



Local Government Performance Assessment

Ngora District

(Vote Code: 603)

Assessment	Scores
Accountability Requirements	100%
Crosscutting Performance Measures	75%
Educational Performance Measures	74%
Health Performance Measures	84%
Water Performance Measures	82%

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>Ngola district was Complaint with the requirements of the PFMAA and LG Budget submission guidelines for the coming financial year. The Performance Contract was generated and submitted online to MoFPED on the 29th of June 2018. Hardcopies were also received and acknowledged receipt of by the PS/ST (as per letter of submission of the Performance Contract from CAO to PS/ST dated 29th June 2018. However the Status/Schedule of submission of LG reports that was generated on the 28th of August 2018, indicated that the performance contract was submitted and approved by MoFPED on the 24th of July 2018. This was still within the deadline of 1st 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>Ngola district was Compliant with the requirement of submission of the budget (with an attachment of a Procurement Plan). The Procurement Plan was duly attached to the budget that was submitted by CAO to PS/ST by the 8th of August 2018 as per online submission date indicated on the hard copy of the Budget document available at the district planner's office.</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>Ngola district was complaint with the LG Budget Preparation Guidelines for the coming FY as per PFMA Act, 2015. The Annual performance Report was submitted on line by the CAO to MoFPED (as indicated by the generation date on the approved hard copy of the Annual work Plan at Planner's office) on the 31st of July 2018, which was before the deadline of 1st August 2018. The Status/Schedule of submission of LG reports that was generated by MoFPED on the 28th of August 2018 did not indicate the submission and approval dates for the Ngola report.</p>	<p>Yes</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>Ngola district was complaint with the LG Budget Preparation Guidelines for the coming FY as per PFMA Act, 2015. The Annual performance Report was submitted on line by the CAO to MoFPED (as indicated by the generation date on the approved hard copy of the Annual work Plan at Planner's office) on the 31st of July 2018, which was before the deadline of 1st August 2018. The Status/Schedule of submission of LG reports that was generated by MoFPED on the 28th of August 2018 did not indicate the submission and approval dates for the Ngola report.</p>	<p>Yes</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>In a communication referenced R/251/1 and dated Friday, March 23, 2018 the CAO, Mr. Maweje Andrew , submitted the report on the implementation of Internal Audit recommendations for FY 2016/17 and 2017/18 and were duly received in the Directorate of Internal Audit on 27/03/2018 as per the stamp appended onto the submission letter. Since the submission was done before the 30 April 2018 the LG was found to be compliant.</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 report for FY 2017/18 as per 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>Ngola district has a Functional Physical Planning Committee in place that considers new investments.</p> <p>The Committee of 10 members was appointed by the CAO on the 2nd of January 2018 as letter Ref.No. CR/1201. The committee is comprised of the following Officers:</p> <ul style="list-style-type: none"> - District Education Officer - District Health Officer - District Water Officer - District Engineer - District Agricultural Officer - District Veterinary Officer - District Environment Officer - District Natural Resources Officer - Town Clerk (Ngora Town Council - Physical Planner (secretary) - Chief Administrative Officer (chairperson) <p>The committee sat 3 times during the previous FY on the following dates: 29th of January 2018, 22nd of February 2018 and 13th of March 2018. Minutes for the 3 meetings were available at the Office of the Physical Planner in the file of “Minutes for the Physical Planning Committee”.</p> <p>The Unit also has a registration book for plans submitted for approval available in the Physical Planner’s office.</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>By the time of the review, the district had not yet shared the minutes of the Physical Planning Committee with the Ministry of Lands, Housing and Urban development.</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>There is no Physical Development Plan for the district, therefore investments are approved without reference to any Physical Development Plan, and hence consistency with the 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 Action Area Plans were developed during the previous FY due to inadequate funding provided to the Unit during the previous FY.</p> <p>However, during the past five financial years, Area Action Plans were developed for the following New Growth Areas:</p> <ul style="list-style-type: none"> - Omaditok Trading Centre - Opot Town Council - Atapar Trading Centre - Amapu Trading Centre - Atmot Trading Centre 	<p>0</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"> • Evidence that priorities in AWP for the current FY are based on the outcomes of budget conferences: score 2. 	<p>Evidence was adduced by the District Planner to confirm that priorities in the current AWP were based on outcomes of budget conferences. Evidence reviewed by the Assessor included:</p> <ul style="list-style-type: none"> - An approved 5 Year Plan (2015/16- 2019/20/ - Approved work Plan and Budget (approved during the Council meeting of 28th-29th of May 2018) - Budget Conference Report (dated 27/11/2017) of the conference that was convened on the 2nd and 3rd of November 2017. Key priorities discussed at the budget conference included: <p>Education: Construction of 4 in one Teachers' Houses at selected schools construction of classroom blocks, construction of VIP latrines, Procurement of Risograph machine.</p> <p>Health: Provision of staff accommodation at the Maternity ward at Ngora HC IV, procurement of Ultra Sound Scan machine, fencing of health facilities, construction of Placenta Pits among other issues.</p> <p>Water: Drilling of Boreholes, rehabilitation of deep Boreholes, feasibility study for installation of solar powered Boreholes.</p> <p>The projects are cited on pages 5 – 7 of the Project Conference Report.</p> <p>The above examples of priorities were also cited at the various pages of the Annual work Plan for the current FY. Education projects were listed on pages; 48, 49, and 53 of the AWP, health projects named on page 45 of the AWP, while water projects are cited at page 63 of the Annual Work Plans and budgets.</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"> • Evidence that the capital investments in the approved Annual work plan for the current FY are derived from the approved five-year development plan. If differences appear, a justification has to be provided and evidence provided that it was approved by the Council. Score 1. 	<p>Evidence was provided by the District Planner in form of an extract from the 5 Year Plan of the key capital investments that included : Classroom construction, latrine construction and construction of teachers houses (outlined on page 162 of the 5 year plan), construction of a maternity ward at Ngora town council HC IV, construction of Placenta pits and fencing of health facilities (outlined on page 159 of the 5 Year Plan) and drilling of Boreholes, and rehabilitation of Boreholes (mentioned on page 159 of the 5 year Plan) .</p> <p>The same projects appear in the approved AWP for the current FY on pages 48, 49 and 53 (education projects), pages 45 (for the health projects) and page 63 (for the water projects).</p>	<p>1</p>
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<p>The prioritized investment activities in the approved AWP for the current FY are derived from the approved five-year development plan, are based on discussions in annual reviews and budget conferences and have project profiles</p> <p>Maximum 5 points on this performance measure.</p>	<ul style="list-style-type: none"> • Project profiles have been developed and discussed by TPC for all investments in the AWP as per LG Planning guideline: score 2. 	<p>Project Profiles were developed (booklets of Investment Project Profiles for FY 2017/18 and 2018/19, duly endorsed by CAO and district Chairperson do exist at the District Planner's Office and were seen by the Assessor) and discussed at the TPC meeting that sat on the 16th of November 2017 as per minute extract 44/DTPC/11/2017/18. The profiles were consistent with the standard format issued by the national Planning Authority.</p>	<p>2</p>
<p>Annual statistical abstract developed and applied</p> <p>Maximum 1 point on this performance measure</p>	<ul style="list-style-type: none"> • Annual statistical abstract, with gender-disaggregated data has been compiled and presented to the TPC to support budget allocation and decision-making- maximum score 1. 	<p>Statistical Abstracts were developed and published in the Statistical Abstracts Booklet (fully endorsed by the CAO and the district chairperson) The Abstracts were discussed at the TPC meeting that sat on the 31st of July 2018, as per minute extract 007/DTPC/07/2018/19.</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>The infrastructure projects implemented during the previous FY and were derived from the Annual Work Plan. The AWP of the previous FY was approved by council on the 25th of May 2017 as per minute extract 66/NDC/5/2107. Evidence reviewed by the Assessor included a sample of the following examples of infrastructure projects:</p> <p>Education: Construction of 4 in one teachers' houses and construction of 5 stance VIP latrines (page 49 of the approved AWP).</p> <p>Health: Construction of immunisation shade at Agu HC III, construction of a watchman's house at Ngora HC IV (page 16 of the AWP).</p> <p>Water: Rehabilitation of 11 Boreholes, and Drilling of 12 Boreholes (page 29 of the AWP).</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> <p>The watchman house in Ngora HCIV, the drilling of boreholes, the 5 stance pit latrine at Ngora primary school, etc. All these projects are estimated at 94.8% completion as a result of non-paid retention fees.</p>	<p>2</p>

The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY

Maximum 4 points on this Performance Measure.

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

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

Projects looked at were:

- i. Construction of a security officer's house at Ngora HCIV by Teso Energy and Construction Company budgeted at shs. 10,000,000 that was completed at a cost of shs.8,472,107
- ii. Construction of a 2 stance pit latrine at Ngora HCIV by Rooma Capital Services Ltd. that had been estimated at shs. 10,000,000 was completed at a cost of shs. 8,632,597
- iii. Construction of a 5 stance pit latrine at Okoboi primary school budgeted at shs.19,000,000 and was completed at shs. 16,158,132
- iv. Drilling of boreholes estimated at shs. 375,617,000 that were completed and payment to date being shs. 328,107,999 pending only retention.

The LG has executed the budget for construction of investment projects and O&M for all major infrastructure projects during the previous FY

Maximum 4 points on this Performance Measure.

• Evidence that the LG has budgeted and spent at least 80% of the O&M budget for infrastructure in the previous FY: score 2

Some evidence was adduced by the Assessor with support from the District Planner and the Chief Finance Officer to prove that the LG budgeted and spent at least 80% of O&M for the infrastructure projects planned in the previous FY. While the sectors of education and health did not specifically budget for O&M for the infrastructure projects (including classroom and latrine construction, construction of and fencing of health units, evidence of O &M was adduced from three examples extracted from the budget of the FY 2017/18 for the water sector. Comparison was made against the actual expenditure reflected in the final accounts as follows:

Renovation of the Water Office

Budgeted – 5,986,000=, Spent- 5,308,407- (89%)

(page 27- Annual budget 2017/18)

Rehabilitation of 2 Boreholes

Budgeted- 47,848,000=, Spent- 46,713,000= (98%)

(page 29- Annual budget 2017/18)

Maintenance of computers

Budgeted- 2,000,000=, Spent- 2,000,000= (100%)

(page 7- Annual Budget 2017/18)

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>From the review of the approved staff structure; approved by District Council under minute 66/NDC/05/11/2017; and MoPS on 12th June 2017 letter Ref. No: ARC/135/306/01. The District has 11 departments, of the 11 department only two are substantively filled and these are the Head Finance and Education department. Below is a presentation of two of the HoDs that are in acting positions:</p> <p>Okiror Richard: Works; appointed as Senior Civil Engineer on 7th April 2014. Minute 11/2014. Assigned duties of the District Engineer 7th May 2014 Ref. CR/116/1 by CAO.</p> <p>Asio Priscilla Margery: Planner; appointed as Principal planner on 4th April 2017. Minute 18/2017. Appointment as a vote controller for planning unit on 16th July 2018 Ref. CR/D/10687.</p> <p>The reasons provided by the District for failure of filling the HoD positions were:</p> <p>a) Inadequate wage; they had a wage shortfall in 2017/18. On August 6th 2018, CAO wrote to the Permanent Secretary MoPS seeking for clearance to recruit critical staff for FY 2018/19 Letter Ref. CR/156. By the time of the assessment no official reply had been received from the Ministry.</p> <p>b) Additionally, they have failed to attract some cadres like Engineer and DHO</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>From the review of the staff files it was found out that all the HODs had been appraised and copies of signed performance reports seen. Below is a presentation of 5 of the HoDs that had been appraised.</p> <p>Elungat Charles: Finance; performance report for 2017/18 signed by the CAO on 20/7/2018 seen.</p> <p>Asio Priscilla: Planner; performance report for 2017/18 signed by the CAO on 5/7/2018 seen.</p> <p>Ochung Moses: Education; Performance report for 2017/18 signed by the CAO on 13/7/2018 seen.</p> <p>Opolot Martin: Natural Resources; performance report for 2017/18 signed by the CAO on 7/7/2018 seen.</p> <p>Okiror Richard: Engineer; performance report for 2017/18 signed by the CAO on 17/8/2018 seen.</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 declaration files, it was found out that seven positions were declared for recruitment in 2017/18. 5 of these were for appointment on probation (new recruits) while 2 were for internal promotions</p> <p>DSC met on 29th May 2018 and considered all submissions for the declared vacancies under DSC minutes: 05/2018 Appointments/Submissions from the CAO;</p> <p>? 05/2018/1; 05/2018/2; 05/2018/3; 05/2018/4; 05/2018/5; 05/2018/6; and 05/2018/7</p>	<p>2</p>
<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for confirmation have been considered: score 1 	<p>In 2017/18, 82 submissions for confirmation were received by the DSC from CAO. All the 82 submission were considered in the DSC meetings of 29th May 2018 and 14th December 2017 under DSC minute numbers; 05/2018 and 37/2017 Submissions from the CAO.</p>	<p>1</p>

