



LGPA 2017/18

Accountability Requirements

Kamuli District

(Vote Code: 517)

Assessment	Compliant	%
Yes	3	50%
No	3	50%

Summary of requirements	Definition of compliance	Compliance justification	Compliant?
Assessment area: Annual performance contract			
<p>LG has submitted an annual performance contract of the forthcoming year by June 30 on the basis of the PFMAA and LG Budget guidelines for the coming financial year.</p>	xxx	<p>No, the annual performance contract for the FY 2017/2018 was not submitted by 30th June.</p> <p>The Final Performance Contract for Kamuli DLG for the FY 2017/2018 was submitted to MoFPED on 12th July 2017 and received by the PSST MoFPED on 26th July 2017. Refer to the signature of the PSST MoFPED ON Page 3 of the contract.</p>	No
Assessment area: Supporting Documents for the Budget required as per the PFMA are submitted and available			
<p>LG has submitted a Budget that includes a Procurement Plan for the forthcoming FY (LG PPDA Regulations, 2006).</p>	xxxxx	<p>Yes, the Budget does include a copy of the Procurement Plan.</p> <p>The Procurement Plan was shared in the Draft Performance Contract 'Form B' for the FY 2017/2018 was submitted to MoFPED on 27th April 2017 as per the dated Ministry stamp on the cover letter.</p> <p>Refer to Annex 3 in the Draft Performance Contract titled 'Draft Consolidated Procurement Plan for the FY 2017/2018</p>	Yes
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

Kamuli DLG did not submit her annual performance report on or before 31st July 2017.

The Annual performance Report for the period FY 2016/2017 was received by MoFPED on 4th Aug 2017 as per the 'Acknowledgement Receipt of Submission of Budget Documents' serial number 4504 and MoFPED dated stamp on page one of the report.

The report was also submitted to the Office of the Prime Minister on 7th Aug 2017 as per the dated stamp from the OPM on the cover letter of the report

No

LG has submitted the quarterly budget performance report for all the four quarters of the previous FY; PFMA Act, 2015)

XXXXXX

No. While the FY 2016/2017 performance report was submitted and included all the four quarters, quarter four report was submitted late after 15 July.

Refer to Quarter 1 Report submitted on 30th Nov 2016 to MoFPED as per the Acknowledgement Receipt of Submission of Budget Documents serial number 0135 and MoFPED dated stamp on page one of the report.

Refer to Quarter 2 Report submitted on 28th Feb 2017 to MoFPED as per the Acknowledgement Receipt of Submission of Budget Documents serial number 0430 and MoFPED dated stamp on page one of the report.

Refer to Quarter 3 Report submitted on 25 May 2017 to MoFPED as per the Acknowledgement Receipt of Submission of Budget Documents serial number 0763 and MoFPED dated stamp on page one of the report.

Refer to Quarter 4 Report submitted on 4th August 2017 to MoFPED as per the Acknowledgement Receipt of Submission of Budget Documents serial number 4504 and MoFPED dated stamp on page one of the report.

No

Assessment area: Audit

<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 district had 14 issues raised by the Internal Auditor and all of these were addressed in a report to the PS/ST dated 20/03/2017. Reference No. CR/252/2</p> <p>The report was received at the office of the Internal Auditor General on 27th /03/2017</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>The LG received an unqualified audit opinion. This was verified from the District audited financial statement for FY 2016/17 that was obtained at the Office of the Auditor General</p>	<p>Yes</p>



LGPA 2017/18

Crosscutting Performance Measures

Kamuli District

(Vote Code: 517)

Score 42/100 (42%)

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"> • A functional Physical Planning Committee in place that considers new investments on time: score 2. 	0	<p>No, the District has a Physical Planning Committee which was set up in 2015 when members were appointed and oriented but it is not functional.</p> <p>Refer to official letter written by the CAO on 26th April 2015 ref CR/156/1 to the 11 appointed office bearers that are legally supposed to form part of the Committee as per the Physical Planning Act 2010.</p> <p>The Council meets but is yet to approve any building plans due to a number of issues namely: the council has not yet agreed on the fee to be charged for application of plan approval, disagreement on the roles of the different members of the committee.</p> <p>Refer to minutes from the Physical Planning Committee meeting held 24th October 2016 where the agenda on page one indicated that the council was meant to consider applications and building plans.</p> <p>Minute 12/KPPC/2016/2017 indicates that applications were not handled because members did not receive copies of the applications.</p> <p>Additionally Minute 13/KPPC/2016/2017 indicates key issues discussed to address the current gaps in the operation of the council.</p> <p>The district does not have a Land Applications registration book.</p> <p>The district does not have a Physical Structural Plan but uses cadastral survey layouts of the rural growth centres and small towns of Bulawuli Town Board, Namasagali Rural Growth Centre, Bulopa Town Boards, Namwendwa Town Board, and Mbulamuti Town Board.</p>

		<ul style="list-style-type: none"> • All new infrastructure investments have approved plans which are consistent with the Physical Plans: score 2. 	0	<p>No, the new infrastructural plans are not consistent with the Committee approved plans.</p> <p>This is because since the Committee was set up, they have never approved any Physical Plans. As such there is nothing to assess.</p>
2	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	<ul style="list-style-type: none"> • Evidence that priorities in AWP for the current FY are based on the outcomes of budget conferences: score 2. 	0	<p>There is no direct evidence that the priorities in the AWP for the current FY were based on the outcomes of the budget conference.</p> <p>This is because there is no Budget Conference report for the FY 2017/2018.</p> <p>The document submitted as the Budget Conference report is simply an annex of all the presentations made by the various department heads on 22 Dec 2016. It does not have a summary of issues discussed, and decisions made, or an annex of the conference participants.</p> <p>As such one can not deduce whether the presentations made by the respective sector heads was well received, discussed and agreed on as the annual priorities.</p>
		<ul style="list-style-type: none"> • Evidence that the capital investments in the approved Annual work plan for the current FY are derived from the approved five-year development plan. If different, justification has to be provided and evidence that it was approved by Council. Score 2. 	2	<p>Yes, the capital investments in the Approved Annual Work Plan for FY 2017/2018 are derived from the DDP.</p> <p>For example a review of the planned activities under the Education Sector in the AWP FY 2017/2018 on Page 45 in the last row of the table indicated that the District planned to construct 5 stance lined latrines in Kakindu Primary School.</p> <p>This planned activity is aligned to the plans within the DDP under Development projects within Namasagali sub county.</p> <p>Refer to Page 213 of the Kamuli DLG DDP for FY 2015/16 – 2019/20 where Construction of 5 stance pit latrines was planned for 3 Primary Schools one of which was Kakindu P/S.</p>

		<ul style="list-style-type: none"> • Project profiles have been developed and discussed by TPC for all investments in the AWP as per LG Planning guideline: score 1. 	0	<p>While some investment projects have project profiles developed, not all investment projects have profiles.</p> <p>Refer to Page 170 – 183 to view 6 project profiles within the Kamuli DLG DDP for the FY 2015/16 – 2019/20 There is also no evidence within the TPC minutes to indicate that ALL investments in the AWP were discussed by the TPC.</p>
3	<p>Annual statistical abstract developed and applied</p> <p>Maximum 1 point on this performance measure</p>	<ul style="list-style-type: none"> • Annual statistical abstract, with gender disaggregated data has been compiled and presented to the TPC to support budget allocation and decision-making- maximum 1 point. 	1	<p>Yes, the statistical abstract for FY 2016/2017 was developed and it contains gender disaggregated data.</p> <p>Refer to Page Pages 8, 9 and 10 of the statistical abstract for the FY 2017/2018. The abstract was not presented or discussed in the DTPC.</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"> • 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 	2	<p>Yes, all infrastructural projects sampled implemented by the DLG in FY 2016/17 were derived from the Annual Work plan for FY 2016/2017.</p> <p>Refer to the FY 2016/2017 LG Quarterly performance report for Q1 for the cumulative Department work plan performance for Health Page 101 – 105 where all three activities planned were implemented. These activities namely : renovation of the Kamuli General Hospital incinerator, Payment of outstanding funds for the remodelling of theatre at Nakandulo HC IV, and procurement of four oxygen tanks were planned in the for the AWP for FY 2016/2017 under the District Development Equalization Grant within (Page 49 of the AWP FY 2016/2017)</p>

		<ul style="list-style-type: none"> Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY. o 100%: score 4 o 80-99%: score 2 o Below 80%: 0 	2	<p>Yes. Data indicates that the investment projects implemented in FY 2016/2017 were as per the FY work plan.</p> <p>Refer to Page 2 of the Q4 LG Quarterly Performance Report for the FY 2016/2017, the table titled 'Overall Expenditure Performance'. A review of the cumulative receipts, disbursements and expenditures for the FY 2016/2017 indicates 82% annual absorption under the Domestic Development Grant and 69% under the Donor Development Funding. This provides an average absorption rate of 75.5% for all investment projects.</p> <p>Note: In FY 2016/2017 Kamuli DLG had a contracts committee that was missing some members, and as such could not effectively carry out its business. This is the primary reason for the less than 100% absorption for development activities since it resulted in delays in the award of contracts.</p>
5	<p>The LG has executed the budget for construction of investment projects and O&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"> Evidence that all investment projects in the previous FY were completed within approved budget – Max. 15% plus or minus of original budget: score 2 	0	<p>Yes. A review of the Annual Performance Report for the FY 2016/2017 under the tabular highlights of the Revenue and Expenditure of the 12 departments indicates a cumulative absorption rate of 79% which is a cumulative variance of 21% below budget for total expenditures under Domestic Development Expenditures and Donor Development Expenditures specifically.</p> <p>To review the data used to calculate the percentage of total expenditure in comparison to the approved Budget, look at the tabular highlights of the Revenue and Expenditure of the 12 departments on Pages 5, 7, 9, 11, 13, 16, 18, 20, 22, 24, 26, and 27.</p>

