



Local Government Performance Assessment

Pallisa District

(Vote Code: 548)

Assessment	Scores
Accountability Requirements	67%
Crosscutting Performance Measures	66%
Educational Performance Measures	92%
Health Performance Measures	64%
Water Performance Measures	59%

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>Pallisa District was Compliant with PFMAA and LG Budget guidelines regarding the submission dates for the Performance Contract.</p> <p>The Performance Contract was submitted on line to MoFPED on the 28th of July 2018, as per report generation date indicated on the hard copy of the Performance Contract that was endorsed by CAO. The same date corroborates with date indicated on the LG reports submission/status schedule generated at the MoFPED 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>Pallisa district was Compliant with the requirement to submit a budget that includes a Procurement Plan as per LG PPDA Regulations, 2006. The Budget, together with the Procurement plan was submitted online to MoFPED on the 28th of July 2018 and approved on the 29th of July 2018 as reflected on the Report submission Status of the MoFPED seen by the assessor and available at MoFPED. This was before the expiry of the deadline of the 1st of August 2018.</p>	<p>Yes</p>
<p>Reporting: submission of annual and quarterly budget performance reports</p>			
<p>LG has submitted the annual performance report for the previous FY on or before 31st July (as per LG Budget Preparation Guidelines for coming FY; PFMA Act, 2015)</p>	<p>From MoFPED's official record/inventory of LG submission of annual performance report submitted to MoFPED, check the date MoFPED received the annual performance report:</p> <ul style="list-style-type: none"> • If LG submitted report to MoFPED in time, then it is compliant • If LG submitted late or did not submit, then it is not compliant 	<p>Pallisa district was Not Compliant with the LG Budget Preparation Guidelines regarding the submission date for the Annual Performance report by the 31st of July. The Annual Performance Report was submitted on line to MoFPED on the 18th August, 2018 (as per report generation date indicated on the hard copy of the Q4 report available at the Sr. Planner's office) which was after the deadline of 31st July 2018.</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>Pallisa District was Not Compliant with the PFMA Act, 2015, regarding the submission dates for Q4 report by the 31st of July. There was no evidence adduced by the Sr. Planner to confirm the submission dates for the quarterly reports for Q1, Q2, and Q3 due to the limitations of the PBS system and the absence of the hardcopies of the Quarterly reports. The Only date that could be ascertained was the date for the submission Quarter 4 report that was submitted online to MoFPED on the 18th of August 2018 (as per report generation date indicated on the hard copy of the Q4 report available at the district Planner's office.</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>Submitted the status of implementation of audit recommendation on 23 April 2018 as the date appended by the stamp from the MoFPED and MoLGA, 23/004/2018 is the date on which the directorate of internal audit received the responses for the letter forwarding the responses dated 20/04/2018</p>	<p>Yes</p>
<p>The audit opinion of LG Financial Statement (issued in January) is not adverse or disclaimer.</p>		<p>The LG obtained an unqualified audit opinion for the FY 2017/18 as per the Auditor General's report,</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>Evidence was adduced by the Physical Planner to confirm that Pallisa district has a functional Physical Planning Committee.</p> <p>Evidence presented included appointment letters of the members of the committee that were issued by the CAO on the 28th of February 2018, Ref. CR 214/35. The committee is comprised of the following officers: -District Natural Resources Officer</p> <ul style="list-style-type: none"> - District Production Officer - District Community Development Officer -District Education Officer - District Health Officer - District Staff Surveyor - 3 Town Clerks - Physical Planner (Secretary) - Chief Administrative Officer (Chairman) <p>The committee met twice during the previous FY to consider new investments. The meetings were held on 10th August 2017 and 14th December 2017 to consider new investments. Minutes of the meetings were available with the Physical Planner and were duly reviewed by the Assessor.</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 minutes of the Physical Planning committee were not shared with the Ministry of Housing, Lands and Urban Development. The Assessor impressed upon the Physical Planner of the importance of sharing the minutes with the ministry for transparency and accountability purposes.</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>Pallisa district has no Physical Development Plan; hence consistency of infrastructure investments against a Physical development Plan could not be ascertained.</p>	<p>0</p>

<p>All new infrastructure projects in: (i) a municipality / (ii) in a district are approved by the respective Physical Planning Committees and are consistent with the approved Physical Plans</p> <p>Maximum 4 points for this performance measure.</p>	<ul style="list-style-type: none"> Action area plan prepared for the previous FY: score 1 or else 0 	<p>No Area Action Plans were prepared during the previous FY. Reasons given included under funding of the Physical Planning Unit. For example, during the FY 2017/18, the unit was allocated a total 23,400,000=. 10,000,000= was for DDEG, 8,400,000= from PA, while 5,000,000= was to be realised from local revenue.</p> <p>The DDEG funds were spent on sensitising communities on land management issues, surveying, physical Planning and environment related issues, while the PAF funds were spent on conducting Land Board meetings and submission of minutes to MoLHUD and discussion of compensation rates.</p> <p>The 5,000,000= from local revenue was earmarked for development of physical plans for new growth areas but the amount was never realised and hence no physical plans were developed.</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 adduced to confirm that the priorities in AWP for the current FY were based on the outcomes of budget conferences. The evidence included:</p> <ul style="list-style-type: none"> Budget Conference Report of the conference held on the 6th November 2017. Discussions of the planned priorities for 2018/19 were enumerated on pages 2 to 5 of the report. The same priorities were included in the Annuals Work plans and budgets and were enumerated on pages 38 and 39 for the Water sector, page 25 for the Health sector and pages 26 and 27 for the Education sector. 	<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>There was substantial evidence to confirm that the capital investments in the approved Work Plan for the current year (approved by the Council sitting of 29th May 2018 as per minute number PLDG/ Cou /087/2017/18) were derived from the District Development plan (2015/15-2019/20). The key Capital investments outlined in the DDP included:</p> <p>Education: Classroom construction, Construction of staff houses, Supply of office desks and construction of 5 stance pit latrines (stated on page 15 of the DDP).</p> <p>Health: Renovation of Pallisa hospital Wards, Theatre, OPD and Antenatal Ward (in phases), construction of staff houses at various HC IIs, construction of 2 stance pit latrines and bathrooms at Koboloi, Gogonyo and Olok HC IIs, construction of a staff house at Butebo HC IV, Agule and Mpongi HC III, construction of staff houses at Butebo HC IV, Agule and Mpongi HC IV (stated at page 14 of the DDP).</p> <p>Water: Drilling of Deep Wells and Rehabilitation of Bore Holes (mentioned on Page 15 of the DDP). Many of the projects above are stated on various pages of the current Work Plans and budget document for example:</p> <p>Education: Classroom construction at Omalutan primary school, construction of a 5 stance latrine at Akoro Primary school, construction classrooms at Kachono primary school, construction of classrooms at Oboliso primary school, and construction of a seed school at Olok sub county. Supply of desks at Kyerukura, Boliso, Kasodo, Olok and Kagoli primary schools (mentioned on pages 26 and 27 of the Budget estimate document 2018/19 available at the Planner’s office),</p> <p>Health: Renovation of the antenatal ward at Pallisa hospital and upgrading of Olok HC II to HC III status (stated on page 20 of the annual budget estimates 2018/19).</p> <p>Water. Projects cited included but not limited to: Drilling of deep wells at; Kapalatu village, Operedio village, ogurutap village, Kameke A, Ogalai, okolodong Village, kagoli, Moru village among others (stated on page 38 of the Budget estimates document 2018/19).</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 as per of the DDP process and are duly appended to the DDP on pages 135-159. Extracts of relevant profiles to the planned projects for every FY are extracted, refined and filed in the file for Project Profiles available in the Office of the Senior Planner.</p> <p>The Profiles were discussed at the TPC meeting of 19/01/2018 as per minute extract 48/01/2018.</p>	<p>2</p>
<p>Annual statistical abstract developed and applied</p> <p>Maximum 1 point on this performance measure</p>	<ul style="list-style-type: none"> • Annual statistical abstract, with gender-disaggregated data has been compiled and presented to the TPC to support budget allocation and decision-making- maximum score 1. 	<p>The Annual Statistical Abstracts were compiled for the FY 2018/19 and published in a booklet- Statistical Abstract for Pallisa LG for the Financial Year 2018/19 – available in Sr. Planner’s office. The statistics were used for budget allocation and were discussed at the TPC meeting of the 27th September 2017 as per minute number 24/09/2017/18.</p>	<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>Infrastructure projects implemented by the LG in the previous FY were derived from the annual work plan and budget approved by the LG Council.</p> <p>The Annual Work Plan and Budget for the Previous FY (2017/18) was approved by the council sitting of 2nd June 2017 under minute number 058/CoU /2017.</p> <p>The key Infrastructure projects included:</p> <p>Health: Rehabilitation of the OPD ward at Pallisa Hospital (cited at page 14 of the budget extract 2017/18).</p> <p>Education: Classroom construction at Omalutan, Adodoi and Kameke Primary schools. Construction of 5 stance latrine at Akasim and Kakyanga primary schools, supply of school desks at Omulatan and Kameke primary schools (mentioned on page 15 of the budget extract 2017/18).</p> <p>Water: Drilling of boreholes at Kasodo central, Osonga central, Odokolen and at Osupa primary schools. Cited at pages 26 and 27 of the PBS budget extracts for the FY 2017/18.</p>	<p>2</p>
<p>Investment activities in the previous FY were implemented as per AWP.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the investment projects implemented in the previous FY were completed as per work plan by end for FY. <ul style="list-style-type: none"> o 100%: score 4 o 80-99%: score 2 o Below 80%: 0 	<p>Obtained the projects monitoring report and this was matched with payments as per the draft financial statements and noted that majority of the investment projects were completed as per work plan by the end of the financial year. All these projects had the retention fees outstanding. The projects include:</p> <ol style="list-style-type: none"> Construction of a 2classroom block, an office and a store with a lightening arrester at Kameke P/S done by F.G Enterprises Construction of the classroom block with lightening arrester at Omulutan P/S by General purpose Contractors Construction of a 5 stance pit latrine at Akisim II P/S Construction of community based services development Office block by Hadais Purpose Enterprises Ltd. Construction of 3 in one staff house at Mpongi H/C III in Puti-Puti Sub county by Moora Enterprises Drilling of 8 boreholes by KLR (U) Ltd. <p>The level of completion is within the 80-99% as a result outstanding retention fees.</p>	<p>2</p>

<p>The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that all investment projects in the previous FY were completed within approved budget – Max. 15% plus or minus of original budget: score 2 	<p>A review of information contained in the Annual budget performance report (as part of the Q4 report submitted to MoFPED and the Annual Final Accounts confirmed that the projects were completed within the approved budgets.</p> <p>Projects looked at were:</p> <ol style="list-style-type: none"> Construction of a 2classroom block, an office and a store with a lightening arrester at Kameke P/S done by F.G Enterprises budgeted at shs. 68,000,000 and constructed at a cost of shs.64,166,512 Construction of the classroom block with lightening arrester at Omulutan P/S by General Purpose Contractors Budgeted at shs. 57,500,000 but constructed at shs. 55,995,803 Construction of a 5 stance pit latrine at Akisim II P/S budgeted at shs. 18,000,000 and contracted at shs.17,427,194 Construction of community based services development Office block by Hadais Purpose Enterprises Ltd. constructed at 86,423,295 Construction of 3 in one staff house at Mpongi H/C III in Puti-Puti Sub county by Moora Enterprises Drilling of 8 boreholes by KLR (U) Ltd. constructed at shs. 167,597,760 <p>In all the above the projects were completed within approved budget.</p>	<p>2</p>
<p>The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> Evidence that the LG has budgeted and spent at least 80% of the O&M budget for infrastructure in the previous FY: score 2 	<p>There was no evidence adduced by the senior Planner of Pallisa district by the time of the assessment, to confirm that there were budget lines for Operations and Maintenance (O & M) within the various sector budgets. A review of the Work Plans and Budgets for 2017/18 did not succinctly indicate budget lines for O&M across all sectors. A similar effort was made for a review of the final accounts for FY 2017/18 and still no budget lines could be identified.</p>	<p>0</p>