<p>The LG DSC has considered all staff that have been submitted for recruitment, confirmation and disciplinary actions during the previous FY.</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> • Evidence that 100 % of positions submitted for disciplinary actions have been considered: score 1 	<p>One submission for disciplinary action was received by the DSC; Recommendation for termination of appointment of Ms. Apeso Oliver Jonnah (case of impersonation). The case was handled under minute 37/2017 ixx</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>In 2017/18 only 5 new staff were recruited, from the review of the staff payroll it was found out that all the new recruits (100%) had accessed the payroll within two months after appointment as detailed below:</p> <p>Asio Agnes: IPPS No. 1026653; appointed on 30/05/2018 and accessed the payroll in June 2018</p> <p>Apolot Joan: IPPS No. 1026914; appointed on 30/05/2018 and accessed the payroll in June 2018</p> <p>Abia Violet : IPPS No. 1026663; appointed on 30/05/2018 and accessed the payroll in June 2018</p> <p>Asio Cecilia: appointed on 30/05/2018 and accessed the payroll in July 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>From the review of the pensioners list, the assessment team sampled 10 pensioners who were due for retirement in 2017/18. All of the 10 sampled pensioners (100%) had not accessed the pension payroll by the time of the assessment. Details of 3 of the 10 sampled pensioners are presented below:</p> <p>Opolot Boniface: Due date of retirement 12/01/2018, has not accessed the pension payroll.</p> <p>Odeke John Michael: Due date of retirement 12/01/2018, has not accessed the pension payroll.</p> <p>Asekenye Ogwang: Due date of retirement 24/08/2017, has not accessed the pension payroll.</p> <p>The District reported that that pension is not fully decentralized like the active payroll for example the changes of date of Birth have to be approved by MoPS which delays the process.</p> <p>To fast track the process, the District organized pre-exit meeting for retirees for 2018/19 and 2019/20 to prepare files of the retirees on time and ensure that that the key requirements needed for pension validation are presented on time. It is hoped that this will help to hasten the process.</p> <p>The District proposes that the pension function should be fully decentralized like the active payroll.</p>	<p>0</p>
<p>Revenue Mobilization</p>			
<p>The LG has increased LG own source revenues in the last financial year compared to the one before the previous financial year (last FY year but one)</p> <p>Maximum 4 points on this Performance Measure.</p>	<ul style="list-style-type: none"> If increase in OSR (excluding one/off, e.g. sale of assets) from previous FY but one to previous FY is more than 10 %: score 4. If the increase is from 5% -10 %: score 2. If the increase is less than 5 %: score 0. 	<p>Total of OSR for FY 2016/2017 was shs. 106,025,384</p> <p>Total of OSR for FY 2017/2018 was shs. 113,288,561</p> <p>Increase/Decrease for the financial year was shs. 7,263,177</p> <p>Percentage increase is 7%</p> <p>The OSR for FY 2016/17 was extracted from the final accounts for the FY 2016/17</p> <p>Draft accounts prepared on August 28, 2018 and received by the Accountant General on 30/08/2018 and Office of the Auditor General on 31/08/2018 as indicated by the stamp of the Principal Auditor on the submission letter dated 28/08/2018.</p> <p>Since the increase is 7% then the LG scores 2</p>	<p>2</p>

<p>LG has collected local revenues as per budget (collection ratio)</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> If revenue collection ratio (the percentage of local revenue collected against planned for the previous FY (budget realisation) is within +/- 10 %: then score 2. If more than +/- 10 %: Score 0. 	<p>Total Local Revenue Planned/Budgeted for FY 2017/2018 was shs. 779,639,000</p> <p>Total Local Revenue collected during FY 2017/2018 was shs.113,288,561</p> <p>Performance 15%</p> <p>Ngora District had a revised budget of shs. 118,333,000. We however, did not receive the minute that revised the budget to the stated amount. The poor performance is attributed to the OBT capturing all local revenues including those of the sub counties and town councils yet in reality the District doesn't receive 100% of the revenue collected. However, with the PBS introduction the District is hopeful that it will only be in position to capture OSR attributable to the District. Since the performance is only 15% the District does not score on the indicator.</p>	<p>0</p>
<p>Local revenue administration, allocation and transparency</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the District/Municipality has remitted the mandatory LLG share of local revenues: score 2 	<p>Local Revenue collections subjected to sharing with LLGs was shs. 43,768,000 for FY 2017/18</p> <p>Amount of local revenue remitted to LLGs in FY 2017/18 was shs.11,285,000</p> <p>Status of compliance: 26%</p> <p>For the FY 2017/18 the District was only able to send 26% of the collections to LLGs as opposed to 65% which should have been shs. 28,449,2000. Seen the transfer voucher dated 04/01/2018 amounting to shs11,285,000 to the Ngora Urban Council of 3,000,000, Mukura LLG 2,485,000, Kapir LLG shs. 2,500,000, Kobwin 1,700,000 and Ngora LLG 1,600,000</p> <p>Reason for the non-remittance is that the District was involved in litigation costs for supply of accountable stationery and agreed to settle amounts as guided by the Solicitor General. So the funds were diverted for this cause.</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 Local Revenue collected during FY 2017/2018 Shs.113,288,561</p> <p>Total expenditure on council allowances during FY 2017/2018 was shs. 75,591,100</p> <p>Percentage 67%.</p> <p>The LG exceeded the 20% mark for the council allowances and as per the letter requesting for authority to spend more than 20% of the LR on Councillors' emoluments and allowances dated 14/08/2018 reference ADM/F.55/01 granted by Minister of Local Government Hon. Tom R. Butime. LG was granted to spend up to shs. 137,061,220 on council emoluments.</p> <p>Since the amount expended exceeds the 20% limit the LG scores Zero</p>	<p>0</p>
<p>Procurement and contract management</p>			
<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the District has the position of a Senior Procurement Officer and Procurement Officer (if Municipal: Procurement Officer and Assistant Procurement Officer) substantively filled: score 2 	<p>The District has a substantive senior procurement officer by names of Esiat Richard Okurut; appointed on transfer of service on 18th June 2012 under DSC minute No: 38/2012.</p>	<p>2</p>

<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the TEC produced and submitted reports to the Contracts Committee for the previous FY: score 1 	<p>TEC produced and submitted reports to the Contracts Committee.</p> <p>For example Technical evaluation Committee meeting was held 4/August /2017 (Ref; Ngor 603/WRKS/2017-2018/00020: Construction of 4in 1 Teachers house in Morukakise P/S</p> <p>Produced report (4 /August / 2017) submitted to contracts committee. The report</p> <p>Recommended that Let there be a negotiation with M/s Simpjo Tech (U) Ltd before the Contract.</p> <p>Technical evaluation Committee meeting was held 4/August /2017 (Ref; Ngor 603/WRKS/2017-2018/00019:: Construction of 4 in 1 teachers house at Atiira P/s Produced report (4/August /2017) submitted to contracts committee. The report</p> <p>Recommended that there be a negotiation with Kumi Workers Enterprises Ltd before the award of the contract.</p>	<p>1</p>
<p>The LG has in place the capacity to manage the procurement function</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the Contracts Committee considered recommendations of the TEC and provide justifications for any deviations from those recommendations: score 1 	<p>Contracts Committee considered recommendations of the TEC. For example -Report of the contracts committee seating on 14/August/2017, minute no 05/(b)/NDCC/2017-2018, as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that there be negotiation with Simpjo Tech (U) Ltd before the Contract.</p> <p>The recommendation was approved and negotiation team was put in place.</p> <p>Report of the contracts committee seating on 14/August/2017, minute no 05/(a)/NDCC/2017-2018, as per TEC recommendation, Contracts committee looked at the evaluation report and considered its recommendation that there be negotiation with Kumi Workers Enterprises Ltd before the award of the contract. The recommendation was approved and negotiation team was put in place.</p>	<p>1</p>

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 Maternity Ward at Ngora HCIV in Ngora T/C at UGX 60 Million

-Construction of a 4 in 1 staff house at Kalengo P/S in Ngora Sub County at UGX 140 Million.

-Drilling casting and installation of 3 deep bore holes at UGX 75 Million.

- Low cost sealing of Ngora-Mukura Road phase IV at UGX 340,669,000 Million.

-Fencing of Mukura HCIII at 30Million

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

- Drilling, casting and installation of 12 deep bore holes (Ref; Ngor 603/WRKS/2017-2018/00022) at UGX 191, 662,680.

- Low cost sealing of Mukura-Ngora Road Phase III (Ref; Ngor 603/WRKS/2017-2018/00042) at UGX 227, 993, 969 Million.

-Construction of a 4 IN 1 TEACHERS HOUSE at Atiira P/S (Ref; Ngor 603/WRKS/2017-2018/00019) UGX 90,432, 698.

2017

-Construction of 4in 1 Teachers house in Morukakise P/S (Ref; Ngor 603/WRKS/2017-2018/00020) at UGX 90,474,824

- Construction of 4in 1 Teachers house in Aciisa P/S (Ref; Ngor 603/WRKS/2017-2018/00021) at UGX 90,474,824

<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For current FY, evidence that the LG has prepared 80% of the bid documents for all investment/ infrastructure by August 30: score 2 	<p>For FY 2018/2019, By August 30 2018, all bid documents for all investment/infrastructure were prepared above 80%. These include</p> <p>Construction of Maternity Ward at Ngora HCIV in Ngora T/C at UGX 60 Million</p> <p>-Construction of a 4 in 1 staff house at Kalengo P/S in Ngora Sub County at UGX 140 Million.</p> <p>-Drilling casting and installation of 3 deep bore holes at UGX 75 Million.</p> <p>- Low cost sealing of Ngora-Mukura Road phase IV at UGX 340,669,000 Million.</p> <p>-Fencing of Mukura HCIII at 30Million</p>	<p>2</p>
<p>The LG has prepared bid documents, maintained contract registers and procurement activities files and adheres with established thresholds.</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • For Previous FY, evidence that the LG has an updated contract register and has complete procurement activity files for all procurements: score 2 	<p>For FY 2017/2018, contract register fully updated (2017-2018).</p> <p>Contracts Register FY 2017/2018 is fully updated such as</p> <p>- Drilling, casting and installation of 12 deep bore holes (Ref; Ngor 603/WRKS/2017-2018/00022) at UGX 191, 662,680.</p> <p>- Low cost sealing of Mukura-Ngora Road Phase III (Ref; Ngor 603/WRKS/2017-2018/00042) at UGX 227, 993, 969 Million.</p> <p>-Construction of a 4 IN 1 TEACHERS HOUSE at Atiira P/S (Ref; Ngor 603/WRKS/2017-2018/00019) UGX 90,432, 698.</p> <p>2017</p> <p>-Construction of 4in 1 Teachers house in Morukakise P/S (Ref; Ngor 603/WRKS/2017-2018/00020) at UGX 90,474,824</p> <p>- Construction of 4in 1 Teachers house in Aciisa P/S (Ref; Ngor 603/WRKS/2017-2018/00021) at UGX 90,474,824</p>	<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

- Drilling, casting and installation of 12 deep bore holes (Ref; Ngor 603/WRKS/2017-2018/00022) at UGX 191, 662,680. (Open domestic bidding in Daily Monitor , Thursday June 29th 2017)

- Low cost sealing of Mukura-Ngora Road Phase III (Ref; Ngor 603/WRKS/2017-2018/00042) at UGX 227, 993, 969 Million.

(Open domestic bidding in Daily Monitor , Thursday September 21th 2017)

-Construction of a 4 IN 1 TEACHERS HOUSE at Atiira P/S (Ref; Ngor 603/WRKS/2017-2018/00019) UGX 90,432, 698. (Open domestic bidding in Daily Monitor , Thursday June 29th 2017)

-Construction of 4in 1 Teachers house in Morukakise P/S (Ref; Ngor 603/WRKS/2017-2018/00020) at UGX 90,474,824 (Open domestic bidding in Daily Monitor , Thursday June 29th 2017)

- Construction of 4in 1 Teachers house in Aciisa P/S (Ref; Ngor 603/WRKS/2017-2018/00021) at UGX 90,474,824 (Open domestic bidding in Daily Monitor , Thursday June 29th 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 certificates</p> <ul style="list-style-type: none"> -Drilling, casting and installation of 12 deep bore holes (Ref; Ngor 603/WRKS/2017-2018/00022) Completion certificate dated - Low cost sealing of Mukura-Ngora Road Phase III (Ref; Ngor 603/WRKS/2017-2018/00042) Completion certificate dated 26/06/2017. -Construction of a 4 IN 1 TEACHERS HOUSE at Atiira P/S (Ref; Ngor 603/WRKS/2017-2018/00019) UGX 90,432, 698. Completion certificate dated 28/02/2018 -Construction of 4 in 1 Teachers house in Morukakise P/S (Ref; Ngor 603/WRKS/2017-2018/00020) Completion certificate dated 28/02/2018. - Construction of 4 in 1 Teachers house in Aciisa P/S (Ref; Ngor 603/WRKS/2017-2018/00021) Completion certificate dated 28/02/2018 	<p>2</p>
<p>The LG has certified and provided detailed project information on all investments</p> <p>Maximum 4 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all works projects for the current FY are clearly labelled (site boards) indicating: the name of the project, contract value, the contractor; source of funding and expected duration: score 2 	<p>The FY 2018/2019 project site boards for all projects are not yet erected available but even the ones that were erected previous financial year are not clearly labelled. They miss information on contract value and expected duration.</p>	<p>0</p>
<p>Financial management</p>			

