



LGMSD 2024/25

Baikwe District

(Vote Code: 582)

Assessment

Scores

PMs and Indicators to Incentivise Delivery of Quality and Usable Visible Outputs (Infrastructure Assets)	25%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Education Services	72%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Health Services	69%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Water and Sanitation Services	72%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Micro-scale Irrigation Services	73%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Production Services	83%

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that the LG constructed/installed all infrastructure projects in the previous FY (completed or on-going) as per design/specifications (and approved layout suitable to site conditions and sub-programme norms).	<p>From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:</p> <p>From LG Engineer collect:</p> <ul style="list-style-type: none"> • Approved Designs and site layout • Sample at least 6 projects (1 per sub-program where there is an infrastructure project implemented) from the previous FY and check for compliance with designs and layout. <p>If all infrastructure comply to design/specifications and approved layout for all sampled projects score 15 or else 0</p> <p>If the LG has no approved design/specifications and approved layout for all sampled projects score 0</p>	<p>There is no evidence that the LG constructed all infrastructure projects in the previous FY as per design/specifications (and approved layout suitable to site conditions and sub-programs).</p> <p>25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from the following sub-programs: Health, Water, Education, MSI, and Works. There was no infrastructure project implemented under the production sub-program in the previous FY.</p> <p><u>A .Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S</u></p> <p>Design Standards</p> <p>The LG adopted and adhered to the standard designs provided by the Ministry of Education (MoE).</p> <p>Field observations</p> <p>The following elements were observed during the field visit.</p> <p>Compliance with Design and Layout:</p> <p>The LG adhered to the standard designs provided by the Ministry of Education (MoE).</p> <p>The external dimensions of the structure were verified to be 16.3 m x 6.5 m, compared to the approved dimensions of 16.29 m x 6.46 m, this minor variance falls within acceptable limits, indicating adherence to the approved design and layout.</p> <p>The construction met the design specifications, affirming that the project aligns with the approved plans.</p> <p><u>B. Construction of a Martenity ward Phase 1 at Makindu HC III</u></p> <p>Design Standards</p> <p>The LG adopted and adhered to the standard designs provided by the Ministry of Health (MoH).</p> <p>Field observations</p> <p>The following elements were observed during the field visit.</p> <p>Compliance to the approved design/layout</p>	0

The Phase 1 scope covered only the substructure up to the slab level

The external dimensions of the completed slab were verified to be 20.1 m × 9.2 m, compared to the approved dimensions of 20.916 m × 9.716 m, this minor variance falls within acceptable limits, indicating adherence to the approved design and layout.

The construction met the design specifications, affirming that the project aligns with the approved plans.

C. Periodic Maintenance of Nangunga - Ssi-Nansagazi (23Km)

Key Observations

The inspection confirms compliance with the technical standards and specifications for the project as set by the Ministry of Works and LG adopted the Technical Manual Volume 4A for Class III Roads. This specifies a carriageway width of 6.0 meters, which aligns with the standards for the Ministry of Works

D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)

Design Standards

The LG adhered to the standard designs provided by the Ministry of Education (MoE) for the staff houses.

Field observations

The following elements were observed during the field visit.

Compliance to the approved design/layout

- Actual external floor area of the block- 14.0m x 7.23m compared to approved dimensions 13.8m x 7.0m.
- The construction met the design specifications, affirming that the project aligns with the approved plans.

E. Construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/2023-24/00006)

Design Standards

There was presence of architectural designs and layouts signed and approved by the Physical Planner on 04/05/2023.

Field observations

The following elements were observed during the field visit.

Compliance to the approved design/layout

- Actual layout comprised of: 6 stances 3 for the ladies, 2 for the gents; 1 latrine for PWDs and 1 urinal area which complied with the approved layout. However, the layout shows one WHB

outside and one inside the structure but the completed structure had both wash hand basins inside. There was an instruction no. 06 dated 08/04/2024 written by the Engineering Assistant (i.e. Olara Dan) that approved the change in design before implementation. Furthermore, there is a step constructed inside the PWD toilet which is not included on the design.

- Therefore, the construction did not meet the design specifications of the approved plans.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

Design Standards

There was presence of architectural designs and layouts approved by the District Production Officer dated 30/05/2024.

Field observations

The following elements were observed during the field visit.

Compliance to the approved design/layout

- Actual layout comprised of a 10,000L water tank mounted on top of steel stand 1.5m high above the ground; 4 solar panels with peak power of 260W as specified in the design specifications.

- The installation met the design specifications, affirming that the project aligns with the approved plans.

Conclusion

5 out of 6 sampled projects had approved designs and layouts and were also compliant to the designs, specifications and layouts.

2

Evidence that the infrastructure projects constructed by the LG in the previous FY (completed or on-going) have no visible defects

- *Building structures:* (i) *Substructure (splash apron, floors, foundations, ground beams, ramps);* (ii) *Superstructures (walling, beams, columns, floors, doors, windows);* (iii) *roofing (Roof Cladding, ceilings, roof members, lightning conductors, rainwater goods);* (iv) *Mechanical and*

From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:

Sample at least six (6) project (1 per sub-program/ nature of project) from the previous FY and check for existence of visible defects.

Take pictorial evidence and describe the nature and extent of defects.

If no visible defects in any of the sampled projects score 15

There was evidence that the infrastructure projects constructed by the LG in the previous FY 2023/2024 (completed or on-going) have no visible defects for 3 projects and minor defects for 3 other projects.

25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from 5 sub-programs (i.e. Health, Water, Education, Production and Works). There was no infrastructure project implemented under the production sub-program in the previous FY.

Field visits were conducted and below are the findings:

A. Construction of 2 in Classroom Block with lightning arrestors with a ramp at Kyanja P/S

Field Inspection Findings

The Classroom Block was constructed with good workmanship and was substantially completed at

5

*Electrical works
(water and drainage
system, lights, fire
systems)*

• *Water systems
(Water source; Water
Storage; Water
Quality (colorless,
taste, odorless)*

• *Components
(Pumps, Power
source, Pipes and
Fittings, Taps,
Sprays)*

• *District & Urban
Roads (Culverts,
drainage, bridges*

If minor defects in
any of the sampled
projects – score 5

If moderate or
significant defect in
any of the sampled
projects- score 0

the time of inspection. The building's foundation, walls, and roof were free of defects, ramp is constructed well and all works showcasing compliance with specifications.

The assessment revealed one minor defect at the behind classroom stairs rise where some plaster was peeling off.

B. Construction of a Maternity Phase 1 at Makindu HC III

1. **Project Status** - The project was ongoing with the execution of phase II covering the walling
2. **Compliance with Specifications** - The completed Phase I works were complete and the inspected elements of the sub structure up to slab level are still structurally sound with no observable defect and adhered to the approved specifications.

C. Periodic Maintenance of Nangunga - Ssi-Nansagazi (23Km)

Road Condition - The road in good motorable condition with no visible defects observed and the drainage System covering Culverts and drainage channels were operational and well-maintained, contributing to effective water flow management. The periodic maintenance has successfully ensured the roads' usability and durability under current conditions.

D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)

Field Inspection Findings

1. **Project Status** - The project was completed and functional.
2. **Compliance with Specifications** - The completed works adhered to the approved specifications.
3. **Field Observations** - The structure is generally still highly structurally sound with no defect. All inspected elements of the structure (i.e. foundation, slab, walling, roof, doors and windows, internal and external finishes) are still in good condition.

Therefore, at the time of the assessment, all inspected elements of the building were structurally sound with no defect.

E. Construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/2023-24/00006)

1. **Project Status** - The project was completed and not yet functional since it awaits commissioning.
2. **Compliance with Specifications** - The completed works adhered to the approved specifications except for the step constructed in the toilet for PWDs.
3. **Field Observations** - All inspected elements of the structure (i.e. foundation, slab, walling, roof, doors and windows, internal and external finishes) are still structurally sound with 1

observable defect of the step in the PWD toilet.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

1. **Project Status** - The project was completed and functional.
2. **Compliance with Specifications** - The completed works adhered to the approved specifications except for one base plate beneath the 10,000L water tank that is not painted.
3. **Field Observations** - All inspected elements of the structure (i.e. tank stand, water tank, submersible pump, solar panels and their connections, pipe connections) are still structurally sound except for 1 minor defect i.e. no paint on one base plate beneath the 10,000L water tank.

Therefore, at the time of the assessment, all inspected elements of the building were structurally sound with 1 minor defect.

Conclusion

3 out of 6 sampled projects had infrastructure in sound structural condition with no visible defects.

Usable

3

Evidence that the infrastructure projects have the basic amenities which are functional and used for the intended purpose

From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:

Sample at least six (6) projects (1 per sub-program) from the previous FY.

If the infrastructure projects have the basic amenities which are functional and used for the intended purpose score 10 or else 0

There was evidence that the implemented infrastructure projects had the basic amenities, functional and used for intended purpose as was observed during the assessment. in projects indicated hereunder;

25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from 5 sub-programs (i.e. Health, Water, Education, Production and Works). There was no infrastructure project implemented under the production sub-program in the previous FY.

Field visits were conducted and below are the findings:

A. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S

Field Observations

The 2 classrooms block had the basic amenities (i.e. desks, black boards, doors and windows) and were fully functional and occupied by the students by the time of assessment.

B. Construction of a Maternity Phase 1 at Makindu HC III

By the time of assessment the substructure slab was functional and being used by the ongoing works of execution of the walling.

C. Periodic Maintenance of Nangunga - Ssi - Nansagazi(23Km)

10

By the time of assessment ,the road was good motorable condition with no visible defects observed. Drainage System covering culverts and drainage channels were operational and well-maintained, contributing to effective water flow management.

The periodic maintenance has successfully ensured the roads' usability and durability under current rainy conditions and equipped with a well-functioning drainage system, ensuring long-term serviceability.

D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)

The staff house had all the basic amenities (i.e. windows and doors) and had already been occupied by the school staff and was fully functional.

E. Construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/2023-24/00006)

The waterborne toilet had all the basic amenities (i.e. windows, doors, water closets and wash hand basins, armrests and ramp for PWD) and awaits commissioning to make it fully functional.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

The project had all the basic amenities (i.e. water tank, tank stand, solar system, pipe connections, submersible pump and borehole) and was fully functional.

Conclusion

All 6 sampled projects had all the basic amenities and one of the projects is awaiting commissioning to make it fully functional.

Human Resource Management

4

Evidence that the LG has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll.	From the Principal Human resource Officer obtain and review: (i) the approved customized structure of the LG; (ii) staff lists; and (iii) personnel files to establish existence of:
Districts	
i. Chief Finance Officer	Appointment letters for all HoDs
ii. District Planner	Review the payroll to establish that the recruited staff accessed the most recent payroll.
iii. District Engineer	
iv. District Natural Resources Officer	
v. District Production Officer	If 100% of the above positions are filled score 6

During the assessment, the costed and approved staff establishment dated 27th/01/2017, personnel files, staff lists and the payroll as of October 2024 were reviewed. The staffing levels of Heads of Department was at 77%. This was below threshold as per this assessment indicator. Below is a detailed status of recruitment, deployment and access to payroll by HoDs.

i) Chief Finance Officer: This position was substantively filled. From the personnel file a letter dated 27th/09/2023 implementing the decision of the District Service Commission (DSC) to appoint Mr. Paul Kalule William as CFO. This was under minute number BDSC 94/2023 with salary scale of U1E. Review of the payroll it was clear the officer received the most recent pay as per Human Capital Management (HCM) system No.818720.

ii) District Planner: The District Planner was on leave without pay. This was according to a letter dated 24th/01/2024 Ref.HRM/096/111/01 Vol.22 addressed to CAO indicating extension of leave

0

vi. District Commercial Officer	If 80 – 99% of the above positions are filled score 4
vii. District Community Development Officer	If below 80% of the above positions are filled score 0
viii. District Health Officer	
ix. District Education Officer	

without pay (section C-C of the public standing orders, 202) The officer was on extended contract up to 31st/12/2024 as Technical Support Officer (TSO) under the Intergovernmental Fiscal Transfer Programme for Results-MoFPED

iii) District Engineer: Review of the personnel file, it was established that the position was substantively filled. Reviewed was an appointment letter on transfer of service dated 22nd/04/2021 addressed to Fredrick SSeguya. The District Service Commission under minute number 17/2010(i) a. The Officer transferred from Mukono District LG to Buikwe DLG. There was evidence of access to pay role as per HCM No. 753574, salary scale U1E upper.

iv) District Natural Resources Officer: The District LG did not have a substantive district NRO by the time of assessment. The position was filled by the Senior Forest Officer (Balimunsi Moses Kanakulya) in acting capacity.

v) District Production Officer: Reviewed from the personnel file was a letter dated 8th/06/2021 indicating the appointment on promotion of Vincent Kayanja under DSC MIN: BDSC/94/2021 (a) (i) The Officer was on salary scale U1E Science. Review of the payroll, there was proof the officer accessed the pay roll as per HCM No.963755.

vi) District Commercial Officer: Review of the costed and approved staffing structure for Buikwe District, the position is well captured however, there was no evidence of recruitment. The Principal Commercial Officer was acting in the position by the time of the assessment.

vii) District Community Development Officer: During LG assessment, the District Service Commission had recruited the DCDO according to letter dated 8th/08/2024 under minute number BDSC/102/2023 C (i) with salary scale U1E-lower. However, there was no evidence of posting instructions and the officer had not accessed the payroll.

viii) District Health Officer: The position was substantively filled by the appointment of Dr.Richard Bbosa Sserunkuuma in a letter dated 30th/09/2013 under MIN No. BDSC 90/1/2013 (ii) with salary scale U1E (Sc). From the October payroll, it was confirmed the officer accessed payroll as per No.80121

ix) District Education Officer: There was evidence of appointment on accelerated promotion by the District Service Commission in a letter dated 3rd/02/2020 under minute number BDSC 100/2019 (d) (i). Triangulation from the most recent payroll, there was evidence the officer obtained the October salary as per HCM No.743622

Evidence that the City has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll	From the Principal Human resource Officer obtain and review: (i) the approved customized structure of the LG; (ii) staff lists; and (iii) personnel files to establish existence of:
i. City Chief Finance Officer	Appointment letters for all HoDs
ii. City Planner	
iii. City Engineer	Review the payroll to establish that the recruited staff accessed the most recent payroll.
iv. City Natural Resources Officer	
v. City Production Officer	If 100% of the above positions are filled score 6
vi. City Commercial Officer	If 80 – 99% of the above positions are filled score 4
vii. City Community Development Officer	
viii. City Physical Planner	If below 80% of the above positions are filled score 0
ix. City Health Officer	
x. City Education Officer	

Evidence that the LG has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll	From the Principal Human resource Officer obtain and review: (i) the approved customized structure of the LG; (ii) staff lists; and (iii) personnel files to establish existence of:
i. Principal Treasurer	
ii. Senior Planner	Appointment letters for all HoDs
iii. Municipal Engineer (Principal Executive Engineer)	Review the payroll to establish that the recruited staff accessed the most recent payroll.
iv. Senior Environment Officer	
v. Senior Veterinary Officer/Senior Agricultural Officer	If 100% of the above positions are filled score 6
vi. Principal Commercial Officer	If 80 – 99% of the above positions are filled score 4
vii. Principal Community Development Officer	If below 80% of the above positions are filled score 0
viii. Medical Officer of Health Services	
ix. Principal Education Officer	

Evidence that the LG has substantively filled, deployed and ensured that the staff in all critical staff positions access the payroll.	From the Principal Human resource officer obtain and review: (i) the approved customized structure of the LG; (ii) the staff list and (iii) personnel files to establish existence of:	During the assessment exercise, the staffing levels of critical staff was part of the assessment area under Human Resource Management. It was established that although the indicator looked at 100% recruitment and deployment, the staffing levels for critical staff was at 90%. The vacant positions included: The positions of Principal Internal Auditor that was occupied in acting capacity by Abraham Nsubuga (Senior Internal Auditor) who was assigned duties in a letter dated 2nd/10/2023 Ref.ADM/156/2(a)- Acting appointment on directives of the DSC under Minute No.BDSC 94/2023: B.i. Buikwe sub-county did not have a substantive SAS in post, acting in position was Rajab T. Kalyowa (substantively an Assistant Secretary) deployed as Assistant Secretary and Caretaker sub-county chief as per letter dated 19th/12/2022 Ref: ADM/156/2(a). The position of Senior Inspector of Schools was equally filled in acting capacity as per letter dated 16th/06/2023 addressed to Ms Nakazibwe Resty communicating directive of DSC (Renewal of Acting Appointment) under minute No. BDSC 73/2023: renewing the officers duty as a Senior Inspector of Schools for a period of six (06) months.
i. Senior Procurement Officer	Appointment letters for all critical staff	
ii. Principal Human Resource Officer	Review the payroll to establish that the recruited staff accessed the most recent payroll.	
iii. Principal Human Resource Officer (Secretary DSC)	If 100% of the above positions are filled score 2 or else score 0	
iv. Senior Environment Officer		
v. Senior Land Management Officer/Physical Planner		
vi. Principal Internal Auditor		
vii. Senior Agriculture Engineer		
viii. Water Officer		
ix. Senior Inspector of Schools		
x. Labour Officer		
xi. Senior Assistant Secretaries (SAS)		
xii. Senior Assistant Town Clerks		
xiii. Parish chiefs		

Evidence that the LG has substantively filled, deployed and ensured that the staff in all critical staff positions access the payroll	From the Principal Human resource officer obtain and review: (i) the approved customized structure of the LG; (ii) the staff list and (iii) personnel files to establish existence of:
i. Principal Procurement Officer	
ii. Principal Human Resource Officer	Appointment letters for all critical staff
iii. Principal Human Resource Officer (Secretary DSC)	Review the payroll to establish that the recruited staff accessed the most recent payroll.
iv. Principal Environment Officer	
v. Principal Internal Auditor	If 100% of the above positions are filled score 2 or else score 0
vi. Principal Inspector of School	
vii. Senior Labour Officer	
viii. Division Town Clerk	
ix. Principal Town Agents	

Evidence that the LG has substantively filled, deployed and ensured that the staff in all critical staff positions access the payroll.	From the Principal Human resource officer obtain and review: (i) the approved customized structure of the LG; (ii) the staff list and (iii) personnel files to establish existence of:
i. Senior Procurement Officer	
ii. Principal Human Resource Officer	Appointment letters for all critical staff
iii. Senior Physical Planner	Review the payroll to establish that the recruited staff accessed the most recent payroll.
iv. Senior Internal Auditor	
v. Senior Inspector of Schools	If 100% of the above positions are filled score 2 or else score 0
vi. Labour Officer	
vii. Principal Assistant Town Clerks	
viii. Town Agents	

Planning and budgeting

Evidence that the LG conducted and used results of site reconnaissance and technical investigations (where required) to prepare responsive tender documents for all infrastructure projects; conduct environmental, social, health, and safety assessments, incorporate project ESMPs into bidding documents; and ensure work item quantities are derived from standard or customized drawings, and maintain cost estimates consistent with customized designs.	<p>From the LG Engineer obtain and review:</p> <ul style="list-style-type: none"> • Standard technical designs. • Site reconnaissance reports. • Technical investigation reports (e.g. geo-technical investigations if required) <p>Obtain and check for:</p> <ul style="list-style-type: none"> • Existence of customized designs • Existence of customized BoQs based on the designs. • Incorporation of Cost Estimates. • Incorporation of costed ESMPs <p>From the LG Community Development Officer /DNRO/SEO obtain and check for:</p>
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There was no evidence that the DLG conducted and used results of site reconnaissance and technical investigations (where required) to prepare responsive tender documents for all infrastructure projects; conduct environmental, social, health, and safety assessments, incorporate project ESMPs into bidding documents; and ensure work item quantities are derived from standard or customized drawings, and maintain cost estimates consistent with customized designs.

25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from 5 sub-programs (i.e. Education, Health, Water, Micro Scale Irrigation and Works). There was no infrastructure project implemented under the production sub-program in the previous FY. The findings for each sampled project are detailed below:

A. Construction of 2 in Classroom Block with lightning arrestors with a ramp at Kyanja P/S

1. There was presence of standard technical designs provided by the Ministry of Education (MoE).
2. The project also had a site reconnaissance report dated 03/06/2024.
3. Technical investigation reports were not required for this project.

- ESHS Assessment Reports (Project Briefs, ESIA, Screening reports) to determine whether they were undertaken timely

- ESMPs for projects (At least 3 projects)

Check and verify if the LG conducted and used the results of the reconnaissance and/or technical investigations (where required) to:

i. Prepare tender documents/BoQs for all infrastructure projects that are responsive to the standard drawings and/or customized technical designs (before advertising);

ii. Ensure that the requisite Environment ESHS assessments have been undertaken (before preparing BoQs) (Screening for all projects, Project Briefs and Environmental Social Impact Assessment where applicable)

iii. Ensure that the environmental, social, health and safety requirements and measures identified in the project ESMPs were adequately incorporated in the schedule of requirements and specifications of the bidding documents

iv. Ensure the quantities of work items and specifications included in the BoQs are derived from the standard or customized drawings and make no omissions

v. Ensure that the cost estimates are consistent with the

4. Standard technical designs approved by the Municipal Physical Planning Committee were present.

5. There was incorporation of cost estimates totaling to 92,844,7500/=

6. There was incorporation of costed ESMPs in the BOQs totaling to 3,000,000/=.

7. There was an Environment and Social Safeguards report for the school dated 5/12/2023 prepared and signed by the Labour Officer.

The LG conducted and used the results of the reconnaissance to:

i) Prepare tender documents/BoQs for all infrastructure projects that are responsive to the standard drawings and technical designs (before advertising) e.g. as per the reconnaissance report dated 03/06/2024, the external dimensions of the structure were verified to be 16.3 m × 6.5 m, compared to the approved dimensions of 16.29 m × 6.46 m this was reflected in the quantity of BOQ

iv) Ensure the quantities of work items and specifications included in the BoQs are derived from the standard or customized drawings and make no omissions e.g. as per the external dimensions of the structure were verified to be 16.3 m × 6.5 m, compared to the approved dimensions of 16.29 m × 6.46 m this was reflected in the quantity of BOQ

v) There were no customized designs for this project thus no cost estimates consistent with them.

B. Construction of a Maternity Phase 1 at Makindu HC III

1. The LG adopted and adhered to the standard designs provided by the Ministry of Health (MoH).

2. There was a reconnaissance report dated 21/07/2023 prepared by the assistant engineer

3. Technical investigation reports were not required for this project.

4. Customized designs and BOQs were not required since no changes were made.

5. There was incorporation of cost estimates totaling to 34,000,000/=.

6. There was no incorporation of costed ESMPs in the BOQ

The LG conducted and used the results of the reconnaissance to:

i) There was a reconnaissance report in form of condition assessment survey dated 18/05/2023. Therefore, the content from the report was used to prepare tender documents/BoQs for this project e.g.

iv) There was a reconnaissance report dated 21/07/2023. Therefore, the content from the report was used to ensure the quantities of work items

customized designs.

If the LG has met (i) to (v) score 6 or else 0

and specifications included in the BoQs are derived from the standard drawings and make no omissions. e.g. The external dimensions of the completed slab were verified to be 20.1 m × 9.2 m, compared to the approved dimensions of 20.916 m × 9.716 m.

v) There were no customized designs for this project thus no cost estimates consistent with them.

C. Periodic Maintenance of Nangunga - Ssi-Nansagazi

1. The LG followed the technical standards and specifications for the project as set by the Ministry of Works

2. There was a reconnaissance report in form of road condition assessment survey and inventory dated 18/05/2023 prepared by the force account road overseer and the Supervisor of works.

3. Technical investigation reports were not required for this project.

4. Customized designs and BOQs were not required

5. There was incorporation of cost estimates totaling to 294,780,000/=.

6. There was incorporation of costed ESMPs in the BOQ totaling to 3,000,000/=.

The LG conducted and used the results of the reconnaissance to:

i) There was a reconnaissance report in form of road condition and inventory dated 18/05/2023 prepared by the force account road overseer and the Supervisor of works This gave details for culvert installation ie total of 900mm dia -70m and 600mm dia -99 m used in the overall cost estimates for the road

iv) There was a reconnaissance report in form of road condition and inventory dated 18/05/2023 prepared by the force account road overseer and the Supervisor of works Therefore, the report was used to ensure the quantities of work items and specifications included in the BoQs are derived from the standard drawings

v) There were no customized designs for this project thus no cost estimates consistent with them.

D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)

1. There was presence of standard technical designs for this project as provided by the Ministry of Education (MoE).

2. There was no reconnaissance report for this project.

3. Technical investigation reports were not required for this project.

4. There was incorporation of cost estimates

totaling to 112,000,000/=

5. There was incorporation of ESMPs in the BOQs, however, they were not costed.

The MC conducted and used the results of the reconnaissance to:

i) There was no evidence of a reconnaissance report for this project present during the assessment. Therefore, there is no evidence to show that the report was used to prepare tender documents/BoQs for all infrastructure projects that are responsive to the standard drawings and technical designs (before advertising).

iv) Ensure the quantities of work items and specifications included in the BoQs are derived from the standard or customized drawings and make no omissions e.g. as per the standard design the area for excavation of top vegetable soil was 175.44m² (i.e. 17.2m x 10.2m) whereas the area in the BOQ under Site preparation Element A for the same is 190m².

v. There were no customized designs for this project thus no cost estimates consistent with them.

E. Construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/2023-24/00006)

1. Presence of standard technical designs for this project was not applicable since customized designs were used by the DLG.
2. There was a reconnaissance report present for this project signed and stamped by the DWO and the Engineering Assistant.
3. Technical investigation reports were not required for this project in reference to the reconnaissance report.
4. There were customized designs signed by the Physical Planner on 04/05/2023 and as per instruction no. 06 dated 08/04/2024 written by the Engineering Assistant (i.e. lara Dan) that approved the change in design before implementation.
5. The BOQ was prepared as per the customized designs.
6. There was incorporation of cost estimates totaling to 65,000,000/=.
7. There was incorporation of costed ESMPs (i.e. landscaping/environmental conservation) in the BOQ under Items E830 and E310 totaling to 1,220,000/=.
8. There was an Environment Impact Assessment report for all the WASH projects for the FY 2023/2024 signed by the SEO (Nakiri Jaira Kyazze) and the DCDO (Bulega Milly) dated 15/01/2024 and an Environmental and social screening report for this project attached prior to the commencement of this project on 16/01/2023.

The MC conducted and used the results of the reconnaissance to:

i) Prepare tender documents/BoQs for all infrastructure projects that are responsive to the

standard drawings and technical designs (before advertising) e.g. It was noted during the reconnaissance that Kasubi trading center had no public sanitation facilities on market days and that people who may wish to use the service on nature calls practice open defaecation as stated in Item 3 of the report. Therefore, this was the basis used to prepare the tender documents for the construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County.

iv) Ensure the quantities of work items and specifications included in the BoQs are derived from the standard drawings and make no omissions. E.g. from the design, the size of the septic tank was well specified based on the number of users i.e. the internal dimensions equating to a capacity of 34.5m³ for 200 users as specified in the BOQ Item no. KKB S-1.13 under septic tank construction.

v) There were no customized designs for this project before its commencement thus no cost estimates consistent with them.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

1. There was presence of standard technical designs approved by the District Production Officer dated 30/05/2024.
2. There was a reconnaissance report dated 19/04/2024 prepared by Tilandekula Joseph with all the details to be used for the design of equipment to be installed at Kyazze Cyprian Gordon's farm.
3. Technical investigation reports were not required for the project.
4. Customized designs and BOQs were not required since no changes were made.
5. There was incorporation of cost estimates totaling to 23,000,000/=.
6. There was no incorporation of costed ESMPs in the BOQ.
7. The MC conducted and used the results of the reconnaissance to:

i) There was a reconnaissance report dated 19/04/2024. Therefore, this report was used to prepare tender documents/BoQs for this project e.g. the reconnaissance report mentions the tank size required as 10,000L which is reflected in the BOQ item 4.1A under reservoir tank.

iv) Ensure the quantities of work items and specifications included in the BoQs are derived from the standard drawings e.g. As per the design, the size of the overhead tank is 10,000L mounted on a stand 1.5m high and this is reflected under BOQ item 4 for the reservoir tank.

v) Customized designs were not applicable for this project thus no cost estimates consistent with them.

Conclusion

2 out of 6 projects had no costed ESMPs and 1 out of the 6 projects had no reconnaissance report.

Kyanja Primary school

1. Screening was carried out on **5th December 2023**. signed by the environmental officer and Community Development Officer
2. ESHS assessments were not incorporated in the BOQ that was documented on **25th /July/2023**

Makindu Health Center III Phase I

1. The screening was carried out on 24th October 2023. Signed by the environmental officer and Community Development Officer
2. ESHS assessments were incorporated in the BOQ for a total of 2,000,000 Ugx

Bush clearing, grading, reshaping, spot graveling, and culvert installation done on Nangunga SSI-Nansahazi road

1. Screening was carried out on **30th October 2023**. Signed by the environmental officer and Community Development Officer
2. ESHS assessments were not incorporated into the BOQ

The above 3 sampled projects all had Screening reports which the District Environment Officer and Community Development Officer signed. It also be noted that 2 out of the 3 sampled projects didnot have ESHS asesments incoporated in their BOQs

Procurement

7

Evidence that the LG maintained a complete project file for each infrastructure project implemented in the previous FY. The procurement file should have and adhere to standards on the following: (or as amended to the PPDA guidelines on procurement records 2024)

From the PDU, Procurement Officer obtain the procurement file to determine the existence of the documents below;

- i. Contracts Committee Composition. The Contracts Committee must be formally and properly constituted.
- ii. Approved Procurement Plan;
- iii. Initiation of procurement
- iv. Contracts Committee approval of the procurement method, bidding document, evaluation committee and shortlist of providers where applicable;
- v. Bidding document and any amendments

There is no evidence that the LG maintained a complete project file for each infrastructure project implemented in the previous FY.

Desk review was done for all 25 infrastructure projects implemented in the previous FY (2023/2024), however, 6 projects listed below from 5 sub-programs (i.e. Education, Health, Water and Works) were selected as examples. There was no infrastructure project implemented under the production sub-program in the previous FY. All the 6 project files had all the listed procurement documents. The details of each procurement file are listed below:

i) There was composition of the contracts committee that comprised of 4 members, with 2 members approved by the Permanent Secretary through memo dated 30/10/2023 (i.e. Balimunsi K Moses-Senior Forestry Officer and Namirimu Sarah-Principal HR Officer), 1 members approved by the Permanent Secretary through memo dated 18/01/2023 (i.e. John Paddy-Health Inspector) and 2 members approved by the Permanent Secretary through memo dated 28/09/2023 (i.e. Dr. Bbosa R. Sserunkuma-DHO and Zalwango Rosemary-Statistician). However, there was no approval of contracts committee members present during the assessment from 31/07/2023-27/09/2023.

ii) There was a consolidated procurement and disposal annual workplan for the FY 2023/2024,

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or clarifications	however, there was no evidence of approval present by the time of the assessment.
vi. Copy of the published advertisement of shortlist	The details of each procurement file are listed below:
vii. Record of issuance of bidding document	<u>A. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S</u>
viii. Record of receipt of bids	The following documents were present:
ix. Record of opening of bids	iii) Initiation of procurement made through LG PP Form 1 with estimated total costs of 92,844,000/= dated 26/06/2023.
x. Copies of bids received	iv) Contracts Committee approval of the procurement method, bidding document and evaluation committee through Minutes of Meeting held on 4/7/2023 under BIUK816/WRKS/23-24/00001.
xi. Evaluation meetings and evaluation report	v) Bidding documents under Proc. Ref. No. BIUK816/WRKS/23-24/00001.issued on 5/07/2023
xii. Notice of best evaluated bidder	vi) Copy of published advertisement of shortlist dated 5/07/2023.
xiii. Submission of contract to the Solicitor General for clearance where applicable	vii) Record of issuance of bidding document to 4 bidders on 5/07/2023.
xiv. Approval by Solicitor General where applicable	viii) Record of receipt of bids from 3 bidders on 25/07/2023.
xv. Contract and amendments thereto as per format/requirement including Contractor's ESMP	ix) Record of bid opening for 3 bidders on 25/07/2023.
xvi. Contract Committee minutes relating to the procurement	x) 3 Copies of bids received from all the 3 bidders.
xvii. Correspondences between the procuring and disposing entity and the bidder(s)	xi) Minutes BDCC/10/2023/05 of Meetings dated 04/08/2023.. An Evaluation report on LG PP Form 12 signed by 3 evaluation committee members (i.e.Sikyajula E, Nalule F and Namayanja.S Nakazibwe R) on 04/08/2023.
xviii. Evidence of resolution of grievance or complaints (if any)	xii) Notice of best evaluated bidder published on 06/10/2023 with: Procurement Ref. No: BIUK816/WRKS/23-24/00001., Method of Procurement as Open Bidding, Best Evaluated Bidder (i.e. M/S Fanta Investments Limited), total contract price 92,844,7800/=, display date as 06/10/2023 and removal date as 20/10/2023 .
Score 2 if all documents are available otherwise score 0 if incomplete.	xiii) Submission of contract to the Solicitor General was Not Applicable since the supply thresholds were below 200,000,000/= (i.e. 92,844,000/=)
	xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000(i.e. 92,844,000/=)
	xv) Contract agreement dated 5/10/2023 awarded to Gifted Associates Ltd with no contractor's ESMP included.
	xvi) Contract committee minutes relating to the procurement as viewed in Minutes of Meeting held on 11/10/2023 under MMC.04.11.10.2023.
	xvii)Correspondence between the procuring and disposing entity and the bidder(s) bids, relating to

arithmetic error on 4/8/2023 and 7/8/2023

xviii) No grievances or complaints that needed resolutions.

B. Construction of a Maternity Phase 1 at Makindu HC III

The following documents were present:

iii) Initiation of procurement requisition LG PP Form 1 with an estimated total cost of 34,000,000/= on 15/04/2024.

iv) Contracts Committee approval of the procurement method, bidding document under Minutes BDCC/10/2023/05 of Meetings dated 04/08/2023..

v) Bidding document was present with Proc. Ref. No. BUIK816/WRKS/23-24/00010.on 22/4/2024

vi) Copy of published advertisement of shortlist dated 22/4/2024.

vii) Record of issuance of bidding document to 4 bidders (i.e. Masse General Contractors Ltd, Finance Insight Ltd, Kano Buiding Contractors, Engineering Ltd and Lugasa Development Construction Co. Ltd.) on 22/4/2024.

viii) Record of receipt of bids by 2 bidders i.e. on 26/4/2024.

ix) Record of opening of bids for 2 bidders on 26/4/2024

x) 2 copies of bids received for 2 bidders on 26/4/2024

xi) Minutes of Meeting dated 04/12/2023 and an evaluation report on LG PP Form 12 with 4 evaluation committee members (i.e. (i.e. Sikyalula E, Nalule F and Namayanja.S Nakazibwe R) on 04/08/2023

xii) Notice of best evaluated bidder published on 30/04/2024 with: Procurement Ref. No: MMC724/Wrks/23-24/00010, Method of Procurement as Request for Quotation0, Best Evaluated Bidder (i.e. Lugasa Development Construction Co. Ltd.) , total contract price 33.282,340/=, display date as 26/04/2024 and removal date as 03/01/2024.

xiii) Submission of contract to the Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 34,000,000/=.

xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 34,000,000/=.

xv) Contract agreement present and signed on 15/01/2024 between Mukono MLG and M/s Bresco Consultancy and Construction Services Ltd. However, there were no contractor's ESMPs included.

xvi) Contract committee minutes relating to the procurement as viewed in Minutes of Meeting held

on 11/10/2023 under MMC.04.04.10.2023.

xvii) No correspondences between the procuring and disposing entity and the bidder(s).

xviii) No grievances nor complaints that needed resolution.