		<ul style="list-style-type: none"> Evidence that the LG has budgeted and spent at least 80% of O&M budget for infrastructure in the previous FY: score 2 	0	<p>No, the LG has not budgeted and spent 80% of the O and M budget on infrastructure.</p> <p>A review of the tabular cumulative Department Work plan Performance for the FY 2016/2017 indicates that the O and M expenditure for three sampled departmental project activities is at an average of 73.8%. For example on Page 80, under Finance Department, Budget for Maintenance Civil was utilized 88%. Also refer to Page 118 of the Annual Performance Report FY 2016/2017 under Education Department – Budget for the Maintenance of Other was utilized up to 33%. Lastly on Page 75, under Admin Department, Budget for Maintenance of Other was utilized 100%. Note that Maintenance - Other cater for infrastructural renovations for example.</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"> Evidence that HoDs have been appraised as per guidelines issued by MoPS during the previous FY: score 2 	0	<p>There was no evidence of existence of the annual performance agreement reports for FY 2016/17 for all the HoDs. The review of personnel files for HoDs revealed that most of them were last appraised in FYs 2011/12. However, signed performance agreements for FY 2012/13 and FY 2015/16 were in place but still no evidence of corresponding annual performance reports.</p>
		<ul style="list-style-type: none"> Evidence that the LG has filled all HoDs positions substantively: score 3 	0	<p>Ten (90%) out of eleven positions of HODs are substantively filled including District production and Marketing officer, DNRO, D/Planner, DCDO, DHO, DIA, CFO, Senior Procurement Officer, D/CAO and DEO). Appointment letters for all filled positions are on respective personnel files. The position of District Engineer not filled since 2007 and it has been advertised for over 6 times and failed to attract registered engineer as per the job description. The unattractiveness is attributed to uncompetitive remuneration package and the requirement of 9 years of work experience.</p>

<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that 100 percent of staff submitted for recruitment have been considered: score 2 	2	<p>The PS (MoPS) cleared Kamuli district to fill the 47 vacant posts in FY 2016/17 as per the letters dated 19/12/16 and 17/2/17 addressed to CAO. All (47) posts submitted to DSC were considered in FY 2016/17 as evidenced by the (12) minute extracts of the KDSC meetings held between January 20th and June 26, 2017. Refer to the following minute extract of the 102th meeting held on 2/6/2017; minute extract of the 107th meeting held on 12/6/17; minute extract of the 106th meeting held on 8/6/2017; minute extract of 86th meeting held on 9/5/17; etc.</p>
	<ul style="list-style-type: none"> • Evidence that 100 percent of staff submitted for confirmation have been considered: score 1 	1	<p>There was evidence that all the (51) LG staff submitted for confirmation in FY 2016/17 were considered by the DSC. Reference is made to a number of minutes extracts including: Minute extract of the 53rd meeting held on 22/7/2016; Minute extract of the 55th meeting held on 2/8/2016; Minute extract of the 54th meeting held on 26/7/16; Minute extract of the 59th meeting held on 23/11/2016; Minute extract of the 61st meeting held on 2/12/2016; minute extract of the 63rd meeting of KDSC held on 13/12/2016; minute extract of the 62nd meeting of KDSC held on 6/12/2016; minute extract of the 66th meeting of Kamuli DSC held on 16/1/2017; minute extract of the 65th meeting of KDSC held on 9/1/2017; minute extract of the 89th meeting of KDSC held on 15/5/2017; minute extract of the 85th meeting held on 21/4/2017; minute extract of the 83rd meeting held on 19/4/2017, etc.</p>
	<ul style="list-style-type: none"> • Evidence that 100 percent of staff submitted for disciplinary actions have been considered: score 1 	1	<p>In FY 2016/17, (5) disciplinary cases were submitted to DSC and were considered as evidenced by Minute extract of the 66th meeting of KDSC held on 16th January 2017 (under Minute No.243/KDSC/2017) and Minute extract of the 52nd meeting held on 7/7/2016 (Min.No.160/KDSC/2016)</p>

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"> • 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 	3	<p>From the review of the DSC minute of extracts of meetings held between January 20-June 26, 2017, it was found that all the (47) posts submitted by the CAO were considered. However, the appointment letters were issued in July 2017 and hence the recruitment process crossed to the current FY. The delay was attributed to investigation of the DSC conducted by the office the CAO regarding the recruitment process. Therefore, there was no newly appointed LG staff in FY 2016/17</p>
		<ul style="list-style-type: none"> • Evidence that 100% of the staff that retired during the previous FY have accessed the pension payroll not later than two months after retirement: score 2 	0	<p>From a sample of the (9) retirement cases, it was confirmed that eight (88.8%) out of (9) retired staff did not access the pension payroll within 2 months after retirement in FY 2016/17. For example: Kayabya Agness who retired on 6/8/16 was accessed on the pension payroll on 12/12/16 while Dhiwerera Sam who retired on 24/10/16 accessed on pension payroll on 31/1/17, etc.</p>
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"> • If increase in OSR from previous FY but one to previous FY is more than 10% : score 4 points • If the increase is from 5 -10% : score 2 point • If the increase is less than 5% : score 0 points. 	0	<p>From the review of the annual final accounts for FY 2015/16 & 2016/17 it was found out that the LG increased its local revenue collection by 2%. From UGX 182,574,052 that was collected in 2015/16 to UGX 186,937,566 in 2016/17. This was below the allowable threshold thus the LG does not attain a score</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"> • 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. 	0	<p>From the review of the LG 2016/17 budget, it was found out that the LG had budgeted to collect UGX 628,756,000 in FY 2016/17 but it was only able to collect UGX 186,937,566 which was -70% budget collection ratio.</p> <p>The officers explained that there budget included local revenue forecast for LLG yet in the actuals it was not included.</p>

11	<p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the District/Municipality has remitted the mandatory LLG share of local revenues: score 2 	0	<p>The LG did not remit the share of the mandated local revenues to the LLGs.</p> <p>It received UGX 119,416,121 as total service Tax collections and only transferred UGX 17,705,689.</p> <p>A total of UGX 59,914,790 was not transferred.</p> <p>The management alleged that the money was used to cater for civil litigations.</p>
		<ul style="list-style-type: none"> • Evidence that the LG is not using more than 20% of OSR on council activities: score 2 	0	<p>The LG spent UGX UGX 80,400,000 on payment of allowances for council and standing committees which is 43% of the Local revenue collected.</p>

Assessment area: Procurement and contract management

12	<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the District has the position of a Senior Procurement Officer and Procurement Officer (if Municipal: Procurement Officer and Assistant Procurement Officer) substantively filled: score 2 	0	<p>Kamuli DLG only had a Senior Procurement Officer appointed substantively under Min. No. 113JDSC/2012/KML dated 31st May 2012 signed by Masereka Amis Asuman for CAO.</p> <p>The Procurement Officer appointed under Min No. 53/2008 dated 15th April 2008 signed by Charles A Okello as CAO, was later promoted under Min No. 103/JDSC/2012/KML dated 31st May 2012 signed by Masereka Amis Asuman for CAO and was later seconded to Kamuli Municipality with evidence dated 12/1/2016 and finally transferred under Min No. 313/KDSC/2017(2) dated 7/4/2017 signed by Baganzi Ronald Ross Ag. Town Clerk Kamuli TC .</p> <p>Therefore at the time of this assessment the LG did not have a substantive Procurement Officer. The replacement had not yet been effected.</p>
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<ul style="list-style-type: none"> Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1 	1	<p>Yes, Kamuli DLG had evidence that the Technical Evaluation Committee (TEC) produced and submitted reports to the District contracts committee(DCC). Evidence is based on Minutes of Kalilo DCC held at Kamuli District Board Room on 14th September 2016 where the DCC received and considered the TEC reports and approved them with no deviations.</p> <p>Their DCC had expired at the time1.evidence can be found in:-</p> <ul style="list-style-type: none"> KAMU517/SUPPLS/16-17/0001 Supply of assorted water parts KAMU517/WRKS/16-17/0003 Construction of a 2-unit teachers house at St Kizito Nababirye PS KAMU517/WRKS/16-17/0004 Construction of a 2-unit teachers house at Malugulya PS KAMU517/WRKS/16-17/0005 Construction of a 3 classroom block with no office at Mulumba Kiseege Ps KAMU517/SVCS/16-17/0001 Site drilling and supervision of 12 BH lot 1 and Lot 2 KAMU517/SVCS/16-17/0003for the design of piped water supply system in Balawoli KAMU517/Suppls/16-17/0003 Proc. Of a 4WD double cabin pick up for education.
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		<ul style="list-style-type: none"> • Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1 	1	<p>Yes, Kamuli DLG has evidence that the contracts committee considered recommendations of the TEC there was found no deviation as sampled from:-</p> <ul style="list-style-type: none"> • KAMU517/SUPPLS/16-17/0001 Supply of assorted water parts • KAMU517/WRKS/16-17/0003 Construction of a 2-unit teachers house at St Kizito Nababirye PS • KAMU517/WRKS/16-17/0004 Construction of a 2-unit teachers house at Malugulya PS • KAMU517/WRKS/16-17/0005 Construction of a 3 classroom block with no office at Mulumba Kiseege Ps • KAMU517/SVCS/16-17/0001 Site drilling and supervision of 12 BH lot 1 and Lot 2 • KAMU517/SVCS/16-17/0003for the design of piped water supply system in Balawoli <p>KAMU517/Suppls/16-17/0003 Proc. Of a 4 WD double cabin pick up for education.</p>
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"> • 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 	2	<p>Yes, Kamuli DLG has evidence that the Procurement and disposal plan for FY 17/18 was signed by CAO Ben Otim Ogwette on 16th October for submission to PPDA and on page 3 S/No 001 to 090 were procurements for works, services and supplies which covered all infrastructure projects approved in AWP and budget submitted by all departments.</p> <p>Yes, the LG of Kamuli further has an advert for FY 16/17 for the 6 open bidding procurements and 19 selectively procured actions. All these adhered to the procurement plan signed by CAO Ben Otim Ogwette on 12/7/2016 and received by PPDA on 21/10/2016. The action files were in office as per the advert as well as the selectively procured files</p>

14

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

- For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/infrastructure by August 30: score 2

0

No evidence that the LG of Kamuli had 80% of the bid documents prepared by August 30th. However the Bid data sheets for the open bid procurements were in place by 7/7/2017 while all the selectively procured procurements were not in place by August 30 2017.
Evidence

- All selective procurements for current FY had not yet started contracts were with CAO for signature.