<p>The LG makes monthly and up to-date bank reconciliations</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that the LG makes monthly bank reconciliations and are up to-date at the time of the assessment: score 4 	<p>Month</p> <p>30/06/2018</p> <p>30/04/2018</p> <p>28/02/2018</p> <p>30/11/2017</p> <p>31/10/2017</p> <p>31/08/2017</p>	<p>Status</p> <p>Done</p> <p>Done</p> <p>Done</p> <p>Done</p> <p>Done</p> <p>Done</p>	<p>Date</p> <p>11/07/2018</p> <p>08/05/2018</p> <p>09/03/2018</p> <p>12/12/2017</p> <p>10/11/2017</p> <p>18/09/2018</p> <p>Reviewed the bank reconciliations and established that they were often performed within the stipulated time.</p>	<p>4</p>
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<p>The LG made timely payment of suppliers during the previous FY</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • If the LG makes timely payment of suppliers during the previous FY – no overdue bills (e.g. procurement bills) of over 2 months: score 2. 	<p>Reviewed payment vouchers some of which are listed below and ascertained that timely initiation and payment of suppliers' requests for payment was done. Some of the vouchers looked at include:</p> <p>VR 18374572 dated 24/06/2018 request for payment from GETS Technical Services for the feasibility study of the Kobwin Solar piped water system was done on 19/06/2018 district water officer recommended for payment on 22/06/2018 and payment was done on 24/06/2018</p> <p>Vr 18374526 dated 22/06/2018 for payment of Jena Holdings limited as per request dated 17/04/2018 being payment for laptops. Approval was done 22/06/2018 and payment was done on the same date.</p> <p>VR 16284677 dated 20/012/2017 for payment roads gands was requested on 13/12/2017 approved for payment on 15/12/2017 and was paid on 2012/2017</p> <p>VR 15313374 dated 11/10/2017 payment for road gands. Request was done 11/10/2017 and approved on the same date and payment was done 11/10/2017</p> <p>Vr 18374515 dated 23/06/2018 request for payment of rehabilitation of 4 bore holes by Ngora District Pump Mechanics Association done on 22/06/2018. Water officer recommended for payment on 22/06/2018. Payment was approved on 23/06/2018 and payment was done on 23/06/18.</p> <p>Vr 17313681 dated 06/04/2018 wrt payment of fuel supplied to water by Fahaab Energy Limited. Request done on 14/03/2018 recommended for payment on 19/03/2018 and approved on the same date. Payment was done on 06/04/2018.</p> <p>Vr. 18388827 dated 25/06/2018 for breakfast lunch to Corner Kilak Restaurant. Request submitted on 17/03/2018 and approved for payment on 29/05/2018 and payment was done on 25/06/2018</p> <p>VR. 18263927 request placed on 5 June 2018 by Kumi Workers enterprises limited for renovation of pit latrine and approved on 13/06/2018 and payment was done on 19/06/2018</p> <p>VR 18374526 to Jena request made on 22/06/2018 for supply of printer, was approved on 22nd June and paid on the same date.</p> <p>A review of the vouchers listed above shows that timely payment of suppliers was done by the LG. there were no overdue bills from the assessment so far.</p>	<p>2</p>
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<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. Otwao Dennis Geoffrey was appointed the Principal Internal Auditor of the District as per letter referenced CR 156/1 dated 18/06/2012 under Minute No. 34/2012. The appointment was done by the CAO then Mr. Bembe Beyeza Davis.</p>	<p>1</p>															
<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> • LG has produced all quarterly internal audit reports for the previous FY: score 2. 	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Date of report</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Quarter 4</td> <td>13/09/2018</td> <td>Aud/252/1</td> </tr> <tr> <td>Quarter 3</td> <td>30/04/2018</td> <td>Aud/252/1</td> </tr> <tr> <td>Quarter 2</td> <td>14/02/2018</td> <td>Aud/252/1</td> </tr> <tr> <td>Quarter 1</td> <td>10/11/2017</td> <td>Aud/252/1</td> </tr> </tbody> </table> <p>The 4th quarter report was prepared on 13/08/2018 and received by central registry on 17/09/2018 and the Directorate of Internal Audit dated 19/09/2018. Education queries for 3rd quarter still remained outstanding and 4 items were identified that required management responses</p> <p>3rd quarter report was prepared on 30/04/2018 and received by central registry on 02/05/2018. Appropriate response was provided.</p> <p>2nd quarter report issued on 14/02/2018. Issues pointed out in the 1st quarter remained outstanding by the time of reporting for 2nd quarter.</p> <p>1st quarter report was prepared on 10/11/2017 and was duly circulated to the respective officers</p>	Quarter	Date of report	Reference	Quarter 4	13/09/2018	Aud/252/1	Quarter 3	30/04/2018	Aud/252/1	Quarter 2	14/02/2018	Aud/252/1	Quarter 1	10/11/2017	Aud/252/1	<p>2</p>
Quarter	Date of report	Reference																
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Quarter 1	10/11/2017	Aud/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>Reviewed the Min 028/DEC/August 2018/19 Presentation of the Treasury Memorandum the District Executive committee meeting held on 14/08/2018 to the District chairperson's office. This was however, yet to be forwarded to council for deliberation and recommendation for implementation.</p> <p>There is no sufficient evidence the the LG provided information to the council and LG PAC on the status of implementation of the audit findings.</p>	<p>0</p>															
<p>The LG executes the Internal Audit function in accordance with the LGA section 90 and LG procurement regulations</p> <p>Maximum 6 points on this performance measure.</p>	<ul style="list-style-type: none"> Evidence that internal audit reports for the previous FY were submitted to LG Accounting Officer, LG PAC and LG PAC has reviewed them and followed-up: score 1. 	<table border="1" data-bbox="635 801 1404 1142"> <thead> <tr> <th>Quarter review</th> <th>Date of submission</th> <th>Reference for report</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td>10/11/2017</td> <td>Aud/252/1</td> </tr> <tr> <td>Quarter 2</td> <td>14/02/2018</td> <td>Aud/252/1</td> </tr> <tr> <td>Quarter 3</td> <td>30/04/2018</td> <td>Aud/252/1</td> </tr> <tr> <td>Quarter 4</td> <td>13/09/2018</td> <td>Aud/252/1</td> </tr> </tbody> </table> <p>The reports were forwarded to CAO, The Chairperson PAC and from the 4th quarter report it is clear they had not been discussed by District PAC however, there is evidence that the CAO called on the affected parties to make appropriate actions as recommended by the Internal Audit Department.</p>	Quarter review	Date of submission	Reference for report	Quarter 1	10/11/2017	Aud/252/1	Quarter 2	14/02/2018	Aud/252/1	Quarter 3	30/04/2018	Aud/252/1	Quarter 4	13/09/2018	Aud/252/1	<p>0</p>
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<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 up- dated assets register covering details on buildings, vehicle, etc. as per format in the accounting manual: score 4 	<p>Obtained the assets register and it was noted that the District maintains the assets register outside the system but it's in conformity with the guidelines in the accounting manual. The assets are properly classified and proper description of the assets provided as well as location, working condition, valuation. All vehicles, equipment, land and buildings are provided for.</p>	<p>4</p>															

<p>The LG has obtained an unqualified or qualified Audit opinion</p> <p>Maximum 4 points on this performance measure</p>	<p>Quality of Annual financial statement from previous FY:</p> <ul style="list-style-type: none"> • Unqualified audit opinion: score 4 • Qualified: score 2 • Adverse/disclaimer: score 0 	<p>From the Auditor General's report, the LG obtained an unqualified opinion for the FY 2017/18</p>	<p>4</p>
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Governance, oversight, transparency and accountability

<p>The LG Council meets and discusses service delivery related issues</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the Council meets and discusses service delivery related issues including TPC reports, monitoring reports, performance assessment results and LG PAC reports for last FY: score 2 	<p>Evidence presented to the Assessor included a set of minutes of council meetings that were held during the previous FY. The 7 meetings were held on the dates indicated below:</p> <ul style="list-style-type: none"> - Meeting of the 16th of October 2017. Key issues discussed included the need to develop guidelines for nominating members of the Board of Governors for primary schools, need to agree on the location for the proposed Ngora Vocational School and the need to agree on the location of the seed secondary school. <p>No major issues of health and water were discussed at this particular meeting.</p> <ul style="list-style-type: none"> - Meeting of 19th December 2017 (minute extract 28/NDC/12/2017/18). Key service delivery issues discussed included; the need to finalise the district bursary policy, the need to audit funds raised through PTA contributions at Primary schools, need for foundation bodies to play more significant roles in the school construction activities as well monitoring and supervision activities. Health issues included the approval of the supplementary budget for the health sector. Water issues included the need for the district water office to harmonise borehole repair costs and need to revitalise water user committees. - Meeting of the 29th January 2018: (minute extract 40/NDC/01/2018) discussed the need to ensure that health workers offer malaria treatment after testing patients, need to elect members on the health management committee for Ngora HC IV. Water related issues included the need to dismantle boreholes with contaminated water such as the one at Teso integrated senior secondary school. - Meeting of 29th March 2018. Discussed among other issues, the approval of supplementary budget for the FY 2018/19 as per minute extract (50/NDC/03/2018). 	<p>2</p>
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		<p>Supplementary budgets included : UNFPA activities- (12M) , Global Fund activities (42M), HIV&AIDS activities (58m) and Uganda Sanitation Fund (66M)</p> <p>- Meeting of the 13th June 2018: Mainly focussed on the presentation and approval of supplementary budgets for NUSAF III and Vegetable Oil Development Project (VODP) and additional IPFs FY 2018/19 as a result of UNICEF funding.</p> <p>- Meeting of the 30th of June 2018: dwelt on reviewing and approval of the Annual Work Plans and budgets for the FY 2018/19.</p> <p>- Meeting of the 27th July 2018. Discussed and approved the Environment and Natural Resources Ordinance.</p> <p>PAC reports for the 1st, 2nd and 3rd Quarter were tabled to the District Executive Committee (DEC) during the Council sitting of the 10th August 2018 as per minute extract 28/08/2018. DEC made recommendations for action taken by the responsible officers per department. Note that standing committees do not necessarily discuss PAC issues, rather PAC reports are discussed by DEC that makes recommendations to individual responsible officers to take action as</p>	
<p>The LG has responded to the feedback/ complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that LG has designated a person to coordinate response to feed-back (grievance /complaints) and responded to feedback and complaints: score 1. 	<p>Ngora District has a designated person for coordinating responses and feed from the citizenry. The Chief Administrative Officer (CAO) designated the District Planner to play the roles of the coordinator of responses to feedback (grievances /complaints) and from the citizens. The appointment was made as per appointment letter dated 23/06/ 2018 Ref: CR/206/1. Among the key responsibilities is the need for the planner to regularly update the district website and to ensure that new materials are uploaded on the website in addition to the responsibility to coordinate responses and grievances from the citizenry.</p>	<p>1</p>

<p>The LG has responded to the feedback/complaints provided by citizens</p> <p>Maximum 2 points on this Performance Measure</p>	<ul style="list-style-type: none"> The LG has specified a system for recording, investigating and responding to grievances, which should be displayed at LG offices and made publically available: <p>score 1</p>	<p>The district has a systematic system for recording, investigating and responding to grievances.</p> <p>A file of grievances and complaints was opened on 14/10/2010 (available in the District Planner's office) and contains all correspondence about the various complaints and/or petitions raised by the citizenry. On receipt of the complaints, the CAO directs the Planner to study the complaints and forward the complaints to the appropriate technical officer to take action and ensure that feedback is provided to the complaining party as appropriate. Feed back to the complaining parties is provided through the CAO and/or the responsible technical officers. The district palnner is also charged with the responsibility of uploading materials on the district website and ensures regular updates of the website.</p> <p>CAO briefed the TPC about the appointment during the meeting of 31/07/18 as per minute no. 003/DTPC/Jul/2018/196.</p> <p>Issues requiring Disciplinary action are channelled to the Rewards and Sanctions Committee that takes the appropriate action.</p> <p>There was however, no public display of the system for recording, investigating and responding to grievances.</p>	<p>1</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<p>Evidence that the LG has published:</p> <ul style="list-style-type: none"> The LG Payroll and Pensioner Schedule on public notice boards and other means: <p>score 2</p>	<p>There was evidence that the LG published the Payroll and Pensioner Schedule. The August 2018 Payroll schedule together with the Pensioner Schedules was duly displayed on the Public notice boards at the Administration notice board and HRM office.</p>	<p>2</p>

<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the procurement plan and awarded contracts and amounts are published: score 1. 	<p>There was evidence to confirm that the awarded contracts and amounts were published. Copies of the successful best bids evaluated (Best Bidder Evaluated Notices) for the FY 2018 were duly displayed at the public notice boards and at the procurement office. Detailed procurement plans were readily available for review at the office of the Procurement office.</p> <p>The Best Bidder Evaluated Notices capture information including: date of the notice, subject of procurement, method of procurement, name of provider and total contract price.</p>	<p>1</p>
<p>The LG shares information with citizens (Transparency)</p> <p>Total maximum 4 points on this Performance Measure</p>	<ul style="list-style-type: none"> • Evidence that the LG performance assessment results and implications are published e.g. on the budget website for the previous year (from budget requirements): score 1. 	<p>Evidence was presented to the Assessor by the District Planner to confirm that the results of the LG assessment exercise were discussed and published.</p> <p>Evidence reviewed by the Assessor included: a review of TPC minutes of 28/06/2018 as per minute no 087/DTPC/06/2017/18 during which the results were disseminated to TPC members. Representatives for lower local government including the sub-county chiefs and sub-accountants were urged to share the results with their respective concierllors. copies of summarised reuslts were given to all participants and copies put on the notice boards.</p>	<p>1</p>
<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the HLG have communicated and explained guidelines, circulars and policies issued by the national level to LLGs during previous FY: score 1 	<p>Evidence was provided to the Assessor to confirm that the LG communicated and explained guidelines, circulars and policies issued by the national level. A list of examples of guidelines, circulars and/or polices were disseminated as follows:</p> <p>DDEG guidelines were disseminated through a TPC meeting that was convened on 30/10/2017 as per minute no. 31/DTPC/10/2017/18.</p> <p>Dissemination of Sector Grant guidelines for Education and Health during the TPC meeting of 31/07/2017 as per minute no.005/DTPC/Jul/2018/19.</p> <p>Dissemination of the Budget Call Circular 1. Disseminated during the TPC meeting of 30/10/2017 as per minute extract, 31/DTPC/07/2017/18</p> <p>Dissemination of the Budget Call Circular 2. Disseminated during the TPC meeting of 16/11/2017 as per minute No. 45/DTPC/11/2017/18.</p>	<p>1</p>

