



Local Government Performance Assessment

Katakwi District

(Vote Code: 522)

Assessment	Scores
Accountability Requirements	67%
Crosscutting Performance Measures	52%
Educational Performance Measures	45%
Health Performance Measures	70%
Water Performance Measures	58%

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 PFMA and LG Budget guidelines for the coming financial year.</p>	<ul style="list-style-type: none"> • From MoFPED's inventory/schedule of LG submissions of performance contracts, check dates of submission and issuance of receipts and: <ul style="list-style-type: none"> o If LG submitted before or by due date, then state 'compliant' o If LG had not submitted or submitted later than the due date, state 'non-compliant' • From the Uganda budget website: www.budget.go.ug, check and compare recorded date therein with date of LG submission to confirm. 	<p>Katakwi district was compliant with the submission requirements for the Performance Contract for the forthcoming year. A hard copy of an approved (by the CAO and District Chairperson) Performance Contract document was available at the District Planning Department. The date of submission on line to the MoFPED was the 31st of July 2018. This information was verified against the MoFPED inventory/schedule of LG submissions of performance contracts and was found to be consistent (date of receipt of online submission-31/07/18).</p>	Yes
Supporting Documents for the Budget required as per the PFMA are submitted and available			

<p>LG has submitted a Budget that includes a Procurement Plan for the forthcoming FY by 30th June (LG PPDA Regulations, 2006).</p>	<ul style="list-style-type: none"> • From MoFPED's inventory of LG budget submissions, check whether: <ul style="list-style-type: none"> o The LG budget is accompanied by a Procurement Plan or not. If a LG submission includes a Procurement Plan, the LG is compliant; otherwise it is not compliant. 	<p>Katakwi district was compliant with the budget submission requirements as per LG PPDA Regulations, 2006. Reviewed evidence by the assessor, at the Katakwi District Planning Department (in form of approved hard copies of the annual budget) and verified evidence at the MoFPED inventory of LG budget submissions confirmed that the budget inclusive of a Procurement Plan was submitted online and received at MoFPED on the 31st of July 2017 and approved on the 2nd of August 2018.</p>	<p>Yes</p>
<p>Reporting: submission of annual and quarterly budget performance reports</p>			
<p>LG has submitted the annual performance report for the previous FY on or before 31st July (as per LG Budget Preparation Guidelines for coming FY; PFMA Act, 2015)</p>	<p>From MoFPED's official record/inventory of LG submission of annual performance report submitted to MoFPED, check the date MoFPED received the annual performance report:</p> <ul style="list-style-type: none"> • If LG submitted report to MoFPED in time, then it is compliant • If LG submitted late or did not submit, then it is not compliant 	<p>Katakwi district was not compliant with the LG Budget Preparation Guidelines as per PFMA Act, 2015 in respect of submission of the quarterly and annual performance reports for the previous FY. While the first, second and third quarterly reports were submitted on time (on the 9/02/18, 4/04/18 and 17/07/18 respectively) The 4th Quarter Performance Report (that captures cumulative summarised achievements against the planned activities with associated budgets) was submitted late on the 29th of August 2018 (which was outside the deadline of 31st July 2018) hence not being compliant with the requirements.</p> <p>Reasons for the delay in submission were attributed to the challenges associated with the newly introduced PBS system and the delays in realising the Q 4 IPFs.</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"> • If LG submitted all four reports to MoFPED of the previous FY by July 31, then it is compliant (timely submission of each quarterly report, is not an accountability requirement, but by end of the FY, all quarterly reports should be available). • If LG submitted late or did not submit at all, then it is not compliant. 	<p>Katakwi district was not compliant with the budget submission requirements as per PFMA Act, 2015.</p> <p>Whereas the Budget Performance Reports for Quarter 1, 2, &3 had all been submitted to MoFPED by the 31st of July 2018, and duly received at MoFPED as evidenced by the reports submission status schedule generated at MoFPED (as an extract from the MoFPED's official record/ inventory of LG submission of quarterly reports) , the 4th Quarter Budget Performance Report was submitted late on the 29th of August 2018. The District Planning unit mentioned challenges associated with the PBS system as the major cause for the delayed submission.</p>	<p>No</p>
<p>Audit</p>			

<p>The LG has provided information to the PS/ST on the status of implementation of Internal Auditor General and the Auditor General's findings for the previous financial year by end of February (PFMA s. 11 2g). This statement includes actions against all findings where the Internal Auditor and the Auditor General recommended the Accounting Officer to take action in lines with applicable laws.</p>	<p>From MoFPED's Inventory/record of LG submissions of statements entitled "Actions to Address Internal Auditor General's findings",</p> <p>Check:</p> <ul style="list-style-type: none"> • If LG submitted a 'Response' (and provide details), then it is compliant • If LG did not submit a 'response', then it is non-compliant • If there is a response for all – LG is compliant • If there are partial or not all issues responded to – LG is not compliant. 	<p>Katakwi District submitted responses to the status of the implementation of internal audit findings to MoFPED on 26/03/2018 and the Internal Auditor received them on 27/03/2018 as per the stamps appended.</p>	<p>Yes</p>
<p>The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer.</p>		<p>From the Auditor General's report the LG has unqualified report indicating that it is compliant,</p>	<p>Yes</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Planning, budgeting and execution			
<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<p>Evidence that a district/ municipality has:</p> <ul style="list-style-type: none"> • A functional Physical Planning Committee in place that considers new investments on time: score 1. 	<p>Katakwi district has a functional Physical Planning Committee that considers new investments. This was evidenced by the appointment letters issued by the CAO on the 28/08/17 to 10 members of the committee including the CAO (as chairperson), the District Physical Planner (as Secretary), the District Community Development Officer, Water Engineer, Agricultural Officer, District Education Officer, and Environment Officer, District Health Officer, District Engineer, and Town Clerk as members.</p> <p>The Committee met four times in the previous FY on 5/03/17, 7/09/17, 14/12/17, and 23/04/18 to consider new investments . Minutes for the four meetings were available in the file (that was opened on 1/3/2012, Ref. no. CR/214/44) of " Minutes of Meetings of the Physical Planning Committee" in the, office of the District Physical Planner.</p>	1
<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that district/ MLG has submitted at least 4 sets of minutes of Physical Planning Committee to the MoLHUD score 1. 	<p>Katakwi District Physical Planning Committee did not share minutes of the committee meetings held during the previous FY (held on 15/03/17, 7/09/17, 14/12/17, and 23/04/18) with the Ministry of Lands, Housing, Lands and Urban Development (MLHUD). Information collected by the Assessor from the MLHUD Physical Planning Directorate on the 29/08/18 which included a review of the " Minutes Submission Record Book": indicated that Katakwi district did not share any minutes with the ministry during the previous FY.</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"> • All infrastructure investments are consistent with the approved Physical Development Plan: score 1 or else 0 	<p>Katakwi District has not yet developed a Physical Development Plan, therefore consistency of infrastructure investments could not be verified against any Physical Plan.</p> <p>Information collected from the Ministry of Lands and Urban Development as part of the national data collection by the assessment team on the 29th August 2018 confirmed that Katakwi district has not yet developed and submitted a Physical Development Plan for approval by the ministry. (ref. Physical Development Planning status-Physical Planning Dept. MLHUD 2018.</p> <p>Reasons for failure by the district to develop a Physical Development Plan as mentioned by the District Planner, included inadequate budgetary allocations to the Physical Planning Unit to enable it produce Physical Development Plans for various locations.</p> <p>Recommendation: Government should consider allocation a special grant to DLGs to enable them develop district Physical Development plans as it is a costly venture. The meagre budgetary allocations through central DDEG grants are not adequate to fund activities of Physical development planning.</p>	<p>0</p>
<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> • Action area plan prepared for the previous FY: score 1 or else 0 	<p>No Area Action Plans were prepared during the previous FY. The district has however, embarked on the process of developing Area action Plans for Toroma Town board.</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 Katakwi districts annual work plan for the current FY were based on outcomes of budget conferences. A review of minutes of the budget conference held on 21/11/2017 and the budget conference report revealed that priorities (with project profiles) presented by the various departments were the same priorities contained in the approved ((by Council on the 3/05/2018) Annual Work Plan for the current year. Project profiles were duly discussed by the TPC on the 7/03/2018 as per minute extract 5/03/2018. Some of the key Projects (with profiles developed) discussed at the budget conference and were included in the AWP included the following:

- Construction of Classrooms
- construction of Council Chambers
- Road construction and maintenance
- Bore hole Drilling and Rehabilitation.
- Renovations and remodelling works at Katakwi hospital

Budgets conferences reports such as the one held on 21/11/2017 discussed priorities presented by the various council sector committees. Project profiles were discussed at the TPC meeting held on the 7/3/2018 as per minute extract 5/03/2018.

<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the capital investments in the approved Annual work plan for the current FY are derived from the approved five-year development plan. If differences appear, a justification has to be provided and evidence provided that it was approved by the Council. Score 1. 	<p>Katakwi district has an approved Five Year Development Plan covering the period from 2015/16 to 2019/20 that was approved by the district Council on the 21st of May 2015 under minute extract 07/20/1/CL/2015.</p> <p>The capital investments stated in the Five Year Development Plan including construction of classrooms, drilling of bore holes, renovation and remodelling of Katakwi district hospital, construction of Council Chambers, road construction and maintenance among others were all projected in the Five Year Development Plan.</p>	<p>1</p>
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<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> • Project profiles have been developed and discussed by TPC for all investments in the AWP as per LG Planning guideline: score 2. 	<p>Project Profiles were developed and discussed at the TPC meeting that sat on the 7/03/2018. A review of the minutes confirmed that the Project Profiles of all investment projects in the annual work plan including but not limited to construction of primary schools, Council Chambers, road maintenance and construction, bore hole sinking and rehabilitation, rehabilitation and remodelling of Katakwi hospital were duly discussed at the TPC meeting held on the 7/3/2018 as per minute extract 5/03/2018.</p>	<p>2</p>
<p>Annual statistical abstract developed and applied</p> <p>Maximum 1 point on this performance measure</p>	<ul style="list-style-type: none"> • Annual statistical abstract, with gender-disaggregated data has been compiled and presented to the TPC to support budget allocation and decision-making- maximum score 1. 	<p>Statistical Abstracts were not presented to the TPC to support budget allocation. While the statistical abstracts were developed ((Statistical abstract booklet for 2018/19 duly signed by CAO and District LCV Chairperson available in the District Planners office) There was no evidence in the TPC minutes (ref: TPC minutes of meeting held on the 5/03/2018) to confirm that the statistical abstracts were presented to the TPC to support budget allocation and decision making.</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"> • Evidence that all infrastructure projects implemented by the LG in the previous FY were derived from the annual work plan and budget approved by the LG Council: score 2 	<p>Verified evidence that included a review of all infrastructure projects included in the AWP of the previous year (including but not limited to : renovation of council chambers, construction of a rice mill, renovation of a maternity ward, construction of classroom blocks, construction of latrines, construction of roads, sinking of boreholes, piped water supply) as reflected in the approved Performance Contract as at 31/07/2018, were duly included in the approved annual work plan approved by Council on the 30/05/2018 as per minute extract no: 07/03/05/CL/208.</p>	<p>2</p>
<p>Investment activities in the previous FY were implemented as per AWP.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY. o 100%: score 4 o 80-99%: score 2 o Below 80%: 0 	<p>Ten (10) out of the 11 planned investment projects in the previous FY work plan were implemented to completion level as envisaged in the work plan by the end of the FY. This constituted a completion level of 89% as reflected in an extract from the Annual Work Plan at the district planner's office that indicates the completion status of each project. Incomplete projects included 2 bore holes out of the planned 5. A review of the 4th Quarter performance report and the final accounts at the end of the FY indicated that payment for all the projects had been cleared except for the renovation works at Katakwi hospital. The completion status was also supported by a number of certificates of completion, work completion reports and audit reports.</p>	<p>2</p>

