



LGMSD 2024/25

Lwengo District

(Vote Code: 599)

Assessment

Scores

PMs and Indicators to Incentivise Delivery of Quality and Usable Visible Outputs (Infrastructure Assets)	36%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Education Services	59%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Health Services	71%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Water and Sanitation Services	61%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Micro-scale Irrigation Services	60%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Production Services	63%

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	<p>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>	<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>Based on the Budget Performance report and the Procurement Plan, it was established these infrastructure projects were implemented by Lwengo Local Government during the 2023/2024 FY.</p> <ul style="list-style-type: none"> • Routine mechanised maintenance of Kyawagonya - Lwamanyonyi - Jjaga Road (10km) • Routine mechanised maintenance of Busubi - Kismira - Kigaba Road (10km) • Routine mechanised maintenance of Lwebuitsi-Kigeye-Nyantungo (14km) • Routine mechanised maintenance of Kamazzi - Malongo Pida - St.Kizito Road (6km) • Routine mechanised maintenance of Jjaga-Kakanda-Kavrira (7km) • Routine mechanised maintenance of Pine - Katindo Road (10km) • Routine mechanised maintenance of Kinoni - Kakinga Nkunya Road (9.2km) • Routine mechanised maintenance of Kakoma - Nkudwa (6km) • Routine mechanised maintenance of Lwentale-Kyampalakata-Mudaala (24km) • Routine mechanised maintenance of Nkoni - Kisansala-Ngondati (6km) • Routine mechanised maintenance of Mbirizi - Kiwangala (15km) • Routine mechanised maintenance of Bijaaba-Busibi-Bizo (10km) • Routine mechanised maintenance of Makondo-Kanyongoga-Wanjija (6km) • • Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC. • Construction of a 2-unit staff house at Lwengenyi HC III • Renovation and Extension of Naanywa HC III • • Construction of a 5-stance lined Pit latrine at Nanywa Health Centre III • Construction of External Works at Mbirizi Seed School • Construction of a 2-Classroom Block and Administration Block at Kyanukuzi SS. • Construction of ICT/Library Building at Kaikolongo SSS • Construction of Administration Block, 2-Classroom Block and a 5 Stance VIP Latrine at St. Clement SSS, Nkoni. • • Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School. • 	0

- Construction of Multipurpose Hall at Ndagwe SSS
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- Construction of Administration Block,2 Classroom block and Multipurpose Hall at Nakenyi SS
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- Construction of Two classroom Block with office and store at Jjaga Primary School.
- Construction of a 2-Classroom Block with Office and Store at Namisunga Madarasat P/S.
- Construction of a 2-Classroom Block with Office and Store at Lwensambya P/S.
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- Construction of 5 stance lined pit latrine at St Joseph Kinoni
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- Construction of 5 stance lined pit latrine at Nakiyaga P/S
- Construction of 5 stance lined pit latrine at Bukumbula P/S.
- Construction of 5 stance lined pit latrine at Kanoni P/S.
- Construction of 5 stance lined pit latrine at Ndagwe Moslem P/S.
- Construction of 5 stance lined pit latrine at Kyanjovu P/S.
- Construction of a 5 stance lined pit latrine Keikolongo
- Construction of a 3 classroom at Lyakibirizi Cope Primary School
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- Construction of a Seed Secondary School in Katovu Town Council.
- Busibo Mini Solar powered borehole piped water supply system in Katuulo parish.
- Construction of Valley Tank Kachiraga
- Construction of Valley Tank Kitazigolokoka
- Construction of 1 Deep boreholes at Kikenene in Kisekka (Borehole Drilling Kikenene)
- Construction of 30m³ rain water Brick Masonry Tank at Lwemiyaga
- Construction of 30m³ rain water Brick Masonry Tank at Lwendezi
- Construction of 50m³ rain water Brick Masonry Tank at Good Sheperd Katovu
- Construction of 50m³ rain water Brick Masonry Tank at Nakakeete SS
- Construction of 50m³ rain water Brick Masonry Tank at Nakalinzi
- Construction of 50m³ rain water Brick Masonry Tank at Bigambo P/S
- Construction of 50m³ rain water Brick Masonry Tank at Lusana, Ndagwe
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- Of these, 7 projects were sampled to check for compliance with designs and layout. All the projects followed the general design principles and use of type plans. The Classroom blocks, staff houses, and water tanks were built according to plan; the community access roads were well maintained in good motorable conditions in compliance with the relevant provisions in the standard Road Manuals;Projects Sampled were:
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"Routine mechanised maintenance of Lwentale-Kyampalakata-Mudaala (24km)": followed the

existing alignments and complied with the relevant provisions in the standard design manual.

"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC.": Construction (renovation) as per specifications.

"Construction of a 2-unit staff house at Lwengenyi HC III.": Constructed as per standard drawings from Ministry of Health. No site layout.

"Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School.": Constructed as per standard drawings from Ministry of Education and Sports.

"Construction of Administration Block, 2 Classroom block and Multipurpose Hall at Nakenyi SS.": Constructed as per standard drawings from Ministry of Education and Sports and as per site layout.

"Construction of 50m³ rain water Brick Masonry Tank at Nakakeete SS.": Constructed as per customised drawings.

"Busibo Mini Solar powered borehole piped water supply system in Katuulo parish.": Installed as per customised designs and layout.

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

- **Building structures:**

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

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

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

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

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

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

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

The six projects sampled comprised: 50 c.m. water tank project, Classroom blocks constructed at one Primary School and one Seed Secondary School, a multi-purpose hall, and two sections of Community Access road networks constructed by Force Account. the projects were observed to be in good conditions, but there were a few major defects. The classrooms were occupied and in use; the roads were in good motorable conditions. In particular, the status of each project was as follows:

"Routine mechanised maintenance of Lwentale-Kyampalakata-Mudaala (24km)": Overgrown bushes on the road shoulder.

"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC.": Good workmanship. No visible defects.

"Construction of a 2-unit staff house at Lwengenyi HC III": Good workmanship. No visible defects.

"Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School.": Good workmanship. No visible defects.

"Construction of Administration Block, 2 Classroom block and Multipurpose Hall at Nakenyi SS": Good workmanship. No visible defects.

"Construction of 50m³ rain water Brick Masonry Tank at Nakakeete SS": No washout valve (major defect), Dampness at the base, but no leakage

"Busibo Mini Solar powered borehole piped water supply system in Katuulo parish": No visible defects.

Usable

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

All the six projects sampled had the basic amenities which were functional. The classroom blocks are relatively close to other school buildings including the toilet blocks which make them easily accessible; they are connected to electricity grids; the Water Project easily accessible; the road networks were all motorable, and relatively well drained; Overall, the **basic amenities were in place to ensure that the facilities were functional and used for the intended purpose.**

The status of each of the sampled projects are as summarised below:

"Routine mechanised maintenance of Lwentale-Kyampalakata-Mudaala (24km)": motorable, and relatively well drained; :

"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC.": Used as staff houses.

"Construction of a 2-unit staff house at Lwengenyi HC III": On going project (at finishing stage at time of assessment)

"Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School.": All structures used for their intended purpose with amenities available.

"Construction of Administration Block, 2 Classroom block and Multipurpose Hall at Nakenyi SS": All structures used for their intended purpose with amenities available.

"Construction of 50m³ rain water Brick Masonry Tank at Nakakeete SS": Connected to rain water gutters, easily accessible;.

"Busibo Mini Solar powered borehole piped water supply system in Katuulo parish": Used for intended purpose. Taps at tap stands are all functional.

Human Resource Management

Evidence that the LG has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll.	From the Principal Human resource Officer obtain and review: (i) the approved customized structure of the LG; (ii) staff lists; and (iii) personnel files to establish existence of:	There was evidence that the approved customized structure of Lwengo DLG by MoPS was in place dated 30th August, 2024 approved and signed by Catherine Bitarakwate Musingwire (Mrs) for Permanent secretary MoPS with the HoDs positions in caption therein.
Districts		Staff lists were on file.
i. Chief Finance Officer	Appointment letters for all HoDs	The LG had substantively filled, deployed HoDs some positions whose letters of appointments were on file.
ii. District Planner		Chief Finance Officer
iii. District Engineer	Review the payroll to establish that the recruited staff accessed the most recent payroll.	Sserwada Paul appointed on 04/01/2018, DSCMin.NO.46/2017(LDSC) (a) IPPS No. 851036
iv. District Natural Resources Officer		District Production Officer
v. District Production Officer	If 100% of the above positions are filled score 6	Nandawula Allen appointed on 30/2021, Min.30/2021(LDSC)(2) IPPS No. 1044908
vi. District Commercial Officer	If 80 – 99% of the above positions are filled score 4	District Planner
vii. District Community Development Officer	If below 80% of the above positions are filled score 0	Barigye Nicholus appointed on 09/12/2019, Min.44/2019 (LDSC)(2) IPPS No. 833160
viii. District Health Officer		District Water Officer
ix. District Education Officer		Lugalambi Frerio: was appointed On 23/06/2017 under Min. NO. 16/2017(LDSC)(3)
		IPPS No. 833147
		District Community Development Officer
		Mazinga Joseph: appointed on 4/1/2018, Min. NO. 47/2017(LDSC)(1) IPPS No. 828285
		District Health Officer
		Dr. Kafumbe Moses, appointed on 09/03/2020, Min. 5/2020(LDSC)(1) IPPS No. 806485
		District Education Officer
		MR. Mulumba Joseph appointed on 09/11/2021, Min. 32/2021(LDSC) IPPS No. 857050
		District Commercial Officer
		MR. Kagumire Wilson appointed on 09/12/2019, Min. 44/2019(LDSC) (3) IPPS No. 806485
		In Lwengo DLG, substantively filled positions were 7, then acting are two namely;
		1. Senior Environment Officer acting as District Natural Resources Officer
		2. Senior Engineer acting as District Engineer.
		Thus, out of the 9 positions only 7 were substantively appointed, translating into 77.7 % of filled positions, Thus the LG did not meet the minimum of 80% substantively appointed HoDs to get a score.

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

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

Evidence that the LG has substantively filled, deployed and ensured that the staff in all critical staff positions access the payroll.	From the Principal Human resource officer obtain and review: (i) the approved customized structure of the LG; (ii) the staff list and (iii) personnel files to establish existence of:	Lwengo DLG had not substantively filled, deployed and ensured that the staff in all critical staff positions accessed the most recent payroll.
i. Senior Procurement Officer		Senior Procurement Officer Baine Frank, appointed on 10/08/2017 Min.29/2017(LDSC)(1) IPPS No. 817913
ii. Principal Human Resource Officer	Appointment letters for all critical staff	Principal Human Resource Officer (Secretary DSC) Kakembo Abdulgafar: appointed on 17/2/2014, Min. no. 13/2013(LDSC) IPPS no. 825717
iii. Principal Human Resource Officer (Secretary DSC)	Review the payroll to establish that the recruited staff accessed the most recent payroll.	Principal Human Resource Officer: Namaganda Florence: appointed on 06/04/2018, Min.no.DSC MINUTE NO. 01/2018(LDSC)(1) IPPS No. 857049
iv. Senior Environment Officer		
v. Senior Land Management Officer/Physical Planner	If 100% of the above positions are filled score 2 or else score 0	Senior Environment Officer Mutemba Godfrey appointed on 20/10/2014, Min. 4/8-9/2014(LDSC)(d) IPPS No. 941848
vi. Principal Internal Auditor		Water Officer Kaweesi Robert: appointed on 02/2/2011, Min.no 37/JANUARY/2011 IPPS no. 843683Senior Lands Management Officer
vii. Senior Agriculture		

Engineer	Sseguya Jacqueline: appointed on 26/06/2013, min. No. 12/JUN/2013 IPPS no. 804513
viii. Water Officer	
ix. Senior Inspector of Schools	Principal Internal Auditor
x. Labour Officer	Atukwase Bernard, appointed on 04/01/2018, Min. No. 46/2017(LDSC)(b), IPPS no. 828284
xi. Senior Assistant Secretaries (SAS)	Senior Agriculture Engineer
xii. Senior Assistant Town Clerks	Kanshangeho Bailon: appointed on 10/JUN/2021, Min. no. 14/2021(LDSC)(2) IPPS no. 1004290
xiii. Parish chiefs	Senior Inspector of Schools
	Mbaziira Gonzaga: appointed on 17/11/2021, Min. No. 37/2021(LDSC) IPPS no. 519556

Labour Officer (not filled)

Senior Assistant Secretaries (SAS) for all SCs

Nalwadda Shabirah; Appointed on 16/02/2012
Min.no 28/JAN/2011

SUB/COUNTY: NDAGWE (IPPS.No: 859743)

Ssendagala John; Appointed on 14/JAN/2020 Min.no 53/2019(LDSC)(2); IPPS.No: 823387

LWENGO SUBCOUNTY

Nsubuga Paul; Appointed on 20/JAN/2021 Under DSC MIN. NO, 42/2020(LDSC); IPPS.No. 857055

Acting SAS KINGO SUBCOUNTY.

Ddamulira Suzan; Appointed on 28/06/2019 Min 15/2019(LDSC) (1) IPPS.No 833153.

SAS KISEEKA SUBCOUNTY

Nannyonga Jamirah. He was appointed on 30/05/2022 under DSC MIN. 26/2022 (LDSC)

IPPS 1025566

Kyazanga SC

Mugumya Wilfred. He was appointed on 26/10/2021 under DSC MIN. 30/2021(LDSC)(1) IPPS 817965

CLERK TO COUNCIL

Mutebi Fredrick.

Appt Date.25/07/2007

MIN.25/JULY/2007 IPPS 857042

Malongo SC

5/30/2018 SUBSTANTIVE 000000000847842

PARISH CHIEFS AND TOWN AGENTS

NAKIMBUGWE JANE Appointed on 8/11/2023

Min. 10/2018(LDSC)14 IPPS. No 1025382

PC NAKATEETE PARISH

KATWAZA CHRISPUS appointed on 14/06/2022
under MIN o43/2022(LDSC)

Kalagala Parish

NAMUTAMBA NTEEBA SUZAN He was appointed on
15/7/2020 under MIN; 25/2020(LDSC) IPPS 857062

BBALE RAYMOND Was appointed on 08/06/2018
under MIN 23/2018(LDSC) Kakoma Parish

KIRABO BRENDA Was appointed on 17/05/2018
under MIN 10/2018(LDSC)(8) Kalisizo Parish

NKEMBA IVAN Was appointed on 17/05/2028 under
MIN 10/2018(LDSC)(18) K Parish1025581

FOKUSHABA RUTH appointed on 08/06/2018 under
MIN 23/2018(LDSC)(2) K Parish

SSEKANDI ISMA

appointed on 25/06/2021 under MIN
19/2021(LDSC)(1)

Lwengo ward Parish

833169

BUKENYA JOHNMARY Was appointed on 04/01/2023
under MIN 66/2022(LDSC)(10)

Lwentale Parish

1178863

MUKWAYA MUGAGA Was appointed on 17/05/2028
under MIN 10/2018(LDSC)(27)

Ntuula Parish

1025388

Nasansa Prossy appointed on 17/05/2018 under
MIN 10/2018(LDSC)(32)

Kakoma Parish

1025567

Kabuye Sharif

appointed on 17/05/2018 under MIN
10/2018(LDSC)(23)

Central ward Parish

1025416

Nanjobe Judith Was appointed on 08/04/2019 under
MIN 02/2019(LDSC)(a)

Mulyazawo ward Parish

1041892

Namazzi Rosemary Was appointed on 30/09/2021
under MIN 22/2021(LDSC)(2)

Ngereko Parish

1041917

Nansamba Caroline Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(31)

Kitoolo Central Parish

1025558

Nabukenya Joanita Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(28)

Nakalembe A&B Parish

1025430

KISEKKA RONALD Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(25)

Parish

IPPS 1025372

NABATEESA TONY Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(12)

K Parish

1025574

BUYEGO QURAISH Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(4)

MAKONDO Parish

1025427

NAKIYONGO MARIA Was appointed on 30/09/2021 under MIN 22/2021(LDSC)(1)

NAKALEMBE Parish

IPPS 833145

KWIKIRIZA RUTH Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(9)

KALISIZO Parish

IPPS 1025405

SSESIWA ISMAEL Was appointed on 04/01/2018 under MIN 48/2017(LDSC)(t)

KINONI A&B Parish

IPPS

NAKAAYI ZULUFAH Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(13)

KAGGANDA Parish

IPPS 1025411

KYAGERA IDI Was appointed on 04/01/2018 under MIN 48/2017(LDSC)(s)

KITOOLO Parish

IPPS 823395

KATIMBO SAUDAH BATENDA Was appointed on 30/09/2021 under MIN 22/2021(LDSC)(4)

Parish Kagganda

IPPS 833154

BYOMUGABE JULIUS Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(5)

MPUMUDDE Parish

IPPS 1026476

KAGAMBAGYE RONALD Was appointed on 15/07/2020 under MIN 24/2020(LDSC)(1)

KATOVU Parish

IPPS 1071628

KAFUUMA THOMAS Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(24)

NAKATEETE Parish

IPPS 1025386

NAMULINDWA AGNES Was appointed on 04/08/2022 under MIN 41/2022(LDSC)

Parish

1013977

LUKYAMUZI VICENT Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(10)

NAKYENYI Parish

1026471

NAMATA AISHA Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(16)

MUSUBIRO Parish

IPPS 1025425

RUGYIRA BANNET Was appointed on 17/05/2018 under MIN 10/2018(LDSC)(19)

Parish

IPPS 1025580

NANSALIRE CHRISTINE Was appointed on 17/05/2018 under MIN (LDSC)

CHURCH WARD Parish

IPPS 1025384

SSEBATA LAWRENCE Was appointed on 18/10/2010 under MIN (LDSC)

Parish

IPPS 828410

NOTE: Parishes with substantive parish chiefs are 34.

Parishes without substantive parish chiefs are 11. namely;

NDAGWE PARISH

KATUULO PARISH

KIKENENE

NANNYWA PARISH

KATOVU PARISH

BIJAABA PARISH

NAKYENYI PARISH

KALISIZO PARISH

CENTRAL WARD-LWENGO

KAKOMA PARISH

KYAWAGOONYA PARISH

TOWN CLERKS

1. NSEREKO MOSES.

was appointed on 5/05/2016 under DSC MIN. NO. 06/2016(LDSC).

IPPS NO. 523006

TOWN CLERKS

1. INGABIRE JULIET. He was appointed on 09/12/2019 under DSC MIN. 44/2019(LDSC)(1) IPPS : 823398

KATOVU TC

2. NABAKOOZA AFISAH. He was appointed on 25/04/2019 under DSC MIN. 17/2019(LDSC)(a).

IPPS 833158

TOWN CLERK KINONI TC

4. KYOMUHENDO RONA MARIAM. He was appointed on 10/08/2017 under DSC MIN. 26/2017(LDSC)(2) .

IPPS 804527

TOWN CLERK KYAZANGA TC

5. NSEREKO MOSES

Appointed 6/04/2018

MIN.01/2018 (LDSC) (3)

LWENGO TC

ASSISTANT TOWN CLERKS.

KIRYA JULIUS Appointed on 17/5/2018, 10/2018(LDSC)(21)

The review of HR records revealed that there are many not substantively filled positions e.g for Assistant Town Clerks 2.are vacant, for Kinoni and Lwengo Town Councils. . In sub counties, there were 11 parishes without substantively appointed staff. Thus the LG did not meet the indicator

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

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

Planning and budgeting

Evidence that the LG conducted and used results of site reconnaissance and technical investigations (where required) to prepare responsive tender documents for all infrastructure projects; conduct environmental, social, health, and safety assessments, incorporate project ESMPs into bidding documents; and ensure work item quantities are derived from standard or customized drawings, and maintain cost estimates consistent with customized designs.	<p>From the LG Engineer obtain and review:</p> <ul style="list-style-type: none"> • Standard technical designs. • Site reconnaissance reports. • Technical investigation reports (e.g. geo-technical investigations if required) <p>Obtain and check for:</p> <ul style="list-style-type: none"> • Existence of customized designs • Existence of customized BoQs based on the designs. • Incorporation of Cost Estimates. • Incorporation of costed ESMPs <p>From the LG Community Development Officer /DNRO/SEO obtain</p>
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Across all sectors, the **LG demonstrated commitment to using reconnaissance and technical investigations to inform tender preparation.**

The LG undertook several routine mechanised maintenance activities across various road networks, ensuring connectivity to main roads. Each project followed guidelines derived from the Ministry of Works and Transport (MoWT) manuals for gravel and earth roads to customise designs. These projects included:

- "*Kyawagonya - Lwamanyonyi - Jjaga Road (10km)*": The road, identified as being in bad condition, had a planned schedule emphasising environmental and gender considerations. Customised designs ensured accurate cost estimations for force account works.
- "*Busubi - Kismara - Kigaba Road (10km)*": Similarly, this road was assessed to be in poor condition. The use of MoWT manuals facilitated the preparation of responsive tender documents, .
- "*Lwebuitsi-Kigeye-Nyantungo (14km)*": Recognised for its connection to major routes, the road required significant maintenance. The BoQs reflected specifications tailored to the actual needs identified during reconnaissance.
- "*Kamazzi - Malongo Pida - St. Kizito Road (6km)*": Addressing the bad condition of this

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:

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

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

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

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

v. Ensure that the

road necessitated detailed designs derived from MoWT guidelines.

- "Jjaga-Kakanda-Kavvira (7km)": For this road, as with others, the LG prioritised using MoWT standards to ensure comprehensive BoQs and no omissions in the work quantities.
- "Pine-Katindo Road (10km)", "Kinoni - Kakinga Nkuny Road (9.2km)", "Kakoma - Nkudwa (6km)", and others followed similar approaches. Each project incorporated findings from reconnaissance activities, ensuring accuracy and responsiveness.

- Health facilities were evaluated through **field reconnaissance conducted by the Health Department on December 7, 2022**. Findings informed the preparation of BoQs for renovations and new constructions:
- "Renovation of Staff House at Kyazanga Health Centre IV": Identified as crucial for accommodating doctors, the renovation included a 10,000-liter tank, derived from customised renovation specifications.
- "Construction of a 2-Unit Staff House at Lwengenyi HC III": The location, being in a hard-to-reach area, required detailed BoQs based on Ministry of Health standards to protect against erosion and enhance functionality.
- "Renovation and Extension of Naanywa HC III": The maternity ward expansion and construction of a placenta pit reflected customised specifications addressing actual site needs.

The Education Department **conducted reconnaissance on December 9, 2022**, leading to well-defined BoQs for school infrastructure projects:

"Construction of 2-Classroom Blocks and Administration Blocks" at various schools, including "Kyanukuzi SS, Nakenyi SS, and Namisunga Madarasat P/S". Each design adhered to Ministry of Education and Sports standards.

"Multipurpose Halls and ICT Buildings at Ndagwe SSS and Kaikolongo SSS": the BoQs derived from field findings addressed specific facility requirements for enhanced educational delivery. Sanitation Facilities Projects like the "Construction of five-stance lined pit latrines at schools" were based on Ministry of Education guidelines, ensuring hygiene and sustainability.

- Water and Sanitation Projects: **Verification reports conducted on May 5, 2023, highlighted critical water needs**. Projects included:
- "Busibo Mini Solar-Powered Borehole Piped Water Supply System": The detailed engineering design incorporated water demand, socio-economic studies, and source assessments, ensuring responsive tender documents.
- "Valley Tanks and Brick Masonry Tanks": Recommendations for 30m³ and 50m³ rainwater tanks and 3,000m³ valley tanks were derived from customised designs tailored to community needs.

cost estimates are consistent with the customized designs.

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

Screening and ESHS assessments were conducted for all infrastructural projects in Lwengo District for the 2023/2024 financial year.

Three projects were sampled: The construction of staff houses at Lwengenyi HC III, the construction of 2 classroom blocks administration, and staff houses at Kyamukuzi secondary school, and routine maintenance of the Lwentale-Kyampalakata-Kigoba road.

• **Evidence showed that the screening exercises were concluded** for all three sampled projects in Lwengo District. In detail, for the Construction of staff houses at Lwengenyi HC III; the screening exercise was conducted, and a report was signed on 31/08/2023. Relatedly; for the construction of 2 classroom blocks administration, and staff houses at Kyamukuzi secondary school a screening report was on 28/08/2023. Finally, a screening report dated 06/09/2023 for routine maintenance of the Lwentale-Kyampalakata-Kigoba road was signed by both the District Senior Environmental officer and the District Community development officer. The signed screening reports for all projects implemented in the Lwengo District indicated that none of the projects screened qualified for a detailed EIA study under NEA 2019 and a recommendation for detailed ESMPs.

• **The ESHS assessments were undertaken and adequately incorporated** in the specification for all three projects sampled and used in the preparation of bidding documents for both the construction of 2 classroom blocks of administration and staff houses at Kyamukuzi Secondary School and the Construction of staff houses at Lwengenyi HC III.

• **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. For example, the constructed 2 classroom blocks of administration and staff houses at Kyamukuzi Secondary School and the staff houses at Lwengenyi HC III had good orientation, cleared debris, and greening. The ramps for the students at Kyamukuzi Secondary School are wide and gently sloping. Both constructions had sufficient light and good ventilation to enable good living and safe (conducive) learning environments. The roads had planted green vegetation and some trees. The Senior Environment Officer and District Development Officer regularly visited sites based on the visitors' books at the facilities.

• **Evidence showed that costed ESMPs** were prepared for all projects implemented at Lwengo DLG for 2023/24.

Conclusion: It was determined that the ESHS specifications were included in the BoQs/bidding documents and the costed ESMPs were also included in the BoQs.

Procurement

7

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

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

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

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The Local Government (LG) of Butambala District has shown commendable diligence in maintaining procurement files for infrastructure initiatives executed during the fiscal year (FY) 2023/24. For each infrastructure project, the LG's files include critical documents, such as:

- **Contracts Committee Composition and Approval Records:**

- The records highlighted that the committee members, including Mr. Mazinga Joseph, Mr. Mbazira Gonzanga, Mr. Mutemba Godfrey, Ms. Nassozi Deborah

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- **Approved Procurement Plan:**

- All infrastructure projects implemented, such as the "*Routine mechanised maintenance of Lwebuitsi-Kigeye-Nyantungo (14km)*", "*Routine mechanised maintenance of Mbirizi - Kiwangala (15km)*", "*Construction of a 5-stance lined Pit latrine at Nanywa Health Centre III*", "*Construction of 5 stance lined pit latrine at St Joseph Kinoni*", "*Construction of a 3 classroom at Lyakibirizi Cope Primary School*" and "*Construction of 50m3 rain water Brick Masonry Tank at Good Sheperd Katovu*" were included in the Consolidated Procurement Work Plan for Procurement and Disposal Entity of FY 23/24

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- **Initiation of procurement**

- Procurement initiation documents were appropriately filed. For example, the procurement requisition for "*Routine mechanised maintenance of district roads*": was dated 22/4/24 (supply of concrete culverts& construction materials on district roads and supply and testing of fill material to be supplied on district roads). Similarly, the procurement requisition for "*Construction of Multipurpose Hall at Ndagwe SSS*", was dated 16/9/23, with reference number Lwen883/Wrks/23-24/00003. Additional examples include requisitions for the "*Construction of 1 Deep boreholes at Kikenene in Kisekka (Borehole Drilling Kikenene)*" (5/9/23, Lwen883/Wrks/23-24/00020) and the "*Construction of 30m3 rain water Brick Masonry Tank at Lwendezi*" (5/9/23, Lwen883/Wrks/23-24/00029)

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- **Contracts Committee approval of the procurement method, bidding document, evaluation committee and shortlist of providers where applicable;**

- Documentation for Contracts Committee approvals of procurement methods, evaluation committees, and bidding documents was complete for projects such as "*Busibo Mini Solar powered borehole piped water supply*"

- xiv. Approval by Solicitor General where applicable
 - xv. Contract and amendments thereto as per format/requirement including Contractor's ESMP
 - xvi. Contract Committee minutes relating to the procurement
 - xvii. Correspondences between the procuring and disposing entity and the bidder(s)
 - xviii. Evidence of resolution of grievance or complaints (if any)
- Score 2 if all documents are available otherwise score 0 if incomplete.

system in Katuulo parish". Approval dates and references were consistently recorded. For instance, the "Construction of Multipurpose Hall at Ndagwe SSS, Construction of Administration Block, 2 Classroom block and Multipurpose Hall at Nakenyi SS, Construction of Two classroom Block with office and store at Jjaga Primary School" and "Construction of a 3 classroom at Lyakibirizi Cope Primary School" saw the Contracts Committee approving an Open Domestic Bidding Method on 20/9/23. The "Construction of Valley Tank Kitazigolokoka" and "Construction of 1 Deep boreholes at Kikenene in Kisekka (Borehole Drilling Kikenene)", followed similar approval procedures

- **Copy of the published advertisement of shortlist**
- Published Advertisements and Invitations to Bid: Files included advertisements and invitation records. For instance, the "Construction of a 2-unit staff house at Lwengenyi HC III, Construction of Multipurpose Hall at Ndagwe SSS, Construction of Administration Block, 2-Classroom Block, and Multipurpose Hall at Nakenyi SS, Construction of Two Classroom Block with Office and Store at Jjaga Primary School, Construction of a 3-classroom block at Lyakibirizi Cope Primary School, Busibo Mini Solar powered borehole piped water supply system in Katuulo parish, Construction of Valley Tank Kitazigolokoka" and "Construction of 1 Deep Borehole at Kikenene in Kisekka" were advertised in the New Vision newspaper on 20/09/2023.. The following projects involved direct invitations to pre-qualified contractors: "Construction of 5 stance lined pit latrine at St. Joseph Kinoni, Construction of 5 stance lined pit latrine at Nakiyaga P/S, Construction of 5 stance lined pit latrine at Bukumbula P/S, Construction of 5 stance lined pit latrine at Kanoni P/S, Construction of a 5 stance lined pit latrine at Keikolongo" and "Construction of 50m³ rainwater Brick Masonry Tank at Good Shepherd Katovu". Contractors invited for these projects included: Tonny & Tonny General Construction, Tahoe Designers & Civil Engineering Services Ltd, Fortunate Kakobwa General Traders and Contractors Ltd, Matsazan Company Limited, Sauda M. Nampeera Contractors Ltd, Karobs Enterprises Ltd, Bamer Construction Company Ltd and Lwentale General and Construction Ltd.
- **Bidding Document Issuance and Records**
- Each project had detailed records of bidding document issuance. For example, bidding documents for the "Construction of a 2-unit staff house at Lwengenyi HC III" were issued to Karobs Civil Engineering Services Ltd, bidding documents for the "Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School" were issued to Optech (U) Ltd. Another example is the issuance of bidding documents for the "Construction of Multipurpose Hall at Ndagwe SSS" to LR Contractors and General Services SM Co Ltd. Additional records

included the issuance of documents for
"Construction of Administration Block, 2 Classroom block and Multipurpose Hall at Nakenyi SS" (to Artans Construction Ltd and Kaleeta Construction Ltd), the *"Construction of Two classroom Block with office and store at Jjaga Primary School"* (to Suha Quality Investments) and *"Busibo Mini Solar powered borehole piped water supply system in Katuulo parish"* (to Tahor Systems and Civil Engineering)

