



LGPA 2017/18

Accountability Requirements

Mayuge District

(Vote Code: 535)

Assessment	Compliant	%
Yes	5	83%
No	1	17%

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. The Final Performance Contract for Mayuge DLG for the FY 2017/2018 was submitted to MoFPED on 29th June 2017 and received by the PSST MoFPED on 14th July 2017.</p> <p>Refer to the signature of the PSST MoFPED ON Page 3 of the contract. The According to the MoFPED 'Receipt for Acknowledgement of Budget Documents' SN 4006 the contract was received by 31 July 2017. The draft Performance Contract for the FY 2017/2018 was submitted and received by the MoFPED on 29th March 2017 as per the dated stamp on the cover letter of the submission.</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 includes a copy of the Procurement Plan as per the 'MoFPED Receipt for the LG Draft Budget Submissions,' dated 6th April 2017.</p> <p>This document indicated the key documents submitted as an accompaniment to the Budget. Under the 'Other Documents required by the PFMAA', the Procurement Plan for the FY 2017/2018 was electronically ticked as received. Refer to stamp for MoFPED dated 6th April 2017</p>	Yes

Assessment area: Reporting: submission of annual and quarterly budget performance reports

<p>LG has submitted the annual performance report for the previous FY on or before 31st July (as per LG Budget Preparation Guidelines for coming FY; PFMA Act, 2015)</p>	<p>xxxxx</p>	<p>Yes, Mayuge DLG submitted her annual performance report on 31st July 2017.</p> <p>The Annual performance Report for the period FY 2016/2017 was received by MoFPED on 31st July 2017 as per the 'Acknowledgement Receipt of Submission of Budget Documents' serial number 0842.</p> <p>The report was also submitted to the Office of the Prime Minister on 31ST July 2017 as per the dated stamp from the OPM on the cover letter of the report</p>	<p>Yes</p>
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<p>LG has submitted the quarterly budget performance report for all the four quarters of the previous FY; PFMA Act, 2015)</p>	<p>xxxxxx</p>	<p>The FY 2016/2017 performance report was submitted and included all the four quarters.</p> <p>Refer to Quarter 1 Report submitted on 30th Nov 2016 to MoFPED as per the Acknowledgement Receipt of Submission of Budget Documents serial number 0133 and MoFPED dated stamp on page one of the report.</p> <p>Refer to Quarter 2 Report submitted on 8th Feb 2017 to MoFPED as per the Acknowledgement Receipt of Submission of Budget Documents serial number 0292 and MoFPED dated stamp on page one of the report.</p> <p>Refer to Quarter 3 Report submitted on 8 May 2017 to MoFPED as per the Acknowledgement Receipt of Submission of Budget Documents serial number 0683763 and MoFPED dated stamp on page one of the report.</p> <p>Refer to Quarter 4 Report submitted on 31ST July 2017to MoFPED as per the Acknowledgement Receipt of Submission of Budget Documents serial number 0842 and MoFPED dated stamp on page one of the report.</p>	<p>Yes</p>
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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>xxxxx</p>	<p>The LG had eight issues raised and it responded to all the eight issues in a letter (Reference No. CR/250/2) submitted and received by the office of the Internal Auditor on 12th/12/2016</p>	<p>Yes</p>
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The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer

XXXXX

• The District 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

Yes



LGPA 2017/18

Crosscutting Performance Measures

Mayuge District

(Vote Code: 535)

Score 55/100 (55%)

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. 	2	<p>Yes, the District has a functional Physical Planning Committee which was set up in 2015 when the 13 members were appointed and oriented.</p> <p>Refer to official letter written by the CAO on 11th November 2015 ref CR/214/12 to the 14 appointed office bearers that are legally supposed to form part of the Committee as per the Physical Planning Act 2010. The Council meets at least once in a quarter to discuss policy issues within the sector as well as review building plan applications for approval.</p> <p>Refer to minutes from the Physical Planning Committee meeting held 15th June 2016 where the 5th agenda item indicated that the council was meant to consider applications and building plans. Minute MD/DPPC/5/06/2017 indicates that three building plan applications were reviewed and one was approved. The district has a Building Plan Registration Book and the applications are reviewed by the committee.</p> <p>Sample 1. Application 01/9th November 2016. Application was reviewed for approval by council on 11th November 2016 2 days after submission.</p> <p>Sample 2. Application 02/ 30th December 2016. Application was reviewed for approval by council on 12th January 2017 10 days after submission.</p> <p>Sample 3. Application 03/2nd January 2017. Application was reviewed for approval by council on 12th January 2017 9 days after submission.</p> <p>Sample 4. Application 01/ 2nd January 2017. Application was reviewed for approval by council on 12th January 2017 9 days after submission.</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, there is no evidence that all new infrastructures with approved plans are built according with the approved plans.</p> <p>The District Health Inspector and District Engineer who are meant to issue occupation permits, have not been doing so. These permits help verify whether a site is habitable and built according the approved work plan.</p> <p>Note: the Physical Planner has been carrying out inspection exercises on various construction sites, as well as already existing structures in order to verify whether these sites have approved physical plans. This has helped to sensitise the community on the needs to have safe approved building plans.</p> <p>For example refer to Internal Memo written by the Physical Planner on the inspection visits carried out 3 July 2017 as per the dated stamp of receipt from the Office of the CAO. However he has not done any inspection on constructions at sites with approved work plans – which is something they will now adopt.</p>
2	<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p>	<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. 	2	<p>Yes, there is evidence that the priorities in the AWP for the current FY were based on the outcomes of the budget conference for FY 2017/2018.</p> <p>Refer to the report for budget conference held on 21 November 2016. The report had a dated stamp from the CAO's office for 21 Nov 2016, together with dated participants' registration lists secured from the Conference accountability submissions to the CFO.</p> <p>For example the summary of the priorities for the Education Department which were shared by the planner during the Conference matches the sector planned activities in the AWP for FY2017/2018.</p> <p>This sector focused on school hygiene in primary schools as a core priority. Refer to Page 1 of the Education Work plan details under the FY2017/2018 AWP.</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 priority project areas under Production and Marketing Sector (Page 163, bullet 9) of the DDP indicates construction of new fish ponds. This planned activity is aligned to the AWP FY 2017/2018 under Page 2 of the Work Plan Details for Production and Marketing under output on Fisheries Regulations; entry 3 on fish ponds constructed and maintained.</p> <p>Also refer to the priority project areas under Water Sector (Page 163 – 164 bullet 7) of the DDP which indicates construction of RGC Ecosan Pit Latrines.</p> <p>This planned activity is aligned to the AWP FY 2017/2018 (Page 2) of the Work Plan Details for Water under output on Construction of public latrines in RGCs; on construction of 5 stance VIP lined latrines in RGC and public places.</p>
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		<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. 	1	<p>Yes, all sampled investment project in the AWP for the FY 2017/2018 have been discussed by the TPC as per the LG Planning Guidelines.</p> <p>Refer to Minutes of the DTPC meeting held 11TH November 2016 where Departmental cost priorities were discussed under Minute 004/TPC/11/16. Key projects per department were discussed then, approved and reflected in the AWP for the FY 2017/2018.</p> <p>Refer to Page 2 of the Work Plan Details for Administration department under Capital Purchases – Output Administrative Capital where purchase of computers, furniture and printers was planned for.</p> <p>This is aligned to the priority investment area submitted under Management Department during the aforementioned TPC meeting (Minute 004/TPC/11/16) where filling cabinets were requested for to facilitate safe storage of all staff files.</p> <p>Another example can be found on Page 4 of the Work Plan Details for Planning department under Capital Purchases – under Administrative Capital in LCIII of Ikulwe where construction of staff toilets in Mayuge Health Center III was planned for.</p> <p>This is aligned to the priority investments submitted under Health during the aforementioned TPC meeting (Minute 004/TPC/11/16) where the meeting was informed that the Mayuge HCIII staff toilet was full and a new toilet was needed.</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. 	0	<p>Yes, the statistical abstract for FY 2016/2017 was developed and submitted officially to UBOS on 24th May 2017 as per dated stamp on cover page.</p> <p>HOWEVER IT DOES NOT CONTAIN gender disaggregated data for data that is not specifically looking at gender issues. The abstract was presented to the DTPC during the meeting held 27th April 2017 under Minute 004/DTPC/04/17 titled 'Presentation of the Annual District Statistical Abstract.</p>

<p>4</p> <p>Investment activities in the previous FY were implemented as per AWP.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that all infrastructure projects implemented by the LG in the previous FY were derived from the annual work plan and budget approved by the LG Council: score 2 	<p>2</p>	<p>Yes, sampled infrastructural projects implemented by Mayuge DLG in FY 2016/2017 seem to be derived from the Annual Work plan for FY 2016/2017.</p> <p>Refer to the FY 2016/2017 LG Quarterly Performance Report for the Cumulative Department Work plan Performance for Water on Page 100 where 19 deep boreholes were constructed.</p> <p>A review of the AWP FY 2016/2017 Work Plan Outputs for the Water sector (Page 3) under the output for boreholes and rehabilitation indicates that 13 deep boreholes were planned for.</p> <p>Under the same sector a review of the FY 2016/2017 LG Quarterly performance report for the cumulative Department work plan performance on Page 100 indicates that the district construct 3 (4 stance pit latrines) in rural growth centres.</p> <p>A review of the AWP FY 2016/2017 Work Plan outputs for the Water sector under the output for promotion of sanitation and health indicates that one Four stance pit latrine was planned for.</p> <p>Note: The AWP and Budget for the FY2016/2017 was laid before council by the Secretary for Finance and Planning on 8th Feb 2016, and approved on 11th May 2016 under part 4 of Minute 03/MDC/03/2016</p>
	<ul style="list-style-type: none"> Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY. o 100%: score 4 o 80-99%: score 2 o Below 80%: 0 	<p>2</p>	<p>Yes. Data indicates that the investment projects implemented in FY 2016/2017 were as per the FY work plan.</p> <p>A review of the Highlights of Revenue and Expenditure for the FY 2016/2017 indicates 82.78% annual average absorption under the Domestic Development, and Donor Development grant. Refer to pages 6, 8, 10, 11, 13, 15, 17, 19, 21, 23, 25 and 27 of the 2016/2017 Annual Performance Report.</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>No, investment projects in the previous FY were not completed within the approved Budget – plus or minus 15%.</p> <p>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 83% which is a cumulative variance of 17% 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 6, 8, 10, 11, 13, 15, 17, 19, 21, 23, 25 and 27 of the 2016/2017 Annual Performance Report.</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 		2

