



LGMSD 2024/25

Kamuli District

(Vote Code: 517)

Assessment

Scores

PMs and Indicators to Incentivise Delivery of Quality and Usable Visible Outputs (Infrastructure Assets)	14%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Education Services	64%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Health Services	64%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Water and Sanitation Services	91%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Micro-scale Irrigation Services	47%
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>Of the 6 infrastructure projects sampled, 33% (2 of 6 projects) were compliant to the designs and Layouts, 50% (3 of 6 projects) deviated from the Layouts and 17% (1 of 6 projects) had no designs/layouts on file.</p> <p>None of these Designs/layouts had been approved by the relevant institution/committee at KAMULI DLG at the time of Assessment.</p> <p>Therefore, the DLG did not comply with the requirements for this performance measure.</p> <p><u>Evidence.</u></p> <p>1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006)</p> <p>There was evidence of Standard Architectural Drawings prepared by the Construction Management Unit of the Ministry of Education & Sports (DWG No. 2CBO/13/01 - 2CBO/13/07) in Feb 2018. however, these Layouts had not been approved.</p> <p>There was physical evidence of the Sub-structure construction including the splash apron and the access ramp. however, the H/T's office and Store had been eliminated contrary to layouts (Dwg No. 2CBO/13/01).</p> <p>The structural framework looked sound with no evidence of defects, The roof comprised of treated timber members and covering done by maroon pre-painted corrugated iron sheets c/w a ridge cap. 2 No. metal casement double leaf doors were installed but the installed 14No. 1450mm x1350mm windows were done contrary to the planned size of 1500mm x1500mm.</p> <p>There was evidence of external and partition walls complete with the proposed plaster/roughcast finishes, Blackboards and Soft pin boards. 1No. set. of lightening protection device installed contrary to 2No. as per the Design (Dwg No. 2CBO/13/06).</p> <p>As regard to this implementation,</p>	0

there was a ***mis-match between the Proposed Layouts and the actual constructed 2 classroom block facility.***

2. Construction of a 3 in1 staff house at Kamuli District (Proc. Ref: KAMU 849/WRKS/23-24/00004)

There was evidence of Customized Architectural Drawings prepared by Arc-mark consultants on 02/05/24 with exception of Approvals.

Sub-structure, Superstructure, Roofing works, Doors & Windows and finishes to walls and floor were implemented as per the Layouts.

Implementation was as per the Architectural layouts.

3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.

Road condition survey report and layouts Prepared by DE but not approved. Actual Road maintenance works were carried out without compliance to the available Layouts/Specifications.

The 13.5Km road stretch consists of 6 swampy sections (Ref: road survey report by DE). 2 of which were sampled and there was no evidence of Gravelling and culverts (1 barrow per section contrary to Road survey report recommendations). 2No. Non-swampy sections sampled and there was evidence of spot gravelling along the the 5.7m wide (inclusive of side drains) road.

Culvert allocation and gravelling was done contrary to the recommendations and Specifications in the road survey report hence the implementation of this project does not meet the performance measures.

4. Sitting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002)

There was evidence of well designs on file but no trace of their approvals' by the relevant institutions/committee at Kamuli LG.

Borehole drilling, equipping and slab casting were implemented as per the designs.

There was evidence of Borehole equipping and the associated slab & waste water channel.

5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018)

There was evidence of hand sketched layouts on file, these were missing approvals.

- As regard the implementation, the following deviations from the designs were observed (No instructions for the amendments on record);
- 1. Complete elimination of the overall general water drainage channel at the back of the Skinning slab area.
- 2. Complete elimination of Soak Pit to receive waste water (from channel in (1) above).
- 3. Introduction of shallow U-spoon drain on the skinning slab.
- 4. Change in cross section, dimensions and position of the blood collection pit.

*Therefore, the Constructed slaughter slab facility **didn't comply with the layouts on file.***

6. Design, Supply and Installation of micro scale irrigation systems under UGIFT Program.

*There was **no evidence of designs/Layouts** of the sampled irrigation systems on file at the time of assessment.*

There was evidence of implementation of these 5No. sampled irrigation systems.

*Due to this shortfall, was **no basis for verification** of compliance to approved layouts/designs during implementation of these irrigation systems.*

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 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*

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

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

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

defects observed on 17% (1 of 6 projects) and **Moderate defects observed on 17%** (1 of 6 projects) of the sampled projects implemented by the LG in the FY (2023/2024).

1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006)

There was evidence of **minor cracks** within the primary 4 classroom floor surface.

2. Construction of a 3 in1 staff house at Kamuli District (Proc. Ref: KAMU 849/WRKS/23-24/00004)

It was evident that the Ramp at this facility had developed a **minor crack** at its interface with the splash apron.

3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.

Based on the field visit to sampled sections of this stretch, **Significant defects** were observed as below;

1. The pavement surface (swamp section) was *uneven with no camber and had developed major potholes coupled with ponding of water.*
2. The *side drains were bushy (non swampy sections).*

4. Sitting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002)

No defects were observed on the sampled Boreholes.

5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018)

The concrete slab surface had been infiltrated by **moderate cracks** and **pitting of surfaces** (resulting from extrusion of foreign material within the cast concrete).

6. Design, Supply and Installation of micro scale irrigation systems under UGIFT Program.

No defects observed on the sampled visit.

Usable

3

0

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

1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006).

The 2 Classroom block at Bukamira is **complete (necessary basics in place) and currently serving as classrooms to Primary 3 and 4 Pupils** though with a limitation of desks (P.4 pupils sit on the floor as there were no desks at the time of assessment)

2. Construction of a 3 in1 staff house at Kamuli District Hospital (Proc. Ref: KAMU 849/WRKS/23-24/00004).

The 3 in 1 staff house block at Kamuli Hospital is **complete (currently under DLP) but not yet occupied.** pending official handover

3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.

The 13.5km gravel road was completed in the previous financial year (FY 23/24). however, most sections are **not motorable** due to the severity of defects resulting from design non-conformities. therefore this road is not serving to expectation.

4. Sitting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002).

The sampled Boreholes were fully **functional** and had all the basic amenities required for operation.

5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-

24/00018).

Despite the slaughter facility's completion, its **not yet operational and lacks some necessary amenities** (Ref. indicator No. 1) which will hamper its smooth operation.

6. Design, Supply and Installation of micro scale irrigation systems under UGIFT Program.

The Sampled Irrigation schemes were **operational** and serving the intended purpose.

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.

Districts

i. Chief Finance Officer

ii. District Planner

iii. District Engineer

iv. District Natural Resources Officer

v. District Production Officer

vi. District Commercial Officer

vii. District Community Development Officer

viii. District Health Officer

ix. District Education Officer

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:

Appointment letters for all HoDs

Review the payroll to establish that the recruited staff accessed the most recent payroll.

If 100% of the above positions are filled score 6

If 80 - 99% of the above positions are filled score 4

If below 80% of the above positions are filled score 0

A review of the DLG's approved customized structure MSD 135/306/01 Vol 49 dated 3 October 2022 and approved by the Permanent Secretary, Ministry of Public Service, staff list, and Personnel File of Heads of Department (HoD) confirmed that:

1. 89% of all (i.e. 8 out of 9) HoD positions were substantively filled,

2. 78% of all (7 out of 9) HoD were deployed, and

3. All HoD appeared in the payroll and were appraised

Therefore, the DLG complied with the requirements in (1) above for this performance measure.

Evidence

i. Chief Finance Officer- Mr. Alex Kifuse substantively appointed on 11 April 2022 Min No 118/KDSC/2021/2022 (A). Posting Instructions dated 25 April 2022. Appeared on the payroll for October on 23 October 2024. Last appraised FY 2023/24 on 6 August 2024

ii. District Planner- Mr. Kalamu Allan was appointed Acting District Planner on 16 December 2022 Min. No 197/KDSC/2021-2022 (A) (1). Posting Instruction dated 21 June 2019 as Senior Planner Appeared on the payroll for October on 23 October 2024. Last appraised FY2023/24 on 30 June 2024

iii. District Engineer- Mr. Mufumba Daniel substantively appointed on 20 April 2023 Minute No. 37/KDSC/2023(1). Posting Instructions dated 28 April 2023. Appeared on the payroll for October on 23 October 2024. Last appraised FY2023/24 on 28

4

August 2024.

iv. District Natural Resources Officer- Mr. Isabirye Robert substantively appointed on 4 October 2013 Min. No.85/KDSC/2013(1). Appeared on the payroll for October on 23 October 2024. Last appraised FY 2023/24 on 30 June 2024

v. District Production Officer- Mr. Musenero Richard substantively appointed on 31 May 2021 Min No. 81/JDSC/KML Posting Instructions dated 10 August 2012 CR/159/1 Appeared on the payroll for October on 23 October 2024. Last appraised FY 2023/24 on 28 June 2024

vi. District Commercial Officer- Mr. Talugende Moses substantively appointed on 19 April 2022 Min. No. 31/KDSC/2021/22. Posting Instructions dated 25 April 2022 CR/161/1. Appeared on the payroll for October on 23 October 2024. Last appraised FY 2023/24 on 30 June 2024

vii. District Community Development Officer- Mr. Mmerewoma Leo substantively appointed on 20 May 2013 Min. No, 206/KDSC/2013(1). Appeared on the payroll for October on 23 October 2024. Last appraised FY2023/24 on 30 June 2024

viii. District Health Officer- Dr Waako James substantively appointed on 16 March 2022 Min. No. 87/KDSC/2021/2022 (B) Posting Instruction dated 29 March 2022 Appeared on the payroll for October on 23 October 2024. Last appraised FY2023/24 on 30 June 2024

ix. District Education Officer- Mr Waibi Joseph substantively appointed on 20 June 2022 Min. No. 160/KDSC/2021/2022 Posting Instructions dated 28 June 2022 Appeared on the payroll for October on 23 October 2024. Last appraised FY2023/24 on 30 June 2024

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Evidence that the City has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll

i. City Chief Finance Officer

ii. City Planner

iii. City Engineer

iv. City Natural Resources Officer

v. City Production Officer

vi. City Commercial Officer

vii. City Community Development Officer

viii. City Physical Planner

ix. City Health Officer

x. City Education Officer

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:

Appointment letters for all HoDs

Review the payroll to establish that the recruited staff accessed the most recent payroll.

If 100% of the above positions are filled score 6

If 80 – 99% of the above positions are filled score 4

If below 80% of the above positions are filled score 0

4

Evidence that the LG has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll

i. Principal Treasurer

ii. Senior Planner

iii. Municipal Engineer (Principal Executive Engineer)

iv. Senior Environment Officer

v. Senior Veterinary Officer/Senior Agricultural Officer

vi. Principal Commercial Officer

vii. Principal Community Development Officer

viii. Medical Officer of Health Services

ix. Principal Education Officer

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:

Appointment letters for all HoDs

Review the payroll to establish that the recruited staff accessed the most recent payroll.

If 100% of the above positions are filled score 6

If 80 – 99% of the above positions are filled score 4

If below 80% of the above positions are filled score 0

5

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

A review of the DLG's approved customized structure MSD 135/306/01 Vol 49 dated 3 October 2022 and approved by the Permanent Secretary,

0

i. Senior Procurement Officer	the LG; (ii) the staff list and (iii) personnel files to establish existence of:	Ministry of Public Service, staff list, and Personnel File of other critical staff confirmed that:
ii. Principal Human Resource Officer		
iii. Principal Human Resource Officer (Secretary DSC)	Appointment letters for all critical staff	1. 99% (i.e. 93 out of 94) of all critical staff positions were substantively filled , and
iv. Senior Environment Officer	Review the payroll to establish that the recruited staff accessed the most recent payroll.	2. All critical staff accessed the payroll for October 2024
v. Senior Land Management Officer/Physical Planner		Therefore, the DLG did not comply with the requirements in (1) above for this performance measure.
vi. Principal Internal Auditor	If 100% of the above positions are filled score 2 or else score 0	Evidence
vii. Senior Agriculture Engineer		
viii. Water Officer		
ix. Senior Inspector of Schools		i. Senior Procurement Officer- Mr. Mwiru Emmanuel substantively appointed on 31 May 2021 under Min. No. 113/JDSC/2012/KML. Appeared on the payroll for October on 23 October 2024.
x. Labour Officer		
xi. Senior Assistant Secretaries (SAS)		ii. Principal Human Resource Officer- Ms. Kasiko Prossy substantively appointed on 16 March 2022 under Min. No. 87/KDSC/2021/2022 (A) Posting Instructions dated 31 March 2022 CR/161/1. Appeared on the payroll for October 2024 report date 23 October 2024.
xii. Senior Assistant Town Clerks		iii. Principal Human Resource Officer (Secretary DSC) – Mr. Makoosi Baker substantively appointed on 19 June 2019 under Min. No. 571/KDSC/2019 Posting Instructions dated 28 June 2019 Appeared on the payroll for October 2024 report date 23 October 2024.
xiii. Parish chiefs		iv. Senior Environment Officer- Mr. Bakaki Samuel substantively appointed on 4 October 2013 under Min No. 85/KDSC/2013. Appeared on the payroll for October 2024 report date 23 October 2024.
		v. Senior Land Management Officer/Physical Planner- Mr. Bijjumbuko Fred substantively appointed on 21 November 2001 Minute 103/'01 Appeared on the payroll for October 2024 on 23 October 2024.
		vi. Principal Internal Auditor- Mr. Murangira Pius substantively appointed on 9 August 2023 under Min. No. 01/KDSC/2023-24 (1) Appeared on the payroll for October 2024 report date 23 October 2024.
		vii. Senior Agriculture Engineer- Mr. Isabirye Ali substantively appointed on 17 October 2017 Min. 497/KDSC/2017 Posting Instructions dated 1 November 2017 Appeared on the payroll for

October 2024 report date 23 October 2024.

viii. Water Officer- Position not in the Customized Structure, but instead Engineer (Water) Position in the place of Water Officer - Mr. Mulondo Grace was substantively appointed on 13 June 2008 under Min. No 116/2008 (7). Appeared on the payroll for October on 23 October 2024.

ix. Senior Inspector of School – Ms. Kisa Alitwala Annet substantively appointed on 20 June 2022 under Min. No, 159/KDSC/2021/2022. Appeared on the payroll for October 2024 report date 23 October 2024.

x. Senior Labor Officer- Mr. Olweny Aloysius Peter substantively appointed on 16 May 2023 under Min. No. 42/KDSC/2023 (B) (1) Posting Instructions dated 4 May 2023. Appeared on the payroll for October 2024 report date on 23 October 2024.

xi. Senior Assistant Secretaries (SAS) – **13 out of 14 were substantively appointed,** and all SAS appeared on the payroll for October 2024 report date on 23 October 2024

xii. Assistant Town Clerks- All 6 substantively appointed, appeared on the payroll for October 2024 report date 23 October 2024

xiii. Parish chiefs- All 64 substantively appointed, appeared on the payroll for October 2024 report date 23 October 2024

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Evidence that the LG has substantively filled, deployed and ensured that the staff in all critical staff positions access the payroll

i. Principal Procurement Officer

ii. Principal Human Resource Officer

iii. Principal Human Resource Officer (Secretary DSC)

iv. Principal Environment Officer

v. Principal Internal Auditor

vi. Principal Inspector of School

vii. Senior Labour Officer

viii. Division Town Clerk

ix. Principal Town Agents

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:

Appointment letters for all critical staff

Review the payroll to establish that the recruited staff accessed the most recent payroll.

If 100% of the above positions are filled score 2 or else score 0

5

Evidence that the LG has substantively filled, deployed and ensured that the staff in all critical staff positions access the payroll.

i. Senior Procurement Officer

ii. Principal Human Resource Officer

iii. Senior Physical Planner

iv. Senior Internal Auditor

v. Senior Inspector of Schools

vi. Labour Officer

vii. Principal Assistant Town Clerks

viii. Town Agents

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:

Appointment letters for all critical staff

Review the payroll to establish that the recruited staff accessed the most recent payroll.

If 100% of the above positions are filled score 2 or else score 0

Planning and budgeting

6

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,

From the LG Engineer obtain and review:

- Standard technical designs.
- Site reconnaissance reports.

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

iv). Ensure the quantities of work items and specifications included in the BOQs are derived from the standard or

0

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.

- Technical investigation reports (e.g. geo-technical investigations if required)

Obtain and check for:

- Existence of customized designs
- Existence of customized BoQs based on the designs.
- Incorporation of Cost Estimates.
- Incorporation of costed ESMPs

From the LG Community Development Officer /DNRO/SEO obtain and check for:

- 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:

- Prepare tender documents/BoQs for all infrastructure projects that are responsive to the standard drawings and/or customized technical designs (before advertising);
- 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)
- Ensure that the environmental, social, health and safety requirements and measures identified in the project ESMPs were adequately incorporated

customized drawings and make no omissions

- v). Ensure that the cost estimates are consistent with the customized designs.

1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006).

Based on the project file, there was **no evidence of site reconnaissance** and Technical Investigation reports.

The *BOQ was not in harmony with the standard Classroom block Layouts* as the following were omitted;

- HT`s office & store room
- 1 No. of the 2 No. complete sets of Lightening arrestors.

2. Construction of a 3 in1 staff house at Kamuli District Hospital (Proc. Ref: KAMU 849/WRKS/23-24/00004).

Based on the project file, there was **no evidence of site reconnaissance** and Technical Investigation reports.

It was evident that **there were omissions in the BOQ** given approval of a variation cost (UGX 12,000,000) through a letter by CAO on 4/05/24 following a District contracts committee meeting under minute KDCC39/2023/4 to M/S SIMU-TECH ENTERPRISES LTD and subsequent payment vide Interim certificate No. 01 issued and approved on 7/06/2024 by Senior Assistant Engineering officer, Kamuli District.

Furthermore, there was a contradiction between the Specifications (dimensions) in the Layouts (Door/Windows schedule) and BOQ-Element No.3 (Windows and Doors), item (d).

3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.

There was a copy of a reconnaissance report on record but **no evidence of technical investigations report.**

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 customized designs.

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

However, there was **no BOQ pertaining to this project on file** at the time of assessment hence **no basis for verification of scope of works done and Cost estimates** attached on the schedules.

4. Sitting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002).

Reconnaissance and Technical investigations were carried out and reporting was **evident through geophysical survey and Test pumping reports.**

There were **no omissions** as the BOQ/payment certificates indicated no variations.

5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018).

Based on the project file, there was **no evidence of site reconnaissance** and Technical Investigation reports.

There was **no evidence of variations costs.**

However, **Omissions observed** as below;

a) Bill No. 1, Item f) (engraving of completed works using marble plaque)- Not implemented

b) FLOOR FINISHES, Item b) & c)- No basis for verification of works and cost (No specifications and quantity)

6. Design, Supply and Installation of micro scale irrigation systems under UGIFT Program.

Based on the project files, there was no evidence of site reconnaissance and Technical Investigation reports.

There was no evidence of variations costs hence no omissions from the BOQ..

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):

The LG screened proposed projects for environmental and climate change impacts risks in the previous financial year, including:

1. Installation of Solar-Powered Piped Water System at Ndalike Parish, Namwenda Sub County. **Screening form signed by the SEO and DCDO on 25/10/2023;**
2. Construction of Bukamira Primary School in Kitayunjwa Sub County. **Screening form signed by the SEO and DCDO on 03/10/2023;**
3. Construction of Slaughter Slab at Nawantale Market, Bulawali Sub County. **Screening form signed by the SEO and DCDO on 11/10/2023; and**
4. Maintenance of Bulunda-Kiwungu-Butansi-Kakindu Road. **Screening form signed by the SEO and DCDO on 06/10/2023.**

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.

ESHS requirements identified in the ESMPs for the following projects were adequately incorporated in the schedule of requirements, specifications of the bidding/contractual documents and BoQs:

1. Construction of Slaughter Slab at Nawantale Market, Bulawali Sub County. Bidding/contractual document of Procurement Reference No. KAMU 849/WRKS/23-24/00018, BoQs total procurement cost of UGX 24,927,100/=, and with the following ESHS items under preliminaries:

a) Item (c)-Provision of first aid kit

b) Item (d)- Provision of PPE

c) Item (e) Installation of waste water containment structure and site fence.

d) Bill No.4, Item (12)
Backfilling of open trenches , re-vegetation with native grass and site

clean-up.

Total **cost of the safeguards items in the BoQs is UGX 1,880,000/=.**

2. Construction of Bukamira Primary School in Kitayunjwa Sub County.

Bidding/contractual document of Procurement Reference No. KAMU 849/WRKS/23-24/00006, BoQs total procurement cost of UGX 80,000,000/=, and with the following ESHS items under preliminaries:

a) Bill No. 1, Item (c), provision of clear safety signage and labels.

b) Bill No. 1, Item (d) provide functional first aid kit.

c) Bill No.1, Item (e), provision of functional PPE.

d) Bill No.1, Item (f) Provision of HIV/AIDS support and training and gender responsiveness awareness

e) Bill No. 1, Item (g), greening the area to cover open soils around the building.

f) Bill No.1 Item (h), Site restoration and clean-up.

Total **cost of the safeguards items in the BoQs is UGX 2,750,000/=.**

The project costed ESMP was adequately incorporated in the BoQs.

3. Installation of Solar-Powered Piped Water System at Ndalike Parish, Namwenda Sub County.

Procurement Reference No. KAMU/849/WORKS/23-24/00003, BoQs total procurement cost of UGX 269,873,080/= Bills and Items under preliminaries:

a) Bill No. G-1, Establishment of site safety sign boards

b) Item A420.2: Emergency compensation payments to land or property owners made on behalf of the employer to address land conflicts.

c) Item A420.3: Provide and maintain sexual health and first aid clinic on site.

d) Item A420.6: Child abuse awareness

e) Item A420.7: HIV/AIDS Awareness

f) Item A420.8: Gender

mainstreaming

g) Item No. E533: Disposal of spoil (materials other than topsoil) and site re-vegetation using native grass

Total **cost of the safeguards items in the BoQs is UGX 9,350,000/=**.
The project costed ESMP was adequately incorporated in the BoQs.

Based on the above analysis, the LG does not meet requirements for this performance measure

Procurement

7

0

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 or clarifications

vi. Copy of the published advertisement of shortlist

vii. Record of issuance of bidding document

viii. Record of receipt of bids

ix. Record of opening of bids

x. Copies of bids received

xi. Evaluation meetings and evaluation report

xii. Notice of best evaluated bidder

1. Construction of a 2 classroom block at Bukamira primary school in kitayunjwa sub county-SFG funded

*The sampled project is listed on the approved procurement plan.[endorsed by KAMULI DLG CAO Mr. KALEMA CORNELIUS on 07/07/23. (Doc. Ref. CR/105/1)] and found to have **all the necessary procurement files on record.***

As per the procurement file of the reference project, an official publication was made through New Vision Newspaper under **Open National Bidding** on 5/10/23 with a Proc. Ref No.: KAMU 849/WRKS/23-24/00006 and a bid closure date of 2/11/23 on which submissions were made by 5No. bidders. evidence on file (Record of Bid Opening (2/11/23) Record of issuance of Bid documents (5/10/23), Record of receipt of Bids (2/11/23)).

