



Local Government Performance Assessment

Kumi District

(Vote Code: 529)

Assessment	Scores
Accountability Requirements	67%
Crosscutting Performance Measures	76%
Educational Performance Measures	89%
Health Performance Measures	67%
Water Performance Measures	91%

Summary of requirements	Definition of compliance	Compliance justification	Compliant?
Annual performance contract			
<p>LG has submitted an annual performance contract of the forthcoming year by June 30 on the basis of the PFMAA and LG Budget guidelines for the coming financial year.</p>	<ul style="list-style-type: none"> • From MoFPED's inventory/schedule of LG submissions of performance contracts, check dates of submission and issuance of receipts and: <ul style="list-style-type: none"> o If LG submitted before or by due date, then state 'compliant' o If LG had not submitted or submitted later than the due date, state 'non-compliant' • From the Uganda budget website: www.budget.go.ug, check and compare recorded date therein with date of LG submission to confirm. 	<p>Kumi district was compliant with the PFMAA and LG Budget submission guidelines for the forthcoming year. The Performance Contract was first submitted to MoFPED on the 30th of July 2017 (as per report generation/submission date to MoFPED indicated on the first draft hardcopy available at the Office of the District Planner). MoFPED made comments on the draft that was eventually approved on the 20th of August 2018 (as per information generated by MoFPED on the status/submission of reports by LGs generated on the 28th of August 2018).</p>	Yes
Supporting Documents for the Budget required as per the PFMA are submitted and available			

<p>LG has submitted a Budget that includes a Procurement Plan for the forthcoming FY by 30th June (LG PPDA Regulations, 2006).</p>	<ul style="list-style-type: none"> • From MoFPED's inventory of LG budget submissions, check whether: <ul style="list-style-type: none"> o The LG budget is accompanied by a Procurement Plan or not. If a LG submission includes a Procurement Plan, the LG is compliant; otherwise it is not compliant. 	<p>Kumi district was compliant with the LG PPDA Regulations, 2006, for submission of Budget that includes a Procurement Plan. The budget was submitted with a Procurement Plan (attached to the budget document) on the 25th of July 2018 and was eventually approved by MoFPED on the 30th of July 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>Kumi district was not Complainant with the budget preparation guidelines as per PFMA Act, 2016, regarding the submission of the Annual Performance Report by the 31st of July.</p> <p>The Annual Performance Report was submitted late on- line- to MoFPED on the 14th of August 2018 (as per report generation and submission date-by PBS-system – reflected on the hard copy of the Q4 report available at the District Planner's office). However, the status/submission of LG reports schedule generated at MoFPED on the 28th of August 2018 indicated that the report was submitted on the 22nd and approved on the 23rd of August 2018. This was after the deadline of 31st July 2018. Reasons cited for the delayed submission included challenges faced by the policy change for Tier 1 to Tier 2 and other PBS related challenges coupled with the late release of Q4 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>Kumi District was not compliant with the requirement (as per PFMA Act, 2015), of having submitted all Quarterly Reports by the 31st of July. The Q4 report was submitted on line to MoFPED on the 14/08/18 as reflected by the report generation and submission date (Per PBS system) reflected on the hard copy of the Q4 reports available at the District Planner's office) . However, the schedule for reports/submission for LGs generated at the MoFPED on the 28th of August 2018 indicated that Kumi submitted the Q4 report on the 22nd of August 2018 and approved on the 23rd of August of 2018. This was after the deadline of the 31st of August 2018. Reasons for the late submission included challenges of the newly introduced PBS system and the late release of IPFs for the fourth Quarter.</p>	<p>No</p>
<p>Audit</p>			

<p>The LG has provided information to the PS/ST on the status of implementation of Internal Auditor General and the Auditor General's findings for the previous financial year by end of February (PFMA s. 11 2g). This statement includes actions against all findings where the Internal Auditor and the Auditor General recommended the Accounting Officer to take action in lines with applicable laws.</p>	<p>From MoFPED's Inventory/record of LG submissions of statements entitled "Actions to Address Internal Auditor General's findings",</p> <p>Check:</p> <ul style="list-style-type: none"> • If LG submitted a 'Response' (and provide details), then it is compliant • If LG did not submit a 'response', then it is non-compliant • If there is a response for all – LG is compliant • If there are partial or not all issues responded to – LG is not compliant. 	<p>The audit recommendations and the status of implementation were submitted on 20 April 2018 to MoFPED and 24/04/2018 to Directorate of Internal Audit as per the stamps appended. Three items had remained outstanding: in terms of expenditure in excess of warrants, unaccounted for funds, and lack of third party documents. All these were subsequently cleared as per the submission on the status of implementation.</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 obtained unqualified audit opinion.</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>Kumi district has a Functional Physical Planning Committee. The committee was appointed by the Chief Administrative Officer (CAO) on the 10th of September 2015 as per appointment letters ref. No. CR/214/4.</p> <p>The Committee is comprised of the following officers:</p> <ul style="list-style-type: none"> - District Education Officer - District Health Officer - Environment Officer - Water Officer - Senior Land Management Officer - Roads Engineer - Agricultural Officer - Natural Resources Officer - District Community Development Officer - District Surveyor - Physical Planner (Secretary) - Chief Administrative Officer (Chairperson) <p>The District has not yet developed a Physical Development Plan.</p>	<p>1</p>

<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that district/ MLG has submitted at least 4 sets of minutes of Physical Planning Committee to the MoLHUD score 1. 	<p>The Committee meets on a quarterly basis to review and approve plans. Evidenced adduced by the Physical Planner indicated that the committee sat on the following dates and 4 sets of minutes were available:</p> <ul style="list-style-type: none"> - Meeting of 6th October 2017 - Meeting of 23rd January 2017 - Meeting of the 23rd of March 2018 - Meeting of 29th of June 2018. <p>Minutes of the Physical Planning Committee were not shared with Ministry of Lands housing and Urban Development (MLHUD) - Directorate of Physical 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"> • All infrastructure investments are consistent with the approved Physical Development Plan: score 1 or else 0 	<p>The District has not yet developed a Physical Development Plan. Consistency of approved infrastructure could not be established owing to the absence of a Physical Development Plan.</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 developed for New Growth Areas during the previous FY due to inadequate funding for the Physical Planning Unit during the previous FY. The meagre budget provided during the previous FY was devoted to procurement of survey equipment.</p>	<p>0</p>
<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that priorities in AWP for the current FY are based on the outcomes of budget conferences: score 2. 	<p>Evidence was produced to confirm that priorities in AWP for the current FY were based on the outcomes of budget conference. Key evidence adduced included:</p> <p>Budget conference was held from the 6th to 7th November 2017, during which sectors presented key priorities for the FY 2017/18. The Budget Conference report was available at the District Planner's and contains details of the priorities that were discussed per sector. The priorities for health are indicated on pages 10-11, while priorities for education and water are indicated on page 9 of the report.</p> <p>The key priorities per sector included:</p> <p>Health:</p> <ul style="list-style-type: none"> Construction of a Maternity Ward at Nyero HC III (taken over by USAID/ RHITES-EC Program) Construction of a maternity ward at Kanyamunyu HC III <p>Education:</p> <ul style="list-style-type: none"> Construction of a 2 in teachers houses at Kajadam dam primary school, Construction of a staff house at Kanapa Primary school. <p>Water:</p> <ul style="list-style-type: none"> Protection of springs at Kapapayi, Olupe, Oboi, Oliecho and Agurut. 	<p>2</p>

<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the capital investments in the approved Annual work plan for the current FY are derived from the approved five-year development plan. If differences appear, a justification has to be provided and evidence provided that it was approved by the Council. Score 1. 	<p>Evidence was adduced by the District Planner to confirm that capital investments in the Annual Work Plan were derived from the approved five-year development plan.</p> <p>A list of capital investment projects was extracted from the 5 Year Development Plan and compared with the list of investment projects contained in the Annual work plan.</p> <p>The projects were cited in both the 5 Year Plan and Annual work Plan as indicated below:</p> <p>Health: Rehabilitation of Atatur hospital- Phase 2- page 259 of the DDP and mentioned on page 28 and 31 of the AWP.</p> <p>Education: Construction of a 2 in one teacher's house at Atatur Primary school- mentioned on page 270 of the DDP and cited at page 37 of the AWP.</p> <p>Water: Drilling of Boreholes at various sites. Mentioned on pages 297-318 of the DDP and cited on pages 50-56 of the AWP.</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 appended to the District Development Plan and were consistent with the standard formats provided by the National Planning Authority.</p> <p>The project profiles were reflected as appendices on the following pages:</p> <p>Water profiles reflected on pages 286-301, Health profiles were reflected on pages 238-241, Production profiles cited on pages 195-204, Natural Resources at pages 342 among other profiles appended on the 5 Year Development Plan. The project profiles were tabled at the TPC meeting of the 3rd November 2017 and discussed as per minute extract 4/11/2017.</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>Annual statistical abstracts with gender disaggregated data were compiled and presented to the TPC to support budget allocation and decision-making.</p> <ul style="list-style-type: none"> - Booklet for Statistical Abstracts for Kumi district for the FY 2017/18 was available at the office of the District Planner. - The district Population Officer made a presentation (a power point presentation was available at the Planner's office) of the Statistical Abstracts to the TPC meeting of 7th August 2018, and the abstracts were discussed and used for budget allocation and decision making as per minute extract no. 13/08/2017. 	<p>1</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>Reviewed the detailed work plans and budget estimates for the FY 2017/18 on page 84 under Health Sector where Non- Residential building were budgeted at shs. 190,000,000 as renovation of the Atatur Hospital and from the financial statements shs.171,529,090 was spent on this investment project by the time of the assessment.</p> <p>Under Education sector a review of the work plan on pages 87 and 88 indicate the projects to be undertaken including classroom construction and rehabilitation in Okemer PS, Kachaboi budgeted at shs. 150,000,000, and latrine construction and rehabilitation budgeted at shs. 35,000,000 as well as teacher house construction and rehabilitation budgeted at shs. 117,885,000.A review of the expenditure revealed projects undertaken including</p> <p>Construction of a 3 stance lined VIP latrine at Oladot PS budgeted shs.12,994,732 spent was shs.10,991,328 . it was budgeted for and 85% competed in the FY</p> <p>Construction of a two in one teachers house, kitchen and a 25 stance VIP latrine at Atatur PS budgeted amount is 106,999,997 payment to date was shs.95,779,258 it was in the budget and is achieved 90% by the date of assessment</p> <p>Construction of a classroom block at Kachaboi PS budgeted at shs74,329,244 paid shs.66,888,583 in the work plan and achieved 90% completion</p> <p>Construction of a 2 classroom block at Okemer PS budgeted shs.74,863,837 paid up to shs. 66,055,550 which is 88% and was in the wok plan for the year.</p> <p>Construction of a 5 stance lined VIP latrine at Omatenga PS budgeted at shs.19,212,996 and paid shs.17,277,678 percentage completion is 90% Not in the work plan for the FY 2017/18</p> <p>CONSTRUCTION of a 5 stance lined VIP latrine at Aakide PS budgeted for shs.19,255,736 and accumulative payment made is shs.19,254,472 which is 100% performed as at the end of the FY.</p> <p>Request for payment by KLR- Uganda Ltd for siting, drilling and installation of 5 deep boreholes in asinge, Kalapata, Oput, Kbura, Karataka payment vouchers PVW-0869 dated 25/06/2018 EFT 5299902065256 the request for payment was done on 17/04/2018 and recommended for payment by DWO on 04/05/2018 approved for payment on 04/06/2018. Contract sum Is shs96,536,685 and paid shs.90,774,634 which is 90% and it was in the budget and work plan.</p> <p>Construction of 5 spring wells budgeted at shs24,823,365 in the budget and work plans . Paid shs.22,275,450. 90% done to date .</p> <p>.</p>
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<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>All projects listed below were performed between 80%-90% due to the retention monies that were yet to be paid and certificates of completion were yet to be issued. The score here therefore is 2.</p> <ol style="list-style-type: none"> i. Reviewed the payments for the renovation of Atatur Hospital Phase III. Budgeted amount is shs. 190,000,000 as per page 84 of the work plan and Budget estimates. Payments made to date is shs.171,529,090 which is 90%. ii. Construction of a 3 stance lined VIP latrine at Oladot PS budgeted shs.12,994,732 spent was shs.10,991,328 . it was budgeted for and 85% competed in the FY. iii. Construction of a two in one teachers house, kitchen and a 25 stance VIP latrine at Atatur PS budgeted amount is 106,999,997 payment to date was shs.95,779,258 it was in the budget and is achieved 90% by the date of assessment. iv. Construction of a classroom block at Kachaboi PS budgeted at shs74,329,244 paid shs.66,888,583 in the work plan and achieved 90% completion. v. Construction of a 2 classroom block at Okemer PS budgeted shs.74,863,837 paid up to shs. 66,055,550 which is 88% and was in the wok plan for the year. vi. Construction of a 5 stance lined VIP latrine at Aakide PS budgeted for shs.19,255,736 and accumulative payment made is shs.19,254,472 which is 100% performed as at the end of the FY. vii. Request for payment by KLR- Uganda Ltd for siting, drilling and installation of 5 deep boreholes in asinge, Kalapata, Oput, Kbura, Karataka payment vouchers PVW-0869 dated 25/06/2018 EFT 5299902065256 request done on 17/04/2018 recommended for payment by DWO on 04/05/2018 approved for payment on 04/06/2018. Contract sum Is shs96,536,685 and paid shs.90,774,634 which is 90% . Was in the budget and work plan. viii. Construction of 5 spring wells budgeted at shs24,823,365 in the budget and work plans . Paid shs.22,275,450. 90% done to date. ix. Construction of a 2 stance toilet at TISAI. It's in the budget at a cost of shs13,459,222 paid 12,109,136 which is 90%
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The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY

Maximum 4 points on this Performance Measure.

• Evidence that all investment projects in the previous FY were completed within approved budget – Max. 15% plus or minus of original budget: score 2

A review of information contained in the Annual budget performance report (as part of the Q4 report submitted to MoFPED and the Annual Final Accounts confirmed that the projects were completed within the approved budgets.