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>Only 3 out the 8 HoDs were appraised for FY 2016/17 and the annual performance reports were on file. They include District Engineer, DCAO, and DNRO. Also evidence on file shows that the remaining (5) HoDs were last appraised as follows : • District Production Officer- FY 2008/9 dated 16/6/15 • DHO- FY 2011/12 dated 29/6/12 • DCDO- FY 2015/16 dated 25/11/15 • DEO) – FY 2016/17- performance report was incomplete • CFO - appraisal reports not on file</p>
		<ul style="list-style-type: none"> Evidence that the LG has filled all HoDs positions substantively: score 3 	3	<p>The review of personnel files (appointment letters) confirmed that all (8) positions of HoDs were substantively filled as per the approved structure .The filled positions include DPO, DHO, DE, DCAO, DNRO, CFO, DEO, and DCDO respectively</p>
7	<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>Yes. DSC considered all the (95) posts submitted by CAO for filling in FY 2016/17 in a letter dated and stamped 14/10/16 and acknowledged by secretary DSC on 18/10/16. The evidence is contained in the DSC minutes indicated below: • Minutes of the 6th meeting of Mayuge DSC held on 2/12/16 dated and signed by secretary and Chairperson on 27/12/16; refer to Min.26/DSC/12/16 • Minutes of the 7th meeting of MDSC held on 13/12/16 dated and signed on 13/12/16; refer to Min.31/DSC/12/16. • Minutes of the 8th meeting of MDSC held on 19/12/16 dated and signed on 27/12/16; refer to Min.33/DSC/12/16 • Minutes of 9th meeting of MDSC held on 20/12/16 under Min.38/DSC/12/16 • Minutes of the 10th meeting of MDSC held on 21/12/16; refer to 43/DSC/12/16 • Minutes of 11th meeting of MDSC held on 22-23, December 2016; refer to Min.48 DSC/12/16, and Min.49/DSc/12/16 respectively .• It was also noted that the DSC recruited more than what was approved by CAO. Example: • Parish chiefs 18 approved but recruited 21, etc.</p>

		<ul style="list-style-type: none"> • Evidence that 100 percent of staff submitted for confirmation have been considered: score 1 	1	<p>Yes. DSC considered all the (150) LG staff submitted for confirmation by the CAO in FY 2016/17 as evidenced by the DSC minutes indicated below: Minutes of the 4th meeting of MDSC held on 31/10/16 & 1/11/16; under Min.16/DSC (a&b)/10/16; Minutes of 2nd meeting of MDSC held on from September 8-2, 2016; under Min.05/DSC/9/2016; Minutes of 46th meeting of MDSC dated 15/8/16 under Min.236 (a&b)/DSC/07/16; Minutes of the 17th meeting of MDSC held on 9/5/17 under Min.77 (a &b)/DSC/05/17; and Minutes of 18th meeting of MDSC held on 22/6/17 under Min.82/DSC/6/2017 among others.</p>
		<ul style="list-style-type: none"> • Evidence that 100 percent of staff submitted for disciplinary actions have been considered: score 1 	1	<p>There was no evidence of disciplinary cases submitted to DSC in FY 2016/17 for consideration</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 	0	<p>No. The (85) LG staff recruited in FY 2016/17 did not access the payroll within the first two months after being appointed and this was attributed to delayed submission of documents. From a sample of 17 personnel files for staff appointed on 10/01/17, it was found that (5) accessed the payroll in April 2017 and (12) in June 2017 respectively. Refer to the IPPS numbers of the sample for evidence:1003617, 1003591, 1003596,1003629, 1005989, 1003658, 1004050,1004033, 1005103, 1008105, etc.</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>No. All the (21) LG staff retired in FY 2016/17 did not access the pension payroll within two months after retirement. Failure to access the pension payroll on time was attributed to delayed submission of required documents e.g. application letters, NS7 form and NS20B form among others. The following IPPS numbers for the pensioners are provided as evidence : 363466, 363725,363380,363485, 366117,857164, 364095,369263,363495,363980, and 367002, 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 there was a decrease in local revenue collection of -51% from the UGX 236,735,866 that was collected in 2015/16 to UGX 115,398,585 that was collected in FY 2016/17</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>There was a revenue collection shortfall of 21% from UGX 277.450,000 that was budgeted to be collected in FY 2016/17 to only UGX 115,398,585/= that was actually collected in FY 2016/17.</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 	2	<p>The only source of revenue that the District remits to the Lower Local Government is local service tax.</p> <p>In 2016/17 the district collected UGX 63,488,789/= and remitted UGX 41,228,713/= which is 65% of the collections to the Lower Local Government.</p>
		<ul style="list-style-type: none"> • Evidence that the LG is not using more than 20% of OSR on council activities: score 2 	2	<p>The council spent UGX 47,112,000/= on council and committee allowances which is 19.9% of the local revenue collections which is within the threshold.</p>
Assessment area: Procurement and contract management				

<p>12</p>	<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the District has the position of a Senior Procurement Officer and Procurement Officer (if Municipal: Procurement Officer and Assistant Procurement Officer) substantively filled: score 2 	<p>2</p>	<p>Yes, Mayuge DLG had a Senior Procurement Officer appointed on promotion substantively under Min. No. 129JDSC/12/07 dated 21st December, 2007 signed by CAO Sonko Solomon.</p> <p>The Procurement Officer was in place as appointed on probation under Min No. 129/DCS/12/07 dated 21/12/2007 signed by CAO Sonko Solomon as Ref: CR 156/1 he was later confirmed under Minute 290/DSC/05/2010 and 277/DSC/10/2011(g) signed by Ag.CAO Naika Waiswa Richard on 23/12/2011.</p> <p>At the time of this assessment the LG had a substantive senior Procurement Officer, procurement officer as well an assistant.</p>
				<p>Yes, Mayuge DLG had evidence that the Technical Evaluation Committee (TEC) produced and submitted reports to the District contracts committee (DCC). Evidence is based on a file for evaluation reports 2016/17 containing 13 sampled Technical Evaluation Committee (TEC) reports on Form LG PP 13 signed by the TEC members on 30/11/2016. It was however noted that some TEC reports did not depict the dates and that the original file with all the TEC reports was with external auditors in Jinja.</p> <p>On file for contracts committee meetings were 29 sets of DCC Minutes held at Mayuge District as below;</p> <p>On 6th March 2017 under Min 04/01/03/17/MDCC was presentation of evaluation report for best evaluated bid notice</p> <p>On 29th June 2017 under Min 04/02/06/17/MDCC was presentation of evaluation reports for prequalification for works , services and supplies after discussing the bids for prequalification</p> <p>On 15th December 2016 under Min 04/02/12/16/MDCC was presentation of evaluation report for award decision.</p> <p>Also under Min 06/02/12/16/MDCC was change on PP1 for DDEG projects under Planning Unit namely; construction of 5 stance</p>

<ul style="list-style-type: none"> Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1 	1	<p>latrine from Bukooba to Bugulu and from Mbaale to Nabyama.</p> <p>11th October 2016 under Min. 04/01/10/16/MDCC was presentation of Evaluation report for Best Evaluated Bids</p> <p>Also evaluation report of Revenue centres .</p> <p>On 8th August 2016 under Min.04/02/08/16/MDCC was presentation of Evaluation report for Best Evaluated Bids.</p> <p>The roads are mainly constructed under Force on Account with procurements of Fuels and supply of culverts.</p> <p>DCC minutes of 13th July 2016. Included under ;</p> <p>Min 04/01/07/16/MDCC a presentation of Evaluation Reports for Prequalification for works , services and supplies</p> <p>Min 05/01/07/16/MDCC was presentation of evaluation report for best evaluated Bids under revenue, water for open bidding and a Library at Bute Seed Sec. School and disposal items.</p> <p>Min 06/01/07/16/MDCC was presentation of BoQs for Force on Account for road maintenance works FY16/17. Fuel and Oils to a tune of 502,367,000 was procured under framework arrangement but there was no evidence of TEC reports available at the time of the assessment. The Procurement Officer said the TEC report was with Auditors in Jinja.</p>
		<p>Yes, Mayuge DLG had evidence that the Technical Evaluation Committee (TEC) produced and submitted reports to the District contracts committee (DCC). Evidence is based on a file for evaluation reports 2016/17 containing 13 sampled Technical Evaluation Committee (TEC) reports on Form LG PP 13 signed by the TEC members on 30/11/2016. It was however noted that some TEC reports did not depict the dates and that the original file with all the TEC reports was with external auditors in Jinja.</p> <p>On file for contracts committee meetings were 29 sets of DCC Minutes held at Mayuge</p>

• Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1

1

District as below;

On 6th March 2017 under Min 04/01/03/17/MDCC was presentation of evaluation report for best evaluated bid notice

On 29th June 2017 under Min 04/02/06/17/MDCC was presentation of evaluation reports for pre-qualification for works , services and supplies after discussing the bids for pre-qualification

On 15th December 2016 under Min 04/02/12/16/MDCC was presentation of evaluation report for award decision.