<p>The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that all investment projects in the previous FY were completed within approved budget – Max. 15% plus or minus of original budget: score 2 	<p>All investment projects were completed within the approved budget range of 15% plus or minus. This was verified through a comparison of the budgeted amounts as reflected in the approved work plans and budget for 2017/18 against the approved contract sum for each project as reflected on the contract documents signed between the district and the contractors and the final accounts for the previous FY. Examples of investment projects reviewed included:</p> <ul style="list-style-type: none"> - Construction of a washing slab, waiting shed, latrine etc. at Katakwi hospital (Budget amount was 120 million shillings, while the contract sum was 126.25 million shillings, constituting a percentage variance of 5%, - Construction of 2 class room blocks at Kokorio Ps- Budgeted amount: 80 million shillings, Contract sum 79 million shillings with a -ve % variance of 1% -Renovation of female wing and maternity ward at Katakwi hospital . Budgeted amount was 180 million shillings, while the contract sum was 183 million shillings constituting a %age variance of 2%. <p>A review of the budget performance report for Quarter 4 (end of FY accounts) also revealed that all projects were completed within the approved budget , maximum 15% plus or minus.</p>	<p>2</p>
<p>The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG has budgeted and spent at least 80% of the O&M budget for infrastructure in the previous FY: score 2 	<p>The O&M budget for infrastructure projects spent at the close of the previous FY was 84 percent. Analysis was made by the District Planner and the Finance staff of the Operations and Maintenance budget lines of all the departments' infrastructure projects and assets (excluding water and road projects) in the approved work plans and budgets of FY 2017/18. A comparison was made with the budgeted amounts against the actual expenditure as at the end of the financial year as reflected in the final accounts (ref: Extract from Finance dept of the O&M expenditure as at 30th June 2018). The overall expenditure on O&M was deemed to be 84% of the budgeted amount (i.e total budget for O& M was 22 million shillings while total expenditure was 18 million shillings by end of the FY).</p>	<p>2</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

The LG has 11 HoDs in its approved structures ; 7 of these are substantively filled while 4 not substantively filled. The four positions that are not substantively filled are:

o Natural Resources officer; it was reported that the position was advertised but did not attract qualified candidates because candidates with 3 years of experience at principal level in a natural resources management environment were not easy to find.

o Principal Human Resource Officer – DSC

o District Engineer ; this position was advertised 3 times for filling but was not filled mainly because of the candidates had not registered with the engineering registration board

The details of sampled HoDs are indicated below:

- Dr. Ichumar Simon Peter District Health Officer Appointed as the DHO under DSC minute No. 36/2017.

- Oriongan Faustine Head of Internal Audit Appointed as Senior Finance officer under Minute DSC Minute No. 45/2017. The officer was assigned by the CAO to the position of Acting Head of Internal Audit in a letter ref No: CR/161/1 by the Ag. CAO

- Ongom Benard Silver District Production and Marketing Officer assigned on promotion from position of senior agriculture officer on 1st August 2006 by the CAO to position of Acting District Production and Marketing Officer letter Ref No. CR/156/1

- Atim Angella District Education Officer Appointed on promotion under DSC Minute No: 23/KDSC/2017 on 23rd Feb 2017

- Tino Christine District community Development officer Appointed on probation under DSC Minute No: 130/2018 (2) on 30th/5/2018.

- Aleli Martin Ag. Head of Natural Resource Appointed as a Physical planner under DSC Minute 10/2010

- Echatu Andrew Ag. District Engineer Appointed as a superintendent of works under DSC minute No: 75/2017 (1).

<p>LG has substantively recruited and appraised all Heads of Departments</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that HoDs have been appraised as per guidelines issued by MoPS during the previous FY: score 2 	<p>Review of personal files and appraisal files of the HoDs both substantive and those in acting position revealed the following findings:</p> <ul style="list-style-type: none"> - Health Ichumar Simon Not Appraised - Education Atim Angella Not Appraised - Production Ongom B Silver Not Appraised - Finance Eyomu Raymond Performance report seen but not signed - Internal Audit Oriongan Faustine Not appraised. - Natural Resources Aleli Martin Not appraised - Clerk to Council Esidai Simon Peter Appraised as a records officer - Works Echatu Andrew An un signed performance report seen <p>The reasons given for not doing the performance appraisal were that:</p> <p>The staff have not appreciated the benefits of performance appraisal. Even when they are appraised there no incentives and sanctions attached to the appraisal. They have reached HoD positions at the top of the bar so they do not expect promotion or monetary incentives. They thus perceive the whole process as a bother.</p> <p>Yet the appraisals are useful in helping setting targets defining the outputs in relation to the budget. Without performance assessment it difficult to measure attainment of outputs.</p>	<p>0</p>
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<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of staff submitted for recruitment have been considered: score 2 	<p>Reviewed the register of submissions and declaration of vacancies (file ref No. CR/156/1) from the CAOs office to the DSC. Findings from the review revealed that:</p> <ul style="list-style-type: none"> • Overall 54 for staff position were submitted on letter dated 22nd January 2018 Ref NO: CR:156/1 • The commission met from 21st to 22nd March 2018 and shortlisted candidates under DSC minute No: 117/2018 for all the vacancies (100%) as per the vacancy declaration form submitted by CAO. • Between 14th to 23rd May 2018 the DSC interviewed the candidates that had expressed interest. The Minute of appointment of the successful candidates is 130/2018. 	<p>2</p>
<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for confirmation have been considered: score 1 	<p>Reviewed the register of submissions from the CAOs office to the DSC. Findings from the review revealed that:</p> <p>Of the 23 staff submitted for confirmation in 2017/18 only 12 staff (52%) were considered in 2017/18. 11 of the 23 were considered in 2018/19. For example:</p> <ul style="list-style-type: none"> - Akol Joyce Mary submitted on 8/5/18 Minute 145/2018 (19) 31st July 2018 - Amujal Esther submitted on 8/5/18 Minute 145/2018 (14) 31st July 2018 <p>The reason provided for failure to confirm all staff due for confirmation submitted to the DSC was reportedly insufficient funds availed to the DSC. It was reported that the DSC gets 15,000,000 for the whole financial year and is only able to sit once a quarter.</p>	<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"> • Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1 	<p>In 2017/18 only one submission for disciplinary action was submitted to the DSC. This was recommendation for reduction in rank from head teacher to classroom teacher of Ongodia Justine.</p> <p>This submission was handled under Minute No: 109/2017 (2) of the DSC meeting of 13th December 2017. Her rank was reduced from head teacher scale U4 to education assistant U7.</p>	<p>1</p>
<p>Staff recruited and retiring access the salary and pension payroll respectively within two months</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100% of the staff recruited during the previous FY have accessed the salary payroll not later than two months after appointment: score 3 	<p>From the review of the new staff list, it was found out that in 2017/18 the recruited staff received appointment letters on 26th June 2018 and commencement of duty was 1st July 2018.</p> <p>From the review of August 2018 payroll it was found out that six staff had not accessed the payroll. These included:</p> <ul style="list-style-type: none"> - Moses Elungat, Sarah Ajulo, Akello Anna, Arigo Betty, Ketty Akiror and Teopista Ikomu <p>The reason given for this delay was because these appointed staff delayed to fill the Human Resource Data forms thus cannot be enumerated on the system. This was because some are still opening up accounts while others are still processing TIN numbers</p>	<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"> Evidence that 100% of the staff that retired during the previous FY have accessed the pension payroll not later than two months after retirement: score 2 	<p>Records from the HR department indicated that four staff were due for retirement in 2017/18 and actually retired. These four staff were</p> <table border="1" data-bbox="611 253 1153 555"> <thead> <tr> <th>Name of staff</th> <th>Due date of retirement</th> </tr> </thead> <tbody> <tr> <td>Otaala Damiano</td> <td>21/07/2017</td> </tr> <tr> <td>Aleleu Ignatius</td> <td>21/07/2017</td> </tr> <tr> <td>Ekume Joseph</td> <td>1/01/2018</td> </tr> <tr> <td>Oryang Ben</td> <td>26/6/2018</td> </tr> </tbody> </table> <p>From the review of the pension payroll it was found out that all the four staff (100%) that were due for retirement and retired in 2017/18 none of them had accessed the payroll.</p>	Name of staff	Due date of retirement	Otaala Damiano	21/07/2017	Aleleu Ignatius	21/07/2017	Ekume Joseph	1/01/2018	Oryang Ben	26/6/2018	<p>0</p>
Name of staff	Due date of retirement												
Otaala Damiano	21/07/2017												
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Ekume Joseph	1/01/2018												
Oryang Ben	26/6/2018												
<p>Revenue Mobilization</p>													
<p>The LG has increased LG own source revenues in the last financial year compared to the one before the previous financial year (last FY year but one)</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> If increase in OSR (excluding one/off, e.g. sale of assets) from previous FY but one to previous FY is more than 10 %: score 4. If the increase is from 5% -10 %: score 2. If the increase is less than 5 %: score 0. 	<p>Total of OSR for FY 2016/2017 was Shs 206,903,315 and this excludes disposal of assets amounting to shs10,531,6000</p> <p>Total of OSR for FY 2017/2018 was Shs 243,449,882 excludes shs 5,000 for disposal of assets</p> <p>The increase in the OSR in the FY 2017/18 was Shs 36,546,567</p> <p>Percentage increase is 17.6%</p> <p>Obtained and reviewed the annual financial statements for the FY 2016/17 and FY 2017/18 though the one for FY 2017/18 was in draft form. Since the increase is above 10% the LG scores full marks.</p>	<p>4</p>										

<p>LG has collected local revenues as per budget (collection ratio)</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> If revenue collection ratio (the percentage of local revenue collected against planned for the previous FY (budget realisation) is within +/- 10 %: then score 2. If more than +/- 10 %: Score 0. 	<p>Total Local Revenue Planned/Budgeted for the FY 2017/2018 was Shs. 379,000,000</p> <p>Total Local Revenue collected during FY 2017/2018 was Shs. 243,449,882</p> <p>Performance 64.2%</p> <p>This is based on the initial (original) budget which was later revised to shs. 207,533,821 as per Min05/25th/4/fin/2018 in the planning and finance committee meeting on the revised revenue estimates. The variance uncollected is -34.8% which is above the +/-10% threshold provided in the manual</p>	<p>0</p>
<p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the District/Municipality has remitted the mandatory LLG share of local revenues: score 2 	<p>Local Revenue collections subjected to sharing with LLGs Shs. 69,387,640</p> <p>Amount of local revenue remitted to LLGs Shs. 22,238,890</p> <p>Status of compliance: Non-compliant</p> <p>The LLG collected and submitted 35% of the local revenue to the LG amounting to shs. 243,454,882</p> <p>The District collected shs. 69,387,640 but remitted shs. 22,238,890. The district was to remit shs. 45,101,966 which is 65% but only remitted 49%. This is attributed to the LLG failure to remit all dues to the LG</p>	<p>0</p>
<p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the total Council expenditures on allowances and emoluments- (including from all sources) is not higher than 20% of the OSR collected in the previous FY: score 2 	<p>Total expenditure on council allowances during FY 2016/2017 Shs. 32,002,000. The own sources income is shs. 206,903,315</p> <p>Percentage 19%.</p> <p>The LG's payment of emoluments and allowances to the council are below the threshold of 20% provided for in the indicator</p>	<p>2</p>
<p>Procurement and contract management</p>			