Projects looked at were:

- i. The renovation of Atatur Hospital Phase III. Budgeted amount is shs. 190,000,000 as per page 84 of the work plan and Budget estimates. Payments made to date is shs.171,529,090 which is 90% in terms of completion.
- ii. Construction of a 3 stance lined VIP latrine at Oladot PS budgeted shs.12,994,732 spent was shs.10,991,328. It was budgeted for and 85% completed in the FY
- iii. Construction of a two in one teachers house, kitchen and a 25 stance VIP latrine at Atatur PS budgeted amount is 106,999,997 payment to date was shs.95,779,258 it was in the budget and is achieved 90% by the date of assessment.
- iv. Construction of a classroom block at Kachaboi PS budgeted at shs74,329,244 paid shs.66,888,583 in the work plan and achieved 90% completion.
- v. Construction of a 2 classroom block at Okemer PS budgeted shs.74,863,837 paid up to shs. 66,055,550 which is 88% and was in the wok plan for the year

<p>The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that the LG has budgeted and spent at least 80% of the O&M budget for infrastructure in the previous FY: score 2 	<p>Evidence was adduced by the sector accountants (Administration, Health and Water) to confirm that the O&M budget lines were spent up to at least 80%.</p> <p>Note that O&M for the Education sector is normally handled at LLG level with parents' support through the SMC and PTAs or with support from the sub counties.</p> <p>Evidence provided for the O&M expenditure for other sectors indicated that expenditure was above 80% as outlined below :</p> <p>WATER <u>Rehabilitation of Boreholes</u> Budgeted: 107,833,633 = Spent 97,707,9565 (91%)</p> <p>HEALTH <u>Renovation of Atatur Hospital</u> Budgeted: 189, 956,005= Spent: 171,528, 762= (90.3%)</p> <p>ADMINISTRATION <u>Renovation of the Chairperson's House</u> Budgeted: 56,115,000= Spent: 56,173,800= (100%)</p>	<p>2</p>
<p>Human Resource Management</p>			
<p>LG has substantively recruited and appraised all Heads of Departments</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that the LG has filled all HoDs positions substantively: score 3 	<p>The approved staff structure (approved by Council under Minute 51/KDC/DEC/01/2018 and approved on 5th January 2018 by MoPS letter ref no. ARC/135/306/01) provides for 11 departments.</p> <p>Seven of the 11 departments were substantively filled while the four are not substantively filled. The substantively filled HoDs position were: Administration; finance; statutory bodies; planning; community Based Services; production and health. Below is a presentation of sample two HoDs in acting positions.</p> <p>a) Orone Justine: Works, acting District Engineer; appointed as a senior engineer on 1st July 2014 under DSC Minute No: 31/2014. Assigned duties to act as a District Engineer on 29th March 2018 under DSC minute No: 31/2018 (IV)</p> <p>b) Otai John Michael: Education, acting DEO; appointed on promotion as a Principal Education officer under DSC minute No: 103/2017 (XLV). He was assigned duties to act DEO on 29th May 2018 under DSC minute No. 31/2018 (IV)</p>	<p>0</p>

<p>LG has substantively recruited and appraised all Heads of Departments</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that HoDs have been appraised as per guidelines issued by MoPS during the previous FY: score 2 	<p>Review of the appraisal files of the HoDs revealed that all the HoDs (both substantive and acting) had been appraised; copies of the signed performance reports seen. Below is a presentation of appraisal status of 3 sampled HoDS.</p> <p>a) Otai John Michael: acting Education Officer; appraised and performance report signed by CAO on 18/7/2018</p> <p>b) Orone Justine: acting District Engineer; appraised and performance report signed by CAO on 10/7/2018</p> <p>c) Wandera Peter: Finance Officer; appraised and performance report signed by CAO on 17/7/2018</p> <p>Copies of the performance reports seen were not properly made for instance they did not have attachments of the reports and didn't not adequately justify the scores. There is need for the District to improve on staff performance assessments.</p>	<p>2</p>
<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that 100 % of staff submitted for recruitment have been considered: score 2 	<p>In FY 2017/18, 56 submission for 133 vacant positions for recruitment were made to the DSC (including new recruits and internal appointments). DSC met and considered all the submissions in the following meetings below:</p> <p>a) Meeting of 30th May 2018: Minute No: 38/2018 (a) and Minute No. 39/2018 (a)</p> <p>b) Meeting of 3rd and 4th May 2018: Minute No 31/2018</p> <p>c) Meeting of 5th to 28th March: Minute No. 17/2018; 20/2018; 19/2018; and 22/2018</p> <p>d) Meeting of 12th to 22nd February: Minute 18/2018</p> <p>e) Meeting of 18th Jan 2018: Minute No. 6/2018</p> <p>f) Meeting of 29th, 30th November 2017, 1st and 13th Dec 2017: Minute No. 103/2017 and</p> <p>g) Meeting of 13th Dec 2017: Minute No. 109/2017</p>	<p>2</p>

<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for confirmation have been considered: score 1 	<p>In FY 2017/18, 40 submissions for confirmation were received by the DSC from CAO. All the submissions were considered in the following meetings:</p> <p>a) DSC meeting of 25, 28 and 30th May 2018: Minute No. 39/2018 (a)</p> <p>b) DSC meeting of 3rd and 4th May 2018: Minute No. 31/2018</p> <p>c) DSC meeting of 5th April 2018: Minute No 25/2018 (i)</p> <p>d) DSC meeting of 18th Jan 2018: Minute No. 6/2018 (a)</p>	<p>1</p>
<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1 	<p>The DSC received 8 cases of the disciplinary action in 2017/18, of these 4 were handled and the other four were not handled. Three of the four cases not handled are indicated below:</p> <p>Asire Betty: abscondment from duty; case not handled</p> <p>Yeko Lorna: abscondment from duty; case not handled</p> <p>Adiba Moses: abscondment from duty; Case not handled</p> <p>The reason provided for not handling all the submission was that a lot of time was spent on recruitment by the commission to absorb the wage bill before end of the financial year hence leaving little time for handling disciplinary actions.</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 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 updated staff list, it was found out that 74 new staff had been appointed in 2017/18. All these new staff had been allocated an IPPS number against their names. Review of the staff payroll revealed that all the new recruited staff had accessed the payroll within two months after appointment.</p>	<p>3</p>

<p>Staff recruited and retiring access the salary and pension payroll respectively within two months</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that 100% of the staff that retired during the previous FY have accessed the pension payroll not later than two months after retirement: score 2 	<p>From the review of retirement staff list, it was found out that 17 staff were due for retirement in 2017/18; of these 17 only one (Ogala John Baptist) had accessed the payroll by the time of the assessment.</p> <p>The reason given for the delay in enrolling retirees on the pension payroll was attributed to the delay in the approval process at Ministry of Public Service.</p> <p>The LG requested that:</p> <p>a) Approval process at the Ministry of Public Service should be hastened.</p> <p>b)The process should be fully decentralized like it is with the active staff payroll.</p>	<p>0</p>
<p>Revenue Mobilization</p>			
<p>The LG has increased LG own source revenues in the last financial year compared to the one before the previous financial year (last FY year but one)</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> If increase in OSR (excluding one/off, e.g. sale of assets) from previous FY but one to previous FY is more than 10 %: score 4. If the increase is from 5% -10 %: score 2. If the increase is less than 5 %: score 0. 	<p>Total of OSR for FY 2016/2017 Shs. 250,646,572</p> <p>Total of OSR for FY 2017/2018 Shs. 221,434,694</p> <p>Increase/Decrease Shs. -29,211,878</p> <p>Percentage.-11.65 %</p> <p>The OSR for FY 2016/17 was extracted from the final accounts for the FY 2016/17.</p> <p>Looked at the draft financial statements prepared on 24/08/2018 and received by MoLG on 30/08/2018 and Office of the Auditor General on the same date. The OSR for the FY 2016/17 was shs. 332,704,322 and it is reduced by shs.82,057,750 which is sale of assets to shs. 250,646,572.</p> <p>The generation of revenue reduced by 11.65% due to the loss of the revenue collecting centre which is Odelo Market to Kumi Municipality.</p>	<p>0</p>

<p>LG has collected local revenues as per budget (collection ratio)</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> If revenue collection ratio (the percentage of local revenue collected against planned for the previous FY (budget realisation) is within +/- 10 %: then score 2. If more than +/- 10 %: Score 0. 	<p>Total Local Revenue Planned/Budgeted for FY 2017/2018 Shs. 454,746,380</p> <p>Total Local Revenue collected during FY 2017/2018 Shs. 221,434,694</p> <p>Performance in the FY 2017/18 was 48.7 %</p> <p>The budgeted included taxes of shs. 108,784,018 and Non-tax revenue of shs. 345,962,362</p> <p>The LG's performance of 48.7% returns a performance that is outside the threshold indicating that the LG doesn't score.</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 was shs. 54,407,930 for FY 2017/18</p> <p>Amount of local revenue remitted to LLGs in FY 2017/18 was Shs.22,500,000</p> <p>Status of compliance: 41.3%</p> <p>Looked at the transmittal letter by the CFO dated 15/11/2017 referenced FIN 106/1 and the EFT No. PVAD-0960/5299902047634 dated 16/11/2017 effecting the transfer. The revenue was forwarded the following LLG of: Atatur shs.3,000,000, Kanyum shs. 3,000,000, Kumi shs. 3,000,000, Mukongoro shs. 3,500,000, Nyero shs. 2,500,000, Ongino shs. 3,500,000, Kumi Municipal Council shs. 4,000,000.</p> <p>Since they did not net remit 65% of the amount to the LLG the LG does not score as per the indicator.</p>	<p>0</p>
<p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the total Council expenditures on allowances and emoluments- (including from all sources) is not higher than 20% of the OSR collected in the previous FY: score 2 	<p>Total expenditure on council allowances during FY 2017/2018 Shs. 31,445,400</p> <p>Percentage 14.2%.</p> <p>It includes Executive shs.5,312,000, Council shs.17,895,400 and standing committees shs.8,238,000</p>	<p>2</p>
<p>Procurement and contract management</p>			

<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the District has the position of a Senior Procurement Officer and Procurement Officer (if Municipal: Procurement Officer and Assistant Procurement Officer) substantively filled: score 2 	<p>The District has the position of the senior procurement officer and the procurement officer substantively filled. These positions are substantively filled by Okillan Henry (senior procurement officer) and Akol Ann (procurement officer). Okillan Henry for example was appointed as a senior procurement officer on 12th May 2015 under DSC minute no: 29/2015.</p>	<p>2</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>TEC produced and submitted reports to the Contracts Committee.</p> <p>For example Technical evaluation Committee meeting was held 21/November /2017 (Ref; KUMI 529/WRKS/2017-2018/00011): Rehabilitation of Kanyum-Atatur-Malera Road Section E (Low cost sealing)</p> <p>Produced report (21 /November/ 2017) submitted to contracts committee. The report</p> <p>Recommended that EMPA ASSOCIATES Ltd be awarded contract at UGX 619,955,406</p> <p>Technical evaluation Committee meeting was held 30/November /2017 Ref; KUMI 529/WRKS/2017-2018/00016) Renovation of Atatur Hospital Phase III Produced report (30/NOVEMBER/2017) submitted to contracts committee. The report recommended that EMPA ASSOCIATES Ltd be awarded contract at UGX 205, 804, 585</p>	<p>1</p>
<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the Contracts Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1 	<p>Contracts Committee considered recommendations of the TEC. For example -Report of the contracts committee seating on 24/11/2017, minute no mm3/KDCC/11-2/17-18as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that</p> <p>Report of the contracts committee seating on 13/December/2017, minute no mm3/KDCC/12-2/17-18, as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that MANJIYA BOYS (U) LTD be awarded contract at UGX 205, 804, 585</p>	<p>1</p>

<p>The LG has a comprehensive Procurement and Disposal Plan covering infrastructure activities in the approved AWP and is followed.</p> <p>Maximum 2 points on this performance measure.</p>	<p>• 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>	<p>-The procurement and Disposal Plan for 2018/2019 year covers all infrastructure projects in the approved annual work plan and budget. For example -Siting, Drilling casting and construction of 7 bore holes (Ref; KUMI 529/WRKS/18-19/00015) at UGX 74,950,606</p> <p>-Construction of 2 in 1 teachers house at Kanapa Primary school (Ref; KUMI 529/WRKS/18-19/00013) at UGX 125,958,941.</p> <p>- Construction of two classroom block at Kajamaka Dam Primary school (Ref; KUMI 529/WRKS/18-19/00018) at UGX 69,204,937.</p> <p>-Construction of 2 in 1 teachers house at Kogil Primary school (Ref; KUMI 529/WRKS/18-19/00012) at UGX 135,577,268</p> <p>In FY 2017/2018 procurements were done as per plan in accordance with the procurement plan).</p> <p>- Rehabilitation of Kanyum-Atatur-Malera Road Section E (Low cost sealing) (Ref; KUMI 529/WRKS/2017-2018/00011): at UGX 619,955,406</p> <p>- Renovation of Atatur Hospital Phase III (Ref; KUMI 529/WRKS/2017-2018/00016) at UGX 205, 804, 585.</p> <p>- Construction of 2 in 1 teachers house at ATUTUR P/S (Ref; KUMI 529/WRKS/2017-2018/00014) at UGX 106,999,997.</p> <p>-Drilling of 5 deep boreholes (Ref; KUMI 529/WRKS/2017-2018/00015) at UGX 96, 536, 685.</p> <p>-Construction of 2 classroom block (Ref; KUMI 529/WRKS/2017-2018/00012) Construction of 2 classroom block at Okemer Primary School (at UGX 74, 863, 837.</p>
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<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</p> <ul style="list-style-type: none"> Siting, Drilling casting and construction of 7 bore holes (Ref; KUMI 529/WRKS/18-19/00015) at UGX 74,950,606 -Construction of 2 in 1 teachers house at Kanapa Primary school (Ref; KUMI 529/WRKS/18-19/00013) at UGX 125,958,941. - Construction of two classroom block at Kajamaka Dam Primary school (Ref; KUMI 529/WRKS/18-19/00018) at UGX 69,204,937. -Construction of 2 in 1 teachers house at Kogil Primary school (Ref; KUMI 529/WRKS/18-19/00012) at UGX 135,577,268 	2
<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2 	<p>For FY 2017/2018, contract register fully updated (2017-2018).such as</p> <ul style="list-style-type: none"> - Rehabilitation of Kanyum-Atatur-Malera Road Section E (Low cost sealing) (Ref; KUMI 529/WRKS/2017-2018/00011): at UGX 619,955,406 - Renovation of Atatur Hospital Phase III (Ref; KUMI 529/WRKS/2017-2018/00016) at UGX 205, 804, 585. - Construction of 2 in 1 teachers house at ATUTUR P/S (Ref; KUMI 529/WRKS/2017-2018/00014) at UGX 106,999,997. -Drilling of 5 deep boreholes (Ref; KUMI 529/WRKS/2017-2018/00015) at UGX 96, 536, 685. -Construction of 2 classroom block at Okemer Primary School (Ref; KUMI 529/WRKS/2017-2018/00012) at UGX 74, 863, 837. -Renovation of LCV Chairperson's House (Ref; KUMI 529/WRKS/2017-2018/00010) at UGX 62,804,833 	2

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

Maximum 6 points on this performance measure.