The Proc. Method, Bidding Docs, Evaluation Committee and shortlists of providers were approved vide the 134th KAMU DLG Contracts Committee meeting held on 15/10/23 (ref. item 6 of meeting agenda, min: KDCC/134/2023/6).

MS PAKASA CONSTRUCTION AND GENERAL CONTRACTORS LIMITED emerged as best evaluated bidder with a **contract price of UGX 76,051,926** (evaluations committee report 20th of Sept 2023) followed by a notification approved vide 135th KAMU DLG contracts committee meeting (5/01/2024. Min: KDCC 135/2023/3/7). this list was published on the district notice board for 10 days(05/01/2024-16/01/24).

Letter of Bid acceptance issued by CAO on 18/01/24 (ref CR/105/1) to which the contractor responded with an acceptance letter on 18/01/24

xiii. Submission of contract to the Solicitor General for clearance where applicable	sealed with a contract signing on 23/01/24.
xiv. Approval by Solicitor General where applicable	There was no record on file pertaining amendments, clarifications and resolution of grievances at the time of assessment.
xv. Contract and amendments thereto as per format/requirement including Contractor's ESMP	<i>Approvals by Solicitor general were not applicable.</i> (Minimum threshold for clearance is 200M).
xvi. Contract Committee minutes relating to the procurement	2. Construction of a 3 in 1 staff house at Kamuli District- DDEG Funded
xvii. Correspondences between the procuring and disposing entity and the bidder(s)	<i>The sampled project is listed on the approved procurement plan.[endorsed by KAMULI DLG CAO Mr. KALEMA CORNELIUS on 07/07/23. (Doc. Ref. CR/105/1)]</i>
xviii. Evidence of resolution of grievance or complaints (if any)	However, there was no comprehensive file on record associated to this project hence no basis for verification.

Score 2 if all documents are available otherwise score 0 if incomplete.

3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.

The sampled project is listed on the approved procurement plan.[endorsed by KAMULI DLG CAO Mr. KALEMA CORNELIUS on 07/07/23. (Doc. Ref. CR/105/1)]

No files on record relating to framework contracts to service providers at the time of assessment.

4. Sitting, Drilling, Test Pumping and casting of 11 boreholes.

The sampled project is listed on the approved procurement plan.[endorsed by KAMULI DLG CAO Mr. KALEMA CORNELIUS on 07/07/23. (Doc. Ref. CR/105/1)]

As per the procurement file of the reference project, an official publication was made through New Vision Newspaper under **Open National Bidding** on 5/10/23 with a Proc. Ref No.: KAMU 849/WRKS/23-24/00002 and a bid closure date of 2/11/23 on which submissions were made by 5No. bidders. evidence on file (Record of Bid Opening (2/11/23) Record of issuance of Bid documents (6/10/23), Record of receipt of Bids (2/11/23)).

The Proc. Method, Bidding Docs, Evaluation Committee and shortlists of providers were approved vide the 134th KAMU DLG Contracts Committee meeting held on 15/10/23 (ref. item 6 of meeting agenda, Min: KDCC/134/2023/6).

MS VIVIN TECHNOLOGIES LIMITED emerged as best evaluated bidder with a **contract price of UGX 208,215,602** (evaluations committee report 20th of Sept 2023) followed by a notification approved vide 135th KAMU DLG contracts committee meeting (5/01/2024. Min: KDCC 135/2023/3/2). this list was published on the district notice board for 10 days (05/01/2024-16/01/24).

Letter of Bid acceptance issued by CAO on 18/01/24 (ref CR/105/1) to which the contractor responded with an acceptance letter on 22/01/24 sealed with a **contract signing on 3/03/24.**

There was **no record on file pertaining amendments**, clarifications and resolution of grievances at the time of assessment.

It was also evident that the **LG through the CAO sought clearance from solicitor general pertaining this project** on 23/01/24. this was endorsed on 22/02/24 through a letter from the office of solicitor general (Ref No: MBL.065/105/1).

5. Construction of a slaughter slab at Nawantale livestock market- PMG Funded.

*The sampled project is listed on the approved procurement plan.[endorsed by KAMULI DLG CAO Mr. KALEMA CORNELIUS on 07/07/23. (Doc. Ref. CR/105/1)] and found to have **all the necessary procurement files on record.***

As per the procurement file of the reference project, an official initiation done under **Selective Bidding** with a Proc. Ref No.: KAMU 849/WRKS/23-24/00018 with submissions made by 1No. bidder. evidence on file (Record of Bid Opening (20/02/23) Record of issuance of Bid documents (05/01/24), Record of receipt of Bids (20/02/24)).

The Proc. Method, Bidding Docs, Evaluation Committee and shortlists of providers were approved vide the 134th KAMU DLG Contracts Committee meeting held on 28/10/23 (ref. item 6 of meeting agenda, Min:

KDCC/134/2023/6).

MS ZIKONIC INVESTMENTS

LIMITED emerged as best evaluated bidder with a contract price of **UGX 24,927,100** (evaluations committee report 21st of march 2024) followed by a notification approved vide 138th KAMU DLG contracts committee meeting (21/03/2024. Min: KDCC/138/2023/3/29). this list was published on the district notice board for 5 days (23/3/24-27/03/24).

Letter of Bid acceptance issued by CAO on 01/04/24 (ref CR/105/1) to which the contractor responded with an acceptance letter on 01/04/24 sealed with a **contract signing on 23/04/24.**

There was no record on file pertaining amendments, clarifications and resolution of grievances at the time of assessment.

Clearance by the Solicitor General was not relevant for this contract sum.

6. Design, Supply and Installation of micro scale irrigation systems under UGIFT Program.

The sampled project is listed on the approved procurement plan.[endorsed by KAMULI DLG CAO Mr. KALEMA CORNELIUS on 07/07/23. (Doc. Ref. CR/105/1)].

As per the procurement files of the reference project, an official initiation done under **Selective Bidding** with submissions made by 2 No. bidders.

The Proc. Method, Bidding Docs, Evaluation Committee and shortlists of providers were approved vide the 138th KAMU DLG Contracts Committee meeting held on 28/03/24 (ref. item 3 of meeting agenda, Min: KDCC/132/2023/3).

MS KARF AQUA ENGINEERING

SOLUTIONS LIMITED emerged as **best evaluated bidder** with a contract price of UGX 558,099,290.

No evidence of Letter of Bid acceptance, issuance, opening and a contract on file at the time of assessment.

There was no record on file pertaining amendments, clarifications and resolution of grievances at the time of assessment.

There was no file on record pertaining

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

to Clearance by the Solicitor General at the time of assessment.

100% (6 of 6) of the Sampled projects deviated from the planned procurement plan.

Therefore, the LG didn't adhere to this performance measure.

1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006).

Planned Contract signing date was 11th July, 2023 as per the approved procurement plan but actual contract signing done on 23/01/24.

2. Construction of a 3 in1 staff house at Kamuli District (Proc. Ref: KAMU 849/WRKS/23-24/00004).

Actual start date was on 1/04/24 whereas planned contract signing date was 11/07/23 with basis from the approved procurement plan.

3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.

Planned Contract signing date was 11th July, 2023 as per the approved procurement plan. however, there is **no basis for comparison** given that there were no records of framework contracts and updated works schedules on file.

4. Sitting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002).

LG did not adhere the timelines given that the actual contract signing was done on 03/03/24 while Planned Contract signing date was 11th July, 2023 as per the approved procurement plan.

5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018).

Actual contract signing was carried out on 8/04/24 whereas planned

contract signing date was 23/01/23 with basis from the approved procurement plan.

6. Design, Supply and Installation of micro scale irrigation systems under UGIFT Program.

Actual contract signing was carried out on 8/04/24 whereas planned contract signing date was 23/01/23 with basis from the approved procurement plan.

Contract management

9			0
<p>a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)</p> <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>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>Check for</p> <ul style="list-style-type: none"> • Compulsory approvals <p>Verify if compulsory approvals were issued score 2 else score 0</p>	<p>All infrastructure projects constructed by the LG were assessed and project management files for a sample of six (6) projects was scrutinized for presence of compulsory approvals;</p> <ol style="list-style-type: none"> 1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006). Value 76,051,926 2. Construction of a 3 in1 staff house at Kamuli District Hospital (Proc. Ref: KAMU 849/WRKS/23-24/00004). Value 111,999,700 3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account. 4. Siting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002). Value 208,251,602 5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018). Value 24,927,100 6. Design, supply and installation of micro-irrigation equipment at Lubandi Keety farm (2.5acres) (Proc. Ref KAMU849/WRKS/23-24/00042) Value 22,488,440 <p>For all the sampled projects (6 of 6 projects), there was no record on file pertaining any of the compulsory approvals.</p> <p>Therefore the DLG failed to meet the requirement for this performance measure.</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:	All infrastructure projects constructed by the LG were assessed and project management files for a sample of six (6) projects was scrutinized for presence of written site instructions;
b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions	From LG Engineer obtain project management files.	1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006). Value 76,051,926.
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	Check for • Written Site instructions Verify if written site instruction were issued and there is evidence of their implementation score 2 else score 0	2. Construction of a 3 in1 staff house at Kamuli District Hospital (Proc. Ref: KAMU 849/WRKS/23-24/00004). Value 111,999,700. 3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.
d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period		4. Siting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002). Value 208,251,602. 5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018). Value 24,927,100.
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		6. Design, supply and installation of micro-irrigation equipment at Lubandi Keety farm (2.5acres) (Proc. Ref KAMU849/WRKS/23-24/00042) Value 22,488,440. There was no evidence on file pertaining to issuance of site instructions at the time of assessment. therefore, the LG doesn't meet the requirements of this performance measure.

- a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)
- b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions
- 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

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.

Check for

- Snag list
- Final Completion Certificate including approvals from Environment Officer and DCDO.

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.

The LG **did not document any snag lists** and follow up for closure. there was no evidence on file at the time of assessment.

There was no evidence of final Completion Certificates including approvals from Environment Officer and DCDO to this as the projects are still in DLP.

The LG doesn't meet the requirements of this performance measure.

- a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)
- b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions
- c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to

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.

Check for

- Final Completion Certificate including approvals from Environment Officer and DCDO.
- Payment vouchers

Verify if the project

A review of four sampled retention payments to contractors in FY 2023/24 revealed that the DLG issued Final Completion Certificates and the Senior Environment Officer and District Community Development Officer approved all investment projects to verify that the Project Manager, following the practical completion of the projects, appropriately released the retention funds to contractors after the Defects Liability Period.

Therefore, the DLG complied with the requirements for this performance measure.

Evidence

Construction under the Education

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

manager paid the contractor the retention fund after the defects liability period. Score 2 if the requirements was met; otherwise, score 0

Sector

1. Construction of a 2 Classroom Block at Nawango Primary School in Kitayunjwa by Bisca Uganda Limited

- Final Completion Certificate issued by Senior Assistant Engineering Officer on 7 June 2024

- Environment and Social Certification Form Environment & DCDO on 6 June 2024

- Request for release of UGX 3,992,707 made on 28 May 2024 and paid on 11 July 2024 EFT No. 13332187

2. Construction of a 5 stance Pit Latrine at Kakindu Primary School by Mamukitimbo Investments Company LTD

- Final Completion Certificate issued by Senior Assistant Engineering Officer on 26 April 2024

- Environment and Social Certification signed by Environment & DCDO on 6 June 2024

- Request for release of UGX 1,149,881.25 made on 6 February 2024 and paid on 11 July 2024 EFT No. 12764838

Construction under the Health Sector

1. Construction Completion of ART clinic at Bupadhengo HCIII by Kyoisi Broadways Investments Limited

- Final Certification Certificate issued by District Engineer on 14 February 2024

- Environment and Social Certification signed by Environment & DCDO on 25 April 2024

- Request for release of UGX 1,524,600 made on 14 February 2024 and paid on 29 May 2024 EFT No. 12605546

2. Renovation of a General Ward at Namwenda HC IV in Namwenda Sub County by Naminage Investments (U) Ltd

- Final Certification Certificate approved by the District Engineer on 18 December 2023

- Environment and Social Certification signed by Environment & DCDO on 15 December 2023

- Request for release of UGX

1,524,600 made on 14 February 2024
and paid on 29 May 2024 EFT No.
12605546

Construction under Water Sector

1. Siting, Drilling, Test Pumping, and
Casting of 9 Boreholes by Sunrise
Water Drilling Co. Ltd

- Final Certification Certificate 15
May 2024 signed by Project Manager
and cleared by Senior Environment
Officer and District Community
Development Officer

- Request for Payment for UGX
8,602,200 on 14 May 2024 and paid on
13 June 2024 EFT No. 12764885

2. Drilling of 4 Production Wells
Boreholes by Gera Engineering
Services Limited

- Final Certification Certificate 20
May 2024 signed by Project Manager
and cleared by Senior Environment
Officer and District Community
Development Officer

- Request for Payment for UGX
6,683,638 and on 14 May 2024 and
paid on 13 June 2024 EFT No.
12764393

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

b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions

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

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.

- Meeting Schedules
- Minutes of site meeting
- Minutes of project handover to the client
- Final Completion Certificate including approvals from Environment Officer and DCDO.

Verify if:

- 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
- Completion certificates were issued to the contractor

Score 2 if all requirements are met; otherwise, score 0.

There was ***no evidence on file pertaining to Site progress meetings, updated work schedules at the time of assessment.***

The LG however prepared payment certificates for payments to contractors of the 6No. sampled projects.

The LG did not have documentations pertaining to project handovers from the Contractors hence the LG doesn't meet the requirements of this performance measure.

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 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.

Assessment was done on the 6No. projects implemented by the LG in the FY 23/24 ie;

1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006). Value 76,051,926.

2. Construction of a 3 in1 staff house at Kamuli District Hospital (Proc. Ref: KAMU 849/WRKS/23-24/00004). Value 111,999,700.

3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.

4. Siting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002). Value 208,251,602.

5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018). Value 24,927,100.

6. Design, supply and installation of micro-irrigation equipment at Lubandi Keety farm (2.5acres) (Proc. Ref KAMU849/WRKS/23-24/00042) Value 22,488,440.

There was evidence of 17% (1 of 6) of the sampled projects had a measurement sheet dated 29/04/24 prepared by the Contractor on file **(Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006))**

83% (5 of 6) did not have evidence of a joint measurement sheet on file at the time of assessment.

therefore, the **LG doesn't meet the requirements** of the performance measure.

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.

A review of the DLG's payments to five sampled Contractors for investment projects constructed by the DLG in FY 2023/24 indicated that **NO advance payments** were paid to contractors prior to the commencement of works.

Evidence-

All contracts for local projects procured by the DLG do not have provisions for advance payment. The Seed School was an ongoing project where payments were made after a certificate of payment was approved for completed works. Examples of sampled projects

1. Sectional Completion of Administration Block Phase V-
2. Siting, Design, Drilling, Test Pumping, and Platform Casting of 11 Boreholes
3. Construction of Staff House at Kamuli General Hospital
4. Construction of Ndaliwe Solar Powered Water System in Ndaliwe in RGC
5. Construction of Seed School at Kagumba

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

- Start and completion date in the contract compared to actual 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.

All infrastructure projects constructed by the LG were assessed and project files for a sample of six (6) projects were screened for presence of progress updates through works schedules;

1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006). Value 76,051,926.

2. Construction of a 3 in1 staff house at Kamuli District Hospital (Proc. Ref: KAMU 849/WRKS/23-24/00004). Value 111,999,700

3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account.

4. Siting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002). Value 208,251,602.

5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018). Value 24,927,100.

6. Design, supply and installation of micro-irrigation equipment at Lubandi Keety farm (2.5acres) (Proc. Ref: KAMU849/WRKS/23-24/00042) Value 22,488,440.

There was no evidence of progress updates through work schedules.

Hence **no basis for comparison of dates to ascertain adherence to timelines.**

Therefore, the LG does not meet the requirements of this performance measure.

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.	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:	The following 6No. infrastructure projects were assessed;
b) Evidence of either no advance payment or provision of a performance and advance payment guarantee before obtaining advance payment	From LG Engineer obtain project files	1. Construction of two classroom block at Bukamira primary school in kitayunjwa subcounty (Proc. Ref: KAMU 849/WRKS/23-24/00006). Value 76,051,926.
c) Evidence that the project was implemented as per work schedule and completed within original completion date	Check for	2. Construction of a 3 in1 staff house at Kamuli District Hospital (Proc. Ref: KAMU 849/WRKS/23-24/00004). Value 111,999,700
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).	<ul style="list-style-type: none"> • Work Schedule • When payment was made as compared to invoice date • Original and amended contract where there is a variation. Verify if the: <ul style="list-style-type: none"> 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.	3. Mechanized Maintenance of District Roads (Bulunda-Butansi-Kabalila-Kakindu-13.5Km)- Funded through Force Account. 4. Siting, Drilling, Test Pumping and casting of 11 boreholes. (Proc. Ref: KAMU 849/WRKS/23-24/00002). Value 208,251,602. 5. Construction of a slaughter slab at Nawantale livestock market (Proc. Ref: KAMU 849/WRKS/23-24/00018). Value 24,927,100. 6. Design, supply and installation of micro-irrigation equipment at Lubandi Keety farm (2.5acres) (Proc. Ref: KAMU849/WRKS/23-24/00042) Value 22,488,440.

There was no record on file for the 6No. sampled projects in regard to work schedules/updates on physical progress hence **no basis for verification.**

However, **1No of the 6No projects had a variation cost of UGX 12,000,000** (Construction of a 3 in 1 staff house at Kamuli hospital) evident vide a Variation order written by CAO to the Contractor on 4/05/24 notifying the contractor of the variation in works and the subsequent correspondence by the contractor on 28/05/24 requesting for approval of the variation cost. the rest **(5No of the 6No.) sampled projects did not record any variation costs on file.**

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.

A review of the DLG's Final accounts and transfers of local revenue to LLGs for FY 2022/23 and FY 2023/24 confirm that:

1. There was an increase in OSR of 128% (i.e. more than 5%) in FY 2023/24 compared to FY 2022/23
2. ***The DLG did not remit the 65%/100% mandatory Sub Counties/Town Council share of local revenues during FY 2023/24.***
3. The DLG remitted the LLG share of local revenues during FY 2023/24 not more than 10 days after the cash limit release

Therefore, the DLG did not comply with the requirements in (2) above for this performance measure.

Evidence

1- Increase/ (Decrease) in OSR. VIDE: Final Accounts

OSR FY 2023/24- Reports of Financial Statements for the Year Ended 30 June 2024 Page 8

Taxes UGX 469,573,148

Non-Tax Revenue- Non- Exchange UGX 501,356,851

Non-Tax Revenue- Exchange UGX 177,005,162

Total UGX 1,147,935,161

OSR FY 2022/23- Report of the Auditor General on the Financial Statements of Kamuli District Local Government for the Year Ended 30 June 2023

Taxes UGX 339,908,913

Non-Tax Revenue- Non-Exchange UGX 162,971,710

Non-Tax Revenue- Exchange UGX 6,135

Total UGX 502,886,758

Increase/(Decrease) in OSR was OSR (FY2023/24-FY2022/23)/FY 2022/23= UGX (1,147,935,161-502,886,758)/ 502,886,758*100= **128%**

2- Percentage of local revenue remitted to the LLG FY 2023/24

Kamuli District Local Government Requisition Form Dated 6 September 2023- Local revenue collections UGX 7,852,000

- DLG collected UGX 5,121,500 sharable with Sub Counties. Remitted 65% i.e. UGX 3,328,975

- DLG collected UGX 2,730,500 sharable with Town Councils. Remitted 100% i.e. UGX 2,730,500

Kampala District Local Government
Requisition Form Dated 20 September 2023- Local revenue collections UGX 17,825,456

- DLG collected UGX 10,826,462 sharable with Sub Counties. Remitted UGX 7,037,200 i.e. 65%

- DLG collected UGX 6,999,000 sharable with Town Councils. Remitted UGX UGX 6,999,000 i.e. 100%

Kamuli District Local Government
Requisition Form Dated 7 March 2024- Local revenue collections UGX 27,781,800

- DLG collected UGX 16,372,800 sharable with Sub Counties. Remitted UGX 10,642,320 ie. 65%

- DLG collected UGX 11,409,000 sharable with Town Councils. Remitted UGX 11,409,000 i.e. 100%

Kamuli District Local Government
Requisition Form Dated 15 December 2023- Local revenue collections UGX 8,176,900

- DLG collected UGX 3,806,900 sharable with Sub Counties. Remitted UGX 2,474,485 i.e. 65%

- DLG collected UGX 4,370,000 sharable with Town Councils. Remitted UGX 4,370,000 i.e. 100%

Kamuli District Local Government
Requisition Form Dated 15 December 2023- Local revenue collections UGX 29,805,800

- DLG collected UGX 16,801,300 sharable with Sub Counties. Remitted UGX 10,920,845 i.e. 65%

- DLG collected UGX 13,004,500 sharable with Town Councils. Remitted UGX 13,004,500 i.e. 100%

Kamuli District Local Government
Requisition Form Dated 24 October 2023- Total revenue UGX 12,615,200+UGX 10,000,000 LST

- DLG collected UGX 11,066,000 sharable with Sub Counties. Remitted UGX 7,192,900 i.e. 65%

- DLG collected UGX 1,549,200 sharable with Town Councils. Remitted

UGX 1,549,200 i.e. 100%

- Remitted UGX 7,000,000 of LST collected to Sub Counties

- Remitted UGX 3,000,000 of LST collected to Town Councils

NOTE: Total LST per Final Account FY2023/24 Page 36 was UGX 197,924,416. Total LST remitted to LLGs by the HLG is only UGX 10,000,000 out of UGX 197,924,416= Only 5%. No breakdown for LST attributable to each LLG was provided.

3- Date when cash limit for local revenue to LLG was approved per quarter and remittance to LLG

Q1 FY 2023/24 - Cash limit for local revenue was approved on 18 October 2023, and remitted to LLG on 27 October 2023 i.e. within 10 working days

Q2 FY 2023/24 - Cash limit for local revenue was approved on 15 December 2023, and remitted to LLG on 19 December 2023 i.e. within 10 working days

Q3 FY 2023/24 - Cash limit for local revenue was approved on 5 March 2024, and remitted to LLG on 12 March 2024 i.e. within 10 working days

Q4 FY 2023/24 - Cash limit for local revenue was approved on 13 June 2024, and remitted to LLG on i.e. 18 June 2024 i.e. within 10 working days

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12

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 website and/or MDAs obtain and review the respective grant guidelines focusing on the Investment Menu

Determine whether all development grants in the previous FY were spent on the eligible

A review of the DLG's Budget Performance reports/ financial statements and Grant guidelines for FY 2023/24 confirmed that the **DLG did not use** all development grants for FY 2023/24 per the grant requirements and eligible items in the respective investment menu.

Evidence

1. District Discretionary Equalisation Development Grant 31-o/w District DDEG -Local Government Grant - UGX 315,483,000

Infrastructure Projects - UGX

0

items in the respective investment menu.

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.