<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the District has the position of a Senior Procurement Officer and Procurement Officer (if Municipal: Procurement Officer and Assistant Procurement Officer) substantively filled: score 2 	<p>The LG does not have a senior procurement officer. The position was advertised but has not yet been filled because they did not attract qualified candidates.</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"> Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1 	<p>Though the technical committee sat and minutes generated, there was no report specifically produced and submitted by TEC to the contracts committee. Its only the minutes that were available by the time the evaluation ended at Katakwi district on 5/September)</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"> Evidence that the Contracts Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1 	<p>The fact that there were no reports produced by TEC to contracts committee, no specific recommendations were generated and so there was no evidence of such recommendations by the time the evaluation ended in Katakwi district on 5th/9/2018</p>	<p>0</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"> • a) Evidence that the procurement and Disposal Plan for the current year covers all infrastructure projects in the approved annual work plan and budget and b) evidence that the LG has made procurements in previous FY as per plan (adherence to the procurement plan) for the previous FY: score 2 	<p>The procurement and Disposal Plan for 2018/2019 year covers all infrastructure projects in the approved annual work plan and budget. For example Construction of Council chambers phase V with estimated budget of UGX 200 Million</p> <p>-In FY 2017/2018 procurements were done as per plan in accordance with the procurement plan). (ref no: CR214/39 13th July 2017)</p> <p>-Procurement plan FY 2018/2019 (2014/39, 22nd August 2019) approved by Minute of council: 04/06/2018</p> <p>Information source documents used were (Procurement plan 2017/2018 , Minutes of the contracts committee (25/08/2017) , Minutes of contract Technical Evaluation (TEC), Annual work plan FY 2017/2018 , Annual Budget FY 2017/2018, Procurement files. and Contracts Register).</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"> • For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/ infrastructure by August 30: score 2 	<p>For FY 2018/2019, BY August 30 2018, all bid documents for all investment/infrastructure were prepared above 80%. These include construction bids such as</p> <ul style="list-style-type: none"> -Construction of 2 stances pit latrine at Ariet P/S (KapuJan S/C). -Construction of council chambers phase V (Administration). -Construction of Administration Block for Usuk Sub/county -Construction of Maternity Ward at Palam HC II (PALAM S/C) <p>source information documents (Procurement documents)</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"> • For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2 	<p>For FY 2017/2018, contract register fully updated (printed from the system on 17/07/2018).</p> <p>-Files of completed activities are available and well filled. File Ref KATA 522/WRKS/17-18/00015, KATA522/WRKS/17-18/00005), KATA522/WRKS/17-18/00017, KATA533/WRKS/17-18/00007</p> <p>Reference information source(Procurement files Contract register).</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"> • For previous FY, evidence that the LG has adhered with procurement thresholds (sample 5 projects): score 2. 	<p>For FY 2017/2018, procurement thresholds were well adhered to. Example of sampled projects</p> <p>-Construction of classroom block at Kokorio P/S KATA522/WRKS/17-18/00001 UGX 80,000,000 (Open Domestic bidding, Daily Monitor Friday, 19th June 2017))</p> <p>-Low cost sealing of ALESES-AMONDOI-ADERE Road ref:KATA522/WRKS/17-18/00015 UGX 425,163,182 (Open Domestic bidding, Daily Monitor Friday, 31st October 2017)</p> <p>-Construction of COUNCIL CHAMBERS PHASE IV KATA522/WRKS/17-18/00004 UGX 400,000,000(Open Domestic bidding, Daily Monitor Friday, 19th June 2017)</p> <p>-Renovation of Office Block at TROMAS/C Headquarters KATA522/WRKS/17-18/00012 UGX 5,000,000 (Selective bidding, 11/9/2017)</p> <p>-Drilling and installation of six boreholes (KATA522/WRKS/17-18/00005) UGX 138,000,000(Open Domestic bidding, Daily Monitor Friday, 19th June 2017)</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"> Evidence that all works projects implemented in the previous FY were appropriately certified – interim and completion certificates <p>for all projects based on technical supervision: score 2</p>	<p>Projects implemented in the FY 2017/18 were appropriately certified with interim and completion certificates as per technical supervision. For example Interim certificates KATA533/WRKS/17-18/00007 dated 30/2/2018.</p> <p>KATA522/WRKS/17-18/00017,dated 30/02/2018.</p> <p>Completion certificates: issued for contract Number:KATA522/WRKS/16-17/00041</p> <p>Reference Information source (-Interim Certificates , Project Completion certificates, Certification files)</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"> 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 	<p>The FY 2018/2019 some site boards are available but not clearly labelled. They miss information on contract value and expected duration. ALESES-AMONDOI-ADERE Road ref:KATA522/WRKS/17-18/00015 site board, Construction of COUNCIL CHAMBERS PHASE IV site board were observed but did not have contract value and expected duration.</p> <p>reference information source (site boards)</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"> Evidence that the LG makes monthly bank reconciliations and are up to-date at the time of the assessment: score 4 	<table border="1"> <thead> <tr> <th>Month</th> <th>Reconciliation Status</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>30/06/18</td> <td>Done</td> <td>21/07/18</td> </tr> <tr> <td>30/11/17</td> <td>Done</td> <td>01/02/17</td> </tr> <tr> <td>31/01/ 18</td> <td>Done</td> <td>12/03/18</td> </tr> <tr> <td>28/02/18</td> <td>Done</td> <td>05/04/18</td> </tr> <tr> <td>31/05/18</td> <td>Done</td> <td>16/07/18</td> </tr> </tbody> </table> <p>Much as the reconciliations are done they are not up to date as defined in the manual (manual refers to up to date being a maximum of one month delay). From the samples above the LG is not up to date on reconciliations. It is only June where the reconciliation was done within a month after the month end.</p>	Month	Reconciliation Status	Date	30/06/18	Done	21/07/18	30/11/17	Done	01/02/17	31/01/ 18	Done	12/03/18	28/02/18	Done	05/04/18	31/05/18	Done	16/07/18	<p>0</p>
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<p>The LG made timely payment of suppliers during the previous FY</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • If the LG makes timely payment of suppliers during the previous FY – no overdue bills (e.g. procurement bills) of over 2 months: score 2. 	<p>i. Reviewed the payment of CME a contractor and observed: Invoice received on 16/05/2018, CAO addresses it on 7/6/2018, CFO acted on 7/06/2018 and payment was done on 18/06/2018</p> <p>ii. M/S Bedi Jo (U) Ltd. contrat to renovate female Maternity Ward . Certificate issued on 12/04/2018. Progress report issued on 12/04/2018. Request for payment done on 12/04/2018 Audit conducted on 13/04/2018. Payment done on 24/04/2018</p> <p>iii. Ochesa Firm Limited construction of 2 classroom block. Payment certificate issued on 01/06/2018. Request for payment done on June 01, 2018 and payment was done on June 19, 2018</p> <p>iv. Ochesa Firm construction of 2 clasroom blocks at Kokorio. Request submitted on 04/04/018 and payment done 30/04/2018</p> <p>v. UK General Services Limited. Construction of council chambers. Request for payment done on 19/02/2018 payment done on 13/03/2018. Another invoice done on 17/08/2017 payment done on 14/09/2017</p> <p>Reviewed the Contracts/Commitment Register for the period and confirmed that payments were done within the stipulated time</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"> • Evidence that the LG has a substantive Senior Internal Auditor: 1 point. • LG has produced all quarterly internal audit reports for the previous FY: score 2. 	<p>A principal internal auditor in the names of Oriongan Faustine was appointed on 5/04/2017 under minute No. 45/2017 and accepted the appointment on the 10/04/2018</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>	<p>• LG has produced all quarterly internal audit reports for the previous FY: score 2.</p>	<p>Quarterly Internal Audit Reports for FY 2017/2018:</p> <table border="1" data-bbox="611 174 1401 481"> <thead> <tr> <th>Quarter</th> <th>Date of report</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>26/10//2017</td> <td>CR/252/1</td> </tr> <tr> <td>Quarter 2</td> <td>20/01/2018</td> <td>CR/252/1</td> </tr> <tr> <td>Quarter 3</td> <td>26/04/2018</td> <td>CR/252/1</td> </tr> <tr> <td>Quarter 4</td> <td>26/08/2018</td> <td>N/A</td> </tr> </tbody> </table> <p>The Draft Internal Audit Report for the 4th Quarter was seen and was prepared on 26/08/2018. However, the draft report had no responses to the audit observations as it had not been circulated at the time of the performance assessment. The report was thus yet to be finalized by the District Internal Audit Team. Since the performance indicator requires all quarterly reports the LG fails to comply in this aspect and therefore does not score.</p>	Quarter	Date of report	Reference	Quarter 1	26/10//2017	CR/252/1	Quarter 2	20/01/2018	CR/252/1	Quarter 3	26/04/2018	CR/252/1	Quarter 4	26/08/2018	N/A	<p>0</p>
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Quarter 4	26/08/2018	N/A																
<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 internal audit findings for the previous financial year i.e. follow up on audit queries from all quarterly audit reports: score 2.</p>	<p>The council that sat on 23/11/2017 deliberated on Internal Audit findings under min/04/23rd/11/CL/2017 and the status of implementation of the 1st Quarter internal audit recommendations.</p> <p>The LG PAC discussed the quarter 1 internal audit report and derived their findings and made recommendations to management as per their report dated 15/01/2018. The finance, Planning and Administration Committee discussed presentation of the PAC report as per min5/15/02/fin/2018 and on the 25/04/2018 the same committee discussed the PAC report under min05/25/04/fin/2018 in relation to the 2nd and 3rd quarter reports.</p> <p>There is however no evidence that the status of implementation of internal audit findings for quarter 2 and 3 was presented and neither was a report issued for this purpose. The 4th Quarter report had not been circulated at the time of the performance assessment.</p> <p>Since the indicator requires all the quarterly audit reports for the financial year to have a status of implementation of internal audit findings the LG doesn't score in this regard.</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"> 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. 	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Date of submission</th> <th>Reference for report review</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>20/12/2017</td> <td>CR/252/1</td> </tr> <tr> <td>Quarter 2</td> <td>14/03/2018</td> <td>CR/252/1</td> </tr> <tr> <td>Quarter 3</td> <td>14/06/2018</td> <td>CR/252/1</td> </tr> <tr> <td>Quarter 4</td> <td>26/08/2018</td> <td>N/A</td> </tr> </tbody> </table> <p>The 4th quarter report is in draft form and yet to be finalised. There's no reference provided and the circulation of the document is yet to be done. There are no management responses incorporated in the report as at the date of assessment.</p>	Quarter	Date of submission	Reference for report review	Quarter 1	20/12/2017	CR/252/1	Quarter 2	14/03/2018	CR/252/1	Quarter 3	14/06/2018	CR/252/1	Quarter 4	26/08/2018	N/A	0
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Quarter 4	26/08/2018	N/A																
<p>The LG maintains a detailed and updated assets register</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the LG maintains an updated assets register covering details on buildings, vehicle, etc. as per format in the accounting manual: score 4 	<p>The LG maintains an assets register off the system. However, some of the fields especially under cost column are not complete. There is evidence that the LG adopted the format in the accounting manual. However, it is not clear that all assets of the LG are included especially land and buildings and that all valuations are properly covered.</p>	0															
<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"> Unqualified audit opinion: score 4 Qualified: score 2 Adverse/disclaimer: score 0 	<p>From the Auditor General's report the LG obtain an unqualified report for the FY 2017/18</p>	4															
<p>Governance, oversight, transparency and accountability</p>																		