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

For FY 2017/2018, procurement thresholds were well adhered to. Example of sampled projects

- Rehabilitation of Kanyum-Atatur-Malera Road Section E (Low cost sealing)

(Ref; KUMI 529/WRKS/2017-2018/00011) (Open domestic bidding in Daily Monitor , Friday October 13th 2017)

-Renovation of Atatur Hospital Phase III (Ref; KUMI 529/WRKS/2017-2018/00016) at

UGX 205, 804, 585. (Open domestic bidding in Daily Monitor , Friday October 13th 2017)

- Construction of 2 in 1 teachers house at ATUTUR P/S (Ref; KUMI 529/WRKS/2017-2018/00014) at UGX 106,999,997. (Open domestic bidding in Daily Monitor , Friday October 13th 2017)

-Drilling of 5 deep boreholes (Ref; KUMI 529/WRKS/2017-2018/00015) at

UGX 96, 536, 685.

-Construction of 2 classroom block at Okemer Primary School (Ref; KUMI 529/WRKS/2017-2018/00012) at UGX 74, 863, 837. (Open domestic bidding in Daily Monitor , Thursday September 21th 2017)

-Renovation of LCV Chairperson's House (Ref; KUMI 529/WRKS/2017-2018/00010) at UGX 62,804,833

<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> Evidence that all works projects implemented in the previous FY were appropriately certified – interim and completion certificates <p>for all projects based on technical supervision: score 2</p>	<p>Projects implemented in the FY 2017/18 were appropriately certified with interim and completion certificates as per technical supervision. For example Completion certificates</p> <ul style="list-style-type: none"> -Rehabilitation of Kanyum-Atatur-Malera Road Section E (Low cost sealing) <p>(Ref; KUMI 529/WRKS/2017-2018/00011) Completion certificate dated 20/June/2018</p> <ul style="list-style-type: none"> -Renovation of Atatur Hospital Phase III (Ref; KUMI 529/WRKS/2017-2018/00016) Completion certificate dated 6/June/2018 - Construction of 2 in 1 teachers house at ATUTUR P/S (Ref; KUMI 529/WRKS/2017-2018/00014) certificate dated 12/June/2018 -Drilling of 5 deep boreholes (Ref; KUMI 529/WRKS/2017-2018/00015) Completion certificate dated 6/April/2018 -Construction of 2 classroom block at Okemer Primary School (Ref; KUMI 529/WRKS/2017-2018/00012) completion certificate 12/06/2018 -Renovation of LCV Chairperson’s House (Ref; KUMI 529/WRKS/2017-2018/00010) completion certificate dated 18/April/2018 -Construction of a two classroom block at Kachaboi Primary School (Ref; KUMI 529/WRKS/2017-2018/00013) Completion certificate dated 5/May/2018. 	<p>2</p>
<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> Evidence that all works projects for the current FY are clearly labelled (site boards) indicating: the name of the project, contract value, the contractor; source of funding and expected duration: score 2 	<p>The FY 2018/2019 project site boards for all projects are not yet erected available but even the ones that were erected previous financial year are not clearly labelled. They miss information on contract value and expected duration.</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 	<p>Reviewed a sample of the bank reconciliations performed in the FY 2017/18 and these were done on time and were accurately done. Below is a sample of the months, the status and the dates when reconciliations were done.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Status</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>June 2018</td> <td>Done</td> <td>11/07/2018</td> </tr> <tr> <td>May 2018</td> <td>Done</td> <td>08/06/2018</td> </tr> <tr> <td>April 2018</td> <td>Done</td> <td>11/05/2018</td> </tr> <tr> <td>Feb 2018</td> <td>Done</td> <td>19/03/2018</td> </tr> <tr> <td>January 2018</td> <td>Done</td> <td>07/02/2018</td> </tr> <tr> <td>December 2017</td> <td>Done</td> <td>08/01/2018</td> </tr> </tbody> </table>	Month	Status	Date	June 2018	Done	11/07/2018	May 2018	Done	08/06/2018	April 2018	Done	11/05/2018	Feb 2018	Done	19/03/2018	January 2018	Done	07/02/2018	December 2017	Done	08/01/2018	<p>4</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 <ul style="list-style-type: none"> – no overdue bills (e.g. procurement bills) of over 2 months: score 2. 	<p>Reviewed various requests for payments and observed that payments were processed on time. Some of the payments looked at are detailed below:</p> <p>Reviewed the following vouchers and noted the following:</p> <p>Request made by APECO General Trade & catering services as per LPO No. PO-002876 dated 30/04/2018 was received by the CAO on 18/05/2018 and referred to CFO on 18/05/2018. Paid on voucher PVAD-10991 dated 21/05/2018</p> <p>Request for payment from Spike Investments Limited for the fuel supply dated 25/05/2018 and acted on by CAO on 28/05/2018 CFO on 04/06/2018. Paid on 5/06/2018 on voucher PVAD-0976 PER EFT 529990206209.</p> <p>Requested dated 29/05/2018 from Corner Kilak Restaurant for catering services recommended for action on 29/05/2018 and CFO authorised for payment on 01/06/2018. Payment was done on 05/06/2018 per voucher PVAD-0974 and EFT 5299902062608</p> <p>Request dated 13/12/2017 form Las Petroleum Ltd. was acted on by CAO on 18/12/2017 and was paid on 22/12/2017 vide voucher PVAD-1396 EFT 5299902051882</p> <p>Request made on 29/09/2017 made by Nsusen Motor Works recommended for payment by CAO ON 12/10/2017 , Paid on 18/10/2017 per voucher PVP-0129 and EFT 5299902045603</p> <p>Request done on 22/09/2017 from Las Petroleum was acted upon on 05/10/2017 was approved for payment on 12/10/2017 per voucher PVP-0131 and EFT5299902045472</p> <p>Request for payment done on 29/08/2017 from Good Day</p>	<p>2</p>																					

		<p>Holdings and CAO acted on it 13/9/2017. Was paid on 22/9/2017 per voucher PVP-0120 and EFT 5299902045158</p> <p>REQUEST made by Good Day Holdings Ltd DATED 13/03/2018 was forwarded to CFO by CAO on 14/03/2018 was approved for payment on 16/03/208 was paid on 20/3/2018 per VR PVP-0148 and 5299902056119</p> <p>Reviewed request for payment to Manjiya Boys (U) Ltd for the renovation of Atatur Hospital Phase III dated 13/04/2018. CAO forwarded it CFO on 27/04/2018. DHO recommended for payment on 25/04/2018</p> <p>Reviewed a request for payment dated 22/01/2018 for payment on the rehabilitation of Kanyum- Atatur –Malera road low cost sealing, and forwarded to CFO ON 30/10/2018 . Was paid on 22/02/2018 per Voucher PVW-0791 and EFT 5299902054206</p> <p>Reviewed payment to LHM Ground Water Exploration and the request was made on 20/04/2018 and recommended for payment on 04/05/2018 by District Water Officer and was paid on 15/05/2018 as per VR PVW-0900 and the EFT 5299902060263. CFO approved payment on 15/05/2018</p>	
<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG has a substantive Senior Internal Auditor: 1 point. • LG has produced all quarterly internal audit reports for the previous FY: score 2. 	<p>Mr. Ebolias Edward was appointed as a principal auditor in acting capacity by the CAO on the recommendation of the LG Service Commission under minute no. 31/2018(IV) as per letter dated Tuesday, May 29, 2018 and referenced CR 156/5. This was after the early retirement of the previous office holder citing illness. Being in acting capacity he is not substantive and therefore the LG does not score on this indicator.</p>	<p>0</p>

<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • LG has produced all quarterly internal audit reports for the previous FY: score 2. 	<p>All quarterly reports are prepared by the District Internal Auditor and circulated to the relevant offices. Below the quarterly reports and when they were prepared is indicated:</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Date of report</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Quarter 4</td> <td>27/07/2018</td> <td>No reference</td> </tr> <tr> <td>Quarter 3</td> <td>09/05/2018</td> <td>No reference</td> </tr> <tr> <td>Quarter 2</td> <td>13/02/2018</td> <td>No reference</td> </tr> <tr> <td>Quarter 1</td> <td>03/11/2018</td> <td>No reference</td> </tr> </tbody> </table> <p>Quarter 4 report was prepared on 27/07/2018 submitted to District chairperson on 30/07/2018, the RDC on 30/07/2018, principal auditor on 06/08/2018, the Directorate of Internal Audit on 30/07/2018, MoFPED and MoLG on the same date as per the stamps appended.</p> <p>3rd quarter report was produced on 09/05/2018, recorded in central registry on 16/05/2018 and received by the District Chairperson on 16/05/2018</p>	Quarter	Date of report	Reference	Quarter 4	27/07/2018	No reference	Quarter 3	09/05/2018	No reference	Quarter 2	13/02/2018	No reference	Quarter 1	03/11/2018	No reference	<p>2</p>
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Quarter 1	03/11/2018	No reference																
<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<p>Evidence that the LG has provided information to the Council and LG PAC on the status of implementation of internal audit findings for the previous financial year i.e. follow up on audit queries from all quarterly audit reports: score 2.</p>	<p>Looked at various communications where the CAO is instructing the affected persons and Units to defend themselves before LG PAC and provide responses to the audit queries.</p> <p>Seen a communication dated 4/09/2018 reference CR 207/4 where the CAO is instructing the Head PDU to install a bid box in line with the audit recommendation and this is copied to District Chairperson, the District internal auditor, the Secretary, District PAC.</p> <p>Communication dated 04/09/2018 referenced CR103/2 by CAO to principal human resource, another to Production Officer, instructing him to warn the officers affected to desist from submitting inadequate accountability and adhere to audit recommendation.</p> <p>All CAO's instructions are copied to the LG PAC.</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 internal audit reports for the previous FY were submitted to LG Accounting Officer, LG PAC and LG PAC has reviewed them and followed-up: score 1. 	<p>Seen a communication dated 11/09/2018 referenced C.R.214/14 where CAO is writing to the Coordinator of OWC, Head PDU and CFO and another communication to other affected persons to attend to LGPAC to respond to queries raised in the Audit report for the 4th quarter.</p> <p>Seen a communication from the Secretary, Local Government Public Accounts Committee dated 29/06/2018 and referenced COU214/4 to the District Chairperson and copied to among many the CAO submitting the PAC report for the 4th Quarter for the FY 2017/18 for his information and necessary action.</p> <p>Another communication dated 27/04/2018 referenced COU214/4 where the District Chairperson is informed of the PAC report for the 3rd Quarter report on audit findings and advised to take action to the units and individuals affected. Another report is referenced C.R:153/1 dated 23/11/2017 is also forwarded for the 1st quarter report from PAC and the other is dated 23/01/2018 for the 2nd quarter report</p>	1
<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>Obtained and reviewed the assets register and it is in conformity with the format in the accounting manual. There all details about the equipment, the motor vehicles, the landed properties in their categories. There LG scores full marks under this indicator.</p>	4
<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>The LG obtained an unqualified report for the financial year 2017/18 as per the Auditor General's report</p>	4
<p>Governance, oversight, transparency and accountability</p>			
<p>The LG Council meets</p>	<ul style="list-style-type: none"> • Evidence that the Council meets and 	<p>There was verifiable evidence presented to the Assessor to confirm that Council met during the previous FY and</p>	2