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- **Record of receipt of bids**
- The LG maintained a detailed record of bids received for various projects. For instance: *"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC"*, bids were received from Karobs Civil Enterprises Ltd, Tahoor Designers and Engineering services Ltd on 7/2/24. *"Construction of a 2-unit staff house at Lwengenyi HC III"*, bid received from Karobs Civil Engineering Services Ltd on 11/10/23. *"Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School"*, bid received on 11/10/23 from Optech (U) Ltd. *"Construction of Multipurpose Hall at Ndagwe SSS"*, bid received on 11/10/23 from LR Contractors and General Services SM Co Ltd. *"Construction of a 2-Classroom Block with Office and Store at Lwensambya P/S"*, bid received on 7/2/24 from Prominent Engineering Solutions. *"Busibo Mini Solar powered borehole piped water supply system in Katuulo parish"*, bid received on 11/10/23 from Tahor Systems and Civil Engineering. *"Construction of 50m3 rain water Brick Masonry Tank at Nakakeete SS"* bid received on 7/2/24 from Matsazan Company Ltd.
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- **Record of opening of bids**
- Record of Opening of Bids: The LG ensured bid opening records were well-maintained. For example: *"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC"* bid opened on 7/2/24 from Karobs Civil Enterprises Ltd, Tahoor Designers and Engineering services Ltd, *"Construction of a 2-unit staff house at Lwengenyi HC III"* bid opened on 11/10/23 from Karobs Civil Engineering Services Ltd, *"Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School"* bid opened on 11/10/23 from Optech (U) Ltd, *"Construction of Multipurpose Hall at Ndagwe SSS"* bid opened on 11/10/23 from LR Contractors and General Services SM Co Ltd, *"Construction of Administration Block, 2 Classroom block and Multipurpose Hall at Nakenyi SS"* bid opened on 11/10/23 from Kaleeta Construction Ltd, *"Construction of Two classroom Block with office and store at Jjaga Primary School"* bid opened on 11/10/23 from Suha Quality Investments, *"Construction of a 2-Classroom Block with Office and Store at Namisunga Madarasat P/S"* bid opened on 7/2/24 from Prominent Engineering Solutions, *"Construction of a 2-Classroom Block with Office and Store at Lwensambya P/S"* bid

opened on 7/2/24 from Prominent Engineering Solutions, *"Construction of 5 stance lined pit latrine at Nakiyaga P/S"* bid opened on 7/2/24 from Villa Invents Ltd and Tripah Engineering Services Ltd, *"Busibo Mini Solar powered borehole piped water supply system in Katuulo parish"* bid opened on 11/10/23 from Tahor Systems and Civil Engineering and *"Construction of 30m3 rain water Brick Masonry Tank at Lwemiyaga"* bid opened on 7/2/24 from Lwentale General Stores and Construction Company

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- **Copies of bids received**
- The LG retained copies of all bids for record-keeping and transparency: For instance *"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC"*: Copies of bids from Tahoor Designers and Civil Engineering Services and others were retained. *"Construction of Multipurpose Hall at Ndagwe SSS"*: Copies of bids from LR Contractors and General Services.
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- **Evaluation meetings and evaluation report**
- The evaluation process was meticulously documented. For example: *"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC"*: Tahoor Designers & Civil Engineering was recommended at a price of 45,244,740/=, *"Construction of External Works at Mbirizi Seed School"*: Hanah Contractors Uganda Ltd was recommended at 528,884,496/=, *"Construction of ICT/Library Building at Kaikolongo SSS"*: Bravo Land and Construction Company Limited was recommended at 298,718,180/=, *"Construction of Multipurpose Hall at Ndagwe SSS"*: LR Contractors and General Services was recommended at 250,583,294/=, *"Construction of a 2-Classroom Block with Office and Store at Namisunga Madarasat P/S"*: Prominent Engineering Solutions was recommended at 89,932,000/=, *"Construction of 5 stance lined pit latrine at Bukumbula P/S"*: Tripah Engineering Services Ltd was recommended at 24,971,160/=, *"Construction of a 3 classroom at Lyakibirizi Cope Primary School"*: LR Contractors and General Services was recommended at 104,777,156/=, *"Construction of 1 Deep boreholes at Kikenene in Kisekka (Borehole Drilling Kikenene)"*: Icon Projects Ltd was recommended at 27,535,300/=.
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- **Notice of best evaluated bidder**
- Notice of Best Evaluated Bidder: Public displays of the best-evaluated bidder were done promptly. Projects with Display Period: 9/11/2023 – 23/11/2023 include *"Construction of a 2-unit staff house at Lwengenyi HC III"*, *"Renovation and Extension of Naanywa HC III."*, *"Construction of External Works at Mbirizi Seed School"* and *"Construction of ICT/Library Building at Kaikolongo SSS."* Projects with Display Period: 9/2/2024 – 23/2/2024 include: *"Renovation of Staff House at Kyazanga*

*Health Centre IV in Kyazanga TC",
 "Construction of 5-Stance Lined Pit Latrines at
 St. Joseph Kinoni, Nakiyaga P/S, Bukumbula
 P/S, Kanoni P/S, Ndagwe Moslem P/S and
 Keikolongo", "Busibo Mini Solar Powered
 Borehole Piped Water Supply System in
 Katuulo Parish' and "Construction of Rainwater
 Brick Masonry Tank at Lwemiyaga, Lwendezi,
 Good Shepherd Katovu, Nakakeete SS,
 Nakalinzi and Bigambo P/S."*

- **Submission to and Approval by Solicitor General:**

- Most road maintenance and small-scale projects, including pit latrines, boreholes, and smaller construction projects, fall below the SG clearance threshold and do not require SG approval. Submission to Solicitor General was for these projects: "Construction of External Works at Mbirizi Seed School" on 19/12/23, "2-Classroom Block and Administration Block at Kyanukuzi SS" on 19/12/23, "ICT/Library Building at Kaikolongo SSS" on 19/12/23. Most significant educational and school projects submitted on 19/12/23 received SG approval by 3/1/24.

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- **Contract Signing and Amendments:**

- Contract Signing and Amendments: The LG documented contracts and amendments systematically. Kinoni Umea PS Pit Latrines: Contract signed with Tahoor Designers and Engineering services Ltd (Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC), signed on 31/1/24 with Karobs Civil Enterprises Ltd (Construction of a 2-unit staff house at Lwengenyi HC III), Tripah Engineering services Ltd (Construction of a 5-stance lined Pit latrine at Nanywa Health Centre III), signed on 9/1/24 with Bento Uganda Ltd (Construction of a 2-Classroom Block and Administration Block at Kyanukuzi SS), signed on 8/1/24 with Kaleeta Construction Ltd (Construction of Administration Block, 2 Classroom block and Multipurpose Hall at Nakenyi SS), signed on 27/2/24 with Tripah Engineering Services Ltd (Construction of 5 stance lined pit latrine at Nakiyaga P/S), signed on 8/5/24 with Tripah Engineering Services Ltd (Construction of 5 stance lined pit latrine at Bukumbula P/S), with Villa Invents Ltd (Construction of 5 stance lined pit latrine at Kanoni P/S), signed on 9/1/24 with Karobs Enterprises Ltd (Construction of Valley Tank Kachiraga, Kitazigolokoka), signed on 9/1/24 with Icon Projects Ltd. (Construction of 1 Deep boreholes at Kikenene in Kisekka), signed on 27/2/24 with Lwentale general stores and construction company (Construction of 30m³ rain water Brick Masonry Tank at Lwemiyaga, Lwendezi)

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- **Contract Committee Minutes:**

- Contract Committee Minutes: Committee minutes reflected approval for all awards: "Routine mechanised maintenance of district roads": Lwengo District Contracts Committee which sat on 8/11/23 under MIN:

00005/LWEN/DCC/23-24(a) approved the evaluation report for the prequalification of the Service Providers of the entity for the Financial Year 2023/2024. (Supply of Concrete Culverts, Murram and other Building Materials) Asiicol Investments Uganda Ltd. "Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC.": approved on 8/11/23 MIN: 0005/LWEN/DCC/23-24: Tahoor Designers and Civil Engineering Ltd, "Construction of a 2-unit staff house at Lwengenyi HC III" approved on 8/11/23 MIN: 0005/LWEN/DCC/23-24: Karobs Civil Enterprises Ltd, "Construction of Administration Block, 2-Classroom Block and a 5 Stance VIP Latrine at St. Clement SSS, Nkoni": Contract was awarded by the District Contract's Committee meeting held on 8th November 2023 under Minute 00005/LWEN/DCC/23-24, "Construction of 5 stance lined pit latrine at Nakiyaga P/S": approved on 22/1/24 MIN: 0005/LWEN/DCC/23-24: Tripah Engineering services Ltd, "Construction of 1 Deep boreholes at Kikenene in Kisekka": approved on 8/11/23 MIN: 0005/LWEN/DCC/23-24: Icon Projects Ltd.

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- **Correspondence with Bidders:**
- Correspondence was well-maintained for clarity: "Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC": Bid acceptance notice sent to on 27/2/24, "Construction of a 2-Classroom Block and Administration Block at Kyanukuzi SS": Notice sent on 24/11/23, "Construction of a 2-Classroom Block with Office and Store at Namisunga Madarasat P/S": Notice sent on 27/2/24. "Construction of 5 stance lined pit latrine at Bukumbula P/S.": Letter of bid acceptance from contractor on 8/5/24, "Construction of a Seed Secondary School in Katovu Town Council.": Letter of bid acceptance from contractor on 17/8/22 and "Construction of 50m3 rain water Brick Masonry Tank at Nakakeete SS.": Letter of bid acceptance from contractor on 27/2/24
- **Evidence of resolution of grievance or complaints (if any):**
- No grievances or complaints were raised during the procurement process.

8

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

From the PDU obtain the procurement plan and procurement files.

- Review the timelines outlined in the Procurement Plan.
- Review the procurement files to confirm the dates on which the specified

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The analysis of the previous fiscal year's procurement plan reveals that the LG demonstrated substantial adherence to the established timelines across all stages of the procurement process. Advertisements, bid openings, notices of best-evaluated bidders, and contract signings were executed mostly as planned. **Minor delays in contract signing** for a few projects were noted.

- **Published Advertisement Timelines:** The procurement plan stipulated exact dates for

0

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

advertising various projects to invite bids. These include:

- *"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC"*: Planned for 22/01/24.
- *"Construction of a 2-unit staff house at Lwengenyi HC III"*: Advertised in New Vision on 20/09/23 as planned.
- *"Construction of Multipurpose Hall at Ndagwe SSS"*: Advertised in New Vision on 20/09/23 as planned.
- Several other projects, including classroom blocks, pit latrines, and rainwater tanks, were planned for advertisement on either 20/09/23 or 22/01/24.
- The LG adhered to the advertisement timelines for most projects, with evidence of advertisements published on scheduled dates, such as in New Vision on 20/09/23.
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- **Record of Bid Opening Timelines**; Key observations include:
 - *"Construction of a 2-unit staff house at Lwengenyi HC III"*: Bid opening was planned for 11/10/23 and occurred as scheduled.
 - *"Construction of Multipurpose Hall at Ndagwe SSS"*: Bid opening adhered to the planned date of 11/10/23.
 - *"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC"*: Planned for 07/02/24.
 - *"Construction of a 5-stance lined pit latrine at St Joseph Kinoni"*: Planned for 07/02/24.
- Overall, the LG demonstrated strict compliance with bid opening timelines for projects planned for October 2023 and February 2024.
- **Notice of Best-Evaluated Bidder Timelines**; Examples include:
 - *"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC"*: Notice displayed from 09/02/24 to 23/02/24, in line with the planned timeline of 29/02/24.
 - *"Construction of a 2-unit staff house at Lwengenyi HC III"*: Notice displayed from 09/11/23 to 23/11/23, meeting the planned timeline of 24/11/23.
 - *"Construction of Administration Block, 2 Classroom Block, and Multipurpose Hall at Nakenyi SS"*: Notice displayed as planned.
- This demonstrates the LG's commitment to providing adequate time for bidder notifications and dispute resolution.
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- **Contract Signing Timelines**; The procurement plan included specific dates, such as:
 - *"Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC"*: Planned for 29/02/24; signed on 27/02/24, ahead of schedule.
 - *"Construction of a 2-unit staff house at Lwengenyi HC III"*: Planned for 08/01/24; signed on 31/01/24, indicating a minor delay.
 - *"Construction of Multipurpose Hall at Ndagwe SSS"*: Planned for 08/01/24; signed on 09/01/24, demonstrating near adherence to the timeline.

Contract management

9

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

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

- Compulsory approvals

Verify if compulsory approvals were issued score 2 else score 0

- Other projects, such as rainwater tanks, pit latrines, and classroom blocks, were signed on or close to their scheduled dates.
- While minor delays were observed in a few instances, the LG largely adhered to the timelines for contract signing, ensuring minimal disruptions to project execution.

0

While there is evidence of material testing and approvals in some projects, **gaps remain in documenting and conducting critical stage approvals**, especially for health, education, and water and sanitation projects.

- For routine road maintenance projects, the **testing of borrow pit soil** is crucial and the Project Manager ensured these tests were conducted for most roads:
- "Kyawagonya - Lwamanyonyi - Jjaga Road (10km)": Borrow pit soil testing was conducted, confirming compliance with standards.
- "Busubi - Kismara - Kigaba Road (10km)": Testing was completed on 2/5/2024, demonstrating adherence to material quality checks.
- "Lwebuitsi - Kigeye - Nyantungo (14km)": Testing of borrow pit soil was done, ensuring quality.
- "Kamazzi - Malongo Pida - St. Kizito Road (6km)": The borrow pit soil was tested on 6/6/2024.
- "Pine - Katindo Road (10km)": Testing was completed on 1/6/2024.
- "Lwentale - Kyampalakata - Mudaala Road (24km)": Borrow pit soil testing confirmed materials met required specifications.
- "Nkoni - Kisansala - Ngondati Road (6km)": Testing was conducted on 1/6/2024, ensuring quality compliance.
- "Mbirizi - Kiwangala Road (15km)": Borrow pit soil was tested on 23/5/2024, ensuring durability.
- However, there are gaps in documentation for the following roads:
- "Jjaga - Kakanda - Kavvira Road (7km)"
- "Kinoni - Kakinga - Nkunya Road (9.2km)"
- "Kakoma - Nkudwa Road (6km)"
- "Bijaaba - Busibi - Bizo Road (10km)"

For health-related infrastructure, critical stage approvals include verifying structural integrity and functional elements like plumbing and electrical systems. However, **no explicit mention of these approvals** was noted.

- The Project Manager ensured some testing and approvals for educational infrastructure. For example:
- "Nakateete Secondary School": Testing of aggregates for grading, shape, and physical and mechanical properties was conducted on 15/2/2024, along with tests for sand, concrete, and bricks.

stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor

- "Katovu Town Council Seed Secondary School": Concrete cube compressive strength tests were conducted on 25/7/2023 and 9/7/2023.

However, other projects, including classroom blocks, administration blocks, multipurpose halls, and lined pit latrines at various institutions, **lack documented approvals**.

- Water and sanitation projects often require mechanical, electrical, and plumbing inspections to ensure systems function correctly and meet community needs. Examples include:
- "Busibo Mini Solar Powered Borehole Piped Water Supply System": **No documented material tests** or system approvals were mentioned.
- "Valley Tanks at Kachiraga and Kitazigolokoka": Details on material testing or stage approvals were not provided.
- "Rainwater Brick Masonry Tanks": While construction details are noted, testing for structural integrity or plumbing systems is **not documented**.

9

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

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

From LG Engineer obtain project management files.

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

Check for

- Written Site instructions

Verify if written site instruction were issued and there is evidence of their implementation score 2 else score 0

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

d) Evidence that the Project Manager after practical completion: (for

2

The Project Manager played a critical role in issuing site instructions to address challenges and improve efficiency across various projects. Many **instructions were implemented effectively**.

For road maintenance projects, **site instructions were critical in addressing specific site conditions**, enhancing efficiency, and ensuring quality work. Below are notable instances:

- "Kyawagonya - Lwamanyonyi - Jjaga Road (10km)": On 22/8/2024, the Project Manager instructed the use of reinforced concrete for headwall construction, ensuring durability. On 13/8/2024, an instruction was issued to employ more laborers to reduce the project completion time, showcasing proactive planning to meet deadlines.

"Busubi - Kismara - Kigaba Road (10km)": Instructions on 10/9/2024 and 3/5/2024 directed graveling, culvert installation, and labor allocation, ensuring efficient project progression. On 24/4/2024, filling of swamps and installation of culverts were prioritized to mitigate environmental challenges.

"Lwebuitsi - Kigeye - Nyantungo Road (14km)": On 8/1/2024 and 26/1/2024, instructions to increase laborers and focus on water catchment areas were issued, demonstrating a focus on timely execution and water management.

"Pine - Katindo Road (10km)": Instructions on 31/8/2024 and 26/8/2024 emphasized swamp grading and drain creation, aligning with the project's environmental and structural goals.

Site instructions for health infrastructure projects **aimed at ensuring functional and aesthetic**

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

outcomes. Examples include:

"Kyazanga Health Centre IV Staff House
Renovation": On 15/5/2024, tiles were instructed to
be fixed, ensuring aesthetic value. On 26/4/2024,
the bathroom entrance door was redesigned,
reflecting attention to functionality.

"Lwengenyi HC III Staff House Construction":
Instructions on 26/4/2024 to correct defects before
painting and on 11/4/2024 to wait for curing before
walling demonstrate the Project Manager's quality
control measures.

Educational projects received significant attention
through detailed site instructions, reflecting the
Project Manager's commitment to quality. For
instance:

"Nakateete Secondary School": A site possession
certificate issued on 23/1/2024 demonstrated a
structured project handover process.

"Katovu Seed Secondary School": Multiple
instructions, such as painting steel structures
before fixing them (12/1/2024) and using treated
timber members (17/11/2023), illustrate
meticulous planning for durability.

Sanitation and water projects exhibited varying
levels of oversight:

5-Stance Lined Pit Latrine at Nakiyaga P/S: An
instruction on 7/5/2024 to rectify defects
demonstrated the Project Manager's focus on
quality.

50m³ Rainwater Brick Masonry Tanks at Various
Locations: Documentation of site instructions is
limited, suggesting potential oversight gaps in
these critical projects.

In most cases, **contractors adhered to site
instructions, as evidenced by project
progress and quality outcomes.** For example:

Contractors implemented the use of reinforced
concrete for headwalls and increased labourers as
instructed.

Culvert installations and swamp fillings were
prioritised following directives.

a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project management files.	Specific details regarding the completion status of many projects were not explicitly mentioned . For instance, no snags were reported for the renovation of the staff house at Kyazanga Health Centre IV. For the majority of the project files, including the construction of sanitation facilities, and gravel road maintenance, snag lists were not compiled. This absence suggests either a lack of identified defects or insufficient monitoring and documentation during the substantial completion phase
b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions	Check for • Snag list • Final Completion Certificate including approvals from Environment Officer and DCDO.	In the case of the construction of a 5-stance lined pit latrine at Keikolongo, specific defects were identified and communicated to the contractor via a formal letter dated 24th June 2024. These defects included: <ol style="list-style-type: none">1. Cracks in the stance designed for people with disabilities.2. Issues with engraving and labeling.3. Inadequate planting of grass and trees.4. Damaged urinal floor tiles.5. Cracks on the splash apron.
c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover	Verify if the project manager has compiled a snag list and instructed the contractor to correct all defects and ensured that the contractor has indeed corrected all defects before issuing the final completion certificate. Score 2 if all requirements are met; otherwise, score 0.	Routine mechanized maintenance of roads listed as force account projects indicates that defect rectification and snagging processes may not directly apply.
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		

a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures)	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project management files.	In Lwengo DLG a review of the Budget Performance Report, and a list of all infrastructure projects constructed by the LG in the previous FY provided evidence that the project manager paid the contractor the retention fund before the defects liability period. Schedule of Retention period and amount FY 2023/2024 S/N PROJECT NAME CONTRACT PRICE EXPECTED RETENTION 5% Date of payment EXPECTED END OF DEFECT LIABILITY PERIOD 1 Construction of a 2-classroom block with an office at Namisunga Madarasat P/S 89,932,000 4,496,600 18/06/2024 18/12/2024 2 Construction of a 2-classroom block with an office at Lwensambya P/S 89,932,000 4,496,600 13/06/2024 13/12/2024 3 Construction of a 2-classroom block with an office at Jjaga P/S 85,150,637 4,257,532 20/06/2024 20/12/2024 4 Construction of 2 No 2-classroom block at Nakattete SSS 299,824,241 14,991,212 12/06/2024 12/12/2024 5 Construction of 2-classroom block ,Admin block and a 5-stance line pit latrine with an office at St.Clement SSS 306,306,170 15,315,309 18/06/2024 18/12/2024 6 Construction of 2NO. 2-classroom block and Admin block at Nakyenya SSS 599,565,522 29,978,276 20/06/2024 20/12/2024 7 Construction of a Library and ICT block at Kaikolongo SSS 298,718,180 14,935,909 8 Construction of a Multi pupose hall at Ndagwe SSS 250,583,294 12,529,165 19/06/2024 19/12/2024 9 Construction of External works at Mbirizi Seed SSS 200,000,000 10,000,000 10 Construction of a 5-stance lined pit latrine at St.Josephs Kinoni p/s 26,965,360 1,348,268 20/06/2024 20/12/2024 11 Construction of a 5-stance lined pit latrine at Nakiyaga p/s 24,971,160 1,248,558 20/06/2024 20/12/2024 12 Construction of a 5-stance lined pit latrine at Kanoni p/s 24,971,160 1,248,558 20/06/2024 20/12/2024 13 Construction of a 3-classroom block at Lyakibirizi Cope P/S 104,777,156 5,238,858 04/03/2024 04/09/2024 14 Construction of a 2- Class room block and an Admin block at Kyanukuzi SSS 254,758,500 12,737,925 17/06/2024 17/12/2024 15 Supply of 100 3 seater desks at District
b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions	Check for • Final Completion Certificate including approvals from Environment Officer and DCDO. • Payment vouchers	
c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover	Verify if the project manager paid the contractor the retention fund after the defects liability period. Score 2 if the requirements was met; otherwise, score 0	
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		

19,989,200 999,460 20/06/2024 20/12/2024

16 Supply of 85 3-seater desks at District
17,000,000 850,000 20/06/2024 20/12/2024

17 Construction of a 5-stance lined pit latrine at
Bukumbula pri p/s 20,103,900 1,005,195
20/06/2024 20/12/2024

18 Construction of a 5-stance lined pit latrine at
Ndagwe Moslem pri p/s 24,988,760 1,249,438
19/06/2024 19/12/2024

19 Construction of a 2 unit staff house at
Lwengenyi HC II 165,736,711 8,286,836

20 Expansion of Maternity ward at Nanywa HC III
56,311,429 2,815,571 13/06/2024 13/12/2024

21 Construction of Kkingo Sub county Head
Quarters 99,115,500 4,955,775 19/06/2024
19/12/2024

22 Construction of Malongo Sub county Head
Quarters 99,797,300 4,989,865 17/06/2024
17/12/2024

23 Construction of Kyazanga Administartion block
702765520 35,138,276 18/06/2024 18/12/2024

24 Renovation of Latrine at District Head quarters
12,470,240 623,512 22/04/2024 22/10/2024

25 Renovation of staff quarters at Kyazanga
45,244,740 2,262,237 20/06/2024 20/12/2024

26 Construction of a 5-stance lined pit latrine at
Nanywa HC III 24,971,160 1,248,558 13/06/2024
13/12/2024

27 Construction of Gate at Katovu HC III 11,993,520
599,676 17/06/2024 17/12/2024

28 Supply of PVC tanks 39,991,000 1,999,550 NA
NA

29 Construction of a 5-stance lined pit latrine at
Kyanjovu 23,722,602 1,186,130 20/06/2024
20/12/2024

LWENGO DLG SCHEDULE RETENTION FIGURES ON
PROJECTS - FY 2023-2024

S/N PROJECT NAME CONTRACT PRICE EXPECTED
RETENTION 5%

EDUCATION

1 Construction of a 2-classroom block with an office
at Namisunga Madarasat P/S 89,932,000 4,496,600

2 Construction of a 2-classroom block with an office
at Lwensambya P/S 89,932,000 4,496,600

3 Construction of a 2-classroom block with an office
at Jjaga P/S 85,150,637 4,257,532

4 Construction of 2 No 2-classroom block at
Nakattete SSS 299,824,241 14,991,212

5 Construction of 2-classroom block ,Admin block
and a 5-stance line pit latrine with an office at

St.Clement SSS 306,306,170 15,315,309

6 Construction of 2NO. 2-classroom block and Admin block at Nakyenya SSS 599,565,522 29,978,276

7 Construction of a Library and ICT block at Kaikolongo SSS 298,718,180 14,935,909

8 Construction of a Multi pupose hall at Ndagwe SSS 250,583,294 12,529,165

9 Construction of External works at Mbirizi Seed SSS 528,884,496 26,444,225

10 Construction of a 5-stance lined pit latrine at St.Josephs Kinoni p/s 26,965,360 1,348,268

11 Construction of a 5-stance lined pit latrine at Nakiyaga p/s 24,971,160 1,248,558

12 Construction of a 5-stance lined pit latrine at Kanoni p/s 24,971,160 1,248,558

13 Construction of a 3-classroom block at Lyakibirizi Cope P/S 104,777,156 5,238,858

14 Construction of a 2- Class room block and an Admin block at Kyanukuzi SSS 254,758,500 12,737,925

15 Supply of 100 3 seater desks at District 19989200 999,460

16 Supply of 85 3-seater desks at District 17000000 850,000

151,116,454

HEALTH

1 Construction of staff houses at Lwengenyi HC 174,459,696 8,722,985

2 Construction of a 5-stance lined pit latrine at Nanywa HC III 24,971,160 1,248,558

3 Expansion of Maternity ward at Nanywa HC 56,311,429 2,815,571

4 Construction of gate at Katovu HC III 11,993,520 599,676

5 Renovation of staff houses at Kyazanga HC at HC III 45,244,740 2,262,237

In summary, most of the projects' payments were done before the conclusion of the DLP. The LG did not qualify for the score

9

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

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

The evaluation reveals mixed performance in adhering to site meeting schedules, maintaining documentation, formal handovers, and issuing completion certificates. While some projects, such as the classroom and pit latrine constructions, demonstrate adherence to best practices, **others exhibit significant lapses in these critical processes.**

0

electrical and plumbing fixtures)	obtain project management files.	
b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions	<ul style="list-style-type: none"> • Meeting Schedules • Minutes of site meeting • Minutes of project handover to the client • Final Completion Certificate including approvals from Environment Officer and DCDO. 	<ul style="list-style-type: none"> • Routine Mechanised Maintenance Projects: The following roads were subject to monthly inspections to evaluate maintenance quality and adherence to specifications: • Kyawagonya - Lwamanyonyi - Jjaga Road (10km) • Busubi - Kismara - Kigaba Road (10km) • Lwebuitsi - Kigeye - Nyantungo (14km) • Kamazzi - Malongo Pida - St. Kizito Road (6km) • Jjaga - Kakanda - Kavirira (7km) • Pine - Katindo Road (10km) • Kinoni - Kakinga - Nkunyuru Road (9.2km) • Kakoma - Nkudwa (6km) • Lwentale - Kyampalakata - Mudaala (24km) • Nkoni - Kisansala - Ngondati (6km) • Mbirizi - Kiwangala (15km) • Bijaaba - Busibi - Bizo (10km) • Makondo - Kanyongoga - Wanjija (6km) • • For construction projects, site meetings were held at critical stages of the project lifecycle to coincide with contractual payment milestones. Examples include: • "Construction of a Multipurpose Hall at Ndagwe SSS": Minutes from site meetings on 12/06/24 highlight progress reviews and actionable resolutions. • "Construction of Administration Block, Classroom Blocks, and Multipurpose Hall at Nakenyi SSS": Meetings held on 08/04/24, 27/02/24, and 20/05/24 ensured that works were on track and aligned with the project's deliverables. • "Construction of Seed Secondary School in Katovu Town Council": Site meetings were conducted on 04/11/24, 28/08/24, 14/06/24, and 22/03/24 to review progress and compliance. • "Busibo Mini Solar-Powered Borehole": Meetings on 03/06/24 and 08/07/24 resolved technical challenges and ensured milestone targets were achieved. • • There was no evidence of meetings held for the following projects: • Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC. • Construction of a 2-unit staff house at Lwengenyi HC III • Construction of a 5-stance lined Pit latrine at Nanywa Health Centre III • Renovation and Extension of Naaywa HC III • Construction of External Works at Mbirizi Seed School. • Construction of a 2-classroom block, Administration block at Kyanukuzi SSS • Construction of a 2-classroom block, Administration block and 5 stance VIP latrine at St. Clement SSS, Nkoni • Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School. • Construction of a 2-classroom block with office and store at Namisunga Madarasat P/S • Construction of 5 stance lined pit latrine at St Joseph Kinoni • Construction of 5 stance lined pit latrine at Nakiyaga P/S • Construction of 5 stance lined pit latrine at
c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover	<p>Verify if:</p> <ul style="list-style-type: none"> • The site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract 	
d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period	<ul style="list-style-type: none"> • There was a Project hand-over to the client • Completion certificates were issued to the contractor 	
e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor	Score 2 if all requirements are met; otherwise, score 0.	

Bukumbula P/S

- *Construction of 5 stance lined pit latrine with a urinal at Ndagwe Moselem P/S*
-
- Upon project completion, formal handovers were conducted to signify the end of works and the transition of assets to the clients. Completion certificates were issued as evidence of satisfactory delivery, ensuring transparency and accountability. Examples of notable handovers include:
 - *"Renovation of Staff House at Kyazanga Health Centre IV"*: Handed over on 10/07/24.
 - *"Construction of a 5-Stance Lined Pit Latrine at Keikolongo"*: Handover certificate issued on 14/08/24.
 - *"Construction of Valley Tanks at Kachiraga and Kitazigolokoka"*: Certificates issued on 14/08/24 and 22/08/24 respectively.
 - *"Busibo Mini Solar-Powered Borehole"*: Certificate issued on 22/08/24 following successful installation and testing.
 - *"Construction of 50m³ Rainwater Tanks at Multiple Locations"*: Certificates issued on 14/08/24 for tanks at Good Shepherd Katovu, Nakakeete SS, Nakalinzi, Bigambo P/S, and Lusana, Ndagwe.
-
- Certificates were issued after thorough inspections, including:
 - *"Drilling and Installation of a Deep Borehole at Kikenene"*: Completion certificate issued on 22/08/24, accompanied by a comprehensive report detailing drilling, water quality analysis, and pump testing.
 - *"Construction of Rainwater Tanks"*: Certificates provided upon completion validated water storage functionality and adherence to design standards.

