LGMSD 2024/25

Mpigi District

(Vote Code: 540)

Assessment	Scores
PMs and Indicators to Incentivise Delivery of Quality and Usable Visible Outputs (Infrastructure Assets)	50%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Education Services	83%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Health Services	85%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Water and Sanitation Services	56%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Micro-scale Irrigation Services	69%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Production Services	86%

PMs and Indicators to Incentivise Delivery of Quality and Usable Visible Outputs (Infrastructure Assets)

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that the LG constructed/installed all infrastructure projects in the previous FY (completed or on-going) as per design/ specifications (and approved layout suitable to site conditions and sub-programme norms).	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer collect: • 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. If all infrastructure comply to design/ specifications and approved layout for all sampled projects score 15 or else 0 If the LG has no approved design/ specifications and approved layout for all sampled projects score 0	There is evidence that the LG constructed all infrastructure projects in the previous FY 23/24 as per design/specifications (and approved layout suitable to site conditions and sub-programs norms) Desk review was done for all infrastructure projects from various subprograms (Works, water, education, health, MSI production). Of these,6 projects were specifically 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, micro irrigation systems, and community water tank were executed according to plan. The community access road was well maintained in good motorable conditions in compliance with the relevant provisions in the standard Road Manuals. **A. Mechanized Routine Mechanized Maintenance Muyobozi- Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)** The inspection of the above project revealed the following findings: **a) Approved Design and Specifications:** The design and specifications for the project were derived from the Volume 1 Technical Manual (May 2004) for Class II District Roads. These specify a carriageway width of 4.5–5.8 meters, which aligns with the standards outlined in the Ministry of Works Volume 4 A&B. **Field Observations** **b) Road Measurements:** The total measured length of the road was approximately 5.0 km as verified using a vehicle odometer. The average carriageway width was 5.4 meters, meeting the required specifications for the class of road. **c) Culvert Installations:** The recommended culvert sizes per the design were 900 mm in the swamp where raising was done and 600 mm in diameter in other sections of the road The installed culverts matched these specifications, and the road width was confirmed to	**15**

range between 5 and 6 meters, adhering to the approved designs.

The inspection confirms compliance with the technical standards and specifications for the project as set by the Ministry of Works

B. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI - LG/WRKS/2023-2024/00008)

The inspection of the above project revealed the following findings:

Approved Design and Specifications:

The LG adopted standard designs provided by the Ministry of Health infrastructure Department (MoE) and the approved type plan.

The scope of construction of two 5-stance pit latrines involved; the sub-structure, external walls, roof, doors, external finishes, and mechanical installations.

Field observations showed that the latrine structure was 7.1 m in length and 2.9m in width. The structure has 5 stances and a screen wall, with an emptying chamber The execution of the structure adhered and complied to the approved designs and site layout.

C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI -LG/SUPLS/2023-2024/000017)

From the Senior Agricultural Engineer approved Layout of all the farmers in the names of:

(i)Katongole sande Yuda's farm of Kituntu

ii)Luwunga,busagazi,Kibuka Vincent's Farm of Kamengo

iii)Kibanga ,Mpondowe,Kiggundu Ponsiano's Farm of Kituntu

iv)Migambo Katiti,Makumbi,Mohammed’s farm of Buwama

v)Bunjako,Buwejja,Sserwadda Patrick's farm of Nkozi ,Nidye Kassalu were obtained and viewed.

The Irritrack App was used to generate analyze and preparing data for micro scale irrigation suppliers

b) Field Observation

A field visit to one of the farmers Mr Katongole sande Yuda s farm at kituntu Luwunga village, found 10,000L tank placed on strong founded metallic stand, solar panel system and the source of water was a dug and built well.

The Layout of hydrants, solar panels and water tank of 10,000lts confirmed compliance to the design and the irrigation system was functional at the time of the visit.

D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024

There was presence of designs and layouts prepared and approved by the District Engineer on 20/07/2023.

Field observations

The following elements were observed during the field visit.

Compliance to the approved design/layout

1. Actual layout comprised of a 3 classroom block which can be transformed into a multipurpose hall and it complied with the approved layout.
2. Actual external dimension – 27.36m x 7.4m compared to the approved dimensions – 27.20m x 7.4m.
3. The construction met the design specifications of the approved plans.

E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)

There was presence of designs and layouts prepared and approved by the District Engineer in January 2024.

Field observations

The following elements were observed during the field visit.

Compliance to the approved design/layout

1. Actual layout comprised of: 2 toilet stances (1 for the ladies and 1 for the gents), 1 bathroom and 1 urinal area and it complied with the approved layout.
2. Actual external dimension – 7.35m x 3.6m compared to the approved dimensions – 7.35m x 3.6m.
3. The construction met the design specifications of the approved plans.

F. Construction of Nakirebe RGC Water Supply System Phase 1

There was presence of designs and layouts prepared by the consultancy firm (i.e. Asense Services) dated 18/04/2022 and 15/05/2022, reviewed and approved by the Design Review Committee (Eng. Felix Twinomucunguzi and Eng. David Bteganga) on 10/07/2023 and the Ministry of Water and Environment (Directorate of Water Development) as viewed in memo dated 11/07/2023 signed by the Director of Water Development, Gilbert Kimanzi.

Field observations

The following elements were observed during the field visit.

Compliance to the approved design/layout

1. Actual layout comprised of: 2 water storage tanks of 2.5m height; a pump house with 2 rooms, 2 latrines with a bio digester and a bathroom and it complied with the approved layout.
2. Actual external dimension – 11.40m x 3.48m compared to the approved dimensions – 10.165m x 3.45m.

The construction met the design specifications of the approved plans.

Conclusion:

All inspected projects reflect adherence to design principles, specifications, and technical standards. projects aligned with approved guidelines, ensuring quality and sustainability.

2	Evidence that the infrastructure projects constructed by the LG in the previous FY (completed or on-going) have no visible defects • *Building structures: (i) Substructure (splash apron, floors, foundations, ground beams, ramps); (ii) Superstructures (walling, beams, columns, floors, doors, windows); (iii) roofing (Roof Cladding, ceilings, roof members, lightning conductors, rainwater goods); (iv) Mechanical and 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	There was evidence that the infrastructure projects constructed by the LG in the previous FY 2023/2024 have no visible defects. Desk review was done for all infrastructure projects, however, 6 projects were sampled from various sub-programs (Works, water, education, health, production and MSI) for illustrative purposes and the details are described below: **A.Mechanized Routne Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)** 1. **Project Status -** The project was completed and functional. 2. **Compliance with Specifications** - The completed works adhered to the approved specifications. 3. **Field Observations:** 1. Road Condition: The road is in good motorable condition . 2. Drainage System: There were no signs of defects on Culverts and drainage channels , visibly they are operational and well-maintained, contributing to effective water flow management. 3. Maintenance Effectiveness: The Mechanized Routine Maintenance the road has successfully ensured the road's usability and durability under current conditions. Mechanized Routine Mechanized Maintenance Muyobozi - Ggavu Road (5 Km)was effectively carried out, achieving the desired results and the road is motorable, free from defects, and equipped with a functioning drainage system. **B. Construction of a 5 stance lined pit Ltrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI - LG/WRKS/2023-2024/00008)** **Field Inspection Findings** 1. **Project Status -** The project was completed and functional. 2. **Field Observations and compliance with**	**5**

Specifications: The 5-stance VIP latrine with a bathroom - was properly constructed with no observable defects in: Foundation i.e. Stable and well-executed; Ramps: Functional and defect-free; Walls and Roof i.e. Well-built with no cracks or visible imperfections, A mobile hand washing facility was supplied and functional, promoting hygiene, and the completed works adhered to the approved specifications.

5-stance VIP latrines met the design specifications, affirming that the project aligns and constructed according to layout plan approved by the LG and the type plan issued by the Ministry of Education.

C. Design ,supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI - LG/SUPLS/2023-2024/000017)

1. **Installation Quality -** The installation adhered to the approved layout and was implemented under the guidance of a senior agricultural engineer.
2. **Infrastructure -** Hydrants installed following the approved layout. A solar pump was installed and functional. A 10,000-liter capacity tank was in place and operational with an over flow control system in place and functional.
3. **Defect Assessment:**The project for micro-scale irrigation at the site visited was successfully completed, meeting all design and functional requirements. The quality of the work aligns with program standards, ensuring its operational efficiency and long-term usability. There was no of visible defects in the installation. The project complies fully with the requirement of having no visible defects in the executed work reflecting a successful and good quality project execution.

D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024

Field Inspection Findings

1. **Project Status -** The project was completed and functional.
2. **Compliance with Specifications -** The completed works adhered to the approved specifications.
3. **Field Observations -** All inspected elements of the structure (i.e. substructure, floor, walling, roof structure, doors, windows, internal and external wall finishes) are still structurally sound with no visible defects.

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

E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)

Field Inspection Findings

1. **Project Status -** The project was completed and functional.
2. **Compliance with Specifications -** The completed works adhered to the approved specifications.
3. **Field Observations –** All inspected elements of the structure (i.e. substructure, floor, walling, roof structure, doors, internal and external wall finishes) are still structurally sound with no visible defects.

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

F. Construction of Nakirebe RGC Water Supply System Phase 1

1. **Project Status** - The project is is phased and is currently under the 1st phase, hence not being completed and is not yet functional.
2. **Compliance with Specifications -** The completed works adhered to the approved specifications.
3. **Field Observations –** The 2 water storage tanks were still under construction and all their completed structural elements (i.e. foundation and walling) were sound with no visible defect. All inspected elements of the pump house (i.e. substructure, floor, walling, roof structure, doors, internal and external wall finishes) are still structurally sound, however, there was green algae forming on the lower part of the external wall caused by lack of a rain water gutter to collect water runoff from the roof.

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

Conclusion

This indicates that out of the six infrastructure projects reviewed, 5 sampled infrastructure projects had no visible defects and 1 project had a minor defect.

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Usable

3	Evidence that the infrastructure projects have the basic amenities which are functional and used for the intended purpose	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: Sample at least six (6) projects (1 per sub-program) from the previous FY. If the infrastructure	There was evidence that the implemented infrastructure projects had the basic amenities, functional and used for intended purpose as was observed during the assessment. in projects indicated hereunder; Desk review was done for all infrastructure projects, however, 6 projects from various sub-programs (i.e. Works, water, education, health, production and MSI) were selected for illustrative purposes. The projects were individually inspected, their respective status determined and the details described below:	**10**

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

A. Mechanized Routine Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)

Field Observations

The Routine mechanized maintenance of the above project implemented under the Force Account mechanism, appears to have been executed effectively.

Key observations include:

1. Gravel Quality- The quality of gravel used was visually commendable, contributing to the durability and usability of the roads.
2. Surface Maintenance- The road surface was well-maintained, ensuring smooth passage. The specified camber was visibly consistent throughout, aiding in proper drainage and preventing water stagnation.
3. Functionality- With the absence of stagnant water and the roads being in good condition, they remain usable and functional for traffic needs.

These outcomes highlight effective maintenance practices and adherence to technical specifications, ensuring the sustainability usability of the road by the public.

B. Construction of a 5 stance lined pit Ltrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI -LG/WRKS/2023-2024/00008)

Field Observations

The 5 Stance VIP latrine, constructed with brick lining, with provision for ramps, and stance for the disabled was fully functional and recommendable for use for its intended purpose providing a positive impact on the school's facilities at the time of our visit.

C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI -LG/SUPLS/2023-2024/000017)

A visit to one Farmer Sande Yuda located at at Kituntu Luwunga Village, test run on one of the hydrants was done and confirmed that the system was workingfunctional.

Key observations included the following;

1. The solar pump was in place and operational.
2. A 10,000-liter capacity water tank had been installed with an over flow control system in place.
3. The irrigation system was functional, as demonstrated by the successful operation of one hydrant during the visit.

The micro scale irrigation system demonstrates successful implementation. Therefore, this confirms that the system is in working /functional order and capable of supporting the intended irrigation purpose and the program's goal of

			enhancing water use efficiency for small-scale farming. **D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024** By the time of assessment the 3 classroom block had the basic amenities (i.e. ramps t the door entrances, doors, windows, desks, chairs, blackboards) and was functional and being occupied and used by the pupils at the school. **E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)** By the time of assessment the 2 stance water borne toilet had the basic amenities (i.e. ramps at the main entrances, septic tank, soak pit, doors, ramps) and was functional and being used by the staff at the Production Department. **F. Construction of Nakirebe RGC Water Supply System Phase 1** By the time of the assessment, the project was still ongoing since it is being constructed in phases. It is currently undergoing the 1st phase hence not yet functional. The pump house, ecosan toilet and bathroom are partially complete, the production well is already existing and awaits connections and the 2 storage tanks are still undergoing construction. Therefore, this indicator is not applicable to this project. **Conclusion** 5 out of 6 infrastructure projects sampled have the basic amenities which are functional and used for the intended purpose and this indicator is not applicable to the 6th project since it is still ongoing.	
Human Resource Management				
4	Evidence that the LG has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll. Districts i. Chief Finance Officer ii. District Planner iii. District Engineer iv. District Natural Resources Officer v. District Production Officer	From the Principal Human resource Officer obtain and review: (i) the approved customized structure of the LG; (ii) staff lists; and (iii) personnel files to establish existence of: Appointment letters for all HoDs Review the payroll to establish that the recruited staff accessed the most recent payroll. If 100% of the above positions are filled	During the assessment, presented as source documents were the Mpigi District costed and approved staff establishment as at January 2022. The staff list, personnel files from which appointment letters were retrieved and all the presented information was triangulated by review of the recent payroll as of November 2024. It is important to note that the LG had fully migrated to Human Capital Management (HCM) system. The findings from the source documents regarding recruitment, deployment and accessing payroll was as follows. **i)Chief Finance Officer:** Review of the personnel file, it was established that Mr. Godfrey Ddungu Ssemata was substantively appointed as Chief Finance Officer. This was in a letter dated 02/02/2018 under DSC minute Minute No.01/1/2018. Employment terms included salary scale UIE. The was evidence of access to payroll as per HCM No.831427.	**6**

vi. District Commercial Officer vii. District Community Development Officer viii. District Health Officer ix. District Education Officer	score 6 If 80 – 99% of the above positions are filled score 4 If below 80% of the above positions are filled score 0	**ii) District Planner:** There was evidence of recruitment, deployment and access to pay roll. Reviewed was an appointment letter dated 25th/02/2022 addressed to Mr. Charles Nsobya communicating the directive of the District Service Commission under minute No.24/2022 (appointment as District Planner- U1E) There was proof of access to pay roll as per HCM No.871851 **iii) District Engineer:** The LG did not have a substantive District Engineer. The entity had secondment from Ministry of Works and Transport (MoWT) as per letter dated 9th/09/2024 Ref.ADM/137/14/01-Request for extension of Eng. Emmanuel Twinamasitko secondment as District Engineer for a period of six (06) months. **iv) District Natural Resources Officer:** The position was substantively filled. Reviewed was a letter of appointment of Mr. Tonny Mwidyeki dated 24th/06/2024. There was evidence of access to payroll as per HCM No.1069575 **v) District Production Officer:** There was evidence of recruitment, deployment and access to pay roll of Mr. Patrick James Sserwadda as District Production Officer. Reviewed was a letter of appointment dated 19th/12/2024 Ref.MPG/P/10249. The DSC under Minute No.31/2020 directed the appointment of the officer with payment terms of salary scale U1E. Review of November payroll there was evidence the officer accessed payroll as per HCM No.944001 **vi) District Commercial Officer:** The LG had substantively recruited and deployed Mr. Kazibwe Ronald as the District Commercial Officer on appointment on promotion. This was in a letter dated 28th/10/2021.Ref.MPG/P/10500 under DSC Minute No. 45/2021with salary scale U1E. Review of November payroll there was evidence that the officer accessed payment as per HCM No.803356 **vii) District Community Development Officer:** There was evidence the LG substantively filled the position of Principal Community Development Officer. Reviewed was a letter dated 3rd/05/2023 Ref.MPG/P/10206 of appointment on accelerated promotion of Ms Annet Nabuuma under DSC Min. No.18/2023 with salary scale U1E. Review of November payroll there was proof the officer accessed payment as per HCM No.756627 **vii) District Health Officer:** Reviewed was the appointment of Dr. James Batte under DSC Min No. in a letter dated 3rd/05/2021 Ref. CRM 10283. Under Minute 67 of 6/2021 the DSC directed the appointment with salary scale U2 Med. There was sufficient evidence the officer accessed payroll as per HCM No.1032605 **viii) District Education Officer:** Reviewed from the personnel file was letter of appointment on transfer of services of Mr. Deogratius Ssekyole from Entebbe Municipality to Mpigi District LG as District Education Officer. The appointment was in a letter dated 1st/04/2015 under DSC Minute No.3.1/2015. There was proof of access to payroll as per HCM No.844826.

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

4	Evidence that the LG has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll i. Principal Treasurer ii. Senior Planner iii. Municipal Engineer (Principal Executive Engineer) iv. Senior Environment Officer v. Senior Veterinary Officer/Senior Agricultural Officer vi. Principal Commercial Officer vii. Principal Community Development Officer viii. Medical Officer of Health Services ix. Principal Education Officer	From the Principal Human resource Officer obtain and review: (i) the approved customized structure of the LG; (ii) staff lists; and (iii) personnel files to establish existence of: Appointment letters for all HoDs Review the payroll to establish that the recruited staff accessed the most recent payroll. If 100% of the above positions are filled score 6 If 80 – 99% of the above positions are filled score 4 If below 80% of the above positions are filled score 0		
5	Evidence that the LG has substantively filled, deployed and ensured that the staff in all critical staff positions access the payroll. i. Senior Procurement Officer ii. Principal Human Resource Officer iii. Principal Human Resource Officer (Secretary DSC) iv. Senior Environment Officer v. Senior Land Management Officer/Physical Planner vi. Principal Internal Auditor vii. Senior Agriculture Engineer	From the Principal Human resource officer obtain and review: (i) the approved customized structure of the LG; (ii) the staff list and (iii) personnel files to establish existence of: Appointment letters for all critical staff Review the payroll to establish that the recruited staff accessed the most recent payroll. If 100% of the above positions are filled score 2 or else score 0	From the reviewed approved costed staff establishment for Mpigi District LG as of 13th January 2022 personnel files and most recent staff payroll as of November 2024, below was the status of recruitment, deployment and access of payroll by other critical staff. **i) Senior Procurement Officer:** From the personnel file there was evidence that the LG recruited and deployed Eric Mutumba as the Senior Procurement Officer. This was through the DSC Min.No. 16/2022 in a letter dated 25th/02/2022 Ref.MPG/p/10772 with employment terms of salary scale U3. There was proof that the officer accessed the payroll as per HCM No.1149425 **ii) Principal Human Resource Officer:** Presented during assessment was a letter of appointment on promotion of Mr.Kaweesa Selestino dated 25th/06/2009 as Principal Human Resource Officer with salary scale U2. This was under DSC Minute No.63/2009. There was proof of access to payroll as per HCM No. 756611. **iii) Principal Human Resource Officer (DSC):** The LG had substantively filled the position. Reviewed was a letter of appointment on probation of Ms Sarah Nakamoga in a letter dated 2nd/11/2009 Ref.CRD.10422. DSC appointed the officer under Minute No.88/2009. There was	**2**

viii. Water Officer

ix. Senior Inspector of Schools

x. Labour Officer

xi. Senior Assistant Secretaries (SAS)

xii. Senior Assistant Town Clerks

xiii. Parish chiefs

equally proof of access to payroll as per HCM No.756624

iv) Senior Environment Officer: The position was substantively filled. Reviewed was a letter of appointment on transfer of service addressed to Ms Esther Nampeera dated 7th/05/2019. The DSC appointed under Minute No.25/2019. The officer transferred from Kiboga District LG to Mpigi District. There was evidence the officer accessed payroll as per HCM No.862373

v) Senior Land Management/ Physical Planner: Reviewed was a letter of appointment on transfer of service of Mr. Mohamed Ssekiwunga from Lukaya Town Council to Mpigi District LG as Senior Physical Planner in a letter dated 7/06/2013 Ref.MPG/P/10498 by the DSC under Min.No. 41/2013 with salary scale U3Sc. There was proof of access to pay roll as per HCM No.843744

vi) Principal Internal Auditor: Reviewed was letter dated 26th/6/2020 detailing appointment on accelerated promotion of Ms Nakku Christine Kyenalaba. This was by DSC under Minute No.37/2020 with salary scale U2. There was evidence the officer accessed payroll as per HCM No.756619

vii) Senior Agricultural Engineer: Reviewed was a letter dated 16th/09/2021 Ref.MPG/P/10766 indicating appointment on transfer of service of Mr. John Baptist Ssegawa by the DSC under minute No.25/2021 with salary scale U3Sc. There was evidence of access to payroll as per HCM No.1025432

viii) Water Officer: The position was substantively filled. Presented was a letter of appointment on promotion of Mr. Joseph Ssekalega dated 19th/04/2018 Ref.MPG/P/10184. This was under DSC Minute No. 23/2018 with salary scale U4Sc. Review of the November payroll there was evidence of payment as per HCM No. 897319

ix) Senior Inspector of Schools: There was evidence of recruitment, deployment and access to payroll by Mr. Gerald Katongole. In a letter dated 23rd/05/2019 Ref.MPG/10712 under DSC Min.No. 54/2019 the officer was appointed on transfer of service from Gomba DLG to Mpigi DLG as Senior Inspector of Schools. There was evidence of access to payroll as per HCM No. 746376

x) Labour Officer: The position was substantively filled. Reviewed was a letter of appointment on probation Ref.MPG/P/10686 for Ms Frances Naiga. The DSC appointed the officer under Minute No. 33/2019 with salary scale U4. There was proof of access to payroll as per HCM No.1041787

xi) Senior Assistant Secretaries (SAS): The LG had six (06) sub-counties, and all had substantively appointed SAS as detailed below.

Muduuma sub-county: Edwin Kajubi appointed on 30th/06/2006 Ref.CRM 12255. DSC Minute No. 21/2006.HCM No.756626

Kamengo sub-county: Kityo Brian appointed on

14th/06/2016 Ref. MPG/P/10250. DSC Minute No. 17/2016. HCM No.756672

Kituntu sub-county: Muhamed Mugaasi appointed on accelerated promotion on 16th/05/2023 Ref.MPG/10680. DSC Minute No. 26/2023. HCM No.857321

Kiringente sub-county: Mary Nalwanga appointed on promotion on 30th/06/2006 Ref.CRD/12254. DSC Minute No. 21/2006. HCM No.756625

Buwama sub-county: Edirisa Mpagi appointed on promotion Ref.MPG/P/10570. DSC Minute 34/2023 HCM No.953727

Nkozi sub-county: Sarah Nakandi appointed on promotion Ref.CRM/12209. DSC Minute No.69/2006 HCM No.756621

The LG had three (03) Town Councils, and all had Principal Township Officers in substantive position as indicated below.

Buwama Town Council: Gloria Nakawunde Lwanga appointed on 29th/07/2022 Ref.MPG/P/10219. DSC No.67.2/2022. HCM 756631

Mpigi Town Council: Raymond Mutaawe appointed on 29th/07/2022 Ref.MPG/P/10219. DSC Minute No. 68/2022. HCM No. 843918

Kayabwe Town Council: Micheal Lutalo appointed on 29th/07/2022 Ref.MPG/P/10172. DSC Minute No.68/2022. HCM No. 756634

l) Parish Chiefs/Town Agents: The LG had a total of 56 Parish chiefs and Town Agents. All these positions were substantively filled, staff deployed and accessed payroll as per their reviewed HCM numbers as of Novembers 2024.

Meeting staffing levels was majorly attributed to existence of functional District Service Commission (DSC) availability of wage and the recent Presidential directive to have all Parishes and Wards filled by relevant staff for proper management of Parish Development Model.

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

5	Evidence that the LG has substantively filled, deployed and ensured that the staff in all critical staff positions access the payroll. i. Senior Procurement Officer ii. Principal Human Resource Officer iii. Senior Physical Planner iv. Senior Internal Auditor v. Senior Inspector of Schools vi. Labour Officer vii. Principal Assistant Town Clerks viii. Town Agents	From the Principal Human resource officer obtain and review: (i) the approved customized structure of the LG; (ii) the staff list and (iii) personnel files to establish existence of: Appointment letters for all critical staff Review the payroll to establish that the recruited staff accessed the most recent payroll. If 100% of the above positions are filled score 2 or else score 0		
Planning and budgeting				
6	Evidence that the LG conducted and used results of site reconnaissance and technical investigations (where required) to prepare responsive tender documents for all infrastructure projects; conduct environmental, social, 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.	From the LG Engineer obtain and review: • Standard technical designs. • Site reconnaissance reports. • Technical investigation reports (e.g. geo-technical investigations if required) Obtain and check for: • Existence of customized designs • Existence of customized BoQs based on the designs. • Incorporation of Cost Estimates. • Incorporation of costed ESMPs From the LG Community Development Officer /DNRO/SEO obtain	There was no 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. Desk review was done for all infrastructure projects, however, 6 projects from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) were selected for illustrative purposes as listed below and the findings are detailed below: **A. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI - LG/WRKS/2023-2024/00008)** 1. The MLG adopted the standard designs of a 5 stance lined latrine from the Ministry of Education and Sports. 2. There was no evidence of a reconnaissance report present for this project during the time of assessment. 3. Technical investigation reports were not required for this project in reference to the reconnaissance report.	**0**

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

4. There was no customization of the drawings for this project.

5. There was no customization in the BOQ since the items with their quantities remained the same.

6. There was incorporation of cost estimates totaling to 26,800,970/=..

7. There was incorporation of costed ESMPs (i.e. under Environmental and Social Safeguards) in the BOQ totaling to 600,000/=.

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

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

iv) Ensure the quantities of work items and specifications included in the BoQs are derived from the standard drawings and make no omissions. E.g. from the design, the approximate size for site preparation is 32.87m² (i.e. Length- 8.65m x Width- 3.02m) which is linked to BOQ Item A under Site Preparation with a quantity of 32m².

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

B. Mechanized Routine Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)

The Mechanized Maintenance of roads, including Muyobozi-Ggavu Road (5.0 km) demonstrates a structured and systematic approach to infrastructure maintenance by the LG in the fiscal year. These projects were executed effectively based on comprehensive planning and resource allocation.