Human Resource Management

<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 existing customized staff structure approved by Council under minute No: PDLG/COU/076/APRIL, 2018 provides for 9 departments. Of the 9 departments 7 are substantively filled while the other two are headed by acting HoDS. Below is the presentation of HoDs in acting positions:</p> <p>Ongwara Michael: Works; appointed substantively as senior engineer Minute 109/2016, he was later assigned duties of District Engineer under DSC minute no.146/2016</p> <p>Lukendo Agnes: Education; appointed substantively as senior education officer Minute 77/2018, she was later assigned duties of District Education Officer by CAO on 27/03/2018 letter ref no. CR/153/1.</p> <p>It was reported that candidates to fill up the above two positions have been shortlisted but not interviewed because the DSC is not fully constituted.</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>All the 8 HoDS were appraised (DCAO appraised by Centre); copies of their performance reports and appraisal forms for the period seen. Below is presentation of sample of three of the HoDS appraisal status:</p> <p>Samuka Muhamed: Natural Resource; performance report signed CAO on 16th/7/2018 seen</p> <p>Wamire Dawson: Community Based Services; performance report signed by CAO on 11th/7/2018 seen and staff performance appraisal signed by CAO on 11th/7/2018 also seen.</p> <p>Dr. Mulekwa Godfrey: Health Services; performance report signed by CAO on 02nd 7/2018 seen and staff performance appraisal signed by CAO on 02nd/7/2018 seen too.</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>From review of the vacancy declarations to the DSC, it was found out that 34 posts leading to 103 vacancies were submitted in 2017/18. Of the 103 vacancies, 25 vacancies (24%) were not considered within 2017/18. The 25 vacancies not considered were for Parish Chiefs, these were considered in the meeting of 5th July 2018 (not within the Financial year of assessment hence negatively affecting the score of the District) under DSC minute no: 67/2018.</p> <p>Below are the meetings that considered the 78 vacancies that were considered within the financial year of assessment:</p> <p>a) DSC meeting of 22nd June 2018 under DSC minute nos: 61/06/2018</p> <p>b) DSC meeting of 20th June 2018 under DSC minute nos: 82/06/2018; 79/06/2018, 84/06/2018</p> <p>c) DSC meeting of 4th June 2018 under DSC minute nos: 48/06/2018; 45/06/2018; 49/06/2018</p> <p>c) DSC meeting of 1st June 2018 under DSC minute nos: 35/06/2018; 37/06/2018; 40/06/2018</p> <p>c) DSC meeting of 28 to 31st May 2018 under DSC minute nos: 07/05/2018; 11/05/2018; 13/05/2018; 14/05/2018; 09/05/2018; 17/05/2018; 21/05/2018</p>	<p>0</p>
<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for confirmation have been considered: score 1 	<p>In 2017/18, 290 staff were submitted to the DSC for confirmation, of these 192 (66%) were confirmed and 98 were not confirmed. The confirmations of the 192 were done under the following meetings:</p> <p>a) Meeting of 13th-15th Dec 2017 under minute no. 46/2017</p> <p>b) Meeting of 15th 03 2017 under minute no. 3/2018</p>	<p>0</p>

<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1 	<p>3 cases of disciplinary action were submitted to the DSC in 2017/18. All the 3 cases (100%) were considered by the commission under the following meetings:</p> <p>a) 7/5/2018 minute no. 28/2018</p> <p>b) 15th/12/2017 minute nos. 51/2017 and 52/2017</p>	<p>1</p>
<p>Staff recruited and retiring access the salary and pension payroll respectively within two months</p> <p>Maximum 5 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100% of the staff recruited during the previous FY have accessed the salary payroll not later than two months after appointment: score 3 	<p>From review of the new staff list it was found out that 9 new staff were recruited in 2017/18 (majority of the appointments done in 2017/18 were internal and transfer within service). All the nine (100%) new recruits accessed the payroll in within two months after appointment (they were recruited in June 2018 and accessed payroll in August 2018). Below is a presentation of status of enrollment of 3 sampled new staff on the payroll.</p> <p>a) Okia Lazarus: IPPS No; 1027885 appointed on 1/6/2018 and accessed the payroll in Aug 2018 ;</p> <p>b) Amuron Angela: IPPS No. 1029010 appointed 13/6/2018 and accessed the payroll in Aug 2018 ;</p> <p>c) Bumba Patrick: IPPS No.1028858 appointed on 13/6/2018 and accessed the payroll in Aug 2018</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>37 staff were due for retirement in 2017/18 of these only 4 had accessed the payroll and all these four had not accessed the payroll within the mandatory two months (none of the pensioners accessed the payroll within the two months)</p> <p>The LG staff alleged that all the four major process undertaken to enroll pensioners on the pension payroll are managed by MoPS. These four major processes are: a) verification of the file; b) assessment (calculation of benefits); c) auditing; and d) final approval. The District only does the data capture.</p> <p>There were also reported challenges handling retiring teachers where verification is done by MoES and this takes a lot of time especially for cases with shared registered numbers. The District requested that verification of teachers should be done while they are still in service to save on time.</p> <p>They also requested that the LGs should only be assessment for processes that they are directly in control.</p>	<p>0</p>
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Revenue Mobilization

<p>The LG has increased LG own source revenues in the last financial year compared to the one before the previous financial year (last FY year but one)</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> If increase in OSR (excluding one/off, e.g. sale of assets) from previous FY but one to previous FY is more than 10 %: score 4. If the increase is from 5% -10 %: score 2. If the increase is less than 5 %: score 0. 	<p>Total of OSR for FY 2016/2017 was shs. 318,895,059</p> <p>Total of OSR for FY 2017/2018 was shs. 164,792,878</p> <p>Increase/Decrease Shs. -154,102,181</p> <p>Percentage. -48.3%</p> <p>The OSR for FY 2016/17 was extracted from the final accounts for the FY 2016/17.</p> <p>In FY 17/18 the District was split into two Districts Butebo and Pallisa Districts. A significant source of revenue from Butebo District was not collected by Pallisa District in the financial year hence the reduction in collection of own revenue. Since the performance is outside the threshold the District does not score under the indicator.</p>	<p>0</p>
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<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 was shs. 315,868,712</p> <p>Total Local Revenue collected during FY 2017/2018 was shs. 164,792,878</p> <p>Performance is 52%</p> <p>Council minute MIN.PDLG/COU/096/AUGUST, 2018 that was held on August 31, 2018 approved the amendment of the budget for OSR to shs. 180,543,234. The meeting however, came after the close of the financial year and after the District had completely failed to collect additional revenue. The District accordingly tried to advance the fact that the PBS in use aggregates all the budget estimates for the District and lower local governments yet on collection and reporting only the District portion is reported.</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. 48,462,500 for FY 2017/18</p> <p>Amount of local revenue remitted to LLGs in FY 2017/18 was shs.27,079,996</p> <p>Status of compliance: 56%</p> <p>Reviewed a voucher No. PV-FN00850 dated 25/10/2017 in which they transferred shs.12,000,00 as LST to Pallisa Town Council. The letter of transfer was written on 20/10/2017 and approved on 21/10/2017.</p> <p>Reviewed request for transfer of LST dated 05/02/2018 done by Head of Finance and approved on 06/03/2018 to the sub counties of Agule shs1,777,214, Akisim shs.1,000,680, Apopongshs.1,562,334, Chelekura 1,186,023 Gogonyo 1,642,041, Kameke 1,270,198, Kamuge1,527,479, Kasodo1,375,541, Olok1,025,072, Pallisa Rural1,002,318, Puti Puti 1,711,096</p> <p>Total is 15,079,996</p> <p>Included in the OSR is an amount of shs.4,471,250 that is collected from contractors at the district who make a contribution of shs.20,000 . This amount is not supposed to be shared with the LLG. Therefore, the amount is reduced by shs. 4,471,250</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 of OSR for FY 2016/2017 was shs.318,895,059</p> <p>Total expenditure on council allowances during FY 2017/2018 Shs. 39,657,000</p> <p>Percentage 12.4%.</p> <p>VR PV-S097208 dated 18/12.2017 shs. 9,835,000 – Council allowances</p> <p>PV-S09296 dated 25/10/2017 shs 2,959,000 committee meeting , 23/03/2018 PV-S09729 shs 500,000, PV-S09730 Shs.500,000 committee PV-S09699 23/3/2018 shs.3,275,000 council meeting, PV-S09728 23/3/2018 SHS. 3,275,000 committee, shs. 500,000 PV-S010218, PV-S010275 shs.500,000, PV-S010217 shs.3,275,000</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 	<ul style="list-style-type: none"> The District has a substantive senior procurement officer in the names of Oponguru Apollo; appointed on 8th April 2015 under DSC minute no. 02/2015 Additionally the District has a substantive procurement officer by the names of Okello Daniel appointed on 7th June 2018 under DSC minute no. 53/2018 	<p>2</p>

The LG has in place the capacity to manage the procurement function

Maximum 4 points on this performance measure.

• Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1

TEC produced and submitted reports to the Contracts Committee.

For example

• Technical evaluation Committee meeting was held 2/January /2018 Construction of a 2-classroom Block with Office, Store & Lightening arrester at Kameke P/S -(Ref; PALI 548/WRKS/17-18/00005) at UGX 64,166,512

Produced report 2/January /2018 submitted to contracts committee. The report

Recommended that M/S. F.G ENTERPRISES LTD be awarded contract at UGX 64,166,512

• Technical evaluation Committee meeting was held 2/January /2018 Construction of a 2 classroom Block with lightening arrester at Omalutan P/S (Ref; PALI 548/WRKS/17-18/00004) at UGX 55,995,803

Produced report 2/January /2018 submitted to contracts committee. The report

Recommended that General Purpose Contractors be awarded contract at UGX 55,995,803

• Technical evaluation Committee meeting was held 6/December/2017 Drilling of 8 bore holes Lot 2 (Ref; PALI 548/WRKS/17-18/00008)

Produced report 6/December/2017 submitted to contracts committee. The report

Recommended that KLR (U) LTD be awarded contract at UGX 167,597,760

<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the Contracts Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1 	<p>Contracts Committee considered recommendations of the TEC.</p> <p>For example</p> <p>(a) Construction of a 2-classroom Block with Office, Store & Lightening arrester at Kameke P/S (Ref; PALI 548/WRKS/17-18/00005) Report of the contracts committee seating on 17/01/2018, minute no 8.0 PALI CC/006/2017-2018 as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that M/S. F.G ENTERPRISES LTD be awarded contract at UGX 64,166,512.</p> <p>(b) Construction of a 2 classroom Block with lightening arrester at Omalutan P/S (Ref; PALI 548/WRKS/17-18/00004) Report of the contracts committee seating on 17/01/2018, minute no 7.0 PALI CC/006/2017-2018 as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that General Purpose Contractors be awarded contract at UGX 55,995,803</p> <p>(c) Drilling of 8 bore holes Lot 2 (Ref; PALI 548/WRKS/17-18/00008) Report of the contracts committee seating on 19/12/2017, minute no 5.0 PALI CC/005/2017-2018 as per TEC recommendation, Contracts committee looked at the evaluation report and considered the recommendation that KLR (U) LTD be awarded contract at UGX 167,597,760</p>	<p>1</p>
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The LG has a comprehensive Procurement and Disposal Plan covering infrastructure activities in the approved AWP and is followed.

Maximum 2 points on this performance measure.

• 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

The procurement and Disposal Plan for 2018/2019 year covers all infrastructure projects in the approved annual work plan and budget. For example

- Construction of a new Admin Block-three storey building phase one
- Renovation of the Antenatal Block at Pallisa General Hospital.
- Construction of a 2 classroom block at Oboliso Rock View P/S with lightening Arrestor.
- Construction of a 2 classroom block at Kachango P/S with lightening Arrestor
- Construction of a 2 classroom block at Ogoria P/S with lightening Arrestor

In FY 2017/2018 procurements were done as per plan in accordance with the procurement plan).

- Construction of classroom block at Adodoi P/S (Ref; PALI 548/WRKS/17-18/00006)
- Construction of classroom block at Kameke P/S (Ref; PALI 548/WRKS/17-18/00005)
- Construction of a 2 classroom Block with lightening arrester at Omalutan P/S (Ref; PALI 548/WRKS/17-18/00004)
- Drilling of 8 bore holes Lot 2 (Ref; PALI 548/WRKS/17-18/00008)
- Construction of a staff house at Mpongi Health Centre III (PALI 548/WRKS/17-18/00002)

<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/ infrastructure by August 30: score 2 	<p>For FY 2018/2019, By August 30 2018, all bid documents for all investment/infrastructure were prepared above 80%. The Approval date was 10/August/2018 These include:</p> <ul style="list-style-type: none"> • Construction of a new Admin Block-three storey building phase one • Renovation of the Antenatal Block at Pallisa General Hospital. • Construction of a 2 classroom block at Oboliso Rock View P/S with lightening Arrestor. • Construction of a 2 classroom block at Kachango P/S with lightening Arrestor • Construction of a 2 classroom block at Ogoria P/S with lightening Arrestor 	<p>2</p>
<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2 	<p>For FY 2017/2018, contract register fully updated (2017-2018).such as</p> <ul style="list-style-type: none"> • Construction of classroom block at Adodoi P/S (Ref; PALI 548/WRKS/17-18/00006) • Construction of classroom block at Kameke P/S (Ref; PALI 548/WRKS/17-18/00005) • Construction of a 2 classroom Block with lightening arrester at Omalutan P/S (Ref; PALI 548/WRKS/17-18/00004) • Drilling of 8 bore holes Lot 2 (Ref; PALI 548/WRKS/17-18/00008) • Construction of a staff house at Mpongi Health Centre III PALI 548/WRKS/17-18/00002). 	<p>2</p>

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

Maximum 6 points on this performance measure.