188,000,000 i.e 60% less than the Minimum of 70% allowed by Grant

- Repair of Abattoir Building and Facility Maintenance - Civil Works UGX 10,000,000
- HQ Building and Facility Maintenance - Civil Works UGX 3,000,000
- Headquarters – Office Building UGX 120,000,000
- Headquarters -Maintenance, Repair and Support Services UGX 10,000,000
- Extension of the store at Headquarters - Other Construction Works UGX 10,000,000
- Headquarters Furniture and Fixtures – Chairs UGX 35,000,000

Investment Servicing and Monitoring- UGX 78,743,000 i.e. 25% more than the maximum of 10% allowed by Grant

- Feasibility Studies or Screening of Projects - Severances on epidemic outbreak UGX 7,538,000
- Headquarter Travel Inland -Expenses UGX 4,000,000
- HQ monitoring of projects UGX 46,000,000
- Headquarters Travel Inland – Expenses UGX 21,205,000

Data Collection- UGX 8,740,000 i.e. 2% less than the 5% maximum allowed by Grant

- Headquarters Travel Inland - Data Collection and Analysis UGX 8,740,000

Performance Improvement – UGX 40,000,000 i.e. 13% above the 10% maximum allowed by the Grant

- Staff Training - Capacity Building UGX 25,000,000
- HQ Office Equipment Maintenance - Communication Equipment UGX 15,000,000

2. District Discretionary Equalisation Development Grant 192-o/w District DDEG - EU Additional Funds UGX 488,680,000

Infrastructure Projects UGX 237,000,000 i.e. 48% less than the minimum of 70% allowed by the Grant

- Bed and Mattress for Namwendwa

HC UGX 7,000,000

- Kamuli General Hospital Residential Building – Staff Houses UGX 130,000,000
- 5 waiting shades at HC111 Other Structures - Construction Works UGX 100,000,000

Recurrent Activities UGX 83,000,000 i.e. 17% less than the maximum 20% allowed by the Grant

- *HQ Workshops, Meetings, Seminars- Training (Others) UGX 68,000,000 ineligible*
- *Headquarters Vehicle Maintenance - Service, Repair and Maintenance UGX 15,000,000 ineligible*

Investment Servicing and Monitoring UGX 168,680,000 i.e. 35% more than the 10% allowed by the Grant

- *HQ ICT – Assorted Computer Accessories UGX 20,000,000 ineligible*
- HQ Feasibility Studies or Screening of Projects – UGX 23,680,000
- Headquarters Travel Inland – Expenses UGX 55,000,000
- HQ Travel Inland – Fuel UGX 70,000,000

4- Programme Conditional Grant - Development 153-o/w PHC Health Development

- *Headquarters Monitoring and Supervision of Works UGX 18,139,000 Ineligible*
- Namwendwa 4 Stance Lined Pit Latrine at Namwendwa HCIV UGX 23,000,000
- Magogo Fencing of Bubago UGX 40,000,000
- Incinerator at Nankandulo HC IV UGX 16,306,000
- Fencing of Buluya UGX 30,000,000
- Fencing of Kiyunga Bukande UGX 25,000,000
- Fencing of Luzinga UGX 15,000,000
- Retentions for 3 projects for FY 22/23 UGX 14,727,000

5- Programme Conditional Grant - Development 154-o/w Education

**Development- UGIFT Seed
Secondary Schools UGX
1,024,422,000.**

- Headquarter Environmental Impact Assessment - Capital Works UGX 15,000,000
- Kagumba and Nabwigulu Monitoring and Supervision of Works UGX 80,000,000
- *Kagumba and Nabwigulu Seed Schools UGX 929,422,000 ie. 91% Less than 95% allowed by Grant*

**6- Programme Conditional Grant -
Development 155-o/w Education
Development - Formerly SFG**

- Headquarters Monitoring of SFG Projects for FY 23/24 UGX 56,886,000
- Non Residential Buildings – Bulopa P/S UGX 80,000,000
- Non Residential Buildings- Busambu UGX 40,000,000
- Non Residential Buildings- Bukamira P/S, UGX 80,000,000
- Non Residential Buildings- Malugulya P/S UGX 80,000,000
- Non Residential Buildings- Bugolo P/S UGX 80,000,000
- Non Residential Buildings- Kisege P/S Ndaliwe UGX 25,000,000
- Non Residential Buildings- 5-Stance Latrine at Lyanyama P/S UGX 25,000,000
- Desks- Bugolo, Malugulya, Bulopa and Bukamira P/S UGX 61,750,000
- Non Residential Buildings - Maintenance, Repair and Support Services- UGX 20,402,000
- Bugeywa Non Residential Buildings – Extension UGX 20,000,000

13

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.

From the Internal Auditor, obtain an audit plan and audit reports to verify the timely production of internal audit reports.

Obtain minutes of LG PAC to establish whether they have discussed both internal and external issues and

A review of the DLG's Internal Audit files, Reports of LG PAC, and Minutes of LG PAC Reports for FY 2023/24 as well as Reports on the Implementation of Internal and External Audit Recommendations for FY 2022/23 collaborated that:

1. The DLG produced and submitted an annual Audit Plan and all Quarterly Internal Audit reports for FY 2023/24 within two months

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made recommendations to the Accounting officer.

From CFO, Obtain reports on the implementation of audit recommendations.

Verify If the LG:

i. Produced an annual audit plan and quarterly internal audit reports within two months of the end of the quarter,

ii. The LG PAC discussed internal and external audit issues and reported to the district chairperson or Mayor , and

iii. The LG resolved at least 80% of audit issues identified by internal and external audits (due audit recommendations are implemented)

If the requirements (i) to (iii) are met score 2 or else 0.

after the end of the quarter.

2. ***The DLG PAC did not discuss ALL*** internal and external audit issues for FY 2023/24 and FY 2022/23, respectively, and report the outcomes of their discussions to the District Chairperson and the Minister of Local Government, and
3. ***The DLG provided evidence affirming that only 78%*** of the internal and external audit recommendations made by the Internal Auditor General and Auditor General arising from the Internal Audit Report and Audit of Financial Statements for FY2022/23, respectively were resolved.

Therefore, the DLG did not comply with the requirements (2) and (3) above for this performance measure.

Evidence

1. Internal Audit Work Plan Quarterly Internal Audit Reports produced FY2023/24

a) Internal Audit Work Plan

- Kamuli District Local Government VOTE 849 Annual Audit Work Plan F/Y 2023/2024 received by the Office of the Internal Auditor General's Office on 30 June 2023.

b) Quarterly Internal Audit Reports produced

- 1st Quarterly Internal Audit Report FY 2023/24 Headquarters Accounts produced on 12 October 2023 and submitted to the Speaker on 30 October 2023 with 18 issues identified, within 2 months after the end of the quarter.

- 2nd Quarter Internal Audit Report FY 2023/24 Headquarter Accounts produced on 31 January 2024 and submitted to the Speaker on 01 February 2024 with 14 issues identified, within 2 months after the end of the quarter.

- 3rd Quarter Internal Audit Report FY 2023/24 produced on 30th July 2024 and submitted to the Speaker on 31 May 2024 with 25 issues, within 2 months after the end of the quarter.

- 4th Quarter Internal Audit Report FY 2023/24 produced on 23 April 2024 and submitted to the Speaker on 19 September 2024 with 15 issues, within 2 months after the

end of the quarter.

2. DLG PAC Minutes discussing matters arising out of the internal and external audit reports for FY2023/24 and FY2022/23, respectively.

- The District Local Government Public Accounts Committee Report on the District Internal Auditor’s Report on Kamuli District Headquarters Accounts for Quarters 1 of Financial Year 2023/24 Ref PAC/214/1 submitted to the District Chairperson on 12th December 2023

- The District Local Government Public Accounts Committee Report on the District Internal Auditor’s Report on Kamuli District Headquarters Accounts for Quarters 11 of Financial Year 2023/24 Ref PAC/214/1 submitted to the District Chairperson on 8th April 2024

• No evidence of minutes of discussions of Q3-4 Internal Audit Reports FY2023/24 were adduced at the time of assessment

3. Internal and External audit recommendations implemented

- Submission of responses to the Report of Auditor General for the FY 2022/23 CR/251/1 dated 1 August 2024 and received by Office of Chairperson 21 August 2024. Identified issues 38 issues and 28 issues resolved

- Submission of Validation Report on the Status of Implementation of the Recommendations of the Internal Auditor General’s Report for FY 2022/23 Kamuli District Local Government dated 27 November 2023 Received by Ministry of Local Government 28 November 2023 CR/251/1. Identified 25 issues with 21 issues resolved. 4 issues partially resolved

Percentage of issues resolved = total no of issues resolved/total no of issues *100= 49/63*100= **78%**

14	Evidence that the LG has an unqualified audit opinion for the previous FY	From the OAG, obtain and review audit opinions Verify if the LG has an unqualified audit opinion for the previous FY to score 2 or else 0	This performance measure shall be assessed in January 2025 after reviewing the reports of the OAG to confirm audit opinion.	0
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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.

The ESMPs for all projects screened in the previous FY were prepared and costed.

Mitigation measures in the ESMP for the “Construction of Slaughter Slab at Nawantale Livestock Market in Bulawoli Sub County” project were implemented following the Guidelines:

1. The slaughter slab structure is cordoned off with a chain-link perimeter fence.
2. The area surrounding the slaughter slab structure and within the fence is re-vegetation with native grass species.
3. A gently sloping slab structure of course material was installed.
4. Site cleanup including removal of spoil material, debris, waste, etc. was undertaken.
5. Soak pit for waste water containment was installed.
6. A ramp for ease of access to the slaughter slab by PWDs was installed.
7. Slaughter slab premises is clean and trim.

The ESMP implementation report for the “Construction of Slaughter Slab at Nawantale Livestock Market in Bulawoli Sub County” project was prepared by the SEO and DCDO on 19/06/2024 and the E&S Compliance Certificate for payment of the contractor at the completion stage was signed by the SEO and DCDO on 21/06/2024.

Mitigation measures in the ESMP for the “Construction of Bukamira Primary School in Kitayunjwa Sub County” project were implemented following the Guidelines:

1. The site was cleaned up of debris and other wastes.
2. Re-vegetation of the site was done using Paspalum dilatatum.
3. Tree planting of the surrounding to the two (2) classroom block was done.

The E&S Compliance Certificate for payment of the contractor at the interim stage was signed by the SEO and DCDO on 29/04/2024. An ESMP implementation report for the “Construction of Bukamira Primary School in Kitayunjwa Sub County”

project was prepared by the SEO and DCDO on 19/07/2024.

Mitigation measures in the ESMP for the “Installation of a Solar-Powered Piped Water System at Ndaliike Parish, Namwenda Sub County” project were implemented following the Guidelines:

1. Site re-vegetation was done using native grass species.
2. Site perimeter was cordoned off using a chain-link.
3. Water testing was undertaken, the results of which were submitted to the LG by the NWSC Central Laboratory on 19/04/2023. The test results show compliance with the physio-chemical characteristics as provided for by the National Standards for untreated portable water.
4. Erosion control measures (drainage structures) are in place.
5. Sensitization of the project area community was undertaken as evidenced in the Minutes of Community Sensitization Meeting and Training of Water and Sanitation Committee undertaken on 18/06/2024.

The E&S Compliance Certificate for payment of the contractor at the interim stage was signed by the SEO and DCDO on 14/06/2024. The ESMP implementation report for the project “Installation of a Solar-Powered Piped Water System at Ndaliike Parish, Namwenda Sub County” was prepared by the SEO and DCDO on 23/07/2024.

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

A review of a sample of 6 infrastructure projects constructed by the DLG in FY2023/24, confirmed that all projects implemented in FY 2023/24 have proof of land ownership/ right of way.

Therefore, the DLG complied with the requirements for this performance measure.

Evidence

- Construction Kagumba Seed Secondary School- Title in the name of Kamuli District Local Government – Kagumba Seed Secondary School Plot 287, Block 6 at Mawembe dated 11 May 2023.

- Construction of Nabwigulu Seed Secondary School- Title in the name of Kamuli District Local Government – Nabwigulu Seed Secondary School Plot 567, Block 10 at Bukalu dated 11 May 2023

- Construction of Nawankofu HCII -Title in the name of Kamuli District Local Government – Nawankofu HCII Land Plot 166, Block 11 at Bunangwe dated 4 July 2024

- Construction of Slaughter Slab at Nawantale Livestock Market- Title in the name of Kamuli District Local Government- Nawantale Market. Plot 304, Block 6 at Nawantale

- Construction of a 3 in1 staff house at Kamuli District- Title in the name of Kamuli District Local Government General Hospital- Block (Road) Saza Plot 66-72, 24-38 and 40-56 at Industrial Area

- Construction of a laboratory at Namwendwa HCIV complete- Kamuli District Local Government-Block (Road) 12 Plot 95 and 96 at Biyongo

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.

The DCDO was interviewed and provided evidence of approved projects-specific stakeholder engagement plans (SEPs) for the proposed projects including:

1. Construction of Kasambira Town Council Seed Secondary School. SEP developed on 08/08/2024.
2. Construction of Kagumba Seed Secondary School. SEP developed on 14/07/2023.
3. Construction of Nabwigulu Seed Secondary School. SEP developed on 14/07/2023.
4. Construction of Waiting Shade at Kiyunga HC-III. SEP developed on 16/07/2023.
5. Construction of a 2-Classroom Block at St. Peter's Bukamira Primary School. SEP developed on 09/08/2023.
6. Construction of Waiting Shade at Bubago HC-III. SEP developed on 16/07/2023.

However, the DCDO affirmed that the LG hadn't prepared Stakeholder Engagement Plan (SEP) Implementation Reports for the projects.

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.

Previous financial year project, "Partial completion of the new administrative block-Phase VI" had a GRC appointed by the Accounting Officer, Ms Namulondo Tappy on 20/01/2024. However, the GRC was composed of 12 members, exceeding the prescribed number of 9 representatives in the Circular issued by MoGLSD in 2023. The focal person for the grievances management at the LG as Interview and affirmed that:

- The project GRC lacked a grievance register and thus records of grievances and whether they were acted on;
- There were no reports or minutes of community/workers' sensitization meetings.
- There were no training reports of the GRC members, and
- There is no funding of the GRC activities.

Transparency, oversight, reporting and accountability

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.

A review of DLG's Council minutes, noticeboards, reports of barazas, and visits to projects implemented by the DLG in FY2023/24 substantiated that:

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

1. **DLG did not share LGMSD PA results for 2023 showing the size of the development grants based on performance results with the citizens**
2. **The DLG Council did not discuss the LG Performance Assessment results for 2023 in the Council for the Accounting Officer to implement the Council resolutions on the LG Performance Assessment.**
3. **The DLG did not place site boards on all construction sites to display information regarding procurement and contract management.**
4. The LG during the FY 2023/24 conducted discussions with the public to provide feedback on the status of activity implementation.
5. The LG made publicly available information on i) tax rates, ii) collection procedures, iii)

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 duration (include start and end dates as well as calendar days) and location.

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:

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.

If (i) to (v) above complied with score 2 or 0

procedures for appeal; (iv) amounts collected during FY 2023/24 and how it was used

Therefore, the DLG did not comply with the requirements in (1), (2), and (3) above for this performance measure.

Evidence

1. The DLG did not provide evidence affirming that the LGMSD PA results for 2023 showing the size of the development grants gained/(lost) based on performance results were shared with the citizens. The evidence adduced at the time of assessment was the LGMSD results for PA 2019 for the DLG uploaded on the DLG Website <http://www.kamuli.go.ug>.

2. At the time of assessment, the DLG did not provide evidence affirming that the LG Performance Assessment results for 2023 were discussed in the Council. Three Council meetings have so far flopped since the beginning of this FY

3. Display of information on construction sites (6 sites sampled) regarding procurement and contract management in FY 2023/24

- Sitting, Drilling, Testing Pumping, and Casting for 11 boreholes- No signboard found on site

- 2 Classroom Block at Bukamira p/s in Kitayunjwa sub county- No signboard found on site

- Construction of a Staff House at Kamuli General Hospital with a two-stance lined latrine- No signboard found on site

- Construction of Slaughter slab at Nawantale livestock market- No signboard found on site

- Periodic maintenance of Bulunda- Butansi-Kakindu road 13.5km - No signboard found on site

- Microscale irrigation beneficiaries i.e. Mr. Isabirye John of Balawoli s/c Kawaga Parish- No signboard found on site

4. The LG during the FY2023/24 conducted discussions with the public to provide feedback on the status of activity implementation

- Baraza held at Matuma, Magogo Sub County on 20 September 2023 discussing PDM, the status of roads, water, Staff Quarters, and teenage pregnancy, recruiting more teachers by RDC, Vice Chairperson LCV, DCAO

- .Baraza at Namwendwa Sub County on 31 January 2024 discussing food security, staff quarters, PDM money

- Baraza in Busana LC1 Nabirumba Parish Nabiwigulu Sub County on 30 March 2024. Issues discussed included the status of roads, water, teachers, and swamps by RDC, DCAO

5. The DLG displayed information on tax rates, collection procedures, procedures for appeal; amounts collected during FY 2023/24, and how it was used on display at noticeboards at the boardroom.

20

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 mentored all LLGs;

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

iii. The LG conducted credible assessment of LLGs as verified during the National LGPA

A review of the DLG's mentoring and supervision reports for FY 2023/24 and files for performance assessments of LLG confirmed that:

1. The District mentored all LLGs in the District; results/reports of support supervision visits were discussed by the TPC, used by the District to make recommendations for corrective actions and followed-up.
2. The District conducted a credible assessment of LLGs for 2024 as verified during the National LGPA exercise (**NOT CONFIRMED**)
3. 3. The District conducted a mock LGMSD assessment, discussed the results and took corrective action in preparation/readiness for the national performance assessment exercise

Awaiting results of IVA

Evidence

1. Reports of Mentoring and Discussion of Supervision of LLG Reports in the TPC

Q1 FY 2023/24

- Mentoring on Budget Performance of LLGs for Q1 FY2023/24 date 28 September 2023. Objective- Equipping Staff in the LLG with skills in tracking performance based on the Work Plan and evaluating the available projects in the Sub County.

- Minutes of District Technical Planning Committee Meeting held on 12 October 2023 at District Boardroom Min No. 07 DTPC on 12th/10/23. The

0

exercise

iv. The LG conducted mock assessment, discussed the results and took corrective action in preparation/readiness for the national performance assessment exercise

If (i) to (iv) above requirements are complied with score 2 or else 0

Planner found issues in planning at the LLGs, especially for crosscutting issues in the budget. Members agreed that there is a need to institute controls to ascertain that all crosscutting issues are budgeted for

Q2 FY 2023/24

- Mentorship on Collection of Trading License at Sub County Level Quarter Two FY 2023/24 dated 27 December 2023 Objective- Training aimed at promoting regulatory compliance, formalization of businesses, and revenue collection by Parish Chiefs and Revenue Collection Team.

Attendees Parish Chiefs, Chairpersons LCIII, Parish/Ward Committee Members, Sub County Leaders.

- Minutes of Technical Planning Committee Meeting held on 5th March 2024 in the District Boardroom Min 04/TPC 5/03/2024.4. The Planner noted gaps in the collection of local revenue during his supervision visit and supported and guided on the best practices of collecting business licenses.

Q3 FY 2023/24

- Mentorship and Training of Parish Development Committees on Identification of Community Needs- Quarter Three FY 2023/24 dated 18 March 2024. Objective Equip the Committee with knowledge on how to identify the community needs, budgeting and planning process, and identify the opportunities/potential for intervention. Attendees Parish Chiefs, Chairpersons LCIII, Parish/Ward Committee Members, Sub County Leaders.

- Minutes of District Technical Planning Committee Meeting held on 4 May 2024 in the District Boardroom Min 03/DTPC 04/05/2024- The Planner discussed PDM operations during his supervision visit with the LLGs. CAO encouraged LLGs to be proactive given that the District is using resources to build their capacity to handle government programs.

Q4 FY 2023/24

- Mentorship Report for LLG Quarter Four on DDEG Guidelines, Programmes, Planning, and Budgeting Cycle for Financial Year dated 10 June 2024. Objectives- To sensitize LLG on allocation to do monitoring activities, ensure that they plan and budget according to the planning cycle, remind LLG staff of their roles and key outputs, and to increase the local

revenue collected in LLG. Attendees- Sub County Chiefs, Sub County Community Development Officers, Sub County Accountants, Parish Chiefs, Agricultural Officers and Sub County Committee Members.

- Minutes of Extended District Technical Planning Committee Meeting held on 19th August 2024 in KAMUDIP Min No 07 DTPC on 19th /08/2024 presented a report of supervision support for LLGs emphasizing the need for continuous need to build the capacity of staff at LLGs.

2. Results of LLG Assessments for 2024

DLG own overall results for all LLGs reported in OPAM = 1,503/20=75%

LLG results verified by the LLG IVA = TBD

Difference

3. DLG mock assessments and discussions of the results for corrective action

- The DLG conducted Mock LGMSD Assessments in preparation for National LGMSD 2024 on 8 November 2024.
- The District Senior Management Committee discussed the mock assessment results in a meeting held on 11 November 2024 in the District Boardroom Min 09/SMC/10/2024-2025. The District Planner was tasked to highlight all identified gaps in the mock assessment and share them with the concerned department which the Planner communicated had already been done by the time of the meeting.

<p>21</p> <p>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</p>	<p>From Clerk to Council, obtain minutes of council committees</p> <p>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</p>	<p>A review of the DLG’s minutes of Council, TPC, Council Committees, and DEC for FY 2023/24 confirmed that the DLG prepared both quarterly financial and quarterly physical progress reports covering all development projects and the reports were:</p> <ol style="list-style-type: none"> 1. Discussed by the TPC in all quarters, 2. Discussed by the DEC in all quarters, and 3. Discussed by Council/ Council Committees in all quarters
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Therefore, the DLG complied with the requirements for this performance measure.

Evidence

1. Quarterly financial and quarterly physical progress reports covering all development projects FY 2023/24 discussed by the TPC

Q1 FY 2023/24

- Minutes of District Technical Planning Committee Meeting held on 23rd November 2023 at District Boardroom Min 04/DTPC 23/11/2023- Discussing the status of project implementation. No development projects were implemented by Departments because the procurement process was ongoing.

Q2 FY 2023/24

- Minutes of Technical Planning Committee Meeting held on 5th March 2024 in the District Boardroom Min 04/TPC 5/03/2024.4- Discussing the status of project implementation. No Development Projects commenced. However, D Planner encouraged the Team to monitor ongoing projects to ensure the quality and timely completion of the projects

Q3 FY 2023/24

- Minutes of District Technical Planning Committee Meeting held on 4 May 2024 in the District Boardroom Min 03/DTPC 04/05/2024- Planner presented Q3 Report to the TPC and thanked HoDs for timely submission of timely reports of their respective outputs for Q3. He also noted that all Development Grants were released by Q3 and encouraged members to constantly monitor and clear payments for contractors for works cleared by the District Engineer

Q4 FY 2023/24

- Minutes of Extended District Technical Planning Committee Meeting held on 19th August 2024 in KAMUDIP Min No 06 DTPC on 19th /08/2024. All budgeted projects were completed only Production had some uncompleted projects.