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.

While some projects adhered to best practices, the **lack of evidence and incomplete documentation** in others highlights significant gaps.

For the Routine mechanised maintenance projects, the force account approach was employed, making joint measurements inapplicable:

- Several projects lacked documented evidence of measurements or work verifications:
- *Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC.*
- *Construction of a 2-unit staff house at Lwengenyi HC III.*
- *Renovation and Extension of Naanywa HC III.*
- *Construction of a 5-stance lined pit latrine at Nanywa Health Centre III.*
- *Construction of External Works at Mbirizi Seed School.*
- *Construction of ICT/Library Building at Kaikolongo SSS.*
- *Construction of Administration Block, 2-Classroom Block, and 5-Stance VIP Latrine at St. Clement SSS, Nkoni.*
- *Construction of 5-stance lined pit latrine at Bukumbula P/S, Ndagwe Moslem P/S, and Kyanjovu P/S.*
- *Construction of 50m3 rainwater Brick Masonry Tank at Nakalinzi and Bigambo P/S.*
- Some projects had measurement sheets or verification reports but lacked signatures from both the contractor and the project manager, which compromises their validity:
- *Construction of Valley Tanks at Kachiraga and Kitazigolokoka.*
- *Construction of a Deep Borehole at Kikenene in Kisekka.*
- *Construction of 50m3 rainwater Brick Masonry Tanks at Good Shepherd Katovu and Lusana, Ndagwe.*
- Projects where work verification reports were signed by both parties reflect adherence to proper practices:
- *Construction of a 2-Classroom Block and Administration Block at Kyanukuzi SS.*
- *Construction of Multipurpose Hall at Ndagwe SSS.*
- *Construction of Administration Block, 2-Classroom Block, and Multipurpose Hall at Nakenyi SS.*
- *Construction of Two-Classroom Block with Office and Store at Jjaga Primary School.*
- *Construction of 30m3 rainwater Brick Masonry Tanks at Lwemiyaga and Lwendezi.*

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.

There was presentation of performance guarantees on 3 projects before obtaining advance payment. The advance payment guarantees in caption were verified by the banks as evidenced below.

▲ Ref: Construction of ICT/Library building at Kaikolongo Seed School shs.89,615,454. Procurement Reference Number: LWEN 599/WRKS/2023-2024/00008, Bank Name: Centenary Bank, Date signed: 1st February 2024, Valid until 1st May 2024

▲ Ref: Construction of Administration Block and a multi-purpose Hall at Nakanyeni SS shs.179,869,656. Bank Guarantee Reference Number: MCBL/36/12/2023, Bank Name: Mercantile Credit Bank Limited: Dated 1st January 2024, Valid until 30th June 2024

▲ Ref: Construction of external works at Mbirizi Seed SS shs.158,665,348. Bank Guarantee Reference Number: MCBL/34/12/2023, Bank Name: Mercantile Credit Bank Limited: Dated 1st January 2024, Valid until 30th June 2024

The advance payment guarantees made to contractors by the LG were verified by the banks. The LG qualified for the score

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

b) Evidence of either

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

From LG Engineer obtain project files

Check for

- Start and completion date in the contract

Overall, while many projects were delivered within the original completion date, there were **notable delays in some cases**, particularly in the construction of educational and water supply infrastructure. The following analysis elaborates whether each project was implemented as per the work schedule and completed within the original completion date.

- Routine Mechanised Maintenance Projects
- Kyawagonya - Lwamanyonyi - Jjaga Road (10km): Hand Over: 25/08/2024 — Completed within the scheduled timeline.
- Busubi - Kisma - Kigaba Road (10km): Hand Over: 08/05/2024 — Completed as scheduled.
- Lwebuitsi-Kigeye-Nyantungo (14km): Hand

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).

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.

Over: 11/08/2024 — Delivered on time.

- Kamazzi - Malongo Pida - St.Kizito Road (6km): Hand Over: 24/07/2024 — Timely completion.
- Jjaga-Kakanda-Kavrira (7km): No handover details provided.
- Pine - Katindo Road (10km): Hand Over: 08/09/2024 — On schedule.
- Kinoni - Kakinga Nkuny Road (9.2km): No handover details provided.
- Kakoma - Nkudwa (6km): No handover details provided.
- Lwentale-Kyampalakata-Mudaala (24km): Hand Over: 04/07/2024 — Met completion date.
- Nkoni - Kisansala - Ngondati (6km): Hand Over: 13/07/2024 — Delivered as scheduled.
- Mbirizi - Kiwangala (15km): Hand Over: 29/05/2024 — Completed on time.
- Bijaaba-Busibi-Bizo (10km): No handover details provided.
- Makondo-Kanyongoga-Wanjija (6km): No handover details provided.

• Renovation and Construction Projects

- Renovation of Staff House at Kyazanga Health Centre IV: Hand Over: 12/07/2024 — Delivered within schedule.
- Construction of a 2-unit Staff House at Lwengenyi HC III: Planned Completion: 12/06/2024. Actual Completion: 14/06/2024 — Slight delay of 2 days.
- Renovation and Extension of Naanywa HC III: No completion details provided.
- Construction of a 5-stance lined Pit Latrine at Nanywa HC III: No completion details provided.
- Construction of External Works at Mbirizi Seed School: No completion details provided.
- Construction of a 2-Classroom Block and Administration Block at Kyanukuzi SS: No completion details provided.
- Construction of ICT/Library Building at Kaikolongo SSS: No completion details provided.
- Construction of Administration Block, 2-Classroom Block, and a 5-Stance VIP Latrine at St. Clement SSS, Nkoni: No completion details provided.
- Construction of a 2(No.) 2-Classroom Blocks at Nakateete Secondary School: Planned Completion: 23/05/2024. Actual Completion: 23/06/2024 — Delayed by one month.
- Construction of Multipurpose Hall at Ndagwe SSS: Planned Completion: 23/05/2024. Actual Completion: 19/06/2024 — Completed with a slight delay.
- Construction of Administration Block, 2-Classroom Block, and Multipurpose Hall at Nakenyi SS: Planned Completion: 23/05/2024. Actual Completion: 18/06/2024 — Minor delay noted.
- Construction of Two-Classroom Block with Office and Store at Jjaga Primary School: No completion details provided.
- Construction of 5-Stance Lined Pit Latrine at St Joseph Kinoni: Planned Completion: 23/06/2024. Actual Completion: 12/07/2024 — Moderate delay.

- 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
- Work Schedule
 - When payment was made as compared to invoice date
 - Original and amended contract where there is a variation.
- Verify if the:
- i. That the LG developed a work schedule, displayed it and reported on physical progress as per the work schedule.
 - ii. That there is no contract variation or variations in contract price for infrastructure investments for the previous FY were approved as per procedures (either within the threshold)
- Score 2 if the requirements (i) and (ii) were met; otherwise, score 0.

- Water Supply and Sanitation Projects
- Construction of 1 Deep Borehole at Kikenene in Kisekka: Planned Completion: 28/06/2024. Actual Completion: 31/07/2024 — Significant delay.
- Construction of 50m3 Rainwater Brick Masonry Tank at Good Shepherd Katovu: Planned Completion: 29/06/2024. Actual Completion: 06/06/2024 — Ahead of schedule.
- Construction of 50m3 Rainwater Brick Masonry Tank at Nakakeete SS: Planned Completion: 29/06/2024. Actual Completion: 31/07/2024 — Delay of over one month.

The Local Government (LG) demonstrated a **strong commitment to ensuring adherence to work schedules, reporting on physical progress, and maintaining compliance with contractual requirements**. For FY 2023/2024, infrastructure investments, including road maintenance, building renovations, and water supply projects, were implemented as per established schedules.

- **Development and Display of Work Schedules**
- The LG effectively developed detailed work schedules for the infrastructure projects. These schedules outlined specific activities, timelines, and deliverables, providing a clear roadmap for project implementation. Schedules were displayed prominently at project sites and shared with stakeholders.
- For example:
- "*Routine Mechanised Maintenance of Kyawagonya-Lwamanyonyi-Jjaga Road (10km)*": Activities such as bush clearing, grading, swamp raising, culvert installation, and headwall construction were planned and executed from 12/08/2024 to 24/08/2024. The handover occurred as scheduled on 25/08/2024.
- "*Renovation of Staff House at Kyazanga Health Centre IV*": The work schedule spanned eight weeks, with specific timelines for preliminaries, walling, ceiling installations, and plumbing. The final handover was achieved in July 2024 as planned.
-
- **Reporting on Physical Progress**
- Regular inspections and progress reports were conducted to monitor adherence to work schedules and ensure timely completion of projects. Reports included detailed assessments of activities completed, highlighting milestones achieved against the planned timeline.
-
- For instance:
- "*Routine Mechanised Maintenance of Busubi-Kismera-Kigaba Road (10km)*": The inspection report dated 17/05/2024 confirmed the completion of grading, swamp filling, and culvert installations. A final inspection on 18/10/2024 validated that all works were completed as per scope and schedule.
- "*Construction of a 2-Unit Staff House at*

Lwengenyi HC III":The LG maintained regular updates, with reports confirming the completion of walling, roofing, and plastering by April 2024, with painting finalized by July 2024.

-
- **Compliance with Contract Variations**
- The LG demonstrated compliance by ensuring that any contract variations were managed within approved thresholds and in accordance with established procedures.
- Key observations include:
- No unauthorized changes in project scope or cost were identified for any reviewed projects.
- Minor adjustments, such as extended timelines due to unforeseen weather conditions, were documented and approved as per procurement guidelines.
- For example:
- "*Busibo Mini Solar-Powered Borehole Piped Water Supply System*": The LG adhered to its work schedule and executed adjustments within the approved timeline, ensuring no breaches of contract thresholds.

The Local Government's infrastructure investments in FY 2023/2024 reflect a robust system of planning, implementation, and monitoring.

Detailed work schedules were developed, displayed, and adhered to, while physical progress was systematically reported.

Additionally, the LG maintained strict **compliance with approved contract variations**, ensuring transparency and accountability in public infrastructure development.

Effective mobilisation and management of financial resources

11

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.

a) review of the final accounts for the previous two years page 41 and page 44 of the F/S 2022-2023 and 2023-2024 respectively showed percentage increase on OSR

During the FY. 2022/23, the district collected a total of shs.540,097,173 compared to total collections made in FY 2023/24 shs.794,701,951. This increased by shs.254,604,778 which is 47% increment.

b) There was evidence from the Financial Statement of FY 2023/2024 final accounts that the LG remitted the mandatory LLG share of local revenues during previous FY.

Out of total collections shs.794,701,951 made, amount due to LLGs. (TC 100% and SC 65%) was Shs.629,658,173. By the end of the FY, the district had transferred Shs 438,778,876/= to LLGs

The LG had 10 LLGs (Lwengo TC, Kyazanga TC, Kinoni TC, KatovuTC, Kyazanga SC, KisekkaSC, Kkingo SC, Ndagwe SC, Malongo SC, and Lwengo SC)

Below is the summary; of transfers.

0

Verify if:

	Month	Amount
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%	September	shs 39,000,000
	October	shs 28,006,390
	November	shs 15,451,090
	December	shs 41,342,033
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	January	shs 31,531,018
	February	shs 33,813,758
	March	shs 46,246,865
	May	shs 78,283,682
	June	shs 125,104,040
	TOTAL	shs
If the LG complies to (a) and (b) score 2 or else 0.	438,778,876	

Timelines for funds transfers to LLGs 23/2024

Months	Cash limit date	Warrant
date	Invoice date	Amount
Sep-23 14/09/2023	03& 16/08/2023 39,000,000	31/08/2023
Oct-23 24/10/2023	16/10/2023 28,006,390	20/10/2023
Nov-23 30/11/2023	01/11/2023 15,451,090	07/11/2023
Dec-23 14/12/2023	28/11/2023 41,342,033	12 & 14/12/2023
Jan-24 17/01/2024	16/01/2024 31,531,018	16/01/2024
Feb-24 22/02/2024	16/02/2024 33,813,758	20/02/2024
Mar-24 20/03/2024	18/03/2024 46,246,865	13 & 19/03/2024
May-24 02/05/2024	04/04/2024 27,279,300	17/04/2024
May-24 08/05/2024	30/04/2024 51,004,382	07/05/2024
Jun 24 13/06/2024	10/06/2024 40,000,000	13/06/2024
Jun 24 22/06/2024	10/06/2024 65,059,131	13/06/2024
Jun 24 23/06/2024	11/06/2024 20,044,909	23/06/2024
Total 438,778,876		

From the above, the LG OSR increased by 47%, remittances were made to LLGs, however, the HLG

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 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.

finance office did not remit cash to LLGs within 10 days

The review of the Budget performance report for Lwengo DLG FY2023/2024 provided clearly that the Development grants transferred to the LG during the previous FY, were spent on the eligible items in the respective investment menu as illustrated here below:

1.DDEG (District Development Equalization Grant), is a grant meant for development,

The DDEG Grant guidelines of 2023/2024 dated 15/02/2023 were available and analyzed as below:

Total DDEG Budget for the District was shs.492,755,205, Actual Expenditure was shs.492,753,970.

The grant guidelines on page 10 states that: ▲ Infrastructure projects 70%, ▲ Investment servicing and monitoring 10%, ▲ Data collection 5%. ▲ Performance improvement 10%, ▲ Assessment of LLGs 5%. The LG transferred DDEG funds shs.189,568,154 to 10 LLGs

DDEG investments for the LG during the Previous FY were as below;

▲ Procurement of furniture for CAO'S Office shs.10,000,000.

▲ Purchase of External hard disc DRIVE (HDD) for Administration department shs.800,000

▲ Renovation and extension of Maternity Ward at Nanywa HCIII shs.53,495,858

▲ Construction of a drainage channel at Katovu and Kinoni Town Councils shs.34,999,952

▲ Renovation of a Latrine at District Headquarters shs.11,846,728

▲ Supply and installation of PVC Tanks at Kakoma HC III, Katovu HC III, Kyazanga HCIV, and Lwengo HC IV shs.39,999,975

▲ Improvement and fixing of in door facility water connections at Kyetume, Nanywa and Lwengenyi HC IIIs shs.10,000,000

▲ Procurement of seedlings for Macademia shs.6,500,000

▲ Supply of Lab and medical equipment shs.10,000,000

▲ Preparation of farmers for orchard establishment shs.820,000

▲ Capacity building shs.12,254,000

▲ Assessment, data collection, investment costs, inspections and training of owners of Hospitality facilities, monitoring and supervision of projects shs.108,533,352

The LG followed the DDEG guidelines and spent the development grants in the previous FY on the

eligible items

2. The Transitional Road Rehabilitation Grant Implementation Guidelines FY 2023/2024 states.

▲ Operational expenses of the Local Government shall not exceed 4% of the overall budget

▲ All works must be implemented by means of a competitively procured contractor.

Total budget Budget for the District was shs.1,739,285,200 Actual Expenditure was shs.1,560,667,438 of which transitional grants is shs.999,999,723 and maintenance fund SHS.560,667,715.

Transitional grant: The Transitional Grant Investments for the District the Previous were.

▲ Upgrade to Kyawagonya-Lwamanyonyi-Jjaga Road 10Km shs.79,999,000

▲ Upgrade of Kinoni-Kakinga-Nkunya road 9.2Kms shs.99,997,000

▲ Upgrade of Busubi-Kiswera-Kigaba Road 10Kms shs.69,999,000

▲ Upgrade of Lwentale-Kyampalakata-Mudaala road 24Kms shs.145,959,000

▲ Upgrade of Kamazi-Malongo-Pida Road shs.69,990,000.

▲ Upgrade of Lwebusisi-Kigeye-Nyatungo 14kms shs.91,999,000

▲ Upgrade of Pine -Katindo Road 10Kms shs.67,998,000

▲ Upgrade of Nkoni-Kisansala-Ngondati Road 6Kms shs.49,999,000

▲ Upgrade of Kakoma-Nkundwa Road 6Kms shs.49,999,000

▲ Upgrade of Mbirizi-Kiwangala Road 15Kms shs.84,998,000

▲ Upgrade of Makondo-Kanyongoga-Wanjija Road 6Kms shs.49,999,000

▲ Maintenance of machinery and equipment shs.50,000,000

Maintenance fund- Roads

▲ Kyawagonya-Lwamanyonyi road shs.28,836,000

▲ Kyalutwaka-Kalisizo road shs.28,572,000

▲ Adrew flerix kaweesi Road 10Kms shs.6,000,000

▲ Naketette-Kyawangonya 5Kms shs.4,992,490

▲ Bunyere-Kirayangoma-Nkunya church 9.7Kms shs.5,982,000

▲ Kyoko-Nzizi Road 14Kms shs.24,997,000

▲ Kitooro-Lusaka Road 9.2Kms shs.11,995,000

- ▲ Swamp raising on Kitooro-Katuro-Tokota road 0.6Kms shs.18,708,300
- ▲ Kitooro-Kaikolongo Road 6.0Kms shs.9,997,000
- ▲ Culvert installation 0.05Kms shs.10,500,000
- ▲ Monitoring and evaluation of Roads shs.5,932,000
- ▲ Vehicle and plant maintenanceshs.19,607,000
- ▲ Routine labour based road maintenance shs.12,000,000
- ▲ Community Access Roads Funds shs.89,635,296
- ▲ Operational expenses (CARS) shs.4,223,650
- ▲ Transfers of URF for Town Councils shs.228,097,200

3. Total UGIFT Budget for District was shs.4,941,351,045 and Actual Expenditure was shs.4,693,846,101

The UGIFT Investments for the district the Previous FY were.

HEALTH Department

Guidelines as in the summary of budget requirements for health development grants page 27 states that

- ▲ 20% shall be allocated for repair of medical equipment
- ▲ 20% shall be allocated for replacement of small medical equipment and medical furniture
- ▲ 60% shall be allocated for upgrade and new construction
- ▲ Of the 60% above 2.5% should be used for monitoring.

The department had a budget of shs.255,082,125 and the actual expenditure was shs.245,068,591

Below are the activities implemented in the previous Financial year

- ▲ Supply and installation of medical equipment to kggshs.54,234,572
- ▲ Construction of staff house at Lwengenyi HC III shs.165,736,711
- ▲ Monitoring, supervision and appraisal of works shs.25,088,008

EDUCATION.

The department had a budget of shs.3,604,980,019 and the actual expenditure was shs.3,549,756,710

The activity implemented was

- ▲ Construction of Administration blocks and a multi-purpose Hall at Nakyenyei SS shs.569,587,245
- ▲ Construction of Administration blocks and 2

classroom blocks at Kyanukuzi SS shs.242,020,576

▲ Construction of an ICT/Lab blocks at Kaikolongo SS shs.270,112,117

▲ Construction of external works at Mbirizi Seed SS shs.158,665,348.

▲ Construction of 2 classroom blocks, Administration Block and 5-stance lined Pit latrine at St Clement Nkoni SS shs.290,990,867

▲ Construction of 2 classroom blocks at Nakateete SS shs.279,348,653

▲ Construction of a multi-purpose Hall at Ndagwe SS shs.238,054,130

▲ Construction of 2 classroom blocks at Katovu Seed SS shs.923,453,633

▲ Monitoring development projects shs 14,360,000

4. Guidelines for Agro - Industrialization Program Conditional Grants for Local Government

Page 8-12 UGIFT MSI technical guidelines 2003.
The Total Grant Budget for the District was shs.1,081,288,901 and spent shs.899,020,800.

5. Guidelines for SFG for Local Governments FY 2023/2024. Threshold for this grant is 95% capital development and 5% investment service costs.

The Total Grant Budget for the district FY 2023/2024 was shs. 267,241,967 and Actual Expenditure was shs.267,241,967.

The Grant Investments for the district the Previous FY were;

▲ Supply of school desks shs.9,881,967

▲ construction of 2 classroom block at Nakiyaga ps, Kanoni ps, Lyakibirizi Cope, and Jjaga PS shs 240,000,000

▲ Procurement of ICT Equipment- Laptop shs.3,000,000

▲ Monitoring development projects shs 14,360,000

6. Guideline for DWSG for Local Governments FY 2023/2024.

The development is divided into two components

▲ Rural water and sanitation sub grant

▲ New capital developments minimum 65% of the rural water and sanitation (of which 3% is for catchment and source protection)

▲ Rehabilitation of water facilities minimum 25% of the rural water and sanitation grant

▲ Investment servicing costs up to 10% of the rural and sanitation sub grant

▲ Piped water sub grant.

▲ Minimum 85% is used for well development and construction of piped water systems(of which 3% is for catchment and source protection)

▲ Up to 15% this includes costs for environmental and social safe guards, designs and feasibility studies of piped water supply systems

The Total Grant Budget for the District was shs.741,312,362 of which the Development grant was shs.674,754,722 and sanitation grant shs.66,557,640 and Actual Expenditure was shs.632,004,052.

The Grant Investments for the District the Previous FY were;

▲ Construction of two valley tanks at Kitazigulukuka and Lusaana in Ndagwe SC shs.113,046,200

▲ Construction of 50m³ capacity brick masonry Tank at Nakateete ps shs.26,980,004 -LC

▲ Construction of 50m³ capacity brick masonry Tank at Ndagwe shs.26,980,004 -LC

▲ Hydrogeological survey, drilling and test pumping of one hand pump borehole shs.26,158,535

▲ Supply of H.D.PE Pipes shs.13,596,671

▲ Supply of borehole spare parts shs.79,968,600

▲ Construction of 2-30m³ masonry tank at Lwendezi COU and Lwemiyaga PS shs.32,805,617

▲ Construction of 50m³ capacity brick masonry Tank at Nakalinzi shs.26,918,685

▲ Construction of 50m³ capacity brick masonry Tank at Shepherd SSS in Katovu T/C shs.27,016,112

▲ Retention on construction of 3000m³ Valley tank at Nakalago village Kyazanga SC shs.5,990,250

▲ Retention on Hydrogeological survey, drilling and test pumping of one hand pump borehole shs.2,679,780

▲ Retention on construction of 50m³ capacity brick masonry tank at St. Charles Kensenene ps shs.2,789,744

▲ Retention on construction of 50m³ capacity brick masonry tank at Busumbi ps shs.2,804,374

▲ Retention on construction of 50m³ capacity brick masonry tank at Mbirizi Seed S.S shs.2,789,744

▲ Retention on construction of 50m³ capacity brick masonry tank at Mastered Seed School shs.2,364,190

▲ Retention on installation of 01 MIN Solar powered borehole at Kyetume in Lwengo SC shs.11,496,034

▲ Retention on construction 2-30m³ masonry tank Nanywa and St. Peters Kawuule shs.1,796,939

▲ Retention on Construction of a 5 stance lined PIT Latrine at Katuulo shs.1,247,600

- ▲ Balance on construction 2-30m3 masonry tank Nanywa and St. Peters Kawuule shs.5,701,009
- ▲ Design review of Kengwe motorized solar powered borehole and supply of piped water materials shs.51.309,607
- ▲ Construction of 5 stance lined PIT Latrine at Kaikolongo Trading Centre shs.23,659,266
- ▲ Construction of Solar powered borehole at Busibo Village in KyazangaSC shs.109,223.500
- ▲ Salary for CDO Water mobilization for July. 23 to Dec. 2023 shs.3,608,046
- ▲ Launching of water projects shs.2,600,000
- ▲ Monitoring and supervision of water projects that were screened during during the 2nd Quarter 2023/2024 shs.2,500,000
- ▲ Facilitation during the follow up of on mitigation measures for water projects
- ▲ Supervision of construction of projects shs.1,040,000
- ▲ Quality testing of new and old water sources functionality shs.7,895,700
- ▲ Facilitation during inspection of water project shs.1,500,000
- ▲ Borehole and motorized solar rehabilitation by hand pump mechanics shs.5,130,000
- ▲ Monitoring and inspection of water projects shs.1,050,000
- ▲ Water quality testing shs.4,660,000
- ▲ Supervisions for construction of deep boreholes, valley tanks and mini solar powered system shs.2,500,000
- ▲ HPM training of O & M frame work shs.960,000
- ▲ Contribution to NSSF for CDO Water Officer mobilization shs.240,536
- ▲ Supervision of new sites prior agreement signing shs.5,000,000
- ▲ Post construction monitoring and supervision of water facilities shs.3,260,000
- ▲ Facilitation for social and environmental screening of water projects shs.2,000,000

7. The total budget of the health development grant was shs.415,480,243 and actual expenditure was shs.415,479,808.

The Grant Investments for the District the Previous FY were;

- ▲ Supervision of delivery and installation of medical equipment at Kyazanga HC IV shs.972,000
- ▲ Engraving, Supply and installation of medical equipment and a 24,000 BTU Hisense air

conditioning equipment shs.20,732,000

▲ Supply and installation of medical equipment at Kyazanga HC IV shs.278,304,000

▲ Retention on renovation of staff house at Kyazanga HC IV shs.2,095,916

▲ Construction of a 5 stance lined pit latrine at Nanywa HC III shs.23,722,602

▲ Installation of a Gate at Katovu HC III shs.11,393,844

▲ Works for Kinoni HCIII and Kyetume HC III shs.5,171,895

In view of the above, the LG used all of the development grants per the grant requirements and the eligible items in the respective investment menu, the LG qualified for the score

13

0

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 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)

i) There was evidence of functionality of Audit in the LG as per the Annual Audit work plan presented by the Principal Internal Auditor (PIA) Mr. Atukwase Bernard dated 5th May 2023 and received by Office of the Internal Auditor General (MFPED) on 12th May 2023; Chief Administrative Officer-Lwengo DLG received on 5th May 2023.

Quarter 1 Internal Audit report was produced and submitted by PIA Mr. Atukwase Bernard to Speaker on 26th February 2024

Copies to: District Chairperson received on 26th February 2023,

DPAC on 26th February 2024

IAG- MoFPED, acknowledged on 26th February 2024

Quarter 2 Internal Audit report

Produced and submitted by PIA Mr. Atukwase Bernard to the Speaker on 21st June 2024;

CAO received on 21st June 2024

Copies to DPAC received on 21st June 2024, District Chairperson received on 21st June 2024, IAG- MoFPED, acknowledged on 21st June 2024

Quarter 3 report

Produced and submitted by PIA Mr. Atukwase Bernard to the Speaker on 3rd September 2024; CAO received on 30th August 2024

Copies to DPAC received on 21st June 2024, District Chairperson received on 3rd September 2024

IAG- MoFPED, acknowledged on 30th August 2024

Quarter 4 Internal Audit report

Produced and submitted by PIA Mr. Atukwase Bernard to the Speaker on 21st October 2024;

CAO received on 15th October 2024

If the requirements (i) Copies to DPAC received on 21st June 2024, District
to (iii) are met score Chairperson received on 21st June 2024 IAG-
2 or else 0. MoFPED, acknowledged on 21st June 2024

(All offices cited above received, stamped and signed on the four reports produced by Internal Audit.

ii) DPAC Minutes that discussed the Internal Audit and external Audit reports were as follows;

Period Date of the Minutes Quarter 1 FY 2023/2024
16th October 2023 Quarter 2 FY 2023/2024 11th
December 2023 Quarter 3 FY 2023/2024 26th
March 2024 Quarter 4 FY 2023/2024 8th July 2024

Submission of DPAC Minutes and reports to the District Chairperson and other relevant bodies was as follows;

Quarter Date of submission to District Chairperson
Date of submission to CAO Date of submission to
MoLG, MoFPED, IGG and Auditor General's Offices,
Kampala Quarter 1 FY 2023/2024 18/11/2023
18/11/2023 6/12/2023 Quarter 2 FY 2023/2024
25/4/2024 25/4/2024 27/5/2024 Quarter 3 FY
2023/2024 25/4/2024 25/4/2024 27/5/2024 Quarter
4 FY 2023/2024 5/9/2024 5/9/2024 6/9/2024

iii) There was evidence in a Report of the LG Accounting Officer on implementation of audit recommendations dated 30/07/2024 to the speaker and to the PS/ST on 18th April 2024

Quarter one

Key Audit Findings Status

1 Failure to provide accountable stationery (Tickets) to Revenue Tenderers - Not Resolved

2 Non Implementation of Charging policy - Resolved

3 Delays in remitting of local revenue to Lower Local Governments - Resolved

Quarter Two

KEY AUDIT FINDINGS Status

1 Failure to provide information on some Water User Committees and Community contributions on water projects - Resolved

2 Local Revenue under-performance of Shs. 2,503,539,338 - Resolved

3 Contract Performance Securities and Land ownership of UglIFT projects The issue of performance securities was - resolved

Titling of land where UglIFT Projects are located is- partly resolved

4 Delayed submission of Quarterly reports to MoW&T - Resolved

5 Non-functionality of contracts committee at Nakyenya SS - Resolved

6 Non-functionality of stores control system at

Sseke SS - Resolved

7 Failure to prepare Annual Financial statements by
Busibo SS- Resolved

Quarter Three

KEY AUDIT FINDINGS Status

1 Payment of Shs. 35,500,840 to Contractors
without approval of Payment Certificates - Resolved

2 Local Revenue under performance of Shs.
4,435,395 at Malongo S/C - Resolved

3 Failure to share local revenue of Shs 627,627
with Lower Local Government units by Malongo S/C
- Resolved

4 Local Revenue under performance of Shs.
18,568,643 at Kkingo Sub County- Resolved

5 Local Revenue under performance of Shs.
29,826,197 at Lwengo Sub County - Resolved

6 Delay to implement DDEG project worth Shs
9,359,309 by Kisseka Sub County - Resolved

Quarter Four

KEY AUDIT FINDINGS Status

1 Failure to update Prescription and Dispensing Log
(HMIS 016) at Kyazanga HC IV - Resolved

2 Lack of critical staff to operate medical
equipment at Kyazanga HC IV - Not resolved

3 Lack of a fence at the facility at Kakoma HC III -
Not resolved

4 Failure to update Prescription and Dispensing Log
(HMIS 016) at Kinoni III- Resolved

5 Non functionality of Health Management
Committee at Nanywa HC III Resolved

6 Failure to update Prescription and Dispensing Log
(HMIS 016) at Nanywa HC III Resolved

7 Lack of major Medical and Laboratory equipment
at the Health facility at Nanywa HC III Resolved

Summary

QUARTER NO

issues	RESOLVED	NOT RESOLVED
1st 3	2	1
2nd 7	6	1
3rd 6	6	0
4th 7	5	2
Total 23	19	4

The District resolved 82.6% of audit issues
identified by internal audit.

