



Local Government Performance Assessment

Butebo District

(Vote Code: 619)

Assessment	Scores
Accountability Requirements	67%
Crosscutting Performance Measures	68%
Educational Performance Measures	90%
Health Performance Measures	43%
Water Performance Measures	68%

Summary of requirements	Definition of compliance	Compliance justification	Compliant?
Annual performance contract			
<p>LG has submitted an annual performance contract of the forthcoming year by June 30 on the basis of the PFMAA and LG Budget guidelines for the coming financial year.</p>	<ul style="list-style-type: none"> • From MoFPED's inventory/schedule of LG submissions of performance contracts, check dates of submission and issuance of receipts and: <ul style="list-style-type: none"> o If LG submitted before or by due date, then state 'compliant' o If LG had not submitted or submitted later than the due date, state 'non-compliant' • From the Uganda budget website: www.budget.go.ug, check and compare recorded date therein with date of LG submission to confirm. 	<p>Butebo district was Compliant with the PFMAA and LG Budget guidelines for the coming financial year that require the LG to have submitted the Performance Contract to MoFPED by the 1st of August 2018.</p> <p>The Performance Contract for Butebo Local Government was submitted on line to MoFPED on the 20th of July 2018, as per report generation date indicated on the hard copy of the performance Contract available at the office of the District Planner.</p> <p>The submission date on the hard copy was corroborated with the date indicated on the MoFPED LG report Submission status generated at MoFPED on the 28th of August 2018, and the date was found to be the same (report submitted on the 20th of July and approved on the 22nd of July 2018</p>	Yes
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 by 30th June (LG PPDA Regulations, 2006).</p>	<ul style="list-style-type: none"> • From MoFPED's inventory of LG budget submissions, check whether: <ul style="list-style-type: none"> o The LG budget is accompanied by a Procurement Plan or not. If a LG submission includes a Procurement Plan, the LG is compliant; otherwise it is not compliant. 	<p>Butebo district was Compliant with LG PPDA, Regulations, and 2006, which require LGs to submit Budgets for the forthcoming year accompanied with a Procurement Plan appended to the Performance Contract .</p> <p>The budget and the Procurement Plan were duly submitted to MoFPED on the 20th of July 2018 and approved on the 22nd of July 2018(MoFPED Report submission/status August 28th 2018).</p>	Yes

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>From MoFPED’s official record/inventory of LG submission of annual performance report submitted to MoFPED, check the date MoFPED received the annual performance report:</p> <ul style="list-style-type: none"> • If LG submitted report to MoFPED in time, then it is compliant • If LG submitted late or did not submit, then it is not compliant 	<p>Butebo district was not Compliant with the PFMA Act, 2015 that require LGs to have submitted the Annual Performance Report the forthcoming year to MoFPED by the 31st July 2018.</p> <p>The Annual Performance Report was submitted online to MoFPED on the 28th of August 2018, (This was after the expiry of the deadline of 31st July) as per report generation date indicated on the hard copy of the Quarter 4 report. This information was corroborated with the information on the MoFPED <i>report submission/status</i> that was generated on the 28th of August 2018 that did not include the Butebo report, an indication that it was submitted late.</p> <p>The reasons given by the Planner as to why the LG submitted late included the fact that the LG had just been introduced to the PBS system and hence most staff could not competently manage the system, poor internet connectivity, delayed technical support from the centre to resolve the snags, and the delayed procurement process at the district yet procurement information had to be part of the report.</p>	<p>No</p>
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<p>LG has submitted the quarterly budget performance report for all the four quarters of the previous FY by end of the FY; PFMA Act, 2015).</p>	<p>From MoFPED's official record/ inventory of LG submission of quarterly reports submitted to MoFPED, check the date MoFPED received the quarterly performance reports:</p> <ul style="list-style-type: none"> • If LG submitted all four reports to MoFPED of the previous FY by July 31, then it is compliant (timely submission of each quarterly report, is not an accountability requirement, but by end of the FY, all quarterly reports should be available). • If LG submitted late or did not submit at all, then it is not compliant. 	<p>Butebo district was not Compliant with the requirement as per PFMA Act, 2015 of LGs to have submitted all the four Quarterly Report to MoFPED by the 31st of July of the previous year.</p> <p>The Quarter 4 report was submitted on line to MoFPED on the 28th of July 2018 as indicated on the report generation date indicated on the hard copy of the Quarter 4 report. The LG <i>Report Status/Submission</i> generated at MoFPED on the 28th of August 2018, did not include Butebo district indicating that it was submitted late.</p> <p>All the 4 quarterly reports however, were available at the office of the District Planner and were submitted to MoFPED on the dates indicated below(generally all were submitted late):</p> <ul style="list-style-type: none"> -Quarter 1, Submitted on 02/03/18 after the deadline of 15/10/17 -Quarter 2, Submitted on 17/03/18 after the deadline of 15/01/18 -Quarter 3, Submitted on the 5/05/18, after the deadline of 15/04/18. - Quarter 4, Submitted on the 28/08/18, after the deadline of 15/07/18. <p>Reasons given by the Planner for the late submission included the limited skills base within the staff to manage the newly introduced PBS system, the poor internet connectivity, failures by the PBS system (was rounding off figures) and delayed response from the centre to provide technical support to resolve the PBS challenges.</p>	<p>No</p>
<p>Audit</p>			

<p>The LG has provided information to the PS/ST on the status of implementation of Internal Auditor General and the Auditor General's findings for the previous financial year by end of February (PFMA s. 11 2g). This statement includes actions against all findings where the Internal Auditor and the Auditor General recommended the Accounting Officer to take action in lines with applicable laws.</p>	<p>From MoFPED's Inventory/record of LG submissions of statements entitled "Actions to Address Internal Auditor General's findings",</p> <p>Check:</p> <ul style="list-style-type: none"> • If LG submitted a 'Response' (and provide details), then it is compliant • If LG did not submit a 'response', then it is non-compliant • If there is a response for all –LG is compliant • If there are partial or not all issues responded to – LG is not compliant. 	<p>The District was not in existence in the FY 2016/2017 and therefore started in July 2017/18. There was therefore, no status of implementation of the audit findings that was submitted to the Internal Auditor General.</p>	<p>Yes</p>
<p>The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer.</p>		<p>The LG obtained an unqualified opinion for the FY 2017/18 and is therefore compliant.</p>	<p>Yes</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Planning, budgeting and execution			
<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<p>Evidence that a district/ municipality has:</p> <ul style="list-style-type: none"> • A functional Physical Planning Committee in place that considers new investments on time: score 1. 	<p>Butebo district has a functional Physical Development committee. The 10 member committee was appointed by the CAO on the 2nd of March of 2018, as per letter reference no CR/D/156/4 available at the registry.</p> <p>The Committee is constituted of the following members:</p> <ul style="list-style-type: none"> - CAO (Chairperson) - Physical Planner (Secretary- currently Town Planner for Butebo Town C council) - Roads Engineer - District Education Officer - Agricultural Officer - Water Officer - District Community Development Officer - District Health Officer - Natural resources officer <p>The committee meets and considers new investments on time. The committee met three times during the previous financial year on the 13/03/2018, 15/06/2018 and on the 23/08/2018. The first two meetings dwelt on sensitising the committee members on the roles and responsibilities of the committee, while the third meeting approved two plans that had been submitted for approval.</p>	<p>1</p>

<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that district/ MLG has submitted at least 4 sets of minutes of Physical Planning Committee to the MoLHUD score 1. 	<p>Butebo district did not share minutes of the Physical Planning Committee with the Ministry of Lands Housing and Urban Development (MoLHUD). This was confirmed by the Natural Resources Officer (district has not yet recruited a Physical Development Planner) who affirmed that the unit was not facilitated to travel to Kampala to submit the minutes. In addition, Butebo district was not reflected in the LG <i>minutes submission book</i> at the MoLHUD that was reviewed by the Assessor at the Directorate of Physical Planning at MoLHUD on the 29th of August 2018.</p>	<p>0</p>
<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> • All infrastructure investments are consistent with the approved Physical Development Plan: score 1 or else 0 	<p>Butebo district has not yet developed a Physical Development Plan and therefore, the approved investments are not appraised against any existing physical development Plan. Accordingly, consistency of the approved plans with physical development plans could not ascertained.</p>	<p>0</p>

<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> Action area plan prepared for the previous FY: score 1 or else 0 	<p>No Area action plans had been developed by the time of the assessment. This was attributable to the lack of funding of the Physical Development Planning Unit. For example, no budgetary allocation was made to the Physical Development Planning Unit for the FY 2017, and neither had the LG allocated funds to the Physical Development Planning Unit for the current FY (2018/19). This will certainly severely curtail the operations of the unit during the current FY.</p>	<p>0</p>
<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that priorities in AWP for the current FY are based on the outcomes of budget conferences: score 2. 	<p>Butebo LG did not hold a Budget Conference due to the absence of a functional District Council (due to the boundary conflicts for Kibale sub-county between Pallisa and the newly created Butebo district- no elections were held for the district Chairperson until the issues was resolved by Court on the 23/02/18). The Chairperson was elected and sworn in on the 5/05/2018 and the council became effective in July 2018.</p>	<p>0</p>

<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the capital investments in the approved Annual work plan for the current FY are derived from the approved five-year development plan. If differences appear, a justification has to be provided and evidence provided that it was approved by the Council. Score 1. 	<p>Butebo district developed a Three year Development Plan (2016/17- 2019/20) owing the fact that it became operational during the FY 2016/17.</p> <p>The District Planner provided evidence to the Assessor to confirm that the Capital Investments in the approved Annual Work Plan for the current FY were derived from the approved 3 year plan.</p> <p>The capital investments in the 3 year plan were as indicated below on the respective pages of the 3 year development plan:</p> <p>Education (page 12 of the DDP). Priorities included: Construction of 64 classrooms, construction of 40 five-stance-pit latrines, installation of 60 lightening arrestors, and procurement of 1880 desks.</p> <p>Health (page 12 of the DDP). Priorities included; construction of 36 staff houses, construction of 10 OPD blocks, procurement of printer and scanner for the health department.</p> <p>Water (page 9 of the DDP). Priorities included provision of sustainable water facilities in form of boreholes, provision of sustainable sanitation facilities in the form of latrines, operation and maintenance of sustainable sanitation facilities.</p>	
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<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> • Project profiles have been developed and discussed by TPC for all investments in the AWP as per LG Planning guideline: score 2. 	<p>The District Planner adduced evidence to confirm that the LG developed Project profiles for all projects in the Annual Work Plan and were discussed by the Technical Planning Committee (TPC).</p> <p>The project profiles were developed as part of the development process for the <i>Three Year Plan</i> and were appended to the Three Year Plan. In addition, a separate file of <i>Project Profiles</i> exists at the district Planner's office and was seen by the Assessor. The profiles cover projects among others in the sectors of Education, Health and Works and Engineering.</p> <p>The Project profiles were discussed at the TPC meeting that sat on 30/07/18 as per minute number 08/07/18.</p>	<p>2</p>
<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 score 1. 	<p>The District Planner presented evidence to the Assessor to confirm that Annual Statistical Abstracts, with gender disaggregated data had been compiled and presented to the TPC to support budget allocation and decision-making.</p> <p>Evidence was presented in form of a booklet of <i>Annual Statistical Abstracts for the FY 2017/18</i> that was available in the office of the District Planner. The abstracts were discussed at the TPC meeting that sat on 30/07/18 as per minute number 09/07/18, and were used for resource allocation and decision making.</p>	<p>1</p>

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

Maximum 6 points on this performance measure.

• Evidence that all infrastructure projects implemented by the LG in the previous FY were derived from the annual work plan and budget approved by the LG Council: score 2

There was no functioning District Council (due boundary conflicts of Kibale sub-county between Pallisa and the newly created Butebo district, which had not yet been resolved by Court) during the FY 2017/18 therefore, the infrastructure projects implemented by the LG during the previous year were not based on an Annual Work Plan (AWP) and Budget approved by Council but rather the AWP was reviewed and approved by the Technical Planning Committee and reviewed by the relevant ministries, with final approval given by the MoFPED. Details of the infrastructure projects are indicated below:

i. Construction of staff houses and rehabilitation at Kakoro HC III estimated at shs. 66,310,000 page 13 of the estimates of recurrent and Development budget for the FY 2017/18. Paid shs. 63,376,000 as at the close of the financial year which is 91% performance (as per page 49 of the quarter 4 progress report for the District).

ii. Classroom construction and rehabilitation at Kanyum PS classroom block estimated at shs. 68,000,000 page 16 of the estimates of recurrent and Development budget for the FY 2017/18

iii. Mukanga PS classroom construction estimated at shs. 57,000,000 page 16 of the estimates of recurrent and Development budget for the FY 2017/18

iv. Kadesok Parents PS Classroom block construction estimated at shs. 57,000,000. As per quarter 4 progress report of the District on page 50, the total amount spent on classroom block construction in the above schools was shs. 174,776,000 which is a 96% performance for the District.

v. Opogono PS construction of latrine at an estimated cost of shs. 18,000,000 . Latrine had been constructed at shs. 13,332,000 being a 74% completion

vi. Borehole drilling and rehabilitation at the following sites:

- a) Gayaza A shs. 23,100,000
- b) Amusala shs. 23,100,000
- c) Bwase shs. 23,100,000
- d) Tiira shs. 23,100,000
- e) Bukatikoko B shs. 23,100,000
- f) Kasajja B shs. 23,100,000
- g) Nakatuke shs. 23,100,000
- h) Namiyembe shs. 23,100,000
- i) Katika shs. 23,100,000
- j) Alboibon shs. 23,100,000
- k) Otelepai I shs. 23,100,000
- l) Olwakai shs. 23,100,000
- m) Ogulia shs. 23,100,000
- n) Kakwereta shs. 23,100,000
- o) Bumusura shs. 23,100,000

Out of the shs. 369,600,000 budgeted for the boreholes, shs. 368, 521,000 had been spent which is an indication of 100% completion as at the end of the financial year.