<p>The LGs communicates guidelines, circulars and policies to LLGs to provide feedback to the citizens</p> <p>Maximum 2 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that LG during the previous FY conducted discussions (e.g. municipal urban fora, barazas, radio programmes etc.) with the public to provide feed-back on status of activity implementation: score 1. 	<p>Evidence was provided by the District Planner to confirm that the LG conducted discussions to provide feedback on status of activity implementation. The evidence included:</p> <ul style="list-style-type: none"> - A review of the presentations made by the Heads of Departments about progress of activity implementation during the Baraza held on 18/08/ 201. Each departmental head outlines the achievements, the constraints and challenges faced during activity implementation. - A review of talking points for the radio talk show program that was held during the week of 22nd to 25th May 2017. During the talk shows, Heads of Departments provided updates on the status of activity implementation (copies of the talking points are available in the file for Radio Talk Shows in the District Planner's Office). 	<p>1</p>
<p>Social and environmental safeguards</p>			
<p>The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the LG gender focal person and CDO have provided guidance and support to sector departments to mainstream gender, vulnerability and inclusion into their activities score 2. 	<p>Guidance has been provided by gender focal point person to departments regarding how to mainstream gender. For example</p> <ul style="list-style-type: none"> -Report (Ref Date:16, November, 2017) GENDER MAIN STREAMING IN PLANNING PROCESS. Held at Council Chambers. <p>The training covered (Practical steps in gender main streaming, cross cutting issues)</p> <ul style="list-style-type: none"> -Minutes of technical planning committee meeting held on 26th/ 07/2018 at the council chambers <p>A number of issues were covered during all guidance sessions including understanding of gender equity, gender analysis, gender and development and gender organization.</p>	<p>2</p>

<p>The LG has mainstreamed gender into their activities and planned activities to strengthen women's roles</p> <p>Maximum 4 points on this performance measure.</p>	<ul style="list-style-type: none"> • Evidence that the gender focal point and CDO have planned for minimum 2 activities for current FY to strengthen women's roles and address vulnerability <p>and social inclusions and that more than 90 % of previous year's budget for gender activities/ vulnerability/ social inclusion has been implement-ted: score 2.</p>	<p>In FY 2018/19 Gender focal point person and CDO have planned activities (work plan) Vote:603 Ngora District). These include</p> <ul style="list-style-type: none"> -Gender Main streaming - children and youth services, -community based services and -support to disabled and elderly, representation on Women councils. -probation and welfare support -operation of community based services Department. -UWEP Projects supported in 11 Sub counties <p>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 (QUARTER 1 REPORT, 19/12/2017, QUARTER 2 1/03/2018, QUARTER 3 27/04/2018, QUARTER 4 31/07/2018) Departments were helped on how to use data for planning, mentoring of departments on gender main streaming, facilitating youth council meetings, supporting people with disabilities, dissemination of gender aggregated data, conducting radio talk shows,</p>	
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<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental screening or EIA where appropriate, are carried out for activities, projects and plans and mitigation measures are planned and budgeted for: score 1 	<p>Environmental screening and EIA are carried out for activities and projects are planned and budgeted for in respective BOQs for specific projects in each department depending on the department e.g works (Voucher number No:17340190 indicates money drawn from the budget as planned for conducting environmental screening for low cost sealing project.</p> <p>Water (Voucher number No: 16311504 indicates money drawn from the budget as planned for conducting environmental screening for drilling of bore holes construction health Centres. For example</p> <ul style="list-style-type: none"> - Drilling, casting and installation of 12 deep bore holes (Ref; Ngor 603/WRKS/2017-2018/00022) screening done on 14/07/2017 - Low cost sealing of Mukura-Ngora Road Phase III (Ref; Ngor 603/WRKS/2017-2018/00042 screening done on 15/08/2017 -Construction of a 4 IN 1 TEACHERS HOUSE at Atiira P/S (Ref; Ngor 603/WRKS/2017-2018/00019) screening done on 30/08/2017 -Construction of 4in 1 Teachers house in Morukakise P/S (Ref; Ngor 603/WRKS/2017-2018/00020) screening done on 31/02/2017 - Construction of 4in 1 Teachers house in Aciisa P/S (Ref; Ngor 603/WRKS/2017-2018/00021)) screening done on 10/08/2017 	
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<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG integrates environmental and social management and health and safety plans in the contract bid documents: score 1 	<p>Environmental and social management and health and safety plans are integrated and appended on the bid documents are contracts agreements for example: for example bid documents</p> <ul style="list-style-type: none"> -Construction of Maternity Ward at Ngora HCIV -Construction of a 4 in 1 staff house at Kalengo P/S in Ngora Sub County -Drilling casting and installation of 3 deep bore holes - Low cost sealing of Ngora-Mukura Road phase IV -Fencing of Mukura HCIII 	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all projects are implemented on land where the LG has proof of ownership (e.g. a land title, agreement etc.): score 1 	<p>All projects are implemented on land where the LG has proof of ownership. For example</p> <ul style="list-style-type: none"> -Land Certificate of title Plot 43 and 44 NGORA Block 1 (Ngora town council) has school projects and NGORA HCIV on it. -District land has been fully surveyed and all projects on this land are well catered for. -Drilling of bore holes was done on Private land and agreements were made and were available and MOUs. The agreements are witnessed witnessed by chairpersons and community members. For, Oswara Village (Bore drilling Agreement dated 11/10/2017), Juwai Village (Bore drilling Agreement dated 18/10/2017 	<p>1</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that all completed projects have Environmental and Social Mitigation Certification Form completed and signed by Environmental Officer and CDO: score 1 	<p>All completed projects have Environmental and Social Mitigation Certification. For example</p> <ul style="list-style-type: none"> -Drilling, casting and installation of 12 deep bore holes (Ref; Ngor 603/WRKS/2017-2018/00022) certificates dated 30/04/2018, 9/05/2018, 20/04/2018, 23/04/2018. - Low cost sealing of Mukura-Ngora Road Phase III (Ref; Ngor 603/WRKS/2017-2018/00042) certificate dated 04/05/2018. -Construction of a 4 IN 1 TEACHERS HOUSE at Atiira P/S (Ref; Ngor 603/WRKS/2017-2018/00019 certificate dated 10/05/2018 -Construction of 4in 1 Teachers house in Morukakise P/S (Ref; Ngor 603/WRKS/2017-2018/00020) Certificate dated 30/05/2018. - Construction of 4in 1 Teachers house in Aciisa P/S (Ref; Ngor 603/WRKS/2017-2018/00021) Certificate dated 28/05/2018 <p>Mitigation Certification Forms completed and signed by Environmental Officer and CDO and they stamped.</p>	<p>1</p>
<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the contract payment certificated includes prior environmental and social clearance (new one): Score 1 	<p>The contract payment certificated includes prior environmental and social clearance. Clearance is done after inspection of contracts committee and based on the report of this committee.</p> <p>e.g</p> <ul style="list-style-type: none"> -Drilling, casting and installation of 12 deep bore holes (Ref; Ngor 603/WRKS/2017-2018/00022) environmental and social clearance certificate dated 18/05/2018. -Low cost sealing of Mukura-Ngora Road Phase III (Ref; Ngor 603/WRKS/2017-2018/00042) environmental and social clearance certificate dated 20/02/2018. -Construction of a 4 IN 1 TEACHERS HOUSE at Atiira P/S (Ref; Ngor 603/WRKS/2017-2018/00019 certificate dated 25/02/2018. -Construction of 4in 1 Teachers house in Morukakise P/S (Ref; Ngor 603/WRKS/2017-2018/00020) Certificate dated 28/02/2018. - Construction of 4in 1 Teachers house in Aciisa P/S (Ref; Ngor 603/WRKS/2017-2018/00021) Certificate dated 28/02/2018. 	<p>1</p>

<p>LG has established and maintains a functional system and staff for environmental and social impact assessment and land acquisition</p> <p>Maximum 6 points on this performance measure</p>	<ul style="list-style-type: none"> • Evidence that environmental officer and CDO monthly report, includes a) completed checklists, b) deviations observed with pictures, c) corrective actions taken. Score: 1 	<p>Monthly reports were well prepared by the Environmental Officer and CDO (Reports dated 3/04/2018, 27/10/2017). The checklists are completed. There were no deviations observed as per pictures with pictures (c) corrective actions taken.</p> <p>Reports covered all the completed projects such as</p> <p>Drilling, casting and installation of 12 deep bore holes (Ref; Ngor 603/WRKS/2017-2018/00022)</p> <p>- Low cost sealing of Mukura-Ngora Road Phase III (Ref; Ngor 603/WRKS/2017-2018/00042)</p> <p>-Construction of a 4 IN 1 TEACHERS HOUSE at Atiira P/S (Ref; Ngor 603/WRKS/2017-2018/00019)</p> <p>-Construction of 4in 1 Teachers house in Morukakise P/S (Ref; Ngor 603/WRKS/2017-2018/00020)</p> <p>- Construction of 4in 1 Teachers house in Aciisa P/S (Ref; Ngor 603/WRKS/2017-2018/00021)</p>	<p>1</p>
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Summary of requirements	Definition of compliance	Compliance justification	Score
Human resource planning and management			
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG has budgeted for a Head Teacher and minimum of 7 teachers per school (or minimum a teacher per class for schools with less than P.7) for the current FY: score 4 	<p>The LG Education department budgeted for Ngora District Performance Contract FY 2018/2019 (Vote 603) indicates budgeting for head teachers and teachers. Example: A list of 59 primary schools, a list of 691 teachers including Head teachers, list by school show at least the seven teachers (ref; List of teachers as well as performance contract 2018/19)</p>	4
<p>The LG education de- partment has budgeted and deployed teachers as per guidelines (a Head Teacher and minimum of 7 teachers per school)</p> <p>Maximum 8 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG has deployed a Head Teacher and minimum of 7 teachers per school (or minimum of a teacher per class for schools with less than P.7) for the current FY: score 4 	<p>As per teachers list, deployment has not been done accordingly. 8 Head teachers have not been deployed due the wage bill at least 51 schools have deployed teachers. The sampled schools;</p> <ul style="list-style-type: none"> -Omaditok P/S has a head teacher and 9 class teachers, plus 2 PTA paid teachers. -Gawa P/S has 11 teachers including the head teacher. -Onyede P/S has 10 teachers including the head teacher. -Nyamongo P/S has 11 teachers including the head teacher. 	0

<p>LG has substantively recruited all primary school teachers where there is a wage bill provision</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has filled the structure for primary teachers with a wage bill provision <ul style="list-style-type: none"> o If 100%: score 6 o If 80 - 99%: score 3 o If below 80%: score 0 	<p>According to Ngora District approved structure as per DEO's proposed work plan to the H/R dated 9/5/18 structure for primary teachers is filled with a wage bill provision. The wage bill provision is for 691 teachers.</p> <p>Teachers proposed by office of the DEO is 849, the wage bill provision is 691, placements filled is 691 as a result of retirements, death and transfers of service which is 81%</p> <p>Meanwhile the district has submitted to Ministry of public service for the filling of 128 positions, and H/R letter to CAO dated 16/5/18 for filling of 14 posts of teachers.</p>	<p>3</p>
<p>LG has substantively recruited all positions of school inspectors as per staff structure, where there is a wage bill provision.</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> • 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>Ngora District approved structure (Approved establishment of the District, Council Min; 66/ndc/05/11/2017 and MoPS letter on 12/6/17 ref; ARC/135/306/01 had a provision of 2 slots of school inspectors and only one has been filled.</p>	<p>0</p>
<p>The LG Education department has submitted a recruitment plan covering primary teachers and school inspectors to HRM for the current FY.</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the LG Education department has submitted a recruitment plan to HRM for the current FY to fill positions of</p> <ul style="list-style-type: none"> • Primary Teachers: score 2 	<p>The DEO has accordingly submitted a recruitment plan to HRM for the FY 2018/2019 on 2/10//18 Education Department proposed Primary Teachers positions to be filled, 128 positions are vacant.</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>The DEO has accordingly submitted a recruitment plan to HRM for the FY 2018/2019 on 2/10/18 Education Department proposed Positions of school inspectors to be filled are 2 while 1 is filled.</p>	<p>2</p>
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Monitoring and Inspection