Maximum 6 points on this performance measure

• For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2

0

No evidence was availed to the effect that Kamuli LG PDU had a manual contract register. They had an electronic contract register for FY 16/17 which was not fully updated and none for FY 17/18 . The officers also alluded to the Intergated Financial Management System that generates a contract register but was not availed to the assessor

There was no evidence that All activity files were complete. The samples lacked contract manager assignments and the contract management reports. The payment certificates though in triplicates were not on file (user departments tend to keep all the 3 copies) Unfortunately some certificates of payment were not fully signed.

There were a few completion certificates for water on file

- Maa Tech cert.01 dated 23/3/2017 at 145,296,734/=
- Certificate 01 dated 15/5/2017 at 9,225,948 to Kiira dev. Group
- Cert 01 dated 15/5/2017 at 33,984,102 to Geobot water Engineering .services
- Cert 02 dated 10/4/2017 at 12,479,040 to Relief Line Uganda Limited
- Cert 01 dated 21/12/2016 at 135,078,048 to Relief Line Uganda for supply of BH pump parts

Later the education and production certificates of payment were presented to the assessor. At the time of this assessment the files were not complete.

• For previous FY, evidence that the LG has adhered with procurement thresholds (sample 5 projects): score 2.

2

Yes, the local government has evidence that no contract sampled was out of threshold range since they were clearly advertised and selective procurements were listed as so depending on contract amount. On the notice boards they have a file)with best evaluated bidders and cross checked procurement plan versus the 19 files in office.

Evidenced by advert of 2016/17, the annual work plan 16/17 from page 3 onwards as well

- KAMU517/SUPPLS/16-17/0001 Supply of assorted water parts
- KAMU517/WRKS/16-17/0003 Construction of a 2-unit teachers house at St Kizito Nababirye PS
- KAMU517/WRKS/16-17/0004 Construction of a 2-unit teachers house at Malugulya PS
- KAMU517/WRKS/16-17/0005 Construction of a 3 classroom block with no office at Mulumba Kiseege Ps
- KAMU517/SVCS/16-17/0001 Site drilling and supervision of 12 BH lot 1 and Lot 2
- KAMU517/SVCS /16-17/0003 for the design of piped water supply system in Balawoli

15

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

Maximum 4 points on this performance measure

- Evidence that all works projects implemented in the previous FY were appropriately certified – interim and completion certificates for all projects based on technical supervision: score 2

0

No, there was no evidence that all projects implemented were appropriately certified – Interim and completion certificates based on technical supervision. True CAOs , CFO and Engineers and DEO certify before payment but there were no technical supervision reports on file.

Education had 10 projects FY 16/17 that had such gaps while

The 5 s/c projects had no certificates since they are not usually submitted. Evidence :-

- Construction of 2 Unit teachers house at 53,384,852.

Cert. 01 dated 21/12/2016 worth 3,4651,288 was not signed by CAO/TC

- Construction of a 3 classroom block on

Cert 03 dated 21/12/2016 at Kasozi Mengo in Namasagali s/c at 3,591,309/= CAO/TC did not sign

- Construction of Malugulya staff house

Cert 02 worth 15,957,112/= dated 7/3/2017 the CIA did not sign.

The practice of having 3 certificates causes fatigue, photocopies should be upheld to avoid abuse.

- 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

0

No evidence was available to show that all works projects for FY 17/18 were clearly labelled indicating names, value, source of funds and duration samples for FY 17/18 were;

- St Kaloli -Namagamba.classroom block

- St Mulumba Kiseege 2 classroom block

- 2 Unit staff house at Nagwenyi Primary school in Bulopa s/c

- Most water projects had not taken off pending contract signing nonetheless even the FY 16/17 projects were not labelled much as the Bids cater for the signage.

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"> Evidence that the LG makes monthly bank reconciliations and are up to-date at the time of the assessment: score 4 	4	<p>The LG makes monthly bank statement that are generated from the IFMS system</p> <p>By 31st December 2017 all the funds were reconciled this was evidence from the test reports produced from the system.</p> <p>For example from the Treasury Single Account by 31/12/2017 the LG had balance per bank statement of UGX 42,209,692, the expected ending balance as per cash book was UGX 42,209,692 and the actual balance was UGX 42,209,692.</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"> 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. 	0	<p>Not all payments are made on time for example:</p> <p>Payment for the contract of remodelling the theatre at Nankandulo Health Centre IV under PHC funds 2014/15; whereas the invoice for payment was raised on 23/06/2016 and certified on the same day the payment was made on 19/12/2016. It was reported that the delay in payment was because the Health Monitoring unit had questioned the quality of the works undertaken.</p> <p>Payment to LHM ground water for sitting and supervision of borehole an invoice was raised on 14th March 2017 and the payment was made on 27th/06/2017</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"> Evidence that the LG has a substantive Senior Internal Auditor and produced all quarterly internal audit reports for the previous FY: score 3. 	3	<p>The LG has a substantive Principle Internal auditor appointed on 31st May 2012. Minute No. 110/JDSC/2012/KML</p> <p>The Internal audit department has produced internal audit reports for all the quarters of FY 2016/17. These reports were seen during the assessment</p>

		<ul style="list-style-type: none"> 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. 	0	<p>What was observed was that the departments made responses to the issues raised by internal auditor however there was no evidence of follow-up on the audit queries. By the time of the assessment the Chief Administrative Officer was in a process of consolidating all responses to the queries that he will present to Council.</p>
		<ul style="list-style-type: none"> Evidence that internal audit reports for the previous FY were submitted to LG Accounting Officer, LG PAC and LG PAC has reviewed them and followed-up: score 1 	0	<p>The internal audit report were submitted to LG Public Accounts Committee (LG PAC) evidence of stamped reports seen</p> <p>LG PAC met to discuss the reports</p> <p>By the time of the assessment minutes of the LG PAC meetings were not yet printed and signed. Thus no evidence of LG PAC meeting and discussion of the reports.</p>
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"> 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 	0	<p>The assets register is existent and it is updated this was confirmed from existence of new equipment on the register acquired at the end of 2017.</p> <p>However not all details on land and buildings was included in the assets register that was provided.</p> <p>The format however did not confirm to what is provided in the manual.</p> <p>The LG officer explained that the Ministry issued new templates for the assets register that they are using when compiling their current register.</p> <p>A copy of the circular was given to the assessor</p>

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: • unqualified audit opinion: score 4 • Qualified: score 2 • Adverse/disclaimer: score 0</p>	4	<p>The LG received an unqualified audit opinion as evidenced from the review of the LG audited financial statement for FY 2016/17 obtained at the OAG</p>
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	<p>Yes. The council meets and discusses service delivery issues including the DTPC reports.</p> <p>For example in the minutes for the extended DTPC meeting held 27th October 2016 under Minute EDTPC/ 05/10/16, Education and Sports department presented the outcomes of the support supervision and inspection of schools in bullet one.</p> <p>The outcomes of those discussions were summarised by the DEO and presented to the subcommittee of Education and Health during the subcommittee meeting held 14th December 2016 under Minute 09/12/SC/2016-2017.</p> <p>The report on the discussions by the Subcommittee on Education and Health was then submitted to the overall District Council at the meeting held 21st Dec 2016 by the Chairperson of the Sub Committee and discussed under Min 28/KDLC/12/2016-2017 submission one on page 11.</p>
22	<p>The LG has responded to the feedback/complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<p>• Evidence that LG has designated a person to coordinate response to feed-back (grievance /complaints) and responded to feedback and complaints: score 2.</p>	0	<p>The District does not have a designated person who has been formally assigned to respond to grievances, feedback from the citizens.</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: • The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2</p> <p>• Evidence that the procurement plan and awarded contracts and amounts are published: score 1</p> <p>• Evidence that the LG performance assessment results and implications, are published e.g. on the budget website for the previous year (from budget requirements): score 1.</p>	<p>2</p> <p>1</p> <p>0</p>	<p>Yes, the district has the LG Payroll and Pensioner Schedule posted on the HR noticeboard.</p> <p>The Procurement and Contracts notice board had the necessary awarded contracts and amounts displayed on the procurement notice board.</p> <p>No, the district performance results and implications were not shared and published with the community since the assessment was not held last year.</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>	<p>• Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1</p>	<p>1</p>	<p>Yes, the hard copies submitted by the ministries for example on LG planning or DDEG are duplicated and disseminated to LLGS.</p> <p>For example the District planner scheduled and held a morning dissemination meeting in the Board room for all SAS on 2nd October 2017 to disseminate the FY 2018/2019 DDEG guidelines. All SAS and CDOs were taken through the guidelines and signed a schedule to confirm receipt of the guidelines. Refer to file opened 2nd Jan 2017 titled 'District Planner Correspondences to view the aforementioned schedule.</p>

		<ul style="list-style-type: none"> • 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. 	1	<p>Yes. Radio programs are predominantly used to communicate status of activity implementation for government programs.</p> <p>The radio program schedule and air time is booked and coordinated by the DIO, while the sector heads work with key political leaders to develop the talking points and talk show agenda.</p> <p>Refer to report developed for Live Radio Talk show held 3 and 4th January 2017 on Kyoga Broadcasting Services KBS. The talk show was by the Environment and Natural Resource Office and communicated among other things progress on activities being implemented by the District to address sustainable waste management. Look at Page 2 of report for the talk show agenda.</p>
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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"> • Evidence that the LG gender focal person has provided guidance and support to sector departments to mainstream gender into their activities score 2. 	2	<p>Yes, the LG through the Gender Focal Person (GFP) provided guidance and support to sector departments as evidenced by a training for heads of department report to CAO dated 20th Feb 2017. It was a days training aiming at creating awareness on gender issues and enable Heads of Departments incorporate gender issues in the departmental work plans.</p> <p>At the same days training gender guidelines and analytical tools for Higher Local Governemnts were disseminated. It was attended by 12 staff. In CAOs Boardroom</p>
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• 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.