<p>and discusses service delivery related issues</p> <p>Maximum 2 points on this performance measure</p>	<p>discusses service delivery related issues including TPC reports, monitoring reports, performance assessment results and LG PAC reports for last FY: score 2</p>	<p>discussed service delivery related issues including monitoring reports, performance assessment results and LG PAC reports. Evidence was adduced in form of a set of 7 minutes of Council meetings that sat on the following dates:</p> <p>Meetings of the 27th September 2017: Mainly moved a motion to support Area Members of Parliament to support the removal age limit in the constitution (Article 102 (b) of the Constitution of Uganda.</p> <p>Meeting also discussed and approved the proposal of Uganda District Councils and Speaker’s Association (UDICOSA).</p> <p>Meeting of the 19th of October 2017. Mainly discussed and supported the motion for the area MPs to support the amendment of Article 102 (d) of the Constitution of Uganda.</p> <p>Meeting of 1st November 2017: as per minute extract no. 17/KDC/ 11/ 2017. Discussed various sector issues as per minute number-17/KDC/11/2107 including for Education: the need for private primary and secondary schools to be mobilise and sensitised to participate in extracurricular activities, need to harmonise the printing costs of primary school exams across all primary schools, need to consider recruitment of experienced teachers during the recruitment exercises. Under Health issues; the need to recruit on replacement basis at various health facilities, need for council to receive regular updates from the DHO about the renovation of Atatur hospital, assigned responsibilities to CAO and DEC to follow up management issues at Kumi Hospital. No Water issues were discussed at this particular meeting.</p> <p>Meeting of 21st December 2017. Key issues discussed as per minute extract number 23/KDC/ 2/2017, included for the Education sector through the DEO to ensure that the misunderstandings between the head teacher and games teacher at Adero primary school are resolved. Health issues included the need to ensure that all HIV positive mothers enrolled at Kumi Hospital through Voucher Plus system receive treatment- the DHO- should follow up accordingly. Need for the DHO to resolve management issues at Kumi hospital as the Orthopaedic Surgeon was threatening to leave.</p> <p>Meeting of the 17th of January 2018: Discussions under minute extract no. 29th/KDC/01/2018, focused on the advice of the solicitor general regarding the legal ownership of the staff houses at the district headquarters that were being claimed by staff that had stayed in the houses for long period of time and had even renovated them.</p> <p>The council also discussed the shortfall in local revenue and the need to explore alternative means of raising local revenue.</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>There was no concrete evidence adduced by the district to confirm that there was a designated person to coordinate grievances / responses and feedback to the citizenry.</p> <p>While the CAO informed the Assessor that the Deputy CAO was appointed to handle issues of coordinating responses and providing feedback to the citizenry, the appointment letter assigning additional responsibilities to the Deputy CAO, seen at the time of the assessment, was restricted to being a focal point person to receive complaints and grievances for the <i>Regional Pastoralists Livelihood Resilient Project</i>. There was no mention of coordinating complaints and grievances from the community regarding other issues.</p> <p>The CAO however, promised to modify the letter and assign additional responsibilities to the deputy CAO to include additional responsibilities to coordinate grievances and complaints from the general public about other development/service delivery issues.</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>There was no evidence seen and/or adduced by the District Planner and/or the Deputy CAO to confirm that there was a specified system of for recording, investigating and responding to grievances. The Assessor was not shown evidence in form for example of a file for <i>Grievances and Complaints from the citizens</i> or evidence of correspondence to the complaining parties informing them of the action taken although the Deputy CAO promised that by the end of the assessment exercise she would have presented the evidence. By the time of the exit meeting, no evidence had been presented.</p> <p>The Assessor advised the deputy CAO to assemble all grievances from the community into one file that can be used to record, track and provide feedback to the complaining parties.</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>Evidence was seen by the Assessor in form of published payroll and Pensioner's Schedule September 2018, duly displayed at the public notice boards at the main administration block.</p>	<p>2</p>

<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the procurement plan and awarded contracts and amounts are published: score 1. 	<p>While the entire Procurement Plan was not displayed at the Public notice boards, extracts of the Best Bidder Evaluated Notices were displayed at all public notice boards and the information was accessible by the public. The notices captured information including, the date of the notice, the subject of procurement, the method of procurement, name of provider and the 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>The performance Assessment results were disseminated during the TPC meeting that sat on the 19th of July 2018 as per minute extract number 04/07/ 2018, during which key areas of improvement were discussed at the meeting. The district chairperson made a presentation of the results and urged the heads of department to share the results with the technical staff and ensure that the gaps identified by the assessment team are addressed before the forthcoming assessment for FY 2017/18. He called upon the sub-county staff to also share the results with lower local government staff.</p>	<p>1</p>
<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1 	<p>Evidence was adduced by the Planner to confirm that various Policy documents, circulars and guidelines issue by government were communicated to lower level local governments. Examples cited included the following:</p> <p>Dissemination of DDEG guidelines as per letter from CAO to lower local governments and TPC members as per letter dated 27th March 2018.</p> <p>Dissemination of the PMA Act, 2015. Communicated through a letter from CAO to TPC members and lower local Governments dated 20/02/17</p> <p>Budget call circulars 1 and 2 disseminated to TPC members and lower local government through a letter from CAO dated 16/03/18.</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 feed-back on status of activity implementation: score 1. 	<p>Discussions were held at community level and through radio talk shows to provide feedback to the citizens about progress of activity implementation. Evidence seen by the Assessor included:</p> <p>Report by the DEO about the Radio talk show that was held by the RDC and the DEO and an update of the progress of implementation of the education sector activities was provided. The Talks how was held on 4/06/18.</p> <p>Baraza-Community Dialogue- was held on the 18/05/18 during which sector heads made presentations about the progress of activity implementation. Baraza was also addressed by development partners and the Teso Anti corruption coalition (ref. Baraza Report pages 1-3)</p> <p>Community dialogue meetings held on the 20/02/2018 which discussed land boundaries and progress of activity implementation.</p> <p>Water committee meetings and site meetings at Atatur during which updates were provided about the progress of the rehabilitation works for Atatur borehole (Ref: File on Status of Activity Implementation available in the District Planner’s Office).</p>	<p>1</p>
<p>Social and environmental safeguards</p>			
<p>The LG has mainstreamed gender into their activities and planned activities to strengthen women’s roles</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG gender focal person and CDO have provided guidance and support to sector departments to mainstream gender, vulnerability and inclusion into their activities score 2. 	<p>Guidance has been provided by gender focal point person to departments regarding how to mainstream gender. For example</p> <p>-Report (Ref Date:15, JUNE, 2017) CAPACITY BUILDING GENDER MAIN STREAMING FOR ALL HEADS OF DEPARTMENT AND OTHER STAKEHOLDER. Held at District Council Hall.</p> <p>The training covered (Practical steps in gender main streaming, cross cutting issues)</p> <p>A number of issues were covered during all guidance sessions including understanding of gender equity, gender analysis, gender and development and gender organization, dissemination of new policy guidelines, gender and HIV/AIDS MAIN STREAMING.</p> <p>-Training on adoption of human rights approach to development stakeholders at Council Hall on 26/06/2018 in partnership with ISER</p> <p>-Annual Report 2017-2018 dated 19/09/2018</p>	<p>2</p>

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

Maximum 4 points on this performance measure.

• Evidence that the gender focal point and CDO have planned for minimum 2 activities for current FY to strengthen women's roles and address vulnerability and social inclusions and that more than 90 % of previous year's budget for gender activities/ vulnerability/ social inclusion has been implemented: score 2.

In FY 2018/19 Gender focal point person and CDO have planned activities (work plan) (Vote 529 Kumi District). These include

- Gender Main streaming
- children and youth services,
- community based services and
- support to disabled and elderly, representation on Women councils.
- probation and welfare support
- operation of community based services Department.
- UWEP Projects supported in 6Sub counties

In FY 2017/18 over 90% of the planned activities on gender activities/vulnerability/social inclusion well implemented e.g 100% achievement was registered as was planned. Departments were helped on how to use data for planning, mentoring of departments on gender main streaming, facilitating youth council meetings, supporting people with disabilities, dissemination of gender aggregated data, conducting radio talk shows

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 1 	<p>Environmental screening and EIA are carried out for activities and projects are planned and budgeted for in respective BOQs for specific projects in each department depending on the department e.g works (Voucher number No:17340190 indicates money drawn from the budget as planned for conducting environmental screening for low cost sealing project.</p> <p>Water (Voucher number No:PV-AD25383 indicates money drawn from the budget as planned for conducting environmental screening for drilling of bore holes. For example</p> <ul style="list-style-type: none"> - Renovation of Atatur Hospital Phase III (Ref; KUMI 529/WRKS/2017-2018/00016) screening done 16/May/2018 - Construction of 2 in 1 teachers house at ATUTUR P/S (Ref; KUMI 529/WRKS/2017-2018/00014) at UGX 106,999,997 screening done on 13/06/2018. -Drilling of 5 deep boreholes (Ref; KUMI 529/WRKS/2017-2018/00015) screening done on 22/06/2018, 27/06/2018, 25/06/2018 -Construction of 5 stance pit latrine at Omatenga P/s , screening done 19/06/2018 --Renovation of LCV Chairperson's House (Ref; KUMI 529/WRKS/2017-2018/00010) screening done on 23/05/2018. - Construction of 4 stance pit latrine at Atatur P/s , screening done 13/06/2018 	
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<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1 	<p>Environmental and social management and health and safety plans are integrated and appended on the bid documents are contracts agreements for example: for example bid documents reviewed, they contain the clause on environmental amangement and health and safety plans</p> <p>-Siting, Drilling casting and construction of 7 bore holes (Ref; KUMI 529/WRKS/18-19/00015)</p> <p>-Construction of 2 in 1 teachers house at Kanapa Primary school (Ref; KUMI 529/WRKS/18-19/00013)</p> <p>- Construction of two classroom block at Kajamaka Dam Primary school (Ref; KUMI 529/WRKS/18-19/00018)</p> <p>-Construction of 2 in 1 teachers house at Kogil Primary school (Ref; KUMI 529/WRKS/18-19/00012)</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>All projects are implemented on land where the LG has proof of ownership. For example</p> <p>-Land Certificate of title Plot 12 -36 ONGINO ROAD (KUMI LOCAL GOVERNMENT) where all district projects are located.</p> <p>-KUMI BLOCK 4, Plot 52, 53 and 54 (Atatur Health Centre III, project).</p> <p>-PLOT 1-15 omatenga road, KUMI TOWN (Works renovation projects)</p> <p>- Drilling of bore holes was done on Private land and agreements were made and were available and MOUs. The agreements are witnessed community members. For, Oput Village (Bore drilling Agreement dated 17/11/2017), Kajamaka Village (Bore drilling Agreement dated 23/1/2018, Kabwongo Village 16/11/7217.</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 completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer and CDO: score 1 	<p>All completed projects have Environmental and Social Mitigation Certification. For example</p> <ul style="list-style-type: none"> -Renovation of Atatur Hospital Phase III (Ref; KUMI 529/WRKS/2017-2018/00016) certification form completed and signed 18/June/ 2018 -Construction of 2 in 1 teachers house at ATUTUR P/S (Ref; KUMI 529/WRKS/2017-2018/00014) at UGX 106,999, certification form completed and signed 13/June/ 2018- -Drilling of 5 deep boreholes (Ref; KUMI 529/WRKS/2017-2018/00015) certification form completed and signed 22/June/ 2018 -Construction of 5 stance pit latrine at Omatenga P/s , certification form completed and signed 19/June/ 2018 --Renovation of LCV Chairperson's House (Ref; KUMI 529/WRKS/2017-2018/00010) certification form completed and signed 18/June/ 2018. - Construction of 4 stance pit latrine at Atatur P/s , certification form completed and signed 13/June/ 2018 <p>Mitigation Certification Forms completed and signed by Environmental Officer and CDO and they stamped.</p>	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the contract payment certificated includes prior environmental and social clearance (new one): Score 1 	<p>The contract payment certificated includes prior environmental and social clearance. Clearance is done after inspection of contracts committee and based on the report of this committee.</p> <p>e.g clearance was done for these projects</p> <ul style="list-style-type: none"> -Renovation of Atatur Hospital Phase III (Ref; KUMI 529/WRKS/2017-2018/00016) -Construction of 2 in 1 teachers house at ATUTUR P/S (Ref; KUMI 529/WRKS/2017-2018/00014) -Drilling of 5 deep boreholes (Ref; KUMI 529/WRKS/2017-2018/00015) -Construction of 5 stance pit latrine at Omatenga P/s -Renovation of LCV Chairperson's House (Ref; KUMI 529/WRKS/2017-2018/00010). - Construction of 4 stance pit latrine at Atatur P/s. 	<p>1</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental officer and CDO monthly report, includes a) completed checklists, b) deviations observed with pictures, c) corrective actions taken. Score: 1 	<p>Monthly reports were well prepared by the Environmental Officer and CDO (Reports dated 11/06/2018, 2/03/2018, 22/05/2018, 2/08/2017, 1/12/2017). The checklists are completed. There were no deviations observed as per pictures with pictures (c) corrective actions taken.</p> <p>Reports covered all the completed projects such as</p> <ul style="list-style-type: none"> -Renovation of Atatur Hospital Phase III -Construction of 2 in 1 teachers house at ATUTUR P/S -Drilling of 5 deep boreholes (Ref; KUMI 529/WRKS/2017-2018/00015) -Construction of 5 stance pit latrine at Omatenga P/s -Renovation of LCV Chairperson's House - Construction of 4 stance pit latrine at Atatur P/s 	<p>1</p>
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Summary of requirements	Definition of compliance	Compliance justification	Score
Human resource planning and management			
<p>The LG education department has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has budgeted for a Head Teacher and minimum of 7 teachers per school (or minimum a teacher per class for schools with less than P.7) for the current FY: score 4 	<p>The LG Education department budgeted for Kumi District Performance Contract FY 2018/2019 (Vote: 529) indicates budgeting for head teachers and teachers,26/4/18. Example : A list of 75 primary schools, a list of 777 teachers including Head teachers, list of schools show at least the seven teachers (ref List of teachers as printed 15/8/2018)</p>	4
<p>The LG education department has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has 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. For example</p> <ul style="list-style-type: none"> -Atutur P/S has 11 teachers including the head teacher . -Mukongoro Rock P/S has 15 including the head teacher . -Mukongoro P/S has 12 teachers including the head teacher. -Ngero P/S has 18 teachers including the head teacher. 	4
<p>LG has substantively recruited all primary school teachers where there is a wage bill provision</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has filled the structure for primary teachers with a wage bill provision <ul style="list-style-type: none"> o If 100%: score 6 o If 80 - 99%: score 3 o If below 80%: score 0 	<p>According to Kumi District approved structure (Approving MIN; ref - ARC135/306/01 dated 5/1/2018, by the P/S MoES) the structure for primary teachers is only filled with a wage bill provision. The HRM staff register has 777 teachers including head teachers dated 31/7/18, the DEO proposes 1,130 vacancies, to CAO on 2/3/18 (Ref: EDU 311/1) while the wage provision allows only 777, implying 353 more teachers short(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>Kumi District approved structure had a provision of 3 slots of school inspectors and all positions are substantively filled as per HRM s staff register dated 31/7/18. Education department request of 2/3/18</p>	<p>6</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> • Primary Teachers: score 2 	<p>According to submitted recruitment plan to HRM for the FY 2018/2019 by Education Department, number of available positions for teachers are 1,130, and only filled by wage provision. The required number of Primary Teachers positions to be filled are 353 as per DEO s letter dated 2/3/18, ref; EDU 311/1, as compared to the as per recruitment plan.</p>	<p>2</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> • School Inspectors: score 2 	<p>According to submitted a recruitment plan to HRM for the FY 2018/2019 Education Department position of school inspectors have been filled.</p>	<p>2</p>
<p>Monitoring and Inspection</p>			