<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 inspector of school, all the inspectors were appraised by the District Education Officer as detailed below:</p> <p>Acham Betty Inspector of Schools appraised on 25/6/2018</p> <p>Okurut George Inspector of Schools appraised on 26/6/2018</p> <p>Okuna Geoffrey Senior Inspector of schools appraised on 20/6/2018</p>	<p>3</p>
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<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 59 schools, appraisal files for all head teachers were seen. Review of these files revealed that all the head teachers had been appraised for the period 2017. Below is a presentation of appraisal status of 5 of the 10 sampled head teacher’s files:</p> <p>Agwang Florence Akaruke: Ajesa PS appraised on 21/12/2017</p> <p>Egigi George Francis: Puna PS appraised on 09/2/2018</p> <p>Ijala John: Apama PS appraised on 31/12/2017</p> <p>Oteete Walter: Ongeerei PS appraised on 21/12/2017</p> <p>Edemu John Francis: Atiira PS appraised on 21/12/2017</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 by the national level in the FY 2017/2018 were communicated to schools. For example on 20/2/18 there was general meeting with head teachers and communication was given regarding school calendar, school charges and acts of violence to learners, 24/4/18 about MDD, the “Nakaseke letter of teachers sitting for PLE”, world malaria week, 24/5/18 about ESSP, 18/9/17 on controversy and conflicts in education sector, administration and others.</p>	<p>1</p>

<p>The LG Education Department has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to schools</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Education department has held meetings with primary school head teachers and among others explained and sensitised on the guidelines, policies, circulars issued by the national level: score 2 	<p>A number of meetings were held with head teachers of primary schools on different dates to elaborate and sensitize on the matters regarding education improvement as guided by the MOES</p> <p>for example on 24/4/18 where H/Ts were informed about the famous letter by the “Nakaseke District Chairperson” and others as above.</p>	<p>2</p>
<p>The LG Education De- partment has effectively inspected all registered primary schools2</p> <p>Maximum 12 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all licenced or registered schools have been inspected at least once per term and reports produced: <ul style="list-style-type: none"> o 100% - score 12 o 90 to 99% - score 10 o 80 to 89% - score 8 o 70 to 79% - score 6 o 60 to 69% - score 3 o 50 to 59 % score 1 o Below 50% score 0. 	<p>In FY 2017/18, inspections were done and reports were produced.</p> <p>Not all the schools were inspected accordingly, as per inspection reports by inspector of schools for the period 23rd June to 9th August 2017, September to December 2017, and Feb to may 2018, 65 schools were inspected in term 2 2017,term 3 2017 65 schools and term 1 2018 72 schools. Out of 87 licensed and registered primary schools at least each school was inspected once per term at least 72 schools (82%) were visited as per the reports above.</p> <p>-Omaditok P/S was inspected at least once a term, on 17/4/18, 26/7/18 and the third term of 2017 for which the report was not filed by the school.</p> <p>-Gawa P/S was inspected at least once a term, on 16/10/17, 28/3/18 and 25/7/18 by the inspector.</p> <p>-Onyede P/S was inspected at least once a term on 28/3/18, 18/7/18, and the third term for which the report was not filed by the school.</p> <p>-Nyamongo P/S was inspected at least every term on 14/10/17, 23/3/18, and 12/7/18 by the inspector and CCT.</p> <p>-Ngora Girls P/S was inspected at least once a term on 21/9/17, 28/11/17, 22/3/18, and 2/7/18 by inspectors, CCT and DEO.</p>	<p>8</p>

<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the Education department has discussed school inspection reports and used reports to make recommendations for corrective actions during the previous FY: score 4 	<p>The education department has discussed school inspection reports and used reports to make recommendations.</p> <p>For example meetings on inspection reports on 18/9/17 DEO and DIS on financial management I, health and education at the schools.</p> <p>On 24/8/17 DEO and the department on sanctions and rewards committee, also Record keeping in schools.</p> <p>On 7/2/18 meeting as per Min:3 on inspection of schools about teacher preparation improvement, latrines availability, furniture and teacher attendance.</p> <p>In a meeting held on 8/8//18 discussed Inspection observations and recommendations concerning Grant guidelines, teachers' houses, records management, school feeding and sanitation.</p>	<p>4</p>
<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education department has submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports (MoES): Score 2 	<p>Ngora Education department submitted school inspection reports to the Directorate of Education Standards (DES) in the Ministry of Education and Sports, acknowledgement by DES on 28/8/17 for term 2 of 2017.</p> <p>Report received on 14/11/17 for the 3rd term and term 1 of 2018 on 28/4/18.</p>	<p>2</p>

<p>LG Education department has discussed the results/ reports of school inspections, used them to make recommendations for corrective actions and followed recommendations</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the inspection recommendations are followed- up: score 4. 	<p>Inspection recommendations are followed-up. For example:</p> <ul style="list-style-type: none"> -Report to CAO dated 30/4/18 SMC of Morukakise and Koloin P/S' to appear before social services committee on issue of tree planting. -CAO's report to P/S MoES dated 13/7/18 on teacher accommodation, disciplinary cases to be handled by District Service Commission and enrollment. -CAO report to P/S dated 12/3/18 concerning enrollment and, -DEO' to CAO tracking implementation of recommendations on school inspection dated 2/2/18 	<p>4</p>
<p>The LG Education department has submitted accurate/consistent reports/date for school lists and enrolment as per formats provided by MoES</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has submitted accurate/consistent data: <ul style="list-style-type: none"> o List of schools which are consistent with both EMIS reports and PBS: score 5 	<p>Data submitted was accurate and consistent</p> <p>For example performance contract FY 2018/2019 dated 13/3/18 provides the list of schools which are consistent with PBS report as reviewed and submitted to the MOES ON 18/7/18 both consistently showing 59 Primary Schools. The MoES has confirmed the stay of the EMIS report use.</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 as submitted by the sector is 42,595 pupils, is not consistent with the PBS enrolment which is 40,227 pupils. The reason given by the officers is that of different timing.</p>	<p>0</p>
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Governance, oversight, transparency and accountability

<p>The LG committee responsible for education met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the council committee responsible for education met and discussed service delivery issues including inspection, performance assessment results, LG PAC reports etc. during the previous FY: score 2 	<p>The Council Committee for education met and discussed service delivery issues including inspection, performance assessment results and LG PAC reports.</p> <p>The committee sat on the following dates:</p> <p>Meeting of the 25th and 26th of September 2017. Discussed education issues as per minute extract no. 05/NDC/09/2017 including a discussion on the need to streamline documentation of the district bursary scheme and the need to have functional Boards of Governors for primary and secondary schools in the district.</p> <p>Meeting of 20th and 21st of November 2017. Issues discussed included a discussion on the Teacher Attendance Monitoring tool.</p>	<p>2</p>
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The LG committee re- sponsible for education met, discussed service delivery issues and pre- sented issues that require approval to Council

Maximum 4 for this performance measure

• Evidence that the education sector committee has presented issues that require approval to Council: score 2

The council committee for education presented issues that require council approval on different sittings of the council as indicated below:

Meeting of the 16th of October 2017 resolved issues including the need to develop guidelines for nominating members of the Board of Governors for primary schools, need to agree on the location for the proposed Ngora Vocational School, need to agree on the location of the seed secondary school.

Meeting of 19th December 2017 (minute extract 28/NDC/12/2017/18) resolved issues pertaining to the need to finalise the district bursary policy, the need to audit funds raised through PTA contributions at primary schools, need for foundation bodies to play more significant roles in the school construction activities as well monitoring and supervision activities.

Dwelt on reviewing and approval of the Annual Work Plans and budgets for the FY 2018/19.

Meeting of the 30th of June 2018: Resolved issues pertaining to the review and approval of the Annual Work Plans and budgets for the FY 2018/19.

<p>Primary schools in a LG have functional SMCs</p> <p>Maximum 5 for this performance measure</p>	<p>Evidence that all primary schools have functional SMCs (established, meetings held, discussions of budget and resource issues and submission of reports to DEO/ MEO)</p> <ul style="list-style-type: none"> • 100% schools: score 5 • 80 to 99% schools: score 3 • Below 80 % schools: score 0 	<p>All the 59 primary schools in Ngora District have functional SMCs; the office of the DEO has a record of submitted minutes of SMC meetings as submitted by the schools. These SMCs meet regularly and keep minutes. For example as sampled ,</p> <p>-Omaditok P/S has 13 members of the SMC with 4 female members, they have held meetings where they discussed budget and resource issues among others like teachers information and their accommodation, school community dialogue includes performance meeting on the 15/10/17, 4/3/18 while minutes of the second term were not filed at the school though submitted.</p> <p>-Gawa P/S has 13 members including 4 of them female. They held meetings and filed their minutes at the DEO s office on 21/10/17, 21/3/18 and 9/8/18 among other things discussed is the work plan.</p> <p>-Onyede P/S has 13 SMC members including 4 female members. They held meetings on 20/9/17, 22/2/18, 15/6/18 and on 20/9/18 and budget approval was one of the issues discussed</p> <p>-Nyamongo P/S has 13 SMC members with 5 female ones and held meetings on 27/10/17, 9/3/18 and 18/7/18 school development and accommodation for teachers were among issues discussed.</p> <p>-Ngora Girls P/S has 11 SMC members with 4 female ones. They held meetings on 19/9/18, 5/3/18 and minutes of 3rd term 2017 meeting not filed at the school.</p>	<p>5</p>
<p>The LG has publicised all schools receiving non- wage recurrent grants</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has publicised all schools receiving non-wage recurrent grants <p>e.g. through posting on public notice boards: score 3</p>	<p>All schools receiving non-wage recurrent grants were posted on public notice boards. for example the main education notice board The District has put up for publicity of all schools receiving non-wage recurrent grant on the public notice boards evidence is there at DEO s office.</p>	<p>3</p>
<p>Procurement and contract management</p>			

<p>The LG Education department has submitted input into the LG procurement plan, complete with all technical requirements,</p> <p>to the Procurement Unit that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the sector has submitted procurement input to Procurement Unit that covers all investment items in the approved Sector annual work plan and budget on time by April 30: score 4 	<p>Education Department Submissions of the procurement in put were done and they covered all investment items in the approved Sector annual work plan and budget. The submission was done on time, 30/4/18</p>	<p>4</p>
<p>Financial management and reporting</p>			
<p>The LG Education department has certified and initiated payment for supplies on time</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG Education departments timely (as per contract) certified and recommended suppliers for payment: score 3. 	<p>VR. 18263927 request placed on 5 June 2018 by Kumi Workers enterprises limited for renovation of pit latrine and approved on 13/06/2018 and payment was done on 19/06/2018</p> <p>VR 18345768 dated 21/06/2018 being payment for completion of a 5 stance pit latrine at Okoboi PS by Otiro RAI Uganda Ltd. Request was done on 14/05/2018. District Education Officer recommended payment on 30/05/2018 and payment was approved on 07/06/2018. Payment was done on 21/06/2018</p> <p>VR 17327564 dated 16/04/2018 being payment for construction of a 4 in 1 staff house by Simpio Tech (U) Ltd. Request was done on 18/12/2017 DEO recommended for payment on 22/03/2018. Approved for payment on 12/04/2018 and payment was done on 16/04/2018. registration of the vendors had to be done before payment as a switch from manual system</p> <p>There is evidence that the Sector timely certifies and recommends supplier requests for payment.</p>	<p>3</p>

<p>The LG Education department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the department submitted the annual performance report for the previous FY (with availability of all four quarterly reports) to the Planner by 15th of July for consolidation: score 4 	<p>The education department submitted in time annual reports including quarterly reports to the Planning unit for consolidation. For instance the Quarter 4 report for the education department was submitted to the Planning unit on 13/07/2018 (Q4 education report generation date to the Planning unit), hence meeting the deadline of 15th July 2017.</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>In the 4th quarter 4 items were identified as audit observations which include non-accountability of funds, irregularities in the procurement, irregularities in fuel usage and anomalies in usage of old motor cycles. All these are yet to be addressed.</p> <p>3rd quarter report had 3 items identified on the 2nd and by the 4th quarter report these were yet to be resolved.</p> <p>2 items were identified in the 1st quarter report however, all the issues identified were duly disposed of as per the 2nd quarter report.</p> <p>The sector is yet to provide to the internal audit on the status of implementation of all audit findings for the 3rd and 4th quarter internal audit reports.</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 on how senior women/men teachers should provide guidance to girls and boys to handle hygiene, reproductive health, life skills, etc.: Score 2 	<p>At the time of assessment, there was evidence that education department has disseminated guidelines on gender, environment charging the head teachers on all these issues including how senior women/men teacher should provide guidance to girls and boys to handle hygiene, reproductive health, life skills and Star Approach for water, sanitation, ref. Head teachers meeting dated 11/9/18</p> <p>The District Water and Sanitation Coordination Committee comprising RDC,C/M LC5,CAO,DHO,DEO,CDO,Deng.,EO and NGO operating in the District ref; meeting dated 27/3/18.</p> <p>On 4/9/18 there was WASH Coordination meeting developed WASH Micro planning Template to be used by the committee to review implementation or status in schools.</p>	<p>2</p>
<p>LG Education Department has disseminated and promoted adherence to gender guidelines</p> <p>Maximum 5 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that 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>The education department and gender focal person issued guidelines on how to manage sanitation for girls and PWDs in primary schools.</p> <p>Reference is made to the work plan signed on 30/4/18; special needs learners' special construction, 4 stance VIP latrines and bathrooms for girl child as per MOES plans. Also procurement request mitigation and impact assessment taken into account the guide lines.</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 School Management Committees meet the guidelines on gender composition. All schools sampled have two or more female members on their SMC.</p> <p>-Omaditok P/S has 13 members of the SMC with 4 female members.</p> <p>-Gawa P/S has 13 members including 4 of them female.</p> <p>-Onyede P/S has 13 SMC members including 4 female members.</p> <p>-Nyamongo P/S has 13 SMC members with 5 female ones.</p> <p>-Ngora Girls P/S has 11 SMC members with 4 female ones</p>	<p>1</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Education department in collaboration with Environment department has issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education etc.): score 1: 	<p>The Education department in collaboration with Environment department has issued guidelines on environmental management (tree planting, waste management, formation of environmental clubs and environment education). Screening forms signed by CDO and EO on environmental and social safeguards on 30/8/2012, 16/8/17, 31/8/17, 28/8/18, 29/8/17.</p>	<p>1</p>
<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that all school infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 1 	<p>Screening forms signed by Environmental Officer and the CDO were available for all school infrastructure projects.</p> <p>EO and CDO reports dated 27/10/17 visiting Okoboi Girls P/S, Ngora Township P/S, Morukakise P/S, Atiira P/S, Aciisa P/S, signed by both officers.</p>	<p>1</p>