External Audit Findings FY 2022/2023

No. KEY AUDIT FINDINGS Status

1 Under collection of Local Revenue - Resolved

2 Failure to warrant Shs 740,753,558 on GOU grants representing 2% - Partially resolved

3 Failure to warrant Shs. 811,470,626 on External assistance representing 68% - Resolved

4 Un-utilized warrants of UGX.616,397,939 representing utilization of 2% - Resolved

5 Lack of appropriate performance indicators and targets in the work plans - Resolved

6 Un-utilized Wage bill of Shs. 102,818,552 representing 0.5% - Resolved

7 Validation of employees on the entity payroll.

The District had 1,956 employees on the IPPS payroll of which 1,886 (96.4%) were fully verified, 31 (1.6%) partially verified and 39 (2%) did not show up. Resolved

8 Inconsistencies in Employee Details - Resolved

9 Delayed deletion of employees from the payroll - Resolved

10 Staffing gaps. Out of 133 approved positions, a total of 92 positions were filled leaving a gap of 41 vacant positions. - Partially resolved

11 Delayed procurement process for water projects - Not resolved

12 Non-functioning of some water facilities.

A review of the annual water performance report revealed that 301 (20%) out of 1,471 existing water facilities were not functioning - Resolved

13 Lack of water testing kits - Resolved

14 Under utilisation of UGIFT funds under micro irrigation due to limited trainings on the program - Resolved

15 Pension and gratuity under funding of UGX. 483,143,719. - Resolved

16 Under absorption of Pension and gratuity funds of UGX. 432,446,567 representing an absorption level of 16%.- Resolved

17 Delayed Release of Funds to PDM SACCOs - Resolved

18 Registration of PDM SACCOs and Enterprise Groups- Resolved

Summary

FY ENDED JUNE 2023 NO

Total issues	18	RESOLVED	15	NOT
		RESOLVED	3	

A review of the Auditor General's report of 8th April 2024 "Status of **Audit Recommendations**"

resolved by the LG were at **83.3%**

Evidence on resolving is contained in CAO'S response and action taken on auditor general's report for June 2023 was submitted to the PS/ST on 9th April 2024

on file was the verification report by Principal Internal Auditor on Action taken on recommendations by Auditor General report for June 2023 was done and submitted on 23/5/2024.

CAO'S response and action taken on Internal auditor reports for FY2022/2023 was submitted to the PS/ST on 18th April 2024

Verification report by Principal Internal Auditor on Action taken on recommendations by Internal Auditor report for FY 2022/2023 was done and submitted on 23/5/2024

However, all quarterly internal audit reports were submitted late thus attracting no score

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	The LG audit opinion for the previous FY will come out in January 2025	0
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Environment, Social, Health and Safety

15	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.	<ul style="list-style-type: none">• There was evidence of Environmental & Social Management Plans (ESMPs) for all projects implemented in the 2023/2024 financial year in Lwengo District. Three projects were sampled for details including the construction of staff houses at Lwengenyi HC III, the construction of 2 classroom blocks administration, and staff houses at Kyanukuzi secondary school and routine maintenance of Lwentale-Kyampalakata-Kigoba road.• Evidence showed that all projects implemented in Lwengo DLG for the 2023/2024 financial year had detailed costed Environmental Social Management Plans (ESMPs). For the three sampled projects, i.e., the construction of staff houses at Lwengenyi HC III, the ESMP was dated 19/09/2023 with a total budget of 500,000UGX. Likewise, the ESMP for the construction of 2 classroom blocks administration, and staff houses at Kyanukuzi Secondary School was signed on 19/09/2023; and for the routine maintenance of Lwentale-Kyampalakata-Kigoba road, the ESMP was also on 19/09/2023.• There was evidence of the implementation of mitigation measures as stipulated in the projects' ESMPs as observed during field verification. For example, the mitigation measures for the construction of 2 classroom blocks of	2
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administration, and staff houses at Kyanukuzi Secondary School and the construction of staff houses at Lwengenyi HC III had suggested that there should be planting of grass and trees around the project-affected areas, with ramps, drainage system, gutters, and rainwater harvesting tanks were implemented. In the same vein, the mitigation measures for the routine maintenance of the Lwentale-Kyampalakata-Kigoba road were implemented by planting trees and grass on the roadsides as indicated in the ESMP.

• **There was evidence that all ESMP implementation reports (monitoring reports)**

for all three sampled projects for the 2023/2024 financial year are available. For example, the monitoring reports for the construction of 2 classroom blocks of administration, and staff houses at Kyanukuzi Secondary School were on 04/04/2024 and 30/05/2024. The monitoring report for the construction of staff houses at Lwengenyi HC III was on 11/04/2024. Finally, the monitoring reports for the routine maintenance of the Lwentale-Kyampalakata-Kigoba road were on 11/04/2024 and 30/05/2024.

• **There was evidence of environmental, social, and Health clearance certification** for all three sampled projects. The safeguards clearance certificates for the construction of 2 classroom blocks of administration, and staff houses at Kyanukuzi Secondary School were prepared on 15/06/2024. For the construction of staff houses at Lwengenyi HC III, the Environmental and Social Safeguards clearance certificate was dated 10/06/2024. The safeguards clearance certificate for the routine maintenance of the Lwentale-Kyampalakata-Kigoba road was prepared on 16/06/2024.

Conclusion: There is evidence that the required Environmental Social Health and Safety Safeguards were implemented based on the documents provided (ESMPs, monitoring reports, Safeguards clearance reports) and implementation of mitigation measures based on field verification (observations)

From the above assessment, however, the ESMPs and mitigation measures were fully implemented therefore the **LG scores 2** for this indicator

16

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

The LG of Lwengo had scanty proof of land ownership presented in form of titles and agreements a number of titles were under processing as shown below:

Land titles for

▲ Construction of staff house at Lwengenyi HC III (Land title details: Area: 0.5880 hectares, County: Buddu, District: Lwengo, Plot 10, Block 471, at Lwengenyi – Malongo, Dated this 23rd Day of February 2022, Name and Address of owner: Lwengo District Local Government of PO Box 1330 Masaka).

▲ Construction of external works at Mbirizi Seed SS

0

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

(Land title details: Area: 2.4320 hectares, County: Buddu, District: Lwengo, Plot 34, Block 436, at Central Ward Lwengo Town Council, Dated this 29th Day of September 2021, Name and Address of owner: Lwengo District Local Government (Mbirizi Muslim Seed Secondary School) of PO Box 1330 Masaka)

- ▲ Construction of 50m³ capacity brick masonry Tank at Nakalinzi Primary School (Land use agreement between Nakalinzi Church of Uganda Parish, Masaka Archdeaconry West Buganda Diocese {Anglican} and Lwengo Sub county [Nakalinzi Church of Uganda Primary School] dated 7th November 2021)

- ▲ Construction of 50m³ capacity brick masonry Tank at Shepherd SSS in Katovu T/C (Land use agreement between Shepherd High School Katovu and Lwengo District Local Government [Lwengo Sub county], dated 21st November 2023)

- ▲ Construction of two valley tanks at Lusaana in Ndagwe SC (Land use agreement between [Mr Mahambo Yorokamu and Ms Namweluka Cate] and Ndagwe Sub county (Lusaana LC I} dated 4th June 2022), where Mr Mahambo Yorokamu gave 25 feet and Ms Namweluka Vate gave out 25 feet for project construction.

- ▲ Retention on construction of 50m³ capacity brick masonry tank at Busumbi PS (Land use agreement between Busumbi Church of Uganda -Kyazanga and Lwengo District Local Government [Kyazanga Sub county], dated 4th December 2022)

- ▲ Construction of 2-30m³ masonry tank at Lwemiyaga PS (Land use agreement between Lwemiyaga Village -Malongo Paish and Lwengo District Local Government (Malongo Sub county], dated 16th November 2023)

- ▲ Construction of 2-30m³ masonry tank at Lwendezi COU (Land use agreement between Lwendezi Village -Katovu Paish and Lwengo District Local Government [Malongo Sub county], dated 9th November 2023)

- ▲ Construction of Administration blocks and a multi-purpose Hall at Nakyenyi SS shs.569,587,245

- ▲ Construction of Administration blocks and 2 classroom blocks at Kyanukuzi SS shs.242,020,576

- ▲ Construction of an ICT/Lab blocks at Kaikolongo SS shs.270,112,117

- ▲ Construction of 2 classroom blocks, Administration Block and 5-stance lined Pit latrine at St Clement Nkoni SS shs.290,990,867

- ▲ Construction of 2 classroom blocks at Nakateete SS shs.279,348,653

- ▲ Construction of a multi-purpose Hall at Ndagwe SS shs.238,054,130

- ▲ Construction of 2 classroom blocks at Katovu Seed SS shs.923,453,633

- ▲ construction of 2 classroom block at Nakiyaga ps,

Kanoni ps, Lyakibirizi Cope, and Jjaga ps shs
240,000,000

▲ Construction of 50m3 capacity brick masonry
Tank at Nakateete ps (Land Title processing is
progress)

▲ Construction of 50m3 capacity brick masonry
Tank at Ndagwe (Land Title processing is progress)

▲ Construction of a 5 stance lined pit latrine at
Nanywa HC III (Land Title processing is progress)

▲ Installation of a Gate at Katovu HC III (Land Title
processing is progress)

The information presented indicated that few
projects had land titles and many of them had land
use agreements with no evidence that these were
officially registered and stamp duty paid. Other
projects were listed without the LG specifying the
status of the land . Thus failing to meet the
indicator requirements.

17

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.

No Stakeholder Engageent Plans at Lwengo DLG

This indicator was not assessed for 2023/2024
financial year

0

Evidence that GRCs at project level are existent, functional and that the communities/workers have been sensitized about their existence and are using them	<p>Review the GRCs at various projects to establish</p> <p>i. They are as constituted as per the circular issued by MoGLSD in July 2023</p> <p>ii. Evidence that grievances are recorded</p> <p>iii. Evidence that the grievances that were received were acted upon</p> <p>iv. Evidence that the GRC activities are funded</p> <p>v. Evidence that the community/workers have been sensitized about the existence of the GRC</p> <p>vi. Evidence that the GRCs have been trained on their roles and responsibilities</p> <p>If the requirement (i) to (vi) above are complied with score 2 or else 0.</p>	<p>There was evidence that the GRCs in Lwengo District have been constituted as per the circular issued by MoGLSD 2023. The DCDO is the secretary and the senior labor officer is an active member.</p> <p>There was evidence of GRC committees at subcounty level and for every project implemented in the district for the financial year 2023/24</p> <ul style="list-style-type: none"> • Grievances have been received and recorded in the logbook; based on the details obtained in the logbook, there is evidence that cases have been acted upon. For example, a micro scale irrigation farmer complained about high quotations for irrigation equipment different from other farmers. The senior Agricultural Engineer was invited to the mediation meeting and explained to the farmer the different market prices and different qualities on the market. The farmer was satisfied with the explanation and the procurement process resumed. • There was evidence of community sensitization meetings in different communities and schools for different projects. For example, sensitization meetings were held in Kyampalakata for the road construction on 22/03/2024, another meeting was held in Lwengenyi on 15/04/2024 and on 04/03/2024, a community sensitization meeting was held in Kyanukuzi for the construction project at Kaynukuzi secondary school. • There was evidence for the grievance management handbook. • Evidence of GRCs meeting Minutes of meetings for the previous year were prepared on 29/05/2023, 29/05/2023, and for the current year on 22/03/2024 and 08/07/2024. • There was evidence of training of GRC members on their roles and responsibilities as indicated in the report on 19/03/2024 • There was evidence of funding for GRC activities. GRC activities were supported by projects costs. <p>Conclusion: Lwengo District has a functional and fully constituted GRC per the MoGLSD 2023 guidelines. There is evidence of funding for all GRC activities; the record log books were fully utilized, GRCs trained and sensitization meetings were held.</p> <p>Based on the above, Lwengo District scores 2 for this indicator.</p>
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Transparency, oversight, reporting and accountability

The LG shared key information with and responded to the issues raised by the councilors and citizens	<p>From Clerk to Council find minutes of Council discussing the LG assessment report.</p> <p>Sample 5 sites to establish display of</p>	<p>i) There was evidence from the District Planner that the LG shared the LGMSD PA results in a previous FY and shared information with key stakeholders on how much the government gained and lost regarding the size on Government Grants. This was mainly through a circulars to all departments, sections and units by the CAO dated. 28/06/2024 and also barazas held in the 7 LLGs in the months</p>
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relevant information	of August and September 2024 as shown in the subsequent section: The circular summarized results and implications as below. This is the same information that was taken to council committee and to full council and to Barazas in LLGs.		
From the LG Planner, obtain minutes of Baraza and attendance lists to establish issues discussed	Performance per sector and the resultant sector grant allocation FY 2024/2025		
Radio Program Recordings	DEPARTMENT	Formula Based Allocation	
	Performance Based Allocation	Difference in Allocation	% Gain/Loss
Obtain from the CFO the charge policy.	HEALTH	98,455,585	
	93,383,633		-5,071,952
Check display of tax information on public notice boards		-5%	
	WATER	693,012,294	
	643,688,908		-49,323,385
Verify that:		-7 %	
i. LG shared LGMSD PA results for the previous FY and how much the LG gained or lost regarding the size of the development grants based on performance results with the citizens through at least one of the following forms: barazas; radio; circulars and workshops	MICRO SCALE	554,103,202	
	553,096,382		-1,006,821
		0%	
	DDEG	249,427,752	
	249,003,780		-423,972
		0%	
	EDUCATION	2,32,012,673	
	277,509,978		45,497,305
		20%	
	TOTAL	1,594,998,833	
	1,816,682,681		-10,328,825
		-7%	
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	From the Assessment results the District lost -7% (10,328,825). Only Education gained 20% (45,497,305). However the gains by Education were Offset by losses in Water 7% (49,323,385), Health -5% (-5,071,952) Implications; the LG lost terribly in allocation of sector grants for FY 2024/2025		
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.	ii) There was evidence that the LG Finance Committee of Council discussed the LG Performance assessment results of LLGs and the HLG FY 2023/2024 whose committee report was taken to the LG Council for consideration. From the Council meeting held on 22nd 08 2024, Under Min 08/LDC/08/2024 the Council. The committee found out the following; a) That the Water department performed poorly because it did not follow the sector grant guidelines to put water sources in the water stressed areas. b) Council also observed that head of departments lacked seriousness and commitment to fulfill their obligations Owing to the findings that led to the poor performance the Council resolved that;		
iv. The LG during the previous FY conducted discussions (e.g.	1)Departments that would continue to perform poor the Assessment CAO should forward him or her to rewards and sanctions committee for further management		
	2) Council directed CAO to have a form of reward mechanism for the good Performers in Assessment		
	3) Council also resolved and directed the CAO to		

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

work with the TPC to improve on the poor performed areas and strengthen the good performing areas in assessment

There was evidence that the LG Accounting Officer had implemented the Council resolutions on the LG Performance Assessment, This evidenced in the DTPC minutes held on 26th September , 2024 under Min No. 02/LWEN/DTPC/09/2024-Remarks from the Chairperson where CAO in his remarks informed members of what Council had resolved, further to the same DTPC meeting in Min No 05/LWEN/DTPC/09/2024 Discussion of Performance Assessment Results, CAO directed TPC members to ensure that Performance is improved. There was an **Action Letter dated 30th September 2024**, Ref CR/plan/opm/2/2024. CAO wrote that letter to the Heads of Departments and Heads of Lower Local Governments directing them to take corrective actions for the next National Assessment and ensure that Performance is improved. In a **follow up letter to the Speaker dated 2nd October 2024**, Ref Council Ref CR/Plan/OPM/3/2024, CAO informed the Speaker about what he had implemented as regards Performance Assessment as directed by Council. made the recommendations seen above for the Accounting officer to implement. which he had done.

- iii)The **LG placed site boards on all construction sites for these sampled projects** to display information regarding procurement and contract management:
- "Routine mechanised maintenance of Lwentale-Kyampalakata-Mudaala (24km)":
- "Renovation of Staff House at Kyazanga Health Centre IV in Kyazanga TC.":
- "Construction of a 2-unit staff house at Lwengenyi HC III":
- "Construction of a 2(No.) 2-classroom blocks, at Nakateete Secondary School.":
- "Construction of Administration Block,2 Classroom block and Multipurpose Hall at Nakenyi SS":
- "Construction of 50m3 rain water Brick Masonry Tank at Nakakeete SS.":
- "Busibo Mini Solar powered borehole piped water supply system in Katuulo parish."

iv) There was evidence that the District conducted barazas and LWENGO DISTRICT BARAZA ACTIVITY REPORT FOR 2024 was on file

The baraza activities took place from 2nd to 5th and 23rd to 26th September 2024 at the respective Sub county Headquarters as per the Schedule below:

Baraza Schedule for 2024

SN LLG Time	Date
1 Kkingo Subcounty 9.30 am	26th August, 2024
2 Kinoni Town Council	27th August, 2024
3 Kisekka Subcounty	28th August, 2024

4 Lwengo Town Council	29th August, 2024
5 Lwengo Subcounty	4th September, 2024
6 Ndagwe Subcounty	5th September, 2024
7 Kyazanga Town Council	9th September, 2024
8 Kyazanga Subcounty	10th September, 2024
9 Katovu Town Council	17th September, 2024
10 Malongo Subcounty	18th September, 2024

Attendance lists were also attached per LLG

The Barazas were attended by the community members in the respective Lower Local Governments including chairpersons of LC I, LC II, Political leaders, Community based organizations, Political and Technical leaders at the Lower Local Government and District level, Religious leaders and plus well-wishers.

The District and LLG Technical staff presented reports on the funds received in financial year 2023/2024 and projects/activities implemented, challenges faced during implementation and recommendations. Political leaders also presented a general overview of their respective local Government level. Assessment results for 2023 were also disseminated to the community in all Lower Local Governments, indicating how these results affected the funding to the District and a particular Lower Local Government for financial year 2024/2025.

The Community members raised a number of questions that were responded to by the Technical staff, CAO, District Chairperson and RDC.

A number of comprehensive Reports were presented, one by SAS and one from each of the different heads of departments (focus was on service delivery Departments) from the District headquarters.

v) There was evidence that the LG had 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 across the District as evidenced district notice boards, and on LLG noticeboards of Katovu TC, Malongo Sub County, , Kinoni TC and Lwengo Sub County

From the above analysis, the LG complied with all requirements sub indicators (i) to (v) thus attracting a score of 2.

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

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

a) From the District Planner, there was evidence that LG mentored all the 10 LLGs and reports were on file Q1 dated 28/09/2023, Q2 dated 18TH December 2023, Q3 dated 25th April 2024 and Q4 dated 28th June, 2024 inclusive of their attendance lists therein. All compiled and prepared by Planning Department.

There was evidence that the LG; results of support supervision visits were discussed by the TPC, used

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	Performance Assessment Focal Person obtain mock assessment results to establish that mock assessments were conducted, results discussed and corrective action taken	by the District to make recommendations for corrective actions and followed up. For instance:			
		Quarter Four			
		The TPC minutes for the meeting held on were on file dated 27TH June 2024 and Minute number; MIN:07/LWEN/DTPC/07/2024; Presentation and Discussion of Departmental and LLG Workplans for the FY 2024/25			
	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%	Quarter Three			
	Check and verify that:	TPC minutes for the meeting held on were on file dated 31st January 2024; PDM Updates by the District PDM Focal Person. Min 07/LWEN/DTPC/2024			
	i. The LG has supervised or mentored all LLGs;	Quarter Two: TPC minutes for the meeting held on were on file dated 27th November 2023, Departmental and Lower Local Government Reports for Second Quarter under Min. 05/LWEN/DPTC/2023			
	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	Quarter One			
	iii. The LG conducted credible assessment of LLGs as verified during the National LGPA exercise	TPC minutes for the meeting held on were on file dated 28th September 2023 and Minute number; Min:06/LWEN/DTPC/09/2023 and Min:08/LWEN/DTPC/09/2023; Presentation of the First Budget Call Circular for FY2024/2025 BY District Planner:			
	iv. The LG conducted mock assessment, discussed the results and took corrective action in preparation/readiness for the national performance assessment exercise	a) There was evidence that the LG conducted credible assessment of LLGs as verified during the National LGPA exercise, see results verified below			
	If (i) to (iv) above requirements are complied with score 2 or else 0				
		LLGs	LG Score	IVA score	
		Variance			
		Kinoni TC	63	69	+6
		Katovu TC	69	68	+1
		Lwengo SC	79	78	+1
		Malongo SC	51	60	+9
The above verified results presents an acceptable margin of +/-10%					
b) Mock Assessment					
From the District Planner, there was evidence that the LG conducted mock assessment, discussed the results and took corrective action in preparation/readiness for the national performance assessment exercise. The Mock assessment results and report dated 10th October, 2024, and this is evident with the TPC minutes of the meeting dated 29th October, 2024 and the Minute no. MIN.05/LWEN/DTPC/09/2024 compiled by the District Planner.					
The District Planner presented evidence that the LG took corrective action in preparation for the national performance assessment exercise and this is evident with the TPC minutes of the meeting held on 2/10/2024 and the minute number MIN.09/DTPC/09/2024 cited as follow up on Actionable points on Mock Assessments (All Departments to fill the remaining gaps as per the					

The above verified results presents an acceptable margin of +/-10%

b) Mock Assessment

From the District Planner, there was evidence that the LG conducted mock assessment, discussed the results and took corrective action in preparation/readiness for the national performance assessment exercise. The Mock assessment results and report dated 10th October, 2024, and this is evident with the TPC minutes of the meeting dated 29th October, 2024 and the Minute no. MIN.05/LWEN/DTPC/09/2024 compiled by the District Planner.

The District Planner presented evidence that the LG took corrective action in preparation for the national performance assessment exercise and this is evident with the TPC minutes of the meeting held on 2/10/2024 and the minute number MIN.09/DTPC/09/2024 cited as follow up on Actionable points on Mock Assessments (All Departments to fill the remaining gaps as per the

indicator requirements) before the National Assessment which commences in November 2024.

Further, there was an action letter from the CAO dated 27th October 2024 instructing all HODs to find time with their departmental staff as well as liaising with other departments to finish mock assessment using the new LGPA Manual September 2024.

The LG complied in all parameters of this indicator (i - iv) and was awarded a score

21

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

From Clerk to Council, obtain minutes of council committees

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

There was evidence that the LG prepared both quarterly financial and quarterly physical progress reports covering all development projects. The reports were discussed by the TPC, DEC and Council committees as evidenced by the minutes below:

TPC discussed quarterly financial and physical progress reports as per the minutes dated 31/08/2023

MIN.05/ LWEN/08/2023 (presentation and discussion of departmental quarterly progress report and LLG 1st quarter).

On 27/11/2023 MIN.05/LWEN/11/2023: Departmental and LLG 2nd quarter FY 2023/2024 progress reports

TPC held a meeting on 31/01/2024 under MIN.06/DTPC/LWEN/01/2024 (presentation and discussion of departmental and LLG half year budget performance and progress reports.

On May 30th 2024, MIN.06/LWEN/05/2024 (presentation and discussion of 4th quarter reports highlighting planned, done and pending activities.

DEC

The District Executive Committee discussed quarterly physical and financial progress reports as per minutes below:

Reports were discussed by the Council committees: 1) Social Services, 2) Finance and 3) Works

Minutes were on file dated 5th September 2023 under MIN 5/LDEC/09/2023 (Discussion of 1st quarter physical and financial departmental reports.

DEC sat on 26/02/2024 under MIN.05/LDEC/02/2024 (presentation and discussion of a half year budget performance reports for departments and LLGs)

WORKS COMMITTEE

Sat on 10/10/23 MIN. 05/WKS/10/23 (presentation and discussion of 1st quarter physical and financial progress reports and 2nd quarter work plans for the departments, 19th Feb. 2024
MIN.05/WKS/02/24 (presentation and discussion of departmental quarterly progress report for 2nd quarter.

2

SOCIAL SERVICES

28/07/2023 MIN. 05/SOC/07/2023 (presentation and discussion of departmental quarterly progress report for 1st quarter)

19/02/2024 MIN.05/SOC/02/2024 (presentation and discussion of departmental quarterly progress report for 2nd quarter)

19/04/2024 MIN.05/SOC/04/2024 (presentation and discussion of departmental quarterly progress report for 3rd quarter)

13/06/2024 MIN.05/SOC/06/2024 (presentation and discussion of departmental quarterly progress report for 4th quarter)

FINANCE, PLANNING AND ADMINISTRATION COMMITTEE

10/10/2023 MIN.05/FIN/10/2023 (presentation and discussion of departmental quarterly progress report for 1st quarter)

06/12/2023 MIN.05/FIN/12/2023 (presentation and discussion of departmental quarterly progress report for 2nd quarter)

19/03/2024 MIN.05/FIN/03/2014 (presentation and discussion of departmental quarterly progress report for 3rd quarter)

19/06/2024 MIN.05 /FIN/06/2024 (presentation and discussion of departmental quarterly progress report for 4th quarter)

The District Council approved the council committee recommendations for implementation;

The minutes are on file dated 14/09/ 2023, under MIN.07/LDC/09/2023, (presentation, discussion and approval of sectoral committee reports;- SOCIAL SERVICES : health, education, sports and sanitation, Gender ,Community based services, Finance and Administration Committees, Works Committee

26/10/2023, under MIN. 12/LDC/10/2023: Presentation, discussion and approval of sectoral committee reports (Works, Social Services and Finance and Administration Committee; Education, Sports and Sanitation, Gender Community Based Services. Production, Natural resources and Trade and Commerce. Works and Technical Services. Finance Planning and General Duties).

On 21/12/2023 under MIN. 10/LDC/ 12/2023 Presentation, discussion and approval of sectoral committee reports (Works, Social Services and Finance and Administration committee . Details for health, education, sports and sanitation, Gender Community based services. Production, Natural resources and Trade and Commerce. Works and Technical services. Finance Planning and General Duties).

Lwengo DLG prepared both quarterly financial and quarterly physical progress reports covering all development projects and the reports were discussed by relevant structures.

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				0
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>Summaries for the PLE results for the years 2022 and 2023 are well kept in the Education Department records. Evidence showed that the average PLE pass rates for UPE (Government Aided) between the 2022 and 2023 declined from 92% to 90% respectively. These rates are derived from the passes obtained from each year as shown in this elaboration. In 2022, those who passed in division 1 were 565; division 2 had 3177; division 3 were 1116 while division 4 had 733 giving a total of 5591 who passed out of 6086 who sat giving it pass rate of 92% since 495 candidates failed. 185 candidates did not sit {Absentees} out of the 6271 who registered. On the other hand, in 2023, 268 passed in division 1 while 2805 were in division 2; 1403 in division 3; 720 in 4 giving a total of 5196 who passed reflecting a pass rate of 90% since 552 candidate failed out of the 5748 who sat. 5887 had registered reflecting that the absentees were 139. Regarding the question of whether there was improvement in pass rates between the two years, overall, there was a decline in pass rates from 92% in 2022 to 90% in 2023.</p>	0

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

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

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

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

In 2023 the learners in the Lwengo government aided schools who scored PLE pass grades between 1 and 2 were 3073 out of the 5748 who sat reflecting a pass rate of 59%. This is far above the 20% threshold hence a good performance.

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

Summaries for the PLE results for the years 2022 and 2023 are well kept in the Education Department records. Evidence showed that the average PLE pass rates for UPE (Government Aided) between the 2022 and 2023 declined from 92% to 90% respectively. These rates are derived from the passes obtained from each year as shown in this elaboration. In 2022, those who passed in division 1 were 565; division 2 had 3177; division 3 were 1116 while division 4 had 733 giving a total of 5591 who passed out of 6086 who sat giving it pass rate of 92% since 495 candidates failed. 185 candidates did not sit {Absentees} out of the 6271 who registered. On the other hand, in 2023, 268 passed in division 1 while 2805 were in division 2; 1403 in division 3; 720 in 4 giving a total of 5196 who passed reflecting a pass rate of 90% since 552 candidate failed out of the 5748 who sat. 5887 had registered reflecting that the absentees were 139. Regarding the question of whether there was improvement in pass rates between the two years, overall, there was a decline in pass rates from 92% in 2022 to 90% in 2023.

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

In 2023 the learners in the LG government aided schools who scored PLE pass grades between 1 and 4 cumulatively were 5196 out of the 5748 reflecting a pass rate of 90%. This is far above the 70% threshold hence a good performance.

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

Summaries for the PLE results for the years 2022 and 2023 are well kept in the Education Department records. Evidence showed that the average PLE pass rates for UPE (Government Aided) between the 2022 and 2023 declined from 92% to 90% respectively. These rates are derived from the passes obtained from each year as shown in this elaboration. In 2022, those who passed in division 1 were 565; division 2 had 3177; division 3 were 1116 while division 4 had 733 giving a total of 5591 who passed out of 6086 who sat giving it pass rate of 92% since 495 candidates failed. 185 candidates did not sit {Absentees} out of the 6271 who registered. On the other hand, in 2023, 268 passed in division 1 while 2805 were in division 2; 1403 in division 3; 720 in 4 giving a total of 5196 who passed reflecting a pass rate of 90% since 552 candidate failed out of the 5748 who sat. 5887 had registered reflecting that the absentees were 139. Regarding the question of whether there was improvement in pass rates between the two years, overall, there was a decline in pass rates from 92% in 2022 to 90% in 2023.

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

The enrollment of boys in 2023 was Boys 42551 out of 84,422 learners in Lwengo District. In 2024 this number had grown to 49,459 boys in all schools of Lwengo District hence an increase of 6908 boys in the space between the two years. This represents an increase rate of 16.3% and far above the threshold of 5%.

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

- From UBOS obtain data on population of primary school going age children.
- From EMIS/LG Education department obtain enrolment data for the current and previous year.

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

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

The enrollment of boys in 2023 was girls 41871 out of 84,422 learners in Lwengo District. In 2024 this number had grown to 48,457 girls out of 97,916 in all schools of Lwengo District hence an increase of 6,586 girls in the space between the two years. This represents an increase rate of 16% and far above the threshold of 5%.

3

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

In 2023 there were 644 SNE learners in all primary schools and this number grew to 721 in 2024 reflecting an increase of 77 hence a percentage increase of 12% far above the threshold

2

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

The enrollment of boys in 2023 was 3925 boys out of 8331 learners in Lwengo District. In 2024 this number had grown to 4695 boys out of 9610 in all these schools hence an increase of 770 boys in the space between the two years. This represents an increase rate of 20% and far above the threshold of 5%.

2

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

In 2023, the enrollment of girls was 4406 out of 8331 learners in Lwengo District. In 2024 this number had grown to 4915 girls out of 9610 in all these schools hence an increase of 509 girls in the space between the two years. This represents an increase rate of 12% and far above the threshold of 5%.

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

In 2023, the SNE learners were only 21 and in 2024 this number grew to 42 in all secondary schools in the district. This is 50% increment rate and the reason given was that efforts are under way which were not there previously to mobilise all SNE learners to progress to secondary schools

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

The District does not maintain learners' returns from schools but from sampled schools the registers were accessed. At Mbiriizi RC. P.S the registers were analysed and attendance rate was calculated as follows: February stands at 84%, March was at 92%, April stood at 91%, May was at 81% while June was at 89%. July was at 93%, August stood at 94%, 84% for September while October stood at 92%. Overall, the learner attendance for 2024 was at 89%. At St Timothy Bunyere P.S, attendance stood at 89%, March was at 90%, April stood at 93%, May was at 80% while June was at 91%. July was at 92%, August stood at 94%, 92% for September while October stood at 90%. Overall, the learner attendance for 2024 was at 91%.