<p>The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.</p> <p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY</p> <ul style="list-style-type: none"> • 100% school inspectors: score 3 	<p>The District has 3 School inspectors, all the 3 inspectors were appraised for 2017/18 as indicated below:</p> <p>a) Oselle Bernard; officer appraised by DEO on 27/06/2018</p> <p>b) Adongo Sarah; officer appraised by DEO on 27/06/2018</p> <p>c) Opolot Samuel Patrick; officer appraised by DEO on 28/06/2018</p>	<p>3</p>
<p>The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.</p> <p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY</p> <ul style="list-style-type: none"> • Primary school head teachers o 90 - 100%: score 3 o 70% and 89%: score 2 o Below 70%: score 0 	<p>Only 47 (62%) of the 75 head teachers in the District had been appraised in the period 2017 (copies of the performance report of 47 head teachers seen).</p>	<p>0</p>
<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • 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 3/8/18 there was general meeting with head teachers and communication was given also on 21/8/17, 11/6/18 and 31/5/17 for various guidelines, like induction of SMCs, absenteeism among head teachers and teachers, MDD participation, enrollment among others.</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 6/7/18, and 18/5/18 regarding MDD, PLE registration, boarding facilities, and sanitation among others.</p>	<p>2</p>
<p>The LG Education Department has effectively inspected all registered primary schools²</p> <p>Maximum 12 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all licenced or registered schools have been inspected at least once per term and reports produced: <ul style="list-style-type: none"> o 100% - score 12 o 90 to 99% - score 10 o 80 to 89% - score 8 o 70 to 79% - score 6 o 60 to 69% - score 3 o 50 to 59 % score 1 o Below 50% score 0. 	<p>In FY 2017/18, inspections were done and reports were produced.</p> <p>All 75 schools have been inspected at least once per term as per the Inspection reports by the DIS dated 22/1/18 for 3rd term, 14/6/18 for 1st term 2018, and 24/8/18 for 2nd term. E- Inspection has been done and reports produced for the same for period of 11th April to 5th July 2018. The sampled schools;</p> <p>-Atatur P/S inspected on 5/6/18, 26/4/18, 17/4/18, 23/10/17 and 2/11/17 and issues raised included absenteeism, budgeting processes, record keeping and others.</p> <p>-Mukongoro Rock P/S inspected on 22/11/17, 28/11/17, 10/4/18, and 8/8/18 by DIS, Inspectors and parish chief on behalf of CAO, as mandated.</p> <p>-Mukongoro P/S inspected by the DEO,DIS and Snr. Education Officer on 2/11/17, 10/10/17, 20/4/18, 30/5/18,15/8/18</p> <p>-Ngero P/S inspected on 28/7/17, 19/6/18, and 18/8/18 by DIS , Senior Education Officer and inspectors issues on performance improvement, renovations of the school and MDD preparation.</p>	<p>12</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 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; a letter by DEO about Adiba Amos a class teacher indiscipline to CAO for disciplinary action ref; EDU 154/2.</p> <p>Land grabbing, inadequate classrooms, inadequate teacher houses, pit latrines in some schools, meetings by the department on 19/10/17, 10/4/18, and 2/7/18. Procurement plan for two teachers' houses at Asinge, Ongino and Mukongoro primary schools. CAOs hire of legal services to handle land cases. Minutes of inspection reports discussions and actions taken as per the meetings above.</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>Evidence that the LG Education department has submitted school inspection reports to DES of MoES is acknowledgement of reports dated 20/6/18 for term 1 2018, 26/2/18 for term 3 of 2017 and 19/9/18 for term 2 of 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> <p>For example; a letter by DEO about Adiba Amos a class teacher indiscipline to CAO for disciplinary action ref; EDU 154/2.</p> <p>Land grabbing, inadequate classrooms, inadequate teacher houses, pit latrines in some schools, meetings by the department on 19/10/17, 10/4/18, and 2/7/18.</p> <p>Procurement plan for two teachers' houses at Asinge, Ongino and Mukongoro primary schools. CAOs hire of legal services to handle land cases. Minutes of inspection reports discussions and actions taken as per the meetings above.</p>	4
<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 26/4/18 provides the list of schools, 75 primary schools which are consistent with PBS report as reviewed by the assessor at the time of assessment. The MoES confirmed they have stayed the use of EMIS it's considering using only PBS.</p>	5
<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>Data submitted was accurate and consistent</p> <p>For example performance contract FY 2018/2019 dated 26/4/18 provides the list of schools, 75 primary schools which are consistent with PBS report as reviewed by the assessor at the time of assessment. The MoES confirmed they have stayed the use of EMIS it's considering using only PBS.</p>	5
<p>Governance, oversight, transparency and accountability</p>			

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

Maximum 4 for this performance measure

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

Evidence was provided by the Clerk Council to confirm that the Council Committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports. The Social Services Committee (responsible for Education) met 3 times during the Previous FY and discussed service delivery and other issues as follows:

Meeting of the 12/10/2017 under minute extract 3/KDC/SS/10/2017: Recommended that teachers at Kapolinyi primary school need to improve their performance and play their roles more effectively.

- Need to resolve the land issues at Oleicho primary school that was threatening the lives of people.
- Need to close some primary schools that do not meet minimum requirements set by the Ministry of Education.

Evidence was provided by the Clerk Council to confirm that the Council Committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports. The Social Services Committee (responsible for Education) met 3 times during the Previous FY and discussed service delivery and other issues as follows:

Meeting of the 12/10/2017 under minute extract 3/KDC/SS/10/2017: Recommended that teachers at Kapolinyi primary school need to improve their performance and play their roles more effectively.

- Need to resolve the land issues at Oleicho primary school that was threatening the lives of people.
- Need to close some primary schools that do not meet minimum requirements set by the Ministry of Education.

<p>The LG committee responsible 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>Evidence was provided to confirm that the education sector committee presented issues to council for approval. The evidence included asset of minutes of the council committee for education that indicated that education issues were resolved by Council as follows:</p> <p>Meeting of 1/11/2017 (as per minute extract 17/KDC/11/2017). Resolved education issues pertaining to among others:</p> <ul style="list-style-type: none"> - The need for private schools to be mobilised and sensitized about the importance of participating in extracurricular activities. - Need to harmonise printing costs for examinations across all primary schools - Need to consider care-taking head teachers during the process of recruitment. 	<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 (established, meetings held, discussions of budget and resource issues and submission of reports to DEO/ MEO)</p> <ul style="list-style-type: none"> • 100% schools: score 5 • 80 to 99% schools: score 3 • Below 80 % schools: score 0 	<p>All the 75 primary schools in Kumi District have functional SMCs. The DEO has written to all schools to confirm appointment of the SMCs as elected, ref: EDU.156/6 dated 12th June, 2018 These SMCs meet regularly and keep minutes. For example as sampled ,</p> <ul style="list-style-type: none"> -Mukongoro Rock P/S SMC meeting minutes of 14/06/2018, , 19/2/18 and 3/10/17 -Atutur P/S SMC meetings on 21/2/18, 14/6/2018 and 3/10/17 - Adesso P/S SMC meeting on 27/2/18 -Mukongoro P/S SMC meeting on 12/7/18 12/6/18, 20/2/18, and 28/9/17 -Ngero P/S SMC meetings on 15/6/18, 2/3/18 and 25/9/17. <p>In these meetings budget approval, IDI project at Ngero, SMC hand over, UNRA Compensation to some schools, Sanitation were among the issues discussed.</p>	<p>5</p>

<p>The LG has publicised all schools receiving non- wage recurrent grants</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has publicised all schools receiving non-wage recurrent grants <p>e.g. through posting on public notice boards: score 3</p>	<p>All schools receiving non-wage recurrent grants were posted on public notice boards for example the main Education Notice Board The District has put up for publicity of all schools receiving non- wage recurrent grant on the public notice boards evidence is there.</p>	<p>3</p>
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Procurement and contract management

<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 on 11/4/18 however the Annual Education sector work plan has been stayed for this financial year ref; letter by CAO to PS MoES on the issue dated 29/8/18 quote NO. CR 103/1. The MoES issued new guide lines of work plan. budget.</p>	<p>4</p>
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Financial management and reporting

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

Maximum 3 for this performance measure

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

Reviewed payment to Simpjo Tech (U) Ltd for the construction of a 2 in one teachers' house at Atatur PS. Request came on 16/04/2018 DEO recommended for payment on 20/04/2018 . Payment was approved on 25/04/2018 and was done on 21/05/2018 as per Voucher PVE-0925 and EFT 5299902060317

REQUEST by Mukuri General Works (U) Ltd submitted on 29/05/2018 for the construction of a 3 stance line pit latrine at Oladot PS and recommended by DEO for payment on 12/06/2018 and was paid on 20/06/2018 as per voucher No. PVE-1115 and EFT 5299902062921

Request for payment to KABA General Hardware Ltd for the construction of a two classroom block at Kachaboi PS. The DEO recommended for payment on 18/05/2018. Approval for payment was done on 8/06/2018 . payment was done on 12/06/2018 on payment voucher PVE-1195 and EFT 529902062721

Request from Kumi Workers Enterprises Ltd date 29/05/2018 for the construction of 2 classroom block at Okemer PS. Was recommended for payment by DEO on 13/06/2018 and approved for payment on 19/06/2018 and was paid on 20/06/2018 as per pv PVE-1113 and EFT 5299902062919

Request for payment made by Ailwar General Work (U) Ltd dated 16/04/2018 was recommended for payment by DEO ON 21/05/2018. Was verified for payment on 23/05/2018 and payment voucher was dated 20/06/2018 PVE-1112 and EFT 5299902062918

Request from Kumi Workers Enterprises Ltd date 16/04/2018 for the construction of 2 classroom block at Okemer PS. Was recommended for payment by DEO on 20/04/2018 and approved for payment on 25/04/2018 and was paid on 8/05/2018 as per PV PVE-0923 and EFT 5299902060086

<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>Evidence was adduced in the form of copies acknowledgement letters to the District Planner to confirm that the Education department submitted the Q4 report to the Planning Unit for consolidation. The Acknowledgement letter indicated that the Q4 report was submitted on the 13/07/2018, which was before the submission date of the 15th of July 2018.</p>	<p>4</p>
<p>LG Education has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year <ul style="list-style-type: none"> o If sector has no audit query score 4 o If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 2 o If all queries are not responded to score 0 	<p>The Sector responded to queries raised and from the various submission to PAC and the review of vouchers for further accountability the unaccounted for were retired.</p> <p>The 1st quarter report recommended for the DEO to ensure procurement are done. From audit and procurement units, LG PP form 1 were submitted by the DEO in time. Forms seen are those for construction of 2 classroom blocks at Okemer PS, Kachaboi, a twin teachers' house at Atatur, construction of a pit latrine at Omatenga PS, A 3 Stance latrine at Oladot PS, and a 4 stance VIP latrine at Atatur PS</p> <p>Unaccounted for funds of shs. 1,850,000 were accounted for under PV-AD14682 and PV-AD 16584</p>	<p>2</p>
<p>Social and environmental safeguards</p>			

<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> 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>The evidence that education department and gender focal person held consultations to disseminate guidelines on how senior women/men teacher should provide guidance to girls and boys to handle hygiene, reproductive health, life skills was;</p> <p>A meeting at Adesso P/S for senior women and men on 3rd and 4th may 2017.</p> <p>MEETING at Adesso P/S on sanitation with Team 4U, an NGO partnering with the sector on these guidelines on 3/10/17 and on 2/10/17 at Mukongoro where adolescence, menstruation were discussed.</p>	<p>2</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that LG Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools: score 2 	<p>According to April-June 2018 report dated 30/06/2018 by the DIS who is particularly charged with taking care of PWDs guidelines. The Education department is in collaboration with gender focal point person have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools, provisions for PWDs at sanitation places and ramps built in the sampled schools.</p>	<p>2</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the School Management Committee meets the guideline on gender composition: score 1 	<p>School Management Committees meet the guideline on gender composition. For example in the sampled schools;</p> <ul style="list-style-type: none"> -Atatur P/S SMC has 13 members with 4 female. -Mukongoro Rock P/S SMC has 4 women and 8 men on the committee. -Mukongoro P/S SMC has 13 members with 3 female. <p>Ngero P/S SMC members are 13 and there are 4 female of them.</p>	<p>1</p>

<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Education department in collaboration with Environment department has issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education etc.): score 1: 	<p>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.</p> <p>For example the sector distributed seedlings with EO on 30/6/18 to schools.</p>	<p>1</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all school infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 1 	<p>Screening forms and site visit reports were signed by Environmental Officer and CDO for Omatenga P/S construction of a 5 stance pit latrine on 19/6/18, on 13/6/18 they signed for a 4 stance lined VIP pit latrine at Atatur P/S and a two Classroom block at Okemer P/S was signed on 11/6/18.</p>	<p>1</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 1 	<p>As above both screening forms and site reports indicate the officers visited sites.</p> <p>Screening forms and site visit reports were signed by Environmental Officer and CDO for Omatenga P/S construction of a 5 stance pit latrine on 19/6/18, on 13/6/18 they signed for a 4 stance lined VIP pit latrine at Atatur P/S and a two Classroom block at Okemer P/S was signed on 11/6/18.</p>	<p>1</p>