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

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

- Construction of classroom block at Adodoi P/S (Ref; PALI 548/WRKS/17-18/00006) at UGX 57,500,000 (Open domestic bidding, New Vision, Thursday 6th November 2017)

- Construction of classroom block at Kameke P/S (Ref; PALI 548/WRKS/17-18/00005) at UGX 68,000,000 (Open domestic bidding, New Vision, Thursday 6th November 2017)

- Construction of a 2 classroom Block with lightening arrester at Omalutan P/S (Ref; PALI 548/WRKS/17-18/00004) at UGX 57,500,000 (Open domestic bidding, New Vision, Thursday 6th November 2017)

- Drilling of 8 bore holes Lot 2 (Ref; PALI 548/WRKS/17-18/00008) at UGX 181,400,000 (Open domestic bidding, New Vision, Thursday 6th November 2017)

- Construction of a staff house at Mpongi Health Centre III PALI 548/WRKS/17-18/00002) at UGX 66,310,000 (Open domestic bidding, New Vision, Thursday 6th November 2017)

<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> Evidence that all works projects implemented in the previous FY were appropriately certified – interim and completion certificates <p>for all projects based on technical supervision: score 2</p>	<p>Projects implemented in the FY 2017/18 were appropriately certified with interim and completion certificates as per technical supervision. For example Completion and interim certificates were available.</p> <p>For example</p> <ul style="list-style-type: none"> Renovation of OPD at Pallisa General Hospital -(Ref; PALI 548/WRKS/17-18/00003) at UGX 158,695,271 Completion certificate dated 14/6/2018. Construction of a 2-classroom Block with Office, Store & Lightening arrester at Kameke P/S -(Ref; PALI 548/WRKS/17-18/00005) at UGX 64,166,512 Completion certificate dated 14/06/2018. Construction of a 2 classroom Block with lightening arrester at Adodoi P/S (Ref; PALI 548/WRKS/17-18/00006) at UGX 141,872,175 Completion certificate dated 19/June/2018. Construction of a 2 classroom Block with lightening arrester at Omalutan P/S (Ref; PALI 548/WRKS/17-18/00004) at UGX 55,995,803 Completion certificate dated 20/June/2018 Construction of a 2- stance lined pit latrine at Pallisa HCIII(Ref; PALI 548/WRKS/17-18/00030) at UGX 8,997,000 Completion certificate dated 20/June/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 	<table border="1"> <thead> <tr> <th>Month</th> <th>Status</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>30/06/2018</td> <td>Done</td> <td>03/07/2018</td> </tr> <tr> <td>31/05/2018</td> <td>Done</td> <td>08/06/2018</td> </tr> <tr> <td>30/04/2018</td> <td>Done</td> <td>14/05/2018</td> </tr> <tr> <td>31/03/2018</td> <td>Done</td> <td>10/04/2018</td> </tr> <tr> <td>31/01//2018</td> <td>Done</td> <td>05/02/2018</td> </tr> <tr> <td>31/12/2017</td> <td>Done</td> <td>11/01/2018</td> </tr> </tbody> </table> <p>The reconciliations were up to date and adequately done within the stipulated time.</p>	Month	Status	Date	30/06/2018	Done	03/07/2018	31/05/2018	Done	08/06/2018	30/04/2018	Done	14/05/2018	31/03/2018	Done	10/04/2018	31/01//2018	Done	05/02/2018	31/12/2017	Done	11/01/2018	4
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31/01//2018	Done	05/02/2018																						
31/12/2017	Done	11/01/2018																						
<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 a sample of vouchers together with the corresponding payments and noted that timely payments were done by the LG. Sample of vouchers reviewed included:</p> <ol style="list-style-type: none"> i. PV-ED01590 being payment to Dups Corporate Services Ltd for the supply of 108-3 seater desks to schools. Request was submitted on 18/06/2018 and recommended by DEO for payment on 18/06/2018. Payment was approved on 20/06/2018 and payment was done on 20/06/2018 ii. PV-ED01572 being payment to Had Multi-Purp Ent for the construction of classroom block at Adodoi PS. Request was submitted on 4/06/2018 and recommended for payment by DEO on 04/06/2018. Payment was approved on 06/06/2018 and payment was done on 14/06/2018 iii. PV-ED01520 being payment to Bafakulera Construction Company Ltd. for emptying of pit latrine at schools. The request was submitted on 06/06/2018 the DEO recommended for the payment on 11/06/2018 and approved for payment on the same date. Payment was done on 2/06/2018. iv. PV-ED01681 dated 21/05/2018 being payment to General Purpose Contractors for construction of Omulatan PS Classrom block. Request was done on 10/05/2015 and recommended for payment by DEO on 21/05/2018. Approval of payment was done on 23/05/2018 and payment was effected on 23/05/2018 v. PV-HE020000 dated 21/06/2018 being payment to God Provides Constructors Co. Ltd. for construction of a 2 stance line pit latrine at Pallisa town council health centre III. Request for payment was done on 01/06/2018 and recommendation for payment was done by the DHO on 11/06/2018 and payment was approved on 11/06/2018. Payment was on 21/9=06/2018 	2																					

		<p>vi. PV-HE00867 being payment to Interbuild Tech Services Ltd. for the renovation of OPD at PSA General Hospital. Request was done on 12/06/2018 and the DHO made recommendation for payment on 18/06/2018 and was approved for payment on 20/06/2018. Payment was effected on 21/06/2018.</p> <p>vii. PV-HE00851 BEING PAYMENT to Interbuild Tech Services Ltd for renovation of the OPD Certificate i. Request was submitted on 10/06/2018 and DHO made a recommendation for payment on 14/05/2018 and was approved for payment on 17/05/2018. Payment was done on 21/05/2018.</p> <p>viii. PV-HE01080 being payment to Moora Investments Ltd. for construction of a 3 in one staff house at Mpongi Health Centre III in Puti- Puti sub county. Request was submitted on 03/04/2018 and was recommended for payment on 3/04/2018 and approved for payment on 05/04/2018. Payment was done on 01/05/2018</p> <p>ix. PV-HE00855 being payment to Moora Investments Ltd. for construction of a 3 in one staff house at Mpongi Health Centre III in Puti- Puti sub county. Request was submitted on 14/05/2018 and was recommended for payment by DHO ON 14/05/2018 and was approved for payment on 17/05/2018. Payment was done on 04/06/2018</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. Kiirya Sam Emmanuel was appointed the Principal Internal Auditor as per the letter dated 2/06/2017 and referenced CR/156/2 by the CAO Pallisa Mr. Kawooya David under Min. No. 20/2017 of the District Service Commission.</p>	<p>1</p>

<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<p>• LG has produced all quarterly internal audit reports for the previous FY: score 2.</p>	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Date of report</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>30/10/2017</td> <td>CR/115/1</td> </tr> <tr> <td>Quarter 2</td> <td>25/01/2017</td> <td>CR/115/1</td> </tr> <tr> <td>Quarter 3</td> <td>30/04/2018</td> <td>CR/115/1</td> </tr> <tr> <td>Quarter 4</td> <td>07/08/2018</td> <td>CR/252/1</td> </tr> </tbody> </table> <p>Quarter1 report was prepared on 30/10/2017 and forwarded to the District Chairperson and copied to PS MoLG, The Internal Auditor General, The Auditor General, The District Chairperson, The Chief Administrative Officer, and The Chairman LFPAC.</p> <p>Quarter4 report was prepared on 07/08/2018</p>	Quarter	Date of report	Reference	Quarter 1	30/10/2017	CR/115/1	Quarter 2	25/01/2017	CR/115/1	Quarter 3	30/04/2018	CR/115/1	Quarter 4	07/08/2018	CR/252/1	<p>2</p>
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Quarter 4	07/08/2018	CR/252/1																
<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>There is evidence that the 1st quarter report was received by the chairman LGPAC on 1/11/2017, the CAO and the chairman LCV on 30/10/2017. The 2nd quarter report was forwarded to the chairman LCV ON 30/01/2018 and Chairman LG PAC on 31/01/2018 and the CAO on 08/02/2018.</p> <p>3rd quarter distribution CAO 04/05/2018, Chairman LCV 03/05/2018 and Chairman PAC on 04/05/2018.</p> <p>4th quarter report distribution CAO is on 15/08/2018, Chairman LCV on 15/08/2018 and Chairman PAC on 01/09/2018.</p> <p>There is however, no evidence that the status of implementation of internal audit findings for all quarter for the previous financial year was provided by the District.</p>	<p>0</p>															

<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that internal audit reports for the previous FY were submitted to LG Accounting Officer, LG PAC and LG PAC has reviewed them and followed-up: score 1. 	<p>The 2nd quarter PAC report for the FY 2017/2018 was reviewed. The internal audit report for the quarter 1 was reviewed, discussed and a report issued on 28/11/2017. A number of recommendations were done by the LG PAC but there is no evidence to confirm the status of implementation of the audit queries. LG PAC is yet to discuss Quarter 2 & Quarter 3 reports as well as Quarter 4 reports.</p> <p>There is evidence that the 1st quarter report was received by the chairman LGPAC on 1/11/2017, the CAO and the chairman LCV on 30/10/2017. The 2nd quarter report was forwarded to the chairman LCV ON 30/01/2018 and Chairman LG PAC on 31/01/2018 and the CAO on 08/02/2018.</p> <p>3rd quarter distribution CAO 04/05/2018, Chairman LCV 03/05/2018 and Chairman PAC on 04/05/2018.</p> <p>4th quarter report distribution CAO is on 15/08/2018, Chairman LCV on 15/08/2018 and Chairman PAC on 01/09/2018.</p> <p>There is however, no evidence that the reports for the 2nd, 3rd and 4th quarter reports were reviewed by the officers or units as submitted to them.</p>	0
<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>An assets register is maintained by the LG. Though manual, it is in the format provided for in the manual.</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 FY 2017/18 as per the report of Auditor General.</p>	4

The LG Council meets and discusses service delivery related issues

Maximum 2 points on this performance measure

- Evidence that the Council meets and discusses service delivery related issues including TPC reports, monitoring reports, performance assessment results and LG PAC reports for last FY: score 2

The Council was supposed to sit six times during the financial year but only sat four times due a Court Injunction ref. No. HCT-04-CV-MA-357-of 2017 dated 29/11/2017.

The 4 sittings of Councils were as indicated below:

Meeting of: 22/12/2017 discussed service delivery issues as per minute number PDLG/Cou/062/2017: keys service delivery issues included for health: the issue of overcharging of parents at Pallisa hospital that was a hindrance to access of health services for some of the patients. The council noted that there was no functional Health Management Committee to regularly monitor the performance of health workers and the general state of service delivery at the facility. Issue of renovation of the OPD wards at the main hospital and at Kasodo HC III and installation of Solar System at Kasodo HC III. Council reiterated the need to intensify support supervision monitoring by the district health staff, at health facilities in order to ensure improved health service delivery.

Education issues included the observation and appreciation of council of the increased supervision/inspection visits by the inspectorate unit that had led to reduced absenteeism of both the pupils' and teachers. Urged the education department to urge head teachers to impress upon parents the need to provide school meals for the pupils.

Meeting of the 29/03/2018. Discussed mainly the 2018/19 Work Plans and budgets (basically Laying of the Budget) as per minute number PDLG/Cou/069/ 2017. Council appreciated that the education sector took the highest budget allocation, with a percentage of 35.5% of the total budget with the sector taking second position with 18.2%.

Water issues discussed included the concern about shortage of running water in the district and hence the need for concerted efforts among all stakeholders including the technical and political heads to lobby for resources to ensure that provision is made for adequate running water within the district.

Meeting of the 20/04/2018; mainly discussed health related issues as per minute number PLDG/Cou/079/2017 and noted that the Health Unit Management Committee for Pallisa hospital had expired and there was urgent need to elect a new committee to ensure that the new committee monitors service delivery at the facility and ensure that quality service is rendered to the patients as well as critically handle the issue of charging patients at the hospital.

