



## Local Government Performance Assessment

Kabale District

(Vote Code: 512)

Assessment	Scores
Accountability Requirements	50%
Crosscutting Performance Measures	44%
Educational Performance Measures	49%
Health Performance Measures	64%
Water Performance Measures	51%

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"> <li>• 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"> <li>o If LG submitted before or by due date, then state 'compliant'</li> <li>o If LG had not submitted or submitted later than the due date, state 'non-compliant'</li> </ul> </li> <li>• From the Uganda budget website: <a href="http://www.budget.go.ug">www.budget.go.ug</a>, check and compare recorded date therein with date of LG submission to confirm.</li> </ul>	<p>Annual Performance Contract Submitted &amp; received at MoFPED on 29/8/2018 which is out of the timeline date of 1st August 2018.</p>	No
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"> <li>• From MoFPED's inventory of LG budget submissions, check whether:               <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ul>	<p>LG submitted the budget that includes Consolidated Procurement Plan for FY 2018/2019</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"> <li>• If LG submitted report to MoFPED in time, then it is compliant</li> <li>• If LG submitted late or did not submit, then it is not compliant</li> </ul>	<p>Annual Performance report- Q4 was submitted to MoFPED on 29th August 2018 which is outside the timeline</p>	<p>No</p>
<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"> <li>• 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).</li> <li>• If LG submitted late or did not submit at all, then it is not compliant.</li> </ul>	<p>Quarterly Budget performance report submitted as follows: Q1 dated 18/12/2017 Q2 dated 8/03/2018 Q3 dated 2/06/2018 Q4 dated 29/08/2018 which is outside the timeline.</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 line 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"> <li>• If LG submitted a 'Response' (and provide details), then it is compliant</li> <li>• If LG did not submit a 'response', then it is non-compliant</li> <li>• If there is a response for all –LG is compliant</li> <li>• If there are partial or not all issues responded to – LG is not compliant.</li> </ul>	<p>The district provided and submitted information to the PS/ST on the implementation of Auditor General findings for the financial year 2016/2017 in a letter REF CR/252/1 dated 9th April, 2018 which was received by the Accountant General (MoFPED) on 11th April 2018 . All the 2 audit issues were responded to in that response letter. This was before the deadline of 30th April 2018 as required by the PFMA.</p> <p>The submission of responses against the audit findings of the Internal Auditor General were submitted in a letter REF No.FIN 7/13/02, dated 8th January 2018 and was received by the MOFPED on 9th January 2018.</p>	<p>Yes</p>
<p>The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer.</p>		<p>The audit report for the FY 2017/18 was unqualified.</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"> <li>• A functional Physical Planning Committee in place that considers new investments on time: score 1.</li> </ul>	<p>There was no evidence that LG had functional Physical Planning Committee in place</p>	0
<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"> <li>• Evidence that district/ MLG has submitted at least 4 sets of minutes of Physical Planning Committee to the MoLHUD score 1.</li> </ul>	<p>There was no evidence that the District submitted minutes of physical planning committee to the MoLHUD</p>	0

<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"> <li>• All infrastructure investments are consistent with the approved Physical Development Plan: score 1 or else 0</li> </ul>	<p>In the absence of a Physical Development plan, it was difficult to ascertain any consistency of planning with new infrastructure investments</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"> <li>• Action area plan prepared for the previous FY: score 1 or else 0</li> </ul>	<p>No evidence availed for assessment</p>	<p>0</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

Maximum 5 points on this performance measure.

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

Priorities in the AWP for FY 2018/2019 were based on the outcomes of the Budget Conference as found in the Report of Budget Conference dated 13th November 2017 as shown here under:

1. Education:

Construction of 5 stance latrine at Kagorogoro II primary school in Buhara sub county, Kiryamari primary in Butanda sub county and Mwisi primary school in Kitumba sub county pg 1& 2 of budget conference report and pg 61 & 62 of the AWP.

2. Health:

Up grading of Kasheregyenyi HCII to HCIII in Kamuganguzi sub county pg 4 of budget conference report and pg 55, 56, 57 of the AWP

<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"> <li>• 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.</li> </ul>	<p>Capital investments in the approved AWP for FY 2018/19 were derived from the 5 year DDP as shown here under:</p> <p>Construction of a Maternity ward, Rehabilitation and construction of school classroom, construction of VIP Latrines, Furniture and iron sheet provision, Rehabilitation, construction of GFS, Protection of springs, construction of community Tanks as priority areas was found in the Kabale Development Plan (2015/2016-2019/20-</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"> <li>• Project profiles have been developed and discussed by TPC for all investments in the AWP as per LG Planning guideline: score 2.</li> </ul>	<p>No evidence availed.</p>	<p>0</p>
<p>Annual statistical abstract developed and applied</p> <p>Maximum 1 point on this performance measure</p>	<ul style="list-style-type: none"> <li>• Annual statistical abstract, with gender-disaggregated data has been compiled and presented to the TPC to support budget allocation and decision-making- maximum score 1.</li> </ul>	<p>A copy of the Annual Statistical Abstract with Gender aggregated data was availed. However, there were no TPC Minutes indicating discussion of the annual statistical Abstract</p>	<p>0</p>

<p>Investment activities in the previous FY were implemented as per AWP.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>Evidence that all infrastructure projects implemented by the LG in the previous FY were derived from the annual work plan and budget approved by the LG Council: score 2</li> </ul>	<p>Infrastructure projects implemented by the LG in the previous FY 2017/2018 were derived from the Annual Work Plan and Budget approved by the LG Council.</p> <p>Education:</p> <p>Purchase and Supply of 900 galvanized iron sheets gauge 28 to eight primary schools &amp; 150 kgs of nails AWP ( Pg.56)</p> <p>Works and Technical Services:</p> <p>Mechanized maintenance of Kacwekano-Rubaya-Kitoma 33km (Pg 2) and AWP (Pg 62)Work plan</p> <p>Constuction of Nyarugwe-Katookye pg 68 of AWP,Latrine construction at Kalehe in Kaharo sub county pg 68,Construction of VIP latrine in 8 primary schools : Kikore &amp; Rubira in kyanamira S/C,Kijonjo in Buhara S/C. Pg 25 of the Budget</p> <p>Health</p> <p>Connection of water at kyanamira HCIII maternity ward</p> <p>Were some of the infrastructure projects implemented that show linkage with the approved budget by the Council.</p>	2
<p>Investment activities in the previous FY were implemented as per AWP.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY. <ul style="list-style-type: none"> <li>o 100%: score 4</li> <li>o 80-99%: score 2</li> <li>o Below 80%: 0</li> </ul> </li> </ul>	<p>From the review of payments certificates for the following investments in the department of Education,Health and Works &amp; Technical services i.e. Latrine Construction at the following Primary Schools Kijonjo UGX 20,000,000,Bugarama1 at UGX 20,810,000,Kisaasa at UGX 19,989,000,Rwancerere at UGX 22,980,000,Rubira at UGX 20,987,000,Rwabuba at UGX 20,410,000,Bukomero Prima at UGX 19,916,000 , Construction of Nyarungwe Gravity flow scheme in Kyanamira sub county at UGX 107,359,123, Mechanized maintenance of Kabanyonyi-karweru-maziba at UGX 18,000,000. All these investments were completed as per work plan by end of FY. DLG has already issued Final certificates of completion indicating 100% execution</p>	4

<p>The LG has executed the budget for construction of investment projects and O&amp;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"> <li>Evidence that all investment projects in the previous FY were completed within approved budget – Max. 15% plus or minus of original budget: score 2</li> </ul>	<p>From the District Annual budget performance report a number of projects have been reported completed within the budget and these include; Latrine Construction at the following Primary Schools Kijonjo UGX 20,000,000,Bugarama1 at UGX 20,810,000,Kisaasa at UGX 19,989,000,Rwancerere at UGX 22,980,000,Rubira at UGX 20,987,000,Rwabuba at UGX 20,410,000,Bukomero Prima at UGX19,916,000 , Construction of Nyarungwe Gravity flow scheme in Kyanamira sub county at UGX 107,359,123, Mechanised maintenance of Kabanyonyi-karweru-maziba at shs 18,000,000 were completed within approved budget.</p>	<p>2</p>
<p>The LG has executed the budget for construction of investment projects and O&amp;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"> <li>Evidence that the LG has budgeted and spent at least 80% of the O&amp;M budget for infrastructure in the previous FY: score 2</li> </ul>	<p>Budget for O&amp;M in FY 2017/2018 was UGX UGX 27,455,000 and UGX 12,318,100/= was spent representing 44%.</p> <p>It was spent on emptying toilets, Servicing generator, cleaning materials according to vouchers availed</p>	<p>0</p>
<p>Human Resource Management</p>			

LG has substantively recruited and appraised all Heads of Departments

Maximum 5 points on this Performance Measure.