<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 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>Obtained the projects monitoring report and this was matched with payments as per the draft financial statements and noted that majority of the investment projects were completed as per work plan by the end of the financial year. Majority of the projects had the retention fees outstanding. These projects are between 80-99% achievement and include:</p> <ul style="list-style-type: none"> i. Construction of staff houses and rehabilitation at Kakoro HC III estimated at shs. 66,310,000 page 13 of the estimates of recurrent and Development budget for the FY 2017/18. Paid shs. 63,376,000 as at the close of the financial year which is 91% performance (as per page 49 of the quarter 4 progress report for the Distrit). ii. Classroom construction and rehabilitation at Kanyum PS classroom block estimated at shs. 68,000,000 page 16 of the estimates of recurrent and Development budget for the FY 2017/18 iii. Mukanga PS classroom construction estimated at shs. 57,000,000 page 16 of the estimates of recurrent and Development budget for the FY 2017/18 iv. Kadesok Parents PS Classroom block construction estimated at shs. 57,000,000. As per quarter 4 progress report of the District on page 50, the total amount spent on classroom block construction in the above schools was shs. 174,776,000 which is a 96% performance for the District. v. Opogono PS construction of latrine at an estimated cost of shs. 18,000,000 . Latrine had been constructed at shs. 13,332,000 being a 74% completion vi. Borehole drilling and rehabilitation at the following sites: <ul style="list-style-type: none"> a) Gayaza A shs. 23,100,000 b) Amusala shs. 23,100,000 c) Bwase shs. 23,100,000 d) Tiira shs. 23,100,000 e) Bukatikoko B shs. 23,100,000 f) Kasajja B shs. 23,100,000 g) Nakatuke shs. 23,100,000 h) Namiyembe shs. 23,100,000 i) Katika shs. 23,100,000 j) Alboibon shs. 23,100,000 k) Otelepai I shs. 23,100,000 l) Olwakai shs. 23,100,000 m) Ogulia shs. 23,100,000 n) Kakwereta shs. 23,100,000 o) Bumesura shs. 23,100,000 <p>Out of the shs. 369,600,000 budgeted for the boreholes, shs. 368, 521,000 had been spent which is an indication of 100% completion as at the end of the financial year.</p>	2
<p>The LG has executed the budget for construction of</p>	<ul style="list-style-type: none"> • Evidence that all investment projects in the previous FY 	<p>A review of information contained in the Annual budget performance report (as part of the Q4 report submitted to MoFPED and the Annual Final Accounts confirmed that the projects were completed within the approved budgets.</p>	2

investment projects and O&M for all major infrastructure projects during the previous FY

Maximum 4 points on this Performance Measure.

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

Projects looked at were:

i. Construction of staff houses and rehabilitation at Kakoro HC III estimated at shs. 66,310,000 page 13 of the estimates of recurrent and Development budget for the FY 2017/18. Paid shs. 63,376,000 as at the close of the financial year which is 91% performance (as per page 49 of the quarter 4 progress report for the District). ii. Classroom construction and rehabilitation at Kanyum PS classroom block estimated at shs. 68,000,000 page 16 of the estimates of recurrent and Development budget for the FY 2017/18

iii. Mukanga PS classroom construction estimated at shs. 57,000,000 page 16 of the estimates of recurrent and Development budget for the FY 2017/18

iv. Kadesok Parents PS Classroom block construction estimated at shs. 57,000,000. As per quarter 4 progress report of the District on page 50, the total amount spent on classroom block construction in the above schools was shs. 174,776,000 which is a 96% performance for the District.

v. Opogono PS construction of latrine at an estimated cost of shs. 18,000,000 . Latrine had been constructed at shs. 13,332,000 being a 74% completion

vi. Borehole drilling and rehabilitation at the following sites:

a) Gayaza A shs. 23,100,000

b) Amusala shs. 23,100,000

c) Bwase shs. 23,100,000

d) Tiira shs. 23,100,000

e) Bukatikoko B shs. 23,100,000

f) Kasajja B shs. 23,100,000

g) Nakatuke shs. 23,100,000

h) Namiyembe shs. 23,100,000

i) Katika shs. 23,100,000

j) Alboibon shs. 23,100,000

k) Otelepai I shs. 23,100,000

l) Olwakai shs. 23,100,000

m) Ogulia shs. 23,100,000

n) Kakwereta shs. 23,100,000

o) Bumesura shs. 23,100,000

Out of the shs. 369,600,000 budgeted for the boreholes, shs. 368, 521,000 had been spent which is an indication of 100% completion as at the end of the financial year.

<p>The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that the LG has budgeted and spent at least 80% of the O&M budget for infrastructure in the previous FY: score 2 	<p>By the time of the assessment, no evidence was adduced by the District Planner to the Assessor to confirm that the LG budgeted and spent 80% of the O&M budget for infrastructure in the previous financial year except for the rehabilitation of boreholes.</p> <p>A review of AWP and budget by the Assessor and the District Planner revealed that there were no succinct budget lines for Operations and Maintenance (O&M) in the sectors of Education and Health. The only visible budget line seen was for the rehabilitation of boreholes which had a budgetary provision of rehabilitation of 27 boreholes (an initial 12 boreholes and an additional 15 boreholes) budgeted at 55 million shillings. The final total expenditure on rehabilitation of boreholes as reflected in the <i>Final Accounts</i> was 51 million shillings, constituting an percentage expenditure of 92.7%.</p> <p><i>Owing to the fact that it was only the water sector that had budgeted for O&M, the Assessor did not find it representative enough of all the infrastructure projects that had been planned and therefore warranting the award of maximum scores for this indicator.</i></p> <p>The District Planner explained that due to budgetary constraints, the LG find it prudent to devote most of the resources on constructing new infrastructure except for the rehabilitation of boreholes which were a MUST. O&M in the education sector could be taken care of by the School Management Committees and or through the intervention of the sub-counties, while for health, normally development partners would give a hand in form of rehabilitations/ renovations or remodelling of the various health infrastrucvture.</p>	<p>0</p>
<p>Human Resource Management</p>			

<p>LG has substantively recruited and appraised all Heads of Departments</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that the LG has filled all HoDs positions substantively: score 3 	<p>The approved structure (approved by MoPS on 18th Sept 2018 letter ref no: ARC 135/306/01 provides for 11 departments. Only one (9%) of the 11 department is substantively filled. The substantively filled HoD position is Chief Finance Officer (CFO) headed by Sale Idhi who was appointed on accelerated promotion as CFO under DSC minute no: 6/2018 (b) on 27th March 2018. Below is a presentation of appointment status of 3 of the 10 acting Heads of Departments.</p> <p>a) Oonyu Lawrence: Health Services; appointed as Medical officer in Pallisa under DSC minute no. 42/2017. Transferred to Butebo on 30th June 2018 and assigned duties of DHO by CAO on 3rd July 2017.</p> <p>b) Kooli Sam: Works; appointed as Senior Engineering officer in Pallisa under DSC minute no. 19/2016 and assigned duties of District Engineer Butebo by CAO on 3rd July 2017.</p> <p>c) Galya Mohammad: Natural Resources; was given an acting appointment as the District Natural Resources officer by the DSC under DSC minute no: 6/2018 (d) on 27th March 2018</p> <p>It was reported that a number of factors have hampered the District in filling HoD positions, these include:</p> <p>a) The LG lacks a DSC (it has been using Serere DSC) however efforts have been made to appoint the DSC; names of nominated candidates have been sent to the PSC</p> <p>b) Inadequate wage bill, in 2017/18 the availed wage bill could not allow recruitment of new staff. It was reported that staff carried their salaries from the mother District to the new District which drained the wage bill. The District however through the accounting officer have lobbied for increase in the wage bill which has whence increased from UGX 300m to close to UGX 1.2bns for FY 2018/19</p>	<p>0</p>
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<p>LG has substantively recruited and appraised all Heads of Departments</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that HoDs have been appraised as per guidelines issued by MoPS during the previous FY: score 2 	<p>Review of appraisal files of the HoDs (both acting and substantive) revealed that all of them (100%) had signed performance reports and appraisal forms on their files. Below is a presentation of appraisal status of 3 of the HoDs</p> <p>a) Sale Idhi: Finance; signed performance report (signed by CAO on 4th July 2018) seen. The performance form seen on file was for period 01/01/2017 to 31/12/2017.</p> <p>b) Okurut Charles: Planning; signed performance report (signed by CAO on 5th July 2018) seen. The performance form seen on file was for period 01/01/2017 to 31/12/2017.</p> <p>c) Kabuna Dan: Community Based services; signed performance report (signed by CAO on 3rd July 2018) seen. The performance form seen on file was for period 01/01/2017 to 31/12/2018</p>	<p>2</p>
<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of staff submitted for recruitment have been considered: score 2 	<p>Submission for recruitment for 16 vacancies was sent to the DSC (Serere District) on 31st January 2018. Additionally CAO made additional submissions of 23 vacancies on 2nd February 2018 (CR: 156/1). All the 39 (100%) submissions for recruitment were considered by Serere DSC in the following meetings:</p> <p>a) Serere DSC Meeting of 12-14th March 2018 under minute nos: 6/2018 (i)</p> <p>b) Serere DSC Meeting of 12-15th March 2018 under minute nos: 6/2018 (a), 6/2018 (b), 6/2018 (c), 6/2018 (d), 6/2018 (e)</p>	<p>2</p>

<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for confirmation have been considered: score 1 	<p>Submission for confirmation of 4 staff was made by CAO to DSC Serere on 28th February 2018. All the submission were considered by Serere DSC in the Meeting of:</p> <p>a) 12-14th March 2018 under minute nos: 6/2018</p> <p>b) 12-15th March 2018 under minute nos: 6/2018, 6/2018 (h)</p>	<p>1</p>
<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1 	<p>There were no submission for disciplinary actions sent to the DSC</p>	<p>1</p>
<p>Staff recruited and retiring access the salary and pension payroll respectively within two months</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • 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 	<p>There were 39 new recruits in 2017/18. 19 were appointed on 27/03/2018 and accessed the payroll in May 2018 (within the two months)</p> <p>24 have not accessed the payroll to date because their date of commencement were deferred to FY 2018/19 (hence have not started working). The reason for this was that the District recruited without clearance as such the existing wage bill could not allow remuneration of the new staff hence deferring their appointment.</p>	<p>3</p>

<p>Staff recruited and retiring access the salary and pension payroll respectively within two months</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> 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 	<p>5 staff were due for retirement in 2017/18, of the 5 none of them (0) had accessed the payroll within two months after retirement as indicated below:</p> <p>a) Asio Ruth Mary; due date of retirement 18/9/2017 accessed the pension payroll in June, 2018</p> <p>Taaka Budesta CHango; due date of retirement 28/2/2018 accessed the pension payroll in June, 2018</p> <p>Otim George Robert; due date of retirement 15/3/2018 Not accessed</p> <p>Kalibanseny James; due date of retirement 15th/4/2017 Not accessed</p> <p>Njaye Wilson James; due date of retirement 2/10/2017 accessed the pension payroll in June, 2018</p> <p>The reasons given for the delayed enrollment of pensioners on the payroll was issues with National ID where the dates of birth on the National IDs do not match the records in their personal files.</p>	<p>0</p>
<p>Revenue Mobilization</p>			
<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 (excluding one/off, e.g. sale of assets) from previous FY but one to previous FY is more than 10 %: score 4. If the increase is from 5% -10 %: score 2. If the increase is less than 5 %: score 0. 	<p>Total of OSR for FY 2016/2017 Shs. NIL</p> <p>Total of OSR for FY 2017/2018 Shs. 104,175,315</p> <p>Increase in revenue was Shs. 104,175,315</p> <p>Percentage increase in revenue was 100%</p> <p>This is attributed to the fact that the District is a new District after a breakaway from Pallisa District. This started in the FY 2017/18 as at July 1, 2017.</p>	<p>4</p>

<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 score 2. If more than +/- 10 %: Score 0. 	<p>Total Local Revenue Planned/Budgeted for FY 2017/2018 Shs. 140,000,000</p> <p>Total Local Revenue collected during FY 2017/2018 Shs. 104,175,315</p> <p>Performance 74.4 %</p> <p>.Reviewed the budget estimates and the draft accounts and noted that the estimates were shs. 40,000,000 in taxes and shs. 100,000,000 in Non- tax revenue. Budget realisation is outside the +-10% of the threshold.</p>	<p>0</p>
<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 	<p>Local Revenue collections subjected to sharing with LLGs Shs. 33,325,000 for FY 2017/18</p> <p>Amount of local revenue remitted to LLGs in FY 2017/18 Shs.13,097,500</p> <p>Status of compliance: 39.3%</p> <p>Reviewed the payment made on 21/12/2017 to Kibale Sub-county as 65% of LST and a request for approval to transfer of ATC MASK to CAO from CFO amounting to shs. 1,097,500. Looked at a voucher prepared and paid out on 28/11/2017 being transfer of LST to Urban Council and Sub Counties amounting to shs. 12,000,000. The non-remittal of the balance was attributed to the fact that the LLG did not also remit all that was due to the District.</p>	<p>0</p>
<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 total Council expenditures on allowances and emoluments- (including from all sources) is not higher than 20% of the OSR collected in the previous FY: score 2 	<p>Total expenditure on council allowances during FY 2017/2018 Shs. NIL</p> <p>Percentage 0%.</p> <p>This is due that the Council was non-existent for the FY 2017/18.</p>	<p>2</p>
<p>Procurement and contract management</p>			