Meeting of 29/05/2018. Basically discussed and approved the Annual Work plan and Budget for 2017/18 as per minute extract PDLG/Cou/2017/18. The education sector

		was allocated 35.5% of the total budget (biggest allocation) while the health sector took 18.2% of the budget (second highest allocation).	
<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>By the time of the assessment, Pallisa district had not yet designated a person to coordinate responses to feedback from the communities. Too, there was no systematic procedure or method documenting complaints and grievances and provision of feedback.</p> <p>The CAO promised to appoint the person immediately after the assessment and ensure that there systematic documentation and feedback.</p>	0
<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>The LG has no specified a system for recording, investigating and responding to grievances. The CAO promised to appoint the person immediately after the assessment and ensure that there systematic documentation and feedback on grievances and complaints from the citizenry.</p>	0
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<p>Evidence that the LG has published:</p> <ul style="list-style-type: none"> The LG Payroll and Pensioner Schedule on public notice boards and other means: score 2 	<p>There was evidence to confirm that the LG Payroll and Pensioner schedule were displayed on the public notice boards.</p> <p>By the time of the review, the September Payroll and Pensioner schedule had been displayed at the public notice boards along the corridor in the main office block outside the office of the CAO.</p>	2

<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>The Procurement Plan was available for review in the office of the Procurement officer. Extracts of the Best Evaluated Bidder Notices for FY 2018/19 Awarded contracts) were displayed at the public notice board fixed on the corridor walls of the Procurement Offices. The bid notices capture information including the date of the bid notice, the subject of the procurement, name of the provider and the total contract sum.</p>	<p>1</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the LG performance assessment results and implications are published e.g. on the budget website for the previous year (from budget requirements): score 1. 	<p>There was no evidence adduced to confirm that the LG performance assessment results and implications of the previous financial year were published on the budget website. While the results were discussed at the TPC sitting of 19/09/18, as per minute no. 20/09/2018, that evidence was not considered by the Assessor as it fell out the assessment period of 2017/18.</p>	<p>0</p>

<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1 	<p>There was evidence to confirm that the LG communicated and explained guidelines, circulars and policies issued by the national level. It should be noted however, that due to the introduction of the E-Government practices, most of the documents were either shared by email or through Whats App, group communication, which evidence could not be easily traced (some already deleted). Other tangible evidence included minutes of TPC meetings whereby some of the policy/guidelines and circulars were discussed. For Example:</p> <p>DDEG guidelines were discussed during the TPC of 27/09/2017, under minute number 23/09/2017. The guidelines were duly explained to the TPC members and urged to also explain to their counter parts at lower local government level.</p> <p>Budget Call circulars 1 and 2 shared on email and Whats App groups and also discussed at the TPC sitting on 15/03/2018, under minute number 61/03/2018.</p> <p>There was also evidence presented in form of delivery book from the district Planning Unit. The Delivery book shows that a number of documents (among others the DDEG guidelines) were delivered to lower local governments and were duly acknowledged receipt of.</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>There was evidence provided by the Planner to confirm that the LG during the previous FY conducted discussions e.g through Barazas, radios programmes et. with the public to provide feed-back on status of activity implementation.</p> <p>The major mode of discussion was through radio talk shows that were attended by the heads of departments including the district education officer, the district health officer, the district Engineer among others. The talk shows were held on on the 22nd and 31st of May 2018 during which heads of departments gave updates on activity implementation. The Senior Planner showed the assessor copies of the radio talk shows reporting templates for the shows held on the 22nd and 31st of May 2018. The reports clearly indicated the issues discussed the responses by the listeners and the response by the district.</p>	<p>1</p>
<p>Social and environmental safeguards</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 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.

Guidance has been provided by gender focal point person to departments regarding how to mainstream gender. For example

- Letter of guidelines was written dated 13/08/2017 and circulated to all heads of departments.

- Also gave guidance in TPC meeting Report (Ref Date:,3 October, 2017) CAPACITY BUILDING GENDER MAINSTREAMING FOR ALL HEADS OF DEPARTMENT AND OTHER STAKEHOLDER (TPC.Min. 13/08/18: Presentation of gender identified issues). Held District council chambers.

- Mentorship of sub county CDOs and gave guidance on main streaming gender (4th-24 October) for 12 sub counties. This involved mentorship, coaching and support supervision regarding a number of issues

- Annual Report 2017-2018 (dated 10/08/2018) captures all Gender related activities that were accomplished.

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)). 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.

- Monitoring of PWDs groups

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 conduct culture mainstreaming, 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

- Monitoring of compliance on Gender among sub counties was successfully done.

- Senior Women staff workshop was held at Red Cross hall Pallisa on 11th/January/2018

- Radio Talk show on gender sexual based violence were held at Bugwere FM and AISA FM on 26/March/2018

LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition

Maximum 6 points on this performance measure

• Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 1

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 Education (Voucher number PV-S0901 indicates money drawn from the budget as planned for conducting environmental screening on health projects.

Health (Voucher number PV-S088791 indicates money drawn from the budget as planned for conducting environmental screening works projects

Works (Voucher number PV-S088791 indicates money drawn from the budget as planned for conducting environmental screening works projects. For example.

- Construction of classroom block at Adodoi P/S screening done 17/10/2017.
- Construction of classroom block at Kameke P/S screening done 17/10/2017.
- Rehabilitation of Kaboloi-Akisim-Okisiran-Idomet Road screening done 3/10/2017.
- Rehabilitation of Kamuge-Akumi Road (11.2 Km) screening done 3/10/2017.
- Drilling of bore hole at Kamuge Central screening done 14/08/2017
- Drilling of bore hole at Omatenga screening done 14/08/2017
- Drilling of bore hole at Kachinga-Orwaka screening done 08/08/2017
- Renovation of OPD at Pallisa General Hospital Screening done 20/10/2017
- Construction of a staff house at Mpongi Health Centre III Screening done 26/09/2017

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1 	<p>Environmental and social management and health and safety plans are integrated and appended on the bid documents are contracts agreements for example: for example bid documents reviewed, they contain the clause on environmental management and health and safety plans (They are well captured in the BOQs in the contact and bid documents).</p> <p>For example contract for the projects below</p> <ul style="list-style-type: none"> • Construction of staff house at Mpongi HCII • Solar Installations in the Pallisa general Hospital • Renovation of Kasodo HCIII OPD Block • Completion of Pallisa Sub county Administration Block • Construction of a two classroom Block at Obutete 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 all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1 	<ul style="list-style-type: none"> • For projects within the town council, the land agreement exists between Tween Sheikm Aramanzan Kirya and Pallisa Town Council. • Town Council a land tittle Plot 2-24 Gofonyo Road, Pallisa town council exists. • District land tittle Plot 26-30 Gogonyo Road (Pallisa District Local Government) exists • Opwateta Sub county has land Tittle Block(Road)1, Plot 789 exists • Kasodo Sub county has land Tittle Block(Road)1, Plot 199 and 200 exists • Land Tittle Block 1, Plot 174 at Osekello exists. • For Bore holes agreements were signed by the land owners where the bore is located. These agreements were witnessed by community members. For example drilling of bore hole in Kamuge Central, Omatenga, Kachinga-Orwaka agreements were available. 	<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>At the time of assessment all completed projects had only Environmental Mitigation Certification.</p> <p>Environmental Officer and CDO .were working differently and so they could not conduct joint activities.</p>	<p>0</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the contract payment certificated includes prior environmental and social clearance (new one): Score 1 	<p>At the time of assessment no evidence was found to ascertain that contract payment certificated includes prior environmental and social clearance. No forms available at the time of assessment.</p>	<p>0</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental officer and CDO monthly report, includes a) completed checklists, b) deviations observed with pictures, c) corrective actions taken. Score: 1 	<p>Only Quarterly reports were prepared and separately by the Environmental Officer alone and CDO alone.</p> <p>No monthly reports by EO and CDO were found by the time of assessment</p>	<p>0</p>
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Summary of requirements	Definition of compliance	Compliance justification	Score
Human resource planning and management			
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<p>• 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>	<p>The LG Education department Pallisa District budgeted for at least the H/T and the minimum of 7 teachers as per Performance Contract FY 2018/2019 (Vote 548, Workplan 6) indicates the budgeting for head teachers and teachers.</p> <p>Also there is a list of 76 primary schools, a list of 967 teachers including Head teachers, enrollment list by schools show at least the seven teachers, refer to list of teachers as at 14/6/18. Performance contract as approved on 28/7/18</p>	4
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<p>• 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>	<p>As per teachers list, and the sampled schools deployment is done accordingly. For example</p> <ul style="list-style-type: none"> -Kameke P/S has a head teacher and 17 teachers. -Katukeyi P/S has 16 including the head teacher. -Pallisa Girls P/S has 18 teachers including the head teacher. -Pallisa Town ship P/S has 20 teachers including the head teacher. - Kagoli P/S has 18 teachers including the head teacher., one has passed on recently. 	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 Pallisa District approved staff structure dated 20/4/18, min. PDLG/COU/076/April 2018. The structure for primary teachers is filled with a wage bill provision. For example, 967 teachers proposed by office of the DEO, as per the wage bill provision is 967 placements filled which is 100%.</p>	<p>6</p>
<p>LG has substantively recruited all positions of school inspectors as per staff structure, where there is a wage bill provision.</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • 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>Pallisa District approved structure dated 20/4/18 had a provision of 3 slots of school inspectors, all have been filled. (Min. PDLG/COU/O76/April 2018)</p>	<p>6</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> • Primary Teachers: score 2 	<p>According to submitted a recruitment plan to HRM for the FY 2018/2019 Education Department, the available positions of primary teachers are 967 , staff register by HRM show the Primary Teachers positions are filled</p>	<p>2</p>

<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> • School Inspectors: score 2 	<p>According to a submitted recruitment plan to HRM for the FY 2018/2019 Education Department the positions of school inspectors to be filled are 3 and they are.</p>	<p>2</p>
<p>Monitoring and Inspection</p>			
<p>The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.</p> <p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY</p> <ul style="list-style-type: none"> • 100% school inspectors: score 3 	<p>The District has 3 inspectors, all the 3 (100%) were appraised as follows:</p> <p>a) Opedun John initially a head teacher, was promoted on 20th Aug 2018. Appraised in 2017 as a head teacher by the Senior Assistant Secretary of Agule Sub-County on 10th/1/2018</p> <p>b) Ojangole Jesca initially a head teacher, was promoted on 20th Aug 2018. Appraised in 2017 as a head teacher by the Senior Assistant Secretary of Kamuge Sub-County on 2/12/2017</p> <p>c) Opela Stephen initially a head teacher, was promoted on 20th Aug 2018. Appraised in 2017 as a head teacher by the Town Clerk of Paliisa TC on 27/12/2017</p>	<p>3</p>

<p>The LG Education department has conducted performance appraisal for school inspectors and ensured that performance appraisal for all primary school head teachers is conducted during the previous FY.</p> <p>Maximum 6 for this performance measure</p>	<p>Evidence that the LG Education department has ensured that all head teachers are appraised and has appraised all school inspectors during the previous FY</p> <ul style="list-style-type: none"> • Primary school head teachers o 90 - 100%: score 3 o 70% and 89%: score 2 o Below 70%: score 0 	<p>The District has 65 schools, review of randomly sampled 10 head teacher’s appraisal files from the among the 65 files presented indicated that they had all head teachers (100%) been appraised in 2017. Below are appraisal details of 3 of the sampled 10 head teachers.</p> <p>a) Okia Robert: appraised by SAS Apopong on 31/12/17</p> <p>b) Asio Felly: appraised by SAS Chelekura on 31/12/2017</p> <p>c) Iretai Justine: Appraised by SAS Gogonyo on 31/12/2017</p>	<p>3</p>
<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has communicated all guidelines, policies, circulars issued by the national level in the previous FY to schools: score 1 	<p>All guidelines, policies, circulars issued at the national level in the FY 2017/2018 were communicated to schools, such as circular on data capture on enrollment, letter dated 23/3/18 ref; CR/161/2 and meeting held at Kalaki P/S; also meetings with H/Ts on 3/5/18 at Kalaki on feedback on inspection, records management, staff appraisals and relationship with stake holders.</p> <p>H/Ts meeting dated 26/2/18 at Kalaki P/S on MDD preparation, PLE registration, NIRA registration of learners, and sanitation and hygiene.</p>	<p>1</p>

<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level: score 2 	<p>All guidelines, policies, circulars issued at the national level in the FY 2017/2018 were communicated to schools, such as circular on data capture on enrollment, letter dated 23/3/18 ref; CR/161/2 and meeting held at Kalaki P/S; also meetings with H/Ts on 3/5/18 at Kalaki on feedback on inspection, records management, staff appraisals and relationship with stake holders.</p> <p>H/Ts meeting dated 26/2/18 at Kalaki P/S on MDD preparation, PLE registration, NIRA registration of learners, and sanitation and hygiene.</p>	<p>2</p>
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<p>The LG Education De- partment has effectively inspected all registered primary schools2</p> <p>Maximum 12 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all licenced or registered schools have been inspected at least once per term and reports produced: o 100% - score 12 o 90 to 99% - score 10 o 80 to 89% - score 8 o 70 to 79% - score 6 o 60 to 69% - score 3 o 50 to 59 % score 1 o Below 50% score 0. 	<p>Inventory of Schools Inspection Tool report dated 18/12/17 for term 3, 2017 as submitted by DIS to CAO through DEO ref; CR/161/2 and submitted to DES, MoES on 4/1/18 with acknowledgement on 29/1/18.</p> <p>Inspection report for term 1, 2018 submitted by DIS to CAO through DEO on 31/5/18 ref;CR/156/2 and submitted to DES, MoES and acknowledgement was on 21/6/18</p> <p>. Inspection report for term 2, 2018 submitted by DIS to CAO through DEO on 3/9/18 ref;CR/361/2 and submitted to DES, MoES and acknowledgement was on 12/9/18.</p> <p>The sampled schools,</p> <p>-Kameke P/S inspected on 27/10/17 by Education Officer and issues like poor hygiene and sanitation lack of fencing recommendations recorded.</p> <p>On 29/3/18 inspected by Associate Assessor and observed the insufficiency of desks.</p> <p>On 12/7/18 by Inspector and observed hand washing facilities lack and crowded classes recommendations recorded and addressed.</p> <p>-Katukei P/S inspected on 20/10/17, 27/3/18 and 5/7/18 by the Inspector, Associate Assessor and Education Officer where desks were found insufficient as one of the issues, the Sub County provided on 18/6/18 and sanitation was improved too.</p> <p>-Pallisa Girls P/S inspected on 17/11/17, 10/4/18, and 29/6/17 by inspector all times and issues observed included absenteeism and lack of the support provision as expected by head teacher.</p> <p>-Pallisa Town ship P/S was inspected by 18/10/17, 13/4/18 and 4/7/18 by the inspector and education officer and issues raised included records of work poor by teachers and insufficient support supervision.</p> <p>-Kagoli P/S was inspected by the inspector and the associate assessor and insufficient desks, PWD's record lack and support supervision problem among others on 9/11/17, 20/4/18 and 18/6/18.</p>	<p>12</p>
<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations</p>	<ul style="list-style-type: none"> • Evidence that the Education department has discussed school inspection reports and used reports to make recommendations 	<p>Inventory of Schools Inspection Tool report dated 18/12/17 for term 3, 2017 as submitted by DIS to CAO through DEO ref; CR/161/2 and submitted to DES, MoES on 4/1/18 with acknowledgement on 29/1/18.</p> <p>Inspection report for term 1, 2018 submitted by DIS to CAO through DEO on 31/5/18 ref;CR/156/2 and submitted to DES, MoES and acknowledgement was on 21/6/18</p>	<p>4</p>

for corrective actions and followed recommendations

Maximum 10 for this performance measure

for corrective actions during the previous FY: score 4

. Inspection report for term 2, 2018 submitted by DIS to CAO through DEO on 3/9/18 ref;CR/361/2 and submitted to DES, MoES and acknowledgement was on 12/9/18.