Also under Min 06/02/12/16/MDCC was change on PP1 for DDEG projects under Planning Unit namely; construction of 5 stance latrine from Bukooba to Bugulu and from Mbaale to Nabyama.

11th October 2016 under Min. 04/01/10/16/MDCC was presentation of Evaluation report for Best Evaluated Bids

Also evaluation report of Revenue centres

On 8th August 2016 under Min.04/02/08/16/MDCC was presentation of Evaluation report for Best Evaluated Bids.

The roads are mainly constructed under Force on Account with procurements of Fuels and supply of culverts.

DCC minutes of 13th July 2016. Included under ;

Min 04/01/07/16/MDCC a presentation of Evaluation Reports for Prequalification for works , services and supplies

Min 05/01/07/16/MDCC was presentation of evaluation report for best evaluated Bids under revenue, water for open bidding and a Library at Bute Seed Sec. School and disposal items.

Min 06/01/07/16/MDCC was presentation of BoQs for Force on Account for road maintenance works FY16/17. Fuel and Oils to a tune of 502,367,000 was procured under framework arrangement but there was no evidence of TEC reports available at the time of the assessment. The Procurement Officer said the TEC report was with Auditors in Jinja.

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, Mayuge DLG has evidence that the Procurement and disposal plan for FY 17/18 was signed for CAO by Muzige Paul on 30/10/2017 were procurements for works on page 5 and 6 were planned for in the AWP and Budget 17/18 laid before the District Council on 7th April 2017 by Hon Omoding Ben covered all infrastructure projects under the works AWP page 2.</p> <p>The education AWP and budget on page 1 has the same under procurement annual work plan 17/18 on page on page 2 and 3for the 5 stance pit latrines in schools</p> <p>Under the planning Unit the Procurement plan on page 4.has evidence under the AWP and budget for Planning Unit on page 2.that the activities adhered to the plans</p> <p>The Procurement plan 16/17 was signed by CAO Joyce Loyce Nambozo on 8th November and submitted to PPDA on 9/11/2016 contained the procurements made in the previous FY. It was however not signed but the officers who prepared it.</p>
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The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.

Maximum 6 points on this performance measure

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

0

The LG of Mayuge had one advert for works and services of 2017/18 in the New Vision of Thursday, May 2017. Ref No. MAYU 535/WKS/SURPLS/SVRCS/17-18/00001. It had 6 open domestic bid procurements. There were also Lot A for works, frame work contracts under Lot D and Lot C services and Lot B is supplies .The bid closing date was 16/6/2017 that meant that the bid documents were prepared before the advert .

At a DCC meeting of 4/August/2017 under Minute 04/01/08/17/MDCC the Contracts committee discussed and approved bid documents for 22 selective procurements⁴ In a bid to reduce expenses they sold electronic CDs bids. All the other procurements for the current FY were not yet processed by 30th August .The assessor therefore did not have 80% of all the Investment /Infrastructure bids as per annual procurement plan in place at the time of the assessment.

From the annual procurement plan there was a plan for 54 procurements of investment and infrastructure in nature of which there were no prepared bids totalling to 44 by 30th August.

By deduction the bids were bought by the bidders and submitted before or on 16/6/2017.

Bids on CDs shown were for FY 16/17

The entity was still in the process of implementing the annual procurement plan 17/18 hence had approx 50 percent of the bid s had been prepared at the time of the assessment while PDU was waiting for user department submissions for the rest of the Financial year 17/18

There is therefore no evidence that the LG of Mayuge had 80% of the bid documents prepared by August 30th.

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

0

Yes, Mayuge DLG PDU had a contracts register fully updated for the previous Financial year. Evidence was availed to the effect that Mayuge LG PDU had a manual contract register.

From the contracts register 16/17 there were 119 procurement actions.

In general, the CAO appointed Dr Ouma C.M as the Contract manager for procurement of livestock under selective bidding.

There was no evidence that All activity files were complete. The sample for livestock only bore contract manager assignments to HoD who was meant to assign contract supervisors who manage and report on contract management but the sole report was not assigned

However, there was a separate file with some departmental project status reports for example;

-summarised supervisor report for education projects and Magamaga TC placenta pit,

Busuyi beach lined pit latrine under the Education Sector in Kigandalo s/c

. The payment certificates are retained by Finance and much as they were reminded at the External Auditors meeting this had not been effected)

In summary there was no complete action file in place

		<ul style="list-style-type: none"> For previous FY, evidence that the LG has adhered with procurement thresholds (sample 5 projects): score 2. 	2	<p>Yes, the local government had 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.</p> <p>Form the quarterly reports Ref CR/214/15 dated 14/10/2016 received by PPDA on 19/10/2016 as signed by CAO Loyce Joyce Nambozo on 14/10/2016 had no erroneous threshold</p> <p>Mayu 535/wks/16-17/00021 to 00028</p> <p>Mayu /535/Srvs/16-17/00029 to 00060</p> <p>Quarterly report for quarter 2 signed by CAO loyce Nambozo on 10/Jan/2017 and submitted to PPDA on 12/1/2017 had refe MAYU 535/wks /16-17/00061 and others</p> <p>Quarterly report signed by Opolot Francis for CAO dated 11/4/2017 and submitted to PPDA on 20/4/2017</p> <p>Quarter 4 report signed by CAO Loyce Joyce Nambozo on 14July 2017 received in PPDA on 3/8/2017 contained MAYU 535/16-17/00101 to 104 and 00028. All within the recommended thresholds</p>
15	<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> 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	<p>There was no evidence in the PDU that any project implemented last FY had appropriately certified interim and completion for all projects based on technical supervision reports.</p> <p>It was stated that all these are under custody of finance department. If it is need there should be a formal request through the CFO to the CAO. But this is not treated as a requirement for a complete Action file in PDU</p>

- 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 Joseph Bukoba 2 classroom block was labelled but with no contract value on the sign board. Location Coordinates Latitude : 0.32267

Longitude:33.508056

Altitude 1085.8Ft above sea level

All the roads were rehabilitated and maintained under Force Account arrangement but non had a sign board. The Roads Inspector Mr. Juma Kalama informed the assessor that they were in Iganga and would be in place the following week. Roads visited were;

Bugadde –Kikooli- Maumu Road (9.7km) with humps especially in the Kikoli wetland section starts at (Latitude -0.3508, Longitude- 33.51838 , Altitude- 1078.1)

Bugadde west to Bugadde Mitimito road for Kiteyrera Sub countywith sin no sigh post started at (Latitude –0.33471, Longitude 33.52512 and Altitude -1148.

Mayuge –Isikiro Road (8.1km) started off at Latitude 0.46406, Longitude 33.48158 and Altitude 1088.9Ft above sea level off Mayuge Iganga road on RHS.

Mugeri Primary School with a 5 stance Pit latrine with urinal was not labelled it was located at Latitude -0.41147, Longitude – 33.454423 and Alttiude 1121.8 in Bukatuube Sub county.

In conclusion the assessor found no fully labelled project for the current FY

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 	0	<p>No evidence of up to date bank reconciliations seen</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. 	2	<p>From the review of the contracts and payment vouchers, it was found out that the LG promptly pays suppliers that is to say there were no outstanding invoice by over two month. For example:</p> <p>The contract for construction of a classroom block at Musiita PS an invoice was raised on 12th/12/2016 and payment was effected on 1/2/2017</p> <p>The contract for construction of a pit latrine at Gori PS an invoice was raised on 24th/03/2017 and payment effected on 8th/05/2017</p> <p>Contract to Kisjo company, the invoice was raised on 19th/01/2017 and payment effected on 30th/01/2017</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	<ul style="list-style-type: none"> The LG has a substantive Principle Internal Auditor by the names of Nantabya Suleiman who was appointed on accelerated promotion on transfer within the service under minute No. 144/DSC/01/08 on 24th/01/2008. <p>The internal audit department has produced all the four internal audit reports for 2016/17.</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>Although it was reported that CAO responds to the Council on all the queries raised in the internal audit reports evidence of the response was not seen.</p> <p>Crosschecked with the clerk to council, registry and internal audit departments but was not able to find the evidence this can be attributed to the poor record keeping especially in the office of the Clerk 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 reports were submitted to the LG and LG PAC on the following dates:</p> <ul style="list-style-type: none"> • 1st quarter was submitted on 28/10/16 • 2nd quarter was submitted on 27/01/17 • 3rd quarter was submitted on 25th/04/17 • 4th quarter was submitted on 27th/07/17 <p>The reports were discussed in the LG PAC this was evidenced from the minutes seen for example:</p> <ul style="list-style-type: none"> • The LG PAC meeting of 13th April 2017 Min 04/PAC/13/04/2017 discussed submission of responses by officers invited to respond to queries contained in the 2nd quarter internal audit report • The LG PAC meeting of 23rd February 2017 Min04/PAC/23/02/2017 examined the 1st quarter internal audit report 2016/17 <p>The above notwithstanding not all the 4 quarterly audit reports were discussed by the LG PAC and no evidence of follow up seen.</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 LG does not have an updated fixed assets register in place.</p> <p>What was seen were draft hand written forms filed which were also incomplete.</p> <p>There was also an instruction from DCAO on 27th April 2016 to the accounts department to finalize the register but to-date it is still work in progress and the new assets acquire after that date have not been included.</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 This was verified from the District audited financial statement for FY 2016/17 that was obtained at the Office of the Auditor General</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, performance, and monitoring reports.</p> <p>For example in the minutes for the DTPC meeting held 4th July 2016 under Minute 004/TPC/07/16 the Senior Treasurer for Magamaga T/C presented on key operational and staff issues needed for the new T/C to operate effectively.</p> <p>The outcomes of those discussions were summarised by the CAO and presented by the District Vice Chairperson to the District Council meeting held 25th July 2016 on the Magamaga T/C staff structure under Minute 05/MDC/05/2016.</p> <p>Also refer to the minutes for the DTPC meeting held 18th Oct 2016 under Minute 003/TPC/10/16 on the discussion of the proposed staff structure for Mayuge DLG.</p> <p>The outcomes of those discussions were summarised and presented to the District Council meeting held 21st Dec 2016 under Minute 04/MDC/06/2016 where the new staff structure was received and discussed by the councillors</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>	2	<p>The District has a designated person who has been formally assigned to respond to grievances, feedback from the citizens on the budget website.</p> <p>Refer to the Official Letter from the office of the CAO dated 1ST July 2016 Ref number CR/156/4 written to the office of the District Planner assigning them that role.</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>	2	<p>Yes, the LG Payroll and Pensioner Notice boards were posted on the HR notice board.</p>
		<p>• Evidence that the procurement plan and awarded contracts and amounts are published: score 1</p>	1	<p>The Procurement and Contracts notice board had the necessary awarded contracts and amounts displayed on the procurement notice board.</p>