<p>LG Education department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> The environmental officer and community development officer have visited the sites to check whether the mitigation plans are complied with: Score 1 	<p>The Environmental Officer and Community Development Officer visited the sites to check whether the mitigation plans are complied with ,</p> <p>EO and CDO reports dated 27/10/17 visiting Okoboi Girls P/S, Ngora Township P/S, Morukakise P/S, Atiira P/S, Aciisa P/S, signed by both officers.</p>	<p>1</p>
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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 Ngora DLG HD had substantively recruited 151 PHC workers (80.3%):</p> <ul style="list-style-type: none"> • The fully substantively recruited were 147 (78.2%) i.e. according to the HD's staffing and deployment lists. <ol style="list-style-type: none"> 1. Those the HD attempted to recruit but failed to attract were 4 (22.1%) i.e. according to the HD's external and internal advertisement records seen by the assessor. 2. The approved health sector staffing structure is based on PS/MoPS Transmittal Letter to CAO dated 12th/6/2017 Ref: ARC/135/306/01 on the approved and adopted staff structure for Ngora DLD). 3. The Ngora DLG HD's Staffing Norm for the HWs was 188 but only 147 of the PHC workers had been filled at the time of the assessment. The HD offered evidence of attempts made to fill 4 vacancies through ads. 4. The above means that the total effort works to 151 out of the 188 (80.3% i.e. the numerator is 151 divided by the denominator of 188 multiply by 100). 5. While the DLG had IPFs with a PHC wage bill provision amounting to UGX 1,928, 371,000 for the FY 2018/19, this was meant to cater for 143 according to the PBS records on staffing levels. 6. Also there were some mismatches in the information on staffing, especially inconsistencies between the HD and HF level records. For example, the Ngora HC IV reported having 34 staff while the HD's records pointed to 32. The Ngora Maternity Ward Health Unit II reported having 21 staff while the HD's records pointed to 22 (see table). <p>ID Type of HF No. Norm Filled Vacant</p> <p>1 DHO 1 11 8 3</p> <p>2 Hospital 1 - 76 -</p> <p>3 HC IV 1 47 32 15</p> <p>4 HC III 6 114 100 14</p> <p>5 HC II 3 27 15 12</p> <p>Total 12 199 231 44</p>
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<p>The LG Health department has submitted a comprehensive recruitment plan for primary health care workers to the HRM department</p> <p>Maximum 6 points for this performance measure</p>	<p>Evidence that Health department has submitted a comprehensive recruitment plan/re- quest to HRM for the current FY, covering the vacant positions of primary health care workers: score 6</p>	<p>From a review of the PBS records, there was evidence that Ngora DLG's HD submitted a comprehensive staff recruitment plan/request to HRM that covered 26 PHC workers in affected HFs with the vacant positions (see table):</p> <ol style="list-style-type: none"> 1. The official (signed and stamped) DHO's submission letter (dated 10th/4/2018) of the Recruitment FY 2018/19 advocating for filling the remaining vacancies of PHC HWs. 2. The HD's Recruitment Plan FY 2018/19 captured 26 vacant positions extracted from the PBS (Staff Establishment and Recruitment 2018/19 Vote 603) with records of numbers of and vacancies of 2 Anaesthetics, 15 Askaris, 1 Dispenser, 1 DHO and 7 Laboratory Technicians. 	<p>6</p>
<p>The LG Health department has conducted performance appraisal for Health Centre IVs and Hospital In-charge and ensured performance appraisals for HC III and II in-charges are conducted</p> <p>Maximum 8 points for this performance measure</p>	<p>Evidence that the all health facilities in-charges have been appraised during the previous FY:</p> <ul style="list-style-type: none"> o 100%: score 8 o 70 – 99%: score 4 o Below 70%: score 0 	<p>Nine appraisal files of health in-charges were seen, review of these files revealed that all the 9 health in-charges had been appraised for the period 2017/18. Below is a presentation of the appraisal status of 5 of the 9 health in-charges.</p> <p>Awachango Joyce: District Maternity HC III; appraised on 06/7/2018</p> <p>Onyait Julius: Ngora HC IV; appraised on 05/7/2018</p> <p>Amoding Esether: Ngora Omito HC III; appraised on 04/07/2018</p> <p>Ochom Harriet: Ajeluk HC II; appraised on 30/06/2018</p> <p>Okao Tom: Mukura HC III; appraised on 16/7/2018</p>	<p>8</p>

<p>The Local Government Health department has deployed health workers across health facilities and in accordance with the staff lists submitted together with the budget in the current FY.</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the LG Health department has deployed health workers in line with the lists submitted with the budget for the current FY, and if not provided justification for deviations: score 4 	<p>The HD records on staffing/deployment levels were only somewhat 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 Ngora HC IV, the HD records indicated that it had 32 staff yet the HF's records showed 34 fully-filled portfolios. For Ngora Maternity Ward Unit HC II the HD suggested that it had 22 staff while the HF records pointed to 21 fully-filled positions. For HD's Staffing/Deployment List of 130 versus the records in the system, the former stated 130 positions while the latter only provided for 124 positions. For the differences, these were often attributed to exclusion of staff with 100% absenteeism, those who go for further studies without official authorization, et cetera. <p>ID</p> <p>HFs Deployed HWs FY 2017/18</p> <table border="1"> <thead> <tr> <th>HF Records</th> <th>HD Records</th> <th>Norm</th> </tr> </thead> <tbody> <tr> <td>1 Ngora Freda Carr Hospital (PNFP)</td> <td>76</td> <td>(169)</td> </tr> <tr> <td>2 Ngora HC IV</td> <td>34</td> <td>32 47</td> </tr> <tr> <td>3 Ngora District Maternity Unit HC III</td> <td>21</td> <td>22 19</td> </tr> <tr> <td>4 St. Anthony HC II (PNFP)</td> <td>8</td> <td>(9)</td> </tr> <tr> <td>Total</td> <td>139</td> <td>54 244</td> </tr> </tbody> </table>	HF Records	HD Records	Norm	1 Ngora Freda Carr Hospital (PNFP)	76	(169)	2 Ngora HC IV	34	32 47	3 Ngora District Maternity Unit HC III	21	22 19	4 St. Anthony HC II (PNFP)	8	(9)	Total	139	54 244	<p>0</p>
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4 St. Anthony HC II (PNFP)	8	(9)																			
Total	139	54 244																			

<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</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>	<p>0</p>

1. 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 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 information or records with respect to the total number of circulars, guidelines and policies received by the HD in the FY 2017/18 or even those that they were able to dispatch or distribute to HFs. This was attributed to weak documentation of Incoming and outgoing communications (e.g. through logbooks or registers), which made it difficult to secure more systematic records of those got and those sent. Again, it was even harder to retrieve information with respect to what circulars, guidelines and policies the HD had sent in FY 2017/18 (i.e. a complete record of what they were). Incoming communication and usage logbooks would be the most systematic way by which to achieve effective record keeping but one that required intervention. As a result, the HD’s rough records indicated that it had gotten in the region of 19 circulars, guidelines and policies 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) 10 circulars, guidelines or policies issued in the FY 2017/18 (see table). When you compare with the HD’s rough records indicated that the HD got in the region of 19 circulars, guidelines and policies altogether, the average of 10 circulars, guidelines and policies that the HFs had suggests that the DHO had not sent all (100%).
4. Therefore, only 50% (about 10 out of 20) of the circulars, guidelines and policies had been communicated by the DHO, so in any case not all (100%) had been communicated let alone explained (as is discussed below). Also, both the HD and HF 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”.

		<p>1 Ngora Freda Carr Hospital (PNFP) 11 2</p> <p>2 Ngora HC IV 9 2</p> <p>3 Ngora District Maternity Unit HC III 12 3</p> <p>4 St. Anthony HC II (PNFP) 11 1</p> <p>Average 10 2</p>	
<p>The DHO/MHO has effectively communicated and explained guidelines, policies, circulars issued by the national level in the previous FY to health facilities</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO has held meetings with health facility in-charges and among others explained the guidelines, policies, circulars issued by the national level: score 3 	<p>In line with the quest to support effective communication and promote CME, it was clear that the DHO attempted explain some of the issued circulars, guidelines and policies by the national level in FY 2017/18):</p> <ol style="list-style-type: none"> Selected Visitors Books in the HD and HFs were some direct records that confirmed that some of the sampled HFs benefited from DHOs explanation of the issued circulars, guidelines and policies. Selected HD and HFs' Minutes and Reports also were sources of documented records that offered proof of explaining some circulars, guidelines and policies. For example, at the HD level, the 9th/1/2018 DHT Monthly Meeting Minute 03/DHT/01/2018/ART Guidelines (page 2 and 13 HF-level participants was one brought to the attention of the assessor). At HF level, the 2nd/2/2018 HUMC Minutes of Ngora Maternity Unit HC II (page 4 and attended by 9 HF participants) the DHO discussed outlines of the Clinical Guidelines (2016). 	<p>3</p>

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

Maximum 6 points for this performance measure

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

According to HD records, the DHT did not cover 100% (at least once in a quarter) of the higher HFs (i.e. the Hospital/PNFP, HC IV and St. Anthony/PNFP) – see table. The hospital has a Q1 omission while HC IV has a Q4 omission, signs incomplete coverage of higher-level HFs and indeed a PNFP, considering that the hospital is (see table).

ID Date No. of Supervision Visits 17/18

Hospital/PNFP HC IV HC II/PNFP

Q1 31st/8/2017 0 (none) 1 (pg.1) 1 (page 1)

Q2 30th/10/2017 1 (page 2) 1 (pg. 17) 1 (page 2)

Q3 30th/1/2018 1 (page 8) 1 (pg. 7) 1 (page 2)

Q4 14th/5/2018 1 (page 16) 0 (none) 1 (page 1)

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. Ngora HC IV support supervision is documented between series 384427 and 384435 (i.e. from 31st/7/2017 to 22nd/6/2018) for the FY 2017/18. However, on close scrutiny, this appears inadequate considering that the HF is close to the HD. It is possible that there is a documentation gap.
2. St. Anthony HC II/PNFP support supervision is documented between series 387601 and 387603 (i.e. from 27th/2/2018 to 29th/6/2018) for the FY 2017/18. Again, on close scrutiny, this appears adequate considering that the HF is a PNFP.

ID HFs OFFICIALVISITS (FY 2017/18) TOTAL

DHO DHT HSD

1 Ngora Freda Carr Hospital (PNFP) 2 7 - 9

2 Ngora HC IV 2 9 2 13

3 St. Anthony HC II (PNFP) 1 8 1 10

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

Maximum 6 points for this performance measure

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

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

Support supervision for FY 2017/18 covered 65.4% of the sampled lower level HFs i.e. out of the 10 lower-level HFs that are supposed to be visited per quarter (6 HC IIIs and 4 HC IIs).

Quarters Date HC IIIs Supervised HC IIs Supervised

Q1 31st/8/2017 6 out of 6 2 out of 4

Q2 30th/10/2017 4 out of 6 4 out of 4

Q3 30th/1/2018 6 out of 6 4 out of 4

Q4 14th/5/2018 5 out of 6 3 out of 4

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 total of 52 visits is the denominator (number of HFs to be visited in the 4 quarters).
2. Only 34 visits were made altogether (i.e. out of the required 52 in the previous FY).
3. The proportion covered for lower-level HFs by the DHT, therefore, was 65.4% only.