<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> 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>The District doesn't have a substantive Senior Procurement Officer; PDU is headed by an acting Senior Procurement Officer (appointed on 27th March 2018 under DSC minute No: 6/2018 (a)) by the names of Okalebo Simon Peter.</p>	<p>0</p>
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<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1 	<p>TEC produced and submitted reports to the Contracts Committee.</p> <p>For example</p> <p>(a) Technical evaluation Committee meeting was held 18/10/2017 (Ref; BUTE619/WRKS/2017-18/00003): Construction of staff house, AT Kakoro Health Centre III</p> <p>Produced report 18/10/2017 submitted to contracts committee. The report</p> <p>Recommended that Glory Technical Services be awarded contract at UGX 66,179,475</p> <p>(b) Technical evaluation Committee meeting was held 04/4/2018 (Ref; BUTE619/2017-18/00008): Construction of office block for Town Council Produced report 04/4/2017 submitted to contracts committee. The report</p> <p>Recommended that Wangi be awarded contract at UGX 95,925,000.</p> <p>(c) Technical evaluation Committee meeting was held 18/10/2017 (Ref; BUTE619/WRKS/2017-18/00002): Construction of a 2 classroom block at Mukanga P/S Produced report 18/10/2017 submitted to contracts committee. The report</p> <p>Recommended that MASS TECHNOLOGIES be awarded contract at UGX 54,437,412.</p> <p>(d) Technical evaluation Committee meeting was held 19/10/2017 (Ref; BUTE619/WRKS/2017-18/00002): Siting, Drilling, Borehole casting and installation of 15 boreholes produced report 19/10/2017 submitted to contracts committee. The report</p> <p>Recommended that ICON PROJECTS be awarded contract at UGX 282,049,500.</p>	<p>1</p>
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<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the Contracts Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1 	<p>Contracts Committee considered recommendations of the TEC.</p> <p>For example</p> <p>a) (Ref; BUTE619/WRKS/2017-18/00003): Construction of staff house, at Kakoro H/C III</p> <p>Report of the contracts committee seating on 10/11/2017, minute no 2/005/11/2017as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that Glory Technical Services be awarded contract at UGX 66,179,475</p> <p>b) (Ref; BUTE619/WRKS/2017-18/00008): Construction of Town Council Offices Block-Report of the contracts committee seating on 09/04/2018, minute no11/135/04/2018as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that Wangi be awarded contract at UGX 95,925,000.</p> <p>c) (Ref; BUTE619/WRKS/2017-18/00004): Construction of a 2 classroom Block at Makanga P/S. Report of the contracts committee seating on 10/11/2017, minute no 2/005/11/2017as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that MASS be awarded contract at UGX 54,437,412.</p> <p>d) (Ref; BUTE619/WRKS/2017-18/00006):Siting, Borehole casting, drilling and supervision of 15 boreholes. Report of the contracts committee seating on 10/11/2017, minute no 2/005/11/2017 as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that ICON PROJECTS be awarded contract at UGX 282,049,500.</p>
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<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 	<p>The procurement and Disposal Plan for 2018/2019 year does not cover all infrastructure projects in the approved (approval date 16/07/2018) annual work plan and budget. It only covers</p> <ul style="list-style-type: none"> • Construction of a staff house at Akisim P/S (Ref; BUTE619/WRKS/2018-2019/00012) at UGX 68,000,000). • Construction of a maternity block ay Kanyumu HC II BUTE619/WRKS/2018-2019/000015) at UGX 260,000,000. • Siting, drilling and supervision of boreholes (lot 1 = 8 & lot 2 = 8) (REF: BUTE619/WRKS/18-19/00014. <p>In FY 2017/2018 procurements were not done as per plan in accordance with the procurement plan). The plan only captures these few projects</p> <ul style="list-style-type: none"> • Construction of staff house, Kakoro HC II (Ref;BUTE619/WRKS/17-18/00003) at UGX 66,179,475 • Construction of Town Council Office block(Ref; BUTE619/WRKS/17-18/00008): at UGX 95,925,000. • Siting & drilling of 15 boreholes (REF: BUTE619/WRKS/17-18/00006) at UGX:282,049,500. • Construction of 2 class room block at Mukanga P/S(REF: BUTE619/WRKS/17-18/00002) at UGX 54,437,412 • Construction of administration block for the district (ref: bute/wrks/17-18/00001. 	<p>0</p>
<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/ infrastructure by August 30: score 2 	<p>For FY 2018/2019, By August 30 2018, all bid documents for all investment/infrastructure were prepared above 80%. The Approval date was 4/June/2018 These include:</p> <ul style="list-style-type: none"> • Construction of 6 deep boreholes fitted with hand pumps (REF: BUTE619/WRKS/18-19/00014) • Construction of a staff house at Akisim P/S (Ref; BUTE619/WRKS/2018-2019/00012) • Construction of a maternity block ay Kanyumu HC II BUTE619/WRKS/2018-2019/000015) 	<p>2</p>

<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2 	<p>For FY 2017/2018, contract register fully updated (2017-2018).such as</p> <ul style="list-style-type: none"> • Construction of staff house, Kakoro HC II(Ref;BUTE619/WRKS/17-18/00003) at UGX 66,179,475 • Construction of Town Council Office block (Ref; BUTE619/WRKS/17-18/00008): at UGX 95,925,000. • Siting & drilling of 15 boreholes (REF: BUTE619/WRKS/17-18/00006) at UGX:282,049,500. • Construction of 2 class room block at Mukanga P/S (REF: BUTE619/WRKS/17-18/00002) at UGX 54,437,412 • Construction of administration block for the district (ref: bute/wrks/17-18/00001). • Renovation of extension workers' house at Kibale S/C (REF: BUTE619/WRKS/17-18/00005/01) at UGX: 9,859,500 • Construction of a 2 stance pit latrine at Oladot HC II (REF: BUTE619/WRKS/17-18/00005/02) at UGX: 6.997,554 	<p>2</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 previous FY, evidence that the LG has adhered with procurement thresholds (sample 5 projects): score 2.

For FY 2017/2018, procurement thresholds were well adhered to. Example of sampled projects Above 50 million (Open Domestic bidding) and below selective

- Construction of staff house, Kakoro HC II (Ref;BUTE619/WRKS/17-18/00003) at UGX 66,179,475 , (open domestic bidding, Daily monitor of Friday, August 04, 2017)
- Construction of Town Council Office block (Ref; BUTE619/WRKS/17-18/00008): at UGX 95,925,000, (open bidding, Daily monitor of Friday, January 19th, 2018
- Siting & drilling of 15 boreholes (REF: BUTE619/WRKS/17-18/00006) at UGX:282,049,500, (open Domestic bidding, Daily monitor of Friday August 04, 2017).
- Construction of 2 class room block at Mukanga P/S(REF: BUTE619/WRKS/17-18/00002) at UGX 54,437,412, (Open Domestic bidding, Daily Monitor of Friday August 04, 2017).
- Construction of administration block for the district (ref: BUTE/WRKS/17-18/00001, (open Domestic bidding, Daily monitor of Friday January, 2018 and re-advertised in the Daily monitor of Wednesday March 7, 2018
- Construction of a 5-stance pit latrine at Opogono primary school, Ref; BUTE619/WRKS/2017-2018/00005/02(iv) at UGX 18,982,448 (Selective bidding, sent invitations to three Companies. Invitation letter was dated 16/04/2018).
- Construction of a 2-stance pit latrine at Oladot, Ref; BUTE619/WRKS/2017-2018/00005/02(ii) at UGX 8,200,000 (Selective bidding, sent invitations to four Companies. Invitation letter was dated 01/02/2018).

<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 <p>for all projects based on technical supervision: score 2</p>	<p>Projects implemented in the FY 2017/18 were appropriately certified with interim and completion certificates as per technical supervision. For example Completion and interim certificates were available.</p> <p>For example</p> <ul style="list-style-type: none"> • Construction of staff house, Kakoro HC II (Ref;BUTE619/WRKS/17-18/00003) at UGX 66,179,475 , completion certificate dated: 11/03/2018 • Construction of 2 class room block with office and store at Kanyum P/S in Butego sub-county (Ref: BUTE619/WRKS/2017-18/00004, completion certificate dated 03/03/2018. • Construction of 2 class room block at Mukanga P/S(REF: BUTE619/WRKS/17-18/00002) at UGX 54,437,412, completion certificate dated 06/03/2018 	<p>2</p>
<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • The FY 2018/2019 project site boards for all projects are not yet erected. • But even the ones that were erected previous financial year are not clearly labelled. They miss information on contract value and expected duration. 	<p>0</p>
<p>Financial management</p>			

<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 	<table border="1"> <thead> <tr> <th>Month</th> <th>Status</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>December 2017</td> <td>Done</td> <td>N/K</td> </tr> <tr> <td>January 2017</td> <td>Done</td> <td>N/K</td> </tr> <tr> <td>February 2017</td> <td>Done</td> <td>N/K</td> </tr> <tr> <td>March 2017</td> <td>Done</td> <td>N/K</td> </tr> <tr> <td>April 2017</td> <td>Done</td> <td>N/K</td> </tr> <tr> <td>May 2017</td> <td>Done</td> <td>N/K</td> </tr> <tr> <td>June 2017</td> <td>Done</td> <td>N/K</td> </tr> </tbody> </table> <p>N/K is Not Known</p> <p>The reconciliations were done but it's difficult to ascertain the dates on which these reconciliations were done due to the fact that the dates on which they were done are not indicated</p>	Month	Status	Date	December 2017	Done	N/K	January 2017	Done	N/K	February 2017	Done	N/K	March 2017	Done	N/K	April 2017	Done	N/K	May 2017	Done	N/K	June 2017	Done	N/K	4
Month	Status	Date																									
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June 2017	Done	N/K																									
<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. 	<p>Reviewed payment vouchers together with the attendant requests for payment and noted that the payments were timely initiated and approved for payment. Those looked at included:</p> <ol style="list-style-type: none"> VR. No. 04/06 DATED 22/06/2018 being payment for supply of desks submitted by Kadep Enterprises and request submitted on 19/06/2018 and DEO forwarded on 21/06/2018 and CAO approved on 22/06/2018 and was paid on the same date. VR. No. 06/06 dated 26/06/2018 being payment of KOPA Consult Ltd. for construction of 2 stance pit latrine. Request submitted on 22/06/2018 VR. 03/12/2017 dated 21/12/17 for the construction of a 2 classroom block at Mukanga PS by Mass Technologies Ltd. the request was submitted on 20/12/2017 and DEO forwarded for payment on the same date. Approval was done on 21/12/17 which was the same date for payment. VR 04/12/17 dated 21/12/2017 being payment for the construction of the Kanyum PS classroom block. Request was submitted by KAS Roryal Traders and Contractors on 18/12/2017 forwarded by the DEO for payment on 21/12/2017 and approved on the same date. Payment was done on 21/12/2017 07/06/18 dated 26/06/2018 being payment for the construction of Opagono PS 5 stance pit latrine by Moora Investments Ltd. Request was submitted on 22/06/2018 and DEO forwarded for payment on 26/06/2018 and approved and paid on the same date. VR. No. 1/4/18 dated 06/04/2018 paid to Glory technical 	2																								

		<p>services for the construction of a staff house at Health Centre III. Invoice dated 26/03/2018, DHO forwarded on 05/04/2018, CAO approved on 06/04/2018 and was paid on the same date.</p> <p>vii. VR. No. 03/02 dated 15/02/2018 being payment for construction of staff house at Kakoro Health Centre III by Glory Technical services. DHO forwarded on 15/02/2018 and approved on 15/02/2018 and was paid on 15/02/2018</p> <p>viii. VR. No. 2/01/2018 DATED 18/01/2018 by Glory Technical Services constructing staff house at Kakoro. Invoice dated 15/01/2018, forwarded by the DHO on 17/01/2018 and approved n 18/01/2018</p> <p>ix. VR. No.29/05 dated 31/05/2018 being payment for protection of 2 spring wells done by JCM General Associates. Request dated 28/05/2018. DWO forwarded on 28/05/2018 and was approved 31/052018. Was paid on 31/05/2018. Chq0098 bank is housing finance.</p> <p>x. VR. No. 02/05 dated 07/05/2018 being payment for construction of boreholes by Icon Projects Ltd. Request was submitted on 01/05/2018 and DWO forwarded it on 07/05/2018. Approve on 08/05/2018. Paid on the same date.</p> <p>xi. VR. No. 01/04 dated 10/04/2018 being payment for fuel for drilling of wells supervision. Request submitted by Libya Oil Uganda Ltd and dated 03/04/2018. DWO forwarded for payment on 06/04/2018. Was paid on 10/04/2018</p> <p>xii. VR. No. 8/06 dated 12/06/2018 and request submitted by Ripako Limited on 24/05/2018 and DWO forwarded for payment 04/06/2018. Approved on 11/06/2018 and paid on 12/06/2018</p> <p>xii. VR. No. 30/05 dated 31/05/2018 being payment for rehabilitation of 12 boreholes by Sincere Brothers BM services. Request was submitted on 14/05/2018 and forwarded on the same date. Approved on 31/05/2018 and paid on 31/05/2018</p>	
<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG has a substantive Senior Internal Auditor: 1 point. • LG has produced all quarterly internal audit reports for the previous FY: score 2. 	<p>Seen a copy of the appointment letter of Akia Topista on promotion to the Post of Internal Auditor dated 27/03/2018 and referenced CR/165/2 by the District Service Commission under Minute No. 6/2018 (b). The office therefore has a substantive Internal Auditor but has got no Senior Internal Auditor as no recruitment has been effected as at the time of assessment. The District does not score under this indicator.</p>	<p>0</p>

<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • LG has produced all quarterly internal audit reports for the previous FY: score 2. 	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Date issued</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>19/10/2017</td> <td>No reference</td> </tr> <tr> <td>Quarter 2</td> <td>19/01/2018</td> <td>No reference</td> </tr> <tr> <td>Quarter 3</td> <td>18/04/2018</td> <td>No reference</td> </tr> <tr> <td>Quarter 4</td> <td>10/08/2018</td> <td>No reference</td> </tr> </tbody> </table> <p>4th quarter report was produced on 10/08/2018 and sent to the District Chairperson but copied to the PS, MoLG, the Auditor General, the CAO, External Auditors and Chairman LG PAC.</p>	Quarter	Date issued	Reference	Quarter 1	19/10/2017	No reference	Quarter 2	19/01/2018	No reference	Quarter 3	18/04/2018	No reference	Quarter 4	10/08/2018	No reference	2
Quarter	Date issued	Reference																
Quarter 1	19/10/2017	No reference																
Quarter 2	19/01/2018	No reference																
Quarter 3	18/04/2018	No reference																
Quarter 4	10/08/2018	No reference																
<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<p>Evidence that the LG has provided information to the Council and LG PAC on the status of implementation of</p> <p>internal audit findings for the previous financial year i.e. follow up on audit queries from all quarterly audit reports: score 2.</p>	<p>There is no evidence that the District provided information to the Council and LG PAC despite copies being made to them. This was attributed to the non-existence of the council and standing committees</p>	0															
<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • 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. 	<p>There is evidence that the CAO received the reports but there is no evidence that the internal audit reports for the previous financial year were reviewed and followed up due to the absence of the council and standing committees as LG PAC.</p>	0															