		<ul style="list-style-type: none"> Evidence that the LG performance assessment results and implications, are published e.g. on the budget website for the previous year (from budget requirements): score 1. 	0	No, there is no physical evidence submitted to show that the district performance results and budget implications are shared and published since this is the first time the assessment is being done.
24	<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1 	1	<p>Yes, the hard copies submitted by the ministries for example on LG planning or DDEG are disseminated to LLGS.</p> <p>For example the District planner issued the Guidelines for the Distribution of the Discretionary Development Equalisation Grant for the FY 2016/2017, and FY 2017/2018. For example refer to the Confirmation of receipt schedule signed by each LLG accounting officer from 8th Sept 2016 – 14th Sept 2016</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. 	0	<p>No, there is no evidence that the LG conducted discussions with the public to provide feedback on the status of activity implementation during the last FY.</p> <p>However efforts have been made to conduct discussions in the current FY predominantly through radio programs.</p> <p>Refer to report developed and submitted to the Office of the CAO for Live Radio Talk show held Friday 11th August 2017 by the DWO and the Borehole Maintenance Officer on Safari FM on safe water coverage, water user committees and annual budget for the sector.</p>
Assessment area: Social and environmental safeguards				

25

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

Maximum 4 points on this performance measure.

- Evidence that the LG gender focal person has provided guidance and support to sector departments to mainstream gender into their activities score 2.

2

Yes, the LG through the DCDO who supervises the Gender Focal Person (GFP) provided guidance and support to sector departments as evidenced by a guidance note dated 20th August 2016. It was attended to by 8 heads of sectors as evidenced by signatures on the guidance note back page.

In the guidance note 6 sectors were guided to plan and budget for gender mainstreaming. there were no minutes pertaining.

• 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 as Laid before council on 7th April 2017 by Hon. Omoding Ben, Secretary for Finance (though not approved copy) contained in Vote 9 Community based services on page 3 a plan for women empowerment and support to women councils.

Excluding women council meetings which mainly discuss UWEP aspects. Their total budget for FY 16/17 = 4,800,000 which was all received.

From the other vouchers of the previous FY 16/17;

Voucher No. PV-S00104 On 10/5/2017 they received 2,680,000 to facilitate CDOs to enhance GBV awareness.

There was a report dated 2/6/2017 from Buwaaya s/c, attended by 105 ppts signed by CDO Kanda Hamida to the effect

-On 31/5/2017 a report on community groups

On 7/6/2017 is a report on Gender Based Violence PUBLIC EVENT BY Namuwoya Susan Also another report from Mayuge town council.

On 29/9/2016 under Voucher PV-S000193 the department received 1,740,000 for district coordination meeting for HoDs, NGOs, police to discuss gender related concerns as per attendance list on 27/10/2016 and a report by Naigaga Hadija GFP at the time.

They get an allocation of 5m with a realization of 4,420,000 =88.4% implemented

This was a consideration of only gender mainstreaming leaving out some Community development action outputs.

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, Mayuge 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, FO, a ranger, Senior Lands Management Officer, Staff surveyor and a physical planner as staff. The Senior Environment Officer has evidence of screening reports carried out for activities, projects, plans and mitigation measures planned and conducted as below;

In Water sector there were 8 reports on 10/11/2016 screened boreholes at Malongo D, Nakirimira B, Kityerera, Bugoya and Nango Villages in Kityerera and Malongo sub counties

Also on 18/8/2016 there were 6 screening was done for boreholes in the sub counties of Bukatuube, Mpungwe, Wairasa and Bukabole.

Under Education sector there were 10 screening reports for construction toilets in the sub counties of Imanyiro, Bukaboole, Bukatuube, Magamaga Town council, Busakira S/c and Kigandaalo, Mpungwe, Jagusi and Malongo,

Under health there were 3 reports for toilets at Jaguzi HC ii and Mayuge HC III. The 3rd one was for renovation of an OPD unit at Masolya HCII.

Evidence for planning and Budgeting for Mitigation was evident by a BoQ for Nondwe Bugoto road (15.0km) under force on account,

Isikiro- Kabayingire (7.0km) and Kigandaalo Wambete (18km)

In the Performance contract 16/17 on page 1 of Vote 8- Natural resources is 3m under DDEG for screening of projects . In the Performance contract 17/18 it is under Natural Resources Page 23 DDEG 10m.

		<ul style="list-style-type: none"> • Evidence that the LG integrates environmental and social management plans in the contract bid documents: score 1 	0	<ul style="list-style-type: none"> • Yes there was evidence for integration of Environment and Social Management plans under the road sector. • The SFG programme for latrines does not cost in the BoQ but in practice there is a lump sum fee of 2,000,000 for mitigation monitoring. • Under water the screening is done but the guidelines in the BoQ have not been providing but with the DDEG funds the departments incorporates the water projects. <p>In conclusion the water, education bid documents do not provide for ESMPs .</p>
		<ul style="list-style-type: none"> • Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1 	0	<p>No evidence was availed that all projects are implemented on land where the LG of Mayuge has proof of owner has proof of ownership; However, the DNRO had a voucher dated 2/11/2017 with Voucher No. PV-s15204 worth 10,000,000shs to survey and prepare Tiles for Jaguzi s/c hqtrs, Bukatuube HC II, Baliita Pr. Sch and Buwaiswa HC in Buwaya s/c</p> <p>Under the same voucher there is a plan to resurvey Magamaga Market in a bid to prepare its tile</p>
		<ul style="list-style-type: none"> • Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer: score 2 	2	<p>Yes, there was evidence was presented by Mayuge LG that 2016/17 18 completed bore hole projects had ESM certification all signed by the Environment Officer on 11th April 2017, given that they are all for one contractor , Icon Projects Limited and funds are availed once.</p> <p>For FY 17/18 the Environment Officer had evidence of 21 ESM certificate forms for Latrines under SFG and 2 under DDEG. The Environment Officer signed on 11/1/2018 much as the contractors are different This exercise is always funded by Education department,</p>



LGPA 2017/18

Educational Performance Measures

Mayuge District

(Vote Code: 535)

Score 41/100 (41%)

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 Evidence that the LG has deployed a Head Teacher and minimum of 7 teachers per school for the current FY: score 4 	4	<p>There is evidence for budgeting in FY 2017/2018 with a wage bill of 11,520,257,675 catering for 142 Primary Schools including Head Teachers submitted to MoFPED on 4/07/2017 by CAO</p> <p>Teachers budgeted for are 1726. Budget in place for 1 head teacher & minimum of 7 teachers per school</p> <p>In FY 2017/2018 there are 139 Substantive Head teachers and 1504 Teachers deployed. There is no advert to confirm progress of the recruitment process to fill the available staff gaps.</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>It's clear that out of the 1,726 teachers with wage bill provision, the district has 1,643 teachers in place with a gap of 83 teachers as per CAO's report issued on 11/01/2018 to the DSC.</p> <p>This gives 95.19% staffing</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>	<p>• Evidence that the LG has substantively filled all positions of school inspectors as per staff structure, where there is a wage bill provision: score 6</p>	6	<p>All 4 inspectors as per the LG structure are in place and substantively appointed as per the Staffing status list of the department signed by DEO on 16/10/2017</p> <p>Inspectors DSC minute of appointment as inspectors</p> <ol style="list-style-type: none"> 1. Min 73/DSC/03/2017 2. Min 236 (c)/DSC/07/2016 3. Min 75 (a) DSC/05/2015 4. Min 351/DSC/09/09
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>	0	<p>There is no recruitment plan in place as submitted by Education department to HRM.</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 inspectors all fully recruited by the department</p> <p>As per the staff register signed by the DEO on 16/10/2017</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> <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 review of personnel files confirmed that Mayuge District has (4) substantively appointed Inspectors of schools of which (3) were appraised (Nabirye Allen, Ntale Haruna and Tiberoda Margaret) at the end FY 2016/17 by the DEO on 26th & 30th June 2017 respectively. Their performance appraisal reports for FY 2016/17 on file. The 4th Inspector of schools (Ojwang Daniel) was last appraised for FY 2014/15 and the report is dated and signed by Ag.DCAO (Waiswa) on 29/12/15</p> <p>No. There was no evidence availed to the assessor to confirm that the 142 head teachers were appraised/assessed for the calendar year 2016. It was reported by the Ag.HRO (Kakuru Albert) that performance reports for head teachers were still at Sub County level and this was further confirmed by the DEO during the exit meeting held on 23/1/18.</p>
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Assessment area: Monitoring and Inspection