ID

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

DHO DHT HSD

1 Ngora District Maternity Unit HC III 3 8 4 15

2 St. Anthony HC II (PNFP) 1 8 1 10

Total 4 16 5 25

<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 quarterly reports for FY 2017/18 (see table) and there was evidence in the DHT minutes that the quarterly reports were discussed and used fully to make recommendations in each quarter for all quarters. Also, the DHT met 12 out of 12 mandatory times, an indication that the DHT function was in full operation. According to HD records at the time of the assessment (21st/9/2018), the accessed 12 DHT monthly meetings for FY 2017/18 included 17th/7/2017, 28th/8/2017, 4th/9/2017, 28th/10/2017, 15th/11/2017, 20th/12/2017, 9th/1/2018, 16th/2/2018, 27th/3/2018, 10th/4/2018, 4th/5/2018 and 12th/6/2018).</p> <p>ID Quarterly Reports DHT Meetings Minutes Covering the 4 Quarters</p> <p>Q1 31st/8/2017 4th/9/2017 Q1 – Min: 04/DHT/09/2017 (Pg. 1)</p> <p>Q2 30th/10/2017 9th/1/2018 Q2 – Min: 4/DHT/Feb/2018 (Pg. 1)</p> <p>Q3 30th/1/2018 27th/3/2018 Q3 – Min: 5/DHT/2018</p> <p>Q4 14th/5/2018 12th/6/2018 Q4 – Min: 4/DHT/June/2018</p>	<p>4</p>
<p>The LG Health department (including HSDs) have discussed the results/reports of the support supervision and monitoring visits, used them to make recommendations for corrective actions and followed up</p> <p>Maximum 10 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the recommendations are followed – up and specific activities undertaken for correction: score 6 	<p>The DHT monthly meeting addressed and discussed relevant issues emerging from quarterly support supervision and monitoring reports and results with the aim of paving the way for better follow up and for proper corrective actions). For example, the following is worth noting:</p> <ol style="list-style-type: none"> The DHT monthly meeting of 27th/3/2018 discussed Q3 report, covered 10 HFs (but excluding the 2 PNFPs) and went on to suggest the need to submit HF staff duty rosters and attendance lists. As follow up and action, the HD and HF commenced filling HMIS Form 093 on a monthly basis (sample of file seen capturing staff details e.g. OO (off duty), CC (night call) and DD (day duty) as well as A (absent, O (off duty), P (present), R (requested days offs) and L (leave). The HFs also used recommendations emerging from support supervision and monitoring to support specific follow up work and corrective actions as can be seen in the FY 2017/18 period seen in the table). <p>ID HF Recommendation Follow up</p>	<p>6</p>

1 Ngora Freda Carr Hospital (PNFP) Attach a Clinical Officer to ART Clinic (see logbook 385807; 12th/7/2017) Hospital Appointment Letter seen dated 1st/8/2017

2 Ngora HC IV Provide Monthly Attendance Analysis Records (see logbook 384727; 31st/7/2017) Attendance Register filled e.g. for December 2017

3 Ngora District Maternity Unit HC II Improve Stock Inventory Management (see logbook 386421; 16th/8/2017) HMIS Form 015 filled with stock cards used e.g. as seen in the month that followed (September)

4 St. Anthony HC HC II (PNFP) Tally immunization after administration (see improvised counter book used as a logbook) HMIS Form 073 filled e.g. see 1st/5/2017

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

1. While all sampled HFs (100%) benefited from DHT and HSD support supervision and all had pieces of evidence (e.g. in the supervision logbooks) to confirm that the DHT made recommendations and with further evidence of follow up on the advice on corrective actions to be implemented in the FY 2017/18), picking evidence for the actual follow up actions often proved difficult.
2. Again, while the monthly DHT meetings discussed some quarterly Support Supervision Reports/Results, the HD staff often struggled to prove what meeting discussed what quarterly report et cetera.
3. Again 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 gaps linked to weak documentation included limited awareness, low capacity dysfunctional systems for evidence retrieval, et cetera).

<p>The LG Health department has submitted accurate/consistent reports/data for health facility lists receiving PHC funding as per formats provided by MoH</p> <p>Maximum 10 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG has submitted accurate/consistent data regarding: <ul style="list-style-type: none"> o List of health facilities receiving PHC funding, which are consistent with both HMIS reports and PBS: score 10 	<p>There was accurate and consistent data and reports on the 12 HFs receiving PHC funding (as per MoH formats). The following was evident in the records:</p> <ol style="list-style-type: none"> 1. The 12 HFs had been posted in the HD's Notice Board covering the HFs receiving PHC funding for the FY 2017/18. 2. The 12 HFs posted on the notice board and in the DHO's files were all reflected in the MoH HMIS Excel spreadsheet. NB: Their reporting rate was inadequate (below the required 100% e.g. St. Anthony HC II and Kobwin HC III did not submit consistently). 3. The 12 HFs were still covered in the PBS FY 2018/19 (e.g. between pages 14-22 on the HD's staffing list as well as pages 110-111 on HD's work plan. 	<p>10</p>
<p>Governance, oversight, transparency and accountability</p>			
<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the LG committee responsible for health met and discussed service delivery issues including supervision reports, performance assessment results, LG PAC reports etc. during the previous FY: score 2 	<p>The LG committee responsible for health met and discussed service delivery issues and presented issues that require approval to council. The issues were presented at different council sittings as per examples indicated below:</p> <p>Meeting of 25th- 26th September 2017 (minute extract 05/NDC/09/2017/18). Discussed issues pertaining to the misuse of the Ecosan toilets by the communities, need to upgrade Ngora HC IV to a hospital status, need for Ngora HC IV to have a functioning health management committee and the need to tighten security at health centre IIs.</p> <p>Meeting of the 16th and 17th January 2018: (minute extract 17/NDC/01/2018) Discussed issues pertaining to the need to complete an adolescent friendly services centre at Ngora HC IV with support from Baylor Uganda. Need to construct health centre IIIs at Mukura and Kobuni</p> <p>The Clerk to council observed that LG PAC reports are not discussed by standing committees of the council, rather, the PAC committee presents the PAC reports to DEC that reviews and takes action on the recommendations by directing the responsible technical officers to take action as appropriate.</p> <p>Other meetings focused on reviewing and approving health sector work plans and budgets for instance the meeting of 28th and 29th of May 2018.</p>	<p>2</p>

<p>The LG committee responsible for health met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the health sector committee has presented issues that require approval to Council: score 2 	<p>The health sector committee for health presented issues to council for approval during different sittings of the council for example:</p> <p>Meeting of 19th December 2017 (minute extract 28/NDC/12/2017/18) focussed on the approval of the supplementary budget for the health sector.</p> <p>Meeting of the 29th January 2018: (minute extract 40/NDC/01/2018) resolved the issue to ensure that health workers offer malaria treatment after testing patients, need to elect members on the health management committee for Ngora HC IV.</p> <p>Meeting of 29th March 2018. Approved supplementary budget for the FY 2018/19 as per minute extract (50/NDC/03/2018). Supplementary budgets included: UNFPA activities- (12M), Global Fund activities (42M), HIV&AIDS activities (58m) and Uganda Sanitation Fund (66M).</p> <p>Meeting of the 30th of June 2018: Approved the Annual Work Plans and budgets for the FY 2018/19 (including for the health sector) .</p>	<p>2</p>
<p>The Health Unit Management Committees and Hospital Board are operational/functioning</p> <p>Maximum 6 points</p>	<p>Evidence that health facilities and Hospitals have functional HUMCs/Boards (established, meetings held and discussions of budget and resource issues):</p> <ul style="list-style-type: none"> 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 all (100%) had functional HUMCs (i.e. with minutes covering the 4 quarters of the FY 2017/18 – see table). This evidence was corroborated by HD records because support supervision was only concerned with the expiry of the committees not their being operational; an indicator that would need to be mainstreamed in the support supervision function:</p> <p>ID HFs' HUMCs Meetings in FY 2017/18 Functionality</p> <p>1 Ngora Freda Carr Hospital (PNFP) 4 100%</p> <p>2 Ngora HC IV 4 100%</p> <p>3 Ngora District Maternity Unit HC II 4 100%</p> <p>4 St. Anthony HC HC II (PNFP) 4 100%</p> <p>% of HFs with 100% Functionality 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 12 HFs receiving PHC non-wage recurrent grant on the HD's notice board:</p> <ol style="list-style-type: none"> At the HF level, none had the list. Instead they had only post extracted information concerning their specific HF (i.e. not the 12\HF list of HFs receiving PHC funding). At the HD level, only HD notice board had posted the 12-HF list of HFs receiving PHC funding. The HD had not conceived of a more pragmatic and systematic ways of publishing the 12 HFs as a wider transparency and accountability mechanism. At the DLG level, the Ngora DLG budget website was yet to publicize the 12-HF list of HFs receiving PHC funding. 	<p>4</p>
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Procurement and contract management

<p>The LG Health department has submitted input to procurement plan and requests, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the sector has submitted input to procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time by April 30 for the current FY: score 2 	<p>The HD submitted in time input to the procurement plan (i.e. with a submission letter of input to the procurement plan to the PDU dated 26th/4/2018). Even so, there were some inconsistencies in the coverage of items to procure when you compared the attachment to letter and the PBS (i.e. the health sector AWP 2018/19 and contents of the administrative capital vote 603):</p> <ol style="list-style-type: none"> The list attached to the submission letter contained 6 health sector investments items altogether. The health sector AWP 2018/19 had 6 items (i.e. Construction of a 3 stance pit latrine; Fencing of Opot HC II; Construction of a Placenta pit at Ngora HC IV; Construction of a Placenta pit at Agu HC III; Construction of Maternity Ward at Opot HC II and Procurement of an Ultrasound Scan machine). The PBS (administrative capital vote 603) only contained 5 out of the 6 health sector investment items (i.e. excluding the Procurement of an Ultrasound Scan machine). 	<p>2</p>
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<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 20th/9/2017, hence submitted it in time (i.e. by the end of the Q1 for FY 2017/18). A reviewed sample of Form PP1 covered O&M (i.e. vehicle service) signed, stamped and approval by DHO.</p>	<p>2</p>
<p>The LG Health department has certified and initiated payment for supplies on time</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DHO/ MHO (as per contract) certified and recommended suppliers timely for payment: score 4. 	<p>Reviewed the request submitted by Yofisa Investments Limited on 04/09/2017 being retention fee for construction of a theatre at Health centre IV. The DHO made the initiation on 19/09/2017. Payment was done on 20/12/2017. Insufficient funds on account was cited as a cause of the little delay.</p> <p>VR 18345601 dated 21/06/2018 being payment for construction of a 2 stance pit latrine at Ngora HCIV by Rooma Capital Services Ltd. Request submitted on 05/02/2018 and the DHO forwarded for payment on 14/02/2018. Approval was done on 06/06//2018 and payment was done on 21/06/2018</p> <p>VR 17308800 dated 04/04/2018 being payment for construction of a security officer's house at Ngora HCIV by Teso Energy and Construction Company. Request was submitted on 22/12/2017, the DHO recommended for payment on 12/02/2018 approval for payment was passed on 29/03/2018 and payment was done on 04/04/2018</p> <p>The DHO timely certified and recommended suppliers requests for payment.</p>	<p>4</p>
<p>Financial management and reporting</p>			