The sampled schools,

-Kameke P/S inspected on 27/10/17 by Education Officer and issues like poor hygiene and sanitation lack of fencing recommendations recorded.

On 29/3/18 inspected by Associate Assessor and observed the insufficiency of desks.

On 12/7/18 by Inspector and observed hand washing facilities lack and crowded classes recommendations recorded and addressed.

-Katukeyi P/S inspected on 20/10/17, 27/3/18 and 5/7/18 by the Inspector, Associate Assessor and Education Officer where desks were found insufficient as one of the issues, the Sub County provided on 18/6/18 and sanitation was improved too.

-Pallisa Girls P/S inspected on 17/11/17, 10/4/18, and 29/6/17 by inspector all times and issues observed included absenteeism and lack of the support provision as expected by head teacher.

-Pallisa Township P/S was inspected by 18/10/17, 13/4/18 and 4/7/18 by the inspector and education officer and issues raised included records of work poor by teachers and insufficient support supervision.

-Kagoli P/S was inspected by the inspector and the associate assessor and insufficient desks, PWD's record lack and support supervision problem among others on 9/11/17, 20/4/18 and 18/6/18.

The education department has discussed school inspection reports and used reports to make recommendations examples; meeting of the department on 13/8/18 where lack of knowledge of policies, poor time management, the lack of supervision by head teachers, teachers lesson preparation, absenteeism and the inadequate scholastic materials and facilities.

H/Ts charged with ensuring and monitoring of lesson preparation delivery. Inspectors to follow up improvements in the identified areas.

Meeting of the department held on 26/9/17 where support supervision, sanitation and hygiene, and the Reading programme. Action taken included SMCs charged to do support supervision once a week, Inspection Tools were distributed.

The report's recommendations for term 3 of submission of H/Ts names to sanctions and rewards committee not followed up.

		There was evident improved support supervision at Boliso P/S as recorded on 16/7/18, support supervision reports at Katukei P/S, on 21/11/17 and supervision report as recorded on 23/3/18 by H/Ts.	
<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>Pallisa Education department submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports. These inspection reports were submitted on 4/1/18 and acknowledged by DES on 29/1/18 for term 3, 2017; term 1 report acknowledged on 21/6/18 and term 2 report acknowledged on 12/9/18.</p>	2
<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the inspection recommendations are followed- up: score 4. 	<p>The recommendations in the term 3, 2017 inspection report where teachers and H/Ts names were submitted to the sanctions committee was not followed up at the time of assessment.</p>	0

<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 28/7/2018 provides the list of primary schools of 76, consistent with PBS data.</p>	<p>5</p>
<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p> <p>Maximum 10 for this performance measure</p>	<p>Evidence that the LG has submitted accurate/consistent data:</p> <ul style="list-style-type: none"> • Enrolment data for all schools which is consistent with EMIS report and PBS: score 5 	<p>Enrolment data submitted for all schools was consistent and accurate/consistent with PBS as reviewed at the time of 76 schools and 66,724 pupils as per 2018.</p>	<p>5</p>
<p>Governance, oversight, transparency and accountability</p>			

<p>The LG committee re- sponsible for education met, discussed service delivery issues and pre- sented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the council committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports etc. during the previous FY: score 2 	<p>Evidence was provided by the Senior Planner for Pallisa district to confirm that the Council Committee for Education met and discussed service delivery issues including inspection, performance assessment results, and LG PAC reports during the previous financial year.</p> <p>The Committee met on the 22/11/2017 and discussed as per minute no 023/Nov/2017, issues including the need to curb the increasing rate of absenteeism of pupils and teachers at schools. This called for intensified school inspection visits by the inspectorate department and members of the school management committee. The need for Council to come up with by laws and ordinances to compel parents to provide school meals for pupils at school. Lack of school meals was deemed to be one of the causative factors for pupils' absenteeism from school. Observed that the delayed realise of funds and delayed and prolonged procurement processes affected service delivery in the education sector. Other issues included the need for better transport facilitation to the education sector to enable staff conduct more regular support supervision visits to school and the issue of under-staffing both at the education office and at the schools. This ultimately affects service delivery.</p> <p>LG PAC reports are tabled to the DEC and DEC instructs the CAO to cause the officers mentioned in the PAC reports take action as per recommendations of the PAC including recovery of the funds in question.</p>	
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<p>The LG committee re- sponsible for education met, discussed service delivery issues and pre- sented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the education sector committee has presented issues that require approval to Council: score 2 	<p>The Education sector committee presented issues for council approval during the sittings of :</p> <p>Sitting of 22/12/2017 observed and appreciated the education offices increased supervision/inspection visits by the inspectorate unit that had led to reduced absenteeism of both the pupils’ and teachers. Urged the education department to compel head teachers to impress upon parents of the need to provide school meals for the pupils.</p> <p>Sitting of the 29/03/2018. Discussed mainly the 2018/19 Work Plans and budgets (basically Laying of the Budget) as per minute number PDLG/Cou/069/ 2017. Council appreciated that the education sector took the highest budget allocation, with a percentage of 35.5% of the total budget.</p> <p>Meeting of 29/05/2018. Basically discussed and approved the Annual Work plan and budget for 2017/18 as per minute extracts PDLG/Cou/2017/18. The education sector was allocated 35.5% of the total budget (biggest allocation).</p>	<p>2</p>
<p>Primary schools in a LG have functional SMCs</p> <p>Maximum 5 for this performance measure</p>	<p>Evidence that all primary schools have functional SMCs (estab- lished, meetings held, discussions of budget and resource issues and submission of reports to DEO/ MEO)</p> <ul style="list-style-type: none"> • 100% schools: score 5 • 80 to 99% schools: score 3 • Below 80 % schools: score 0 	<p>All the 76 primary schools in Pallisa District have functional SMCs. These SMCs meet regularly and keep minutes and submitted minutes to the DEO. For example as sampled ,</p> <ul style="list-style-type: none"> -Kameke P/S SMC had meetings and recorded minutes on various days such as on 4/2/18, 6/11/17 and forwarded them to the DEO. -Katukei P/S SMC had meetings and recorded minutes on various days on 19/9/18, 19/2/18 and 29/5/18 budget estimates discussed for the terms. and duly forwarded the minutes to the DEO. -Pallisa Girls P/S SMC had meetings and recorded minutes on 25/11/17 and 31/8/18 due to the chairs business 1st term meeting not held according to H/T, the two meetings minutes were duly forwarded to the DEO. -Pallisa Town ship P/S SMC had meetings and recorded minutes on 6/6/18, 28/2/18, and 8/11/17 and were able to submit minutes to the DEO. -Kagoli P/S SMC held meetings on the14/8/17, 15/2/18 and8/6/18 and submitted minutes to the DEO. 	<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 at the DEO's office.</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 and they covered all investment items in the approved Sector annual work plan and budget. The submissions were done on 14/3/18, ref: CR/156/2 before the required submission time of April 30.</p>	<p>4</p>
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Financial management and reporting

<p>The LG Education department has certified and initiated payment for supplies on time</p> <p>Maximum 3 for this performance measure</p>	<p>• Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3.</p>	<p>Reviewed a sample of vouchers together with their requests for payment and noted that the District Education Officer timely recommends and certifies request for payment. The vouchers reviewed included:</p> <p>i. PV-ED01590 being payment to Dups Corporate Services Ltd for the supply of 108-3 seater desks to schools. Request was submitted on 18/06/2018 and recommended by DEO for payment on 18/06/2018. Payment was approved on 20/06/2018 and payment was done on 20/06/2018</p> <p>ii. PV-ED01572 being payment to Had Multi-Purp Ent for the construction of classroom block at Adodoi PS. Request was submitted on 4/06/2018 and recommended for payment by DEO on 04/06/2018. Payment was approved on 06/06/2018 and payment was done on 14/06/2018</p> <p>iii. PV-ED01520 being payment to Bafakulera Construction Company Ltd. for emptying of pit latrine at schools. The request was submitted on 06/06/2018 the DEO recommended for the payment on 11/06/2018 and approved for payment on the same date. Payment was done on 2/06/2018.</p> <p>iv. PV-ED01681 dated 21/05/2018 being payment to General Purpose Contractors for construction of Omulatan PS Classroom block. Request was done on 10/05/2015 and recommended for payment by DEO on 21/05/2018. Approval of payment was done on 23/05/2018 and payment was effected on 23/05/2018</p>	<p>3</p>
<p>The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<p>• 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>	<p>The Senior Planner provided evidence to confirm that the Education sector submitted the quarter 4 reports to the planning unit in time for consolidation. Evidence was provided in the form of an acknowledgement letter by the Planner of receipt of the Education sector Q 4 report on the 11 /06/18 which was before the deadline of 15 the June 2018. With the Q4 report submitted before the 15th of July 2018. Consolidated reports for quarter 1, Quarter 2 and Quarter 3 were also available in the Planner's Unit.</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 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>Observation was made in the 4th quarter report about irregularities in the staffing levels and unaccounted for funds amounting to shs.27,405,468. Responses are yet to be provided.</p> <p>Looked at responses made by the Bursar, Nadongo Betty of Gogonyo Secondary School on the 2nd quarter internal audit report. The accountability were subsequently accepted and audit query dropped.</p> <p>Not all responses for all the quarter findings were provided.</p>	<p>0</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 <p>on how senior women/men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills, etc.: Score 2</p>	<p>Meetings of DEO with H/Ts dated 4/10/17 ref: Min 4/10/17 for dissemination of guidelines on gender issues in consultation with the gender focal person including gender person s talk about guidance by Snr. woman and teacher to the boys and girls special needs children addressed including the requirement of data by the MoES.</p>	<p>2</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that LG Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools: score 2 	<p>Education department in collaboration with gender department have issued and explained guidelines on how to manage sanitation for girls and PWDs in primary schools, Meetings of DEO with H/Ts dated 4/10/17 ref: Min 4/10/17 for dissemination of guidelines on gender issues in consultation with the gender focal person including gender person s talk about guidance by Snr. woman and teacher to the boys and girls special needs children addressed including the requirement of data by the MoES.</p>	<p>2</p>

<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the School Management Committee meets the guideline on gender composition: score 1 	<p>The SMC composition in schools followed the issued guidelines that is, at least two females on the committee, e.g.;</p> <ul style="list-style-type: none"> -Kameke P/S SMC has 11 members including 2 females. -Katukei P/S SMC has 9 members with 3 females published, aware submissions of other members due. -Pallisa Girls P/S SMC has 12 members with 4 female. -Pallisa Town ship P/S SMC has 12 members with 2 female. -Kagoli P/S SMC has 12 members with 3 female. <p>At all the sampled schools' notice boards their names are publicized.</p>	<p>1</p>
<p>LG Education department has ensured that guide- lines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department in collaboration with Environment department has issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education etc.): score 1: 	<p>Meeting with H/Ts by the DEO's office together with environment office on 11/10/17 under min; 4/10/2017. Also as per Audit report dated 7/11/17 Pallisa T/S P/S received 213 tree seedlings, Kaucho P/S received 240, Kaboloi P/S received 360, Amusiat received 360, Odepai 240 and many others as dissemination of environmental management.</p>	<p>1</p>