C.Periodic Maintenance of Nangunga - Ssi-Nansagazii

The following documents were present:under framework contract for supply of road materials

iii) Initiation of procurement requisition LG PP Form 1 with an estimated total cost of 56,000,000/= dated 02/07/2023.

iv) Contracts Committee approval of the procurement method, bidding document and evaluation committee 04/7/2023

v) Bidding document present with Procurement Ref. No.BUIK816/SPLS/23-24/00007 dated 5/7 /2023.

vi) Copy of published advertisement of shortlist dated 5/7 /2023.

vii) Record of issuance of bidding document to 2 bidders on 5/7 /2023.

viii) Record of receipt of bid Limited on 5/7 /2023.

ix) Record of opening of 1 bid from Isaki Limited on 5/7 /2023.

x) 1 copy of the bid was received from 1 bidder i.e. on 15/11/2023.

xi) Minutes of evaluation meetings dated 04/12/2023 and an evaluation report on LG PP Form 12 signed by 4 evaluation committee.

xii) Notice of best evaluated bidder published on 15/12/2023: Evaluated Bidder (i.e. M/s Felcon Limited), total contract price 55,779,542

xiii) Submission of contract to the Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 55,779,542/=.

xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 55,779,542/=.

xv) The contract agreement signed on 17/01/2024 between LG and M/s Felcon Limited), total contract price 55,779,542. However, there were no contractor's ESMP included.

xvi) Contract committee minutes relating to the procurement as viewed in Minutes

xvii) No correspondences between the procuring and disposing entity and the bidder(s)

xviii) No grievances or complaints that needed resolutions.

D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)

The following documents were present:

iii) Initiation of procurement made through LG PP Form 1 with estimated total costs of 112,000,000/= dated 27/06/2023.

iv) Contracts Committee approval of the procurement method, bidding document and evaluation committee through Minutes of Meeting held on 04/07/2023.

v) Bidding documents under Proc. Ref. No. Buik816/WRKS/23-24/00002.

vi) Copy of published advertisement of shortlist dated 05/07/2023.

vii) Record of issuance of bidding document to 3 bidders (i.e. Esisepi SMC Ltd, Sarhard Ltd and Ever Investment Ltd) on 11/07/2023.

viii) Record of receipt of bids from 1 bidder (i.e. Ever Investment Ltd) on 25/07/2023.

ix) Record of bid opening for 1 bidder (i.e. Ever Investment Ltd) on 25/07/2023.

x) 1 original and 2 copies of bids received from 1 bidder.

xi) Minutes of Meeting dated 04/08/2023. An Evaluation report on LG PP Form 46 signed by 5 evaluation committee members (i.e. Namayanja Susan, Mweru Sam, Nalule Noor, Resty Nakazibwe and Olara Dan) on 04/08/2023.

xii) Notice of best evaluated bidder published on 06/10/2023 with: Procurement Ref. No: Buik816/WRKS/23-24/00002, Method of Procurement as Open Domestic Bidding, Best Evaluated Bidder (i.e. M/s Ever Investment Limited), total contract price 110,690,136/=:, display date as 06/10/2023 and removal date as 20/10/2023.

xiii) Submission of contract to the Solicitor General was Not Applicable since the supply thresholds were below 200,000,000/= (i.e. 110,690,136/=:).

xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= (i.e. 110,690,136/=:).

xv) Contract agreement dated 23/10/2023 awarded to Ever Investment Ltd with contractor's ESMP included.

xvi) Contract committee minutes relating to the procurement as viewed in Minutes of Meeting held on 11/10/2023 under MMC.04.11.10.2023.

xvii) No correspondence between the procuring and disposing entity and the bidder(s).

xviii) No grievances or complaints that needed resolutions.

E. Construction of a Waterborne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/23-24/00006)

The following documents were present:

iii) Initiation of procurement requisition LG PP Form 1 with an estimated total cost of 65,000,000/= on 24/10/2023.

iv) Contracts Committee approval of the procurement method, bidding document and evaluation committee through Minutes of Meeting held on 26/11/2023.

v) Bidding document with Proc. Ref. No. Buik816/WRKS/23-24/00006 dated 27/11/2023.

vi) Copy of published advertisement of shortlist dated 27/11/2023.

vii) Record of issuance of bidding document to 4 bidders (Yolums Ltd on 10/12/2023, Abac Engineering & General Contractors Ltd on 11/12/2023, Lugasa Dev't Group Ltd on 11/12/2023 and Kano Building Contractors on 01/12/2023).

viii) Record of receipt of bids by 3 bidders (i.e. Yolums Ltd, Abac Engineering & General Contractors Ltd and Kano Building Contractors) on 18/12/2023.

ix) Record of opening of bids for 3 bidders (i.e. Yolums Ltd, Abac Engineering & General Contractors Ltd and Kano Building Contractors) on 18/12/2023.

x) 1 original and 2 copies of bids received 3 bidders (i.e. Yolums Ltd, Abac Engineering & General Contractors Ltd and Kano Building Contractors)

xi) Minutes of Meeting dated 19/12/2023 and an evaluation report on LG PP Form 46 with 4 evaluation committee members (i.e. Namayanja Suzan, Jonah Ssekoolya, Arthur Kayonga and Sekatuga Henry).

xii) Notice of best evaluated bidder published on 20/12/2023 with: Procurement Ref. No: Buik816/WRKS/23-24/00006, Method of Procurement as Open Domestic Bidding, Best Evaluated Bidder (i.e. M/s Yolums Limited), total contract price 64,709,996/=:, display date as 20/12/2023 and removal date as 05/01/2024.

xiii) Submission of contract to the Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 64,709,996/=:.

xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 64,709,996/=:.

xv) Contract agreement present and signed on 16/01/2024 between Buikwe DLG and M/s Yolums Ltd. However, there were no contractor's ESMP included.

xvi) Contract committee minutes relating to the procurement as viewed in Minutes of Meeting held on 20/12/2023 under Minute No. BDCC/12/2023/11 to consider the evaluation report for the project.

xvii) No correspondences between the procuring and disposing entity and the bidder(s).

xviii) No grievances nor complaints that needed

resolution.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

22 farmers partnered with Buikwe DLG to implement micro scale irrigation projects in the previous FY 2023/2024. Out of the 22 farmers, one farmer's procurement file was reviewed (i.e. Kyazze Gordon Cyprian) and the details are as listed below:

iii) Initiation of procurement requisition LG PP Form 1 for the Design, Supply and Installation of Micro Scale Irrigation equipment for 14 farmers under the micro scale irrigation program with an estimated total cost of 217,423,962/= dated 23/11/2023.

iv) Contracts Committee approval of the procurement method, bidding document and evaluation committee through Minutes of Meeting held on 22/03/2024 under Minute No. BDCC22/03/2024/07.

v) Bidding document present with Procurement Ref. No. Buik816/WRKS/23-24/00011 dated 29/11/2023.

vi) The published advertisement is Not Applicable since a pre-qualification list of suppliers was sent from MAAIF through memo dated 19/10/2023 from the Permanent Secretary with Buikwe DLG among Phase 1 DLGs distribution list. The list of pre-qualified equipment suppliers for Buikwe DLG were placed under cluster 2 (refer to Annex 1 of the memo).

vii) Record of issuance of bidding document to 8 bidders from 29/11/2023 to 18/12/2023.

viii) Record of receipt of bids from 8 bidders on 18/12/2023.

ix) Record of opening of 8 bids on 18/12/2023.

x) 1 copy each of the bid was received from 8 bidders on 08/12/2023.

xi) Minutes of evaluation meetings dated 12/01/2024 and an evaluation report on PP Form 46 signed by 4 evaluation committee members (i.e. Tilandekula Joseph, Rogers Babarande, Kyambadde Maurice, and Orupa Michael) on 03/01/2024.

xii) Notice of best evaluated bidder published on 12/01/2024 with: Procurement Ref. No: Buik816/WRKS/23-24/00011, Method of Procurement as Selective Domestic Bidding, Best Evaluated Bidder (i.e. M/S Waterfix Engineering U Ltd), total contract price 22,269,000/=:, display date as 12/01/2024 and removal date as 25/01/2024.

xiii) Submission of contract to the Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 22,269,000/=:.

xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 22,269,000/=:.

xv) The contract agreement signed on 29/05/2024 between Buikwe DLG and M/S Waterfix Engineering

U Ltd for the Design, supply and installation of a submersible solar powered horse irrigation system to Kyazze Gordon Cyprian. However, there were no contractor's ESMP included.

xvi) Contract committee minutes relating to the request to consider the evaluation report for the design, supply and installation of Micro scale irrigation systems to selected farmers as viewed in Minutes of Meeting held on 12/01/2024 under Minute No. BDCC/01/2024/19.

xvii) No correspondences between the procuring and disposing entity and the bidder(s)

xviii) No grievances or complaints that needed resolutions.

Conclusion

All 6 sampled projects had complete project files except for the absence of the approved procurement plan and contract committee members (from July to September 2023) during the time of the assessment.

8

Evidence that the previous FY Procurement Plan included specific timelines for completing the outlined activities, and that the LG adhered to these established timelines.

From the PDU obtain the procurement plan and procurement files.

- Review the timelines outlined in the Procurement Plan.
- Review the procurement files to confirm the dates on which the specified activities were carried out and completed.

Score 4 if the timelines were specified in the procurement plan and the LG adhered to these guideline otherwise score 0

There was no comparison made between the procurement plan and the actual project timelines since the approved annual procurement plan was not present during the time of the assessment.

0

Contract management

9

a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)

From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:

From LG Engineer obtain project management files.

There is no evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures).

Six projects were sampled from 5 sub-programs (i.e. Education, Health Works, Water and Micro scale irrigation). There was no infrastructure project implemented under the production sub-program in the previous FY. The projects with their findings are described in detail below:

A. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S

b) Evidence that the Project Manager during project implementation

- Check for
- Compulsory approvals

0

wrote site instructions and the contractor implemented these site instructions

Verify if compulsory approvals were issued score 2 else score 0

c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover

d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period

e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor

There were no materials tests nor critical stage approvals present for this project by the time of the assessment.

B. Construction of a Maternity Phase 1 at Makindu HC II

There were no materials tests nor critical stage approvals present for this project by the time of the assessment.

C. Periodic Maintenance of Nangunga - Ssi-Nansagazi

There were no materials tests nor critical stage approvals present for this project by the time of the assessment.

D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)

The following compulsory approvals were given as listed below:

Instruction no. 01 issued to the contractor on 16/01/2024 to:

1. Proceed with site clearance
2. Excavate and fill the excavated materials accordingly.

Instruction no. 02 issued to the contractor by the Project Supervisor on 16/01/2024 to:

1. Proceed with site excavation of trenches and cast the foundation concrete as to specification.
2. Excavate and fill the excavated materials accordingly.

Instruction no. 03 issued to the contractor by the Project Supervisor on 31/10/2024 to:

1. Proceed with slab casting.
2. Proceed with backfilling accordingly.

Instruction no. 04 issued to the contractor by the Project Supervisor on 24/10/2024 to:

1. Proceed with wall and frame as to specifications and drawings.

Instruction no. 05 issued to the contractor by the Project Supervisor on 24/10/2024 to:

1. Proceed with roof works accordingly as to specifications

Instruction no. 06 issued to the contractor by the Project Supervisor on 08/04/2024 to:

1. Proceed with finishes.
2. Proceed with doors and windows according to specifications and drawings.

E. Construction of a Waterborne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/23-24/00006)

The following compulsory approvals were given as listed below:

Instruction no. 01 issued to the contractor on 16/01/2024 to:

1. Proceed with site clearance and setting out for the structure.
2. Excavate and fill the excavated materials accordingly.

Instruction no. 02 issued to the contractor on 19/01/2024 to:

1. Proceed with plinth walling as to specifications.

Instruction no. 03 issued to the contractor on 31/01/2024 to:

1. Proceed with slab casting and treating of plinth wall as to specifications.

Instruction no. 04 issued to the contractor on 13/02/2024 to:

1. Proceed with plinth wall as to specification.
2. Proceed with construction of septic tank as to specification.

Instruction no. 05 issued to the contractor on 27/02/2024 to:

1. Proceed with roofing as to specification.
2. Proceed with casting of slab to septic tank accordingly.

Instruction no. 06 issued to the contractor on 03/04/2024 to:

1. Proceed with finishes as to specification.
2. Proceed with doors and vent filling according to specification.
3. Proceed with mechanical fixtures and note the changes on the location of the wash hand basins from external to internal.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

There were no compulsory approvals present for this project by the time of the assessment.

Conclusion

4 out of 6 projects had no compulsory approvals nor materials testing results during the time of assessment.

a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)

From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:

From LG Engineer obtain project management files.

There is no evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions.

25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from 5 sub-programs (i.e. Education, Health Works, Water and Micro scale irrigation). There was no infrastructure project implemented under the production sub-program in the previous FY. The

<p>b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions</p> <p>c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover</p> <p>d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period</p> <p>e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor</p>	<p>Check for</p> <ul style="list-style-type: none"> • Written Site instructions <p>Verify if written site instruction were issued and there is evidence of their implementation score 2 else score 0</p>	<p>projects with their findings are described in detail below:</p> <p><u>A.Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S</u></p> <p>There were written site instructions present f,or this project with the following dates:24/10/23,30/10/23.9/11/23,11/10/23.30/11/23 Verification of these instructions was done in the final report dated 18/01/2024.</p> <p><u>B. Construction of a Maternity Phase 1 at Makindu HC III</u></p> <p>There were written site instructions present for this project with verification of these instructions in done in the final report</p> <p><u>C.Periodic Maintenance of Nangunga - Ssi-Nansagazi</u></p> <p>Not applicable for the force account operations</p> <p><u>D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)</u></p> <p>There were written site instructions signed by the Project Supervisor and the Contractor present for this project with the following dates: 16/01/2024, 24/10/2023 and 07/11/2023. As per the final inspection report prepared by the Project supervisor and approved by the DE on 06/05/2024, all site instructions were implemented by the contractor.</p> <p><u>E. Construction of a Waterborne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/23-24/00006)</u></p> <p>There were written site instructions present for this project dated 16/01/2024 and 13/02/2024. As per the final inspection report prepared by the Project supervisor and approved by the DE on 04/06/2024, all site instructions were implemented by the contractor.</p> <p><u>F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)</u></p> <p>There were no written site instructions present for this project during the time of assessment.</p> <p>Conclusion</p> <p>5 out of 6 sampled projects had written site instructions. This item of the indicator was not applicable to Force Account projects.</p>
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<p>a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical,</p>	<p>From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:</p> <p>From LG Engineer</p>	<p>There was evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover.</p> <p>25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled</p>
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electrical and plumbing fixtures)	obtain project management files.	from 5 sub-programs (i.e. Education, Health, Water, Micro Scale Irrigation and Works). There was no infrastructure project implemented under the production sub-program in the previous FY. The projects with their findings are described in detail below:
b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions	<p>Check for</p> <ul style="list-style-type: none"> • Snag list • Final Completion Certificate including approvals from Environment Officer and DCDO. 	<u>A. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S</u>
c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover	Verify if the project manager has compiled a snag list and instructed the contractor to correct all defects and ensured that the contractor has indeed corrected all defects before issuing the final completion certificate. Score 2 if all requirements are met; otherwise, score 0.	There was no snag list prepared for this project since all works were done to the project Manager's satisfaction as viewed in final progress report prepared during the submission of the Substantial Completion payment certificate.
d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period		<u>B. Construction of a Maternity Phase 1 at Makindu HC III</u>
e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor		There was no snag list prepared for this project since all works were done to the project Manager's satisfaction as viewed in final progress report prepared during the submission of the Substantial Completion payment certificate.
		<u>C. Periodic Maintenance of Nangunga - Ssi-Nansagazi</u>
		There was no snag list for the Force account intervention, since it was not applicable.
		<u>D. Construction of a 2 in 1 Staff House at Kiwungi P/S (MMC724/WRKS/23-24/00005)</u>
		There was no snag list prepared for this project since all works were done to the project Manager's satisfaction as viewed in final progress report dated 06/05/2024 compiled by the Supervisor of works (Olara Johnson) and approved by the District Engineer (Seguya Fred). There was a certificate of substantial completion signed by the District Engineer and the CAO on 06/05/2024. There was also a Substantial Completion payment certificate prepared and signed on 06/05/2024 by the Engineering Assistant (Olara Dan), DE (Seguya Fred), on 08/05/2024 by DEO (Musasizi), on 27/05/2024 and by the CAO (Mulondo Robert) on 27/05/2024 with an amount of 21,572,069/= including approvals from the Environment Officer (Nakiri Sarira) on 09/05/2024 and DCDO (Bulenga Milly) dated 06/05/2024 as viewed on the certificate.
		<u>E. Construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/2023-24/00006)</u>
		There was no snag list prepared for this project since all works were done to the project Manager's satisfaction as viewed in final progress report dated 04/06/2024 compiled by the Supervisor of works (Olara Johnson) and approved by the District Engineer (Seguya Fred). There was a certificate of substantial completion signed by the District Engineer and the CAO on 04/06/2024. There was also a Substantial Completion payment certificate prepared and signed on 04/06/2024 by the Engineering Assistant (Olara Dan), DE (Seguya Fred), DWO (Arthur Kayaga) and by the CAO

(Mulondo Robert) with an amount of 17,916,722/= including approvals from the Environment Officer (Nakiri Jazira) and DCDO (Bulenga Milly) dated 04/06/2024 as viewed on the certificate.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

There was no snag list prepared for this project since all works were done to the project Manager's and farmer's satisfaction as viewed in the farmer's acceptance of the Micro scale irrigation system form report dated 28/07/2024 (under Farmer unique ID number BUI/2024-04-04/M/75637) signed by the Equipment supplier (i.e. Waterfix Engineering Ltd), Technician Buikwe DLG (i.e. Wanje Devis) and the farmer (i.e. Cyprian Gordon Kyazze). There was also a Certificate of Substantial Completion signed on 12/06/2024 by the SAO (Tilandekula Joseph), DPO (Vincent Kayanja) and by the CAO (Mulondo Robert) on 13/06/2024. There was also a funds requisition Form 19 dated 12/06/2024 with an amount of 22,669,000/= prepared by the SAE (i.e. Tilandekula Joseph) and signed by the DPO (i.e. Vincent Kayaga) on 12/06/2024, CFO (i.e. Kalule Paul) on 14/06/2024 and the CAO (i.e. Mulondo Robert) on 13/06/2024. However, there were no approvals from the Environment Officer and DCDO present during the time of assessment.

Conclusion

All 5 sampled projects had no snag lists since all works were done to the project Managers' satisfactions as viewed in the progress reports and this item of the indicator was not applicable to Force Account projects.

a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)	<p>From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:</p> <p>From LG Engineer obtain project management files.</p>	<p>During assessment, the Budget Performance Report was obtained to establish implemented projects in FY 2023/24, signed contract agreements to clearly establish stipulation of clauses of payment of retention and duration of defects liability period. Final completion certificates for completed projects were equally reviewed to establish expiry of defects liability period. From the budget Performance Report, the following projects were constructed using the different grants.</p>
b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions	<p>Check for</p> <ul style="list-style-type: none"> • Final Completion Certificate including approvals from Environment Officer and DCDO. • Payment vouchers 	<p>Using the Discretionary Development Equalization Grant (DDEG) and the Transition Development Grant the LG undertook the construction of the District Administration Block phase II. The LG also constructed a staff house at Kasubi Health Centre III. The LG equally constructed a lined VIP pit latrine.</p>
c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover	<p>Verify if the project manager paid the contractor the retention fund after the defects liability period. Score 2 if the requirements was met; otherwise, score 0</p>	<p>The Primary Health Care (PHC) Grant was utilized with the construction of a maternity ward phase I at Makindu HC III</p> <p>Using the School Facilitation Grant (SFG) the LG undertook the construction of a two in one classroom block with lightening arresters at Kyanja Public Primary School. The construction of a 5-stance VIP latrine at St. Cornelius Secondary School, construction of a two-unit staff house at Kiwungi Primary School, maintenance works of 2-classroom block with office at Nkokonjeru Boys Primary School. Maintenance works of two classroom block at Ssabawali Primary School and maintenance at Ssugu seed secondary school.</p>
d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period		<p>In water sub-programme, using the DWSC grant the LG undertook the extension of piped water supply from Ssi water system to Ssugu, Binga and Luka villages. The construction of public water toilet at Kasubi village and drilling of four (04) boreholes. Under Micro-Scale Irrigation, the LG undertook installation of Micro-scale irrigation equipments. From the signed contract agreements between contractors/installers and the Local Government, it was clear that all construction projects had a defects liability period of 180 days.</p>
e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor		<p>All implemented and completed projects were still within the defects liability period. Positive to note the LG had not paid any of the contracts and equipment installation companies retention money as a safeguard in case of any defects identified.</p>

a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project management files.	There is no evidence that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract and that certificates were issued to the contractor
b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions	<ul style="list-style-type: none"> • Meeting Schedules • Minutes of site meeting • Minutes of project handover to the client • Final Completion Certificate including approvals from Environment Officer and DCDO. 	25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from 5 sub-programs (i.e. Education, Health, Water, Micro Scale Irrigation and Works). There was no infrastructure project implemented under the production sub-program in the previous FY. The projects with their findings are described in detail below
c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover	Verify if: <ul style="list-style-type: none"> • The site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract 	<p><u>A. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S</u></p> <p>There was no meeting schedule available at the time of the assessment. However, the details of the project's progress were documented in the progress reports dated 6/01/2023, 22/01/2023, and 31/01/2023. A Substantial Completion payment certificate was prepared and signed on 18/01/2024 by the Engineering Assistant, Olara Dan, and the District Engineer, Seguya Fred</p>
d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period	<ul style="list-style-type: none"> • There was a Project hand-over to the client • Completion certificates were issued to the contractor 	<p><u>B. Construction of a Maternity Phase 1 at Makindu HC III</u></p> <p>.There was no meeting schedule present during the time of assessment,</p> <p><u>C.Periodic Maintenance of Nangunga - Ssi-Nansagazi</u></p> <p>Not applicable</p>
e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor	Score 2 if all requirements are met; otherwise, score 0.	<p><u>D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)</u></p> <p>There was a Substantial Completion payment certificate prepared and signed on 06/05/2024 by the Engineering Assistant (Olara Dan), DE (Seguya Fred), on 08/05/2024 by DEO (Musasizi), on 27/05/2024 by the CAO (Mulondo Robert) with an amount of 21,572,069/= including approvals from the Environment Officer (Nakiri Sarira) on 09/05/2024 and DCDO (Bulena Milly) dated 06/05/2024 as viewed on the certificate. However, there were no minutes of site nor a meeting schedule present for this project during the assessment.</p> <p><u>E. Construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/23-24/00006)</u></p> <p>There were minutes of meeting dated 26/03/2024, 09/04/2024, 28/05/2024 . There was also a certificate of substantial completion signed by the District Engineer and the CAO on 04/06/2024. There was also a Substantial Completion payment certificate prepared and signed on 04/06/2024 by the Engineering Assistant (Olara Dan), DE (Seguya Fred), DWO (Arthur Kayaga) and by the CAO (Mulondo Robert) with an amount of 17,916,722/= including approvals from the Environment Officer (Nakiri Jazira) and DCDO (Bulenga Milly) dated</p>

04/06/2024 as viewed on the certificate. However, there was no meeting schedule present during the time of assessment.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

There was a Certificate of Completion payment certificate signed on 12/06/2024 by the SAO (Tilandekula Joseph), DPO (Vincent Kayanja) and by the CAO (Mulondo Robert) on 13/06/2024. There was also a funds requisition Form 19 dated 12/06/2024 with an amount of 22,669,000/= prepared by the SAE (i.e. Tilandekula Joseph) and signed by the DPO (i.e. Vincent Kayanja) on 12/06/2024, CFO (i.e. Kalule Paul) on 14/06/2024 and the CAO (i.e. Mulondo Robert) on 13/06/2024. However, there was no meeting schedule nor minutes of meetings present for this project by the time of the assessment.

Conclusion

Only 1 out of 5 sampled projects had no minutes of site meetings present during the assessment. All 5 sampled projects had no meeting schedules present during the time of assessment. This item of the indicator is not applicable to the Force Account project.

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- a) Evidence that joint measurements were effectively conducted (admeasurement contracts)/works done verified (for lumpsum contracts) in terms of both quality and quantity and signed by the Project Manager and the contractor before works are certified.
- b) Evidence of either no advance payment or provision of a performance and advance payment guarantee before obtaining advance payment
- c) Evidence that the project was implemented as per work schedule and completed within original completion date
- d) Evidence that the LG developed a work schedule, displayed it, and reported on physical progress as per the work
- From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:
- From LG Engineer obtain project files
- Check for
- Evidence of joint measurement sheet/work verification
- Verify that joint measurements were effectively conducted for admeasurement contracts or that works were verified for lump sum contracts in terms of both quality and quantity. Ensure that the verification is signed by the Project Manager and the contractor before the works are certified.
- Score 2 if the requirements were met; otherwise, score 0.

There is no Evidence that joint measurements were effectively conducted /works done verified in terms of both quality and quantity and signed by the Project Manager and the contractor before works are certified.

25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from 5 sub-programs (i.e. Education, Health, Water, Works and Micro scale Irrigation). There was no infrastructure project implemented under the production sub-program in the previous FY. The projects with their findings are described in detail below:

A. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S

There was no evidence present by the time of assessment of joint measurement sheet/work verification done by both the Contractor and Project Manager for all the payment certificates for this project.

B. Construction of a Maternity Phase 1 at Makindu HC III

There was no evidence present by the time of assessment of joint measurement sheet/work verification done by both the Contractor and Project Manager for all the payment certificates for this project..

C.Periodic Maintenance of Nangunga -

There was no evidence present by the time of assessment of joint measurement sheet/work

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schedule and that there is no contract variation or variations in contract price for infrastructure investments for the previous FY were approved as per procedures (either within the threshold).

verification done by both the Contractor and Project Manager for all the payment certificates for this project.

D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)

There was no evidence present by the time of assessment of joint measurement sheet/work verification done by both the Contractor and Project Manager for all the payment certificates for this project.

E. Construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/23-24/00006)

There was no evidence present by the time of assessment of joint measurement sheet/work verification done by both the Contractor and Project Manager for all the payment certificates for this project.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

A joint work verification report was prepared and signed as viewed on the farmer's acceptance of the Micro scale irrigation system form report dated 28/07/2024 (under Farmer unique ID number BUI/2024-04-04/M/75637) signed by the Equipment supplier (i.e. Waterfix Engineering Ltd), Technician Buikwe DLG (i.e. Wanje Devis) and the farmer (i.e. Cyprian Gordon Kyazze).

Conclusion

Only 1 out of 6 sampled projects had joint measurement sheets signed by the contractor and the Project Manager.

a) Evidence that joint measurements were effectively conducted (admeasurement contracts)/works done verified (for lumpsum contracts) in terms of both quality and quantity and signed by the Project Manager and the contractor before works are certified.

b) Evidence of either no advance payment or provision of a performance and advance payment guarantee before obtaining advance payment

c) Evidence that the project was implemented as per work schedule and completed within original completion date

d) Evidence that the LG developed a work schedule, displayed it, and reported on physical progress as per the work schedule and that there is no contract variation or variations in contract price for infrastructure investments for the previous FY were approved as per procedures (either within the threshold).

From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:

From LG Engineer obtain project files

Check for

- Evidence of Performance Guarantee

Verify that either no advance payment or provision of a performance and advance payment guarantee before obtaining advance payment. Ensure that the advance payment guarantee was verified by the bank. Score 2 if the requirements were met; otherwise, score 0.

During assessment, it was established that there was no advance payment made to contractors. All contracts signed between the LG and contractors had clauses of payment as per certificates issued. Contractors were only paid after interim certificates or final completion certificates.

a) Evidence that joint measurements were effectively conducted (admeasurement contracts)/works done verified (for lumpsum contracts) in terms of both quality and quantity and signed by the Project Manager and the contractor before works are certified.

b) Evidence of either

From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:

From LG Engineer obtain project files

Check for

- Start and completion date in the contract

There is no evidence that the projects were implemented as per work schedule and completed within original completion date.

25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from 5 sub-programs (i.e. Education, Health, MSI, Water and Works). There was no infrastructure project implemented under the production sub-program in the previous FY. The details are described below:

A. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S

no advance payment or provision of a performance and advance payment guarantee before obtaining advance payment	compared to actual completion date.	The planned start date was 24/10/2023 and the completion date was 30/06/2024. The actual start date was 24/10/2023 and completion date was 30/06/2024. Therefore, the project was completed within the original completion time.
c) Evidence that the project was implemented as per work schedule and completed within original completion date	Verify if the project was implemented as per work schedule and completed within the original completion date. Score 2 if the requirements were met; otherwise, score 0.	<u>B. Construction of a Maternity Phase 1 at Makindu HC III</u> The planned start date was 15/5/2024 and the completion date was 30/06/2024. The actual start date was 30/5/2024 and completion date was 30/06/2024. Therefore, the project was completed within the original completion time.
d) Evidence that the LG developed a work schedule, displayed it, and reported on physical progress as per the work schedule and that there is no contract variation or variations in contract price for infrastructure investments for the previous FY were approved as per procedures (either within the threshold).		<u>C.Periodic Maintenance of Nangunga - Ssi-Nansagazi</u> The planned start date was 15/10/2023 and the completion date was 30/06/2024. The actual start date was 30/10/2023 and completion date was 30/06/2024. Therefore, the project was completed within the original completion time.
		<u>D. Construction of a 2 in 1 Staff House at Kiwungi P/S(Buik816/WRKS/23-24/00002)</u> The planned start date was 24/10/2023 and the completion date was 24/04/2024. The actual start date was 24/10/2023 and completion date was 06/05/2024. Therefore, the project was not completed within the original completion time.
		<u>E. Construction of a Water Borne Toilet at Kasubi Trading Center in Buikwe Sub County(Buik816/WRKS/23-24/00006)</u> The planned start date was 26/01/2024 and the completion date was 26/05/2024. The actual start date was 26/01/2024 and completion date was by 04/06/2024. Therefore, the project was not completed within the original completion time.
		<u>F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)</u> The planned start date was 29/05/2024 and the completion date was 30/06/2024. The actual start date was 29/05/2024 and completion date was 12/06/2024. Therefore, the project was completed within the original completion time.

Conclusion

2 out of 6 sampled projects were not completed within the original completion time.

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a) Evidence that joint measurements were effectively conducted (admeasurement contracts)/works done verified (for lumpsum contracts) in terms of both quality and quantity and signed by the	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project files Check for
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There is no evidence that the DLG developed a work schedule, displayed it, and reported on physical progress as per the work schedule.

25 infrastructure projects were implemented in the previous FY from which 6 projects were sampled from 5 sub-programs (i.e. Education, Health, Water, Micro Scale Irrigation and Works). There was no infrastructure project implemented under the production sub-program in the previous FY. The details are as described below:

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Project Manager and the contractor before works are certified.

b) Evidence of either no advance payment or provision of a performance and advance payment guarantee before obtaining advance payment

c) Evidence that the project was implemented as per work schedule and completed within original completion date

d) Evidence that the LG developed a work schedule, displayed it, and reported on physical progress as per the work schedule and that there is no contract variation or variations in contract price for infrastructure investments for the previous FY were approved as per procedures (either within the threshold).

- Work Schedule
- When payment was made as compared to invoice date
- Original and amended contract where there is a variation.

Verify if the:

i. That the LG developed a work schedule, displayed it and reported on physical progress as per the work schedule.

ii. That there is no contract variation or variations in contract price for infrastructure investments for the previous FY were approved as per procedures (either within the threshold)

Score 2 if the requirements (i) and (ii) were met; otherwise, score 0.

A. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S

The planned start date was 24/10/2023 and the completion date was 30/06/2024. The actual start date was 24/10/2023 and completion date was 30/06/2024. Therefore, the /project was completed within the original completion time. The Contractor Ms Fata Investments Ltd submitted the claim on 07/05/2024 of 4,406,192/-

B. Construction of a Maternity Phase 1 at Makindu HC III

There was schedule of works present .The planned start date was 15/05/2024 and the completion date was 30/06/2024. The actual start date was 15/05/2024 and completion date was 30/06/2024. Therefore, the /project was completed within the original completion time

C. Periodic Maintenance of Nangunga - Ssi-Nansagazi

There was schedule of works present. The planned start date was 15/02/2024 and the completion date was 30/06/2024. The actual start date was 30/02/2024 and completion date was 30/06/2024. Therefore, the /project was completed within the original completion time

D. Construction of a 2 in 1 Staff House at Kiwungi P/S (Buik816/WRKS/23-24/00002)

1. There was **no schedule of works** present for this project during the time of assessment hence no work progress reported.
2. There was **no variation** in the contract. Work was executed as per the contract sum.
3. The **1st certificate of payment** was not present during the time of assessment.
4. The contractor (Ever Investment Limited) submitted his claim for the **2nd payment** on 22/01/2024 and a payment certificate was prepared and signed by the Engineering Assistant, District Engineer, DCDO, EO, DEO and CAO on 23/01/2024 with an amount of 28,023,632/=. The EFT payment done on 27/02/2024 hence the payment was made within the 28 days stipulated in the contract.
5. The contractor (Ever Investment Limited) submitted his claim for the **3rd/final payment** on 22/04/2024 and the 3rd/final payment certificate was prepared by the Engineering Assistant and on 06/05/2024 with an amount of 21,572,069/=. The EFT payment was done on 13/06/2024 hence the payment was not done within the 28 days stipulated in the contract.
6. The project had an original contract dated 23/10/2023 with a value of 110,690,136/=.

E. Construction of a Waterborne Toilet at Kasubi Trading Center in Buikwe Sub County (Buik816/WRKS/23-24/00006)

1. There was a **schedule of works** with a commencement date of 16/01/2024 and completion date of 30/06/2024 and work

progress was reported as per the work schedule.

2. There was **no variation** in the contract. Work was executed as per the contract sum.
3. The contractor (Yolums Limited) submitted his claim for the **1st payment** on 17/04/2024 and valuation was done for the payment certificate by the District Engineer on 17/04/2024 with an amount of 40,432,000/=. The EFT payment was done on 16/05/2024 hence the payment was done beyond the 28 days stipulated in the contract.
4. The contractor (Yolums Limited) submitted his claim for the **2nd payment** on 04/06/2024 and valuation and approval was done for the payment certificate by the: Engineering Assistant, DE, DWO, CAO, EO and CDO on 04/06/2024 with an amount of 17,916,722/=. The EFT payment was done on 11/07/2024 hence the payment was done beyond the 28 days stipulated in the contract.
5. The project had an **original contract** dated 16/01/2024 with a value of 64,709,996/=.