<p>The LG Council meets and discusses service delivery related issues</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the Council meets and discusses service delivery related issues including TPC reports, monitoring reports, performance assessment results and LG PAC reports for last FY: score 2 	<p>The District Council met 6 times a year last FY to among other issues discuss service delivery issues. Verified evidence available at the office of Clerk to Council that included a review of the six sets of Council minutes revealed that at three council meetings indicated below, service delivery issues, were duly discussed.</p> <ul style="list-style-type: none"> - Meeting held on 19/9/2017- service delivery issues discussed under DEC business as per minute extract 09/19/09/CL/2017. Issues discussed included; sinking of boreholes, land issues, animal diseases, road construction and environmental issues. - Meeting held on the 23/11/2017 under the presentation of the Health, Education and Social Services Committee as per minute extract No. 06/23/11/CL/2017. Issues discussed included allocation of more funds for classroom construction, creation of an OPD department and a private wing at Katakwi hospital. PAC reports were presented by the Finance and Administration Committee in the same meeting as per min.ext. 04/23/11/CL/2017. PAC issues discussed included non accountability of UPE funds. - Meeting held on 20/02/18. Services delivery issues were discussed under the Education, Health and Social Services Committee as reflected in minute extract 07/20/02/CL/2018. For example improving P.L.E performance through creating model schools at sub county level. - The meetings held on the 6/04.2018 and 3/05/2018 mainly dealt with the tabling of the annual work plan and budget for 2017/18 and the approval of the work plan and budget respectively. <p>The last council meeting was held on the 3/05/18 and by that time Performance assessment results for PY 2016/17 had not yet been disseminated to the districts.</p>	
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<p>The LG has responded to the feedback/complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that LG has designated a person to coordinate response to feedback (grievance /complaints) and responded to feedback and complaints: score 1. 	<p>While the CAO (through delegated responsibility to appropriate technical staff to handle particular grievances and provide feedback) is responsible for coordinating response to feedback and complaints as evidenced by the availability in the CAO's office of the Complaints/ Grievances and Petitions File opened on 7/12/14 Ref. No. CR/168/2, there was no evidence at the time of the review in form of letters of appointment with specific delegated tasks to the officer (s) delegated by CAO to handle the feedback and complaints from citizens.</p> <p>A review of the contents of the file however, indicated that CAO delegates (through written instructions on the letter of complaint/ petition and instructs the appropriate officer to handle the issue as appropriate. The actions taken by the officers and the feedback provided can be tracked through the numerous correspondences in the file. The PAS for example handles disaster related issues and issues raised through the suggestion boxes, while the various departmental heads handle issues related to their sectors.</p> <p>A file for the Rewards and Sanctions Committee exists and contains all correspondences about the various grievances raised by the citizenry and /or disciplinary cases handled by the committee and the actions taken.</p> <p>Despite the above efforts of recording, investigating, and responding to grievances there was no display on the public notice boards of the communication channel about feedback to communities.</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"> • The LG has specified a system for recording, investigating and responding to grievances, which should be displayed at LG offices and made publically available: score 1 	<p>No displays of systems of recording, investigating and responding to grievances were seen at the public notice boards at the time of the assessment, although there was documentary evidence to confirm that Katakwi district has a specified system of recording, investigating and responding to grievances contained in the file of " Community Grievances and Petitions".</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"> • The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2 	<p>There was evidence at the time of the review on 4th August that the the LG shares information with citizens to promote Transparency. For instance the August 2018 salary pay roll and Pensioner schedule were displayed at HRM notice board.</p>	<p>2</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the procurement plan and awarded contracts and amounts are published: score 1. 	<p>There was adequate evidence to confirm that excerpts of the Procurement Plan were published. Information about the awarded contracts for FY 2017/18 and amounts were published and displayed at the district service commission notice boards and Procurement office by the time of the review on the 4th of September 2018. The information included the Best Bidder Evaluated Notices that outlined the subject of procurement, method of procurement , name of provider and the total contract price.</p>	<p>1</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the LG performance assessment results and implications are published e.g. on the budget website for the previous year (from budget requirements): score 1. 	<p>There was no verifiable evidenced from the Senior District Planner to confirm that the district LG performance assessment results and implications were published , except for the discussions of the results in the TPC meeting held on the 28th of August 2018 (outside the period of assessment FY 2017/18),and the publication of the results in ETOP and New Vision news papers that was done by the central government.</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"> • Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1 	<p>There was evidence that the Higher Local Government (HLG) communicated and explained guidelines, circulars and policies issued by the national level. Some of the key documents disseminated included the DDEG guidelines and planning and budgeting guidelines, Disaster Preparedness and Management guidelines to heads of departments (HoDs), sub county chiefs and town clerks (ref. Letter from Senior Planner dated 2/07/18 - CR1061-, Dissemination of national Industrialisation policy to all HoDs, S/County Chiefs, and LC III chairpersons (ref letter from CAO dated 12/07/17, dissemination of the local government HIV/AIDS work place policy (ref Letter from CAO to HoDs, LC III chairpersons, sub county chiefs dated 10/07/18.</p> <p>Note however, that most of the evidence presented to the Assessor was in form of letters from the CAO and /or the Senior District Planner to lower level local governments informing them of the new guidelines and policies (with attachments of the relevant documents) rather than minutes of meetings held at community level for example Barazas and/or receipts for radio programs/shows for dissemination of policies from HLG.</p>	<p>1</p>
<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that LG during the previous FY conducted discussions (e.g. municipal urban fora, barazas, radio programmes etc.) with the public to provide feedback on status of activity implementation: score 1. 	<p>There was no verifiable evidence on file in form of minutes, receipts for radio programs or otherwise to confirm that the LG made efforts to formerly provide feedback on the status of activity implementation.</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"> • Evidence that the LG gender focal person and CDO have provided guidance and support to sector departments to mainstream gender, vulnerability and inclusion into their activities score 2. 	<p>Guidance has been provided by gender focal point person to departments regarding how to mainstream gender. For example</p> <ul style="list-style-type: none"> -Report on integration of gender into health for Katakwi District (Meeting held 30th/08/2018. - Report on participatory planning sessions on regional pastoral livelihoods resilience project <p>(Participatory planning both men and women, boys and girls in human resource management, climate change, market access and trade, enhancement of alternative livelihood support, pastoral risk management, institutional support and management, site selection of infrastructure)</p> <p>The reports indicate completed inclusion and gender mainstreaming</p> <p>reference information source (Activity reports, Well outlined guidelines on gender issues).</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"> • 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 implement-ted: score 2. 	<p>In FY 2018/19 Gender focal point person and CDO have planned activities (work plan generated on 31/07/2018, Vote:522 Katakwi District). These include</p> <ul style="list-style-type: none"> -Gender Main streaming - children and youth services, -community based services and -support to disabled and elderly, representation on Women councils. <p>In FY 2017/18 over 90% of the planned activities on gender activities well implemented e.g Conducted induction training for newly elected women councillors. Held 30th August 2018 at Urafiki Hall</p> <p>Integration of gender in health issues by giving guiding principles, capacity building for participatory planning under regional pastoral livelihoods resilience project (conducted in Usuk, Katakwi, Katakwi TC, palam, Magoro and Torama. Total members trained were 45 participants.</p> <p>Reference information source (Work plan 2018/19, activity reports).</p>	<p>2</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 1 	<p>EIA, are carried out for projects such as road construction, opening a new schools.</p> <p>Example Jo Yesu Primary School, Usuk S/C EIA Report dated 11th April, 2018.</p> <p>CCCC PROJECT (Soroti-Moroti) EIA, dated 19/08/2018.</p>	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1 	<p>Environmental and social management and health and safety plans are integrated and appended on the bid documents are contracts agreements for example: for example bid documents Construction of Administration Block for Usuk Sub/county</p> <p>-Construction of Maternity Ward at Palam HC II (PALAM S/C)</p> <p>-Contract agreement and bid document for low cost sealing of Low cost sealing of ALESES-AMONDOI-ADERE Road ref:KATA522/WRKS/17-18/00015</p>	<p>1</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1 	<p>On 5th /September/2018 by the time of end of assessment in Katakwi District, No land title documents were obtained to this effect at that particular time from the district physical planner or finance officer of the district.</p> <p>Agreements and MOUs available for bore hole drilling project with land owners and are witnessed by chairman LC1.(between Akisim Community -Toroma subcounty and Odee Ambrose OF Akisim 7th April 2017</p> <p>But for other projects no proof of land titles or agreements.</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"> • Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer and CDO: score 1 	<p>All completed projects have Environmental and Social Mitigation Certification Form But only two project forms signed by Environment officer and CDO (e.g Renovation of Administration block at Toroma S/County dated 26/06/2018) . The others are signed by Environmental officer only.</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"> • Evidence that the contract payment certificated includes prior environmental and social clearance (new one): Score 1 	<p>On 5th /September/2018 by the time of end of assessment in Katakwi District, No evidence to prove that the contract payment certificated includes prior environmental and social clearance.(Contract payment certificates have no Environmental and social clearence forms attached)</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"> • Evidence that environmental officer and CDO monthly report, includes a) completed checklists, b) deviations observed with pictures, c) corrective actions taken. Score: 1 	<p>On 5th /September/2018 by the time of end of assessment in Katakwi District, no monthly reports were found. Only Quarterly reports were the ones available, but also prepared only by environment officer excluding the CDO</p>	<p>0</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Human resource planning and management			
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has budgeted for a Head Teacher and minimum of 7 teachers per school (or minimum a teacher per class for schools with less than P.7) for the current FY: score 4 	<p>The LG Education department budgeted for .Katakwi District Performance Contract FY 2018/2019 (Vote 522) indicates budgeting for headteachers and teachers. Example : A list of 74 primary schools, a list of 735 teachers including Head teachers, enrollment list by school show at least the seven teachers (ref List of teachers as FEBRUARY 2018)</p>	4
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has deployed a Head Teacher and minimum of 7 teachers per school (or minimum of a teacher per class for schools with less than P.7) for the current FY: score 4 	<p>As per teachers list, deployment is done accordingly. For example</p> <ul style="list-style-type: none"> -Atorama P/S has a head teacher and 15 teachers. -Apuuton P/S has 24 including the head teacher -Torama girls P/S has 10 teachers including the head teacher. 	0
<p>LG has substantively recruited all primary school teachers where there is a wage bill provision</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has filled the structure for primary teachers with a wage bill provision <ul style="list-style-type: none"> o If 100%: score 6 o If 80 - 99%: score 3 o If below 80%: score 0 	<p>According to Katakwi District approved structure (Approving MIN:12/19/09/CL/2017), the structure for primary teachers is filled with a wage bill provision. For example</p> <p>1,079 teachers proposed by office of the DEO, as per the wage bill 735 placements filled which is only 68%.</p>	0

<p>LG has substantively recruited all positions of school inspectors as per staff structure, where there is a wage bill provision.</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG has substantively filled all positions of school inspectors as per staff structure, where there is a wage bill provision: score 6 	<p>Katakwi District approved structure (Approving MIN:12/19/09/CL/2017) had a provision of 1 slot of school inspector and this position was substantively filled (OBT, 17/18, Katakwi District, Vote 522: Education department</p>	<p>0</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> Primary Teachers: score 2 	<p>According to submitted a recruitment plan to HRM for the FY 2018/2019 Education Department , Primary Teachers positions to be filled are 312 but not filled.</p>	<p>0</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> School Inspectors: score 2 	<p>According to submitted a recruitment plan to HRM for the FY 2018/2019 Education Department position of school inspectors to be filled is 1, not substantively filled.</p>	<p>0</p>
<p>Monitoring and Inspection</p>			

<p>The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.</p> <p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY</p> <ul style="list-style-type: none"> • 100% school inspectors: score 3 	<p>The LG has one school inspector, this inspector was assessed for the period (2017/18) and the appraisal report signed by the DEO on 2nd July 2018. File Ref No. CR/10965</p>	<p>3</p>
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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.

Maximum 6 for this performance measure

Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY

- Primary school head teachers o 90 - 100%: score 3
- o 70% and 89%: score 2
- o Below 70%: score 0

Review of files for teachers' agreements and performance reports revealed that although many of the head teachers had signed performance agreements with the sub-county chiefs, less than 30 head teachers had been appraised for the calendar year 2017 (only 26 performance reports were seen). These account for only 35% of the 74 head teachers in the District. Some of the appraised head teachers whose forms were seen include:

Aketa PS; Ogwang George. Apeleum PS; Okiror Iporotum

Ngariam PS; Erimu John M. Katakwi Township; Okiror Mary J .

Ocwini PS; Olimoro Itipe Aputoon Toroma Okiru John

Aputoon PS; Alileng Daniel. Toromo Girls; Aucho Dinah

Alengo St. Paul; Ariko Opus. Toroma Boys; Ekellot John

Acang PS; Abiro Betty. Kamenu P/S; Ewadika Faucet

Olilimi Ps; Oonyi John F. Ariet PS; Oruni Odwar

Palam PS; Elangot James Obule. Ajet Ps; Akiror Stella

The District staff alleged that all the teachers were appraised; they reported that the files are kept with the Sub-County chiefs. They reported that:

a) The sub-county chief are not educators and thus cannot appropriately assess head teachers;

b) The Sub-County chiefs are not bothered about the appraisal process because they are not being assessed; and

c) The Chiefs do not directly report the District Education department thus they cannot be dragged around.

It was also reported by the DEO that it's not appropriate to have Sub-County chiefs to assess head teachers yet they are not technical in education aspects.