2. Quarterly financial and quarterly physical progress reports covering all development projects FY 2023/24 discussed by DEC

Q1 FY 2023/24

- Minutes of the District Executive Committee Meeting held on 18 October 2023 at the District

Chairperson's Office Min 05/DEC/2023-24 FY: Presentation of Performance Report

Q2 FY 2023/24

- Minutes of the District Executive Committee Meeting held on 12 March 2024 at the District Chairperson's Office Min 04/DEC/03/2023-24- Presentation of Qtr2 Performance Report

Q3 FY 2023/24

- Minutes of the District Executive Committee Meeting Held on 24th May 2024 at the District Chairperson's Office Min 04/DEC/05/2023-24 FY: Presentation of Reports from Departments and Performance report for Q FY 2023/24

Q4 FY 2023/24

- Minutes of the District Executive Committee Meeting Held on 21st August 2024 at the District Chairperson's Office Min 06/DEC/08/2024-25 FY- Presentation and Discussion of Performance Assessment Results and Q4 Performance Reports for Q4 FY2023/24

3. Quarterly financial and quarterly physical progress reports covering all development projects FY 2023/24 discussed by Council /Council Committees

Q1 FY2023/24

- Minutes of District Council Meeting Held on 14th September 2023 at Kamuli District Youth Centre MIN. NO. 06/KDLC/09/2023-2024- i.e. Presentation of Committee Reports (e) Status of completion of Roads

Q2 FY2023/24

- Minutes of Health and Water Committee Meeting held on 7th December 2023 in the RDC's Boardroom i.e. Status of Capital Development Activities- Construction of a laboratory at Namwendwa HCIV complete, Fencing and placenta pit at Kasambira HCII, Renovation of OPD and Maternity ward at Nawankofu HCII

Q3 FY2023/24

- Minutes of Gender and Education Committee Meeting held on 25 March 2024 in the Education Department Min.NO.14/25th March/2024. Construction of a 2,5 stance lined latrine at Kiseege and Lwanyama P/S complete, Procured 406 Desks and

were distributed, and Kagumba and Nabigulu Seed School construction is still ongoing

Q4 FY 2023/24

- Minutes of Health and Water Committee Meeting held on 17th May 2024 in Boardroom

MIN.NO.20th/MAY/2023/24: Budget Scrutiny. Development Projects Awaiting Commissioning Laboratory at Namwendwa HCIV, Fence and Placenta Pit at Kasambira HCII

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>Basing on both UNEB Results and LG Records of PLE 2022 and 2023.</p> <p>PLE 2022: Div. 1 - 344; Div. 2 - 3260 [Total - 3604]; Div. 3 - 1992; Div. 4 - 1664 [Total - 7238]; Div. U - 1811; Div. X - 443 [Total (9049) - Div. X (443) = 8606]. Pass Rate - 84.1%.</p> <p>PLE 2023: Div. 1 - 292; Div. 2 - 2190 [Total - 3864]; Div. 3 - 2119; Div. 4 - 1216 [Total - 7203]; Div. U - 1136; Div. X - 121 [Total (8460) - Div. X (121) = 8339]. Pass Rate - 86.4%.</p> <p>An improvement of 2.3% points was made.</p>	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

Basing on both UNEB Results and LG Records of PLE 2023.

PLE 2023: Div. 1 - 292; Div. 2 - 2190 [**Total - 3864**] Div. 3 - 2119; Div. 4 - 1216 [Total - 7203]; Div. U - 1136; Div. X - 121 [**Total (8460) - Div. X (121) = 8339**]. **Pass Rate - 86.4%.**

A pass rate of 46.3% was made which was above 20%.

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

Basing on both UNEB Results and LG Records of PLE 2022 and 2023.

PLE 2022: Div. 1 - 344; Div. 2 - 3260 [**Total - 3604**]; Div. 3 - 1992; Div. 4 - 1664 [**Total - 7238**]; Div. U - 1811; Div. X - 443 [**Total (9049) - Div. X (443) = 8606**]. **Pass Rate - 84.1%.**

PLE 2023: Div. 1 - 292; Div. 2 - 2190 [**Total - 3864**]; Div. 3 - 2119; Div. 4 - 1216 [**Total - 7203**]; Div. U - 1136; Div. X - 121 [**Total (8460) - Div. X (121) = 8339**]. **Pass Rate - 86.4%.**

An improvement of 2.3% points was made.

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

Basing on both UNEB Results and LG Records of PLE 2023.

PLE 2023: Div. 1 - 292; Div. 2 - 2190 [Total - 3864] Div. 3 - 2119; Div. 4 - 1216 [**Total - 7203**]; Div. U - 1136; Div. X - 121 [**Total (8460) - Div. X (121) = 8339**]. **Pass Rate - 86.4%.**

A pass rate of 86.4% was made which was above 70%.

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

Basing on both UNEB Results and LG Records of PLE 2022 and 2023.

PLE 2022: Div. 1 - 344; Div. 2 - 3260 [**Total - 3604**]; Div. 3 - 1992; Div. 4 - 1664 [**Total - 7238**]; Div. U - 1811; Div. X - 443 [**Total (9049) - Div. X (443) = 8606**]. **Pass Rate - 84.1%.**

PLE 2023: Div. 1 - 292; Div. 2 - 2190 [**Total - 3864**]; Div. 3 - 2119; Div. 4 - 1216 [**Total - 7203**]; Div. U - 1136; Div. X - 121 [**Total (8460) - Div. X (121) = 8339**]. **Pass Rate - 86.4%.**

An improvement of 2.3% points was made.

Access

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

Basing on EMIS Data and LG Enrolment Records of 2023 and 2024 the boys in **2023 were 49,759** and in **2024 they are 58,584** giving an increase of **17.7% [8,825 boys]**.

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

Basing on EMIS Data and LG Enrolment Records of 2023 and 2024 the girls in **2023 were 53,609** and in **2024 they are 59,872** giving an increase of **11.7% [6,263 girls]**.

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

Basing on EMIS Data and LG Enrolment Records of 2023 and 2024, the **SNE learners in 2023 were 2,218** and in **2024 they are 2,284** giving an increase of **3.0% [66 SNE learners]**.

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

Basing on EMIS Data and LG Enrolment Records of 2023 and 2024 the boys in **2023 were 6,127** and in **2024 they are 6,290** giving an increase of **2.7% [163 boys]**.

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

Basing on EMIS Data and LG Enrolment Records of 2023 and 2024 the girls in **2023 were 6,372** and in **2024 they are 7,062** giving an increase of **10.8% [690 girls]**.

4

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

Basing on EMIS Data and LG Enrolment Records of 2023 and 2024 the SNE learners in **2023 were 229** and in **2024 they are 229** giving **0% [no increase] in SNE learners enrolment.**

0

5

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

- 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

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

Basing on attendance records secured from schools by LG Education Departments and samples of which though not computed monthly, were found in the primary schools [Busuuli and Lugoloire] sampled and visited for the months from February to October 2024; the average percentage per month were: **February - 36%, March - 43%, April - 53.4%, May - 71%, June - 42.4%, July - 42%, August - 42%, September - 42%, and October - 47%. Giving an average of 52.4% which is below the recommended 90%.**

The low percentage attendance was attributed to economical activities [sugar cane cutting, rice growing, and fishing] and early marriages and pregnancies among girls plus parents' attitude towards education.

0

6	Evidence that the monthly average learner attendance for government aided secondary schools in the LG for the current academic year is above 90%	<ul style="list-style-type: none"> • 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 <p>Verify if the monthly average learners' attendance is above 90% score 4 or else 0</p>	<p>Basing on DEO and DIS revelations, secondary schools were not compliant in submitting monthly attendance of learners to LG Education Department the reason for the absence of data to base on the assessment. Equally, the secondary school [Matuumu], sampled and visited, had the attendance records in the registers but they were not analyzed into monthly averages. The headteacher admitted having not been submitting the data to DEO's office.</p>	0
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Efficiency

7	Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year	<ul style="list-style-type: none"> • 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. <p>If 90% - 100% of the learners in P1 progressed to P3 Score 2 or else score: 0</p>	<p>According to EMIS Data and the LG Education Department Enrolment records of 2022 and 2024, learners in P.1 in 2022 were 20,602 and in 2024 when they are in P.3 are 22,366.</p> <p>This indicated a progression rate of 108.6% which is higher than the range of 90% - 100%. By implication 1,764 learners joined the system in P.3 this year.</p>	2
7	Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year	<ul style="list-style-type: none"> • 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. <p>If 90% - 100% of the learners in P4 progressed to P5 Score 2 or else score: 0</p>	<p>According to EMIS Data and the LG Education Department Enrolment records of 2023 and 2024, learners in P.4 in 2023 were 15,431 and in 2024 when they are in P.5 are 14,997.</p> <p>This indicated a progression rate of -2.8% [-434 learners] which is far below the range of 90% - 100%. This was attributed to parents' transfer of learners to private schools and dropout due economic activities [sugar cane cutting and fishing] and early marriages and early pregnancies in the LG.</p>	0

7	<p>Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year</p>	<ul style="list-style-type: none"> • 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. <p>If 90% - 100% of learners in P6 progressed to P7 Score 2 or else score: 0</p>	<p>According to EMIS Data and the LG Education Department Enrolment records of 2023 and 2024, learners in P.6 in 2023 were 12,998 and in 2024 when they are in P.7 are 7,922.</p> <p>This indicated a progression rate of -39.1% [-5,076 learners] which is far below the range of 90% - 100%. This was attributed to parents' transfer of learners to private schools and dropout due economic activities [sugar cane cutting and fishing] and early marriages and early pregnancies in the LG.</p>	0
8	<p>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>	<p>From the EMIS/ LG Education Office, obtain and review data on the primary school completion rates.</p> <p>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.</p>	<p>According to statistical Data Forms of 2018 obtained from the LG Education Department, P.1 learners then, were 9,079 boys and 9,449 girls [Total 18,528] and in 2024 when in P.7, the learners who registered for PLE were 3,273 boys and 4,042 girls [Total 7,315].</p> <p>This indicated a completion rate of 39.5% which is less than 80%. This was attributed to parents' transfer of learners to private schools and dropout due economic activities [sugar cane cutting and fishing] and early marriages and early pregnancies among girls in the LG.</p>	0
8	<p>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>	<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>According to statistical Data Forms of 2018 obtained from the LG Education Department, P.1 learners then, were 9,079 boys and in 2024 when in P.7, the learners who registered for PLE were 3,273 boys.</p> <p>This indicated a completion rate of 36.1% which is less than 80%. This was attributed to parents' transfer of learners to private schools and dropout due economic activities [sugar cane cutting and fishing] and early marriages and early pregnancies among girls in the LG.</p>	0

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 then calculate percentage of completion

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.

According to statistical Data Forms of **2018** obtained from the LG Education Department, P.1 learners then, were **9,449 girls** and in **2024** when in P.7, the learners who registered for PLE were **4,042 girls**.

This indicated a completion rate of **42.8%** which is **less than 80%**. **This was attributed to parents' transfer of learners to private schools and dropout due economic activities [sugar cane cutting and fishing] and early marriages and early pregnancies among girls in the LG.**

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:

- i. 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
- ii. 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.

Basing Payroll data and the LG Education Department Consolidated Staff list by October 2024, the LG had deployed teachers in tandem with the staffing norms of MoES.

- i. The staff lists had been displayed on the notice boards at the district and at the schools I visited.
- ii. According to primary schools [Busuuli and Lugoloire]I sampled and visited, the names and number of teachers on both staff lists were tallying. Busuuli P/S had 11 teachers and teachers Kasuswa Rebecca [Headteacher], Kasiriri Siraji, Nabirye Jenipher, and other 8 were physically at the school. Lugoloire P/S had 10 teachers and teachers Eronda Restetutor [Headteacher], Robert Byekwaso [Deputy], Waisaza Monica, and other 7 were physically at the school.

10	<p>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</p>	<p>From the LG Education department/ LG HRM division, obtain payroll data and staff lists</p> <p>Sample at least one (1) secondary schools to verify whether teachers teaching in the school are as presented in the payroll</p> <p>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</p>	<p>Basing on the LG Education Consolidated Staff List by October 2024, and the staff list I found at Matuumu SSS I sampled and visited, the two staff lists were having the same number [29] and names of teachers. Teachers Kabakubya Anthony [Headteacher], Iyundhu Pascal, Nalule Kaboggoza Agnes and other 26 teachers were physically present. Equally, the staff list had been displayed on notice board.</p>	2
11	<p>Evidence that the monthly average primary school teacher attendance rate for all schools in the LG for the previous academic is above 75%</p>	<p>From the LG Education department/MoES, obtain data on primary teacher attendance and calculate the percentages</p> <p>From the sampled schools, obtain and review the attendance registers to determine the teacher attendance</p> <p>Triangulate the findings with interviews with the class monitors to determine the teacher attendance</p> <p>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</p> <p>b) If the monthly average primary school teacher attendance rate for the current year is between 75-89% Score 2</p>	<p>According to teachers' attendance records secured from the LG Education Department for the months of February to October 2024, the monthly average attendance percentages were February - 66.9%, March - 71.2%, April - 83.3%, May - 71.1%, June - 66.8%, July - 70%, August - 71.2%, September - 71%, and October - 72%. This yielded to an average monthly attendance of 71.5% which was not within the range of 75 - 89% as recommended. This absenteeism was attributed to teachers' lack of accomodation at schools, domestic problems, sickness, and teachers' failure to report their absences.</p>	0

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

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.

i. Basing on TELA data received from DES on the analysis of **Terms 1 and 2** clocking-in by teachers, the LG had an average of **4.5% [Term 1:4% and Term 2: 5%]**. The two percentages are below the recommended **50%+**.

ii. In the primary schools [Busuuli and Bagoloire] I sampled and visited, the headteachers before had been transferred as a result of their failure to attend to duty on a daily basis. The reports indicated that the enrolment was picking up due to these transfers.

However, (i) above does not comply with the assessment criteria as DEO's office and headteachers expressed their concerns on late training on TELA headteachers received, internet failure in most cases, faulty TELA gadgets, and some schools not to have received the TELA gadgets in time.

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>Basing on TELA data received from DES on the analysis of Terms 1 and 2 clocking-in by teachers, the LG had an average of 33% for secondary schools. The percentage was below the recommended 90%+ and range of 75% - 90%.</p> <p>However, the above does not comply with the assessment criteria as DEO's office and headteacher expressed their concerns on late training on TELA headteachers received, internet failure in most cases, faulty TELA gadgets, and some schools not to have received the TELA gadgets in time.</p>	0
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>Basing on the staff lists and timetables found at the schools [Busuuli and Bugoloire], classes P.1, P.2, and P.3 had 3, 3, and 2 teachers respectively at Busuuli P/S; while at Bugoloire P/S each class had 2 teachers each. The timetables were showing specific teachers in specific classes at a particular time.</p>	2

15	<p>Evidence that 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)</p>	<ul style="list-style-type: none"> • From the LG Education department obtain and review evidence of CPD activities e.g. training materials, presentations, to ascertain whether the LG provided relevant CPD for teachers. • 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>Based on training reports dated 17/06/2024, 29/05/2024, and 02/04/2024 on Education for better results, The deputy of the current era, and education for better results respectively with their attached attendance lists, the LG Education Department provided CPS basing on gaps that were identified.</p>	2
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Management and functionality of amenities

16	<p>a) Evidence that the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards.</p> <p>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.</p>	<ul style="list-style-type: none"> • From the LG Education department obtain and review records and reports of school condition assessments. <p>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</p>	<p>There was evidence of letters from schools requesting for renovation of structures and inspection reports recommending schools for renovations followed by field appraisal reports by the engineers' team dated 18/06/2023 detailing the needs assessed [schools conditions assessment] of the schools that benefited from the maintenance grant.</p>	3
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- 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
- Based on the quarterly performance reports dated 08/11/2023, 23/01/2024, 12/04/2024, and 27/07/2024 for quarters 1, 2, 3, and 4 respectively and voucher numbers:
- i. 13332144 dated 25/07/2024 worth UGX. 30,659,459/= to Kikubi Mixed Farm Ltd. in respect of renovations of 02 classroom block at Iganga P/S,
 - ii. 13332224 dated 24/07/2024 worth UGX. 30,616,049/= to Bupiina Investments (U) Ltd. in respect of renovations of 02 classroom block at Bulawoli P/S,
 - iii. 13332257 dated 23/07/2024 worth UGX. 29,148,647/= to Lyana Investments Ltd. in respect of renovations of 02 classroom block at Bukitimbo P/S,
- a total of UGX. 488,598,000/= was spent in line with the condition assessment and school-level maintenance schedule.

Monitoring and Inspection

17

- 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
- Based on school accountabilities and reports reviewed at the LG Education Departments and reports viewed at the primary schools [Busuuli and Lugoloire] sampled and visited, did not comply with the Budgeting and Accountability Guidelines (2024) as provided by MoES. However, all schools 100% [164] had submitted the reports.

0

Management of Financial Resources

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

The LG Education Department received a total of **UGX.63,472,000/=** for inspection. Basing on the **quarterly performance reports** for quarters **1 to 4 FY 2023/2024** dated **08/11/2023, 23/01/2024, 12/04/2024, and 27/07/2024** respectively and **vouchers**:

i. 12683926, dated 05/06/2024 worth UGX. 4,700,000/= to Nantambi Fatimah in respect of inland costs to for Senior Education Officer to inspect schools.

ii. 12605544, dated 29/05/2024 worth UGX. 3,000,000/= to Kisa Alitwala Annet in respect of monitoring and supervision of schools.

iii. 11484890 dated 04/04/2024 worth UGX. 20,000,000/= to Total Energies Uganda Ltd. in respect of fuel for inspection activities in education.

The inspection fund was used inspect schools to improve learning and was spent as per inspection guidelines provided.

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.

Inspection funds were released on 04/09/2023, 18/12/2023, and 24/05/2024 from the LG Finance Department. According to quarterly performance reports for quarters 1 to 4 FY 2023/2024 dated 08/11/2023, 23/01/2024, 12/04/2024, and 27/07/2024 respectively and inspection reports dated 20/10/2023, 20/04/2024, and 15/09/2024 the grant was used to improve learning outcomes as reports discussed issues concerning absenteeism of teachers, learners' low attendance, schemes of work, lesson planning, marking of learners' work among others.

Environment, Social, Health and Safety

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:

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

Basing on the findings from the two primary schools [Busuuli and Bugoloire] sampled and visited:

i. They were using electricity and firewood in the traditional way.

ii. Schools had rubbish pits where they were disposing off rubbish but in three separate places for bottles, metals, and papers, leafs and others in another.

iii. The compounds had trees in place and green spaces.

iv. Both schools had boreholes within reach for sources of water.

v. Both schools had environmental clubs in place with files where records of activities and proceedings were recorded. The clubs had teachers as their patrons, and these were the ones in charge of the clubs on behalf of the school management.

vi. The girl learners had special changing rooms and Senior Women teachers were the In-charges of the rooms.

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

Check and verify if:

i. The LG has put in place protection measures against any form of violence/abuse discrimination for children, workers and teachers in schools

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.

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

Score 4 or else score: 0

Based on the findings in the schools [Busuuli P/S, Matuumu SSS, Bugoloire P/S] sampled and visited:

i. Schools had talking compounds with messages warning and informing learners and others the dangers related to violence/abuse and discrimination of any kind.

ii. As per assistance of Lutheran World Federation on 18/06/2024 and 28/06/2024 the LG Education Department trained SMCs on violence in schools. In September 2023. Reports and attendance lists were in place.

iii. In the trainings of 12th and 13th September 2023, 28/03/2023, and 19/09/2023, with the assistance of Plan International Institute [Funder] SMCs and BOG were trained in Improving School Based Management, Model Schools, and Building Capacity on engagement and grievances handling as reflected in the reports of 28/03/2023 and 19/09/2023.

a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG	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.	According to the inspection reports dated 20/10/2023, 20/04/2024, and 15/09/2024 the LG Education Departments identified early marriages and early pregnancies among girls, economic activities [sugar cane cutting, fishing, and rice growing], negative attitude of parents towards education and illiteracy levels among parents seen in their failure to provide scholastic materials as areas that hamper learning outcomes at school levels in 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	<ul style="list-style-type: none"> • 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 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) 	
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	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 <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 	
g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan	Whether the schools were supported to implement the SIPs 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.	

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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 developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs score 2 or else score 0.</p> | <p>According to Inspection Plan for 2023/2024 dated 09/08/2023 signed by CAO and received by DES on 29/11/2023, the plan highlights provision of support supervision, schemes of work, lesson planning, both learner and teacher attendance, learner reading, infrastructure status, among others indicating the expected outputs and indicators of achievement.</p> |
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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 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.

Basing on inspection reports of Terms 3/2023, 1/2024, and 2/2024 dated 20/10/2023, 20/04/2024, and 15/09/2024, a total of 135/164 [82.3%], 164/164 [100%] and 127/164 [77.4%] primary schools respectively were inspected. Implying that not all schools were inspected every term except in term 2.

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.

Basing on the Inspection Plan 2023/2024 dated 09/08/2023 and according to SIPs found in the primary schools [Busuuli and Bugoloire] sampled and visited, the LG Education Department assisted schools to develop SIPs basing on the findings of the inspection visits.

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 Inspector of Schools conducted School Performance Assessments in all Government aided primary schools score 2 or else score 0

Basing on the e-report dated 15/12/2023 03:07:11, the LG Inspector of schools, conducted SPAs in all the 164 [100%] primary schools in the district.