• Evidence that the LG has filled all HoDs positions substantively: score 3

• Not all HoDs positions are substantively filled at the LG of Kabale during FY 2017/18. As per the staff structure, there are 11 HoDs and heads of units. In Kabale district, only 10 HoDs are substantively filled. This represents 91% of positions filled. Broken down as follows:

- Chief Finance Officer – position is substantively appointed by letter dated 4/7/2018 signed by Ntimba Edward under min DSC91/2018(01)(1).

- Head Statutory Bodies (Clerk to Council) – position is not substantively appointed.

- District Education Officer (Sabiiti Baabo) – position filled by appointment letter dated 17/06/2015, signed by Matsiko Mutungwire Abert under minute DSC/91/2015.

- Principle HR Officer position – Not substantively appointed but only assigned as per letter dated 19.06.2018 signed by Ntimba Edmund and with reference HRM28/47/01.

- District Internal Auditor position (Bitukwiremunda Lawrence) – filled by appointment letter dated 25/4/2016 and signed by Mtsiko Mutungwire Matsiko Abert under minute DSC/63/2016.

- District Health Officer (Dr. Manderu Immaculate) – position not substantively filled but only assigned as acting as per appointment letter dated 11th Dec 2017, signed by Matsiko Mutungwire Abert..

- District Production & Marketing (Nebesa Bedda) – position is substantively appointed by letter dated 14.6.2016 signed by Matsiko Mutungwire under min DSC101/2016(B).

- Senior Procurement Officer (Atuheire Mercy) – position filled as per appointment letter 22/9/2017 and signed by Ntimba Edmund under min DSC79/2017(7) and signed by Tibugyenda Wilson.

- Dist Community Development Officer (Busingye Winfred) – position substantively filled as per appointment letter dated 22nd Dec 2000 and signed by Samuel Katehangwe with min DSC196/2000(vii).

- District Engineer (Turinawe Bagamahunda) – Substantively appointed as per appointment letter dated 22/9/2017 and signed by Tibugyenda Wilson under DSC minute 79/2017(1).

- Natural Resources Officer (Akaturukwijuka Rogers) – position substantively appointed as per letter dated 14/6/2016 under min 97/2016.

<p>LG has substantively recruited and appraised all Heads of Departments</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> <li>• Evidence that HoDs have been appraised as per guidelines issued by MoPS during the previous FY: score 2</li> </ul>	<ul style="list-style-type: none"> <li>• Appraisals during FY 2017/18: 5 HoDs and Units were appraised during FY 2017/18 using standard guidelines from MoPS by various officers. This represents 38% of HoDs appraised. Appraisal dates for those HoDs were: 8/7/2017 (Planning) by Ntimba Edward, 8th July 2017 (Dist Education Officer) by W Tibugyenda, Pr. Internal Auditor appraised on 15/7/17 by Tibugyenda Wilson. Two HoDs were recent recruits and were not yet eligible for appraisal during the FY 2017/18.</li> </ul>	<p>0</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"> <li>• Evidence that 100 % of staff submitted for recruitment have been considered: score 2</li> </ul>	<ul style="list-style-type: none"> <li>• According to DSC minutes and submission lists viewed (dated 21.5.18, 1.2.18, 2.2.2018) in Kabale district, a total of 83 positions were submitted for recruitment at DSC during FY 2017/18. Reference numbers of these submissions were: CR/153/1, DSC1/54/01 and some of the positions submitted include: Town Clerk for Katuna, Head Teachers, Office attendant, Porter, Driver, Medical and Clinical Officers, Princ HR Officer, Law Enforcement Officer etc. Some of these positions originated from Kabale Municipal Council. Submission lists were consulted and contained all the 83 candidates considered. New Vision advert of 12/2/2018 and internal advertisements such as that one dated 12/3/18 confirmed that all the 83 positions submitted were considered. Minute extracts also used to consideration of these staff were as follows: DSC 1/54/01 etc. These submissions viewed indicate that all the 83 positions were considered for recruitment. That is 100%</li> </ul>	<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"> <li>• Evidence that 100 % of positions submitted for confirmation have been considered: score 1</li> </ul>	<ul style="list-style-type: none"> <li>• Submission lists for confirmation viewed (dated 30.10.2017 with ref: HRM12/73/01, 13.07.2017 with ref: HRM72/73/01, 18.01.18 with ref: HRM72/73/01, 16/3/2018 and 17/5/2018 with ref: HRM72/73/01, 2/2/2018 with Ref: ADM/RYAK/49/50/02 and 5th to 6th of Sept 2017 with Ref: 52/281/01. These lists were signed off by Wilson Tibugyenda and some by Tushabe and Wamaga J. These submission lists from CAO's office and corresponding dates indicate that all the 252 staff submitted for confirmation. A list of confirmed staff during FY 2017/18 indicated that all 252 staff submitted were confirmed as per minute extracts indicated above. Thus 252 out of 252 represents 100% of staff confirmed during FY 2017/18.</li> </ul>	<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"> <li>Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1</li> </ul>	<ul style="list-style-type: none"> <li>According to the submission list (dated 30/6/2017, 13/7/2017, 19/6/17, 12/1/18, 8/1/18, 12/10/2017) looked into for Kabale district, 6 cases were submitted for disciplinary action. Disciplinary meeting minute extracts referenced as DSC12/28/01, DSC53/61/01, CR/M/10073, CR/152/02, CRM/M/10/2017 and CRM/M/10159 were verified and indicate that six staff submitted were handled thus confirming that all the 6 were considered during FY 2017/18. They confirm that the 6 cases were considered and handled.</li> </ul>	<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"> <li>Evidence that 100% of the staff recruited during the previous FY have accessed the salary payroll not later than two months after appointment: score 3</li> </ul>	<ul style="list-style-type: none"> <li>Of the 19 staff verified as recruited during FY 2017/18, only 2 staff entered salary payroll within one month and the other within 2 months of recruitment in Kabale district. This is indicated by a pay slip presented with run date of 28/8/2018 for Twinomuhangi Immaculate (office Attendant) was recruited in July 4th 2018 with letter signed by Ntimba Edward and accessed salary payroll in August 2018 – thus within only 1 month. All other staff recruited did not access salary payroll within 2 months of recruitment. These include, among others, Saturday Collins recruited as Princ Town Agent (DSC65/2018) on 31/1/18 and accessed payroll on 4th May 2018 (4months), Kobusingye Hilda recruited as Office Attendant (DSC64/2018) on 30/4/2018 and accessed salary payroll in August 2018 (4months), Atukunda Rowland recruited as Accounts Asst (DSC63/2018) on 15/5/2018 and by date of assessment, the staff member has not yet accessed salary payroll (4 months). The others Tukahirwa Brian and Akampurira Anxious were recruited 4/7/2018 with DSC 91/2018(a)(6) and 25/1/15/5/2018 with min DSC67/2018 both accessed payroll on 28/8/2018 (1 and 3 months respectively). There was no other evidence in form of staff pay slip presented to prove that staff all recruited during FY2017/18 accessed salary payroll within the first two months of recruitment.</li> </ul>	<p>0</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"> <li>• Evidence that 100% of the staff that retired during the previous FY have accessed the pension payroll not later than two months after retirement: score 2</li> </ul>	<p>Kabale District LG submitted 7 cases of staff who retired during FY 2017/18. The list indicated that the 7 staff retired on different months within the FY17/18. For example, Beinjake Donato retired on 4.5.18, Tumushabe Herbert retired on 4.5.18, Arinaitwe Perpetwa retired on 1/7/17, Tugumisirize Florence and Kiconco Immaculate retired on 1.7.18. For all these retired staff, there is no evidence to indicate that they have accessed pension payroll any earlier than 2 months of retirement. All of them had not accessed pension payroll yet by the time of assessment of FY 2017/18. Therefore, no staff accessed pension payroll within 2 months of retirement in Kabale district. I.e 0 out of 7 is 0%.</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"> <li>• 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.</li> <li>• If the increase is from 5% -10 %: score 2.</li> <li>• If the increase is less than 5 %: score 0.</li> </ul>	<p>The OSR for the district LG reduced by 30% from UGX 320,405,524 in the FY 2016/17 to UGX 224, 857,147 in the FY 2017/18. This is much more than the acceptable variance of 10%. (Source: District financial statements for FY 2017/18). It was indicated that the cause of decline in OSR was due to the fact that Rukiga District was cut away from Kabale District.</p>	<p>0</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"> <li>• 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.</li> </ul>	<p>The actual/budget revenue collection ratio for the FY 2017/18 was 69% (UGX224,857,147/326,704,000). This resulted in a budget variance of 31% which is higher than 10%.(Source: budget and financial statements for FY2016/17)</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"> <li>Evidence that the District/Municipality has remitted the mandatory LLG share of local revenues: score 2</li> </ul>	<p>The financial statements for the FY 2017/18 indicated that Local Service Tax (LST) amounting to UGX 71,394,250 was collected at the District Level, out of which the UGX 40,000,000 was remitted to Lower LGs, which was 56% of the total LST. (Source: DLG accounts and the cash book for the FY 2016/17). The rest of the revenue was collected by the LLGs. This was higher than the statutory remission requirement of 65% (source: financial statements for FY 2017/18).</p>	<p>2</p>
<p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>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</li> </ul>	<p>The LG spent UGX 130,200,000 in the FY 2017/18 on Council allowances and emoluments compared to UGX 224, 857,147, collected in the FY 2016/17. This constituted 58 % of OSR for the FY 2016/17 (more than 20%) as per Section 4 of the Local Governments Act.</p>	<p>0</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"> <li>Evidence that the District has the position of a Senior Procurement Officer and Procurement Officer (if Municipal: Procurement Officer and Assistant Procurement Officer) substantively filled: score 2</li> </ul>	<p>The district had a substantively appointed procurement officer by the names of (Atuheire Mercy) in appointment letter dated 22nd September 2017 under DSC79/2017(7) by CAO (Tibugyende Wilson).</p> <p>There was no senior procurement officer.</p>	<p>0</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"> <li>• Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1</li> </ul>	<p>For the 5 sampled projects there was evidence that the TEC produced and submitted reports to the contracts committee as shown below;</p> <ul style="list-style-type: none"> <li>• Construction of a new gravity water scheme at Nyarungwe TEC produced the evaluation report on 6th June 2018 at 107,359,123ushs price and submitted to the contracts committee on 8th June 2018 which approved on the same day under minute KABA512//WRKS/2017-2018/00017.</li> <li>• Rehabilitation and extension of Kakomo health centre IV TEC produced the evaluation report on 4th December 2017 at 230,714,240ushs price and submitted to the contracts committee on 6th December 2017 with recommendations to negotiate the price to meet budget (200,000,000ushs) which was done and CC approved a price of 199,940,380ushs on 9th March 2018 under CC06/2017-2018.</li> <li>• Renovation of the DVO office – Lab the TEC produced the evaluation report on 28th March 2018 which recommended no bidder and submitted to the contracts committee on 10th April 2018. The CC approved on the same day under CC07/2017-2018 and recommended force on account mechanism.</li> <li>• Construction of 5 stance VIP latrines at Kamuganguzi P/S and Rubira P/S were evaluated on the same day, the TEC produced the evaluation reports on 4th December 2017 and submitted to the contracts committee on 6th December 2017 which approved on the same day under minute KABA512//WRKS/2017-2018/00001 and KABA512//WRKS/2017-2018/00008 respectively.</li> </ul>	<p>1</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"> <li>• Evidence that the Contracts Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1</li> </ul>	<p>The contracts committee considered the recommendations of the TEC and approved the award of the contracts without any deviations for the five sampled projects.</p>	<p>1</p>