The LG had evidence that the GFP had planned activities for FY 17/18 to strengthen women's roles. The work plan and budget for FY 17/18 has under section 4.0 Support to women council activities to empower women groups on Page 4.

On page 9 is a GBV campaign programmes work plan which is Irish funded but presented fully in the work plan

From OBT summary of 2016/17 the gender mainstreaming vote budget output 108107 had 159,289,000/=(including 94m for UWEP activities, 22m UWEP Annual Operations leaving a balance of 43,289,000/=

Conditional Grant allocates 1.8m per quarter for women council executive, monitoring of women groups and sensitisation in gender related issues. This gives a total of 7.2m per year.

From the 16 vouchers looked at, the sector realised 11,204,000 during FY 16/17;

$11,204/43,289 \times 100 = 25.88\%$

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

Maximum 6 points on this performance measure

- Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 2

2

Yes, Kamuli DLG has evidence of an established , maintained functional system and staff for environmental and social impact assessment and land acquisition. The LG has a DNRO,SEO , EO, SFO, a ranger, Lands Officer, Staff surveyor and a physical planner as staff. The Senior Environment Officer has evidence of EIAs and screening reports (summarized) carried out for activities , projects, plans and mitigation measures planned and conducted as below;

- SLUDGE TREATMENT PLANT CERT No 8481 dated 20/8/2016 signed by Dr.Tom Okurut, the ED of NEMA
- Chinese company working on district Municipal roads 17km tarmac cert No. 9490 dated 21/2/2017 signed by Okurut Tom ED NEMA
- 2 stance latrine at production and fencing for Veterenary lab screened and monitored on 4/11/2016 lab screened 2/11/2016 by SEO Bakaaki Samuel
- Cert form No. KDLG/550/1/2016-17/03 dated 6/2/2017
- KDLG/550/1/2016-17/02 Dated 15/3/2017
- KDLG/550/1/2016-17/01 dated 9/3/2017
- Screening of a slaughter slab in Nawanyago S/c on 12/10/2017
- SEO Bakaki Reported on mitigation implementation Quarter 1 and Quarter 2 FY 16/17 dated 13/3/2017
- Borrow pit mitigation compliance inspection for CH 40+00 RHS and CH28+ 00RHS both dated 23rd May 2017

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

0

No, the LG has no evidence that they integrate environment and social management plans in the contract bid documents the sampled action files for evidence were

- Maa technologies drilling test pumping and casting of 12BH 16/17/00002 (lot 2) did not integrate ESMPs

- KAMU517/WRKS/2016-17/00017 Construction of a 2 stance pit latrine with bathrooms at st. Kizito Nababirye Pr Sch in Mbulamuti under SFG did not integrate ESMPs.

- KAMU517/WRKS/16-17/0004 construction of 2 unit teachers house at Mulugulya Pr Sch in Namasagali S/c did not integrate ESMPs.

- 2 stance latrine at production KAMU517/WRKS/2016-17/0007 Provided for urinal on one side with all the necessary drainage at 500,000/= was incomplete and neither did

- Modification of ventilation system of Bulopa community hall KAMU517/WRKS/2016-17/0019

		<ul style="list-style-type: none"> • Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1 	0	<p>No evidence was availed that all projects are implemented on land where the LG has proof of ownership; however there were commendable efforts towards acquiring documentation.</p> <p>The DNRO had on file the following titles</p> <p>Health Department titles : Butansi HC III, Namwendwa HC IV, Buluya HCII, Kamuli General Hospital Nankandulo HCIV titles in place acquired in 16/17.</p> <p>In 2017/18 the district was processing titles for all the 10 s/c headquarters, Lulyambuzi HC III, and 2 markets namely (Kakira, Kasolwe and Nawantale. The Process was still ongoing with evidence of CAOs request for instruction to survey addressed to the Senior Staff Surveyor, Jinja Ministry Zonal Lands Office. It was dated 26th Oct 2017 with IS No.JJA/U/1086 DATED 22/11/2017 signed by Nansubuga.</p> <ul style="list-style-type: none"> • Education did not have titles/nor agreements for the projects much as the projects are ongoing hence not all projects were implemented on land with proof of ownership.
		<ul style="list-style-type: none"> • Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer: score 2 	0	<p>No evidence was presented by Kamuli LG that all completed projects had ESM certification signed by the Environment Officer; However the SEO had only 3 Certificates as below.</p> <ul style="list-style-type: none"> • KDLG/550/1/2016-17/03 dated 6/2/2017 • KDLG/550/1/2016-17/02 Dated 15/3/2017 • KDLG/550/1/2016-17/01 dated 9/3/2017



LGPA 2017/18

Educational Performance Measures

Kamuli District

(Vote Code: 517)

Score 48/100 (48%)

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>	<ul style="list-style-type: none"> Evidence that the LG has budgeted for a Head Teacher and minimum of 7 teachers per school (or minimum a teacher per class for schools with less than P.7) for the current FY: score 4 	4	<p>There is evidence of provision and budget for Teachers in the Performance Contract for FY 2017/2018 with Wage bill 14,578,398,000 and Number of Pupils as 104,305 with 2160 Teachers as was officially submitted to Secretary to the Treasury on 25th July 2015 with ref :CR/103/1.</p>
		<ul style="list-style-type: none"> Evidence that the LG has deployed a Head Teacher and minimum of 7 teachers per school for the current FY: score 4 	0	<p>There is evidence of staff deployment according the staff lists of 161 government schools as submitted by the Department of Education.</p> <p>There is a staff Gap of 289 teachers inclusive of Head Teachers as per the staff Lists shared in DEO's Office</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>	<ul style="list-style-type: none"> 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 	3	<p>In FY 2016/2017 from the CAO's letter to Public service on 9th March 2017 about the Staff Gaps, it's evident that the staff structure was not filled even though there was a wage bill provision but some efforts were made to fill the structure.</p> <p>However the Gap was 128 Teachers inclusive of Head Teachers. Only 49 were recruited. This means out of 2160 teachers, there is a gap of 79 un-filled posts. Which translates to 96.3% staffed</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"> 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 	6	<ul style="list-style-type: none"> - There is evidence from the staff lists that all posts of school inspectors were filled by the Education department Staff List dated 15/10/2017 showing 3 inspectors of schools. - They are in place and functional. The wage bill of all education staff was 66,334,000 as indicated in the wage bill.
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>There is evidence that the DEO prepared and submitted a recruitment plan to the CAO for action dated 9th March 2017.</p> <p>This was to cater for the Staff gaps of the Teachers.</p> <p>CAO received Recruitment submission from DEO and ordered Ag. PHRO to prepare submission to DSC on 9/3/2017`</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>All Position of School Inspectors have been filled as per the Education Department List</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>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department appraised school inspectors during the previous FY • 100% school inspectors: score 3</p>	3	<p>There is evidence that the two inspectors of schools were appraised for FY 2016/17 by DEO on 3/7/2017 and 26/7/2017 respectively. Copies of the Annual Appraisal reports on file</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>	0	<p>The Annual performance reports for calendar year 2016 for the 149 head teachers were not seen. However, a letter to PS-MoPs by the CAO dated 30/5/17 indicates that all head teachers (149) were assessed for the calendar year 2016 and the only evidence adduced to this effect was signed performance agreements for Head teachers yet performance agreements are supposed to be used as a basis for filling the performance report-head teacher's form.</p>
Assessment area: Monitoring and Inspection				

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

Maximum 3 for this performance measure

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

0

- Minutes are in place to show the meeting between the education department and the School Head Teachers dated 26th May 2017 held at Kamuli Township Main Hall at 11:00am, they were signed by the Chairperson Mr. Mitala.

- Another set of minutes between the education department and Head Teachers on 03rd March 2016. They were signed by Samanya Sajjabi as Chairperson and Namwebya Elisabeth as Secretary.

- Policies communicated include

1. PIASCY released on 12th July 2017 signed by Mr. Akoyo Charles.

2. Menstrual Hygiene communicated on 27th June 2017 it was signed by Mr. Akoyo Charles for CAO

3. Policy about School Management Committees disseminated on 25th October 2016, signed by Mulemezi Betty for DEO. With ref EDU/214/3

However it should be noted that not all guidelines, policies, circulars issued by the national level were communicated to schools.