<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has communicated all guidelines, policies, circulars issued by the national level in the previous FY to schools: score 1 	<p>All guidelines, policies, circulars issued by the national level in the FY 2017/2018 were communicated to schools. For example on 16/2/18 there was general meeting with head teachers and communication was given regarding school performance, gender and environment</p> <p>-Enforcing closure of illegal schools was communicated to all head teachers</p>	<p>1</p>
<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level: score 2 	<p>A number of meetings were held with head teachers of primary schools on different dates to elaborate and sensitize on the matters regarding education improvement as guided by the MOES</p> <p>for example on 16/2/18</p> <p>12/7/17, 18/7/17, 3/8/17, and 20/9/17. In each meeting minutes were recorded and attendance taken.</p>	<p>2</p>

<p>The LG Education De- partment has effectively inspected all registered primary schools²</p> <p>Maximum 12 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all licenced or registered schools have been inspected at least once per term and reports produced: o 100% - score 12 o 90 to 99% - score 10 o 80 to 89% - score 8 o 70 to 79% - score 6 o 60 to 69% - score 3 o 50 to 59 % score 1 o Below 50% score 0. 	<p>In FY 2017/18, inspections were done and reports were produced.</p> <p>However not all the schools were inspected accordingly. Out of 74 primary schools 58 schools were inspected (78%) as per report dated 5/6/18, sampled schools.</p> <p>Apuuton P/S Town council was visited seven times; Atoroma Primary school has no record to confirm inspection dates despite the H/T s report; Toroma Girls P/S was inspected at least three times in the previous year 2017/18</p>	<p>0</p>
<p>LG Education department has discussed the results/ reports of school inspec- tions, used them to make recommendations for corrective actions and fol- lowed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the Education department has discussed school inspection reports and used reports to make recommendations for corrective actions during the previous FY: score 4 	<p>The education department has discussed school inspection reports and used reports to make recommendations.</p> <p>For example Minutes of SMCs, inspection reports 20/9/17 meeting on Inspection. Recommendations corrective measures including guidance and counseling are measures used as corrective actions.</p> <p>Corrective letters issued based on the recommendations of Inspection Reports dated 23/4/18, 20/9/17,/17/11/17, 25/5/18.</p> <p>Also other letters were issued such as letter of interdiction to Mark Ocepa H/T of Magoro P/S; Letter of reprimand to Ebwangat Joseph teacher of Agurigur P/S; Ideke Rose teacher of Apulin P/S and three others; On 8/8/17 letter of retirement in public interest to Irikot Peter, Oraat James, Omamamtum Oscar as teachers.</p>	<p>4</p>

<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports (MoES): Score 2 	<p>Katakwi Education department submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports. These reports were acknowledged on 20/8/18 for 3rd term 2017 and 1st term 2018</p>	<p>2</p>
<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the inspection recommendations are followed- up: score 4. 	<p>Inspection recommendations are followed-up. For example:</p> <ul style="list-style-type: none"> -Meeting ref 04/KR&S/2/18 letters of reprimand to the above teachers in PM 8(i) and interdiction to Mark Ocepa as head teacher following the recommendations. -Inspection report of Guyaguya P/S a full inspection dated 18/6/18, recommendations to meet BRMS, compliance to BRMS, and assessing school s planning at all levels were followed up 	<p>4</p>
<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has submitted accurate/consistent data: <ul style="list-style-type: none"> o List of schools which are consistent with both EMIS reports and PBS: score 5 	<p>Data submitted was accurate and consistent</p> <p>For example performance contract FY 2018/2019 dated 31/7/2018 provides the list of 74 schools which are consistent with PBS report as reviewed by the assessor at the time of assessment. EMIS reports were not used this year as it was confirmed by the MoES.</p>	<p>5</p>

<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p> <p>Maximum 10 for this performance measure</p>	<p>Evidence that the LG has submitted accurate/consistent data:</p> <ul style="list-style-type: none"> • Enrolment data for all schools which is consistent with EMIS report and PBS: score 5 	<p>Enrolment data submitted for all schools was 50,350 pupils accurate and consistent with PBS as reviewed by the assessor at the time of assessment. Note EMIS reports were not used this year as confirmed by the MoES.</p>	<p>5</p>
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Governance, oversight, transparency and accountability

<p>The LG committee responsible for education met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the council committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports etc. during the previous FY: score 2 	<p>There was evidence to confirm that the council committee responsible for Education met and discussed service delivery issues including inspection, LG PAC reports. The committee for Education, Health and community based services met 3 times a year as indicated below and service delivery issues were discussed as indicated below.</p> <ul style="list-style-type: none"> - Meeting held on 8/11/2017: discussed PLE performance, renovation of schools, coding of community schools, recruitment of teachers among other issues (Min. Ext. 05/08/11/CL/2018 - Meeting held on the 13/02/2018: discussed inspection of schools, recruitment of teachers, PLE and UCE results among other issues (Min. Ext. 05/13/2/CL/2018). - Meeting held on the 23/04/ 2018: discussed draft work plans and budgets for the sector for eventual approval by the Council (Min. Ext. 05/23/04/CL/ 2018 <p>Note that: no performance assessment results were discussed in the meetings cited above as the national assessment results had not yet been disseminated to the districts. Issues arising out of PAC reports were presented to the council by the Finance and Administration Committee in the council meeting that sat on the 23/11/17 as per minute extract 14/23/11/CL/2017.</p>	<p>2</p>
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<p>The LG committee re- sponsible for education met, discussed service delivery issues and pre- sented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the education sector committee has presented issues that require approval to Council: score 2 	<p>There was evidence to confirm that the council comiitee for eduaction presented issues to council for approval. The sector committee for Education/ Health/ and Community Based Services submits reports to DEC for council's consideration with recommendations to the council for appropriate action. For example the council meeting that sat on the 3/05/ 2018 approved the Education sector plans and budgets under minute ext. No. 07/03/05/ CL/2018.</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"> • 100% schools: score 5 • 80 to 99% schools: score 3 • Below 80 % schools: score 0 	<p>All the 74 primary schools in Katakwi District have functional SMCs. These SMCs meet regularly and keep minutes. For example as sampled ,</p> <ul style="list-style-type: none"> -Apuuton P/S submitted on 17/8/17 the SMC minutes; -Apeleun p/s on 28/8/17; Omodoi P/S on 22/2/18; -Abwanget P/S ON 2/2/18; and -Aliakamer P/S 21/11/17 	<p>5</p>
<p>The LG has publicised all schools receiving non- wage recurrent grants</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has publicised all schools receiving non-wage recurrent grants <p>e.g. through posting on public notice boards: score 3</p>	<p>The District has put up for publicity of all schools receiving non- wage recurrent grant on the public notice boards and the main education notice board.</p>	<p>3</p>
<p>Procurement and contract management</p>			

<p>The LG Education department has submitted input into the LG procurement plan, complete with all technical requirements,</p> <p>to the Procurement Unit that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the sector has submitted procurement input to Procurement Unit that covers all investment items in the approved Sector annual work plan and budget on time by April 30: score 4 	<p>Education Department Submissions were done and they covered all investment items in the approved Sector annual work plan and budget. However, the submissions were done late on 4/6/18 beyond the required submission time of April 30</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"> • Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3. 	<p>Sampled various contracts and reviewed payments of contractors and observed that they were paid within a month of raising a request for payment. Reviewed payment to Ochesa firm limited. Request done on 04/04/2018, CAO took action on 13/04/2018, CFO takes action on 13/04/2018, DEO action is 30/04/2018, payment done on 30/04/2018</p> <p>Ochesa Firm Limited construction of 2 classroom block. Payment certificate issued on 01/06/2018. Request for payment done on June 01, 2018 and payment was done on June 19, 2018</p> <p>Ochesa Firm construction of 2 classroom blocks at Kokorio. Request submitted on 04/04/018 and payment done 30/04/2018</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"> Evidence that the department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by 15th of July for consolidation: score 4 	<p>The Senior Planner for Katakwi district could not trace the dates of submission of the educator sector quarterly reports (due to the challenges of the PBS system and absence of physical copies of the education sector quarterly reports). Efforts to retrieve transmittal emails of the education sector reports to the planning unit to be able to trace the submission dates also proved futile. The quarter consolidated report was however, available at the planning unit although it was submitted late (29th August, 2018) to MoFPED .</p>	<p>0</p>									
<p>LG Education has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year <ul style="list-style-type: none"> If sector has no audit query score 4 If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 2 If all queries are not responded to score 0 	<table border="0"> <tr> <td>Number of queries raised</td> <td>Number of queries cleared</td> <td>Number of queries pending</td> </tr> <tr> <td></td> <td>5</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td>None</td> </tr> </table> <p>The report for the 4th quarter is in draft form and has not been finalized. There are no management responses. The indicator is thus not applicable.</p>	Number of queries raised	Number of queries cleared	Number of queries pending		5	None			None	<p>0</p>
Number of queries raised	Number of queries cleared	Number of queries pending										
	5	None										
		None										
<p>Social and environmental safeguards</p>												

<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department in consultation with the gender focal person has disseminated guidelines on how senior women/men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills, etc.: Score 2 	<p>At the time of assessment, there was no evidence that education department and gender focal person held any consultations to obtain guidelines on how senior women/men teacher should provide guidance to girls and boys to handle hygiene, reproductive health, life skills.</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"> • Evidence that LG Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools: score 2 	<p>At the time of assessment, there was no evidence that education department and gender focal person issued guidelines on how to manage sanitation for girls and PWDs in primary schools.</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"> • Evidence that the School Management Committee meets the guideline on gender composition: score 1 	<p>At the time of assessment, there was no evidence that the School Management Committee meets the guideline on gender composition (No recorded SMC minutes of a meeting discussing gender composition).</p>	<p>0</p>

<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department in collaboration with Environment department has issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education etc.): score 1: 	<p>At the time of assessment, there was no evidence that Education department in collaboration with Environment department issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education</p>	<p>0</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all school infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 1 	<p>Screening forms signed by only Environmental Officer were available for all school infrastructure projects.</p> <p>However at the time of assessment no Environmental officer and CDO site visit reports were found.</p>	<p>0</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 1 	<p>At the time of assessment, there was no evidence that environmental officer and community development officer visited the sites to check whether the mitigation plans are complied with. (No site visit reports found).</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"> • More than 80% filled: score 8 • 60 – 80% - score 4 • Less than 60% filled: score 0 	<p>The substantively recruited PHC workers were a mere 65.7% only (i.e. when you compare the norm versus filled positions):</p> <ol style="list-style-type: none"> 1. According to the approved structured the norm is made up of 356 HWs [goes by the formal provisions made available to the assessor such as the approved staff structure seen in the Katakwi DLG Minutes of Council dated 19th/2017, agenda item 11/Approval of a Customised Staff Structure, page 8, (minutes MIN: 12/19/09/CL/2017) in the HR Department]: 2. Those filled 236 according to the HD records, figures that were in line what the PBS records covered (as offered by printouts from the DP). According to the PBS, the DLG PHC wage bill provision for PHC workers amounted to UGX 2,577,835,000 for the FY 2017/18 and UGX 3,579,156,000 for FY 2018/19. 3. There was evidence that the HD attempted to fill 119 gap. The other evidence offered by the DHO came in form of a DHO letter to HR requesting expedited recruitment as per the approved structure but with no advertisements made or seen to fill the 34.3% gap. It was clear that the HD's records were not up to date and this includes the ones offered to the assessment team (see table). <table border="1" data-bbox="673 1456 1407 2049"> <thead> <tr> <th>ID</th> <th>HF</th> <th>No.</th> <th>Norm</th> <th>Filled</th> </tr> </thead> <tbody> <tr> <td></td> <td>Vacant</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>Hospital</td> <td>1</td> <td>169</td> <td>75</td> </tr> <tr> <td>94</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>HC IV</td> <td>2</td> <td>46</td> <td>27</td> </tr> <tr> <td>19</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>HC III</td> <td>7</td> <td>76</td> <td>70</td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>HC II</td> <td>14</td> <td>66</td> <td>66</td> </tr> <tr> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td>24</td> <td>357</td> <td>236</td> </tr> <tr> <td>119</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	ID	HF	No.	Norm	Filled		Vacant				1	Hospital	1	169	75	94					2	HC IV	2	46	27	19					3	HC III	7	76	70	6					4	HC II	14	66	66	0						Total	24	357	236	119					4
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<p>The LG Health department has submitted a comprehensive recruitment plan for primary health care workers to the HRM department</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that Health department has submitted a comprehensive recruitment plan/re-quest to HRM for the current FY, covering the vacant positions of primary health care workers: score 6</p>	<p>Katakwi DLG HD submitted a recruitment plan/request to HRM (i.e. as seen in the PBS for FY 2018/19,). However, the submission from the HD was not comprehensive enough to cover all PHC workers in all HFs in the DLG:</p> <ol style="list-style-type: none"> 1. The plan, requests and submissions only covered filling vacant positions for the Hospital (i.e. focusing predominantly on the personnel needs of the hospital and leaving out those for the 2 HC IVs, the 7 HC IIIs and 14 HC IIs). 2. The HD had one of the lowest rates of filled positions of PHC HWs (i.e. 13% as at December 2017 - MoH National DHT Staffing Status for 116 Districts). Katakwi was as low as other new DLGs all at 13% filled positions, hence in urgent need to recruit broadly. The 13 lagging districts nationally included Budaka, Buhweju, Bulambuli, Buliisa, Butaleja, Kalungu, Katakwi, Kiboga, Kibuku, Koboko, Luuka, Lwengo and Mitooma. 3. The DHO letter (dated 16th/8/2018) to the PHRO (Ref: Med/160) urged the HR Department to expedite the recruitment process but with the stated bias in clear view. It is probable that this apparent lopsided/one-sided focus could be explained by the MoPS letter by the PS (dated 27th/7/2018) stating that MDAs and LGs were not provided with additional funds for recruitment in FY 2018/19 and that the recruitment needed to be attuned to the previous wage-bill provisions. 	
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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

Maximum 8 points for this performance measure

Evidence that the all health facilities in-charges have been appraised during the previous FY:

- o 100%: score 8
- o 70 – 99%: score 4
- o Below 70%: score 0

The District has one HC IV, the appraisal form for the in-charge of HC IV was not seen; it was alleged that it is still at the Sub-County headquarters.