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

<p>LG has substantively recruited primary health care workers with a wage bill provision from PHC wage</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that LG has filled the structure for primary health care with a wage bill provision from PHC wage for the current FY</p> <ul style="list-style-type: none"> • More than 80% filled: score 8 • 60 – 80% - score 4 • Less than 60% filled: score 0 	<p>The Kumi DLG HD had substantively recruited 221 PHC workers (62.1%) – see table:</p> <ol style="list-style-type: none"> 1. The fully substantively recruited were 221 (59.8%) i.e. according to the HD’s staffing and deployment lists. 2. Those the HD attempted to recruit but failed to attract were 8 (2.3%) i.e. according to the HD’s records reviewed by the assessor of 2 New Vision advertisements with deadlines seen for 27th/12/2017 and 4th/5/2018). 3. The approved health sector staffing structure is based on PS/MoPS Transmittal Letter to CAO dated 5th/1/2018 Ref: ARC/135/306/01 on the approved and adopted staff structure for Kumi DLD (last paragraph states “...you are advised to implement the approved staff establishment within the approved wage budget for the FY 2017/18”). 4. The Kumi DLG HD’s Staffing Norm for the HWs was 369 but only 221 of the PHC workers had been filled at the time of the assessment. The HD offered evidence of attempts made to fill 8 vacancies through ads. 5. The above means that the total effort works to 229 out of the 369 (62.1% i.e. the numerator is 229 divided by the denominator of 369 multiply by 100) – see table. 6. While the DLG had IPFs with a PHC wage bill provision amounting to UGX 2,503,662,388 for the FY 2018/19, this was meant to cater for 228 according to the PBS records on staffing levels. 7. Also there were some mismatches in the information on staffing, especially inconsistencies between the HD and HF level records. For example, the Nyero HC III reported having 12 staff only while the HD’s records pointed to 14 staff members. <p>ID Type of HF No. Norm Filled Vacant</p> <p>1 DHO 1 11 6 5</p> <p>2 Hospital 1 190 110 80</p> <p>3 HC IV - - - -</p> <p>4 HC III 6 114 80 34</p> <p>5 HC II 9 81 25 56</p> <p>Total 17 369 221 148</p>	
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<p>The LG Health department has submitted a comprehensive recruitment plan for primary health care workers to the HRM department</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that Health department has submitted a comprehensive recruitment plan/re- quest to HRM for the current FY, covering the vacant positions of primary health care workers: score 6</p>	<p>From a review of the PBS records, there was evidence that Kumi DLG’s HD submitted a comprehensive staff recruitment plan/request to HRM that covered 8 PHC workers in affected HFs with the vacant positions (see table):</p> <ol style="list-style-type: none"> 1. The official (signed and stamped) DHO’s submission letter to CAO (dated 18th/9/2018) of the Recruitment FY 2018/19 advocated for filling the remaining vacancies of 9 PHC HWs. 2. The HD’s Recruitment Plan FY 2018/19 captured only 3 vacant positions as extracted from the PBS (Staff Establishment and Recruitment 2018/19 records. 3. All records evidence some inconsistencies on what the actual vacancies are. 	<p>6</p>
<p>The LG Health department has conducted performance appraisal for Health Centre IVs and Hospital In-charge and ensured performance appraisals for HC III and II in-charges are conducted</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that the all health facilities in-charges have been appraised during the previous FY:</p> <ul style="list-style-type: none"> o 100%: score 8 o 70 – 99%: score 4 o Below 70%: score 0 	<p>The District has 13 Health centers that are directly managed by the District.</p> <p>Review of the appraisal files of the health in-charges revealed that all the 13 had been appraised in the period 2017-18. Below is the presentation of the appraisal status of 3 Health in-charges</p> <ol style="list-style-type: none"> a) Ojango Simon Peter: Kanyum HC III, officer appraised on 3/7/2018 b) Okanya Francis: Omatenga HC III, officer appraised on 29/6/2018 c) Asekenye Lydia: Kakures HC II, officer appraised on 2/7/2018 	<p>8</p>

<p>The Local Government Health department has deployed health workers across health facilities and in accordance with the staff lists submitted together with the budget in the current FY.</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Health department has deployed health workers in line with the lists submitted with the budget for the current FY, and if not provided justification for deviations: score 4 	<p>The HD records on staffing/deployment levels were only marginally comparable with those stated within the sampled HFs. Some fairly minor discrepancies or inconsistencies were evident when it came to what the HD and HF levels documented as the filled HF positions (see table):</p> <ol style="list-style-type: none"> For some HFs the staff deployment was not in accordance with the positions as seen in HD's official records. For Nyero HC III the HD records indicated that it had 14 staff yet the HF's records showed 12 fully-filled portfolios. For Mukongoro HC III the HD suggested that it had 13 staff while the HF records pointed to 18 fully-filled positions. For Atatur Hospital the HD suggested that it had 110 staff while the HF records pointed to 118 fully-filled positions. For the differences, these were often attributed to exclusion of support staff, et cetera. <p>ID</p> <p>HF's Deployed HWs FY 2017/18</p> <table border="1"> <thead> <tr> <th>HF Records</th> <th>HD Records</th> <th>Norm</th> </tr> </thead> <tbody> <tr> <td>1 Atatur Hospital</td> <td>118</td> <td>110</td> </tr> <tr> <td>2 Mukongoro HC III</td> <td>18</td> <td>13</td> </tr> <tr> <td>3 Mukongoro NGO HC II /PNFP</td> <td>3</td> <td>9</td> </tr> <tr> <td>4 Nyero HC III</td> <td>12</td> <td>14</td> </tr> </tbody> </table>	HF Records	HD Records	Norm	1 Atatur Hospital	118	110	2 Mukongoro HC III	18	13	3 Mukongoro NGO HC II /PNFP	3	9	4 Nyero HC III	12	14	<p>0</p>
HF Records	HD Records	Norm																
1 Atatur Hospital	118	110																
2 Mukongoro HC III	18	13																
3 Mukongoro NGO HC II /PNFP	3	9																
4 Nyero HC III	12	14																
<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).

2. Among the circulars received but not communicated is the 3/1/2018 Circular on the Delivery of IPV 5 Dose Vial in the January Routine Delivery and the Rotavirus Vaccine Finance Management Guidelines April 2018.
3. Also, among those distributed but with no record of having been received included HIV/AIDS Strategic Plan and Guidelines for LG Planning process. Also, HD’s records indicated that the list of those received or distributed excluded Policy Strategies for Improving Health Service Delivery 2016-2021”.
4. At a HD level, it was difficult to retrieve official information with respect to the total number of circulars, guidelines and policies received by the HD in the FY 2017/18 or even an official record of those they were able to dispatch/ distribute to HFs. This was attributed to weak documentation of Incoming and outgoing communications (e.g. through logbooks or registers), which made it difficult to secure more systematic records of those got and those sent. Again, it was even harder to retrieve information with respect to what circulars, guidelines and policies the HD had sent in FY 2017/18 (i.e. a complete record of what they were). Incoming communication and usage logbooks would be the most systematic way by which to achieve effective record keeping but one that required intervention. As a result, the HD’s rough records indicated that it had gotten in the region of 16 circulars, guidelines and policies altogether but the average received by the HFs was 20 altogether.
5. At a HF level, while it was often difficult for HFs to establish when exactly they had received what circular, guideline or policy, on the whole the sampled HFs possessed an average of (only) 20 circulars, guidelines or policies issued in the FY 2017/18 (see table). When you compare with the HD’s rough records, it is clear that the HD got in the region of 16 circulars, guidelines and policies altogether. The fact that the HFs about 20 circulars, guidelines and policies suggests that the DHO had sent above 100% of whatever it had received (an indication of records with mixed/uneven accuracy).
6. • Also, Mukongoro HC III’s logbook (499653/22nd/8/2018) demonstrated that the DHO/DHT explained the MoH 2nd/8/2017 Circular on the Introduction to Isoniazid Syrup

		<p>for Prevention Therapy but the circular not seen in the HD's records of circulars, guidelines and policies received and distributed.</p> <p>ID No. Issued to HFs (FY 2017/18) DHO Visits</p> <p>1 Atatur Hospital 15 20</p> <p>2 Mukongoro HC III 25 2</p> <p>3 Mukongoro NGO HC II /PNFP 17 0</p> <p>4 Nyero HC III 22 2</p> <p>Average 20 6</p>	
<p>The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO has held meetings with health facility in-charges and among others explained the guidelines, policies, circulars issued by the national level: score 3 	<p>In line with the quest to support effective communication and promote CME, it was clear that the DHO attempted to explain some of the issued circulars, guidelines and policies by the national level in FY 2017/18):</p> <ol style="list-style-type: none"> Only 75% of the selected HFs presented Visitors Books as the more direct evidence that confirmed that the DHO (or delegated DHT members) explained some issued circulars, guidelines and policies. Selected HD Support Supervision Reports and HFs' Minutes were others sources of documented evidence that offered proof of the DHO (or delegated DHT members) explaining some circulars, guidelines and policies. For example, Mukongoro HC III's logbook (499653/22nd/8/2018) demonstrated that an MoH 2nd/8/2017 Circular on the Introduction to Isoniazid Syrup for Prevention Therapy. 	3
<p>The LG Health Department has effectively provided support supervision to district health services</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that DHT/MHT has supervised 100% of HC IVs and district hospitals (including PNFPs receiving PHC grant) at least once in a quarter: score 3</p>	<p>The HD compiled evidence for support supervision but rather adequately, to the extent that it was not easy to gauge its efficiency and effectiveness when it came to its operations in the FY 2017/18. According to HD records:</p> <ol style="list-style-type: none"> The DHT did cover 100% (at least once in a quarter) of the higher HFs and PNFPs (i.e. of the sampled Atatur Hospital and Mukongoro NGO HC II / PNFP – see table. The Atatur Hospital and Mukongoro NGO HC II/PNFP had a Q1 and Q4 omissions respectively. The Q2 Report was copied and pasted version of Q1 Report while the Q4 reported cited no PNFP. The above are pointers of omission or signs incomplete coverage of higher-level HFs and indeed PNFPs (see table). 	0

ID Date No. of Supervision Visits 17/18 Comments

Hospital Mukongoro HC II/PNFP

Q1 25th/9/2017 2 out of 2 5 out of 6 PNFPs visited partially.

Q2 11th/12/2017 - - Q2 Report copied and pasted from Q1 Report

Q3 25th/3/2018 2 out of 2 3 out of 6 Date falls on a Sunday?

Q4 25th/5/2018 1 out of 2 0 out of 6 The PNFP not visited.

Going by the MoH Supervision Logbooks in the sampled HFs, the DHT visits are evident (see table). For the sampled HFs support supervision is covered as follows:

1. Atatur Hospital support supervision is documented between series 496814 and 496820 (i.e. from 10th/7/2017 to 21st/6/2018) for the FY 2017/18. However, on close scrutiny, this appears inadequate considering that the HF is relatively closer to the HD. It is possible that there could be a documentation gap.
2. Mikongoro NGO HC II/PNFP support supervision is documented between series 497412 and 497417 (i.e. from 30th/5/2017 to 15th/5/2018) for the FY 2017/18. Again, on close scrutiny, this appears inadequate considering that the HF is a PNFP in dire need of hands-on support.

?

ID HFs OFFICIALVISITS (FY 2017/18) TOTAL

DHO DHT HSD

1 Atatur Hospital 20 38 3 61

2 Mukongoro NGO HC II /PNFP 0 7 2 9

Total 20 45 5 70

<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 35.3% (way below the 60% mark) of the sampled lower-level HFs i.e. out of the 17 lower-level HFs that are supposed to be visited per quarter (7 HC IIIs and 10 HC IIs). NB: The expected visits were 68 altogether but 24 materialized only (i.e. based on the contents of the availed 3 quarterly support supervision reports).</p> <p>ID Date HC IIIs Supervised HC IIs Supervised Comments</p> <p>Q1 25th/9/2017 5 out of 7 6 out of 10 Partial coverage (11/17)</p> <p>Q2 11th/12/2017 - - Q2 Report copied and pasted from Q1 Report</p> <p>Q3 25th/3/2018 5 out of 7 2 out of 10 Date falls on a Sunday?</p> <p>Q4 25th/5/2018 5 out of 7 1 out of 10 Partial coverage (6/17)</p> <p>Therefore, based on the said numerical details seen above, the following is worth noting with respect to what happened in FY 2017/18:</p> <ol style="list-style-type: none"> 1. The total of 52 visits is the denominator (number of HFs to be visited in the 4 quarters). 2. Only 34 visits were made altogether (i.e. out of the required 52 in the previous FY). 3. The proportion covered for lower-level HFs by the DHT, therefore, was 65.4% only. <p>ID</p> <p>HF's OFFICIAL VISITS (FY 2017/18) TOTAL</p> <p>DHO DHT HSD</p> <p>1 Mukongoro HC III 2 25 2 29</p> <p>2 Mukongoro NGO HC II /PNFP 0 7 2 9</p> <p>3 Nyero HC III 2 40 6 48</p> <p>Total 4 72 10 86</p>	
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<p>The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up</p> <p>Maximum 10 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all the 4 quarterly reports have been discussed and used to make recommendations (in each quarter) for corrective actions during the previous FY: score 4 	<p>There was limited evidence that Kumi DLG HD discussed the results/reports arising from the quarterly support supervision reports:</p> <ol style="list-style-type: none"> The only evidence was for the DHT discussing Q1 Report in the DHT Monthly Meetings Minutes of the 31st/1/2018 meeting (page 2, Min 04/01/2018, Communication from RHITES-E Officials, the last page – with no minute – captures a heading “overall recommendations”, bullet 4 cites “continuous staff capacity building (through mentorship, training and follow up). The Q2 report was non-existent because its contents were a copy and paste from Q1 report. 	<p>0</p>
<p>The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up</p> <p>Maximum 10 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6 	<p>The HD provided evidence of the existence of 3 out of 4 quarterly reports for FY 2017/18 (see table):</p> <ol style="list-style-type: none"> The DHT met 12 out of 12 mandatory times, an indication that the DHT function was in full operation albeit the evidence was lacking for using the DHT monthly meetings to discuss support supervision results and reports. NB: According to HD records at the time of the assessment (26st/9/2018), the accessed 12 DHT monthly meetings for FY 2017/18 included 27th/7/2017, 24th/8/2017, 8th/9/2017, 25th/10/2017, 29th/11/2017, 8th/12/2017, 31st/1/2018, 2nd/2/2018, 27th/3/2018, 19th/4/2018, 23rd/5/2018 and 12th/6/2018). Of the 12 DHT meetings, there was evidence only in 1 out of `12 DHT monthly meetings minutes that the quarterly reports were discussed and used fully to make recommendations in each quarter for all quarters (see table). <p>?</p> <p>ID Quarterly Reports DHT Meetings Minutes Covering the 4 Quarters</p> <p>Q1 25th/9/2017 31st/1/2018 The DHT meeting discussed the Q1 Report.</p> <p>Q2 11th/12/2017 - Q2 Report was copied and pasted from Q1 Report.</p> <p>Q3 25th/3/2018 - No DHT minute seen discussing report</p> <p>Q4 25th/5/2018 - No DHT minute seen discussing</p>	<p>6</p>

report

Only 1 out of 12 DHT monthly meeting addressed and discussed relevant issues emerging from quarterly support supervision and monitoring reports and results with the aim of paving the way for better follow up and for proper corrective actions). For example, the following is worth noting:

1. The only evidence was for the DHT discussing Q1 Report in the DHT Monthly Meetings Minutes of the 31st/1/2018 meeting (page 2, Min 04/01/2018, Communication from RHITES-E Officials, the last page – with no minute – captures a heading “overall recommendations”, bullet 4 cites “continuous staff capacity building (through mentorship, training and follow up).
2. The recommendation is followed up at HD-level with specific activities undertaken for correction and the evidence was availed appeared in the 8th/1/2018 DHO Back-to-Office Letter and Report to CAO on Training on Management of Gender-based Violence Survivors/Victims.
3. The recommendation is followed up at HF-level with specific activities undertaken for correction and the evidence was availed appeared on the 9th/4/2018 Report on Training on Integrated Management of Malaria for Atatur Hospital supported by RHITES and coordinated by MoH.
4. • There were several recommendations made at HF level, recommendations made in the course of support supervision and indeed ones that the HF followed up with corrective actions cum measures (see table).