Execution of Works: The actual maintenance activities, including the installation of culverts, construction of headwalls, and application of gravel and fill materials, were carried out in accordance with the work schedules. This adherence to plans ensured that the works were completed efficiently and within the set timelines.

i). Monitoring reports and road inventory prepared by the District Engineer provided critical insights into the scope of maintenance interventions. These reports played a pivotal role in defining Maintenance Scope. The road's condition and maintenance needs for Muyobozi-Ggavu Road (5.0 km) was assessed, forming the basis for identifying necessary interventions such as culvert installations, headwall repairs, and gravel filling.

i v) Development of Work Schedules: The established scope guided the preparation of detailed work schedules, ensuring that the maintenance activities were properly phased and

cost estimates are consistent with the customized designs. If the LG has met (i) to (v) score 6 or else 0	coordinated. Road inventory reports was used to ensure the quantities of work items and specifications included in the BoQs are derived from the standard drawings and make no omissions. v) There were customized designs for this project and cost estimates consistent with them. Materials like culverts, headwalls, gravel, and fill material were procured in alignment with the defined scope, ensuring that the required resources were available for timely execution of works and the cost estimate was 103,233,000/= covering material, fuel and environment issues. From planning to execution, every stage was guided by monitoring data, customized designs, and realistic cost estimates **C.Design,supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI -LG/SUPLS/2023-2024/000017)** 1. There was presence of standard technical designs approved by the Municipal Physical Planning Committee dated 12/10/2023. 2. There was reconnaissance report giving the data for the farmer who had picked interest in the system this data was reviewed and approved on 11/04/2024. 3. Technical investigation reports were not required for this project. 4. Customized designs and BOQs were developed using the Irritack app for every farmer and specific designs and lay out developed for each farmer done by the approved system supplier and approved by the senior agricultural Engineer on 11/04/2024 The LG conducted and used the results of the reconnaissance to: i) Prepare tender documents/BoQs for micro irrigation system infrastructure project that is specific and responsive to the standard drawings and/or customized technical designs for each beneficiary farmer. i v) Ensure the quantities of work items and specifications included in the BoQs are derived from the standard or customized designs for each farmer v) There were customized designs for this project thus cost estimates consistent with each farmers design and layout approved by the senior agricultural Engineer Implementation focused on customization for farmers, ensuring each irrigation system is suited to their specific layout and design requirements. **D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024** 1. Standard designs/layouts for this projects

were not applicable since customized designs were used.
2. There was no site reconnaissance reports present for this project by the time of the assessment.
3. Technical investigation reports were not required for this project.
4. There was presence of customized designs and layouts prepared and approved by the District Engineer in January 2024.
5. There was a customized BOQ in accordance with the customized designs.
6. There was incorporation of cost estimates totaling to 177,615,803/=
7. There was incorporation of costed ESMPs in the BOQs totaling to 2,000,000/=.

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

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

iv. Ensure the quantities of work items and specifications included in the BoQs are derived from the standard or customized drawings and make no omissions e.g. as per the ground floor plan, the total area for oversite concrete is 242.08m² (i.e. 27.20m x 8.9m) which is reflected in the quantity of BOQ Item S under insitu concrete M15.

v. There were customized designs for the project and the cost estimates were consistent with them.

E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)

1. Standard designs/layouts for this projects were not applicable since customized designs were used.
2. There was no site reconnaissance reports present for this project by the time of the assessment.
3. Technical investigation reports were not required for this project.
4. There was presence of customized designs and layouts prepared and approved by the District Engineer in January 2024.
5. There was incorporation of cost estimates totaling to 28,094,148/=.
6. There was incorporation of costed ESMPs in the totaling to 660,000/=.

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

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

technical designs (before advertising).

iv) Ensure the quantities of work items and specifications included in the BoQs are derived from the standard or customized drawings and make no omissions e.g. as per the ground floor plan, the total area for site clearance is 26.46m² (i.e. 7.35m x 3.6m) which is reflected in the quantity of BOQ Item 1.01 under site clearance.

iv. There were customized designs for the project and the cost estimates were consistent with them.

F. Construction of Nakirebe RGC Water Supply System Phase 1

1. Standard designs/layouts for this projects were not applicable since customized designs were used.
2. There was an inception report dated 18/04/2022 and feasibility reports dated 28/04/2022 and 30/04/2022.
3. There was a technical investigation report on the analysis of test pumping data for a production borehole for water supply to Nakirebe Centre, prepared by Erisa Kyeyune and Ugine Nsabimana.
4. There was presence of designs and layouts prepared by the consultancy firm (i.e. Asense Services) dated 18/04/2022 and 15/05/2022, reviewed and approved by the Design Review Committee (Eng. Felix Twinomucunguzi and Eng. David Bteganga) on 10/07/2023 and the Ministry of Water and Environment (Directorate of Water Development) as viewed in memo dated 11/07/2023 signed by the Director of Water Development, Gilbert Kimanzi.
5. There was incorporation of cost estimates totaling to 694,841,555/=.
6. There was incorporation of costed ESMPs in the BOQ totaling to 7,000,000/=

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

i) Reconnaissance reports were present for this project as stated in item 1 of this indictor. Therefore, this report was used to prepare tender documents/BoQs for this project e.g. 6 villages were selected for the feasibility study (i.e. Nakirebe, Nantwala kataba, Katulagga, Bunga and Bujasi). However, only 3 villages were selected for this project i.e. Nakirebe, Nantwala and Kataba due to their high populations and locations. The tender documents for this project refer to Nakirebe village as one of the selected villages.

iii) Ensure the quantities of work items and specifications included in the BoQs are derived from the standard or customized drawings and make no omissions e.g. as per the ground floor plan and elevations for the water tanks, the total volume of water is 303m³ (i.e. π x 4.34² m x 2.3m x 2No. tanks = 279m³) which is reflected in the quantity of water specified in the BOQ i.e. 200m³

v. There were customized designs for the project and the cost estimates were consistent.

PROJECTS ENVIRONMENTAL ASPECT

There were screening reports and ESMPs for all 3 sampled projects, which the district environment officer and community development officer signed as described in the findings below:

1. Construction of 3 multi-purpose classroom blocks with 2 rain harvesting tanks of 10,000 liters capacity each at Mpigi Umea Primary School

Timely screening was carried out on **5th December 2023**. signed by the environmental officer and Community Development Officer.

ESMP documented on **18th September 2023** with an estimated cost of **1,830,000 Ugx.**

2. Mr Kaweru William's farm of 2.5 acres in Namabo village, Kafuma ward

The screening was carried out on **20th February 2024.** Signed by the environmental officer and Community Development Officer.

ESMP documented on **11th June 2024** with an estimated cost of **18,300,000 Ugx.**

3. Mechanized maintenance of the Muyobozi-Ggavu road in Muduuma Subcounty

Screening was carried out on **10th August 2023**. Signed by the environmental officer and Community Development Officer

ESMP documented on **10th August 2023** for the Mechanized maintenance of the Muyobozi-Ggavu road in Muduuma Subcounty with an estimated cost of **87,000,000 Ug**

Therefore, all three sampled projects had timely screening reports and costed ESMPs (Environmental and Social Management Plans).

Conclusion

Only 4 out of 6 sampled projects had reconnaissance reports therefore the LG score is zero.

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	There is evidence that the LG maintained a complete project file for each infrastructure project implemented in the previous FY 2023/2024. Desk review was done for all infrastructure projects, however, 7 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The 6 project files had all the listed procurement documents, however, for the 7th file, the procurement was centrally done at the Ministry of Water and Environment (Central Umbrella of Water and Sanitation), hence, there was no presence of documentation in regards to the procurement at Mpigi DLG. The details of each procurement file are listed below:	**2**

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 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)	i) There was **composition of the contracts committee** that comprised of 5 members approved by the Permanent Secretary through memos dated 09/11/2021 and 20/09/2021. The members of the Contracts Committee comprised of the following: - Kyobe Ann- Community Development Officer -Namutebi Faridah Musisi- Inspector of Schools - Mwidyeki Tonny- Natural Resources Officer - Nanozi Margaret- ADHO/Chairperson - Kasibule Daniel- Principal Veterinary Officer ii) **Approved annual procurement plan** for the FY 2023/2024 signed by CAO on 15/08/2023 and received by PPDA and MoFPED on 18/08/2023. **A. Construction of a 5 stance lined pit Ltrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI - LG/WRKS/2023-2024/00008)** The following documents were present: iii) Initiation of procurement made through LG PP Form 1 with estimated total costs of 26,000,000/= dated 21/11/2023. iv) Contracts Committee approval of the procurement method, bidding document and evaluation committee through Minutes of Meeting held on 14/12/2024 under MDCC/12/12/2023-2024 Restricted Selective Bidding v) Bidding documents under Proc. Ref. No. MPIGI - LG/WRKS/2023-2024/00008) 14/12/2023 vi) Copy of published advertisement of shortlist dated 17/12/2023. vii) Record of issuance of bidding document to bidders on 27/12/2023.(Genza Construction and General Supplies Technical Services Ltd,) viii) Record of receipt of bids from 4 bidders on 29/12/2023. ix) Record of bid opening for 4 bidders on 25/1/2024 at 4:30 pm x) 2 Copies of bids received from l the 1bidder. xi) Minutes of Meeting dated 7/02/2024 under minute number -070/CC/007/2023-2024and an evaluation report on LG PP Form 12 with 4 evaluation committee members 14/12/24 Kyambadde sam,Mutumba Eric,Ssekyole Deo xii) Notice of best evaluated bidder published26,800,970/=, Genza Construction and General Supplies Technical Services Ltd,) xiii) Submission of contract to the Solicitor General was Not Applicable since the supply thresholds were below 200,000,000/= (i.e. 26,800,970/=,

xviii. Evidence of resolution of grievance or complaints (if any) Score 2 if all documents are available otherwise score 0 if incomplete.	xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= (i.e. 26,800,970/=, xv) Contract agreement dated 16/02/2024 awarded to .(Genza Construction and General Supplies Technical Services Ltd,)with contractor's ESMP included and contract price of 26,800,970/= xvi) Contract committee minutes relating to the procurement as viewed in Minutes of Meeting held on 15/05/2024 under 146/CC/011/2023-2024. xvii) No correspondence between the procuring and disposing entity and the bidder(s) xviii) No grievances or complaints that needed resolutions. **B.Design,supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI-LG/SUPLS/2023-2024/000017)** The following documents were present: iii) Initiation of procurement requisition LG PP Form 1 with an estimated total cost of 140,00,000/= dated 01/02/2024 at the listed farmers(i)Katongole sande Yuda;s farm of Kituntu,ii)Luwunga,busagazi,Kibuka Vincent;s Farm of Kamengo,iii)Kibanga ,Mpondowe,Kiggundu Ponsiano;s Farm of Kituntu,iv)Migambo Katiti,Makumbi,Mohammed's farm of Buwama,v)Bunjako,Buwejja,Sserwadda Patricks farm of Nkozi ,Nidye Kassalu iv) Contracts Committee approval of the procurement method, bidding document and evaluation committee through Minutes of Meeting held on 08/02/2024 under MDCC/16/02/2024. Hence, approval of shortlist of providers was not applicable. v) Bidding document present with Procurement Ref. No. MPIGI -LG/SUPLS/2023-2024/000017dated 07/09/2023.. vi)The published advertisement is Not Applicable since a pre-qualification list of suppliers was sent from MAAIF through memo dated 19/10/2023 with Mpigi DLG among Phase 1 DLGs distribution list. vii) Record of issuance of bidding document to 3 bidders (i.e. Rima (EA) Ltd, Yistan Enterprises Ltd) ,Baata Engineering Co ltd 15/02/2024,21/02/2024,21/02/2024 respectively. viii) Record of receipt of bids from on 23/02/2024. ix) Record of bids opening on 23/02/2024.. x) 2 copies of bid were received from3 bidders (i.e Rima (EA) Ltd, Yistan Enterprises Ltd) ,Baata Engineering Co ltd xi)) No Minutes of Evaluation meeting present by the time of assessment. EGP generated Evaluation report including xii) Notice of best evaluated bidder published on

24/10/2023 with: Procurement Ref. No: MPIGI-LG/SUPLS/2023-2024/00017, Method of Procurement as, Restricted Domestic Bidding Best Evaluated Bidder (i.e. M/S RIMA (EA) Limited), total contract price 136,453,500/=, display date as 14/03/2024 and removal date as 28/03/2024.

xiii) Submission of contract to the Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 136,453,500/=,

xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 136,453,500/=,

xv) The contract agreement signed on 04/4/2024 between MPIGI LG and M/S RIMA (EA) Limited. ESMP was included in the contract.

xvi) Contract committee minutes relating to the procurement as viewed in Minutes of Meeting held on 28/03/2024 under 072/CC/007/2023-2024.

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

xviii) No grievances or complaints that needed resolutions.

C. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024)

The following documents were present:

iii) Initiation of procurement made through LG PP Form 1 with estimated cost of 190,000,000/= signed by CAO on 24/01/2024, HOD and user department representative on 23/01/2024.

iv) Contracts Committee approval of the procurement method, bidding document, evaluation committee and shortlist of providers through Minutes of Meeting held on 08/02/2024 under Min.MDCC16/02/2023.

v) Bidding documents for the Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024 under Open Domestic Bidding, issued in February 2024.

vi) Copy of published advertisement was not present during the time of the assessment.

vii) Record of issuance of bidding document to 6 bidders on 05/02/2024 (i.e. Byabeki Technical Services (U) Limited, Kanyenya Engineering Works Ltd, Durkan Group Holdings-SMC Ltd, Bianca Investments Ltd, Villam (U) Ltd, Bekabye General Enterprises Ltd.

viii) Record of receipt of bids from 6 bidders from 12/02/2023 to 26/02/2023.

ix) Record of bid opening for 6 bidders on 06/03/2024 Proc. Ref. No. MPIGI-LG/WRKS/2023-2024/00024.

x) 2 copies of the bid i.e. 1 soft and one hard, received from all the bidders.

xi) No Minutes of Meetings present by the time of assessment. An EGP generated evaluation report on LG PP Form 46 for Proc. Ref. No. MPIGI-LG/WRKS/2023-2024/00024 with 5 evaluation committee members (i.e. Eric Mutumba, Sam Kyambadde, Esther Nampeera, Deogratias Ssekyole and Barbara Najjemba).

xii) Notice of best evaluated bidder published on 14/03/2024 with: Procurement Ref. No: MPIGI-LG/WRKS/2023-2024/00024, Method of Procurement as Open Domestic Bidding, Best Evaluated Bidder as Durkan Group Holdings-SMC Ltd, total contract price 188,775,9994.08/=, display date as 14/03/2024 and removal date as 28/03/2024.

xiii) Submission of contract to the Solicitor General was Not Applicable since the supply thresholds were below 200,000,000/= (i.e. 190,000,000/=).

xiv) Approval by Solicitor General was Not Applicable since the supply thresholds were below 200,000,000/= (i.e. 190,000,000/=).

xv) Contract agreement dated 28/03/2024 awarded to Durkan Goup Holdings-SMC Limited with a price of 188,775,994.08/= with contractor's ESMP included.

xvi) Contract committee minutes relating to the procurement (i.e. invitation to bid, pre-qualification evaluation) as viewed in Minutes of Meeting held on 08/02/2024.

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

xviii) No grievances or complaints that needed resolutions.

D. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)

The following documents were present:

iii) Initiation of procurement requisition LG PP Form 1 with an estimated total cost of 20,000,000/= on 15/01/2024.

iv) There was Contracts Committee approval of the procurement method, bidding document, evaluation committee through Minutes of Meeting held on 08/02/2024 under Min.MDCC 16/02/2024.

v)Bidding document was present with Proc. Ref. No. MPIGI-LG/WRKS/2023-2024/00016.

vi) The Bid notice was advertised on 23/03/2024 on EGP.

vii) Record of issuance of bidding document to 2 bidders (i.e. Jahe Building Contractors Ltd and Nabuna Building Contractors Ltd.) on 28/03/2024.

viii) Record of receipt of bids from 2 bidders (i.e. Jahe Building Contractors Ltd and Nabuna Building Contractors Ltd.) on 28/03/2024.

ix) Record of opening of bids for 2 bidders i.e. (i.e. Jahe Building Contractors Ltd and Nabuna Building Contractors Ltd.) on 12/02/2024.

x) 1 copy of the bid was received from 2 bidders i.e. Jahe Building Contractors Ltd and Nabuna Building Contractors Ltd.

xi) No Minutes of Meetings present by the time of assessment. An EGP generated evaluation report on LG PP Form 46 for Proc. Ref. No. MPIGI-LG/WRKS/2023-2024/00016 with 5 evaluation committee members (i.e. Eric Mutumba, Sam Kyambadde, Esther Nampeera, Deogratias Ssekyole and Barbara Najjemba).

xii) Notice of the best evaluated bidder dated 08/05/2024 with: Procurement Ref. No. MPIGI-LG/WRKS/2023-2024/00016, Method of Procurement as Restricted Domestic Bidding, Best Evaluated Bidder as M/S Nabuna Building Contractors Ltd, total evaluated price 26,814,910/=, display date as 08/05/2024 and removal date as 22/05/2024.

xiii) Submission of contract to the Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 26,814,910/=.

xiiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 26,814,910/=.

xv) Contract agreement present and signed on 22/05/2024. However, inclusion of contractor's ESMP was not applicable since the contract amount was below 50,000,000/=.

xvi) Contract committee minutes relating to the procurement as viewed in Minutes of Meeting held on 08/02/2023.

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

xviii) No grievances nor complaints that needed resolution.

E. Construction of a Waterborne Toilet with Urinal at Works Yard to Improve on Sanitation and Hygiene (MPIGI-LG/WRKS/2023-2024/00023)

The following documents were present:

iii) Initiation of procurement requisition LG PP Form 1 with an estimated total cost of 34,000,000/= on 22/01/2024.

iv) There was Contracts Committee approval of the procurement method, bidding document, evaluation committee through Minutes of Meeting held on 14/12/2023 under Min.MDCC 12/12/2023.

v) Bidding document was present with Proc. Ref. No. MPIGI-LG/WRKS/2023-2024/00023, under selective bidding method with issue date January 2024.

vi) There was a request for Proposals document sent out to selected bidders on 14/12/2023.

vii) Record of issuance of bidding document to 1 bidder (i.e. Alterance Investments Limited) on 25/01/2024.

viii) Record of receipt of bid from 1 bidder (i.e. Alterance Investments Limited) on 09/02/2024.

ix) Record of opening of bids for 1 bidder (i.e. Alterance Investments Limited) on 15/02/2024.

x) 1 copy of the bid was received from 1 bidder (i.e. Alterance Investments Limited).

xi) Minutes of evaluation meetings and an evaluation report on LG PP Form 46 with 4 evaluation committee members i.e. Eric Mutumba, Charles Nsobya, Sam Kyambadde, Esther Nampeera, Abbey Luzze dated 15/02/2024.

xii) Notice of the best evaluated bidder dated 19/03/2024 with: Procurement Ref. No. MPIGI-LG/WRKS/2023-2024/00023, Method of Procurement as Restricted Domestic Bidding, Best Evaluated Bidder as M/S Alterance Investments Ltd, total evaluated price 34,992,463.40/=, display date as 19/03/2024 and removal date as 02/04/2024.

xiii) Submission of contract to the Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 34,992,463.40/=.

xiv) Approval by Solicitor General was Not Applicable since the project threshold was below 200,000,000/= i.e. 34,992,463.40/=.

xv) Contract agreement present and signed on 03/04/2024. However, inclusion of contractor's ESMP was not applicable since the contract amount was below 50,000,000/=.

xvi) Contract committee minutes relating to the procurement as viewed in Minutes of Meeting held on 14/12/2023 for approval of the Request for Proposals.

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

xviii) No grievances nor complaints that needed resolution.

F. Construction of Nakirebe RGC Water Supply System Phase 1

The procurement was centrally done at the Ministry of Water and Environment (Central Umbrella of Water and Sanitation). However, there was no presence of documentation in regards to the procurement at Mpigi DLG.

iii) Initiation of procurement was not present during the time of assessment.

iv) There was no Contracts Committee approval of the procurement method, bidding document, evaluation committee and shortlist of providers present during the assessment.

v) Bidding document was not present during the assessment.

			vi) Copy of the published advertisement of shortlist was not present during the assessment. vii) Record of issuance of bidding document was not present during the assessment. viii) Record of receipt of bids was not present during the assessment. ix) Record of opening of bids was not present during the assessment. x) No copies of bids were present during the time of the assessment. xi) Minutes of evaluation meetings and evaluation report were not present during the time of the assessment. xii) Notice of the best evaluated bidder was not present during the assessment. xiii) Submission of contract to the Solicitor General since the project threshold was above 200,000,000/= i.e. 694,841,555/=. xiv) Approval by Solicitor General was Not Applicable since the project threshold was above 200,000,000/= i.e. 694,841,555/=. xv) The Memorandum of Understanding between Ministry of Water and Environment (Central Umbrella of Wter and Sanitation) and Mpigi DLG entered on 24/11/2023. The contractor's ESMP was not present by the time of the assessment. xvi) Contract committee minutes relating to the procurement were not present during the assessment. xvii) No correspondences between the procuring and disposing entity and the bidder(s) present during the assessment. xviii) No grievances or complaints that needed resolutions present during the assessment.	
8	Evidence that the previous FY Procurement Plan included specific timelines for completing the outlined activities, and that the LG adhered to these established timelines.	From the PDU obtain the procurement plan and procurement files. • Review the timelines outlined in the Procurement Plan. • Review the procurement files to confirm the dates on which the specified activities were carried out and completed. Score 4 if the timelines were	There is no evidence that the previous FY Procurement Plan included specific timelines for completing the outlined activities and that the LG adhered to these established timelines. Desk review was done for all infrastructure projects, however, 6 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The projects with their findings are described in detail below: **A. Mechanized Routine Mechanized Maintenance Muyoboz i- Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)** As per the Procurement Plan, procurement commenced with requisition on 13/07/2023, bid closing/opening on 02/08/2023, approval of evaluation report on 04/08/2023, award notification	**0**

specified in the procurement plan and the LG adhered to these guideline otherwise score 0	date on 21/08/2023, contract signing date on 29/08/2023 and and the project was to be completed on 30/06/2024. As per the actual plan, procurement commenced on 13/11/2023 and was completed on 04/01/2024 thus being completed on time. **B. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kammengo Sub County (MPIGI -LG/WRKS/2023-2024/00008)** As per the Procurement Plan, procurement commenced with requisition on 18/09/2023, bid closing/opening on 29/09/2023, approval of evaluation report on 05/10/2023, award notification date on 24/10/2023, contract signing date on 01/11/2023 and the project was to be completed on 02/02/2024. As per the actual plan, procurement commenced on 08/02/2024 and was completed on 30/06/2024 thus not being completed on time. **C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI -LG/SUPLS/2023-2024/000017)** As per the Procurement Plan, procurement commenced with requisition on 18/09/2023, bid closing/opening on 10/10/2023, approval of evaluation report on 13/10/2023, award notification date on 30/10/2023, contract signing date on 07/11/2023 and the project was to be completed on 19/01/2024. As per the actual plan, procurement commenced on 11/03/2024 and was completed on 04/06/2024 thus not being completed on time. **D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024)** As per the Procurement Plan, procurement commenced with requisition on 18/09/2023, bid closing/opening on 10/10/2023, approval of evaluation report on 13/10/2023, award notification date on 30/10/2023, contract signing date on 07/11/2023 and the project was to be completed on 30/06/2024. As per the actual plan, procurement commenced on 08/02/2023, bid closing on 26/02/2024, bid opening on 06/03/2024, award notification date on 14/03/2023, contract signing date on 28/03/2023 and was completed on 05/06/2024 thus being completed on time. **E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)** As per the Procurement Plan, procurement commenced with requisition on 04/12/2023, bid closing/opening on 15/12/2023, approval of evaluation report on 22/12/2023, award notification date on 10/01/2023, contract signing date on 19/01/2023 and the project was to be completed on 19/04/2024. As per the actual plan, procurement commenced on 08/05/2023, bid closing on 29/03/2024, bid opening on 12/04/2024,

award notification date on 08/05/2024, contract signing date on 22/05/2024 and was completed on 10/06/2024 thus not being completed on time.

F. Construction of Nakirebe RGC Water Supply System Phase 1

As per the Procurement Plan, procurement commenced with requisition on 18/09/2023, bid closing/opening on 10/10/2023, approval of evaluation report on 13/10/2023, award notification date on 30/10/2023, contract signing date on 07/11/2023 the project was completed on 07/03/2024. As per the actual plan, procurement commenced on 05/03/2024, contract signing date on 24/11/2023 and was completed by 30/06/2024 thus being completed on time. However, the actual documentation for the: bid closing/opening, approval of evaluation report and award notification date, in regards to this project was not present during the time of the assessment.

Conclusion

3 out of 6 sampled projects included specific timelines for completing outlined activities, and the LG adhered to these timelines.

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	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	There is no evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures) for this LG Desk review was done for all infrastructure projects, however, 6 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The projects with their findings are described in detail below: **A. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI - LG/WRKS/2023-2024/00008)** A review of the project file was done however there were no compulsory approvals or materials tests present for this project by the time of the assessment. **B. Mechanized Routne Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008**) A review of the project file was done however there were no compulsory approvals or materials tests present for this project by the time of the assessment, **C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI-LG/SUPLS/2023-2024/000017)** A review of the project file was done however there were no compulsory approvals or materials tests present for this project by the time of the	**0**

	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		assessment, **D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024)** There were no compulsory approvals or materials tests present for this project by the time of the assessment. **E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)** There were no compulsory approvals or materials tests present for this project by the time of the assessment. **F. Construction of Nakirebe RGC Water Supply System Phase 1** There was a test pumping report summary for the production well prepared by Erisa Kyeyune and Ugine Nsabimana under the Ministry of Water and Environment Central Umbrella of water and Sanitation. However, there were no compulsory approvals present for this project by the time of the assessment. **Conclusion** All 6 sampled projects had no compulsory approvals and only one project had a material test report.	
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	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 • Written Site instructions Verify if written site instruction were issued and there is evidence of their implementation score 2 else score 0	There is no evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions. Desk review was done for all infrastructure projects, however, 6 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The projects with their findings are described in detail below: **A. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI -LG/WRKS/2023-2024/00008)** No site instruction was available at the time of assessment, making it impossible to verify the contractor's implementation **B. Mechanized Routine Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)** No site instruction was available at the time of assessment, making it impossible to verify the contractor's implementation **C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI-LG/SUPLS/2023-2024/000017)**	**0**

		certificate and the contractor rectified all defects before the practical handover d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor		No site instruction was available at the time of assessment, making it impossible to verify the contractor's implementation **D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024)** There was no site instruction present by the time of the assessment hence no verification of the contractor's implementation of the instructions. **E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)** There was no site instruction present by the time of the assessment hence no verification of the contractor's implementation of the instructions. **F. Construction of Nakirebe RGC Water Supply System Phase 1** There were site instructions present by the time of the assessment, signed by the project supervisor/DWO (Ssekaliga Joseph) and the contractor and the following dates of issue were noted: 12/03/2024, 26/03/2024, 17/04/2024, 25/04/2024, 09/05/2024, 14/05/2024, 26/05/2024, 27/05/2024. Reports dated: 16/11/2023, 01/02/2024, 06/05/2024 and 28/06/2024 showed the verification of the implementation of these instructions. **Conclusion** The lack of site instructions for most projects raises concerns about oversight and accountability in project implementation. The exception of the Nakirebe RGC Water Supply System Phase 1 demonstrates the importance of proper documentation and verification processes to ensure the contractor's adherence to instructions	
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	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project management files. Check for • Snag list • Final Completion Certificate including approvals from Environment Officer and DCDO. Verify if the project	There is no 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 Desk review was done for all infrastructure projects, however, 6 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The projects with their findings are described in detail below: **A. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI - LG/WRKS/2023-2024/00008)** No snag list was prepared for this project, as all works were completed to the Project Manager's satisfaction, as reflected in the final progress report . A Substantial Completion payment	**0**

Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor	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.	certificate, amounting to 24,020,127/= was issue on 29/04/2024 with approvals from the Environment Officer and the DCDO**.** **B.Mechanized Routine Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)** No snag list was prepared for this project, as all works were completed to the Project Manager's satisfaction, as reflected in the final progress report dated 10/06/2024. A Substantial Completion payment certificate, amounting to 56,718,648/=, was issued on 10/06/2024. The certificate included approvals from the Environment Officer and the DCDO. **C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI-LG/SUPLS/2023-2024/000017)** No snag list was prepared for this project, as all works were completed to the Project Manager's satisfaction, as reflected in the final progress report . A Substantial Completion payment certificate, was issued with approvals from the Environment Officer and the DCDO. **D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024)** There was no snag list prepared for this project since all works were done to the project Manager’s satisfaction as viewed in final progress report dated 10/06/2024. There was a Substantial Completion payment certificate prepared on 10/06/2024 with an amount of 56,718,648/= and approvals from Environment Officer and DCDO. **E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)** There was no snag list prepared for this project since all works were done to the project Manager’s satisfaction as viewed in final progress report dated 28/05/2024. There was a Substantial Completion payment certificate prepared on 10/06/2024 with an amount of 24,178,868/= and approvals from Environment Officer and DCDO. **F. Construction of Nakirebe RGC Water Supply System Phase 1** There was a snag list prepared for this project dated 15/04/2024. There was a 2nd Request for transfer of payment (for joint implementation of Nakirebe water supply system in Kirenge Sub County) payment through memo dated 01/02/2024 by the District Water Officer that led to the release of payment of 268,355,811/= to the contractor on 09/02/2024. However, there was no Environment certification from Environment Officer and DCDO present during the time of assessment. **Conclusion**

The review of six infrastructure projects reveals that compliance with the requirement for snag list preparation and defect correction before the issuance of the final completion certificate is inconsistent and none of the projects meet all the requirements. Projects A-E fail to score as no snag lists were prepared. Project F also fails to score due to missing environmental certifications despite the presence of a snag list.

a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures) b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project management files. Check for • Final Completion Certificate including approvals from Environment Officer and DCDO. • Payment vouchers 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	Project files were obtained from the Project Manager. It was established that the LG had four (04) construction projects using DDEG grant. Including construction of multi-purpose hall at Buyiga Seed Secondary School, construction of a toilet at Mpigi HC IV for the maternity ward, erosion control and stone peaching at Mpigi Mpigi HC IV and construction of water borne toilet at Works Department. In Education the LG implemented four (04) projects using School Facilitation Grant (SFG) and all were construction of 5-stance lined latrine with bathroom and urinal at selected schools. Using the Transition grant-adhoc the LG constructed a 3-classroom block at Mpigi UMEA Primary School while six 5-stance lined pit latrine with urinal and installation of 1000 ltr water tanks were implemented using School Maintenance Grant. In health, implementation was mainly by UPDF Engineering Brigade and three projects were constructed including construction of 2-unit staff house with a bathroom, store and shade with a water harvesting tank-phase II and construction of a 3-stance lined VIP latrine with bathroom Under water the LG constructed the Nakirebe RGC piped water supply system phase I In production, the LG had 10 constructions of coffee processing shade, store, gatehouse, latrines at sites of different community development associations. In Micro-scale Irrigation installation of irrigation equipments to 41 farmers Reviewed were contract agreements signed between contractors and equipment suppliers and it was established under contract clauses that the defects liability period for the projects was 180 days. From the projects files it was established that the construction of 3-classroom block at Mpigi UMEA P/S by DURKAN Group-Holding SMC Ltd had a final completion certificate issued on 5th/06/2024 and retention paid to the contractor. Other projects had interim certificates issued and were still under defects liability period. It is important to note that none of the contractor had been paid retention.	