There are also four HC IIIs, for all the HC IIIs, appraisals of the in-charges for 2017/18 was done as shown below (Name of health Center, name of in-charge and date of assessment):

Aketa HC III Edoku Simon 18/06/2018

Ngariam HC III Akello Loyce 2/07/2018

Magoro HC III Angedu James 30/7/2018

Kapujan HC III Aliko Emmanuel 30/06/2018

The District additionally has 14 HC IIs, however of these only 7 are directly under the District while the other seven are owned by: a) 2 Private non for Profit, 1 for the Military, 1 for Prison and 3 for the Police.

For all the seven HC IIs under the District, the in-charges were appraised for the period 2017/18 as shown below (Name of health Center, name of in-charge and date of assessment):

Omodoi HC II Oriada Nicholas 27/7/2018

Koritok HC II Ijula Immaculate 20/08/2018

Okochi HC II Akiding Juliet 8/07/2018

Olilim HC II Okello Patrick 1/07/2018

Bisia HC II Acor Angella Mary 30/7/2018

Kokorio HC II Ariokot Beatrice 30/6/2018

Damasiko HC II Adeke Juliet 30/6/2018

Overall 92% of the health in-charges were appraised in the District.

<p>The Local Government Health department has deployed health workers across health facilities and in accordance with the staff lists submitted together with the budget in the current FY.</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Health department has deployed health workers in line with the lists submitted with the budget for the current FY, and if not provided justification for deviations: score 4 	<p>The discrepancy between what the documentation on staffing lists stated and the deployment done indicated a 34.3% shortfall:</p> <ol style="list-style-type: none"> As seen in the DHO's staffing lists, Katakwi DLG HD deployed some HWs across HFs. However, of the sampled HFs, only Akoboi HC II had 100% fully deployed cum filled structure. It was clear that the overall deployment of PHC workers was not fully in line with the staffing lists in use together with the budget for FY 2018/19. The DHO letter (dated 16th/8/2018) to the PHRO (Ref: Med/160) urged the HR Department to expedite the recruitment process was biased towards catering for the hospital. The DHO letter was in line with the provisos offered in the MoPS letter by the PS (dated 27th/7/2018) stating that MDAs and LGs were not provided with additional funds for recruitment in FY 2018/19. <p>ID</p> <p>HF's Deployed HWs FY 2017/18</p> <table border="1"> <thead> <tr> <th>HF Records</th> <th>HD Records</th> <th>Norm</th> </tr> </thead> <tbody> <tr> <td>1 Akoboi HC II</td> <td>9</td> <td>9</td> </tr> <tr> <td>2 Katakwi Hospital</td> <td>110</td> <td>75</td> </tr> <tr> <td>3 St. Kevin HC III/PNFP</td> <td>13</td> <td>19</td> </tr> <tr> <td>4 Toroma HC IV</td> <td>31</td> <td>27</td> </tr> </tbody> </table>	HF Records	HD Records	Norm	1 Akoboi HC II	9	9	2 Katakwi Hospital	110	75	3 St. Kevin HC III/PNFP	13	19	4 Toroma HC IV	31	27	<p>0</p>
HF Records	HD Records	Norm																
1 Akoboi HC II	9	9																
2 Katakwi Hospital	110	75																
3 St. Kevin HC III/PNFP	13	19																
4 Toroma HC IV	31	27																

<p>Monitoring and Supervision</p>			
<p>The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO has communicated all guidelines, policies, circulars issued by the national level in the previous FY to health facilities: score 3 	<p>There was mixed evidence from the sampled HFs that the DHO/HD was effective when it came to communicating all the circulars, guidelines and policies issued by the national level for the FY 2017/18 (see table). There was only evidence that the sampled HFs had access to some assorted circulars, guidelines and policies from the national level (i.e. did not receive all or 100% of those issued). Indeed, there were both apparent and reported challenges in the mode of communication and documentation between and within the HD and HFs:</p> <ol style="list-style-type: none"> As signals for commitment towards "effective communication" and investment into efforts towards supporting CME, more systematic records of those received and those distributed would be necessary. Even going by their own 	<p>0</p>

records alone, there was no documented evidence that the DHO had communicated all the circulars, guidelines and policies received from the center (i.e. in the spirit of ensuring “effective communication” and promoting CME). Also, HD’s records indicated that the list of those received excluded “Guidelines for LG Planning for the Health Sector, 2017; Sector Grant and Budget Guidelines FY2018/19; and Policy Strategies for Improving Health Service Delivery 2016-2021”.

2. From the nature of evidence offered by the DHO and HFs, it was often difficult to prove that the HFs’ access to circulars, guidelines and policies was attributed to effective communication on the part of the DHO for example those based on what was issued in FY 2017/18.
3. The only concrete evidence came in form of a DHO transmittal letter dated 18th/4/2018 stating communicating Immunization Practice in Uganda among a few others in the area of CME). However, none of the visited HFs presented the letter to the assessor.

ID

HFs Deployed HWs FY 2017/18

HF Records HD Records Norm

1 Akoboi HC II 9 9 9

2 Katakwi Hospital 110 75 169

3 St. Kevin HC III/PNFP 13 - 19

4 Toroma HC IV 31 27 48

<p>The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO has held meetings with health facility in-charges and among others explained the guidelines, policies, circulars issued by the national level: score 3 	<p>There was scanty evidence (about 25% of the sampled HFs) that the DHO's effectively explained the circulars, guidelines and policies issued by the national level through stakeholder engagement (e.g. in meetings with HFs in-charges among others) to disseminate the circulars, guidelines and policies):</p> <ol style="list-style-type: none"> The DHO confided that apart from project-related support supervision , the MoH had never held support supervision visits with DLGs (using the previous Area Team Supervision best practice) to help facilitate and pave the way for cascaded explanation of the circulars, guidelines and policies issued by the national level. There was no approved procedures/requirements to guide the HD to engage the lower levels. 	<p>0</p>
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The LG Health Department has effectively provided support supervision to district health services

Maximum 6 points for this performance measure

Evidence that DHT/MHT has supervised 100% of HC IVs and district hospitals (including PNFPs receiving PHC grant) at least once in a quarter: score 3

1. The DHT supervised 100% of all sampled higher level HF, based on the records of the MoH Supervision Log Books the DHT supervised fully Katakwi General Hospital and Toroma HC IV with the support supervision coming at least once in a quarter as captured in the 4 mandatory support supervision quarterly reports (see table). For example, for FY 2017/18, Toroma HC IV's visits are captured in the logbook (between serial numbers 194231 and 194235).

Quarters Dates

Q1 13th/10/2017

Q2 15th/1/2018,

Q3 18th/4/2018

Q4 16th/7/2018

1. The HD supervised 100% of the sampled PNFP (St. Kevin HC III) as evidenced from the number of DHT support supervision visits in the MoH Supervision Log Book at the HF level. For the FY 2017/18, the visits at St Kevin HC III PNFP are captured between serial number 211624 and 211633 in the logbook. There were 3 visits by the DHO, 12 by the DHT and 10 by the HSD.

ID HFs OFFICIALVISITS (FY 2017/18) TOTAL

DHO DHT HSD

1 Katakwi Hospital (Works) 8 - 8

2 St. Kevin HC III/PNFP 3 12 10 25

3 Toroma HC IV 8 26 22 56

<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"> • If 100% supervised: score 3 • 80 - 99% of the health facilities: score 2 • 60% - 79% of the health facilities: score 1 • Less than 60% of the health facilities: score 0 	<p>Support supervision for FY 2017/18 covered all (100%) of the sampled lower-level HFs:</p> <ol style="list-style-type: none"> 1. The sampled HFs at the level of HC IIs and HC IIIs included Akoboi HC II and St. Kevin HC III (PNFP), , respectively. 2. Other FY 2017/18 records from the DHO, DHT and HSD/HC IVs records confirmed that support supervision covered several lower-level HFs. <p>ID HFs OFFICIALVISITS (FY 2017/18) TOTAL</p> <p>DHO DHT HSD</p> <p>1 Akoboi HC II 0 19 13 32</p> <p>2 St. Kevin HC III/PNFP 3 12 10 25</p>	
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The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up

Maximum 10 points for this performance measure

- 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

All 4 quarterly reports were discussed and used to make recommendations in each quarter for corrective action during FY 2017/18. In this connection, the following are worth noting:

First, for the FY 2017/18 quarterly reports, these were dated as seen in the table below.

Quarters Date

Q1 25th /7/2017

Q2 29th/8/2017

Q3 8th/1/2018

Q4 8th/5/2018

Secondly, the generated support supervision reports captured results that were used to make recommendations and offer follow up through corrective action. For instance, as is seen from HD records as well as the advice rendered in the quarterly reports, details of the records of the DHT's work are cited e.g. in supporting efforts to deal with the outbreak of hemorrhagic fever (Congo fever). Based on the details in the Q2 (29th/8/2017), for example, follow up came in form of supporting specific activities undertaken for correction. The case in point was where the DHO cited dealing with HF staff time management and attendance to duty. The minute was followed up by way of a transmittal letter to HFs e.g. Magoro HC III, Kapujan HC III and Toroma HC IV.