<p>The LG maintains a detailed and updated assets register 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 	<p>The assets register is looked at and is manually prepared. It is in the format that is provided for in the accounting manual and therefore, collects all points as set out in the indicator.</p>	<p>4</p>
<p>The LG has obtained an unqualified or qualified Audit opinion Maximum 4 points on this performance measure</p>	<p>Quality of Annual financial statement from previous FY:</p> <ul style="list-style-type: none"> • Unqualified audit opinion: score 4 • Qualified: score 2 • Adverse/disclaimer: score 0 	<p>The LG obtained an unqualified opinion for the FY 2017/18 as per the Auditor General's report</p>	<p>4</p>
<p>Governance, oversight, transparency and accountability</p>			

<p>The LG Council meets and discusses service delivery related issues</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> 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>No meetings of Council were held in the FY 2017/18. Butebo district did not have a functioning District Council during the FY 2017/18, due to the conflicts between Pallisa district (the mother district to the newly created Butebo district) and Butebo district; about whether Kibale sub-county should be part of the newly created Butebo district or be retained by Pallisa district. The conflict was not resolved until Parliament intervened and sought legal arbitration through Court as per correspondences seen by the Assessor including: letter from Clerk to Parliament to the Minister for Local Government informing the minister about the alteration of the Boundaries of Pallisa and Butebo LGs as per letter dated 18/12/17, reference number AB/287/482/01; letter from the Permanent Secretary Ministry of Local Government to the CAO Butebo district informing the CAO that Kibale sub-county shall be retained by Pallisa district as per Court ruling of the 23/02/2018 and directing the CAO to make operational the Council of Butebo district including representatives for only the sub-counties that make up Butebo District. Subsequently, the PS Ministry of Local Government requested the Electoral Commission to conduct elections for the LC V chairperson for Butebo district as per letter dated 13/03/18 and elections were subsequently conducted and the Chairperson was sworn in on the 5/07/2018 as per copy of the <i>Oath of the District Chairperson</i> presided over the Chief Magistrate Chesweri on the 5th Day of July 2018. The Council for Butebo district therefore became operation effective July 2018.</p>	<p>0</p>
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<p>The LG has responded to the feedback/complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<ul style="list-style-type: none"> Evidence that LG has designated a person to coordinate response to feedback (grievance /complaints) and responded to feedback and complaints: score 1. 	<p>Evidence was adduced by the CAO to the Assessor to confirm that the LG had designated a person to coordinate responded and feedback (grievances/conflicts) and responded to feedback and complaints.</p> <p>The CAO appointed Mr. Shaineh Nelson Paul, as per letter dated 3rd July 2017, reference number CR/153/3 by <i>Assignment of Duty, as Grievance Handling Officer</i>, to specifically handle grievances from the communities, interpret policies and guidelines from the centre for the benefit of the local communities, manage the website and provide feedback to the beneficiary communities.</p> <p>The PAS opened up a record book for grievances that indicates the date, the nature of the grievance, the complainant, the responsible department to handle the grievance, the proposed action and Comments.</p> <p>The PAS was advised by the assessor to also open up a file where all formal correspondences about complaints and documented action should be recorded for easy reference. A few correspondences (given that Butebo district is new) that about complaints that had been channelled through the CAO's office and directed to the PAS to take appropriate action.</p>	<p>1</p>
<p>The LG has responded to the feedback/complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<ul style="list-style-type: none"> The LG has specified a system for recording, investigating and responding to grievances, which should be displayed at LG offices and made publically available: score 1 	<p>Butebo district has a system of recording, investigating and responding to grievances, which involves the recording of grievances/complaints in the <i>Grievances Record Book</i> available in the office of the PAS. The record book indicates the date of the complaint, the nature of the complaint, the name of the complainant, the office responsible and the signature of the complainant. On receipt of the complaints, the PAS writes to the relevant departments to handle the grievance and advises the officer responsible, to ensure that documented feed back in form of written feed back and/or documented face to face discussions are held with the complainant to provide feedback. The Assessor saw some pertinent correspondences and advised the PAS to open up a file for <i>Grievances and Complaints</i>.</p> <p>A notice from the CAO, informing the staff and the public about the system of handling grievances was seen on the public notice board outside the office of the CAO, by the time of the asesment.</p>	<p>1</p>

<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<p>Evidence that the LG has published:</p> <ul style="list-style-type: none"> • The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2 	<p>There was evidence seen by the Assessor to the effect that the Salary Payroll and Pensioner schedules were displayed on the public notice boards.</p> <p>The Salary Payroll and Pensioner Schedule for the month of September 2018 were duly displayed on the notice board outside the CAO's office.</p>	<p>2</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the procurement plan and awarded contracts and amounts are published: score 1. 	<p>There was evidence to confirm that the Procurement Plan and awarded contracts and amounts were published. A duly approved copy of the Procurement Plan was available and accessible in the office of the procurement officer. Call for bids for investments/ contracts for the current year were displayed on the public notice boards particularly at the procurement office. Copies of the Best Evaluated Bidder Notices for projects to be undertaken in the FY 2018/19 were displayed at the public notice board outside the procurement office. The notices contained information including the date of display and date of removal of the notice, the type of bidding, the nature of the investment.</p>	<p>1</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the LG performance assessment results and implications are published e.g. on the budget website for the previous year (from budget requirements): score 1. 	<p>The LG made efforts to disseminate the performance assessment results, despite that the district did not have a functional district council during which the results should have been disseminated to the political leadership.</p> <p>The LG held a special TPC on the 18/05/2018, and particularly discussed the assessment results under minute number 35/05/2018. A copy of the summarised results for Butebo district was also on display at the notice board outside the CAO's office.</p> <p>According to the planner the results will also be discussed during the next sitting of the newly constituted district council.</p>	<p>1</p>

<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 	<p>The District Planner adduced evidence to confirm that the Higher Local Government communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY</p> <p>The Evidence was adduced in form of a list of a number of circulars that were disseminated to LLGs through mainly TPC meetings (attended by representatives from LLGS) as indicated below:</p> <ul style="list-style-type: none"> - DDEG guidelines, disseminated during the TPC of 14/11/2017, under minute number 14/TPC/11/2017 - Budget Call Circular I guidelines, disseminated during the TPC meeting of 14/11/2017 under the minute number 14/TPC/11/2017 - Budget Call Circular II, disseminated through the TPC meeting of 5/01/2018, under minute number 20/TPC/01/2018 - Planning and Budgeting Guidelines 2017/18, disseminated during TPC meeting of 5/01/2018, under minute number 20/TPC/01/2018. - PPDA guidelines, disseminated through the TPC meeting of 10/08/2017 under minute number 03/TPC/08/2017 - PBS guidelines, disseminated through the TPC meeting of 16/05/2018, under minute number, 10/TPC/05/2018 - NPA guidelines, disseminated under minute number 16/10/18, under minute number 10/TPC/05/2018 	<p>1</p>
<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 LG during the previous FY conducted discussions (e.g. municipal urban fora, barazas, radio programmes etc.) with the public to provide feed-back on status of activity implementation: score 1. 	<p>While Butebo district is rather new and resource constrained, the leadership made efforts during the previous year to provide feedback to the public about progress made on the status of activity implementation, mainly through radio talk shows that are hosted at various radio stations at Mbale and Tororo municipalities for example one was held on Big FM in Mbale on the 21/09/217. During the talk shows, the CAO and the heads of departments addressed the public about the activities of the district and provided updates on the status of activity implementation.</p> <p>The assessor saw copies of the talking/discussion points prepared by the heads of departments and were filed with the office of the district planner in the file for <i>Radio talk shows</i>.</p> <p>Other avenues mentioned but with no verifiable evidence (no minutes were taken) included community dialogue meetings held at a number of sub counties to provide updates on activity implementation.</p>	<p>1</p>
<p>Social and environmental safeguards</p>			

<p>The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG gender focal person and CDO have provided guidance and support to sector departments to mainstream gender, vulnerability and inclusion into their activities score 2. 	<p>Guidance has been provided by gender focal point person to departments regarding how to mainstream gender. For example</p> <ul style="list-style-type: none"> • Held discussions with TPC members and shared guidelines on gender main streaming on 12/03/2018 held at District headquarters. • Conducted mentoring to sub county CDOs in main streaming gender in sub county plans and budgets on 20th/9/2017 	<p>2</p>
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The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles

Maximum 4 points on this performance measure.

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

and social inclusions and that more than 90 % of previous year's budget for gender activities/ vulnerability/ social inclusion has been implemented: score 2.

In FY 2018/19 Gender focal point person and CDO have planned activities (work plan Vote:08These include

- Gender Main streaming
- children and youth services,
- Contribution to the empowerment of older persons to effectively participate in and benefit from development initiative
- Enhancing the resilience and productivity of the vulnerable persons for inclusive growth
- Mobilizing and empowering communities to harness their potential while protecting the rights for vulnerable population groups in the district.
- Empower youth to harness their potential and increase self – empowerment, productivity and competitiveness.

In FY 2017/18 over 90% of the planned activities on gender activities/vulnerability/social inclusion well implemented e.g

- 100% achievement was registered as was planned. PWDs supported to attain skills, Departments were helped on how to conduct gender mainstreaming, use data for planning, mentoring of departments on gender main streaming, facilitating youth council meetings and supporting people with disabilities.
- Women, youth and elderly councils were inducted. Mobilization, meetings and participation in international days were all done.
- Supported Youth Livelihood programs through sensitization, training and monitoring.
- Empowerment of older persons to effectively participate in and benefit from development initiatives was achieved.
- Held radio talk show on Big FM in Mbale about SGBV on 21st/09/2017.

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 1 	<p>Environmental screening and EIA are carried out for activities and projects are planned and budgeted for in respective BOQs for specific projects in each department depending on the department e.g payment voucher (NO 2/2/2018) indicates money drawn from the budget as planned for conducting environmental screening all district development projects.</p> <p>Example of screened included:</p> <ul style="list-style-type: none"> • Construction of staff house, at Kakoro Health Centre III (Ref; BUTE619/WRKS/2017-18/00003) screening done 15/11/2017. • Construction of class room block at Mukanga P/S (Ref; BUTE619/WRKS/2017-18/00002):screening done on 18/12/2017 • Construction and drilling of borehole in Opwateta sub-county screening done.24/01/2018 • Construction of Administration block for town council screening done 6th /04/2018. • Construction of a Kakoro-Kerekereni road (screening done 21/02/2018). 	<p>1</p>
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<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1 	<p>Environmental and social management and health and safety plans are integrated and appended on the bid documents are contracts agreements for example: for example bid documents reviewed, they contain the clause on environmental management and health and safety plans (They are well captured in the BOQs in the contract and bid documents).</p> <p>For example contract for the projects below;</p> <ul style="list-style-type: none"> • Construction of staff house, at Kakoro Health Centre III (Ref; BUTE619/WRKS/2017-18/00003) screening done 15/11/2017. • Construction of class room block at Mukanga P/S (Ref; BUTE619/WRKS/2017-18/00002):screening done on 18/12/2017 • Construction and drilling of borehole in Opwateta sub-county screening done.24/01/2018 • Construction of Administration block for town council screening done 6th /04/2018. • Construction of a Kakoro-Kerekereni road (screening done 21/02/2018). • Construction of a Kayepai-Onyamitunga-Abila road (Ref; BUDA571/WRKS/2017-2018/00024) screening done 12/09/2017. 	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1 	<ul style="list-style-type: none"> • The majority of the projects implemented were on the land without proof of Ownership. No land titles. (For the district land title, the process is under way) • For boreholes agreements/letter of consent were available and well signed by both parties and witnessed by Village members. 	<p>0</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer and CDO: score 1 	<p>All completed projects have Environmental and Social Mitigation Certification. For example</p> <ul style="list-style-type: none"> • Construction of staff house, at Kakoro Health Centre III (Ref; BUTE619/WRKS/2017-18/00003) certification date: 5th/4/2018 • Construction of class room block at Mukanga P/S (Ref; BUTE619/WRKS/2017-18/00002): certification date: 21/12/2017; • Construction and drilling of borehole in Opwateta sub-county, certification date: 20/4/2018 • Construction of classroom block at Kanyum P/S in Butebo sub-county, certification date: 8/1/2018 <p>Mitigation Certification Forms completed and signed by only Environmental Officer and CDO</p>	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the contract payment certificated includes prior environmental and social clearance (new one): Score 1 	<p>The contract payment certificated includes prior environmental and social clearance. Clearance is done after inspection of contracts committee and based on the report of this committee Environmental and social clearance was done before every payment. For example</p> <ul style="list-style-type: none"> • Construction of staff house, Kakoro HC II (Ref;BUTE619/WRKS/17-18/00003) • Construction of 2 class room block with office and store at Kanyum P/S in Butego sub-county (Ref: BUTE619/WRKS/2017-18/00004. • Construction of 2 class room block at Mukanga P/S(REF: BUTE619/WRKS/17-18/00002) 	<p>1</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental officer and CDO monthly report, includes a) completed checklists, b) deviations observed with pictures, c) corrective actions taken. Score: 1 	<ul style="list-style-type: none"> • No monthly reports were prepared. Only quarterly reports. The quarterly reports captured a few projects from the project visits by the Environmental Officer and CDO. The checklists are not well completed. Few pictures were taken of the projects • Inadequate monitoring and supervision was done by Environment and Community Development officer. 	<p>0</p>
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Summary of requirements	Definition of compliance	Compliance justification	Score
Human resource planning and management			
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<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 	<p>The LG Education department Butebo District budgeted for at least the H/T and the minimum of 7 teachers as per Performance Contract FY 2018/2019 (Vote 619, Workplan 6) dated 20/7/18 indicates the budgeting for head teachers and teachers.</p> <p>Also there is a list of 31 primary schools, a list of 436 teachers including Head teachers, enrollment list by schools show at least the seven teachers, refer to list of teachers as at 10/6/18. Performance contract as approved on 20/7/18</p>	4
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG has deployed a Head Teacher and minimum of 7 teachers per school (or minimum of a teacher per class for schools with less than P.7) for the current FY: score 4 	<p>As per teachers list, and the sampled schools deployment is done accordingly. For example</p> <ul style="list-style-type: none"> -Petete P/S has a head teacher and 14 teachers. -Butebo P/S has 18 including the head teacher. -Matakokore P/S has 18 teachers including the head teacher. -Kasiebai P/S has 11 teachers including the head teacher. - Kanyum P/S has 9 teachers including the head teacher. 	4
<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 <ul style="list-style-type: none"> o If 100%: score 6 o If 80 - 99%: score 3 o If below 80%: score 0 	<p>According to Butebo District approved staff structure, Min. No BTBDLG/COU/020/2018. Also MoPS letter dated 18/9/18 ref; ARC 135/306/01 for staff structure. The wage bill provision for primary teachers is 436 as per HR staff register as the staff list of the sector. The LG has filled the structure for primary teachers as per wage bill provision which is 100%.</p>	6