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

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

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

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

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

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

From LG Engineer obtain project management files.

• Meeting Schedules

• Minutes of site meeting

• Minutes of project handover to the client

• Final Completion Certificate including approvals from Environment Officer and DCDO.

Verify if:

• The site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract

• There was a Project hand-over to the client

• Completion certificates were issued to the contractor

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

There is no evidence that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract and that certificates were issued to the contractor

Desk review was done for all infrastructure projects, however, 6 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The projects with their findings are described in detail below:

A. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI - LG/WRKS/2023-2024/00008)

There was a Substantial Completion payment certificate prepared on 29/04/2024 with an amount of 24,020,127/= and approvals from Environment Officer and DCDO. However, there were no meeting schedules developed nor minutes of meetings including those of project handover to the client present during the time of assessment.

B. Mechanized Routine Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)

There were no meeting schedules developed nor minutes of meetings including those of project handover to the client present during the time of assessment.

C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI-LG/SUPLS/2023-2024/000017)

There was a Substantial Completion payment certificate prepared on 24/04/2024 with an amount of 24,178,868/= and approvals from Environment Officer and DCDO. However, there were no meeting schedules developed nor minutes of meetings including those of project handover to the client present during the time of assessment**.**

D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024)

There were minutes of the meeting held on 28/03/2024 signed by the chairperson (Ahamed Kasule) and the Headteacher/secretary (Nambi Aliziki). There was a Substantial Completion payment certificate prepared on 05/06/2024 by the District Engineer with an amount of 56,718,648/= and approvals from Environment Officer and DCDO. However, there were no meeting schedules developed nor minutes of meetings for project handover to the client present during the time of assessment.

E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)

			There was a Substantial Completion payment certificate prepared on 24/04/2024 with an amount of 24,178,868/= and approvals from Environment Officer and DCDO. However, there were no meeting schedules developed nor minutes of meetings including those of project handover to the client present during the time of assessment. **F. Construction of Nakirebe RGC Water Supply System Phase 1** 4 meetings were to be held during the project period. However, there were only minutes present for the 1st meeting held on 05/04/2024 and 2nd meeting held on 03/035/2024 signed by the chairperson and the secretary (Tugume Mark). There was a Request for transfer of payment (for joint implementation of Nakirebe water supply system in Kirenge Sub County) through memo dated 01/02/2024 by the District Water Officer and through memo dated 29/01/2024, Ref. No. UWS-C:29/01/24 signed by Eng. Bujure Moses (Manager-UWS-Central). However, there was no approval from Environment Officer and DCDO. **Conclusion** Only 1 out of 6 sampled projects had a meeting schedule and minutes of one meeting held.		
10	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	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project files Check for • Evidence of joint measurement sheet/work verification Verify that joint measurements were effectively conducted for admeasurement contracts or that works were verified for lump sum contracts in terms of both quality and quantity. Ensure that the verification is signed by the Project Manager and the contractor before the works are certified. Score 2 if the requirements were met; otherwise, score 0.	There is no evidence that joint measurements were effectively conducted /works done verified in terms of both quality and quantity and signed by the Project Manager and the contractor before works are certified Desk review was done for all infrastructure projects, however, 6 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The projects with their findings are described in detail below: **A .Mechanized Routine Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)** The project was implemented in-house through force account, rendering the joint measurement clause inapplicable. **B. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI -LG/WRKS/2023-2024/00008)** A joint inspection was conducted by the Project Manager and the Contractor on 26/04/2024, with a report prepared and signed by both parties for work verification.However, at the time of assessment, no documented evidence of joint measurements was available. For instance, measurement sheets signed by both the Project Manager and the Contractor, required for certification of the works, were missing. **C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI -LG/SUPLS/2023-**	**0**

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).

2024/000017)

On 12/06/2024, a joint inspection was conducted by the Project Manager and the Contractor, resulting in a report signed by both parties for work verification. The contractor, RIMA (E.A), submitted a claim amounting to 27,071,400/= for one of the farmer in the names of Kibuuka vincent. This claim was forwarded to the Senior Agricultural Engineer and subsequently approved by the CAO on the same day.However, at the time of assessment, no documented evidence of joint measurements was available. For instance, measurement sheets signed by both the Project Manager and the Contractor, required for certification of the works, were missing.

D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024

Joint measurements were done and signed by the Project Manager and the Contractor as attached on the Interim Payment Certificate No. 1 dated 13/05/2024, with an amount of 113,493,475/= and certificate No. 2 dated 05/06/2024 with an amount of 56,718,648/=.

E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)

A joint inspection was done by the Project Manager and the Contractor and the report prepared and signed by both parties for work verification on 28/04/2024.

F. Construction of Nakirebe RGC Water Supply System Phase 1

At the time of assessment, no document was available to show joint measurement or work verification, as the work was still ongoing and no measurements had been conducted so far.

Conclusion:

The assessment highlighted inconsistencies in the documentation and application of joint measurement and work verification processes across the reviewed infrastructure projects adhering to the required procedures with properly signed reports and certificates.

10	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.	The spirit of inclusion of this indicator was to ensure public finances are guarded against quark contractors and at the same time ensure value for money for infrastructure investment constructed. From the budget performance report, all infrastructure projects of FY 2023/24 were reviewed. It was established that the LG did not pay any advance payment to contractors. Payments were premised on certification of works by the Project Manager. This arrangement met the requirements of the assessment indicator hence the rewarded score of two.	**2**
10	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	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project files Check for • Start and completion date in the contract compared to actual	There was evidence that the project had been implemented as per the work schedule and completed within the original completion date. Desk review was done for all infrastructure projects, however, 6 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The projects with their findings are described in detail below: **A .Mechanized Routine Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)** Project Timeline	**2**

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).	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.	Planned Start Date: 28th March 2024. Planned Completion Date: 30th June 2024. Actual Completion Date: 24th June 2024. Timeliness of Completion The project was completed earlier than the planned timeline, finishing on 25th June 2024. Conclusion: The works were completed on time, adhering to the scheduled timeline. This reflects efficient execution of the project **B. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI - LG/WRKS/2023-2024/00008)** Project Timeline Planned Start Date: 28th March 2024. Planned Completion Date: 30th June 2024. Actual Completion Date: 30th June 2024. Timeliness of Completion The project was completed as per the planned timeline, finishing on 30th June 2024.. Conclusion: The works were completed on time, adhering to the scheduled timeline. This reflects efficient execution of the project **C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI -LG/SUPLS/2023-2024/000017)** **Project Timeline** Planned Start Date: 28th March 2024. Planned Completion Date: 28th June 2024. Actual Completion Date: 4th June 2024. Timeliness of Completion The project was completed earlier than the planned timeline, finishing on 4th June 2024. Conclusion: The works were completed on time, adhering to the scheduled timeline. This reflects efficient execution of the project **D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024** The planned start date was 28/03/2024 and the

			completion date was 28/06/2024. The actual completion date was in 05/06/2024. Therefore, works were completed on time. **E. Construction of a Flushing Toilet 2 Stance with Urinal and Bathroom at Production Department (MPIGI-LG/WRKS/2023-2024/00016)** The planned start date was 22/05/2024 and the completion date was 06/07/2024. The actual completion date was in 10/06/2024. Therefore, works were completed on time. **F. Construction of Nakirebe RGC Water Supply System Phase 1** The planned start date was 05/03/2024 and the completion date was 30/06/2024. The actual completion date was in 29/06/2024. Therefore, works were completed on time.	
10	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	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;	There is no evidence that the LG developed a work schedule, displayed it, and reported on physical progress as per the work schedule. Desk review was done for all infrastructure projects, however, 6 projects were selected from 6 sub-programs (i.e. Education, Health, Works, Water, Production and MSI) for illustrative purposes. The projects with their findings are described in detail below: **A .Mechanized Routine Mechanized Maintenance Muyobozi-Ggavu Road (5 Km) MPIGI -LG/WRKS/2023-2024/00008)** A work schedule was present at the time of the assessment for this project implemented under force account **B. Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County (MPIGI -LG/WRKS/2023-2024/00008)** A schedule was available at the time of assessment, The contractor (Genza Construction and General Supplies Technical Services Ltd) submitted his claim on 15/07/2024 of 25,306919/= and valuation was done for the payment certificate by the District Engineer on 15/07/2024. An EFT was raised by the Finance section on 17/07/2024. Therefore, payment was not done within 28 days as stipulated in the contract There was an original contract agreement dated 28/03/2024 awarded to Genza Construction and General Supplies Technical Services Ltd. with a contract price of 26,800,971./= and there was no variation in the contract. **C. Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems (MPIGI -LG/SUPLS/2023-2024/000017)** A work schedule was present at the time of the	**0**

within the threshold). otherwise, score 0.

assessment

The contractor, RIMA (EA) Ltd, submitted their claim on 12/06/2024 for various farmers in the batch as follows:Kibuuka Vincent: 27,071,400/=,Sserwadda Patrick: 24,909,400/=,Makumbi Mohamand: 25,319,400/=,Katongole Sande: 25,638,900/=,Kigguddu Ponsiano: 34,014,400/=

The District Agricultural Engineer conducted the valuation for the payment certificates on 15/07/2024, and an EFT was raised by the Finance section on 19/07/2024. However, payment was not made within the 28 days stipulated in the contract.

There was an original contract agreement dated 28/03/2024 awarded to The contractor (RIMA EA) Ltd. with a contract price of 136,453,500/= for the five farmers in that batch and there was no variation in the contract.

D. Construction of a 3 Classroom Block at Mpigi UMEA P/S (MPIGI-LG/WRKS/2023-2024/00024)

There was no work schedule present by the time of the assessment, therefore, the project work progress could not be assessed against the work schedule.

The contractor (Durkan Group Holdings-SMC Ltd) submitted his claim for the 1st payment on 09/05/2024 and valuation was done for the payment certificate by the District Engineer on 13/05/2024. An EFT was raised by the Finance section on 05/06/2024. Therefore, payment was done within 28 days as stipulated in the contract.

The contractor (Durkan Group Holdings-SMC Ltd) submitted his claim for the 2nd payment on 05/06/2024 and valuation was done for the payment certificate by the District Engineer on 05/06/2024. An EFT was raised by the Finance section on 13/06/2024. Therefore, payment was done within 28 days as stipulated in the contract.

There was an original contract agreement dated 28/03/2024 awarded to Durkan Group Holdings-SMC Ltd. with a contract price of 188,775,994.08/= and there was no variation in the contract.

E. Construction of a Waterborne Toilet with Urinal at Production Department (MPIGI-LG/WRKS/2023-2024/00016)

There was no work schedule present by the time of the assessment, therefore, the project work progress could not be assessed against the work schedule.

The contractor (Nabuna Building Contractors Limited) submitted his claim for the 1st payment on 26/05/2024 and valuation was done for the payment certificate by the District Engineer on 10/06/2024. An EFT was raised by the Finance section on 11/07/2024. Therefore, payment was not done within 28 days as stipulated in the contract.

There was an original contract agreement dated 22/05/2024 awarded to Nabuna Building Contractors Limited with a contract price of 26,814,910/= and there was no variation in the contract.

F. Construction of Nakirebe RGC Water Supply System Phase 1

The planned start date was 05/03/2024 and the completion date was 30/06/2024 as per the work schedule viewed during the assessment and work progressed as per the work schedule.

There was a 1st Request transfer of payment (for joint implementation of Nakirebe water supply system in Kirenge Sub County) through memo dated 28/11/2023 by the District Water Officer (Sekalegga Joseph) and through memo dated 29/01/2024, Ref. No. UWS-C:20/11/23 signed by Eng. Bujure Moses (Manager-UWS-Central) that led to the release of payment of from the Central Umbrella of Water and Mpigi DLG to the contractor on 21/12/2023. Therefore, payment was done within 28 days as stipulated in the contract.

There was a 2nd Request for transfer of payment (for joint implementation of Nakirebe water supply system in Kirenge Sub County) through memo dated 01/02/2024 by the District Water Officer and through memo dated 29/01/2024, Ref. No. UWS-C:29/01/24 signed by Eng. Bujure Moses (Manager-UWS-Central) that led to the release of payment of 268,355,811/= to the contractor on 09/02/2024. Therefore, payment was done within 28 days as stipulated in the contract.

There was a Memorandum of Understanding between Ministry of Water and Environment (Central Umbrella of Wter and Sanitation) and Mpigi DLG entered on 24/11/2023 and there was no variation in the contract.

Conclusion

Only 2 out of 5 sampled projects had timely payments made to contractors and this indicator was not applicable to Force Account projects.

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. Verify if: i. If the increase in OSR (excluding one/off, e.g. sale of assets, but including arrears collected in the year) from the previous FY but one to the previous FY was more than 5% ii. If the LG remitted the mandatory LLG share of local revenues during the previous financial year not more than 10 days after the cash limit release If the LG complies to (a) and (b) score 2 or else 0.	i) The assessment team obtained the final accounts for the previous two years. After review, it was ascertained that the LG registered percentage increment in Own Source Revenue (OSR) In FY 2022/2023 the final accounts as of 30th June 2023 indicated that the LG obtained UGX 910,050,491 while in FY 2023/2024 the final accounts as of 30th June 2024 the LG OSR was UGX 1,225,593,694. This represented 35% increment. This trend was attributed to shift in revenue collection where Intergrated Revenue Administration System **(IRAS)** was adopted. ii) To whether the LG met the mandatory LLG share of local revenue, this was not attained. The LG is mandated to remit 65% and 100% to Sub-counties and Town-Councils respectively. From the total collection of UGX 1,225,593,694 the LG remitted UGX 626,282,056. Review of LLGs remittances it was established that from the total collection of UGX 91,164,860 from Kayabwe Town Council, only UGX 75,954,823 was remitted. Failure to meet sharing percentages was also established in Nkozi sub-county where a total collection of UGX 61,420,150 was realized and a remittance of only UGX 23,589,733 was made. Regarding timelines, the LG transferred the funds not more than 10 days after cash limit release. In conclusion therefore, whereas the LG registered percentage increment in OSR and adherence to timelines in transfer, it failed to adhere to the mandatory sharing arrangements in the Financial Year. This led to a zero score since the assessment indicator applied the forfeiture principle. This was captured on the department evidence declaration form and communicated during exit to the attention of TPC for action moving forward.	**0**
12	Evidence that the LG used all the development grants as per the grant guidelines and the eligible items in the respective investment menu score 2	Obtain Budget performance reports from the Chief Finance Officer to ascertain the Development grants transferred to LGs during the previous FY From the budget website and/or MDAs obtain and review the respective grant	The assessment team obtained the budget performance report and ascertained that the projects implemented were from the following different grants as indicated below. The Discretionary Development Equalization Grant (DDEG) the LG recieved a total of UGX 177,967,610 (less transfers to LLGs) this was mainly utilized at LLG level. Projects included the construction of a 3-stance lined pit latrine at Ggoli Girls in Kamengo, general renovations at Mpigi Town Council Offices, construction of Kagezi administration block (phase I). Using the DDEG grant the LG constructed a 5-stance lined pit latrine with bathroom and	**2**

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.	handwashing facility at at Mpigi HC IV. Procurement of a gate and improved on access to the Agricultural Demonstration Centre and procurement of filling cabinets and curtains for ADC conference facility. All the prioritized projects were eligible as per the investment menu of the DDEG guidelines. In education, basically project implementation was from two main funding sources including the School Facilitation Grant (SFC) Sector Development Grant totaling to UGX 364,574,622 and Transitional Grant Ad hoc. Review of the performance report, under SFG the LG constructed 5-stance lined latrines with a bathroom at selected primary schools including Nindye, Kitakyusa, St.Joseph Ntambi, and Mpondwe. This was in line with the stipulated eligible activities using the grant. Using the Transition Grant-adhoc the LG constructed a 3-classroom block supplied 54desks and two 5,000 liters water tanks to Mpigi UMEA Primary School. This was within the stipulated eligible activities. The LG used the Sector Development Grant to construct 5-stance lined pit latrines with urinal and installation of 1000ltr water tanks at selected primary schools. The prioritized projects were in conformity with the investment menu of the grant. In production, under Micro-Scale Irrigation, the LG recieved a grant of UGX 677,833,131. This UgIFT grant was used for installation of Micro-Scale Irrigation systems of different technologies (hose pipe, drip and sprinkler solar powered irrigation system) at forty-one sites of beneficiary farmers that had met co-funding obligations. This was in line with the MSI technical grant and budget guidelines. Using the Agricultural Extension Grant the LG installed Bio Gas technologies at ADC. It was in line with the eligible activities under the grant. Under health, the LG constructed a 3-stance lined pit latrine at Kampiringisa HC III OPD, renovation of the General Ward at Mpigi HC IV and construction of a staff house with septic tank at Kitutu HC III. These investments were in line with the eligible activities under the Primary Health Care (PHC) Grant. The LG had two main funding sources under roads. These were the Uganda Road Fund (URF) and UgIFT. The district conducted mechanized routine maintenace of selected roads using URF including Muyobozi-Ggavu (5kms), Kamengo-Butoolo-Buvumbo, Muyanga, grading and gravelling on Equator-Wassozi 4.8kms, Kyansozi-Kampiringisa-Muyira (6.5km), Kayunga-Kankobe-Bukibira (4.5kms), swamp raising and culvert installation at Namwabula swamp. Utilization of UgIFT in roads was on works on Muyanga swamp, culvert installation on Kituntu-Muyanga road, grading, gravelling of Mbizzinya-Kkumbya-Jjalamba, swamp raising and culvert installation (6.3kms) Butoolo-Sanya-Namugobo (9.5kms) Katebo-Buyaaya (8.6kms) Bibo road access to Buyiga HC III, Kinyika swamp along Kayabwe-Bukesa-Muyanga road and Namwabula swamp along Nakirebe-Buyala road. The grants were utilized as per respective grant guidelines.

			In water, using the District Water and Sanitation Conditional Grant (DWSC) of UGX 622,999,919 the LG constructed the Nakirebe (RGC) piped water supply system phase I, conducting the feasibility study and detailed design of piped water system for Kibuye RGC in Kamengo. In conclusion, the LG utilized all development grants as per the respective grant and budget guidelines. In all the capital projects, investment servicing costs was budgeted for and implemented as required.	
13	Evidence that the LG produced an annual audit plan and quarterly internal audit reports, the LG PAC discussed internal and external audit issues and reported to the district chairperson or Mayor, and the LG resolved audit issues identified by internal and external audits.	From the Internal Auditor, obtain an audit plan and audit reports to verify the timely production of internal audit reports. Obtain minutes of LG PAC to establish whether they have discussed both internal and external issues and made recommendations to the Accounting officer. From CFO, Obtain reports on the implementation of audit recommendations. Verify If the LG: i. Produced an annual audit plan and quarterly internal audit reports within two months of the end of the quarter, ii. The LG PAC discussed internal and external audit issues and reported to the district chairperson or Mayor , and iii. The LG resolved at least 80% of audit issues identified by internal and external audits (due audit recommendations are implemented) If the requirements (i) to (iii) are met score 2 or else 0.	The LG failed on Audit function. The cycle was not complete. LG PAC had not discussed Audit issues of FY 2023/2024 neither was there proof that external audit issues were being discussed, and recommendations implemented hence the zero score. i) There was proof that the LG produced an annual audit plan for FY 2023/2024. The plan was submitted to Office of Internal Auditor General on 28th/04/2023. The LG timely produced the quarterly reports as indicated below. Quarter one: 8th/11/2023 Quarter two: 6th/02/2023 Quarter three: 23rd/05/2024 Quarter four: 23rd/07/2024 ii) The LG PAC (a statutory body mandated to discuss audit issues) was reported to have issues of quorum due to expiry of term of office of two members. After proper composition of the committee, it had huge backlog of issues to handle hence those of FY 2023/24 had not been discussed. The committee was still handling issues of FY 2022/2023. iii) The LG had not resolved the required number/percentage of audit issues identified by internal and external audits. For example, only 32% of quarter one issues were resolved, in quarter two the LG resolved only 46% while in quarter three only 43% of identified audit issues were resolved. In conclusion therefore, the LG fails on audit functions. The indicator applies a forfeiture principle where all must be attained.	**0**

14	Evidence that the LG has an unqualified audit opinion for the previous FY	From the OAG, obtain and review audit opinions Verify if the LG has an unqualified audit opinion for the previous FY to score 2 or else 0	This indicator will be assessed after aquisition of the opinion of the OAG.	**0**

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.	All infrastructure projects of FY 2023/2024 (9 projects under education, 9 projects under roads and engineering, construction of 2 administration blocks, and 24 farmers under microscale irrigation) had: • ESMPs that were costed and stamped by both the District Environment officer and Community Development Officer • Monitoring plans • Project safeguards clearance report (Environment certificates) It was also observed that all the 3 sampled projects mentioned below; 1. Construction of a 3 multi-purpose classroom block with 2 rain harvesting tanks of 10,000 liters capacity each at Mpigi Umea Primary School 2. Construction of a micro-scale irrigation project on Mr Kaweru William's farm of 2.5 acres in Namabo village, Kafuma ward 3. Mechanized maintenance of the Muyobozi-Ggavu road in Muduuma Subcounty **1. All had ESMP reports and Environment Certificates that were stamped by both the CDO and Environment Officer, as evidenced by:** • Dated **18th September 2023** for 3 multi-purpose classroom blocks with 2 rain harvesting tanks of 10,000 liters capacity each at Mpigi Umea Primary School with an estimated cost of **1,830,000 Ugx** with Environment and Social Certificate dated **20th June 2024,** which was issued out to Durkan Group Holdings SMC Ltd • Dated **11th June 2024** for the 24 micro-scale irrigation projects, which included Mr Kaweru William's farm of 2.5 acres in Namabo village, Kafuma ward, with an estimated cost of **18,300,000 Ugx,** with Environment and Social Certificate dated **14th June 2024,** which was issued out to BAATA Engineering Ltd • Dated **10th August 2023** for the Mechanized maintenance of the Muyobozi-Ggavu road in Muduuma Subcounty with an estimated cost of **87,000,000 Ugx** with Environment and Social Certificate dated **20th June 2024,** which was issued out to Mpigi District Works Department **2. Monitoring reports were available for all**	**2**

the 3 sampled projects, as evidenced by

- Monitoring report for the Construction of 3 multi-purpose classroom blocks with 2 rain harvesting tanks of 10,000 liters capacity each at Mpigi Umea Primary School that was stamped and dated by the District Environment Officer and Community Development Officer on **7th/June/2024**
- Monitoring report for the 24 micro-scale irrigation projects, which included Mr Kaweru William's farm of 2.5 acres in Namabo village, Kafuma ward, that was stamped by the District Environment Officer and Community Development Officer on **11th /June/2024**
- Monitoring report for the Mechanized maintenance of the Muyobozi-Ggavu road in Muduuma Subcounty signed by the District Environment Officer and Community Development Officer on **17th May 2024**

Field verifications were observed as follows:

1. Construction of 3 multi-purpose classroom blocks with 2 rain harvesting tanks of 10,000 liters capacity each at Mpigi Umea Primary School

Under this project, all activities in the ESMP were fully implemented. Fruit trees, such as ovacado and oranges, were planted. Grass Purspalum spp. was planted. Gutters were installed with 2 tanks of 1,000,000 liters each.

2. Mr Kaweru William's farm of 2.5 acres in Namabo village, Kafuma ward

All activities in the ESMP were fully implemented under this project.

3. Mechanized maintenance of the Muyobozi-Ggavu road in Muduuma Subcounty

All activities in the ESMP were fully implemented under this project.