F. Supply and Installation of Irrigation Equipment for Mr. Kyazze Gordon (Buik816/WRKS/23-24/00029)

1. There was a **schedule of works** with a commencement date of 29/05/2024 and completion date of 30/06/2024 and work progress was reported as per the work schedule.
2. There was **no variation** in the contract. Work was executed as per the contract sum.
3. The contractor (Waterfix Engineering U Ltd) submitted his **claim for payment** on 12/06/2024. A requisition was then raised by the SAE using the Funds requisition Form 19 on 12/06/2024 and signed by the DPO on 12/06/2024, the CFO on 14/06/2024 and the CAO on 13/06/2024. The EFT payment was done on 11/07/2024 hence the payment was done beyond the 28 days stipulated in the contract.
4. The project had an **original contract** dated 29/0/2024 and a value of 22,669,000/=.

Conclusion

There is no consistency in the payment schedule some payments being made beyond the stipulated 26 days.

Effective mobilisation and management of financial resources

Evidence that the LG realised an increase in OSR (excluding one/off, e.g., sale of assets, but including arrears collected in the year) from the previous FY but one to the previous FY, and evidence that the LG remitted the mandatory LLG share of local revenues during the previous FY not more than 10 days after cash limit release.

From the Chief Finance Officer, obtain a copy of the final accounts for the previous two years,

- Calculate the percentage increase in OSR,
- Ascertain the percentage of the mandatory LLG share of local revenues during the previous financial year,
- Calculate the percentage of the LLG remitted

From CFO obtain invoices and vouchers to ascertain when LG revenue was received and remitted.

Verify if:

i. If the increase in OSR (excluding one/off, e.g. sale of assets, but including arrears collected in the year) from the previous FY but one to the previous FY was more than 5%

ii. If the LG remitted the mandatory LLG share of local revenues during the previous financial year not more than 10 days after the cash limit release

If the LG complies to (a) and (b) score 2 or else 0.

i) Obtained and reviewed was the final accounts ending June 2023 (for FY 2022/23) and ending June 2024 for FY 2023/24. It was established that the actuals as at 30th June 2023 was UGX 449,688,540 while as at 30th June 2024 it was UGX 634,863,773. This represented 29% OSR increment between the two financial years under review.

ii) The LG fell short at remitting the mandatory Lower Local Government share. Presented and reviewed was remittances to the seven (07) Lower Local Governments comprising the district. These include the three Town Councils of Buikwe, Kiyindi and Nkokonjeru Town Councils. There was proof that Kiyindi and Nkokonjeru obtained 100% remittances from collected revenue in the month of May FY 2023/24. It was however, established that Buikwe Town Council received UGX 9,462,549 out of expected UGX 932,500 as per sharing formular. (This included top-up of the LG pledge to the Town Council for construction of the Town Council headquarters) Failure to comply with mandatory share was also noticed with the sub-counties of Ngogwe and Buikwe in the month of May FY 2023/24 where UGX 100,000 and 396,000 was collected respectively however, no remittance was made sighting 100% utilization of their respective budgets due to: a) under budgeting and b) getting unexpected one-offs by the LLGs during the FY.

In conclusion, this indicator applies the forfeiture principle and therefore the LG having failed on mandatory sharing percentages scores a zero.

Evidence that the LG used all the development grants as per the grant guidelines and the eligible items in the respective investment menu score 2	Obtain Budget performance reports from the Chief Finance Officer to ascertain the Development grants transferred to LGs during the previous FY	From the Budget Performance reports, it was established that the LG received the following transfers as development grants.
	From the budget website and/or MDAs obtain and review the respective grant guidelines focusing on the Investment Menu	Under DDEG the LG had a transfer of UGX 259,632,000. Implemented projects using the grant included phased construction of Buikwe administration block, completion of staff house at Kasubi HC III, construction of a lined VIP pit latrine at Kawolo hospital. According to the DDEG Budget, Grant and Implementation Guidelines all the executed projects were in conformity with the LG mandated services and eligible activities.
	Determine whether all development grants in the previous FY were spent on the eligible items in the respective investment menu.	In education sub-programme the LG had a transfer of UGX 355,499,051 under the School Facilitation Grant (SFG) The grant was used for construction of 2 in 1 classroom block with lightening arrestors with a ramp at Kyanja Primary School, construction of 5 VIP stance latrine at St.Cornelius Kalagala SS and Construction of 2-unit staff house at Kiwungi Primary School in Ssi. Review of the Ministry of Education and Sports planning, budgeting and implementation guidelines, 10% is met for investment Servicing Costs
	If the LG used all of the development grants per the grant requirements and the eligible items in the respective investment menu, score 2 or else 0.	Using the District Water and Sanitation Conditional Grant the LG received a development grant of UGX 553,487,481. The funds were used for construction of water extension of Ssi Water system to Suggu, Binga and Luka villages, construction of public water borne toilet in Buikwe sub-county, drilling of four (04) boreholes rehabilitation of 28boreholes in four sub-counties. These were all eligible funding items under the investment menu of the grant guidelines.
		From the Production, Micro-Scale Irrigation development Grant (UgIFT) the LG had UGX 512,393,220 and the funds were utilized through supply and installation of irrigation equipments to beneficiary/host farmers that had fully met their respective co-funding obligations. A total of 22 farmers obtained installations ranging from drag hosepipe system (solar), Sprinkler and drip system (solar)
		The LG utilized the road rehabilitation development grant of UGX 1,000,000,000 to do bush clearing, grabbing, grading, reshaping, culvert installation and spot gravelling of selected roads including Kidokolo-Mubeeya 8kms, Kikusa-Nanti-Namaseke road 10kms, Buikwe-Najjembe 3kms, Nangunga-Ssi-Nansagazi 23kms, Kawomya-Ssenyi road 9.5kms. These works were in line with the guidelines.

Evidence that the LG produced an annual audit plan and quarterly internal audit reports, the LG PAC discussed internal and external audit issues and reported to the district chairperson or Mayor, and the LG resolved audit issues identified by internal and external audits.	<p>From the Internal Auditor, obtain an audit plan and audit reports to verify the timely production of internal audit reports.</p> <p>Obtain minutes of LG PAC to establish whether they have discussed both internal and external issues and made recommendations to the Accounting officer.</p> <p>From CFO, Obtain reports on the implementation of audit recommendations.</p> <p>Verify If the LG:</p> <p>i. Produced an annual audit plan and quarterly internal audit reports within two months of the end of the quarter,</p> <p>ii. The LG PAC discussed internal and external audit issues and reported to the district chairperson or Mayor , and</p> <p>iii. The LG resolved at least 80% of audit issues identified by internal and external audits (due audit recommendations are implemented)</p> <p>If the requirements (i) to (iii) are met score 2 or else 0.</p>	<p>i) The LG had an annual audit plan submitted to Office of the Internal Auditor General (OAG) Ministry of Finance Planning and Economic Development (MoFPED) on 1st/06/2023. The major concern however was the LG was not involved in passing the annual plan at the regional level. They proposed need for more involvement to avoid making the exercise a ritual. There was evidence of submission of quarterly internal audit reports as indicated below;</p> <p>Quarter one report submitted on 30th/10/2023</p> <p>Quarter two report submitted on 31st/01/2024</p> <p>Quarter three report submitted on 9th/05/2024</p> <p>Quarter four report submitted on 30th/07/2024</p> <p>ii) There was evidence the Local Government Public Accounts Committee (LG PAC) discussed internal audit issues however, all the presented LG PAC minutes had no caption of external audit issues. It was also established that the Committee reported to the District Speaker contrary to the Chairperson as required by the assessment indicator. LG PAC submitted on the following dates: in quarter one it was on the 23rd/10/2023, quarter two on the 17th/01/2024, quarter three on the 18th/04/2024 and fourth quarter on the 11th/10/2024. Highlight of discussed issues were those that were persistent in all quarters including; illegal sand mining especially in Goli ward Kiyindi Town Council, under supply of Mud fish fingerings, delayed completion of projects (phased construction of administration block and staff houses) and failure to submit staff appraisal on time.</p> <p>ii) Review of the Buikwe District Internal Audit status of implementation summary report, it was established that the LG implementation status of audit issues was at 72% in the FY under review. It is also important to note that some issues were only partially implemented.</p> <p>In conclusion therefore, the Audit functions of the LG had some identified gaps including failure to submit reports by the mandated statutory body to the right office. The LG sighted lacuna in law. There was no evidence external audit issues were discussed and the status of implementation of recommendations from LG PAC was below the threshold set in the assessment. The indicator applies the forfeiture principle.</p>
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Evidence that the LG has an unqualified audit opinion for the previous FY	<p>From the OAG, obtain and review audit opinions</p> <p>Verify if the LG has an unqualified audit opinion for the previous FY to score 2 or else 0</p>	This indicator will be assessed in January after the Office of the Auditor General has released the Audit Opinion.
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Evidence that the LG implemented all mitigation measures in the Environmental & Social Management Plans (ESMPs) for all Projects in the previous year as provided for in the Guidelines.

From DNRO/Environment Officer

- Obtain and review the Environmental & Social Management Plans (ESMPs) for all projects
- Sample projects (at least 3) to verify that the mitigation measures in the project ESMPs were implemented as reported.

If ALL the mitigation measures were implemented in 100% of the projects sampled score 2 or else 0.

All infrastructure projects of FY 2023/2024 (8 projects under Education, 4 projects under Health, 5 projects under Roads and engineering, Construction of Administration block Phase II, and Construction of a Gender-based Violence Center) had:

- ESMPs that were costed and stamped by both the District Environment officer and Community Development Officer
- Monitoring plans
- Project safeguards clearance report (Environment certificate)

It was also observed that all the 3 sampled projects mentioned below;

1. Construction of a 2 in-1-classroom block at Kyanja Primary School
2. Construction of a maternity ward phase 1 at Makindu Health Center III
3. Bush clearing, grading, reshaping, spot graveling and culvert installation done on Nangunga SSI-Nansahazi road)

1. All had ESMP reports that were stamped by both the CDO and Environment Officer, as evidenced by:

Dated **5th December 2023** for Construction of a 2-in-1 classroom block at Kyanja Primary School with an estimated cost of **9,700,000 Ugx**

Dated **24th October 2023** for the construction of a maternity ward phase 1 at Makindu Health Center III with an estimated cost of **2,000,000 Ugx**

Dated **30th October 2023** for the bush clearing, grading, reshaping, spot graveling and culvert installation done on Nangunga SSI-Nansahazi road with an estimated cost of **11,700,000 Ugx**

2. Monitoring reports were available for all 3 sampled projects, as evidenced by:

Monitoring reports for the Construction of a 2-in-1 classroom block at Kyanja Primary School that was stamped and dated by the District Environment Officer and Community Development Officer on **4th March 2024** and **17th/ and April/2024**

Monitoring report for the construction of a maternity ward phase 1 at Makindu Health Center III dated by the District Environment Officer and Community Development Officer on **4th /June/2024** and **25th/ October/2023**

Monitoring report for bush clearing, grading, reshaping, spot graveling and culvert installation done on Nangunga SSI-Nansahazi road dated by the District Environment Officer and Community Development Officer on **25th October 2023**

- **Had Environment certificates (project safe guards report)**
-
- Environment Certificate with certificate Number BDLG/ED/002/2023/2024 signed by the environmental officer and Community Development Officer dated **26th June 2024**

-
- **Construction of Maternity Ward Phase 1 at Makindu Health Center III**
- The Environment Certificate has not yet been issued since it's a phased project that is still under construction
-
- **Bush clearing, grading, reshaping, spot graveling and culvert installation done on Nangunga SSI-Nansahazi road**
- Environment Certificate with certificate Number BKWE/WKS/ROADS/001/2023/2024 signed by the environmental officer and Community Development Officer dated **26th June 2024**
- **Field verifications were observed as follows:**

Construction of a 2-in-1 classroom block at Kyanja Primary School

The issue of stormwater management was not addressed. Although the classroom was constructed, no gutters were installed, and the storage tank was not set up. Despite these critical omissions, the project was still considered complete. Without gutters, rainwater can accumulate around the foundation, leading to potential structural damage and weakening of the building over time.

Construction of Maternity Ward Phase 1 at Makindu Health Center III

1. Worker Safety

Not all workers had the necessary protective wear, such as safety boots, reflector jackets, and helmets. Some workers were seen wearing rain boots instead. This is contrary to the recommendations made in the Environmental and Social Management Plan (ESMP) by the District Environment Officer, which emphasized the importance of proper protective gear to mitigate accidents.

2. Improper Storage of Construction Materials

Construction materials, including bricks and gravel stones, were improperly stored in a sweet potato garden. The ESMP advised against this practice, recommending that the contractor store construction materials in a safe and designated environment to prevent contamination and damage.

3. Improper Disposal of Cement Bags

Cement bags were found improperly disposed of around the site. This is a violation of the proper waste management practices outlined in the ESMP, which stresses the importance of maintaining a clean and organized construction site to avoid environmental hazards.

Bush clearing, grading, reshaping, spot graveling and culvert installation done on Nangunga SSI-Nansahazi road

All activities in the ESMP were fully implemented

under this project

Conclusion

The LG **did not meet the requirements of this indicator** that calls for 100% ESMP implementation, therefore warranting for **a Zero Score**

Evidence that the LGs has constructed infrastructure projects where it has proof of land ownership/ right of way

From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY

From the LG Accounting Officer, obtain copy of the land titles, sale agreements and/or MOUs to establish whether all projects for the previous FY have proof of land ownership/ right of way

- If the LG has a title in the name of the LG or the Institution score 2

- If the LG has registered a sale agreement or MOU score 1

The budget Performance Report was presented and reviewed, a list of infrastructure investment by the Local Government in FY 2023/24 was obtained. It was clearly established that although there were attempts, not all infrastructure investments were on land where Buikwe District LG or the beneficiary facility had proof of land ownership in form of a land title or registered sale agreement or MoU. Notable investments that lacked proof of ownership included;

The construction of lined pit latrine at Kawolo Hospital at a cost of UGX 30,000,000 was implemented on land where the matter of rightful ownership was still in court between Kawolo Hospital & Metha versus the Kyagulanyi family registered as civil suit No. 194 of 2017

The construction of Maternity ward phase 1 at Makindu Health Centre III with investment cost of UGX 80,000,000 was implemented on land whose title was still under processing by the time of assessment. Sub-division by UNRA for Katosi-Nyenga Road. Reviewed was letter dated 19th/09/2022 for survey of Makindu HC III Land-Registered Mailo Block 356 Plot 180.

The investment of construction of two in one classroom block with lightening arrestors and ramp at Kyanja Public Primary School at a cost of UGX 92,844,760. Investigations in the status and ownership of land revealed that the title was still being processed as per letter date 11th/11/2021 addressed to CAO.

There was also tabled evidence as proof of land that could not meet the requirements of the assessment indicator for instance in the case of maintenance of two classroom blocks with office at Nkokonjeru Boys Primary School at a cost of UGX 35,326,260 the presented evidence of a letter dated 24th/10/2023 from the Parish Priest Our Land Queen of Apostles Nkokojeru Parish only acknowledge the school being under the church however, the land was registered under Lugazi Diocese not the facility as required by the indicator.

The sale agreements for example of Kiwungi Primary School as bonified tenants on Buganda Land Board Land (measuring approximately 5acres) was not registered as required by the assessment indicator. In conclusion therefore, the LG score a zero on this assessment indicator. Failure to have full ownership by the LG or beneficiary facilities undermines usability and possess sustainability challenges in the long run. Capital investments ought to be insulated from land grabbers and disputes.

Evidence of implementation of the Stakeholder Engagement Plan implemented in the previous FY

From the DCDO obtain and review;

- The approved Stakeholder Engagement Plans for the previous FY.

- Reports of implementation of the stakeholder Engagement Plan for the previous FY. To determine

- o The engagements held with stakeholder

- o Resolutions made

- o Actions taken

- o Outcomes of the actions

Note that reports should be in tandem with the SEP

If the above requirements are complied with score 2 or else 0.

There was **no evidence** of a stakeholder engagement implementation plan for FY23/24 and 24/25

There was **no evidence** of stakeholder engagement meetings for FYs 23/25 and 24/25

This Indicator is not being assessed this FY

Evidence that GRCs at project level are existent, functional and that the communities/workers have been sensitized about their existence and are using them

Review the GRCs at various projects to establish

i. They are as constituted as per the circular issued by MoGLSD in July 2023

ii. Evidence that grievances are recorded

iii. Evidence that the grievances that were received were acted upon

iv. Evidence that the GRC activities are funded

v. Evidence that the community/workers have been sensitized about the existence of the GRC

vi. Evidence that the GRCs have been trained on their roles and responsibilities

If the requirement (i) to (vi) above are complied with score 2 or else 0.

From the document review, the following findings were observed:

1. GRC Committees

Grievance Redress Committees (GRC) only existed at the District and Sub-county levels, with none at the project level. For example, among the 3 sampled projects, including Kyanja Primary School, the maternity ward phase 1 at Makindu Health Center III, and the road construction project, there were no GRCs. All grievance issues were being handled at the Subcounty and District levels, which contradicts the MGLSD Circular of July 2023.

2. Schedule of meetings (At least once a month) for the previous and current FY

1. There was no evidence of any meeting minutes documented during the time of the assessment
2. Minutes of community sensitization meetings for FYs 23/24 and FY 24/25
3. There was no evidence of any community sensitization meeting minutes documented during the time of the assessment

3. Training reports for GRC for FYs 23/24 and FY 24/25

1. There was evidence that GRCs at the Sub-county and district level were trained through training reports such as a GRC Sensitization report on **4th April 2024**
2. Record of grievances received from the community. (GRC Log) for the previous
3. The GRC log book was available at the district level, but the Sub-counties did not have log books, as all grievances were handled at the district level. Grievance issues were received and acted upon from **20th November 2023** to **16th October 2024**.

4. Evidence that GRCs are being Funded

1. No vouchers were seen during the document review that proves that the LG is funding any GRC activities
2. Training reports on grievance management for School Management Committees, Water User Committees, Boards of Government, Health Unit Management Committees
3. There was no evidence of any training reports for school management, water user committees, boards of Government, Health unit management committees

Conclusion

Since there was **no compliance** on proof of GRC Activity funding, minutes of community sensitizations, GRC log books at the project level, GRC committee members, and training reports for workers on GRCs. This therefore warrants a **zero score** since it's below the set threshold.

The LG shared key information with and responded to the issues raised by the councilors and citizens

From Clerk to Council find minutes of Council discussing the LG assessment report.

Sample 5 sites to establish display of relevant information

From the LG Planner, obtain minutes of Baraza and attendance lists to establish issues discussed

Radio Program Recordings

Obtain from the CFO the charge policy.

Check display of tax information on public notice boards

Verify that:

i. LG shared LGMSD PA results for the previous FY and how much the LG gained or lost regarding the size of the development grants based on performance results with the citizens through at least one of the following forms: barazas; radio; circulars and workshops

ii. The LG Council has discussed the LG Performance assessment results in Council and that the Accounting Officer has implemented the Council resolutions on the LG Performance Assessment

iii. The LG has placed site boards on all construction sites to display information regarding procurement and contract management including: the name of the project; the contractor; source of funding; expected

There was sufficient evidence to conclude that the LG shared key information with and responded to issues raised by the citizenry.

i) The LG through circulars shared and disseminated Local Government Management for Service Delivery (LGMSD) Performance Assessment results for FY 2022/23. Presented as evidence was circular dated 20th/09/2024 Ref.ADM/212/2 from the Chief Administrative Officer (CAO) addressed to District Chairperson, Resident District Commissioner (RDC), LC III Chairpersons, HoDs, LC III Chairpersons, Senior Assistant Secretaries (SAS) Superintendent Kawolo Hospital and Facility in-charges disseminating LG results for FY 2022/2023. Results indicated that the LG was 79 out of 176 LGs. The circular pointed out that due to improved performance under cross-cutting issues the LG got an increment of 64,269,000 under DDEG grant. Poor performance was registered in education and water leading to loss of UGX 111,889,000 and UGX 244,990,000 respectively. In addition to the disseminated circulars, the information was uploaded on the LG website: www.buikwe.go.ug. The report on radio talk show from the office of the communication officer dated 13th/06/2024 held on Bukedde FM on 10th/06/2024 pointed out decline in performance.

ii) There was evidence Buikwe District Council had discussed the LGMSD PA results. Reviewed were Council minutes of 17th session of 4th Buikwe District Council held on 19th/09/2024. Under MIN.COUG.70/19/09/2024: Presentation of LGMSD Assessment Results FY 2022/23 by Secretary for finance. Council tasked Heads of Departments and Sections to work hard since the assessment had implications on grant allocations. Council equally tasked CAO to conduct internal assessment and final assessment of LLGs to be within the submission deadline of 30th/09/2024 by Office of the Prime Minister. There was evidence that CAO implemented the resolutions of Council through: a) Internal assessment was conducted b) LLG assessment finalized and submitted c) PIPs for poor performing departments (CAO directed PHRO through a letter dated 20th/09/2024) to develop PIPs and fast track the recruitment of the District Internal Auditor, Senior Inspector of Schools and two SAS in preparation for future assessments.

iii) During site inspection there is no evidence that the LG has placed site boards on all construction sites to display information regarding procurement and contract management including: the name of the project; the contractor; source of funding; expected duration (include start and end dates as well as calendar days) and location. Only 3 out of 6 projects had placed site boards on their construction sites i.e. Construction of 2 in Classroom Block with lightening arrestors with a ramp at Kyanja P/S, Construction of a Marteniny ward Phase 1 at Makindu HC III, Periodic Maintenance of Nangunga - Ssi-Nansagazi (23Km). The 3 projects that did not have site boards are: Construction of a 2 in 1 Staff House at Kiwungi P/S, Construction of a Waterborne Toilet at Kasubi Trading Center in Buikwe Sub County, Supply and

duration (include start and end dates as well as calendar days) and location.	Installation of Irrigation Equipment for Mr. Kyazze Gordon.
iv. The LG during the previous FY conducted discussions (e.g. municipal urban fora, barazas, radio programs etc.) with the public to provide feedback on status of activity implementation:	iv) In the FY 2023/24 the LG conducted discussions with the public to give status of activity implementation. This was conducted on Buikwe LG Accountability Day (report was presented as evidence) with a theme " Transparent Leadership Accountability in Action". Different stakeholders were brought on board including PDM & MSI beneficiaries, LCI. II and III Chairpersons, District leadership, Representatives from Mengo establishment, area Members of Parliament, Ministers and Iceland Embassy. During the accountability day HoDs and Section heads made presentations on project implementation in each sub-programme and the participants could make reactions.
v. The LG has made publicly available information on i) tax rates, ii) collection procedures, iii) procedures for appeal; (iv) amounts collected during the previous FY and how it was used.	v) There was proof the LG made public available information on tax rates, collection procedures, procedures of appeal and funds collected and utilization during the FY 2023/24. The information was displayed on notice board while utilization of revenue was through reports presented in Executive Committee.
If (i) to (v) above complied with score 2 or 0	

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Evidence that the LG supervised or mentored all LLGs; ensured that the results/reports of support supervision visits were discussed by the TPC and used by the District/Municipality to make recommendations for corrective actions and followed up; the LG conducted credible assessments of LLGs as verified during the National LGPA exercise; and the LG conducted mock assessments, discussed the results, and took corrective action in preparation

From the Planner, obtain mentoring reports and minutes of TPC meetings to establish whether the HLGs supported LLGs in the previous financial year.

From the Performance Assessment Focal Person obtain mock assessment results to establish that mock assessments were conducted, results discussed and corrective action taken

From the OPAMS, obtain the internal assessment reports of LLGs and compare with the results of the verification team to establish whether the results are within +/- 10%

Check and verify that:

i. The LG has supervised or

l) From the Office of the Ag. Planner presented and reviewed was reports on technical backstopping held in Ngogwe for the seven LLGs in Buikwe District. The report was compiled on 27th/06/2024. The Mentors included the Deputy CAO and Statistician. The technical support was mainly on implementation of DDEG guidelines, The guidelines stipulate 10% for Parish Planning however, Parish Agents had gaps since many were newly recruited for implementation of PDM. Emphasis was put on eligible activities under the investment menu. (attached were photos of training) The outcome is the improvement of budgets produced as evidenced by the just concluded LLG assessment by the LG team.

The Accounting Officer designated CDOs and Parish Chiefs Planners at those respective administrative levels hence required technical support to execute designated roles. Support was required especially in planning and budgeting process, reported challenges in conducting needs assessment, incorporation of needs assessment in budget/ coming up with Parish priorities. The LG responded through technical support as evidenced in a report dated 16th/01/2024. As a result of the support, there has been improvement in budgeting including consideration of Environment and Social Safeguards. Under LLG assessment, there indicators on environment and social safeguards and most LLGs passed those indicators.

With the advent of the New PPDA regulations 2023, it was prudent to support LLGs. The District LG trained LLGs including Community Development Office, Senior Assistant Secretaries and Town

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mentored all LLGs;	Clerks were informed that procurement under BDFCP would be carried out by the District Procurement Unit from FY 2024/2025.
ii. Results/reports of support supervision visits were discussed by the TPC, used by the LG to make recommendations for corrective actions and followed up	ii) Presented for review was minutes from Technical Planning Committee under MIN. DTPC6/22/07: Presentation of LLG mentorship and supervision report. The responsible officer presented a report on how all the 7LLGs were supported to improve the planning and budgeting process.
iii. The LG conducted credible assessment of LLGs as verified during the National LGPA exercise	iii) The LG failed to conduct credible LLGs Performance Assessment. The OPM IVA team sampled the LLGs of Ngogwe that had a variation of -17%, Najja that had -3%, Nkokonjeru that had a variance of -13% while Buikwe TC had -3%. The LLGs of Ngogwe Sub- County, Nkokonjeru and Buikwe Town Councils were beyond the acceptable margins of +/-10%.
iv. The LG conducted mock assessment, discussed the results and took corrective action in preparation/readiness for the national performance assessment exercise	iv) The Mock assessment was comprehensively conducted following the revised assessment manual. The LG established an Internal Assessment team. All the thematic areas were covered, scores given and grey areas/gaps identified. There was evidence of discussion of the Mock exercise report in TPC while under MIN: DTPC06/22/07-Presentation of Mock Assessment results by Ag. Planner. In reactions the Deputy CAO pointed out the MoFPED uses the results for 50% of allocations of DDEG and Sub-Programme grants. The CFO proposed bridging gaps as way forward other than coming up with excuses before assessment by NAT. The PHRO pointed out the need to enroll all staff on Human Capital Management (HCM) system.
If (i) to (iv) above requirements are complied with score 2 or else 0	In conclusion the LG failed to comply with all the requirements yet the indicator applied the forfeiture principle.

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Evidence that the LG prepared both quarterly financial and quarterly physical progress reports covering all development projects and the reports were discussed by the relevant organs

From Clerk to Council, obtain minutes of council committees

Verify that the quarterly physical progress and financial reports were discussed by the (i) TPC; (ii) DEC; (iii) Council Committees to score 2 or else 0

During the assessment exercise, information regarding physical progress and financial reporting to relevant organs of the LG was obtained from both the Ag. Planner and Clerk to Council (DTPC and Sectoral and Council minutes respectively) Below was the status of findings

In DTPC departments gave an account of the development grants including DDEG, DWSCG, Rehabilitation Development Grant, Production and Marketing Grant, Micro-Scale (pilot)- development, transitional grant. Review of presented reports indicated that in quarter one there was no transfer made to the LG with the exception of UGX 250,000,000 accounting for 25% of the total Rehabilitation Development Grant under Works and Transport. Regarding physical progress, the report indicated that the projects were at procurement stage. With Works and Transport, with the 25% transfer, works on selected roads including bush clearing, grading, re-shaping, spot gravelling and culvert installation done on Buikwe-Najembe 3kms and 23kms of Nangunga-Ssi-Nansagazi.

In quarter two, the LG received 50% of the budgets of the respective development grants. For instance, under DDEG UGX129,816,159 was transferred and the construction of the District Administration Block

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phase II was at 60% physical progress. (*however, this contradicts the audit findings of delays in implementation of this project*) The construction of lined pit latrine at Kawolo was reported on excavation stage. The Education-Development Conditional Grant out of the budget of UGX 355,499,051 the LG received a transfer of UGX 177,749,526. The physical progress indicated that the construction of a 2-unit staff house at Kiwungi PS at UGX 110,690,136 in Ssi was complete and functional (100%) The maintenance works of two classroom blocks with office at Nkokonjeru Boys PS was completed (100% physical progress) The construction of 5-stance VIP latrine at St.Cornelius Kalagala SS was at 50% physical completion. In health, the LG received a transfer of UGX 67,022,010 out of the budget of 134,044,021 (health development-facility upgrades and formular and performance part) Report on physical progress showed excavation ongoing for the construction of maternity ward phase I at Makindu H/C III. In water, with regards to financial reporting, the LG received a transfer of UGX 276,743,741 representing 50%. The physical progress pointed out rehabilitation of 28 boreholes at 100% physical completion while other projects were still at procurement level. In production, the LG received UGX 22, 724,021 for Production and Marketing grant representing 50% while in Micro-scale UGX 144,949,308 was transfer in the quarter representing 50%. Physical progress involved design supply and installation of micro-scale irrigation system to 10 farmers. Under production and marketing development grant the LG received UGX 22,724,021 representing 50%. The physical progress report indicated procurement of 600-straws of semen, 40 tarplins and 20KTB hives with stands.

In quarter three, the LG received 50% totaling to 100% cumulatively for most grants save Road development grant which was at 75%. Review of minutes and attached status report of capital projects implemented it was pointed out. Under DDEG the construction of administration block was at 60%, the construction of staff house at Kasubi HC III was at beam level, construction of 2 in 1 classroom block with lightening arrestors at Kyanja P/S was completed and functional. Notable was water projects that had physical progress at procurement level in quarter three, yet financial reporting was at 100%.

In quarter four, financial reporting of conditional Government transfer was at 120% with the total approved budget of UGX 27,811,311,000 and cumulative receipts of UGX 27,816,803,000. Physical progress was as follows; Under DDEG projects were completed and functional, educational capital projects were completed under water some projects were still pending. Under Micro-Scale Irrigation four beneficiary farmer sites had not been installed as a result of failure to meet co-funding obligations. In production budgeted projects were established and functional.

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that the average LG PLE pass rates for UPE (Government Aided) improved between the previous school year but one and previous school year	<p>From the LG obtain UNEB results disaggregated between Government aided and private schools and review:</p> <ul style="list-style-type: none"> • The LG PLE results for the previous school year but one and the previous year • Calculate the pass rate or percentage increase between the previous school year but one and the previous year • Calculate the percentage of pupils that passed between grades 1 and 4 for both years • For districts with municipalities, disaggregate results between the districts and the MC. <p>If the average LG PLE pass rates for UPE (Government Aided) improved between the previous school year but one and previous school year, Score 3 or else score 0</p>	<p>There was a 5.2% decline between years. We obtained UNEB- PLE results and analyzed the LG UPE performance summaries for 2022 and 2023 academic years. Then we calculated the percentage increase in performance for UPE schools as indicated below:</p> <p>Summary of 2022 PLE results for (73) UPE schools</p> <ul style="list-style-type: none"> • Total number of pupils: 4,558 • Absentees: 127 • UPE candidates who sat PLE: 4,431 • Total number of learners who passed between grades 1 and 4: 4,111 (Div1: 493, Div2:2,287, Div3:756, and Div4:570) • Pass rate: 92.7% (4,111/4,431) <p>Summary of 2023 PLE results for (73) UPE schools</p> <ul style="list-style-type: none"> • Total number of pupils: 3,858 • Absentees: 44 • UPE candidates who sat PLE:3,814 • Total number of learners who passed between grades 1 and 4: 3,339 (Div: 315, Div2:1,740, Div3:791, and Div4:475) • Pass rate: 87.5% (3,339/3,814) <p>The comparison of 2022 and 2023 results indicated a 5.2% decline. The score is: 0</p> <p>The performance analysis report (February 2024), identified key factors contributing to poor performance including inadequate teaching preparedness of teachers, limited parental involvement in school activities, and their children's education, inadequate internal supervision of teachers by head teachers, understaffing e.g. 68.5% of the 73 UPE schools not complying with the standard of a head teacher and minimum of 7 teachers), effects of Covid 19 especially in view of learners' automatic promotion, incompetence in English language by most learners, incomplete syllabus coverage, and failure to feed learners at schools, among others</p>	0

Evidence that the average LG PLE pass rates for UPE (Government Aided) improved between the previous school year but one and previous school year

From the LG obtain UNEB results disaggregated between Government aided and private schools and review:

- The LG PLE results for the previous school year but one and the previous year
- Calculate the pass rate or percentage increase between the previous school year but one and the previous year
- Calculate the percentage of pupils that passed between grades 1 and 4 for both years
- For districts with municipalities, disaggregate results between the districts and the MC.

If 20% of the learners in the LG government aided schools scored PLE pass grades between 1 and 2, in the previous year Score 3 (max) or else score : 0

The analysis of 2023 PLE results indicated that **53.8%** of learners passed between grades 1 and 2 in 2023 which significantly exceeded the target of 20%.

Details below:

- Total number of pupils : 3,858
- Absentees: 44
- UPE candidates who sat PLE : 3,814
- Total number of learners who passed between grades 1 and 2 : 2,055 (Div1: 315, and Div2:1,740)
- Pass rate: 53.8% (2,055/3,814)

The performance is above the target of 20%.
The score is 3.

Evidence that the average LG PLE pass rates for UPE (Government Aided) improved between the previous school year but one and previous school year

From the LG obtain UNEB results disaggregated between Government aided and private schools and review:

- The LG PLE results for the previous school year but one and the previous year

- Calculate the pass rate or percentage increase between the previous school year but one and the previous year

- Calculate the percentage of pupils that passed between grades 1 and 4 for both years

- For districts with municipalities, disaggregate results between the districts and the MC.

If 20% of the learners in the LG government aided schools scored PLE pass grades between 1 and 2, in the previous year Score 3 (max) or else score : 0

There was a 5.2% decline between years.