• 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

2

- The LG Education department held meetings with head teachers about policies about taking children back to school on 3rd March 2016, Kamuli Township P/S. The minutes also reflected communications about the guidelines on school feeding. They were signed by both the chairperson and secretary

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"> 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"> 100% - score 12 90 to 99% - score 10 80 to 89% - score 8 70 to 79% - score 6 60 to 69% - score 3 50 to 59% - score 1 Below 50% - score 0. 	0	<ul style="list-style-type: none"> Inspection reports are in place for Quarter 1 up to Quarter 4 of FY 2016/2017 they have been shared as Q1 report drafted on 12th April 2017, Q2 report on 30th December 2016, Q3 report on 3rd April 2017, and Q4 report on 3rd July 2017. Inventory of schools inspected in place both Government and Private as clustered per quarter inspected. Q1 = 108 schools, Q2 = 65 Schools, Q3 = 76 Schools, Q4 = 52 Schools. Considering the average number of schools inspected in a term = 75 schools inspected out of 207 schools in the district. This gives us 36.35% which is below the minimum score.
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"> 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 	4	<p>Minutes are in place in a departmental meetings file. Minutes evident are those on 4/07/2016 held in the DEO's office at 11:00Am. They were fully signed by the Chairperson and the Secretary.</p> <ul style="list-style-type: none"> Another set of minutes was held on 3rd August 2016 at the DEO's Office at 11:00Am. In the above minutes they discussed issues as presented by the DIS and proposed action points such as Transferring of teachers.
		<ul style="list-style-type: none"> Evidence that the LG Education department has submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports (MoES): Score 2 	0	<ul style="list-style-type: none"> There were no Reports submitted to DES according to the analysis report from DES. Some reports are in place but they don't cover all the schools in the District.

		<ul style="list-style-type: none"> Evidence that the inspection recommendations are followed-up: score 4 	4	<p>-Evidence that Inspection recommendations were followed are with in the departmental reports and the re-inspection reports.</p> <p>Minutes of a meeting held on 3rd August 2016 at the DEO's Office at 11:00Am</p> <p>Minutes were in place having the recommendations of the department about Initiating the recruitment of new Teachers which was an inspection recommendatoion .</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> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG has submitted accurate/consistent data: <ul style="list-style-type: none"> List of schools which are consistent with both EMIS reports and OBT: score 5 	5	<p>.List of Schools in EMIS report tally with the OBT.</p> <p>Sampled schools are</p> <ol style="list-style-type: none"> Kidiki Mixed P/S Kamuli Junior P/S St. Jacob Nawango P/S
		<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 data submitted was not consistent as reflected below.</p> <p>It is apparent that Schools sampled had a percentage of 80% consistency of enrolment data, which is not the ideal situation expected.</p> <ol style="list-style-type: none"> Buzaaya P/S had 888 in EMIS and 881 in OBT Namayira P/S had 737 on EMIS and 737 in OBT ST. Stephen Nawanyago P/S had 1262 in OBT and 1262 in EMIS Naibowa C/U had 696 in OBT and 696 in EMIS
Assessment area: Governance, oversight, transparency and accountability				

10

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

Maximum 4 for this performance measure

• Evidence that the council committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports etc...during the previous FY: score 2

2

Yes, Standing Committee on Education and Health meets and discusses service delivery issues like inspection once every quarter.

For example the committee met on 18th May 2017 and one of the issues presented by the DEO in a departmental report to the committee was status of schools after a district wide inspection exercise.

Refer to Education and Sports Department report to Sector Committee for the period Jan – March dated 18th March 2017. The report was received by council and discussed as evidenced by deliberations from council to Minute 19/05/SC/2016-2017 In the same sector committee meeting also discussed issues of performance of the sector.

Refer to page 3 under Reactions from council to Minute 19/05/SC/2016-2017 The LG PAC report for the FY 2016/2017 has not been shared yet because it is still under examination by the LG PAC. However the FY 2015/2016 LG PAC report was submitted to the District Chairperson on 21 July 2017 as evidenced by the Chairpersons dated stamp in the LG PAC Delivery book

• Evidence that the education sector committee has presented issues that requires approval to Council: score 2

2

Yes. The council meets and discusses service delivery issues including the DTPC reports.

Refer to District Council meeting held 21st Dec 2016 under Minute 28/KDLC/12/2016 – Presentation of Standing Committee reports Page 11 – 13, where the Chairperson for the Standing Committee on Education and Health presented an issues report dated 14th Dec 2017.

This report was generated from the standing committee meeting held 14th Dec 2016 where the DHO, DEO presented their approved DTPC department reports which covered the performance of Quarter 2 and planned activities for the forthcoming quarter in the FY 2016/2017.

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>	0	<p>Sampled Government schools had SMC's in place and well balanced according to gender guidelines. However not all schools especially private schools had active and functional SMC's.</p> <p>Below are the sampled schools</p> <p>1.Nwansaso Primary School</p> <p>Minutes of meeting available held on 15th November 2017</p> <p>2. Buwoya Muslim Primary School</p> <p>Minutes of meeting held on 23/02/2017</p> <p>4. Bukakande Primary school.</p> <p>Minutes of meeting held on 27/2/2017 all signed by chair and secretary</p> <p>- 3 private schools out of 46 in the EMIS report have submitted SMC's and 161 government schools have submitted SMC's Lists and Minutes to the DEO's office. This makes a total of 164 schools out of 207 schools in Kamuli Submitted SMC reports which makes it 79.2% which is below the required 80%</p>
12	<p>The LG has publicised all schools receiving non-wage recurrent grants</p> <p>Maximum 3 for this performance measure</p>	<p>• Evidence that the LG has publicised all schools receiving non-wage recurrent grants e.g. through posting on public notice boards: score 3</p>	3	<p>Schools for FY 17/18 Q1 are publicised on the notice board of the department. Those for FY 16/17 Q3 is still on the notice board. The others are on file.</p> <p>List of official schools that received non-wage recurrent grants as communicated by the DEO to CAO on file dated 8th February 2017 with ref: CR/16/2</p>

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"> 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 	0	<ul style="list-style-type: none"> - There was no Procurement Plan on file - There was no sector Annual Work Plan. - Documents could not be well traced from the DEO to Procurement since the department submitted that it is done by the IFMIS and not Manually.
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"> Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3 points 	3	<p>It was found out that the department certified payments and recommended suppliers for payment on time for example:</p> <p>The contract of supply of 40 desks an invoice was raised on 16th/06/2016 and was certified on the same day</p> <p>Construction of VIP latrine at St. Kizito Nabirye PS an invoice was raised on 19th/04/2016 and certified on 20th/06/2016</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"> 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 	0	<p>No, there is no evidence that the Department of Education submitted annual performance reports for all four quarters to the planner by Mid - July for consolidation.</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"> • Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year o If sector has no audit query score 4 o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 2 points o If all queries are not responded to score 0 	0	<p>The department had only submitted response to audit queries raised in the 2nd and 3rd quarter copy of the response seen.</p> <p>There was no evidence seen to confirm that the department responded to other audit queries from the other quarters</p> <p>The internal audit department though reported that the department had responded verbally to other audit issues raised but this could not be backed up with any documentary evidence.</p>
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Assessment area: Social and environmental safeguards

17	<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department in consultation with the gender focal person has disseminated guidelines on how senior women/men teacher should provide guidance to girls and boys to handle hygiene, reproductive health, life skills etc...: Score 2 	2	<ul style="list-style-type: none"> - Circulars were disseminated to schools especially on the roles of senior woman and Senior Man Teachers such as - 1. PIASCY teacher training workshop of senior Man & women held on 17th – 21st July 2017. The letter was initiated on 12th July 2017 and signed by the DEO. - Circular on Menstrual Hygiene management Training Workshop held on 4th – 5th July 2017 but the activity was initiated on 27th June 2017 and signed by the DEO. <p>Workshop report on training of senior Woman and senior Man Teachers on 11th – 15th November 2016 held at Kamuli girls P/S. The report was drafted on 20/11/2016 it was prepared and signed by Education Officer – Special Needs Education Mr. Wambuga Wilfred.</p>
		<ul style="list-style-type: none"> • Evidence that LG Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools: score 2 	0	Evidence not in place

		<ul style="list-style-type: none"> • Evidence that the School Management Committee meet the guideline on gender composition: score 1 	1	<p>Sampled schools revealed that the Guidelines on Gender were adhered to of at-least 2 women members on the foundation body.</p> <ol style="list-style-type: none"> 1. Nwansaso Primary School 2. Buwoya Muslim Primary School 3. Nabwigulu P/S 4. Buguwa P/S
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"> • 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: 	0	<p>No Policy or guidelines seen about environment management.</p>



LGPA 2017/18

Health Performance Measures

Kamuli District

(Vote Code: 517)

Score 16/100 (16%)

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 •</p> <ul style="list-style-type: none"> • More than 80% filled: score 6 points, • 60 – 80% - score 3 • Less than 60% filled: score 0 	0	<p>There was a submission of the approved structure in the year 2016/17, and there was communication to the CAO on 17th Feb giving clearance to recruit for the positions. However, for the year 2017/18 there is no approved structure and old structure was still operational. There was also a delay in recruitment for previous year 2016/17 and this recruitment was pushed to current year.</p>
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	<p>There was no approved structure and no recruitment plan from health department was submitted to HR however in consolidated plan for the district there were posts for health department.</p>
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</p> <ul style="list-style-type: none"> 100%: score 8 o 70 – 99%: score 4 o Below 70%: score 0 	0	<p>There was no evidence of annual performance appraisal reports for FY 2016/17 for the health facility in-charge for Namwendwa and Nankandulo Health IVs as well as Kamuli General Hospital.</p>

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"> • 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 	4	<p>The Kamuli District Local Government Health Staff list for FY 2017/2018 as at 15th January 2018 and list of staff recruited showed all staff had been deployed at their work stations.</p>
Assessment area: Monitoring and Supervision				

5

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

Maximum 6 for this performance measure

• Evidence that the DHO has communicated all guidelines, policies, circulars issued by the national level in the previous FY to health facilities: score 3

0

There was no evidence DHO communicated guidelines and policies to facilities.