Conclusion

All three sampled projects had their ESMPs (Environmental and Social Management Plans) fully implemented to 100%. Therefore, the Local Government warrants a score of **2.**

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 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	This assessment indicator calls for proof of land ownership for all investment projects of FY 2023/24. The rationale was to ensure safeguarding properties where the Government had invested funds. During the exercise, it was established that all educational investment projects were established on land that was not registered in the names of the Local Government or the respective facility. Land was in names of Foundation Bodies. This arrangement of investing on land where the LG has no proof of ownership poses challenges on usability and sustainability. However, efforts were on-going to ensure tilling of land where the LG had invested.	**0**
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.	There was **no evidence** of stakeholder engagement meetings for FYs 23/25 and 24/25 There was **no evidence** of stakeholder engagement implementation reports	**0**

18	Evidence that GRCs at project level are existent, functional and that the communities/workers have been sensitized about their existence and are using them	Review the GRCs at various projects to establish i. They are as constituted as per the circular issued by MoGLSD in July 2023 ii. Evidence that grievances are recorded iii. Evidence that the grievances that were received were acted upon iv. Evidence that the GRC activities are funded v. Evidence that the community/workers have been sensitized about the existence of the GRC vi. Evidence that the GRCs have been trained on their roles and responsibilities If the requirement (i) to (vi) above are complied with score 2 or else 0.	1) There was no evidence of a Schedule of meetings (At least once a month) for FYs 23/24 and 24/25 2) There was **no evidence** that all the GRCs for the 3 sampled projects were constituted as per the MoGLSD Circular 2023. however, the GRCs committees existed in other project areas **3) There was evidence of minutes of meetings for FYs 23/24 and 24/25, as evidenced by:** • minutes for community GRC formulation at Gavu village on **26th August 2024** • minutes for community GRC formulation at Nnono village on **29th August 2024** **4) Minutes of community sensitization meetings for FYs 23/24 and 24/25 as evidenced by:** • minutes for community GRC formulation at Kibutu village on **27th August 2024** • minutes for community GRC formulation at Muduuma village on **22nd August 2024** 5) There was Evidence that grievances were recorded but only at the District and Sub-county levels; there was no evidence of grievances recorded at the project level 6) Training reports on grievance management for FYs 23/2024 and 24/2025 were evident, as evidenced by the training report on GRC handling at the sub-county level, which was signed and stamped by the Community Development Officer and supported by the Ministry of Gender, Labor, and Social Development by Mr. Leo Nampogo on **18 June 2024.** 7) Evidence of funding for GRCs was provided. Most funding comes from implementing sectors such as health and education and works for specific projects. This is evidenced by a receipt of **2,360,000 Ugx** issued to the Community Development Officer for GRC functionality under the Greater Kampala Metropolitan Project at the community level on **1st October 2024 (Voucher No. 13324770).** **Conclusion** The Local Government (LG) did not meet the requirements for all the verification means. As noted earlier in the findings, there was no evidence of a schedule of meetings (at least once a month) for the fiscal years 2023/2024 and 2024/2025. Additionally, there was no evidence that all the GRCs (Grievance Redress Committees) for the three sampled projects were constituted as per the MoGLSD Circular 2023. This warrants a score of **0.**	**0**

Transparency, oversight, reporting and accountability

19	The LG shared key information with and responded to the issues raised by the	From Clerk to Council find minutes of Council discussing the LG assessment	i)The was evidence that the LG shared key information regarding LGMSD PA results for previous FY including the size of development grants. The District LG organized a community	**0**

councilors and citizens	report. Sample 5 sites to establish display of relevant information From the LG Planner, obtain minutes of Baraza and attendance lists to establish issues discussed Radio Program Recordings Obtain from the CFO the charge policy. Check display of tax information on public notice boards Verify that: i. LG shared LGMSD PA results for the previous FY and how much the LG gained or lost regarding the size of the development grants based on performance results with the citizens through at least one of the following forms: barazas; radio; circulars and workshops ii. The LG Council has discussed the LG Performance assessment results in Council and that the Accounting Officer has implemented the Council resolutions on the LG Performance Assessment iii. The LG has placed site boards on all construction sites to display information regarding procurement and contract management including: the name of the project; the contractor; source of funding; expected duration (include start and end dates as well as calendar days) and location.	baraza on client satisfaction/ Voluntary Review of Service Delivery held on 27th/06/2024 at Katende playground in Kiringate sub-county- Mpigi District. The Baraza report high lightened the results of the National Assessment for FY 2022/2023 among the objectives. According to the report, the baraza was attended by over 341 participants. The target audience included LC1, LC II, LC III chairpersons, Sub- County and District Councilors from 4LLGs and opinion leaders. The high attendance was attributed to inclusion of the health clinic among the day's activities. Pictures of Baraza were attached on report. The LG equally displayed a circular dated 26th/04/2024 (Mpigi District Vote code 897) There was reported decline in performance that resulted into negative impact on grants in education, health and water with scores of 78%,48% and 49% respectively. ii) The LG Council discussed the LG PA results in council. Review of Council minutes of the 2nd Mpigi District Council meeting of 3rd session of the 10th Mpigi DLG held 0n 25th/10/2023 under Min:07/10/2024: Presentation of the LGMSD National Assessment Report FY 2022/2023. The Secretary for Finance presented the report highlighting the decline of the district in performance from 4th position to 55th despite the increase in score. Council was concerned by the nose drive decline in performance and tasked management to explain strategies of reclaiming lost glory. In response, the Accounting Officer tasked Heads of Departments to develop Performance Improvement Plans and address identified gaps. To implement Council resolution, there was evidence that HoDs developed PIPs as evidenced by report presentation to Technical Committee meeting under Minute TPC /10/2024 by Assistant Statistical Officer. iii) The LG has placed site boards on 5 out of 6 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. The 5 sites include: Mechanized Routine Mechanized Maintenance Muyobozi- Ggavu Road (5 Km), Construction of a 5 stance lined pit Latrine with Bathroom and hand washing facility at Mpondwe P/S in Kamego Sub County, Design, supply and Installation of solar powered hose pipe Micro Scale Irrigation Systems, Construction of a 3 Classroom Block at Mpigi UMEA P/S and Construction of a Waterborne Toilet with Urinal at Production Department. 1 site (i.e. Construction of Nakirebe RGC Water Supply System Phase 1) has no site board. iv) In the previous FY the LG conducted discussions with the public to prove feedback on status of activity implementation. This was in form of Baraza conducted in Kiringente sub-county and Radio talk show as evidenced by payment receipts issued by 88.8, 89.2 Cbs FM dated 23rd/10/2023. Implemented projects formed part of the talking issues and feedback from the public was given.

iv. The LG during the previous FY conducted discussions (e.g. municipal urban fora, barazas, radio programs etc.) with the public to provide feedback on status of activity implementation: v. The LG has made publicly available information on i) tax rates, ii) collection procedures, iii) procedures for appeal; (iv) amounts collected during the previous FY and how it was used. If (i) to (v) above complied with score 2 or 0	v)The LG had made public available information on tax rates, collection procedures, appeal procedure amounts collected and utilization. The information was displayed on District and LLGs noticeboards. It was established that the collected Local Revenue was utilized on purchase of agro-inputs, repair of machinery, welfare and fuel, travel inland, workshops and seminars and statutory bodies. In conclusion therefore, the LG exhibited the required level of transparency and accountability to both the citizenry and political leaders in the Financial Year under review. However, one infrastructure project did not have a site board thus bringing the score to zero.

20	Evidence that the LG supervised or mentored all LLGs; ensured that the results/reports of support supervision visits were discussed by the TPC and used by the District/Municipality to make recommendations for corrective actions and followed up; the LG conducted credible assessments of LLGs as verified during the National LGPA exercise; and the LG conducted mock assessments, discussed the results, and took corrective action in preparation	From the Planner, obtain mentoring reports and minutes of TPC meetings to establish whether the HLGs supported LLGs in the previous financial year. From the Performance Assessment Focal Person obtain mock assessment results to establish that mock assessments were conducted, results discussed and corrective action taken From the OPAMS, obtain the internal assessment reports of LLGs and compare with the results of the verification team to establish whether the results are within +/-10% Check and verify that: i. The LG has supervised or mentored all LLGs; ii. Results/reports of support supervision visits were discussed by the TPC, used by the LG to make recommendations for corrective actions and followed up iii. The LG conducted credible assessment of LLGs as verified during the National LGPA exercise iv. The LG conducted mock assessment, discussed the results and took corrective action in preparation/readiness for the national performance assessment exercise If (i) to (iv) above requirements are complied with score 2 or else 0	i)There was evidence that the LG provided technical support and mentoring to LLGs. During assessment there was evidence that Performance Improvement Plans (PIPs) were developed. LLGs had gaps in adoption of the Programme approach in Plans and Budgets. It was recommended that use of guidelines provided and also ensure that all PIAPS are integrated in plans and budgets. Review of the mentoring report dated 19th/10/2023 the technical staff were on the right format of the Annual Work Plan and compilation of the project profiles for approved projects. Under Finance, the LG discussed Local Revenue Performance against targets. Three IRAS training sessions for LLGs were conducted to build capacity of staff at LLG levels. An Integrated Revenue Administration System (IRAS) activation report for Mpigi dated 12/12/2023 was presented. The noted outcomes included successful training of 58 staff on different modules of IRAS, successful registration of 6,560 new taxpayers on the system from five (5) different revenue sources and trainees mastering the system and able to pass on the knowledge to others without intervention of system champions. ii) There was evidence of discussion of support supervision and mentoring in TPC. Presented was Minutes of meeting held on 27th/07/2024 under Min TPC MIN:40/8/23-24 the Planner presented a report about support supervision and mentoring and recommendations were made. iii) The conducted credible LLG assessment.it was established that OPM Independent Verification Agency (IVA) noticed the following variations from the sampled LLGs; Muduuma -2%, Kituntu -5%, Kamengo -7% and Mpigi TC 0%. This was within acceptable margins of +/-10% iv) There was no evidence that the LG conducted a Mock assessment exercise in preparation for the National Assessment. It was evident the would be completed exercise by the time of assessment was still on-going and still in raw/draft form. This implied that the report was not discussed by TPC, and no collective action was taken in preparation for the National Assessment.	**0**

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	From the availed information, some organs discussed both physical progress and financial reporting. These included TPC, DEC and Council Committees as elaborated below; For quarter one, it was reported in TPC that for most of the capital investment projects the funds had not been released. In terms of physical progress of projects, the construction of a 3-multipurpose classroom block with 54 desks and 2 Rainwater harvesting tanks at UMEA the project had been uploaded on eGP electronic Government Procurement system and procurement was at solicitation stage. In the Council Committee of Production, Education, Health and Natural Resources held on 3rd/10/2023 under health it was reported that implementation was to be executed by the UPDF- Engineering Brigade. In education, BoQs were submitted to Procurement Unit for uploading on eGP system. In quarter two, the Finance, Works and General-Purpose Committee that sat on 25th/10/2023 it was reported that the LG received UGX 19,994,445,784 representing 44.5% of the approved revenue and expenditure estimates of UGX 44,915,252,275/=. The LG planned to 1bn under the URF. A total of UGX 701,849,763 had been received. In the committee members were informed that Investment Servicing Cost had been adjusted from 15% to 5%. Physical progress in roads included works on Kayabwe-Bukasa-Muyanga (17kms) Kibukuta-Buekemba-Bukasa 19.8kms, Lubugumu-Migamba (6kms), Jjeza-Kibumbiro-Katuuso (12kms), Katonga-Muduuma (7.2kms) Nakireebe-Ekiwunga-Kalandazi-Buwungu (6kms) and Nabiteete-Buwungu (6kms) Under GKMA roads, up-grading to tarmac Mpigi-Muduuma (13.6kms) Lungala link (4.8kms) and Nakirebe-Buyala (9.66km). Under water, a total of 05 boreholes 02 hand pumps and 03 production well were drilled in Burelejje Muduuma sub-county. Buwejja/Munyonyo Buwama sun country, Kibuye, Kyanja Kamengo, Senyondo Bunjako in Buwama and Luwunga in Kituntu sub-county. The LG had extension of piped water supply at Kamengo water supply system at Kampiringisa, Muyira Parish anticipated to serve a population of 1240 people. In quarter three the minutes of production, education, health and natural resources committee meeting held on 19th/03/2024 under Minute 04/03/2024 the DHO reported progress of projects implemented by UPDF-Engineering Brigade. Physical progress included preliminary works for Kampiringisa HC III OPD construction. Under education physical implementation was at 75% while Micro-scale projects under UgIFT were at award stage across beneficiaries. However, minutes by the District Executive Committee (DEC) were not availed for review as required by the assessment indicator.	**0**

PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Education Services

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that the average LG PLE pass rates for UPE (Government Aided) improved between the previous school year but one and previous school year	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 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	**There was a 4.4% decline between years**. We obtained UNEB- PLE results and analyzed the LG UPE performance summaries for 2022 and 2023 academic years. Then we calculated the percentage increase in performance for UPE schools as indicated below: Summary of 2022 PLE results for (109) UPE schools • Total number of pupils: 7,094 • Absentees: 202 • UPE candidates who sat PLE: 6,892 • Total number of learners who passed between grades 1 and 4:6,503 (Div1: 819, Div2:3,974, Div3:1,061, and Div4:649) • Pass rate: 94.4% (6,503/6,892) Summary of 2023 PLE results for (109) UPE schools • Total number of pupils: 6,789 • Absentees: 150 • UPE candidates who sat PLE:6,639 • Total number of learners who passed between grades 1 and 4: (Div: 446, Div2:3,440, Div3:1,430, and Div4:655) • Pass rate: 90% (5,971/6,639) The comparison of 2022 and 2023 results indicated a 4.4% decline. The score is: 0 The performance analysis report of 29 January 2024) attributed decline in performance to; head teachers' irregular attendance to duty, failure to conduct internal supervision by the head teachers, failure to adhere to guidance by technical officers and other stakeholders, failure to generate and implement school-based academic improvement plans, ineffective SMCs, poor working relationship between head teacher, teachers and parents/community, non-supportive parents, and staffing gaps among others	**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	From the LG obtain UNEB results disaggregated between Government aided and private schools and review: • The LG PLE results for the previous school year but one and the previous year • Calculate the pass rate or percentage increase between the previous school year but one and the previous year • Calculate the percentage of pupils that passed between grades 1 and 4 for both years • For districts with municipalities, disaggregate results between the districts and the MC. If 20% of the learners in the LG government aided schools scored PLE pass grades between 1 and 2, in the previous year Score 3 (max) or else score : 0	**The analysis of 2023 PLE results indicated that 58.5% of learners passed between grades 1 and 2 in 2023** which significantly exceeded the target of 20%. Details below: • Total number of pupils: 6,789 • Absentees: 150 • UPE candidates who sat PLE: 6,639 • Total number of learners who passed between grades 1 and 2: (Div: 446, and Div2:3,440) • Pass rate: 58.5% (3,886/6,639) The performance is above the target of 20%, hence the score is 3.	**3**

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	From the LG obtain UNEB results disaggregated between Government aided and private schools and review: • The LG PLE results for the previous school year but one and the previous year • Calculate the pass rate or percentage increase between the previous school year but one and the previous year • Calculate the percentage of pupils that passed between grades 1 and 4 for both years • For districts with municipalities, disaggregate results between the districts and the MC. If 20% of the learners in the LG government aided schools scored PLE pass grades between 1 and 2, in the previous year Score 3 (max) or else score : 0	**There was a 4.4% decline between years**. We obtained UNEB- PLE results and analyzed the LG UPE performance summaries for 2022 and 2023 academic years. Then we calculated the percentage increase in performance for UPE schools as indicated below: Summary of 2022 PLE results for (109) UPE schools • Total number of pupils: 7,094 • Absentees: 202 • UPE candidates who sat PLE: 6,892 • Total number of learners who passed between grades 1 and 4:6,503 (Div1: 819, Div2:3,974, Div3:1,061, and Div4:649) • Pass rate: 94.4% (6,503/6,892) Summary of 2023 PLE results for (109) UPE schools • Total number of pupils: 6,789 • Absentees: 150 • UPE candidates who sat PLE:6,639 • Total number of learners who passed between grades 1 and 4: (Div: 446, Div2:3,440, Div3:1,430, and Div4:655) • Pass rate: 90% (5,971/6,639) The comparison of 2022 and 2023 results indicated a 4.4% decline. The score is: 0 The performance analysis report of 29 January 2024) attributed decline in performance to; head teachers' irregular attendance to duty, failure to conduct internal supervision by the head teachers, failure to adhere to guidance by technical officers and other stakeholders, failure to generate and implement school-based academic improvement plans, ineffective SMCs, poor working relationship between head teacher, teachers and parents/community, non-supportive parents, and staffing gaps among others	**0**

1				2
	Evidence that the average LG PLE pass rates for UPE (Government Aided) improved between the previous school year but one and previous school year	From the LG obtain UNEB results disaggregated between Government aided and private schools and review: • The LG PLE results for the previous school year but one and the previous year • Calculate the pass rate or percentage increase between the previous school year but one and the previous year • Calculate the percentage of pupils that passed between grades 1 and 4 for both years • For districts with municipalities, disaggregate results between the districts and the MC. If 70% of the learners in the LG government-aided schools scored PLE pass grade rates 4 (cumulative), Score 2 or else score : 0	**The majority of learners (90%) passed between grades 1 and 4 in 2023** which significantly exceeded the target of 70%. Summary of 2023 PLE results for (109) UPE schools • Total number of pupils: 6,789 • Absentees: 150 • UPE candidates who sat PLE:6,639 • Total number of learners who passed between grades 1 and 4 : (Div: 446, Div2:3,440, Div3:1,430, and Div4:655) • Pass rate: 90% (5,971/6,639). The score is 2.	

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	From the LG obtain UNEB results disaggregated between Government aided and private schools and review: • The LG PLE results for the previous school year but one and the previous year • Calculate the pass rate or percentage increase between the previous school year but one and the previous year • Calculate the percentage of pupils that passed between grades 1 and 4 for both years • For districts with municipalities, disaggregate results between the districts and the MC. If 70% of the learners in the LG government-aided schools scored PLE pass grade rates 4 (cumulative), Score 2 or else score : 0	**There was a 4.4% decline between years**. We obtained UNEB- PLE results and analyzed the LG UPE performance summaries for 2022 and 2023 academic years. Then we calculated the percentage increase in performance for UPE schools as indicated below: Summary of 2022 PLE results for (109) UPE schools • Total number of pupils: 7,094 • Absentees: 202 • UPE candidates who sat PLE: 6,892 • Total number of learners who passed between grades 1 and 4:6,503 (Div1: 819, Div2:3,974, Div3:1,061, and Div4:649) • Pass rate: 94.4% (6,503/6,892) Summary of 2023 PLE results for (109) UPE schools • Total number of pupils: 6,789 • Absentees: 150 • UPE candidates who sat PLE:6,639 • Total number of learners who passed between grades 1 and 4: (Div: 446, Div2:3,440, Div3:1,430, and Div4:655) • Pass rate: 90% (5,971/6,639) The comparison of 2022 and 2023 results indicated a 4.4% decline. The score is: 0 The performance analysis report of 29 January 2024) attributed decline in performance to; head teachers' irregular attendance to duty, failure to conduct internal supervision by the head teachers, failure to adhere to guidance by technical officers and other stakeholders, failure to generate and implement school-based academic improvement plans, ineffective SMCs, poor working relationship between head teacher, teachers and parents/community, non-supportive parents, and staffing gaps among others	**0**

Access

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 boys' school enrolment increased over the previous two academic years Score 2 or else score: 0	The district education department availed EMIS enrolment data for 2023 and 2024 for all the (110) UPE schools in the district The general total school enrolment for the district was 44,026 learners in 2023 and 47,520 learners in 2024. This translates into an increase of 3,494 learners representing 7.9%. The growth in enrolment was attributed to emphasis of government initiatives such as UPE and USE programs providing free education hence reducing the financial burden on parents, provision of new school infrastructure to accommodate large learn populations. An increase in the number of infrastructures such as classrooms has enabled schools to attract and retain learners in schools, like in Mpigi UMEA PS which has got 3 new classroom blocks resulting into increased enrolment, economic support programs such as scholarships, school feeding program, and bursaries have eased financial barriers for families. For example, the "School for Life Organisation" operating in Muduma sub county provides essential support to several schools (Ndibulungi PS Kibumbiro PS, etc.). Their support includes food for learners and scholastic materials. The total enrolment for boys for all the (110) UPE schools in the district significantly increased from 23,533 in 2023 to 25,531 learners in 2024. **The boys' total enrolment increased by approximately 8.5%** (1,993 learners) from 2023 to 2024. The increase is above the target of 5%, hence the score is 2.	**2**
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 girls' school enrolment increased over the previous two academic years Score 2 or else score: 0	The total enrolment for girls for all the (110) UPE schools in the district increased from 20,493 in 2023 to 21,989 learners in 2024 representing **a 7.3% growth rate** (1,496 learners) between years. **The increase is above the target of 5%.** The score is 2.	**2**

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	The total enrolment for Special Needs Education (SNE) learners slightly increased from 671 in 2023 to 715 learners in 2024 representing **a 6.5% (44 learners)** growth rate between years. **The increase is above the target of 5%.** The performance score is 2	**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 LG education department availed secondary school EMIS enrolment data for 2023 and 2024. The total general school enrolment for the (11) government aided secondary schools was 6,583 students in 2023 and 7,875 students in 2024. This translates into an increase of 19.6% (1,292 students) which is above the target of 5% increase. The total enrolment for boys in the (11) government aided secondary schools significantly increased from 2,863 in 2023 to 3,501 students in 2024 **representing a 22.3% growth rate** (638 students) between years. **The increase is above the target of 5%.** The performance score is 2.	**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 girls' school enrolment increased for the previous two academic years Score 2 or else score: 0	The total enrolment for girls significantly increased from 3,720 in 2023 to 4,374 students in 2024 **representing a 17.6% growth rate** (654 students) between years. **This is above the target of 5% increase.** The score is 2.	**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 number of SNE enrolment increased over the previous two academic years Score 2 or else score: 0	The total enrolment for Special Needs Education (SNE) learners significantly increased from 05 in 2023 to 16 learners in 2024 representing **a 220% (11 learners) growth rate between years. The increase is above the target of 5%.** The performance score is 2	**2**

5	Evidence that the monthly average learner attendance for government aided primary schools in the LG for the current academic year is above 90%	• From the LG Education department obtain and review attendance data for all primary schools in the current academic year and calculate the average level of attendance. • Sample at least two (2) primary schools to verify accuracy of attendance data in the school registers Verify if the monthly average learners' attendance is above 90% score 4 or else 0	A review of the district monthly learner attendance report for February to August 2024, revealed that the average learner attendance rate was at **90.2%** for all the (110) UPE schools in Mpigi DLG Attendance details: 1. February: 91% 2. March: 91% 3. April: 91.5% 4. May: 90% 5. June: 91% 6. July: 89% 7. August:88% Average attendance: 90.2% (631.5/7). **This exceeds the target of 90% attendance rate.** The score is 4. Verification findings from the sampled schools indicated that, (i)Kikuunyu C/U PS Learner attendance breakdown (February-August 2024) • February : 96% • March: 94% • April: 96% • May : 96% • June: 95% • July: 97% • August: 98% Average attendance: 96% (672/7). This exceeded the target of 90% attendance rate. (ii) St.. Kizito Mpigi PS Learner attendance breakdown (February-August 2024) • February : 94% • March: 96% • April: 93% • May : 90% • June: 87% • July: 95% • August: 94% Average attendance: 92.7% (649/7). This exceeded the target of 90% attendance rate.	**4**

6	Evidence that the monthly average learner attendance for government aided secondary schools in the LG for the current academic year is above 90%	• From the LG Education department obtain and review attendance data for all secondary schools in the current academic year and calculate the average level of attendance. • Sample at least one (1) secondary schools to verify accuracy of attendance data in the school registers Verify if the monthly average learners' attendance is above 90% score 4 or else 0	The review of the analysis of monthly learner attendance report for February to August 2024 revealed that the average student attendance rate was **at 95.5%** for all the (11) USE schools in Mpigi DLG Attendance breakdown: 1. February : 95.7% 2. March: 94.8% 3. April: 95.8% 4. May : 95.3% 5. June: 95% 6. July: 95.5% 7. August:96.5% Average attendance: 1.050.9/7=95.5%. This exceeded the target of 90% attendance rate. The score is 4. Verification findings revealed that St.Mark SS Kamengo had a student average monthly rate of 92.8%, above the target of 90%.	**4**

Efficiency

7	Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year	• From the EMIS/LG Education department obtain progression data for the respective grades (i.e. P1-P3; P4-P5; P6-P7) and calculate the percentage change • Sample at least two (2) primary schools to verify. If 90% - 100% of the learners in P1 progressed to P3 Score 2 or else score: 0	The district primary school learners progression data indicated that: (i) Progression from P1-P3: • Total learners in P1 in 2022: 2,304 • Total learners progressing to P3 in 2024:10,255 • **Progression rate: 445% (10,255/2,304). Target of 90-100% met**, the score is 2 Verification on learner progression in the 2 sampled UPE schools indicated that; a).Kikunyu C/U PS-Kammengo S/C Progression from P1-P3: Total learners in P1 in 2022: 46 Total Learners progressing to P3 in 2024: 26 Progression rate: 56.5% (26/46). This is below the target of 90-100% b).St.Kizito Mpigi PS-Mpigi TC Progression from P1-P3: Total learners in P1 in 2022: 140 Total Learners progressing to P3 in 2024: 172 Progression rate: 123% (172/140). This is above the target of 90-100%	**2**

7	Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year	• From the EMIS/LG Education department obtain progression data for the respective grades (i.e. P1-P3; P4-P5; P6-P7) and calculate the percentage change • Sample at least two (2) primary schools to verify. If 90% - 100% of the learners in P4 progressed to P5 Score 2 or else score: 0	(ii) Progression from P4-P5: • Total learners in P4 in 2023: 6,028 • Total learners progressing to P5 in 2024:6,763 • Progression rate: 112.2% (6,763/6,028). Target of 90-100% met, the LG scores 2. Verification on learner progression in the 2 sampled UPE schools indicated that. a).Kikunyu C/U PS Progression from P4-P5: Total learners in P4 in 2023: 11 Total Learners progressing to P5 in 2024: 30 Progression rate: 272% (30/11). This is above the target of 90-100%. b).St.Kizito Mpigi PS • Progression from P4-P5: Total learners in P4 in 2023: 140 learners Total learners progressing to P5 in 2024: 173 learners Progression rate: 123% (173/140). This is above the target of 90-100%	**2**
7	Evidence that the progression rate across government aided primary school grades in a LG has increased between the previous and current year	• From the EMIS/LG Education department obtain progression data for the respective grades (i.e. P1-P3; P4-P5; P6-P7) and calculate the percentage change • Sample at least two (2) primary schools to verify. If 90% - 100% of learners in P6 progressed to P7 Score 2 or else score: 0	(iii) Progression from P6-P7: • Total learners in P6 in 2023: 5,455 • Total learners' progression to P7 in 2024: 6,724 • **Progression rate: 123% (6,724/5,455). Target of 90-100% met,** the score is 2 Verification on learner progression in the 2 sampled UPE schools indicated that. a).Kikunyu C/U PS Progression from P6-P7: Total learners in P6 in 2023: 13 Total Learners progressing to P7 in 2024: 30 Progression rate: 231% (30/13). This is above the target of 90-100% b) St.Kizito Mpigi PS • Progression from P6-P6: Total learners in P6 in 2023: 109 learners Total learners progressing to P7 in 2024: 169 learners Progression rate: 155% (169/109). This is above the target of 90-100%	**2**

8	Evidence that the primary school completion rate for both boys and girls in government aided primary schools in the LG for the previous school year is above 80%	From the EMIS/ LG Education Office, obtain and review data on the primary school completion rates. If the total primary school completion rate for both boys and girls in government aided primary schools in the LG for the previous school year is above 80% Score 2 or else score : 0.	**There was no evidence** that the total primary school completion rate for both boys and girls in government aided primary schools in the district for the current school year 2024 was above 80%. The analysis of the LG data on the primary school completion rates revealed that: • P1 enrolment for the 110 UPE schools in 2018: 9,573 learners • P7 learners in 2024: 4,474 • Computed completion rate: 47% (4,474/9,573*100). This is below the target of 80%. Performance score: 0	**0**