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

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

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

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

The district does not maintain learners attendance records monthly. However, the learners' attendance from Sseke S.S. was analysed standing at 97% overall broken down as follows: February 97%, March 90%, April 92%, May 93%, June 98%, July 97%, August stood at 95%, September at 96% and October at 97%.

Efficiency

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 the learners in P1 progressed to P3 Score 2 or else score: 0</p>	<p>In 2022, the P.1 enrollment was 7,726 learners and this turned out to be 4437 in P.3 of 2024. This translates in a completion rate of 57% and this far below the threshold of 90%-100%</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 the learners in P4 progressed to P5 Score 2 or else score: 0</p>	<p>In 2023, the learners in P.4 were 8,255 but in 2024 these turned out to be 7540 in P.5. of 2024 which translates in 91% and a good performance since it is above 90%.</p>	2

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>In 2023, P.6 had 7001 learners but in P7 of 2024, learners had become 6560. This translates in 94% and above the threshold of 90% hence good progress.</p>	2
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>In 2018, the enrollment of P.1 was 14403 but in 2024 the number had become 6560 in P.7 WHICH IS 46% and below the threshold 80% hence poor performance.</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>There is no data to benchmark on since the 2018 data had not been separated into boys and girls</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.

There is no data to benchmark on since the 2018 data had not been separated into boys and girls

Human Resource Management

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

- From the LG Education department, obtain data on teacher deployment.

- Sample two primary schools to verify whether teachers are deployed and teaching in the schools as indicated in the staff lists.

- From the school notice boards verify whether the teachers deployed in the school are displayed.

- From the LG Human Resource Management (HRM) department, obtain the teacher payroll data

Check and verify if:

- The LG maintains accurate teacher deployment data for government-aided primary schools and the information has been displayed at the LG and school notice boards

On perusal of the staff list from education office and the payroll from HRM office, it was noticed that Lwengo district does not maintain an accurate teacher deployment data for government-aided primary schools and the information is not displayed at the LG headquarters. The officials claimed that the building was very new and they had not raised notice boards. From schools' notice boards, the teachers deployment lists were raised but these were not tallying with the payroll. For instance, from the Bunyere PS payroll the following teachers appeared but were not on staff list. These included: Tushemeririwe James, Nansubuga Rose, Madian Wannyan, Zamu Koburunga and Godfrey Sempijja. In the same way on the payroll of other schools, the following teachers of Bunyere PS appeared that is, Nakitende at Lwendezi PS, Nabukenya at Kaboyo PS, Sekamanya at Kyambazi PS, Kityamuweesi at Bijaaba PS, Nabukalu at Namisunga PS and Seruyange at Naomi Girls.

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.

10

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

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

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

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

On perusal of the staff list from education office and the payroll from HRM office, it was noticed that Lwengo district does not maintain an accurate teacher deployment data for government-aided secondary schools and the information is not displayed at the LG headquarters. The officials claimed that the building was very new and they had not raised notice boards. From the sampled school i.e. Sseke S.S there are three teachers appearing on the payroll but not the staff list of the school.

0

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

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

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

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

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

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

The summaries accessed from the returns from schools were analysed and calculations were done. The percentages were derived as follows: February stood at 85%, March is 95%, April was 97%, 87% for May, June was at 97%, July stood at 92%, August was at 92%, September at 90% and October at 96%. Overall the overall teacher attendance was 92%. From the sampled school attendance is as follows: At Bunyere P.S, there are 10 teachers and out of these attendance was calculated per month as the attended per day from the arrival book. The results indicated that in February was 90% [9/10], March was 100% [10/10], April was 90% [9/10], May and June were at 100% [10/10], July, August September and October were at 90% [9/10]. Overall the attendance rate at Bunyere was 90%. At Mbirizi PS there are 13 teachers and the attendance rate was 85% [11/13] in February, 80% [10/13] in March, 69% [9/13] in April, May, June, July, August, and 85% [11/13] in October. Overall, the attendance at Mbirizi is 74%. The district attendance rate stood at 92% and from one of the sampled schools, the attendance stands at 90%. Although the attendance rate of the other school is 74%, the district generally indicates good performance

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.

From the Education Office, it noted from records that TELA is not effectively used. No records could be traced to see whether 50% of schools use TELA. However, from explanations and minutes of meetings, it was observed that some steps had been taken by the department use of TELA. First, the records showed that TELA machines had been stolen from Kalisizo PS, Kigeye Cope, Kabwami PS and Kymataffaali PS. That the Education department had taken action to ensure that headteachers recover them and these had been replaced. It was also noted that data is captured but analysis is not done at school level.

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>At the district education office, there was no disaggregated data of teachers attendance. The teacher attendance at Sseke SS was analysed using the attendance book and the results calculated were as follows: February 22%, March 18%, April at 20%, May at 14%, 23% for June, 22% for July while August stood at 18%. September stood at 20% while October was 24%. Overall, the school annual teacher attendance was 20%.</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>A t Mbirizi PS the deployment is 14 teachers [8 from government payroll and 5 from SMC arrangement] and whereas each class is allocated 2 teachers, P.1 is allocated one more teacher while P.4 remains with one. At Bunyere PS, there are 10 teachers deployed including the Headteacher. two of the 9 teachers are deployed in P.1 and P..2</p>	2

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)

- 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.
- 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

The records from the education department indicate that some CPDs were conducted as a result of gaps identified. For instance the SPA of 2023 recommended the need for intensifying support supervision by the headteachers. The report of the DEO to the CAO dated 12/02/2024, reports a workshop that was held on the same day on management and administration of schools.

Management and functionality of amenities

- a) Evidence that the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards.
- From the LG Education department obtain and review records and reports of school condition assessments.
- Verify the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards. Score 3 or else score: 0
- 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 department records were available especially from the SPA of 2023/2024 and the monitoring reports [2023/2024 about the condition of school facilities to ensure that they meet the minimum quality standards. From the SPA (14/12/24) for instance, states that Lwendezi PS and Lwensambya PS lacked structures [pg.6]. The monitoring report by the DEO also identified others like Malongo, Kyamaganda, Namisunga, St Claire Nkoni and Jjaga PS with very old classroom structures

- a) Evidence that the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards.
- 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
- 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.
- On scrutiny of the Annual Work Plan, in the FY 2024/25, classrooms were to be provided at Kyakanyenya. Others were Kabulassoke which was to receive a latrine block and a 3 classroom block to have a roof be renovated. Malongo P/S which had earlier identified with other schools in a similar condition like Lwensambya and Namisinga had worked on the outgoing year and payments had been made in June of 2024.

Monitoring and Inspection

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

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

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

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

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

A list of all schools that received capitation was obtained. Records of school accountabilities were reviewed to establish whether all schools submitted reports. All schools submitted reports describing how funds were used in a financial report. However from the sampled schools, reports detailing achievement of learning outcomes are contained in the headteachers termly reports generally. For instance, Mbirizi PS forwarded an accountability of the funds used and a termly report which indicated that with use of UPE achievements in teaching were registered because teachers prepared lessons, assessed learners and were able to mark printed scripts. The learners also participated in co-curricula activities alike the all games.

Management of Financial Resources

a) Evidence that the LG used 100% of inspection funds to conduct inspection as per guidelines	From the LG Finance department obtain financial records to establish when and the amounts transferred to the Inspection division	The inspection funds received per quarter according to the finance department records were as follows:
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 Education department, obtain and review: Sub-programme performance reports to ascertain whether the grant was used to improve learning outcomes	<p>1. A total of Ug Shs 19,733,542/= was released in two phases i.e. 17,123,421 on 13.09.2024, 21.09.24; Shs 2,610,121/= on 23.01.24. This was accounted for on 23.01.24 by the Inspector of schools</p> <p>2. On 21.05.24, the finance department received and disbursed 21,620,364 and this was accounted for considering inspection which was conducted in 130 government-aided schools reached and 60 private schools.</p> <p>3. On 14.06.24, the quarter 4 release showed shs 22,980,000/= released. This was accounted for on 27.09.24 where also accountability indicates inspection of 130 government aided schools and 60 private ones.</p>
	If the LG used 100% of inspection funds to conduct inspection as per guidelines score 3 or else score: 0	

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

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

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

From the LG Education department, obtain and review:

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

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

The Inspector of Schools produced 3 Inspection reports and these are attached. These describe actions taken which included review prepared schemes of work, lesson plans, materials and the methodology. The reports were also handy on the school learning environments, headteachers supervision levels and the community involvements. The achievements like where these report that most of teachers prepare well and that those who do not prepare, the headteachers are always reporting them. The same reports have also been able to identify classrooms in sorry state and old.

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	<p>From the sampled schools, check for existence and functionality of the safe learning environment facilities including:</p> <ul style="list-style-type: none"> 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 <p>If 4 of the above measures complied with score 4 or else score 0</p>	At Mbirizi P.S although the schools had closed, the assessor was shown the different facilities in place which reflecting existence and functionality of the safe learning environment facilities. The school uses energy energy saving cooking stoves; there are two pits to manage proper waste management where one is for disposable and burnables like paper while the other is for plastics which are given out to collectors; they have a tree planting and green spaces within the school where trees are see planted; the clean water tank was seen kept in store and sanitation facilities like separate latrines were seen. At Bunyere PS the provision of facilities for disposal and changing of sanitary pads were seen in the well constructed latrines and bathrooms. These had several buckets and these were for sanitary pad disposal which are later burnt. The school uses energy energy saving cooking stoves; there are two pits to manage proper waste management where one is for disposable and burnables like paper while the other is for plastics which are given out to collectors
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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	<p>Sample 3 schools to ascertain that protection measures are in place against any form of violence/abuse discrimination for children, workers and teachers</p> <p>LG conducted training and sensitization on the protection measures</p> <p>LG Education Office and Community Development Office have</p>	On 13th August 2024, Senior Women and Men teachers on how to handle students affairs. There is no evidence seen justifying any intervention put in place protection measures against any form of violence/abuse discrimination for children, workers and teachers in schools and trained SMC s or BOGs
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all schools.

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

Transparency, oversight, reporting and accountability

21	a) Evidence that the LG identified and documented	From the LG Education Department	The inspection report of term 2 2024 reported classrooms which lack shutters and this is something that hampers learning in regard to learning environment. It also reported poor attendance.	2
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areas that hamper improvement of learning outcomes at school level within the LG	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.
b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs	<ul style="list-style-type: none"> • Obtain copies of inspection plans and inspection reports to: ascertain that all schools were inspected
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"> • 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	<p>Obtain and review the school inspection and training reports to determine</p> <ul style="list-style-type: none"> • Whether the schools were supported to develop the SIP
g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-	<ul style="list-style-type: none"> • Whether the SIPs address the gaps identified in the School Performance Assessment

	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.	
21	<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</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>The Education department has the inspection annual work plan and it was well submitted to the DES and signed by the CAO. It is specific on activities, verifiable indicators and outputs</p>	2

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

21

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

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-

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

inspection score 2 or else score 0.

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

Not all the 130 government aided primary schools were reached according to the e-inspection reports seen and checked. In quarter 2 of 2023, the inspection covered 122 out of the 130 schools while in quarter 3 these were 118 schools.

0

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

21

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

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

There is no evidence to this effect since on record
whereas the sampled schools had the SIPs nothing is
there to show that they were trained.

0

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

21

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

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

The Inspector conducted the SPA and this was submitted on 14th December 2024 and it highlights a report that 118 of the 130 schools were reached

0

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

21

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

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

The Education Officer monitored inspection activities and implemented the inspection recommendations because on a closer look at the facilities agreed upon as in bad state, both the inspection and the monitoring reports mentioned them. The monitoring reports also indicated the completion of Kwensambya PS's 2 Classroom block at a cost of Shs 89 Million and Namisinga at 85.4 Million by June 2024. These are schools whose recommendations came from the SPA of 2023

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

2

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

21

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

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.

Lwengo evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan. For instance whereas the Lwensambya and Namidinga had been bad state and had been recommended for attention in the financial year 2024/25, these were worked upon and new projects like Kabulassoke and Kyakanyenya were put in including the pending ones like Malongo PS which now appear in the new AWP

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

2

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

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>Lwengo district has a total of 14 health facilities under its direct supervision, comprising 3 HCIVs, 5 HCIIIs, and 4 HCIIIs. In addition, the district has 2 HCIIIs which are prisons HFs and are under the supervisor of UPS (Under the Ministry of Internal Affairs).</p> <p>Six health facilities in the district reported a total of 63 perinatal deaths (a total of 89 including private HFs) during FY 2023/24, categorized as 30 fresh stillbirths (FSB), 25 macerated stillbirths (MSB) and 8 newborns. The reported cases included 46 from Kyazanga HCIV, 5 from Kiwangala HCIV, 2 from Kakoma Health Centre III, Katovu Health Centre III and Kyamaganda Health Centre III. While Kikenene Health Centre II, Lwengo Health Centre IV, Lwengo Kinoni Govt Health Centre III, Makondo Health Centre III, Nanywa Health Centre III, and Nkoni Health Centre III all had one perinatal death each</p> <p>The high number of PD was attributed to by the existence of TBA in the community who are always misdirecting the mothers on ANC and deliveries hence increasing the change of complication during pregnancy including PD</p> <p>There was evidence that all the 63 perinatal deaths reported in the DHIS 2 were notified, reviewed, and documented in MPDSR reports. It is also worth noting that some facility used the old notification forms for the review due to unavailability of the new forms and less focus which was put on the perinatal deaths as more focus was on maternal deaths. These reviews (some of them) were conducted by supervisors at the DHO, as confirmed by the availability of notification and audit forms at both the DHO and the three visited health facilities: Kyazanga HCIV, Katovu Health Centre III, and Nanywa Health Centre III.</p> <p>Kyazanga HCIV:</p> <p>The DHIS 2 report indicated that the facility had 46 perinatal deaths during the review period (20 FSB, 18 MSB and 8 newborn deaths). All deaths were notified, reviewed, and documented in complete MPDSR reports at the facility level. As Kyazanga HCIV serves as the center for the HSD, district data entry for all HFs under the HSD occurs at this level. For facilities below HCIV, documents and reports are maintained at the HSD.</p> <p>Katovu Health Centre III</p> <p>This facility reported two perinatal deaths (1 FSB and 1 MSB), which were promptly notified and reviewed. Both the forms and reports were available at the DHO and the facility.</p>	6

Nanywa Health Centre III

All perinatal deaths (1 FSB) reported at Nanywa Health Centre III were notified and reviewed, with MPDSR reports written. The reviewed forms were verified at both the HSD data office and the facility.

The review forms and MPDSR reports were well-documented, including all necessary details such as case summaries, actionable recommendations, and attendance lists. Most critical staff participated in the reviews, as evidenced by the attached attendance lists. However, it was observed that while separate attendance lists were attached, some members signing the review forms did not include their cadre. Staffs were advised to include their cadres on review forms and to focus on generating actionable recommendations to address similar future situations, aiming to reduce perinatal deaths.

The HFs were also advised to start using the updated audit form for perinatal deaths since copies were already made for them as it is more detailed.

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 all treated malaria cases were tested before treatment. Data extracted from DHIS2 indicates that the total number of malaria cases tested and confirmed positive through BS and RDT was 41,259. Additionally, the number of treated malaria cases recorded and reported in DHIS2 was 41,205, confirming that all treated cases had been tested.

The variation between the total number of tested and confirmed malaria cases (41,259) and the number of treated malaria cases reported in DHIS2 (41,205) of 54 was attributed to the fact that some tested and confirmed cases were not treated at the facility, either due to stock-outs of antimalarial drugs or patients opting for treatment elsewhere and data entry errors. A physical count from the OPD and laboratory registers revealed no discrepancies in the number of tested cases across the visited health facilities, although limited data errors were noted.

The district was advised to strengthen data quality assurance and implement timely reporting mechanisms to ensure accuracy in malaria case management records as well as carry out DQA to adjust those errors when the window in the system is open

The sampled health facilities showed consistent results with the DHIS2 data, confirming that nearly all treated malaria cases had been tested through either BS or RDT as Kyazanga HCIV had all the 2,746 positive malaria cases treated, Katovu Health Centre III treated all the 1,777 positive cases and Nanywa Health Centre III treated all the 1,970 confirmed cases. This cross-referencing served to validate the quality of the data reported in DHIS2.

The consistency with the test-and-treat approach for malaria in the district was attributed to effective health education and sensitization on malaria and its dangers, especially for children under five years and pregnant women.

Access

3

Evidence that LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY

- Review DHIS2 for the previous two FYs and calculate the percentage increase in OPD attendance

Verify if the LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY Score 4 or else 0

A review of the previous two financial years (FY) was conducted in DHIS 2 for 2022/23 and 2023/24. According to the available data:

- FY 2022/23 OPD attendance: 229,587
- FY 2023/24 OPD attendance: 227,119

Calculating the Percentage Increase:

Determine the difference in OPD attendance:

Difference = FY 2023/24 attendance – FY 2022/23 attendance

Difference = 227,119 – 229,587 = -2,468

Calculate the percentage decrease:

Percentage decrease = (Difference FY 2022/23 attendance) × 100

Percentage decrease = (2,468/227,119) × 100 ≈

0

1.087%

The slight decrease in OPD attendance was supported by figures from the visited health facilities. For instance:

- Katovu Health Centre III: 1.58% increase (from 8,989 to 9,131)
- Nanywa Health Centre III: 28.34% increase (from 7,862 to 10,089)

However, Kyazanga HCIV reported a decrease in OPD attended over the same period from 30868 to 23797 indicating 22.91% decrease

The general small increase in the OPD attendance was attributed to limited space, leading people to prefer HCIVs with better OPD facilities.

The overall slight increase in OPD (Outpatient Department) attendance, amounting to 1.087%, can be attributed to several positive factors, even though it falls short of the targeted 5% increase. Here's an explanation:

1. Effective Community Health Education Campaigns

Community health education initiatives effectively raised awareness about the importance of accessing medical services, preventive care, and seeking timely treatment. These campaigns likely motivated more people to visit OPDs but may have had a limited reach or impact, resulting in only a modest increase.

2. High Number of Outreaches

Expanded Program on Immunization (EPI) and integrated outreach activities contributed to the attendance boost. These outreaches often bring healthcare services closer to the community, addressing accessibility barriers. However, since some services were delivered directly in the community, they may have diverted potential OPD visits, capping the growth.

3. Enhanced Referral Systems

Improvements in referral pathways from lower-level facilities and community health workers facilitated increased attendance at higher-level health centers. While this strengthened the system, the overall uptake may still have been constrained by factors such as limited resources, transportation challenges, or awareness gaps.

4. Falling Short of the 5% Target

Despite these efforts, the increase remained below the desired 5%, potentially due to:

Persistent barriers such as socioeconomic challenges, transportation issues, or cultural beliefs.

Limited space district or resources at the OPDs to accommodate more patients.

Insufficient follow-up or reinforcement of outreach and education programs.

In summary, the 1.087% increase reflects a positive

trend and the effectiveness of current interventions. However, achieving the 5% target may require scaling up efforts, addressing systemic barriers, and integrating additional strategies to enhance healthcare accessibility and utilization.

4

- 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:
- Submitted quarterly VHT reports in the previous FY
- Verify if the LG has ensured that all public health facilities submitted quarterly VHT reports in the previous FY score 2 or else 0

2

All 14 health facilities (HFs) directly supervised by the district submitted their 56 VHT quarterly summary reports for the previous financial year. This was evidenced by the availability of well-completed reports at the DHO in the supervising health facilities. The quarterly summaries were accompanied by narrative reports generated from quarterly activities and VHTs' quarterly meetings. These narrative reports provided detailed information on all activities carried out by the VHTs supervised by each facility, including the dates of activities, venues/communities where the activities took place, objectives of the activities, achievements for the quarter, lessons learned during the period, challenges faced by the VHTs, strategies for addressing some of these challenges, and recommendations for the subsequent quarter. This comprehensive reporting has helped VHTs improve their community service delivery with support and supervision from the health facilities to which they are attached.

The reports clearly outlined the activities performed by the VHTs, which primarily included:

- Educating community members on health-related topics such as hygiene, nutrition, disease prevention, family planning, immunization, and maternal and child health.
- Conducting community meetings and household visits to disseminate health messages.
- Encouraging pregnant women to attend antenatal care (ANC), ensuring safe deliveries, and providing postnatal care education.
- Educating mothers on breastfeeding, child immunization schedules, and nutrition for young children.
- Acting as a link between the community and health facilities.
- Leading community-led initiatives such as constructing latrines.

The reports also highlighted key achievements, challenges, and recommendations. Notable recommendations included:

- Ensuring consistent and timely supply of essential drugs, first aid kits, and other medical supplies to enable VHTs to effectively manage common illnesses and provide basic health services at the community level.
- Offering incentives such as allowances, recognition awards, or other forms of motivation to encourage VHTs to maintain high performance and dedication to their work.
- Fostering strong collaboration between VHTs, health facility staff, and community leaders.

This documentation was supported by corresponding attendance lists and tally sheets, providing further assurance of comprehensive reporting and the active involvement of VHTs in community outreach activities.

4

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

A comprehensive overview of outreach activities carried out across various health centers, focusing primarily on the number of outreaches conducted and school visits during the period from July 2023 to June 2024. The outreach activities included a range of services, including EPI (Expanded Programme on Immunization), HCT (HIV Counseling and Testing), Health Education and Promotion, Integrated SRH (Sexual and Reproductive Health) services, and school health initiatives. The district planned for 2,441 outreaches for the reviewed FY and a total of 2,190 outreaches were done by all the HFs in the district.

This summarizes the planned and conducted outreach activities for various health centers and the Lwengo District Local Government (DLG) from July 2023 to June 2024 in general and particularly looking 3 visited HFs.

1. EPI (Expanded Program on Immunization) Outreaches

A total of 1,416 EPI outreaches were planned across all units, out of which 1,241 outreaches were conducted, achieving an overall implementation rate of 87.6%. Specifically:

- Nanywa Health Centre III planned 96 and conducted 72 (75%).
- Katovu Health Centre III planned 55 and conducted 49 (89.1%).
- Kyazanga Health Centre IV planned 70 and conducted 49 (70%).
- Lwengo DLG planned 1,195 and conducted 1,071 (89.6%).

2. HCT (HIV Counseling and Testing) Outreaches

A total of 529 HCT outreaches were planned, with 417 conducted, reflecting a 78.8% implementation rate. Highlights include:

- Nanywa Health Centre III achieved 50% of its target, with 24 out of 48 outreaches conducted.
- Katovu Health Centre III fully met its target with all 30 planned outreaches conducted.
- Kyazanga Health Centre IV conducted 19 out of 23 planned outreaches (82.6%).
- Lwengo DLG conducted 344 out of 428 planned outreaches (80.4%).

3. Health Education/Promotion Outreaches

Out of 361 planned health education outreaches, 337 were conducted, achieving 93.4% coverage:

4

- Nanywa and Katovu Health Centres achieved 100% of their planned targets.
- Kyazanga Health Centre IV conducted only 1 outreach as planned.
- Lwengo DLG conducted 314 out of 338 planned outreaches (92.9%).

4. Integrated SRH Services Outreaches

Integrated SRH services, including family planning, antenatal care, postnatal care, adolescent sexual and reproductive health, cancer screening, and gender-based violence services, recorded:

115 planned activities, with 108 conducted (93.9% implementation rate). All efforts were led by Kyazanga Health Centre IV and Lwengo DLG.

5. School Health Outreaches

School health services, which aim to promote health and hygiene among students, saw a high success rate:

- Out of 272 planned outreaches, 251 were conducted (92.3%).
- Activities were carried out by Lwengo DLG.

6. Birth Registration During Outreaches

A total of 28 births were registered during the outreach activities across all centers, with Lwengo DLG being the only reporting unit.

7. Other Outreaches

Additional outreach activities included:

93 planned activities, with 102 conducted, exceeding the planned target by 9.7%.

Each outreach activity generated a narrative report detailing the objectives, target population, venue, achievements, and challenges faced. For example, Kyazanga Health Centre IV reported transport challenges due to its large catchment area, poor road conditions, and frequent vehicle breakdowns. The reports also included actionable recommendations that informed and improved subsequent outreach efforts.

Reports for outreaches supported by implementing partners (IPs) were shared with the partners but not with the district, indicating a gap in information flow.

The community outreach reports emphasized the importance of gathering community feedback to adapt outreach services. They also highlighted a high demand for healthcare services at the community level, underscoring the need for continued and enhanced outreach programs to ensure accessible health services.

Recommendations for further improvement:

Integrate school-based outreach activities into annual outreach plans.

Utilize data collected during outreaches to inform planning and decision-making, addressing gaps identified in previous outreaches and tailoring services to meet specific community needs.

This approach will ensure that outreach programs remain effective and responsive to the needs of the communities they serve.

The outreach activities conducted from July 2023 to June 2024 were pivotal in improving health service access across the health centers and communities. Despite some shortfalls in the number of outreaches conducted compared to planned activities, the overall success in providing EPI, HCT, health education, SRH services, and school health programs contributed greatly to the well-being of the population. Continued efforts to ensure that planned outreaches are fully implemented and expanding school health services will further strengthen the healthcare delivery system in these regions.

Summary

Overall, the outreach activities demonstrated commendable performance. Areas for improvement include the EPI and HCT outreach programs, which fell slightly short of their targets. The data reflects a strong commitment by the Lwengo DLG to enhance community health services.

Further efforts should focus on addressing gaps in underperforming outreach categories and sustaining the high implementation rates observed in other areas.

5

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

An analysis of the increase in ANC 1st visits for women at various health centers and districts in the period from July 2023 to June 2024 compared to the previous year (July 2022 to June 2023). The data indicates a notable increase in ANC 1st visits across all health units, with the most significant increases observed in certain areas.

Overview of the Data:

Lwengo DLG (District)

ANC 1st Visit (July 2022 - June 2023): 10,020

ANC 1st Visit (July 2023 - June 2024): 10,640

Increase: 620 visits

Percentage Increase:
 $(10,640 - 10,020) / 10,020 \times 100 = 6.16\%$

Nanywa Health Centre III

ANC 1st Visit (July 2022 - June 2023): 472

ANC 1st Visit (July 2023 - June 2024): 475

0

services:	Increase: 3 visits
i. Antenatal Care 1st Trimester, score 2 or else 0	Percentage Increase: $(475-472)/472 \times 100 = 0.64\%$ Katovu Health Centre III
ii. Immunization for measles, Rubella, score 2 or else 0	ANC 1st Visit (July 2022 - June 2023): 671 ANC 1st Visit (July 2023 - June 2024): 784 Increase: 113 visits
iii. Deliveries at health facilities score 2 or else 0	Percentage Increase: $(784-671)/671 \times 100 = 16.84\%$ Kyazanga Health Centre IV
score 6 if (i) (ii) and (iii) complied with or else 0	ANC 1st Visit (July 2022 - June 2023): 1,240 ANC 1st Visit (July 2023 - June 2024): 1,293 Increase: 53 visits Percentage Increase: $(1,293-1,240)/1,240 \times 100 = 4.27\%$

Key Findings:

- Overall Increase: All the health units and the district observed an increase in the number of ANC 1st visits.
- Largest Increase: The Katovu Health Centre III experienced the highest percentage increase of 16.84%, reflecting a significant rise in the number of women attending ANC for the first time.
- Moderate Increases: Both Kyazanga Health Centre IV (4.27%) and Lwengo DLG (6.16%) saw more moderate increases in their ANC 1st visit numbers.
- Smallest Increase: Nanywa Health Centre III had the smallest increase, with just a 0.64% rise in the number of women attending ANC for the first time. Existence of Traditional Birth Attendants (TBAs): All facilities reported that the presence of TBAs in the community negatively impacted first-trimester ANC attendance and facility deliveries. Many mothers preferred easily accessible TBAs over professional health workers despite increased sensitization efforts. For example, at Nanywa HCIII, a former nursing aide now works as a TBA in her community, which has adversely affected ANC attendance. To counteract this, the facility, with occasional support from local politicians, introduced measures such as providing basins to mothers who attend ANC as an incentive for delivery preparation. Additionally, the HF ensures access to safe drinking water, allowing mothers to take their IPT doses under the supervision of health workers (midwives).

Possible Explanations for the Increase:

1. Improved Awareness and Education: There may have been increased health education campaigns in these areas, encouraging more women to attend ANC visits early in their pregnancies.
2. Community Outreach Programs: Enhanced outreach efforts, such as mobile clinics, home visits, or health talks in communities, could have raised awareness and reduced barriers to ANC access.
3. Infrastructure Improvements: Improvements in the availability of health services, such as more trained staff or better facilities, could have led to greater

attendance.

The data demonstrates an encouraging trend in the increase of ANC 1st visits across all units, with the largest percentage increase at Katovu Health Centre III. The increases could be attributed to various factors such as improved awareness campaigns, better healthcare access, and recovery from pandemic-related disruptions. This upward trend suggests that efforts to promote early maternal healthcare are having a positive impact, though continuous efforts will be necessary to sustain and further enhance these gains.

Competing Health Priorities: Women may prioritize other health or socio-economic needs over attending ANC during the first trimester, despite awareness and service availability.

Addressing these challenges through enhanced community outreach, improved facility accessibility, and incentivized ANC attendance could help achieve a more significant increase in early ANC uptake.

Decrease in Maternal Care Service Attendance; measles and rubella: The data from the DHIS 2 shows a clear decrease between FY2022/23 and FY2023/24. Specifically, the number of children receiving immunization services for measles and rubella increased from 10,911 in FY2022/23 to 10,328 in FY2023/24.

The data provided from the DHIS 2 for in the Lwengo District reveals a variation in the number of measles (MR1) cases reported between the periods of July 2022 to June 2023 and July 2023 to June 2024. Below is a breakdown of the reported cases:

Key Findings

Katovu Health Centre III has seen a significant increase in measles cases, rising from 624 in the first period (Jul 2022 - Jun 2023) to 1,097 in the second period (Jul 2023 - Jun 2024), representing a 75.7% increase. This sharp rise in cases is notably higher compared to other health centers in the region.

Nanywa Health Centre III and Kyazanga Health Centre IV both reported a decrease in measles cases, with Nanywa showing a 18.9% decline and Kyazanga a 4.2% decline in reported cases.

The overall measles cases in Lwengo District decreased by 5.3%, from 10,911 to 10,328 cases. This reduction reflects a trend of lower incidence across the district, except for the outlier in Katovu Health Centre III.

Possible Explanations for the Findings

Increase in Katovu Health Centre III:

Improved Reporting: The sharp increase in Katovu Health Centre III could be attributed to improved reporting systems, which may have led to more cases being documented. This could reflect better healthcare surveillance and outreach efforts, identifying previously underreported cases.

Decline in Nanywa and Kyazanga Health Centres:

Increased Vaccination Coverage: The decrease in measles cases in Nanywa and Kyazanga could be

attributed to successful vaccination campaigns and improved immunization coverage in these areas. These health centers may have benefited from focused efforts to reduce measles outbreaks through increased vaccination outreach.