6	<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<p>• Evidence that the LG Education department has communicated all guidelines, policies, circulars issued by the national level in the previous FY to schools: score 1</p>	0	<p>Not all guidelines, Policies and circulars were received by the Education department hence only a few were disseminated to schools in FY 2016/2017</p> <p>Those captured evident include</p> <ol style="list-style-type: none"> 1. Teacher's procedure about leave and official working hours communicated in the minutes of 6/12/2016. 2. Delivery sheet of administrative circulars about Adherence to UPE guidelines issued on 25/8/2016 with Signatures of 132 Head Teachers of Government aided primary schools <p>However all circulars were not received and issued by the district education department to schools</p>
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		<ul style="list-style-type: none"> Evidence that the LG Education department has held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level, including on school feeding: score 2 	2	<p>There were meetings held by the education department together with Head Teachers discussing policies about school feeding, Performance, as shown in the minutes held at Bunya SSS at 10:00am on 2/3/2017.</p> <p>- Also evident was another set of Minutes of a meeting held at the District head Quarters together with the Head Teachers Association on 2/2/2017. Signed by the Chairperson and DEO</p>
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: o 100% - score 12 o 90 to 99% - score 10 o 80 to 89% - score 8 o 70 to 79% - score 6 o 60 to 69% - score 3 o 50 to 59% score 1 o Below 50% score 0. 	0	<p>inspection reports reflect Q1 -119 government schools, Q2 – 142 government schools and 18 Private schools inspected in the FY 2016/2017.</p> <p>Reports of Inspection by dates include 6/11/2016 by DIS, Inspection report of March 2017 by IS, 13/3/2017 by DIS</p> <p>There are 47 Private schools captured on EMIS database in Mayuge of which 18 were inspected. For at least one inspection per term, it will give 147 inspections. 142 government schools if inspected once per term yield 426 inspections. Total inspection times to be 573. Rate of inspection will be 279 inspections done out of 573 yielding 48.6%</p>

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	Minutes discussing inspection reports in FY 2016/2017 were in place showing the findings from the inspectors report as of 25/01/2017 held in the DEO's Office. They were signed by the DEO and the Minute secretary.
		<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	There is no evidence of submission of Inspection reports to DES. There is no acknowledgment letter from DES in place.
		<ul style="list-style-type: none"> Evidence that the inspection recommendations are followed-up: score 4 	0	The evidence shows that inspection was done, but no feedback was evident at the schools sampled to show recommendation follow up by the inspectors. These include Baliita P/S, Wabulungu P/S, Hilton Junior P/S
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: o List of schools which are consistent with both EMIS reports and OBT: score 5 	5	<p>List of schools submitted in the EMIS report are consistent with those in OBT.</p> <ol style="list-style-type: none"> Kalagala COU P/S Mpungwe P/S Baliita P/S Mayuge TC 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>Sampled school's enrolment data from the EMIS report doesn't tally with OBT as shown below.</p> <ol style="list-style-type: none"> Bufulubi P/S showed 913 pupils was consistent Ndaiga P/S had 441 pupils while on EMIS 432 pupils Buwaaya P/S had 1088 pupils, while EMIS has 1085 <p>Information does not tally with OBT.</p>
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, there is evidence that the Standing Committee on Works, Health and Education met and discussed Education service delivery issues like inspection and sector performance.

For example the committee met on 16th Dec 2016 and discussed issues presented by the DEO in a departmental report. The issues focused on the status of staff in the department, as well as school enrolment rate after a district wide inspection exercise.

Refer to Education Department Status report for the period July – December 2016 dated 16th Dec 2016.

The report was received by the Standing Committee and discussed as evidenced by deliberations on Minute 04/WHE/12/2016.

The Chairperson of the Standing Committee of Works, Health and Education then presented a report from the committee meeting to the fuller District Council in a meeting held 17th April 2017. Refer to Minute 03/MDC/02/2017 part b where the Chairperson for the Standing Committee for Works presented the Quarter One and Quarter 2 department performance reports.

		<ul style="list-style-type: none"> • Evidence that the education sector committee has presented issues that requires approval to Council: score 2 	2	<p>Yes. The sector committee presented issues that require approval from council. Refer to District Council meeting held 17th April 2017, where the Chairperson of the Standing Committee of Works, Health and Education then presented a report to the fuller District Council for discussion and adoption.</p> <p>Refer to Minute 03/MDC/02/2017 part b where the Chairperson for the Standing Committee for Works presented the Quarter One and Quarter 2 department performance reports.</p> <p>This report was generated from the standing committee meeting held 16th Dec 2016 where the DEO presented their Q1 and Q2 performance and planned activities for the forthcoming quarter in the FY 2016/2017.</p>
11	<p>Primary schools in a LG have functional SMCs</p> <p>Maximum 5 for this performance measure</p>	<p>Evidence that all primary schools have functional SMCs (established, meetings held, discussions of budget and resource issues and submission of reports to DEO) • 100% schools: score 5 • 80 to 99% schools: score 3 • Below 80% schools: score 0</p>	3	<p>Some of the schools had functional SMC's. Minutes were in place for Wabulungu Primary School captured on 19/08/2017 and were signed by the Chairperson and secretary</p> <ul style="list-style-type: none"> - 142 SMC Lists of Government schools were evident and there was no formal SMC lists and Minutes of Private schools out of the 47 Private schools in the EMIS database. - Therefore 142 SMC's are functional out of 189 Schools in the district translating to 75.13%.

12	<p>The LG has publicised all schools receiving non-wage recurrent grants</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG has publicised all schools receiving non-wage recurrent grants e.g. through posting on public notice boards: score 3 	0	<p>Schools for FY 17/18 have been displayed on noticeboard but those of FY 16/17 were not on the noticeboard and not even on file in the DEO's office.</p>
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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	<p>Procurement request documents provided were signed but with no dates to track progress of the procurement process.</p> <p>There was no SAWP in place, no education sector procurement plan, there was no clear evidence to show submission from DEO to PDU.</p>
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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>For all the nine projects undertaken in 2016/17 it was observed that the department recommend contractor on time for example:</p> <p>Contract to Sereka construction for construction of Nakazigo PS the invoice was raised on 14th/11/2017 and the Head of Department approved on 23rd /11/2017</p> <p>The contract for construction of 5 Stance VIP latrine at Balita PS, an invoice was raised on 12th 12/2016 and payment approved by the Head of department on 1st/01/2017</p> <p>Contract for construction of VIP latrine at Gori PS an invoice was raised on 9th/01/2017 and payment approved by the Head of Department on 11th/01/2017</p>
Assessment area: Financial management and reporting				

15

The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit

Maximum 4 for this performance measure

- Evidence that the department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by mid-July for consolidation: score 4

0

No, while there is evidence that the Department of Education submitted annual performance reports for all four quarters to the planner, the quarter 4 was submitted later than 15 July to the planner for consolidation.

Refer to Quarter 1 Report submitted on 20 Oct Nov 2016 to Mayuge DLG Planner as per the Planner's Acknowledgement Receipt of Submission of Budget Documents serial number 0004 and Mayuge District Planner dated stamp.

Refer to Quarter 2 Report submitted on 20 January Nov 2017 to Mayuge DLG Planner as per the Planner's Acknowledgement Receipt of Submission of Budget Documents serial number 0008 and Mayuge District Planner dated stamp.

Refer to Quarter 3 Report submitted on 21st April 2017 to Mayuge DLG Planner as per the Planner's Acknowledgement Receipt of Submission of Budget Documents serial number 0012 and Mayuge District Planner dated stamp.

Refer to Quarter 4 Report submitted on 24th July 2017 to Mayuge DLG Planner as per the Planner's Acknowledgement Receipt of Submission of Budget Documents serial number 0015 and Mayuge District Planner dated stamp.

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 has not responded to all audit queries raised, what was found out in the internal audit office was just a few of the responses from some schools but for all other queries raised there was no evidence seen to prove that they were addressed. For example:</p> <p>UGX 3,076,000/= was drawn by various officers in Bunya Secondary school and did not provide accountability this has not been addressed.</p> <p>Secondary schools not registering their teachers for NSSF</p> <ul style="list-style-type: none"> • All the above issues remained outstanding.
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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	<p>There is evidence of the activity report for Training of Senior Women teachers /Senior men Teachers about Menstrual Hygiene Management, STI's, HIV Transmission & risk factors for adolescents, sexuality, Teenage Pregnancy, Abortion and Drug Abuse held on 5th – 6th December 2016. Report was signed by DIS</p> <p>- 2 teachers from 142 schools were trained at 5 Dsitrict venues including Ikulwe P/S, Lugolole P/S, Bugadde P/S, Kigandalo P/S, Bukatabira P/S.</p> <p>This clearly shows dissemination of guidelines of how senior Women/ Men teachers hadle boys and girls on issues of hygiene, health and like skills.</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	<p>Activity report on Training Senior Women/ Men Teachers was in place however there was nothing to do with PWD's guidelines.</p> <p>There was no evidence that guidelines on how to manage sanitation and PWD's issued.</p>

		<ul style="list-style-type: none"> • Evidence that the School Management Committee meet the guideline on gender composition: score 1 	0	<p>Not all schools were adhering to the Gender Guidelines of At-least 2 women on the Foundation body. Sampled schools include</p> <ol style="list-style-type: none"> 1. Butangala Primary Schools was not Complying as submitted on 26/2/2016 2. Buwaaya Primary Schools was complying with their list submitted on 13th May 2016
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: 	3	<p>There was evidence of a circular issued to DEO by the Natural Resources Department on 10/5/2016. As a follow up measure Minutes were in place of DEO meeting with Head Teachers on 2/03/2017 communicating about Tree planting with in their Schools. Minutes were signed by General secretary and approved by DEO.</p>