We obtained UNEB- PLE results and analyzed the LG UPE performance summaries for 2022 and 2023 academic years. Then we calculated the percentage increase in performance for UPE schools as indicated below:

Summary of 2022 PLE results for (73) UPE schools

- Total number of pupils: 4,558
- Absentees: 127
- UPE candidates who sat PLE: 4,431
- Total number of learners who passed between grades 1 and 4: 4,111 (Div1: 493, Div2:2,287, Div3:756, and Div4:570)
- Pass rate: 92.7% (4,111/4,431)

Summary of 2023 PLE results for (73) UPE schools

- Total number of pupils: 3,858
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- UPE candidates who sat PLE:3,814
- Total number of learners who passed between grades 1 and 4: 3,339 (Div: 315, Div2:1,740, Div3:791, and Div4:475)
- Pass rate: 87.5% (3,339/3,814)

The comparison of 2022 and 2023 results indicated a 5.2% decline. The score is: 0

The performance analysis report (February 2024), identified key factors contributing to poor performance including inadequate teaching preparedness of teachers, limited parental involvement in school activities, and their children's education, inadequate internal supervision of teachers by head teachers, understaffing e.g. 68.5% of the 73 UPE schools not complying with the standard of a head teacher and minimum of 7 teachers), effects of Covid 19 especially in view of learners' automatic promotion, incompetence in English language by most learners, incomplete syllabus coverage, and failure to feed learners at schools, among others

Evidence that the average LG PLE pass rates for UPE (Government Aided) improved between the previous school year but one and previous school year

From the LG obtain UNEB results disaggregated between Government aided and private schools and review:

- The LG PLE results for the previous school year but one and the previous year
- Calculate the pass rate or percentage increase between the previous school year but one and the previous year
- Calculate the percentage of pupils that passed between grades 1 and 4 for both years
- For districts with municipalities, disaggregate results between the districts and the MC.

If 70% of the learners in the LG government-aided schools scored PLE pass grade rates 4 (cumulative), Score 2 or else score : 0

The majority of learners (87.5%) passed between grades 1 and 4 in 2023 which significantly exceeded the target of 70%.

Summary of 2023 PLE results for (73) UPE schools

- Total number of pupils: 3,858
- Absentees: 44
- UPE candidates who sat PLE: 3,814
- Total number of learners who passed between grades 1 and 4: 3,339 (Div1: 315, Div2: 1,740, Div3: 791, and Div4: 475)
- Pass rate: 87.5% (3,339/3,814)

There was improvement in PLE performance, and this was attributed to enhanced preparation of schemes work and lesson plans; availability of instructional materials; and improved teaching practices, among others

Evidence that the average LG PLE pass rates for UPE (Government Aided) improved between the previous school year but one and previous school year

From the LG obtain UNEB results disaggregated between Government aided and private schools and review:

- The LG PLE results for the previous school year but one and the previous year

- Calculate the pass rate or percentage increase between the previous school year but one and the previous year

- Calculate the percentage of pupils that passed between grades 1 and 4 for both years

- For districts with municipalities, disaggregate results between the districts and the MC.

If 70% of the learners in the LG government-aided schools scored PLE pass grade rates 4 (cumulative), Score 2 or else score : 0

There was a 5.2% decline between years.

We obtained UNEB- PLE results and analyzed the LG UPE performance summaries for 2022 and 2023 academic years. Then we calculated the percentage increase in performance for UPE schools as indicated below:

Summary of 2022 PLE results for (73) UPE schools

- Total number of pupils: 4,558

- Absentees: 127

- UPE candidates who sat PLE: 4,431

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- Pass rate: 92.7% (4,111/4,431)

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- Pass rate: 87.5% (3,339/3,814)

The comparison of 2022 and 2023 results indicated a 5.2% decline. The score is: 0

The performance analysis report (February 2024), identified key factors contributing to poor performance including inadequate teaching preparedness of teachers, limited parental involvement in school activities, and their children's education, inadequate internal supervision of teachers by head teachers, understaffing e.g. 68.5% of the 73 UPE schools not complying with the standard of a head teacher and minimum of 7 teachers), effects of Covid 19 especially in view of learners' automatic promotion, incompetence in English language by most learners, incomplete syllabus coverage, and failure to feed learners at schools, among others

Evidence that the total primary school enrolment over the previous academic year and the current year is either above 80% or increased by 5%.

- From UBOS obtain data on population of primary school going age children.
- From EMIS/LG Education department obtain enrolment data for the current and previous year.
- Calculate the percentage of learners attending school out of the total expected to be in school - disaggregated data for boys, girls and SNE.

If the boys' school enrolment increased over the previous two academic years Score 2 or else score: 0

The district education department availed EMIS enrolment data for 2023 and 2024 for all the (73) UPE schools in the district

The general total school enrolment for the district was 27,816 learners in 2023 and 35,809 learners in 2024. This translates into an increase of 7,993 learners **representing 28.7%**. The growth in enrolment was attributed to infrastructure development by development partners like ICELAND Embassy, World Vision and government school facility grant; intensified support supervision by all stakeholders, improvement in school learning environment; and strategies put in place to retain girl child; like Menstrual Health Management, construction of sanitation facilities in primary schools like Bubiyo, Masaba and Busagazi.

The total enrolment for boys for all the (73) UPE schools in the district **significantly increased from 14,985 in 2023 to 19,323 learners in 2024**. The boys' total enrolment increased by approximately 28.9% (4,338 learners) from 2023 to 2024. The increase is above the target of 5%, hence the score is 2.

Evidence that the total primary school enrolment over the previous academic year and the current year is either above 80% or increased by 5%.

- From UBOS obtain data on population of primary school going age children.
- From EMIS/LG Education department obtain enrolment data for the current and previous year.
- Calculate the percentage of learners attending school out of the total expected to be in school - disaggregated data for boys, girls and SNE.

If the girls' school enrolment increased over the previous two academic years Score 2 or else score: 0

The total enrolment for girls for all the (73) UPE schools in the district **increased from 12,831 in 2023 to 16,486 learners in 2024 representing a 28% growth rate** (3,655 learners) between years. The increase is above the target of 5%. The score is 2.

Evidence that the total primary school enrolment over the previous academic year and the current year is either above 80% or increased by 5%.

- From UBOS obtain data on population of primary school going age children.

- From EMIS/LG Education department obtain enrolment data for the current and previous year.

- Calculate the percentage of learners attending school out of the total expected to be in school - disaggregated data for boys, girls and SNE.

If the SNE enrolment increased over the previous two academic years Score 2 or else score: 0

The review of a summary report on special need education (SNE) data collected in government aided schools of Buikwe district (June 27, 2024) indicated that the total enrolment for Special Needs Education (SNE) learners **significantly increased from 939 in 2023 to 2,636 learners in 2024 representing a 180.7%** (1,697 learners) growth rate between years. The performance score is 2

The increase in SNE learners was attributed to; affirmative action to collect SNE data by inspectors, sensitization of parents, teachers, head teachers and community on importance of educating children with special needs and not leaving them at home, and support from partners and MoES.

Evidence that the total secondary school enrolment over the previous two academic years is either above 70% or increased by 5%

- From UBOS obtain data on population of secondary school going age children.

- From EMIS/LG Education department obtain enrolment data for the current and previous year.

- Calculate the percentage of learners attending school out of the total expected to be in school - disaggregated data for boys, girls and SNE.

If the boys school enrolment increased for the previous two academic years Score 2 or else score: 0

The LG education department availed secondary school EMIS enrolment data for 2023 and 2024.

The total general school enrolment for the (7) government aided secondary schools was 4,970 students in 2023 and 5,176 students in 2024. This translates into an increase of 4.1% (206 students) which is below the target of 5% increase.

The total enrolment for boys in the (7) government aided secondary schools **slightly increased from 2,497 in 2023 to 2,585 students in 2024 representing a 3.5% growth rate** (88 students) between years. **The increase is below the target of 5%.** The performance score is 0.

4	<p>Evidence that the total secondary school enrolment over the previous two academic years is either above 70% or increased by 5%</p>	<ul style="list-style-type: none"> • From UBOS obtain data on population of secondary school going age children. • From EMIS/LG Education department obtain enrolment data for the current and previous year. • Calculate the percentage of learners attending school out of the total expected to be in school - disaggregated data for boys, girls and SNE. <p>If the girls' school enrolment increased for the previous two academic years Score 2 or else score: 0</p>	<p>The total enrolment for girls significantly increased from 2,473 in 2023 to 2,591 students in 2024 representing a 4.7% growth rate (118 students) between years. This is below the target of 5% increase. The score is 0.</p>	0
4	<p>Evidence that the total secondary school enrolment over the previous two academic years is either above 70% or increased by 5%</p>	<ul style="list-style-type: none"> • From UBOS obtain data on population of secondary school going age children. • From EMIS/LG Education department obtain enrolment data for the current and previous year. • Calculate the percentage of learners attending school out of the total expected to be in school - disaggregated data for boys, girls and SNE. <p>If the number of SNE enrolment increased over the previous two academic years Score 2 or else score: 0</p>	<p>The review of a summary report on special need education (SNE) data collected in government aided schools of Buikwe district (June 27, 2024) revealed that</p> <p>the total enrolment for Special Needs Education (SNE) learners in USE schools (07) significantly increased from 14 in 2023 to 145 learners in 2024 representing a 935.7% (131 students) growth rate between years. The performance score is 2.</p>	2
5	<p>Evidence that the monthly average learner attendance for government aided primary schools in the LG for the current academic year is above 90%</p>	<ul style="list-style-type: none"> • From the LG Education department obtain and review attendance data for all primary schools in the current academic year and calculate the average level of attendance. • Sample at least two (2) primary schools to verify accuracy of attendance data in the school registers 	<p>A review of the district monthly learner attendance report for February to August 2024(dated 8 September 2024) revealed that the average learner attendance rate was at 90.8% for all the (73) UPE schools in Buikwe DLG</p> <p>Attendance details:</p> <ol style="list-style-type: none"> 1. February : 88% 2. March: 91% 3. April: 93% 4. May: 90% 	4

Verify if the monthly average learners' attendance is above 90% score 4 or else 0

- 5. June: 92%
- 6. July: 94%
- 7. August: 88%

Average attendance: $636/7=90.8\%$. This exceeds the target of 90% attendance rate. The score is 4.

Verification findings indicated that,

(i) Buikwe Ssabawali PS

Learner attendance breakdown (February-October 2024)

- February : 82%
- March: 94%
- April: 93%
- May : 83%
- June: 91%
- July: 92%
- August: 93%
- September: 92%
- October : 95

Average attendance: $815/9=90.5\%$. This exceeded the target of 90% attendance rate.

(ii) Najja R.C PS

Learners' average monthly attendance (February-August 2024)

- February: 90%
- March: 88%
- April: 95%
- May: 88%
- June: 85%
- July: 94%
- August: 90%
- September: 91%
- October: 92%

Average attendance: 90.3% (813/9). This is above the target of 90% attendance rate.

Evidence that the monthly average learner attendance for government aided secondary schools in the LG for the current academic year is above 90%

- From the LG Education department obtain and review attendance data for all secondary schools in the current academic year and calculate the average level of attendance.

- Sample at least one (1) secondary schools to verify accuracy of attendance data in the school registers

Verify if the monthly average learners' attendance is above 90% score 4 or else 0

The review of the analysis of monthly learner attendance report for February to August 2024 dated 8 September 2024 revealed that the average student **attendance rate was at 91.1% for all the (7) USE schools** in Buikwe DLG

Attendance breakdown:

1. February : 87%
2. March: 94%
3. April: 93%
4. May : 90%
5. June: 91%
6. July: 93%
7. August:90%

Average attendance: $638/7 = \%$. This exceeded the target of 91.1% attendance rate. The score is 4.

Verification findings revealed that Lweru SS had a student average monthly rate of 92%.

Efficiency

Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year

- From the EMIS/LG Education department obtain progression data for the respective grades (i.e. P1-P3; P4-P5; P6-P7) and calculate the percentage change

- Sample at least two (2) primary schools to verify.

If 90% - 100% of the learners in P1 progressed to P3 Score 2 or else score: 0

The district primary school learners progression data indicated that:

(i) Progression from P1-P3:

- Total learners in P1 in 2022: 7,929

- Total learners progressing to P3 in 2024: 8,595

- **Progression rate: 108% (8,595/7,929).**
Target of 90-100% met, the score is 2

Verification on learner progression in the 2 sampled UPE schools indicated that.

a). Buikwe Ssabawaali PS-Buikwe TC

Progression from P1-P3:

Total learners in P1 in 2022: 65

Total Learners progressing to P3 in 2024: 80

Progression rate: 123% (80/65). This is above the target of 90-100%

b). Najja R/C PS-Najja S/C:

Progression from P1-P3:

Total learners in P1 in 2022: 125

Total Learners progressing to P3 in 2024: 134

Progression rate: 107% (134/125). This is above the target of 90-100%

Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year

- From the EMIS/LG Education department obtain progression data for the respective grades (i.e. P1-P3; P4-P5; P6-P7) and calculate the percentage change

- Sample at least two (2) primary schools to verify.

If 90% - 100% of the learners in P4 progressed to P5 Score 2 or else score: 0

(ii) Progression from P4-P5:

- Total learners in P4 in 2023: 3,948

- Total learners progressing to P5 in 2024: 5,119

• **Progression rate: 129% (5,119/3,948).**
Target of 90-100% met, the LG scores 2.

Verification on learner progression in the 2 sampled UPE schools indicated that.

a). Buikwe Ssabawaali PS

Progression from P4-P5:

Total learners in P4 in 2023: 75

Total Learners progressing to P5 in 2024: 74

Progression rate: 98.6% (74/75). This is above the target of 90-100%.

b). Najja R/C PS

- Progression from P4-P5:

Total learners in P4 in 2023: 102 learners

Total learners progressing to P5 in 2024: 87 learners

Progression rate: 85% (87/102). This is below the

Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year

- From the EMIS/LG Education department obtain progression data for the respective grades (i.e. P1-P3; P4-P5; P6-P7) and calculate the percentage change

- Sample at least two (2) primary schools to verify.

If 90% - 100% of learners in P6 progressed to P7 Score 2 or else score: 0

(iii) Progression from P6-P7:

- Total learners in P6 in 2023: 3,118
- Total learners' progression to P7 in 2024: 4,712

• **Progression rate: 151% (4,712/3,118).**
Target of 90-100% met, the score is 2

Verification on learner progression in the 2 sampled UPE schools indicated that.

a). Buikwe Ssabawaali PS

Progression from P6-P7:

Total learners in P6 in 2023: 66

Total Learners progressing to P7 in 2024: 63

Progression rate: 95% (63/66). This is above the target of 90-100%

b) Najja R/C PS

- Progression from P6-P6:

Total learners in P6 in 2023: 31 learners

Total learners progressing to P7 in 2024: 103 learners

Progression rate: 332% (103/31). This is above the target of 90-100%

Evidence that the primary school completion rate for both boys and girls in government aided primary schools in the LG for the previous school year is above 80%

From the EMIS/ LG Education Office, obtain and review data on the primary school completion rates.

If the total primary school completion rate for both boys and girls in government aided primary schools in the LG for the previous school year is above 80% Score 2 or else score : 0.

There was no evidence that the total primary school completion rate for both boys and girls in government aided primary schools in the district for the current school year 2024 was above 80%. The analysis of the LG data on the primary school completion rates revealed that:

- P1 enrolment for the 73 UPE schools in 2018: 6,299 learners

- P7 learners in 2024: 2,885

- Computed completion rate: 45.8% (2,885/6299*100). This is below the target of 80%. Performance score: 0

The low P& completion rate was attributed to financial constraints resulting from poverty, early marriages, teenage pregnancy, migrating community along the lake shores, and child labour. Children involved in business like sand mining, weekly markets, sugar cane cutting, etc

8	Evidence that the primary school completion rate for both boys and girls in government aided primary schools in the LG for the previous school year is above 80%	<p>From the EMIS/ LG Education Office, obtain and review total enrolment in P1 seven years ago and compare with current P.7 enrolment</p> <p>If the total primary school completion rate boys in the LG for the previous school year is above 80% Score 2 or else score 0.</p>	<p>There was no evidence that the DLG completion rates for boys in 2024 was above 80%.</p> <ul style="list-style-type: none"> • P1 enrolment data for in 2018: 3,252 • Total number of boy in P7 in 2024: 1,285 • Completion rate: 39.5% (1,285/3,252). This is below the target of 80%. The score is 0. 	0
8	Evidence that the primary school completion rate for both boys and girls in government aided primary schools in the LG for the previous school year is above 80%	<p>From the EMIS/ LG Education Office, obtain and review then calculate percentage of completion</p> <p>If the total primary school completion rate for girls in the LG for the previous school year is above 80% Score 2 or else score 0.</p>	<p>There was no evidence that the DLG completion rates for girls in 2024 was above 80%</p> <ul style="list-style-type: none"> • P1 enrolment data for girls in 2018: 3,047 • Total number of girls in P7 in 2024: 1,600 • Completion rate: 52.5% (1,600/3,047). This is below the target of 80%. Performance score: 0 	0

Human Resource Management

Evidence that the LG maintains accurate teacher deployment data for government aided primary schools and the information has been displayed at the LG and school notice boards, and the Education department has equitably deployed qualified teachers across government aided primary schools as per MoES staffing standards

- From the LG Education department, obtain data on teacher deployment.
- Sample two primary schools to verify whether teachers are deployed and teaching in the schools as indicated in the staff lists.
- From the school notice boards verify whether the teachers deployed in the school are displayed.
- From the LG Human Resource Management (HRM) department, obtain the teacher payroll data

Check and verify if:

- The LG maintains accurate teacher deployment data for government-aided primary schools and the information has been displayed at the LG and school notice boards
- The LG Education department has equitably deployed qualified teachers across government aided primary schools as per MoES staffing standards (i.e. a minimum of a head teacher and 7 teachers or a minimum of one teacher per class for schools with less than 7 grades)

If requirements (i) and (ii) are met, score 3 or else 0.

(i) **There was evidence** that Buikwe DLG maintains accurate teacher deployment data for (73) government aided primary schools. The review of the primary teacher deployment list dated 16 May 2024 revealed that 531 teachers were deployed in 73 UPE schools. The school staff lists were displayed on LG notice board and in head teacher's office.

(ii) **There was no evidence** that the district education department had equitably deployed qualified teachers across the 73-government aided primary schools as per MoES staffing standards (i.e. a minimum of a head teacher and 7 teachers or a minimum of one teacher per class for schools with less than 7 grades). The review of the DEO's deployment list as of May 16, 2024, revealed that 68.5% of the 73 UPE schools did not comply with the requirement of a minimum of a head teacher and 7 teachers. The high shortage of teachers is negatively impacting on teaching and learning outcomes. Teachers are overwhelmed with heavy workload.

Findings

(i) Total number of schools with (5) teachers and 7grades: 6/73 (8%)

(ii) Total number of schools with (6) teachers and 7grades: 14/73 (19%)

(iii) Total number of schools with (7) teachers and 7grades: 30/73 (41%)

(iv) Total number of schools with (8+) teachers and 7grades: 23/73 (31.5%)

Failure to meet the MoES staffing standards was attributed to insufficient wage bill.

Verification findings from sampled schools

□ Buikwe Ssabawaali PS: 8 teachers (Male 2 & 6 Female). The number of teachers on the DEO's deployment list (8) was consistent with the number of teachers on the school staff list (8) in Buikwe Ssabawaali PS

□ Najja PS: 7 (Male 2 & 5 female) The number of teachers on the DEO's deployment list (8) was not consistent with the number of teachers on the school staff lists (7) in Najja R/C PS

□ The review of teacher daily attendance registers in the sampled schools confirmed that teachers listed on the deployment list were indeed teaching in the assigned schools

In view of the above analysis, there was noncompliance with indicators: (ii). The score is 0

Evidence that the LG maintains accurate secondary school staff lists and payroll data and the information has been displayed at the LG and school notice boards Score 2 or else score: 0

From the LG Education department/ LG HRM division, obtain payroll data and staff lists

Sample at least one (1) secondary schools to verify whether teachers teaching in the school are as presented in the payroll

If the LG maintains accurate secondary school staff lists and payroll data and the information has been displayed at the LG and school notice boards Score 2 or else score: 0

There was evidence that district maintains up to date and accurate records of teacher deployment in the (07) government aided secondary schools.

Key findings:

- Teacher deployment list 2024: 216 Teachers
- Payroll data for October 2024: 210 teachers
- Information on the teacher deployment list was consistent with the payroll data. However, we noted that (6) had not accessed the payroll of Lweru SS
- Secondary school staff lists were displayed on LG notice board and in head teacher's office. This promotes transparency and accountability

Verification conducted at Lweru SS revealed that the school had a total enrolment of 1,275 students with 41 teachers on government payroll.

The review of the teacher attendance registers confirmed presence of teachers deployed in the schools

The score: 2

Evidence that the monthly average primary school teacher attendance rate for all schools in the LG for the previous academic is above 75%

From the LG Education department/MoES, obtain data on primary teacher attendance and calculate the percentages

From the sampled schools, obtain and review the attendance registers to determine the teacher attendance

Triangulate the findings with interviews with the class monitors to determine the teacher attendance

a) If the monthly average primary school teacher attendance rate for all schools in the LG for the previous academic is above 90% Score 4

b) If the monthly average primary school teacher attendance rate for the current year is between 75-89% Score 2

According to Buikwe DLG teachers' monthly average attendance report from February to August 2024, **the monthly average attendance rate was at 88%**, above the target of 75%.

Details:

- February: 85%
- March : 88%
- April : 87%
- May : 88%
- June : 88%
- July: 89%
- August : 91

Monthly average attendance: 88% (616/7)

Improvement in teacher attendance was attributed to the new policy introduced by the office of the CAO, paying district workers basing on the number of days worked and setting a bar at above 90%, has helped to improve the teacher and pupil attendance in most schools

Verification findings from the sampled 2 UPE schools Indicated that: Buikwe Ssabawaali PS had 14 teachers on government payroll with a monthly teacher attendance of 87.6%. The monthly average teacher attendance rate at Najja R/C PS stood at 79%. TELA reports were not available in both schools. Furthermore, TELA machines were reported non-functional due to frequent technical challenges- connectivity-network, lack of data and power.

Evidence that the LG Education department uses teacher time on task information from the TELA system to monitor teacher attendance and time on task and takes corrective action

From the MoES/LG obtain TELA reports and calculate percentage use by schools in the particular LG.

From the LG obtain and review reports, meeting minutes, providing evidence that actions have been taken to address teacher attendance

From the sampled schools establish whether the LG Education Department has made use of the teacher time and task attendance data to take corrective action

(i)The comparison of Tela usability in primary school's report for Bukwe district from MoES indicated that:

- Tela usability for Term 1, 2024: 86%
- Tela usability for Term 2, 2024: 77%

• Average usability percentage: 81.5%, exceeding the target of 50%

It was noted that the use of TELA machines by schools in Buikwe DLG was still a big challenge. The key challenges included failure to connect on networks, and lack of power for charging the machines.

(ii) **There was evidence** of minutes for teacher time on task review meeting held on Ju20 July 2024. The meeting was attended by senior education officer, Sports officer, Education Officer, Ag.DIS, and 2 inspectors of school. The meeting discussed identified issues and made recommendations.

Check and verify:

i. If above 50% of schools in a LG use the TELA system to monitor teacher time and task attendance to ensure improved learning outcomes

ii. If there is evidence that the LG Education Department has made use of the teacher time and task attendance data to take corrective action especially in the sampled schools

If (i) and (ii) complied with score 3 or else 0.

Reported weak areas

- Some teachers do not attend to duty daily
- Non functionality of some TELA machines
- Lesson preparations, presentation/delivery, marking and giving feedback to learners is a challenge in some schools
- Some head teachers and teachers are struggling to perform their respective duties
- Late coming of learners and teachers
- Some head teachers do not read or share inspection reports with the SMCs and PTAs for implementation

Recommendations

- Identification of the struggling head teachers and teachers for attachment to best performing head teachers
- Identification of the best performing head teachers on using TELA from each sub county. Struggling head teachers in using TELA system should be attached to the best performing head teachers for mentorship.
- Sanctioning of teachers who are not teaching/late comers by the department for guidance and counselling or be given warning letters
- Need for refresher course on how to use the TELA system and EMIS for head teachers

It was noted that schoolteacher timetables have not been uploaded onto the TELA system to monitor school timetable implementation in classrooms.

Findings from sampled schools indicated that head teachers were using lesson supervision tools to monitor teachers. The lesson observation tool used by Lweru SSS outlined the following activities considered during lesson observation sessions including

- Availability and quality of; scheme of work, lesson plan, instructional competencies, teaching materials and lesson notes
- Lesson development; focus on lesson competencies, lesson content, learner involvement, use of instructional materials, teacher's movement during teaching, distribution of questions, class environment, teacher-learner relationship and class control
- Assessment/evaluation practice in relation to; giving regular exercises, regular and quality marking, corrective comments/feedback, corrections and homework, display of learners' work/marks, keeping and analyzing learner's scores
- Teacher's personality; smartness, audibility, confidence and time management

In view of the above, the LG complied with (i) and (ii). The score is 3

13	<p>Evidence that the secondary school teacher attendance rate for the current academic year is above 90%</p>	<ul style="list-style-type: none"> • From the LG Education department/MoES obtain data on secondary teacher attendance • From the sampled schools, obtain and review the attendance registers to determine the teacher attendance <p>If the secondary school teacher attendance rate for the current academic year is above 90% Score 4</p> <p>If the secondary school teacher attendance rate for the current year is between 75-90% Score 2</p>	<p>The review of the secondary school staff attendance analysis report 2024 revealed that the monthly average teacher attendance rate for the 7 USE schools was at 91% above the target of 90%.</p> <p>Details:</p> <ul style="list-style-type: none"> • February: 84% • March: 94% • April: 93% • May: 91% • June: 94% • July: 93% • August: 90% <p>Monthly average attendance rate: 91% (above the target of 90%.) The score is 4.</p> <p>Verification findings at Lweru SSS indicated a monthly average teacher attendance rate of 90.6%.</p>	4
14	<p>Evidence that the schools with more than one teacher per class, additional teachers are deployed to the lower foundation grades which have the largest enrolments</p>	<ul style="list-style-type: none"> • From the sampled school review the staff list and timetable to establish whether additional teachers are deployed to the lower foundation grades <p>If the schools with more than one teacher per class, additional teachers are deployed to the lower foundation grades which have the largest enrolments score 2 or else 0</p>	<p>The review of the DEO's deployment list as of May 16, 2024, revealed that 68.5% of the 73 UPE schools did not comply with the requirement of a head teacher and minimum of 7 teachers. All the 2 sampled UPE schools had no additional teachers.</p> <p>Specific findings from the sampled UPE schools are indicated below:</p> <p>a) Buikwe Ssabawaali PS:</p> <ul style="list-style-type: none"> • Total number of teachers: (8) teachers including a head teacher. • TPR: 1:57 <p>b) Najja R/C PS</p> <ul style="list-style-type: none"> • Total number of teachers: (7) teachers including the head teacher. <p>As above, neither of the two sampled schools had additional teachers.</p> <p>The score is 2.</p>	2
15	<p>Evidence that the LG Education department provided continuous professional development for teachers in the previous</p>	<ul style="list-style-type: none"> • From the LG Education department obtain and review evidence of CPD activities e.g. training materials, 	<p>There was evidence that the LG Education department provided continuous professional development for teachers to improve their skills, adapt to new teaching methods and curricula and address the performance gaps flagged in the School Performance Assessment</p>	2

<p>school year to improve their skills, adapt to new teaching methods and curricula and address the performance gaps flagged in the School Performance Assessment (SPA)</p>	<p>presentations, to ascertain whether the LG provided relevant CPD for teachers.</p> <ul style="list-style-type: none"> • Review CPD reports • Review school improvement plans. <p>Verify if the LG Education department provided continuous professional development for teachers in the previous school year to improve their skills, adapt to new teaching methods and curricula and address the performance gaps flagged in the School Performance Assessment (SPA) Score 2 or else score: 0</p>	<p>(SPA)</p> <p>The school performance Assessment exercise and education performance improvement plan, conducted on 22 April 2024, identified the following weak areas.</p> <ul style="list-style-type: none"> • Effectiveness of teaching and learning pillar was rated at 25%. This implies weaknesses in learning outcomes, continuous assessment of learners, teaching preparedness and effectiveness of lesson delivery • Inadequate internal support supervision and monitoring by school administration • Inadequate parents' involvement in their children education <p>CPD interventions that addressed some of the identified gaps</p> <ul style="list-style-type: none"> • A report on head teachers' training workshop on Gender related issues dated 31 October 2023. The 2-day workshop was held from 24-25 October 2023 at Nkokonjers Dem.PS. Attended by 77 participants. Training content included gender roles and community mobilization in schools, attitude and success, employee counselling, climate change and environment issues in education, and work force diversity and what went wrong. • Invitation letter to all head teachers to attend a training workshop on assessing learning achievements using Bloom's taxonomy dated 12 September 2023. The workshops were held on 28 September 2023 at Mankindu CoU PS and Kasubi CoU PS on 23 October 2023 respectively. The training workshops were facilitated by CCTs and attended by 152 teachers. The training defined bloom's taxonomy, explained the 6 cognitive levels, illustrated bloom's taxonomy, identified ideal teaching approaches and categorized bad and good methods of teaching. • A report about reflection meeting with P1-P3 teachers and head teachers held on 14 June 2024 at St. Peter's Bethinia PS, and attended by 71 teachers. Meeting focused on improving print rich environment in schools, guidance of learners on how to write legibly, and use of instructional materials appropriately. The meeting also discussed factors contributing to low achievements by P1-P3 children, and way forward. • A report about materials creation with P1-P3 teachers held on 8-9, March 2024. The workshop took place at St.Peter's Matala PS. The objective of the workshop was to trained teachers how to make quality interactive instructional materials which promote incidental learning. P1-P3 teachers from 16 schools were trained in Buikwe A.P. The total attendance was 75 participants • A training report of SMCs, PTAs and Head teaches' roles and responsibilities in improving
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the quality of education in Buikwe district dated 21 June 2024. The training was 5 technical staff including CAO, DCAO, PAS, SEO, DIS and IOS

- At the school level the following CPD activities were carried out:

- o Buikwe Ssabawaali PS: conducted a training on assessing learners' achievement using blooms taxonomy dated July 5, 2024

- o Lweru SSS: Had a UNEB training report on continuous assessment dated October 14, 2024, training report on modern teacher, modern society dated December 4, 2023

- o Najja R/C PS: conducted a CPD training on early grade reading (EGR) dated January 16, 2024

The implemented CPD activities were linked to identified CB gaps and contributed to teacher professional development hence leading to improved learning outcomes.

Management and functionality of amenities

16

a) Evidence that the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards.

b) Evidence that the LG utilized the allocated resources towards school maintenance in the previous FY in line with the condition assessment and school-level maintenance schedule.

- From the LG Education department obtain and review records and reports of school condition assessments.

Verify the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards. Score 3 or else score: 0

There was evidence of the joint technical pre-assessment/reconnaissance survey report on school infrastructure in Buikwe district as of 3rd June 2023 and

Education performance improvement plan, conducted on 22 April 2024.

Key findings

- Dilapidated classroom infrastructure in some schools like Ssabawaali PS, St. Peters Matale PS, Nkokonjeru Boys PS, Makota PS, Makonge public PS, Nambeta PS, Buleoga community among others

Capital projects implemented in FY 2023/2024

- Maintenance works of 2 classroom block with office at Nkokonjeru Boys PS at a cost of Ugx.35,526,260

- Maintenance works at St. Peters Matale PS at a cost of Ugx.33,788,321

- Maintenance works of 2 classroom block with office at Ssabawaali PS at a cost of Ugx.41,854,000

- Maintenance works at Ssugu Seed SS at a cost of Ugx.23,718,000

3

a) Evidence that the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards.

b) Evidence that the LG utilized the allocated resources towards school maintenance in the previous FY in line with the condition assessment and school-level maintenance schedule.

• From the planner obtain and review the sub-programme AWP and performance reports to check whether resources and expenditures for school O&M activities were allocated towards school maintenance in line with the school condition assessment.

If the LG utilized the allocated resources towards school maintenance in the previous FY in line with the condition assessment and school-level maintenance schedule. Score 7 or else score: 0

There was evidence that the LG effectively utilized the allocated resources towards school maintenance during FY 2023/4 in line with the condition assessment and school-level maintenance schedule.

The review of the LG approved budget estimates FY 2023-4, revealed that Ugx.136,053,000 under maintenance-building and structures (228001)..

Capital projects implemented in FY 2023/2024

• Maintenance works of 2 classroom blocks with office at Nkokonjeru Boys PS at a cost of Ugx.35,526,260

• Maintenance works at St. Peters Matale PS at a cost of Ugx.33,788,321

• Maintenance works of 2 classroom blocks with office at Ssabawaali PS at a cost of Ugx.41,854,000

• Maintenance works at Ssugu Seed SS at a cost of Ugx.23,718,000

Total amount used: Ugx.134,886,581 representing 99% of approved budget (136,053,000). The score is 7.

Monitoring and Inspection

Evidence that all schools have submitted a report to the LG which describes the activities conducted (how capitation grant was spent); and explains what has been achieved in relation to improving learning outcomes.

From the LG Education department obtain the list of all schools that received capitation;

Review records of school accountabilities to establish whether all schools submitted reports

sample reports to check the activities conducted (how capitation grant was spent); and explains what has been achieved in relation to improving learning outcomes

Verify that all schools have submitted a report to the LG which describes the activities conducted (how capitation grant was spent); and explains what has been achieved in relation to improving learning outcomes. Score 3 or else score: 0

Capitation grants amounting to Ugx.686,181,529 was budgeted and released to 73 UPE schools during FY 2023/24. **There was evidence** that all the 73 UPE schools submitted reports on activities conducted using capitation grants. There was evidence that all UPE schools submitted annual school reports for calendar year 2023 including cash flow statements and annual expenditure and budget reports. There was a report that explained achievements in relation to improving learning outcome.

Details:

Buikwe Ssabawaali PS –Capitation grant releases and accountability report

• Term I, 2024: Ugx.3,758,499 dated February 13, 2024

• Term II, 2024: Ugx.3,522,701 dated May 17, 2024

• Term III, 2024: Ugx.3,405,000 not dated

Indicative expenditure

• Instructional Materials: Ugx.1,295,000 (35%), used for procurement of stationery, etc.

• Co-curricular activities: Ugx.740,000 (20%), games and sports activities

• Management: Ugx.550,000 (15%), used for

SMC and PTA meetings, typing and printing, buying liquid soap, etc.

- Administration: Ugx.370,000 (10%), used for official travels
- Contingency: Ugx.740,000 (20%), used for installation of electricity and payment for water

The review of the report on how capitation grants have helped to improve learning outcomes dated June 4, 2024, revealed that:

- Grants have supported professional development of teachers, resulting in an increase in teacher confidence and effectiveness in their delivery
- Grants provide resources for procurement of instructional materials which facilitate teaching and learning
- Enhancement of good governance in schools. Once governance is good it translates into policies which lead to improved learning outcomes
- The grants have been used to promote talents and to improve classrooms, compound maintenance and security among others.

Capitation grants have significantly impacted schools leading to enhanced learning outcomes and provision of opportunities for growth.

Management of Financial Resources

18

a) Evidence that the LG used 100% of inspection funds to conduct inspection as per guidelines

b) Evidence that the LG produced a report which describes how the grant was used and explains what has been achieved in relation to improving learning outcomes.