Improved Health Education: Health education programs could have played a role in reducing the spread of measles, as communities may have become more aware of the disease and preventive measures.

District-Level Decrease:

A possible explanation for the decrease in maternal care service attendance, and the corresponding drop in the number of children receiving measles and rubella immunization services, could be related to disruptions in healthcare access and services. Factors such as limited healthcare resources, including staffing shortages, inadequate infrastructure, or reduced availability of vaccination supplies, may have led to lower immunization uptake.

Additionally, there were challenges in community outreach and awareness campaigns, particularly in rural or underserved areas. Even if immunization services were available, lower attendance could be due to reduced community trust in the healthcare system, fear of potential side effects, or logistical barriers, such as long travel distances to vaccination centers. The decline in maternal care attendance could also reflect broader socio-economic factors, such as increased poverty, transportation challenges, or caregiver reluctance, leading to missed immunization opportunities for children. These factors could collectively explain why the increase in immunization uptake was lower than expected, at just under the required percentage increase.

The team was advised on supporting the HFs with good supplies chain system and ensuring that there is constant supply of power like in Kyazanga which didn't have power for sometimes and hence getting the vaccines from the district cold chain store

Attendance Increase: The data shows a decrease in facilities deliveries as a maternal service attendance between the previous (FY2022/23) and the most recent (FY2023/24).

The number of deliveries at health facilities declined from 7,127 in FY2022/23 to 6,399 in FY2023/24. This represents a decrease of 728 deliveries.

Percentage Variation: The decrease of 728 deliveries corresponds to an approximate 10.2% decline in maternal care attendance.

This decrease was attributed to the increased number of TBAs in the communities, which diverted mothers from ANC and facility deliveries. In some cases, women seek the assistance of TBAs and may use herbal medicines to aid in delivery before coming to the facility under the TBA's watch.

To address the decline in maternal care attendance, the district health team were advised to consider the following:

Strengthen Collaboration with TBAs: Rather than

viewing TBAs as a barrier, work on integrating them into the formal healthcare system. Offering training and encouraging them to refer women to health facilities during high-risk deliveries may help increase facility attendance.

Community Education and Outreach: Continue community sensitization about the benefits of facility-based deliveries and antenatal care, particularly for women in rural areas who may rely more heavily on TBAs. Highlighting the risks of using herbal medicine without professional oversight may also be an important part of education.

Improved Accessibility: Address any barriers to accessing health facilities, such as transportation or facility hours, to make ANC and facility deliveries more accessible for all women.

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

Increase in Family Planning Services: The data shows an increase in the number of women of reproductive age receiving Family Planning (FP) services, from 20,863 in FY 2022/23 to 23,718 in FY 2023/24. This reflects an increase of 9,838 women, representing an 13.7% rise.

The data provided for family planning (FP) users across various health facilities shows an increase in the number of users from the fiscal year 2022/2023 to the fiscal year 2023/2024. Below is a detailed analysis of the increases observed at each location:

1. Kyazanga Health Centre IV

- FY 2022/2023 Users: 1,581
- FY 2023/2024 Users: 1,627
- Increase: 46 users
- Percentage Increase: =2.9%

2. Katovu Health Centre III

- FY 2022/2023 Users: 1,586
- FY 2023/2024 Users: 1,601
- Increase: 15 users
- Percentage Increase: =0.95%

3. Nanywa Health Centre III

- FY 2022/2023 Users: 1,365
- FY 2023/2024 Users: 1,481
- Increase: 116 users
- Percentage Increase: =8.5%

4. Lwengo District Local Government (DLG)

- FY 2022/2023 Users: 20,863
- FY 2023/2024 Users: 23,718

3

- Increase: 2,855 users
- Percentage Increase: =13.7%

Overall Observations

- Overall Increase: All facilities and organizations reported an increase in the number of family planning users.
- Lwengo DLG experienced the largest percentage increase (13.7%), followed by Nanywa Health Centre III (8.5%). Kyazanga and Katovu Health Centres had smaller increases (2.9% and 0.95%, respectively).
- Possible Explanations for the Increase:

Awareness Campaigns: Increased community outreach and awareness programs might have led to higher enrollment and usage of family planning services.

Improved Accessibility: Better availability of services, including mobile clinics or more accessible health centers, could have facilitated easier access to family planning resources.

Health Policy Initiatives: Government or NGO-driven initiatives promoting family planning, such as the provision of free or subsidized services, might have contributed to the rise in users.

Sociocultural Changes: Changing attitudes toward family planning and fertility control may reflect evolving cultural or societal norms in the area.

Quality of Services: Improvements in the quality and variety of family planning methods available at these centers may have contributed to the increase in users.

The steady rise in family planning users across the board is a positive trend that reflects improved service delivery and awareness. Lwengo DLG stands out with the highest growth, potentially due to larger-scale outreach or a regional focus on family planning initiatives.

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

There was a 98% enrollment into ART among the entire HIV-positive population tested, as all 1,003 patients who tested positive in FY2023/24 were assessed, and 983 were enrolled in care.

The fact that almost HIV-positive cases were enrolled into care means that every individual who tested positive for HIV during the specified period was successfully linked to care. This indicates an enrollment rate of 100%. To back this up with calculations, we can use the data provided for each organization.

For each organization, the enrollment rate is calculated by dividing the number of people linked to care by the number of people who tested positive, and then multiplying by 100 to express it as a percentage:

Calculation:

1. Lwengo DLG

Tested Positive = 1003

Linked to Care = 983

3

Enrollment rate = $983/1003 \times 100 = 98.00\%$

Katovu Health Centre III

Tested Positive = 72

Linked to Care = 72

Enrollment rate = $72/72 \times 100 = 100.00\%$

Kyazanga Health Centre IV

Tested Positive = 181

Linked to Care = 181

Enrollment rate = $181/181 \times 100 = 100.00\%$

Nanywa Health Centre III

Tested Positive = 40

Linked to Care = 40

Enrollment rate = $40/40 \times 100 = 100.00\%$

Lwengo DLG: 98.00% of people who tested positive were linked to care.

Summary

- Katovu Health Centre III: 100.00% of people who tested positive were linked to care.
- Kyazanga Health Centre IV: 100.00% of people who tested positive were linked to care.
- Nanywa Health Centre III: 100.00% of people who tested positive were linked to care.

Therefore, while Lwengo DLG has an enrollment rate of 98%, the other three health centers have achieved a 100% linkage to care for those who tested positive for HIV.

several gaps remain due to various reasons.

Referral System Challenges: In some cases, although patients tested positive, they were not promptly referred to care facilities, leading to delays in enrollment, especially during outreach programs.

Issues with Documentation or Data Entry: Incorrect data entry or incomplete documentation created variations in the data, even if patients had already started care, such as the data gap observed at Kyazanga HCIV.

Increased public awareness campaigns, improved access to healthcare facilities, and streamlined ART initiation processes have contributed to a high rate of immediate treatment initiation among newly diagnosed patients, leading to the observed 95% "test and treat" outcome in the district. Furthermore, comprehensive counseling and support, providing patients with thorough counseling and emotional support regarding the benefits of early enrollment in HIV care, can reduce hesitancy and improve enrollment rates. This includes addressing concerns about side effects, stigma, and the importance of ART in viral suppression.

To improve enrollment to 100%, the district health team and healthcare facility staff were advised to

enhance follow-up mechanisms to ensure that all patients are promptly referred and enrolled, improve data collection and accuracy, and address barriers such as transportation, stigma, and misinformation through targeted community outreach and education programs. Additionally, ensuring the availability of ART medications and healthcare resources in all facilities, as well as during integrated outreach programs, will further support enrollment efforts.

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.

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

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

Based on the calculation, each midwife attended to an average of 861.49 Antenatal Care (ANC) clients per year. This figure is derived from the total number of ANC clients in the health facility and the number of midwives available to provide care.

To calculate this, the total number of ANC clients, which is 31,875, is divided by the total number of midwives, which is 37. The formula used is:

Average Number of ANC Clients per Midwife = Total ANC Clients / Number of Midwives

Thus, the calculation is:

$31,875 \text{ ANC clients} \div 37 \text{ midwives} = 861.49 \text{ ANC clients per midwife per year}$

This means that each midwife, on average, is responsible for providing care to over 861.49 ANC clients annually. This workload includes conducting regular check-ups, providing counseling, performing assessments, and managing the various needs of each client during their pregnancy.

2

9

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

Average Length of Stay (LOS): The review of the IPD (Inpatient Department) register for Q2 and Q4 at the three facilities (Kyazanga Health Centre IV, Katovu HCIII and Nanywa Health Centre III) revealed that all the malaria patients admitted spent an average of 2.5 days in the hospital. This is well within the target of no more than 3 days for malaria patients' length of stay. Specifically:

Formula for Average LOS:

The formula used is:

Average LOS = Sum of Lengths of Stay for all patients / Total Number of Patients

- Kyazanga Health Centre IV had an average LOS of 2.9 days.

Sample Data (days spent by patients):

Q2: 2, 3, 3, 2, 4

Q4: 2, 2, 4, 4, 3

3

not more than 3 days on admission score 3 or else 0

Total LOS for the 10 patients for Q2 and Q4:

$$2 + 3 + 3 + 2 + 4 + 2 + 2 + 4 + 4 + 3 = 26$$

Total Patients: 10

Average LOS:

Average LOS (Kyazanga Health Centre IV) = $29 / 10 = 2.9$ days

- Katovu HCIII had an average LOS of 2.1 days.

Sample Data (days spent by patients):

Q2: 2, 1, 3, 2, 3

Q4: 2, 1, 2, 2, 3

Total LOS for the 10 patients for Q2 and Q4:

$$2 + 1 + 3 + 2 + 3 + 2 + 1 + 1 + 1 + 3 = 21$$

Total Patients: 10

Average LOS:

Average LOS (Kyazanga Health Centre IV) = $21 / 10 = 2.1$ days

- Nanywa Health Centre III had no admission in the last FY under review due to space but had started admitting in the current FY

Data Incompleteness: Despite the favorable average length of stay, there were incomplete patient records in some cases. Specifically, some details such as the date of discharge, length of stay, and patient outcomes in column 19 of the register were not fully completed. The gaps in record keepings were due to inadequate staffing and work overload.

In the 2 HCIIIs, there was limited space for the admission of patients so the space was improvised partly with the postnatal ward.

While the average length of stay (LOS) for malaria patients across the three facilities is within the target range, certain areas require attention to ensure continued improvement in service delivery and patient care. Here are some recommendations based on the identified issues:

Improve Data Management Practices: The incompleteness in patient records, especially in crucial columns such as discharge dates, length of stay, and patient outcomes, should be addressed. To achieve this, regular audits of patient records can be conducted to identify gaps and ensure they are filled promptly. Training on proper documentation practices for healthcare staff is critical.

Optimize Space for Patient Care: In the two HCIIIs, the limited space for patient admission, especially when postnatal wards are improvised for malaria patients, could lead to overcrowding and suboptimal care. The health facilities should assess the possibility of expanding the existing ward capacity or repurposing other available spaces to better accommodate malaria patients while maintaining the functionality of other wards.

Alternative Solutions for Overcrowding: If expanding physical infrastructure is not feasible in the short term, solutions such as enhancing patient triage systems, improving patient flow management, and utilizing community outreach for early malaria detection can help manage the number of patients requiring hospitalization.

Human Resource Management

Evidence that the LG has recruited the critical staff in Health Centre IVs	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> 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 <p>Score 5 or else 0</p>	<p>From the review of the staff list from the DHOs and the deployment list from the HRO, it was found that the three Health Centre IVs in the district of Kyazanga Health Centre IV, Kiwangala Health Centre IV, and Lwengo Health Centre IV did not meet the required standard for critical staff. Critical positions include medical officers, clinical officers, midwives, nurses, laboratory technicians, and other key cadres essential for delivering comprehensive healthcare services. This shortfall affects their capacity to offer the full range of mandated services, including maternal and child health, emergency care, and specialized diagnostic services.</p> <p>The review of staff deployment in Kyazanga HCIV was conducted to ensure that staffing levels align with the required standards for service delivery, as outlined in the HRM guidelines. This was confirmed by the HCIV visited where the number of staff at the HFs were verified to confirm the number of the critical staff as stated below.</p> <p>Kyazanga HCIV does not meet most categories' minimum critical staffing levels. While partial fulfillment exists for some roles (e.g., clinical officers, midwives, and health assistants), significant gaps exist in key areas such as medical officers, theatre staff, nurses, and laboratory personnel.</p> <p>The staff numbers at Kyazanga HCIV are as follows:</p> <p>1 Senior Medical Officer: This position is crucial for overseeing medical care at the facility, providing guidance to the medical team, and ensuring proper diagnosis and treatment. This does not meet the required number of at least 2 Medical Officers according to the guideline</p> <p>3 Clinical Officers: This number met the required 3 Clinical Officers, as outlined in the guidelines.</p> <p>8 Midwives: The facility met the required number of midwives, as the guidelines specify at least 3 midwives.</p> <p>6 Nurses: The facility does not meet the minimum requirement of 8 nurses, according to the staffing guidelines.</p> <p>1 Theatre Assistants: The number of theatre staff did not meet the required 2.</p> <p>3 Laboratory Personnel (1 laboratory technicians and 2 laboratory assistants): The facility met the minimum requirement of 2 laboratory personnel per the staffing guidelines.</p> <p>1 Health Assistant: The facility has 2 Health Assistants, which met the required minimum.</p> <p>Explanation for the Staffing Shortfall:</p> <p>The discrepancies in staffing numbers, particularly in MO, are attributed to a ban on recruitment by the Ministry of Health.</p>
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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

According to the old structure guideline, HCIII should have the following critical staff: 2 clinical officers, 4 nurses, 2 midwives, 2 laboratory personnel, 1 health assistant. However, the deployment of the critical staff in all HCIIIs in the district did not meet the required expected number from the old staffing structures overall. Specifically, the verified HFs justified at the findings from the deployment list and staff list as stated below.

The staffing levels at both health facilities do not meet the required standards.

The staffing levels at both HCIIIs do not meet the required standards overall:

2 Clinical Officers: Both HCIIIs met the expected requirement of at least 2 clinical officers.

Nurses: While Katovu HCIII (4 nurses) meets the required 4 nurses, Nanywa HCIII (3 nurses) did not meet the required minimum of 4 nurses.

Midwives: Katovu HCIII (4 midwives) meets the required number; Nanywa HCIII (3 midwives) fell outside the required minimum of 2 midwives.

Laboratory Personnel: Both health facilities, with 1 laboratory personnel each, do not meet the minimum requirement of 2 laboratory personnel.

Health Assistant: Both facilities meet the requirement of at least 1 health assistant.

Both health facilities fail to meet the minimum staffing requirements, particularly for laboratory personnel, which are critical roles for effective health service delivery. This shortfall places a heavy workload on the already stretched personnel, especially with the increasing number of patients over the fiscal years.

One of the HFs (Nanywa HCIII) fails to meet the minimum staffing requirements, particularly for nurses and midwives, which are critical roles for effective health service delivery. This shortfall puts a heavy workload on the already stretched personnel, especially with the increasing number of patients over the fiscal years.

Evidence that DHO and HR has ensured that all medical staff have valid practicing licenses to meet standards of practice by various regulating bodies to improve quality of service outcomes

- Review staff file to establish whether all the medical staff have valid practicing license form MDPC, AHPC, NMC

If the DHO and HR has ensured that all medical staff have valid practicing licenses to meet standards of practice by various regulating bodies to improve quality of service outcomes Score 4 or else 0

Licensing Availability at district health office and in-charge office. The review showed that all the staff under the health department had files possessing valid practicing licenses from regulatory bodies such as the Medical and Dental Practitioners Council (MDPC), Allied Health Professionals Council (AHPC), and the Nurses and Midwives Council (NMC).

This was possible because the district health officers believed that ensuring that all healthcare providers are licensed is not only a legal requirement but also an important step in guaranteeing the competency and professionalism of the staff, which directly impacts the quality of patient care and service delivery.

In the case of the facilities reviewed (Kyazanga HCIV, Katovu HCIII, and Nanywa HCIII), it was confirmed that all professional health staff had valid practicing licenses on their file as it was verified by checking the staff files, staff deployment lists, attendance records, and the presence of valid licenses in staff files.

This review demonstrates that the District Health Office and the Human Resources (HR) department have effectively ensured that all medical staff meets the standards of practice required by various regulating bodies.

Possible Reasons for Ensuring Valid Practicing Licenses:

Regulatory Compliance: Health facilities are required to adhere to national regulations that mandate healthcare providers to hold valid licenses in order to practice legally. Ensuring that all staff members are licensed reflects adherence to these legal requirements, safeguarding the institution from potential legal liabilities.

Improved Quality of Care: Having licensed professionals ensures that patients receive care from individuals who have met the minimum standards of education, training, and competency required by regulatory bodies. This enhances the overall quality of care, patient safety, and service delivery.

Health Facility Reputation: Maintaining staff with valid practicing licenses enhances the reputation of the health facility. It assures patients and the community that they are receiving care from trained, qualified professionals, which can increase patient trust and satisfaction.

Monitoring and Accountability: Regular checks by HR and the health department bosses for valid licenses ensure that there is proper monitoring and accountability in the facility. It helps identify any discrepancies or gaps in staffing, ensuring that the required professional standards are always met.

In summary, the presence of valid practicing licenses for all health staff at the reviewed facilities confirms compliance with regulatory standards, enhances patient care, and supports the overall goal of improving healthcare outcomes.

Evidence that the LG ensures that all HCs conduct at least 7 CMEs in the previous FY, HC IVs are certified as CPD centers, and provide at least 4 CPDs to HC IIIs in the previous FY.	<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>Obtain and review the CME/CPD reports to establish whether</p> <p>i. All HC IVs and District Hospitals were certified as CME/CPD centers in the previous FY</p> <p>ii. All HC IVs and District Hospitals submitted the report to the Medical Council in the previous FY</p> <p>iii. HC IVs and District Hospitals provided at least 7 CME/CPDs to each of the HC IIIs under their jurisdiction</p> <p>Verify if All HCs conduct at least 7 CMEs in the previous FY score 2 or else 0</p>	<p>During the assessment of the health facilities, it was verified that all the visited facilities, including one Health Centre IV and two Health Centre IIIs, had clearly displayed their Continuous Medical Education (CME) schedules on notice boards. This ensured transparency and easy access for staff members. The displayed CME schedules included details such as the topics to be discussed, dates, and the names of the responsible facilitators, allowing staff to plan and participate effectively. Some of the topics discussed in the CMEs included sanitation and hygiene, family planning (FP) among adolescents, management of malaria in children, the importance of handwashing in communities, data capturing, and quality usage in healthcare delivery.</p> <p>In the previous fiscal year (FY), each facility conducted more than the required seven CMEs, demonstrating a commitment to continuous professional development for the staff. The CME reports were also available for review, and they contained comprehensive details, such as the topics covered, the objectives of each session, the names of the facilitators, and the recommendations made during the discussions. Additionally, attendance lists were captured, ensuring that key staff members were present and actively participated in the sessions.</p> <p>In Nanywa HCIII, a detailed CME report book was maintained, which recorded the topics discussed, target persons, facilitators, and the attendance list. This book was updated monthly, and the facility conducted 12 CMEs in the last fiscal year. The topics covered were occasionally adjusted depending on prevailing conditions, such as disease outbreaks, showing flexibility in addressing the immediate health needs of the community. However, it is important to note that the reports were handwritten, which may limit the ease of tracking and referencing over time.</p> <p>Similarly, the other two facilities also maintained handwritten CME reports. In Kyazanga HCIV, the CMEs were conducted per department, such as OPD/Immunization and ANC/Maternity. This departmental approach ensured that the content was relevant to the specific needs of each department, although the handwritten format still poses challenges for data management and long-term tracking.</p> <p>Overall, while the health facilities demonstrated good adherence to CME requirements, with an emphasis on relevant topics and well-documented sessions, there is room for improvement in the standardization and digitization of records to enhance data accessibility, reporting efficiency, and tracking over time.</p>
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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

None of the HCIVs to be specific, under the supervision of the district health office, was certified to conduct CDPs.

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

All the HCIVs is not certified hence the No CPD was offered CPDs to the health workers within the district

Management and functionality of amenities

Evidence that health facilities in the LG have functional infection prevention and control amenities.

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

- Observe existence of the listed necessary infection prevention and control facilities and supplies

- In case the LG has no health facilities award score.

Verify if the health facilities in the LG have the following functional infection prevention and control amenities

Handwashing facilities with soap or alcohol based sanitizer at all work stations score 2 or else 0

The assessment of Kyazanga HCIV, Katovu HCIII, and Nanywa HCIII demonstrated the availability of hand washing facilities equipped with either soap or liquid soap at workstations or unit entrances. Each facility maintained functional and easily accessible handwashing stations.

At Kyazanga HCIV, water sinks were available at all duty stations, including the OPD, ANC, Immunization, Maternity, Theatre, and Labour Suite. Tanks with water mixed with liquid soap were positioned at the entrances of nearly all units, except for the immunization point, which is located closer to the OPD.

At Katovu HCIII, there were three handwashing facilities containing water mixed with liquid soap, strategically placed to enhance accessibility.

At Nanywa HCIII, there were handwashing facilities containing water one for OPD and the other for Maternity and IPD a functional handwashing facility was located at the entrance of the OPD structure, with two additional facilities positioned near the duty stations inside as well near the latrines.

This distribution of handwashing facilities including near the latrine building ensures adherence to hygiene practices and supports infection prevention efforts at the facilities.

Evidence that health facilities in the LG have functional infection prevention and control amenities.

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

- Observe existence of the listed necessary infection prevention and control facilities and supplies

- In case the LG has no health facilities award score.

Verify if the health facilities in the LG have the following functional infection prevention and control amenities

score 2 or else 0

Each of the visited facilities Kyazanga HCIV, Katovu HCIII, and Nanywa HCIII demonstrated the availability of functional sterilizers for the decontamination of medical equipment. The sterilizers were observed to be in good working condition.

At Kyazanga HCIV, there were two sterilizers: a large autoclave located in the theatre and a smaller sterilizer stationed in the maternity section, which also houses the PNC and labour suite.

At both Katovu and Nanywa HCIIIs, sterilizers were stationed in the labour suites. These sterilizers were verified to be in proper working order, ensuring effective sterilization practices in all three facilities. In both facilities they have sterilisers which are faulty requiring minor repairs of which the district and HFs were advised to work on them to prevent issues when the working one gets issues.

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

The inspection of waste management practices at Kyazanga HCIV, Katovu HCIII, and Nanywa HCIII confirmed the existence of waste bins of various colors, waste pits, and either incinerators or placenta pits.

In all the facilities assessed, each duty station was equipped with yellow, red, and black waste bins, as well as safety boxes with respective polythene bags for proper waste segregation. Additionally, the facilities had waste pits for non-hazardous waste disposal.

At Kyazanga HCIV, waste management for part of the last fiscal year was handled by a company called Green Label, which collected all the waste before the facility took over its waste management. Currently, the facility has waste pits for burning non-hazardous waste and functional incinerators.

At Katovu HCIII, a pit for non-hazardous waste is available, while other types of waste are collected and managed by Green Label.

At Nanywa HCIII, effective waste management practices were observed. The maternity site also has a functional placenta pit, waste pit and latrines for both patients and staff.

All the facilities demonstrated a high level of waste segregation. Duty stations, including laboratories, ANC, IPD, OPD, and labour suites, were equipped with color-coded bins and safety boxes, ensuring proper waste sorting and management.

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

Observations at the three health facilities revealed clean human waste disposal amenities segregated for male and female patients as well as staff. Each facility also had adequate hand washing facilities with water and soap located adjacent to these disposal areas.

At Kyazanga HCIV, staff latrine segregated by gender and attached to the theatre building. Additionally, there are three pit latrine structures: one designated for female IPD patients, another for male IPD patients, and a third for OPD patients, all clearly labeled by gender.

At both Katovu HCIII and Nanywa HCIII, there is a pit latrine structure for patients, labeled by gender, and staffs have their own pit latrines located near their quarters, reflecting the limited space available on the facility's grounds.

Evidence that health facilities in the LG have functional infection prevention and control amenities.

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

• Observe existence of the listed necessary infection prevention and control facilities and supplies

• In case the LG has no health facilities award score.

Verify if the health facilities in the LG have the following functional infection prevention and control amenities

Safe water source score 2 or else 0

Kyazanga HCIV, Katovu HCIII, and Nanywa HCIII each had functional and readily accessible sources of safe water.

At Kyazanga HCIV, the facility operates a water pump that supplies water to reservoir tanks, which are then connected to taps throughout the facility and the HF has an under-ground tank for storing water. The facility has maintained a consistent water supply without interruptions over the past few years.

At Katovu HCIII, the facility is connected to the NWSC (National Water and Sewerage Corporation) grid for water supply. Additionally, it has a reservoir tank to provide backup in case of a water outage.

At Nanywa HCIII, the facility benefits from rainwater harvesting 4 tanks donated by Mildmay Uganda as the only source of water.

The combination of underground water and harvested rainwater stored in tanks ensures a consistent supply of safe water for both staff and patients.

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 signposts.

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

The facilities had signposts prominently displayed at their entrances.

The assessment conducted at Kyazanga HCIV, Katovu HCIII, and Nanywa HCIII confirmed that each facility had visible signposts listing all the services offered. These signposts were strategically placed to ensure clear visibility for anyone accessing the facilities.

At Kyazanga HCIV, the signpost provided detailed information about the services offered in both English and the local language, along with directional signage to the facility.

At Katovu HCIII and Nanywa HCIII, the signposts displayed the facility names, a list of services offered (in English), and the working hours.

In each facility, the services displayed on the signposts were cross-checked and found to match the services described by the in-charges. This alignment highlights a consistent and transparent approach to service communication; ensuring clients are well-informed about the services available.

Evidence that the health facilities have visible sign posts listing all available services in local language offered free of charge	Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs	The assessment conducted at Kyazanga HCIV, Katovu HCIII, and Nanywa HCIII confirmed the existence of clear and well-placed directional signs throughout the compounds and service units of each facility at some HFs.
Evidence that the health facilities compound and service units have clear signs for directions in local language	<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 compound and service units have clear signs for directions in local language score 2 or else 0</p>	<p>All the visited health facilities had prominently displayed and legible directional signs strategically placed at key entry points, intersections, and around service units. These signs ensured that patients, visitors, and staff could easily locate various departments and service areas within the facilities.</p> <p>At Kyazanga HCIV and Nanywa HCIII, the directional signs were written in both English and the local language, making them accessible and easily understandable to the majority of community members. However, at Katovu HCIII, which consists of a single building, the doors to each unit were labeled to guide users, but there were no additional directional signs across the facility compound. However, the some units in all the HFs were only written in English like in Kyazanga HCIV all the units in the OPD building were in English</p> <p>Although not all services were listed on the signposts, they were clearly displayed on facility notice boards and specific units, such as the immunization point, OPD, laboratory, and labor suites, in the local language. This ensured that the community understood the services were provided free of charge.</p> <p>The facilities and the district were advised to enhance their signposts by including services listed in the local language to improve accessibility for non-English-speaking clients.</p> <p>It was recommended that Katovu HCIII consider expanding its infrastructure to provide more space for service delivery. This expansion would improve navigation within the facility and enhance service delivery efficiency.</p>

Management of Financial Resources

Evidence that the LG has supported all health facilities to:	From the LG Health Officer, obtain and	Bottleneck Analysis Conducted:
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.	<ul style="list-style-type: none"> • Review bottleneck analysis report. • Review annual work plan HMIS 001 • Review annual budget report HMIS 020 • Narrative Activity Report <p>Verify if the LG supported all</p>	<p>Evidence from the Health Management Information System (HMIS) records indicates that all sampled health facilities, with support from the Local Government (LG), conducted comprehensive bottleneck analyses to identify critical challenges affecting service delivery. The key bottlenecks identified included:</p> <ul style="list-style-type: none"> • Increase in malaria cases: This was attributed to the seasonal patterns and environmental factors, such as stagnant water, which provides breeding grounds for mosquitoes. • Low ANC attendance: Cultural beliefs, long distances to health facilities, and lack of awareness about the importance of antenatal care were major contributing factors. • Lack of lights in maternity wards: This posed significant challenges, especially during night

health facilities to	deliveries, affecting the quality of maternal and neonatal care.
i. Make a bottleneck analysis;	<ul style="list-style-type: none"> • Inadequate human resources: Shortages of skilled healthcare workers, including midwives and nurses, increased the workload and compromised service delivery.
ii. Design work plans to address the bottlenecks	<ul style="list-style-type: none"> • Inadequate water sources: Insufficient water supply hindered hygiene practices critical for infection prevention and control.
iii. Allocate funds to activities intended to address the bottlenecks; and	Design of Work Plans:
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>Following the bottleneck analyses, each facility developed tailored work plans aimed at addressing the identified challenges. These plans showcased strategic planning with a strong focus on improving health outcomes and optimizing resource utilization. For instance:</p> <ul style="list-style-type: none"> • Plans to address malaria included intensified community sensitization, distribution of mosquito nets, and improved surveillance. • Low ANC attendance was tackled by integrating community outreach programs and engaging Village Health Teams (VHTs) to encourage expectant mothers to seek care.
If (i) and (iv) complied with score 5 or else 0	<ul style="list-style-type: none"> • Infrastructure improvements, such as the installation of solar lighting systems in maternity wards, were prioritized to address the lack of lighting. • Human resource gaps were addressed through temporary hires, advocacy for additional staff, and improved task-sharing strategies. • Efforts to resolve water shortages involved installing rainwater harvesting systems and constructing additional water storage tanks. <p>Fund Allocation:</p> <p>The Primary Health Care Non-Wage Recurrent (PHC NWR) grant was effectively utilized to finance the planned interventions. Funds were allocated transparently and used to procure essential supplies, conduct outreach activities, and improve infrastructure, ensuring progress in addressing the identified bottlenecks.</p> <p>Production of Reports:</p> <p>All facilities produced comprehensive reports detailing the activities conducted and the resulting impact on mitigating the bottlenecks. These reports included evidence of progress, such as improved service uptake, enhanced facility readiness, and community feedback.</p> <p>Key Factors Enabling Success:</p> <ul style="list-style-type: none"> • Support from the Health Unit Management Committee (HUMC): The HUMC provided oversight and approval for the work plans, ensuring alignment with the facility's priorities. • Mobilization by Village Health Teams (VHTs): VHTs played a crucial role in community sensitization, increasing awareness about available services, and bridging the gap between the community and health

facilities.

The systematic approach to identifying bottlenecks, designing solutions, and executing interventions through well-structured work plans highlights the commitment of the facilities and their partners to improving health service delivery. These efforts have fostered significant strides in addressing pressing health challenges, despite resource constraints.

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Evidence that the DHO makes a bottleneck analysis, design work plans to address bottleneck, allocate funds, and produce reports to improve health outcomes.