8	Evidence that the primary school completion rate for both boys and girls in government aided primary schools in the LG for the previous school year is above 80%	From the EMIS/ LG Education Office, obtain and review total enrolment in P1 seven years ago and compare with current P.7 enrolment 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.	**There was no evidence** that the DLG completion rates for boys in 2024 was above 80%. • P1 enrolment data for in 2018: 6,355 • Total number of boy in P7 in 2024: 2,348 • Completion rate: 37% (2,348/6,355). This is below the target of 80%. The sore is 0.	**0**
8	Evidence that the primary school completion rate for both boys and girls in government aided primary schools in the LG for the previous school year is above 80%	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 was no evidence** that the DLG completion rates for girls in 2024 was above 80% • P1 enrolment data for girls in 2018: 3,218 • Total number of girls in P7 in 2024: 2,126 • Completion rate: 66% (2,126/3,218). This is below the target of 80%. Performance score: 0	**0**
Human Resource Management				
9	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)	(i)**There was evidence** that Mpigi DLG maintains accurate teacher deployment data for (110) government aided primary schools. The review of the primary teacher deployment list 2024 revealed that (989) teachers were deployed in 110 UPE schools. The school staff lists were displayed on LG notice board and in head teacher's office. (ii) **There was evidence** that the district education department had equitably deployed qualified teachers across the 110-government aided primary schools as per MoES staffing standards (i.e. a minimum of a head teacher and 7 teachers or a teacher per class for schools with less than 7 grades). Verification findings from sampled schools □ Kikunyu C/U PS: 8 teachers (Male 4; Female 4). The number of teachers on the DEO's deployment list (8) was consistent with the number of teachers on the school staff list (8) in Kikunyu C/U PS □ St.Kizito Mpigi PS: 17 (Male 9; female 8) The number of teachers on the DEO's deployment list 17) was consistent with the number of teachers on the school staff lists (17) in St.Kizito Mpigi PS □ The review of teacher daily attendance registers in the sampled schools confirmed that teachers listed on the	**3**

department, obtain the teacher payroll data Check and verify if: i. The LG maintains accurate teacher deployment data for government-aided primary schools and the information has been displayed at the LG and school notice boards ii. The LG Education department has equitably deployed qualified teachers across government aided primary schools as per MoES staffing standards (i.e. a minimum of a head teacher and 7 teachers or a minimum of one teacher per class for schools with less than 7 grades) If requirements (i) and (ii) are met, score 3 or else 0.	deployment list were indeed teaching in the assigned schools Performance score: 3

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	**There was evidence** that district maintains up to date and accurate records of teacher deployment in the (11) government aided secondary schools. The total number of teachers (342) on the staffing list was consistent with the payroll data as of November 2024.Secondary school staff lists were displayed on LG notice board and in head teacher’s office/staff rooms. This promotes transparency and accountability Verification conducted at St. Marks’s secondary school Kammengo SS revealed that the school had a total enrolment of 1,414 students with 43 teachers on government payroll. The number of teachers (43) on the staffing list from the DEO's office was consistent with the number of teachers (43) on the school staffing list. The review of the teacher attendance registers confirmed presence of teachers deployed in the school. The score: 2	**2**

11	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 review of Mpigi DLG primary teachers' monthly average attendance report from February to August 2024 revealed that the **monthly average attendance rate was at 92.3%, above the target of 75%.** Details: • February: 91% • March: 91% • April: 91.5% • May: 90% • June: 91% • July: 89% • August : 88% Monthly average attendance: 92.3% above the target of 75% Verification findings from the sampled 2 UPE schools Indicated that: (i) Kikunyu C/U PS: had 8 teachers on government payroll with a monthly average teacher attendance of 96%. (ii) St.Kizito Mpigi PS: had 17 teachers on government payroll with a monthly average teacher attendance of 92.7%. It was noted that TELA machine teacher attendance information was unreliable due to frequent technical and operational issues including: • Frequent jamming of the TELA machines. • Failure of teachers to clock in and out • Difficulty uploading of the necessary information • Buying data is costly • Poor network/connectivity • Lack of electricity/ power in some schools to charge the TELA machines • Installation of unnecessary applications, which consume excessive data. Unfortunately, these apps cannot be uninstalled.	**4**
12	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,	(i)The comparison of TELA usability in primary schools report for Mpigi district from MoES indicated that: • TELA usability for Term 1, 2024: 73% • TELA usability for Term 2, 2024: 58% • Average usability percentage: 65.5%, exceeding the target of 50% The TELA system has improved teachers' punctuality since the actual time is recorded by the machine as	**3**

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.	compared to using arrival books which can easily be manipulated. (ii) A review of the TELA status report and action plan for all primary head teachers dated May 22, 2024 revealed that: □ The average attendance rate fell below average of 50% □ Most of the schools did not achieve the average hours. □ Only 4 schools were able to score above 50% (Magejjo PS (66.9%), Tabiro PS (66.4%), Bessania PS (60.9%) and Kammengo PS (60.1%). Thus, 106 UPE schools performed below 50%. The report also Identified the following challenges • Poor internet network • Inadequate ICT skills and personnel to operate TELA machines • Lack of power to charge the TELA biometric machines • Inaccessibility of TELA system customer care help line • Theft of the TELA machines in some schools and inability to have them replaced • High cost of data for schools The report further highlighted the Action Plan for Term 2, 2024 • All head teachers to ensure that all teachers are enrolled on the TELA machine and are supervised to ensure that all clock in and out to curb the vice of absenteeism • All TELA machines to be updated to enable teachers clock in and out and upload learners data of attendance on a daily basis • Conduct mandatory, periodic training workshops on TELA system operations, focusing on data entry, and use of TELA machines, and skilling all assigned teachers to TELA machines to have the required skills to operate TELA machines • Use of part of capitation grant to buy data • Use the support from MoES in charge of TELA system for any problem encountered • A WhatsApp group to be formed to easily post challenges encountered while using TELA machines to seek assistance • Head teachers should ensure safety of TELA machines to avoid safety at school level • Head teachers to report staff who may not adhere and follow the MoES TELA system guidelines to DEO for further action The above measures were intended to enhance the functionality of TELA system and enhanced teacher attendance in schools. It was noted that school teacher timetables have not

			been uploaded onto the TELA system to monitor school timetable implementation in classrooms. Findings from sampled schools (Kikunyu C/U PS and St.Kizito Mpigi PS) indicated that head teachers were using support supervision tools focusing on preparation and planning, lesson presentation, content/activities, control and learning environment, and assessment of learners. In view of the above, the LG complied with (i) and (ii). The sore is 3	
13	Evidence that the secondary school teacher attendance rate for the current academic year is above 90%	• 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 If the secondary school teacher attendance rate for the current academic year is above 90% Score 4 If the secondary school teacher attendance rate for the current year is between 75-90% Score 2	The review of the secondary school staff attendance analysis report 2024 revealed that the monthly average teacher attendance rate for the 11 USE schools **stood at 90.4%,** above the target of 90%. Details: • February: 88% • March: 89% • April: 91.3% • May: 92.3% • June: 90% • July: 90.3% • August: 92% Monthly average attendance rate: 90.4% (633/7). This is above the target of 90%. The score is 4. Verification findings from St.Mark SSS Kammengo indicated that student average attendance rate stood at 90.3% as detailed below. • February: 89% • March: 88%	**4**

- April: 90.3%
- May: 91%
- June: 90.4%
- July: 91%
- August: 92.5%

Average attendance: 90.3% (632.2/7). This exceeded the target of 90% attendance rate.

14	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	• From the sampled school review the staff list and timetable to establish whether additional teachers are deployed to the lower foundation grades 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	From the sampled schools **there was evidence** that the schools with more than one teacher per class, additional teachers are deployed to the lower foundation grades or upper grades which have the largest enrolments We obtained and reviewed school staff lists, teacher attendance registers and class timetables. Specific findings from the sampled UPE schools are indicated below: a) Kikunyu C/U PS The school had only 8 teachers including the head teacher with a teacher-pupil ratio of 1:35 below the recommended ratio of 1:53. There were no additional teachers to be deployed to the lower foundation grades. b) St.Kizito Mpigi PS Review of information on teacher deployment within the school indicated that the school had a general teacher-pupil ratio of 1:60, slightly above the recommended ratio of 1:53. Details: • P1: had 113 learners, 2 teachers and TPR of 1:56 • P2: had 124 learners, 2 teachers and TR of 1:62 • P3: had 172 learners, 2 teachers and TPR of 1:86 Total Enrolment P1-P3 : 409 learners • P4: had 169 learners, 2 teachers and TPR of 1:84 • P5: had 173 learners, 3 teachers and TPR of 1:57 • P6: had 164 learners, 3 teachers and TPR of 1:54 • P7: had 109 learners, 3 teachers and TPR of 136 Total enrolment for upper grades:615 learners As above, the upper classes have significantly higher enrolment compared to lower foundation grades hence the justification for deploying more teachers to upper classes. The score is 2	**2**
15	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	• 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	**There was evidence** that the LG Education department provided continuous professional development for teachers to improve their skills, adapt to new teaching methods and curricula and address the performance gaps flagged in the School Performance Assessment (SPA) The school performance Assessment exercise (2023) and e-inspection reports conducted during FY 2023/24, made the following recommendations; • Teachers need to make a variety of appropriate teaching activities that will motivate and enhance children participation in learning • Teachers are weak in regular preparation, time management and attendance	**2**

School Performance Assessment (SPA)	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	• Learning outcomes are low • Lesson delivery below expected CPD interventions that addressed some of the identified gaps • EMIS training report for all head teachers of education institutions of government and private schools in Mpigi district dated 5 February 2024. The trainings were held from January 30-31, 2024. A total of 105 participants attended the training mainly consisting of education department staff, head teachers of both public and private schools. The training workshop was intended to build capacity of all head teachers of education institutions on how to access their EMIS portals using phones or laptops, create and maintain active email addressee used for EMIS logins, and to learn how to promote, transfer, transmit learners on the EMIS portal. • Report on Centre Coordinating Tutors' Support Supervision conducted on July 31, 2024. The training was conducted at St.John Bosco Katende PS and attended by 42 participants. The training focused on developing schemes of work and lesson planning regularly, ways of improving learners' performance especially through group work, and characteristics of learning through play as a way of fully involving the pupils. • Report on CPD workshop held on June 19, 2024 at Ssekazza Memorial PS, and attended by 19 teachers. The training was facilitated by the CCT and highlighted the background information and importance of CPD; reasons why CPD should be conducted including: o Learners could not read fluently o Teachers were struggling to create teaching and learning materials o Inadequate support supervision by different stakeholders o Schools do not organise CPDs to support teachers at school level During the training the following approaches or methods used to teach learners were discussed; whole class discussion; demonstration; role play; brain storming; collaborative learning; I do, we do, you do; observation; look and say; nature walk; dramatisation, among others. • A report on the induction of newly appointed school management committee (SMC) members dated August 30, 2023. Members were inducted on their roles and responsibilities including administrative, supervisory, monitory and consultative roles. All member of the SMCs in the following zones were inducted as follows: o Kiringete zone: August 22, 2023 o Mpigi TC zone: August 23, 2023 o Nsumba zone: August 24, 2023 o Kammengo zone: August 25, 2023 o Muduuma zone: August 29, 2023. The implemented CPD activities were aligned with identified CB gaps in the inspection reports, and

			contributed to teacher professional development hence leading to improved learning outcomes.	
Management and functionality of amenities				
16	a) Evidence that the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards. b) Evidence that the LG utilized the allocated resources towards school maintenance in the previous FY in line with the condition assessment and school-level maintenance schedule.	• From the LG Education department obtain and review records and reports of school condition assessments. Verify the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards. Score 3 or else score: 0	**There was evidence** that the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards. On 5th October, 2023, the Local Government Finance Commission (LGFC) directed the district to conduct and submit a report on schools with dilapidated or temporary structures. The LGFC school condition assessment report dated November 2023 was reviewed. Key findings • Schools with dilapidated classroom blocks: 11 (St.Ann Bujuuko PS, Galatiya C/U PS, Kataba PS, Sacred Heart of Jesus Ggoli Boys PS,Bukibira PS, Kafumu PS, Sango PS, St. Mary’s Bunjakko PS, St.Micheal Bume PS, Kikondo PS and Luvumba PS) • School sanitation facilities in poor condition: 4 (Jjeza Day and Boarding PS, Ggunda PS, Manyogaseka PS, and Lubanda C/U PS) • Temporary classroom structures (UNICET Tents): 3 (St.Ann Bujuuko PS, St.Kizito Mpigi PS, and Mpigi UMEA PS) • Incomplete classroom structures: 2 (Kawumba PS, and St.Damiano Makumbi PS)	**3**

16	a) Evidence that the LG assessed during the previous FY the condition of school facilities to ensure that they meet the minimum quality standards. b) Evidence that the LG utilized the allocated resources towards school maintenance in the previous FY in line with the condition assessment and school-level maintenance schedule.	• From the 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	Due to the dilapidated state of the existing latrines, a total of Ugx.156,410,949 initially meant for general school maintenance was redirected to construct new pit latrines to address the critical challenge of poor hygiene in schools. Details: • Construction of 5-stance lined pit latrine with a washroom at Jjeza PS-Muduuma sub county at a cost of Ugx.225,742,852 • Construction of 5=stance lined pit latrine with a washroom at Kibuuka Memorial PS –Mpigi TC at a cost of Ugx.23,976,605 • Construction of 5=stance lined pit latrine with a washroom at Gunda PS-Kammengo sub county at a cost of Ugx.24,796,056 • Construction of 5=stance lined pit latrine with a washroom at Kasozi Noor PS-Kituntu sub county at a cost of Ugx.24,709,290 • Construction of 5=stance lined pit latrine with a washroom at St. Mary’s Bunjakko PS-Buwama sub county at a cost of Ugx.28,596,806 • Construction of 5=stance lined pit latrine with a washroom at Lubanda PS-Nkozi sub county at a cost of Ugx.28,589,340 The score is 7.	**7**

Monitoring and Inspection

17	Evidence that all schools have submitted a report to the LG which describes the activities conducted (how capitation grant was spent); and explains what has been achieved in relation to improving learning outcomes.	From the LG Education department obtain the list of all schools that received capitation; Review records of school accountabilities to establish whether all schools submitted reports sample reports to check the activities conducted (how capitation grant was spent); and explains what has been achieved in relation to improving learning outcomes Verify that all schools have	Capitation grants amounting to Ugx.1,013,846,854 was budgeted and released to 110 UPE schools during FY 2023/24. There was evidence that all the 110 UPE schools submitted reports on activities conducted using capitation grants. There was evidence that all UPE schools submitted annual school reports for calendar year 2023 including cash flow statements and annual expenditure and budget reports. Details: St,Kizito Mpigi PS –Capitation grant releases and accountability report • Term I, 2024: Ugx.6,172,854 dated January 18, 2024 • Term II, 2024: Ugx.6,172,854 dated May 8, 2024 • Term III, 2024: Ugx.6,472,227 dated September 17, 2024 The school capitation grants accountability report for Term II, 2024 indicated that Ugx.6,172,854 was spent on: • Instructional Materials: Ugx.2,160,498 (35%), used for procurement of stationery, etc. The expenditure on instruction materials has improved teaching and learning. • Co-curricular activities: Ugx.1,234,970 (20%), used for	**3**

		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	music training, netball trainings, games and sports activities. • Management: Ugx.925,928 (15%), used for SMC and PTA meetings, typing and printing, buying liquid soap, repairing desks, and slashing compound. • Administration: Ugx.617,285(10%), used for official travels, airtime and data. • Contingency: Ugx.1,234,970(20%), used for water bills, repair of shutters, electricity and water bills, etc. There was evidence of a report on the impact of school inspection grants and UPE capitation grants for the financial year 2023/4 on beneficiary schools dated July 10, 2024, which indicated that the financial support given to schools in form of UPE funds has had a positive impact on schools and communities in a number of ways as presented below, a. Enhancing efficiency in teaching-learning process: The biggest percentage of UUPE funds is used to purchase instructional materials. This facilitates teaching and learning preparations. According to head teacher (St.Kizito Mpigi PS), the purchase of the prep books helped teachers to prepare well in terms of schemes of work and lesson plans for their learners which have contributed to improved PLE pass rate from 103 in 2022 to 112 in 2023. b. School days that boost enrolment and retention of learners in schools. Schools have utilized some UPE funds to organize school open days/sports' days to show case achievements in a wide range of activities. The end result is for parents to develop a positive attitude towards the school and subsequently bring more or keep learners to the school. As a result, school enrolment has gone up in some schools like at St.Kizito Mpigi PS, and Katuulo PS. • Promotion of games and sports. Funds under the vote of co-curricular activities were utilized to implement games and sports activities in schools. Sports and games equipment were procured and facilitated school-based zone competitions. Learners who excel are selected to represent the district at national level. Examples of schools where impact is evident are Nakirebe PS, St.John Bosco Katende PS, Buyiwa PS and Kanyike PS, among others. These interventions have greatly led to talent development among learners • Creation of a safe learning environment through offsetting utility bills, enhancing school security, compound clearing and cleaning, maintenance of school assets—repairing desks, and purchase of sanitary towels for girls among others. Capitation grants have significantly impacted schools leading to enhanced learning outcomes and provision of opportunities for growth. The score is 3.	

Management of Financial Resources

18	a) Evidence that the LG used 100% of inspection funds to conduct	From the LG Finance department obtain financial	**There was evidence** that the LG used 100% of inspection funds to conduct inspection and monitoring activities as per guidelines.	**3**

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.	records to establish when and the amounts transferred to the Inspection division From the LG Education department, obtain and review: Sub-programme performance reports to ascertain whether the grant was used to improve learning outcomes If the LG used 100% of inspection funds to conduct inspection as per guidelines score 3 or else score: 0	According to the LG approved Budget estimates FY 2023/24, Ugx.42,804,000 was budgeted and spent on inspection and monitoring functions. The allocated funds for monitoring and inspection functions were fully utilized on fuel, photocopying, stationery, field allowances and communication expenses. The review of the requisitions and EFT payment vouchers revealed that: Details: (i) Inspection Activities 2023-2024: Approved Budget Ugx.33,296,000 • Requisitions and payment of field allowances for inspectors, fuel etc. (Qtr.1) o Requisition date: 18 August 2023 o Amount: Ugx.4,086,000 o Purpose: Field allowances to 15 inspectors (Nsamba Benon, Kanyarutokye Moses, Katongole Gerald, Lusisib Yusuf, Asiimwe Mallion, Najjemba Babra, etc.) o EFT payment voucher numbers: 7558378, 7557600, 7900530, 7557506, 7559413, etc. o Amount for fuel: Ugx.6,700,000 o Payment date: 18 September 2023 • Requisitions and payment of field allowances for inspectors, fuel etc. (Qtr.3) o Requisition date: 5 February 2024 o Amount: Ugx.4,000,000 o Purpose: Field allowances to 16 inspectors (Nsamba Benon, Namanya Edith, Katongole Gerald, Lusisib Yusuf, Asiimwe Mallion, Najjemba Babra, etc.) o EFT payment voucher numbers: 10459368, 10459396, 10459373, 10459388, 10459367, etc. o Amount for fuel: Ugx.8,000,000 o Amount for stationery : UUgx.530,000 o Payment date: 19 February 2024 • Requisitions and payment of field allowances for inspectors, fuel etc. (Qtr.4) o Requisition date: 21 May 2024 o Amount: Ugx.2,980,000 o Purpose: Field allowances to 8 inspectors (Namanya Edith, Katongole Gerald, Lusiba Yusuf, Kafuluma Godfrey, Nakimbugwe Deborah, Mugambwa Vincent, etc.) o EFT payment voucher numbers: 12675265, 12682357, 12687215, 12687216, 12683206, etc. o Amount for fuel: Ugx.6,000,000 o Amount for photocopying and stationery: Ugx.1,000,000 o Payment date: 5 June 2024

• Sub Total 1: Ugx.33,296,000

(ii) DEO’s School Monitoring Activities (Ugx.9,508,000)

• Requisitions and payment of field allowances for staff, fuel , etc. (Qtr.1)

o Requisition date: 5 October 2023

o Amount: Ugx.1,885,000

o Purpose: Field allowances to 3 staff (DEO, SEO & Accountant) + 2 drivers)

o EFT payment voucher numbers: 8069769, 8069184, and 8068674.

o Amount for fuel: Ugx.2,500,000

o Payment date: 13 October 2023

• Requisitions and payment of field allowances for staff, fuel , etc. (Qtr.3)

o Requisition date: 330 January 2024

o Amount: Ugx.3,383,000

o Purpose: Field allowances to 7 staff (CAO, DCAO,CFO,DEO, DIS, SEO & Accountant) + 1 driver)

o EFT payment voucher numbers: 10414641, 10417120, 10423788, 10426945, 10433443, etc.

o Amount for fuel: Ugx.1,700,000

o Amount for airtime: UUgx.40,000

o Payment date: 9 February 2024

• Requisitions and payment of field allowances for Monitoring (Qtr.4)

o Requisition date: 5 June 2024

o Amount: Ugx.450,000

o Purpose: Field allowances to 1 staff (SEO)

o EFT payment voucher number:12753302.

o Payment date: 13 June 2024

• Sub Total 2: Ugx.9,508,000

• Total: Ugx.42,804,000

18	a) Evidence that the LG used 100% of inspection funds to conduct inspection as per guidelines b) Evidence that the LG produced a report which describes how the grant was used and explains what has been achieved in relation to improving learning outcomes.	From the LG Finance department obtain financial records to establish when and the amounts transferred to the Inspection division From the LG Education department, obtain and review: Sub-programme performance reports to ascertain whether the grant was used to improve learning outcomes If the LG produced a report which describes how the grant was used and explains what has been achieved in relation to improving learning outcomes score 2 or else score 0.	A review of the report on the impact of school inspection funds on beneficiary schools, submitted by DEO to CAO on July 10, 2024 highlighted the following achievements. • Inspection funds enabled LG to facilitate inspectors to conduct routine inspection activities. This has greatly improved head teachers' presence in schools and effectively perform their supervisory work; thus improving school performance • Conducting of classroom lesson observation by school inspectors had had a positive impact on teacher performance and hence leading to better learning outcomes • Regular school inspection has made it possible to identify areas of strength and weakness for both teachers and learners. Based on inspection findings recommendations have been made to address the weak areas. The feedback reports left in schools guide head teachers to develop school improvement plans (SIP). Implementation of SIPs has gone a long way in improving the academic standards of schools; like at Wamatovu UMEA PS, Bukibira C/U PS and Balunda CS PS. • Inspection findings/recommendations have largely informed the department's continuous professional development (CPD) activities for head teachers, teachers and SMCs. • School inspection findings on status of school infrastructure and facilities have also been useful to objectively allocate resources for capital projects; such that the most deserving schools are considered. For instance, a 5-stance lined latrine at Mpondwe PS and a 5-stance line latrine at Lubanda C/U PS in Kammengo and Nkozi Sub counties respectively. .	**2**

Environment, Social, Health and Safety

19	Evidence that the LG Education department has conducted programs to create a safe learning environment in all government aided schools	From the sampled schools, check for existence and functionality of the safe learning environment facilities including: 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	**There was evidence** that the LG education department has conducted programs aimed at creating a safe learning environment in all government aided schools • Status report on creation of a school safe friendly environment in Mpigi DLG dated May 28, 2023. o Program: Youth Empowerment Program o Project Name: Increasing environmentally friendly protection among selected schools, prisons and households in Wakiso and Mpigi districts, Uganda o Case study schools included: Kikunyu C/U, Bessania PS, Galatiya PS and Bugayi Foundation. These were the first schools to be piloted for the entire district and assess their performance then, the program was to be extended to other schools in due course. The event for the creation of school safe friendly environment program in Mpigi district was held on 3rd May 2023. This was intended to expose the wider community (neighboring schools, partner networks, government, media and farmers) to the different permaculture practices. Project schools and prisons were supported to exhibit the	**4**

sources and sanitation facilities v. Establishment and functionality of environmental clubs vi. Provision of facilities for disposal and changing of sanitary pads If 4 of the above measures complied with score 4 or else score 0	implemented activities to the public on that day under the theme “Uncovering the potential of young in shaping the future amidst climate changes effects”. • Standalone school reports on “creation of school safe friendly environment case studies” for Galatia C/U PS, Bugayi Foundation PS, and Kikunyu PS were on file. The verification exercise found presence of the following eco-friendly facilities and practices in the sampled schools: (i) St.Mark’s SS Kammengo: - The school was using energy saving stoves for cooking and use of solar for the boarding section - There was evidence of tree planting and green spaces in the school compound - The school has dustbins and sorted degradable garbage was used for manure while plastic materials were used by learners for their projects - The school was using taped water from NWSC and rainwater harvesting Burning of used sanitary pads was reported due to lack of an incinerator The school complied with (4) out of the (6) indicators. (ii) Kikunyu C/U PS: It was one of the schools were the project on increasing environmentally friendly protection was piloted; thus, there was evidence of. - Use of energy saving stoves which contributes to conservation of the environment - Proper management of waste through sorting of degradable from non-degradable materials. The plastics and polythene bags (Buvera) were taken for recycling while the rest was used as manure. - Tree planting and green spaces - Access to clean water from NWSC and rain harvesting water system and boiling of water for drinking. - Environmental club The school was burning used sanitary pads because it lacked an incinerator, leading to air pollution. The school complied with (5) out of the (6) indicators. The score is 4. (iii) St.Kizito Mpigi PS. The school had evidence of: - Energy saving cooking stoves - An incinerator for disposal of used sanitary pads - Tree planting and green spaces - Access to clean water-connected to NWSC piped water system There was poor waste disposal management system-burning

			In view of the above, all the 3 sampled schools complied with the required 4 indicators. The score is 4 points.	
20	Evidence that the LG has implemented protection measures against violence, abuse, and discrimination against children, workers, and teachers in schools. They have trained teachers, workers, children, SMC, BoG, and communities on eliminating such issues and have eliminated corporal punishments in all schools.	Sample 3 schools to ascertain that protection measures are in place against any form of violence/abuse discrimination for children, workers and teachers LG conducted training and sensitization on the protection measures LG Education Office and Community Development Office have trained the SMCs and BoGs on grievance management and stakeholder engagement. Sample 3 schools to ascertain that LG conducted VAC training activities 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	(i)There was evidence that the LG has; put in place protection measures against any form of violence/abuse discrimination for children, workers and teachers in schools. The report: Protection measures against children violence and discrimination in schools dated September 20, 2024, key protection measures highlighted. □ Schools installed signposts in prominent areas, such as entrances, playgrounds and classroom corridors. The signposts displayed clear, impactful messages promoting child protection, such as “Every Child Matters: Say No to Violence”, “This School is a Violence Free Zone”, “Report Discrimination-Together, We Create Safe Spaces” □ School led initiatives include establishment of learner councils or clubs focused on promoting inclusivity and reporting abuse □ Under monitoring and reporting mechanisms; suggestion boxes were introduced in schools and RDC’s numbers were shared, enabling students to report concerns anonymously (ii)There was a evidence a report on protection measures against children violence and discrimination in schools dated September 20, 2024: The report highlighted the following measures taken to eliminate any form of violence against children. □ During the head teachers’ planning meetings for each term, the agenda includes discussion of protection measures against violence and discrimination □ Stakeholder Involvement: o the CAO: highlighted the importance of government support in implementing policies aimed at protecting children o The LCV Chairperson: addressed the need for community involvement in promoting safe and inclusive school environment o RDC: stressed law enforcement in addressing cases of violence and ensuring justice for affected children o DEO: provided guidelines for schools to adopt and monitor the implementation of child protection policies □ Key topic addressed o Development and enforcement of school level policies against violence and discrimination o Training teachers to identify and handle cases of abuse or discrimination effectively o Strengthening collaboration with parents and the community to create awareness about children’s rights □ Distribution of educational materials. USAID and other partners provided schools with reading materials containing guidance on child protection. These resources targeted:	**0**