<p>The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up</p> <p>Maximum 10 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6 	<p>All the sampled HFs (100%) benefited from DHT recommendations and follow up made in the course of support supervision visits (i.e. as seen in the MoH Supervision Log Books, Visitors Books, selected HUMC minutes seen in the sampled HFs):</p> <ol style="list-style-type: none"> 1. For DHT visits for the Hospital and HC IV in FY 2017/18, the visitors books indicates 8 and 26 visits altogether respectively. 2. For the support supervision-related recommendations and follow up in FY 2017/18 both the Hospital and HC IV benefited from DHT visits with evidence for the same in the logbooks. <p>FY 2017/18 Recommendations</p> <p>ID HF Findings & Advice Follow up</p> <p>1 Akoboi HC II Seen in 210201-210223 No documented proof</p> <p>2 Katakwi Hospital Seen HC SS&M File (e.g. see 30th/1/2018) Discussion of SS&M Feedback</p> <p>3 St. Kevin HC III/ PNFP Seen in 211624-211633 Stated but not documented</p> <p>4 Toroma HC IV Seen 194231-194235 CME (Malaria, Drugs, Waste)</p>	<p>6</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"> • Evidence that the LG has submitted accurate/consistent data regarding: <ul style="list-style-type: none"> o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10 	<p>The data and reports on HFs was accurate and consistent for all the 24 HFs receiving PHC funding as per formats provided by MoH:</p> <ol style="list-style-type: none"> 1. For some evidence on accuracy and consistency that comes through HMIS records (i.e. refer to Excel spread sheets for HFs, filter for Katakwi DLG, when you take out all HFs managed through other parallel arrangements e.g. Katakwi Police HC II, Katakwi Prisons HC II, Sofaad (school field Artillery and Air Defence HC III, etc. the 24 HFs remain). Their reporting rate was inadequate (below the required 100% e.g. Toroma HC IV and Bisina HC II did not submit consistently). 2. For other evidence to confirm accuracy and consistency, this can be gleaned from the DHO's records for Katakwi DLG HD, HWs receiving PHC grant and the details in the PBS for the FY 2018/19 (pages 26, 27 and 29) – the 24 HFs are captured both ways. 	<p>10</p>

Governance, oversight, transparency and accountability

<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG committee responsible for health met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports etc. during the previous FY: score 2 	<p>The LG committee responsible for health met and discussed service delivery issues. Verifiable evidence in form of minutes of the council committee responsible for health, education and community based services highlighted in the examples below, confirm that the committee responsible for health met and discussed service delivery issues.</p> <ul style="list-style-type: none"> - Meeting held on the on the 19/09/2017 as per minute extract 09/19/09/CL 2017. Key health issues included the need to avail space for the maternity wing and creation of a private wing for Katakwi district referral hospital. - Meeting held on the 23/11/2017 Ref: minute extract 06/23/11/CL/2017. - Meeting held on the 20/02/2018. Ref minute extract 07/20/02/CL 2018. - LG PAC health issues were generated by the council committee responsible for Finance, Administration and Investment that sat on the 25/04/2018 . The issues were presented to the council meeting held on 25/04/18 through the DEC chairperson, who requested the CAO to take action as per recommendation of PAC and DEC to ensure that the persons mentioned in the PAC report do respond according to the recommendation of PAC. 	<p>2</p>
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<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the health sector committee has presented issues that require approval to Council: score 2 	<p>Verifiable evidence to confirm that the committee responsible for health presented issues for council's approval included a review of minutes of committee meetings that sat on 23/04/18 as per minute extract 05/23/04/CL/208 (focused on development of FY 2017/18 plans and budgets for presentation to council). Council approved the Health plans and budgets as per council meeting minutes of the 03/05/2018 and as per minute extract 07/03/05/CL/2018.</p> <p>Other health related issues that required council approval were tabled during the council meetings that sat on the following dates and as per minute extracts indicated below:</p> <ul style="list-style-type: none"> - Meeting of the 19th September 2017; issues of availing more space for the OPD department and creation of a private wing for Katakwi Hospital (minute extract 09/19/09/CL/2017. - Meeting of 23 November 2017; resolved a number health issues as indicated in minute extract 06/23/11/CL/2017. - Meeting of the 20th of February 2018, resolved a number of health related issues as indicated in minute extract 07/20/02/CL/2018. 	
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<p>The Health Unit Management Committees and Hospital Board are operational/functioning</p> <p>Maximum 6 points</p>	<p>Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues):</p> <ul style="list-style-type: none"> • If 100% of randomly sampled facilities: score 6 • If 80-99 %: score 4 • If 70-79: %: score 2 • If less than 70%: score 0 	<p>All the sampled HFs (100%) had quarterly minutes for the FY 2017/18 evidencing the fact that they were all operational and/or functional.</p> <p>HFs' HUMCs/Board No of Meetings in FY 2017/18 Functionality</p> <p>Akoboi HC II 4 100%</p> <p>Katakwi Hospital 4 100%</p> <p>St. Kevin HC III/PNFP 4 100%</p> <p>Toroma HC IV 4 100%</p> <p>% of HFs with 100% Functional HUMCs 100%</p> <p>There are a few details worth considering:</p> <ol style="list-style-type: none"> 1. The sampled HSD (Toroma HC IV) had minutes for the 4 quarters (see table). 2. According to the DHOs Activity Report on Support Supervision of HFs for Q2 of FY 2017/18 (15th/1/2018) as well as the sampled HFs, 100% of HF had minutes for all quarters. 3. While the HD had a support supervision-related indicator that generated data on the functionality of HUMCs and the Hospital Board, it had no synthesized data to corroborate the findings computed by means of a sample offered by the assessors. 	<p>6</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"> • Evidence that the LG has publicised all health facilities receiving PHC non-wage recurrent grants e.g. through posting on public notice boards: score 4 	<p>There was evidence from the DHO's Notice Board that Katakwi DLG published all the 24 HFs receiving PHC non-wage recurrent grants. The publication captured relevant information about the HF such as the account number, annual budgets and total for FY 2017/18. Also 50% of the visited HF had posted similar information (i.e. Okoboi HC II and Katakwi General District Hospital). However, there was no posting of the same information on the DLG budget website.</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"> Evidence that the sector has submitted input to procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30 for the current FY: score 2 	<p>The HD submitted input to the procurement plan on the 16th/4/2018 (i.e. before 30th April):</p> <ol style="list-style-type: none"> The figure cited across the board was UGX 536, 169, 431 was cited in the APC/PBS, the bid documents (BOQ and Form PP1). Several indications offer pointers of some level of consistency across and within the LG systems used. The DHO's letters were dated 16th/4/2018 and 6th/6/2017. The submission covered BOQs that specified all investment items cited in various documents (i.e. the PBS for FY 2018/19, the Health Sector AWP covered, Form PP1, Newspaper ads as well as the listing made by the DHOs transmittal letters on the priority health sector investments e.g. renovation of the female maternity ward/OPD and stores for Katakwi General District Hospital). Aspects of much of the above-mentioned info were cited in an advert run in the Daily Monitor of 17th June 2017 page 43. 	2
<p>The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that LG Health department submitted procurement request form (Form PP5) to the PDU by 1st Quarter of the current FY: score 2. 	<p>The DHO submitted Procurement Form PP1 on the 6th/6/2017 (i.e. by the end of the Q1 for FY 2017/18). Appended to the form was a form possessed by the DHO with BOQs detailing the planned investments in HF infrastructure projects.</p>	2
<p>The LG Health department has certified and initiated payment for supplies on time</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO (as per contract) certified and recommended suppliers timely for payment: score 4. 	<p>Reviewed contracts and established that the DHO certifies and recommends suppliers timely for payment.</p> <p>M/S Bedi Jo (U) Ltd. contract to renovate female Maternity Ward. Certificate issued on 12/04/2018. Progress report issued on 12/04/2018. Request for payment done on 12/04/2018 Audit conducted on 13/04/2018. Payment done on 24/04/2018</p>	4

Financial management and reporting									
<p>The LG Health department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 4 	<p>The Senior Planner for Katakwi District did not provide evidence to the assessor to confirm that the health sector submitted in time the Quarter 4 report to the Planning Unit for consolidation. The health department also could not remember the actual date when their report was submitted to the planning unit, due to challenges of the PBS system. A consolidated 4th Quarterly report was however, available in the planning unit although it was submitted late to MoFPED due to PBS challenges experience by the Planning Unit team.</p>	<p>0</p>						
<p>LG Health department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year</p> <ul style="list-style-type: none"> If sector has no audit query: Score 4 If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: Score 2 points If all queries are not responded to Score 0 	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Number of queries raised</td> <td style="text-align: center;">Number of queries cleared</td> <td style="text-align: center;">Number of queries pending</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">None</td> <td style="text-align: center;">None</td> </tr> </table> <p>Reviewed the draft internal audit report for the 4th quarter that was yet to be finalized. There were 3 issues raised on the Health sector but the draft internal audit report had not been circulated for the sector to provide responses. The performance indicator is thus not able to score for the sector.</p>	Number of queries raised	Number of queries cleared	Number of queries pending	3	None	None	<p>0</p>
Number of queries raised	Number of queries cleared	Number of queries pending							
3	None	None							
Social and environmental safeguards									

<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines (i.e. minimum 30 % women: score 2 	<p>All (100%) of the sampled HFs offered evidence of gender composition that met the 30% requirements. The sampled 4 HFs had an average 39.4% of the required gender composition, hence met the requirement overall (see table).</p> <p>Name of HF All Members Female Members %/Female</p> <p>Akoboi HC II 7 3 42.9</p> <p>Katakwi Hospital 12 5 41.7</p> <p>St. Kevin HC III/PNFP 7 3 42.9</p> <p>Toroma HC IV 10 3 30.0</p> <p>Average Gender Composition 39.4</p>	<p>2</p>
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Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.

Maximum 4 points

- Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2.

Only (25%) of the sampled HFs met the requirements of having received communication for promoting of gender-sensitive sanitation, including having access to the issued guidelines on the separation of facilities for female and male.

1. It was only Toroma HC IV (1 out of the 4 sampled HFs) that offered documented evidence of access to guidance (check the Laws of Uganda in force 31st December 1964, Revised Edition, Statutory Instrument No. 15, pages 3819-3820). There was no record to suggest that the information had been secured with the aegis of the DLG HD or the DHO.
2. For all the other 3 HFs, according to all records made available to the assessors at the time of the assessment (i.e. by 5th/9/2018), there was no evidence on file in form of HD or DHO submission letters or IEC dispatch logs to help confirm that the HD attempted to make efforts towards issuing guidelines on how to manage sanitation in HFs (e.g. in form of charts).
3. The HD had no transmittal communication to the same effect. According to all records made available to the assessors at the time of the assessment (i.e. by 5th/9/2018), there was no evidence on file in form of HD or DHO submission letters or IEC dispatch logs to help confirm that the HD attempted to make efforts towards issuing guidelines on how to manage sanitation in HFs (e.g. in form of charts). Indeed, on promoting sanitation in HFs that included separating facilities for men and women, it was only Toroma HC IV (25% of the sampled HFs) that offered documented evidence of access to guidance (check the Laws of Uganda in force 31st December 1964, Revised Edition, Statutory Instrument No. 15, pages 3819-3820). There was no record to suggest that the information had been secured with the aegis of the DLG HD or the DHO.

<p>LG Health department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all health facility infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 2 	<p>According to records made available by the EO at the time of the assessment (by 5th/9/2018), the assessor reviewed 2 signed and stamped Environment Screening Forms (dated 20th/7/2018 and 28th/6/2018). These covered the Renovation of Hospital Unit and Renovation of OPD Maternity Ward Stores all for Katakwi General Hospital, respectively. The Forms indicated fully outlined risk mitigation plans (as captured in column 5 of the form) made before approvals and they covered the only HF infrastructure projects available for review in the assessment period.</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"> The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 2 	<p>According to records made available to the assessors at the time of the assessment (by 5th/9/2018), there was no evidence on file in form of EO and CDO Site Visit Reports to help confirm that efforts had been made to check whether the risk mitigation plans outlined in the screening forms had been complied with.</p>	<p>0</p>
<p>The LG Health department has issued guidelines on medical waste management</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that the LG has issued guidelines on medical waste management, including guidelines (e.g. sanitation charts, posters, etc.) for construction of facilities for medical waste disposal: score 4. 	<p>The Katakwi DLG HFs had access to waste segregation charts, including sorting out medical waste but with no evidence that the chart constituted proof all by itself that it had been issued by and/or through the DLG HD. Even so, on closer scrutiny of all the evidence garnered through the assessment, there appeared to be mixed indications. For example:</p> <ol style="list-style-type: none"> 4 out of the 4 sampled HFs offered evidence that they had access to medical waste management guidelines in form of charts. 0 out of the 4 sampled HFs offered evidence that they had access to formal communications in form of medical waste management circulars either from the DHO, MoH or both. 	<p>4</p>