- Review annual work plan HMIS 001
- Review annual budget report HMIS 020
- Narrative Activity Report

Verify if the DHO

- i. Makes a bottleneck analysis;
- ii. Designs work plans to address the bottlenecks
- iii. Allocated funds to activities intended to address the bottlenecks; and
- iv. Produced reports which describe the activities conducted and explains what has been achieved in relation to improving health outcomes

If (i) and (iv) complied with score 5 or else 0

Work Plans at district and Facility Levels:

Both the district-level and facility-level work plans were available and appropriately documented at their respective locations, showcasing efforts to address service delivery challenges systematically.

Bottleneck Analysis Conducted by the district health office:

The assessment team verified evidence of a comprehensive bottleneck analysis performed by the District Health Officer (DHO). This analysis was detailed in reviewed documents such as the district's work plan and annual budget report for the review period. The identified bottlenecks included:

- Lower uptake of antenatal care (ANC): Pregnant women faced barriers such as long travel distances to health facilities, cultural beliefs, and inadequate community awareness about the importance of ANC.
- Low coverage of DPT1 (first dose of the diphtheria, pertussis, and tetanus vaccine):

Work Plan Designed to Address Bottlenecks:

The health office created targeted work plans with clearly defined objectives, timelines, and activities designed to address the bottlenecks. For example:

- To improve ANC uptake, community mobilization campaigns were planned, utilizing Village Health Teams (VHTs) to educate pregnant women on the benefits of regular ANC visits. Additionally, outreach programs were organized to deliver ANC services closer to hard-to-reach areas.
- To enhance DPT1 coverage, the work plan included monthly immunization outreach drives in underserved communities, improving access to vaccines. Training sessions for healthcare workers were also incorporated to strengthen immunization practices and data reporting.

Fund Allocation for Bottleneck Mitigation Activities:

The reviewed HMIS data and budget reports provided evidence that funds were allocated to support the planned activities. For instance:

- ANC improvement activities: Funds were directed toward purchasing fuel for outreach vehicles, printing educational materials, and supporting VHT allowances.
- Immunization drives: Budget allocations covered the procurement of vaccines, vaccine storage equipment,

5

and logistics for healthcare workers conducting outreach.

These targeted interventions, backed by meticulous planning and fund allocation, underscored the district's commitment to overcoming barriers in health service delivery. For instance, the implementation of ANC outreach programs led to increase in ANC attendance within six months, while immunization campaigns saw DPT1 coverage rise.

By addressing bottlenecks systematically and allocating resources efficiently, the health office and health facilities demonstrated a proactive approach to improving health outcomes across the district.

Environment, Social, Health and Safety

17

2

a) Evidence that the LG has put in place protection measures against any form of violence/abuse discrimination for patients, workers and medical staff in health facilities	Sample 3 health facilities to ascertain that protection measures are in place	The district has demonstrated established measures to protect against violence, abuse, and discrimination for patients, workers, and medical staff through the following:
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	<p>The Existence of a Rewards and Sanction Committee:</p> <p>The presence of a committee, led by the Senior Human Resource Officer, indicates a structured approach to addressing cases of violence, abuse, or discrimination. A health officer is also a member of the committee. The committee convened several meetings, particularly to address misconduct by district employees, including health staff, for disciplinary actions. These meetings were held when lower-level committees had failed to resolve the issues.</p>
c) Evidence that Health Unit Management Committee (HUMC) has been trained on stakeholder engagement grievance management as per the circular on grievance management by MoGLSD		<p>This committee serves as a platform for addressing disciplinary issues and ensuring compliance with protection measures against abuse of office and discrimination among district staff, including healthcare workers (HWs). The committee's meeting reports indicate various cases, including a disciplinary sitting arising from complaints of absconding from duties. The minutes documented the complaints, the punishments given, and recommendations to improve staff follow-ups at health facilities.</p> <p>The meetings reported positive outcomes, as employees who were sanctioned showed improved professionalism at work. In two cases, individuals were forwarded to the Service Commission and were eventually interdicted.</p> <p>Health Unit Management Committees (HUMCs):</p> <p>Each health facility has a disciplinary team within the HUMC. This structure ensures on-site accountability and rapid responses to incidents of violence or abuse, promoting a safe and supportive environment for both patients and staff.</p>
		Additionally, the facilities' social safety, reward, and sanction committees are responsible for maintaining integrity and ethical practices among facility staff, which ensures the delivery of quality services.

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	Evidence that the district has trained and sensitized patients, workers, medical staff, and communities on measures to eliminate any form of violence, abuse, and discrimination at health facilities includes various meetings and reports on the training sessions. Additionally, there is evidence of patient sensitization regarding their rights and the forms of violence at both the facility and district levels.
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	Staffs at both the district and health facilities were trained on the forms of violence in the workplace and community, as well as methods for prevention, with support from the district.
c) Evidence that Health Unit Management Committee (HUMC) has been trained on stakeholder engagement grievance management as per the circular on grievance management by MoGLSD	Verify that the LG has trained, sensitized patients, workers, medical staff and communities on measures to eliminate any form of violence/abuse and discrimination at health facilities score 2 or else 0	However, no evidence was found indicating that patients were specifically sensitized on violence prevention measures. All health facilities visited have Health Unit Management Committees (HUMCs) with disciplinary teams in place.

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	Evidence indicates that the Health Unit Management Committee (HUMC) received training following their appointment after the expiration of the previous terms. The training covered topics such as stakeholder engagement and grievance management, in alignment with the circular on grievance management. Additionally, there was evidence of a rewards and sanctions committee at the district level, with a corresponding committee at the departmental level within the health department. At the facility level, a social safety rewards, and sanctions committee was also in place. Detailed meeting minutes were available at each level, outlining the reasons for the meetings, challenges discussed, and action points identified.
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.	<p>From the LG Health Officer, obtain and</p> <ul style="list-style-type: none"> • Obtain and review HUMC minutes to establish that they approved work plans and budgets • Obtain and review LGHT supervision and mentorship reports • Obtain and review LGHT Minutes <p>Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs</p> <p>Verify if there is</p>	<p>Approval of Work Plans and Budgets by HUMCs:</p> <p>The reviewed Health Unit Management Committee (HUMC) minutes from all the visited facilities provided clear evidence of discussions and approvals of work plans and budgets.</p> <p>Each of the sampled facilities conducted quarterly HUMC meetings, during which concerns from the community and the facility were addressed. These meetings produced actionable recommendations, which were clearly assigned to responsible individuals for follow-up. The minutes were detailed and well-documented, ensuring transparency and accountability in the decision-making process.</p> <p>Supervision and Mentorship for Data Quality Assurance (DQA):</p> <p>Supervision and mentorship reports from the Local Government Health Team (LGHT) strongly indicated that all sampled facilities underwent regular oversight regarding Data Quality Assurance (DQA).</p> <p>The reports revealed that key areas of focus included the quality and accuracy of data captured in various facility registers, such as maternity, inpatient department (IPD), and outpatient department (OPD) records. Issues such as incomplete data entry often caused by the heavy workload due to understaffing</p>
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evidence that:	were highlighted. To address these gaps, healthcare workers were mentored on the importance of fully completing all columns in the registers to ensure accurate data reporting.
i. That HUMCs approved work plans and budgets in all facilities	Supervision and Mentorship for the Expanded Program of Immunization (EPI):
ii. That LGHT supervised and mentored all facilities in relation to Data Quality Assurance (DQA)	The LGHT reports also confirmed that regular supervision and mentorship sessions were conducted to improve the implementation of the Expanded Program of Immunization (EPI). Facilities were guided on addressing challenges in providing EPI services, both within the facility and during outreach programs. For instance, mentorship sessions helped streamline vaccine stock management, cold chain maintenance, and community mobilization strategies. These efforts were further supported by implementing partners (IPs) such as Plan International, which provided technical and logistical support for EPI activities.
iii. That LGHT supervised and mentored all facilities in relation to Expanded Program of Immunization (EPI)	Discussion of Supervision Findings and Follow-Up: Minutes from LGHT supervision visits demonstrated a robust system for discussing supervision findings and outlining follow-up actions. Facilities acted on recommendations made during these visits with the support and approval of HUMCs.
iv. That the LGHT discussed supervision findings and followed-up on the recommendations made.	The effective implementation of these recommendations was made possible by several key factors:
If (i) to (iv) complied with score 6 or else 0	<ul style="list-style-type: none"> • The composition of the HUMC, which includes community members who understand local needs and priorities. • Strong political will at the district level to support service delivery improvements. • Orientation and training of HUMC members on their roles and mandates, which empowered them to make informed decisions that enhance service delivery. <p>By fostering collaboration among HUMCs, the LGHT, and implementing partners, these facilities have successfully translated supervision findings into actionable improvements, ultimately enhancing service delivery and patient care outcomes.</p>

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.

There was evidence that monthly HMIS summaries and DHIS 2 summaries for FY 2023/24 were submitted by the 14th, day of subsequent month.

Lwengo district consistently submitted all HMIS 108 and 105 summary data before the required deadline of the 14th day of each month when the data were submitted into the DHIS2, meaning the DHIS 2 data is submitted earlier. Specifically, reports were consistently submitted between the 2nd and 13th days of each month, demonstrating a proactive approach to timely data submission.

The submission dates for the report reports verified in the report submission book and in the reports.

The completeness of data was verified, demonstrating that the required information was not missing or incomplete, further meeting the criteria for timely and accurate submission.

All the three visited health facilities of Kyazanga HC IV, Katovu HC III and Nanywa HC III were all confirmed to have submitted their reports and summaries before the 14th, day of preceding month for last FY.

The evidence supporting the timely submission was verified through detailed inspection of the health facility records at Kyazanga HCIV, Katovu HCIII, and Nanywa HCIII were the report submission dates at the facility forms.

The timely submission of the reports and summaries were due to the fact that the facility data are entered at HCIVs for all the facilities they supervised

**PMs and Indicators
to Incentivise
Delivery of
Accessible, Quality
and Efficient Water
and Sanitation
Services**

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>Routine water quality analysis (bacteriological and physical) were undertaken on 27 boreholes of the 177 functional boreholes (MWE MIS 2024) in FY 2023/24. Thus achieved 15.2% which is below 20% target. Evidenced by the water quality analysis reports submitted vide letters from ADWO to CAO dated 19th June 2024,</p> <p>The district didn't meet the performance target</p> <p>Therefore, scores 0</p>	0

a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.

b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY

c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY

d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities

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

From the DWO:

- Obtain and review the BPR to identify the new water sources implemented in the previous FY.

- Obtain and review the water quality analysis reports of the existing and new water facilities

Verify if the water officer conducted 100% quality analysis for new water sources in previous FY score 2 or else 0

Twelve (12) new water facilities were planned and constructed in FY 2023/24 included: -

i. Busibo Piped water In Kyanzanga subcounty

ii. Balimanyankya borehole (BH)in Kisseka subcounty

iii. Lusana Rainwater tank (RWT) in Ndagwe subcounty

iv. Nakateete RWT In Kyanzanga subcounty

v. Nakalinzi RWT in Lwengo subcounty

vi. Lwendezi RWT in Malongo subcounty

vii. Lwemiyaga RWT in Malongo subcounty

viii. Good shepherd RWT in Malongo subcounty

ix. Bigando RWT in Kkingo subcounty

x. Kitazigoorokokwa Valley Tank(VT)in Lwengo

xi. Kachranga VT in Ndagwe subcounty

xii. Keyikolongo Public Latrine in Malongo subcounty

As guided by MWE, the water technologies considered in the assessment are piped water and boreholes. Therefore, water quality analysis was conducted for Busibo piped water scheme constructed and Balimanyankya borehole drilled in FY2023/24. Thus achieved 100% target Evidenced by water quality test certificates from NWSC and the water quality analysis report submitted by ADWO to CAO vide a letter of 19th June 2024,

The district met the performance target

Therefore Scores 2

a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.

b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY

c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY

d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities

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

- Obtain and review the BPR to identify the new water sources implemented in the previous FY.

- Obtain and review household sanitary survey reports for new piped water facilities.

Verify if the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY score 2 or else 0

Household sanitation surveys were conducted for 12 new projects implemented in FY2023/24, as evidence by the Household survey report of 20th Sept 2023

The district met the performance target

Therefore, score is 2.

- a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.
- b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY
- c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY
- d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities
- e) Evidence that the water office followed up implementation of recommended remedial actions

From the DWO:

- Check and review feedback reports on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities.

Verify if the the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities score 2 or else 0.

DWD provided feedbacks (with action points) to stakeholders on water quality analysis reports of existing water facilities as evident by the letters of 11th July 2024 from CAO to respective sub counties .Respective WSC confirmed receiving feedbacks on water quality results

DWO also provided feedbacks on household sanitary survey for new water facilities to stakeholders, evidenced by letter of 21st Dec 2024 from DWO to CAO and confirmed by the WSC members.

The district met all the performance targets

Therefore, Score is 2

- a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually.
- b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY
- c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY
- d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities
- e) Evidence that the water office followed up implementation of recommended remedial actions

From the DWO:

Check 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

Lwengo DLG, followed up the implementation of remedial actions from the water quality analysis reports and household sanitary surveys. Evidenced by the letter from DWO to CAO of 20th Sept 2023/24. The inspection was to specifically to check the potential threats to the water quality at the source, point of extraction, treatment works and distribution systems

The district met the performance target
Therefore, score is 2

Access

Evidence that the population with access to safe water service is either above 70% or has increased between the previous FY one and the previous FY

From the Ministry MIS for the previous FY and previous FY but one:

- Obtain and check data access to safe water in the previous FY but one and compare with safe water access in the previous FY

Verify if the population with access to safe water service is either above 70% or has increased between the previous FY one and the previous FY but one
score 5 or 0

Safe water access in Lwengo district is 76 % (source MWE MIS June 2024), which is above 70%.

The district did meet the performance Target

Therefore, score is 5

a) Evidence that the DWO has prioritized at least 70% of the budget allocations for the current FY to LLGs that are underserved (based on the average district water coverage) score 2 or else 0.	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	The sub counties with water access below the district safe water average of 76% are Kyazanga at 73%, Lwengo at 53% and Malongo at 50%
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	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.	<p>Budget for FY 2024/25, allocated to projects in underserved sub counties amount to shs 353,312,600 out of shs 643,688,908, which is 54.9% of the budget and it is below 70%.</p> <p>Respective sub counties allocations are as follows</p> <p>a) Kyazanga =65,203,600 /= for 1 BH and 2 Rain water tanks</p> <p>b) Lwengo=18,851,500 /= for 1 Rain water tank</p> <p>a) Malongo=269,257,500/= for 1 Piped water, 5 Rain water tanks and 1 Vally tank</p> <p>The district didn't meet the performance target</p> <p>Therefore Score 0</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.	From MoWE MIS and the DWO obtain and review the district safe water coverage data, (disaggregated by LLG)	The sub counties with water access below the district safe water average of 76% are: Kyazanga at 73%, Lwengo at 53% and Malongo at 50%
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>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>Budget for FY 2023/24 allocated and spent on water projects in underserved sub counties amount to Shs 337,012,404 out of shs 674,754,908, which is 50 % of the budget and is below 70%.</p> <p>Respective sub counties allocations were as follows</p> <p>a) Kyazanga =150,085,576 /= for 1 piped water,1 Rain water tank</p> <p>b) Lwengo=92,000,000/= for 1 Rain water tank and 1 valley tank</p> <p>c) Malongo=94,926,828/= for 3 Rain water tank and 1 Latrine</p> <p>The district didn't meet the performance Target</p> <p>Therefore Score 0</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

Functionality of water facilities in Lwengo district stand at 80 % (source MWE MIS , June 2024) this is below 90% and above 70%

Status of functionality of the 5 sampled water facilities are as follows

- a) Busibo Piped water system constructed in FY 2023/24,. It is functioning
- b) Kyassonko Piped water system constructed by Lwengo DLG in FY 17/18 and rehabilitated /expanded in FY 2023/24. It is functioning
- c) Balimanyankya BH(DWD88101) was drilled in June 2024 installed with handpump with 17 stainless steel pipes and rods, pedestal, tank, head assembly, cylinder, chain and bearing. It is functional
- d) Kyekullua BH (DWD 87766) was drilled in June 2023, installed with handpump with 18 stainless steel pipes and rods, pedestal, tank, head assembly, cylinder, chain and bearing. It is functional
- e) Kabwami BH (DWD 87765) was drilled in June 2023, installed with handpump with 20 stainless steel pipes and rods, pedestal, tank, head assembly, cylinder, chain and bearing. It is functional

Lwengo DLG partially met all the performance targets

Therefore, the Score is 2.

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

Functionality of WSCs in Lwengo district stand at 83 % (MWE MIS)

Interviewed caretakers and other members of the water and sanitation committees at the 5 sampled water facilities and the results are as follows: -

a) Busibo Piped water system. WSC in place, key executives are Kintu Jimmy(C/M), Byakatonda Edisa (Treasurer). Katende Hussein (Sec). WSC is functional. Held meetings every month with minutes recorded in a book, collect 5,000/= per HH/month for O&M, set bye-laws for regulation of water user

b) Kyassonko Piped water system. WSC in place, key executives are: - Kissekula David(C/M), Samma Robert (Treasurer). Kigeye Kizito (Operator). WSC is functional meets twice a year collect 3.000/= per HH/month at the Public Standpost and 2,000/= per unit at yard tap, bank account at LWEDE SACCO, set bye-laws for regulation of water user

c) Balimanyankya BH WSC in place, key executives are Lobowa Joseph (C/M), Nakasita Getrude (Treasurer). Kette mark, Musumba Bored Caretaker) . WSC is functional Held 3 meetings since July 2024 with minutes recorded in a book, collect 2,000/= per HH/month for O&M, set bye-laws for regulation of water user

d) Kyekullua BH WSC in place, key executives are Tiggo Aloysius (C/M), Atubirwe Morine (Treasurer). Buligwanga (Sec) . WSC is functional Held monthly meetings with minutes recorded in a book, collect 2,000/= per HH/month for O&M, set bye-laws for regulation of water user

e) Kabwami.BH WSC in place, key executives are Nabanyire zulayika(C/M),Bumbunde (Treasurer). Bukenya Joseph (Sec) . WSC is functional held quarterly meetings with minutes recorded in a book, collect 2,000/= per HH/month for O&M, set bye-laws for regulation of water user

Lwengo DLG met the performance target,

Therefore, score is 5

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

Reviewed the drilling reports of the 5 sampled water facilities to determine if the water yields meet the design standards of 0.5 m³/h. for point water source and 5 m³/h for piped water supply. The yields of sampled water facilities are as follows:

- a) Busibo Piped water =6.7 m³/h
- b) Kyassonko Piped water =2 m³/h
- c) Balimanyankya BH =3 m³/h
- d) Kyekullua BH =1 m³/h
- e) Kabwami.BH =0.8 m³/h

Measured the time taken fill a 20 l jerrycan at the boreholes and the results are as follows

- a) Balimanyankya BH =1 min(1,2m³/h)
- b) , Kyekullua BH =1min (1.2m³/h)
- c) Kabwami.BH =2min 20 sec (0.8 m³/h)

The results show that 3 boreholes installed with handpumps and 1 production well met the design standard of 0.5m³/h for point source and 5 m³/h for piped water. However, the production well for Kyassonko piped scheme did not meet the design standard of 5 m³/h for piped water.

The district didn't meet all performance targets

Therefore, the Score is 0

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

Reviewed the annual report prepared by DWO on water reliability and existence of basic amenities at the water facilities and all the 5 sampled water facilities provide water at all times , evidenced by a letter from DWO to CAO of 28th June 2024 .

Interviewed the water users at the 5 sampled water sources as follows

- a) Busibo Piped water scheme provide water full time
- b) Kyassonko Piped water scheme provide water full time
- c) Balimanyankya BH provide water full time
- d) Kyekullua BH provide water full time
- e) Kabwami.BH provide water full time

All the water facilities (2 piped water systems and 3 boreholes) provide water at all times.

Lwengo DLG did meet the performance targets

Therefore Score 5

Human Resource Management

Evidence that communities receive Backup technical support from the Water Office.

- From DWO field obtain monitoring reports, review and verify that communities received back-up technical support.

- Sample Water sources to ascertain that communities receive backup technical support.

If the communities received Backup technical support from the Water Office. Score 10 or else 0

The DWO provided a post construction support for the new and existing water facilities, evidenced by letters from DWO to CAO dated 11 July 2023 and 22 June 2024

The WSCs executive members of the 5 sampled water facilities (Busibo Piped water, Kyassonko Piped water, Balimanyankya BH, .Kyekullua BH& Kabwami.BH) testified that they often receive back up technical support from DWO, CDO and pump mechanics

The team provided guidance on how to maintain the water facilities, water source protection measures, promote safe water chain from of water collection at the water source by using clean containers and point use at home

Lwengo DLG met the performance target

Therefore, Score 10

Evidence that the constructed water facilities have basic functional amenities.

From DWO:

- Sample 5 water sources to ascertain that the water facilities have fences, soak-away pits, storm water diversion channels and grass.

- For the piped water facility check for: i) Reliable water source and intake structure, (ii) storage tanks or reservoirs, (iii) reliable pumping system, (iv) piped networks, (v) tap stands /water kiosks.

If the sampled water facilities have the basic amenities Score 10 or else 0

Basic amenities at the 5 sampled constructed water facilities i consist of the following: -

a) Busibo Piped water scheme amenities include; production well, Solar water pump ,2 storage tanks (total 20m3), 470m pumping main(50mm HDPE pipe), 2km distribution pipes , 2 Public Standpost and 22 Yard taps They are functional

b) Kyassonko Piped water scheme amenities include; production well, Solar water pump ,1 storage tank (total 10m3), 46m pumping main(50mm HDPE pipe), 800m distribution pipes , 1 Public Standpost and 13 Yard taps They are functional

c) Balimanyankya BH amenities include; deep borehole, handpump, apron, fence drainage channel They are functional

d) Kyekullua BH amenities include; deep borehole, handpump fence. apron, drainage channel They are functional

e) .Kabwami.BH amenities include; deep borehole handpump. fence, apron, drainage channel . They are functional

All 5 sampled water facilities have basic functional amenities Lwengo DLG met the performance target

Therefore Score 10

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.
- Water sector guideline for NWR grant provide that a minimum of 40% of the non-wage recurrent budget for rural water and sanitation should be allocated to:
- a) Promotion of sanitation and hygiene
- b) Mobilisation and promotion of community-based maintenance of water sources
- h) Environmental and social safe guard activities
- in FY 2023/24, Lwengo DLG allocated and spent NWR of shs 30,595,432 out of shs 66,557,640 on mobilization, hygiene education and Environmental and social safe guard activities. This is 46, % of NWR which is above 40%. Evidenced by the BPR and payment vouchers.
- Lwengo DLG complied with the water Sub-Programme grant & budget guidelines.
- Therefore, the Score is 6

- a) Evidence that the water officer allocated and spent the NWR grant in line with the sub-programme grant & budget guidelines score 6 or else 0.
- b) Evidence that the water officer submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter
- From MoWE:
- Obtain a schedule for submission of the LG reports and check whether the DWO submitted quarterly progress reports in time
- Verify if the water officer submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter score 4 or else 0
- Reviewed the acknowledgment letters from MWE and found out that two quarterly reports were submitted on time and two reports were submitted late as follows: Q1 reports on 24th Oct 2023, Q2 report 10th Jan 2024, Q3 report on 11th April 2024 and Q4 report on 10th July 2024. The district failed to meet the requirement of 10th day of the first month following each quarter for two quarterly reports
- Lwengo DLG did not meet all the performance targets
- Therefore, the Score is 0

Environment, Social, Health and Safety

Evidence that the LG conducted training and sensitisation of the water and sanitation committees on the protection measures, the WSCs and communities implemented actions in water source protection plans for water sources constructed last FY, and the LG Water Office and Community Development Office trained the Water User Committee on grievance management and stakeholder engagement.

- From the District Water Office obtain and review

- Water source protection plans for water sources constructed in the previous FY.

- Training reports for the water and sanitation committees on water source protection, GRM and stakeholder engagement.

- Sample 5 water facilities to ascertain that water source protection measures were implemented

- From the LG Water Department, obtain and review: Water sub-programme ABPR and check whether the LG has included status of implementation of water source protection plans

Check and verify

i. Evidence that the LG conducted training and sensitization of the water and sanitation committees on the protection measures

ii. Evidence that the WSCs and communities implemented actions in water source protection plans for water sources constructed last FY.

iii. Evidence that the LG Water Office and Community Development Office have trained the Water User Committee on grievance management and stakeholder engagement

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

From a sample of 5 water facilities constructed in the FY2023/24, the following were undertaken: -

i. Training and sensitization of the WSCs were conducted for all 12 projects implemented in FY 2023/24.as per training report to submitted by ACDO to CAO vide letters dated 16th Oct 2023., 15th Nov 2023 and 19th Dec 2023,

The WSC committee's members confirmed that were trained on their roles., collection of O&M funds, Safe water chain

ii. There are no water source protection action plans for all the 5 sampled water facilities. Although some facilities are implementing source protection actions like no latrines and fertilizes/pesticides are allowed with 30 m radius from the water sources

iii. There is a grievance plan at the DWO. There are no grievance management measures being implemented at all sampled piped water systems and boreholes.

Lwengo DLG didn't meet all the performance targets

Therefore, Score is 0

12	<p>a) Evidence that the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter</p> <p>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.</p>	<p>From the district water office:</p> <ul style="list-style-type: none"> • 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 .). <p>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</p>	<p>The DLG monitored all 7 public sanitation facilities (100%) in the district in FY 2023/24, evidence by Sanitary reports from ADHO/HI to CAO vide a letter of 21st Dec 2023, with finding and recommended actions.</p> <p>The district water office monitored a total of 35 existing water facilities of,1,203 water facilities (source MWE MIS) ,achieving 2.9% % ,which is below the 25% set target annually, The water facilities monitored per quarter:- 11 boreholes in Q1., 5 piped water. ,1 boreholes 4 Rian water tanks and 1 valley tank in Q2,! piped water, 2 valley tanks and 3 Rain ped water tanks in Q3 and 2 piped water, 2 rainwater tanks and 3 valley tanks in Q4. Evidenced by the quarterly monitoring reports forwarded by DWO to CAO vide letters dated 3rd Sept 2023, 12 Nov, 2023, 2nd March 2024 and 25th June 2024. Findings and recommended actions were attached,</p> <p>DLG didn't meet all the performance targets</p> <p>Therefore, score is 0</p>	0
12	<p>a) Evidence that the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter</p> <p>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.</p>	<p>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.</p> <p>Check whether remedial actions were incorporated in the AWP.</p> <p>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.</p>	<p>Reviewed the minutes of four DWSCC quarterly meetings held 7th Dec 2023, 12th Dec 2023, 3rd April 2024 and 9th July 2024.</p> <p>The DWSCC meetings had agenda and discussed the findings from the quarterly monitoring and recommended corrective actions to address any shortfall.</p> <p>The meetings reviewed the status of functionality of water facilities and oversight committees, water chain and source protection measures and reviewed the progress of its implementation of remedial actions.</p> <p>DLG met this performance target</p> <p>Score is 10</p>	10

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that the Local Government has in the previous FY trained all micro-scale irrigation beneficiary farmers on good field management practices, and the farmers are implementing these practices	<p>From the SAE, obtain and review the list of farmers that benefited from micro-scale irrigation funds in the previous FY</p> <p>Sample at least 5 beneficiary farmers.</p> <p>Visit the Sampled farmers to establish, if they are implementing at least four (4) of the following practices:</p> <p>Trenching</p> <p>Mulching</p> <p>weeding,</p> <p>manuring,</p> <p>thinning,</p> <p>spacing,</p> <p>soil and water conservation</p> <p>If the farmer practices at least any four of the above practices score 10 else 0</p>	<p>SAE (Eng. Kanshangeho Bailon) shared an extract of MIS data for the 2023/2024 FY. The SAE provided a list of 28 UGIFT MSI beneficiary farmers.</p> <p>Two reports (an activity report on sensitization and established FFS (19/12/2023) and a field report on implemented FFS activities in Lwengo T/C (23/03/2024)) farmers have been trained on crop protection, soil and water conservation, value chains, and market links, fertilizer application, nursery management, and other good agricultural practices.</p> <p>A sample of five (5) farmers was selected, and the field verifications confirmed that farmers practice at least four (4) of the mentioned practices. The sampled farmers include;</p> <ol style="list-style-type: none"> 1. Kagogwe Ronald of Kkingo S/C irrigates his coffee plantation using a drag-hose system. The farmer uses manure and grass to mulch his plantation. He practices weeding, trenching, proper spacing, and thinning. 2. Bukenya Francis of Kkingo S/C planted coffee and Banana and irrigated using his drag-hose irrigation system. The farmer practiced recommended spacing, thinning, Weeding, trenching, manuring, and mulching using banana leaves. 3. Nakamoga Mariam of Lwengo S/C uses her drag-hose irrigation system to supply coffee, banana, and pasture water. Practices on the farm include proper spacing, weeding, mulching to conserve water and thinning. 4. Luboobi Badru of Kisekka S/C grows coffee and bananas irrigated using the drag-hose system. The farmer practices manuring, weeding, trenching, thinning, and proper spacing. 5. Majjidu Mugumya of Lwengo S/C grows coffee and bananas using a drag-hose irrigation system. He practices trenching, manuring, weeding, and proper spacing. <p>From the training reports and field observations, all five (5) farmers in the sample were trained and practiced at least four (4) of the listed practices. Therefore, a score of ten (10) applies.</p>	10

2	<p>Evidence that the LG has achieved MSI MAAIF installation targets in the previous FY.</p>	<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>MAAIF data was obtained, and the Lwengo DLG installation target was 19 installations for the 2023/2024 FY.</p> <p>A list of beneficiary farmers was provided by SAE, with 28 installations completed in the previous FY. All 28 installations were solar drag hoses.</p> <p>The performance was boosted by the unspent UGX 613,511,396 from the 2022/2023 FY that was returned to the DLG. Field verifications were done for five (5) of the installations, and the equipment was found to be functioning.</p> <p>The LG achieved the MSI MAAIF installation targets for the previous FY, therefore, a score of eight (8).</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>The SAE provided two (2) reports on irrigated agriculture in the Lwengo district for the FYs 2022/2023 and 2023/2024. He also shared a list of MSI beneficiary farmers and an extract of MIS data.</p> <p>For MSI beneficiaries;</p> <p>Under MSI, the LG had 82.5 acres (35 farmers) of irrigated land for the 2022/2023 FY.</p> <p>The LG reported 167.5 acres (69 farmers) of irrigated land under MSI in the 2023/2024 FY.</p> <p>The irrigated land under UGIFT beneficiary farmers for the Lwengo DLG increased by 103.03%, while the number of farmers increased by 94.14% in the previous FY.</p> <p>The MSI beneficiary irrigated land, and the number of farmers increased by more than 20% for the previous FY. Therefore, LG gets a score of four (4).</p>	4

Evidence that the LG has realized an Increase in acreage of land under irrigated agriculture between the previous FY and the previous FY but one

From the MIS and SAE, obtain and review data on irrigated land for the last two FYs.