LGPA 2017/18

Health Performance Measures

Mayuge District

(Vote Code: 535)

Score 32/100 (32%)

No.	Performance Measure	Scoring Guide	Score	Justification
Assessment area: Human resource planning and management				
1	<p>LG has substantively recruited primary health workers with a wage bill provision from PHC wage</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that LG has filled the structure for primary health workers with a wage bill provision from PHC wage for the current FY • More than 80% filled: score 6 points, • 60 – 80% - score 3 • Less than 60% filled: score 0</p>	0	<p>There was no approved structure however was informed that the recruitment for PHC wage bill provision had just been submitted at CAO office. But there was no evidence of this submission at the HR office.</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 a recruitment plan on file at the DHOs office but no evidence it had been submitted to the HR. At the HR there was no evidence of submitted recruitment plan.</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 100%: score 8 o 70 – 99%: score 4 o Below 70%: score 0</p>	8	<p>The district has two HC IVs namely Kigandalo and Kityerera. There was evidence that the two health facility in-charge were appraised as indicated below:</p> <ul style="list-style-type: none"> • The health facility in-charge for Kigandala HC IV was appraised for FY 2016/17 and performance appraisal report in place, signed by CAO on 7/8/17 • The health facility in-charge for Kityerera was appraised for FY 2016/17 and appraisal report was in place, signed by DCAO & PAS on 12/9/17

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 	0	<p>The health sector deployed on replacement basis. The recruitment process was in early stages with a request to the CAO.</p>
Assessment area: Monitoring and Supervision				

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 that DHO office communicated guidelines, policies and circulars to health facilities therefore no score details for this justification are below.

At the DHOs office the following policies guidelines were found: National Implementation Plan for Long Acting Reversible Contraceptives and Permanent Methods., Consolidated guidelines for Prevention and Treatment of HIV in Uganda Addendum to the Uganda National Malaria in Pregnancy Policy Guidelines, Investment Case for RMNCAH, Sharpened Plan for Uganda 2016/17-2019/20, Guidelines to the local Government Planning Process Health Sector Supplement, FY2016./17 National Quantification Report for Public Facilities In Uganda.

There were three circulars at the DHOs office the first one for Mentorship and supervision for increased uptake of viral load testing services dated 3rd October 2017, the second for Introduction of the new TB paediatric formulations RHZ 75/50/150mg Ethambutol 100mg and RH 75/50mg dated 30th August 2017 and the one for Adaptation and Roll Out of New Consolidated Guidelines for HIV Prevention and Treatment in Uganda dated 24th November 2016.

At the facilities there were no policies, guidelines and circulars from the DHOs office at Mayuge HCIII. At Kityerera HCIV, Health Sector Quality Improvement Framework and Strategic Plan 2015/16-2019/20 and Primary Health Care Grant Guidelines 2016 were the two policies found at the facility. While for the circulars there was a circular dated 28th Nov 2016, for Human Resource for Health Analysis in the Health Sector and on 30th Jan 2017 there was a circular Reactivating Functionality of Anaesthetic Machines.

		<ul style="list-style-type: none"> 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 was no evidence that meetings were held to disseminate the guidelines policies and circular issued by national level to facility incharges and other staff.
6	<p>The LG Health Department has effectively provided support supervision to district health services</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that DHT has supervised 100% of HC IVs and district hospitals: score 3</p>	0	<p>There was no evidence that the DHT supervised the two-health centre IV namely Kityerera and Kigandalo. While at the DHOs office the support supervision report during Oct 2016 Kityerera HCVI was among facilities supervised at the facility one support supervision by the DHT was conducted on 26th July 2017. For Kigandalo HCIV there was no evidence of a DHT supervision either in DHO office files and the supervision Log book found at the facility.</p>
		<p>Evidence that DHT has supervised lower level health facilities within the</p>		<p>There was no evidence the DHT supervised the lower facilities when facilities were visited information in supervision reports at DHOs office was not consistent with information at facilities.</p> <p>On file there were three reports for supervision: Dated 11th July 2017 there was a supervision which took place between 21st and 30th June 2016. The facilities covered for this activity were not mentioned in the report and the report was a general report covering achievement, gaps/challenges and recommendations. The second report, supervision took place between 22nd June and 11th July of 2016 and seemed to have happened around the same time as previous supervision. The facilities covered in this report were: Namoni HCII, Malongo HCIII, Bwondah HCII, Buwaya HCII, Bukatube HCII, Buwaiswa HCIII, Wabulungu HCIII, Ntikalu HCII. Achievements, weaknesses /gaps, action point and person responsible for each facility were described and an action plan developed.</p> <p>An integrated support supervision for the quarter one July to Sept 2016 was done between 16th and 30th Sept 2016.This</p>

<p>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>report covered, Kityerera HCIV, Wardega HCII, Kitovu HCII, Kaluba HCII, Bugulu HCII, Kyoga HVII, Bugoto HCII, Nawampango HCII, Buyemba HCII, Bukatube HCII, Nkombe HCII, Bufulubi HCII, Busira HCII, Buyugu HCII, Wabulungu HCII, Busuyi HCII, Ntinkalu HCII, Marinya HCII, Bwondha HCII, Namoni HCII, Magada HCII, Baitambogwe HCIII, True Image, Sam Medical Centre, JK pancras Medical Clinic, Butte HCII, Namusenwa HCII, Muggi HCII, Buwaiswa HCIII, Buwaaya HCII, Mayuge HCIII. For each facility, the challenges/gap were identified action plan developed with person responsible and time frame.</p> <p>In addition to the support supervision reports the DHT file was also reviewed, but no supervision reports were found.</p> <p>At the facilities Mayuge HCIII: There was a DHT support supervision on 8th Aug, 9th Aug 2016 on 29th Sept, 27th October, 16th Dec, 25th Dec all in 2016. In 2017 there was DHT supervision on 15th Feb and 13th March.</p> <p>Busaala HCII: There was a DHT supervision on 20th Dec 2016, 14th June 2017.</p> <p>Katusaime HCII: There was DHT supervision on 29th Nov 2016 and 22nd Dec 2016.</p> <p>Kigandalo HCIV: No DHT supervision</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>There was no evidence, HSD supervision was implemented and reports produced. There were two HSD supervision reports at DHOs office, the two covered first and second quarter, but similar in content and same facilities were supervised namely: Wandegeya HCII, Kitovu HCII, Busala HCII, Bwondha HCII, Masolya HCII, Malongo HCIII, Namoni HCII, Sagiti HCII, Jaguzi HCII. At the facilities in the supervision books there was documentation of HSD supervision but no reports.</p> <p>At the facilities for Mayuge HCIII supervision happened on 13th July 2016, Busaala HCII, 13th Dec 2016, 14th July 2017, Kasutaime HCII, 4th Aug 2016, 9th Jan 2017, 3rd May 2017, 3rd Oct 2017, 12th Oct 2017</p>
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 	0	<p>There was no evidence at the DHOs office, at Kityerera and Kigandalo HCIV to show that reports were discussed and recommendations or action plans developed.</p>
		<ul style="list-style-type: none"> • Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6 	0	<p>Since there were no evidence of reports then no evidence the recommendations were followed up and specific activities 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: <ul style="list-style-type: none"> o List of health facilities which are consistent with both HMIS reports and OBT: score 10 	10	<p>LG list of facilities submitted is accurate and consistent with both the OBT and HMIS.</p>
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Assessment area: Governance, oversight, transparency and accountability

10	<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • 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, there is evidence Standing Committee on Works, Health and Education met and discussed service delivery issues like inspection.</p> <p>For example the committee met on 16th Dec 2016 and one of the issues presented by the DHO in a departmental report to the committee was OPD attendance and utilisation, as well as ANC and PMTC performance for the DLG.</p> <p>The report was received by the committee and discussed as evidenced by deliberations from committee minute 04/WHE/12/2016 part 2 titled 'Health Sector Report.'</p> <p>Refer to Minutes of the Council Committee meeting held 17th April 2017; Minute 03/MDC/02/2017 part b where the Chairperson for the Standing Committee for Works, Health and Education presented the Quarter One and Quarter 2 department performance reports for discussion by the fuller council.</p>
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		<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 sector committee presented issues that require approval from council.</p> <p>Refer to District Council meeting held 17th April 2017, where the Chairperson of the Standing Committee of Works, Health and Education then presented a report to the fuller District Council for discussion and adoption.</p> <p>Refer to Minute 03/MDC/02/2017 part b where the Chairperson for the Standing Committee for Works, Health and Education presented their Q1 and Q2 performance and planned activities for the forthcoming quarter in the FY 2016/2017</p>
11	<p>The Health Unit Management Committees and Hospital Board are operational/functioning</p> <p>Maximum 5 points</p>	<p>Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues):</p> <ul style="list-style-type: none"> If 100% of randomly sampled 	0	<p>There was no evidence that there are functional HUMCs in Mayuge District mainly two of the facilities didnt have HUMCs in place, for those who had HUMCs in place meetings were not regular. Only Mayuge HCIII was having meetings regularly. There a less than 70% resulting in a no score.</p> <p>At the DHOs office there was a file on HUMCs. In this file there were guidelines for HUMCs at all levels for the year 2003 and 2012. There was a report on HUMCs training dated 11th Dec 2015.</p> <p>At Mayuge HCIII on file there were minutes of meetings for the second quarter of 2017/18 and it was held on 21st Dec 2017. The main discussion points were human resource, medicines and supplies, sanitation, infrastructure, security and PHC resources received and the attendance list had one female and five males.</p> <p>There were also minutes for the first quarter meeting held on 30th Sept 2017, the same subtopics as in previous minutes were discussed including the PHC funds accountability.</p> <p>Minutes of the second quarter 2016/17 were on file dated 21st Dec 2016, and same topics were discussed as previous meetings but no discussion on PHC funds. In addition, minutes of first quarter were also on file dated 17th Sept 2016 and the same subtopics were discussed as previous meetings the last minutes were for the third quarter of 2016/17 and dated 30th March</p>