<p>LG has substantively recruited all positions of school inspectors as per staff structure, where there is a wage bill provision.</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> 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>Butebo District approved structure Min. No BTBDLG/COU/020/2018, Also MoPS letter dated 18/9/18 ref; ARC 135/306/01 for staff structure. The staff structure provided for 3 inspectors which are substantively filled.</p>	<p>6</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> Primary Teachers: score 2 	<p>According to submitted a recruitment plan to HRM for the FY 2018/2019 Education Department, the available positions of primary teachers are 547 as per submission dated 5/7/18. The staff registers by HRM show the Primary Teachers positions filled is 436 living a gap of 111 education officers at the different levels.</p>	<p>2</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> School Inspectors: score 2 	<p>According to a submitted recruitment plan to HRM for the FY 2018/2019 Education Department the positions of school inspectors to be filled are 3 and they are.</p>	<p>2</p>
<p>Monitoring and Inspection</p>			

<p>The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.</p> <p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY</p> <ul style="list-style-type: none"> • 100% school inspectors: score 3 	<p>The District has 3 inspectors and all of them (100%) have been appraised as follows:</p> <p>a) Kabuna Samuel appointed as District inspector of schools on 27th March 2018. Appraised by DEO on 12th March 2018 (the DIS was appraised mid-financial because he was being forwarded for promotion and the appraisal was a pre-requisite)</p> <p>b) Kaanyi Josephine appointed on 27th March 2018 as Inspector of schools, appraised as a head teacher (her previous post) on 08/01/2018 by the District Inspector of schools</p> <p>c) Makata Asakeri appointed on 27th March 2018 as Inspector of schools, appraised as a head teacher (her previous post) on 02/01/2018 by the District Inspector of schools</p>	<p>3</p>
<p>The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.</p> <p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY</p> <ul style="list-style-type: none"> • Primary school head teachers o 90 - 100%: score 3 o 70% and 89%: score 2 o Below 70%: score 0 	<p>The District has 31 Government aided Primary schools. All head teachers of the sampled 10 PS (100%) had signed appraisal reports for the period for period 2017/18. Below is a presentation of appraisal status of three of the sampled 10 head teachers.</p> <p>a) Waana Ali Makanga PS Officer appraised and performance report signed by SAS Kabwangansi Sub-County on 17/10/2018</p> <p>b) Balaza William Nasenyi PS Officer appraised and performance report signed by SAS Kabwangansi Sub-County on 17/10/2018</p> <p>c) Kasakya Samuel Kachuru PS Officer appraised and performance report signed by SAS Kabwangansi Sub-County on 17/10/2018</p>	<p>3</p>

<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • 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>All guidelines, policies, circulars issued at the national level in the FY 2017/2018 were communicated to schools, such as circular on support supervision dated 30/6/17, UNEB on guidelines for registration dated 20/3/18, data collection by Uchuli consulting from OPM sent 6/7/18.</p> <p>Meetings with H/Ts on 25/7/18 and 2/3/18. There are also circulars as disseminated by Pallisa the mother district at the schools eg; school feeding program and school charges dated 20/8/14.</p>	<p>1</p>
<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level: score 2 	<p>All guidelines, policies, circulars issued at the national level in the FY 2017/2018 were communicated to schools, such as circular on such as circular on support supervision dated 30/6/17, UNEB on guidelines for registration dated 20/3/18, data collection by Uchuli consulting from OPM sent 6/7/18.</p> <p>Meetings with H/Ts on 25/7/18 and 2/3/18 on the above circulars and others.</p> <p>There are also circulars as disseminated by Pallisa the mother district at the schools eg; school feeding program and school charges dated 20/8/14.</p>	<p>2</p>

<p>The LG Education De- partment has effectively inspected all registered primary schools²</p> <p>Maximum 12 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all licenced or registered schools have been inspected at least once per term and reports produced: <ul style="list-style-type: none"> 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. 	<p>Inventory of Schools Inspected attached to the report dated 18/9/17 for term 3, 2017, term 1, 2018 inspection report dated 20/4/18 and term 2, 2018 as submitted by DIS. Challenges observed included lack of lesson planning, poor record keeping, inadequate support supervision, staff houses among others. Recommendations included H/T s charged with ensuring supervision, lobby of District for teacher houses among others.</p> <p>The sampled schools,</p> <p>-Petete P/S inspected on 14/10/17, 24/3/18 and 7/7/18.</p> <p>-Butebo P/S inspected on 13/11/17, 9/4/18 and 30/7/18.</p> <p>-Kasiebai P/S inspected on 19/10/17, 26/3/18, and 24/7/18.</p> <p>-Kanyum P/S was inspected on 23/10/17, 20/3/18 and 26/6/18.</p> <p>-Matakokore P/S was inspected on 13/10/17, 5/3/18 and 27/7/18. All were inspected by inspectors, Associate Assessors and CCTs.</p>	<p>12</p>
<p>LG Education department has discussed the results/ reports of school inspec- tions, used them to make recommendations for corrective actions and fol- lowed 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 	<p>The education department has discussed school inspection reports and used reports to make recommendations examples; meeting of the department on 8/1/18 where challenges observed in schools and recommendations taken from the inspection reports. Also in a department meeting on report of term 2 dated 1/8/18 where there was insufficient support supervision, school infrastructure and poor lesson preparation as some of the challenges. It was recommended that H/Ts ensure support supervision is done supported by the inspectors.</p> <p>It was also agreed the DEO to lobby the District and other stakeholders for school infrastructure improvement.</p>	<p>4</p>

<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • 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 	<p>Butebo Education department did not submit school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports. This was due to uncertainty that ensued between the District and the mother district of Pallisa as to where to take the inspection reports.</p>	<p>0</p>
<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the inspection recommendations are followed- up: score 4. 	<p>The recommendations in the term 2, 2018 inspection report where H/Ts were charged with ensuring support supervision and infrastructure provision at Kanyum P/S arising from department meeting held on 1/8/18 as follow up on recommendations.</p>	<p>4</p>
<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has submitted accurate/consistent data: <ul style="list-style-type: none"> o List of schools which are consistent with both EMIS reports and PBS: score 5 	<p>Data submitted was accurate and consistent</p> <p>For example performance contract FY 2018/2019 dated 20/7/2018 provides the list of primary schools of 42 which includes the two sub counties Kibale and Opwateta. Otherwise the 31 districts are consistent with that PBS data.</p>	<p>5</p>

<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p> <p>Maximum 10 for this performance measure</p>	<p>Evidence that the LG has submitted accurate/consistent data:</p> <ul style="list-style-type: none"> • Enrolment data for all schools which is consistent with EMIS report and PBS: score 5 	<p>Enrolment data submitted for all schools was consistent and accurate/consistent with PBS as reviewed at the time of 31 schools, which excludes the two sub counties and 32,589 pupils excluding the two sub counties.</p>	<p>5</p>
<p>Governance, oversight, transparency and accountability</p>			
<p>The LG committee re- sponsible for education met, discussed service delivery issues and pre- sented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • 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 	<p>Owing to the absence of a functioning District Council, there were no standing committees in operation as well. Accordingly, no committee meetings were held to discuss pertinent issues.</p>	<p>0</p>
<p>The LG committee re- sponsible for education met, discussed service delivery issues and pre- sented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the education sector committee has presented issues that require approval to Council: score 2 	<p>There was no functional committee for education due to the absence of a function District Council (as earlier on described under the indicator about Council deliberations), accordingly, there were no issues presented to council for approval.</p>	<p>0</p>

<p>Primary schools in a LG have functional SMCs</p> <p>Maximum 5 for this performance measure</p>	<p>Evidence that all primary schools have functional SMCs (established, meetings held, discussions of budget and resource issues and submission of reports to DEO/ MEO)</p> <ul style="list-style-type: none"> • 100% schools: score 5 • 80 to 99% schools: score 3 • Below 80 % schools: score 0 	<p>All the 31 primary schools in Butebo District have functional SMCs. These SMCs meet regularly and keep minutes and submitted minutes to the DEO. For example as sampled ,</p> <p>-Petete P/S SMC had meetings and recorded minutes on various days on 7/7/18, 24/3/18 and 14/10/17 budget estimates discussed for the terms, performance improvement and duly forwarded the minutes to the DEO.</p> <p>-Butebo P/S SMC had meetings and recorded minutes on 15/6/18 and 6/3/18.</p> <p>-Kasiebai P/S SMC had meetings and recorded minutes on 11/6/18, 2/3/18, and 10/11/17 and were able to submit minutes to the DEO.</p> <p>-Kanyum P/S SMC held meetings on the 13/10/17, 6/3/18 and 17/7/18 and submitted minutes to the DEO.</p> <p>-Matokokore P/S SMC held meetings on the 26/10/17, 9/3/18 and 27/7/18 and submitted the minutes to the DEO.</p>	<p>5</p>
<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 	<p>All schools receiving non-wage recurrent grants were posted on public notice boards at the DEO's office.</p>	<p>3</p>
<p>Procurement and contract management</p>			

<p>The LG Education department has submitted input into the LG procurement plan, complete with all technical requirements,</p> <p>to the Procurement Unit that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the sector has submitted procurement input to Procurement Unit that covers all investment items in the approved Sector annual work plan and budget on time by April 30: score 4 	<p>Education Department Submissions were done and they covered all investment items in the approved Sector annual work plan and budget. The submissions were done on 7/3/18, ref: CR/156/2 before the required submission time of April 30.</p>	<p>4</p>
<p>Financial management and reporting</p>			

The LG Education department has certified and initiated payment for supplies on time

Maximum 3 for this performance measure

• Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3.

Reviewed vouchers and requests for payment to ascertain whether the sector timely recommended suppliers requests for payment and it was noted that this is adequately done. Those looked at included:

- i. VR. No. 04/06 DATED 22/06/2018 being payment for supply of desks submitted by Kadep Enterprises and request submitted on 19/06/2018 and DEO forwarded on 21/06/2018 and CAO approved on 22/06/2018 and was paid on the same date.
- ii. VR. No. 06/06 dated 26/06/2018 being payment of KOPA Consult Ltd. for construction of 2 stance pit latrine. Request submitted on 22/06/2018
- iii. VR. 03/12/2017 dated 21/12/17 for the construction of a 2 classroom block at Mukanga PS by Mass Technologies Ltd. the request was submitted on 20/12/2017 and DEO forwarded for payment on the same date. Approval was done on 21/12/17 which was the same date for payment.
- iv. VR 04/12/17 dated 21/12/2017 being payment for the construction of the Kanyum PS classroom block. Request was submitted by KAS Roryal Traders and Contractors on 18/12/2017 forwarded by the DEO for payment on 21/12/2017 and approved on the same date. Payment was done on 21/12/2017
- v. 07/06/18 dated 26/06/2018 being payment for the construction of Opagono PS 5 stance pit latrine by Moora Investments Ltd. Request was submitted on 22/06/2018 and DEO forwarded for payment on 26/06/2018 and approved and paid on the same date.

<p>The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by 15th of July for consolidation: score 4 	<p>There was no evidence adduced by the District Planner to confirm that the education department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by 15th of July for consolidation, despite the fact that all the four consolidated quarterly reports for the previous FY were produced and submitted to MoFPED.</p> <p>The reasons for failure to produced evidence were attributable to the absence of documented acknowledgment of receipt of the reports by the District Planner as well as lack of evidence from the sector heads to confirm that they submitted the sector reports to the planning unit for consolidation before the 15th of July. In addition, due to the limitations of the PBS system, submission dates by each sector could not be retrospectively retrieved.</p>	<p>0</p>
<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 <ul style="list-style-type: none"> 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 o If all queries are not responded to score 0 	<p>1st quarter a number of issues were raised including issues to do with failure to maintained books of account, procurement anomalies, absenteeism of teachers and improper accountability.</p> <p>3rd quarter had issues raised on accountability that was found inadequate.</p> <p>4th quarter addressed issue in the Secondary School on improper accountability and anomalies in procurement.</p> <p>All issues pointed out were responded to and retired</p>	<p>4</p>
<p>Social and environmental safeguards</p>			

<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Education department in consultation with the gender focal person has disseminated guidelines on how senior women/men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills, etc.: Score 2 	<p>Meetings of DEO with H/Ts dated 25/7/18 and 2/3/18 on guidelines on how senior women/men should provide guidance to girls and boys. The sector was in consultation with the gender focal person.</p>	<p>2</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> 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 	<p>Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools, Meetings of DEO with H/Ts dated 25/7/18 and 2/3/18 as dissemination.</p>	<p>2</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the School Management Committee meets the guideline on gender composition: score 1 	<p>The SMC composition in schools followed the issued guidelines that is, at least two females on the committee, e.g.;</p> <ul style="list-style-type: none"> -Petete P/S SMC has 13 members including 5 females. -Butebo P/S SMC has 12 members with 3 females published. -Kasiebai P/S SMC has 13 members with 3 female. -Kanyum P/S SMC has 13 members with 2 female. -Matakokore P/S SMC has 13 members with 2 female. <p>At all the sampled schools' notice boards their names are publicized.</p>	<p>1</p>

<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</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 1: 	<p>Meeting with H/Ts by the DEO's office together with environment office on 27/7/18 and 2/3/18. Guidelines on Environment and tree seedlings distributed to 21 schools on 12/3/18.</p> <p>Screening forms for Mukanga P/S and Kanyum P/S were signed on 18/12/17 and 19/12/17 respectively.</p>	<p>1</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all school infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 1 	<p>At the time of assessment there was evidence that school infrastructure projects were screened before approval for construction using the checklist for screening of projects in the budget guidelines EO signed screen form for 2 classroom block at Mukanga P/S by the EO on 18/12/17.</p> <p>At Kanyum P/S 2 class rooms block screen forms signed for by EO on 19/12/17.</p> <p>Site completion reports for the two projects signed by EO and CDO ON 26/3/18.</p>	<p>1</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 1 	<p>At the time of assessment, there was evidence that environmental officer and community development officer visited the sites to check whether the mitigation plans are complied with as the EO and CDO project completion certificates for Kanyum and Mukanga were signed on 26/3/18.</p>	<p>1</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Human resource planning and management			