Circulars at DHOs office

There were five circulars from MOH. On 23rd Feb 2017 there was a circular on Introduction of the PBO net study team, on 23rd May 2016 Support the evaluation of Test and Treat Policy rolled out in 2014, on 18th August 2016 Accelerating Community Health Services and on 1st Sept 2016 Introducing researchers for an adolescent study. On 25th July 2016 there was a circular on Outbreak of Measles being disseminated to the in charges facilities

Circulars at Facilities

At the facilities there were no circulars communicated from the DHOs office.

Policies and guidelines at District

The following policies were at the district: Uganda Public Health Service Protocol of May 2016, The National Policy on Public Private Partnerships in Health, Achieving Equity in Immunisation Coverage by Reaching Every Community April 2017, Detailed Implementation Guidelines for Universal Coverage Campaign 2016-2017, Health Sector Quality Improvement Framework and Strategic Plan 2015/16-2019/20, A guide for Reaching Every District Every Child h

Policies and guidelines at facility

None of the policies mentioned above were found at facilities

• 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

0

There were no minutes available to show that the policies mentioned above were disseminated either in meetings or other foras.

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

Maximum 6 points for this performance measure

Evidence that DHT has supervised 100% of HC IVs and district hospitals: score 3

0

Evidence at DHOs Office

In the file there was a report on integrated support supervision conducted from the 28th to 31st March 2016. Nine units were supervised and the team consisted of DHT members. Nankandulo HCIV, Namwendwa HCIV, Bupadhengo, Mbulamuti, Kitayunjwa, Nabirumba, Balawoli and Namasagali all of Health Centre IV. However, the report was not signed and it was too summarised. Efforts to get the detailed reports of the supervision done were futile. Being an integrated supervision, one would have expected to see issues related to all the areas of PHC for each facility.

Evidence at facility

There were no supervisions at Kamuli Hospital there was no supervision book.

There was no evidence of DHT supervision mainly because information at DHOs office and facilities was inconsistent. Details of justification is below.

Evidence at DHOs Office

There was a DHT file in place and in this file, there was mainly DHT meetings supported by partners like the one held on 13th Sept 2016 for the Korean Cooperation Agency. Other reports in this file there were supervision reports by DHT, meetings held by the DHO with in charges (15th June 2016) and other normal departmental meetings.

The two DHT meetings found on file and held on 2nd May 2017 and 23rd July 2017 were reviewed for issues related to supervision. In the meeting held on May there were some supervision follow up issues and an action plan. However, one would have expected to follow up issues to appear in the meeting held on 23rd June 2016.

There was one pager monitoring and support supervision report for quarter four conducted between 4th to 10th April 2017. The facilities were both public and private and Bulopa HCII and Balawoli HCIII were mentioned in the report, but it is clear whether other facilities were also supervised. Still in the same file there was an integrated support supervision report for quarter four dated 11th July 2017 and the following facilities were supervised: Bulopa

Evidence that DHT has supervised lower level health

<p>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</p>	<p>0</p>	<p>HCIII, Butansi HCIII, Namwendwa HCIV, Nabirama HCII, Naminage HCIII, Kitayunjwa HCIII. The two reports mentioned above were signed. The last report on file was an integrated support supervision report by the DHT, conducted from 18th -25th April of 2017. The supervisions were conducted at Namasagali and Balawoli HCIII and Country Side, Nabirumba, Balawoli, Bulopa, Namisanbya, Nabirama, Kige, Namira, Nabulezi all HCII. This may mean the DHT conducted three support supervisions in the last quarter of 2017, two in April and one in July,</p> <p>Evidence at Facilities</p> <p>At Kitayunjwa HCIII the following supervisions were carried out, 20th July 2016 EPI/IDRS supervision, 27th July 2016 EPI nutrition supervision, 28th Nov 2016 Integrated support supervision by DHT,</p> <p>At Bulopa HCIII there was supervision on 20th July 2016 on EPI, on 26th July 2016 on nutrition by HCIV, on 27th Sept 2016 there was supervision by the DHT and on 28th Nov 2016 integrated support supervision by HCIV. The DHT also had supervisions on 21st Dec and 23rd Dec of 2016, 14th Feb 2017 all by the DHT.</p> <p>At Lulyambuzi HCIII the same supervisions were carried out as those for Kitayunjwa HCIII. Surprising is a supervision carried out Christmas Day by DHT.</p> <p>The evidence at facilities is not consistent with evidence in the reports for example Bulopa HCIII was visited on 4th to 10th April and 18th - 25th April 2017 and yet at facility there is no corresponding information. In addition to this the reports detailed reports were not available for verification.</p>
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7	<p>The Health Sub-district(s) have effectively provided support supervision to lower level health units</p> <p>Maximum 6 points for this performance measure</p>	<p>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</p>	0	<p>Evidence at the DHOs Office</p> <p>There was not enough and detailed information on file available at the DHOs office district regarding supervision by HSD. In the file the facilities mentioned below had HSD supervision from very summarized reports but there were no detailed reports for verification.</p> <ul style="list-style-type: none"> • 11th Oct 2017 HSD support supervision was conducted at Kitayunjwa. • Kinawampere 11 there was only one HSD supervision on 13th Oct 2017. • Bulopa HCIII was supervised by the HSD on 26th July 2016 and 11th Oct 2017.
8	<p>The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up</p> <p>Maximum 10 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the reports have been discussed and used to make recommendations for corrective actions during the previous FY: score 4 • Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6 	0	<p>Because there were no detailed reports there was no evidence the action plans were developed.</p> <p>There was no evidence the action plans were developed and implemented.</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"> • Evidence that the LG has submitted accurate/consistent data regarding: o List of health facilities which are consistent with both HMIS reports and OBT: score 10 	0	<p>The Kamuli District didn't submit accurate and consistent data regarding the list of facilities which are consistent in HMIS and OBT. Busoga HCII was not in the OBT list, it is not clear Kisozi HCII is a private or public facility, Nabulenzi HCII was in the HMIS but in OBT ,Kiyunga was written as HCII in HMIS and but HCIII in OBT. It is not clear whether Kisozi Flep HCII on OBT is the same as Kisozi HCII in HMIS. It is not also clear whether Naminage HCII is same as Naminage Flep HCIII. There was Namasagali HCIV in OBT but in HMIS there is a Namasagali HCIII.</p>

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"> 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 	2	<p>Yes, Standing Committee on Education and Health meets and discusses service delivery issues like inspection once every quarter.</p> <p>For example the committee met on 14th December 2016 and one of the issues presented to the committee by the DHO in a departmental report was status of staff attendance on health centres after a district wide inspection exercise.</p> <p>Refer to Health Department report to Sector Committee for the first quarter in the FY 2016/2017 dated 14th March 2017. The report was received by council and discussed as evidenced by Minutes for the Education and Health Committee Meeting held 14th December 2017. Refer Minute 09/12/SC/2016-2017 on Page 3.</p> <p>The LG PAC report for the FY 2016/2017 has not been shared yet because it is still under examination by the LG PAC. However the FY 2015/2016 LG PAC report was submitted to the District Chairperson on 21 July 2017 as evidenced by the Chairpersons dated stamp in the LG PAC Delivery book Note the Annual performance Report for the period FY 2016/2017 was received by MoFPED on 4th Aug 2017 as per the 'Acknowledgement Receipt of Submission of Budget Documents' serial number 4504 and MoFPED dated stamp on page one of the report.</p>
		<ul style="list-style-type: none"> Evidence that the health sector committee has presented issues that require approval to Council: score 2 	2	<p>Yes. The council meets and discusses service delivery issues including the DTPC reports.</p> <p>Refer to DC meeting held 21st Dec 2016 under Minute 28/KDLC/12/2016 – Presentation of Standing Committee reports Page 11 – 13, where the Chairperson for the Standing Committee on Education and Health presented an issues report dated 14th Dec 2017.</p> <p>This report was generated from the standing committee meeting held 14th Dec 2016 where the DHO, DEO presented their approved DTPC department reports which covered the performance of Quarter 2 and planned activities for the forthcoming quarter in the FY 2016/2017.</p>
11				<p>There is no functional HUMC in Kamuli District,</p>

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

Maximum 5 points

Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues): • If 100% of randomly sampled facilities: score 5 • If 80-99% : score 3 • If 70-79%: : score 1 • If less than 70%: score 0

0

justification for no score is below.

Evidence of HUMCs at DHOs Office

At the district office there was a HMCs file and in this file, there was the following information:

Kamuli Hospital on 4th Jan 2016 there was communication from the council to the appointed members of the HMCs, there was also communication from the council approving three members on 20th Jul 2016. Still with Kamuli there was an orientation report from the HMCs to the council dated 26th October. On 15th Aug 2016 there was communication to Bulopa Sub county to constitute a HMC.

While on 5th May there was communication to two members Isabirye James and Kisige George as Chairpersons of Namwendwa and Nankandulo HCIV respectively.