<p>The LG has a comprehensive Procurement and Disposal Plan covering infrastructure activities in the approved AWP and is followed.</p> <p>Maximum 2 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>a) Evidence that the procurement and Disposal Plan for the current year covers all infrastructure projects in the approved annual work plan and budget and b) evidence that the LG has made procurements in previous FY as per plan (adherence to the procurement plan) for the previous FY: score 2</li> </ul>	<p>There was evidence that the procurement and disposal plan for FY 2018/2019 availed which was received on 29th August 2018 and approved by the CAO covers all Infrastructure projects in the approved AWP for the current FY 2018/2019.</p> <p>Considering the five sampled projects there was adherence to the procurement plan in the previous FY 2017/18</p>	<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"> <li>For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/ infrastructure by August 30: score 2</li> </ul>	<p>According to the procurement plan for the FY 2018/2019 which was received on 29th August 2018 from PPDA and approved by the CAO there were 37 infrastructure projects and none had approved bid documents which is 0%.</p>	<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"> <li>• For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2</li> </ul>	<p>The LG had a contracts register for the previous FY 2017/2018 but was not updated and not all the sampled projects were registered though the procurement activity files were complete.</p>	<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"> <li>• For previous FY, evidence that the LG has adhered with procurement thresholds (sample 5 projects): score 2.</li> </ul>	<p>According to PPDA guidelines 2008 LG adhered to procurement thresholds for all the sampled five projects. Construction of a new gravity water scheme at Nyarungwe was budgeted 110 million Ushs and the procurement method used was open bidding, Rehabilitation and extension of Kakomo health centre IV was budgeted 200 million Ushs and the procurement method used was open bidding, Renovation to the DVO office – Lab was budgeted 7 million Ushs and the procurement method used was selective bidding and Construction of 5 stance VIP latrines at Kamuganguzi P/S and Rubira P/S were budgeted 23 million Ushs each and the procurement method used was selective bidding.</p>	<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"> <li>Evidence that all works projects implemented in the previous FY were appropriately certified – interim and completion certificates</li> </ul> <p>for all projects based on technical supervision: score 2</p>	<p>For the five sampled projects; Construction of a new gravity water scheme at Nyarungwe only one certificate was issued on 22nd June 2018 indicating 96,623,211Ushs as amount due to the contractor, rehabilitation and extension of Kakomo health centre IV an interim certificate of 99,847,116Ushs was issued on 11th May 2018 and another certificate was issued on 18th June 2018 indicating 80,028,972Ushs as amount due to the contractor, renovation to the DVO office – Lab no certificate was issued, Construction of 5 stance VIP latrines at Kamuganguzi P/S and Rubira P/S, two interim certificates were issued for Rubira p/s first one on 10th May 2018 indicating 13,330,224Ushs and a second one on 19th June 2018 indicating 5,226,102Ushs as amount due to the contractor and for Kamuganguzi p/s one certificate was issued on 12th February 2018 indicating 10,940,724Ushs as amount due to the contractor all certificates were signed and approved by CAO. This showed inappropriate certification since one project was not certified and other two issued one certificate each.</p>	<p>0</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"> <li>Evidence that all works projects for the current FY are clearly labelled (site boards) indicating: the name of the project, contract value, the contractor; source of funding and expected duration: score 2</li> </ul>	<p>For all the five sampled projects only Nyarungwe gravity flow scheme and Kakomo HC IV had site boards showing the project name, contractor, client/employer, source of funding and the FY but the contract value and expected duration were not indicated and the other three did not have.</p>	<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"> <li>Evidence that the LG makes monthly bank reconciliations and are up to-date at the time of the assessment: score 4</li> </ul>	<p>The monthly bank reconciliation statements (BRS) for the FY 2017/18 were updated on a daily basis on the IFMIS system. Samples of copies for the months ended July and August were signed by the CFO and the accountant signed them on 17th July 2018 and 31st August 2018 respectively.</p>	<p>4</p>