		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	o Teachers, to improve their understanding of identifying and addressing violence and discrimination o Parents, to educate them on recognizing signs of abuse and supporting affected children o Learners/students, to empower them to support incidents and understand their rights (iii)**There was no evidence** during the assessment that School Management Committees (SMC) /Board of Governors (BoG) have been trained on stakeholder engagement and grievance management as per the circular on grievance management by MoGLSD. The LG did not comply with indicator (iii). The score is 0.	
Transparency, oversight, reporting and accountability				
21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection e) Evidence that the LG Inspector of Schools conducted School Performance	From the LG Education Department obtain and review inspection reports/ information to ascertain that all primary schools were duly inspected and recommendations to address identified school performance weaknesses were followed-up and implemented. • Obtain copies of inspection plans and inspection reports to: ascertain that all schools were inspected • The inspection encompassed among others the following; proper preparation of schemes of work, lesson plans, lesson observation, time-table implementation, pupil and staff attendance, deployment of teachers across grades; continuous	There was evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level. Evidence of the minutes of the academic performance improvement planning meeting held on 27 February 2024 and attended by the DCAO, DEO, DIS, Inspectors of schools (3) and TC-Kayabwe. During the meeting, it was revealed that there was a decline in PLE performance. The 2023 PLE results indicated that 600 learners scored grade ‘U’ indicating a decline in overall performance. The meeting further noted that head teachers were not bothered with PLE results. The meeting highlighted several challenges which hamper improvement of learning outcomes at school level including: Inadequate classrooms in some schools Staffing gaps of teachers Failure to conduct internal supervision at schools Failure to adhere to guidance given by technical officers and other stakeholders to head teachers Failure to develop and implement school improvement plans (SIPs) Ineffectiveness and inefficiency of SMCs Poor working relations between the head teachers, staff, parents and community Lack of basic requirements in some schools	**2**

Assessments in all Government-aided primary schools	assessment of learners, learning environment)
f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations	Letters from DES acknowledging receipt of inspection reports. Obtain and review the school inspection and training reports to determine
g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan	• Whether the schools were supported to develop the SIP • Whether the SIPs address the gaps identified in the School Performance Assessment 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			**2**
a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan	Check and verify if the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs score 2 or else score 0.	**There was evidence** of district school inspection work plan FY 2023/4. The work plan was submitted and duly acknowledged by the Directorate of education standards (DES) on 26 July 2023. Details: The district education department inspection work plan indicated among others. a. Activities: inspection/joint inspection, Mocks/PLE assessment, UNISA annual general meeting, Co-curricular activities, and Coordination with DES/MoES/UNEB b. specific activities: checking teachers' preparedness to teach, checking learners' books and attendance, supervision of school learning environment, checking head teachers' management of schools and assessing parents and community involvement in school affairs, supervise and monitoring mocks/PLE registration and management, attending the annual general meeting for UNISA, establish how co-curricular activities are handled in all schools, and submission of reports and accountabilities c. Objectives □ Ensuring that teachers make relevant schemes of work and lesson plans relevant to the curriculum □ To ascertain that teaching and learning aids to facilitate the teaching and learning process □ To supervise the teaching and learning process □ Etc. d. Variable indicators □ Termly school inspection reports □ Approved schemes of work by head teachers □ Displayed teaching and learning aids in classes □ Lesson observations and feedback reports □ Etc. e. Outcomes □ Improve learners' attainment □ Improved teachers' attendance □ Safe learning environment □ Etc. f. Total budget: Ugx.174,327,296	

21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan	Check and verify if all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection score 2 or else score 0.	The sector guidelines require the LG education department to inspect all public and private schools at least once per term and produce school inspection reports. There was no evidence that all primary schools were inspected at least once per term indicated below: (i) E-Inspection Report Term 1, 2024 dated July16, 2024. o Number of schools inspected: 79 out of 110 UPE schools representing: 72% o Areas covered: Leaning environment, school management and head teacher performance, involvement of parents and community, and effectiveness of teaching and learning o Key inspection findings: 👎 Poor sanitation facilities in some schools 👎 Lack of documentation on disciplinary actions 👎 Lack of documentation regarding recovered lessons, potentially impacting on continuity and assessment tracking 👎 Weakness in regular teacher preparation, time management and attendance, as well as support supervision by head teachers The current situation in schools reflects many gaps in teaching and learning as reflected by inadequate classrooms, and shortage of teachers among others. The report was submitted and acknowledged by DES on 24 July 2024. Duly received by the Acting Accountant (Muhumuza Apollo), DES and delivered by DIS (Katongole Gerald). (ii) E-Inspection Report Term 2, 2024 –academic year 2023 o Number of schools inspected: 81 out of 110 UPE schools representing 73.6% o Areas covered: Leaning environment, school management and head teacher performance, involvement of parents and community, and effectiveness of teaching and learning o Key inspection findings: □ Some classrooms were in poor state and needed renovation The report was submitted and acknowledged by DES on 5 October 2023. Duly received by the Assistant Commissioner, DES central region (iii) School Performance Assessment Report Term III 2023 o Number of schools inspected: 56 out of 110 UPE schools representing: 51% o Areas covered: Leaning environment, school management and head teacher performance, involvement of parents and community, and effectiveness of teaching and learning Key findings	**0**

 Low learning outcomes

 Lesson delivery below expected

The evidence showed that schools were not inspected as expected during FY 2023/4. The review of E-Inspection reports and SPA report revealed that on **average 65.5% of 110 UPE schools were inspected** during FY 2023/4, hence below the target of 100%. The school is 0.

Verification exercise in the sampled schools revealed that;

i) Kikunyu C/U PS: had copies of (3) inspection feedback reports dated 24/7/2024, 1/3/2024 and 18/10/23. Inspections were conducted by district inspectors. Key findings included weak internal supervision of teachers, inadequate skills in scheming and lesson plans.

ii) St.Kizito Mpigi PS had copies of (3) inspection feedback reports dated 18/7/2024, 14/3/2024 and 28/9/23. Inspections were conducted by district inspectors. Key findings included poor handwriting by learners, weak in lesson planning and failure to mark learners' work and make use of learning aids

21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection	Check and verify if the LG supported schools to develop SIPs to address areas of weakness observed during inspection score 2 or else score 0.	**There was evidence** that the LG education department supported schools to develop SIPs to address areas of weakness observed during inspection. The review of the minutes on PLE performance for 2023 meeting held on February 27, 2024, under MIN 07/02/2024 guidance on school improvement plan (SIP) showed that the district inspector of schools guided head teachers on preparation of the school improvement plan. He drew attention on the following issues The SIP is informed by inspection recommendations Inspection recommendations should be presented and discussed in staff meetings and school management committee meetings and strategies and actions are collectively agreed upon SIPs are prepared termly A SIP format was disseminated to all head teachers to follow It was agreed that by mid of March 2024 all head teachers would submit their SIPs to the DEO's office. There was evidence of school improvement plans displayed in the head teacher's office in the sampled two UPE schools (Kikunyu C/U PS and St.Kizito Migi PS The academic performance improvement meeting held on 27 February 2024 was attended by 99 teachers. Names on attendance list: • Ssemanda Godfrey: Nalumansi PS • Bro.Kizito John: Nakirebe PS • Mulindwa Raymond: Kawumba PS	**2**

	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		• Kaidhusa Resty: Crany PS • Namazzi Margret: Ssenene PS • AShadu Lutale: Nakibanga UMEA • Namata Judith: St.Paul Gigunda PS • Ssekitooleko Joseph: St.Jude Kitokolo PS • Nakasumba Caroline (SR): Ggoli Girls' PS • Kityo Sowedy ; Nsanja UMEA PS • Kaweesi Charles : Mbute PS • Etc.	
21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection	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 School Performance Assessment (SPA) report 2023 was on file and indicated that the assessment was conducted in 56 out of the 110 UPE schools representing 51%. **The target of 100% coverage was not met, the score is 0.** The review of the SPA report revealed: □ Low learning outcomes among learners □ Lesson delivery falling below expected standards	**0**

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			**2**
a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan	Check and verify if the LG Education Officer has monitored inspection activities and implemented the inspection recommendations score 2 or else score 0.	**There was evidence** that the LG Education Officer monitored inspection activities and implemented the inspection recommendations during the FY 2023/24. DEO's monitoring report Term III 2023 dated December 2, 2023. The monitoring was conducted by the DEO and SEO to find out school enrolment, staff attendance, functionality of TELA system, teacher preparation, internal support supervision and status of implementation of inspection recommendations among others. Key findings on implementation of inspection recommendations in the 20 UPE schools covered during the monitoring exercise indicated that: (a) Percentage of schools inspected where recommendations were not provided: 80% (16/20) (b) Percentage of schools inspected but recommendations not implemented: 15% (3/20) (c) Percentage of schools not inspected: 5% (1/20) (d) Schools that implemented recommendations: 0% Indicative details: □ Kituntu UMEA PS: Inspection for term 1 and 2 2023 recommendations were not in place □ Mbuule PS: Inspection recommendations were left behind but there was no evidence of implementation □ Masiko PS: No evidence of implementation of inspection recommendations □ Lwanga PS: There was no evidence of inspection recommendations for the previous term since the head teacher was away □ Muto PS: The school had not been inspected in the previous term □ Buyiwa PS: The school was inspected but the recommendations were not left behind for the previous term □ Equator PS: The school was inspected but the recommendations were not left behind for the previous term It was recommended that School inspectors should ensure that they leave a feedback inspection report to ensure that head teachers implement the recommendations to address the identified weak areas.	

21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs c) Evidence that all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan	Check and verify if the LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan score 2 or else score 0.	**There was evidence** that the LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes. The report on the monitoring status of inspection recommendations in selected schools dated May 5, 2024, revealed the extent of implementation of inspection recommendations and made new recommendations as indicated below: i. Nkambo PS (Muduuma S/C): Monitoring findings indicated persistence of learners' absenteeism and involvement of other community leaders was recommended. ii. Buyal C/U PS (Muduuma S/C): Monitoring visit found the latrines still in bad state and recommended construction of a 5-stance lined pit latrine in FY 2024/5 iii. Galatiya C/U PS (Kiringente S/C): Monitoring findings revealed that the old classroom block had not been worked on, and old classroom was considered for renovation in FFY 2024/5 iv. St.Damiano Makumbi PS: Classroom space was still a challenge ever since the collapse of a 4-classroom block. Construction of a new classroom block was recommended for FY 2024/5 v. Etc.	**2**

PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Health Services

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	• 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. 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.	This indicator was used to assess DLG supervision and support provided to Health Centers (HCs) for reviewing perinatal deaths that occurred in the previous Financial Year (FY). The goal was to examine DHIS records from the previous FY to determine the number of HCs that reported perinatal deaths, as well as to review MPDSR reports and the maternity register. The occurrence of perinatal deaths at HCs facilitated the random selection of three HCs for the assessment. Findings: A total of 15 HCs recorded perinatal deaths in the previous FY. DHIS2 data indicated that the DLG reported 104 perinatal deaths in the previous FY: DLG: Macerated stillbirths (MSB) - 49, Fresh stillbirths (FSB) - 38, and Newborn deaths (0-7 days) - 24. The HCs that reported perinatal deaths included: Mpigi HC IV - 32 Bukasa HC III - 1 Butoola HC III - 2 Buwama HC III - 6 Kampiringisa HC III - 2 Nsamu Kyali HC III - 1 Sekiwunga HC III - 1 Ggolo HC III - 2 Nabyewanga HC II - 1 Buyiga HC III - 1 Kafumu HC II - 1 Private HCs: Nkozi Hospital - 40 Double Cure HC IV - 12 Nswanjere HC III - 1	**6**

			This data led to the selection of Mpigi HC IV as the highest-level facility available, with Buwama HC III and Kampiringisa HC III chosen as the sampled HCs for the assessment. Record reviews revealed that all public HCs reported and reviewed their perinatal deaths from the previous FY to the District Health Officer (DHO) through the Assistant DHO-MCH. Perinatal deaths by type in the sampled HCs: Mpigi HC IV: Macerated stillbirths - 15, Fresh stillbirths - 10, Newborn deaths - 8 = 33 Buwama HC III: Macerated stillbirths - 4, Fresh stillbirths - 2, Newborn deaths - 0 = 6 Kampiringisa HC III: Macerated stillbirths - 0, Fresh stillbirths - 1, Newborn deaths - 1 = 2 MPDSR reports were available at the DHO, reflecting maternal and perinatal death reviews conducted in the previous FY. Additionally, midwives at the HCs conducted MPDSR meetings during facility performance reviews to discuss MCH progress, challenges, and recommendations for the next quarter's implementation. The entire DLG faces challenges with inadequate perinatal review forms, which currently hinder the timely death review process in the Health Centers (HCs). An examination of the forms reveals that the cadres of the team are not specified, and there is a limited understanding of the description of contributing and avoidable factors. Moreover, the audit team appears to be solely comprised of midwives, despite them not being the only stakeholders influencing pregnancy outcomes. Assessors train health workers to obtain a clear and detailed history from the mother and caregiver, which aids in understanding the contributing and avoidable factors. Additionally, emphasis was placed on encouraging mothers to attend 6 days of postnatal care, regardless of whether they have a living baby, as this provides an opportunity to discuss review findings that may affect the outcomes of subsequent pregnancies.	
2	Evidence that the LG has ensured that all malaria cases treated were tested	• Obtain and review DHIS2 to establish that all treated malaria cases were tested. Verify if the LG has ensured that all malaria cases treated were tested score 6 or else score 0	This assessment focused on the implementation of the test and treat policy for malaria. The objective was to review DHIS2 malaria data to verify if all patients treated for malaria were tested in the previous fiscal year (FY). Findings: DLG: 37,710 confirmed and 37,158 treated. However, 552 were tested but not treated. The test and treat practice stand at: 37,158/37,710 x 100 = 98.5%.	**6**

Sampled Health Centers (HCs):

Mpigi HC IV: 2,504 confirmed and 2,504 treated. The practice is at 100% test and treat.

Buwama HC III: 1,606 confirmed and 1,606 treated. The practice is at 100% test and treat.

Kampiringisa HC III: 1,251 confirmed and 1,251 treated. The practice is at 100% test and treat.

The overall practice of malaria test and treat achieved 98.5%. Despite 552 confirmed cases not being treated, all the sampled HCs achieved a 100% test and treat practice in the previous FY.

The failure of DLG to achieve 100% treatment for malaria by 552 cases was reported to be a data issue, as there was no significant stockout of antimalarial drugs in the previous FY.

Upon observation, all sampled HCs have functional laboratory services with at least 2 lab staff for HC III and 5 lab staff for Mpigi HC IV.

From the lab registers, the common malaria diagnostic test at HCs is mRDT. The B/S test for malaria was only observed at Mpigi HC IV.

All HCs have clinical rooms with a Uganda Clinical Guidelines (UCG) reference for malaria management to ensure quality services. However, there was an observed lack of adequate examination equipment such as thermometers, stethoscopes, blood pressure machines, and pulse oximeters, which affects vital sign collection for clinical decisions.

Most health workers, including Village Health Teams (VHTs), have been trained on the use of mRDT kits, which significantly aids in Integrated Community Case Management (ICCM) at the community level.

The identified challenge was poor data capture, associated with the confirmed malaria cases not being recorded as treated.

The report encourages the implementation of the Ministry of Health's malaria prevention strategy like Malaria vaccination, IPTp, Indoor Residual Spraying (IRS), sleeping under Insecticide Treated Net (ITN) and all the other health promotion interventions through health education, awareness and sensitization of the communities.

Access

3			**4**
Evidence that LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY	• Review DHIS2 for the previous two FYs and calculate the percentage increase in OPD attendance Verify if the LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY Score 4 or else 0	This assessment was conducted to measure the increase in OPD attendance over the last two Financial Year (FYs). The aim was to verify the OPD's functionality at Health Centers (HCs) and to review DHIS2 data for a 5% increase in attendance during the aforementioned period. Findings of FY: 2023/2024 and 2022/2023 District Local Government (DLG): ((262,262 - 248,480) / 248,480) x 100 = 6% Increment Sampled Health Centers: Mpigi HC IV: ((35,048 - 31,652) / 31,652) x 100 = 11% Increment Buwama HC III: ((14,185 - 12,326) / 12,326) x 100 = 15% Increment Kampiringisa HC III: ((7,223 - 6,942) / 6,942) x 100 = 4% Decline The DHIS2 data indicated that the DLG achieved a greater than 5% increase in OPD attendance with an overall increase of 6% in the previous FY which justified its score. However, Kampiringisa HC III experienced a 4% decrease, which was attributed to a fixed client population of the Kampiringisa Rehabilatation ceter. Facility In-charges were recommended to enhance, operationalize, and convert triage into a pivotal point for health promotion services, catering to all individuals, particularly those not yet ill, while also focusing on improving customer care to draw more people to seek healthcare services. Additionally, there was an emphasis on educating the public about the OPD services, highlighting their role in health promotion rather than just laboratory tests and dispensing medications.	

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	This assessment focused on the submission of quarterly reports by Village Health Teams (VHT) to the District Local Government (DLG) in the previous fiscal year (FY). The objective was to confirm the submission of quarterly reports by VHTs to the District Health Office (DHO), detailing activities and outcomes from the previous FY. Findings: Senior Environmental Health Officers (SEHO) and Health Assistants at Health Centers (HCs) supervise all VHTs. VHT reports are compiled from the Health Management Information System (HMIS) VHT monthly summaries. Quarterly meetings led by Health Assistants highlight community issues, lessons learned, strengths, challenges, and recommendations. Record reviews at the DHO revealed quarterly narrative reports submitted by Health Assistants through facility In-charges were four for each sampled HC. These narrative reports outlined activities such as community awareness, hygiene promotion, home visits, Integrated Community Case Management (ICCM), immunization, short-term family planning, and facility linkage for pregnant women, HIV, malaria, and diarrhea cases. The reports also detailed community issues impacting the enhancement of community-driven service delivery, including traditional healers, Traditional Birth Attendants (TBAs), poverty, ignorance, extended travel times to communities, service providers' attitudes, lack of privacy during service provision, long distances to referral facilities, and lack of attention at referral facilities. Unique VHT challenges included the need to improve the telecommunication network to facilitate the Electronic Community Health Information System (ECHIS) and support VHT strategies for identifying and reaching vulnerable communities. Health Assistants received mentoring on creating informative and actionable VHT activity reports, which could be utilized to track service improvements based on community findings and feedback for enhanced outcomes.	**2**
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	Review community outreach reports to establish whether all health facilities: • Conducted at least 48 community	This assessment focused on the execution of planned community outreaches by Health Centers (HCs) in the previous Financial Year (FY). The aim was to confirm the execution of at least 48 community outreaches, as planned (exceeding 48), which included school health outreaches in the previous FY.	**4**

conducted at least 48 community outreaches in the previous FY score 4 or else 0	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	The evaluation involved reviewing community outreach registers at the HCs, activity reports for proof of implementation, and analyzing DHIS2 data to determine the number of planned and executed outreach activities. Findings: A DHIS2 review of planned and executed community outreaches in the previous FY revealed: DLG: Planned 2570, Executed 2245 (87%), Number not executed but planned- 325 Mpigi HC IV: Planned 53, Executed 54 (102%), Number executed beyond the plan- 1 Buwama HC III: Planned 207, Executed 207 (100%), All planned and executed Kampiringisa HC III: Planned 99, Executed 57 (58%), Number not executed but planned- 42 The DHIS2 review indicated that all HCs planned and executed more than 48 community outreaches in the previous FY. Although Mpigi HC IV conducted more than 48 outreaches, the number is considered low relative to the catchment area. The primary challenge was low staffing levels coupled with a heavy static workload, leading to repeated postponements of planned outreach activities. DHIS2 shows that from the total sampled HCs' community outreaches, each facility conducted school health outreaches as follows: Mpigi HC IV conducted 4, Buwama HC III conducted 8 and kampiringis HC III conducted 6. At Kampiringisa HC III, the presence of a fixed population due to the Rehabilitation Center limited their executed activities due to a smaller catchment area for Maternal and Child Health (MCH) services. The review of the outreach registers at HCs showed that common activities planned and executed included school health (HPV/Td vaccination), child health (immunization, Vitamin A supplementation, deworming), HIV Counseling and Testing (HCT) integrated with family planning services, and community sensitization. Community outreach reports were compiled into quarterly reports to facilitate the presentation at facility performance review meetings. The reports were dated as follows: Mpigi HC IV: 29th August 2023 (1st Quarter), 12th December 2023 (2nd Quarter), 1st March 2024 (3rd Quarter), and 5th July 2024 (4th Quarter). Buwama HC III has scheduled outreaches on the 29th of September and 22nd of December in 2023, and the 27th of March and 27th of June in 2024 for each respective quarter. Kampiringisa HC III will conduct outreaches on

			the 30th of September and 30th of December in 2023, and the 29th of March and 30th of June in 2024, aligning with the quarterly schedule. Community outreaches are primarily led by midwives, supported by VHTs and IDI staff for HIV-related activities. Health workers have been trained to utilize routine facility data and VHT reports to identify the most vulnerable communities in need of expanded services to enhance health outcomes, particularly in MCH and NCD services. It was strongly emphasized that narrative reports should be compiled for each activity, detailing key issues, strengths/lessons learned, challenges, and actionable recommendations that support community-driven service delivery outcomes.	
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 services: i. Antenatal Care 1st Trimester, score 2 or else 0 ii. Immunization for measles, Rubella, score 2 or else 0 iii. Deliveries at health facilities score 2 or else 0 score 6 if (i) (ii) and (iii) complied with or else 0	This indicator was assessed to measure the increase in attendance of MCH services over the past two Financial Years (FYs). The goal was to analyze DHIS2 data from the previous two FYs and calculate a 2% increase in MCH service attendance. Additionally, the provision of MCH services and the completeness of the register were confirmed by reviewing ANC/EPI/MCH registers at the Health Centers. Findings for 2023/24 and 2022/23: All sampled Health Centers provide comprehensive MCH services. i. ANC 1st Trimester DLG DHIS2: (4,652-4,453)/4,453x100 = 4% Increase Sample Health Centers: Mpigi HC IV: (1,084-1,222)/1,222x100 = -11% Decrease Buwama HC III: (380-442)/442x100 = -14% Decrease Kampiringisa HC III: (97-149)/149x100 = -35% Decrease Despite the DLG achieving a ≥2% increase with 4%, all sampled Health Centers failed to show an increase in ANC 1st Trimester attendance. A reluctance among midwives was observed, and the disconnect between Health Assistants and VHTs did not support an increase in attendance. Community outreach has been focused on child immunization and HPV rather than integrating ANC services. The challenge of inadequate staffing, particularly for MCH, continues to hinder increased attendance, potentially due to burnout leading to reduced efficiency and absenteeism, which demoralizes pregnant	**6**

women.

Screening for pregnancy at OPD for all women of reproductive age with amenorrhea will help increase ANC 1st Trimester attendance.

Integrating ANC 1st Trimester attendance into health education and community awareness activities will be crucial for achieving an increase, with a focus on improving health workers' attitudes through education on Respectful Maternity Care (RMC).

Promoting male involvement in ANC was recommended as one of the most effective methods to increase ANC 1st Trimester attendance for the DLG.

ii. Measles Rubella (MR 1&2)

DLG DHIS2: MR 1&2: (10,972+1,848)-MR 1&2: (10,628+791) =(12,820-11,419)/11,419x100= 12% Increase

Sample Health Centers:

Mpigi HC IV: MR 1&2: (1,455+350)-MR 1&2: (1,157+42) = 1,805-1,199/1,199x100=50.5% Increase

Buwama HC III: MR 1&2: (665+5)-MR 1&2: (564+0) = 670-564/564x100=18.7% Increase

Kampiringisa HC III: MR 1&2: (120+0)- MR 1&2: (122+1) = 120-123/123x100= -2% Decrease

While DLG, Mpigi HC IV, and Buwama HC III saw an increase in Measles Rubella vaccinations, Kampiringisa HC III did not. This was due to its stable population at the Rehabilitation Center, most of whom are older than the typical age for receiving Measles Rubella, and the intervention of family planning methods affecting the conception rate.

The increases at Mpigi HC IV and Buwama HC III are credited to mass campaigns and the execution of planned community outreaches, particularly for Buwama HC III.

Political and community leader engagement has significantly boosted MR 2 uptake at Mpigi HC IV for the fiscal year 2023/24.

Enhanced data entry rigor for all EPI activities has shown a substantial increase at Mpigi HC IV.

The assessor advised the DHO to improve community mobilization strategies for outreaches, emphasizing the importance of child immunization to achieve better service outcomes in EPI programs.

iii. Deliveries

DLG DHIS2: (10,512 - 10,296) / 10,296 x 100 = 15.5%

Sampled Health Centers (HCs):

Mpigi HC IV: (2,816 - 2,702) / 2,702 x 100 = 4%

Buwama HC III: (916 - 918) / 918 x 100 = -0.2%

Kampiringisa HC III: (195 - 249) / 249 x 100 = -21.7%

Deliveries against Total ANC for FY 2023/24:

DLG: 10,512 / 48,841

Mpigi HC IV: 2,816 / 11,436

Buwama HC III: 916 / 5,349

Kampiringisa HC III: 195 / 1,369

Despite the DLG and Mpigi HC IV achieving an increase of ≥2% in deliveries, Buwama and Kampiringisa HC IIIs did not reach the expected increment. Kampiringisa's fixed population impacts its delivery numbers, and Buwama HC III appears to have diminished its efforts in encouraging pregnant women to deliver at the facility.

The challenge of Traditional Birth Attendants (TBAs) continues to influence health facility deliveries within the DLG, and measures to address this issue remain limited due to the community's trust in the guidance of elderly women affecting Adolescent Girls and Young Women (AGYW).

The DLG recognized the issue of TBAs leading to a decrease in facility deliveries and committed to setting and enforcing ambitious targets for health facility deliveries, given the available data on women attending Antenatal Care (ANC).

The assessor recommended focusing on infrastructure development that may impact the privacy of pregnant women, as observed in Mpigi HC IV and Buwama HC III.

The importance of male involvement was highlighted as a factor that could increase the number of health facility deliveries in the DLG.