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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 Education Officer has monitored inspection activities and implemented the inspection recommendations score 2 or else score 0.</p> | <p>Basing on inspection reports of Terms 3/2023, 1/2024, and 2/2024 dated 20/10/2023, 20/04/2024, and the monitoring reports of 30/09/2023, 30/12/2023, 30/03/2024, and 11/04/2024 he LG Education Officer monitored inspection activities and implemented inspection recommendations among which were transfers, renovation of classrooms, indiscipline teachers, and abscondment of teachers.</p> |
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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 evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan score 2 or else score 0.</p> | <p>Basing on minutes of the LG Education Department dated 13/10/2023, 18/12/2023, 24/01/2024, 09/02/2024, and 20/05/2024, and inspection reports of Terms 3/2023, 1/2024, and 2/2024 dated 20/10/2023, 20/04/2024, and 15/09/2024 respectively, the department evaluated the effectiveness of the implemented recommendations to improve the learning outcomes in terms of classrooms renovated, teachers transferred whether reported and working, removal of teachers from payroll those who absconded from duty among others.</p> |
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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>There was evidence that Local Government (LG) LG supported health facilities. All the perinatal deaths across sampled facilities were audited. See detailed Justification from the sampled facilities.</p> <p>From all the health facilities the LG has 3 that had at least a perinatal death were randomly sampled. And these included Kamuli Hospital, Namasagali HCIII and Bugurumbya HCIII. Based on data from the maternity register, audit reports, and DHIS2:</p> <p>Kamuli Hospital recorded a total of 277 (70 MSB, FSB 75, 132 (0-7days) Neonatal Deaths. There was an under entry of perinatal deaths in the DHIS2. However all captured in the register were audited. Example of an audited case in Kamuli Hospital is one that occurred on 14/5/2024, from a 20 yrs mother, it was a FSB due to malaria in pregnancy: Recommendation: sensitization of pregnant mothers to seek medical attention early when they get any disease symptoms</p> <p>Bugulumbya HCIII had 1 perinatal death. It was an (FSB) on 19/8/23 that was audited and entered in the DHIS2. Example of an audited case in Bugulumbya HCIII: was on that occurred on 19/8/23, IPN 67, and another 18/8/23, Mother had severe asphyxia due to tight cord around the neck. Mother attended antenatal: Recommendation Moher education on seeking early care, and facility needs ultrasound, lack of oxygen.</p> <p>Namasagali HCIII had 4 MSB (2 were twins that occurred on 22/8/23 twins IPD Number 97, and another MSB occurred on 14/1/24 IPN 448. There were all audited and entered in DHIS2. Example of a case audited is Namasagali: 22/8/23: Twins INP 97, MSB. Because delay to seek care services with epilepsy: Recommendation: Education on seeking medical services especially when having underlying condition.</p> <p>Observations</p> <p>Bugurumbya Facilities needs ultrasound, lack of oxygen</p> <p>Namasagali has a concentrator and equipment</p>	6

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

There was evidence that the LG ensured that all malaria cases treated were tested in the three sampled facilities. . See justification below

Based on the same DHIS2 data for the outpatient department and registers summaries in Quarter 2 and Quarter 4 of FY 2023/2024, there was evidence that among the sampled health facilities, all malaria-confirmed cases were treated in all the three health facilities Kamuli Hospital treated 5130 cases and all of them were tested positive for malaria. namasagali treated 4619 and all of them were tested for malaria and were positive. Bugurumbya treated 3505 cases and they were all tested positive before treatment. See table below for monthly details.

	Treated (QTR2 &4)	Tested positive % Tested /Treated
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Namasagali HCIII

Apr 2024	435	435	100%
May 2024	1193	1193	100%
Jun 2024	1459	1459	100%
Oct 2023	528	528	100%
Nov 2023	312	312	100%
Dec 2023	692	692	100%

BugurumbyaHCIII

Apr 2024	424	424	100%
May 2024	783	783	100%
Jun 2024	973	973	100%
Oct 2023	521	521	100%
Nov 2023	199	199	100%
Dec 2023	405	405	100%

Kamuli Hospital

Oct 2023	594	594	100%
Nov 2023	700	700	100%
Dec 2023	614	614	100%

Apr 2024	1976	1976 100%
May 2024	599	599 100%
Jun 2024	647	647 100%

Access

3	<p>Evidence that LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY</p>	<ul style="list-style-type: none"> Review DHIS2 for the previous two FYs and calculate the percentage increase in OPD attendance <p>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</p>	<p>There was evidence that the LG increased out-patient attendance by 9.5% in the previous FY 2023/24.</p> <p>There was an increase of 9.5% in OPD attendance between FY 2022/2023 and FY 2023/2024. The assessment team reviewed annual OPD attendance data from DHIS 2, noting that attendance in FY 2023/2024 was 605829, compared to 553487 in FY 2022/2023. Percentage change was calculated using; (OPD attendance 2023/2024–OPD attendance 2022/2023)/OPD new attendance 2022/2023 × 100</p> $\frac{\text{FY 2023/24}-\text{FY 2022/23}}{\text{FY 2022/23}} \times 100 = \frac{605829-553487}{553487} \times 100 = 9.5\%$	4
4	<p>a) Evidence that the LG has ensured that all public health facilities submitted quarterly VHT reports in the previous FY</p> <p>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</p>	<p>Review community outreach reports to establish whether all health facilities:</p> <ul style="list-style-type: none"> Submitted quarterly VHT reports in the previous FY <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>	<p>There was evidence that all public health facilities submitted quarterly VHT reports in FY 2023/2024. Thus a score of 2.</p> <p>The assessment team reviewed the submission reports in DHIS2 and found that 100% of health facilities submitted the VHT reports. there were a total of 41 public health facilities and 164 reports observed. $41 \times 4 = 164$</p>	2

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

There was evidence that the LG ensured that public health facilities conducted at least 48 community outreaches in the FY 2023/24 this indicator as justified in the narrative below.

Three facilities including Kamuli hospital, Namasagali HCIII and Bugurumbya HCIII were sampled. Each of the facilities was assessed separated to establish if each conducted.

Namasagali HCIII conducted a total of 52 outreaches

PHC outreaches

10 outreaches in QTR2 on the following dates 17/10/23, 24/10/23, 31/10/23, 17/10/23, 14/11/23, 21/11/23, 28/11/23, 12/12/23, 19/12/23, 28/12/23, 29/12/23.

The facility also conducted RBF Outreaches.

11 outreaches in QTR2: 10/10/23, 17/10/23, 2/11/23, 9/11/23, 16/11/23, 23/11/23, 30/11/23, 7/12/23, 14/12/23, 21/12/23, 28/12/23, 12 outreaches in QTR 3: 11/1/24, 18/1/24, 23/1/24, 25/1/24, 8/2/24, 15/2/24, 22/2/24, 29/2/24, 21/3/24, 14/3/24, 28/3/24.

They also had 12 outreaches in quarter 3: and 7 outreaches in quarter 4.

Bugurumbya HCIII Total 84

The facility conducted 7 outreaches in (Jul/23), 7 in (Aug /23), 8 in (Sep /23), 10 in (10/23), 7 in (11/23), 5 in (Jan 24), 9 in (Feb 24), 7 in (mar 24), 9 in (Apr 24), 7 in (May 24), 8 in (jun 24). They also conducted community dialogue meeting on youth health on 25/3/24, and 10/5/24 and also sanitation meetings on 30/7/24

Other integrated outreaches: were 3 in (Quarter 4), 5 in (Quarter 3), 3 outreaches in (Quarter 2), 3 outreaches in (Quarter 1)

Kamuli Hospital

They conducted a total of 48 outreaches based on the community outreach reports.

Evidence that LG facilities increased maternity care service attendance between the previous FY but one and the previous FY by not less than 2%

Review DHIS2 for the previous two FYs and establish the increase in

i. Antenatal Care 1st Trimester,

ii. Immunization for measles, Rubella

iii. Deliveries at health facilities

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:

i. Antenatal Care 1st Trimester, score 2 or else 0

ii. Immunization for measles, Rubella, score 2 or else 0

iii. Deliveries at health facilities score 2 or else 0

score 6 if (i) (ii) and (iii) complied with or else 0

There was evidence that the LG had increased Antenatal Care 1st Trimester, had increased Immunization for measles, Rubella and had increased deliveries at health facilities as elaborated below.

ANC attendance

We retrieved the DHIS2 data for ANC in FY2023/24 and FY2022/23 and the percentage increase was 3.4% which is more than the targeted 2% see computation below.

$$\frac{\text{FY 2023/24}-\text{FY 2022/23}}{\text{FY 2022/23}} = \frac{10978-10620}{10620} \times 100 = 3.4\%$$

FY 2022/23 10620

MR1

We retrieved the DHIS2 data for MRI in FY2023/24 and FY2022/23 and the percentage increase was 4.7% which is more than the targeted 2% see computation below.

$$\frac{\text{FY 2023/24}-\text{FY 2022/23}}{\text{FY 2022/23}} = \frac{26608-22416}{22416} \times 100 = 4.7\%$$

FY 2022/23 22416

Health Facility Deliveries

We retrieved the DHIS2 data for deliveries at the facility in FY2023/24 and FY2022/23 and the percentage increase was 2.5% which is more than the targeted 2% see computation below.

$$\frac{\text{FY 2023/24}-\text{FY 2022/23}}{\text{FY 2022/23}} = \frac{19741-19252}{19252} \times 100 = 2.5\%$$

FY 2022/23 19252

6

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

Based on the DHIS2 data, there was evidence that the LG had an increase in the number of women of reproductive age that took up family planning in the FY2023/24 more than in the FY 2022/23 with a percentage increase of 7.8% which is more than the desired 5% increase. Therefore, a score 3 was awarded.

See computation below.

$$\frac{\text{FY 2023/24}-\text{FY 2022/23}}{\text{FY 2022/23}} \times 100 = 7.8\%$$

FY 2022/23	67207
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3

7

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

Based on the DHIS2 data, there was evidence that the LG enrolled all the newly tested into chronic care. There were 1297 new cases of HIV and all of them were started on lifelong treatment. Therefore, a score 3 was awarded.

New cases enrolled /new cases

$$1297/1297 = 100\%$$

3

Efficiency

8

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.
 - If on average each midwife attended to at least 1200 ANC client per year score 3
 - If on average each midwife attended to at least 800 ANC client per year score 2

There was Evidence that the LG has ensured that midwives in all facilities attend to the required number ANC clients. Looking at the DHIS 2 data there were 111 midwives in the district and these were responsible for a total of 94483 ANC attendances in the FY 2023/24. Therefore the ratio of ANC attendances o midwives was 851.2 which gives a score of 2.

See computation below

Total ANC 94483

Payroll midwives 111

$$94483/111 = 851.2\%$$

2

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

There was evidence that the LG ensured that patients admitted with malaria spent not more than 3 days on admission. Justified below.

We visited three sampled facilities in district that included Namasagail HCII, Bugurumbya HCIII and Kamuli Hospital. We obtained and reviewed 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. The following table shows the sampled patients per facility their IPD numbers and their lengths of stay in the facility. The overall average length of stay was 1.9 days which is at least less than 3 days.

Facility	1	2	3
4	5	6	7
8	9	10	
Namasagali	IPN117	IPN119	
IPN120	IPN123	IPN124	IPN270
IPN274	IPN283	IPN308	IPN312
ALO			
LO	1	1	2
2	2	2	2
	2	2	1.8
Bugurumbya	IPN130	IPN133	
IPN152	IPN155	IPN157	IPN38
IPN40	IPN44	IPN46	IPN51
ALO			2.
LO	2	1	1
1	1	2	1
	1	1	1.2
Kamuli Hospital	IPN 991	IPN1084	IPN993
IPN1011	IPN1671	IPN1674	IPN1755
IPN1772	IPN1837	IPN1857	
LO	2	4	2
2	3	2	2
3	4	3	2.7

Human Resource Management

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 Officers,

- o At least 5 theatre staff,

- o At least 5 clinical Officers

- o At least 20 Nurses,

- o At least 6 Lab personnel,

- o At least 12 midwives,

- o Health assistant

Score 5 or else 0

Health workers were deployed in accordance with the approved staffing structure for General Hospitals. According to the staffing structure for a General Hospital, the required personnel for the following critical positions included: 4 Medical Officers, 6 theatre staff, 5 Clinical Officers, 46 Nurses, 4 Laboratory Personnel, 25 Midwives, and 1 Health Educator.

- From the HRM Unit i reviewed staff lists for Kamuli Hospital. Verified the number of staff for the critical position as reflected in the table below.

- Looking at the dirty rota i could establish their deployment

Cadre	Expected	Available in Kamuli Hospital
MO	4	7
Theatre staff (aneastic assistants, 3 theater assistants)	6	3
CO	5	11
Nurses	46	96
Lab personnel (assistants, 3 technicians, 1 technologists)	4	4
HA inspector	1	1 Health
Midwives	25	25
Enrolled Midwives, 9 Assistant Nursing Officer midwifery and 1 Nursing Officer midwifery		

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

Health workers were deployed in accordance with the approved staffing structure for HC IIIs. According to the staffing structure for HC IIIs, the required personnel for the following critical positions included: 2 Clinical Officer, 2 Nurses, 2 Laboratory personnel, 2 Midwives, and 1 Health Assistant. A verification exercise at namasagali HC III and Bugurumbya HC III revealed that all staff positions were filled thus a score of 5. . The details are summarized below;

From the reviewed staff lists for two selected facilities (namasagali HCIII and Bugurumbya HCIII, staff in the table below were verified

Using the old structure, the available staff were as follows

Cadre	Expected for level 3	Available
Available Namasagali		Available Bugulumbya
CO	2	
2		2
Nurses	2	
2		2
Lab personnel	2	
2		2
HA	1	
1		1
Midwives	2	
4		3

11	0	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	<ul style="list-style-type: none"> • Review staff file to establish whether all the medical staff have valid practicing license form MDPC, AHPC, NMC <p>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</p>	<p>there was no sufficient evidence that the DHO and HR had ensured that all medical staff have valid practicing licenses to meet standards of practice by various regulating bodies to improve quality of service outcomes because much as staff had practicing licences, some of the licences were not valid. see details below</p> <p>Reviewed the file for annual practicing licenses and all staff that were deployed had valid practicing licenses from their respective councils Cadre</p> <p>Kamuli Hospital</p> <p>We considered all the clinical staff that were available for work at the hospital</p> <p>See table below</p> <p>7 Medical officer all had their practicing up to date</p> <p>3 aneathetic assistants, 3 theater assistants all their licences were all valid</p> <p>11 Clinical Officers. all their practicing Licences were all valid</p> <p>96 Nurses had all their practicing and all valid</p> <p>4 (assistants, 3 technicians, 1 technologists) their practicing licenses were valid</p> <p>Health inspector had a valid practicing license</p> <p>25 Enrolled Midwife , 9 assistant Nursing officer midwifery and 1 Nursing Officer midwife all had valid practicing licences</p>
12	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.	<p>From the sampled facilities obtain the CME schedule</p> <p>Obtain and review the CME reports to establish topics discussed and attendance by critical staff.</p>	<p>There was no evidence that the LG sampled facilities of kamuli Hospital, was certified as CME/CPD centers in the previous FY 2023/24. And there was no evidence that it submitted the CME report to the Medical Council in the FY 2023/24. There was no evidence that the hospital provided at least 7 CME/CPDs to each of the HC IIIs under their jurisdiction.</p>

Obtain and review the CME/CPD reports to establish whether

However, there was evidence that each of the sampled facilities provided at least 7 CMEs to it staff as shown below.

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

Namasagali

Topic Attendance

1/11/23	Malaria 1 lab, 2 nurses, 1 CO,
2VHT, 1 Likange	
9/12/23	PPH 4MW, 1 lab, 3 nurses, 1 CO,
30/1/24	Management of 3MW, 1 lab, 3
complicated malaria nurses, 1 CO	
4/2/24	Urinalysis 1 MW, 2 lab, 3 nurses, 2
CO,	
20/3/24	Diabetes 2 MW, 1 lab, 2 nurses, 2
CO,	
2/5/24	Sickle cell Diseases 1 MW, 1 lab, 2 nurses, 2 CO
6/6/24	Psychosocial support 2 MW, 1 lab, 2 nurses, 2
CO	
27/10/23	APN index testing 2 MW, 1 lab, 2 nurses, 1
CO	

They had other 3 CMEs

Kamuli Attendance

QRT3:	Palliative care 2 COs, NO, 2 Nurses, I MW
QRT3; psychological support Nurses, I MW	Mental health and 2 COs, NO, 2
QRT3:	Family Planning Awareness Nurses, I MW, 3 EN
QRT3:	Managing malaria in adults 1 COs, NO, 2 Nurses, I MW,
2 NO	
QRT3:	TB screening 4 COs, NO, 2 Nurses, 2 MW
QRT1: triage MW	Emergency medicine and 2 COs, NO, 2 Nurses, I
QRT1:	Customer care NO, 2 Nurses, I MW
QRT1:	Medical ethics 2 COs, NO, 2 Nurses, I MW

Bugulumbya Attendance

10/7/23: Customer care to improve
maternity language 2 COs, NO, 2 Nurses, 1
MW, 1 Lab, 1 peer educator, 3 VHTs

8/8/23 New guidelines on TB HIV
2 Cos, NO, 2 Nurses, 1 MW, 1
Lab, 1 peer educator, 3 VHTs

12/9/23 Diarrhoea under five
2 COs, NO, 2 Nurses, 1 MW, 1
Lab, 1 peer educator, 3 records, 3 VHT

17/10/23 Diabetes
2 Cos, NO, 2 Nurses, 1 MW, 1
Lab, 1 peer educator, 3 VHTs

22/11/23 Syphilis
2 Cos, NO, 2 Nurses, 1 MW, 1
Lab, 1 peer educator, 3 VHTs

13/dec /23 Cardiovascular diseases
2 Cos, NO, 2 Nurses, 1 MW, 1
Lab, 1 peer educator, 3 VHTs

24/5/24 Waste management
2 Cos, NO, 2 Nurses, 1 MW, 1
Lab, 1 peer educator, 3 VHTs

21/6/24 Birth preparedness
2 Cos, NO, 2 Nurses, 1 MW, 1
Lab, 1 peer educator, 3 VHTs

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 were certified as CPD centers in the previous FY score 2 or else 0

There was no evidence that Kamuli Hospital had a certified center to provide CPDs/CMEs. Therefore scored a zero for this indicator

They say by virtual of being a HCIV they are mandated to provide CMEs

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

There was no evidence that the LG sampled facilities of kamuli Hospital, was certified as CME/CPD centers in the previous FY 2023/24. And there was no evidence that it submitted the CME report to the Medical Council in the FY 2023/24. There was no evidence that the hospital provided at least 7 CME/CPDs to each of the HC IIIs under their jurisdiction.

Also there was no evidence that Kamuli Hospital provided CME to the lower units. But it was reported that lower units do their CMEs.

Thus no reports were submitted to the medical councils

Management and functionality of amenities

13	Evidence that health facilities in the LG have functional infection prevention and control amenities.	<ul style="list-style-type: none"> • 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. <p>Verify if the health facilities in the LG have the following functional infection prevention and control amenities</p> <p>Handwashing facilities with soap or alcohol based sanitizer at all work stations score 2 or else 0</p>	<p>There was evidence that sampled health facilities had handwashing facilities with soap or alcohol based sanitizer at all work stations</p> <p>Bugulumbya Yes, all work stations have hand washing facilities with soap or alcohol</p> <p>Namasagali Yes they have all service point functional (water and soap)</p> <p>Kamuli Hospital They have hand washing facilities in all service points and some where they have sanitizers</p>	2
13	Evidence that health facilities in the LG have functional infection prevention and control amenities.	<ul style="list-style-type: none"> • 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. <p>Verify if the health facilities in the LG have the following functional infection prevention and control amenities</p> <p>score 2 or else 0</p>	<p>There was evidence that sampled health facilities had sterilizers</p> <p>Bugulumbya Yes has 1 electrical autoclave and one electrical sterilizer</p> <p>Namasagali Yes, they have one sterilizer (maternity one and functional)</p> <p>Kamuli They have sterilizers and they are functional</p>	2

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

Bugulumbya HCIII

Waste managed with colored bins with bin liners.

Disposed on an open pit and some is incinerated

Placenta are put in a placenta pit

There is also an ash pit

Cleaners are trained in waste management and have protective gear. Sharp boxes are available

Namasagali HCIII

Color code waste bins, with liners

Segregated infectious and non infectious

Incinerate the waste and dispose the ash in the ash pit

Placenta pit is functional

Cleaners have protective gear

And they were trained

Kamuli Hospital

Yes they have a waste management system. Waste is generated and sorted using colour coded bins

Kept in the garbage tanker where green label accesses them for disposal

Other waste like non-infectious is burnt using open burning. but the facility is constructing an incinerator with support from enable is hoped to be functional by the next quarter.

Meanwhile waste is taken by Green label

Placenta is disposed of in the placenta pit

Cleaners were trained in waste management and use protective gear

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

There was evidence that the sampled health facilities had Clean human waste disposal facilities for patients and staff . The patient latrines are segregated between male and female with hand washing facility with water and soap. However, in Namasagali male and female staff share the staff toilet.

Bugulumbya

Patient have their own and separated between male and female and are clean Staff go to the quarters

Namasagali Patient have male female They are clean.

Hand washing with water and soap Staff share but are clean

Handwashing facilities with soap and water

Kamuli Hospital

Clean with male and female separated. There are handwashing facilities at the toilets with soap Clean with male and female separated. There are handwashing facilities at the toilets with soap. In the quarters

13	<p>Evidence that health facilities in the LG have functional infection prevention and control amenities.</p>	<ul style="list-style-type: none"> • 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. <p>Verify if the health facilities in the LG have the following functional infection prevention and control amenities</p> <p>Safe water source score 2 or else 0</p>	<p>There was evidence that the sampled health facilities had safe water sources.</p> <p>Buguumbya Harvested water from the tanks (rain and it is enough through the seasons) they 4 tanks of 10000ltrs</p> <p>Namasagali Has one bore and rain water tanks. Have piped national water from the river to tank</p> <p>Kamuli Have piped water from the national grid</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 signposts. <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>we observed for existence of the signposts and labels</p> <p>All the services that were offered in Namasagali HCIII were listed at the entrance sign post, written in the local language as well and an indication that they for free was seen. However, there was no such signpost in Kamuli Hospital. They reported that they had removed it because the renovations. The one in bugulumbya is not translated in the local languages and lacked a clear indication that the services were for free.</p>	0

Evidence that the health facilities have visible sign posts listing all available services in local language offered free of charge

Evidence that the health facilities compound and service units have clear signs for directions in local language

Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs

- Observe existence of the signposts and labels
- Obtain list of services offered from in-charge and compare with those on the sign-posts.

Verify if the health facilities compound and service units have clear signs for directions in local language score 2 or else 0

There was evidence that the sampled health facilities had compound and service units have clear signs for directions in local language

Buguumbya Sign post that show directions were available and are in the local language. The directions were seen on the compound , Outpatient Department, and the doors of various departments and workstations were clearly labeled.

Namasagali Sign post posts are available in the local languages. The directions were seen on the compound , Outpatient Department, and the doors of various departments and workstations were clearly labeled.

Kamuli Sign post posts are available in the local languages, The directions were seen on the compound , Outpatient Department, and the doors of various departments and workstations were clearly labeled.

Management of Financial Resources

<p>Evidence that the LG has supported all health facilities to:</p> <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>	<p>From the LG Health Officer, obtain and</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>i) There was evidence that the sampled health facilities including Kauli hospital, Bugurumbya HCIII and Namasagali HCIII developed They supported facilities to developed HMIS 001(annual workplans)</p> <p>i) Bottleneck analysis: all the three sampled health facilities and all of them had a bottlenecks analysis.</p> <p>ii) addressing the bottlenecks.In all the three sampled health facilities, there was evidence in the annual workplans that they had addressed bottlenecks identified during the bottlenecks analysis.</p>
	<p>Verify if the LG supported all health facilities to</p> <p>i. Make a bottleneck analysis;</p> <p>ii. Design work plans to address the bottlenecks</p> <p>iii. Allocate funds to activities intended to address the bottlenecks; and</p> <p>iv. 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> <p>If (i) and (iv) complied with score 5 or else 0</p>	<p>iii) there was sufficient evidence that the sampled facilities allocated funds to activities intended to address the bottlenecks. This was evident in the budget section of their workplans.</p> <p>iv) There was no evidence that health facilities had which describe the activities conducted and explains what has been achieved in relation to mitigating the identified bottlenecks and improving health outcomes in Bugurumbya. Performance review minutes were evidently done on 15/4/24 in Namasagali. Performance review meetings were also available in Kamuli</p>

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

There was evidence that the DHO made a bottleneck analysis for the FY2023/24. It reflects areas that lacking areas like low ANC 1st trimesters attendance

And these areas are well addressed in the workplan with activities like community sensitizations that are budgeted for.