ID HF Recommendation Follow up

1 Atatur Hospital Develop and publicise the outreach programme (see logbook 496814; 10th/7/2017) Seen (Community Health Outreach Routine Integrated and Traditional Immunisation Programme 1st – 4th Quarters 2018/19).

2 Mukongoro HC III Put in place Personnel File (see logbook 399641; 23rd/11/2017) Seen (Personnel Records file seen with docs e.g. appointment letters, certificates, filled personnel performance appraisal forms, posting instructions, etc.)

3 Mukongoro NGO HC II /PNFP Fridge tag to be located near the freeze sensitive vaccines (seen in logbook 497412; 30th/5/2017) Done (Fridge opened for the assessor to confirm/see/witness that guidance was followed).

4 Nyero HC III Record z-scores and BMIs in all columns (see logbook 498646; 16th/10/2017) Seen (filled column of OPD Register HMIS Form 031 filled during the month of April 2018).

However, in part because of weak documentation methods, both the HD and the sampled HFs struggled to wade through their records to pick out what recommendations had been followed up with corrective action:

1. While all sampled HFs (100%) benefited from DHT and HSD support supervision and all had pieces of evidence (e.g. in the supervision logbooks) to confirm that the DHT made recommendations and with further evidence of follow up on the advice on corrective actions to be implemented in the FY 2017/18), picking evidence of the actual follow up actions often proved difficult.
2. Again, while the monthly DHT meetings discussed some quarterly Support Supervision Reports/Results, the HD staff often struggled to prove what meeting discussed what quarterly report et cetera.
3. The most commonly reported operational gap had to do with the limited funding to the HD to support total and integrated documentation of support supervision and monitoring operations at HD, HSD and HF level. The critical gaps are linked to weak documentation, including limited awareness, low capacity as well as dysfunctional systems for evidence storage and retrieval, etc).

The LG Health department has submitted accurate/consistent reports/data for health facility lists receiving PHC funding as per formats provided by MoH

Maximum 10 for this performance measure

- Evidence that the LG has submitted accurate/consistent data regarding:
 - o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10

There was accurate and consistent data and reports on the 16 HFs receiving PHC funding (as per MoH formats). The following was evident in the records:

1. The 16 HFs had been posted both on the DLG and HD's Notice Boards covering the 16 HFs receiving PHC funding for the FY 2017/18.
2. The 16 HFs posted on the notice board and in the HD's files were all reflected in the MoH HMIS Excel spreadsheet. NB: Their reporting rate was inadequate (below the required 100% e.g. Kumi NGO and Ongino General Hospitals did not submit consistently).
3. The 16 HFs were still covered in the PBS FY 2018/19 (e.g. between pages 26-29).

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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 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>Evidenced was presented by the Clerk to Council in form of minutes of meetings of the Council Committee responsible for Health indicated that the committee met and discussed service delivery issues as indicated below:</p> <p>Meeting of 12/10/2017 (as per minute extract 3/KDC/SS/10/2017) discussed issues pertaining to non remittance of PHC funds for the first quarter which affected service delivery during the quarter.</p> <ul style="list-style-type: none"> - Need for commissioning and handover of completed projects for accountability and promotion of transparency. - Need to make operational health sub-districts of Kanyumu and Kumi sub-districts <p>Meeting of 7/12/2017 (as per minute extract 7/KDS/SS/12/2017). Discussed issues including:</p> <ul style="list-style-type: none"> - Delayed remittance of funds from the MoH affected service delivery - Discussion of the report about the Joint Support Supervision exercises. - Report of the mentorship exercises at Atatur HC III and the general shortage of supplies at all health facilities at health facilities. Need for the DHO to follow up with MoH and NMS to ensure adequate supplies to the district. <p>Meeting of 2/05/2018. Mainly dwelt on laying of the Budget for 2018/19 as per minute extract 11/KDC/SSC/5/2018.</p> <p>PAC committee recommendations were discussed by DEC and DEC made recommendations to the concerned officers to take action. PAC recommendations are not discussed at committee level.</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>Health sector issues were presented to council for approval during the meetings of :</p> <p>Meeting of 1/11/2017 as per minute extract 17/KDC/11/2017 resolved health issues including:</p> <ul style="list-style-type: none"> - The urgent need to recruit health workers on Replacement basis at a number of health facilities. - Need for regular updates from the DHO and district Engineer about the progress of renovation works at Atatur Hospital. - Directed the CAO and the DEC to immediately follow up management issues at Kumi Hospital that are affecting service delivery. 	<p>2</p>
<p>The Health Unit Management Committees and Hospital Board are operational/functioning</p> <p>Maximum 6 points</p>	<p>Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues):</p> <ul style="list-style-type: none"> If 100% of randomly sampled facilities: score 6 If 80-99 %: score 4 If 70-79: %: score 2 If less than 70%: score 0 	<p>According to all the sampled HFs only 75% had functional HUMCs and the average level of functionality at 93.8% (i.e. with minutes covering the 4 quarters of the FY 2017/18 – see table). A division of the sum of the said 2 figures by 2 is above 60% (i.e. $75+93.8= 168.8\div 2= 84.4\%$). Therefore, the HD met the HUMC functionality threshold because the average of the sample hovers above the 60% composite rate. This evidence was not corroborated by HD records because support supervision by DHT was mostly concerned with other preoccupations (hence had not mainstreamed board/committee functionality in support supervision:</p> <p>ID HFs' HUMCs Meetings in FY 2017/18 Functionality</p> <p>1 Atatur Hospital 4 100%</p> <p>2 Mukongoro HC III 4 100%</p> <p>3 Mukongoro NGO HC II /PNFP 3 75%</p> <p>4 Nyero HC III 4 100%</p> <p>Average 3/4 HFs (75%) 93.8%</p>	<p>4</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>The DLG/HD publicized the list of 16 HFs receiving PHC non-wage recurrent grant on the DLG, HD's and selected HF notice boards:</p> <ol style="list-style-type: none"> At the HF level, some few had the list posted and one had extracted and posted information concerning their specific HF (i.e. not the 16-HF list of HFs receiving PHC funding). At the HD level, only HD notice board had posted the 16-HF list of HFs receiving PHC funding. The HD had not conceived of a more pragmatic and systematic ways of publishing the 16 HFs (e.g. LG websites) as a wider transparency and accountability mechanism. At the DLG level, the Kumi DLG budget website was yet to publicize the 16-HF list of HFs receiving PHC funding but the DLG Main Block Notice Board posted the list. 	<p>4</p>
<p>Procurement and contract management</p>			
<p>The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the sector has submitted input to procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30 for the current FY: score 2 	<p>The HD submitted in time input to the procurement plan (i.e. with a submission letter of input to the procurement plan to the PDU dated 20th/4/2018 on construction of 1 maternity ward at Kamacha and another construction of 1 maternity ward and Kanum). This was consistent with the contents and items cited in the PBS (Vote 529) as well as in the health sector AWP 2018/19.</p>	<p>2</p>

<p>The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> 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 25th/7/2017, hence submitted it in time (i.e. by the end of the Q1 for FY 2017/18/). A reviewed sample of Form PP1 covered supply of a projector submission signed and stamped by DHO before 30th September 2017.</p>	<p>2</p>
<p>The LG Health department has certified and initiated payment for supplies on time</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO (as per contract) certified and recommended suppliers timely for payment: score 4. 	<p>Reviewed VR PVH-2318 dated 22/11/2017 for the payment of supply of fuel, oils and lubes, minor repairs and servicing of the Health Sector motor vehicles. Request was submitted on 3/11/2017 from Las Petroleum Ltd and recommended for payment by DHO on 6/11/2017, CAO forwarded to CFO ON 07/11/2017 verified by CFO on 16/11/2017. Payment was done by EFT on 22/11/2017 as per number 5290231000041</p> <p>Reviewed the request for payment dated 19/12/2017 from Good Day Holdings Ltd for the supply of stationery and tonner to Health – Kumi DLG . The DHO recommended for payment on 20/12/2017 . Payment was done on 22/12/2017 per voucher PVH-1360 and EFT 5299902051897</p> <p>Invoice CD-201834972 from Joint Medical Stores on 16/06/2018 but received by the District on 25/06/2018 DHO had received the communication earlier and recommended for payment on 22/06/2018. Payment was done on 23/06/2018 as per voucher PVH-0978 and EFT 5299902065180</p>	<p>4</p>
<p>Financial management and reporting</p>			

<p>The LG Health department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> 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 Health sector submitted late the Q4 report to the Planning Unit for consolidation. The Planner presented to the Assessor Report Submission Acknowledgement letter that indicated that the health department submitted the Q4 report to the planning Unit for consolidation on 17/07/18. This was after the expiry of the deadline of 15th July 2018.</p>	<p>0</p>
<p>LG Health department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year</p> <ul style="list-style-type: none"> If sector has no audit query: Score 4 If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: Score 2 points If all queries are not responded to Score 0 	<p>Queries identified in the 2nd quarter report under the sector were reviewed by PAC and additional evidence provided as per the PAC request referenced COU214/4 and dated 27/04/2018. Evidence was satisfactory and were dropped by PAC.</p> <p>Query on delays on renovation of Atatur hospital were also dropped after satisfactory explanation and warning of the contractor.</p> <p>Query on unaccounted for funds of shs. 1,983,000 were accounted for under VR PVAD 14090, PVAD 14089 and PVD 14868 attachments and query was dropped.</p> <p>All third party documents were attached as per the vouchers seen.</p>	<p>2</p>
<p>Social and environmental safeguards</p>			

<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that Health Unit Management Committee (HUMC) meet the gender composition as per guidelines (i.e. minimum 30 % women: score 2 	<p>Based on a sample of 4 HFs (see table), only 50% of the committees met the gender composition requirement. The average composition based on the assessments sample was 32.8% as the overall average for Kumi DLG (see table). A division of the sum of the said 2 figures by 2 is way below 50% (i.e. $50+32.8=82.8\div 2=41.4\%$). Therefore, the HD did not meet the gender composition requirement because the average of the sample only hovers below 50% composite rate. The HD met the gender composition requirement only marginally. The HD had not commissioned assessments to find out the composition of committees.</p> <p>ID Name of HF All Members Female Members %/Female</p> <p>1 Atatur Hospital 4 1 25.0%</p> <p>2 Mukongoro HC III 9 4 44.4%</p> <p>3 Mukongoro NGO HC II /PNFP 10 2 20.0%</p> <p>4 Nyero HC III 12 5 41.7%</p> <p>Average Gender Composition (50% of HFs) 32.8%</p> <p>Average Gender Composition 32.8%</p>	<p>0</p>
<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2. 	<p>The HD circulated and possessed no sanitation-related circulars that were issued to HFs as seen below. Even so, only 1 HF (St. Anthony HC II) of the sampled and visited HF had labeled toilet facilities in ways that separated men and women facilities:</p> <ol style="list-style-type: none"> The DHO had issued no circular on labeling toilets (e.g. "Patients Pit Latrines in HFs") and there was no evidence any of the sampled HFs labeled the toilets. No sampled HFs reported having access to the said DHO circular. 	<p>0</p>

<p>LG Health department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all health facility infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 2 	<p>Only 1 health infrastructure investment project was supported in the FY 2017/18 (Renovation of Atatur Hospital). The assessor reviewed 1 screening form signed and stamped by EO and CDO dated 10th/5/2018, outlining risks (e.g. debris) and mitigation plans (e.g. environment protection).</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>At the time of the assessment, the EO provided 1 Site Visit Report dated 18th/6/2018 (and referred to as the Environment Monitoring Report). It cited compliance with the proosed mitigation measures but with no trace of the involvement of the CDO.</p>	<p>2</p>
<p>The LG Health department has issued guidelines on medical waste management</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that the LG has issued guidelines on medical waste management, including guidelines (e.g. sanitation charts, posters, etc.) for construction of facilities for medical waste disposal: score 4. 	<p>On access to guidelines on segregation of medical waste (either in form of a chart or otherwise):</p> <ol style="list-style-type: none"> The assessor saw a DHO letter dated 10th/5/2017 (RE: Guidelines on Health Care Waste Management to all HFs I/Cs amd Infection Control FPs). None of the circular was seen in any sampled HF but waste segregation charts seen in 75% (3 out of 4) of HFs (the exception was Mukongoro NGO HC II). Few of the sampled HFs demonstrated with evidence that such circulars, guidelines and policies were being enforced or followed through use of assorted number and type of waste bins. 	<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>Kumi district has a safe water average coverage of 76% with the sub-counties of Kumi (65%), Kanyum (73%) and Mukongoro (70%) below the district average. In the current FY AWP, the district has made provision of construction of 8 new deep boreholes and rehabilitation of 14 deep boreholes. The new deep boreholes are to be drilled in; Kakures & Alukut villages in Mukongoro sub-county, Kalemén & Adodoi villages in Kanyum sub-county, Angod village in Nyero sub-county, Ochopo village in Ongino sub county , Orapada village in Atatur sub-county and Kumi sub-county. The district did account for sub-counties below the district safe water average which accounted for 62.5%</p>	4