<p>LG has substantively recruited primary health care workers with a wage bill provision from PHC wage</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that LG has filled the structure for primary health care with a wage bill provision from PHC wage for the current FY</p> <ul style="list-style-type: none"> • More than 80% filled: score 8 • 60 – 80% - score 4 • Less than 60% filled: score 0 	<p>The Butebo DLG HD had substantively recruited to the tune of 86.0%:</p> <ol style="list-style-type: none"> 1. The fully substantively recruited and filled were 123 (86.2% i.e. according to the HD's staffing and deployment lists). 2. The Butebo DLG HD's Staffing Norm for the HWs was 143 but those filled only 123 (with all attempts made at filling the vacant positions). 3. The HD and HRM provided no evidence of attempts to fill/recruit and confirmed that they attracted all (now part of the 123). According to the HD's records reviewed by the assessor, no other News Paper advertisements were seen to fill the remaining vacant positions (between 20 and 23 vacancies). 4. The approved health sector staffing structure is based on PS/MoPS letter (dated 18th/9/2018; Ref: ARC135/306/01) on the Approved Staff Structure for Butebo DLG and Butebo TC for the FY 2018/19. 5. The above means that the total effort remains at 123 out of the 143 which works out at 86.0% filled only. 6. The DLG had IPFs with a PHC wage bill provision amounting to UGX 1,682,337,314 for the FY 2018/19, this was meant to cater for 115 according to the extracts submitted to the PBS records on staffing levels (e.g. see Pg 12 on Butebo HC IV, under the section on Health). 7. Also there were some mismatches in the information on staffing, especially inconsistencies between the HD and HF level records. For example, the Busolwe HC IVI reported having 44 staff while the HD reported 53 staff only (i.e. 9 staff more). <p>ID Type of HF No. Norm Filled Vacant</p> <p>1 DHO 1 11 7 4</p> <p>2 Hospital 1 185 - -</p> <p>3 HC IV 1 48 53 -5</p> <p>4 HC III 3 57 47 10</p> <p>5 HC II 3 27 16 9</p> <p>Total 8 143 123 23</p>
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<p>The LG Health department has submitted a comprehensive recruitment plan for primary health care workers to the HRM department</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that Health department has submitted a comprehensive recruitment plan/re- quest to HRM for the current FY, covering the vacant positions of primary health care workers: score 6</p>	<p>The HD submitted no evidence to help confirm that it submitted a comprehensive recruitment plan for FY 2018/19:</p> <ol style="list-style-type: none"> 1. While the DHO provided proof in form of a submission letter of the Recruitment Plan to the PHRO (dated 11th October 2018); apparently only a few days before the onset of the assessment (15th/10/2018). 2. There was no evidence of the same reflected in PBS (either in form of a print out of an extract uploaded on PBS or viewing of the actual Staff Recruitment Plan. 3. The PBS could not be accessed by the District Planner at the time of the assessment. 	<p>0</p>
<p>The LG Health department has conducted performance appraisal for Health Centre IVs and Hospital In-charge and ensured performance appraisals for HC III and II in-charges are conducted</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that the all health facilities in-charges have been appraised during the previous FY:</p> <ul style="list-style-type: none"> o 100%: score 8 o 70 – 99%: score 4 o Below 70%: score 0 	<p>The District has 7 health units, appraisal files of 7 health in-charges were reviewed. From the review it was found out that all the 7 health in-charge (100%) had been appraised in 2017/18. Details of the 3 of the officers are indicated below:</p> <ol style="list-style-type: none"> a) Kanaalo Richard: Butebo HC IV; appraised by DHO on 8th 06 2018 b) Cherotwo David: Putti HC II; appraised by DHO on 12/06/2018 c) Cherukut Job: Obutet HC; II appraised by DHO on 12/06/2018 	<p>8</p>

<p>The Local Government Health department has deployed health workers across health facilities and in accordance with the staff lists submitted together with the budget in the current FY.</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Health department has deployed health workers in line with the lists submitted with the budget for the current FY, and if not provided justification for deviations: score 4 	<p>The HD records on staffing/deployment levels were only marginally comparable with those stated within the sampled HFs. Some fairly minor discrepancies or inconsistencies were evident when it came to what the HD and HF levels documented as the filled HF positions (see table):</p> <ol style="list-style-type: none"> For some HFs the staff deployment was not in accordance with the positions as seen in HD's official records. For Butebo HC IV the HD records indicated that it had 53 staff yet the HF's records showed 44 fully-filled portfolios (see table). For clarification, to account for the differences in the accuracy of the parallel records between the HD and the HFs, the gaps were attributed to un updated records, as well as weak coordination between the DLG HD's Biostatistician's Office and the DLG's HR Office, et cetera. <p>ID</p> <p>HF's Deployed HWs FY 2017/18</p> <table border="1"> <thead> <tr> <th>HF Records</th> <th>HD Records</th> <th>Norm</th> </tr> </thead> <tbody> <tr> <td>1 Butebo HC IV</td> <td>44</td> <td>53</td> </tr> <tr> <td>2 Kakoro HC III</td> <td>13</td> <td>15</td> </tr> <tr> <td>3 Kanginima Hospital/PNFP</td> <td>28</td> <td>185</td> </tr> <tr> <td>4 Kanyum HC II</td> <td>3</td> <td>5</td> </tr> </tbody> </table>	HF Records	HD Records	Norm	1 Butebo HC IV	44	53	2 Kakoro HC III	13	15	3 Kanginima Hospital/PNFP	28	185	4 Kanyum HC II	3	5	<p>0</p>
HF Records	HD Records	Norm																
1 Butebo HC IV	44	53																
2 Kakoro HC III	13	15																
3 Kanginima Hospital/PNFP	28	185																
4 Kanyum HC II	3	5																
<p>Monitoring and Supervision</p>																		
<p>The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO has communicated all guidelines, policies, circulars issued by the national level in the previous FY to health facilities: score 3 	<p>There was mixed evidence from the sampled HFs that the DHO/HD was effective when it came to communicating all the circulars, guidelines and policies issued by the national level for the FY 2017/18 (see table). There was only evidence that the sampled HFs had access to some assorted circulars, guidelines and policies from the national level (i.e. did not receive all or 100% of those issued). Indeed, there were both apparent and reported challenges in the mode of communication and documentation between and within the HD and HFs when it came to these documents:</p> <ol style="list-style-type: none"> First, as signals for commitment towards "effective communication" and investment of efforts towards supporting CME, there was absence of systematic records of the total number of circulars, guidelines and policies that had been received from the national level. 	<p>0</p>															

However, there was some evidence of proper records on those distributed. Even going by their own records alone, there was no documented evidence that the DHO had communicated all the circulars, guidelines and policies received from the center (i.e. in the spirit of ensuring “effective communication” and promoting CME).

2. Secondly, going by the records secured at the HD and HF levels, the HD acknowledged receiving 17 guidelines and policies secured from the national level (hence excluded circulars). However, those sent to higher and lower level HFs were reportedly far less (an average of 5, hence 11 less guidelines and policies). Also, HD’s records indicated that the list of those received excluded “MoH Guidelines for LG Planning for the Health Sector”, “MoH Sector Grant and Budget Guidelines FY 2018/19” as well as “MoH Policy Strategies for Improving Health Service Delivery 2016-2021”.
3. Third, the HD had its own official records of those they received (a counter book that covered guidelines and policies only (hence excluding circulars). The HD had some records of those they were able to dispatch/ distribute to HFs (i.e. 17 altogether). The uneven documentation of receipts and better documentation of those distributed made it difficult to secure more systematic records of those got and those sent. It should be easier to retrieve information with respect to what circulars, guidelines and policies the HD received and those sent in FY 2017/18 (i.e. a complete record of what they were). Incoming versus outgoing communication through use of logbooks would be the most systematic way by which to achieve effective record keeping but one that requires intervention. As a result, the HD’s rough records indicated that it had gotten in the region of 17 guidelines and policies altogether but the average of those distributed a mere 5 only. This inconsistency and mismatch is a sign of weak documentation.
4. Forth, at a HF level, while it was often difficult for HFs to establish when exactly they had received what circular, guideline or policy. On the whole, the sampled HFs possessed an average of (only) 5 circulars, guidelines or policies issued in the FY 2017/18 (see table). When you compare with the HD’s rough records, it is clear that the HD got in the region of 17 guidelines and policies altogether. The fact that the HFs got about 5 circulars, guidelines and policies suggests that some were never distributed. Indeed, it was reported that here were circulars, guidelines, policies and standards that some IPs

		<p>and MDAs distributed to HFs bypassing the office of the HD/DHO. The HD had no system in place to capture those received by the HFs. This only means that the HD's 17-item list does not constitute 100% of circulars, guidelines, policies and standards received through the DLG HS structures (an indication of weak systems in use and inaccuracy).</p> <p>ID</p> <p>No. Issued to HFs (FY 2017/18) DHO Visits</p> <p>1 Butebo HC IV 6 1</p> <p>2 Kakoro HC III 5 1</p> <p>3 Kanginima Hospital/PNFP 4 1</p> <p>4 Kanyum HC II 5 2</p> <p>Average 5 1</p>	
<p>The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO has held meetings with health facility in-charges and among others explained the guidelines, policies, circulars issued by the national level: score 3 	<p>In a quest to support effective communication and promote CME, it was clear that the DHO had attempted to explain some of the issued circulars, guidelines and policies by the national level in FY 2017/18. The assessor reviewed the following relevant HD documents:</p> <ol style="list-style-type: none"> At HD level, no records were provided indicating that the DHO explained some circulars, guidelines and policies for the FY 2017/18. However, for the FY 2017/18, all the 4 sampled HFs Visitors Books demonstrated evidence of either the DHO or representatives of the HD explaining selected circulars, guidelines and policies. For Butebo HC IV, Visitors Book date 27th/7/2017 cites mentorship on New HIV Guidelines. This was also the case for Kanginima Hospital/PNFP Visitors Book date 16th/4/2018 mentions NACS (nutrition) mentorship and follow up. For Kakoro HC III, Visitors Book date 12th/4/2018 also cites NACS mentorship. For Kanyum HC II Visitors Book date 8th/9/2017 mentions MMMS SPARS orientation. 	3
<p>The LG Health Department has effectively provided support supervision to district health services</p>	<p>Evidence that DHT/MHT has supervised 100% of HC IVs and district hospitals</p>	<p>For all the 4 quarterly reports, there was only 8.3% coverage of the Kanginima Hospital, Butebo HC IV and the 3 PNFPs per quarter. While the HD compiled evidence for support supervision, it did so rather inadequately. It was not easy to gauge its efficiency</p>	0

Maximum 6 points for this performance measure

(including PNFPs receiving PHC grant) at least once in a quarter: score 3

and effectiveness when it came to its operations in the FY 2017/18.

ID Date No. of Supervision Visits FY 2017/18

1 Hospital 1 HC IV 3 PNFPs

Q1 8th-9th /8/2017 0 out of 1 0 out of 1 0 out of 3

Q2 10th-12th/10/2017 0 out of 1 0 out of 1 0 out of 3

Q3 26th-27th/3/2018 0 out of 1 0 out of 1 0 out of 3

Q4 15th-16th/6/2018 0 out of 1 1 out of 1 0 out of 3

According to HD records, the documentation of support supervision is weak beyond measure:

1. Going by the quarterly reports, the DHT covered 8.3% (once in a quarter) of the higher HFs (the 1 Hospital and 1 HC IV) and the 3 PNFP (i.e. for all quarters – Q1, Q2, Q3 and Q4 – see table).
2. Going by the HFs records, there were pointers of errors of omission and commission in the coverage and documentation of support supervision reports because while the HFs benefiting from support supervision were not cited in the quarterly reports their logbooks indicated support supervision going on (see tables).

ID HF SUPPORT SUPERVISION VISITS (FY 2017/18)

HF DHO DHT HSD Total

1 Butebo HC IV 1 32 2 35

2 Kanginima Hospital/PNFP 1 15 18 24

Total 2 47 20 59

According to HF records, there was evidence that some support supervision was going on:

1. Butebo HC IV support supervision is documented between series 807027 and 807031 (i.e. from 23rd/8/2017 to 15th/5/2018) for the FY 2017/18. However, on close scrutiny, this appears inadequate considering that the HF is relatively closer to the HD. It is possible that there could be a documentation gap where support supervision is done but not recorded fully.
2. Kanginima Hospital/PNFP support supervision is documented between series 809409 and 809414 (i.e. from 16th/1/2017 to 22nd/5/2018) for the FY 2017/18. Again, on close scrutiny, this appears inadequate considering that the HF is a Hospital and a PNFP in dire need of hands-on support and relatively close to the HD.

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

Maximum 6 points for this performance measure

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

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

Support supervision for FY 2017/18 covered 11.1% (i.e. falling way below the required pass mark of 60%) for the lower-level HFs. Based on the contents cum records derived from the available 4 quarterly support supervision reports the following figures were captured and used (see table):

1. The coverage of lower-level HFs for all the 4 quarters for the FY 2017/18, the HD only registered numbers of HF visits of 8 only.
2. The total numbers of expected or required visits for 100% coverage of lower-level HFs for all the 4 quarters for the FY 2017/18 works out at 72 for the 8 HFs altogether for 4 quarters (i.e. for 4 HC IIIs and 4 HC IIs).
3. The above works out at 11.1% (i.e. with a numerator of 8 only as the visits that materialized and a denominator of 72 of the expected visits altogether; multiply with 100%).

ID Date Support Supervision Visits Comments

4 HC IIIs 4 HC II

Q1 8th-9th /8/2017 0 out of 4 0 out of 4 No coverage (0 of 8)

Q2 10th-12th/10/2017 2 out of 4 3 out of 4 Partial coverage (5 of 8)

Q3 26th-27th/3/2018 1 out of 4 1 out of 4 Low coverage (2 of 8)

Q4 15th-16th/6/2018 1 out of 4 0 out of 4 Limited coverage (1 of 8)

The other records presented the following evidence (see table):

1. The HF visits by the DHO are far fewer than those of the DHT. However, the function of the HSD was only remotely in use, hence clearly dysfunctional.
2. The proportion of the HFs covered both for higher and lower-level HFs by the DHT is way below the 100% and 60% marks respectively (i.e. the fact that the former is 8.3% and the latter 11.1% only).