The budget is available and indicates the areas in the bottlenecks

Performance review reports were regularly conducted on the following dates

25/8/2023 quarter 1 review report

05/12/2023 Quarter 2 of the review report

26/3/2021. Quarter 3 of performance review reports

21/6/2021 Quarter 4 of performance review report

Environment, Social, Health and Safety

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | In all the sample facilities, (kamuli, Namasagali and Bugurumbya) there was no 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. There was no policy document, code of conduct, or meeting minutes/reports to show that they had put in place protection measures against any form of violence/abuse 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 | 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 | |
| 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 | | |

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | There was no evidence provided to demonstrate that the Local Government conducted training and sensitization on measures to eliminate violence, abuse, or discrimination at any of the sampled health facilities (Kamuli Hospital, Namasagali and Bugurumbya). During the field visit, no reports or documentation, such as training reports, were made available to the assessment team to confirm that such training and sensitization activities had been conducted at these health facilities |
| 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

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 | |
| 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 | | |

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	There was on evidence in the sampled facilities of (kamuli, Namasagali and Bugurumbya) that the HUMC had been trained on stakeholder engagement grievance management as per the circular on grievance management by MoGLSD.
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	
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	

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.

From the LG Health Officer, obtain and

- 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

Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs

Verify if there is evidence that:

i. That HUMCs approved work plans and budgets in all facilities

ii. That LGHT supervised and mentored all facilities in relation to Data Quality Assurance (DQA)

iii. That LGHT supervised and mentored all facilities in relation to Expanded Program of Immunization (EPI)

iv. That the LGHT discussed supervision findings and followed-up on the recommendations made.

If (i) to (iv) complied with score 6 or else 0

i) There was evidence that HUMC approved the annual workplans for Bugulumbya HCIII, Namasagali HCIII and Kamuli Hospital. All their annual workplans were observed and had stamps of the HUMI for the FY 2024/25

ii) there was evidence that the sampled facilities were supervised and mentored in relation to Data Quality Assurance (DQA) in the FY2023/24

In Bugulumbya HCIII one of the sessions on Data quality was done 11/3/24

In Namasagali HCIII one of the sessions on Data quality training was conducted in May 24

In Kamuli Hospital one of the session was 21st Nov 2023

iii) There was not sufficient evidence to show that LGHT supervised and mentored all facilities in relation to Expanded Program of Immunization (EPI). Some of the sampled facilities did not have evidence that supervision was done.

In Bugulumbya HCIII they received Integrated supervision from the district on 6/6/24. This included immunization

In Namasagali HCIII they were supersized by the district in EPI date 26/2/24 measles

In Kamuli Hospital there was no report to show that the district supervised the facility in EPI.

iv) There were no reports to show that the LGHT discussed supervision findings and followed-up on the recommendations made

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.

Considering all the facilities in the district , the DHIS2 data shows that the district did not submit HMIS 108 and 105 reports timely for some facilities in the year 2023/24.

However, for the sampled facilities these reports were all submitted on time

See summary per month in the table below

District performance for all facilities

	Jul	Aug23	Sep23	Oct23	
Nov23	Dec23	Jan 24	Feb24	Mar24	Apr24
May24	Jun 24				
105 (%)	55.4	56.2	48.8	55.6	50.6
	55.6	55.8	55.8	55	55
	55.2				
108 (%)	16	16	16	16	15
	16	19	19	18	20
	19				

sampled facilities

Bugulumbya HCIII, Kamuli Hosp and Namasagali HCIII all submitted their 105 and 108 promptly before the 14th of the preceeding month in the FY2023/24

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>There was no adequate evidence that the water officer performed routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.</p> <p>(a) At the end of Quarter 4 of FY 2023/24, there were 1276 total safe water sources in Kamuli.</p> <p>(b) 20% of the existing water sources were 256 sources.</p> <p>(c) The following reports were availed at the DLG Water Sub-Department:</p> <p>(i) Report by the Assistant Engineering Officer (AEO) - Water to the DWO on 13th/10/2023 regarding Water Quality testing of 25 water sources in Buzaya County during Quarter 1 of FY 2023/24. In the report, physical parameters tested included TDS, EC, Turbidity, and pH while for the Bacteriological water quality, E-coli was tested.</p> <p>(ii) Report by the Assistant Engineering Officer (AEO) - Bugabula to the DWO on 29th/12/2023 regarding Water Quality testing of 30 water sources in Kitayunjwa S/C and Bulopa S/C during Quarter 2 of FY 2023/24. In the report physical parameters tested included TDS, EC, Turbidity, and pH while for the Bacteriological water quality, E-coli was tested.</p> <p>(iii) Report by the AEO -Bugabula to the DWO on 28th/06/2024 regarding Water Quality testing of 25 water sources in Butansi S/C in Buzaya County during Quarter 4 of FY 2023/24.</p> <p>(d) The FY 2023/24 BPR indicated water quality testing for old sources of 30 sources in Quarter 1, 30 in Quarter 2, 20 in Quarter 3, and 20 in Quarter 4. The total number of sources tested in the year was 100, which was equivalent to 7.8% of existing water sources far below the required minimum of 20%</p> <p>Since the Water Officer carried out routine water quality analysis for only 100 existing water facilities, far below the expected 256 sources (20% of existing water sources) in FY 2023/24, a score of zero (0) was entered.</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.	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	There was evidence that the water officer conducted a 100% quality analysis for new water sources in the previous FY 2023/24. (a) From the BPR for FY 2023/24, the new water sources implemented in the previous FY (2023/24) included the 12 new boreholes drilled and installed in Nabwigulu S/C (01); Balawoli S/C (01); Kagumba S/C (02); Namasagali S/C (01); Namwendwa S/C (02); Bulopa S/C (01); Kisozi S/C (01); Magogo S/C (01); Nawanyago S/C (01); Bugulumbya S/C (01). Water quality testing was done for all the 12 new boreholes; and production well was drilled in Ndalike RGC, Namwendwa S/C as part of the construction of piped water supply system (Borehole pumped) of which Phase the Pump Station/House, Transmission pipeline, Reservoir Tank, Distribution Pipework and 5 PSPs and the Water Quality testing for the Production Well were done earlier when it was constructed in FY 2022/23.
b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY	Verify if the water officer conducted 100% quality analysis for new water sources in previous FY score 2 or else 0	(b) All the 12 new water facilities were tested for water quality and water quality test certificates were seen for all the 12 boreholes: 12 Certificate of Analysis - External Services, from National Water and Sewerage Corporation General Laboratory dated July 28th, 2024 and with Document Number of NWSC/WQ/QF/42.3A, included the following: (i) Buwongolya Borehole with DWD 93473, found in Buwongolya Village, Mpakitoni Parish, Bulopa S/C; Sample Number 22/205/2024/C. (ii) Bulimira Borehole with DWD 93463, found in Bulimira Village, Kasolwe Parish, Kagumba S/C; Sample Number 22/203/2024/C. (iii) Bulaala Borehole with DWD 93464, found in Bulaala Village, Kagumba Parish, Kagumba S/C; Sample Number 22/210/2024/C. (iv) Bunangwe Borehole with DWD 93465, found in Bunangwe Village, Kasozi Parish, Namasagali S/C; Sample Number 22/207/2024/C. (v) Bulondo B Borehole with DWD 93466, found in Bulondo Village, Nawantumbi Parish, Nawanyago S/C; Sample Number 22/209/2024/C. (vi) Bulangira Borehole with DWD 93467, found in Bulangira Village, Nankandulo Parish, Magogo S/C; Sample Number 22/208/2024/C. (vii) Bulubandi Borehole with DWD 93468, found in Bulubandi Village, Kakunhu Parish, Kisozi S/C; Sample Number 22/211/2024/C. (viii) Kitimbo Borehole with DWD 93471, found in Kitimbo Village, Bulange Parish, Namwendwa S/C; Sample Number 22/216/2024/C. (ix) Buwanzu Borehole with DWD 93462, found in Buwanzu Village, Nabwigulu Parish, Nabwigulu S/C; Sample Number 22/217/2024/C. (x) Isinwa Borehole with DWD 93469, found in Isinwa Village, Nawangoma Parish, Bugulumbya S/C; Sample Number 22/204/2024/C. (xi) Bugobi Borehole with DWD 93470, found in Bugobi Village, Kawaga Parish, Balawoli S/C; Sample Number 22/218/2024/C.
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		

(xii)Bubiro Borehole with DWD 93472, found in Bubiro Village, Kyeya Parish, Namwendwa S/C; Sample Number 22/215/2024/C.

Therefore, the Water Officer conducted 100% water quality analysis for the new water sources in the previous FY 2023/24, and a score of 2 was entered.

1

- a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.
 - 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.
- b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY
 - 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
- 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

2

There was evidence that the Kamuli DLG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY 2023/24.

(a)The BPR for FY 2023/24 is the Quarter 4 Progress Report for FY 2023/24, the new water sources implemented included 12 boreholes in:

- (i)Buwongolya Village, Mpakitoni Parish, Bulopa S/C;
- (ii)Bulimira Village, Kasolwe Parish, Kagumba S/C;
- (iii)Bulaala Village, Kagumba Parish, Kagumba S/C;
- (iv)Bunangwe Village, Kasozi Parish, Namasagali S/C;
- (v)Bulondo Village, Nawantumbi Parish, Nawanyago S/C;
- (vi)Bulangira Village, Nankandulo Parish, Magogo S/C;
- (vii)Bulubandi Village, Kakunhu Parish, Kisozi S/C;
- (viii)Kitimbo Village, Bulange Parish, Namwendwa S/C;
- (ix)Buwanzu Village, Nabwigulu Parish, Nabwigulu S/C;
- (x)Isinwa Village, Nawangoma Parish, Bugulumbya S/C;
- (xi)Bugobi Village, Kawaga Parish, Balawoli S/C; and
- (xii)Bubiro Village, Kyeya Parish, Namwendwa S/C.

Also constructed in FY 2023/24 was the piped water supply system (Borehole pumped) in Ndalike RGC, Namwendwa S/C with 5 PSPs.

(b)The Ndalike Household Sanitation Survey was conducted and a filled form for Ndalike Household Sanitation Survey/ Follow-up was filled by the Health Assistant on 12th/02/2024 covering 20 households to be connected that included Kisaame Fred (Household size:8); Naigaga Rebecca (Household size:6); Mulebe Fred (Household size:4); Nadiope Yosia (Household size:7); Kitamirike John (Household size:3); Kitamirike Charles (Household size:6); Naika Enock (Household size:4); Mugweri Pius (Household size:7); Isabirye Siragi (Household size:9); Nairuba Harriet (Household size:5); Luuti (Household size:8); Nabirye Harriet (Household size:4); Mugeere Charles (Household size:6); Mpaata Ronald (Household size:4); Isabirye Ashiraf (Household size:3); Namulondo Lovisa (Household size:7); Babirye Sarah (Household size:9); Mulekwa Joel (Household size:3); Kabafuna Sarah (Household size:2); and Mukisa Patrick (Household size:5). The survey form captured information on (a) Household Sanitation; (b) Hygiene, and (c) Safe Water Chain.

(c)The Household Sanitation covered Household Names, Household size, Kitchen, Bath Shelter, Drying Line, Animal House and Latrine which considered availability whether with Walls, Roof, Privacy and Improved.

(d)The Hygiene considerations in the survey covered Hand Wash Facility whether Available and With Water. Additionally presence of Refuse pit and Drying Rack were also considered.

(e)The survey concluded with the consideration of the Safe Water Chain, focusing mainly on the Drinking Water Container cleanliness, and whether it is with Cover and a Scoop.

(f)The results from the survey indicated remarks of Very Good Sanitation for 55% of the surveyed households (11 households), Good Sanitation in 40% of surveyed households (8 households) and Fair Sanitation in 5% of the surveyed households (1 household).

Therefore, it can be concluded that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY 2023/24, and a score of 2 was entered.

1

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

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.

There was evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities.

(a)A report labeled “Report for the follow-up of operation and maintenance, behavior change and environmental issues for the water sources that had water quality issues” by the AEO-Bugabula to the DWO on 7th/05/2024. The report indicated that Users of water sources that had unsatisfactory water quality results and those that were in poor sanitary conditions were advised on ways of improving the quality of water and sanitation.17 water sources in Bugabula County that had unsatisfactory water quality or sanitation were followed up to check on implementation of recommended actions. The findings at the time of the follow-up indicated that 14 out of 17 communities followed up had acted as advised and WSCs were found to be more active than before the feedback. More evidence is reflected in the following filled forms for 8 existing water facilities out of the 17 with feedback and action points in the form of recommended actions:

(i)Water Quality Report Form for Shallow Well at Budhasi, Village, Nawansaso Parish in Kitayunjwa S/C, report dated November 24th, 2023: Findings indicated Good results were obtained for Turbidity, pH, and Electrical Conductivity while poor results were found for E-coli. The recommended action was to ensure the availability of Chlorine in the Chlorine dispenser and to make good use of it.

(ii)Water Quality Report Form for Shallow Well at Walubo, Village, Nawango Parish in Kitayunjwa S/C with identification No. SW502, report dated November 24th, 2023: Findings indicated Good results were obtained for Turbidity, pH, Electrical Conductivity, and E-coli though, the sanitary survey indicated dirty and bushy surroundings as well as damaged platform. The recommended action was that the Caretaker should ensure that the water source surrounding is cleaned regularly and the WSC was to mobilize funds to repair the platform.

(iii)Water Quality Report Form for Shallow Well at Bunakatwe Village, Nawango Parish in Kitayunjwa S/C with identification No. SW528, report dated November 24th, 2023: Findings indicated Good results were obtained for

2

e) Evidence that the water office followed up implementation of recommended remedial actions

Turbidity, pH, Electrical Conductivity, and E-coli though, the sanitary survey indicated a dirty and poorly drained area. The recommended action was that the Caretakers ensure regular cleaning of the water source and the water users be mobilized to dig a stormwater drainage channel (Interceptor drain) uphill of the water source. was to mobilize funds to repair the platform.

(iv)Water Quality Report Form for Shallow Well at Bunakatwe Village, Nawango Parish in Kitayunjwa S/C with identification No. KMI/DW550, report dated November 24th, 2023: Findings indicated Good results were obtained for Turbidity, pH, and Total Dissolved Solids (TDSs) while poor results were obtained for E-coli though, the sanitary survey indicated dirty surroundings. The recommended action was Daily cleaning, Use of Chlorine dispensers effectively, and digging waste water drainage channels to get rid of stagnant water at the water source.

(v)Water Quality Report Form for Shallow Well at Bukasala Village, Nawango Parish in Kitayunjwa S/C with identification No. KMI/SW, report dated November 24th, 2023: Findings indicated Good results were obtained for Turbidity, pH, Electrical Conductivity, and E-coli though, a sanitary survey indicated dirty and bushy surroundings. The recommended action was daily cleaning and slashing or digging away tall grass.

(vi)Water Quality Report Form for Shallow Well at Buwaya Village, Nawango Parish in Kitayunjwa S/C with identification No. SW528, report dated November 24th, 2023: Findings indicated Good results were obtained for Turbidity and pH while Electrical Conductivity was fair but poor results for E-coli. Sanitary surveys indicated quite good surroundings. The recommended action was to make good use of Chlorine, clean regularly, and fence off the water source.

(vii)Water Quality Report Form for Shallow Well at Buyima-Bwebya Village, Nagamuli Parish in Bulopa S/C with identification No. AW501, report dated November 24th, 2023: Findings indicated Good results were obtained for Turbidity, pH, Electrical Conductivity, and E-coli. Sanitary surveys indicated dirty stagnant water nearby. The recommended action was regular cleaning, constructing a fence, and digging drainage trenches/channels at the soak-away area to get rid of stagnant water.

(viii)Water Quality Report Form for Shallow Well at Bugwano-Butuba Village, Nagamuli Parish in Bulopa S/C with identification No. AW501, report dated November 24th, 2023: Findings indicated Good results were obtained for Turbidity, pH, Electrical Conductivity, and E-coli. Sanitary surveys indicated dirty, bushy surroundings and a damaged hand pump platform. The recommended action was regular cleaning, constructing a fence, trimming tall grass, and repairing the platform.

(b)For the new water facilities, there is a report labeled "Report for the follow-up of operation and maintenance, behavior change and environmental issues for new water sources constructed in the FY 2023/24", dated 22nd/08/2024 by the AEO to the DWO. Findings indicated that the Boreholes that were successfully drilled under the DWSCG in the FY 2023/24 were 12 and all were adequately functional. All the 12 boreholes were clean and 10 had been fenced by the time of follow up. One extra borehole constructed out of the FY 2022/23 budget was completed in November 2023 and it was functional, clean and fenced.

Water Supply Systems at Kabaganda and Kakira were not well managed, posing a threat to their sustainability: Recommended action/feedback action points: training of WSCs for Kabaganda and Kakira; continuous community sensitization and monitoring to ensure sustainability of the water sources; and adoption of the underground wastewater tanks to replace the soak pits at boreholes as pioneered by ISU-UP.

(c) Minutes of community sensitization meeting and training of WSC for Ndalike Solar piped water system, dated 18th/06/2024 with Agenda items: (i) 5 on presentation of status report on Ndalike piped water system by the DWO; (ii) 6 on sensitization of community on environmental issues by SEO; (iii) 7 on sensitization of community on sanitation and hygiene by the ADHO/EHO; (iv) Training of WSCs on their roles and responsibilities and gender issues by the Gender Officer; and (v) 9 on Discussions and Way forward.

(d) Report on water quality testing for 30 water sources in Kitayunjwa S/C (20 and Bulopa S/C(10) during quarter two of FY 2023/24, submitted by the AEO-Bugabula to the DWO on 29th/12/2023. Findings based on laboratory water quality analysis and the sanitary surveys while taking the samples from the sources indicated that all the sources had acceptable physical quality (TDS, pH, and Turbidity) for rural drinkable water standards. Findings also indicated that 3 out of 30 sources had unacceptable water bacteriological quality (E-coli greater than 0 per 100ml of water). Communities using the contaminated water sources were advised to use alternative water sources within their access or work towards improving sanitation in their areas by avoiding open defecation, eliminating stagnant water near the water sources, and keep the water source surrounding and the water containers clean, thereby maintaining the safe water chain.

(e) Report on water quality testing for 25 water sources in Butansi S/C during quarter four of FY 2023/24, submitted by the AEO-Bugabula to the DWO on 29th/12/2023. Findings based on laboratory water quality analysis and the sanitary surveys while taking the samples from the sources indicated that all the sources had acceptable physical quality (Conductivity, TDS, pH, and Turbidity) for rural drinkable water standards. Findings also indicated that 3 out of 25 sources had unacceptable water bacteriological quality (E-coli greater than 0 per 100ml of water). 12 out of 25 water sources had sanitation issues related to dirty surroundings, non-functional soak pits, damaged hand-pump platforms, bushy surroundings and pits left after brick making. Communities using the contaminated water sources were advised to use alternative water sources within their access or work towards improving sanitation in their areas by avoiding open defecation, eliminating stagnant water near the water sources, and keep the water source surrounding and the water containers clean, thereby maintaining the safe water chain.

(f) Report on water quality testing for 25 water sources in Buzaaya County during quarter one of FY 2023/24, submitted by the AEO-Bugabula to the DWO on 13th/10/2023. Findings based on laboratory water quality analysis and the sanitary surveys while taking the samples from the sources indicated that 19 sources out of 25 had acceptable physical quality (Conductivity, TDS, pH, and Turbidity) for rural drinkable water standards. Findings also indicated that 6 out of 25 sources had unacceptable

water bacteriological quality (E-coli greater than 0 per 100ml of water). Only 6 out of 25 water sources had clean surroundings, fairly clean Jerry cans while 19 old water sources were poorly managed, had dirty water collection containers and only one had a fence. Communities using the contaminated water sources were advised to use alternative water sources within their access or work towards improving sanitation in their areas by putting a fence, avoiding open defecation, eliminating stagnant water near the water sources, and keep the water source surrounding and the water containers clean, thereby maintaining the safe water chain.

Therefore, it was concluded 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, and therefore a score of 2 was entered.

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 was evidence that the water office followed up implementation of recommended remedial actions.

(i) Follow up on the implementation of recommended remedial actions was provided as evidenced in the report labeled "Report for the follow-up of operation and maintenance, behavior change and environmental issues for new water sources constructed in the FY 2023/24", dated 22nd/08/2024 by the AEO to the DWO. Findings indicated that the Boreholes that were successfully drilled under the DWSCG in the FY 2023/24 were 12 and all were adequately functional. All the 12 boreholes were clean and 10 had been fenced by the time of follow up. One extra borehole constructed out of the FY 2022/23 budget was completed in November 2023 and it was functional, clean and fenced. Water Supply Systems at Kabaganda and Kakira were not well managed, posing a threat to their sustainability: Recommended action/feedback action points: training of WSCs for Kabaganda and Kakira; continuous community sensitization and monitoring to ensure sustainability of the water sources; and adoption of the underground wastewater tanks to replace the soak pits at boreholes as pioneered by Iowa State University-Uganda Program (ISU-UP).

(ii) A report labeled "Report for the follow-up of operation and maintenance, behavior change and environmental issues for the water sources that had water quality issues" by the AEO-Bugabula to the DWO on 7th/05/2024. The report indicated that Users of water sources which had unsatisfactory water quality results and those that were in poor sanitary conditions were advised on ways of improving the quality of water and sanitation. 17 water sources in Bugabula County that had unsatisfactory water quality or sanitation were followed up to check on implementation of recommended actions. The findings at the time of the follow up indicated that 14 out of 17 communities followed up had acted as advised and WSCs were found to be more active than before the feedback.

(iii) Remedial actions were also addressed in the Quarterly progress reports for FY 2023/24 were (i) WSCs and in particular Caretakers were sensitized and mentored on their roles and responsibilities in the O&M of water sources; (ii) General and collective cleaning of all water sources and the surrounding as communal responsibility; (iii) Community members present were oriented on their responsibilities on O&M as to sustain their water sources; and (iv) Action plans were made together with the community members on how they can improve on the identified gaps.

(iv) Report for the activity of training of caretakers and WSCs in preventive maintenance of hand pumps that covered the new 12 boreholes, by the AEO to DWO on 30th/08/2024.

Therefore, the Water Office followed up implementation of recommended remedial actions and a score of 2 was entered.

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

There was evidence that population with access to safe water service is either above 70% or has increased between FY 2022/23 and FY 2023/24.

From MWE MIS,

□The Rural Safe Water Coverage for Kamuli DLG at the end of previous year (FY 2023/24) was 84%, which is far above the minimum allowable coverage of 70% to score.

□The Rural Safe Water Coverage for Kamuli DLG at the end of previous year but one (FY 2022/23) was 85%.

□The population with access to safe water service for the previous FY 2023/24 was 84%, far above 70%, even though it had decreased from 85% in the previous FY but one (FY2022/23).