From the LG Finance department obtain financial records to establish when and the amounts transferred to the Inspection division

From the LG Education department, obtain and review:

Sub-programme performance reports to ascertain whether the grant was used to improve learning outcomes

If the LG used 100% of inspection funds to conduct inspection as per guidelines score 3 or else score: 0

There was evidence that the LG used 100% of inspection funds to conduct inspection and monitoring activities as per guidelines.

According to the LG quarterly performance report (Qtr.4 FY 2023/24), Ugx.43,816,000 was budgeted but Ugx.53,657,875 was spent on inspection and monitoring functions. The allocated funds for monitoring and inspection functions were fully utilized on stationery, field allowances and fuel expenses. The review of the requisitions and EFT payment vouchers revealed that:

Details:

📄 A requisition of Ugx. 2,000,000 dated 8 May 2024 and paid via EFT on 16 May 2024

📄 A requisition of Ugx. 5,000,000 dated 6 May 2024 and paid via EFT on 16 May 2024

📄 A requisition of Ugx. 1,360,000 dated 30 January 2024 and paid via EFT on 26 February 2024

📄 A requisition of Ugx. 1,600,000 dated 8 October 2023 and paid via EFT on 20 February 2024

📄 A requisition of Ugx. 1,360,000 dated 17 October 2023 and paid via EFT on 20 February

3

2024

🏠 A requisition of Ugx. 2,005,000 dated 16 October 2023 and paid via EFT on 20 February 2024

🏠 A requisition of Ugx. 600,000 dated 24 October 2024 and paid via EFT on 20 February 2024

🏠 A requisition of Ugx. 750,000 dated 6 May 2024 and paid via EFT on 8 May 2024

🏠 A requisition of Ugx. 750,000 dated 6 May 2024 and paid via EFT on 16 May 2024

🏠 A requisition of Ugx. 3,000,000 dated 16 May 2024 and paid via EFT on 16 May 2024

🏠 A requisition of Ugx. 2,000,000 dated 7 May 2024 and paid via EFT on 16 May 2024

🏠 A requisition of Ugx. 800,000 dated 5 March 2024 and paid via EFT on 25 March 2024

🏠 A requisition of Ugx. 1,300,000 dated 6 March 2024 and paid via EFT on 3 April 2024

🏠 A requisition of Ugx. 2,300,000 dated 5 March 2024 and paid via EFT on 3 April 2024

🏠 A requisition of Ugx. 1,300,000 dated 6 March 2024 and paid via EFT on 3 April 2024

🏠 A requisition of Ugx. 1,300,000 dated 6 March 2024 and paid via EFT on 25 March 2024

🏠 A requisition of Ugx. 1,600,000 dated 6 March 2024 and paid via EFT on 25 March 2024

🏠 A requisition of Ugx. 800,000 dated 4 March 2024 and paid via EFT on 25 March 2024

🏠 A requisition of Ugx. 1,600,000 dated 3 March 2024 and paid via EFT on 25 March 2024

🏠 A requisition of Ugx. 1,600,000 dated 4 March 2024 and paid via EFT on 25 March 2024

🏠 A requisition of Ugx. 750,000 dated 13 May 2024 and paid via EFT on 20 May 2024

🏠 A requisition of Ugx. 3,000,000 dated 7 May 2024 and paid via EFT on 16 May 2024

🏠 A requisition of Ugx. 600,000 dated 18 October 2023 and paid via EFT on 20 February 2024

🏠 A requisition of Ugx. 1,360,000 dated 20 October 2023 and paid via EFT on 26 February 2024

🏠 A requisition of Ugx. 3,086,700 dated 4 March 2024 and paid via EFT on 19 March 2024

🏠 A requisition of Ugx. 3,070,000 dated 31 July 2024 and paid via EFT on 17 August 2024

🏠 A requisition of Ugx. 1,915,000 dated 1 February 2024 and paid via EFT on 13 March 2024

■ A requisition of Ugx. 8,450,732 dated 8 May 2024 and paid via EFT on 16 June 2024

As above, the total amount spent on monitoring and inspection activities (Ugx.53,657,875) exceeded the budget (Ugx.43,816,000) by Ugx.9,841,875).

18

a) Evidence that the LG used 100% of inspection funds to conduct inspection as per guidelines

b) Evidence that the LG produced a report which describes how the grant was used and explains what has been achieved in relation to improving learning outcomes.

From the LG Finance department obtain financial records to establish when and the amounts transferred to the Inspection division

From the LG Education department, obtain and review:

Sub-programme performance reports to ascertain whether the grant was used to improve learning outcomes

If the LG produced a report which describes how the grant was used and explains what has been achieved in relation to improving learning outcomes score 2 or else score 0.

The physical reports from inspection function were in place and **provided evidence** of achievements in improving learning outcomes as demonstrated below.

a) Strict follows up on teachers' attendance to duty contributed to improved teacher time on task. The average cumulative attendance for teachers was measured at 90% and 95% for head teachers. This was due to school inspections, payment of teachers basing on monthly returns and TELA clocking in and out.

b) Conducted lesson observations which improved teacher lesson preparation, level of literacy and numeracy among learners, and syllabus coverage. The standardized effective scheming and lesson planning are gradually being achieved.

c) Counselling and guidance services to both teachers and learners improved discipline in schools

d) Participating in schools' parents meetings improved parents' involvement in school activities and awareness of school practices. There is adherence to school feeding program e.g. Buikwe CoU PS , Baskerville PS and Mulajje PS.

e) Sensitization of SMCs, PTAs, and Prefectorial bodies strengthened administration and management bodies involvement in schools

f) Enforcement of inclusiveness in schools has led to increased enrolment of learners with special needs in schools

g) Enforcement of developing learners' talents through co-curricular activities has increased enrolment, improved attendance and retention of learners in schools. Two schools (Sanganzira PS & Stella Maris PS) competed at regional level in Busukuma Gayaza

2

Environment, Social, Health and Safety

19

Evidence that the LG Education department has conducted programs to create a safe learning environment in all government aided schools

From the sampled schools, check for existence and functionality of the safe learning environment facilities including:

There was evidence that the LG education department has conducted programs aimed at creating a safe learning environment in all government aided schools

- Report on menstrual hygiene and management plan for disposal of sanitary pads dated April 28, 2024. Activities included

4

i. Use of energy efficiency measures e.g. use of solar, biogas and energy saving cooking stoves

ii. Proper waste management

iii. Tree planting and green spaces within the school

iv. Provision of clean water sources and sanitation facilities

v. Establishment and functionality of environmental clubs

vi. Provision of facilities for disposal and changing of sanitary pads

If 4 of the above measures complied with score 4 or else score 0

sensitizing girls on menstrual cycles, training them to make and use sanitary pads, ways of disposing used sanitary pads

- Training Report on MHM, Sanitation and Hygiene for Senior Men and Women, head teachers and deputy head teachers of Buikwe district held on February 25, 2024 at Malongwe and Ngongwe Coordination centres. Attended 489 participants including both government and private schools and facilitated by inspectors of schools.

- Head teachers' training workshop dated 31 October 2023. The workshop was held on 24-25 October 2023 at Nkokonjeru Dem PS. The training highlighted climate change and environment issues in education sector among others.

The verification exercise found presence of the following eco-friendly facilities and practices in the sampled schools:

(i) Buikwe Ssabawaali PS:

- The school was using energy saving stoves for cooking

- There was evidence of tree planting and green spaces in the school compound

- The school has dustbins, and garbage was used for manure

- The environmental club was functional. The head teacher was also the chairperson of the district girl guide association. The association promotes tree planting in schools and offers counselling services to girls in schools. Girls in upper classes have been trained to counsel the young ones in lower grades

- The school was using taped water from NWSC, and toilet facilities were clean.

The school complied with (5) out of the (6) indicators.

(ii) Najja R/C PS:

- The school was using energy saving stoves which contributes to conservation of the environment

- There was proper management of waste through sorting of degradable from non degradable materials. The plastics and polythene bags (Buvera) were taken for recycling while the rest was used as manure.

- Tree planting and green spaces were evident. Fruit trees were among the trees planted.

- The school had access to clean water from NWSC, and learners were drinking boiled water.

- The school was burning used sanitary pads because it lacked an incinerator, leading to air pollution.

The school complied with (4) out of the (6) indicators. The score is 4.

(iii) Lweru SSS

- The school had a report on greening and environment protection dated June 4, 2024. The school made significant strides in environmental protection and sustainability through the greening initiative. The school established a forest and planted over 100 trees.
- The school had a comprehensive garbage collection program using technology appropriate to local environment. Plastic bottles have been improvised to make litter bins while bio degradable litter is used to make manure which is used by students offering agriculture in their gardens. Also students have started making briquettes from litter and other waste materials as part of their project work. Briquettes for an alternative source of fuel used for cooking small meals at school
- The school installed cooking stoves which are wood saving. The school has started using solar energy so as to reduce on the cost of electricity and upgraded lighting systems.
- The school is using both NWSC water and rain water harvesting.
- The school has an incinerator for disposing off sanitary pads.

In view of the above, all the 3 sampled schools complied with the required 4 indicators. The score is 4 points.

20

Evidence that the LG has implemented protection measures against violence, abuse, and discrimination against children, workers, and teachers in schools. They have trained teachers, workers, children, SMC, BoG, and communities on eliminating such issues and have eliminated corporal punishments in all schools.

Sample 3 schools to ascertain that protection measures are in place against any form of violence/abuse discrimination for children, workers and teachers

LG conducted training and sensitization on the protection measures

LG Education Office and Community Development Office have trained the SMCs and BoGs on grievance management and stakeholder engagement.

Sample 3 schools to ascertain that LG conducted VAC training activities

(i)There was no evidence that the LG has; put in place protection measures against any form of violence/abuse discrimination for children, workers and teachers in schools.

However, the sampled schools (Buikwe Ssabawaali PS, Najja R/C PSand Lweru SSS) have implemented a range of protection measures to prevent violence and abuse of children, teachers, and worker. These measures include provision of counselling and guidance services to the learners, existence of school disciplinary committees, and school rules and regulations. In addition, Lweru SSS had copies of legal instruments in place including a guide to children Act, cap 59, education Act 2022, and teacher professional code of conduct among others.

(ii)There was evidence of a report on training of school management committee members. A total of 104 SMC members under BDFDCP in Ssi sub county were trained from 19-20 June 2024.The training was facilitated by the DEO and Inspectors of schools The training covered the following topics:

a) Roles and responsibilities of PTA and SMC

0

Check and verify if:	b) Violence and discrimination against learners in schools-child protection policy, and guidelines on teenage pregnancy
i. The LG has put in place protection measures against any form of violence/abuse discrimination for children, workers and teachers in schools	c) Grievance management: Focused on handling grievance in education institutions- grievance handling policy, grievance categories, procedure and resolution strategies
ii. The LG has trained, sensitized teachers, workers, children, SMC, BoG and communities on measures to eliminate any form of violence/abuse and discrimination against Children, workers and teachers and taken actions to stamp out corporal punishments in all schools.	d) Measures against any form of violence
	e) Eliminating any form of violence and child abuse
iii. The School Management Committees (SMC) /Board of Governors (BoG) have been trained on stakeholder engagement and grievance management as per the circular on grievance management by MoGLSD	f) Proper waste management
	(iii) There was no evidence during the assessment that School Management Committees (SMC) /Board of Governors (BoG) have been trained on stakeholder engagement and grievance management as per the circular on grievance management by MoGLSD. The DCDO admitted that stakeholders' engagement and grievance management trainings were not carried out for the SMCs and BoGs.
Score 4 or else score: 0	The LG did not comply with indicator (iii). The score is 0.

Transparency, oversight, reporting and accountability

21

- a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG
- b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs
- c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection
- d) Evidence that the LG supported schools to
- From the LG Education Department obtain and review inspection reports/ information to ascertain that all primary schools were duly inspected and recommendations to address identified school performance weaknesses were followed-up and implemented.
- Obtain copies of inspection plans and inspection reports to: ascertain that all schools were inspected
 - The inspection encompassed among others the following; proper preparation of

There was evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level.

The review of the education performance improvement plan 2024 dated April 22, 2024, and school inspection reports (E-inspection and, School Performance Assessment) identified the following weak areas that affect the learning outcomes

- Inadequate staffing in most of the UPE schools (68.5% of the 73 UPE schools did not comply with the requirement of a minimum of a head teacher and 7 teachers)
- Inadequate school infrastructure in some schools like makota PS, Makonge public PS, Nambeta PS, Buleoga community PS, Nyemewa PS, ssagu PS, etc.
- Inadequate internal support supervision and monitoring by head teachers
- Inadequate parents' involvement in their

2

develop SIPs to address areas of weakness observed during inspection	schemes of work, lesson plans, lesson observation, time-table implementation, pupil and staff attendance, deployment of teachers across grades; continuous assessment of learners, learning environment)	children education <ul style="list-style-type: none"> • Ineffective inspection of all licensed and registered schools due to inadequate facilitation • Pupils' absenteeism and school dropouts • Incomplete schemes of work and irregular lesson plans • Illegal boarding facilities • Learners with learning difficulties not yet effectively assisted and supported • Teenage pregnancy still on increase
e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools	Letters from DES acknowledging receipt of inspection reports.	
f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations	Obtain and review the school inspection and training reports to determine	
g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan	<ul style="list-style-type: none"> • Whether the schools were supported to develop the SIP • Whether the SIPs address the gaps identified in the School Performance Assessment <p>Whether the schools were supported to implement the SIPs</p> <p>Check and verify if the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG score 2 or else score 0.</p>	

- a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG
- b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs
- c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection
- d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection
- e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools
- f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations
- g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan
- Check and verify if the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs score 2 or else score 0.
- There was evidence** of district school inspection work plan FY 2023/4, dated July 11, 2023, and duly signed and stamped.
- i. The district education department inspection work plan indicated the activity-school inspection, areas-all schools in the district, number of schools-73 UPE schools, responsible person-school inspectors and associate assessors, and time frame-July 2023-June 2024.
- ii. Quarter 1 & 2—FY 2023/4 Inspection review and planning meeting held on January 21, 2024. Attended by (7) school inspectors
- iii. Beginning of Term II, 2024 schools' inspection planning meeting held on June 4, 2024-attended by all inspectors of schools. Discussed procedures of inspection and report writing by inspectors under Min 5/Edu/2024 and Min 6/Edu/2024 respectively

- a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG
- b) Evidence that the LG developed a customized school Inspection Plan that highlight specific
- Check and verify if all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection score 2 or else score 0.
- The sector guidelines require the LG education department to inspect all public and private schools at least once per term and produce school inspection reports. **There was no evidence** that all primary schools were inspected at least once per term indicated below:
- (i) E-Inspection Report Term 1, 2024 dated June 7, 2024.
- o Number of schools inspected: 53 out of 73

activities, verifiable indicators and outputs

c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection

d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection

e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools

f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations

g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan

UPE schools representing: 72.6%

o Areas covered: Learning environment, school management and head teacher performance, involvement of parents and community, and effectiveness of teaching and learning

o Key inspection findings:

✎ Irregular learners not followed up by school administration to find out the reasons for their absence

✎ Participation of parents in school activities was minimal

✎ Systematic monitoring of learners' performance was very minimal learners not being assessed regularly

✎ SMCs not fully functional

✎ Inadequate teaching preparation-incomplete schemes of work, no lesson plans and teaching aids which compromise effective lesson delivery

✎ Limited learner engagement during the lesson due to limited activities organized by teachers

The report was submitted and acknowledged by DES on May 24, 2024. Duly received by the IT officer, DES and delivered by DIS.

(ii) E-Inspection Report Term 2, 2024 dated August 24, 2024.

o Number of schools inspected: 45 out of 73 UPE schools representing 61.6%

o Areas covered: Learning environment, school management and head teacher performance, involvement of parents and community, and effectiveness of teaching and learning

o Key inspection findings:

✎ Parents involvement was vivid in co-curricular activities at different levels

✎ Some head teachers were not in full control of their schools

✎ Monitoring and supervision of teachers not impactful because of inconsistencies

✎ Most lessons did not have teaching aids

✎ Practice of giving corrective feedback to learners was very minimal

✎ Lesson preparations were still wanting hence compromised lesson delivery

(iii) School Performance Assessment Report Term III 2023 dated January 10, 2024

o Number of schools inspected: 66 out of 73 UPE schools representing: 90.4%

o Areas covered: Learning environment, school

management and head teacher performance, involvement of parents and community, and effectiveness of teaching and learning

Key findings

- An average of schools had improved performance in PLE learning outcomes of academic years 2022 and 2023. E.g. Stella Maris PS, Zzitwe PS, Najja R/C PS, Kidokolo UMEA PS, KikanyaPS, etc.
- Learning environment was good especially in the 50UE schools supported by the Embassy of Iceland through BDFCPP. In addition to schools supported by World Vision and USHA.
- Teaching preparedness was scanty and where it was done, in most cases it was incomplete.
- Schemes of work were incomplete, and some schools had no lesson plans, no teaching aids among others
- Most lessons observed were hence forth not effective
- Parents in most UPE schools of Buukwe DLG were involved in school activities mostly limited to meetings and speech days.

The SPA report for Term III, 2024 and Term II, 2024 inspection report were submitted officially acknowledged by IT officer (Musiimenta), and delivered by DIS, on 24 August 2024

The evidence showed that schools were not inspected as expected during FY 2023/4. The review of E-Inspection reports and SPA report revealed that on average 74.8% of 73 UPE schools were inspected during FY 2023/4, which was below the target of 100%. The school is 0.

Verification exercise in the sampled schools revealed that;

- i) Buikwe Ssabawaali PS-Buiikwe TC: had copies of (3) inspection feedback reports dated 15/10/2024, 9/7/2024 and 28/11/23. Inspections were conducted by both district inspectors and associate assessors. Scheming, lesson planning and ineffective supervision of learners were the key weak areas identified.
- ii) Najja R/C PS-Najja S/C: had no evidence of school inspection reports on file. However there was evidence in the visitor's book indicating that the school was inspected on 8 October 2024.

a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG

b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs

c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection

d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection

e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools

f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations

g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan

Check and verify if the LG supported schools to develop SIPs to address areas of weakness observed during inspection score 2 or else score 0.

There was evidence that the LG education department supported schools to develop SIPs to address areas of weakness observed during inspection.

The review of the head teachers' training workshop report on improving school performance and administration held on 12 March, 2024 at Najja RC PS revealed that head teachers were trained on how to make school improvement plans (SIPs) among others. The attendance list indicated 16 participants. The topic on SIP covered planning, and stakeholders' needs, among others

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|---|---|--|
| <p>a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG</p> <p>b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs</p> <p>c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection</p> <p>d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection</p> <p>e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools</p> <p>f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations</p> <p>g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan</p> | <p>Check and verify if the LG Inspector of Schools conducted School Performance Assessments in all Government aided primary schools score 2 or else score 0</p> | <p>The School Performance Assessment (SPA) report 2023 indicated that the assessment was conducted in 66 out of the 73 UPE schools representing 90.4%. The target of 100% coverage was not met, the score is 0.</p> <p>The SPA report dated 29 December 2023 highlighted; PLE performance, learning environment, parent's involvement, and lesson preparation among others.</p> |
|---|---|--|

- a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG
- b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs
- c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection
- d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection
- e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools
- f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations
- g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan

Check and verify if the LG Education Officer has monitored inspection activities and implemented the inspection recommendations score 2 or else score 0.

There was evidence that the LG Education Officer monitored inspection activities and implemented the inspection recommendations during the FY 2023/24.

Details:

DEO's monitoring report for 1st and 2nd Quarter activities FY 2023/4 dated January 4, 2024. The monitoring visits covered 54 UPE schools and the findings indicated that:

- Inspectors' reluctantacy to leave behind inspection feedback reports at school and sub county level

- Implementation of inspection recommendations left with head teachers not adequately done

- School Inspection reports not discussed during SMC/BoG meetings

The DEO's monitoring report for 2nd and 3rd Quarter activities FY 2023/4 dated July 2, 2024, indicated that 114 primary schools were monitored including the 73 UPE schools. The attributed impact of monitoring activities on learning outcomes included but not limited to:

- Improvement in academic performance once inspection recommendations are fully implemented by school administration

- Improvement in teaching and learning classroom environment

- Professional development of teachers through implemented CPD activities-both internal and external have improved teacher competencies

- Improved supervision of teachers by head teachers

- Noticeable improvement in managerial involvement of all the stakeholders in schools i.e. meetings with SMCs, PTAs, and learners' leaders

- There has been noticeable improvement in operation and maintenance of school facilities especially in ICEIDA schools

- a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG
- b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs
- c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection
- d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection
- e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools
- f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations
- g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan
- Check and verify if the LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan score 2 or else score 0.
- There was no evidence** that the LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes. The team was not availed with follow up reports on the implementation of inspection recommendations and minutes of meetings that discussed the follow up reports.

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that DHO and ADHO MCH have supervised and supported all health facilities to ensure the LG either has no death or has audited all perinatal deaths that happened in all the facilities	<ul style="list-style-type: none"> • Obtain and review DHIS2 to establish whether any of the health facilities experienced Perinatal Death. • Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs. • Obtain and review Audit Reports and the MPDSR report to establish whether the sampled health facilities experienced Perinatal Death, conducted audits in the previous FY. <p>Check and verify if the DHO and ADHO MCH have supervised and supported all health facilities to ensure the LG either has no death or has audited all perinatal deaths that happened in all the facilities score 6 or else score 0.</p>	<p>This assessment was conducted to evaluate DLG supervision and support provided to Health Centers (HCs) for reviewing perinatal deaths that occurred in the previous fiscal year (FY).</p> <p>The goal was to examine DHIS records from the previous FY to determine the number of HCs that notified and reviewed perinatal deaths.</p> <p>The presence of perinatal deaths at certain HCs led to the random selection of three HCs for this assessment.</p> <p>Findings:</p> <p>DHIS2 data indicated that five public HCs experienced perinatal deaths in the previous FY:</p> <ul style="list-style-type: none"> - Kawolo General Hospital: 131 - Kasubi HC III: 2 - Buikwe HC III: 1 - Ngogwe HC III: 4 - Ssi HC III: 1 <p>Based on this data, Kawolo General Hospital, as the highest-level facility available, was selected, along with Ngogwe HC III and Kasubi HC III, as the HCs for sampling in this assessment.</p> <p>Record reviews revealed that all HCs report perinatal deaths to the District Health Officer (DHO) via the Assistant DHO-Maternal Child Health (ADHO-MCH).</p> <p>DLG reported the following perinatal deaths:</p> <ul style="list-style-type: none"> - Macerated stillbirths: 83 - Fresh stillbirths: 68 - Newborn deaths: 39 <p>Total: 190</p> <p>Breakdown by HC:</p> <ul style="list-style-type: none"> - Kawolo General Hospital: 58 macerated stillbirths, 50 fresh stillbirths, 23 newborn deaths, totaling 131. - Kasubi HC III: 2 fresh stillbirths. - Ngogwe HC III: 2 macerated stillbirths, 2 	0

fresh stillbirths.

- Ssi HC III: 1 macerated stillbirth.

MPDSR reports show a perinatal death reporting rate increase from 46% in the first quarter to 76% in the fourth quarter.

The DLG did not achieve a 100% reporting rate due to Kawolo General Hospital's reluctance to review all notified perinatal deaths.

The maternity in-charge at the hospital cited the challenge of inadequate midwife staffing, compounded by the in-charge's reluctance to organize teams for audits.

DLG was advised to focus support on Kawolo GH to improve review rate for the perinatal deaths which affected the score for this indicator.

Evidence that the LG has ensured that all malaria cases treated were tested

- Obtain and review DHIS2 to establish that all treated malaria cases were tested.

Verify if the LG has ensured that all malaria cases treated were tested score 6 or else score 0

This assessment was conducted to evaluate the implementation of the test and treat policy for malaria.

The goal was to verify if all patients treated for malaria had been tested in the previous FY.

Findings:

DLG: 27,217 confirmed cases, 26,910 treated, resulting in 307 tested but not treated cases.

Sampled Health Centers:

Kawolo General Hospital: 2,967 confirmed and treated cases, achieving a 100% test and treat rate.

Kasubi HC III: 3,143 confirmed cases, 2,866 treated, resulting in a 91% test and treat rate.

Ngogwe HC III: 3,915 confirmed and treated cases, achieving a 100% test and treat rate.

All sampled health centers have a functional laboratory, with a minimum of four lab staff at the General Hospital and two lab staff at HC III.

The common malaria diagnostic test at HC IIIs is mRDT, while at the General Hospital, it is both B/S and mRDT.

At HC IIIs, lab staff are competent in performing B/S for malaria but show reluctance, with clinicians continuing to emphasize mRDT.

The rapid depletion of NMS-supplied drugs in April led to 277 confirmed patients not receiving treatment at Kasubi HC III. Additionally, extended waiting times caused some patients to leave the queue.

Kasubi HC III's store personnel were advised to project medicine orders using the data generated and the MoH formulas for estimating required stock.

Access

Evidence that LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY

- Review DHIS2 for the previous two FYs and calculate the percentage increase in OPD attendance

Verify if the LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY Score 4 or else 0

This assessment was conducted to measure the increase in OPD attendance over the past two Financial Years.

The goal was to verify the functionality of the OPDs at Health Centers and to review DHIS2 data for a 5% increment.

Findings for FY 2023/2024-2022-/2023

DLG: $((255,516 - 246,552) / 246,552) \times 100 = 3.6\%$ Increment

Sampled Health Centers:

Kawolo General Hospital: $((120,261 - 111,201) / 111,201) \times 100 = 8\%$ Increment

Kasubi HC III: $((11,738 - 10,317) / 10,317) \times 100 = 13.7\%$ Increment

Ngogwe HC III: $((14,545 - 15,900) / 15,900) \times 100 = -8.5\%$ Decline

DHIS2 data indicated that the DLG achieved an increment in OPD attendance, however, the increment was not justifiable to the greater than 5% required minimum. Kawolo General Hospital and Kasubi HC III registered increments, while Ngogwe HC III saw a decline in attendance.

The perception among DLG health staff that OPD services are limited to lab diagnoses with prescriptions, rather than basic services like blood pressure checks, weight measurement, information provision, BMI calculations, etc., has contributed to the low OPD attendance.

Additionally, health assistants are not providing sufficient information to improve health-seeking behaviors, particularly among men.

Facility In-charges have been advised to equip and operationalize triage points at the OPDs and to enhance customer care to attract more people seeking healthcare services.

a) Evidence that the LG has ensured that all public health facilities submitted quarterly VHT reports in the previous FY	Review community outreach reports to establish whether all health facilities:	This indicator was assessed based on the submission of VHT quarterly reports to the DLG.
b) Evidence that the LG has ensured that each public health facilities conducted at least 48 community outreaches in the previous FY score 4 or else 0	<ul style="list-style-type: none"> Submitted quarterly VHT reports in the previous FY 	<p>The objective was to confirm the presence of VHT-submitted reports to the DHO for the previous four quarters of the FY.</p> <p>Findings:</p> <p>It was shown that all VHTs are supervised by the District Health Educator through health assistants at sub counties.</p>
	Verify if the LG has ensured that all public health facilities submitted quarterly VHT reports in the previous FY score 2 or else 0	<p>The facilities' quarterly meetings, held by the health assistant with the VHTs, are the source of the reports that are submitted to the DHO.</p>
		<p>At the DHO, all four quarterly VHT reports were submitted in July/2023, December/2023, April/2024 and July/2024. the reports highlight activities carried out such as trainings for VHTs, ICCM, Immunization, and Sayana Press for short-term family planning.</p>
		<p>However, the reports do not clearly identify community challenges or provide recommendations that could impact community-driven health outcomes.</p>
		<p>Health workers were coached on how to create informative and actionable activity reports that can be used in quarterly work plans and to easily track improvements from implemented recommendations.</p>

a) Evidence that the LG has ensured that all public health facilities submitted quarterly VHT reports in the previous FY

b) Evidence that the LG has ensured that each public health facilities conducted at least 48 community outreaches in the previous FY score 4 or else 0

Review community outreach reports to establish whether all health facilities:

- Conducted at least 48 community outreaches in the previous FY including 4 at schools

Verify if the LG has ensured that each public health facilities conducted at least 48 community outreaches in the previous FY score 4 or else 0

This indicator was used to assess the implementation of planned and conducted community outreaches by Health Centers (HCs).

The goal was to confirm the execution of at least 48 community outreaches, as planned (more than 48), including school health outreaches in the previous fiscal year.

The assessment involved reviewing community outreach registers (Child health, School health, HIV Counseling and Testing) at the HCs, along with activity reports to verify implementation at HCs and the District Health Office (DHO).

Findings:

District Local Government (DLG): Planned 1570, Conducted 1332, Not conducted but planned 238.

Kawolo General Hospital: Planned 130, Conducted 128, Not conducted but planned 2.

Kasubi HC III: Planned 81, Conducted 81, All planned and conducted

Ngogwe HC III: Planned 153, Conducted 159, An additional 6 conducted beyond the plan

The outreach registers at the HCs showed that common activities planned and conducted included School health (HPV vaccination), Child health (Immunization, Vitamin A supplementation, Deworming), and HIV Counseling and Testing with the integration of Family planning services.

All the sampled HCs had planned and conducted more than 48 community outreaches, including school health initiatives.

Most outreaches were carried out by midwives with the support of Village Health Teams (VHTs).

Health Assistants showed reluctance to work with the health facilities' plans, preferring instead to follow the Health Inspector's schedule, which is not aligned with their job description.

Health workers received training on utilizing routine facility data and VHT reports to identify the most vulnerable communities in need of extended services to improve health outcomes.

A strong emphasis was placed on the importance of narrative reports for each activity conducted, with informative and actionable recommendations that support community-driven service delivery.

Evidence that LG facilities increased maternity care service attendance between the previous FY but one and the previous FY by not less than 2%	<p>Review DHIS2 for the previous two FYs and establish the increase in</p> <p>i. Antenatal Care 1st Trimester,</p> <p>ii. Immunization for measles, Rubella</p> <p>iii. Deliveries at health facilities</p> <p>If the LG facilities increased maternity care service attendance between the previous FY but one and the previous FY by not less than 2% for the following services:</p> <p>i. Antenatal Care 1st Trimester, score 2 or else 0</p> <p>ii. Immunization for measles, Rubella, score 2 or else 0</p> <p>iii. Deliveries at health facilities score 2 or else 0</p> <p>score 6 if (i) (ii) and (iii) complied with or else 0</p>	<p>This assessment focused on the increase in attendance of MCH services over the past two fiscal years (FYs).</p> <p>The goal was to analyze DHIS2 data from the previous two FYs and calculate a 2% increase in MCH service attendance. Additionally, the provision of MCH services was verified by reviewing ANC/MCH/EPI registers at the Health Centers (HCs).</p> <p>Findings for FY 2023/24 and 2022/23:</p> <p>All sampled HCs provided MCH services.</p> <p>i. ANC 1st Trimester</p> <p>District Local Government (DLG): $(2038-1853)/1853 \times 100 = 9.9\%$ Increment.</p> <p>Sample HCs:</p> <p>Kawolo General Hospital: $(257-247)/247 \times 100 = 4\%$ Increment.</p> <p>Kasubi HC III: $(211-78)/78 \times 100 = 170.5\%$ Increment.</p> <p>Ngogwe HC III: $(830-739)/739 \times 100 = 12\%$ Increment.</p> <p>The DLG saw an increase in ANC 1st Trimester attendance. However, Kawolo GH had low attendance due to insufficient sensitization and the absence of amenorrhea screening for reproductive-age individuals at the Outpatient Department (OPD).</p> <p>Ngogwe HC III experienced high attendance due to enhanced sensitization via Village Health Teams (VHTs) and Youth Adolescent Partners (YAPs) targeting adolescents. These YAPs receive support from MUWRP at the regional level.</p> <p>Challenges identified with 1st ANC attendance included low male involvement, long distances, reliance on Traditional Birth Attendants (TBAs), and clinicians' reluctance at the OPD to inquire about the Last Normal Menstrual Period (LNMP) for females of reproductive age.</p> <p>The assessor recommended that In-charges consider educating communities on the importance of ANC in the 1st Trimester, increasing male participation in ANC, and requesting additional pregnancy testing kits.</p>
	<p>ii. Measles Rubella (MR)</p>	<p>DLG: $(5021-4543)/4543 \times 100 = 10.9\%$ Increment.</p> <p>The DLG noted an increase in Measles Rubella vaccinations, attributed to mass campaigns and the execution of planned community outreaches at HCs.</p> <p>Sample HCs:</p>

Kawolo GH: $(466-478)/478 \times 100 = -2.5\%$
Decline.

Kasubi HC III: $(537-375)/375 \times 100 = 43\%$
Increment.

Ngogwe HC III: $(1055-1123)/1123 \times 100 = -6\%$
Decline.

Despite the overall increase in MR vaccinations within the DLG, Kawolo GH and Ngogwe HC III observed a decline. The decline was due to not utilizing the register and the loss of data on tally sheets.

iii. Deliveries

DLG: The delivery rate increased slightly:
 $(6680-6518)/6518 \times 100 = 2.4\%$ Increment

The DLG noted a marginal increase in deliveries. However, the ADHO-MCH is still dissatisfied with the number of deliveries compared to the annual total ANC of 28,596 from the previous fiscal year.

Sampled Health Centers:

Kawolo General Hospital: Delivery rates calculated as $(724-698)/698 \times 100 = 3.7\%$
Increment

Kasubi HC III: Delivery rate calculated as $(282-228)/228 \times 100 = 23.6\%$ Increment

Ngogwe HC III: Delivery rate calculated as $(4364-4193)/4193 \times 100 = 4\%$ Increment

All sampled health centers saw an increase in deliveries. However, the deliveries analyzed were spontaneous vaginal deliveries (SVDs). Ngogwe HC III reported a notably higher number of deliveries compared to other facilities. The strategy is for midwives to ensure that ANC attendees deliver at the health facility.

The lower delivery numbers at Kawolo General Hospital are attributed to the hospital's focus on Caesarean sections.

Patient inquiries indicated that undisclosed charges after deliveries contribute to the lower delivery numbers, in contrast to the completely free delivery services at HC IIIs.

The assessor recommended that the Principal Nursing Officer (PNO) educate all women to report any instances of being charged for services

Additionally, midwives should motivate women attending ANC to choose hospital delivery by guaranteeing quality and complimentary services.

Evidence that the LG increased the number of women of reproductive age receiving Family Planning (FP) services between the previous FY and previous FY but one

Review DHIS2 for the previous two FYs and establish the increase in uptake of Family Planning (FP)

Verify if the LG increased the number of women of reproductive age receiving Family Planning (FP) services between the previous FY and previous FY but one by 5% score 3 or else 0

This assessment focused on the increase in the uptake of Family Planning services over the previous two fiscal years (FYs).

The objective was to analyze DHIS2 data from the past two FYs to determine the rise in both short and long-term Family Planning services for the District Local Government (DLG).

Findings for FY 2023/24 and 2022/23:

DLG DHIS2: $(24338-21726)/21726 \times 100 = 12\%$ Increment

The DLG saw a rise in Family Planning service utilization, attributed to the Family Planning camps by Marie Stopes and the Health Centers (HCs) with highly active Village Health Teams (VHTs), particularly for short-term methods like Sayana Press.

