors (i.e. community services, education, health and works etc). Evidence from the SSC minutes for the FY 2016/17 confirmed that the SSC sat 2 out of the 6 mandatory times (i.e. on the 23rd/2/2017 and the 28th/10/2016) to discuss service delivery issues in the areas of departmental budgets and reports. However, what was lacking was discussion of supervision reports, performance assessment results, LG PAC reports and formal recommendations to council, etc.</p>
		<ul style="list-style-type: none"> <li>Evidence that the water sector committee has presented issues that require approval to Council: score 3</li> </ul>	0	<p>There was no evidence from the minutes of the district council (30th/5/2017, 21st/12/2016, 14th/9/2016, 26th/5/2016, 3rd/5/2016 and 31st/3/2016)) that the SSC discussed water issues that sought for council's approval.</p>
11	<p>The LG Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> <li>The AWP, budget and the Water Development grant releases and expenditures have been displayed on the district notice boards as per the PPDA Act and discussed at advocacy meetings: score 2</li> </ul>	2	<ul style="list-style-type: none"> <li>There was evidence of the AWP, budget and Water Development grant releases and expenditures being discussed at advocacy meetings. For instance,</li> <li>Advocacy minutes were seen in which releases were part of the Sector Progress report (Min 05/Q3/2017) in which Ugshs 288,616,264 were released for FY 2016/17 for District Water Office.</li> </ul>
		<ul style="list-style-type: none"> <li>All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2</li> </ul>	2	<ul style="list-style-type: none"> <li>Physical visit of the assessor on 18/01/2018 confirmed that borehole rehabilitation were clearly labelled. Example is Kano P/S borehole, Kano Parish, Abim S/C. Latrines had not been constructed in both FY 2016/17 and 2017/18 because countries were mobilised to construct their own latrines under CLTS. Morulem RGC Water Supply Scheme had a big signpost showing client, Project, contractor and source of funding and this was however on the road leading to the facility.</li> </ul>

		<ul style="list-style-type: none"> <li>Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2</li> </ul>	2	<ul style="list-style-type: none"> <li>Information on tenders and contract awards was seen on the LG noticeboard as indicated;</li> <li>Rehabilitation of 6 boreholes lot 1 within Abim district. Reference:ABIM 573/Supplies/17-18/001/2. Contract awarded to Lyama enterprises and Top General Enterprises. Contract Sum was Ugshs 37,500,000.</li> <li>Date of Display: 15th January 2018</li> <li>Date of removal:30th January 2018</li> </ul>
12	<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> <li>If communities apply for water/public sanitation facilities as per the sector critical requirements (including community contributions) for the current FY: score 1</li> </ul>	1	<ul style="list-style-type: none"> <li>Community application files as well as the community meeting minutes confirmed application of water and public sanitation facilities. Forinstance, Kampala L.C1 village, Adea parish, Morulem S/C submitted an application for a borehole to DWO on 1/6/2017. The application was signed by L.C.1 chairperson, Secretary for Women, executive members(2) and community members(5). In addition, Kampala L.C.1 community meeting on 1/6/2017 made the same request in which 52 members attended and signed the minutes. A bank desposit of 200,000shs was made in DFCU bank.</li> <li>Also office of the Gangming South West L.C.1, Gangming parish, Lotuke S/C applied for a borehole in Ored Settlement site. Letter dated 09th June 2017. Minutes of the community village meeting were taken on 15/04/2017 and were signed by L.C.1 chairperson, village secretary and 105 village members. Members had also paid capital community contribution of Ugshs 200,000 for borehole drilling to Abim district. General receipt no.2957 made on 31/05/2017.</li> </ul>
		<ul style="list-style-type: none"> <li>Number of water supply facilities with WSCs that are functioning evidenced by collection of O&amp;M funds and carrying out preventive maintenance and minor repairs, for the current FY: score 2</li> </ul>	2	<ul style="list-style-type: none"> <li>DWO monitoring and supervision reports showed that 10 Water Supply facilities with WSCs were functioning properly given that they even collected O&amp;M funds for repair and maintenance of boreholes.</li> <li>Examples of water points that collected O&amp; M funds included; Alembwola P/S(15,000/=), Aluga(21,000/=), Oyompolo I(33,000/=), Oyompolo II(46,000/=), Aroo II(12,000/=), Apelkoli(85,000/=),Obworo(17,000/=),Makalatin(160,000/=),Adwal camp(15,000/=), Adwal East (37,000/=).</li> <li>Field visit showed that communities had boxes where O&amp;M funds were kept and the treasurer was in charge.</li> </ul>
Assessment area: Social and environmental safeguards				

13	<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that environmental screening (as per templates) for all projects and EIAs (where required) conducted for all WSS projects and reports are in place: score 2</li> </ul>	0	<p>Only 1 out of 3 projects had an EIA report that is Morulem piped water project. It was received by the MoWE on 28th May 2013 and was conducted by Turn-Key Consult. Evidence of environmental screening for the other projects was not seen.</p>
		<ul style="list-style-type: none"> <li>Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1</li> </ul>	1	<ul style="list-style-type: none"> <li>The DWO indicated that there has been no cases of unacceptable environmental concerns in the past FY 2016/17.</li> </ul>
		<ul style="list-style-type: none"> <li>Evidence that construction and supervision contracts have clause on environmental protection: score 1</li> </ul>	1	<ul style="list-style-type: none"> <li>All the three contracts checked for Morulem Water project, DWO office and Borehole rehabilitation had clauses on environmental protection. It read “the contractor shall execute the works in an environmentally friendly manner and shall avoid all unnecessary damage to property and flora”.</li> </ul>
14	<p>The LG Water department has promoted gender equity in WSC composition.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> <li>If at least 50% WSCs are women as per the sector critical requirements: score 3</li> </ul>	3	<ul style="list-style-type: none"> <li>Majority of the Water Sanitation Committee for different water points had more than 50% of their members as females. For instance, Ohima I borehole(M=2, F=5), Kanu HCII borehole(M=1,F=5), Geregere North borehole(M=3, F=4). This was seen on the attendance list of WSC refresher training by the Water and Sanitation Department of Abim district.</li> </ul>
15	<p>Gender- and special-needs sensitive sanitation facilities in public places/RGCs.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> <li>If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3</li> </ul>	0	<p>Although public sanitation facilities had separate stances for men and women, they lacked a stance for Persons with Disabilities. For instance, Gulonger Primary School in Morulem Sub county had a 4-stance pit latrine that lacked a stance for PwDs as well as a ramp.</p>