<p>The district Water department has implemented budgeted water projects in the targeted sub-counties (i.e. sub-counties with safe water coverage below the district average)</p> <p>Maximum 15 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has implemented budgeted water projects in the targeted sub-counties with safe water coverage below the district average in the previous FY. <ul style="list-style-type: none"> o If 100 % of the water projects are implemented in the targeted S/Cs: <p>Score 15</p> o If 80-99%: Score 10 o If 60-79: Score 5 o If below 60 %: Score 0 	<p>In the previous financial year, Kumi district had a safe water average coverage of 68% with the sub-counties of Kumi and Kanyum sub-counties below the average district average. From the AWP, the district had targeted the construction of 5 new deep boreholes. However, there was a change in plan where 6 more boreholes were added making them a total of 11 boreholes. This is evidenced by the letter from the MoWE granting the district permission to re-allocate UGX 148,754,000 meant for extension of Ongino water supply system to deep borehole drilling, dated: 20th March, 2018. These boreholes were drilled in the sub-counties were Atatur (3), Kanyum (2), Mukongoro (2), Nyero (2) and Kumi (2). The sub-counties below the district average were targeted and the projected were 100% implemented in the previous FY</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 department did have a monitoring plan for plan for the previous financial year 2017/18 and the projects that were being implemented were;</p> <ul style="list-style-type: none"> • Drilling of 11 deep boreholes • Rehabilitation of 23 boreholes • Construction of a 2 stance VIP public pit latrine • Spring well protection <p>The department did monitor the implemented projects as evidenced by the following reports;</p> <p>Monitoring report on five (5) deep boreholes constructed and drilled by KLR; Dated : 16/5/2018</p> <p>Monitoring report of five (5) deep boreholes and one production borehole constructed and drilled by Multec consults (U) Ltd; Dated: 4th/6/2018</p> <p>Monitoring report on the protection of five spring wells under DWSCG; Dated: 19th/04/2018.</p> <p>Monitoring report on construction of a 2 stance public VIP latrine project at Tisai landing site under DWSCG; Dated: 29th/07/2018</p> <p>Monitoring report on construction of hand pump platforms for eleven (11) boreholes under rehabilitation; Dated: 7th/5/2018.</p> <p>Monitoring report on the protection of four spring wells under DWSCG; Dated: 16th/04/2018</p> <p>Monitoring report on the three springs protected by LOOKAS enterprises; Dated: 29thM ay, 2018</p> <p>Monitoring report on renovation of district water office eco-san toilet project under DWSCG; Dated: 26th/04/2018.</p>	
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<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>Kumi 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) 11 Deep Boreholes were reported to be rehabilitated and 8 drilled in the Financial Year. This is consistent with the 11 to be rehabilitated and 8 drilled as reported in PBS under Borehole Drilling and Rehabilitation.</p>	<p>5</p>
<p>The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> List of water facility which are consistent in both sector MIS reports and PBS: score 5 	<p>Ochopo in Ongino sub-county, Orapada in Atatur sub-county, Okomion in Kumi sub-county, Adodoi in Kanyum sub-county, Kakure HCII in Mukongoro in Kumi sub-county and Kanyanga in Nyero sub-county</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>From the procurement plan, it was evident that the department did submit inputs for the district procurement plan on 30/4/2018. It included inputs such as;</p> <ul style="list-style-type: none"> - Siting, drilling and construction of eight deep boreholes in selected sites - Construction of three stance lined latrine at Akolotorom - Consultancy services for supervision of siting, design, drilling and construction of eight boreholes - Spring protection - Rehabilitation of nine boreholes - Rehabilitation of five boreholes in Kumi - Design and documentation of Kanapa RGC water supply system etc. 	<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>The contract manager conducted site visits for the different WSS infrastructure projects as per the contract. Some of the sampled minutes include;</p> <ul style="list-style-type: none"> - Meeting for Kalapata parish borehole held on 22nd August, 2017 - Site meeting report dated, 4th July, 2018 - Report on the sensitization training of the Tisai landing site beneficiaries on proper use public sanitation facility; Dated: 9th/5/2018. <p>Minutes on borehole rehabilitation in Kamenya, Nyero sub-county held on 20th /12/2017</p> <p>Minutes on the borehole construction at kalapata village held on 11th/2/2017.</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 water and sanitation facilities constructed as per design(s): score 2 	<p>From the sampled water sources, construction was as per design(s). For example, the boreholes in Asinge village in Kumi sub-county, Kalapata in Nyero sub-county, Ojie village in Kanyum sub-county and Karataka village in Atatur sub-county were as per stipulated design. They were well protected, had water discharge pit and right pump handle used.</p>	<p>2</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If contractor handed over all completed WSS facilities: score 2 	<p>Hand over off all completed projects was done by the contractors as shown below;</p> <ul style="list-style-type: none"> - Handover report on the construction of a two stance lined pitlatrine at Tisai Island; Dated: 30th/05/2018 - Hand over report on five (5) hand pump boreholes & one (1) production well drilled; Dated: 30th/6/2018. - Handover report on three (3) spring wells under DWSCG; dated: 13th/6/2018 - Hand over report on nine (9) boreholes rehabilitated by Ms. Kumi Workers Enterprises; Dated: 28/5/2018 - Handover report on fourteen (14) boreholes rehabilitated under DWSCG; Dated: 28/5/2018 - Handover report on renovation of a two stance Eco-san toilet at the district water office; Dated: 30/5/2018 - Hand over report on five (5) spring wells under DDEG; dated: 5/6/2018 - Handover report on five (5) hand pump deep boreholes drilled by Ms. KLR (U) Ltd; Dated: 6/4/2018. 	<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 DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2 	<p>From the sampled completed projects, it was evident that the DWO appropriately certified all WSS projects as evidenced by the following completion certificates;</p> <p>Name of Contractor: Ms. Lookas Enterprises; Contract name: Construction of three (3) spring wells (lot 3) under DWSCG; Contract sum: UGX 14,744,100; Contract number: KUMI529/WRK/2017-2018/00052</p> <p>Name of contractor: Nyabuitai (U) Ltd; Contract name: Extension of piped water, construction of a water kiosk & fencing of the water structures at Atatur RGC; Contract sum: 47,896,849; Contract number: KUMI 529/SUPLS/2017-2018/00053; Hand over date: 18th/6/2018</p> <p>Name of contractor: Timbis Holdings (U) Ltd; Contract Name; Construction of eleven (11) borehole platform; Contract sum: 8,411,040; Contract number: KUMI 529/SUPLS/2017-2018/00048; Date of hand over: 12th/6/2018</p>	<p>2</p>
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The district Water department has certified and initiated payment for works and supplies on time

Maximum 3 for this performance measure

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

Request made by Nyabuitai (Uganda) Limited dated 01/06/2018 for the extension of piped water, construction of a water kiosk and the fence of the water structure at Atutur was recommended for payment by the District water officer on 18/06/2018 and approved for payment on 19/06/2018. Payment was done on 21/06/2018 under PV No. PVW-0841 and EFT 5299902064335

VR PVW-0891 dated 21/06/2018 being payment to Zion Logistics (U) Ltd for the construction of 5 spring wells Lot1. Request was done on 01/06/2018 . DWO received the document on 13/06/2018 and recommended for payment on the same date. Approved for payment on 19/06/2018

Vr PVW-0895 dated 21/06/2018 and EFT 5299902062954. Request came in on 11/05/2018 from Timbis Holdings Uganda Limited. DWO recommended for payment on 13/06/2018 and forwarded for payment on 14/06/2018

SASDO Contractor (U) Ltd for the construction of a two stance lined pit latrine at Tisai Landing Site dated 11/06/2018 was recommended by the District water officer on 12/06/2018, was approved for payment on 13/6/2018 paid on 21/06/2018 under voucher PVW-0893 and EFT 5299902062952

Reviewed request for payment to Lookas Enterprises for the construction of 3 spring wells, lot 3 that was submitted on 5/04/2018 recommended by the DWO ON 16/04/2018 and was approved for payment on 26/04/2018. Was paid on 16/05/2018 on voucher no. PVW-0890 and EFT 5299902060308

Payments are recommended and certified on time for payment by the District Water Officer

Financial management and reporting

<p>The district Water department has submitted annual reports (including all quarterly reports) in time to the Plan- ning Unit</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 5 	<p>Evidence was provided to the Assessor by the District Planner in form of Report Submission Acknowledgement letters for the submission of Quarter 4 reports indicated that the Quarter 4 report for the water sector was submitted on the 9/07/2018 which was before the submission deadline date of 15th July 2018. Hard copies of the consolidated Quarter, Quarter 2 and Quarter 3 reports were all available at the district planner's office. However, the Planner could not trace, recall or retrieve the submission dates from the water sector to the planning unit.</p>	<p>5</p>
<p>The District Water Department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year If sector has no audit query score 5 If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 3 If queries are not responded to score 0 	<p>Voucher PV-AD25606 dated 21/06/2018 amounting to shs. 4,799,000 paid out to Imem Deo was for rectification of the anomaly identified at Mukongoro RGC water supply system w.r.t the crumbling wall. As per the audit recommendation this was rectified. The handover report of the works done was dated 25/07/2018</p> <p>.Due to the fact that the sector had audit queries it does not score full points</p>	<p>3</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>Evidence was provided to the Assessor to confirm that the council committee responsible for water met 3 times during the FY and discussed service delivery issues during the meetings indicated below:</p> <p>Meeting of 13/05/2017 as per minute extract no. 3/KDC/WPN/10/2017. Issues discussed included:</p> <ul style="list-style-type: none"> - Review of a report about the construction of 155 spring wells, 202 Shallow wells, 372 boreholes and 99 taps for public use. District water coverage was reported at 68%. <p>Meeting of 5/12/2017 as per minute extract no. 7/KDC/WPN/12/2017.</p> <ul style="list-style-type: none"> - Presented water sector budget. - discussed the planned projects for implementation including the drilling of boreholes and the need to Handover Mukongoro Water Supply System. <p>Meeting of 3/05/18 as per minute no. 10/KDC/WPN/05/2018. Mainly focussed on Budget scrutiny and Approval.</p> <p>PAC committee recommendations were discussed by DEC and DEC made recommendations to the concerned officers to take action. PAC recommendations are not discussed at committee level.</p>	<p>3</p>
<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the water sector committee has presented issues that require approval to Council: score 3 	<p>There was no evidence to confirm that the water sector committee presented issues to Council for approval. Key water issues were settled at the sittings of the Works and Technical Services Committee during the various sittings. A review of the minutes of Council at the 7 sittings (on 27/09/17, 19/10/17, 1/11/2017, 21/12/17/, 17/01/18, 29/03/18 and 28/05/18 during the FY revealed that no water issues were tabled to council for resolution.</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>There was display of the AWP, budget and the water development grant releases and expenditures as per PPDA Act and discussed at advocacy meeting as evidenced by the Minutes for the district council advocacy meeting held at the district water office boardroom on the 24th January, 2018.</p>	<p>2</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2 	<p>From the sampled WSS projects, all were clearly labelled and the following information was observed: the name of the project, date of construction, contractor and source of funding e.g. -- Asinge village borehole, Kumi sub-county, Funded by DWSCG, Completion Date: 2nd/3/2018, Contractor: KLR</p> <p>- Kalapata village borehole, Nyero sub-county, Funded by DWSCG, Completion Date: 1st/3/2018, Contractor: KLR</p> <p>- Okengo borehole Ojie village, Kanyum village, funded by DWSCG, Contractor: Multec Consult Ltd; Completion Date: 26th/7/2018</p> <p>- Karataka village borehole, Atatur sub-county, Funded by DWSCG, Contractor: KLR, Completion Date: 5th/3/2018</p>	<p>2</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2 	<p>Observation from the notice board proved that there was information on tenders and contract awards including name/contract and contract sum displayed on the District Notice boards. For example;</p> <p>Procurement Reference Number; Kumi 529/Wrks/2018-2019/00018; Subject of procurement; Siting and drilling of four (4) Deep boreholes Lot 2; Name of best evaluated bidders; Multec Consults (U) Ltd; Total Contract price in UGX: 74,950,606</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>From the sampled minutes, it was observed that communities do apply for water/public sanitation facilities; for example;</p> <ul style="list-style-type: none"> - Application for new borehole By Aduda village, Atutur sub-county done on 13/9/2018 - Application for the rehabilitation of the borehole made by Omukuna community borehole on 24/8/2018 - Request for a deep borehole in Angodi, Kalapata made on 27th August, 2018 - Request for rehabilitation of community borehole by Kees village in Nyero sub-county made on 23/08/2018. 	<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>From the sampled water supply facilities , it was observed that the water supply committees are functioning as they were all were well fenced/ protected using strong tree cuttings</p>	<p>2</p>
<p>Social and environmental safeguards</p>			

<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that environmental screening (as per templates) for all projects and EIAs (where required) conducted for all WSS projects and reports are in place: score 2 	<p>The LG water department has carried out environmental screening for all WSS projects and reports are in place; for example;</p> <p>Environmental screening reports dated: 25th/06/2018; 21st/06/2018 and 22nd/06/2018. In these reports, the LG noted the following findings;</p> <ul style="list-style-type: none"> - Vegetation clearance was limited to the site - Trees and Pasplum grass had been planted - The site was levelled and all debris cleared and - properly disposed to designated sites - Back filling had been done - Drainage channel had been created. 	<p>2</p>
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1 	<p>The department doesn't carry out follow up support provided in case of unacceptable environment.</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>Contracts have clause on environmental protection labelled as 4 and it stipulates that;</p> <p>4.1 Clearing site and planting 10 shade trees as recommended by the District Environment/ Forestry officer</p> <p>4.2 Provision of 20 modern range seedlings to the best households in terms of sanitation as recommended by the Sub-county Agricultural extension staff</p> <p>4.3 1.50m diameter *2m deep soak pit complete with hard core infill including excavations and 1000 gauge polythene cover.</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>It is evident that the women do constitute at least 50% of WSCs and do take up key positions on the committee especially the treasurer position.</p>	<p>3</p>
<p>Gender and special needs-sensitive sanitation facilities in public places/ 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>From the sampled sanitation facilities, it was observed that the facilities have separate stances for men, women and PWDs. For example; Construction of 5 stances lined pit latrine at Okemer primary school, funded by DDEG, Contractor: Tajowa Enterprises.</p>	<p>3</p>