Calculate the percentage increase for micro-scale irrigation grant non-beneficiaries.

If increase in non-Micro-scale irrigation grant beneficiaries by 10% score 2 or else 0.

The SAE provided two (2) reports on irrigated agriculture in the Lwengo district for 2022/2023 and 2023/2024 FYs.

The DLG reported 1029 acres of irrigated land for the 2022/2023 FY.

The LG reported 1177 acres of irrigated land in the 2023/2024 FY.

The number of UGIFT non-beneficiary farmers was not indicated in the reports.

The irrigated land from non-UGIFT MSI beneficiaries for the Lwengo DLG increased by 14.38 in the previous FY.

The non-beneficiary irrigated land increased by more than 10% in the previous FY, so LG received a score of two (2).

Evidence that the LG has established and run Farmer Field Schools (FFS) as per the guidelines:

- Eligible number of participants (20 -30 farmers)
- Farmers in a radius of 15km of the FFS.
- Inclusion of male, female, and youth farmers.

From the DPO, obtain and review reports on FFS to determine whether they are established and run as per the guidelines.

Sample farmer field schools to verify that they comply with the guidelines:

i. Eligible number of participants (20 -30 farmers)

ii. Not more than 15km from the FFS.

iii. Inclusion of male, female, and youth farmers.

If all above complied with score 6 or else 0.

The SAE provided a list of the FFS establishment, two (2) reports of FFS training, and functionality.

Eighteen (18) FFSs were established and functioning with at least two (2) FFSs in each LLG. The FFS meets periodically with guidance from the LLG extension workers. The existing FFS include;

1. Kisansala FFS and Nkoni Parish FFS in Kingo S/C
2. Lukindu FFS and Kyembazi FFS in Kisekka S/C
3. Luyiyi Kaate FFS, Mpumudde FFS and Makondo Pewosa in Ndagwe S/C.
4. Bwami FFS and Nyenje FFS in Lwengo T/C
5. Nakyenye FFS and Kito FFS in Lwengo S/C
6. Pioneer FFS and Tusimbudde FFS in Kyazanga T/C
7. Kakuuto FFS, Nagangabo FFS and Galagi Kyetwekoledde FFS in Kyazanga S/C
8. Kalagala FFS and Lwebidaali FFS in Malongo S/C

A sample of 3 FFS was verified in the field. These include;

1. Nyenje FFS, Chaired by Ssemanda Augustine (0702131278), has 20 participants. Five (5) of the participants are female, fifteen (15) are male, and five (05) of whom are youths. All member farmers are within a 2km radius of the school.

2. Bwami FFS with twenty (23) participants. Thirteen (13) are male, ten (10) are female, and one (01) is youth. Mr Jjuko Joseph (0753973293) is the FFS chairperson, and all participants are within a 2 km radius of the school.

3. Lukindu FFS has twenty-four (24) participating farmers. Eight (8) of whom are female, sixteen (16) are male, and of whom four (04) are youth. Mr Lutaaya Emmanuel (0700851577) hosts farmers within a 3 km radius of the FFS.

The sampled FFS had well-maintained demonstration plots where training was conducted.

Overall, the FFSs are established and run as per the guidelines. Therefore, a score of six (6) applies.

Evidence that farmers who received and are currently utilizing MSI facilities have registered an increase in crop yield between the previous FY but one and the previous FY

- From the DPO, obtain the list of beneficiary micro-scale beneficiary farmers.

- Sample and visit 5 farmers and check their records for the last two FYs to determine the percentage increase in yield

If the farmers who received and are currently utilizing MSI facilities have registered an increase in crop yield between the previous FY but one and the previous FY by 10% score 10 or else 0

The SAE provided a list of beneficiary farmers for the previous financial year. A sample of 5 farmers was selected for field verifications. There were no written farmer records on crop yields for the earlier seasons. Therefore, information on crop performance was obtained through narration by the farmers. The following farmers were visited;

1. Kagogwe Ronald of Kkingo S/C irrigates his coffee plantation using a drag-hose system. He harvested 37 bags during the 2022/2023 season and 51 bags during the 2023/2024 season. The farmer realised a 37.8% increase in coffee yield in the previous FY.

2. Bukenya Francis of Kkingo S/C planted coffee and Banana. His banana harvest has increased from 120 bunches in the 2022/2023 FY to 240 bunches in the 2023/2024 FY. This is a 100% increase in banana yield in the previous FY.

3. Nakamoga Mariam of Lwengo S/C uses her drag-hose irrigation system to supply water for coffee, bananas, and pastures. Her banana production has risen from 10 bunches per in the 2023/2024 FY to 30 bunches per week in the 2023/2024 FY. The farmer realised a 200% increase in Banana yield

4. Luboobi Badru of Kisekka S/C grows coffee and bananas irrigated using the drag-hose system. He harvested 8 bags during the 2022/2023 season and 20 bags during the 2023/2024 season. The farmer realised a 150% increase in coffee yield in the previous FY.

5. Majjidu Mugumya of Lwengo S/C grows coffee and bananas and uses a drag-hose irrigation system. He harvested 152kgs during the 2022/2023 season and 380kg during the 2023/2024 season. The farmer realised a 150% increase in coffee yield in the previous FY.

The above summary shows that all the sampled MSI beneficiary farmers' crop yields and performance increased by at least 10%. Therefore. A score of ten (10) applies.

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.

From the review of two reports (Activity report on farm visits conducted on 25/01/2024 and extension staff training report with field visits to irrigation demo sites- 13/02/2024) provided by the SAE, it was evident that technical support has been provided to extension workers within the Lwengo DLG. The SAE has conducted training on the facilitation of farm visits, use and data entry of the IrriTrack App, and conducting site assessments. The SAE has mentored the extension workers to ensure that they can effectively support the farmers on MSI and help farmers in maintenance within their capacity. Interviews with five (5) LLG extension workers confirmed that the SAE provided technical support and mentoring. The interviewed extension workers included;

1. Ssemwogerere Jerevazio of Kingo S/C
2. Ssendagire Mubarak A/O of Kisekka S/C
3. Sseremba George William AAO of Lwengo T/C.
4. Ssewanyana Vincent A/O of Lwengo S/C
5. Ssali Henry A/O of Kyazanga T/C.

There was sufficient evidence indicating that the SAE has provided technical support and mentoring to extension workers in the LLG in the MSI component, therefore, a score of 10.

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 SAE provided a fourth-quarter report on the MSI subprogramme and the FY 2023/2024 annual work plan for the Lwengo District.

From the AWP, Lwengo DLG was allocated UGX 467,777,505 for the 2023/2024 FY, which was allocated as 25% (UGX 116,944,374) for complementary services and 75% (UGX 350,833,128) for capital development.

However, according to the fourth quarter report, the DLG received an additional UGX 613,511,393 that was sent back from the 2022/2023 FY. The total MSI grant for 2023/2024 was UGX 1,081,288,901. UGX 899,020,800 was spent in the 2023/2024 FY, while UGX 182,268,101 was sent back to the treasury.

From the fourth quarter report, seventy-six percent (76.8%) of the spent funds (UGX 690,048,000) were spent on capital development (procurement and installation of irrigation equipment, accompanying manuals, and training). Twenty-three percent (23.2%) of the funds (UGX 208,972,700) was spent on complimentary services. Budget allocations for MSI grants were made in line with MSI sub-program guidelines; at least 75% was spent on capital development and less than 25% on complementary services.

From the annual work plan, the DLG allocated twenty-five percent (25%) of the complementary services funds (UGX 29,236,093) to enhance LG's capacity to support irrigation agriculture. In comparison, seventy-five percent (75%) of the funds (UGX 87,708,281) were spent enhancing farmers' capacity to uptake micro-scale irrigation. The Lwengo DLG allocated the complementary component of the MSI grant funds as per the sub-program guidelines 25% and 75% of the complementary services MSI grant funds were allocated to enhancing LG capacity to support Irrigated agriculture and enhancing farm capacity to uptake irrigation, respectively.

Therefore, a score of ten (10) applies.

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 budget performance report, receipts of farmer co-funding, MIS data, and quarterly reports from the SAE were reviewed.

The reports did not provide information on whether MSI grant beneficiary farmers of 2023/24 FY made their co-funding in FULL before irrigation systems were installed. There were no beneficiary project files, as these have not yet been created.

From the review of the receipts, although some farmers paid 25%, while LG paid 75% of the farmer's total MSI equipment cost, some beneficiary farmers did not complete their co-funding before installing MSI equipment. Farmers were to complete their co-payment later, although all the farmers made an initial payment of UGX1,000,000 as a commitment fee.

Funds from farmer co-funding are reflected as part of the revenue collected in the 2024/2025 budget. However, the funds were not used to support more farmers in acquiring irrigation equipment

Lwengo DLG did not manage the co-funding as per the MSI grant and budget guidelines. Therefore, it has a score of zero (0).

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 Environment Officer provided an environmental and social management plan (ESMP) for the 2023/2024 FY screening reports and certificates. However, the officer did not provide monitoring reports, implying that the environmental impact of irrigation was not monitored every quarter per the guidelines.

The environmental and social screening reports show that the Environment Officer ensured environmental compliance during the equipment installation works. The SEO also developed an ESMP indicating the actions to be taken and the planned monitoring activities to be carried out to ensure compliance with the guidelines.

A sample of five (5) farmers was visited for verification; it was confirmed that they practice water conservation, including minimum tillage, mulching, trenching, and grass around the water source.

However, none of the farmers had gazetted areas with signposts for the disposal of agrochemical waste. Although environmental screening and monitoring were done, four (04) farmers noted that agrochemical waste is burned, while one (01) stated that waste is collected and transported to an offsite recycling plant. According to the farmers, they have not been trained adequately to handle agricultural waste around the farm.

The LG has not monitored irrigation impacts quarterly; therefore, it has a score of zero (0).

Evidence that the LG has established a mechanism of addressing micro-scale irrigation grievances : micro-scale irrigation grievances have been reported in line in line with the LG grievance redress framework, recorded, investigated and responded to

From the Designated Grievance Redress Officer obtain and review the Log of grievances and check whether grievances were recorded, investigated and responded

If the LG has established a mechanism of addressing micro-scale irrigation grievances : micro-scale irrigation grievances have been reported in line in line with the LG grievance redress framework, recorded, investigated and responded to, score 5 or else 0

The SAE provided the log of grievances, which was reviewed. UGIFT micro-scale irrigation sub-programme grievances are handled through the MSI program grievance redress committee. The CAO appointed a grievance redress committee for the MSI program, and this is composed of the following;

1. Chairperson- Mr. Mazinga Joseph (DCDO)
2. Member- Mr. Mutemba Godfrey (DNRO).
3. Member – Mr Lugalambi Frerio (DWO)
4. Member – Kampiire Mary (DEC Representative)
5. Member – Ms Bacia Kezia (SAO)
6. Secretary – Eng Kanshangeho Bailon (SAE).
7. Member – Dr. Mukuye Samuel (DVO).

From the grievance log, farmers have reported several grievances, such as Mr Kayima Emilian, who was dissatisfied with his pump discharge. There were no resolutions indicated in the grievance log for the recorded grievances. However, the SAE provided reports on the resolutions. For example, for Mr Kayima Emilian, a new pump was installed by the supplier and tested in the presence of a farmer.

Other grievances recorded include delayed installation of irrigation equipment and high quotation values by the contractor.

However, there was evidence of delay in resolving the grievances the SAE recorded. For example, Mrs. Katone Catherine complained that no response was received after the farm visit and payment of the UGX 1,000,000 commitment fee in her letter dated 18/10/2024. She has never received any resolution to her grievance.

Although the DLG has established a grievance redress mechanism, there is no evidence that grievances reported are investigated and responded to in line with the guidelines of the MSI grant. The aggrieved persons cannot resolve their complaints quickly. Therefore, a score of zero (0) applies.

Oversight and support supervision

Evidence that the LG has monitored on a quarterly basis all installed MSI equipment (key areas to include: functionality of the equipment, adherence to ESHS, adequacy of water source, efficiency of MSI in terms of water conservation)

- From SAE obtain and review the quarterly monitoring reports for the previous FY to establish the number of MSI equipment that were monitored

- Sample and visit 5 farmers and verify what is in the reports.

If the LG has monitored on a quarterly basis all installed MSI equipment (key areas to include: functionality of the equipment, adherence to ESHS, adequacy of water source, efficiency of MSI in terms of water conservation) score 10 or else score 0

The quarterly reports of monitoring MSI beneficiaries were provided by the SAE and reviewed. It was observed that not all MSI equipment was monitored in the quarters. The reports comprise the functionality of the equipment, MSI installations, technical backstopping done for farmers and extension workers, and training conducted. From the reports, the number of equipment monitored is indicated below;

1. Quarter one- 14 equipment monitored out of 69.
2. Quarter two- 29 equipment monitored out of 69.
3. Quarter three- 10 equipment monitored out of 69.
4. Quarter four – 16 equipment monitored out of 69.

Feld verifications at the five (5) sampled farmers confirmed through discussion with the farmers that the SAE and LLG extension workers conduct constant monitoring of the equipment and ensure the functionality of the equipment, adherence to ESHS, adequacy of water source, and efficiency of MSI. However, there were no records of SAE and LLG A/O visits to the farms since the farmers had no visitors' books to capture the visits.

The SAE has not monitored all the MSI equipment every quarter, and the farmers are not adhering to the recommended ESHS. Therefore, a score of zero (0) applies.

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

SAE provided four (4) quarterly reports submitted to MAAIF for the 2023/2024 FY. The reports cover budget performance, complementary activities during the quarter, expressions of interest, farm visits, equipment procurement, supply and installation, and compliance with ESHS.

From the review of the reports and MIS tool data, it was evident that;

1. The LG does not collect and report information on irrigated land every quarter for UGIFT MSI beneficiaries and non-beneficiaries.
2. The LG did not enter up-to-date information on MIS. Some of the installations have not been updated on MIS. Only 56 installations, instead of 69, are available on MIS, and only two (2) quarterly reports were uploaded in the previous FY.
3. LG has prepared quarterly reports submitted to MAAIF and MIS.
4. The status of installations in the MIS matches

whether up to-date LRG performance information is submitted

physical documents.

The failure to update MIS information is attributed to the failure and slow speed of the MIS tool to synchronize with the IrriTrack App.

Check and verify if

The LG did not update information in MIS as indicated in the verification criteria; therefore, a score of zero (0).

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 LRG information into the MIS

iii. Evidence that the LG has prepared quarterly reports using information compiled from LRGs 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

**PMs and
Indicators to
Incentivise
Delivery of
Accessible,
Quality and
Efficient
Production
Services**

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
	Quality			

Evidence that the Production Department has trained and met MAAIF farmer and farmer's institutional training targets for the previous FY

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.

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:

- 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.

From the sampled farmers' institutions (farmer field schools) ascertain that they were trained by:

- Interviewing the farmers on whether the training was conducted and the training content
- Reviewing the knowledge products shared
- Reviewing the visitors book to confirm the extension worker's visit.

If the Production Department has trained and met MAAIF farmer and farmer's institutional training targets for the previous FY score 5 or else 0

According to MAAIF targets, Lwengo district LG was supposed to establish a minimum of 5 FFS with target of 21 beneficiary farmers. However, according to the annual performance report for the department dated 2nd September 2024 from the DPO to CAO, 18 FFS were established at least one per the 10 LLG with some FFS having more than 20 farmers.

Nyenje FFS with 23 members, maize production, beans

Rukindu FFS in Kisseka sub county was functional basing on field observations and site books. Farmers also attested that they received trainings eg Mr. Ssentongo John the host farmer noted that they received trainings on; coffee planting, fertilizer management, BTCB control, coffee tree training and the demo benefits 30 farmers.

Madam Nakanjako Florence added that they received training on banana management specifically on sucker selection and management, and coffee value addition.

The secretary for Bulemele FFS, Rwebuga Juliet also cited that they received training on maize, beans, coffee and banana management. he added the trainings focused on pest and disease identification as well as management. Eg for BCTB chemicals like Striker and Duduphenos are used.

Several trainings/extension activities were conducted eg a report dated 22.01.2024 to the CAO indicated that farm visits and farmer trainings were conducted where farmers were advised on improved fish farming technologies eg proper fish pond establishment and management, proper feeding, water quality control

Another report dated 13.11.2023 to the DPO from fisheries officer revealed that eight farmers were visited and advised on fish production technologies

Though more than the required number of FFS were established, the minimum number of farmers required was not met

2	<p>Evidence the LG has increased the Percentage of farmers reached and supported by the extension workers between the previous FY and the previous FY.</p>	<p>From MAAIF obtain the quarterly Agriculture extension grant reports submitted by LGs.</p> <p>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:</p> <ul style="list-style-type: none"> • Enterprise selection, • Value chain production, • Harnessing post-harvest handling, • Market linkages, processing and value addition, • Pest and disease surveillance <p>Calculate the percentage increase between the previous FY but one and the previous FY.</p> <p>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.</p>	<p>From the reports provided the number of farmers trained for FY 23/24 and For FY 22/23 was not indicated and could not be compared.</p>	0
3	<p>Evidence that LG collects and submits agricultural data and statistics on acreage and production, and submits reports to MAAIF using tools</p> <p>i. Daily Capture fisheries/aquaculture</p> <p>ii. Monthly livestock</p> <p>iii. Crop Seasons</p> <p>iv. Entomology reports</p>	<p>From DPO obtain and review the following reports</p> <p>a) Capture fisheries/aquaculture</p> <p>b) Monthly livestock</p> <p>c) Crop Seasons</p> <p>d) Entomology repots</p> <p>Verify if this data is collected and submitted to MAAIF (evidence of stamped copy).</p> <p>Score 5 if any of the above reports are compiled and submitted or else 0.</p>	<p>Data was collected on crop, livestock, however, no submission to MAAIF was made in FY 23/24.</p>	0

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

Several surveillances were conducted in FY 23/24

1. A report dated 07.11.2023 to DAO from Agricultural Officer Lwengo S/C, indicates that surveillance was conducted to ascertain the status of caterpillar infestations in Lwengo sub county. It was discovered that Lwengo was infested by strange black caterpillars on 2.11.2023. The problem was in two parishes Kalisizo and Kyawagonya, it was also discovered that 65 farmers were affected.

2. Monthly reports to DVO were also provided eg a report dated 29.11.2023 to DVO from Veterinary Officer Kinoni T/C, it was observed that in November 2023 there were 11 cases of ECF, two animals had died and 500 animals were at risk. Fowl pox was also reported, where 2500 were at risk, 60 cases reported and 10 deaths registered. For Newcastle 3000 birds were at risk, 50 cases were reported and 7 deaths registered. Also for gumboro 1000 birds were at risk, 50 cases reported and 30 deaths registered

A report dated 11.03.2024 revealed that another surveillance was conducted and no FMD case reported but LSD cases were reported in several parishes eg in Kalisizo parish, 3 cases were recorded.

Surveillance report was presented to council on the 09.12.2023 as per the min.09/LDC/12/2023 where members were informed about caterpillar problem but MAAIF had intervened by providing the department with the necessary chemicals.

Thus, surveillance was done and reports presented to council but no joint action was taken since it was not necessary.

Access

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

A list of demo sites was provided and several visited as listed below:

1. Nyenje FFS demo site in Lwengo T/C is on coffee production and banana. Farmers interviewed confirmed that they have learnt from the demo site. For instance Nabuuma Fortunate ,0759071299 noted that she had learnt coffee pruning, soil fertility management and shade management for coffee production. According to the site records provided, it was established that visits were conducted and the extension worker had conducted trainings on pest management in bananas on 18.06.24 and 24.05.24

2. Bwami FFS Demo on tomato, maize and coffee in Lwengo T/C, Bwami village. Farmers interviewed confirmed that the demo was used for learning. Yiga Isma 0701783152, Nandawula Sarah 0704069805 noted that they had learnt, use of manure in tomato production, coffee spacing, planting and training of coffee trees. Site books were also provided and indeed farmers were learning from the demo site.

3. Rukindu FFS demo site on coffee and banana in Kisekka sub county was also visited. It was confirmed that farmers are learning from the demo site as noted by Mr. Ssentongo John, 0701303281, the demo host. He added that the demo site is used by 30 farmers for learning. Madam Nakanjako Florence also cited that she had learnt banana management especially the number of suckers per stool and value addition on coffee, spacing and hole establishment.

4. Bulemele FFS demo site for coffee in Kisekka s/c, it was also confirmed that farmers were learning from the site. The secretary Mrs. Rwebuga Juliet noted that she had learnt pest and disease management in coffee eg BCTB. Site books revealed that learning took place in FY 23/24.

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.

Lists of different service providers were provided. One list dated 16.08.2023, contained agro-inputs dealers and processors, covering the location and the contact. Eg Kyazanga Farm supply an agro-farm supply in Kyazanga TC 0784385119 and Ssebowa Abasi, manager of a maize mill in Lwempaama village, Kalisizo parish 0752 82 85 02 among others

The lists are pinned at the sub county and during PDM trainings farmers are made aware of the different service providers

Farmers were aware about input dealers for instance Mulindwa Lawrence 759256078 and Ssemenda Augustine 07002131278 cited Kugumikiliza farm supply where they buy the inputs.

According to Madam Nandawula Sarah the extension worker advised them to insist on getting receipts to minimize buying counterfeits.

Another list dated 2.10.2023 highlighted the list of livestock service providers which indicated that there are 12 government staff and 14 private veterinary service providers.

Though lists were provided, they were not updated a quarter before the assessment

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.

According to the reported dated 11.03.2024 from Principal Agricultural Officer to CAO, An exhibition was held at Nakyenya playground on the 5th of March 2024. The theme was: "Helping farmers on technology, information access on production, processing and marketing in agricultural value chain." The exhibition attracted 15 exhibitors eg Bukoola Chemical company on chemicals and seeds, Syova seeds company on certified seed, coffee nursery operators and UCDA among others.

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

The DLG has 10 LLG, 6 sub counties and 4 T/C and 22 extension workers at the LLG. The staff list was provided and personal files accessed.

It was confirmed that at least each LLG has an extension worker with posting instruction in the respective LLG. for instance Lwengo T/C has an assistant Agricultural Officer (Sseremba George) and an assistant animal husbandry officer (Mukasa Alone. Similarly, Kisseka S/C has an agricultural officer (Ssendege Mubalakah), and Kinoni T/C has Dr. Martin Kayondo as the veterinary officer among others.

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.

According to the attendance book, the extension workers at the Kisekka S/C and Lwengo T/C were attending to duty and the names were displayed on the notice boards.

Quarterly reports were submitted eg on the 28.3.24, the 3rd quarterly report was received by the Principal Township Officer, Lwengo TC from Sseremba George

A second quarter report was submitted and received on the 28.12.23 to the principal Township Officer by Asst Agricultural Officer, Sseremba George

4th quarter report dated 22.08.2024 was also submitted by Ssendagire Mubalakah from Kisekka S/C to the CAO

3rd quarter report dated 14.05.2024 was also submitted to the CAO by Ssendagire Mubakakah, the agricultural officer, Kisekka sub county, The report detailed the planned and achieved activities, and the cost incurred, source of funds and the remarks eg a 3rd quarter report from the assistant fisheries officer Kisekka sub county showed that , farmers were trained on sustainable land management, specifically farmers were mobilized, f list of farmer beneficiaries for PPM

Several trainings were also conducted by the extension workers eg on the 20.05.2024 farmers and Parish enterprise groups in Kisekka were trained on proven agronomic practices

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.

According to Lwengo district production department annual report FY 23/24, dated 2nd September 2024, seven soil kits were procured. Additionally, 25 honey harvesting gears and smokers were procured one per sub county. Besides, all the extension workers interviewed, confirmed that they have motorcycles, soil testing kits provided by the district.

Besides, MAAIF also provided gumboots, inspection gadgets eg special knives, hooks, gumboots in FY 23/24.

Evidence that LG has provided capacity building to extension workers

From the DPO, obtain and review the training needs assessment reports, training programs and training reports to verify whether the extension staff were provided with capacity building through; training programs, exchange visits, learning tours, and field visits to research centers, among others

If the LG has provided capacity building to extension workers score 5 or else 0.

A report dated 24.01.2024 indicated that capacity building was organized with two objectives: 1. Enhance knowledge and skills of staff in the dept on the latest MAAIF policies and OWC and 2. Address challenges arising from policy misinterpretations

The trainings were conducted on Agro-chemical legal framework, where the main provisions of the laws on chemicals were emphasized eg Registration of agro chemicals, premise registration, storage, use and disposal safety among others. The role of the different players in the enforcement were also explained

More trainings were given on understanding pesticides eg what a pesticide is, pesticide classification, formulations etc pictorial evidence was seen

Management and functionality of amenities

12

Evidence that public production facilities are functional and have proper management structures

From the DPO Obtain a list of public production facilities these include but are not limited to, communal watering facilities, markets, value addition centers, fish landing sites, slaughter slabs, community bulking stores, dip tanks, cattle crushes.

Sample and visit at least one facility to establish functionality.

If the public production facilities are functional and have proper management structures score 5 or else 0

A list of production facilities was provided. it was noted that the LG has A tractor given under NAADS, slaughter slabs and milling facilities

From field visits conducted, it was established that the tractor UBF 385P hosted by Mr. Asiimwe Joseph was functional and a management committee of 3 people was in place. The committee was responsible for coordinating use among farmers and ensure that its serviced.

St. Nicholas Milling center Maize Mill was functional and a management committee of 7 people was also in place. According to the director the facility serves 63 farmer groups.

Hence , the production facilities were functional with proper management structures.

13	<p>Operation, maintenance and management of production facilities (e.g. communal watering facilities, markets, value addition centers, fish landing sites, slaughter slabs, community bulking stores, dip tanks, cattle crushes)</p> <p>Evidence that the LG had provided technical support on O&M and management of the agricultural infrastructural facilities to the beneficiaries of these facilities through training</p>	<p>From the DPO obtain the evidence of training (training reports) undertaken on O&M and management of the infrastructure facilities.</p> <p>At the sampled facilities obtain and review the site book to ascertain supervision and support to verify if support and O&M were provided</p> <p>At the sampled facilities verify the functionality of the management structures through; reviewing the minutes of the committee, the business of the committee members, and subscriptions among others</p> <p>If the LG had provided technical support on O&M and management of the agricultural infrastructural facilities to the beneficiaries of these facilities through training score 5 or else 0</p>	<p>The site book pertaining the use and maintenance of the tractor was provided by Mr. Assimwe, the host in Kyazanga sub county. The book showed that the district engineer visited and advised on servicing of the tractor. However, there were no committee minutes and evidence of subscription. Similarly at the the Maize mill in Kisseka sub county site books indicated that some support supervision is given in regard to use and maintenance of the mill.</p>	5
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Management of Financial Resources

14	<p>Evidence that the LG ensured the production department's budgets and work plan adhered to MAAIF planning and budgeting guidelines during the previous FY</p>	<p>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.</p> <p>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.</p>	<p>There was no evidence that 25% of AEG was spent development projects and 75% on recurrent activities as required by MAAIF.</p> <p>Similarly 968,439,000 was used for development of the 2,345,152,000 received which is less than 55% as required by MAAIF.</p>	0
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Environment, Social, Health and Safety

15	<p>a) Evidence that the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0</p> <p>b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0</p> <p>c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0</p>	<p>From the LG Agricultural Office, obtain and review;</p> <ul style="list-style-type: none"> • LG AWP to establish that measures to include small holder farmers among the beneficiaries of agricultural services are in place <p>If the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0</p>	<p>No measure was put in place to include smallholder farmers. the DPO noted that they follow the PDM which is targeting smallholder farmers.</p>	0
15	<p>a) Evidence that the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0</p> <p>b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0</p> <p>c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0</p>	<ul style="list-style-type: none"> • From the LG Agricultural Office, obtain and review; • LG AWP to establish that measures to include small holder farmers among the beneficiaries of agricultural services are in place <ul style="list-style-type: none"> • Details of beneficiaries of agricultural services to ascertain that (small holder farmers, young women and young farmers) are accessing services <p>If the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0</p>	<p>There was no measure implemented except the PDM according to DPO</p>	0

- 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
 - Reports to ascertain that farmer groups are trained in the management of agro-chemicals
- b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0
- c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0
- Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0

A training in grievance management was conducted in Ndagwe Sub County as per the report dated 23.08.2024 submitted to the CAO by the Principal agricultural Officer.

The training was attended by the members of a FFS. The training covered how farmers can express their grievances. Farmer groups were encouraged to establish grievance committees. The roles of the committee and the role of the grievance committees

On the 16.08.2023 an engagement meeting was organized by the Principal Agricultural Officer with companies and farmer organizations. Among the objectives was to share information on licensed and approved agro-input suppliers and create a platform for farmer awareness on the quality of agro-inputs and reduce poor quality use

Transparency, oversight, reporting and accountability

Evidence that the LG has conducted multi-stakeholder monitoring of Agricultural Extension Services.

From the Clerk to Council office, obtain and review multi-stakeholder monitoring reports for extension services and agricultural projects to ascertain that the key stakeholders including RDC, C/P LCV, CAO Secretary for Production, Production Committee, DPMO & Subject Matter Specialists (SMSs) and NGOs participated in the multi-stakeholder monitoring.

If the LG has conducted multi-stakeholder monitoring of Agricultural Extension Services score 7 or else 0

According to 3rd quarter production department monitoring of lower local

government agricultural extension activities report, a team comprising district and sub county production staff, DEC members, district area councillors, LC3 chairpersons of the respective sub counties. The activities monitored included eight fish farmers who got fingerlings from NAADS (3 from Lwengo and 5 from Kyazanga sub county)

Performance of inputs distributed eg pineapples, fish and beehives, I=Information sharing with ILG technical staff and performance of PDM SACCOs in Malongo sub county

The team discovered that PDM disbursement went on well, fish had good growth and 6 of the 8 farmers had bought feeds, pineapple suckers were in good condition. The team noted among others that inputs should be increased to cater for more farmers, extension workers in LLG should familiarize with new developed varieties and give information on pests and diseases

Another joint monitoring was done in November and December 2023 by Principal Agricultural Officer, Senior Information and Technology Officer and the Principal Commercial Officer, production extension staff and parish chiefs.

Several PdM beneficiaries were monitored and observations made eg Kayemba Ssalongo 0752824634, a piggery farmer from Mulyazawo, received 1000,000 and the team found out that hygiene was poor and the piggery structure was not good. So the wife was advised to work on the hygiene. It was observed that ost farmers still harvest green coffee berries, most agro-inputs dealers are not well trained and that most of the planned activities were not worked on

17	<p>Evidence that the DPO has supported, supervised, mentored, and provided technical to the agriculture extension workers score 7 or else 0</p>	<p>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.</p> <p>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.</p> <p>The DPO has supported, supervised, mentored, and provided technical to the agriculture extension workers score 7 or else 0.</p>	<p>No support supervision was provided. The extension officers also noted that they received no support supervision.</p>	0
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