ID

HF's OFFICIAL VISITS (FY 2017/18) Total

DHO DHT HSD

1 Butebo HC IV 1 32 2 35

2 Kakoro HC III 1 26 14 41

		<p>3 Kanginima Hospital/PNFP 1 15 8 24</p> <p>4 Kanyum HC II 2 30 12 44</p> <p>Total 5 103 36 144</p>	
<p>The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up</p> <p>Maximum 10 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all the 4 quarterly reports have been discussed and used to make recommendations (in each quarter) for corrective actions during the previous FY: score 4 	<p>The HD provided evidence of the existence of the required 4 out of 4 quarterly reports for FY 2017/18 (see table):</p> <ol style="list-style-type: none"> All the 4 quarterly reports were made available, signed and stamped (see table). The reports discussed the issues and results arising from support supervision with respect to most HFs. All the 12 DHT monthly meetings minutes (for FY 2017/18) were made available, fully signed and stamped – i.e. 25th/7/2017, 27th/8/2017, 4th/9/2017, 2nd/10/2017, 6th/11/2017, 4th/12/2017, 9th/1/2018, 5th/2/2018, 5th/3/2018, 2nd/4/2018, 7th/5/2018 and 4th/6/2018. There were no minutes of the 12 DHT meetings minutes that discussed the results arising from the 4 quarterly support supervision reports (see table). <p>ID Q Reports DHT Monthly Meetings Minutes Discussing Q Reports</p> <p>Q1 8th-9th /8/2017 No Minutes seen NB: Nil Agenda item, No MIN</p> <p>Q2 10th-12th/10/2017 No Minutes seen NB: Nil Agenda item, No MIN</p> <p>Q3 26th-27th/3/2018 No Minutes seen NB: Nil Agenda item, No MIN</p> <p>Q4 15th-16th/6/2018 No Minutes seen NB: Nil Agenda item, No MIN</p>	0
<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>	<ul style="list-style-type: none"> Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6 	<p>Both the quarterly support supervision reports (as well as DHT Minutes) and HF support supervision logbooks indicated evidence of discussion of relevant support-supervision issues emerging from quarterly support supervision and monitoring visits, results, and/or reports. For the former, the evidence was limited on making specific recommendation and for follow up. However, for the HF there was some evidence of follow up on the recommendations made (see table).</p> <p>ID HD Recommendation Follow up</p>	6

Maximum 10 points
for this performance
measure

1 Butebo DLG HD Issue of nutrition register not used received no documented recommendation either in the 4 quarterly reports or the 12 DHT minutes. No documented evidence offered (i.e. notwithstanding efforts made by the HD staff to search their documents for the recommendations seen as followed up with corrective actions).

ID HF Recommendation Follow up

2 Butebo HC IV Send CD4 and Viral Load data on a daily basis (see logbook 807028 on the 5th/12/2017). Alere Pima Machine seen used to send CD4 and Viral Load data e.g. as documented on the 4th/7/2018 where a record 488c/w is captured in the Daily Activity Register of Viral Load and CD4 count (HMIS Form 095).

3 Kakoro HC III Staff should put on uniforms while on duty (see logbook 809822, date 16th /6/2018). Assessor saw a least one (1) nurse on duty putting on a white uniform (15th/10/2018).

4 Kanginima Hospital/PNFP Organise a staff meeting to nominate an EPI Focal Person (see logbook 809412 on the 2nd/5/2018). Seen Minutes of a 11th/5/2018 staff meeting pg 5 (MIN 13) with the staff nominated.

5 Kanyum HC II The EPI Focal Person should ensure that the child register is used to record immunisation at static and all info (see counter book used as the improvised logbook 10th/5/2018). Seen child register (HMIS Form 073) e.g. for Okiria where all 14 columns completed (i.e. between 14th/6/2018 and 4th/10/2018)

In summary, when it came to support supervision quarterly reports, the following are worth noting:

1. First, evidence was shaky for the HD relying on discussions of support-supervision quarterly reports (findings and results) to generate actionable recommendations in each quarter that are followed up with specific corrective activities or actions. The scanty evidence at HD level was surprising but equally surprising was that HFs were more readily inclined to give indications of actions emerging from support-supervision (as seen in their logbooks and based on discussions with the in-charges of sampled HFs).
2. Secondly, the DHT met 12 out of 12 mandatory times, an indication that the DHT was functional but the meetings' discussion of support-supervision results and reports appeared adhoc, marginal or tangential (i.e. with no evidence of deliberate, direct, full and systematic efforts made to discuss, recommend and follow them up with corrective actions).

3. Third, there were no DHT minutes that discussed the 4 quarterly reports. The HD confided that documentation of both the quarterly reports and the DHT minutes called for improvements (e.g. to better cite or quote HF-specific needs, emerging priority issues, corresponding pages where a DHT refers to a specific quarterly report, et cetera).
4. Forth, the HSD system appeared and was reported to be dysfunctional. The most commonly reported operational gap had to do with the limited funding to the HD to support total and integrated documentation of support supervision and monitoring operations at HD and HF levels. The other critical gaps are linked to weak documentation, including limited awareness, low capacity as well as dysfunctional systems for evidence storage and retrieval, etc).
5. Fifth, and in summary, in part because of weak documentation methods, both the HD and the sampled HFs struggled to wade through their records to pick out what support-supervision issues and recommendations had been followed up with corrective action. While all sampled HFs (100%) benefited from DHT support supervision and all had pieces of evidence (e.g. in the supervision logbooks) to confirm that the DHT made recommendations and with further evidence of follow up on the advice on corrective actions to be implemented in the FY 2017/18), picking evidence of the actual follow up actions often proved difficult (tedious and time consuming). Again, while the monthly DHT meetings discussed some quarterly support-supervision reports/results, the HD staff failed (albeit they struggled) to prove what meeting discussed what quarterly report as well as the recommendations followed up with specific corrective actions, et cetera.

<p>The LG Health department has submitted accurate/consistent reports/data for health facility lists receiving PHC funding as per formats provided by MoH</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has submitted accurate/consistent data regarding: <ul style="list-style-type: none"> o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10 	<p>There was inaccurate and inconsistent data and reports on the 8 HFs receiving PHC funding (as per MoH formats). The following was evident in the records:</p> <ol style="list-style-type: none"> 1. The 8 HFs had been posted both on the DLG and HD's Notice Boards covering the 8 HFs receiving PHC funding for the FY 2017/18. 2. The 8 HFs posted on the notice board and in the HD's files were all reflected in the MoH HMIS Excel spreadsheet. NB: Their reporting rate was inadequate (i.e. below 100% HMIS reporting rate). 3. There was only 7 HFs covered in the PBS documents extracted from the uploaded to the PBS in FY 2018/19. NB: Kakore SDA HC II was lacking on the list of the document the HD provided as an extract from the HF list of details uploaded in the PBS. 	<p>0</p>
<p>Governance, oversight, transparency and accountability</p>			
<p>The LG committee responsible for health met, discussed service delivery issues and presented is- sues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG committee responsible for health met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports etc. during the previous FY: score 2 	<p>Owing to the absence of a functioning District Council, there were no Council standing committees in operation, as such, no committee meetings were held to discuss pertinent issues.</p>	<p>0</p>
<p>The LG committee responsible for health met, discussed service delivery issues and presented is- sues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the health sector committee has presented issues that require approval to Council: score 2 	<p>There was no functional committee for Health due to the absence of a functional District Council (as earlier on described under the indicator about Council deliberations), accordingly, there were no issues presented to council for approval.</p>	<p>0</p>

<p>The Health Unit Management Committees and Hospital Board are operational/functioning</p> <p>Maximum 6 points</p>	<p>Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues):</p> <ul style="list-style-type: none"> • If 100% of randomly sampled facilities: score 6 • If 80-99 %: score 4 • If 70-79: %: score 2 • If less than 70%: score 0 	<p>According to all the sampled HFs 50% (i.e. 2 out of 4 HFs had committees, hence) had fully functional HUMCs and a Hospital Board. The average level of functionality was a mere 62.5% (2 at 100%, 1 at 50% and 1 at 0%) going by the minutes on offer for FY 2017/18 – see table):</p> <ol style="list-style-type: none"> 1. A division of the sum of the said 2 figures by 2 is below the 60% mark (i.e. $50.0+62.5= 112.5\div 2= 56.3\%$). Therefore, the HD met the HUMC and the Hospital Board functionality threshold because the average of the sample hovers way below the 60% composite rate. 2. The assessments evidence was not corroborated by HD records because support supervision by DHT was mostly concerned with other preoccupations (hence had not mainstreamed committee functionality in support supervision related analysis and documentation). <p>?</p> <p>ID</p> <p>HFs' HUMCs Meetings in FY 2017/18 Functionality</p> <p>1 Butebo HC IV 4 out of 4 100%</p> <p>2 Kakoro HC III 4 out of 4 100%</p> <p>3 Kanginima Hospital/PNFP 0 out of 4 0%</p> <p>4 Kanyum HC II 2 out of 4 50%</p> <p>Average 2/4 HFs (50%) 62.5%</p>	
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<p>The LG has publicised all health facilities receiving PHC non-wage recurrent grants</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG has publicised all health facilities receiving PHC non-wage recurrent grants e.g. through posting on public notice boards: score 4 	<p>While the DLG publicized the list of 8 HFs receiving PHC non-wage recurrent grant inside the HD's walls, all the sampled HFs appeared to face challenges of managing the list:</p> <ol style="list-style-type: none"> At the HF level, only a few had the list in the public areas to allow for public viewing. Kanginima Hospital/ PNFP posted the list indoors. Some HFs that had the list had left it in files or extracted HF-specific info as one to be publicized. At the HD level, the HD notice board had posted a 8-HF list of HFs receiving PHC funding inside the HD office. The HD list included HFs not receiving the fund but indicated as such on the same list. However, the HD had not conceived of more pragmatic and systematic ways of publicizing the list of the 8 HFs (e.g. using Whatsapp or in the course of support supervision to encourage HFs to post the list or to influence the DLG to publicize the list on a LG website). These would foster wider transparency and accountability mechanisms. The DHO confirmed that in future the publicizing will be conducted differently. At a DLG level, the Butebo DLG budget website was yet to publicize the 8-HF list of HFs receiving PHC funding. Indeed, the DLG Main Block Notice Boards never posted the list. 	<p>4</p>
<p>Procurement and contract management</p>			
<p>The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the sector has submitted input to procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30 for the current FY: score 2 	<p>There was no DHO submission of input to the procurement plan to the PDU for the FY 2018/19 as at the time of the assessment (16th/10/2018). This was reportedly pending guidelines form MoH.</p>	<p>0</p>

<p>The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that LG Health department submitted procurement request form (Form PP5) to the PDU by 1st Quarter of the current FY: score 2. 	<p>The DHO submitted no Procurement Form PP1 for the FY 2017/18. Newly carved out of Pallisa District, the Butebo DLG commenced its operations only in the FY 2017/18.</p>	<p>0</p>
<p>The LG Health department has certified and initiated payment for supplies on time</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO (as per contract) certified and recommended suppliers timely for payment: score 4. 	<p>Reviewed a sample of the vouchers and the requests from the suppliers and noted that the DHO timely certified and recommended suppliers requests for payment in time. These included:</p> <ul style="list-style-type: none"> i. VR. No. 1/4/18 dated 06/04/2018 paid to Glory technical services for the construction of a staff house at Health Centre III. Invoice dated 26/03/2018, DHO forwarded on 05/04/2018, CAO approved on 06/04/2018 and was paid on the same date. ii. VR. No. 03/02 dated 15/02/2018 being payment for construction of staff house at Kakoro Health Centre III by Glory Technical services. DHO forwarded on 15/02/2018 and approved on 15/02/2018 and was paid on 15/02/2018 iii. VR. No. 2/01/2018 DATED 18/01/2018 by Glory Technical Services constructing staff house at Kakoro. Invoice dated 15/01/2018, forwarded by the DHO on 17/01/2018 and approved n 18/01/2018 	<p>4</p>
<p>Financial management and reporting</p>			

<p>The LG Health department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> 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 	<p>There was no evidence adduced by the District Planner to confirm that the Health department submitted the Annual Performance Report for the previous FY (with availability of all four quarterly reports) to the Planner by 15th of July for consolidation, despite the fact that all the four consolidated quarterly reports for the previous FY were produced and submitted to MoFPED.</p> <p>The reasons for failure to produced evidence were attributable to the absence of documented acknowledgment of receipt of the reports by the District Planner as well as lack of evidence from the sector heads to confirm that they submitted the sector reports to the planning unit for consolidation before the 15th of July. In addition, due to the limitations of the PBS system, submission dates by each sector could not be retrospectively retrieved.</p>	<p>0</p>
<p>LG Health department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year</p> <ul style="list-style-type: none"> 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>2nd quarter had issues reported on accountability. Funds advanced not adequately accounted for.</p> <p>3rd quarter also pointed out anomalies in the accountability and ineffective implementation of the work plans.</p> <p>All issues pointed out were responded to and retired.</p>	<p>4</p>
<p>Social and environmental safeguards</p>			

<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines (i.e. minimum 30 % women: score 2 	<p>Based on a sample of 4 HFs (see table), only 25.0% of the committees met the gender composition requirement. The average composition based on the assessments sample was 20.2% as the overall average for Butebo DLG (see table). A division of the sum of the said 2 figures by 2 is way below 50% (i.e. $25.0+20.2= 45.2\div 2= 22.6\%$). Therefore, the HD did not meet the gender composition requirement because the average of the sample only hovers far below the 50% composite rate (not above, hence failed to meet the requirement clearly). The HD had not commissioned assessments or used the support-supervision function to find out the composition of committees and to address the associated problems.</p> <p>ID Name of HF All Members Female Members %/Female</p> <p>1 Butebo HC IV 11 3 27.3%</p> <p>2 Kakoro HC III 5 1 20.0%</p> <p>3 Kanginima Hospital/PNFP 0 0 0.0%</p> <p>4 Kanyum HC II 6 2 33.3%</p> <p>Average Gender Composition 1/4 of HFs (25%) 20.2%</p>	<p>0</p>
<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2. 	<p>There was no documented evidence provided by the HD and the HFs that the DHO had issued a circular on sanitation, including labeling and/or separating patients' toilets for men and women. The noteworthy evidence includes the fact that only 25% of the sampled HFs had labeled all the patients toilets appropriately (i.e. the Kanginima Hospital/PNFP).</p>	<p>0</p>