<p>The LG Health department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 4 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 4 	<p>The health department did not submit in time the annual performance reports for the previous FY including the submission of the Quarterly report by the 15th of July. Evidence provided by the District Planner in form of online submission dates (generated by the PBS) indicated that the Quarter 4 report for the health department was submitted on the 30th of July 2017, which was past the deadline of 15th July 2107.</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>In the 4th quarter 2 items were identified as audit observations which include: irregularities in deployment of staff and non-accountability of funds. These are yet to be addressed.</p> <p>In 2nd quarter report Health Sector had an issue identified on inadequate accountability. This was addressed accordingly</p> <p>The sector was yet to provide information to the internal audit on the status of implementation of audit findings identified in quarter 4.</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, hence the HD did not meet this requirement. The average composition based on the assessments sample was 32.1% as the overall average for Ngora DLG (see table). A division of the sum of the said 2 figures by 2 is above 50% (i.e. $75.0+41.9= 116.9\div 2= 58.5\%$). Therefore, the HD met the gender composition requirement because the average of the sample hovers above the 50% composite rate. The HD had not commission assessments to find out the composition of committees. The HD's was concerned more with the expiry of committees than their composition and functioning. Therefore, the assessment team could not corroborate evidence based on the results of the HD's support supervision activities. ID Name of HF All Members Female Members %/Female</p> <p>1 Ngora Freda Carr Hospital (PNFP) 13 2 15.4%</p> <p>2 Ngora HC IV 10 5 50.0%</p> <p>3 Ngora District Maternity Unit HC II 7 3 42.9%</p> <p>4 St. Anthony HC HC II (PNFP) 5 1 20.0%</p> <p>Average Gender Composition 32.1%</p>	<p>2</p>
<p>Compliance with gender composition of HUMC and promotion of gender sensitive sanitation in health facilities.</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that the LG has issued guidelines on how to manage sanitation in health facilities including separating facilities for men and women: score 2. 	<p>The HD possessed sanitation-related circulars that were issued to HFs as seen below. Even so, only 1 HF (St. Anthony HC II) of the sampled and visited HF had labeled toilet facilities in ways that separated men and women facilities:</p> <ol style="list-style-type: none"> The DHO issued 1 circular dated 19th/3/2018 titled "Patients Pit Latrines in HFs" but there was no evidence that the DHO followed up the enforcement of the contents by engaging HFs. All the sampled HFs reporting having access to the said DHO circular. At the time of the assessment, on 1 HF (St. Anthony HC II) had acted on the circular. The rest had received, some possibly read it, but they did not act on it. 	<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"> Evidence that all health facility infrastructure projects are screened before approval for construction using the checklist for screening of projects in the budget guidelines and where risks are identified, the forms include mitigation actions: Score 2 	<p>Only 3 health infrastructure investment project were supported in the FY 2017/19. The assessor reviewed 3 screening forms signed and stamped by EO and CDO, outlining risks and mitigation plans and covering the 3 projects (i.e. the 17th/8/2017 Screening Form on Construction of VIP Stance Latrine; the 23rd/8/2017 Screening Form on Construction of Security House; and the 18th/8/2017 Screening Form on Construction of an Immunisation Shade).</p>	<p>2</p>
<p>LG Health department has ensured that guidelines on environmental management are disseminated and complied with</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> The environmental officer and community development officer have visited the sites to checked whether the mitigation plans are complied with: Score 2 	<p>At the time of the assessment, the EO provided 1 consolidated Site Visit Report only signed by the EO. It was titled "Environment Inspection for Construction of 2-Stance lined VIP Latricne at Ngora HC IV (and it touched waste management and sanitation).</p>	<p>2</p>
<p>The LG Health department has issued guidelines on medical waste management</p> <p>Maximum 4 points</p>	<ul style="list-style-type: none"> Evidence that the LG has issued guidelines on medical waste management, including guidelines (e.g. sanitation charts, posters, etc.) for construction of facilities for medical waste disposal: score 4. 	<p>On access to guidelines on segregation of medical waste (either in form of a chart or otherwise):</p> <ol style="list-style-type: none"> The assessor saw a DHO letter dated 17th/8/2017 (RE: Destruction of Obsolete/Expired Medicines and Health Supplies (Ref: NMS 22/6). Samples of HFs that had received included Ngora HC IV and Kapir HC III. Few of the sampled HFs demonstrated with evidence that such circulars, guidelines and policies were being followed up to be acted upon through support supervision and monitoring visits. 	<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>Ngora district has a safe water coverage of 88% with the sub-counties of Kobwin (80%) and Mukura (82%) below the district average coverage. In the AWP for the current FY, the district LG has targeted construction of 5 deep boreholes in the sub-counties of Ngora (2), Kapir (2) and Mukura (1). It also intends to construct and install a solar power water piped schem. It has been observed that LG did allocate 60% of the budget allocations to sub-counties with safe water coverage below average.</p>	4
<p>The district Water department has implemented budgeted water projects in the targeted sub-counties (i.e. sub-counties with safe water coverage below the district average)</p> <p>Maximum 15 points for this performance measure</p>	<ul style="list-style-type: none"> • Evidence that the district Water department has implemented budgeted water projects in the targeted sub-counties with safe water coverage below the district average in the previous FY. <ul style="list-style-type: none"> o If 100 % of the water projects are implemented in the targeted S/Cs: <ul style="list-style-type: none"> 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, the district had an average safe water coverage of 80% with the sub-counties of Kobwin (70%) and Ngora TC (59%). The district had planned to construct 12 deep boreholes in the sub-counties of Kapir (3), Kobwin (2), Mukura (2), Ngora (3) and Ngora TC (1). The projects that were planned were all implemented and are functional 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>The water department did have monitoring plan for the projects that were to be implemented in the previous FY. The implemented projects were;</p> <ul style="list-style-type: none"> - 12 boreholes in the sub-counties of Kapir (3), Kobwin (2), Mukura (2), Ngora (3), Ngora TC (4) and 1 piped water scheme were constructed. - Rehabilitation of 9 boreholes. <p>2 stance toilets in Katengeto island in Kobwin sub county.</p> <p>Observations show that 83% of the projects were monitored some of which include;</p> <ul style="list-style-type: none"> - Monitoring report on gender participation on the ten water sources in Ngora district LG, Dated; 12th June, 2018. - Monitoring and evaluation of the functionality of existing water sources, Dated: 25th May, 2018. - Report on monitoring of eleven boreholes for payment; dated: 23rd March, 2018 	<p>10</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>The LG did submit consistent data for the current FY which include the construction of a 2 stance latrine, drilling and construction of 5 deep boreholes and construction of piped supply system as documented in output: 09 81.</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>Borehole drilling in the sub-counties of Kapir (3), Kobwin (2), Mukura (2), Ngora TC (1)</p> <p>Construction of 1 piped supply system</p> <p>Rehabilitation of 15 deep boreholes in the sub-counties of; Kapir (2), Kobwin (3), Mukura (4), Ngora (2) and Ngora TC (4)</p>	<p>5</p>
<p>Procurement and contract management</p>			
<p>The district Water department has submitted input for district's procurement plan, complete with all technical requirements, to PDU that cover all items in the approved Sector annual work plan and budget</p> <p>Maximum 4 for this performance measure</p>	<p>Evidence that the sector has submitted input for the district procurement plan to PDU that cover all investment items in the approved Sector annual work plan and budget on time (by April 30): score 4</p>	<p>From the files, it was observed that the LG water department had submitted the procurement plan to the PDU that cover all investment items in the approved sector annual work plan and budget on time. It was submitted on 08th April, 2018.</p>	<p>4</p>
<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If the contract manager prepared a contract management plan and conducted monthly site visits for the different WSS infrastructure projects as per the contract management plan: score 2 	<p>From the Project files, there was no evidence in form of contract management plan, no evidence in form of minutes for site meetings between contract manager and the contractor. The argument was that the implemented projects could at times take less than a month to be implemented.</p>	<p>0</p>

<p>The district has appointed Contract Manager and has effectively managed the WSS contracts</p> <p>Maximum 8 points for this performance measure</p>	<ul style="list-style-type: none"> If water and sanitation facilities constructed as per design(s): score 2 	<p>From the sampled water sources, construction was as per design(s). For example, the boreholes in Oteteen village Ngora sub-county, Agule- Akaakaan village, Kalina v & Juwai village in Kobwin sub-county and Wororopom village in Ngoro TC 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>Contractors did hand over all completed WSS facilities for example; Name of contractor: Galaxy Agro Tech (U) Ltd; Contract Name: Drilling of nine boreholes; Contract sum:UGX:167,385,600; Contract Number: Ngora 603/Wrks/2013-2014/00035; Hand over: 11th /04/2016</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 DWO appropriately certified all WSS projects and prepared and filed completion reports: score 2 	<p>Sampled files showed that the DWO did certify all WSS project. For example, certificates of completion for the following projects were filed;</p> <ul style="list-style-type: none"> - Contract: Rehabilitation of five boreholes; Contract sum: UGX: 17,554,040; Contractor: Hand pump mechanics association; Dated: 29th June, 2018 - Contract: Extension of pipe water system to Ngora cattle market, Okisimo and Obabario; Contract sum: UGX: 22,200,732; - Contactor: Clades International Company Limited; Date of completion: 29th June, 2018. 	<p>2</p>

<p>The district Water department has certified and initiated payment for works and supplies on time</p> <p>Maximum 3 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the DWOs timely (as per contract) certified and recommended suppliers for payment: score 3 points 	<p>Looked at the request submitted by GETS Technical Services as per invoice NoIN - 000000159 for the feasibility study of Kobwin Solar Project Water system Procurement Ref: Ngor603 srvcs/2017-18/0075 that was submitted on 19/06/2018 and payment was initiated by the District Water Officer on 22/06/2018. Payment was done on 24/06/2018 under voucher VR18374572</p> <p>VR 18374572 dated 24/06/2018 request for payment from GETS Technical Services for the feasibility study of the Kobwin Solar piped water system was done on 19/06/2018 district water officer recommended for payment on 22/06/2018 and payment was done on 24/06/2018</p> <p>Vr 18374515 dated 23/06/2018 request for payment of rehabilitation of 4 bore holes by Ngora District Pump Mechanics Association done on 22/06/2018. Water officer recommended for payment on 22/06/2018. Payment was approved on 23/06/2018 and payment was done on 23/06/18</p> <p>Vr 17313681 dated 06/04/2018 wrt payment of fuel supplied to water by Fahaab Energy Limited. Request done on 14/03/2018 recommended for payment on 19/03/2018 and approved on the same date. Payment was done on 06/04/2018.</p> <p>Certification and recommendation of service providers' requests are timely done by the District Water Officer.</p>	<p>3</p>
<p>Financial management and reporting</p>			
<p>The district Water department has submitted annual reports (including all quarterly reports) in time to the Planning Unit</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the department submitted the annual performance report for the previous FY (including all four quarterly reports) to the Planner by mid-July for consolidation: score 5 	<p>The LG water department did not submit in time the Quarter 4 report for consolidation by the Planner. Evidence adduced by the District Planner in form of online submission dates (generated by the PBS) indicated that the Quarter 4 report for the water department was submitted on 29th of July 2018.</p>	<p>0</p>

<p>The District Water Department has acted on Internal Audit recommendation (if any)</p> <p>Maximum 5 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year If sector has no audit query score 5 If the sector has provided information to the internal audit on the status of implementation of all audit findings for the previous financial year: score 3 If queries are not responded to score 0 	<p>No audit query were observed for the sector in all quarter reports for the FY 2017/18.</p>	<p>5</p>
<p>Governance, oversight, transparency and accountability</p>			
<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> 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>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). The Committee met on the following dates:</p> <p>Meeting of 22nd and 23rd November 2017 discussed issues including; drilling of 5 boreholes at selected sites in the district, rehabilitation of boreholes at selected sites in the district, need to harmonise borehole repair costs and the need to reactivate water user committees (ref. Min. Ext. No.11/NDC/11/2017).</p> <p>Meeting of the 18th and 19th of January 2018. Discussed the functionality of water user committees, need for rehabilitation of hand dug wells (ref. Min. No. 17/NDC/01/2018).</p>	<p>3</p>

<p>The district committee responsible for water met, discussed service delivery issues and presented issues that require approval to Council</p> <p>Maximum 6 for this performance measure</p>	<ul style="list-style-type: none"> Evidence that the water sector committee has presented issues that require approval to Council: score 3 	<p>The water sector committee presented issues that required approval to Council during different sittings of Council as per examples below:</p> <p>Meeting of 19th December 2017 (minute extract 28/NDC/12/2017/18 and the meeting of 29th January 2108, resolved issues pertaining to; the need for the district water office to harmonise borehole repair costs and need to revitalise water user committees and the need to dismantle boreholes with contaminated water such as the one at Teso integrated senior secondary school.</p> <p>Meeting of the 30th June 2018 mainly focused on the approval of the Annual work plans and budget including plans and budgets for the water sector.</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 display of AWP, Budget and Water Grant releases and expenditures as per the PPDA Act.</p>	<p>2</p>
<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> All WSS projects are clearly labelled indicating the name of the project, date of construction, the contractor and source of funding: score 2 	<p>From the sampled WSS projects, all were clearly labelled and the following information was observed: the name of the project, date of construction contractor and source of funding e.g. Oteteen village, Ngora sub-county, Date: 1st/12/2017, DWD No: 69186, Contractor: ICON PROJECTS LTD.</p> <p>Kalina village, Kobwin sub-county, Date: 30th/11/2017, DWD No: 69185, Contractor: ICON PROJECTS LTD.</p>	<p>2</p>

<p>The district Water department has shared information widely to the public to enhance transparency</p> <p>Maximum 6 points for this performance measure</p>	<ul style="list-style-type: none"> Information on tenders and contract awards (indicating contractor name /contract and contract sum) displayed on the District notice boards: score 2 	<p>Observation from the notice board proved that there was information on tenders and contract awards, name/contract and contract sum displayed on the District Notice boards. For example; procurement reference number: Ngor 603/Works/2017-2018/00074; Name of provider: Clades International Co. Limited; Contracts committee minute: 17(c)/NDCC/2017-2018; Contract price: UGX: 22,200,732; Dated: 10th May, 2018</p>	<p>2</p>
<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> If communities apply for water/ public sanitation facilities as per the sector critical requirements (including community contributions) for the current FY: score 1 	<p>Communities in Ngora district do apply for water/public sanitation facilities for example;</p> <ul style="list-style-type: none"> - Application for borehole pipes and rodes by Orit village dated 30th/08/2018 - Application for ten (10) pipes, ten (10) rodes and 1 complete head for Kamodokima community and Kamodokima primary school borehole registration No: DWD 31551; dated: 27th June, 2018 - Request for borehole in Akubui village dated 26th March, 2018 	<p>1</p>
<p>Participation of communities in WSS programmes</p> <p>Maximum 3 points for this performance measure</p>	<ul style="list-style-type: none"> Water and Sanitation Committees that are functioning evidenced by either: i) collection of O&M funds, ii(carrying out preventive maintenance and minor repairs, iii) facility fenced/protected, or iv) they an M&E plan for the previous FY: score 2 <p>Note: One of parameters above is sufficient for the score.</p>	<p>From the sampled water supply facilities in the villages of Oteteen, Kalina, Juwai and Wororopom 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>Ngora district local government did environmental screening for all projects between July and August 2017 and reports are in place.</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>The LG has made follow ups on the environmental mitigation plans that were agreed upon. Environmental inspection certificate for development projects were in place e.g</p> <p>Drilling of boreholes in Oteteen; Ngora sub-county done on 23rd/04/2018; Drilling of boreholes in Nyamongo; Ngora sub-county was done on 26th/04/2018 etc.</p>	<p>1</p>
<p>The LG Water department has devised strategies for environmental conservation and management</p> <p>Maximum 4 points for this performance measure</p>	<ul style="list-style-type: none"> Evidence that construction and supervision contracts have clause on environmental protection: score 1 	<p>Contracts had a clause on environment section 4.3 that highlights the environmental and mitigation guidelines.</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>By Review of District Software report 2017/2018 all Water User Committee are in place. These committees have at least 50% women and in most WUC's women are members of the executive and occupy key positions.</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 2-stance Public latrine at ACIISA P/S had separate stances for both women and men and a ramp for People with Disabilities.</p>	<p>3</p>