<p>LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • 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: <p>Score 1</p>	<p>.At the time of assessment there was evidence that school infrastructure projects were screened before approval for construction using the checklist for screening of projects in the budget guidelines EO signed screen form for 2 classroom block plus lightening conductor on 17/1017 at Adodoi P/S and report signed by CDO on 4/6/18.</p> <p>EO signed screen form for 2 classroom block at Omalutan P/S on 17/10/17 and CDO signed report on 14/5/18.</p> <p>EO signed screen form for 5 stance latrine at Akisim P/S on 17/10/17 and CDO signed report on 25/5/18 as completion reports for the projects.</p>	<p>1</p>
<p>LG Education department has ensured that guide- lines on environmental management are dissemi- nated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> • The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: <p>Score 1</p>	<p>At the time of assessment, there was evidence that environmental officer and community development officer visited the sites to check whether the mitigation plans are complied with as, EO signed screen form for 2 classroom block plus lightening conductor on 17/1017 at Adodoi P/S and report signed by CDO on 4/6/18.</p> <p>EO signed screen form for 2 classroom block at Omalutan P/S on 17/10/17 and CDO signed report on 14/5/18.</p> <p>EO signed screen form for 5 stance latrine at Akisim P/S on 17/10/17 and CDO signed report on 25/5/18 as completion reports for the projects.</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 Pallisa DLG HD had substantively recruited or attempted to do so to the tune of 76.6%:</p> <ol style="list-style-type: none"> 1. The fully substantively recruited were 304 (75.8%) i.e. according to the HD's staffing and deployment lists. 2. Those the HD attempted to recruit but failed to attract were 3 (0.8%) i.e. according to the HD's records reviewed by the assessor of The New Vision advertisement dated 2nd/4/2018. 3. The approved health sector staffing structure is based on Pallisa DLG Minutes of the District Council Meeting dated 20th/4/2018 (Page 5-6) MIN PDLG/COU/076/APRIL, 2018 (Approval of the Customised District and Town Council). 4. The Pallisa DLG HD's Staffing Norm for the HWS was 401 but those filled only 304 with attempts at filling numbering 3 only (see above-mentioned details). 5. The above means that the total effort works to 307 out of the 401 which works out at 76.6 % filled only. 6. The DLG had IPFs with a PHC wage bill provision amounting to UGX 3,890,725,000 for the FY 2018/19, this was meant to cater for 325 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 Pallisa General Hospital reported having 137 staff only while the HD report 147 staff (i.e. 10 staff extra). <p>ID Type of HF No. Norm Filled Vacant</p> <p>1 DHO 1 11 8 3</p> <p>2 Hospital 1 192 147 45</p> <p>3 HC IV - - - -</p> <p>4 HC III 9 171 130 41</p> <p>5 HC II 3 27 19 8</p> <p>Total 13 390 296 94</p>	4

<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>At the time of the assessment, the HD did not offer adequate proof of having submitted a comprehensive recruitment plan for FY 2018/19. All staffing records offered signs that suggested some evidence of inconsistencies on what the actual filled and vacant positions were:</p> <ol style="list-style-type: none"> 1. Using Whatsapp, the DHO sent submission letter of the Recruitement Plan to the PHRO (dated 10th April 2018). The plan covered 7 positions to be filled under the HD. The HD's records stated that the filled positions were 304 while the PBS pointed to 325 in the FY 2018/19. The difference between HD and PBS records is 21 more PHC HWs captured for the FY 2018/19. 2. From a review of the PBS, there was no evidence that the Pallisa DLG's HD had submitted a comprehensive staff recruitment plan/request to HRM that covered all vacant PHC workers positions in the affected HFs for whom there was a wage bill (see table). There was no official record (signed and stamped) to do with DHO's submission letter to CAO or to HRM on submission of a comprehensive Recruitment Plan for the FY 2018/19 (to fill the remaining vacant positions of PHC HWs for whom there was a wage bill). 	<p>0</p>
<p>The LG Health department has conducted performance appraisal for Health Centre IVs and Hospital In-charge and ensured performance appraisals for HC III and II in-charges are conducted</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that the all health facilities in-charges have been appraised during the previous FY:</p> <ul style="list-style-type: none"> o 100%: score 8 o 70 – 99%: score 4 o Below 70%: score 0 	<p>13 appraisal files for the 13 health in-charges for all the Health units in the District were seen. Of these 10 (77%) had been appraised for 2017/18 by the time of the assessment while 3 (23%) had not been appraised. Below are the details of the three in-charges that had not been appraised for 2017/18 by the time of the assessment</p> <p>a) Sabano Annet: Kamuge HC III; no appraisal for 2017/18 seen on file. Only appraisal form signed on 30/06/2017 was seen.</p> <p>b) Okodi Patrick: Butebu HC; no appraisal for 2017/18 seen on file. Only appraisal form signed on 10/10/2013 was seen.</p> <p>c) Mbulankende Timothy: Apopong HC; the Appraisal form seen was signed mid-way the financial year on 15th/01/2018</p>	<p>4</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 Pallisa General Hospital the HD records indicated that it had 147 staff yet the HF's records showed 137 fully-filled portfolios. To account for the differences in the accuracy of the parallel records, the HD attributed it to weak systems of updating and reporting on staffing records at HD and HF levels respectively, et cetera. <p>ID</p> <p>HF's Deployed HWs FY 2017/18</p> <p>HF Records HD Records Norm</p> <p>1 Kamuge HC III 15 16 19</p> <p>2 Kaukura HC II 8 7 9</p> <p>3 Pallisa Hospital 137 147 192</p> <p>4 Pallisa Mission HC III/PNFP 14 - 19</p>	<p>0</p>
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<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 records alone, there was no documented evidence that the DHO had communicated all the circulars, guidelines and policies received 	<p>0</p>

- from the center (i.e. in the spirit of ensuring “effective communication” and promoting CME).
2. At a HD level, it was difficult to retrieve credible information with respect to the total number of circulars, guidelines, policies and standards 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 authentic logbooks or registers). This 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 of 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 14 circulars, guidelines and policies altogether but the average received by the HFs was 17 altogether.
 3. 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) 17 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 14 circulars, guidelines and policies altogether. The fact that the HFs got about 17 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). Also, HF’s records indicated that the list of those received excluded “Guidelines for LG Planning for the Health Sector, 2017; Sector Grant and Budget Guidelines FY2018/19; and Policy Strategies for Improving Health Service Delivery 2016-2021”.

ID No. Issued to HFs (FY 2017/18) DHO Visits

1 Kamuge HC III 21 1

2 Kaukura HC II (don’t receive all) 2 0

3 Pallisa Hospital 24 10

4 Pallisa Mission HC III/PNFP 21 0

Average 17 3

<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). The assessor reviewed the following relevant HD documents:</p> <ol style="list-style-type: none"> 1. HD Minutes of the Orientation Meeting on PHC Guidelines and Policy Briefs held on the 1st/8/2017 at the DHO's office premises (signed and stamped by the DHO on the 3rd/8/2017) 2. HD DHT Minutes / Min.3/EDHMT/8/2017 ON Briefs on health Guidelines and Policies. Page 2 numbers 2, 4 and 5 cited the covered official documents to include Consolidated HIV Guidelines, Test, Treat and Track Policy and Sanitary facility labeling (of toilets) respectively. 3. However, no sampled HF Support Supervision logbooks documented specific evidence that would suggest that the DHT or the DHO (through delegated DHT members) explained specific circulars, guidelines and policies and suggesting specific actions for correction or follow up. 	<p>3</p>
<p>The LG Health Department has effectively provided support supervision to district health services</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that DHT/MHT has supervised 100% of HC IVs and district hospitals (including PNFPs receiving PHC grant) at least once in a quarter: score 3</p>	<p>The HD compiled evidence for support supervision but rather inadequately, 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"> 1. The DHT covered 100% (once in a quarter) of the higher HFs and PNFPs (i.e. covered 100% for Pallisa General Hospital and 50% for PNFPs (1 out of 2 PNFPs and only for Q1 – see table). 2. The Pallisa general Hospital enjoyed coverage of support supervision across the 4 quarters. 3. The above are pointers of errors of omission or commission in the coverage and documentation of support supervision (e.g. including incomplete coverage of PNFPs for 3 quarters – see table). <p>ID Date No. of Supervision Visits 17/18 Comments</p> <p>Hospital PNFPs</p> <p>Q1 24th/10/2017 1 out of 1 1 out of 2 PNFPs visited partially</p> <p>Q2 2nd/1/2018 1 out of 1 0 out of 2 No focus on PNFPs</p> <p>Q3 12th/4/2018 1 out of 1 0 out of 2 No focus on</p>	<p>0</p>

PNFPs

Q4 10th/7/2018 1 out of 1 0 out of 2 No focus on PNFPs

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. Pallisa General Hospital support supervision is documented between series 356404 and 356413 (i.e. from 26th/7/2017 to 13th/4/2018) 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. Pallisa Mission Kaucho HC III/PNFP support supervision is documented between series 807228 and 807234 (i.e. from 30th/9/2017 to 29th/6/2018) 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 and relatively close to the HD as well as the HSD.

ID HF SUPPORT SUPERVISION VISITS (FY 2017/18)

HF DHO DHT HSD Total

1 Pallisa General Hospital 10 18 18 46

2 Pallisa Mission Kaucho HC III /PNFP 0 11 45 56

Total 10 29 63 102

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

Maximum 6 points for this performance measure

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

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

Support supervision for FY 2017/18 covered 60.4% (i.e. between the mark of 60-79%) of the lower-level HFs. Based on the contents cum records derived from the availed 4 quarterly support supervision reports the following figures were captured and used:

1. The coverage of lower-level HFs for all the 4 quarters for the FY 2017/18, the HD only registered a numbers of 29 only.
2. The total numbers of expected or required number of coverage of lower-level HFs for all the 4 quarters for the FY 2017/18 48 altogether (i.e. for 9 HC IIIs and 3 HC IIs).
3. The above works out at 60.4% (i.e. with a numerator of 29 only as the visits that materialized and a denominator of 48 expected altogether; multiply with 100%).

ID Date Support Supervision Visits Comments

HC IIIs HC IIs

of the health facilities: score 0

Q1 24th/10/2017 9 out of 9 0 out of 3 Partial coverage (9/12)

Q2 2nd/1/2018 5 out of 9 2 out of 3 Partial coverage (7/12)

Q3 12th/4/2018 5 out of 9 2 out of 3 Similar Q2-Q3 figures may mean 1 report is copied and pasted from another.

Q4 10th/7/2018 5 out of 9 1 out of 3 Partial coverage (6/12)

Therefore, based on the said numerical details seen above, the following is worth noting with respect to what happened in FY 2017/18:

1. The denominator is the total of 48 expected cum required support supervision visits for 12 HFs for the 4 quarters.
2. The visits made altogether were 29 only (i.e. out of the required 48 in the previous FY).
3. The proportion covered for lower-level HFs by the DHT, therefore, was 60.4% only.

ID

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

DHO DHT HSD

1 Kamuge HC III 1 22 59 82

2 Kaukura HC II 0 12 10 22

3 Pallisa Mission HC III/PNFP 0 11 45 56

Total 1 45 114 160

<p>The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up</p> <p>Maximum 10 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all the 4 quarterly reports have been discussed and used to make recommendations (in each quarter) for corrective actions during the previous FY: score 4 	<p>The HD provided evidence of the existence of 4 out of 4 quarterly reports for FY 2017/18 (see table).</p> <p>Quarters Quarterly Reports</p> <p>Q1 24th/10/2017</p> <p>Q2 2nd/1/2018</p> <p>Q3 12th/4/2018</p> <p>Q4 10th/7/2018</p> <p>At the time of the assessment the following were noted:</p> <ol style="list-style-type: none"> All the 4 quarterly reports were made available, signed but not stamped (see table). These reports discussed separately the issues and reports arising from support supervision with respect to Pallisa General Hospital. The separate discussion was merely appended as an annex to the respective main quarterly report. NB: The best practice is to have one quarterly report that covers all HFs at various levels into one consolidated whole of a particular quarterly report. The Pallisa DLG HD and DHT discussed the results arising from the 4 quarterly support supervision reports. Only 3 out of the 12 DHT Monthly Meetings Minutes had been filed properly at the commencement of the assessment (1st/10/2018). The other 8 were printed out rather belatedly, signed and stamped for use by the assessors (3rd/10/2018). The process of retrieval took considerable time and efforts for the HD staff because they were not filed systematically in the DHO's Secretary's Office Computer. The HD's major area of snag lay in its uneven methods and systems in place to store and retrieve documents concerning support-supervision operations. 	4
<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</p>	<ul style="list-style-type: none"> Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6 	<p>The DHT Monthly Meeting Minutes indicated that the HD addressed itself to a discussion of relevant issues emerging from quarterly support supervision and monitoring visits (i.e. the reports or results). It was reported that the aim of the DHT discussion was to pave the way for better follow up of emerging issues with proper actions focused on specific corrective measures.</p>	6

corrective actions and followed up

Maximum 10 points for this performance measure

ID HD Recommendation Follow up

1 Pallisa DLG HD Hepatitis B Infections issue is drawn from a series of Extended DHMTs (the latest dated 9th/8/2018, Agenda 5, Way Forward, Pg. 4 MIN 5/EDHMT/8/2018) calling for vaccines. DHO Letter dated 10th/3/2018 (Subj: Hepatitis B Interventions in Pallisa District), written on behalf of CAO to MoH. It requested for an update on accessing vital vaccines.

ID HF Recommendation Follow up

2 Kamuge HC III

Get access to a functional microscope – X100 Objective (see logbook 1004817 on the 29th/8/2017). Microscope delivered (i.e. as seen from the HF's Visitors Book, date 14th/9/2017).