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	This assessment measured the increase in the uptake of Family Planning services over the past two Financial Years (FYs). The objective was to analyze DHIS2 data from the last two FYs to determine the rise in the total number of short and long-term Family Planning services within the DLG. Findings for FY 2023/24 and 2022/23: DLG: (36392-34030)/34030*100 = 7% Increment Sampled Health Centers (HCs): Mpigi HC IV: (2741-2749)/2749*100 = -0.3% Decrease Buwama HC III: (1707-1998)/1998*100 = -15% Decrease Kampiringisa HC III: (987-572)/572*100 = 71% Increase While the DLG achieved the increment which justified its score. Also, Kampiringisa HC III saw an increment in Family Planning service uptake, Mpigi HC IV and Buwama HC III did not. The increase at Kampiringisa HC III is linked to the service uptake by sexually active teenage girls at the rehabilitation center, which explains the absence of pregnancy threats at the center. The decrease at Mpigi HC IV and Buwama HC III is attributed to a lack of integration and reliance on intermittent Marie Stopes Family Planning camps. Additionally, stockouts reported in the previous FY contributed to the decrease in service uptake. The assessor recommends that, despite stockouts, health education and sensitization on the use of Family Planning services should persist, particularly for sexually active and postpartum Adolescent Girls and Young Women (AGYW), while also emphasizing male involvement in Family Planning by providing information that dispels myths and misconceptions.	**3**

7	Evidence that the LG enrolled at least 95% newly tested HIV positives into HIV chronic care in the previous FY	Review DHIS2 data to establish the percentage of newly tested HIV positives enrolled into HIV chronic care in the previous FY. If the LG enrolled at least 95% newly tested HIV positives into HIV chronic care in the previous FY score 3 or else 0	This assessment evaluated the DLG's enrollment percentage of newly diagnosed HIV-positive clients from the previous Financial Year (FY). The goal was to analyze DHIS2 data from the previous FY to confirm a chronic care enrollment rate of ≥95% for newly diagnosed HIV-positive individuals. Findings for 2023/24: (Enrollment/Total new HIV+)x100 Enrollment: 795 DLG DHIS2: 1300/1301x100 = 99.9% Achieved Sampled Health Centers (HCs): Mpigi HC IV: 220/214x100 = 103% Achieved Buwama HC III: 179/175x100 = 102% Achieved Kampiringisa HC III: 31/33x100 = 94% Not Achieved The DLG, Mpigi HC IV, and Buwama HC III succeeded in achieving the ≥95% enrollment target for new HIV+ patients into chronic care. Kampiringisa HC III, however, did not meet the ≥95% target due to its fixed population size. Support from partners (IDI) is crucial to reach out to the Kampiringisa community, expanding HCT and care services to reduce reliance on other facilities' HIV services and to enhance enrollment at Kampiringisa HC III. The dedication of the Implementing Partner (IDI) and the health workers' attitude have significantly influenced HIV case identification and chronic care enrollment at Mpigi HC IV and Buwama HC III. The DLG was advised to fortify its partnership with IPs and to tackle stigma, myths, and misconceptions surrounding HIV care services, particularly focusing on prevention and retention in care, while also promoting preventive services like PEP and PrEP for everyone.	**3**

Efficiency

8				**2**
	Evidence that the LG has ensured that midwives in all facilities attend to the required number ANC clients	• Review DHIS2 data to establish the total ANC clients • Review the LG Health Workers payroll to establish the number of midwives • Calculate the average. i. If on average each midwife attended to at least 1200 ANC client per year score 3 ii. If on average each midwife attended to at least 800 ANC client per year score 2	This assessment measured the midwife-to-pregnant women ratio using the total Antenatal Care (ANC) attendance from the District Local Government (DLG) for the previous Financial Year (FY). The goal was to determine the midwife ratio for the DLG by cross-referencing the total number of midwives on the payroll with the total ANC figures from the District Health Information Software 2 (DHIS2) for the previous FY. Findings: The DLG payroll lists a total of 45 midwives. A review of DHIS2 for the previous FY reveals a total ANC attendance of 48,841. The ratio of midwives to pregnant women: 48,841/45 equates to 1,085 pregnant women attended by each midwife in the previous FY, highlighting the stark shortage of midwives in the DLG. Sampled Health Centers (HC): Mpigi HC IV: 11,436/13 = 879 Buwama HC III: 5,349/4 = 1,337 Kampiringisa HC III: 1,369/3 = 456 The midwife-to-pregnant women ratio is excessively high at Buwama HC III with a ration of 1,337 pregnant women for a midwife. This leads to leads to staff burnout due to the overwhelming workload, which in turn affects the quality of ANC services and results in a decrease in health facility deliveries, as shown by DHIS2 data. The DLG has been urged to prioritize the recruitment of midwives as soon as possible to reduce burnout, which could lead to occupational health issues, thereby affecting the accessibility, quality, and efficiency of service outcomes.	

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 not more than 3 days on admission score 3 or else 0	This indicator was assessed by the number of days a malaria patient stayed admitted at the IPD. The goal was to confirm the existence and functionality of the IPD by examining the IPD register columns 11 (Date in), 12 (Date out), 13 (Number of days of stay), and 19 (Final status) for completeness, thereby verifying the calculated length of inpatient stay for a malaria patient. Findings: All sampled Health Centers (HCs) possess IPD registers. The review of these registers in columns 11, 12, 13, and 19 provides insights into the length of patient stays and the reasons for their departure from the facility. The calculation of stay lengths is performed in column 13, based on the data from columns 11 and 12 of the IPD register. Review of the IPD register sampling 10 patients from the previous FY registers indicated average Length of stay of 2 days. Observations at HCs indicate that, with the exception of Mpigi HC IV, all other sampled HC IIIs, while having an IPD register, lack a stand-alone IPD. Nevertheless, this does not hinder the provision of IPD services as the facilities use treatment rooms and PNC to care for the critically ill until they are stable enough to continue treatment from home. Patients requiring more critical care are referred to Mpigi HC IV or Nkozi Hospital, which have the necessary space for monitoring. Additionally, the shortage of staff, particularly nurses, impacts the quality of IPD services provided. Mentorship was provided to all staff at OPD and IPD on the importance of filling out the IPD register, especially columns 11, 12, 13, and 19, to reinforce good practices. The District Local Government (DLG) was urged to prioritize Data Quality Assurance (DQA), focusing on the completeness of all register entries. There is an immediate need for infrastructure development in the DLG HC IIIs to create dedicated IPDs, which would help reduce referrals and alleviate congestion at Mpigi HC IV and Nkozi Hospital, where services incur costs. Additionally, the Askars recruited at the HCs should be trained on their responsibilities, such as inspecting patients' luggage upon departure to prevent the theft of mosquito nets from the beds and to assist with discharge procedures.	**3**
Human Resource Management				
10	Evidence that the LG has recruited the critical staff	• From the HRM Unit obtain and	This assessment evaluated the availability of critical staff at the DLG Health Center IV.	**0**

in Health Centre IVs	review staff lists for all facilities. • Verify the staff number and their respective job positions deployed at each of the health facility. • Sample one (1) Health Centre IV/District Hospital to verify deployment of the following critical staff: o At least 3 Medical Officers, o At least 5 theatre staff, o At least 5 clinical Officers o At least 20 Nurses, o At least 6 Lab personnel, o At least 12 midwives, o Health assistant Score 5 or else 0	The objective was to examine the DLG payroll to determine the number of critical staff recruited in accordance with the Ministry of Health (MoH) old staffing norms for HC IV level facilities and to verify the number deployed at the HC IV. Findings: DLG critical staffing levels: - Medical Officers: 4 - Medical Clinical Officers: 27 - Nurses: 43 - Midwives: 45 - Laboratory Technicians: 25 - Theater Staff: 3 - Health Assistants: 13 - Total: 160 critical staff Sampled HCs Cadre: Recruited/Approved Mpigi HC IV: - Medical Officers: 4/2 - Medical Clinical Officers: 6/3 - Nurses: 10/8 - Midwives: 13/4 - Laboratory Technicians: 5/2 - Theater Staff: 3/5 - Health Assistants: 0 1. The DLG has successfully recruited the minimum critical staff for Medical Officers, Medical Clinical Officers, Laboratory and Midwives following the old staffing norm. However, they have not achieved the number of theatre staff and Health Assistants. 2. Despite achievement of some staff numbers, the increased population that translates in high patient turn up has let to heavy workload for the the health workers which is affecting access, quality and efficiency of service outcomes Services affected mostly by waiting time included OPD, ANC, EPI, and deliveries at the facility, as reported by DHIS2. 3. The DLG has enhanced Nkozi Hospital with a Medical Clinical Officer, a Midwife, and two Health Information Assistants to improve the quality of care and service outcomes. Recommendations: 1. The DLG should prioritize the recruitment of nurses and midwives to address the most

critical staff shortages.

2. Critical staff should be mentored on task-shifting and sharing to make the best use of the limited personnel available in the facilities.

3. The DLG HR and Planner should perform staffing needs assessments to increase motivation.

Conclusion:

The DLG, particularly at Mpigi HC IV, continues to face significant staffing shortages due to its large population, impacting service delivery and the quality of care.

Addressing these shortages is vital to enhance healthcare outcomes and protect the health of staff from burnout, as well as to attract and retain talent.

10	Evidence that the LG has recruited the critical staff in Health Centre IVs	• From the HRM Unit obtain and review staff lists for all facilities. • Verify the staff number and their respective job positions deployed at each of the health facility. • Sample two (2) Health Centre IIIs to verify deployment of the following critical staff: • Evidence that the LG has recruited the following critical staff in Health Centre IIIs o At least 2 Clinical Officers, o At least 10 Nurses, o At least 2 Lab personnel, o At least 6 midwives, o Health assistant Score 5 or else 0	This assessment was conducted to evaluate the recruitment of critical staff at Health Centers (HCs) by the District Local Government (DLG), adhering to the Ministry of Health (MoH) staffing norms for HC IIIs. The aim was to review the payroll to establish the number of critical staff recruited and to verify the number deployed at sampled HC IIIs against the MoH's new staffing norms. Findings: The payroll and deployment list review indicates that the DLG has recruited and deployed the critical staff in HCs as per the staff list on the facility notice board and staff files. Sampled HCs Cadre: Recruited/Approved Buwama HC III: - Medical Clinical Officer: 3/2 - Nurses: 3/4 - Midwives: 4/2 - Laboratory: 2/2 - Health Assistant: 1/1 Kampiringisa HC III: - Medical Clinical Officer: 2/2 - Nurses: 2/4 - Midwives: 3/2 - Laboratory: 2/2 - Health Assistant: 1/1 Although the minimum number of Medical Clinical Officers (MCOs), midwives, health Assistants and Laboratory staff has been met at the sampled HC IIIs, number of nurses has nt been met based on the old staffing norm for MoH. the efficiency and quality of care services have not improved due to the insufficient number of nurses and midwives, who are crucial in patient care and monitoring due the increased catchment population. Addressing these shortages is vital to enhance healthcare outcomes, protect the health of staff from burnout, and to draw the population to increase service outcomes.	**0**

11	Evidence that DHO and HR has ensured that all medical staff have valid practicing licenses to meet standards of practice by various regulating bodies to improve quality of service outcomes	• Review staff file to establish whether all the medical staff have valid practicing license form MDPC, AHPC, NMC If the DHO and HR has ensured that all medical staff have valid practicing licenses to meet standards of practice by various regulating bodies to improve quality of service outcomes Score 4 or else 0	This assessment was conducted to verify that staff possess valid practicing licenses from the relevant licensing authorities (UMDPC, UAHPC, and UNM). The goal was to examine the DHO file and verify the presence of a valid practicing license in the individual staff files at the Health Centers (HCs). Findings: The District Local Government (DLG) has 147 staff members who require licenses from the designated licensing bodies, as identified by reviewing the payroll and deployment list. At the DHO level, all critical staff listed on the payroll had valid practicing licenses from the appropriate regulatory bodies. DLG: 147/147 staff had licenses on file at the DHO Sampled Health Centers: Mpigi HC IV: 41/41 Buwama HC III: 13/13 Kampiringisa HC III: 10/10 An examination of the individual staff files at the sampled facilities confirmed that all staff members who require a license had a valid practicing license from the licensing body, along with a current appraisal form, appointment and confirmation letters, posting instructions, and other pertinent documents. Through collaboration between the DHO and facility in-charges, they managed to secure 100% licensing for all licensable staff within the DLG.	**4**

12	Evidence that the LG ensures that all HCs conduct at least 7 CMEs in the previous FY, HC IVs are certified as CPD centers, and provide at least 4 CPDs to HC IIIs in the previous FY.	From the sampled facilities obtain the CME schedule Obtain and review the CME reports to establish topics discussed and attendance by critical staff. Obtain and review the CME/CPD reports to establish whether i. All HC IVs and District Hospitals were certified as CME/CPD centers in the previous FY ii. All HC IVs and District Hospitals submitted the report to the Medical Council in the previous FY iii. HC IVs and District Hospitals provided at least 7 CME/CPDs to each of the HC IIIs under their jurisdiction Verify if All HCs conduct at least 7 CMEs in the previous FY score 2 or else 0	The assessment focused on whether Health Centers (HCs) had a current Continuing Medical Education (CME) schedule and at least seven CME reports from the previous fiscal year (FY). The goal was to verify the existence of a current CME schedule and to examine CME reports from the previous FY to assess the quality of CME outcomes. Findings: Mpigi HC IV planned 18 CMEs in the previous FY and managed to conduct 9. Buwama HC III scheduled 12 CMEs and held 9 in the previous FY, while Kampiringisa HC III scheduled 12 and conducted 8. Although all HCs documented the conducted CMEs, they only provided handwritten reports with topics and study content. This lack of detailed reporting was noted as an impediment to improvement, as it prevents the generation of challenges and recommendations for addressing service outcome gaps. The primary topics addressed included Infection Prevention and Control (IPC), Postpartum Hemorrhage (PPH), Anemia, malaria prevention, nutrition assessment, newborn resuscitation in maternity CMEs, PrEP uptake, non-suppression, viral load, referral of critically ill patients, and Gender-Based Violence (GBV). All evaluated HCs received guidance on writing narrative CME reports that outline the main issues discussed, lessons and strengths, identified gaps, and recommendations to influence the service outcome improvement plan. Health facility staff were encouraged to devise CME schedules following performance review meetings to continually address underperforming indicators from the previous quarter, aiming to achieve quality service outcomes.	**2**

12	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	This assessment was conducted to evaluate the certification of the highest-level Health Center (HC) in the District Local Government (DLG) for conducting Continuous Professional Development (CPD) sessions for lower-level facilities. The goal was to verify the existence of a CPD certificate for the top-tier public HC within the DLG. Findings: The premier facility in the DLG is a Health Center IV located in Mpigi. Neither the District Health Officer (DHO) nor the administration of Mpigi HC IV have attempted to apply for a CPD certificate. The main obstacle was a lack of understanding regarding the application process and the certifying authority. The assessor detailed the application process to the Uganda Medical and Dental Practitioners Council (UMDPC). Requirements: 1. Possess two valid practicing licenses for medical officers employed by the DLG. 2. Include any prior CPD training reports. 3. Submit an application letter to the UMDPC. Additionally, the assessor urged the DLG to facilitate CPDs, which will be referenced during the application.	**0**

12	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	This indicator evaluated whether the DLG had conducted CPDs at lower-level facilities in the previous fiscal year. The goal was to verify the existence of CPD reports at the DHO and Mpigi HC IV. Findings: As the DLG and HC IV have not attempted to obtain a CPD certificate, they have not carried out CPDs for lower-level facilities. The Assessor advised the DHO to assist Mpigi HC IV in conducting CPDs for lower-level facilities, which will aid in applying for the CPD certificate.	**0**

Management and functionality of amenities

13	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 was conducted to evaluate the availability of Infection Prevention and Control (IPC) amenities and practices within the Health Centers (HCs). The objective was to monitor and verify the existence of IPC amenities and practices at different service points within the HCs. Findings: - Each HC has appointed IPC focal persons and a committee, headed by laboratory in-charges. - Every HC has developed an IPC Continuous Quality Improvement (CQI) plan, with support from the implementing partner, IDI. (i) Availability of handwashing facilities with soap or alcohol-based sanitizer at all workstations: - All the HCs assessed had functional amenities, including water and liquid soap for mobile units, and bottled soap for sink areas in Mpigi HC IV labor suite and theater. - Observed service points with mobile handwashing facilities in all HCs included the compound, toilets/latrines, emergency laboratory, and labor/delivery areas. Notably, Mpigi HC IV featured several taps throughout the compound for patient use. - None of the HCs in the sample reported issues with water supply, except for high water bills and limited Primary Health Care (PHC) funds due to patient misuse. - Furthermore, all HCs provided alcohol-based sanitizer in clinical rooms, at the main entrance, triage points, Antenatal Care (ANC), Antiretroviral Therapy (ART) clinics, Young Child Clinics (YCC), records rooms, and with the gatekeeper.	**2**

13	Evidence that health facilities in the LG have functional infection prevention and control amenities.	• Sample one (1) Health Centre IV/District Hospital (where they exist); and two (2) Health Centre IIIs • Observe existence of the listed necessary infection prevention and control facilities and supplies • In case the LG has no health facilities award score. Verify if the health facilities in the LG have the following functional infection prevention and control amenities score 2 or else 0	(ii) Sterilizer Equipment Findings All the sampled Health Centers (HCs) possess electric sterilizer equipment in the labor suite, laundry room, and main theatre at Mpigi HC IV. However, Buwama and Kampiringisa HC IIIs are equipped with fire sterilizers, which are used during power outages and to reduce the electricity bills of the facility. The sterilizer equipment at all HC IIIs is utilized by all other service units requiring sterile items, with the exception of theatre and Voluntary Male Circumcision (VMC) services. IPC focal persons are encouraged to assist in educating both OPD and IPD staff about the importance of using sterilized equipment for any procedure to prevent cross-infections and enhance the outcomes of procedures.	**2**
13	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	(iii) Waste management and disposal facilities at all workstations include: a. Color-coded waste bins, biohazard bags, and safety boxes All the health centers (HCs) assessed have the necessary color-coded bins with liners (black, yellow, red, and brown) for small bins at various service points such as the compound, triage, laboratory, antenatal care (ANC), youth corner (YCC), dispensing area, labor and delivery, postnatal care (PNC), and ART clinic. Brown bins are placed at points generating glass waste, like the injection/treatment room, inpatient department (IPD), labor/delivery, and theater. Safety boxes constructed from sturdy cardboard are present at all points generating sharps within the HCs, for instance, in the injection, treatment/emergency, laboratory, ANC, YCC, main theater (Mpigi HC IV), and all wards (general at HC IIIs and male/female at Mpigi HC IV). b. Sorting waste according to color code All waste disposal points with color-coded bins have standard operating procedures (SOPs) for segregating waste according to color codes. This practice is observed to promote proper waste management by type and reduce cross-infection risks. Health workers were advised to display the waste management SOPs at eye level to help users easily read and follow the instructions.	**2**

and safety boxes

b. Sorting waste according to color code

c. Placenta pit score 2 or else 0

Additionally, larger waste bins are placed on the compound and outside the wards for patient use in managing their waste.

Shortages of color-coded biohazard bags can compromise the quality of waste disposal management by porters and may result in bins remaining contaminated without regular cleaning.

A significant challenge in waste management is the patients' lack of knowledge about waste segregation for compound bins across all facilities, as well as the disposal of generated waste, considering environmental health guidelines prohibit open burning.

Health workers and porters were reminded to educate patients/clients on the correct use of waste bins to maintain hygiene and prevent cross-infections.

c. Placenta pit.

All the sampled Health Centers (HCs) featured well-constructed placenta pits located within the premises of the facility.

They were securely locked with padlocks. However, the placenta pits at Buwama and Kampiringisa HC IIIs were situated in bushy areas, potentially increasing the risk of snake bites for users.

The interior of all placenta pits was made of soil to aid decomposition and prevent rapid filling. Midwives received training on the correct usage, specifically to avoid disposing of plastic or other non-biodegradable materials into the pits, which could lead to faster filling.

Additionally, facility in-charges were instructed to cement a perimeter of at least 5 feet around the placenta pits to prevent grass growth.

13	Evidence that health facilities in the LG have functional infection prevention and control amenities.	• Sample one (1) Health Centre IV/District Hospital (where they exist); and two (2) Health Centre IIIs • Observe existence of the listed necessary infection prevention and control facilities and supplies • In case the LG has no health facilities award score. Verify if the health facilities in the LG have the following functional infection prevention and control amenities Clean human waste disposal facilities for patients and staff segregated between male and female with hand washing facility with water and soap score 2 or else 0	(iv). Facilities for the disposal of human waste that are clean and segregated for patients and staff, differentiated by gender, with handwashing stations equipped with water and soap are essential. Upon inspection, it was noted that all surveyed Health Centers primarily use pit latrines, with the exception of Mpigi HC IV, which has both types. These facilities are accessible to all patients, clients, and staff, with separation for males and females provided by a dividing wall. Toilets designated for staff use were marked (STAFF) and secured with a padlock to restrict access by patients and clients. However, at Buwama and Kampiringisa HC IIIs, there is only one latrine with five stances, innovatively designated with two stances for staff of each gender. At every Health Center, the latrine facilities included a functional and accessible handwashing station with soap dissolved in the water to prevent misuse and removal by patients and clients. The latrine and toilet facilities, particularly at Mpigi HC IV, were maintained clean and in hygienic condition, credited to the hiring and supervision of porters by the facility managers. The primary concern was the limited and outdated latrine facilities at Kampiringisa HC III, which could present a risk to users. During the feedback session, the assessor advised the Chief Administrative Officer to give priority to the development of latrine infrastructure at all HC IIIs and to promote proper use through the porters who have been appointed.	**2**

13	Evidence that health facilities in the LG have functional infection prevention and control amenities.	• Sample one (1) Health Centre IV/District Hospital (where they exist); and two (2) Health Centre IIIs • Observe existence of the listed necessary infection prevention and control facilities and supplies • In case the LG has no health facilities award score. Verify if the health facilities in the LG have the following functional infection prevention and control amenities Safe water source score 2 or else 0	(v). Safe Water Source All sampled Health Centers (HCs) are equipped with piped water sources and plastic tanks for rainwater harvesting. However, the guidelines for Emergency Obstetric and Neonatal Care (EmNOC) recommend against using harvested tank water for maternity purposes, as it is not considered safe due to its non-free-flowing nature. Challenges have been reported regarding the misuse of water by patients, leading to rapid depletion of supplies. Health workers have been advised to educate patients and clients on the proper use of water and to instruct facility porters to guide them in the correct usage of the facility's water resources. Furthermore, the treatment of harvested tank water for maternity use is recommended to ensure high-quality, infection-free deliveries, particularly to prevent postpartum and neonatal sepsis originating from the labor suite.	**2**
14	Evidence that the health facilities have visible sign posts listing all available services in local language offered free of charge Evidence that the health facilities compound and service units have clear signs for directions in local language	Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs • Observe existence of the signposts and labels • Obtain list of services offered from in-charge and compare with those on the sign-posts. Verify if the health facilities have visible sign posts listing all available services in local language offered free of charge score 2 or else 0	The assessment focused on the presence of a signpost at the facility's main gate. The goal was to check for a list of services, provided free of charge 24/7, displayed in the common local language (Luganda) on the signpost at the facility's main entrance. Findings: All Health Centers (HCs) have a visible and legible signpost at the main gate. The lists of services are written in both English and Luganda, the prevalent local language. Each signpost includes a disclaimer stating, "ALL SERVICES OFFERED FREE 24/7." Upon inquiry, it was found that not only the facility in-charges but also other staff members, including the Village Health Teams (VHTs), are aware of the service list. All HC in-charges were advised to ensure that all access roads leading to the facility are marked with signs that clearly state the disclaimer and the list of all services offered free of charge 24/7, to improve accessibility.	**2**

14	Evidence that the health facilities have visible sign posts listing all available services in local language offered free of charge Evidence that the health facilities compound and service units have clear signs for directions in local language	Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs • Observe existence of the signposts and labels • Obtain list of services offered from in-charge and compare with those on the sign-posts. Verify if the health facilities compound and service units have clear signs for directions in local language score 2 or else 0	This assessment focused on the availability of signage within the facility compound and labels at service units to guide patients/clients to various service departments and units. The aim was to check for signposts within the facility compound that direct individuals to different service departments, as well as labels on the service units in the common local language. Findings: In the health centers' compounds, signposts are clearly visible, providing directions to the various service departments in Luganda, the common local language. Within the departments, door labels indicate the names of service units such as reception/triage, examination room, laboratory, Antenatal care (ANC), labor suite, Young Child Clinic (YCC), family planning, dispensing area, toilets, and the theater at Mpigi Health Center IV. Observations indicate that all latrine facilities are marked with signage for male/female and staff in both English and Luganda, facilitating easy access for patients/clients. At Mpigi Health Center IV, there is a label indicating an emergency assembly point. Additionally, all facilities have designated areas labeled for coughing, intended for those providing sputum samples for suspected tuberculosis (TB).	**2**

Management of Financial Resources

15	Evidence that the LG has supported all health facilities to: 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.	From the LG Health Officer, obtain and • Review bottleneck analysis report. • Review annual work plan HMIS 001 • Review annual budget report HMIS 020 • Narrative Activity Report Verify if the LG supported all health facilities to i. Make a bottleneck analysis; ii. Design work plans to address the bottlenecks	This assessment evaluated the existence and quality of the annual work plan for all District Local Government Health Centers (DLG HCs). The aim was to confirm the presence of the Health Center (HC) work plan, which includes bottleneck analysis, budget allocation for addressing bottlenecks, and activity reports detailing conducted activities. Findings: At the District Health Office (DHO), all DLG HCs possess up-to-date work plans for the fiscal year 2024/25, prepared by facility in-charges and endorsed by the Health Unit Management Committee (HUMC) chairperson, DHO, and Chief Administrative Officers (CAO) as of 27th March 2023. Upon examination, the work plans encompass facility background, catchment population, targets for indicators, human resource coverage, infrastructure, situation analysis, SWOT analysis, bottleneck analysis, and budgets to mitigate the bottlenecks. At the inspected HCs, a copy of the annual work plan was submitted to the DHO.	**5**

		iii. Allocate 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 mitigating the identified bottlenecks and improving health outcomes If (i) and (iv) complied with score 5 or else 0	i. Facility in-charges received the work plan template with minimal guidance. They have conducted bottleneck analyses using DHIS2 data to pinpoint poorly performing indicators. These analyses have been utilized to examine immediate, underlying, and root causes, potential solutions, planned activities to tackle the bottlenecks, and verification methods. Nevertheless, a knowledge gap persists in crafting bottleneck analyses based on performance indicators, leading to frequent alterations of the work plan, potentially impacting service outcomes. ii. Work plans for all bottlenecks are devised from the identified potential solutions and activities aimed at addressing the bottlenecks. However, there is a lack of expertise in devising viable and substantial solutions to bridge the gaps for underperforming indicators, partly because activity reports from the previous fiscal year do not offer solid, proven recommendations for the challenges faced. iii. The budget allocation for HR addresses bottlenecks and common activities, which are funded from the identified solutions and activities. These include community outreaches, CMEs, stationery, SDA, performance reviews, HUMC meetings, community dialogue meetings, facility-based performance reviews, and staff meetings, among others. Mpigi HC IV also allocates funds for the support supervision of lower-level facilities to enhance quality, particularly in Maternal Child Health (MCH) services, Infection Prevention and Control (IPC), and Continuous Quality Improvement (CQI). iv. All health facilities have produced activity reports detailing implemented activities such as VHTs, community outreaches, school health programs, community dialogues, CMEs, MPDSR, HUMC minutes, performance reviews, and HMIS activities, all of which are included in the work plan. However, the quality of these reports may not effectively track service improvement due to a lack of community issues, lessons learned, challenges, and recommendations, focusing instead on service provider-centric challenges and recommendations. Consequently, the DHO has been advised to seek assistance from the Ministry of Health in providing mentorship to all facility In-charges on creating quality, informative, and actionable annual work plans to achieve service outcomes.	
16	Evidence that the DHO makes a bottleneck analysis, design work plans to address bottleck, allocate funds, and produce reports to improve health outcomes.	• Review annual work plan HMIS 001 • Review annual budget report HMIS 020	This assessment focused on the presence and quality of the District Health Office (DHO) annual work plan. The aim was to confirm the existence of the DHO annual work plan, complete with bottleneck analysis, budget allocations for	**5**

• Narrative Activity Report	addressing bottlenecks, and activity reports detailing conducted activities.
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	Findings: The current work plan for FY 2024/25 at the DHO was developed by the Local Government Health Team (LGHT) and received approval from the District Secretary for Health and CAO on March 28, 2023. Upon review, the work plan includes the DLG background, catchment population, number and names of all health facilities (both public and registered private), district health staffing levels, infrastructure, and targets for district indicators, as well as situation analysis, SWOT, bottleneck analysis, and work plans and budgets to address bottlenecks. i. The bottleneck analysis, created using DHIS2 data, identifies poorly performing DLG health indicators. It outlines immediate, underlying, and root causes, along with potential solutions and activities to tackle the bottlenecks. However, there is a persistent knowledge gap in crafting bottleneck analysis using the full range of MLG performance indicators, impacting the quality of supervision and the prioritization of service delivery objectives. ii. Work plans for all identified bottlenecks are derived from the potential solutions and activities aimed at addressing them. Nevertheless, there is a lack of knowledge in devising feasible and substantial solutions to fill the gaps indicated by poorly performing indicators, partly because activity reports from the previous fiscal year do not offer solid and proven recommendations for these challenges. iii. Budget allocations for bottlenecks have been made, and the common activities budgeted for LGHT arising from these bottlenecks include solutions and activities such as LGHT support supervision and mentorships, MPDSR, DQA, stationery, SDA, fuel, performance reviews, LGHT performance review meetings, infrastructure development, vehicle repairs, community engagement, etc. However, the DHO indicates that most of the PHC NWR grants are allocated to facilities, leaving the DHO with limited funds to reach and support all DLG public and private facilities and other engagements for Maternal Child Health (MCH), Environment, Health Education, HMIS, and out-of-district activities. iv. LGHT has generated and submitted activity reports to the DHO and CAO for all the previous fiscal year quarters by the 25th of September 2023, the 22nd of December 2023, the 14th of February 2024, and the 8th of July 2024. These reports detail activities implemented, such as support supervision and mentorship, community dialogues, MPDSR, performance review meeting minutes, HMIS, infrastructure development, and payment vouchers.