Summary of requirements	Definition of compliance	Compliance justification	Score
Planning, budgeting and execution			
<p>The DWO has targeted allocations to sub-counties with safe water coverage below the district average.</p> <p>Maximum score 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has targeted sub-counties with safe water coverage below the district average in the budget for the current FY: <ul style="list-style-type: none"> o If 100 % of the budget allocation for the current FY is allocated to S/Cs below average coverage: score 10 o If 80-99%: Score 7 o If 60-79: Score 4 o If below 60 %: Score 0 	<p>Katakwi district has a safe water average coverage of 92%. However, three of Katakwi's ten sub-counties are below the district average coverage. The low coverage sub-counties are Magoro (87%) and Katakwi (86%) . In the current FY 2018/19 budget, provision has been made to drill 6 boreholes 2 of which will be in Katakwi sub-county . This accounted for 50% of the targeted sub-counties with safe water coverage below district average. Other sub-counties below the district average were not targeted simply because; the district was able to obtain funding from an NGO (Wilt Hunger Hilfe) that offered to construct 20 boreholes. Therefore, the DWO found it fit to give first priority to the low covered areas as it diverts budget allocations to other districts especially the return villages that were also in need of more boreholes.</p>	0

<p>The district Water department has implemented budgeted water projects in the targeted sub-counties (i.e. sub-counties with safe water coverage below the district average)</p> <p>Maximum 15 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has implemented budgeted water projects in the targeted sub-counties with safe water coverage below the district average in the previous FY. o If 100 % of the water projects are implemented in the targeted S/Cs: Score 15 o If 80-99%: Score 10 o If 60-79: Score 5 o If below 60 %: Score 0 	<p>Budget plan and the annual progress reports FY 2017/18 showed that the district planned to construct 5-deep boreholes as follows;</p> <ul style="list-style-type: none"> • Palam ; 1 new borehole • Ngariam: 2 new boreholes • Katakwi: 1 new borehole • Ongongoja: 1 new borehole <p>There was construction of piped water supply system at Apapai in Kapujan sub-county that was planned.</p> <p>Siting was made in all the selected sub-counties. However, 2 were found to be inaccessible during the season, 3 were drilled and one (Palam) was found dry with no water therefore, only two of the projected boreholes were completed i.e. Ngariam and Katakwi . The construction of the piped water system in its 3rd phase was completed altogether accounting for 67% of implemented budgeted water projects in the targeted sub-counties with safe water below the district average previous financial year.</p>	
Monitoring and Supervision			

<p>The district Water department carries out monthly monitoring of project investments in the sector</p> <p>Maximum 15 points for this performance measure</p>	<p>Evidence that the district Water department has monitored each of WSS facilities at least annually.</p> <ul style="list-style-type: none"> • If more than 95% of the WSS facilities monitored: score 15 • 80% - 95% of the WSS facilities - monitored: score 10 • 70 - 79%: score 7 • 60% - 69% monitored: score 5 • 50% - 59%: score 3 • Less than 50% of WSS facilities monitored: score 0 	<p>The district water office (DWO) delivered two major projects in FY 2017/18 as follows:</p> <ul style="list-style-type: none"> • Siting of 5 areas for projected borehole installation by Gets Technical Services Ltd • Drilling and installation of 3 deep boreholes but only 2 were successfully completed as one was found with no water. This was done by Icon Projects Ltd • Construction of piped water supply systems in Kapujan sub-county by Awico Engineering Company Limited <p>Implementation monitoring reports for WSS undertaken in the foregoing FY reviewed as follows;</p> <ul style="list-style-type: none"> • Monitoring of 5 borehole siting and Hydro Geological investigation; Report dated 13/03/2018 • Monitoring and supervision was made by Works Sectoral Committee for the 3 boreholes during drilling one was found without water and only two were successful; Report dated 4/7/2018 • Routine monitoring of the boreholes functionality was done by DDWO in Toroma, Usuk, Katakwi, Palam, Ngariam, Ongongoja; report dated 30/5/2018 	<p>15</p>
<p>The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district has submitted accurate/consistent data for the current FY: Score 5 • List of water facility which are consistent in both sector MIS reports and PBS: score 5 	<p>Katakwi District Local Government submitted accurate/consistent data for FY 2018/19. In the Management Information System (MIS) reports at the Ministry of Water and Environment (MoWE) 7 Deep Boreholes were reported to be rehabilitated and 6 drilled in the Financial Year. This is consistent with the 7 to be rehabilitated and 6 drilled as reported in PBS.</p>	<p>5</p>

<p>The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> List of water facility which are consistent in both sector MIS reports and PBS: score 5 	<p>The list of water facilities that were consistent in both sector MIS reports and PBS; Ongongoja (2), Palam (1), Katakwi (2), Torama (1) etc.</p>	<p>5</p>
<p>Procurement and contract management</p>			
<p>The district Water department has submitted input for district's procurement plan, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has submitted input for the district procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time (by April 30): score 4</p>	<p>Procurement plan for the FY 2018/19 for the above mentioned projects were submitted and they contained the following;</p> <ul style="list-style-type: none"> Borehole siting & drilling supervision Borehole drilling casting & installation ; Apapai piped water supply system (PWSS) <p>These were submitted on 12/04/2018 which was earlier than the deadline of 30th April.</p>	<p>4</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If the contract manager prepared a contract management plan and conducted monthly site visits for the different WSS infrastructure projects as per the contract management plan: score 2 	<p>There was no evidence in form of contract management plan, no evidence in form of minutes for site meetings between contract manager and the contractor. However, they agreed that they would start doing the documentation.</p>	<p>0</p>

<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If water and sanitation facilities constructed as per design(s): score 2 	<p>The facilities that were completed were as per designs example; 4-stance VIP pit latrine with bathroom at Toroma Boys primary school and Toroma HC water facility funded by MoWE that was well maintained and repaired.</p>	<p>2</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If contractor handed over all completed WSS facilities: score 2 	<p>Since the contractor still had pending work for the two sub-counties that were inaccessible, he could not handover the project.</p>	<p>0</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2 	<p>Not all WSS projects were certified by DWO since some projects were pending</p>	<p>0</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"> Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points 	<p>Reviewed payments made to Gets Technical Service Limited for the borehole installations and payments made to Awico Company limited for the construction of piped water supply systems in Kapujan sub county and noted that the District water Officer recommended contractors requests for payment in time and payment was done within a month of submission of the request.</p>	<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"> Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 5 	<p>No evidence was presented by the Senior Planner Katakwi of district to the assessor by the time of the assessment to confirm that the annual performance report for the water sector was presented to the Planner for consolidation by mid-July. The Planner had no record of submission dates by all sectors owing to the limitations of the PBS system that does not allow for retrieval of such information. Too, there were no hard copies of water sector annual performance report (at the water office) that could be reviewed to ascertain dates when the report was generated.</p>	<p>0</p>

<p>The District Water Department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year o If sector has no audit query score 5 o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 3 If queries are not responded to score 0 	<p>The internal audit report for the 4th quarter was in draft form and had not been finalized at the time of the assessment. The management responses had not been inserted.</p> <p>A review of the draft report for the 4th quarter however, indicated that there were issues on the water sector pointed out. The previous reports of the 3rd and 2nd quarter pointed out anomalies in the sector and the status of implementation of the audit recommendations was yet to be availed.</p>	<p>0</p>
<p>Governance, oversight, transparency and accountability</p>			

<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the council committee responsible for water met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports and submissions from the District Water and Sanitation Coordination Committee (DWSCC) etc. during the previous FY: score 3 	<p>There was evidence (in form of meeting minutes for the water committee) that the Council committee responsible for water met three times in the FY as indicated below and discussed service delivery issues including supervision reports. However , a review of the minutes revealed that the committee did not particularly discuss issues pertaining to district Water and Sanitation Coordination committee (DWSCC) and PAC reports, as there is no requirement for prior discussion by the committees of the PAC reports before they are presented to council by the Finance and Administration Committee. Council through DEC makes commendations on the PAC reports to the relevant committees to take action and thereafter report back to council. on actions taken.</p> <p>The meetings held and key issues discussed :</p> <ul style="list-style-type: none"> - Meeting held on 7/11/2018 discussed relevance of water user committees, baseline survey to identify areas to benefit from boreholes (ref. Minute ext no. 05/7/11/2018 - Meeting held on the 14/02/2018 discussed various water related issues as per minute extract 05/14/2/Wks/2018. - Meeting held on the 24/04/2018 discussed the water sector budget for eventual presentation to council for approval. 	<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"> Evidence that the water sector committee has presented issues that require approval to Council: score 3 	<p>Evidence reviewed by the Assessor to confirm that the water committee presented issues to council for approval included a review of the minutes of the meetings (convened on dates indicated below).</p> <ul style="list-style-type: none"> - Meeting of the 7/11/2017. Ref Min. Extract 05/7/11/wks/2018. - Meeting of the 14/02/2018. Ref Min. Extract 05/14/2/Wks/2018 - Meeting of the 24/04/2018. Ref Min. Extract 5/23/04/Wks/2018. <p>Issues arising out of the meetings requiring approval by council included the revamping water user committees, base line surveys for drilling bore holes and preparations of plans and budgets to be submitted to council. Issues were tabled in council meeting of 3/05/18 and approved as per minute extract 06/03/05/CL/2018.</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"> The AWP, budget and the Water Development grant releases and expenditures have been displayed on the district notice boards as per the PPDA Act and discussed at advocacy meetings: score 2. 	<p>On checking the notice board, there was evidence of display of the AWP, budget and the Water Development grant releases.</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"> All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2 	<p>Most of the WSS projects were clearly labeled indicating the name of the project, date of construction, contractor and source of funding . For example ;</p> <ul style="list-style-type: none"> 4 stance VIP pit latrine with a bathroom Omodoi at Toroma Boys SS ; Funded by DDEG; F/Y: 2016/17 Toramo Health Center, Funded by MoWE, Rehabilitated by VPL; Depth 32.6M Akoboi village borehole; Funded by PAF, Date 26/04/2013, Depth; 51m Katakwi district health facility; Contractor; OGWANG & FAMILY ENTERPRISES; FUNDED BY PAF/G.O.U 	<p>2</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2 	<p>There was evidence on the district notice board indicating information on tenders and contract awards for example; tender KATA522/WRKS/18-19/00001 for drilling and installation of boreholes, best evaluated bidder was M/s East Africa Boreholes Limited, Total contract price: UGX 142,508,457 VAT inclusive, Date for display: Wednesday 29th August 2018 and Date for removal:Tuesday 11th September 2018</p>	<p>2</p>

<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If communities apply for water/public sanitation facilities as per the sector critical requirements (including community contributions) for the current FY: score 1 	<p>There was evidence that communities do apply for water/public sanitation facilities as per the sectoral requirements; Example; Atekwa village 1: 21/3/2018; Subject: Borehole rehabilitation</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"> Water and Sanitation Committees that are functioning evidenced by either: i) collection of O&M funds, ii) carrying out preventive maintenance and minor repairs, iii) facility fenced/protected, or iv) they an M&E plan for the previous FY: score 2 <p>Note: One of parameters above is sufficient for the score.</p>	<p>Records show contribution by WSCs collect operation and management fees that are used for maintenance, minor repairs and the facilities are functioning, fenced and well protected</p>	<p>2</p>
<p>Social and environmental safeguards</p>			
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that environmental screening (as per templates) for all projects and EIAs (where required) conducted for all WSS projects and reports are in place: score 2 	<p>There was no evidence of environmental screening for all projects except for the environmental screening that was done 26/6/2018 for a borehole at Bisiwa in ogariam sub-county.</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"> Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1 	<p>There was no evidence of follow up support in case of unacceptable environmental concerns in the past FY</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"> Evidence that construction and supervision contracts have clause on environmental protection: score 1 	<p>Environmental protection is catered for in BOQs, which form part of works contracts for WSS projects. Provision for environmental protection included replanting of vegetation at construction sites for water sources.</p>	<p>1</p>
<p>The district Water department has promoted gender equity in WSC composition.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If at least 50% WSCs are women and at least one occupying a key position (chairperson, secretary or Treasurer) as per the sector critical requirements: score 3 	<p>The WSC are made up of both women and men though majority of them are composed of mostly men. However, in each committee, a woman has to take up a key position. The reserved position for women is the treasury position and they can also occupy any other position of their choice. However, the composition of women on each of the committees is less than 50%</p>	<p>0</p>

<p>Gender and special needs-sensitive sanitation facilities in public places/</p> <p>RGCs provided by the Water Department.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3 	<p>The public sanitation facilities constructed in FY 2013/14 (at Okuda market) and FY 2014/15 (District headquarters) are sex-separated and have ramps to enable access by PWDs.</p>	<p>3</p>
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