3 Kaukura HC II

Update vaccine Control Book (see logbook 1002810, date 24th /4/2018) Updates seen in HMIS Form 017d between serial numbers 071 and 073 (dates 26th/4/2018 and 29th/2018)

4 Pallisa Hospital

Provide Personnel Performance Plans (seen in logbook 356412, date 23rd/2/2018). Files seen (e.g. one for Samuel GIDUDU, Laboratory Technologist, containing forms e.g. performance plans and performance appraisals)

5 Pallisa Mission HC III/PNFP Construct a Placenta Pit (see logbook 807230, date 16th/1/2018),

Physically verified a newly constructed placenta pit behind the maternity ward.

On the discussion of support supervision quarterly reports, the following are worth noting:

1. First, evidence was shaky for the HD relying on discussions of support-supervision quarterly reports (findings and results) to generate actionable recommendations in each quarter that are followed up with specific corrective activities or actions. The scanty evidence at HD level was surprising but equally surprising was that HF's were more readily inclined to give indications of actions emerging from support-supervision (as seen in their logbooks and based on discussions with the in-charges of sampled HF's).
2. Secondly, the DHT met 11 out of 12 mandatory times, an indication that the DHT was fairly functional (i.e. in operation but apparently not fully going by the documentation of 1 missing

DHT minutes for June 2018). Indeed, the evidence was rather sketchy on whether or not the DHT monthly meetings discussed the support-supervision results and reports deliberately, directly, fully and systematically.

3. Third, only 3 of the DHT minutes appeared to have discussed 3 quarterly reports. The other one offered by the HD for discussing Q4 happened way beyond the FY 2017/18 (i.e. on the 9th/8/2018). Therefore, the only evidence was for the DHT discussing Q1, Q2 and Q3 Report (i.e. going by the accessed DHT Monthly Meetings Minutes).
4. Forth, according to HD records at the commencement of the assessment (1st/10/2018), the assessor accessed 3 DHT minutes. At the end of the assessment (3rd/10/2018), the assessor accessed a batch of 8 other DHT minutes. Altogether, the assessor saw 11 out of 12 DHT monthly meetings for FY 2017/18.
5. Fifth, the accessed DHT minutes confirmed that the meetings happened on the dates 20th/7/2017, 3rd/8/2017, 27th/9/2017, 26th/10/2017, 6th/11/2017, 14th/12/2017, 17th/1/2018, 22nd/2/2018, 15th/3/2018, 12th/4/2018, 10th/5/2018 and 9th/8/2018. Note that the last DHT Minute (underlined) would need to be disqualified because it came in rather belatedly (i.e. striding far away from the previous to the current FY). Therefore, of the expected and required 12 DHT meetings, there was evidence of only in 11 out of 12 DHT monthly meetings minutes.

ID Q Reports DHT Meetings Minutes for 4 Quarters Status

Q1 24th/10/2017 27th/9/2017 Agenda 5, MIN 05/09/2017 Seen

Q2 2nd/1/2018 17th/1/2018 Agenda 5, MIN 5/DHMT/2018 Seen

Q3 12th/4/2018 10th/5/2018 Agenda 3, MIN 3/DHMT/5/2018 Seen

Q4 (10th/7/2018) (9th/8/2018) (Agenda 4, MIN 4/EDHMT/8/2018-pg.4). Late

Last but not least, and in summary, in part because of weak documentation methods, both the HD and the sampled HFs struggled to wade through their records to pick out what recommendations had been followed up with corrective action, 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

		<p>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. 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 as well as the recommendation followed up with specific corrective actions, et cetera. 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).</p>	
<p>The LG Health department has submitted accurate/consistent reports/data for health facility lists receiving PHC funding as per formats provided by MoH</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has submitted accurate/consistent data regarding: <ul style="list-style-type: none"> o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10 	<p>There was accurate and consistent data and reports on the 15 HFs receiving PHC funding (as per MoH formats). The following was evident in the records:</p> <ol style="list-style-type: none"> 1. The 15 HFs had been posted both on the DLG and HD's Notice Boards covering the 15 HFs receiving PHC funding for the FY 2017/18. 2. The 15 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. of the 22 doing HMIS reporting, Grace Medical Center did not submit consistently. However, the HF was not part of the 15 HFs receiving PHC funding). 3. The 15 HFs were still covered in the PBS FY 2018/19 (e.g. between pages 47-56 as well as 130-132). 	<p>10</p>

Governance, oversight, transparency and accountability

<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG committee responsible for health met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports etc. during the previous FY: score 2 	<p>Evidence was provided by the Clerk to Council to confirm that the council committee responsible for health met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports etc. during the previous FY.</p> <p>Three sets of minutes of the health sector committee meetings were presented to the Assessor which indicated that the committee sat as follows:</p> <p>Meeting 10/11/2017 discussed issues including: the breakdown of many machines including the incubator at Pallisa hospital, the need for improved health service delivery by among other issues ensuring the availability of supplies at all health facilities.</p> <p>LG PAC reports are tabled to the DEC and DEC instructs the CAO to cause the officers mentioned in the PAC reports take action as per recommendations of the PAC including recovery of the funds in question.</p>	
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The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council

Maximum 4 for this performance measure

- Evidence that the health sector committee has presented issues that require approval to Council: score 2

Evidence was adduced by the Clerk to Council to confirm that the health sector committee presented issues for Council for approval during Council meetings of:

Meeting of 22/12/2017: the issue of overcharging of parents at Pallisa hospital that was a hindrance to access of health services for some of the patients. The council noted that there was no functional Health Management Committee to regularly monitor the performance of health workers. Council resolved that the Health Management Committee should be elected expeditiously to start performing its roles and responsibilities. The general state of service delivery at the facility was discussed and noted to be poor. Council commend the progress of renovation of the OPD wards at the main hospital and at Kasodo HC III and installation of Solar system at Kasodo HC III. Council also reiterated the need to intensify support supervision monitoring by the district health staff, at health facilities in order to ensure improved health service delivery.

Meeting of the 29/03/2018. Discussed mainly the 2018/19 Work Plans and budgets (basically Laying of the Budget) as per minute number PDLG/Cou/069/2017. Council appreciated that the education sector took the highest budget allocation, with a percentage of 35.5% of the total budget with the sector taking second position with 18.2%.

<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 100% had functional HUMCs (i.e. with minutes covering the 4 quarters of the FY 2017/18 – see table). 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 related analysis and documentation.</p> <p>ID</p> <p>HFs' HUMCs Meetings in FY 2017/18 Functionality</p> <p>1 Kamuge HC III 4 100%</p> <p>2 Kaukura HC II 4 100%</p> <p>3 Pallisa Hospital 4 100%</p> <p>4 Pallisa Mission HC III/PNFP 4 100%</p> <p>Average 4/4 HFs (100%) 100%</p>	<p>6</p>
<p>The LG has publicised all health facilities receiving PHC non-wage recurrent grants</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has publicised all health facilities receiving PHC non-wage recurrent grants e.g. through posting on public notice boards: score 4 	<p>The DLG/HD publicized the list of 15 HFs receiving PHC non-wage recurrent grant on the DLG, HD's and selected HF notice boards:</p> <ol style="list-style-type: none"> 1. At the HF level, some few had the list in the public areas to allow for public viewing but most posted the list inside offices. 2. At the HD level, only HD notice board had posted the 15-HF list of HFs receiving PHC funding. The HD had not conceived of a more pragmatic and systematic ways of publishing the 15 HFs (e.g. using a LG website) as a wider transparency and accountability mechanism. The Pallisa DLG officials talked favorably about e-government but never walked the talk when it came to posting the list via online services / websites. 3. At the DLG level, the Pallisa DLG budget website was yet to publicize the 15-HF list of HFs receiving PHC funding. Indeed, the DLG Main Block Notice Board never posted the list. 	<p>4</p>
<p>Procurement and contract management</p>			

<p>The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the sector has submitted input to procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30 for the current FY: score 2 	<p>The HD submitted late (20th/7/2018 i.e. well way after the deadline of 30th/4/2018). The HD's submission of input to the procurement plan (i.e. Renovation of Antinatal Care Block for Pallisa General Hospital) was not in time. The DHO submission of input to the procurement plan to the PDU was delayed and this attributed to the late approval of the budget for the FY 2018/19 by District Council Meeting that sat on dated 29th/5/2018 (yet the submission would be expected before 30th April 2018). The District Council Minutes approving the budget are Minuted, signed and stamped MIN PDLG/COU/086/MAY, 2018. consistent with the contents and items cited in the PBS (Vote 529) as well as in the health sector AWP 2018/19. NB: Page 133of the health sector AWP 2018/19 covered all items all investment items that the HD sought to procure.</p>	<p>0</p>
<p>The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that LG Health department submitted procurement request form (Form PP5) to the PDU by 1st Quarter of the current FY: score 2. 	<p>The DHO submitted Procurement Form PP1 on the 6th/10/2017, hence submitted it late (i.e. not by the end of the Q1 for FY 2017/18/ - deadline is 30th/9/2017). A reviewed sample of Form PP1 covered construction of 3 in 1 staff houses at Mpongi HC III; Installation of the solar systems for Pallisa General Hospital; and Renovation of the OPD for Pallisa General Hospital.</p>	<p>0</p>

<p>The LG Health department has certified and initiated payment for supplies on time</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 some of the payment vouchers together with the respective requests for payment and ascertained that the DHO timely certified and recommended requests. These included:</p> <ol style="list-style-type: none"> i. PV-HE020000 dated 21/06/2018 being payment to God Provides Constructors Co. Ltd. for construction of a 2 stance line pit latrine at Pallisa town council health center III. Request for payment was done on 01/06/2018 and recommendation for payment was done by the DHO on 11/06/2018 and payment was approved on 11/06/2018. Payment was on 21/9=06/2018 ii. PV-HE00867 being payment to Interbuild Tech Services Ltd. for the renovation of OPD at PSA General Hospital. Request was done on 12/06/2018 and the DHO made recommendation for payment on 18/06/2018 and was approved for payment on 20/06/2018. Payment was effected on 21/06/2018. iii. PV-HE00851 being payment to Interbuild Tech Services Ltd for renovation of the OPD Certificate i. Request was submitted on 10/06/2018 and DHO made a recommendation for payment on 14/05/2018 and was approved for payment on 17/05/2018. Payment was done on 21/05/2018. iv. PV-HE01080 being payment to Moora Investments Ltd. for construction of a 3 in one staff house at Mpongi Health Centre III in Puti- Puti sub county. Request was submitted on 03/04/2018 and was recommended for payment on 3/04/2018 and approved for payment on 05/04/2018. Payment was done on 01/05/2018 v. PV-HE00855 being payment to Moora Investments Ltd. for construction of a 3 in one staff house at Mpongi Health Centre III in Puti- Puti sub county. Request was submitted on 14/05/2018 and was recommended for payment by DHO ON 14/05/2018 and was approved for payment on 17/05/2018. Payment was done on 04/06/2018 	<p>4</p>
<p>Maximum 4 for this performance measure</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>Evidence provided by the Senior District Planner indicated that the Health Sector presented their Q 4 report to the Planning Unit for consolidation on the 14th of July 2018, which was just one day away (15/07/18) from the recommended date of quarterly reports to the Planning Unit for consolidation. The evidence was in a form of an acknowledgement note from the senior planner in respect of receipt of the Q 4 report from the health department.</p>	<p>4</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>Sector has an audit query on unaccounted for funds amounting to shs41,911,309. Yet to receive responses from the sector.</p> <p>Seen responses of the audit queries for the 2nd quarter dated 21/05/2018 done by the medical superintendent Pallisa General hospita. Not all queries are responded to hence the Sector does not score on the performance indicator.</p>	<p>0</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 33.6% as the overall average for Pallisa DLG (see table). A division of the sum of the said 2 figures by 2 is way below 50% (i.e. $50.0+33.6= 83.6\div 2= 41.8\%$). Therefore, the HD did not meet the gender composition requirement because the average of the sample only hovers below a 50% composite rate. The HD did not meet the gender composition requirement because the average of the sample only hovers around 50% (not above, hence failed to meet the requirement only marginally). The HD had not commissioned assessments to find out the composition of committees and to address the associated problems as part of the conduct of the support-supervision function.</p> <p>ID Name of HF All Members Female Members %/Female</p> <p>1 Kamuge HC III 6 3 50.0%</p> <p>2 Kaukura HC II 7 1 14.3%</p> <p>3 Pallisa Hospital 10 2 20.0%</p> <p>4 Pallisa Mission HC III/PNFP 10 5 50.0%</p> <p>Average Gender Composition (50% HFs) 33.6%</p>	<p>0</p>
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Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.