<p>The LG made timely payment of suppliers during the previous FY</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> <li>• If the LG makes timely payment of suppliers during the previous FY</li> <li>– no overdue bills (e.g. procurement bills) of over 2 months: score 2.</li> </ul>	<p>In the education, health and water sectors, all the 34 sampled payments were all cleared on time (within 30 days) as provided for in the contracts ie there were no overdue payments.</p>	<p>2</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"> <li>• Evidence that the LG has a substantive Senior Internal Auditor: 1 point.</li> <li>• LG has produced all quarterly internal audit reports for the previous FY: score 2.</li> </ul>	<p>The District Internal Auditor (Mr Bitwiremunda Lawrence) was substantively appointed a Principal Internal Auditor (scale U2) by the District Service Commission under minute NO.DSC63/2016 as per appointment letter dated April 25, 2016 signed by the Chief Administrative Officer. This position is higher than a Senior Internal Auditor position as per the LGPA Manual.</p>	<p>1</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"> <li>• LG has produced all quarterly internal audit reports for the previous FY: score 2.</li> </ul>	<p>The DIA produced 4 quarterly Internal Audit reports. First quarterly report was signed on 13th October 2017. The Second quarter report was dated 15th January 2018. The 3rd quarter report was dated 25th April 2018 and the 4th quarter report was dated 27th July 2018.</p>	<p>2</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>	<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 was no evidence of information to LGPAC and Council on the implementation of the implementation of Internal Audit findings.</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"> <li>Evidence that internal audit reports for the previous FY were submitted to LG Accounting Officer, LG PAC and LG PAC has reviewed them and followed-up: score 1.</li> </ul>	<p>There was evidence that internal audit reports for the FY 2017/18 were submitted to both AO and LGPAC on the following dates respectively : : 1st quarter report on 31st /10/2017 and 31st /10/2017</p> <p>2nd quarter report on 13th /03/2018 and 14th /04/2018</p> <p>3rd quarter report on 30th /04/2018 and 1st /05/2018</p> <p>4th quarter report on 22nd /08/2018 and 27th /08/2018</p> <p>However, there was no adequate evidence of review and follow up of all internal audit issues for the FY 2017/18. The LGPAC minutes presented to the consultant were in respect of the internal audit findings for the FY 2016/17. Only the first quarter internal audit for the FY 2017/18 was discussed by the LGPC.</p>	<p>0</p>
<p>The LG maintains a detailed and updated assets register</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> <li>Evidence that the LG maintains an up- dated assets register covering details on</li> </ul> <p>buildings, vehicle, etc. as per format in the accounting manual: score 4</p>	<p>There was no evidence of an updated register. In fact I failed to access any assets register. The only document that was presented to me in form of an assets register was a board of survey report for the FY 2017/18 which could not in any way constitute an assets register.</p>	<p>0</p>

<p>The LG has obtained an unqualified or qualified Audit opinion</p> <p>Maximum 4 points on this performance measure</p>	<p>Quality of Annual financial statement from previous FY:</p> <ul style="list-style-type: none"> <li>• Unqualified audit opinion: score 4</li> <li>• Qualified: score 2</li> <li>• Adverse/disclaimer: score 0</li> </ul>	<p>The external audit report for the FY 2017/18 was unqualified.</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"> <li>• 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</li> </ul>	<p>The district availed a set of minutes for the FY 2017/18 as follows: 28/08/2017; 9/11/2017; 21/12/2017; 29/03/2018; 29/05/2018,29/6/2018; and all the sets of minutes provide proof that Council met and discussed service delivery related issues including TPC reports, quarterly review reports, monitoring reports &amp; challenges of project implementation.</p>	<p>2</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"> <li>• Evidence that LG has designated a person to coordinate response to feedback (grievance /complaints) and responded to feedback and complaints: score 1.</li> </ul>	<p>There was no designated person to handle complaints</p>	<p>0</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"> <li>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</li> </ul>	<p>Evidence was not availed.</p>	<p>0</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"> <li>The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2</li> </ul>	<p>The payroll for July 2018 and the pensioner schedules for July 2018 were found on the public notice board at the administration block.</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"> <li>Evidence that the procurement plan and awarded contracts and amounts are published: score 1.</li> </ul>	<p>Procurement plan for 2018/19 was found published at the Council Notice Board. Notice of awarded contract for 2017/2018 was found on display.</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"> <li>Evidence that the LG performance assessment results and implications are published e.g. on the budget website for the previous year (from budget requirements): score 1.</li> </ul>	<p>Evidence was not availed for assessment</p>	<p>0</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"> <li>• Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1</li> </ul>	<p>From the TPC minutes of 7/8/2018 the District planner communicated and explained to LLGs guidelines from OPM on Discretionary Development Equalisation Grant(DDEG) implementation</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"> <li>• 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.</li> </ul>	<p>No was proof provided for this activity.</p>	<p>0</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"> <li>• 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.</li> </ul>	<p>The CDO provided guidance to sector departments as evidenced in the minutes of the meetings of the district technical planning committee min25/2017/2018 on youth livelihood held on 28th September 2017, min54/2017/2018 on HIV and AIDS mainstreaming held on 26th August 2017 and min44/2017/2018 On women groups held on 10th January 2018 all copies were acknowledged by CAO's office.</p>	<p>2</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"> <li>• 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.</li> </ul>	<p>The LG GFP and CDO had planned for seminars/workshops, sensitization meetings, resettlement and reintegration of children and FAL among others as activities for the current FY 2018/2019 as evidenced in the AWP for the FY 2018/2019 which was approved and signed by the CAO.</p> <p>The previous year's budget was 809,757,000Ushs and the total expenditure approved as provided by the CDO amounts 576,214,546ushs which was 71.2% of the previous year's budget. This showed that less than 90% of the previous year's budget was implemented.</p>	<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"> <li>• Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 1</li> </ul>	<p>For all the five sampled projects (Construction of a new gravity water scheme at Nyarungwe, Rehabilitation and extension of Kakomo health centre IV, Renovation to the DVO office – Lab and Construction of 5 stance VIP latrines at Kamuganguzi P/S and Rubira P/S) the only available proof of environmental screening was for rehabilitation and extension of Kakomo health centre IV and construction of a new gravity water scheme at Nyarungwe the others did not have any proof of screening or EIA carried out and there was no proof of budget for the mitigation measures.</p>	<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"> <li>• Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1</li> </ul>	<p>No proof of integration of environmental and social management and health and safety plans in the contract bid documents for all the sampled projects.</p>	<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"> <li>• Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1</li> </ul>	<p>For all the sampled projects there was no proof of ownership.</p>	<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"> <li>• Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer and CDO: score 1</li> </ul>	<p>For all the sampled projects none had a completed and signed certificate by the environmental officer and the CDO.</p>	<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"> <li>• Evidence that the contract payment certificated includes prior environmental and social clearance (new one): Score 1</li> </ul>	<p>No evidence that environmental and social clearance was done for projects before payment certification.</p>	<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"> <li>• Evidence that environmental officer and CDO monthly report, includes a) completed checklists, b) deviations observed with pictures, c) corrective actions taken. Score: 1</li> </ul>	<p>There was no evidence that the environmental officer and CDO report monthly therefore no completed check lists and observed deviations for the sampled projects.</p>	<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"> <li>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</li> </ul>	<p>The budget for salaries for FY2017/18 – Vote 512 reflected a budget a head teacher and a minimum of 7 teachers for all schools with 7 classes as well as corresponding minimum for schools with less than 7 classes. Thus meeting the minimum requirement for budgeting.</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"> <li>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</li> </ul>	<p>All schools had the minimum requirements: the sampled school (Kamuganguzi P.S, Kicumbi P.S, Kinyogo P.S, Mwisi P.S, and Rubira P.S) had teachers and teachers' lists accessed on the walls in staffrooms or head teachers' offices which matched what was accessed at the district . Deployment matched the budgeted for teachers as presented in the section above</p>	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"> <li>• Evidence that the LG has filled the structure for primary teachers with a wage bill provision</li> </ul> <ul style="list-style-type: none"> <li>o If 100%: score 6</li> <li>o If 80 - 99%: score 3</li> <li>o If below 80%: score 0</li> </ul>	<p>There was evidence that 83% of the structure for primary teachers is filled in accordance to the wage bill provision. Moreover, there is effort to fill more vacant positions as stated in the letter from the DEO to the CAO.</p>	<p>3</p>
<p>LG has substantively recruited all positions of school inspectors as per staff structure, where there is a wage bill provision.</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG has substantively filled all positions of school inspectors as per staff structure, where there is a wage bill provision: score 6</li> </ul>	<p>According to the staff structure approved by Ministry of Public Service in May 2017, Ref:ARC135/306/1, for Kabale District, the local government is supposed to have three school inspectors. The Principal Inspector of Schools who was substantively appointed has been transferred to Rukiga District, the position of senior inspector is in the recruitment plan and the Inspector of schools was appointed on 24th April 2018 by DSC Minute number 59/2018(b)(i)(a)</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"> <li>• Primary Teachers: score 2</li> </ul>	<p>A recruitment plan was submitted for primary school teachers and received on 25th January 2017. In addition, the education department has indicated a need to fill positions of female teachers in Bwera, Rwambeho, Kantare, Katojo and Rutojo Primary Schools, as indicated in a letter from the DEO to the CAO dated 5th April 2018.</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"> <li>• School Inspectors: score 2</li> </ul>	<p>A recruitment plan was submitted for Senior Inspector of Schools and received by the HRM on 25th January 2017 to fill the vacant position.</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"> <li>• 100% school inspectors: score 3</li> </ul>	<ul style="list-style-type: none"> <li>• Out of the two School Inspectors in Kabale district, as shown by the list of inspectors and personal files verified. It is evident through the appraisal reports verified, that both school inspectors were appraised during FY 2017/18. Appraisal report for school Insp Tumwijuke Moses was signed by Anselm Kyaligonza on 30/6/17 and report for school Insp. Ketty Kasiisi was signed by Vastina Beyendera on 30.6.17 all hence confirm these appraisals. Therefore 2 out of 2 school inspectors appraised represents a percentage of 100%.</li> </ul>	<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"> <li>• Primary school head teachers o 90 - 100%: score 3</li> <li>o 70% and 89%: score 2</li> <li>o Below 70%: score 0</li> </ul>	<ul style="list-style-type: none"> <li>• There are 113 Primary Schools in Kabale district. A sample of 10% of 113 Primary schools was made to make 12 Primary Schools. Thus personal files of 12 Head Teachers of these schools were presented and analysed. Reviewing these personal H/Teachers' files, 8 appraisal reports were found. These included for example, for H/Teacher for Nyamigoye P. School (Ms. Christine Tuhimbise) appraised by Tabaro Gordon, H/Teacher for Rwabaha P School (Balisigala Jack) appraised by Musimenta Allen etc. This list of Head Teachers and appraisal reports and agreements shows that 8 out of 12 is a percentage of 67% (rounded).</li> </ul>	<p>0</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"> <li>• Evidence that the LG Education department has communicated all guidelines, policies, circulars issued by the national level in the previous FY to schools: score 1</li> </ul>	<p>The circulars were not availed by the DEO's office</p>	<p>0</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"> <li>• Evidence that the LG Education department has held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level: score 2</li> </ul>	<p>There was no evidence or meeting minutes where circulars were discussed with head teachers.</p>	<p>0</p>