□Therefore, a score of 5 was entered since it was already above 70%.

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.

There was evidence that the DWO had adequately prioritized at least 70% of the budget allocations for the current FY to LLGs that are under-served (based on the average district water coverage).

(i) From the MoWE MIS, The rural Safe Water Coverage (SWC) for Kamuli DLG at the end of previous year (FY 2023/24) was 84%.

(ii) The AWP and Budget for the current FY 2024/25, submitted by CAO on 1st/07/2024 to MWE-PS, received by MWE Central Registry and approved by MWE RWSS Department on 1st/07/2024, indicated that the SWC average for Kamuli DLG was 76.4% with the following S/Cs having lower SWCs below that of the district average: Nabwigulu S/C with SWC of 64.8%; Kagumba S/C with SWC of 58.9%; Namasagali S/C with SWC of 68.2%; Namwendwa S/C with SWC of 69.3%; Bulopa S/C with SWC of 65.6%; and Kisozi S/C with SWC of 74%.

(iii) The AWP and budget for current FY 2024/25, submitted by CAO on 1st/07/2024 to MWE-PS and received by MWE Central Registry and Approved by the MWE - RWSSD, on 1st/07/2014, showed that Kamuli DLG budgeted allocation of Water facilities as listed below:

☛ Construction of 16 Deep Borehole (Siting, Drilling, and Test-pumping, Platform casting, Hand pump installation) at a total cost of UGX422,896,000 with each borehole at an cost of UGX26,431,000, funded by DWSCG: The allocation of Deep boreholes to under served S/Cs was: Kagumba S/C (03); Kisozi S/C (02); Nabwigulu S/C (02); Bulopa S/C (02); Namasagali S/C (01) and Namwendwa S/C (02), equivalent to 12 out of 16 boreholes to under-served. Therefore, of the total cost for deep borehole drilling, UGX317,172,000 was allocated to the under-served LLGs.

☛ Construction/Extension of piped water supply system (Borehole-pumped) including one new and one extension Bulongo-Bugobi piped network system in Kasozi Parish in Namasagali S/C at a total cost of UGX428,337,477, funded by UglIFT. Therefore, the total cost was allocated to the under-served Namasagali S/C, equivalent to UGX428,337,477.

☛ 22 Borehole rehabilitation, distributed at least one per each of the 14 S/Cs at a total cost of UGX134,860,000 of which the underserved got Kagumba S/C (01), Kisozi S/C (01); Nabwigulu S/C (01); Bulopa S/C (01); Namasagali S/C (01) and Namwendwa S/C (01), equivalent to UGX36,780,000 as allocated to the under-served S/Cs.

(iv) The total budget allocation for water facilities in the current FY 2024/25 is UGX986,093,477, of which only UGX782,289,477 is to go to the under-served LLGs, equivalent to 79.3% of the budget allocation. This is above the required prioritization of at least 70% and a score of 2 was entered.

<p>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.</p>	<p>From MoWE MIS and the DWO obtain and review the district safe water coverage data, (disaggregated by LLG)</p>	<p>There was no adequate evidence that at least 70% of budgeted water projects were implemented in sub-counties with safe water coverage below the district average in the previous FY 2023/24.</p>
<p>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</p>	<p>From the BPR of the previous FY ascertain whether the budgeted water projects were implemented.</p> <p>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.</p>	<p>(i) From the MoWE MIS, The rural Safe Water Coverage (SWC) for Kamuli DLG at the end of previous year (FY 2022/23) was 85%.</p> <p>(ii) The BPR for Previous FY, which was also the Fourth Quarter Progress Report for the previous FY 2023/24, submitted by CAO on 8th/07/2024 to MWE-PS, received by MWE Central Registry on 8th/07/2024 and approved by MWE RWSS Department on 8th/07/2024, indicated the SWC of Kamuli DLG as 76.4% with the following S/Cs having lower SWCs below that of the district average: Nabwigulu S/C with SWC of 64.8%; Kagumba S/C with SWC of 58.9%; Namasagali S/C with SWC of 68.2%; Namwendwa S/C with SWC of 69.3%; Bulopa S/C with SWC of 65.6%; and Kisozi S/C with SWC of 74.0%.</p> <p>(iii) The BPR for previous FY 2023/24 showed that Kamuli DLG budgeted for and implemented the following water projects:</p> <p>□ 12 Deep Borehole Drilling (Hand pump) with allocations of Deep boreholes to under served S/Cs as: Kagumba S/C (02); Namwendwa S/C (02); Nabwigulu S/C (01); Namasagali S/C (01), Bulopa S/C (01) and Kisozi S/C (01), equivalent to 8 out of 12 boreholes to under-served LLGs.</p> <p>□ Construction of one solar-powered piped water supply system (Borehole-pumped) at Ndalike RGC in Namwendwa S/C with 5 PSPs, of which All 5 PSPs are to the under-served LLGs.</p> <p>□ 19 Old Borehole rehabilitation, distributed as Nabwigulu S/C (02); Kagumba S/C (01); Namwendwa S/C (02); Bulopa S/C (01) and Kisozi S/C (01), of which 7 were to the under-served S/Cs.</p> <p>□ Construction of 5-Stance lined VIP Public Latrine at Nawantale Market in Nabulezi Parish in Balawoli S/C; of which None went to under-served S/Cs.</p> <p>(iv) Therefore, the total budgeted and implemented water projects in sub-counties with safe water coverage below the district average in the previous FY 2023/24 was 20 out of 36 projects, equivalent to 56% of the budgeted water projects allocation. This far less than the required minimum of 70% expected to be implemented in the sub-counties with SWC below the district average. A score of zero (0) was therefore, entered.</p>

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

There was evidence that the LG had ensured that existing rural water facilities were functional.

(a) From the MoWE-MIS for the end of FY 2023/24, the Rural Functionality of the water facilities for Kamuli DLG was 90%.

(b) Sample 1: Borehole: Borehole with DWD 93462, located at Buwanzu Village in Nabwigulu Parish in Nabwigulu S/C was found functional.

(c) Sample 2: Borehole: Borehole with DWD 93463, located at Bulimira Village in Kasolwe Parish in Kagumba S/C was found functional.

(d) Sample 3: Borehole: Borehole with DWD 93473, located at Bubiyo Village in Kyeya Parish in Namwendwa S/C was found functional.

(e) Sample 4 and 5: Two PSPs out of 5 PSPs on Ndaliwe Piped Water Supply System at Ndaliwe RGC in Namwendwa S/C with the Production Well drilled in FY 2022/23 and design of the system completed in the same FY. The Reservoir and its stand, Pump Station/House, Transmission pipeline, Distribution pipeline, and 5 PSPs were installed in the FY 2023/24. and can be regarded as found functional, although the Solar Panel arrays were being installed at the time of the assessment.

(f) Sample 6: 5-stance lined VIP latrine at Nawantale Market was found functional.

(g) Therefore, the 5 sampled water facilities were all found functional and the Rural Functionality of the water facilities for Kamuli DLG was 90% as per MoWE-MIS for the end of FY 2023/24. This is equivalent to functionality of water facilities that is above 90% and therefore, a score of 5 was entered.

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

There was evidence that the LG had ensured that over 80% of water facilities had functional water and sanitation oversight committees.

(a) From the MoWE-MIS, the Functionality of Water and Sanitation Committees for Kamuli DLG at the end of the Previous FY 2023/24 was 90%.

(b) Sample 1: Borehole: Borehole with DWD 93462, located at Buwanzu Village in Nabwigulu Parish in Nabwigulu S/C was constructed on June 11th, 2024 in FY 2023/24 had a functional WSC of five members including the Chairperson, Vice Chairperson, Secretary, Treasurer and Mobilization member: WSC was trained, put fence and constructed a soak pit for spillover water from the borehole, meet regularly twice a month and collect O&M fees of UGX1000 per household to undertake minor repairs.

(c) Sample 2: Borehole: Borehole with DWD 93463, located at Bulimira Village in Kasolwe Parish in Kagumba S/C was constructed on June 11th, 2024 in FY 2023/24 and had a functional WSC of five members including Chairperson, Vice Chairperson, Secretary, Treasurer, and Mobilization member: WSC was trained, put fence, and soak pit on the borehole, meet at emergency and collect O&M fees to undertake minor repairs.

(d) Sample 3: Borehole: Borehole with DWD 93473, located at Bubi Village in Kyeya Parish in Namwendwa S/C had its WSC functional as they maintain the facility and its surrounding environment clean, charges O&M fees, keeps records, and receives and responds to the grievances.

(e) Sample 4 and 5: Two PSPs sampled out of 5 PSPs on the Ndali Piped Water Supply System at Ndali RGC in Namwendwa S/C had their WSCs active and functional. The water system for Ndali RGC with 5 PSPs had a functional Board to charge O&M fees, keep good records, undertake minor repairs, and maintain adequate sanitation around the water source and pump house, and receive and respond to the grievances.

Therefore, with 100% functional sampled water facilities, it was confirmed that the reported MoWE-MIS Functionality of Water and Sanitation Committees for Buyende DLG at the end of the Previous FY 2023/24 of 90% was valid and it is actually more than 90% from the sampled facilities. Therefore, a score of 5 was entered.

Efficiency

Evidence that the LG has ensured that the installed water facilities provide water of adequate yield score

From the DWO:

- 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

If the sampled water facilities yield meets the design capacity score 5 or else 0

There was evidence that the LG had ensured that the installed water facilities provided water of adequate yield.

Sample 1: Borehole: From the Drilling Report for Borehole with DWD 93462, located at Buwanzu Village in Nabwigulu Parish in Nabwigulu S/C has a design yield of at least 0.5m³/h for a point water source. Testing of yield using a 20 litre-Jerry-can was filled in 76 sec, 85 sec, and 82 sec, which was equivalent to an average yield of 0.89 m³/h. The tested yield of 0.89 m³/h meets the water quantity standard of 0.5m³/h for a borehole and meets the design capacity as per the drilling and design report.

Sample 2: Borehole: From the drilling report for Borehole with DWD 93463, located at Bulimira Village in Kasolwe Parish in Kagumba S/C has a design yield of at least 0.5 m³/h for a point water source. Testing of yield using a 20-litre-Jerry-can filled in 74 sec, 88 sec, and 80 sec, which was equivalent to an average yield of 0.9 m³/h. The tested yield of 0.9 m³/h meets the water quantity standard of 0.5 m³/h for a borehole and meets the design capacity as per the drilling and design report.

Sample 3: Borehole: The drilling report for Borehole with DWD 93473, located at Bubiyo Village in Kyeya Parish in Namwendwa S/C has a design yield of at least 0.5 m³/h for a point water source. Testing of yield using a 20 litre-Jerry-can filled in 100 sec, 105 sec, and 102 sec, which was equivalent to an average yield of 0.7 m³/h. The tested yield of 0.7 m³/h meets the water quantity standard of 0.5 m³/h for a borehole and meets the design capacity as per the drilling and design report.

The 2 PSPs sampled out of 5 PSPs on the Ndaliye distribution piped water system sampled could not be tested for yield as the Solar Panels were being installed at the time of the visit and therefore no water could be delivered since the power source was not yet connected in the Water Supply System.

The yields obtained during the testing of sampled boreholes was in agreement with the capacities of the drilling and design reports and therefore, a score of 5 was entered.

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

There was evidence that the LG had ensured that the installed water facilities provide water service all the time.

This was confirmed from the DWO reports and the following samples visited:

(a)Sample 1: Borehole: From the Drilling Report for Borehole with DWD 93462, located at Buwanzu Village in Nabwigulu Parish in Nabwigulu S/C has 10 hours of service as provided by the DWO. The down time is about 14 hours. The sampled borehole has a down time for recovery of 14 hours that is far less than the maximum allowable down time of one week. Therefore, the borehole can be classified as a water facility that provides water all the time.

(b)Sample 2: Borehole: From the drilling report for Borehole with DWD 93463, located at Bulimira Village in Kasolwe Parish in Kagumba S/C has 10 to 12 hours of service as provided by the DWO. The down time is about 12 to 14 hours. The sampled borehole has a down time for recovery of 12 to 14 hours that is far less than the maximum allowable down time of one week. Therefore, the borehole can be classified as a water facility that provides water all the time.

(c)Sample 3: Borehole: From the drilling report for Borehole with DWD 93473, located at Bubiho Village in Kyeya Parish in Namwendwa S/C has 10 hours of service as provided by the DWO. The down time is about 14 hours. The sampled borehole has a down time for recovery of 14 hours that is far less than the maximum allowable down time of one week. Therefore, the borehole can be classified as a water facility that provides water all the time.

Therefore, it can be concluded that the LG ensured that the installed water facilities provided water service at all times, and a score of 5 was entered.

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

There was evidence that communities received backup technical support from the Water Office.

From the field monitoring reports:

(a) Report from AEO - Bugabula to the DWO, dated 8th/07/2024, for Hand-pump platform casting and installation for six boreholes in Bugabula County in FY 2023/24. This was concerning the follow-up on the progress of work for Lot 1 including sites for Bulaala and Bulimira in Kagumba S/C, Bugobi in Balawoli S/C, Buwanzo in Nabwigulu S/C, Bugwano and Bubiho in Namwendwa S/C. All the 6 boreholes were drilled with a yield estimate greater than 0.5m³/h. However, the Bugwano Borehole in Namwendwa S/C failed in two attempts because of a severely collapsing formation and unclear water. The borehole was later allocated to another site in Kitimbo village in Bunangwe Parish in the same S/C. All successfully drilled boreholes were recommended for platform casting and hand-pump installation. as part of the backup technical support from the Water Office. The AEO did the supervision work on behalf of the DWO to ensure that the work was done according to specifications and that delivery and installation of the required Hand-pump parts were done according to the consultant's recommended pump installation depths. All these were part of the Backup technical support from the Water Office to ensure the planned water facilities were installed

successfully according to the design specifications.

(b) A report for the activity of training of Caretakers and the Water and Sanitation Committee in preventive maintenance of hand-pumps, dated 30th/08/2024 by the AEO to the DWO. The main objective of the training was to equip the water source Caretakers and WSC members with basic preventive maintenance and record-keeping skills. 87 participants were trained from 12 villages where new boreholes were drilled in FY 2023/24 and the training was by the DWO, ADWO, and Hand Pump Mechanic Facilitators. This training was part of the communities' way of receiving backup technical support from the Water Office.

(c) A report on boreholes rehabilitated in Bugabula County in Quarter Three of FY 2023/24 using the DWSCG, dated 26th/04/2024, by the AEO to the DWO. The key objectives of the activities were (i) to restore broken down hand-pumps into functioning condition; (ii) to carry out repairs on frequently faulting hand-pumps, the cost of which were beyond the capacity of the user communities; and (iii) to reduce the percentage of non-functional water sources in the county and the district. This too was also in a way for the communities to receive backup technical support from the Water Office.

Field verification of the communities receiving Backup technical support from the Water Office was done on the following sampled water facilities:

(i) Sample 1: Borehole: From the Drilling Report for Borehole with DWD 93462, located at Buwanzu Village in Nabwigulu Parish in Nabwigulu S/C: community confirmed that they received backup technical support from ADWO, CDO and Health Inspector from the District Water Office.

(ii) Sample 2: Borehole: From the drilling report for Borehole with DWD 93463, located at Bulimira Village in Kasolwe Parish in Kagumba S/C: community confirmed that they received backup technical support from ADWO, CDO and Health Inspector from the District Water Office.

(iii) Sample 3: Sample 3: Borehole: From the drilling report for Borehole with DWD 93473, located at Bubiro Village in Kyeya Parish in Namwendwa S/C: community confirmed that they received backup technical support from ADWO, CDO and Health Inspector from the District Water Office.

(iv) Samples 4 and 5: 2 PSPs out of the 5 PSPs on the Ndalike 1.4-km distribution piped water system sampled: communities confirmed that they receive backup technical support from ADWO, CDO and Health Inspector from the District Water Office.

It was therefore concluded that communities receive Backup technical support from the Water Office, and a score of 10 was entered.

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

There was sufficient evidence that the constructed water facilities had basic functional amenities.

The evidence was determined from the following sampled 5 water facilities:

(a)Sample 1: Borehole: From the Drilling Report for Borehole with DWD 93462, located at Buwanzu Village in Nabwigulu Parish in Nabwigulu S/C had a fence, a soak-away pit, planted grass and storm water diversion channel or interceptor drain.

(b)Sample 2: Borehole: From the drilling report for Borehole with DWD 93463, located at Bulimira Village in Kasolwe Parish in Kagumba S/C a fence, a soak-away pit, planted grass and storm water diversion channel or interceptor drain.

(c)Sample 3: Borehole: From the drilling report for Borehole with DWD 93473, located at Bubiyo Village in Kyeya Parish in Namwendwa S/C a fence, a soak-away pit, planted grass and storm water diversion channel or interceptor drain.

(d)Sample 4 and 5: The two PSPs out of 5 PSPs on the Ndaliwe distribution piped water system sampled had a reliable water source (which is a production well with DWD93143 and a yield of 5 m³/h) is yet to be enclosed in a chain-link fence while the storage tank raised on a 14 m reinforced metallic stand and the Pump house, are all enclosed in a chain-link fence with a metallic gate. In the same enclosed fence is where the Solar panels were being installed to ensure reliable pumping solar system with 13 solar panels, a pipe network of transmission to the reservoir and distribution of 1.4 km has 5 PSPs of which 2 PSPs were sampled and found to have soak-away pits.

Since the sampled water facilities had basic amenities, then a score of 10 was entered.

Management of Financial Resources

- 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 guidelines.
- 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.
- There was evidence that the water officer allocated and spent the NWR grant in line with the sector grant & budget guidelines.
- (i) From the Water Sector AWP for Kamuli DLG for previous FY 2023/24 submitted by the CAO on 20th/07/2023 to the PS of MWE and received by the MWE Central Registry and approved by MWE RWSSD on 26th/07/2023, the NWR was UGX107,787,583 of which UGX44,898,530 (41.65%) were spent on mobilization.
- (ii) As per the sector grant and budget guidelines, at least 40% of the NWR budget should be spent on Mobilization.
- Therefore, since expenditure on mobilization was 41.65% of the NWR budget which is greater than the minimum required, the allocations and expenditures were done as per the sector guidelines. A score of 6 was entered.

- 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
- There was no evidence that the Water Officer of Kamuli DLG submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter.
- (a) Quarter 1 Report to MWE on 12th/10/2023 (Deadline 10/10/2023);
- (b) Quarter 2 Report to MWE on 12th/01/2024 (Deadline 10/01/2024);
- (c) Quarter 3 Report to MWE on 15th/04/2024 (Deadline 10/04/2024); and
- (d) Quarter 4 Report to MWE on 15th/08/2024 but the district record indicated 8th/07/2024 (Deadline 10/07/2024).
- Since the first three Quarterly Reports were submitted later than the 10th day of the first month of the subsequent quarter, it was concluded that the DWO of Kamuli DLG submitted quarterly progress reports out of time. Therefore, a score of zero (0) was entered.

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
- From the District Water Office obtain and review
 - Water source protection plans for water sources constructed in the previous FY.
 - Training
- There was evidence that the LG trained and sensitized the WSCs on the protection measures, the WSCs and communities to implement actions in water source protection plans for water sources constructed last FY, and the Community Development Office trained the WSCs on grievance management and stakeholder engagement.
- (a) A report on the prepared water protection and waste management plan for Ndalike piped water system was submitted by AEO to DWO on 5th/07/2024. The plan indicated 6 activities that included (i) Fencing using a chain link to restrict access to the production well area by ill-intentioned persons, to be accomplished by the

<p>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.</p>	<p>reports for the water and sanitation committees on water source protection, GRM and stakeholder engagement.</p>	<p>contractor; (ii) Leveling and grassing within the fenced pump house and tank area to prevent splash erosion, to be accomplished by the contractor; (iii) Tree planting to replace trees cleared during sitting and drilling of production well, to be accomplished by the contractor and the community to plant in the catchment of this area; (iv) Chain-link fencing of the Production well area to be done later by the DLG.</p>
	<ul style="list-style-type: none"> • Sample 5 water facilities to ascertain that water source protection measures were implemented 	<p>(b) Monitoring and supervision instructions to drillers of boreholes in FY 2023/24, given by ADWO and submitted to the DWO on 2nd/06/2024. The instructions covered setting up the rig, drilling with 8" hammer, drilling with 6" hammer, installation of permanent casing, gravel parking, well development, sanitary seal, site clearance, test pumping, and casting.</p>
	<ul style="list-style-type: none"> • 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 	<p>(c) A report on Kamuli DLG Stakeholder Engagement and Sensitization Plan for drilling 11 boreholes in FY 2023/24 that was dated 24th/06/2023 to seek active participation and contribution of communities and other stakeholders in decisions, maintenance, and sustainability of water facilities. The specific objectives of the plan were: (i) to engage the stakeholders so that they support the project; (ii) To promote ownership; (iii) To get views that may affect the implementation of the project; and (iv) to get an understanding of the stakeholders' roles and responsibilities.</p>
	<p>Check and verify</p>	<p>(d) It was verified from the field sampled facilities that:</p>
	<p>i. Evidence that the LG conducted training and sensitization of the water and sanitation committees on the protection measures</p>	<p>(i) The LG conducted training and sensitization of water and sanitation committees on the protection measures.</p>
	<p>ii. Evidence that the WSCs and communities implemented actions in water source protection plans for water sources constructed last FY.</p>	<p>(ii) The WSCs and the communities implemented actions in water source protection plans for water sources constructed last FY 2023/24.</p>
	<p>iii. Evidence that the LG Water Office and Community Development Office have trained the Water User Committee on grievance management and stakeholder engagement</p>	<p>(iii) The LG water Office and CDO trained the WSCs on grievance management and stakeholder engagement. There was a grievance log regarding a land conflict as indicated in a Report on land conflict between Kamuli DLG and the late Yosia Nadiope family in Ndalike Parish, Namwendwa S/Cm, dated 5th/06/2024, with issues raised including: that the land they gave in was for a borehole and not for a piped water, as guided by the LC 1 Chairperson; that the people who dug the production well did not consult them for consent on the new change for piped water; that there were destructions made on the land but no compensation of any kind was made; and that the community went an extra mile to abuse their mother that she is against the development of the community. This grievance was addressed and resolved as indicated in the same report.</p>
		<p>Therefore, since all (i) and (iii) were met, then a score of 10 was entered.</p>

If (i) to (iii) met
score 10 or else
0

Oversight and support supervision

12

- 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

There was evidence that the water officer monitored 100% of public sanitation facilities and at least 25% of water supply facilities per year in FY 2023/24.

□From the list of water facilities in the Assets registry for Kamuli DLG, the total number of existing safe water sources in Kamuli at the end of Quarter 4 of the FY 2023/24 was 1080 Hand pumps and 71 PSP or Public Taps, equivalent to a total of 1151 Sources.

□25% of the existing water sources was equivalent to 288 sources.