		<p>facilities: score 5 • If 80-99% : score 3 • If 70-79%: : score 1 • If less than 70%: score 0</p>		<p>2017 and there was a financial status was shared by the in charge of the facility, detailing the funds recieved from which sources, funds spent and the balance.</p> <p>Kityerera HCIV</p> <p>There was a book for minutes of all meetings held at the facility and there were minutes for staff meetings, development partners meeting, quality improvement meetings and one HMUC meeting minutes held on 20th Jan 2017. In this meeting there was a discussion on land for the facility being encroached on by neighbours and the reduction on PHC funds, which has affected the activities of the facility. This HUMC has only males as members.</p> <p>Kigandalo HCIV, there were three minutes for HUMCs. On 28th June 2017 the meeting discussed staffing issues and askaris, on 27th Mar 2017 there was a discussion on the PHC and how it can be used to operationalise the theatre and doctors house. There was also a discussion on the land title where the facility is located. On 23rd Dec 2017 there was a discussion on absenteeism of staff, accountability of drugs and resources.</p> <p>Kasutaime and Busaala HCII there is was no file for HUMCs.</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>	<p>• 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</p>	0	<p>The PHC non-wage was not publicised on the notice board of the two offices of the DHO both at the district and health centre, and at facilities visited Kityerera HCVI, Busala HCII, Mayuge HCIII, Kigandalo HCIV, Kasutaime HCII.</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>Capital Investment were managed by DEG. Therefore, there was no submission to PDU by the health sector.</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>In the same vein with no procurement requests submitted then form PP5 was not submitted.</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 	8	<p>The LG supported all facilities and evidence was found at DHOs office and at the two HCIV, Kityerera and Kigandalo.</p> <p>This activity was organised from the central government. All plans were dated 13th Jan 2017, and procurement plan for Kityerera HCIV and Kigandalo HCIV were available at facilities while those for HCIII and HCII were available at the DHOs office. There was no submission letter because this was organised from central government and after the exercise officials from NMS took the procurement plans.</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>It was reported that no project was undertaken in the health department in FY 2016/17</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> <p>The Planner noted that while he remembers that his office submitted receipts to acknowledge submission of the health department, he cannot remember the exact dates, and the receipts had no carbon copy.</p> <p>Unlike the DWO, and the DEO, the DHO could not trace his acknowledgement of submission receipts which were submitted to him by the planner to acknowledge receipt of quarterly reports.</p>
17	<p>LG Health department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year • If sector has no audit query score 4 • If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 2 points • If all queries are not responded to score 0</p>	0	<p>The department has not responded to all audit queries raised, what was found out in the internal audit office was just a few of the responses from some health centers but for all other queries raised there was no evidence seen to prove that they were addressed. For example:</p> <p>Shs 2,754,000 was advanced to officers in the health department and had not provided accountabilities for the use of those funds this issue was raised in the 2nd quarter but was not addressed</p> <p>Fumigation of health units was only done in 8 health units even with a budget provision.</p> <p>Construction of the toilet at Jagusi HC II was not done although it has now been budgeted for.</p>
Assessment area: Social and environmental safeguards				
18	<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines: score 2 	0	<p>There is no evidence that HUMCs met the gender composition. Kigandalo HCVI didn't have attendance list so composition could not be established, Katusaime HCII the composition was one female and five males, Mayuge HCIII had one female and five males, Kityerera HCIV had only males in the attendance, not sure if this was list of HUMCs members.</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	There was no evidence of issuance of sanitation guidelines. At the DHOs office there were no guidelines on sanitation and no circulars both at DHOs and facilities.
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	There was no evidence of issuance of the medical waste management guidelines. At the DHO office there was Health Workers Guide on Approaches to Health Care Waste Management for 2013 but this was not disseminated at the facilities.



LGPA 2017/18

Water & Environment Performance Measures

Mayuge District

(Vote Code: 535)

Score 68/100 (68%)

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 50.6% and all the Sub-counties with safe water coverage below the District average (Malongo – 21.4%; Bukabooli – 32.3%; Wairasa – 32.5%; Kityerera – 36.2%; Mayuge T/C – 46.1%; and Bukatube – 47.5%) have been targeted to receive Malongo (2); Bukabooli (2); Wairasa (2); Kityerera (1); Mayuge T/C (0); and Bukatube (2) boreholes in the current FY 2017/18 as indicated in the Annual Workplan and budget for FY 2017/18 received and stamped by DWD on 19/07/2017.</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>	<p>• 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</p>	15	<p>Yes, the LG water Department implemented budgeted water projects in targeted sub-counties. Evidence is traced from the following:</p> <p>(a) LG water Department budgeted for 19 new Deep Borehole Drilling (Hand pumps) as per approved and stamped budget for Rural Water Supply and Sanitation (Malongo – 3, Bukabooli – 3, Wairasa – 2, Kityerera – 2 and Bukatube -2);</p> <p>(b) Internal Memo to CAO from DWO dated 28th December 2016;</p> <p>(c) Submitted and stamped Annual Progress Report to the CAO, dated July 20th 2017 for FY 2016/17;</p> <p>(d) A list of rehabilitated boreholes with each targeted sub-county having at least 2 boreholes rehabilitated (Malongo – 0, Bukabooli – 0, Wairasa – 2, Kityerera – 4 and Bukatube -1) as per Internal Memo to CAO from DWO, dated 30th July 2016, equivalent to 7/15 in these 5 Sub-counties;</p> <p>(e) Borehole siting, pumping test and log sheets during FY 2016/17;</p> <p>(d) A list of Contracts entered into and financed under the DWSCG for the FY 2016/17;</p> <p>(f) Fourth Quarterly Department Workplan performance report for the FY 2016/17; and</p> <p>(g) The procurement requisition forms filled in for drilling, test pumping and casting for the FY 2016/17.</p>
Assessment area: Monitoring and Supervision				

<p>3</p>	<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>	<p>10</p>	<p>Yes, there is evidence of monitoring each WSS facilities annually as evidenced from the following:</p> <p>(a) The Internal Memo to CAO from ADWO- Water supply regarding monthly Water and Sanitation Sources (WSS);</p> <p>(b) Field monitoring reports for the months of February 2017 to August 2017 with performances as: February 98%; March 92%; April 85%; May 86%; June 94%; July 95% and August 92%, giving average of 92% (80% - 95%) monitoring performance.</p> <p>(c) More evidence that the monthly monitoring was done are the Internal Memo to CAO from DWO dated 9th August 2016 regarding site visit for 19 new borehole under siting stage and 15 boreholes rehabilitated;</p> <p>(d) Internal Memo to CAO from DWO regarding Construction site visit for 3 Public latrines to be constructed during the financial FY 2016/17, dated 30/01/2017;</p> <p>(e) Internal Memo to CAO from DWO on 19 new boreholes under construction with status comments of completion and functionality, dated 28/12/2016;</p> <p>(f) Internal Memo to CAO from DWO dated 30th July 2016 regarding pre-construction site visit for 19 new borehole and 15 boreholes to be rehabilitated and 3 public latrine to be constructed;</p> <p>(g) Report on Water sources Regular data collection for Quarter four FY 2016/17.</p> <p>The supervision and monitoring reports of each project matches with slightly over 90% of the monitoring plans.</p>
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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>	<ul style="list-style-type: none"> 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 	10	<p>Yes, the LG has submitted accurate/consistent data for the FY 2017/18. The list of water facilities submitted for the FY 2017/18 (construction of 1 public VIP Latrine at Nango RGC; 15 Deep Borehole drilling (Hand pump); 15 Borehole rehabilitations; Sub-county spring protection rehabilitation; and 409 Water quality testing for old sources) in the sector MIS, the Performance contract reports and in the Out Budgeting Tool are accurate and consistent. The numbers of facilities tarry well with those filled in the procurement requisition forms.</p>
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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>Yes, the sector submitted procurement requests to PDU on time as seen from the following:</p> <p>(a) The PDU had a file that contained the submitted list of all investment items from the DWO in the Approved sector AWP and Budget on time.</p> <p>(b) The DWO submitted a Water Department Annual Procurement Plan for FY 2017/18 to the CAO, early in time;</p> <p>(c) Procurement requisition (LG PP Form 1) filled by the DWO and submitted to the PDU for all investment;</p> <p>(d) The following Acknowledgement receipts for submission of planning and budget documents by the DWO to the PDU: (i) Dated 21/10/2016 for OBT Quarterly Reports FY (Q1 FY 2016/17); (ii) Dated 18/01/2017 for OBT Quarterly Reports FY (Q2 FY 2016/17); (iii) Dated 19/04/2017 for OBT Quarterly Reports FY (Q3 FY 2016/17); and (iv) Dated 18/07/2017 for OBT Quarterly Reports FY (Q4 FY 2016/17).</p>
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6

The DWO has appointed Contract Manager and has effectively managed the WSS contracts

Maximum 8 points for this performance measure

• 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

The DWO was appointed as the Contract Manager by the CAO and there are Contract Management Files with clear contract implementation plans at the District Water Office. There is evidence of monthly monitoring of WSS facilities from:

(a) The Internal Memo to CAO from ADWO (Water supply) regarding monthly Water and Sanitation Sources (WSS);

(b) Field monitoring reports for the months of February 2017 to August 2017 with performances as February 98%; March 92%; April 85%; May 86%; June 94%; July 95% and August 92%, giving average of 92% (80% - 95%) monitoring performance;

(c) The Internal Memo to CAO from DWO, dated 9th August 2016 regarding site visit for 19 new borehole under siting stage and 15 boreholes rehabilitated;

(d) Internal Memo to CAO from DWO regarding Construction site visit for 3 Public latrines to be constructed during the financial FY 2016/17, dated 30/01/2017;

(e) Internal Memo to CAO from DWO on 19 new boreholes under construction with status comments of completion and functionality, dated 28/12/2016;

(f) Internal Memo to CAO from DWO dated 30th July 2016 regarding pre-construction site visit for 19 new borehole and 15 boreholes to be rehabilitated and 3 public latrine to be constructed;

(g) Report on Water sources Regular data collection for Quarter four FY 2016/17.