<p>The LG Education De- partment has effectively inspected all registered primary schools<sup>2</sup></p> <p>Maximum 12 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that all licenced or registered schools have been inspected at least once per term and reports produced:</li> <li>o 100% - score 12</li> <li>o 90 to 99% - score 10</li> <li>o 80 to 89% - score 8</li> <li>o 70 to 79% - score 6</li> <li>o 60 to 69% - score 3</li> <li>o 50 to 59 % score 1</li> <li>o Below 50% score 0.</li> </ul>	<p>The evidence available in form of inspection reports was for 9 schools (Katuna P.C, Eden Preparatory, Mwendo, Abode Preparatory Orphan, Premier, Blessed Valley, Kigata modern, Child Care and Kigezi Bright Primary Schools) out of the 19 licensed and registered schools whose files were found in the DEO's office. Even then these schools were visited only once in three terms (since December 2017 to second term 2018)</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"> <li>• Evidence that the Education department has discussed school inspection reports and used reports to make recommendations for corrective actions during the previous FY: score 4</li> </ul>	<p>The evidence in relation to school inspection was for 9 schools, as explained in 7, but for the schools inspected, there were reports and recommendations for each of the schools</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"> <li>• Evidence that the LG Education department has submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports (MoES): Score 2</li> </ul>	<p>Evidence of submission of school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports (MoES) was not provided.</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"> <li>• Evidence that the inspection recommendations are followed- up: score 4.</li> </ul>	<p>No evidence was available for following up the recommendations for the schools that had evidence of inspection.</p>	<p>0</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"> <li>• Evidence that the LG has submitted accurate/consistent data: <ul style="list-style-type: none"> <li>o List of schools which are consistent with both EMIS reports and PBS: score 5</li> </ul> </li> </ul>	<p>The list of schools in the PBS was 112 primary schools, while the list that provided by the MoES had 124 out of which 19 were private schools and 105 government. Thus some discrepancy; this was however attributed to the posting of some schools which were found on the Rukiga District list which was created in the previous financial year.</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"> <li>• Enrolment data for all schools which is consistent with EMIS report and PBS: score 5</li> </ul>	<p>There lists submitted in the PBS had a slightly smaller number (47,632) compared to what was in the data obtained from the Ministry (48,830). There were no EMIS reports because the forms have not been shared by the MoES since 2016.</p>	<p>0</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"> <li>• Evidence that the council committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports etc. during the previous FY: score 2</li> </ul>	<p>Council Committee responsible for Community, Health and Education which met on the following days: 2/08/2017; 20/10/2017; where Repair of ceiling at kamuganguzi HCIII, Renovation of classrooms, PLE mock results, issues were discussed</p>	<p>2</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"> <li>• Evidence that the education sector committee has presented issues that require approval to Council: score 2</li> </ul>	<p>2/8/2017 from these minutes there is proof that the education sector committee presented issues that required approval of Council eg promotion of Headteachers, Renovation of classroom blocks and Performance in mocksexams</p>	<p>2</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 (estab- lished, meetings held, discussions of budget and resource issues and submission of reports to DEO/ MEO)</p> <ul style="list-style-type: none"> <li>• 100% schools: score 5</li> <li>• 80 to 99% schools: score 3</li> <li>• Below 80 % schools: score 0</li> </ul>	<p>The district had a reasonable functionality of SMCs, since from the sampled schools, only Kicumbi P.S didn't have minutes.</p>	<p>3</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"> <li>• Evidence that the LG has publicised all schools receiving non- wage recurrent grants e.g. through posting on public notice boards: score 3</li> </ul>	<p>There were lists on the District's main notice board and all sampled schools had the record of the funds received displayed on their staff room walls or head teachers' reception walls.</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"> <li>• 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</li> </ul>	<p>The education sector prepared and submitted their procurement plan to the Procurement Unit although it was received on July 18th 2018.</p>	<p>0</p>
<p>Financial management and reporting</p>			
<p>The LG Education department has certified and initiated payment for supplies on time</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3.</li> </ul>	<p>The LG education department certified and recommended payments to suppliers on time because the 17 sampled contracts (agreements) were paid for within 30 days stipulated in the contracts.</p>	<p>3</p>
<p>The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by 15th of July for consolidation: score 4</li> </ul>	<p>From the planner the assessment established that there was no evidence of submission of the annual performance report and other quarterly reports. However, the LG was using online reporting (PBS) and the planner was able to consolidate the quarter 4 by 29/8/2018. Therefore the annual performance report was submitted later than the stipulated date.</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"> <li>• Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year</li> <li>o If sector has no audit query score 4</li> <li>o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 2</li> <li>o If all queries are not responded to score 0</li> </ul>	<p>Education department had a number of audit queries in the fourth audit reports relating to roofing of a classroom block at Nyabitabo Primary School which was responded to by the DEO on 3rd August 2018 and was received by the IA office on 6th Aug 2018.</p>	<p>2</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"> <li>• Evidence that the LG Education department in consultation with the gender focal person has disseminated guidelines</li> <li>on how senior women/men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills, etc.: Score 2</li> </ul>	<p>No guidelines were available, and no record of dissemination was accessed.</p>	<p>0</p>

<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that LG Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools: score 2</li> </ul>	<p>There was no evidence provided</p>	<p>0</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the School Management Committee meets the guideline on gender composition: score 1</li> </ul>	<p>The Guidelines on gender composition for the SMCs says the committee should have at least 2 females on the team. All the schools adhered to this guideline: with Kicumbi and Rubira having 3 females while Mwisi and Kamuganguzi had 4 females</p>	<p>1</p>
<p>LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the LG Education department in collaboration with Environment department has issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education etc.): score 1:</li> </ul>	<p>No evidence was produced</p>	<p>0</p>



<p>LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<p>No evidence was produced</p>	<p>0</p>
<p>LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> <li>• The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 1</li> </ul>	<p>No evidence was produced</p>	<p>0</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"> <li>• More than 80% filled: score 8</li> <li>• 60 – 80% - score 4</li> <li>• Less than 60% filled: score 0</li> </ul>	<ul style="list-style-type: none"> <li>• Review of wage IPFs revealed that there are 320 positions of health worker with a wage bill provision for the year 2018/19</li> <li>• Review of the approved structure in the performance contract revealed that there are 320 established position of primary health workers filled.</li> <li>• Hence 100% of the structure for primary health workers with a wage bill provision from PHC wage for the current FY has been filled</li> </ul>	8
<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/request to HRM for the current FY, covering the vacant positions of primary health care workers: score 6</p>	<ul style="list-style-type: none"> <li>• There was a staff establishment and recruitment plan for the year 2018/19.</li> <li>• Review of the recruitment plan revealed that 253 vacant positions of primary health care workers had been included</li> <li>• There was a submission letter from the DHO to the Principle Human Resource officer dated and received by the HRM on the 10/03/2018</li> </ul>	6