Evidence of HUMCs at the facilities

At the facilities there was no HUMC at Kitayunjwa HC111 meaning none had been formed. At Kinawanpere HC11 there was none, because it was one-member committee. While at Bulopa HCIII there were minutes of a meeting held on 18th April 2017 but only signed off by the secretary. In this meeting the main discussion was around the stolen microscope and accommodation challenge of staff. On the 18th Aug 2016 there was another meeting and the minutes were signed off by secretary and not chairperson. It is however worth mentioning that the attendance list of members to the two meetings of the same facility was different.

In Lulyambuzi HCIII there were minutes of meeting for 3rd Aug 2017, 20th Oct 2017 and 15th Dec 2017. In the meeting of Aug there were discussions on lack of drugs, health assistant who had been transferred and staff housing issues. All minutes were however not signed off by respective members and the list of members was not on the minutes.

At Bugulumbya HCIV there were minutes for the 26th July 2016 and issues on transfers, absenteeism, funding from development partners and drug stock outs were discussed. On 12th May 2017 was the first meeting of the newly appointed HUMC and it had a composition of four men and three women. On 29th Sept 2017 was the second meeting and electricity, staff accommodation construction of in patients and the land title for the unit were

				<p>discussed. Worth noting these minutes were well written but were not signed.</p> <p>At Kamuli Hospital on file was an invitation on 22nd Sept 2016 to the new members who inducted on 29th August 2016. But there were no minutes of the meeting for 22nd Sept 2016. So, it is not clear whether the meeting was held or not.</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"> 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 	0	<p>There were no PHC non-wage recurrent grants publicized at the DHO office and no facility had publicized the PHC non-wage recurrent grants.</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> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> 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 	0	<p>There was no evidence at the district available to show that procurement requests were submitted covering all investment items. The following were the investments, two five stance VIP latrines at Buwoya HCII and Buluya HCII. Construction of incinerator as a contribution at Namwendwa HCIV, Balance payment on construction of maternity ward at Nawankofu HCII, Construction of generator house at DHOs office.</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>There was also no evidence that LG the health department submitted procurement request with form PP5 by first quarter of the year.</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"> • Evidence that the LG Health department has supported all health facilities to submit health supplies procurement plan to NMS on time: • 100% - score 8 • 70-99% – score 4 • Below 70% - score 0 	4	<p>This activity was organised from the centre. An official from NMS came to the district and worked with the officials to develop the procurement plans. From the NMS facilities submitted on time that is 30th June 2017. At the time of the assessment Namwendwa and Kamuli Hospital procurement plans were not available.</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"> • Evidence that the DHO (as per contract) certified and recommended suppliers timely for payment: score 2 points 	2	<p>For the only contract seen (that was implemented in the year), the department had certified the works on the same day the invoice was raised:</p> <p>Remodelling of the theatre at Nankandulo Health Center IV, the invoice was raised on 23/6/2016 and the department certified on 23/6/2016.</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"> • 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 	0	<p>No, there is no evidence that the Department of Health submitted annual performance reports for all four quarters to the planner by Mid - July for consolidation.</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>	2	<p>The department has responded to all the audit queries for the four quarters raised by the internal audit. This was evidenced from the review of hard copies of the evidences seen in the internal audit department for example:</p> <p>Quarter 1: Unaccounted for funds shs 2,345,000 that was advanced to various officers for implementation of various activities in the department.</p> <ul style="list-style-type: none"> o Management was advised to provide evidence of utilization of funds o The funds were fully accounted for by the concerned officers and submitted to audit for verification and the query was dropped. <p>Quarter 1: Lack of activity reports of Shs. 2,765,000, in the Q1 audit established that Shs. 2765,000 advanced to various officers lacked activity reports to justify expenditures involved.</p> <ul style="list-style-type: none"> o Management was advised to avail and append activity reports on respective activities undertaken and complete accountabilities o The activity reports were done and attached and the query was dropped
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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"> • Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines: score 2 	0	<p>For the facilities visited there was no attendance list for Bulopa HCIII and Lulyambuzi HCIII in the minutes so couldn't establish composition. Kamuli Hospital there no information on file to establish gender composition same for Kinawampere HCII and Kitayunjwa HCIII.</p>
		<ul style="list-style-type: none"> • Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2 	0	<p>There was no issuance of the guidelines from the circulars on file at DHO office and neither at the facility</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">• Evidence that the LGs has issued guidelines on medical waste management, including guidelines for construction of facilities for medical waste disposal : score 2 points.	0	<p>Only Kamuli Hospital had the medical waste management guidelines but construction of facilities for waste disposal guidelines were not available. These guidelines were not available at the DHOs office and no circular to facilities was available on file.</p>
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LGPA 2017/18

Water & Environment Performance Measures

Kamuli District

(Vote Code: 517)

Score 77/100 (77%)

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"> 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 	10	<p>Yes, the LG Water department has targeted the less safe coverage Sub-counties. The District safe water coverage average is 76.9% and all the Sub-counties with safe water coverage below the District average (Balawoli – 60.0%; Kagumba – 50.2%; Magogo – 63.3%; Namasagali – 63.5%; and Namwendwa – 67.5%) have been each targeted to receive 2 boreholes in the current FY 2017/18 while those with more close to the District average (Kisozi - 71.6% and Nabwigulu – 72.9%) have received each one borehole as indicated in the Annual Workplan and budget for FY 2017/18 received and stamped by DWD on 23/10/2017.</p>

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"> • 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 	15	<p>The LG water Department implemented budgeted water projects in targeted sub-counties. Evidences are traced from:</p> <p>(i) LG water Department budgeted for 30 Deep Borehole Drilling (Hand pumps) as per Approved and stamped budget for Rural Water supply and sanitation dated August 7th, 2016;</p> <p>(ii) Submitted and stamped Annual Progress Report to the Permanent Secretary of MoWE dated August 7th, 2017 for FY 2016/17 had a list of drilled hand-pump boreholes, all with completed and functional status and a list of rehabilitated boreholes with each targeted sub-county having at least 2 boreholes rehabilitated;</p> <p>(iii) Borehole siting, pumping test and log sheets during FY 2016/17 by the Consultants for Borehole drilling who were East Africa Boreholes Limited and Maa Technologies Limited;</p> <p>(iv) Field reports of supervision, monitoring and inspection of WATSAN developments in the sub-counties by the contractors for siting and drilling supervision who were LHM Groundwater Exploration & Geo-mapping Services Ltd and GETs Technical Services (GTS) Limited;</p> <p>(v) List of Contracts entered into and financed under the DWSCG for the FY 2016/17;</p> <p>(vi) Fourth Quarterly Department Workplan performance report for the FY 2016/17; and</p> <p>(vii) The procurement requisition forms filled in for drilling, test pumping and casting for the FY 2016/17.</p>
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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>	15	<p>Yes, there is evidence of monitoring each WSS facilities annually as evidenced from:</p> <p>(a) the Report on Supervision and Monitoring of three additional boreholes during the financial FY 2016/17, dated 14/07/2017;</p> <p>(b) Report on installation of 12 boreholes in Bugabula County with status comments of completed and functional, dated 07/07/2017;</p> <p>(c) Report on Water sources Regular data collection for Quarter four FY 2016/17, dated 07/07/2017;</p> <p>(d) Report on the Functionality status of protected water sources in Bugabula and Buzaya counties during fourth quarter of FY 2016/17;</p> <p>(e) Report on water supply activities in Kamuli District dated 07/07/2017; 20/04/2017;</p> <p>(f) Report on the project of construction of one public latrine in Butansi Sub-county, dated 14/07/2017;</p> <p>(g) a list of water and sanitation facilities constructed or rehabilitated during the FY 2016/17; and</p> <p>(h) The supervision and monitoring reports of each project matches with the plans.</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>	10	<p>The list of water facilities submitted for the FY 2017/18 (construction of 2 public VIP Latrines and 1 Public ECOSAN toilet in RGC; 20 Deep Borehole drilling (Hand pump); 29 Borehole rehabilitations; Sub-county spring protection rehabilitation; and Assessment of Water quality for 60 old sources) in the sector MIS, the Performance contract reports and in the Out Budgeting Tool are accurate and consistent. The number of facilities tally with those filled in the procurement requisition forms</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>	4	<p>The DPU had a file that contained the submitted list of all investment items from the DWO in the approved sector AWP and Budget on time. The DWO submitted a Water Department Annual Procurement Plan for FY 2017/18 to the CAO with reference WAT/105/1. There were procurement requisition forms with the DPU submitted by DWO well in time.</p>
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"> • 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 	2	<p>The District Engineer and not the DWO was appointed as the Contract Manager by the CAO though there are Contract Management Files with clear contract implementation plans at the District Water Office. The District Water Officer is under the District Engineer for Works Department and does the preparations of the contract management plans and conducts the site visits. The following are evidences of monthly site visits: (i) Supervision and Monitoring of three additional boreholes during the financial FY 2016/17, dated 14/07/2017; (ii) Report on Water sources Regular data collection for Quarter four FY 2016/17, dated 07/07/2017; (iii) Report on the Functionality status of protected water sources in Bugabula and Buzaya counties during fourth quarter of FY 2016/17; (iv) Report on water supply activities in Kamuli District dated 07/07/2017 and 20/04/2017; and (v) A list of water and sanitation facilities constructed or rehabilitated during the FY 2016/17.</p>

• If water and sanitation facilities constructed as per design(s): score 2

2

Water and Sanitation facilities were constructed as per the designs. Five Hand pump Deep Boreholes (Bwigule DWD61376 and Kantu DWD61375 in Butansi Sub-county; Bugaga 1 DWD66231 and Bwoko DWD66255 in Nabwigulu Sub-county; and Bwase/Bugoobwe DWD66244 in Kitayunjwa Sub-county) were sampled and visited. The facilities were found to have been constructed as per designs and were all functioning well. The committee members of each facility were asked the numbers of pipes installed and these numbers were tallying with the depth of installations as indicated in the Borehole drilling, pump testing and log sheet information in the contract management files/records with the DWO. In addition, a VIP Latrine Facility at Naluwoli Trading Centre in Butansi sub-county with 5 stances was constructed according to the designed specifications in the Contract management file. It is almost completed but the gutters that need to be put to avoid neighbour's wall fence from being watered by roof rainwater are not yet put in place and one shutter is yet to be fixed. The soak pit dug had some stones put, though more stones needed to be added and a pipe to carry the water from the roof to the soak pit also is not fixed. The facility is currently abused by community members who defecate everywhere right from entrance to the pit holes even when it has not been handed over by the contractor.