Sampled Health Centers:

Kawolo General Hospital: $(2700-2830)/2830 \times 100 = -5\%$ Decline

Kasubi HC III: $(921-1049)/1049 \times 100 = -12\%$ Decline

Ngogwe HC III: $(1693-1120)/1120 \times 100 = 51\%$ Increment

While the DLG experienced an overall increase which justifies its score, only Ngogwe HC III saw a significant rise. They attributed this to serious data capture and strengthened integrated community outreach.

Nonetheless, the DLG faces challenges with low male involvement, exacerbated by myths and misconceptions about Family Planning. One client interaction revealed that the need for a labor force in sugar plantations, allowing children to provide shelter post-retirement, affects Family Planning uptake.

The assessor recommended that health workers engage males and leverage religious/traditional leaders for advocacy.

Furthermore, integrating Family Planning information into Outpatient Department (OPD), Antiretroviral Therapy (ART), and Antenatal Care (ANC) services, particularly through Group Antenatal Care (GANC) with peer support, will likely enhance uptake while ensuring the availability of Family Planning commodities in the HCs.

Evidence that the LG enrolled at least 95% newly tested HIV positives into HIV chronic care in the previous FY

Review DHIS2 data to establish the percentage of newly tested HIV positives enrolled into HIV chronic care in the previous FY.

If the LG enrolled at least 95% newly tested HIV positives into HIV chronic care in the previous FY score 3 or else 0

This indicator measured the enrollment percentage of newly diagnosed HIV-positive clients from the previous fiscal year (FY).

The goal was to analyze DHIS2 data from the previous FY to confirm that the enrollment for chronic HIV care of newly diagnosed patients was at least 95%.

Findings for 2023/24 and 2022/23:

Total new HIV-positive cases: 728

Enrollment: 729

DLG: $(728/729) \times 100 = 99.8\%$

The DLG achieved the target of enrolling over 95% of new HIV-positive individuals into chronic care. This success is credited to the support from MUWRP for HIV care in the region, which included training, additional staff, logistics, and community interventions such as VHTs, peers, HIV champions, and community engagement activities like identifying vulnerable communities and expanding HIV testing and care services.

Sampled Health Centers:

Kawolo General Hospital: $(329/330) \times 100 = 99.6\%$

Kasubi HC III: $(31/32) \times 100 = 96.8\%$

Ngogwe HC III: $(93/77) \times 100 = 120.7\%$

The DLG met the target of enrolling over 95% of new HIV-positive individuals into chronic care, thanks to MUWRP's support for HIV care in the region through various initiatives.

The DLG was advised to enhance partnerships with Implementing Partners (IPs) and to address stigma, myths, and misconceptions about HIV care services, particularly regarding prevention with PEP and PrEP.

Efficiency

Evidence that the LG has ensured that midwives in all facilities attend to the required number ANC clients

- Review DHIS2 data to establish the total ANC clients

- Review the LG Health Workers payroll to establish the number of midwives

- Calculate the average.

i. If on average each midwife attended to at least 1200 ANC client per year score 3

ii. If on average each midwife attended to at least 800 ANC client per year score 2

This assessment measured the ratio of midwives to pregnant women using the total number of antenatal care (ANC) visits for the previous FY.

The goal was to determine the midwife ratio for the District Local Government (DLG) by cross-referencing the total number of DLG midwives on the payroll with the total ANC visits and the provision of ANC services at Health Centers (HCs).

Findings:

The DLG payroll lists a total of 51 midwives across all public HCs.

A review of the DHIS2 for the previous FY indicates a total of 28,596 ANC visits.

The ratio of midwives to pregnant women is 28,596/51, which means each midwife attended to 561 pregnant women in the previous FY, despite the DLG's low number of midwives.

ANC attendance, particularly during the first trimester, impacts the total ANC count.

Additionally, the community elders' trust in traditional birth attendants (TBAs) deters pregnant women, especially teenagers and adolescents, from attending ANC at health facilities.

Improving women's perceptions of and challenges to early ANC attendance, along with bolstering male involvement in ANC, will significantly enhance ANC attendance at DLG facilities.

Evidence that the LG ensured that patients admitted with Malaria averagely spend not more than 3 days on admission.

- Visit all Health Centre IV/District General Hospital in the LG where applicable and 2 HC III

- Obtain and review the IPD register for the last quarter and sample at least 5 patients (2 from each quarter) to establish admission to discharge of Malaria patients.

Verify if the LG ensured that patients admitted with Malaria averagely spend not more than 3 days on admission score 3 or else 0

This assessment focused on the number of days an admitted patient stayed in the Inpatient Department (IPD).

The goal was to confirm the existence and functionality of the IPD by reviewing the IPD register columns 11 (Date in), 12 (Date out), 13 (Number of days of stay), and 19 (Final status) to determine the calculated length of stay for an admitted malaria patient.

Findings:

Despite having an IPD register, none of the sampled Health Centers (HCs) have a stand-alone IPD. Instead, they provide treatment and ask patients to return at a specified time for the next dose. Severely ill patients are referred to or admitted in the Postnatal Care (PNC) ward, but only briefly to stabilize them or decide on further referral.

An examination of the IPD registers at the HCs showed that, with the exception of Kasubi HC III, all other facilities had incomplete records in columns 11, 12, 13, and 19, which are critical for determining the length of patient stay and the decisions made after discharge noted in column 12.

The gaps identified are attributed to heavy workloads, the absence of a stand-alone IPD, and the staff and records assistants' reluctance to supervise data quality at the facilities.

Mentorship was provided to all staff at the OPD and IPD regarding the importance of completing the IPD register, particularly columns 11, 12, 13, and 19.

The District Health Officer (DHO) was also advised to ensure Data Quality Assessments (DQAs) are taken seriously, focusing on the completeness of register entries.

Human Resource Management

10

Evidence that the LG has recruited the critical staff in Health Centre IVs

- From the HRM Unit obtain and review staff lists for all facilities.

- Verify the staff number and their respective job positions deployed at each of the health facility.

- Sample one (1) Health Centre IV/District Hospital to verify deployment of the following critical staff:

- o At least 3 Medical

This assessment evaluated the availability of critical staff at a District Hospital.

The objective was to examine the DLG payroll to determine the number of essential staff recruited in accordance with the Ministry of Health (MoH) staffing norms. Additionally, the staff list on the facility's notice board and staff files were reviewed to verify deployment in the sampled Health Centers (HCs).

The assessor chose to apply the MoH staffing norms for the District Hospital instead of the HC IV level suggested in the manual, with a minimum staffing level of 75% based on the old staffing norm.

Findings:

Officers,	Overall DLG critical staffing:
o At least 5 theatre staff,	- Medical Officers: 8 including the DHO
o At least 5 clinical Officers	- Medical Clinical Officers 16
o At least 20 Nurses,	- Nurses: 72
o At least 6 Lab personnel,	- Midwives: 53
o At least 12 midwives,	- Laboratory Technicians: 14
o Health assistant	- Theater Staff: 5
Score 5 or else 0	- Health Assistants: 13
	Total: 181 critical staff
	Cadre: Recruited/Approved
	Kawolo General Hospital
	Medical Officers: 7/11 (63%)
	Medical Clinical Officers: 4/8 (50%)
	Nurses: 47/73 (64%)
	Midwives: 39/28 (139%)
	Laboratory Technicians: 4/5 (33%)
	Theater Staff: 3/5 (60%)
	Health Assistant: 1/3 (33%)
	Key Observations:
	1. There is a shortage of most critical staff, particularly nurses and medical officers and Medical clinical officers.
	2. Despite the high number of midwives in the General Hospital, there is still low quality MCH services especially in the area of Neonatal and child health as shown by the high number of perinatal deaths in the facility. this is also greatly affected by the high number of midwife-patients ration.
	3. The insufficient staffing levels are impeding service delivery, resulting in:
	- Extended waiting times at the Outpatient Department (OPD), Antenatal Care (ANC), and Youth Counseling Center (YCC).
	- Burnout among midwives and nurses, leading to noticeable planned absenteeism.
	- Deteriorated quality of care in OPD, Inpatient Department (IPD), and Maternity services despite quality of infrastructure at the facility.
	Recommendations:
	1. Make recruitment of critical staff based on the new MoH staffing norm as priority to address the shortages.
	2. Formulate strategies to schedule staff

application for further studies.

3. Adopt task-shifting and task-sharing practices to make the most of the available staff.

4. Continuously monitor and assess staffing levels and the quality-of-service delivery.

5. Perform regular staffing needs evaluations.

6. Frequently revise and update staffing plans.

Conclusion:

Kawolo General Hospital is experiencing significant staffing deficits, which are affecting service delivery and the quality of patient care. It is imperative to address these shortages to enhance healthcare outcomes and protect the well-being of staff from the consequences of burnout.

Evidence that the LG has recruited the critical staff in Health Centre IVs

- From the HRM Unit obtain and review staff lists for all facilities.

- Verify the staff number and their respective job positions deployed at each of the health facility.

- Sample two (2) Health Centre IIIs to verify deployment of the following critical staff:

- Evidence that the LG has recruited the following critical staff in Health Centre IIIs

- o At least 2 Clinical Officers,

- o At least 10 Nurses,

- o At least 2 Lab personnel,

- o At least 6 midwives,

- o Health assistant

Score 5 or else 0

This assessment was conducted to evaluate the number of recruited critical staff in the DLG and verify number deployed at Health Centers (HCs) in accordance with the Ministry of Health (MoH) staffing norms for HC IIIs.

The aim was to determine the actual number of critical staff recruited in the DLG and deployed at HC IIIs compared to the new MoH staffing standards.

Findings:

An examination of the payroll shows that there are 176 recruited critical staff for the entire DLG.

Verification of number deployed at the HC staff list on the notice board and staff files.

Cadre: Recruited/Approved

Kasubi HC III:

- Medical Clinical Officer: 2/2

- Nurses: 4/4

- Midwives: 2/2

- Laboratory Technicians: 2/2

- Health Assistant: 1/1

Ngogwe HC III:

- Medical Clinical Officer: 2/2

- Nurses: 4/4

- Midwives: 2/2

- Laboratory Technicians: 2/2

- Health Assistant: 1/1

Although the minimum number of the most critical staff for HC IIIs was achieved, this has not translated to the service outcomes and quality due to heavy workload resulted from the increasing population and demand for health care services.

Addressing the staffing levels at HC IIIs is imperative for enhancing health service outcomes within increased population in the DLG.

Evidence that DHO and HR has ensured that all medical staff have valid practicing licenses to meet standards of practice by various regulating bodies to improve quality of service outcomes

- Review staff file to establish whether all the medical staff have valid practicing license form MDPC, AHPC, NMC

If the DHO and HR has ensured that all medical staff have valid practicing licenses to meet standards of practice by various regulating bodies to improve quality of service outcomes
Score 4 or else 0

This assessment was conducted to verify that staff possess valid practicing licenses from the appropriate licensing bodies (UMDC, UAHPC, and UNMC).

The aim was to examine the DHO's file and validate the existence of a valid practicing license within each staff member's file at the Health Centers (HCs).

Findings:

The DLG employs a total of 176 critical staff who are regulated by the aforementioned licensing bodies, as determined by reviewing the payroll and deployment list at DHO.

Review of DHO staff file for licenses, the 174/176 critical staff listed on the payroll had valid practicing licenses from the relevant regulatory bodies.

Sampled HCs:

Kawolo General Hospital: 102 out of 104 staff members had valid licenses; the remaining two were on approved study leave by the DLG authority.

Kasubi HC III: 11/11 staff members had valid licenses.

Ngogwe HC III: 11/11 staff members had valid licenses.

An examination of the individual staff files at the sampled facilities confirmed that the files primarily contained valid practicing licenses, appraisal forms, confirmation letters, posting instructions, and other pertinent documents.

At Kawolo General Hospital, the two staff files lacking practicing licenses indicated that they had been granted study leave approval by the DLG authority, along with admission letters.

The HR through DHO and facility In-charges were encouraged to enforce the achievement of this quality practice for all licensable health workers in the DLG.

Evidence that the LG ensures that all HCs conduct at least 7 CMEs in the previous FY, HC IVs are certified as CPD centers, and provide at least 4 CPDs to HC IIIs in the previous FY.

From the sampled facilities obtain the CME schedule

Obtain and review the CME reports to establish topics discussed and attendance by critical staff.

Obtain and review the CME/CPD reports to establish whether

i. All HC IVs and District Hospitals were certified as CME/CPD centers in the previous FY

ii. All HC IVs and District Hospitals submitted the report to the Medical Council in the previous FY

iii. HC IVs and District Hospitals provided at least 7 CME/CPDs to each of the HC IIIs under their jurisdiction

Verify if All HCs conduct at least 7 CMEs in the previous FY score 2 or else 0

This assessment focused on whether Health Centers (HCs) have a current Continuing Medical Education (CME) schedule and at least seven reports.

The goal was to verify the existence of a current CME schedule and to review the CME reports from the previous FY.

Findings:

Kawolo General Hospital has conducted over 15 departmental CMEs. Kasubi HC III has held 8 CMEs, and Ngogwe HC III has held 9 CMEs.

Kawolo General Hospital maintains a weekly CME schedule across departments. All sampled HCs display their CME schedules on the main noticeboard in HC III, with events planned quarterly.

An examination of the CME report records at the health facilities reveal that the reports are handwritten and contain only the topic and study content.

The primary topics covered included Infection Prevention and Control (IPC), Postpartum Hemorrhage (PPH), Anemia, malaria prevention, nutrition assessment, newborn resuscitation, PrEP uptake, non-suppression, viral load, and Gender-Based Violence (GBV).

While all sampled HCs had CME reports, the narratives did not address the outcomes of the CMEs, such as key issues discussed, lessons learned/strengths, identified gaps, and recommendations for the impact improvement plan.

Health facility staff were encouraged to organize CME schedules following performance reviews to address poorly performing indicators from the previous quarter and to achieve quality service outcomes.

Evidence that the LG ensures that all HCs conduct at least 7 CMEs in the previous FY, HC IVs are certified as CPD centers, and provide at least 4 CPDs to HC IIIs in the previous FY.

Obtain and review the CME reports to establish topics discussed and attendance by critical staff.

The assessment focused on the DLG's certification to conduct CDPs.

The goal was to verify the existence of a CDP certificate and the implementation of CDP training for key staff.

Obtain and review the CME/CPD reports to establish whether

The findings revealed that the highest-level facility within the DLG is Kawolo General Hospital.

i. All HC IVs and District Hospitals were certified as CME/CPD centers in the previous FY

There have been no intentional efforts by the DLG to seek CDP certification.

The District Health Officer (DHO) noted the absence of clear procedures and guidance for obtaining a CDP certificate.

ii. All HC IVs and District Hospitals submitted the report to the Medical Council in the previous FY

Nonetheless, the DHO advocates for all Health Centers to adopt the practice of organizing and holding Continuing Medical Education (CME) sessions at least once a month to facilitate knowledge enhancement and provide refreshers at the facility level.

iii. HC IVs and District Hospitals provided at least 7 CME/CPDs to each of the HC IIIs under their jurisdiction

The assessor suggested that the District Administrator and PNO collaborate with the DHO to obtain a CDP report signed by two licensed Medical Officers and to submit an application for a CPD certificate to UMDPC.

Verify if all HC IVs and District Hospitals were certified as CPD centers in the previous FY score 2 or else 0

Evidence that the LG ensures that all HCs conduct at least 7 CMEs in the previous FY, HC IVs are certified as CPD centers, and provide at least 4 CPDs to HC IIIs in the previous FY.

Obtain and review the CME reports to establish topics discussed and attendance by critical staff.

Obtain and review the CME/CPD reports to establish whether

i. All HC IVs and District Hospitals were certified as CME/CPD centers in the previous FY

ii. All HC IVs and District Hospitals submitted the report to the Medical Council in the previous FY

iii. HC IVs and District Hospitals provided at least 7 CME/CPDs to each of the HC IIIs under their jurisdiction

Verify if all HC IVs and District Hospitals provided at least 4 CPDs to each of HC IIIs in the previous FY and submitted the report to the (relevant) Medical Council score 2 or else 0

The assessment was conducted to determine whether the DLG had carried out CDPs at lower-level facilities.

The goal was to verify the existence of CDP reports at the District Hospital.

Findings:

No evidence was found of CPDs being conducted by the District Hospital for lower-level facilities.

The PNO indicated that the DHO has not recommended supporting lower-level facilities with CPDs.

It was recommended that the District Hospital should support CPDs for lower-level facilities while the certification application is in progress.

Management and functionality of amenities

Evidence that health facilities in the LG have functional infection prevention and control amenities.

- Sample one (1) Health Centre IV/District Hospital (where they exist); and two (2) Health Centre IIIs
 - Observe existence of the listed necessary infection prevention and control facilities and supplies
 - In case the LG has no health facilities award score.
- Verify if the health facilities in the LG have the following functional infection prevention and control amenities
- Handwashing facilities with soap or alcohol based sanitizer at all work stations score 2 or else 0

This assessment focused on the availability of IPC amenities and practices in the HCs.

The goal was to observe and confirm the presence of IPC amenities and practices at various service points within the HCs.

Findings:

All HCs have designated IPC focal persons, with a committee led by laboratory staff, as displayed on the facility's notice board.

(i) Handwashing facilities with soap or alcohol-based sanitizer at all workstations

Each of the sampled HCs possessed functional amenities, including water and liquid soap available for mobile units and bottled for sink use in Kawolo GH.

The service points equipped with mobile handwashing facilities in all HCs included the compound, toilets/latrines, emergency laboratory, and labor/delivery areas.

In Kawolo GH, these facilities were located at the emergency, minor & main theatre, dental, all wards (male, female, pediatric, private, PNC), orthopedic, radiology & sonography, eye clinic, mortuary, and canteen.

None of the sampled HCs reported water supply issues, except for patient misuse, malfunctioning taps and sinks in Kawolo GH, and high water bills at the same facility.

Moreover, all HCs had alcohol-based sanitizer available in clinical rooms, at the main gate, triage points, ANC, ART clinics, YCC, and records rooms. In Kawolo GH, alcohol-based sanitizer was also present at radiology/sonography, dental, eye clinic, and orthopedic departments.

Evidence that health facilities in the LG have functional infection prevention and control amenities.

- Sample one (1) Health Centre IV/District Hospital (where they exist); and two (2) Health Centre IIIs
 - Observe existence of the listed necessary infection prevention and control facilities and supplies
 - In case the LG has no health facilities award score.
- Verify if the health facilities in the LG have the following functional infection prevention and control amenities
- score 2 or else 0

(ii) Sterilization Equipment

Findings

Kawolo General Hospital is equipped with electric sterilization equipment in the labor suite, laundry room, and both main and minor operating theaters.

Kasubi and Ngogwe Health Center IIIs possess electric sterilization equipment located in the labor suite, and this is the only service point acknowledged for utilizing the service.

Observations indicate that in the emergency unit of Kawolo General Hospital's Outpatient Department (OPD), as well as in other Health Centers' OPDs, procedures are often performed without sterilized forceps and gauze. This is due to a reluctance and a misconception that infection prevention is solely about wearing gloves.

It has been recommended that Infection Prevention and Control (IPC) focal persons should assist in educating all OPD and Inpatient Department (IPD) staff on the importance of using sterilized equipment for any procedure.

Evidence that health facilities in the LG have functional infection prevention and control amenities.

- Sample one (1) Health Centre IV/District Hospital (where they exist); and two (2) Health Centre IIIs
- Observe existence of the listed necessary infection prevention and control facilities and supplies
- In case the LG has no health facilities award score.

Verify if the health facilities in the LG have the following functional infection prevention and control amenities

Waste management and disposal facilities at all work stations including:

- a. color coded waste bins, biohazard bags and safety boxes
- b. Sorting waste according to color code
- c. Placenta pit score 2 or else 0

(iii) Waste management and disposal facilities at all workstations include:

- a. Color-coded waste bins, biohazard bags, and safety boxes

All the health centers (HCs) assessed have the necessary color-coded bins with liners at various service points such as the Compound, Triage, Laboratory, ANC, YCC, Dispensing, Labor & Delivery, PNC, and ART clinic. At Kawolo General Hospital (GH), bins are located at the emergency, minor & main theatre, Dental, all wards (male/female/pediatric/private/PNC), Orthopedic, Radiology & Sonography, Eye Clinic, Mortuary, and Canteen.

Safety boxes were present at all service points generating sharps, i.e., Emergency, Laboratory, ANC, YCC, minor & main theatre, Dental, all wards (male/female/pediatric/private), Orthopedic, and Mortuary.

- b. Sorting waste according to color code

All waste management points within the service points at the HCs have Standard Operating Procedures (SOPs) for waste segregation, promoting proper management.

Stockouts of color-coded biohazard bags can affect the quality of waste disposal management by porters, and sometimes bins remain contaminated without being cleaned.

The challenge with waste management was the patients' ignorance regarding waste segregation in the compound bins, especially at Kawolo GH.

- c. Placenta pit

All the HCs sampled had well-constructed placenta pits located within the facility premises.

They were secured with covers, i.e., light with padlock at Kasubi and Ngogwe HC IIIs, and a fenced placenta pit with a small entrance gate at Kawolo GH.

The inside of the pits is soil, which facilitates decomposition and minimizes quick fill-up.

The challenge observed is the disposal of non-decomposing waste materials, like filled plastic bags thrown into the placenta pit, which may lead to rapid fill-up and strain the limited facility funds.

Evidence that health facilities in the LG have functional infection prevention and control amenities.

- Sample one (1) Health Centre IV/District Hospital (where they exist); and two (2) Health Centre IIIs
- Observe existence of the listed necessary infection prevention and control facilities and supplies
- In case the LG has no health facilities award score.

Verify if the health facilities in the LG have the following functional infection prevention and control amenities

Clean human waste disposal facilities for patients and staff segregated between male and female with hand washing facility with water and soap score 2 or else 0

(iv). Clean human waste disposal facilities, segregated by gender with handwashing stations equipped with water and soap, are essential for patients and staff.

Upon inspection, it was noted that all Kasubi and Ngogwe HC IIIs have pit latrines that are accessible to both patients and staff, with separation for males and females provided by a barrier wall. At Kawolo GH, staff toilets are located within the service areas.

These staff toilets are secured with a padlock to restrict patient/client access.

At all Health Centers, latrine facilities featured functional handwashing stations with soap dissolved in the water to prevent misuse and theft by patients/clients. At Kawolo, tap water was readily available at all sinks.

The cleanliness of all latrine/toilet facilities was observed, with Kawolo GH's hygiene credited to the employment of a Community-Based Organization (CBO) established and registered by the clients. The PNO reported that the CBO has received training and supervision from the Hospital IPC focal person to ensure quality, reduce, and manage any occupational hazards.

Challenges included limited latrine facilities at Kasubi HC III and the improper use of toilets by patients at Kawolo GH.

Evidence that health facilities in the LG have functional infection prevention and control amenities.

- Sample one (1) Health Centre IV/District Hospital (where they exist); and two (2) Health Centre IIIs

- Observe existence of the listed necessary infection prevention and control facilities and supplies

- In case the LG has no health facilities award score.

Verify if the health facilities in the LG have the following functional infection prevention and control amenities

Safe water source score 2 or else 0

(v) Safe Water Source

All Health Centers (HCs) are equipped with piped water sources from the National Water supply.

Additionally, there are plastic water tanks to collect rainwater during the rainy season, and Kasubi HC III has an underground water tank provided by a donor to augment water reserves. However, the Emergency Obstetric and Neonatal Care (EmONC) guidelines disqualify harvested water in tanks as not safe for maternity use despite midwives in all the facilities using it as the available water source during scarcity.

The main challenge reported was the misuse of water by patients, resulting in higher monthly bills.

The assessor recommended that health workers educate patients and clients on the proper use of water and also urged facility porters to guide patients and clients in the appropriate use of the facility's water resources.

14	<p>Evidence that the health facilities have visible sign posts listing all available services in local language offered free of charge</p> <p>Evidence that the health facilities compound and service units have clear signs for directions in local language</p>	<p>Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs</p> <ul style="list-style-type: none"> • Observe existence of the signposts and labels • Obtain list of services offered from in-charge and compare with those on the sign-posts. <p>Verify if the health facilities have visible sign posts listing all available services in local language offered free of charge score 2 or else 0</p>	<p>The assessment focused on the presence of a signpost at the facility's main gate.</p> <p>The goal was to check for a list of services, displayed in the common local language (Luganda), available free of charge 24/7 at the main entrance signpost.</p> <p>Findings:</p> <p>All Health Centers (HCs) have a visible and legible signpost at the main gate entrance. The lists of services are provided in both English and Luganda, the common local language.</p> <p>Each signpost includes a disclaimer stating "ALL SERVICES OFFERED FREE 24/7" in both English and Luganda.</p> <p>Upon inquiry, it was found that the service list is known not only to the facility in-charges but also to the other staff members.</p> <p>The assessor recommended that the facility in-charges ensure that all access roads to the facility are marked with signage to improve accessibility.</p>	2
14	<p>Evidence that the health facilities have visible sign posts listing all available services in local language offered free of charge</p> <p>Evidence that the health facilities compound and service units have clear signs for directions in local language</p>	<p>Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs</p> <ul style="list-style-type: none"> • Observe existence of the signposts and labels • Obtain list of services offered from in-charge and compare with those on the sign-posts. <p>Verify if the health facilities compound and service units have clear signs for directions in local language score 2 or else 0</p>	<p>This assessment focused on the presence of signage within the facility compound to direct patients/clients to various service departments.</p> <p>The goal was to check for signposts on the facility grounds that guide people to different service departments, using the common local language.</p> <p>Findings:</p> <p>The Health Centers' compounds feature signposts that clearly provide directions to the various service departments, with inscriptions in Luganda, the prevalent local language.</p> <p>Within the departments, door labels indicate the names of service units such as reception/triage, examination room, laboratory, antenatal care (ANC), labor suite, youth corner (YCC), family planning, dispensary, and toilets.</p> <p>Observations revealed that all latrine facilities are marked with signage for male/female and staff in Luganda for the convenience of patients/clients.</p> <p>However, none of the Health Centers' triage points were labeled.</p>	2

Management of Financial Resources

15	<p>Evidence that the LG has supported all health facilities to:</p>	<p>From the LG Health Officer, obtain and</p>	<p>This assessment focused on the presence and quality of the annual work plans for all Health Centers (HCs).</p>	5
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<p>Evidence that the LG has supported all health facilities in analyzing bottlenecks, designing work plans to address the bottlenecks, allocating funds, and producing reports to improve health outcomes and mitigate identified issues.</p>	<ul style="list-style-type: none"> • Review bottleneck analysis report. • Review annual work plan HMIS 001 • Review annual budget report HMIS 020 • Narrative Activity Report <p>Verify if the LG supported all health facilities to</p> <ol style="list-style-type: none"> Make a bottleneck analysis; Design work plans to address the bottlenecks Allocate funds to activities intended to address the bottlenecks; and Produced reports which describe the activities conducted and explains what has been achieved in relation to mitigating the identified bottlenecks and improving health outcomes <p>If (i) and (iv) complied with score 5 or else 0</p>	<p>The aim was to confirm the existence of HC work plans that include bottleneck analysis, budget allocations for addressing bottlenecks, and activity reports detailing conducted activities.</p> <p>Findings:</p> <p>At the District Health Office (DHO), all District Local Government (DLG) HCs possess up-to-date work plans for the FY 2024/25, prepared by the facility in-charge and endorsed by the Health Unit Management Committee (HUMC) chairperson, DHO, and Chief Administrative Officer (CAO) on March 27, 2023.</p> <p>Upon examination, the work plans contain a facility background, map, catchment population, targets for indicators, human resource coverage, infrastructure, situation analysis, SWOT analysis, bottleneck analysis, and budgets to address identified bottlenecks.</p> <p>The bottleneck analysis is generated from the poorly performing indicators and they are analyzed for immediated cause, underlying cause root cause, possible solutions, planned activities and M&E</p> <p>Budgets have been allocated for these bottlenecks, with common budgeted activities including community outreaches, Continuing Medical Education (CME), stationery, Staff Development Allowance (SDA), performance reviews, and HUMC meetings, among others. Specifically, for Kawolo General Hospital, funds are designated for support supervision of subordinate facilities and for a contracted Community-Based Organization (CBO) to maintain hospital cleanliness.</p> <p>Nevertheless, there is a persistent knowledge gap in designing bottleneck analyses using performance indicators, leading to frequent alterations of the work plan which adversely impacts service outcomes.</p> <p>The Ministry of Health needs to provide mentorship to HCs on crafting high-quality, informative, and actionable work plans.</p> <p>All health facilities have produced activity reports on Village Health Teams (VHT), community outreaches, school health programs, CMEs, and Maternal Perinatal Death Surveillance and Response (MPDSR) activities, as outlined in the work plan. However, the quality of these reports may not support service improvement tracking, as they omit community issues, strengths, challenges, and recommendations, focusing instead on service demands.</p>
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Evidence that the DHO makes a bottleneck analysis, design work plans to address bottleneck, allocate funds, and produce reports to improve health outcomes.

- Review annual work plan HMIS 001
- Review annual budget report HMIS 020
- Narrative Activity Report

Verify if the DHO

i. Makes a bottleneck analysis;

ii. Designs work plans to address the bottlenecks

iii. Allocated funds to activities intended to address the bottlenecks; and

iv. Produced reports which describe the activities conducted and explains what has been achieved in relation to improving health outcomes

If (i) and (iv) complied with score 5 or else 0

This assessment focused on the presence and quality of the annual work plan across all District Health Offices (DHO).

The aim was to confirm the existence of the DHO work plan, complete with bottleneck analysis, budget allocations for addressing bottlenecks, and activity reports detailing conducted activities.

Findings:

At the DHO, the work plan for the current fiscal year (FY 2024/25) was devised by the DHT and received approval from the Secretary of Health and CAO on March 28, 2023.

Upon examination, the work plans include a DLG background, catchment population, health facilities, staffing levels, infrastructure, targets for indicators, situation analysis, SWOT, bottleneck analysis, and budgets for addressing bottlenecks.

Bottleneck analysis is derived from the performance indicators of the preceding FY and the situation analysis. The bottleneck analysis addresses immediate causes, underlying causes, root causes, possible solutions, activities and M&E.

The work plans tackle poorly performing indicators, supervision gaps within the DHT, and issues arising from DLG facilities that impact service outcomes.

Budgets have been allocated for addressing bottlenecks, with common budgeted activities including supervisions, procurement of equipment, infrastructure development, transport, DHT performance review meetings, community dialogues, stationery, SDA, etc.

Knowledge gaps in designing bottlenecks were noted, particularly concerning the performance indicators to be analyzed.

Immediate assistance from the MoH to the DHO is required to design quality, informative, and actionable bottlenecks.

The DHT has submitted activity reports to the DHO for all four quarters of the previous FY (September 29, 2023; December 29, 2023; March 29, 2024; June 28, 2024).

Facility In-charges are convened quarterly at the DHO to discuss performance reviews, which helps track the implementation of the work plan and service outcome improvements.