<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"> <li>o 100%: score 8</li> <li>o 70 – 99%: score 4</li> <li>o Below 70%: score 0</li> </ul>	<ul style="list-style-type: none"> <li>• There are 2 Health Centre 4s in Kabale district with In-charges as follows:</li> </ul> <p>In-charge of Rubaya HC4 (Dr. Asimwe Fortunate) has appraisal report/agreement found in her personal file. It indicates that she was appraised by Mugula Jane on 30/06/2018.</p> <p>Maziba HC4 is headed by Dr. Tumwesigye Ronald as in-charge and was appraised by Mugisha Jameson on 30/6/2018.</p> <p>Therefore, both HC4 In-charges of Kabale district were appraised during FY 2017/18, which is 100%.</p>	8
<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"> <li>• 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</li> </ul>	<p>The number of midwives and enrolled nurses deployed at Buhara HC III (e.g. 2 enrolled midwives &amp; 1 enrolled nurse), Rubaya HC IV (e.g. 3 enrolled midwives &amp; 4 enrolled nurses), Kahungye HC II ( e.g. 2 enrolled nurses &amp; 1 enrolled midwife) and Kaharo HC III(e.g. 2 enrolled midwives &amp; 2 enrolled nurses) as counted on the health worker`s list on deployment are consistent with the Staff Lists submitted with the budget of 2018/19 (Generated on 26/07/2018 02:58)</p>	4
Monitoring and Supervision			
<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"> <li>• 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</li> </ul>	<p>There was no evidence (a communication letter) to indicate that the DHO communicated ALL of the following guidelines issued by the national level in the FY 2017/18:</p> <ol style="list-style-type: none"> <li>1. Ministry of Health Guidelines for Local Government Planning Process Health Sector Supplement – 2017</li> <li>2. Ministry of Health, Sector Grant and Budget Guidelines to Local Governments FY 2018/19</li> <li>3. Ministry of Health, Policy Strategies for Improving Health Service Delivery 2016-2021</li> </ol>	0

<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"> <li>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</li> </ul>	<p>No meeting minutes were provided to indicate that the DHO held meetings with health facility in-charges during the FY 2017/18 and among others explained the guidelines, policies, circulars issued by the national level (particularly those three highlighted above).</p>	<p>0</p>
<p>The LG Health Department has effectively provided support supervision to district health services</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that DHT/MHT has supervised 100% of HC IVs and district hospitals (including PNFPs receiving PHC grant) at least once in a quarter: score 3</p>	<p>DHT Integrated support supervision reports FY 2017/18) were presented (Q1 report dated 5/10/2017, Q2 report dated 12/12/2017, Q3 report dated 28/03/2018 &amp; Q4 report dated 19/06/2018. All reports indicated that 100% of HC IVs and district hospitals (including PNFPs receiving PHC grant), however review of health facility records (supervision log book) at Rugarama PNFP hospital revealed that it had been supervised only twice during the FY 2017/18 (on the 12/02/2018 and on the 19/06/2018)</p>	<p>0</p>
<p>The LG Health Department has effectively provided support supervision to district health services</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that DHT/MHT has ensured that HSD has supervised lower level health facilities within the previous FY:</p> <ul style="list-style-type: none"> <li>If 100% supervised: score 3</li> <li>80 - 99% of the health facilities: score 2</li> <li>60% - 79% of the health facilities: score 1</li> <li>Less than 60% of the health facilities: score 0</li> </ul>	<p>The DHT provided evidence (copies of support supervision reports by Ndorwa West and Ndorwa East HSDs) that indicated that less than 60% of lower level health facilities were supervised during the FY 2017/18</p> <p>Ndorwa East HSD (Q1 report dated 2/10/2017 indicated that only 12 HFs of 18 HFs were supervised that quarter, Q2 report dated 04/01/2018 indicates that all 18 HFs in the HSD were supervised, Q3 report dated 2/04/2018 did not indicate the number or names of HFs supervised &amp; Q4 report dated 30/06/2018 indicated that only 7 HFs of 18 HFs were supervised during that quarter.</p> <p>Ndorwa West HSD (Q1 report dated 9/10/2017 indicated that only 10 HFs were supervised that quarter, Q2 report dated 26/01/2018 indicates that 12 HFs were supervised, Q3 report dated 6/03/2018 indicates that 7 HFs were supervised &amp; Q4 report dated 10/06/2018 indicated that only 5 HFs were supervised during that quarter.</p>	<p>0</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"> <li>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</li> </ul>	<p>Meeting minutes for DHT meeting held on the 9/02/2018 titled "Quarterly monitoring &amp; Evaluation meeting" had no record of discussions of neither the DHT nor HSD Q1 and Q2 Integrated support supervision reports for FY 2017/18</p> <p>Meeting minutes for DHT meeting held on the 28/06/2018 had no record of discussions of neither the DHT nor HSD Q1, Q2, Q3 &amp; Q4 Integrated support supervision reports for FY 2017/18</p>	<p>0</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"> <li>Evidence that the recommendations are followed</li> <li>– up and specific activities undertaken for correction: score 6</li> </ul>	<p>There was no evidence that supervision reports were discussed, recommendations made and followed up with specific activities</p>	<p>0</p>