Maximum 4 points

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

There some mixed evidence regarding the DHO issuing a circular on labeling toilets for men and women. The noteworthy evidence includes the following:

1. The DHO reportedly issued a circular (dated 1st/8/2017) to HF in-charges (Subj: "Requirement to Label Sanitary Facilities Separating Males and Females in HFs").
2. The HD possessed Minutes of the Orientation Meeting on PHC Guidelines and Policy Briefs (held on the 1st/8/2017 and held at the District Health Office). The minutes were filed, signed and stamped on the 3rd/8/2017). The minutes involved DHO's engagement of HF in-charges (Subj: "Requirement to Label Sanitary Facilities Separating Facilities for Males and Females in the HFs". The relevant and specific minute is seen on Min 3/EDHMT/8/2017 Briefs on Health Guidelines/Policies. The minute is on page 2 and item number 5 is about sanitation guidelines (on labeling toilets)

There are two major provisos against which the stated evidence must be judged:

1. Only some sampled HFs (25%) had took deliberate steps to label their toilet facilities in ways that separated men and women facilities. The best practice was Kamuge HC III that had appropriate words written (i.e. "Angoro/Female and Ikiryoko/Male") but with no appropriate pictures of the same drawn to cater for illiterate patients.
2. None (100%) of the sampled HFs reported having accessed the DHO circular issued to enable them to label toilets. Also no sampled HFs in-charges reported having been engaged by the DHO over the said circular.

<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>All HF infrastructure projects were screened before approval:</p> <ol style="list-style-type: none"> As a sample, the EO offered 1 health infrastructure investment project (i.e. Construction of Staff House at Mpongi HC III). The project had a screening form dated 28th/9/2017. The form identified environmental risks (e.g. generation of waste – liquid, medical and solid waste). It did not cite social risks and indeed the EO reported failure to work with and through the CDO on account of financial constraints. The above-mentioned form did not capture the proposed mitigation plans. However, the EO provided an extra but separate form titled “Environment Impact Mitigation Measures and Implementation Plan” for the said project dated 28th/9/2017. 	<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>For the sampled health infrastructure investment project (i.e. Construction of Staff House at Mpongi HC III), the EO EO provided a Site Visit Report titled Environment Mitigation Certificate dated 7th/6/2018. It cited the rate of compliance with the proposed 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 flow chart on “Guidelines on Health Care Waste Management”. Only 75% of the sampled HFs displayed the flow charts on waste segregation. Few of the sampled HFs (50%) demonstrated with evidence how they were dealing with medical waste segregation though recourse to the content of the guidance offered and as a sign of enforcing or following through with (e.g. the use of assorted number and type of waste bins that are recommended). 	<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>Pallisa district has an average safe water coverage of 65% with the the sub-counties of Chelekura (47%), Gogonyo (43%), Agule (53%), Olok (60%), Pallisa TC (59%) and Kameke (56%) below the district average.</p> <p>The district has made provision for the construction & drilling of 14 deep boreholes (hand pump), 3 deep borehole (motorized), design of 3 piped water system and rehabilitation of 13 boreholes. The drilling and construction of boreholes will be done in the sub-counties of Agule (2), Akisim (1), Apopong (2), Chelekura (2), Gogonyo (2), Oboliso (1), Kibale (1), Opwateta (1), Kamuge (2), Kasodo (1), Olok (1) and Puti-puti (2). This accounted for 35.7% of total allocations to sub-counties below the district average coverage.</p>	0
<p>The district Water department has implemented budgeted water projects in the targeted sub-counties (i.e. sub-counties with safe water coverage below the district average)</p> <p>Maximum 15 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has implemented budgeted water projects in the targeted sub-counties with safe water coverage below the district average in the previous FY. <ul style="list-style-type: none"> o If 100 % of the water projects are implemented in the targeted S/Cs: Score 15 o If 80-99%: Score 10 o If 60-79: Score 5 o If below 60 %: Score 0 	<p>In the previous FY, Paliisa district had average safe water coverage of 79.3% with the sub-counties of Chelekura (55%), Gogonyo (69%), Agule (68%), Kamuge (69%), Apopong (76%) and Puti-Puti (78%) below the district average.</p> <p>The district had planned to drill & construct 18 deep boreholes (Hand pump) and rehabilitate 5 boreholes. These were in the sub-counties of Apopong (1), Puti-puti (2), Agule (2), Chelekura (3), Gogonyo (3), Kameke (1), Akisim (2), Pallisa TC (1), Olok (1), Kamuge (2), Kasodo (1), Pallisa (1). These were all implemented accounting for 100%</p>	15
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>From the project files, there was no monitoring plan at the time of the assessment. The LG water department had monitored WSS facilities but at the time of the assessment there was no evidence of any monitoring report to prove that the activity was done.</p>	<p>0</p>
<p>The district Water department has submitted accurate/consistent reports/ data lists of water facilities as per formats provided by MoWE</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district has submitted accurate/consistent data for the current FY: Score 5 • List of water facility which are consistent in both sector MIS reports and PBS: score 5 	<p>Pallisa 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) 13 Deep Boreholes were reported to be rehabilitated and 17 drilled in the Financial Year. This is consistent with the 13 to be rehabilitated and 17 drilled as reported in PBS under output 83; construction 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>These facilities are in the sub-counties of ; Agule (2), Akisim (1), Apopong (2), Chelekura (2), Gogonyo (2), Oboliso (1), Kibale (1), Opwateta (1), Kamuge (2), Kasodo (1), Olok (1) and Puti-puti (2).</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>The department did submit inputs for the district procurement plan to PDU that cover all investment items in the approved sector annual work plan and budget on 24/7/2018 which was later than 30th April 2018.</p>	<p>0</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If the contract manager prepared a contract management plan and conducted monthly site visits for the different WSS infrastructure projects as per the contract management plan: score 2 	<p>The LG water department did prepare a contract management plan that was signed on 3th/01/2018. The project files showed that DWO did conduct site visits for the different WSS infrastructure projects such as Kaitambiri, Komolo growers & Limoto B boreholes in Pallisa Sub-county, Kapala & Okwi Angod boreholes in Apopong sub-county, Ajepet borehole in Gogonyo sub-county e.t.c. as reported on 12/2/2018.</p>	<p>2</p>

<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> 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 Najeniti one Village, Kasode sub-county, Kasode village central borehole in Kasode sub-county, Osongo Village Borehole in Olok sub-county and Kareu Village Borehole in Olok 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>The project files had no handover reports for all completed WSS facilities.</p>	<p>0</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2 	<p>From the project file, substantial completion certificates were found showing the certification of all WSS projects. For example;</p> <p>Drilling, Casting and installation of 2 boreholes; Contract No: Pali/548/WRKS/2017-2018/00039 by Absolom and Brothers Ltd signed on 4th/6/2018</p> <p>Drilling, Casting and installation of 8 boreholes; contract No: Pli/548/WRKS/2017-2018/00007 by KLR(U) Ltd signed on 7th/06/2018.</p>	<p>2</p>

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

Maximum 3 for this performance measure

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

Reviewed a sample of the payment vouchers and observed that the DWO timely recommended suppliers' requests for payment. These included:

1- Reviewed PV-WK00816 dated 21/06/2018 for drilling of 8 boreholes and testing done by KLR-Uganda Ltd. and noted the request was done on 01/06/2018 and recommended for payment on 07/06/2018. Payment was done on 21/06/2018

2- PV-WK00735 for drilling of boreholes at Omatenga. Request was done on 03/04/2018 by Absolom & Brothers Ltd. Water Engineers and General Contractors and recommended for payment on 03/04/2018 and approved for payment on 06/04/2018. The payment was done on 18/04/2018.

3- PV-WK01088 for drilling of 9 boreholes by East African Boreholes for which a request was done on 24/05/2018 and recommended for payment by the District Water Officer by 30/05/2018 and approved for payment on the same date. Payment was done on 04/06/2018 .

4- PV-WK00708 for borehole drilling done by Absolom and Brothers Ltd. for which a request was prepared on 03/06/2018 and the DWO recommended for payment on 04/06/2018 and payment was done on 04/06/2018. The CFO made endorsement on the same date.

5- Absolom and Brothers submitted a request for payment for rehabilitation of boreholes and the DWO made recommendation for payment on the same date. Payment was done on 06/04/2018 under voucher PV-WK00709

<p>The district Water department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 5 	<p>Evidence provided by the Senior Planner indicated that the water sector submitted the Q 4 report on the 14 of July 2018 for consolidation of the Q 4 report by the Planning Unit(as per date of submission and acknowledgement by the directorate of water development at the line ministry). This was before the expiry of the deadline of the 15th of July 2018.</p> <p>Dates for the submission of other Q reports during the year could not be traced retrospectively due to the limitations of the PBS system and the absence of hard copies that would have indicated the report generation dates.</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 <ul style="list-style-type: none"> 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>Quarter 4 report made observation that some boreholes in Kagodo and Kateki were non-functional, there were unaccounted for funds in the sector amounting to shs24,228,963, and there was no response from water officer.</p>	<p>0</p>
<p>Governance, oversight, transparency and accountability</p>			

<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the council committee responsible for water met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports and submissions from the District Water and Sanitation Coordination Committee (DWSCC) etc. during the previous FY: score 3 	<p>Evidence presented included a set of minutes of the Council committee responsible for water that discussed water related issues during the different sittings as indicated below:</p> <p>Meeting of 10/11/ 2017 discussed Water related issues as per minute number 032/Nov/2017.</p> <ul style="list-style-type: none"> - Issues included the observation that there was low water coverage in the district and therefore there was need for the district to urge government to allocate more resources for water projects and also mobilise resources from other partners to assist in the provision of more water sources within the district. - Need to give priority to most needy sub counties in terms of water source coverage in respect of sinking new bore holes or deep wells. - Observed that there is a general lack of ground water in some parts of the district and where it exists, in some areas it is of poor quality. <p>Meeting of the 11/05/ 2018 discussed water related issues as per minute number 026/Wks/ May/2018 and mainly reviewed and approved the water sector budget in readiness to inclusion of in the overall district budget for approval by council.</p> <p>LG PAC reports are tabled to the DEC and DEC instructs the CAO to cause the officers mentioned in the PAC reports take action as per recommendations of the PAC including recovery of the funds in question.</p>
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<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the water sector committee has presented issues that require approval to Council: score 3 	<p>Evidence adduced by the Clerk to Council to confirm that the council committee responsible for water presented issues that require council approval included minutes of the sittings of council that resolved some of the water issues as indicated below:</p> <p>Meeting of the 29/03/2018. Water issues discussed included the concern the shortage of running water in the district and hence the need for concerted efforts among all stakeholders including the technical and political heads to lobby for resources to ensure that provision is made for adequate running water within the district.</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>From the District Notice boards, there was no display of AWP, Budget and Water Grant releases and expenditures as per the PPDA Act. There was no evidence in form of minutes for advocacy meetings.</p>	<p>0</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2 	<p>From the sampled WSS projects, not all were clearly labelled and the following information wasn't observed: the name of the project, date of construction contractor and source of funding</p>	<p>0</p>

<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> 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; Project: Design of mini solar pumped water system; Procurement reference No: PALI/548/SRVCs/18-19/0001/04; Name of contractor: Ms Terracon Technical Works (U) Ltd.</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 community files, it was observed that the community did apply for water/public sanitation facilities as per the sector critical requirements for the current FY, for example;</p> <ul style="list-style-type: none"> - Bukamugewo village in Puti-puti sub-county did apply for major repair of Bukamugewo borehole on 19th/07/2018. - Ajepet "A" village in Gogonyo sub-county did apply for rehabilitation of V2 borehole to a PVC hand pump- (C/O DWD 250255) on 10th/07/2017. - Oboliso-Ongilai village in Kameke sub-county did apply for repair of a borehole on 26th/6/2017. 	<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 in the villages of Najeniti one, Kasodo, Osonga and Kareu 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>From the file, it was observed that environmental screening for all projects were conducted and reports are in place, for example environmental and social screening forms were filled for the following projects;</p> <p>Borehole drilling at Kamuge central village done on 14th August 2017</p> <p>Borehole drilling at Omatenga village done</p> <p>Drilling of Kachinga-Orwaka borehole done on 8th/08/2017</p> <p>Borehole drilling of Amusiat mango borehohe in Puti-puti sub-county done on 8th/8/2017</p> <p>Drilling of a borehole at Kagondo in Puti-puti sub-county on 3rd/8/2017</p> <p>Etc</p>	<p>2</p>
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that there has been follow up support provided in case of unacceptable environmental concerns in the past FY: score 1 	<p>There is no evidence of follow up support provided in case of environmental concerns in the past FY.</p>	<p>0</p>
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that construction and supervision contracts have clause on environmental protection: score 1 	<p>From the sampled contracts, it was evident that construction and supervision contracts have clause on environmental protection.</p>	<p>1</p>

<p>The district Water department has promoted gender equity in WSC composition.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If at least 50% WSCs are women and at least one occupying a key position (chairperson, secretary or Treasurer) as per the sector critical requirements: score 3 	<p>From the WSC files it was observed that 50% of WSCs are women as per sector critical requirements and some do take up key roles. For example in the WSC of Komindi, the chairperson is Okirya Lucy and treasurer is Amurwon Lucy</p>	<p>3</p>
<p>Gender and special needs-sensitive sanitation facilities in public places/</p> <p>RGCs provided by the Water Department.</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If public sanitation facilities have adequate access and separate stances for men, women and PWDs: score 3 	<p>Public sanitation facilities had adequate access and separate stances for men, women and rumps for PWDs. For example the 3 stance lined pit latrine at Pallisa HCIII in Pallisa sub-county</p>	<p>3</p>