<p>a) Evidence that the LG has put in place protection measures against any form of violence/abuse discrimination for patients, workers and medical staff in health facilities</p> <p>b) Evidence that the LG has trained, sensitized patients, workers, medical staff and communities on measures to eliminate any form of violence/abuse and discrimination at health facilities</p> <p>c) Evidence that Health Unit Management Committee (HUMC) has been trained on stakeholder engagement grievance management as per the circular on grievance management by MoGLSD</p>	<p>Sample 3 health facilities to ascertain that protection measures are in place</p> <p>Verify the LG has put in place protection measures against any form of violence/abuse discrimination for patients, workers and medical staff in health facilities score 2 or else 0</p>	<p>The indicator evaluated the presence of measures, and the training provided to stakeholders regarding violence/abuse and discrimination.</p> <p>The objective was to confirm the implementation of these measures and the training of stakeholders on handling violence/abuse and discrimination.</p> <p>Findings:</p> <p>Violence/abuse and discrimination fall under the rewards and sanctions unit of the DLG.</p> <p>Training reports exist for health workers, supported by the Makerere University Walter Reed Project (MUWRP), for community leaders (LC Is, religious leaders, and counselors), and the police on addressing Gender-Based Violence (GBV).</p> <p>HUMC members have also received training from the DLG on their roles in community sensitization about violence/abuse, discrimination, and grievance management.</p> <p>Interventions implemented include the establishment of a grievance committee at the DLG and penalties for medical workers involved in violence/abuse and discrimination against patients/clients, such as apologies, refunds, warnings, and transfers.</p> <p>Despite these measures, violence is not adequately reported due to the fear of being marked and facing increased discrimination.</p> <p>There is an urgent need for more support in raising stakeholder awareness about the consequences and their importance in addressing violence/abuse and discrimination to improve service outcomes.</p>
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a) Evidence that the LG has put in place protection measures against any form of violence/abuse discrimination for patients, workers and medical staff in health facilities	Sample 3 health facilities to ascertain that protection measures are in place	The assessment focused on the availability of measures and the training provided to stakeholders regarding violence, abuse, and discrimination.
b) Evidence that the LG has trained, sensitized patients, workers, medical staff and communities on measures to eliminate any form of violence/abuse and discrimination at health facilities	LG conducted training and sensitization on the protection measures	The objective was to confirm the implementation of these measures and the training of health workers and patients/clients on handling violence, abuse, and discrimination.
c) Evidence that Health Unit Management Committee (HUMC) has been trained on stakeholder engagement grievance management as per the circular on grievance management by MoGLSD	Verify that the LG has trained, sensitized patients, workers, medical staff and communities on measures to eliminate any form of violence/abuse and discrimination at health facilities score 2 or else 0	<p>Findings:</p> <p>The District Local Government (DLG), in collaboration with the Makerere University Walter Reed Project (MUWRP), has trained all levels of health workers within the DLG on Gender-Based Violence (GBV) response and prevention.</p> <p>The partner has outsourced to Community-Based Organizations such as ST. Frances Healthcare Services, ST. Nyenga Hospital, and Share an Opportunity to assist the DLG in raising community awareness and sensitization about violence, abuse, and discrimination.</p> <p>Interventions implemented include the establishment of a grievance committee at Health Centers, chaired by the Health Unit Management Committee chairperson, and penalties for medical workers who engage in violence, abuse, and discrimination against patients/clients, such as apologies, refunds, warnings, and transfers.</p> <p>Despite these measures, violence is underreported due to fears of being singled out and facing increased discrimination.</p> <p>There is a pressing need for more support in raising awareness of the consequences of violence, abuse, and discrimination to build confidence and potentially improve service outcomes.</p>

a) Evidence that the LG has put in place protection measures against any form of violence/abuse discrimination for patients, workers and medical staff in health facilities	Sample 3 health facilities to ascertain that protection measures are in place	The assessment focused on the availability of the HUMC training report on stakeholder engagement and grievance management according to MoGLSD guidelines.
b) Evidence that the LG has trained, sensitized patients, workers, medical staff and communities on measures to eliminate any form of violence/abuse and discrimination at health facilities	LG Health Office and Community Development Office have trained the HUMC on stakeholder engagement and grievance management	The goal was to examine the training report to confirm the inclusion of stakeholder engagement and grievance management training for HUMC members.
c) Evidence that Health Unit Management Committee (HUMC) has been trained on stakeholder engagement grievance management as per the circular on grievance management by MoGLSD	If the Health Unit Management Committee (HUMC) has been trained on stakeholder engagement grievance management as per the circular on grievance management by MoGLSD score 2 or else 0	<p>Findings:</p> <p>The records indicate that in July 2024, the DLG, via the DCDO and Health Educator, facilitated a training for HUMC on their roles and responsibilities. This training encompassed topics such as stakeholder engagement, accountability, budgeting, and grievance management.</p> <p>The HUMC highlighted issues such as the slow response to grievances due to administrative and political interference and the neglect of certain cases where patients were asked for money for treatment services.</p> <p>All Health Centers possess minutes from Grievance meetings, which are held during the quarterly HUMC meetings at the Health Centers and are presided over by the HUMC chairperson.</p> <p>The assessor recommended that the DLG intensify efforts to foster the guided autonomy of grievance committees, enabling them to make judgements and decisions that enhance service outcomes.</p>

Oversight and support supervision

Evidence that HUMCs approved work plans and budgets in all facilities, the LGHT supervised and mentored all facilities for Data Quality Assurance (DQA), the LGHT supervised and mentored all facilities for the Expanded Program of Immunisation (EPI), and the LGHT discussed supervision findings and followed up on recommendations.	<p>From the LG Health Officer, obtain and</p> <ul style="list-style-type: none"> • Obtain and review HUMC minutes to establish that they approved work plans and budgets • Obtain and review LGHT supervision and mentorship reports • Obtain and review LGHT Minutes <p>Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs</p> <p>Verify if there is evidence that:</p> <p>i. That HUMCs</p>	<p>The indicator was used to check for HUMC approval of work plans, the existence of support supervision reports and recorded visits at the Health Centers (HCs) in the Ministry of Health (MoH) supervision book by all stakeholders through the District Health Officer (DHO) on DQA and EPI and activity reports for the conducted support supervisions and mentorships.</p> <p>The objective was to verify HUMC approval of work plans, inspect the MoH supervision book at the HCs to verify the Data Quality Audit (DQA) and Expanded Programme on Immunization (EPI) supervisions, as well as to examine the District Health Team (DHT) supervision reports and review support supervision reports from the previous Financial Year (FY).</p> <p>Findings:</p> <p>i. Review of HC work plans submitted to DHO; all work plans have been approved by HUMC chairperson. However, there is still inadequate knowledge on understanding of budgeting for the work plans.</p>
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approved work plans and budgets in all facilities	Upon reviewing the MoH supervision books at the HCs, the records disclosed the following counts of support supervisions by DHT and other stakeholders:
ii. That LGHT supervised and mentored all facilities in relation to Data Quality Assurance (DQA)	<p>ii. DQA:</p> <p>Kawolo General Hospital (GH): 4</p> <p>Kasubi HC III: The supervision book was withdrawn by the Chief Administrative Officer (CAO) and was not accessible.</p> <p>Ngogwe HC III: The supervision book was not accessible.</p>
iii. That LGHT supervised and mentored all facilities in relation to Expanded Program of Immunization (EPI)	<p>iii. EPI:</p> <p>Kawolo GH: 1</p> <p>Kasubi HC III: The supervision book was withdrawn by the CAO and was not accessible.</p> <p>Ngogwe HC III: The supervision book was not accessible.</p>
iv. That the LGHT discussed supervision findings and followed-up on the recommendations made.	<p>The record review from the facility MoH supervision book indicated that the DLG facilities did not document the supervisions at Kawolo GH.</p> <p>Neither Kasubi nor Ngogwe HCs had supervision records for the previous FY.</p> <p>The main challenge identified is the supervisors' failure to record the conducted supervisions into the facility MoH support supervision books.</p> <p>This lack of documentation has impacted the ability to achieve an increase in service uptake for the sampled indicators.</p>
If (i) to (iv) complied with score 6 or else 0	iv. DHO has the supervision reports but focusing much on MPDSR and EPI activities.

Evidence that the LG has submitted timely and complete HMIS 108 and 105 monthly summary data by the 14th day of the preceding months.

- Review HMIS monthly summaries
- Confirm with DHIS2 that summary data was submitted by the 14th of the preceding month

If the LG has submitted timely and complete HMIS 108 and 105 monthly summary data by the 14th day of the preceding months score 4 or else 0.

This indicator was assessed for the presence, completeness, and timely approval of the HMIS 105 & 108 monthly summaries.

The objective was to review the HMIS 105 & 108 monthly summaries for completeness and submission before the 14th day of the following month.

Findings:

- All Health Centers (HCs) possess and utilize the HMIS 105 & 108 monthly summaries to input data into the DHIS2.
- Upon review, all monthly summaries are completed between the 2nd and 7th of the following month and are signed by the facility in-charge.
- All reports are approved by the District Health Officer (DHO) between the 3rd and 7th of the following month.
- The Biostat actively engage the facility Records Assistant to ensure timely reporting into DHIS2.
- However more mentorships are required to all health workers on primary data quality generation.

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	<p>a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.</p> <p>b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY</p> <p>c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY</p> <p>d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities</p> <p>e) Evidence that the water office followed up implementation of recommended remedial actions</p>	<p>From the DWO:</p> <ul style="list-style-type: none"> Obtain and review the BPR to identify the new water sources implemented in the previous FY. Obtain and review the water quality analysis reports of the existing and new water facilities <p>Verify if the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually score 2 or else 0</p>	<p>The BPR for FY 2023/24 the following were the new water sources implemented: Buwaga-new borehole,Nambeta P/S- new borehole,Nakikunya-new bore hole, Mayugwe – new borehole and Ssi piped water Extension.</p> <p>Routine water quality analysis tests were carried out on 120 existing water facilities (indicated in the BPR of FY2023/24). There are 3 water quality analysis reports each showing results for 40 water facilities; December 2023, March 2024, and July 2024. From The LG gave 1,724 as the number of existing water facilities and 120 tests done is just 7%.</p> <p>Therefore the LG did not achieve the required number of water quality tests in FY 2023/24. Achieved 7% instead of 20%.</p> <p>Therefore scores 0.</p>	0

a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.

b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY

c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY

d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities

e) Evidence that the water office followed up implementation of recommended remedial actions

From the DWO:

- Obtain and review the BPR to identify the new water sources implemented in the previous FY.

- Obtain and review the water quality analysis reports of the existing and new water facilities

Verify if the water officer conducted 100% quality analysis for new water sources in previous FY score 2 or else 0

The new water sources implemented in FY2023/24 were 4 new bore holes and one piped water and they are the same ones as in the BPR.

There are three water quality analysis reports for existing water sources and new water facilities dated: December 2023, March 2024, and July 2024.

The DWO conducted water quality tests for new water facilities constructed in the BPR of FY2023/24. prior to connection evidenced by water quality test certificates issued by National Water & Sewerage Corporation for the 4 bore holes all dated 14 June 2024 with the following serial numbers: 22/263/2024/C, 22/262/2024/C, 23/169/2024/C and 22/264/2024/C.

The extension of Ssi piped water supply under Umbrella had its production-well constructed earlier with a water quality test certificate of National water and Sewerage Corporation Ref: ES 110/inv/2018/2373 dated 17/04/2018.

Therefore, the DWO carried out water quality tests on all the new water facilities with satisfactory results prior to connection.

Scores 2

a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.

b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY

c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY

d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities

e) Evidence that the water office followed up implementation of recommended remedial actions

- Obtain and review the BPR to identify the new water sources implemented in the previous FY.

- Obtain and review household sanitary survey reports for new piped water facilities.

Verify if the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY score 2 or else 0

Household sanitation surveys were conducted for the extension of piped water in FY2023/24 for public stand pipes just before connection in Ssi Bukunja sub county in the communities of Binga, Lukka, Ssugu and Lugala - reference is the letter to the CAO dated 7/6/2024 forwarding the sanitary survey reports.

Score is 2

a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.

b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY

c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY

d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities

e) Evidence that the water office followed up implementation of recommended remedial actions

From the DWO:

- Check and review feedback reports on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities.

Verify if the the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities score 2 or else 0.

Two reports dated 20 October 2023 and 15 April 2024 giving feedback (with action points) were provided to stakeholders on the results of water quality tests carried in FY 2023/24 for existing facilities. Community meetings were held at the following locations: Kigogu landing site in Ssi-Bukunja S/County, at Ajijja Bore hole at Brian Storm Primary School and to Sub-County leaders at Buikwe S/c Headquarters.

However, there was no evidence that feedback on house hold sanitary surveys for new facilities was provided to stakeholders. Interviews with communities and WSCs of Nambeta P/s and Buwaga confirmed that there was no feed back on household sanitary surveys conducted.

Score is 0.

a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.

b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY

c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY

d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities

e) Evidence that the water office followed up implementation of recommended remedial actions

From the DWO:

Check for follow up reports on implementation of recommended remedial action

Verify that the water office followed up implementation of recommended remedial actions score 2 or else 0

There is a report dated 14 December 2023 giving the status of implementation of recommended actions from the feedback meetings to prevent further contamination of water sources that failed water quality assessment. The report was addressed to the CAO and signed by Damulira Christopher as ADWO.

CAO and signed by Damulira Christopher as ADWO.

At Kigugo water tank, part of the recommendations were to construct a basic latrine at the site and carry out effective chlorination before pumping. The status recorded is that both recommendations had been adhered to.

Other actions taken were at Nangunga; erection of fence, reactivation of WSC, and digging of diversion channel. While at Brian Trust bore hole in Ajijja village a fence was erected, WSC reactivated and started on the process of securing the consent from the owner of the land on which the borehole is sunk.

Score is 2

Access

Evidence that the population with access to safe water service is either above 70% or has increased between the previous FY one and the previous FY

From the Ministry MIS for the previous FY and previous FY but one:

- Obtain and check data access to safe water in the previous FY but one and compare with safe water access in the previous FY

Verify if the population with access to safe water service is either above 70% or has increased between the previous FY one and the previous FY but one score 5 or 0

Safe water access in Buikwe DLG is 80% (MWE MIS) which is above 70%.

Therefore the score is 5

a) Evidence that the DWO has prioritized at least 70% of the budget allocations for the current FY to LLGs that are underserved (based on the average district water coverage) score 2 or else 0.

b) If at least 70% of budgeted water projects were implemented in sub-counties with safe water coverage below the district average in the previous Financial Year

From MoWE MIS and the DWO obtain and review the district safe water coverage data, (disaggregated by LLG); the AWP and budget for the current FY and reports to determine whether DWO allocated funds to LLGs that are underserved

Verify if the DWO has prioritized at least 70% of the budget allocations for the current FY to LLGs that are underserved (based on the average district water coverage) score 2 or else 0.

Currently the district has four sub counties: Buikwe Rural, Najja and Ngogwe have water access at 95% and Ssi Bukunja having a water access of 91% with a district average of safe water coverage at 80% (source MWE MIS) and 90% based on District records. Therefore, no sub county is underserved based on the average district safe water coverage of 80%-MIS MWE. Ssi Bukunja is the least water access at 91%.

The allocation of the FY 2024/25 per sub county is as follows:

Ssi Bukunja Amount: 177,500,000 at 72%

Najja Amount: 15,500,000 at 6%

Ngogwe Amount: 35,500,000 at 16%

Buikwe Rural Amount: 15,500,000 at 6%

The least served had over 70% allocation.

Score is 2.

a) Evidence that the DWO has prioritized at least 70% of the budget allocations for the current FY to LLGs that are underserved (based on the average district water coverage) score 2 or else 0.

b) If at least 70% of budgeted water projects were implemented in sub-counties with safe water coverage below the district average in the previous Financial Year

From MoWE MIS and the DWO obtain and review the district safe water coverage data, (disaggregated by LLG)

From the BPR of the previous FY ascertain whether the budgeted water projects were implemented.

Verify If at least 70% of budgeted water projects were implemented in sub-counties with safe water coverage below the district average in the previous Financial Year score 3 or else 0.

The water projects implemented in the FY 2023/24 are the same ones mentioned in the BFP.

All the four sub counties are rated above the average district safe water coverage of 80%. The three sub counties are at 95% access, the least is Ssi Bukunja is 91%.

The allocation of the FY 2023/24 budget to water projects per sub county is as follows:

Ssi Bukunja Amount: 324,606,147 at 80%

Najja Amount: 35,368,269 at 8.8%

Ngogwe Amount: 23,230,000 at 5.7%

Buikwe Rural Amount: 16,186,000 at 3.9%

Nkokonjeru Amount: 7,629,000 at 2%

80% of water projects in FY 2023/24 were implemented in Ssi Bukunja sub county with the least access of 91% while the rest are at 95%.

The scope was:

Laying and backfilling 7.6 km of water distribution pipe

Supply and installation of 10m³ capacity reservoir tank

Supply of solar battery for auxiliary lighting and installation of 7 PSP and 50 promotional household stands.

Target three villages of Binga, Sugu and Luka

80% Resources for water projects in 2023/24 were allocated to the sub county with the least access in the district.

Score is 3

Evidence that the LG has ensured that existing rural water facilities are functional.

From the Ministry MIS for the current FY:

- Obtain and check data on functionality of water facilities
- Sample 5 facilities to determine functionality of water facilities.
- If above 90% score 5
- Between 70% -89% score 2 or else 0

Functionality of water facilities stands at 92% source MIS

All the 5 water facilities sampled from three sub counties were functioning as follows:

1. Nambeta Primary School new deep bore hole in Nambeta village, Ssi Bukunja sub county
2. Buwange new deep well bore hole in Buwange LC1 Village, Ssi Bukunja Sub County.
3. Extension of Ssi piped water in Koba Parish, Ssi Bukunja Sub county
4. Nakikunyu deep bore hole in Kitazi Parish-Nakikunyu village, Buikwe Rural Sub county
5. Muyungwe new deep bore hole in Muyungwe Sub County

The arrangement in place is for WSCs to contact Sub county pump mechanics to attend to minor repairs and the district for major break downs. While Umbrella group

manages the maintenance of piped water systems through the Buikwe District and Sanitation Board Operation and Maintenance Office. Reference are monthly activity reports

dated 30 April 2024 and 31 August 2024.

Functionality is at 92% therefore the Score is 5.

Evidence that the LG has ensured that 80% water facilities have functional water & sanitation oversight committees

From the Ministry MIS for the current FY:

- Check data on functionality of water & sanitation committees
- From the sampled water facilities interview the caretaker and members of the user committees to determine whether the oversight committees are functional (e.g. collect O&M funds regularly with good record keeping, undertake minor repairs and maintaining adequate sanitation around the water source and receive and respond to the grievances. Score 5 or else 0

From MIS data, 963 WSCs are established out of which 937 (97%) are functional.

Interviewed Caretakers and other members of the water and sanitation committees at the 4 sampled deep bore hole water sources and the committees were all operational. Collection of funds for O&M is being implemented by charging Shs. 2,000 per homestead. It is only at Nakikunyu that the WSC was charging Shs. 10,000 as a membership fee. None of the 4 WSCs had opened an account on which to deposit the money collected but all acknowledged its importance and promised to open up bank/mobile money accounts.

The Ssi piped water supply is under the Umbrella Organization, a department in the MWE responsible for water supply to rural growth centers.

The entity operates independent of the District. The Ssi piped water supply at the time of the verification , did not have an operational Board. The reason given by the caretaker was that they still have to resolve the issue of rewards to the members of the Board.

A total of 7 public stand pipes (PSPs) were installed by the district under the extension programme where the community is charged 100/= per 20 liter jerrycan. The money is collected by a caretaker on behalf of the Umbrella group.

Each of the WSC reported that they had a book where they keep their records mainly concerning payments. The WSC on average had met 2 to 3 times since the commissioning of the water sources and were encouraged to always take minutes.

They clean and maintain adequate sanitation around the water sources and set rules for discipline such as restricting children play, washing of clothes and bathing at water collection points. Mayugwe water source the byelaws include; operating hours from 6 am to 7pm, no grazing of animals and payment of a fine of 5,000/= when caught.

The WSCs at the 4 new deep bore holes are operational and for the piped water extension, the water Board is not in place which is the responsibility of the Umbrella group. The district should ensure that there is an active Water Committee/Board working with the Umbrella group.

Score is 5

Efficiency

6	<p>Evidence that the LG has ensured that the installed water facilities provide water of adequate yield score</p>	<p>From the DWO:</p> <ul style="list-style-type: none"> • Obtain drilling/survey reports and check whether installed facilities meet the water quantity standards. • Sample 5 water facilities and determine whether the yield meets the design capacity as per the drilling and design reports <p>If the sampled water facilities yield meets the design capacity score 5 or else 0</p>	<p>Drilling survey report for deep boreholes (1-4) by Aquatech Enterprises dated July 2024, on page 11 indicated the following yields:</p> <ol style="list-style-type: none"> 1. Nambeta Primary School new deep bore hole is 3m3/h. 2. Buwaga new deep well borehole is 2m3/h. 3. Nakikunyu deep borehole the yield is 0.7 m3/h. 4. Mayungwe new deep bore hole the yield is 4m3/h 5. Extension of Ssi piped water the yield is 12.24m3/h. Page 6of8 drilling report by Royal Techno Industries Ltd date 2 April 2018. 	5
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The yield was determined by timing water collected in either a 20 liter jerrycan or a 10 liter jerrycan then computing the volume in cubic meters per hour. A public stand pipe being treated as a point source with a required discharge of 0.5 m³/hour.

The water yield for the 4 sampled boreholes and the piped water PSP were as follows:

Nambeta Primary School- 20 liter collected in 1 minutes and 12 seconds which is 1.0 m³/hr above the required 0.5 m³. But less than the design yield of 4m³/h.

Buwaga – 20 liters collected in 59 seconds which is 1.22 m³/hr. above the required 0.5 m³/hr. Close to design yield of 2 m³/h.

Extension of Ssi piped water at Lukka PSP- collected 20 liters in 1 minutes and 1 second which is 1.19m³/hr above the required 0.5 m³/hr. The production well yield is 12.5 m³/hr from drilling survey report when required is 5 m³/hr.

Nakikunyu- collected 10 liters in 32 seconds which is 1.125 m³/hr above the required 0.5 m³/hr. The measured yield is higher than 0.7 m³/h design yield.

Mayugwe- collected 20 liters in 31.6 seconds which is 2.28 m³/hr above the required 0.5 m³/hr. But less than the design yield of 4m³/h.

Therefore the yield at the 4 sampled water sources and 1 PSP meet the required yield of 0.5 m³/hr for a point source.

Score 5

Evidence that the LG has ensured that the installed water facilities provide water service all the time score 5 or else 0

- From the DWO obtain information about downtime or hours of service of source or service (down time should not exceed one week)

- Sample 5 water facilities and determine whether the water facilities provides water at all times

If the LG has ensured that the installed water facilities provide water service all the time score 5 or else 0

The DWO did not have a record about downtime or hours of service of water facilities.

All 5 sampled water sources provide water at all times. None has experienced a major broke down yet. to warrant prolonged period of shutdown.

However, water source in Najja Sub county at the point source called Mayugwe, the water becomes **turbid whenever it rains**. Therefore, rendering it unsafe and unavailable whenever it rains. Just requires water source protection measures to be put in place.

The district should ensured that source protection measures are implemented.

The DLG plan to ensure that the installed water facilities provide water all the time, was in conducting quarterly post construction trainings (evidence are post construction reports dated: 29 September 2023, 29 December 2023, Third Quarter FY2023/24, and June 2024) with the aim of:

1. to form, revamp and revitalize water user committees equipped with knowledge and skills in order to efficiently perform the duties of monitoring their water facilities.
2. to empower communities manage water sources in a more sustainable decentralized manner.
3. Thirdly, the DLG has a backup structure of technical officers to support the communities.

Therefore, the DLG has ensured that the installed water facilities provide water service all the time.

Score 5

Human Resource Management

Evidence that communities receive Backup technical support from the Water Office.

- From DWO field obtain monitoring reports, review and verify that communities received back-up technical support.

- Sample Water sources to ascertain that communities receive backup technical support.

If the communities received Backup technical support from the Water Office. Score 10 or else 0

In the DWO office there are quarterly reports labeled "Post Construction Support". The reports detail topics of discussion such as; training on source protection, grievance management, list of participants and their contacts. The third quarter monitoring report dated 1 April 2024 details activities executed by DWO's office per water source as technical back up.

Further evidence is contained in Quarterly Post construction Support to WUCs reports dated 20 September 2023, 29 December 2023, June 2024. The reports cover a range of topics covered such as Roles of WSCs, Management, causes of water pollution and remedies, water quality and protection plans.

At Buwaga water source, the community stated that after the bore hole had been installed, the bucket fell in and the matter was reported to the local mechanic who requested the district for back up. The problem was attended to. The mechanic checks on the source three times in a week, they reported.

At Nambeta Primary School, the WSC said they are in constant touch with the AWO, pump mechanic and the CDO.

The evidence from the communities, the third quarter monitoring report and the activity reports at DWO show that technical support is offered to the communities.

Score 10

Evidence that the constructed water facilities have basic functional amenities.

From DWO:

- Sample 5 water sources to ascertain that the water facilities have fences, soak-away pits, storm water diversion channels and grass.
- For the piped water facility check for: i) Reliable water source and intake structure, (ii) storage tanks or reservoirs, (iii) reliable pumping system, (iv) piped networks, (v) tap stands /water kiosks.

If the sampled water facilities have the basic amenities Score 10 or else 0

All 4 sampled boreholes had basic functional amenities, (fence, apron drainage systems, or sock pits).

The piped water system had a reliable water source with a good intake structure, water reservoir (supply tank), a storage tank, reliable plumbing system, pipe network serving a total of 110 connections all operational.

Score 10

Management of Financial Resources

10

a) Evidence that the water officer allocated and spent the NWR grant in line with the sub-programme grant & budget guidelines score 6 or else 0.

b) Evidence that the water officer submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter

From the Planner obtain and review a copy of the sector AWP for previous FY and the progress report and check whether allocations and expenditures for the sector NWR grant were done as per the sub-programme guideline s.

Verify if the water officer allocated and spent the NWR grant in line with the sub-programme grant & budget guidelines score 6 or else 0.

The sub-programme grant and budget guidelines (Rural Water Supply and Sanitation Conditional Grant Budget and Implementation Guidelines) ref. table 5 pg. 5 require that at least 40% of the NWR to be spent on mobilization activities:

1.Promotion of sanitation and hygiene

2.Mobilisation and promotion of community--based maintenance of water sources

3.Environmental and social safe guard activities

NWR for FY 2023/24 was shs 53,830,654 allocated as follows: Shs. 22,230,654 was spent on promotion of sanitation, hygiene and community mobilization activities and the balance

shs. 31,600,000 was spent on operational costs of water office (coordination activities and routine monitoring of water sub programme activities).

Therefore, Shs. 22,230,654 represents 43% of the NWR budget which is above 40%. The DLG is compliant.

Score is 6

6

a) Evidence that the water officer allocated and spent the NWR grant in line with the sub-programme grant & budget guidelines score 6 or else 0.

b) Evidence that the water officer submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter

From MoWE:

Obtain a schedule for submission of the LG reports and check whether the DWO submitted quarterly progress reports in time

Verify if the water officer submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter score 4 or else 0

All except one quarterly report were submitted in time as follows: on **23 Oct. 2023**, 10 Jan. 2024, 9 April 2024 and 10 July 2024. The DLG failed to meet the requirement of submitting quarterly reports to MWE on or before the 10th day of the first month following each quarter.

Score is 0

Environment, Social, Health and Safety

Evidence that the LG conducted training and sensitisation of the water and sanitation committees on the protection measures, the WSCs and communities implemented actions in water source protection plans for water sources constructed last FY, and the LG Water Office and Community Development Office trained the Water User Committee on grievance management and stakeholder engagement.

- From the District Water Office obtain and review
- Water source protection plans for water sources constructed in the previous FY.
- Training reports for the water and sanitation committees on water source protection, GRM and stakeholder engagement.
- Sample 5 water facilities to ascertain that water source protection measures were implemented
- From the LG Water Department, obtain and review: Water sub-programme ABPR and check whether the LG has included status of implementation of water source protection plans

Check and verify

i. Evidence that the LG conducted training and sensitization of the water and sanitation committees on the protection measures

ii. Evidence that the WSCs and communities implemented actions in water source protection plans for water sources constructed last FY.

iii. Evidence that the LG Water Office and Community Development Office have trained the Water User Committee on grievance management and stakeholder engagement

If (i) to (iii) met score 10 or else 0

From a sample of 5 water facilities constructed in the FY2023/24

i. Training and sensitization of the WSCs were conducted for the new water sources mainly focusing on maintenance, hygiene and management of WSCs. However, WSCs interviewed are not conversant with the water source protection measures, grievance management and stakeholder engagement.

ii. Water source protection action plans seen were for Mayungwe, Nakkunyu, Nambetta and Kyeswa not all sampled water facilities had protection action plans, Buwaga is missing. There was no evidence that these plans were disseminated to the WSCs evidenced from field interviews. Therefore no water source protection actions were implemented as in the plans.

iii. There was no evidence of grievance/complaint log.

Score is 0

Oversight and support supervision

a) Evidence that the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter

b) Evidence that the findings from monitoring were discussed with the DWSCC and among other agenda items key issues identified from quarterly monitoring of water facilities and recommended corrective actions from monitoring were implemented.

From the district water office:

- Obtain the list of water facilities in the LG
- Obtain and review the monitoring plans previous FY
- Check the monitoring reports of each project and establish whether the water officer monitored the WSS projects and public sanitation facilities (including ESHS aspects, water quality .).

If the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter score 10 or else 0

The DLG had a list of water facilities in the district.

There was no evidence of a monitoring plan for FY 2023/24.

Monitoring was carried out in the district on a quarterly basis. In the first quarter 9 water sources and 2 public sanitation facilities were monitored. In second quarter, 11 water and 13 sanitary, in third quarter 31 water sources and 0 sanitation facilities and in the fourth quarter, 32 water facilities and 6 sanitation facilities.

Total number of water facilities monitored is 83 out 1724 water facilities in the district which is 4.8% instead of 25%.

As for public sanitation, they monitored a total of 21 out of 61 which is 34% instead of 100%.

Target was not met score is 0

a) Evidence that the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter

b) Evidence that the findings from monitoring were discussed with the DWSCC and among other agenda items key issues identified from quarterly monitoring of water facilities and recommended corrective actions from monitoring were implemented.

From the DWO, obtain the DWSCC minutes, DWO progress reports and AWP and check whether key issues discussed in DWSCC were from the quarterly monitoring exercises.

Check whether remedial actions were incorporated in the AWP.

If the findings from monitoring were discussed with the DWSCC and among other agenda items key issues identified from quarterly monitoring of water facilities and recommended corrective actions from monitoring were implemented.

The DWSCC meeting of 28 September 2023, agenda item 5 was "Presentation of Recommendations from Quarterly monitoring reports."

Under Min. 5/09/2023 among others, the following resolutions were made from the recommendations of the 1st Quarter Water Sector monitoring report :

1. It was recommended that in future the District should consider using wooden shutters instead of steel doors
2. It was recommended that all well managed VIP latrines be modified into aqua-privy design system
3. It was recommended that all Public Sanitation facilities should be privatized to either an individual or a company.

Recommendation no. 1 is being implemented through change of specification in the B.O.Qs for public toilets.

Recommendation no. 2 was implemented evidenced by a completion report for Piloting VIP latrines modification to an AQUA-PRIVY at Kiyindi dated January 2024.

Recommendation no. 3 was presented to a committee of council sitting on 23 December, 2023 and under MIN COU 24/13/12/2023 approved the tendering of Ajijja Public toilet and resolved that all Public toilets in the district be tendered.

It is therefore evident that the DWSCC meetings have an agenda item to discuss findings from quarterly monitoring of water and sanitation facilities and corrective actions/recommendations are either followed up or implemented.

Score is 10.

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that the Local Government has in the previous FY trained all micro-scale irrigation beneficiary farmers on good field management practices, and the farmers are implementing these practices	<p>From the SAE, obtain and review the list of farmers that benefited from micro-scale irrigation funds in the previous FY</p> <p>Sample at least 5 beneficiary farmers.</p> <p>Visit the Sampled farmers to establish, if they are implementing at least four (4) of the following practices:</p> <p>Trenching</p> <p>Mulching</p> <p>weeding,</p> <p>manuring,</p> <p>thinning,</p> <p>spacing,</p> <p>soil and water conservation</p> <p>If the farmer practices at least any four of the above practices score 10 else 0</p>	<p>The three (3) reviewed training reports, dated 15th January, 20th May and 17th July 2024 that were obtained from the SAE and DPO indicated that the Buikwe DLG trained all its 22 MSI beneficiary farmers on good field management practices in the 2023/2024 FY. The training activities were majorly conducted by the Agricultural extension officers during farm visits and farmer field days, in addition to the trainings at farmer field schools (FFS) and demonstration sites. The most predominant field management practices that the farmers were trained on were crop spacing of 15*5cm for onions, 10*10 feet for bananas, etc., manuring, mulching using grasses, banana leaves and crop residues, thinning, weeding and soil and water conservation, among others. Field visits and verifications were carried out on Five (5) randomly selected beneficiary farmers, namely,</p> <ol style="list-style-type: none"> 1. Nampijja Theresa Semwoegerere of Najjembe Sub-county (S/c) who grows hass avocado, bananas and chill pepper. She practiced mulching, weeding, thinning and soil and water conservation (digging of retention ditches). 2. Ssebuliba Paul of Najjembe S/c who grows bananas, Sukuma Wiki and Maize. He practiced mulching (using crop residues), weeding, thinning and manuring using chicken droppings. 3. Namataka Florence of Kawolo Sub County who grows bananas. She practiced proper spacing, mulching (using banana leaves), weeding, thinning and trenching. 4. Nansande Deborah of Kawolo S/c who grows bananas and maize. She practiced weeding, thinning, mulching, manuring and proper spacing. 5. Ssezibera Moses of Kawolo S/c who who grows bananas. He practiced mulching (using banana leaves), weeding, thinning and trenching. <p>It was confirmed that all the five selected farmers indeed implement at least four of the aforementioned good field management practices and hence justifying the score of 10.</p>	10

Evidence that the LG has achieved MSI MAAIF installation targets in the previous FY.

From MAAIF obtain the installation targets for the LG.

From the MIS and SAE, obtain the list of completed installations in the previous FY and compare with the target.

If the LG has achieved MSI MAAIF installation targets in the previous FY. Score 8 or else 0

The MAAIF installation target for Buikwe DLG for the 2023/24 FY was 12 beneficiary farmers. Meanwhile, the MIS data and list of beneficiary farmers provided by the SAE showed that the DLG realized 22 completed MSI installations in the same FY. This implies that LG's installations surpassed the targets set by MAAIF. This success was attributed to the availability of the unspent 498,339,445 Ugx MSI grant funds from the 2022/23 FY, which were re-voted back as supplementary funds to the Buikwe DLG treasury. This enabled the LG to fund more installations than the target.

Evidence that the LG has realized an Increase in acreage of land under irrigated agriculture between the previous FY and the previous FY but one

From the MIS and SAE, obtain and review data on irrigated land for the last two FYs.

Calculate the percentage increase for micro-scale irrigation grant beneficiaries

If increase in micro-scale irrigation grant beneficiaries by 20% score 4 or else 0

The data on irrigated land obtained from the SAE and MIS tool show that the Buikwe DLG increased its irrigated land acreage for MSI beneficiary farmers between the 2022/23 and 2023/24 FYs. Below is a summary of the data on irrigated land (in acres) for the MSI beneficiary farmers for the two FYs.

Irrigated land in FY 2022/23 was 53.2 acres from 30 MSI beneficiary farmers.

Irrigated land in FY 2023/234 was 108.2 acres from 52 MSI beneficiary farmers.

The increase in irrigated land between the two FYs was 55 acres from 22 MSI beneficiary farmers.

The percentage increase in the number of MSI beneficiary farmers for the two FYs was 73.3 %

The percentage increase in irrigated land between the two FYs was 103.3 %

The number of micro-scale grant beneficiary farmers and the irrigated land increased by 73% and 103.3 %, respectively, between the 2022/23 and 2023/24 FYs. Therefore, the increase in acreage of land under irrigation is more than 20% as required for this indicator, hence justifying the Score of 4.

Evidence that the LG has realized an Increase in acreage of land under irrigated agriculture between the previous FY and the previous FY but one

From the MIS and SAE, obtain and review data on irrigated land for the last two FYs.

Calculate the percentage increase for micro-scale irrigation grant non-beneficiaries.

If increase in non- Micro-scale irrigation grant beneficiaries by 10% score 2 or else 0.

The data on irrigated land obtained from the SAE and MIS tool show that the Buikwe DLG increased its irrigated land acreage for non-MSI beneficiary farmers between the 2022/23 and 2023/24 FYs. Below is a summary of the data on irrigated land (in acres) for the non-MSI beneficiary farmers for the two FYs.

Irrigated land in the FY 2022/23 was 375 acres from 29 non-MSI beneficiary farmers

Irrigated land in FY 2023/234 was 405 acres from 31 non-MSI beneficiary farmers.

Note: The majority of the non-MSI beneficiary farmers were sugarcane growers, so the size of their irrigated land was generally greater than that of the MSI beneficiary farmers.

The increase in irrigated land between the two FYs was 30 acres from 2 non-MSI beneficiary farmers.

The percentage increase in the number of non-MSI beneficiary farmers for the two FYs was 6.89 %, which approximates 7%

The percentage increase in non-MSI irrigated land between the two FYs was 8 %

It was observed that the number of non-micro-scale grant beneficiary farmers and the irrigated land increased by 7% and 8%, respectively, between the 2022/23 and 2023/24 FYs. Therefore, the increase in acreage of land under non-MSI is less than 10% as required for this indicator, hence justifying the score of 0

Evidence that the LG has established and run Farmer Field Schools (FFS) as per the guidelines:

- Eligible number of participants (20 -30 farmers)

- Farmers in a radius of 15km of the FFS.

- Inclusion of male, female, and youth farmers.

From the DPO, obtain and review reports on FFS to determine whether they are established and run as per the guidelines.

Sample farmer field schools to verify that they comply with the guidelines:

i. Eligible number of participants (20 -30 farmers)

ii. Not more than 15km from the FFS.

iii. Inclusion of male, female, and youth farmers.

If all above complied with score 6 or else 0.

Based on the FFS establishment and operationalization reports, dated 27th February, 19th July and 17th September 2024, obtained from the DPO, the Buikwe DLG was found to have 6 operational FFS schools. These were Bavubuka Tukole FFS with 21 members, Kyanja Vegetable Growers FFS with 20 members, Makota Obotonde Bugagga FFS with 31 members, Seruti Agali Awamu with 20 members, Kanyenye FFS with 26 members, and Bulega Obutonde Bugaga FFS with 23 members.