<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"> <li>• Evidence that the LG has submitted accurate/consistent data regarding: <ul style="list-style-type: none"> <li>o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10</li> </ul> </li> </ul>	<p>The lists of health facilities receiving PHC funding (in PBS) is consistent with the list received from MoH (health facilities reporting 2018/19). All 37 health facilities in PBS are also on the list from MOH.</p>	<p>10</p>
<p>Governance, oversight, transparency and accountability</p>			
<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the 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</li> </ul>	<p>Council Committee responsible for health met on : 2/8/2017, 20/10/2017; where supervision of Health facilities; monitoring reports were discussed</p>	<p>2</p>
<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> <li>• Evidence that the health sector committee has presented issues that require approval to Council: score 2</li> </ul>	<p>From the minutes dated 20/10/2017; work plans, supervision of Health facilities programmes; monitoring reports were discussed</p>	<p>2</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"> <li>• If 100% of randomly sampled facilities: score 6</li> <li>• If 80-99 %: score 4</li> <li>• If 70-79: %: score 2</li> <li>• If less than 70%: score 0</li> </ul>	<p>HUMCs were not fully functional as none held the four mandatory HUMC meetings. This was due to the fact that during quarter 1 none of the MUMCs were constituted.</p> <p>The DHO provided evidence that revealed that new HUMC members were appointed by the district council meeting that sat on 28th August 2017 under minute No. COU 08/2017(6). There was evidence of a communication letters from the CAO to each members of the respective HUMCs dated either 8th or 9th November 2017</p>	<p>0</p>
<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"> <li>• Evidence that the LG has publicised all health facilities receiving PHC non- wage recurrent grants e.g. through posting on public notice boards: score 4</li> </ul>	<p>There was a posting on the public notice board at the DHOs office of a list of all health facilities receiving PHC non-wage recurrent grants. The amount received by each Health facility was also indicated</p>	<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"> <li>• 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</li> </ul>	<p>The DHO provided a procurement plan prepared by the DHO and received by the Head of PDU on the 26th April 2018</p>	<p>2</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"> <li>Evidence that LG Health department submitted procurement request form (Form PP5) to the PDU by 1st Quarter of the current FY: score 2.</li> </ul>	<p>There was a copy of form PP1 (Subject of procurement – Fuel for PHC non-wage quarter one activities) was submitted by health department to the PDU. It is confirmed by DHO on the 16th August 2017 and was signed for confirmation of funding by the CAO on the same day.</p>	<p>2</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"> <li>Evidence that the DHO/ MHO (as per contract) certified and recommended suppliers timely for payment: score 4.</li> </ul>	<p>The DHO certified and recommended payments to suppliers on time because the sampled 5 contracts certified and recommended suppliers within 30 days as per the contracts.</p>	<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"> <li>Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 4</li> </ul>	<p>From the planner the assessment established that there was no evidence of submission of the annual performance report and other quarterly reports. However, the LG was using online reporting (PBS) and the planner was able to consolidate the quarter 4 by 29/8/2018. Therefore the annual performance report was submitted later than the stipulated date.</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"> <li>• If sector has no audit query: Score 4</li> <li>• If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: Score 2 points</li> <li>• If all queries are not responded to Score 0</li> </ul>	<ul style="list-style-type: none"> <li>• The LG health department did not have any audit findings in the financial year 2017/18 from internal audit.</li> </ul>	<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"> <li>• Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines (i.e. minimum 30 % women: score 2</li> </ul>	<p>All Health Unit Management Committees (HUMCs) at the sampled health facilities met the gender composition as per guidelines (i.e. minimum of 30% females on the HUMC).</p> <p>Kasheregyenyi HC II (2 female &amp; 3 male)</p> <p>Buhara HC III (3 female &amp; 4 male)</p> <p>Rubaya HC IV (3 female &amp; 6 male)</p> <p>Kahungye HC II (2 female &amp; 3 male)</p> <p>Kaharo HC III (3 female &amp; 4 male)</p>	<p>2</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"> <li>Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2.</li> </ul>	<p>There was no evidence LGs had issued guidelines on how to manage sanitation in health facilities (No communication letter from the LG was provided). None of the visited HFs had guidelines on how to manage sanitation in health facilities</p>	<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"> <li>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</li> </ul>	<p>There was no provision for PHC development for Kabale district during the FY 2017/18, so the health department did not implement any health facility infrastructure projects that year - hence no evidence to indicated that health facility infrastructure projects are screened before approval for construction using the checklist for screening of projects and that risk mitigation plans are developed.</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"> <li>The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 2</li> </ul>	<p>No site visit reports by the district EO or CDO were availed as no health facility infrastructure projects during FY 2017/18 were implemented by the health department</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"> <li>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.</li> </ul>	<p>All HFs visited (Kasheregyenyi HC II, Buhara HC III, Rubaya HC IV, Kahungye HC II &amp; Kaharo HC III) had a chart on medical waste management guidelines pinned in either the labor ward, laboratory or treatment room</p>	<p>4</p>
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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"> <li>• 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"> <li>o If 100 % of the budget allocation for the current FY is allocated to S/Cs below average coverage: score 10</li> <li>o If 80-99%: Score 7</li> <li>o If 60-79: Score 4</li> <li>o If below 60 %: Score 0</li> </ul> </li> </ul>	<p>Data from MIS reports at the Ministry of Water and Environment indicated that the average safe water coverage for Kabale District for FY 2017/18 was 91% The Sub-county with safe water coverage below the District average was Butanda at 68%</p> <p>From the Annual Work plans and PBS for FY 18/19, out of the total Sector Development Grant of UGX 454,508,372/=, the budget allocation to Butanda Sub-county was UGX 207,547,758/=; representing 46% of the total Sector Development Grant.</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"> <li>• 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.</li> <li>o If 100 % of the water projects are implemented in the targeted S/Cs: Score 15</li> <li>o If 80-99%: Score 10</li> <li>o If 60-79: Score 5</li> <li>o If below 60 %: Score 0</li> </ul>	<p>The review of the annual progress report for FY 2017/18 prepared by the District Water Office revealed that the following projects were implemented:</p> <ul style="list-style-type: none"> <li>• Construction of Nyarungwe Gravity Flow Scheme in Kyanamira Sub-county.</li> <li>• Completion of Nyombe Gravity Flow Scheme in Butanda Sub-county.</li> <li>• Rehabilitation of Rwengororo Gravity Flow Scheme in Kyanamira Sub-county</li> <li>• Construction of one 5-stance lined VIP latrine at Karehe Rural Growth Centre in Kaharu Sub-county</li> <li>• Design of Nyangorogoro Gravity Flow Scheme.</li> </ul> <p>Out of the above projects, the Butanda Sub-county which had safe water coverage below the District Coverage, benefited only from the completion of Nyombe Gravity Flow Scheme which had a share of about 12% of the water projects Capital Development Expenditure.</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"> <li>• If more than 95% of the WSS facilities monitored: score 15</li> <li>• 80% - 95% of the WSS facilities - monitored: score 10</li> <li>• 70 - 79%: score 7</li> <li>• 60% - 69% monitored: score 5</li> <li>• 50% - 59%: score 3</li> <li>• Less than 50% of WSS facilities monitored: score 0</li> </ul>	<p>The review of the annual progress report revealed that the District Water Department rehabilitated Rwengororo and Nyarungwe Gravity Flow Schemes in Kyanamira Sub-county, prepared designs for Nyangorogoro Gravity Flow Scheme in Kitumba Sub-county and constructed one 2 – stance VIP latrine at Karehe Rural Growth Centre in Kaharu Sub-county. The availed inspection reports clearly indicated that all the new projects were regularly supervised and monitored. Data from MIS reports at the Ministry of Water and Environment indicated that there were functional 539 No. protected springs, 4 No. shallow well 13 No. deep boreholes, 194 Rain Harvesting Tanks and 904 Public Tap-stands. Monitoring reports on the files showed that about 270 water supply points were monitoring and supervision every Quarter during the FY 2017/18. It is estimated that about 1,080 out of 1,654 functional water supply points were monitored and supervised which represented about 65%.</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"> <li>• Evidence that the district has submitted accurate/consistent data for the current FY: Score 5</li> <li>• List of water facility which are consistent in both sector MIS reports and PBS: score 5</li> </ul>	<p>The District Water Office submitted FORM 1 (Collection Form for Point Water Sources) and FORM 4 (Source Functionality, Management and Gender) to the Ministry of Water and Environment for capture in the MIS on 13th April 2018 and 14th August 2018 respectively. The list of water facilities reported in PBS and were consistent with the MIS records at the Ministry of Water and Environment which included:</p> <ul style="list-style-type: none"> <li>• Construction of one Gravity Flow Scheme.</li> <li>• Completion of one Gravity Flow Scheme.</li> <li>• Rehabilitation of one Gravity Flow Scheme,</li> <li>• Construction of one 5-stance lined VIP latrine.</li> <li>• Design of one Gravity Flow Scheme.</li> </ul>	<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"> <li>List of water facility which are consistent in both sector MIS reports and PBS: score 5</li> </ul>	<p>List of water facilities indicated in the Ministry of Water and Environment MIS reports were consistent with those in PBS as follows:</p> <ul style="list-style-type: none"> <li>Construction of one Gravity Flow Scheme.</li> <li>Completion of one Gravity Flow Scheme.</li> <li>Rehabilitation of one Gravity Flow Scheme,</li> <li>Construction of one 5-stance lined VIP latrine.</li> <li>Design of one Gravity Flow Scheme.</li> </ul>	5
Procurement and contract management			
<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>The sector submitted in put for the District Procurement Plan to PDU that cover all investment items in the approved Sector annual work plan and budget on 30th April 2018.</p>	4
<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"> <li>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</li> </ul>	<p>The Chief Administration Officer appointed the District Water Officer as Contract Manager. Contract Management Plans were made available and site visits were conducted by the Contract Manager to supervise the rehabilitation of Rwengororo Gravity Flow Scheme Procurement Reference KABA 512/WRKS/2017 – 2018/ 00017 on 13th July 2017, supervise the construction of Nyarungwe GFS, in Kyanamira Sub-county Procurement Reference KABA 512/WRKS/2017 – 2018/ 00013 on 12th July 2018, inspection of the construction of the two stance VIP Latrine at Mukokye-Rwanda Boarder in maziba Sub-county Procurement Reference KABA 512/WRKS/2017 – 2018/ 00012 on 18th June 2018.</p>	2