<p>• If contractor handed over all completed WSS facilities: score 2</p>	<p>2</p>	<p>Yes the contractor handed over all the completed facilities as evidenced from:</p> <p>(i) A report of May 2017 on completion of Borehole drilling, pump testing and casing supervision of 12 boreholes was seen on file;</p> <p>(ii) Reports on supervision of water supply activities dated 07/07/2017 and 20/04/2017;</p> <p>(iii) Written evidence of facility completion and payment requisitions were seen in the Contract management file/records such as: (a) Request for the contract payment dated 29/05/2017 to the CAO by contract supervisor LHM Groundwater Exploration Services for drilling, pump testing, water quality testing, casing and installation of 12 boreholes with refernce KAMU/517/WRKS/16-17/00001; (b) Request for payment by contractor MAA Technologies (U) Ltd. to CAO, dated 26/05/2017, for drilling, pump testing, casing of 3 boreholes under procurement reference No. KAMU/517/WRKS/16-17/00002 (LOT 2); (c) Request for payment by Groundwater Exploration & Geomapping Services Ltd to CAO for supervision of Drilling and casing of 12 boreholes in FY 2016/17;</p> <p>(iv) Payment Certificates: (a) Payment Certificate No 2 with Procurement Reference of KAMU 517/SRVCS/16-17/00003 dated 15/09/2017 for GeoBot Water Engineering Services Ltd to design piped water supply scheme; (b) Payment Certificate No 1 with Procurement Reference of KAMU 517/SRVCS/16-17/00003, dated 15/05/2017 for GeoBot Water Engineering Services Ltd to design piped water supply scheme.; (c) Payement Certificate No 2 dated 23/06/2017 with contract No KAMU/517/WRKS/2016-17/00013 for Kiira Development Group Ltd to Construct a 5-stance VIP Latrine</p>
<p>• If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2</p>	<p>0</p>	<p>No evidence was adduced that the DWO certified all the WSS projects since he works under the District Engineer who is mainly for works. The District Water Officer is not a head of department, as it is headed by the District Engineer.</p>

7	<ul style="list-style-type: none"> Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points 	<ul style="list-style-type: none"> Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points 	3	<p>From review of the contracts of the projects undertaken in the department it was observed that the District Water Officer certifies payments on time for example</p> <p>The contract for drilling of boreholes by East African boreholes an invoice was raised on 29th/05/2016 and the department certified on 1st/06/2016</p> <p>The invoice for payment of retention fees to Equator water wells was raised on 20/09/2016 and the department certified on 22nd/11/2016</p>
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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"> 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 	0	<p>No, there is no evidence that the Department of Water submitted annual performance reports for all four quarters to the planner by Mid - July for consolidation.</p>
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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"> • 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 o If queries are not responded to score 0 	3	<p>The department has responded to all the audit queries for the four quarters raised by the internal audit. This was evidenced from the review of hard copies of the evidences seen in the Internal audit department for example:</p> <p>Quarter 3: Unaccounted for funds shs. 52,031,200. The LG had given staff in the department advances worthy shs. 52,031,200 and the said staff had not provided account abilities</p> <ul style="list-style-type: none"> o The accounting officer was advised to use control prompts in IFMS system to restrict staff advances to only staff who have accounted for the previous funds o The affected officers were directed to submit accountabilities for audit verification. o The funds were finally accounted for after completing the activities and the query was dropped. <p>Quarter 2: Delayed implementation of water projects,; the audit had noted that over 500,000,000 for water and sanitation programs was unspent by end of Q2.</p> <ul style="list-style-type: none"> o Management was advised to demonstrate absorption capacity of Government funds on time o Management responded and the delay was attributed to delays in procurement process. Tenders were awarded in Q2 thus payment could not be effected as there was no work done by contractors by end of Q2. o The query was dropped with caution to the department.
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>	<p>• Evidence that the council committee responsible for water met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports and submissions from the District Water and Sanitation Coordination Committee (DWSCC) etc. during the previous FY: score 3</p>	3	<p>Yes, Standing Committee on Works and Technical Services met and discussed service delivery issues like inspection and department performance.</p> <p>For example the committee met on 7th October 2017 and one of the issues presented by the DWO in a departmental report to the committee was status of water points after water quality testing of 100 water sources. Refer to the Kamuli District Water Office progress report developed for the period July – Sept dated 20th Sept 2016.</p> <p>The report was received by council and discussed as evidenced by Minutes for the Works and Technical Services Committee Meeting held 7th October 2016. Refer to Minute 04/OCT/2016/17 Page 4 – 5 In the same sector committee meeting also discussed issues of performance of the sector.</p> <p>Refer to page 3 Minute 04/OCT/2016/17 Page 4 where the presentation by the Assistant Water Officer was received and discussed by the council on challenges facing water sector.</p> <p>The LG PAC report for the FY 2016/2017 has not been shared yet because it is still under examination by the LG PAC. However the FY 2015/2016 LG PAC report was submitted to the District Chairperson on 21 July 2017 as evidenced by the Chairpersons dated stamp in the LG PAC Delivery book</p>
		<p>• Evidence that the water sector committee has presented issues that require approval to Council: score 3</p>	3	<p>Yes. The council meets and discusses service delivery issues including the DTPC reports.</p> <p>Refer to DC meeting held 25th April 2017 under Minute 48/KDLC/04/2016 – Presentation of District Budget where te Secretary Treasury submitted the department budget was presented and discussed by the DWO to the Standing Committee on Work and Technical Services.</p> <p>The department budget and work plan was discussed and shared with the standing committee during the meeting held 7th April 2017.</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"> • 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 • All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2 • Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2 	<p>0</p> <p>2</p> <p>0</p>	<p>There were no such information on the district notice boards (at the DPU and the DWO). Notice board for DWO had just been repainted and there were no notices on it. There were no minutes found to indicate that the AWP, budget and Water Development releases and expenditures were advocated for in meetings.</p> <p>From a sample of WSS projects checked, it was found that all WSS projects were clearly labelled on the platform concrete casting indicating the name of the source (Village), the DWD Number, the date of casting/construction, and the source of funding (DWSCG).</p> <p>No such information was displayed on the District Notice boards. The information was available with the DWO and the DPU in files but not on display on District notice boards.</p>
12	<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • If communities apply for water/public sanitation facilities as per the sector critical requirements (including community contributions) for the current FY: score 1 	1	<p>Yes, the communities make applications for water sources and each application found in a file with the DWO, clearly spell out that in case of the offer, community contributions (of UGX 200,000 in case of Deep borehole or Motorized Augur well; or UGX 100,000 in cases of Shallow well or rehabilitation of a borehole or shallow well; or UGX 50,000 to 100,000 in case of a protected spring) have to be made within 3 months. During the visits to the sampled facilities, it was confirmed that for every community that received a facility, they actually made community contribution, set up WSC within 3 weeks from the village feedback meeting and fulfilled all other requirements.</p>

		<ul style="list-style-type: none"> • Number of water supply facilities with WSCs that are functioning evidenced by collection of O&M funds and carrying out preventive maintenance and minor repairs, for the current FY: score 2 	2	<p>For each of the five water supply facilities visited, the WSCs were found to be well constituted of 7 to 9 members (including LC I) and were active (conduct regular meetings, collecting UGX1000 per household per month for carrying out O&M, preventive maintenance and minor repairs), and had even opened up bank accounts for keeping the funds.</p>
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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"> • 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 	0	<p>There is no evidence of Environmental and Social Management Plan for Boreholes and Public Latrines in RGCs in selected Sub-counties in Kamuli District for the FY 2016/17 and 2017/18.</p>
		<ul style="list-style-type: none"> • Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1 	0	<p>No evidence was adduced to this effect since environmental concern were not considered with the non-involvement of the Department of Environment and Natural Resources (ENR) or Environmental officer.</p>
		<ul style="list-style-type: none"> • Evidence that construction and supervision contracts have clause on environmental protection: score 1 	0	<p>There was no Environmental and Social Management Plan for Boreholes and Public Latrines in RGCs in selected Sub-counties in Kamuli District for the FY 2016/17 and 2017/18. The DWO promised to start working with the District Environmental Officer so that environmental screening and EIA templates can be developed for the various water infrastructural development and monitoring/audits. There is no way a clause on environmental protection could have been included in the construction and supervision contracts without the involvement of the ENR or Environmental officer.</p>

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"> • If at least 50% WSCs are women as per the sector critical requirements: score 3 	0	<p>The facilities sampled and visited did not meet the sector critical requirements of women on the WSCs to be at least 50%. For the facilities visited, the composition of women on the WSCs of Bwigule DWD61376 was 2/7; Kantu DWD61375 was 3/7; Bugaga 1 DWD66231 was 3/9; Bwoko DWD66255 was 2/9; and Bwase-Bugobwe DWD66244 was 4/8.</p>
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"> • If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3 	0	<p>The sanitation facility visited has no ramp for facility access by PWDs even though there is a separate stances for PWDs. There is no labelling to show the gender sides.</p>