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

2

Yes, the Water and Sanitation facilities were constructed as per the designs. Evidence is drawn from the sampled and visited Five Hand pump Deep Boreholes that included: (i) Mugeru DWD56995; (ii) Lukindu B DWD56996; (iii) Buseera C DWD56994; (iv) Buwalira DWD52577; and (v) Buguwa DWD52578. The information obtained from the sampled and visited boreholes were found to be similar to one in the Borehole drilling, test pumping and log sheets found in the Completion reports. 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 that were installed and number of households served, and these numbers were tallying with the depth of installations as indicated in the Borehole drilling, pump testing and log sheet and information in the contract management files/records with the DWO.

• If contractor handed over all completed WSS facilities: score 2

2

Yes, contractors handed over all completed WSS facilities as seen from the following:

(a) Written evidence of facility completion and payment were seen in the Contract management file/records.

(b) Internal Memo dated 20/06/2017 to CAO by DWO with Procurement reference number Mayu535/wrks/16-17/00003 for end of activity (project) report for 10 boreholes drilled under lot 2 by ICON Project Ltd as Contractors and GETS Technical Services as Supervisors/Engineer;

(c) Internal Memo dated 30/06/2017 to CAO from DWO on Activity reports for borehole siting and construction supervision of 18 boreholes and 1 production well with procurement reference number Mayu535/wrks/15-16/00004;

(d) Internal Memo dated 25/06/2017 to CAO from DWO on Activity report for borehole drilling, casting and installation of 09 boreholes under Lot 1 by M/S KLR (UG) Ltd with procurement reference number Mayu535/wrks/16-17/00002;

(e) Internal Memo dated 20/06/2017 to CAO from DWO on Activity report for borehole rehabilitation of 15 boreholes implemented by M/S Sonsole General Contractors Ltd with procurement reference number Mayu535/wrks/16-17/00005;

(f) Completion report for drilling and test pumping of 15 hand pump boreholes under FY 2017/18 in Mayuge District by KLR Uganda Ltd.

• If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2

2

Yes, the DWO appropriately certified all WSS projects and prepared and filed completion reports, evidenced from the following:

(a) Internal Memo dated 20/06/2017 to CAO by DWO with Procurement reference number Mayu535/wrks/16-17/00003 for end of activity (project) report for 10 boreholes drilled under LOT 2 by ICON Project Ltd as Contractors and GETS Technical Services as Supervisors/Engineer;

(b) Internal Memo dated 30/06/2017 to CAO from DWO on Activity reports for borehole siting and construction supervision of 18 boreholes and one production well with procurement reference number Mayu535/wrks/15-16/00004;

(c) Internal Memo dated 25/06/2017 to CAO from DWO on Activity report for borehole drilling, casting and installation of 09 boreholes under Lot 1 by M/S KLR (UG) Ltd with procurement reference number Mayu535/wrks/16-17/00002;

(d) Internal Memo dated 20/06/2017 to CAO from DWO on Activity report for borehole rehabilitation of 15 boreholes implemented by M/S Sonsole General Contractors Ltd with procurement reference number Mayu535/wrks/16-17/00005;

(e) Completion report for drilling and test pumping of 15 hand pump boreholes under FY 2017/18 in Mayuge District by KLR Uganda Ltd.

(f) Even from a sample of WSS projects checked (Mugeri DWD56995; Lukindu B DWD56996; Buseera C DWD56994; Buwalira DWD52577; and Buguwa DWD52578), it was found that all WSS projects were completed, functional and clearly labelled on the platform concrete casting indicating the name of the source (Village), the DWD Number, the date of construction, and the source of funding (DWSCG).

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>In total six contracts were undertaken in 2016/17 and for all these contract the department of water approved payments on time. For example:</p> <p>The contract for rehabilitation of borehole by Sonsole an invoice was raised on 28th/10/2016 and the head of department approved on 2nd/11/2016</p> <p>The contract for construction of VIP latrine by Kisjo an invoice was raised on 19th/01/2017 and the certificate was approved by the Head of Department on 19th/01/2017</p> <p>The contract for borehole siting & construction supervision by GETS an invoice was raised on 12th/12/2016 and approved by the Head of department on 15th/12/2016</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. While there is evidence that the Department of Water submitted annual performance reports for all four quarters to the planner, Quarter 4 report was submitted later than 15 July for consolidation.</p> <p>Refer to Quarter 1 Report submitted on 21st Oct 2016 to Mayuge DLG Planner as per the Planner's Acknowledgement Receipt of Submission of Budget Documents serial number 0003 and Mayuge District Planner dated stamp.</p> <p>Refer to Quarter 2 Report submitted on 18th January Nov 2017 to Mayuge DLG Planner as per the Planner's Acknowledgement Receipt of Submission of Budget Documents serial number 0007 and Mayuge District Planner dated stamp.</p> <p>Refer to Quarter 3 Report submitted on 19th April 2017 to Mayuge DLG Planner as per the Planner's Acknowledgement Receipt of Submission of Budget Documents serial number 0011 and Mayuge District Planner dated stamp.</p> <p>Refer to Quarter 4 Report submitted on 18th July 2017 to Mayuge DLG Planner as per the Planner's Acknowledgement Receipt of Submission of Budget Documents serial number 0014 and Mayuge District Planner dated stamp.</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 If queries are not responded to score 0 	0	<p>No evidences seen to prove that the department responded to all the audit queries raised by the internal auditor. For example:</p> <p>The DWO was instructed to inspect the rehabilitated borehole that did not work or were contaminated but by the time of the assessment no report produced on that effect seen</p>
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Assessment area: Governance, oversight, transparency and accountability

10	<p>The LG committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • 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 	0	<p>No, there was no evidence from the office of the Clerk to Council that the Standing Committee responsible for Water sector met and discussed service delivery issues like inspection and department performance</p>
		<ul style="list-style-type: none"> • Evidence that the water sector committee has presented issues that require approval to Council: score 3 	0	<p>No, there was no evidence provided by the office of the Clerk to Council that the water sector Committee met, discussed and presented issues to the council for approval.</p>

11	<p>The LG Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> • 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 	0	<p>There were no such information on the district notice boards at the CAO's office. The Water Department did not have a notice board. There were no minutes found to indicate that the AWP, budget and Water Development releases and expenditures were advocated for in meetings, though they are available in files and records with the DWO.</p>
		<ul style="list-style-type: none"> • All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2 	2	<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 construction, and the source of funding (DWSCG).</p>
		<ul style="list-style-type: none"> • Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2 	0	<p>No such information was displayed on the District Notice board.</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 spelt out that in case of the offer, community contributions were categorized as follows: (a) UGX 200,000 in case of Deep borehole; (b) UGX 45,000 in case of a spring well or a GFS tap stand; (c) UGX 100,000 in cases of Shallow well or rehabilitation of a borehole or shallow well; and (d) UGX 50,000 to 100,000 in case of a spring protection. During the visits to the sampled facilities it was confirmed that for every community that received a facility, they actually made community contribution within a 3 months period of offer, set up WSC within 2 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	For each of the five water supply facilities visited, the WSCs were found to be well constituted of 7 to 9 members and were active (i.e. they conduct regular meetings, collecting UGX1000 to UGX2000 per household per month for carrying out O&M, preventive maintenance and minor repairs).
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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 	2	Yes, Environmental screening was done as per templates developed by the District Environmental Officer for the new and old boreholes and Public Latrines in RGCs in selected Sub-counties in Mayuge District for the FY 2016/17 and FY 2017/18. The screening results were included in the BOQs to be used by the contractors in drilling, test pumping, construction and casting, and rehabilitation as well as in supervision and monitoring reports by the consultants/Supervisors in the contract management files.
		<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	No evidence was adduced or seen to this effect since no serious environmental incidences were ever considered.
		<ul style="list-style-type: none"> • Evidence that construction and supervision contracts have clause on environmental protection: score 1 	1	There were Environmental screening guidelines for drilling/rehabilitation of Boreholes and Public Latrines in RGCs in selected Sub-counties in Mayuge District for the FY 2016/17 and 2017/18 as seen in the contract agreements and supervision consultancy of 15 borehole siting and construction supervision with contract number "2017/Myg/MAW/DWSCDG/01 dated 28/07/2017 and records/files with Procurement reference number "MAYU/535/srvcs/17-18/000003.

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>No, the facilities sampled and visited did not meet the sector critical requirements of women on the WSCs to be at least 50%. The composition of women on the WSCs for the facilities visited were as follows: (i) Mugeru DWD56995 was 2/7; (ii) Lukindu B DWD56996 was 3/7; (iii) Buseera C DWD56994 was 1/9; (iv) Buwalira DWD52577 was 3/7; and (v) Buguwa DWD52578 was 3/7.</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 are separate stances for men, women and PWDs. There is no labelling to show the gender sides.</p>