<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"> <li>If water and sanitation facilities constructed as per design(s): score 2</li> </ul>	<p>Detailed designs for Nyarungwe Gravity Flow Scheme were approved by the Ministry of Water and Environment on 30th April 2018. The simpler point source designs were approved by the District Engineer. Approved Designs for the Water and Sanitation facilities were availed to the Assessor and construction progress reports were reviewed. The Assessor also inspected the Nyakiira Gravity Flow Scheme in Buhara Sub-county, Nyombe Gravity Flow Scheme in Butanda Sub-county, Rwengororo Gravity Flow Scheme in Kyanamira Sub-county, 2-Stance VIP Latrine at Karehe Rural Growth Centre in Kaharu Sub-county and 2-Stance VIP Latrine at Mukokye Rural Growth Centre in Maziba Sub-county and found all of them functioning satisfactorily as per engineering designs.</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"> <li>If contractor handed over all completed WSS facilities: score 2</li> </ul>	<p>Certificates of Practical Completion and Handover Reports were prepared, certified and filed appropriately. E.g. Under Procurement Reference No. KABA 512/WRKS/2016 – 2017/00015 for the construction of Nyakeina Gravity Flow Scheme in Buhara Sub-county Certificate of Practical Completion was signed by all parties on 29th June 2018 and Under Procurement Reference No. KABA 512/WRKS/2017 – 2018/00012 for the construction of 2-Stance VIP Latrine at Karehe RGC in Kaharu Sub-county Certificate of Practical Completion was signed by all parties on 26th June 2018</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"> <li>If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2</li> </ul>	<p>Sampled Interim Payment Certificates showed that the District Water Officer had duly certified the Interim Payment Certificates. E.g. Under Procurement Reference No. KABA 512/WRKS/2016 – 2017/00015 for the construction of Nyakeina Gravity Flow Scheme in Buhara Sub-county, Payment Certificate No.2 was duly certified by the District Water Officer on 20th June 2018.. Under Procurement Reference Nyarungwe GFS, in Kyanamira Sub-county Procurement Reference KABA 512/WRKS/2017 – 2018/ 00013 Payment Certificate No.1 was duly certified by the District Water Officer on 22nd June 2018. Under Procurement Reference No. KABA 512/WRKS/2017 – 2018/00012 for the construction of 2-Stance VIP Latrine at Karehe RGC in Kaharu Sub-county, Payment Certificate No.1 was duly certified by the District Water Officer on 20th June 2018.</p> <p>Projection Completion Reports were prepared, certified and filed appropriately.</p>	<p>2</p>



<p>The district Water department has certified and initiated payment for works and supplies on time</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points</li> </ul>	<ul style="list-style-type: none"> <li>The LG Water department certified and recommended payments to suppliers on time as provided for the contracts</li> <li>A sample of 12 payment vouchers and contracts showed that all payments were certified and paid within a maximum of 30 days provided for in the contract.</li> </ul>	<p>3</p>
<p>Financial management and reporting</p>			
<p>The district Water department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> <li>Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 5</li> </ul>	<p>The District Water Department submitted to the District Planner the annual performance report for the FY 2017/18 on 26th July 2018. The Quarter 1 performance report was submitted on 10th November 2017, the Quarter 2 performance report was submitted on 19th March 2018, Quarter 3 performance report was submitted on 14th May 2018 and Quarter 4 including annual performance report was submitted on 26th July 2018. Therefore the annual performance report was submitted later than the stipulated date.</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"> <li>• Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year</li> <li>o If sector has no audit query score 5</li> <li>o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 3</li> <li>If queries are not responded to score 0</li> </ul>	<p>The LG Water department did not have any internal audit findings for the FY 2017/18.</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"> <li>Evidence that the council committee responsible for water met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports and submissions from the District Water and Sanitation Coordination Committee (DWSCC) etc. during the previous FY: score 3</li> </ul>	<p>The Kabale District Water and Sanitation Coordination Committee held meetings on 3rd November 2017, 15th December 2017, 6th April 2018 and 12th June 2018 to discuss water supply and sanitation issues and prepared submissions to Standing Committee for Works and Technical Services which held meetings on 8th August 2017, 19th October 2017, 27th June 2018, 13th December 2017 and considered among others matters, the report from the Water and Sanitation Coordination Committee.</p>	<p>3</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"> <li>Evidence that the water sector committee has presented issues that require approval to Council: score 3</li> </ul>	<p>The Kabale District Council meetings were held on 28th August 2017, 9th November 2017, 21st December 2017, 29th March 2018 and 26th June 2018 where the Standing Committee for Works and Technical Services presented reports containing among others water and sanitation issues that required approval from Council.</p>	<p>3</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"> <li>The AWP, budget and the Water Development grant releases and expenditures have been displayed on the district notice boards as per the PPDA Act and discussed at advocacy meetings: score 2.</li> </ul>	<p>The was evidence that the AWP, budget and the Water Development grant releases and expenditures were clearly displayed on the District notice boards as per the PPDA Act. There was no evidence in form of minutes that advocacy meetings were held.</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"> <li>All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2</li> </ul>	<p>The water supply projects which were sampled on 12th and 13th September 2018 were the Nyakiira Gravity Flow Scheme in Buhara Sub-county, Nyombe Gravity Flow Scheme in Butanda Sub-county, Rwengororo Gravity Flow Scheme in Kyanamira Sub-county, 2-Stance VIP Latrine at Karehe Rural Growth Centre in Kaharu Sub-county and 2-Stance VIP Latrine at Mukokye Rural Growth Centre in Maziba Sub-county. All the above projects were clearly labeled indicating the name of the project, date of construction, the contractor and source of funding.</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"> <li>Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2</li> </ul>	<p>Information on tenders and contract awards (indicating contractor name /contract and contract sum) were displayed on the District Notice Boards.</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"> <li>If communities apply for water/ public sanitation facilities as per the sector critical requirements (including community contributions) for the current FY: score 1</li> </ul>	<p>Application letters from communities for water supply facilities together with the minutes of the meetings held by communities were submitted to the District Water Office for action and were properly filed. E.g. application letter from the Nyarungwe community for the construction of a Gravity Flow Scheme was dated 16th February 2017 and application letter from Karehe community for the construction 2-stance VIP lined latrine was dated 17th May 2017.</p>	<p>1</p>
<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> <li>Water and Sanitation Committees that are functioning evidenced by either: i) collection of O&amp;M funds, ii) carrying out preventive maintenance and minor repairs, iii) facility fenced/protected, or iv) they an M&amp;E plan for the previous FY: score 2</li> </ul> <p>Note: One of parameters above is sufficient for the score.</p>	<p>There was evidence that O &amp; M funds were being collected by Water and Sanitation Committees and the sampled water supply facilities were properly maintained and functioning satisfactorily. Quarterly reports from Extension staff on functionality of Water User Committees and software activities implemented were available on files. Communities being served gravity flow schemes were charged UGX 1,000/= per household. E.g. for Rwengororo Gravity Flow Scheme, a Bank Statement from DFCU Bank dated 14th August 2008 was presented showing all the financial transactions conducted by the Water and Sanitation Committee in O &amp; M of the water supply scheme.</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"> <li>Evidence that environmental screening (as per templates) for all projects and EIAs (where required) conducted for all WSS projects and reports are in place: score 2</li> </ul>	<p>One environment screening report for the rehabilitation of Ndeego Gravity Flow Scheme in Kashaasha Parish Ikumba Sub-county was submitted on 13th July 2018. There was no evidence that the rest of the projects implemented had been subjected to environmental screening.</p>	<p>0</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"> <li>Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1</li> </ul>	<p>Since all projects were not initially subjected to environmental screening, environmental concerns could not be ascertained.</p>	<p>0</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"> <li>Evidence that construction and supervision contracts have clause on environmental protection: score 1</li> </ul>	<p>Sampled construction and supervision contracts for the implementation of Nyakiira Gravity Flow Scheme in Buhara Sub-county, Nyombe Gravity Flow Scheme in Butanda Sub-county, Rwengororo Gravity Flow Scheme in Kyanamira Sub-county, 2-Stance VIP Latrine at Karehe Rural Growth Centre in Kaharu Sub-county and 2-Stance VIP Latrine at Mukokye Rural Growth Centre in Maziba Sub-county. did not have any clauses on environmental protection.</p>	<p>0</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"> <li>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</li> </ul>	<p>Review of information contained in FORM 4 (Source Functionality, Management &amp; Gender) and the Annual Progress Reports revealed that at least 50% WSCs are women and at least one occupied a key position (chairperson, secretary or treasurer) as per the sector critical requirements. During the site visits, it was found out that the Water and Sanitation Committee for the Akebishuba Tap-stand comprised of 7 No. members of which 4 were women and 3 were men. The post of Treasurer was held by a woman.and the Water and Sanitation Committee for the Karehe public 2 stance VIP Latrine comprised of 7 No. members of which 3 were women and 4 were men. The woman was holding the post of the chairperson.</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"> <li>• If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3</li> </ul>	<p>The existing two public sanitation facilities at Karehe Rural Growth Centre in Kaharu Sub-county and Mukokye Rural Growth Centre at Maziba Sub-county which were inspected on 13th September 2018 were found not marked to give direction as to which stances were for men, women and PWDs.</p>	<p>0</p>
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