<p>LG Health department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all health facility infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 2 	<p>The HD implemented 1 health infrastructure project in the FY 2017/18 (Construction of a Staff House at Kakore HC III). There was 1 filled Environment and Social Screening Forms (ESSF) for the project dated 15th/10/2017. However, there were clear errors of omission or commission:</p> <ol style="list-style-type: none"> First, the EO and CDO did not fill the forms in such ways that identified or specified possible risks associated with the project. Secondly and consequently, the EO and CDO hadn't filled the forms in such ways that proposed mitigation plans or measures to address the risks. Third, there was an appended Mitigation Plan to the ESSF form (dated 16th/11/2017). It cited some risks and mitigation measures. 	<p>2</p>
<p>LG Health department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 2 	<p>The EO and CDO did not compile Site Visit Reports to assess compliance with any mitigation measures meant to address the identified risks.</p>	<p>0</p>
<p>The LG Health department has issued guidelines on medical waste management</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that the LG has issued guidelines on medical waste management, including guidelines (e.g. sanitation charts, posters, etc.) for construction of facilities for medical waste disposal: score 4. 	<p>On access to guidelines on segregation of medical waste (either in form of a chart or otherwise) 100% of the sampled HFs displayed the chart (an indication that the HD had issued guidance on the same).</p>	<p>4</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Planning, budgeting and execution			
<p>The DWO has targeted allocations to sub-counties with safe water coverage below the district average.</p> <p>Maximum score 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has targeted sub-counties with safe water coverage below the district average in the budget for the current FY: <ul style="list-style-type: none"> o If 100 % of the budget allocation for the current FY is allocated to S/Cs below average coverage: score 10 o If 80-99%: Score 7 o If 60-79: Score 4 o If below 60 %: Score 0 	<p>Butebo district has a safe water average coverage of 65.37% with the sub-counties of Butebo (56%), Petete (60.4%) and Kabwangasi (43%) below the district average coverage.</p> <p>In the current FY budget allocations, the district has made provisions for the drilling and construction of 14 boreholes in the sub-counties of Butebo (3), Petete (2), Kanginima (3), Kakoro (3) and Kabwangasi (3). Three of the targeted sub-counties (Butebo, Petete and Kabwangasi) are below the district average coverage thus accounting for 57% of budget allocations.</p>	0

<p>The district Water department has implemented budgeted water projects in the targeted sub-counties (i.e. sub-counties with safe water coverage below the district average)</p> <p>Maximum 15 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has implemented budgeted water projects in the targeted sub-counties with safe water coverage below the district average in the previous FY. <ul style="list-style-type: none"> o If 100 % of the water projects are implemented in the targeted S/Cs: Score 15 o If 80-99%: Score 10 o If 60-79: Score 5 o If below 60 %: Score 0 	<p>In the previous financial year, the district had a safe water average coverage of 64.2% with the sub-counties of Kanginima (56%), Kakoro (58%), Kibale (43%) and Opwateta (64%) below the district average coverage. In the AWP of the previous FY 2017/18, the district had budgeted for the drilling and construction of 15 deep boreholes (hand pump) and rehabilitation of 12 deep boreholes. The drilling and construction was to be done in the sub-counties of; Butebo (2), Kabwangasi (2), Kakoro (3), Kanginima (3), Opwateta (2), Kibale (1) and Petete (2). It is evident that 60% of the budget allocations were in sub-counties with water coverage below average. According the Annual progress report of 31st July, 2018, it was observed that all these projects were implemented thus accounting for 100%.</p>	
Monitoring and Supervision			

<p>The district Water department carries out monthly monitoring of project investments in the sector</p> <p>Maximum 15 points for this performance measure</p>	<p>Evidence that the district Water department has monitored each of WSS facilities at least annually.</p> <ul style="list-style-type: none"> • 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>There was evidence of monthly monitoring of water and sanitation facilities for example;</p> <p>There was also evidence found on the following reports</p> <p>Monthly monitoring report for water and sanitation facility template for Butebo P/S borehole signed on 3rd/7/2017</p> <p>Monthly monitoring report of water and sanitation facility template for Kaleko village borehole in Butebo sub-county signed on 8th/1/2018</p> <p>Monthly monitoring report of water and sanitation facility template for Namukije village borehole in Kabwangasi sub-county signed on 8th/1/2018</p> <p>Monthly monitoring report of water and sanitation facility template for Bulalaka village borehole in Kanginima sub-county signed on 19th/3/2018</p> <p>This therefore accounted for 100%.</p>	<p>15</p>
<p>The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district has submitted accurate/consistent data for the current FY: Score 5 • List of water facility which are consistent in both sector MIS reports and PBS: score 5 	<p>Butebo District Local Government submitted accurate/consistent data for FY 2018/19. In the Management Information System (MIS) reports at the Ministry of Water and Environment (MoWE) 12 Deep Boreholes were reported to be rehabilitated and 15 drilled in the Financial Year. This is consistent with the 12 to be rehabilitated and 15 drilled as reported in PBS under Borehole Drilling and Rehabilitation.</p>	<p>5</p>

<p>The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> List of water facility which are consistent in both sector MIS reports and PBS: score 5 	<p>The list includes; Gayaza A, Amusala, Bwase, Tiira, Bukatikoko, Kasajja B, Nakatuke, Namiyembe, Katika, Alboibon, Otelepai I, Olwakai, Ogulia, Kakwereta, Bumusura</p>	<p>5</p>
<p>Procurement and contract management</p>			
<p>The district Water department has submitted input for district's procurement plan, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has submitted input for the district procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time (by April 30): score 4</p>	<p>According to the consolidated procurement plan, there was evidence that the department had submitted inputs for the district procurement plan to PDU. However, the departmental procurement plan couldn't be traced to determine when the submissions were made.</p>	<p>0</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If the contract manager prepared a contract management plan and conducted monthly site visits for the different WSS infrastructure projects as per the contract management plan: score 2 	<p>The district did not appoint a contract manager for the projects it is implied that the DWO handles the projects in his department. There were no monthly site visit reports found at the time of the assessment between the contract manager and the contractor. Argument was that most of the sites a handled in the same time period and completed then.</p>	<p>0</p>

<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If water and sanitation facilities constructed as per design(s): score 2 	<p>From the sampled water, they were found to have been constructed as per design; For example boreholes in the villages of Amusala, Olwakai, Ogonia , Otelepai and Bupaloma were as per stipulated design. They were well protected, had water discharge pit and right pump handle used.</p>	<p>2</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If contractor handed over all completed WSS facilities: score 2 	<p>At the time of the assessment, there were no handover reports. Argument was that since the projects were completed they could be given to communities to start using but no documentation of the activity was available</p>	<p>0</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2 	<p>The DWO did certify all WSS projects that were completed except for those that were still within the defect period. For example;</p> <p>Certificate of completion; Project: Borehole siting, drilling, test pumping, water quality analysis, casting and installation of 15 boreholes; Contract No: BUTE/WRKS/2017-2018/00006; Contractor: Ms ICON PROJECTS LTD; Contract sum: SHS. 253,844,550</p>	<p>2</p>

The district Water department has certified and initiated payment for works and supplies on time

Maximum 3 for this performance measure

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

Reviewed a sample of the payment vouchers and the suppliers' requests and noted that the District Water Officer timely recommended and certified suppliers requests for payment. Those reviewed included:

- i. VR. No.29/05 dated 31/05/2018 being payment for protection of 2 spring wells done by JCM General Associates. Request dated 28/05/2018. DWO forwarded on 28/05/2018 and was approved 31/05/2018. Was paid on 31/05/2018. Chq0098 bank is housing finance.
- ii. VR. No. 02/05 dated 07/05/2018 being payment for construction of boreholes by Icon Projects Ltd. Request was submitted on 01/05/2018 and DWO forwarded it on 07/05/2018. Approve on 08/05/2018. Paid on the same date.
- iii. VR. No. 01/04 dated 10/04/2018 being payment for fuel for drilling of wells supervision. Request submitted by Libya Oil Uganda Ltd and dated 03/04/2018. DWO forwarded for payment on 06/04/2018. Was paid on 10/04/2018
- iv. VR. No. 8/06 dated 12/06/2018 and request submitted by Ripako Limited on 24/05/2018 and DWO forwarded for payment 04/06/2018. Approved on 11/06/2018 and paid on 12/06/2018
- v. VR. No. 30/05 dated 31/05/2018 being payment for rehabilitation of 12 boreholes by Sincere Brothers BM services. Request was submitted on 14/05/2018 and forwarded on the same date. Approved on 31/05/2018 and paid on 31/05/2018

Financial management and reporting

<p>The district Water department has submitted annual reports (including all quarterly reports) in time to the Plan- ning 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 	<p>There was no evidence adduced by the District Planner to confirm that the Water department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by 15th of July for consolidation, despite the fact that all the four consolidated quarterly reports for the previous FY were produced and submitted to MoFPED.</p> <p>The reasons for failure to produced evidence were attributable to the absence of documented acknowledgment of receipt of the reports by the District Planner as well as lack of evidence from the sector heads to confirm that they submitted the sector reports to the planning unit for consolidation before the 15th of July. In addition, due to the limitations of the PBS system, submission dates by each sector could not be retrospectively retrieved.</p>	<p>0</p>
<p>The District Water Department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> 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 5 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 	<p>2nd quarter pointed out anomalies in accountability as a sector</p> <p>3rd quarter pointed out issues on operations of the water resources, spring wells being ineffective.</p> <p>Responses were provided to all anomalies and were rectified.</p>	<p>5</p>
<p>Governance, oversight, transparency and accountability</p>			

<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the council committee responsible for water met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports and submissions from the District Water and Sanitation Coordination Committee (DWSCC) etc. during the previous FY: score 3 	<p>Owing to the absence of a functioning District Council, there were no standing committees in operation. Accordingly, no committee meetings were held to discuss water related issues.</p>	<p>0</p>
<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the water sector committee has presented issues that require approval to Council: score 3 	<p>There was no functional committee for Water due to the absence of a function District Council (as earlier on described under the indicator about Council deliberations), accordingly, there were no issues presented to council for approval.</p>	<p>0</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> 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. 	<p>From the District Notice boards, there was no display of AWP, Budget and Water Grant releases and expenditures as per the PPDA Act. There was no evidence in form of minutes for advocacy meetings.</p>	<p>0</p>

<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2 	<p>From the sampled WSS projects, all were clearly labelled and the following information was observed: the name of the project, date of construction contractor and source of funding e.g. Amusala village borehole, DWD 69278, funded by DCG 2017/18, Contractor: ICON PROJECTS, Date: 29th/3/2018</p> <p>Olwakai village borehole; DWD 69279, Funded by DCG 207118, Contractor: ICON PROJECTS, Date: 29/2/2018.</p>	<p>2</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2 	<p>Observation from the notice board proved that there was information on tenders and contract awards including name/contract and contract sum displayed on the District Notice boards. For example; Procurement reference number: BUTE619/WRKS/2018-19/00014(i); Subject of procurement: Siting, Drilling, test pumping, casting and installation of 08 boreholes; Method or procurement: Open bidding; Name of Best Evaluated Bidder: East Africa Boreholes; Total Contract Price: 156,164,031.9/=</p> <p>Procurement reference number: BUTE619/WRKS/2018-19/00014(ii); Subject of procurement: Siting, Drilling, test pumping, casting and installation of 06 boreholes; Method or procurement: Open bidding; Name of Best Evaluated Bidder: East Africa Boreholes; Total Contract Price: 117,123,023.9/=</p>	<p>2</p>
<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If communities apply for water/ public sanitation facilities as per the sector critical requirements (including community contributions) for the current FY: score 1 	<p>Review of community application file showed that there was no application letter for water/public sanitation facilities as per sector critical requirements for the current FY.</p>	<p>0</p>

<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Water and Sanitation Committees that are functioning evidenced by either: i) collection of O&M funds, ii) carrying out preventive maintenance and minor repairs, iii) facility fenced/protected, or iv) they have an M&E plan for the previous FY: score 2 <p>Note: One of parameters above is sufficient for the score.</p>	<p>From the sampled water supply facilities in the villages of Olwakai, Oginia, Otelepai and Bupalama all were well fenced/ protected using strong tree cuttings</p>	<p>2</p>
<p>Social and environmental safeguards</p>			
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> 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 	<p>The LG water department devised strategies for environmental conservation and management through environmental screening for all projects. From the files, environmental and social forms were found; for example;</p> <p>Environmental and social screening form (ESSF); Name of project: Borehole drilling in Butebo sub-county; sector of the project: water done on 9/1/2018.</p> <p>Environmental and social screening form (ESSF); Name of project: Borehole drilling in Kakoro sub-county signed on 03/01/2018</p>	<p>2</p>

<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1 	<p>Certification No: BUTE23/2018; project name: Borehole drilling; Company: Icon projects Ltd in Kabwangasi sub-county done on 7th/04/2018</p> <p>Certification No: BUTE14/2018; Project name: Borehole drilling; Company: Icon projects Ltd; Location: Ogaria village, Opwateta sub-county done on 20/4/2018 where remarks were made that mitigation measures were partially implemented and recommendation to plant 10 trees was made</p> <p>Certificate No: BUTE12/2018; project name: Borehole drilling; Company: Icon Projects Ltd; Location: Amusala village, Butebo sub-county done on 20th/4/2018 where remarks that mitigation measures were partially implemented were made and community was recommended to plant 10 trees.</p>	<p>1</p>
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that construction and supervision contracts have clause on environmental protection: score 1 	<p>From the 3 sampled contracts, it was observed that they all had a clauses on environmental protection.</p>	<p>1</p>
<p>The district Water department has promoted gender equity in WSC composition.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If at least 50% WSCs are women and at least one occupying a key position (chairperson, secretary or Treasurer) as per the sector critical requirements: score 3 	<p>From the community files, it was observed that the WSCs were made up of at least 50% women and they were taking up key positions such as treasurers among others as per sector critical requirements.</p>	<p>3</p>

<p>Gender and special needs-sensitive sanitation facilities in public places/</p> <p>RGCs provided by the Water Department.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3 	<p>Public sanitation facilities had adequate access and separate stances for men, women and rumps for PWDs.For example Kanyumu RGC</p>	<p>3</p>
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