Three (3) of the Six FFS were sampled and visited for verifications and these were;

1) Kyanja Vegetable Growers, located in Buikwe S/c and hosted by Ms. Nabatanzi Harriet.

2) Makota Obotonde Bugagga, located in Najja S/c and hosted by Mr. Dduma Kafero John.

3) Seruti Agali Awamu FFS, located and hosted by Ms Namwanje Magret.

It was noted from the attendance books provided by the host farmer that the trainings at the FFS are conducted weekly or bi-weekly. The Agricultural Extension Officers facilitated some of these training sessions. Furthermore, the members from all six established FFSs were located less than 15 km from the school's radius, and the membership included males, females, and youth, as recommended in the guidelines. Therefore, the FFs were established and functioned following the established guidelines, hence justifying a core of 6.

Evidence that farmers who received and are currently utilizing MSI facilities have registered an increase in crop yield between the previous FY but one and the previous FY

- From the DPO, obtain the list of beneficiary micro-scale beneficiary farmers.
- Sample and visit 5 farmers and check their records for the last two FYs to determine the percentage increase in yield

If the farmers who received and are currently utilizing MSI facilities have registered an increase in crop yield between the previous FY but one and the previous FY by 10% score 10 or else 0

The yield estimates provided by the five (5) visited MSI beneficiary farmers currently using MSI systems show that the farmers' crop yields increased between the 2022/23 and 2023/24 FYs. Below is a summary of the crop yields (per acre) that the farmers recorded and the yield increase between the two FYs.

Farmer 1 was Ssezibera Moses, who grows Bananas. He harvested 20 bunches per month in the 2022/23 FY and 45 bunches per month in the 2023/24 FY, representing a 125% increase in yield.

Farmer 2 was Ssebuliba Paul, who grows Maize. He harvested 60 Kilograms in the 2022/23 FY and 130 Kilograms in the 2023/24, representing a 116.7% increase in yield.

Farmer 3 was Dembe Apollo, who grows Tomatoes. He harvested 10 boxes per week in the 2022/23 FY and 15 boxes per week in the 2023/24, representing a 50% increase in yield.

Farmer 4 was Namataka Stella, who also grows Bananas. She harvested 10 bunches per month in the 2022/23 FY and 30 bunches per month in the 2023/24 FY, representing a 200% increase in yield.

Farmer 5 was Nalimansi Florence, who grows Cabbages. He harvested 800 heads per month in the 2022/23 FY and 1600 heads per month in the 2023/24, representing a 100% increase in yield.

The above summary shows that all the sampled MSI beneficiary farmers' crop yields increased by at least 10% between 2022/23 and 2023/24 FYs, hence justifying a score of 10.

Disclaimer: The above crop yield figures are estimates provided by farmers, but no written records are available. The MIS tool also didn't have the information on crop yields for the MSI beneficiary projects to validate farmers' records. Following the acquisition of MSI systems, the yields for all five (5) sampled farmers increased by more than 10%.

Human Resource Management

Evidence that the SAE has provided technical support and mentoring to extension workers in the LLG in MSI component

- From SAE obtain and review the supervision and mentoring reports

- Interview extension workers in a sample of 5 LLGs to verify the support provided

If SAE has provided technical support and mentoring to extension workers in the LLG in MSI component score 10 or else 0.

Based on the two mentoring and supervision/training report, dated 19th July 2024 that were reviewed, it was discovered that the SAE provided technical support to the extension workers of Buikwe DLG on the use of the IrriTrack App for data collection and record keeping as well as running of Farmer Field Schools (FFS). The Production Unit also went the extra mile to recruit and mentor a technician (Wanje Devis, as directed by MAAIF in a circular issued on 20 December 2021) who was in charge of repairing and maintaining the installed MSI equipment across the District. Upon interviewing the sampled Agricultural Extension Officers of the five (5) sampled LLGs, that's to say, Tusubira Sam of Lugazi Municipality, Ssemakula Yasin of Ngogwe Sub County(S/c), Mbogo Cyrus of Buikwe S/c, Kayondo James of Buikwe Town Council and Ssewankambo Christopher of Najja S/c, it was confirmed that the mentoring and technical support was provided. Therefore, the extension workers received technical support and mentoring from the SAE, justifying the score of 10. The extension workers, however, noted the need for refresher training and mentorship on the technical repair and maintenance of the MSI equipment.

Management of Financial Resources

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Evidence that the LG has appropriately allocated the micro-scale irrigation grant between capital development and complementary services, the development component of MSI grant has been used on eligible activities (procurement and installation irrigation equipment including accompanying supplier manuals and training, and budget allocations have been made towards complementary services in line with the sub-programme guidelines

From the planner's office obtain and review: The budget performance report and AWP to establish whether the micro-scale irrigation grant has been used as per guidelines.

Verify if:

- i. The LG has appropriately allocated the micro-scale irrigation grant between capital development (micro-scale irrigation equipment (75%) and complementary services (25%)

- ii. The development component of MSI grant has been used on eligible activities

There was evidence to justify that the Buikwe DLG has appropriately (per the Agro industrialization Grant Guidelines for FY2023/24 developed by MAAIF) allocated the MSI grant funds between capital development and complementary services. The budget performance report and the AWP, dated 28th June 2024 that were provided by the DPO and Planner indicated that the MSI grant funds that were availed to the Buikwe DLG in the 2023/24 FY were Ugx 289,898,616 in quarter Two. Seventy-five per cent (75 %) of the funds (Ugx 217,423,962) were spent on capital development (procurement and installation of irrigation equipment, accompanying manuals and training) while the remaining 25% (72,474,654) was spent on complimentary services. However, the budget allocations for complementary services were not made in line with MSI sub-program guidelines (following the UgIFT MSI Technical Guidelines Version 3, April 2023, Page 104 of 232). This is because 39.8% (Ugx 28,810,000) of the complementary funds were spent on enhancing LG's capacity to support irrigation agriculture (awareness raising of local leaders, procurement monitoring and supervision and paying annual salary for contract staff) while the remaining 60.2% (Ugx 43,629,741) of the funds were available to enhance farmers' capacity to uptake micro-scale irrigation. It was noted that the payment of the annual salary for the recruited water technician was made using the funds for 'enhancing farmer capacity to uptake Microscale irrigation, particularly the Farm Visit component. This contradicts with the guidelines that was provided in the contract staff recruitment circular dated 20 December 2021 that was issued by MAAIF. Therefore, the Buikwe DLG did not allocate the complementary component of the MSI grant funds as per the sub-programme guidelines and hence justifying the score of 0. This is because more than 25% and less than 75% of the MSI grant funds were utilized in enhancing LG capacity to support Irrigated agriculture and enhancing farm capacity to uptake irrigation respectively.

(procurement
and installation
irrigation
equipment
including
accompanying
supplier
manuals and
training

iii. The budget
allocations
have been
made towards
complementary
services in line
with the sub-
programme
guidelines i.e.
maximum 25%
for enhancing
LG capacity to
support
integrated
agriculture and
minimum of
75% for
enhancing
farmer
capacity for
uptake of MSI

If (i) to (iii) met
score 10 or
else 0

Evidence that the LG has ensured that farmers meet their co-funding IN FULL before equipment installation, the LG has utilized the farmer co-funding following MSI guidelines in the previous FY and that co-funding funds were reflected in the LG budgets for the coming FY

From the SAE obtain and review the beneficiary project file to determine the projected farmers' contribution and review the receipt to verify actual amount paid by the farmer.

From district planner obtain and review the budget performance report to verify that farmers co-funding has been allocated and utilized as per the guidelines.

Verify if:

i. Evidence that the LG has ensured that farmers meet their co-funding IN FULL before equipment installation

ii. Evidence that the LG has utilized the farmer co-funding following MSI guidelines (to scale-up acquisitions of MSI equipment of other new farmers) in the previous FY

iii. Evidence that co-funding funds were reflected in the LG budgets for the coming FY

If (i) to (iii) met score 10 or else 0

The beneficiary project files, budget performance report, and farmer's co-funding receipts that were reviewed confirmed that the MSI grant beneficiary farmers of the 2023/24 FY made their co-funding in FULL before irrigation systems were installed. The farmers paid between 4.5 and 8.5 million Ugx, while LG paid 75% of the farmer's total MSI equipment cost. The variations in the co-payment among the farmers were majorly due to the difference in irrigation technologies chosen (drip, sprinkler, or hosepipe), the size of irrigated land, types of water sources, and distance between the reservoir and water source. It was further noted that the Buikwe DLG utilized the co-funding to scale up the equipment acquisition for farmers in the 2023/24 FY (since the installations almost doubled the MAAIF target) and the co-funding was reflected in Ugx the Buikwe DLG budgets for the 2024/25 FY. The former can be traced from the fact that over 80.6% (Ugx 712,557,886) of the total MSI grant funds (Ugx 883,550,911) that the Buikwe DLG received in the FY 2023/24 was used in the procurement and installation of MSI equipment for the 12 beneficiary farmers who MAAIF targeted in the 2023/24 FY plus an additional ten (10) beneficiary farmers totalling to 22 beneficiary farmers who received MSI equipment in that FY. Therefore, the Buikwe DLG managed co-funding as per the subprogram grant & budget guidelines and hence justifying the score of 10

Evidence that the LG has monitored environment irrigation impacts quarterly e.g. efficiency of system in terms of water conservation, use of agro-chemical waste containers among the beneficiary farmers

From the Natural Resource department/ Environment officer, obtain and review environment monitoring and compliance reports to determine whether the SAE ensured that farmers conduct:

a) Proper water conservation; and

b) Proper agrochemicals and management of resultant chemical waste containers.

Sample and visit 5 farmers and verify that farmers practice proper water conservation and agro-chemicals management as well as management of resultant chemical waste containers.

If the LG has monitored environment irrigation impacts quarterly e.g. efficiency of system in terms of water conservation, use of agro-chemical waste containers among the beneficiary farmers score 5 or else 0

Three (3) Quarterly Environment and Social Monitoring (ESM) reports, dated 5th January, 2nd April, and 28th June 2024 for the FY 2023/24 were provided by the Buikwe District Natural Resource Department/ Environment Officer. This implies that the environmental irrigation impact was not monitored in quarter One on account of the delayed release of MSI grant funds during this quarter. The three (3) ESM reports, however, show that the Environment Officer advised farmers to; record daily water utilization, improve the drainage systems, plant trees at the farm's edge, and dispose of wastes in designated places. Upon visiting the five (5) sampled farmers, it was confirmed that they practice some form of water conservation, such as trenching, zero tillage, mulching, use of planting pits, etc. However, none of the farmers had gazetted area(s) for the disposal of agrochemical waste and signposts. Although LG monitored environment irrigation impacts, there was improper disposal of agrochemical waste containers among the beneficiary farmers, hence justifying the score of 0.

Evidence that the LG has established a mechanism of addressing micro-scale irrigation grievances : micro-scale irrigation grievances have been reported in line in line with the LG grievance redress framework, recorded, investigated and responded to

From the Designated Grievance Redress Officer obtain and review the Log of grievances and check whether grievances were recorded, investigated and responded

If the LG has established a mechanism of addressing micro-scale irrigation grievances : micro-scale irrigation grievances have been reported in line in line with the LG grievance redress framework, recorded, investigated and responded to, score 5 or else 0

A grievance redress committee was constituted at the Buikwe DLG to address micro-scale irrigation-related grievances. This committee was headed by the PAS (Mr. Ssenyonjo Jude), while the DCDO (Ms. Milly Bulega) was the Secretary. The other two key committee members were the representative for the Elderly (Mr. Lule Sulayman and the Senior Environmental Officer (Ms. Nakiri Jazira). The common MSI-related grievances recorded on the grievance log included delayed installations, malfunctioned water pumps, low pump flow rates, etc. All the grievances mentioned above were investigated and responded to. Therefore, the Buikwe DLG has GRC for MSI grievances, and the recorded grievances were investigated and responded to, hence justifying the score of 5.

Oversight and support supervision

Evidence that the LG has monitored on a quarterly basis all installed MSI equipment (key areas to include: functionality of the equipment, adherence to ESHS, adequacy of water source, efficiency of MSI in terms of water conservation)

- From SAE obtain and review the quarterly monitoring reports for the previous FY to establish the number of MSI equipment that were monitored
- Sample and visit 5 farmers and verify what is in the reports.

If the LG has monitored on a quarterly basis all installed MSI equipment (key areas to include: functionality of the equipment, adherence to ESHS, adequacy of water source, efficiency of MSI in terms of water conservation) score 10 or else score 0

The three (3) Quarterly monitoring and supervision reports, dated 29th February, 23rd April and 30th July 2024 obtained from the SAE noted that in the 2023/24 FY, the installed irrigation systems were not monitored for all four (4) quotas because of the late release of the MSI grant funds. The monitoring activities were conducted in February, April, and July 2024. Nevertheless, the five (5) sampled and visited farmers' irrigation systems were functioning and had adequate water sources. The MSI site was also efficient in water conservation through digging pits around banana plantations, trenching, and mulching. On the contrary, the installed MSI equipment did not adhere to ESHS, especially in the management of agrochemical waste containers. Although the SAE has monitored and supervised the installed MSI equipment for nearly all four quotas, the systems did not adhere to ESHS, justifying the score of 0.

Evidence that the LG collects information quarterly on newly irrigated land, functionality of irrigation equipment installed, provision of complementary services and farmer expression of interest, the LG has entered up to-date LLG information into the MIS, the LG has prepared quarterly reports using information compiled from LGs in the MIS,

- From the MIS and SAE obtain and review quarterly supervision and monitoring reports to determine whether they are compiled and cover LLG irrigated land, functionality of irrigation equipment installed, provision of complementary services and farmer expression of interest
- From the MIS report determine whether up to-

The Quarterly supervision and monitoring reports, dated 29th July plus quarterly budget performance reports showed that Buikwe DLG collected information on newly irrigated land, the functionality of installed irrigation equipment, farmers' expression of interest, and the provision of complementary services. Moreover, the LG entered up-to-date LLG information into the MIS and prepared quarterly reports using the information compiled from LGs in the MIS. Lastly, the information on the installation status of the MIS tool matches the physical reports and the data on the ground. Therefore, the Buikwe DLG updated the information in the MIS tool as indicated in the verification criteria, hence justifying the score of 10.

and the information in the MIS on the status of installation matches with the physical reports and data on the ground.

If (i) to (iv) met score 10 or else 0

date LLG performance information is submitted

Check and verify if

i. Evidence that the LG collects information

quarterly on newly irrigated land,

functionality of irrigation equipment installed, provision of complementary services and farmer expression of interest.

ii. Evidence that the LG has entered up to-date LLG information into the MIS

iii. Evidence that the LG has prepared quarterly reports using information compiled from LGs in the MIS

iv. Evidence that the information in the MIS on the status of installation matches with the physical reports and data on the ground.

If (i) to (iv) met score 10 or else 0

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that the Production Department has trained and met MAAIF farmer and farmer's institutional training targets for the previous FY	<p>From MAAIF obtain and review: (i) the LG targets for the farmer and farmers institution training for the previous FY; and (ii) quarterly agriculture extension grant report to establish the number and nature of farmer and farmer's institutional capacity building conducted.</p> <p>From the DPO obtain and review: the training needs assessment report, training schedule, and quarterly reports for the previous FYs to verify that the LG:</p> <ul style="list-style-type: none"> • Conducted capacity needs assessment of farmers • Delivered training to a set number of farmers • Availled knowledge products to farmers e.g. brochures, informative videos, flyers, manuals. <p>From the sampled farmers' institutions (farmer field schools) ascertain that they were trained by:</p> <ul style="list-style-type: none"> • Interviewing the farmers on whether the training was conducted and the training content • Reviewing the 	<p>There was evidence that Production department trained and met MAAIF farmer and farmers institutional targets because quarterly reports were prepared and submitted to MAAIF. The production department planned to train 30,000 farmers from 600 farmer groups but according to annual performance report for FY 2023/2024 on page 5, the actual number of farmers trained was 37,099 from 863 farmer groups. The department compiled and submitted 03 quarterly reports to MAAIF as follows; 2nd quarter report submitted on 20/01/2024, 3rd quarter report on 18/04/2024 and 4th quarter report on 29/08/2024, there was evidence that farmers of Makoto Obutonde Buggaga farmer field school had trainings, and the trainings were aimed at bridging the identified gaps during farmer needs assessment. With the above evidence, the production trained and met MAAIF farmer and farmers institutional targets. Thus, a score of 5</p>	5

knowledge products
shared

- Reviewing the visitors book to confirm the extension worker's visit.

If the Production Department has trained and met MAAIF farmer and farmer's institutional training targets for the previous FY score 5 or else 0

Evidence the LG has increased the Percentage of farmers reached and supported by the extension workers between the previous FY and the previous FY.

From MAAIF obtain the quarterly Agriculture extension grant reports submitted by LGs.

From DPO, Obtain and review quarterly reports of the previous FY to establish the number of farmers reached and supported by extension officers in the following areas:

- Enterprise selection,
- Value chain production,
- Harnessing post-harvest handling,
- Market linkages, processing and value addition,
- Pest and disease surveillance

Calculate the percentage increase between the previous FY but one and the previous FY.

If the LG has increased the Percentage of farmers reached and supported by the extension workers between the previous FY and the previous FY but one score 5 or else 0.

There was evidence that the LG increased the percentage of farmers reached and supported by the extension workers between the previous year but one and previous year. According to performance annual report for FY 2023/2024, 37,099 farmers were trained in areas like enterprise selection through pairwise ranking to come up with commodity enterprises of the areas under pdm, trainings like good crop and animal husbandry practices, soil and land management, and safe use of Agro chemicals were done and mainly targeting pdm beneficiaries for instance in an activity report of Assistant Veterinary officer Ssi subcounty dated 05/01/2024 to subcounty chief had conducted 12 trainings in parishes of;Lugara,koba,Zitwe and Muvo where a total number of 211 farmers were trained on the good management practices in poultry, Piggery and goats and also tackled appropriate ways of using agrochemicals. And in previous FY 2022/2023 23,520 farmers were trained as reflected on page 3 of annual performance report. of 2022/2023 Financial yearThis meant that the number increased by 13,579 farmers reflecting a percentage increase of 36.6%, Therefore, the LG met the requirements of this indicator. Thus, a score of 5

Evidence that LG collects and submits agricultural data and statistics on acreage and production, and submits reports to MAAIF using tools

i. Daily Capture fisheries/aquaculture

ii. Monthly livestock

iii. Crop Seasons

iv. Entomology reports

From DPO obtain and review the following reports

a) Capture fisheries/aquaculture

b) Monthly livestock

c) Crop Seasons

d) Entomology reports

Verify if this data is collected and submitted to MAAIF (evidence of stamped copy).

Score 5 if any of the above reports are compiled and submitted or else 0.

There was evidence that the DLG collected, compiled and submitted data on aquaculture to MAAIF. The report on aquaculture included 548 number of cages, 422 number of fishponds, 658,111 kgs of tilapia and 2,379,836 kgs of Nile perch. The report was prepared and submitted to Office of the Commissioner Fisheries Control Regulation MAAIF on 22/10/2024. Since the DLG collected, compiled and submitted data on aquaculture sub sector, a score of 5 is justified .

Evidence that the LG has conducted surveillance on pest and disease occurrence and taken corrective actions based on findings from the surveillance

From DPO obtain and review the quarterly performance report to determine whether the respective units within the department conducted pests, vector and disease surveillance in the previous FY.

From the clerk to council obtain and review council minutes to verify whether reports on pests, vector and disease were presented to the relevant committee of the Council and the actions taken by council on the reports of surveillance to reduce and control pests, vectors and diseases

If the LG has conducted surveillance on pest and disease occurrence and taken corrective actions based on findings from the surveillance score 5 or else 0

There was evidence that the LG conducted surveillance on pest and disease occurrence. This was evidenced in a report by DVO to CAO dated 05/04/2024. The report was informing all District stake holders and Ministry that there was an outbreak of East Coast Fever (ECF) in the district that was affecting livestock farmers. The report was however not discussed by the District Council or production sectoral committee. The LG did not meet the indicator because of lack of evidence on corrective actions. Thus, a score of 0

Evidence that LG has functional results demonstration and trial sites, has conducted farmer training at each of these sites, and farmers have utilized these sites for learning purposes in previous FY score 6 or else 0

From the DPO, obtain and review the inventory of 'Results demonstration' and trial sites.

From the list obtained, sample at least 2 demonstration sites to ascertain whether

- The demonstration site is functional and in good condition.

- Farmer visits took place by reviewing the visitors' book

- Attendance sheets to verify participation in the training

If the LG has functional results demonstration and trial sites, has conducted farmer training at each of these sites, and farmers have utilized these sites for learning purposes in previous FY score 6 or else 0

There was no evidence that the LG had functional results demonstration and trial sites. 02 demo sites of bracharia marato and pakchong elephant grass was hosted by Namanya Ruth of Kikoni cell Lweru ward Buikwe Town Council. According to the host farmer and other two farmers who were around testified that farmers do come and get trainings. Another demo site was for vegetables that had egg plants, cabbages and Sukuma wichi was hosted by Malingye Badru of Makito village in Kisimbi parish in Najja Sub County. The host farmers acknowledged that agricultural extension worker usually trained them weekly or twice a week on general management and marketing strategies. However, there was no documentation about the number of farmers that got trained as there was no visitors books and attendance register in place. Therefore, without evidence that farmers or communities were trained, the LG never met the requirements of this indicator and a score of 0.

Evidence that the Production Department has collected, compiled and publicized up-to-date data and information on key players/service providers (updated one quarter before the assessment)

From the DPO, obtain and review the registry/database of the key players and service providers to verify if the database is existent and includes the service providers where farmers can obtain services. The list should among others include:

- Research organizations,
- Profile of genuine agro-dealers, agro-processors,
- Private extension service providers, and
- Agriculture finance institutions and insurance, in the LG.

From the register, verify whether it is up-to-date by reviewing new entries made in the previous FY.

Interview the sampled farmers to verify that the list was publicized.

If the Production Department has collected, compiled and publicized up-to-date data and information on key players/service providers (updated one quarter before the assessment) score 6 or else 0.

There was evidence that production department collected, compiled and publicised up to date data and information about NGO's and input dealers. According to the report dated 02/08/2024, there were 21 NGO's and civil society organizations and government agencies. Some of the NGOS/CSO/Government Agencies had memorandum of understanding with the local government for example Mukono Zonal Agriculture research centre that signed memorandum of understanding for providing capacity building to farmers and staff of Buikwe DLG On 02/04/2024. The list of NGOS/CSOs/Government Agencies was publicized on the notice board of Najja Sub County and on interacting with a farmer in Kisimbi parish, he was aware of those service providers. Since the LG complied and up to date data with service providers, a score of 6 is justified

Evidence that the LG organized awareness events during the previous FY such as agricultural shows, exhibitions, and farmer field days aimed at bringing farmers and other sub-programme actors together.

From the DPO, obtain and review reports on awareness events such as agricultural shows and exhibitions that bring together farmers and other sub-programme players/actors together to verify:

- Theme of the event
- When the event took place
- Where it took place
- The targeted participants
- The participants that attended
- Exhibition photographs and pictures

If the LG organized awareness events during the previous FY such as agricultural shows, exhibitions, and farmer field days aimed at bringing farmers and other sub-programme actors together score 8 or else 0.

There was evidence to show that the LG organized awareness campaigns / events such as Agricultural show, exhibitions and farmer field days during the previous financial year. For instance there was a field day at Naja Sub County play ground on 07/12/2023 where stake holders in various agricultural chain attended and they included; politicians, business community, service providers and farmers. 37 farmers exhibited a wide range of agricultural products like vegetable value chain, energy saving stoves, silage and hay, livestock feeds and fish value chain. The field day was presided over by Deputy RDC Ms Lydia Karesura. Therefore, the score of 8.

Human Resource Management

Evidence that the LG ensured at least one extension worker was deployed in each of the LLG during the previous FY

From the PHRO, obtain and review the personnel files of extension workers to verify recruitment of extension workers

From the DPO and PHRO Obtain the staff list to verify the deployment of extension staff per LLG.

If the LG ensured at least one extension worker was deployed in each of the LLG during the previous FY score 5 or else 0

There was evidence that the LG ensured that at least one extension worker was deployed in each of the LLG that compose Buikwe DLG, this was evidenced by the availability of staff list from Human Resource Officer that was pinned on the notice board, posting instructions and personal files were available. A total of 19 staff were deployed in 07 LLGs i.e. Buikwe S/C 01 Agriculture Officer, 01 Veterinary Officer, 01 Animal Husbandry Officer, Buikwe T/C 01 Agricultural Officer, 01 Veterinary Officer, Kiyindi T/C 01 Fisheries Officer, 01 Animal Husbandry Officer, Ngogwe S/C 01 Fisheries Officer, 01 Agriculture Officer, 01 Animal Husbandry Officer, Najja S/C 01 Veterinary Officer, 01 Animal Husbandry Officer, 01 Assistant Fisheries Officer, Sci Bukunja S/C 01 Animal Husbandry Officer, 01 Assistant Agriculture Officer, 01 Assistant Fisheries Officer and Nkokonjeru T/C 01 Assistant Fisheries Officer, 01 Assistant Agriculture Officer, 01 Veterinary Officer . Therefore, at least each LLG had extension worker deployed. Hence, the score of 5

Evidence that the extension workers are providing extension services in the LLGs where they are deployed

Sample and visit at least two LLGs

- Review the notice board to verify the names of extension workers in the LLG

- Review the attendance book

- Review the quarterly reports submitted by the extension workers in the sampled LLG

If the extension workers are providing extension services in the LLGs where they are deployed score 5 or else 0.

There was evidence that the extension workers were providing services in the LG they were deployed. The extension workers attended their duties for example Buikwe Town Council on sampling the month of November, Agricultural Officer had reported on duty by signing in the arrival book 16 days while Veterinary Officer signed 15 days. There was evidence that the Agricultural Officer for Naja Sub County prepared and submitted a report dated 08/01/2024 to the Sub County Chief that 164 farmers were trained in banana and coffee management, the Veterinary Officer for Nalya in a report dated 30/11/2023, there were trainings and follow up on PDM beneficiaries in Makoto parish where 66 farmers were followed up and these activities help farmers in management of their enterprises. This provided evidence that extension workers were giving extension services in their areas of deployment. Thus, a score of 5.

Evidence that the LG has facilitated, and equipped extension staff with basic equipment in the previous FY

From the DPO obtain the annual budget performance reports to verify that resources were allocated and utilized for buying equipment and tools for production staff.

There was evidence that the LG facilitated the extension workers with basic equipment's like the motorcycles that UEV407G for Assistant Agricultural Officer for Ngoma Division, LG0014 129 for Veterinary Officer in Central Division. The department's annual workplan for FY 2023/2024 on page 01 extension workers were allocated funds worth 10,000,000 to cater for motorcycles maintenance, fuel and SDA to facilitate field workers during previous financial year. Thus, a score of 5

Obtain the asset register to confirm the equipment allocated to extension services

From the sampled LLG, interview the extension staff to verify whether they have the basic equipment including; motorcycles, tablets/phones, tools, and extension kits.

If the LG has facilitated, and equipped extension staff with basic equipment in the previous FY score 5 or else 0.

Evidence that LG has provided capacity building to extension workers

From the DPO, obtain and review the training needs assessment reports, training programs and training reports to verify whether the extension staff were provided with capacity building through; training programs, exchange visits, learning tours, and field visits to research centers, among others

There was evidence that the LG provided capacity building to the extension workers. There was a capacity needs assessment and a training of production staff at MUZARDI between 18th to 21st July 2023 was conducted as reflected in a report compiled by Senior Agricultural officer dated 4th August 2023 in which staff were trained in urban farming, dairy and poultry. The capacity building was to enhance the quality of extension service delivery it was carried out jointly between MUZARDI and Buikwe DLG this was in compliance with the requirements of the indicator, hence a score of 5.

If the LG has provided capacity building to extension workers score 5 or else 0.

Management and functionality of amenities

Evidence that public production facilities are functional and have proper management structures

From the DPO Obtain a list of public production facilities these include but are not limited to, communal watering facilities, markets, value addition centers, fish landing sites, slaughter slabs, community bulking stores, dip tanks, cattle crushes.

Sample and visit at least one facility to establish functionality.

If the public production facilities are functional and have proper management structures score 5 or else 0

There was evidence that public production facilities were functional and had proper management committees in place. Kiyindi fish handling facility was sampled, it was functional and there were fish and people carrying out fish business. The facility had visitors book with records from previous years to date, there was functional management committee and functional management structures in place. Thus, a score of 5

<p>Operation, maintenance and management of production facilities (e.g. communal watering facilities, markets, value addition centers, fish landing sites, slaughter slabs, community bulking stores, dip tanks, cattle crushes)</p>	<p>From the DPO obtain the evidence of training (training reports) undertaken on O&M and management of the infrastructure facilities.</p>	<p>There was evidence that the LG provided technical support in operation & maintenance. The facility had a management committee composed of 09 members i.e. 07 men and 02 women, with sub committees' handling specific issues notably sanitation and hygiene, data collection and security. The facility had a workplan in place and they had planned to renovate slabs and toilet slab renovation. The committee was regularly advised by the Fisheries Officer who guided the committees technically. Since there was management committee in place, the LG score 5 is justified.</p>
<p>Evidence that the LG had provided technical support on O&M and management of the agricultural infrastructural facilities to the beneficiaries of these facilities through training</p>	<p>At the sampled facilities obtain and review the site book to ascertain supervision and support to verify if support and O&M were provided</p>	
	<p>At the sampled facilities verify the functionality of the management structures through; reviewing the minutes of the committee, the business of the committee members, and subscriptions among others</p> <p>If the LG had provided technical support on O&M and management of the agricultural infrastructural facilities to the beneficiaries of these facilities through training score 5 or else 0</p>	

Management of Financial Resources

Evidence that the LG ensured the production department's budgets and work plan adhered to MAAIF planning and budgeting guidelines during the previous FY

From the Planner obtain the Annual work plan, budgets, and budget performance report of the previous FY to verify whether the production department budget and expenditures complied with the guidelines.

If the LG ensured the production department's budgets and work plan adhered to MAAIF planning and budgeting guidelines during the previous FY score 10 or else 0.

There was evidence that the LG ensured that the production budget and annual work plan adhered to MAAIF budgeting and planning guidelines in the previous financial year MAAIF guidelines put emphasis of 30% to be retained at the District or Municipal head quarter staff for management and monitoring of activities while 70 to be allocated to lower local government to carry out activities like trainings, disease and pest surveillance and managerial expenditures at lower local governments. The LG had a budget of shs 229,335,565 under agriculture extension grant and production and marketing grant and shs 160,534,486 was allocated to facilitate LLG production staff which is 70% of the total figure which is a requirement in the guidelines by MAAIF. which included follow up on PDM beneficiaries, setting up farmer field schools and maintenance of motorcycles and facilitation of extension workers with fuel and subsistence allowances, this was in line with MAAIF guidelines. Therefore, a score of 10

Environment, Social, Health and Safety

15

a) Evidence that the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0

b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0

c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0

From the LG Agricultural Office, obtain and review;

- LG AWP to establish that measures to include small holder farmers among the beneficiaries of agricultural services are in place

If the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0

There was no evidence to show that the local government had sensitizations, training sessions, meetings and awareness programs to put measures in place to cater for small holder farmers to access agricultural extension services. In the production annual work plan page two, there was money allocated to cater for extension workers to reach farmers in genera , so there was no deliberate move in place to cater for small holder farmers in previous financial year so a score of 0

0

15	<p>a) Evidence that the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0</p> <p>b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0</p> <p>c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0</p>	<ul style="list-style-type: none"> • From the LG Agricultural Office, obtain and review; • LG AWP to establish that measures to include small holder farmers among the beneficiaries of agricultural services are in place • Details of beneficiaries of agricultural services to ascertain that (small holder farmers, young women and young farmers) are accessing services <p>If the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0</p>	<p>There was no evidence that the LG a list of PDM beneficiaries showing funds disbursed to different beneficiaries in a disaggregated manner in terms of gender and age. There were no lists detailing beneficiaries of agricultural services to ascertain that small holder farmers in terms of youth and women that were accessing the services. This indicated that the LG did not consider specifically young women and young small holder farmers, young women in getting agricultural service in previous financial year. Hence, a score of 0</p>	0
15	<p>a) Evidence that the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0</p> <p>b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0</p> <p>c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0</p>	<ul style="list-style-type: none"> • From the LG Agricultural Office, obtain and review; • Reports to ascertain that farmer groups are trained in grievance management and stakeholder engagement • Reports to ascertain that farmer groups are trained in the management of agro-chemicals <p>Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0</p>	<p>There was no evidence to show that farmers were trained in grievance management and stakeholders' engagement. According to the report by Assistant Veterinary Officer to Sub County Chief for Ssi Bukunja dated 05/01/2024, there was training of 211 farmers in second quarter 2023/2024 in good livestock management and safe use of agro chemicals. However, there was no evidence of training farmer groups in grievance management. Hence, a score of 0.</p>	0

Transparency, oversight, reporting and accountability

Evidence that the LG has conducted multi-stakeholder monitoring of Agricultural Extension Services.

From the Clerk to Council office, obtain and review multi-stakeholder monitoring reports for extension services and agricultural projects to ascertain that the key stakeholders including RDC, C/P LCV, CAO Secretary for Production, Production Committee, DPMO & Subject Matter Specialists (SMSs) and NGOs participated in the multi-stakeholder monitoring.

If the LG has conducted multi-stakeholder monitoring of Agricultural Extension Services score 7 or else 0

There was evidence that the LG conducted 02 joint multi sectoral stakeholders' monitoring of agricultural services involving the Office of RDC, CAO, District Council and technical staff. The first monitoring was conducted on 23rd December 2023 where PDM beneficiaries were targeted and 64% of the beneficiaries complied with PDM guidelines as per report to CAO dated 10th January 2024. The second monitoring was conducted between 4th and 6th May 2024 where the targeted beneficiaries were poultry farm groups in Nkokonjeru Town Council and Ngoma Sub County. Therefore, a score of 7

Evidence that the DPO has supported, supervised, mentored, and provided technical to the agriculture extension workers score 7 or else 0

From DPO obtain and review the monitoring and supervision reports, and training/mentoring report to verify if DPO provided support supervision to the LLG extension workers.

At the sampled LLGs obtain and review the training reports, feedback notes and recommendations from DPO to the extension staff to verify the support provided.

The DPO has supported, supervised, mentored, and provided technical to the agriculture extension workers score 7 or else 0.

There was evidence that the DPO had supported, supervised, mentored, and provided technical to the agriculture extension workers. In a report prepared by Office of DPO dated 24/10/2023, the DPO advised the extension staff to always provide evidence of technical guidance to farmers who make consultations which are not in writing. The DPO specifically emphasized the need to record either in audio or video the farmers who seek consultations on phone or from office and report them in their monthly reports. Also in a report by District Production Officer to CAO dated 31/05/2024, all production extension staff were technically guided on how to make follow up on PDM beneficiaries like developing checklist / tool to guide them on systematic data collection and analysis.