□A report dated 29th/12/2023 by AEO - Bugabula to the DWO on the Status of protected water sources in Bugabula County in Quarter Two of the FY 2023/24: A total of 796 boreholes and shallow wells were monitored in all the 8 S/Cs (Nabwigulu, Balawoli, Kagumba, Namasagali, Butansi, Kitayunjwa, Namwendwa and Bulopa) and 2 Town Councils (Balawoli and Namwendwa) in Bugabula County, of which 400 water sources were visited physically by the AEO.

□A report dated 29th/03/2024 by AEO - Bugabula to the DWO on the Status of protected water sources in Bugabula County in Quarter Three of the FY 2023/24: A total of 795 boreholes and shallow wells were monitored in all the 8 S/Cs (Nabwigulu, Balawoli, Kagumba, Namasagali, Butansi, Kitayunjwa, Namwendwa and Bulopa) and 2 Town Councils (Balawoli and Namwendwa) in Bugabula County, of which 400 water sources were visited physically by the AEO.

□A report on borehole rehabilitated in Bugabula County in Quarter three of the FY 2023/24 using the DWSCG, dated 26th/04/2024 by the AEO to the DWO. 20 boreholes in 14 S/Cs and 6 Towns were monitored, of which only 10 were repaired using the DWSCG of the FY 2023/24 and the rest will be repaired this FY 2024/25.

□A report for supervision of construction of solar-powered water supply system at Ndali in Namwendwa S/C during the FY 2023/24, dated 5th/07/2024 by the AEO to the DWO.

□Report on Monitoring of Public Latrine construction, dated 5th/08/2024 by the AEO to the DWO.

□Sanitation facilities were monitored during the conduction of the Sanitation Surveys to update the sanitation situation in the district and as one of the six basic requirement for qualifying to install safe water facilities for the community.

□Therefore, it was concluded that all public sanitation facilities and 400 water supply facilities were monitored more than the minimum of 288 (25% of existing water facilities) in a year, and a score of 10 was entered.

10

- 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.

There was 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.

The Minutes of the DWSCC were as listed below:

□Kamuli DLG Water and Sanitation Coordination Committee Meeting held on 19th/12/2023 at Kamuli District Headquarters.

□Kamuli DLG Water and Sanitation Coordination Committee Meeting held on 26th/09/2023 in KAMUDIP Hall at Kamuli District Headquarters.

□Kamuli DLG Water and Sanitation Coordination Committee Meeting held on 29th/02/2024 at Kamuli District Headquarters

□Kamuli DLG Water and Sanitation Coordination Committee Meeting held on 28th/06/2024 at Malamu Centre Ltd.in Kamuli District.

The DWO Quarterly Progress Reports are listed as:

(i) Submission of Quarter 1 progress report for FY 2023/24 by CAO on 11th/01/2024 to MoWE-PS, received by MoWE Central Registry and the RWSSD on 12th/01/2024.

(ii) Submission of Quarter 2 progress report for FY 2023/24 by CAO on 11th/01/2024 to MoWE-PS, received by MoWE Central Registry and the RWSSD on 12th/01/2024.

(iii) Submission of Quarter 3 progress report for FY 2023/24 by CAO on 15th/04/2024 to MoWE-PS, received by MoWE Central Registry and the RWSSD on 15th/04/2024.

(iv) Submission of Quarter 4 progress report for FY 2023/24 by CAO on 8th/07/2024 to MoWE-PS, received by MoWE Central Registry and the RWSSD on 8th/07/2024.

□In the 3rd Quarter Progress Report of FY 2023/24, Phased Partial construction of Solar-powered piped water supply system at Ndaliike RGC had only procurement completed and the contractor was mobilizing to start work. This was discussed in DWSCC meeting Minutes and in 4th Quarter Progress Report of FY 2023/24, the construction of Pump 5 PSPs, Laying of 1.4 km of distribution pipeline, fabrication and installation of steel tank and stand of 14m tall, Fencing of the tank area, and construction of pump house and installation of the submersible pump were all completed.

□Therefore, there was evidence of the findings from monitoring 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, and a score of 10 was entered.

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>Two activity reports dated 4th and 30th January 2024, indicated that MSI beneficiary farmers were trained on the following agronomic practices; timely planting, soil nutrient management, weed management, plant protection, mulching, trenching, contour ploughing and technique of applying manure and crop spacing.</p> <p>During field visit, farmers were practicing at least four of the following methods; mulching, trenching, manuring, weeding, crop spacing and thinning.</p>	10
Access				
2	Evidence that the LG has achieved MSI MAAIF installation targets in the previous FY.	<p>From MAAIF obtain the installation targets for the LG.</p> <p>From the MIS and SAE, obtain the list of completed installations in the previous FY and compare with the target.</p> <p>If the LG has achieved MSI MAAIF installation targets in the previous FY. Score 8 or else 0</p>	<p>In the previous FY, DLG was given 40 MSI equipment installation target by MAAIF. So as per the list of the beneficiary farmers availed, 60 MSI equipment installations were made through farmer co-funding.</p> <p>Therefore, the DLG did achieve the MSI MAAIF installation target.</p>	8

3	<p>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</p>	<p>From the MIS and SAE, obtain and review data on irrigated land for the last two FYs.</p> <p>Calculate the percentage increase for micro-scale irrigation grant beneficiaries</p> <p>If increase in micro-scale irrigation grant beneficiaries by 20% score 4 or else 0</p>	<p>As per the report availed on acreage of land under irrigation for FY 2022/2023, land under beneficiary farmers was 44.5 acres. Also, for FY 2023/2024, land under beneficiary farmers was 136 acres.</p> <p>13 acres of land which used to be under irrigation was not functional during 2022/2023 and 2023/2024, hence not considered in the calculation.</p> <p>Therefore, increase in irrigated land for beneficiary farmers was by 205%</p>	4
3	<p>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</p>	<p>From the MIS and SAE, obtain and review data on irrigated land for the last two FYs.</p> <p>Calculate the percentage increase for micro-scale irrigation grant non-beneficiaries.</p> <p>If increase in non-Micro-scale irrigation grant beneficiaries by 10% score 2 or else 0.</p>	<p>As per the report availed on acreage of land under irrigation for FY 2022/2023, land under non beneficiary farmers was 79 acres. Similarly, during FY 2023/2024 land under non beneficiary farmers was 83 acres.</p> <p>Therefore, increase in irrigated land for non beneficiary farmers was by 5%.</p>	0
4	<p>Evidence that the LG has established and run Farmer Field Schools (FFS) as per the guidelines:</p> <ul style="list-style-type: none"> • Eligible number of participants (20 - 30 farmers) • Farmers in a radius of 15km of the FFS. • Inclusion of male, female, and youth farmers. 	<p>From the DPO, obtain and review reports on FFS to determine whether they are established and run as per the guidelines.</p> <p>Sample farmer field schools to verify that they comply with the guidelines:</p> <p>i. Eligible number of participants (20 -30 farmers)</p> <p>ii. Not more than 15km from the FFS.</p> <p>iii. Inclusion of male, female, and youth farmers.</p> <p>If all above complied with score 6 or else 0.</p>	<p>As per the FFS /farmer group registration forms availed, 14 FFS were established. Four of the schools had the number of participants below 20. E.g. Bivamuntuyo FFS (13 participants), Balawoli Kyebaja FFS (14 participants), Bugogo Bubwire FFS (15 participants) and Bulinda Namuganda FFS (17 participants).</p> <p>Furthermore, there was no report on the functionality of these 14 FFS.</p>	0

Efficiency

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

Beneficiary farmers who received MSI demonstration equipment in FY 2022-2023 included; Kaija Naso Bosco, Waiswa Robert, Akurut Felix and Batwawula George.

During assessment there were no crop yield records availed, hence increase in crop yield could not be established.

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.

As per a report on technical backstopping of extension workers at LLG level, extension staffs were trained on the technique of using IrriTrack App for capturing farmer details. However, the report wasn't dated and no training photos appended in the report.

But it was confirmed from extension staffs that several trainings were done. E.g. awareness raising on MSI program (irrigation technologies available, farmer EOIs for MSI, co-funding, requirements for benefiting from the program), HIV & AIDS awareness, planting of trees to conserve environment etc.

Management of Financial Resources

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 (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

The budget performance report for the previous FY was availed during the assessment, so it was found that a total of Ugx. 791,981,008/- was received. 75% (Ugx. 593,985,756/-) was used for capital development and 25% (Ugx.197,995,252/-) was for complementary services.

Then from Ugx.197,995,252/-, 25% (Ugx. 49,498,813/-) was used for awareness raising, monitoring and supervision by local leaders while 75% (Ugx.148,496,439/-) was used for farmer awareness raising, farm visits, FFS and carrying out demonstrations on MSI equipment)

Therefore, the DLG used MSI grant as per the grant guidelines.

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 files for 60 beneficiary farmers who co-funded were not availed during the assessment, hence information on payment and cost of MSI equipment installed could not be established.

The budget performance report for the previous FY was availed but had no information on how money from co-funding was used, instead it captured details of how MSI grant was used.

Therefore, it was difficult to establish how much funds were collected from co-funding and also how it was utilized.

Environment, Social, Health and Safety

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

The DLG had Environmental and Social Monitoring report where farmers were advised to conserve environment, especially surface water sources.

However, during farmer visits it was established that farmers had no gazetted areas of disposing agro-chemical wastes, chemical containers and no sign posts indicating areas of disposal. Upon using the agro-chemicals, the empty containers were collected and burnt.

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

The DLG had grievance redress mechanism displayed on the District notice boards. Similarly, LLGs such as Balawoli, Kagumba and Namasagali had the grievance redress mechanism displayed on notice boards.

There was MSI grievance log and grievances were reported, investigated and responded to.

Oversight and support supervision

11	<p>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)</p>	<ul style="list-style-type: none">• 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. <p>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</p>	<p>As per the MSI quarter four report dated 30th June 2024, equipment installation took place in quarter four but there was no information on monitoring and supervision of MSI equipment installed.</p> <p>Out of the five sampled beneficiary farmers, it was confirmed that Isabirye John’s MSI equipment was not monitored at all.</p>	0
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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, 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

- 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-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

As per the quarter one report dated 2nd October 2024, only five farmer EOIs were received and entered into MIS, there were no funds available.

As per the quarter two report dated 05th January 2024, only 10 farmer EOIs were received, there was lack of funds which hindered implementation of activities.

As per the quarter three report dated 5th April 2024, 31 farmer EOIs were received and 22 were already entered into MIS. A total of 101 farm visits were conducted (22 of these expressed interest in last FY and 79 expressed interest in last FY but one). Awareness raising on MSI was done at LLG level where by 1,046 attendees were involved. No MSI equipment was installed.

As per the quarter four report dated 5th July 2024, awareness raising on MSI was done at LLG level where by 1,422 attendees were involved. 60 farmer EOIs were obtained and 45 entered into MIS, 350 farm visits were conducted (45 of these expressed interest in last FY and 305 expressed interest in last FY but one. 9 MSI demonstration equipment installed.

In MIS there were 489 awareness raising attendees, 60 farmer EOIs, 5 farm visits and no information on the MSI equipment installation.

Therefore, DLG did not enter up to date LLG information into MIS, also the information in MIS did not match with the physical quarterly reports

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				0
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 knowledge products shared • Reviewing the 	<p>A review of the quarterly agriculture extension grants report submitted to MAAIF, reveals that the Kamuli DLG Production Department did not meet the targets as set out in its Annual Work Plan (AWP) submitted to MAAIF on 09th January 2024 for FY 2023/2024. A review of the the four-quarter report to MAAIF from the CAO dated 12th August 2024 and received by MAAIF on 15th August 2024, revealed the following select achievements against set targets respectively:</p> <ol style="list-style-type: none"> 1. Crop: No. of trainings of farmers in post-harvest handling and storage technologies - 254 vs 288 (-12% performance). 2. Livestock: No.of farmer trainings/ sensitisation on general animal health - 433 vs 448(-3% performance). 3. Fisheries: No. of trainings of fish farmers on modern aquaculture - 64 vs 66(-3% performance) 	

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

2

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.

Kamuli DLG increased the number of farmers reached in all sub-programmes by extension workers during the year under review. The LG registered a performance rate of 41.2%. As found in the DLG Cumulative Quarterly progressive report to MAAIF from the CAO dated 12th August 2024 and received by MAAIF on 15th August 2024, 35,087 farmers were reached during FY 2023/24 while 24,849 farmers had been reached during FY 2022/23.

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.

Kamuli DLG was found to be collecting and submitting agricultural data and statistics on acreage and production reports, as evidenced by the submission to MAAIF dated 15 November 2024. The agricultural data and statistics collected by the focal person Mr. Mufumba Ronald included amongst others the following:

1. Estimated and average unit livestock numbers held and disaggregated into fourteen (14) types e.g. cattle(exotic/local), chicken, rabbits, turkey, etc.
2. Livestock slaughter facilities totalling ten(10) categorised as slabs and houses.
3. Milk processing plants
4. Entomology e.g. the number of bee farmers, type and the number of beehives (e.g.langstroth, local,bos), and production(honey, wax).

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

Kamuli DLG conducted surveillance on pest and disease occurrence as seen in the EMAI App during the assessment. The following cases were reported during the FY under review:

1. Suspected Anthrax case in Kagumba SC, 2nd August 2023.
2. Suspected Foot and Mouth Disease (FMD) case in Bulondo SC, 3rd November 2023.
3. Suspected case of Lumpy Skin Diseases in Bugombya zone B, Namasagali SC, 15th May 2024.
4. Suspected Helminthisasis case in Busanga A, Kagumba SC, 15th May 2024.

The **LG took the following corrective actions:**

1. The LG through the District Veterinary Officer, Dr. COWeikanga James Kuunya conducted community sensitisation through the a radio talk show on Kamuli Broadcasting Station on Tuesday 9th April 2024 from 7:30pm to 8:45pm as found in the radio talk show rept to the CAO dated 9th April 2024.
2. Mass vaccination was comenced in June 2024 as found in the record of receipts of FMD vaccines as seen in Issue Delivery Note Folio Sr. No. 141 dated 27th June 2024 and minutes of the Vector Section Meeting held on 11th Juky 2024.

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

Kamuli DLG has functional results

demonstration and trial sites, conducts farmer training at each of the sites, and utilized these sites for learning purposes in the previous FY. Field visits were undertaken at two sites in Balawoli SC namely at **Mr. Isabirye John's four-acre farm model focused on growing coffee and cocoa**.

Beneficiary farmers were found on site and confirmed having been trained in cocoa farming by Mr. Kawuzi of Mayuge. An additional site on **pasture demonstration by Mr, Kiguwa Ronald** was visited and found functional.

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.

Kamuli DLG collected, and compiled data and information on key players/service providers shown below:

1. List of fourteen (14) agro-processing and storage facilities by type of commodity, installation year, provider (GOU, private, Development Partner) and operator functional status. Five were reported as being non-functional.
2. List of fifty (50) agro-input dealers by business name, location, training on safe use of pesticides, registration with MAAIF and product source.
3. List of twenty five (25) livestock input dealers by product categorisation and location.

The database LG was found publicized at the Balawoli Sub-county notice board.

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.

During the FY under review, **Kamuli DLG organized awareness events** as shown below:

1. **Famer Field Day on agronomic practices** held on 25th June 2024 at the Host farmer (Mr. Batuli Willy) of Buguwa I village, Kawanaga Parish, Balawoli SC. A total of ninety-one (91) farmers were in attendance.
2. **Famer Field Day on a tour of agricultural enterprises**, held on 22nd April 2024 at the host farmer (Mukwate Badru) of Katono LC I, Kyeeya Parish, Namwendwa SC. Twenty-four farmers participated.

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

Kamuli DLG was found to have recruited thirty-six extension staff serving in its LLGs as seen in the staff files availed for review by the PHRO and Registry. The extension staff were distributed across the sub-programmes as follows: crop (18), Livestock (16), and Fisheries (2). A review of the Staff List obtained from the Production Department records on file dated 14th February 2024, reveals that the extension staff were deployed in each of the twenty (20) LLGs with the agricultural staff alone serving at least 18LLGS and the rest(veterinary, fisheries, etc covering the rest). E.g. the following staff member was found deployed during the field visits, - Mr. Bagabo Michael, Agricultural Officer at Balawoli SC. **Kamuli DLG therefore met the requirements of at least one extension worker deployed in each of the LLGs during the previous FY.**

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.

During the assessment two LLGs namely Balawoli SC and Kagumaba SC were sampled and extension workers were found providing extension services in the LLGs where they are deployed as shown hereunder:

1. **Balawoli SC** - Mr Bagabo Micheal - Agricultural Officer was found displayed on the staff list at the noticeboard and had visited Mr. Kaijanazo Bosco(Boph Farm Enterprises) on 17th January 2024 as seen in the visitors' book.
2. **Kagumba SC** - A review of the Management Structure at Kagumba Dairy Farmers Cooperative Society Ltd, the extension staff MS. Musenja Grace was found to be an integral member of the Supervisory Committee thereby providing support on an - ongoing basis to the farmer group. The staff was found to have visited the farmer group on 29th February 2024 for a multi-stakeholder platform meeting as seen in their visitors book.

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.

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.

A review of the Annual Budget Performance Report and Asset Register of Kamuli DLG revealed that the **LG facilitated and equipped extension staff with basic equipment in the previous FY by way of motorcycles**. In the year under review, two (2) motorcycles were procured for the following extension staff through two financing mechanisms as shown below:

Agricultural Extension Conditional Grant (AECG)

1. Dr. Wanume George Mutimba, Veterinary Officer (LG 0034-043), received 5th Auguts 2024, Namasagali SC - Verified physically
2. Namukombe Naume, Assitant Veterinary Officer (LG 0035-043) - Bugulumbya SC

11	Evidence that LG has provided capacity building to extension workers	<p>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</p> <p>If the LG has provided capacity building to extension workers score 5 or else 0.</p>	<p>Kamuli DLG provided capacity building to extension workers evidenced by the following:</p> <ol style="list-style-type: none"> 1. Report on Planning and Training Workshop on Value Chain Development and Support held on 25th June 2024; 2. Report on training of Agricultural Extension Officers on Mainstreaming Cross cutting issues in Agricultural Extension message to farmers held on 18th July 2024. 	5
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Management and functionality of amenities

12	Evidence that public production facilities are functional and have proper management structures	<p>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.</p> <p>Sample and visit at least one facility to establish functionality.</p> <p>If the public production facilities are functional and have proper management structures score 5 or else 0</p>	<p>Kamuli DLG was found to have public production facilities that included:</p> <ol style="list-style-type: none"> 1. Agro-processing and storage facilities (14No.) 2. Livestock water facilities (7No.) 3. Livestock slaughter facilities (9No.) 4. Milk processing plants(4No.) <p>The Kagumba Dairy Farmers Cooperative Society Ltd milk cooling plant in Kagumba SC was found functional and with an elaborate management structure(3-tier namely Executive, Supervisory and Vetting committees) during the field assessments. The plant was found in a very hygienic condition with the equipment including a generator in sound condition. An additional cooler of 2000ltrs had been installed to increase the holding capacity to 4000ltrs mobilised from its internal sources(debt financing) leveraging it management and membership profile.</p>	5
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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)

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

From the DPO obtain the evidence of training (training reports) undertaken on O&M and management of the infrastructure facilities.

At the sampled facilities obtain and review the site book to ascertain supervision and support to verify if support and O&M were provided

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

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

Kamuli DLG was found to be providing Technical Support on O&M and management of the agricultural infrastructural facility at the Kagumba Dairy Farmers Cooperative Society Ltd in Kagumba SC. The extension staff and Parish Chief were found to be integral members of the Management as members of the Supervision and Vetting Committees. A review of the Management Structure displayed at the milk cooling plant display showed that Ms Musenja Grace-AO Kagumba SC was found to be an integral member of the Supervisory Committee thereby providing support on an -ongoing basis to the farmer group. The staff was found to have visited the farmer group on 29th February 2024 for a multi-stakeholder platform meeting as seen in their visitors book.

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.

A review of the Guidelines for Agro-Industrialisation Programm Conditional Grants to Local Governments FY 2023/24, Annual Work Plan and Budget Performance reports revealed that **Kamuli LG allocated financing to activities beyond the stipulated provisions in the guidelines therefore not adhering to them as demonstrated hereunder.**

E.g. The criteria for utilisation of PMG funds included:

1. 55% of the PMG non-wage component allocated to each district should go towards development/capital expenditure. **Kamiuli DLG received UGX.122, 331,430/=. A total of UGX 76,415,508(62%) was allocated toward development projects in the year under review.**
2. 45% of the PMG non-wage component allocated to each district should go toward recurrent expenditure. **UGX. 45,922,243 /=(38%) was assigned for recurrent expenditure.**

Environment, Social, Health and Safety

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

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

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

If the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0

c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0

Kamuli DLG was found to be inclusive of smallholder(majority in the district) farmers among the beneficiaries of agricultural services, e.g during the exercise on Foot and Mouth Disease (FMD) vaccination held on 9th September 2024, the review of a sample of the fourteen beneficiaries in Balawoli T/C revealed that they owned between 1-6 cattle, 1-3 goats and 1-3pigs.

- 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
- 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
- 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
- Details of beneficiaries of agricultural services to ascertain that (small holder farmers, young women and young farmers) are accessing services
- c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0
- 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

Kamuli DLG implemented measures to ensure that young women and young farmers (18-35 years) were accessing services as found in the approved list of applicants for the PDM Revolving Fund loans for FY 2023/2024.

The **sampled lists of beneficiaries for Namasagalai SC, Mbulamuti SC and Bulopa SC revealed that young women and young farmers (18-35 years) are accessing services from the PDM.** The approved list of beneficiaries dated 8th October 2024 had beneficiaries who included young women and farmers e.g Matama Doreen(dairy) aged 28yrs -Namasagali SC, Ndibakaza Beatrice(poultry) aged 28 years -, Mbulamuti SC and Matege Rasidi(Diary) aged 23- Bulopa SC as beneficiary farmers.

- 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
- From the LG Agricultural Office, obtain and review;
 - Reports to ascertain that farmer groups are trained in grievance management and stakeholder engagement
- 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
- Reports to ascertain that farmer groups are trained in the management of agro-chemicals
- c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0
- Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0

A review of the Kamuli DLG AWP FY 2023/2024 and APR 2023/2024 supported by field verification visits undertaken in the LLGs (e.g. Balawoli SC and Kagumba SC) for the year under consideration, revealed that **farmer group training in grievance management and stakeholder engagement was not planned and therefore implemented.**

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

Kamuli DLG conducted multi-stakeholder monitoring of Agricultural Extension Services during the year under review as evidenced below:

1. A District multi-stakeholders joint monitoring report dated 28th June 2024 where the joint monitoring was undertaken on PDM model farmers in Bugulumbya, Wankole, Balawoli, Kitayunjwa and Namwendwa sub-counties.

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.

The **DPO has supported, supervised, mentored, and provided technical to the agriculture extension workers** as evidenced by the second quarter FY 2023/24 support supervision report to the CAO dated 21st December 2023. The DPO provided technical to the agriculture extension workers as seen in the report and attendance list of the *Planning and Training Workshop in Value Chains Development and Support during the PDM Stabilisation Phase* held on 25th June 2024.