			Facility In-charges are invited to the DLG on a quarterly basis to discuss indicators in the performance review meeting, which helps track the implementation of the work plan and service outcome improvements.	
Environment, Social, Health and Safety				
17	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 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 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	Sample 3 health facilities to ascertain that protection measures are in place 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	The indicator evaluated the presence of measures and the training provided to stakeholders regarding violence, abuse, and discrimination. The objective was to confirm the execution of these measures and the training of stakeholders on these issues. Findings: The Rewards and Sanctions Committee of the District Local Government (DLG), led by the District Planner, oversees violence, abuse, and discrimination matters. The District Technical Planning Committee (TPC), through the Rewards and Sanction Committee, has established protocols concerning violence, abuse, and discrimination within the DLG. These protocols include adjudicating discrimination cases and, upon finding guilt, imposing penalties such as writing letters of apology, issuing warnings, or mandating refunds in instances of monetary extortion.	**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 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 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	Sample 3 health facilities to ascertain that protection measures are in place LG conducted training and sensitization on the protection measures Verify that the LG has trained, sensitized patients, workers, medical staff and communities on measures to eliminate any form of violence/abuse and discrimination at health facilities score 2 or else 0	**2**	This assessment evaluated the District Local Government's (DLG) efforts in training and sensitizing patients, workers, medical staff, and communities on eliminating violence, abuse, and discrimination in health facilities. The objective was to confirm the presence of DLG-led training or sensitization initiatives aimed at eradicating such negative behaviors at these facilities. Findings: The DLG, with support from the Infectious Diseases Institute (IDI), conducted training for healthcare workers on handling violence, abuse, and discrimination in July 2024 at the Maria Flo Hotel in Masaka. The training focused on Gender-Based Violence (GBV) prevention and response, including providing first-line support using the LIVES Approach for survivors of GBV, such as physical, sexual, and psychological violence. An examination of the Continuing Medical Education (CME) schedule and reports revealed that the health facility has incorporated information on violence, abuse, and discrimination. Records show community sensitization efforts during dialogues on the 21st of December 2023 and the 28th of June 2024, led by the District Community Development Officer (DCDO) and Health Educator. Health education schedules for patients and clients at facilities now include information on preventing and responding to violence, emphasizing the detection and reporting of such incidents to health facilities and police, especially for clients in HIV chronic care. However, despite these measures, incidents of violence by patients or administrators against staff remain underreported due to fears of being targeted and facing increased discrimination by service providers or administrators. DLG authorities have been urged to prioritize addressing violence, abuse, and discrimination to achieve significant service outcomes.

17	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 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 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	Sample 3 health facilities to ascertain that protection measures are in place LG Health Office and Community Development Office have trained the HUMC on stakeholder engagement and grievance management 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	The assessment focused on the availability of the HUMC training report on stakeholder engagement and grievance management according to MoGLSD guidelines. The aim was to evaluate the training report at the DCDO office to confirm the inclusion of stakeholder engagement and grievance management training for HUMC members. Findings: The record review revealed that HUMC members received training on their roles, including stakeholder engagement and grievance management, from January 16th to 17th, 2024, at the District Council Hall. The trainers included the DCDO, DHO, CFO, and Health Educator. The training covered: - Overview - HUMC roles and responsibilities - Governance structure and decision-making process - Financial management and budgeting - Quality improvement and patient safety - Community engagement and participation - Grievance management and rewards Issues highlighted by HUMC during the training encompassed administrative and political interference in grievance handling related to certain health staff, transparency of PHC funds, and insufficient supplies for health facilities. The HUMCs were tasked with leading the grievance committees at health facilities. Evidence of meeting minutes at health facilities, typically conducted during the facility's quarterly HUMC meetings, was found. Reports included grievances addressed at Mpigi HC IV, where a patient accused a health worker of extorting 10,000/= without providing services on May 29th, 2024. Another grievance involved ST. John Primary School Kiringente against an Epi Center Kiringente HC II health worker for extorting 50,000/= to treat a severely ill pupil on March 28th, 2024. The assessor recommended that the DLG intensify efforts to foster the grievance committees' guided autonomy to make judgments and decisions that enhance service outcomes and encourage anyone to report grievances. Additionally, the protection of professional ethical conduct should be upheld.	**2**
Oversight and support supervision				
18	Evidence that HUMCs approved work plans and	From the LG Health Officer,	This assessment was conducted to evaluate the HUMC's approval of facility work plans, LGHT's	**6**

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.	obtain and • Obtain and review HUMC minutes to establish that they approved work plans and budgets • Obtain and review LGHT supervision and mentorship reports • Obtain and review LGHT Minutes Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs Verify if there is evidence that: i. That HUMCs approved work plans and budgets in all facilities ii. That LGHT supervised and mentored all facilities in relation to Data Quality Assurance (DQA) iii. That LGHT supervised and mentored all facilities in relation to Expanded Program of Immunization (EPI) iv. That the LGHT discussed supervision findings and followed-up on the recommendations made. If (i) to (iv) complied with score 6 or else 0	supervisions on DQA and EPI for Health Centers (HCs), and LGHT's discussion of supervision findings and recommendations. The objective was to review the HCs' work plans to ensure HUMC approval, tally the number of DQA and EPI supervisions from the Ministry of Health's support supervision and mentorship book, and examine supervision reports at the District Health Office (DHO) to confirm the discussion of findings and the follow-up on recommendations. Findings: i. HUMCs have approved work plans and budgets for all facilities. Upon reviewing the annual work plans of HCs at the DHO, it is evident that the HUMC has granted its approval. Additionally, the DHO and Chief Administrative Officer (CAO) have provided their endorsements. The approval dates for the current annual work plan by the HUMC for various HCs ranged from the 24th to the 26th of March 2024, preceding the approvals by the DHO and CAO. Displayed on the noticeboards of the sampled HCs, all Primary Health Care (PHC) breakdown reports bear the signature of the HUMC chairperson, reflecting a commitment to transparency and accountability. ii. The sampled HCs, upon examination of the Ministry of Health's support supervision and mentorship book, reveal that the facilities underwent Data Quality Assurance (DQA) supervision on the following dates: Mpigi HC IV: 10 Buwama HC III: 10 Kampiringisa HC III: 5 The District Biostatistician and Health Management Information System (HMIS) focal person are tasked with providing DQA support supervisions and mentorship to all HCs. An analysis of the Ministry of Health's support supervision records indicates that multiple partners, including the Ministry itself, METS, and IDI, contribute to DQA. Nonetheless, the primary HMIS registers' incompleteness continues to compromise data quality, necessitating ongoing mentorship and stringent enforcement across all HCs. iii. LGHT has supervised and mentored all facilities concerning the Expanded Program of Immunization (EPI). Mpigi HC IV: 7 Buwama HC III: 4 Kampiringisa HC III: 4 The district cold chain and ADHO-MCH oversee the quality of EPI services, with additional

support supervision from MoH.

However, health workers continue to rely on tally sheets for EPI data, which are not recommended for routine immunization accountability as they hinder the follow-up of children for subsequent vaccine doses.

Health workers have been urged to manage the workload and complete the EPI registers with full details of each child to enable tracking, similar to the HVP in schools.

iii. LGHT has discussed supervision findings and followed up on the recommendations.

Reports dated 25th September 2023, 22nd December 2023, 14th February 2024, and 8th July 2024 at the DHO serve as evidence of the quarterly support supervisions conducted for all HCs in the DLG.

These supervisions encompass all public HCs and any Private Not For Profit (PNFP) and Private For Profit (PFP) facilities registered in the DHIS2 reporting system.

The supervision reports initially address the implementation of prior recommendations before presenting current findings and suggestions.

As a means of discussing supervision outcomes and recommendations, LGHT conducts quarterly performance reviews involving the In-charges of all public HCs and any PNFP and PFP facilities registered in the DHIS2 reporting system.

Facility In-charges also take this opportunity to present their facility-based performance reviews and discuss the implementation of their work plan activities.

20	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.	The assessment focused on the presence, completeness, and timely approval of the HMIS 105 & 108 monthly summaries. The objective was to review the HMIS 105 & 108 monthly summaries for the previous fiscal year to ensure they were complete and submitted to the DHO Biostat by the 14th day of the following month. Findings: The review at the DHO Biostat revealed that all Health Centers (HCs) submitted the HMIS 105 & 108 monthly summaries on time for review and approval, between the 4th and 7th of the following month, before entry into DHIS2. All facility HMIS reports were signed by the facility in-charges and approved by the Biostat. At the sampled HCs, there were copies of the approved HMIS 105 & 108 reports. All Records Assistants at the sampled HCs had access to DHIS and could directly enter their HMIS data at their respective HCs. The main challenge reported was the delay by the DHO Biostat in approving the HMIS monthly summary reports. The assessor advised the facility Records Assistants to enter data only after it had been approved by the DHO Biostat.	**4**

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	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 carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually score 2 or else 0	Reviewed the BPR and identified Nakirebe RGC piped water Phase I the only new water source implemented in FY 2023/24. Routine water quality analysis tests were carried out (bacteriological and physical) on 177 existing water facilities (indicated in the BPR of FY2023/24). There are 2 water quality analysis reports dated; 22 December 2023 and 17 June 2024. The MIS gave 765 as the number of existing water facilities with 177 tests done, representing 23%. Specific to deep bore holes, 41 bore holes were tested out of 80 functional bore holes, which is 51%. Therefore the LG achieved the required number of water quality tests in FY 2023/24. Achieved 23%of the existing water facilities above the required 20%. Therefore scores 2.	**2**

1			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: • Obtain and review the BPR to identify the new water sources implemented in the previous FY. • Obtain and review the water quality analysis reports of the existing and new water facilities Verify if the water officer conducted 100% quality analysis for new water sources in previous FY score 2 or else 0	The new water source identified from the BPR of FY 2023/24 Nakirebe RGC piped water Phase I Water quality analysis reports of the existing and new water facilities were reviewed and Nakirebe RGC piped water Phase I was among. Water quality analysis was conducted for the only piped water facility, in its Phase 1 in FY2023/24 (100%) prior to connection evidenced by water quality testing report dated 21 December 2023. Therefore, the only new water facility carried out a water quality test with satisfactory results prior to connection. Scores 2	

1	a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually. b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities 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	The only new water source identified from the BPR of FY 2023/24 was Nakirebe RGC piped water Phase I Household sanitation survey was conducted, the outcome of which is contained in a report dated 27/2/2024 indicating that 68% households had latrines and only 37% practiced hand washing. Refuse collection was identified as a challenge with a recommendation for the communities to establish refuse collection centers as the LG plans for the final disposal modalities. Therefore, the household sanitation survey was conducted before connection to the new piped water facility. Score is 2	**2**

1			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.	In a letter dated 4 January 2024 (RE: Quarterly Water Quality Testing Results), the CAO communicated to all the six sub counties about the outcome of the water quality tests and advising them on the actions to be taken. The feedback out of the sanitary household survey contained findings and recommendations were communicated through community sensitization meetings such as one held on 17 January 2024 at Nakirebe RGC in a report to CAO dated 20 February 2024 authored by Nyombi Joseph Joel, the ADWO-SAN Impigi. Interviews with WSCs confirmed feedback on water quality tests and the Chairperson, Water Committee for Nakirebe RGC piped water Phase I confirmed receiving feedback on water quality, quantity and household sanitary survey from the DWO. Score is 2.

1	a) Evidence that the water officer carried out routine water quality analysis (bacteriological and physical) for at least 20% of existing water facilities annually. b) Evidence that the water officer conducted 100% quality analysis for new water sources in previous FY c) Evidence that the LG conducted household sanitation surveys before connection to the new piped water facilities in the previous FY d) Evidence that the Water Office provided feedback with action points for improvement to communities, WSCs, water Boards, and LLGs on the results from water quality analysis for existing water facilities and household sanitary surveys for the new water facilities e) Evidence that the water office followed up implementation of recommended remedial actions	From the DWO: Check for follow up reports on implementation of recommended remedial action Verify that the water office followed up implementation of recommended remedial actions score 2 or else 0	There was no evidence in the content of monitoring reports and anywhere else that there was follow up on implementation of remedial actions from water quality analysis reports and household sanitary surveys. Score is 0	**0**

Access

2	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 Mpigi DLG is at 82% (MWE MIS) which is above 70%. Therefore the score is 5	**5**

3	a) Evidence that the DWO has prioritized at least 70% of the budget allocations for the current FY to LLGs that are underserved (based on the average district water coverage) score 2 or else 0. b) If at least 70% of budgeted water projects were implemented in sub-counties with safe water coverage below the district average in the previous Financial Year	From MoWE MIS and the DWO obtain and review the district safe water coverage data, (disaggregated by LLG); the AWP and budget for the current FY and reports to determine whether DWO allocated funds to LLGs that are underserved Verify if the DWO has prioritized at least 70% of the budget allocations for the current FY to LLGs that are underserved (based on the average district water coverage) score 2 or else 0.	Currently the district has six sub counties: Mudduma- access is at 95%, Kiringante-access is at 95%, Kammengo-access is at 95%, Buwama- access is at 62%, Nkozi-access is at 73% and Kituntu..-access ia at 95%. District coverage is at 82% (source MWE MIS). Therefore, two sub counties Buwama and Nkozi are underserved based on the average district safe water coverage of 82%-MIS MWE. The allocation of the LG budget to water projects for FY 2024/25 per sub county is as follows: Mudduma Amount: 0 at 0% Kiringente Amount: 518,099,564 at 94.5% Kammengo Amount: 0 at 0% Buwama Amount: 0 at 0% Nkozi Amount: 30,000,000 at 5.5% Kituntu Amount: 0 at 0% The least served two sub counties of Nkozi and Kituntu have 5.5% worth of water projects in the current FY. Therefore, the DWO did not prioritize these two underserved sub counties in the current FY. Score is 0.	**0**
3	a) Evidence that the DWO has prioritized at least 70% of the budget allocations for the current FY to LLGs that are underserved (based on the average district water coverage) score 2 or else 0. b) If at least 70% of budgeted water projects were implemented in sub-counties with safe water coverage below the district average in the previous Financial Year	From MoWE MIS and the DWO obtain and review the district safe water coverage data, (disaggregated by LLG) From the BPR of the previous FY ascertain whether the budgeted water projects were implemented. Verify If at least 70% of budgeted water projects were implemented in sub-counties with safe water coverage below the district average in the previous Financial Year score 3 or else 0.	Four sub counties are rated above the average district safe water coverage of 82% and two are below the district average Nkozi and Buwama. The allocation of projects in FY 2023/24 per sub county is as follows: Mudduma Amount: 0 at 0% Kiringente Amount: 500,038,093 at 82% Kammengo Amount: 46,620,410 at 12% Buwama Amount: 0 at 0% Nkozi Amount: 0 at 0% Kituntu Amount: 0 at 0% In the previous FY there were two projects in the BPR and these were implemented. These are, Nakirebe Phase I Piped water supply and Design of Kamengo water supply. Therfore, no water projects in FY 2023/24 were implemented in Nkozi and Buwama the sub counties with water access below the district average. Score is 0	**0**

4	Evidence that the LG has ensured that existing rural water facilities are functional.	From the Ministry MIS for the current FY: • Obtain and check data on functionality of water facilities • Sample 5 facilities to determine functionality of water facilities. • If above 90% score 5 • Between 70% -89% score 2 or else 0	Functionality of water facilities stands at 79% source MIS All the 4 water facilities sampled from three sub counties were functioning as follows: 1. Buweja deep bore hole in, Buwama sub county FY 2022/23 2. Lubembe deep well bore hole in Buwama Sub County. FY 2021/22 3. Namutamala deep borehole in Kiringante Sub county FY 2016/17 4. Bugeye deep bore hole in Nkozi Sub County FY 2018/19 5. While Nakirebe, Rural growth Center piped water facility Phase 1 got completed. Scope: Pump house, Eco-san latrine, laid transmission pipe of 3.5 km, constructed two reservoir tanks each of 100 m3 capacity in FY 2023/24, in Kiringante Sub County Functionality is at 79% therefore the Score is 2.	**2**

5	Evidence that the LG has ensured that 80% water facilities have functional water & sanitation oversight committees	From the Ministry MIS for the current FY: • Check data on functionality of water & sanitation committees • From the sampled water facilities interview the caretaker and members of the user committees to determine whether the oversight committees are functional (e.g. collect O&M funds regularly with good record keeping, undertake minor repairs and maintaining adequate sanitation around the water source and receive and respond to the grievances. Score 5 or else 0	From MIS data, 601 WSCs are established out of which 589 (98%) are functional. Interviewed chairpersons and members of the water and sanitation committees at the 4 sampled deep borehole water sources and established that the WSCs were operational. Collection of funds for O&M is being implemented by charging between Shs. 1,000 to Shs. 2,000 per homestead every month. None of the 4 WSCs had opened an account on which to deposit the money. Since the Nakirebe Rural Growth Center piped water is still in the last Phase II, the water committee (under management of Umbrella) has 9 members who are yet to set the charges for water usage by the about 4000 beneficiary households. The scheme will serve three villages: Nakirembe, Nantwala and Kataba. Each of the WSCs interviewed had a book where they keep their records mainly concerning payments. The WSC on average had met 2 to 3 times since the beginning of this year, 2024. Three out of the four WSCs sampled took minutes and recorded attendance. Notably attendance at Buwejja was highest for the three meetings held on 17 November 2023 meeting where 32 community members attended, 10 April 2024 meeting - 25 community members attended and on 5 October 2024 meeting - 20 community members attended. They clean and maintain adequate sanitation around the water sources and set bye laws. The WSCs at the 4 existing deep bore holes are operational and the Nakirebe piped water Phase II (distribution planned for the current FY) is ongoing with a Water Committee already in place. Central Umbrella group is executing the works under force account. Score is 5	**5**

Efficiency

6			**5**
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	Drilling/Survey reports for the four sampled deep boreholes were reviewed and ascertained their yields: Namutamala-1.5 m3/h, Lubembe-2m3/h, Bugeye-1.6m3/h and Buweja-1.5m3/h. The yield in the field was determined practically by timing water collected in either a 20 liter jerrycan or a 10 liter jerrycan then computing the volume in cubic meters per hour. The water yield for the 4 sampled boreholes were as follows: Namutamala- 20 liter collected in 1 minutes and 8 seconds which is 1.059 m3/hr above the required 0.5 m3. The drilling survey report indicated a yield of 1.5 m3/hr. It has served since 2016. While the Nakirebe Rural Growth Center piped water production well had a yield of 14 m3/hr (drilling survey report). Lubembe – 20 liters collected in 57 seconds which is 1.263 m3/hr. above the required 0.5 m3/hr. The drilling survey report indicated a yield of 2 m3/hr. It demonstrated a high yield. Buwejja- collected 20 liters in 1 minute which is 1.200 m3/hr above the required 0.5 m3/hr. The drilling survey report indicated a yield of 1.5 m3/hr. the result is not far from that of the survey. Bugaye-collected 20 liters in 43 seconds which is 1,674 m3/hr above the required 0.5 m3/hr. The drilling survey report indicated a yield of 1.6m3/hr which compares very closely with what was measured. Therefore the yield at the 4 sampled water sources meet the required yield of 0.5 m/hr for a point source. The production well for Nakirebe Rural Growth Center has a yield of 14 m3/hr (drilling survey report) above the required 5 m3/hr. Score 5	

7	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	All 5 sampled water sources provide water at all times. None has experienced a broke down yet. It was observed that Nakirebe production well is a confined aquifer where water is under pressure to come out. Phase I planned for in FY2023/24 had been accomplished i.e. pump house, 3.5 km transmissions pipe laid and two 100 m3 each reservoir tanks constructed. Each sub-county has a Hand pump mechanic to attend to minor breakdowns and where major breakdowns occur, the district is contacted. Previous incidents have taken less than a week to be attended, WSC members reported. The major repairs have involved replacement of GI pipes with stainless steel pipes case in point being Namutamala borehole. There was evidence that the LG ensured that the installed water facilities provided water services all the time, this was seen from the sampled facilities WSCs affirming availability of water all the time. Score 5.	**5**

Human Resource Management

8			**10**
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	All the WSCs for the four sampled boreholes and Nakirebe piped water supply system, testified that they do receive technical backup services from the DWO in **terms of training** and are in easy reach of the sub county hand pump mechanics and the district pump mechanic. The evidence that the DWO set up a price list of borehole repair activities to guide **all** WSCs in the district when engaging mechanics to carry out borehole repair services was confirmed by Mr. Nzira Vincent, the Chairperson of the WSC for **Buwejja** borehole. The members (Ms. Namirembe Prosy, Chairperson, Ms. Nakafero Juliet, Treasurer, and Mr. Karungi Richard, Secretary) of **Bugeye** borehole WSC confirmed that the DWO had visited the source twice in the past to offer technical support on proper maintenance of the borehole and that the only time the borehole broke down the pump mechanic repaired it within 24 hours. . The district pump mechanic replaced GI pipes with stainless pipes for **Namutamala** borehole as stated by Ms. Namugera Teddy the WSC Vice Chairperson. Mr. Kafero John the Chairperson for **Lubembe** borehole, reported that their sub county pump mechanic, Mr. Mugerwa Abud got assistance from the district to repair the borehole the two times it broke down. The Nakirebe piped water supply system under Phase II this FY 2024/25 has a 9 member WSC and the two members we met during verfication, confirmed they received training from the district in management, operation and maintenane of the system. There was evidence that communities received back up technical support from the Water Office as noted from the two reports obtained from the DWO. The reports were dated 22nd September, 2023 and 21st December, 2023 respectively; **the first one outlined a training given to the Water and Sanitation Committees** on issues pertaining to operation and maintenance and the other report was on refresher training given to the hand pump mechanics on hand pump preventive maintenance and general repairs. Some of the topics handled included the following; overview of preventive maintenance, Maintenance scheduling and planning, trouble shooting and repairing, record keeping and documentation and many others and the trainers comprised of a team from DWO's Office. Therefore, there is evidence that technical officers from the DWO's office, offer technical backup to the communities. Score 10	

9	Evidence that the constructed water facilities have basic functional amenities.	From DWO: • Sample 5 water sources to ascertain that the water facilities have fences, soak-away pits, storm water diversion channels and grass. • For the piped water facility check for: i) Reliable water source and intake structure, (ii) storage tanks or reservoirs, (iii) reliable pumping system, (iv) piped networks, (v) tap stands /water kiosks. If the sampled water facilities have the basic amenities Score 10 or else 0	All 4 sampled boreholes had basic functional amenities, (fence, apron drainage systems, or sock pits) despite the fact that Namutamala borehole dates way back to 2016/17 when it was installed. The Nakirebe RGC piped water system had a reliable water source sunk by MWE in 2014. The LG under Phase I has put up: a good pump house, Eco-sun toilet, a fence, two water reservoirs (supply tanks) of 200m3 capacity, a 3.5 km transmission line and Phase II being implemented in the current FY, is providing: a pump, reliable plumbing system and a pipe network to serve a total of 4000 households. Score 10	**10**

Management of Financial Resources

10	a) Evidence that the water officer allocated and spent the NWR grant in line with the sub-programme grant & budget guidelines score 6 or else 0. b) Evidence that the water officer submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter	From the Planner obtain and review a copy of the sector AWP for previous FY and the progress report and check whether allocations and expenditures for the sector NWR grant were done as per the sub-programme guideline s. Verify if the water officer allocated and spent the NWR grant in line with the sub-programme grant & budget guidelines score 6 or else 0.	The District Rural Water Supply and Sanitation Conditional Grant Budget and Implementation Guidelines for Local Governments for FY 2023/24 on pg. 5, Table 5 states that, “A minimum of 40% of the non-wage recurrent budget for rural water and sanitation should be allocated to: o Promotion of sanitation and hygiene o Mobilisation and promotion of community--based maintenance of water sources o Environmental and social safe guard activities." NWR for FY 2023/24 was shs 66,506,000 and shs. 22,624,000 was spent on promotion of sanitation, hygiene and community mobilization activities while the balance shs. 43,882,000 was spent on DWO’s operational costs of the water office (coordination activities and routine monitoring of water sub programme activities). Therefore, shs. 22,624,000 represents 40% of the NWR budget which is just the least required of 40%. Score is 6	**6**

10	a) Evidence that the water officer allocated and spent the NWR grant in line with the sub-programme grant & budget guidelines score 6 or else 0. b) Evidence that the water officer submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter	From MoWE: Obtain a schedule for submission of the LG reports and check whether the DWO submitted quarterly progress reports in time Verify if the water officer submitted quarterly reports to MoWE on the 10th day of the first month of the subsequent quarter score 4 or else 0	All except one quarterly report were submitted late as follows: on 13 Oct. 2023, 8 Jan. 2024, 16 April 2024 and 23 July 2024. The DLG failed to meet the requirement of submitting all quarterly reports to MWE on or before the 10th day of the first month following each quarter. Score is 0	**0**

Environment, Social, Health and Safety

11	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	The LG planned and carried out the only one new water facility - Phase I of Nakirebe RGC piped water system pump house, Eco-san toilet, two water reservoir (supply tanks) of 200m3 capacity, a 3.5 km transmission line in BPR FY2023/24. i. Training and sensitization of the WSCs were conducted for the new water source mainly focusing on maintenance, hygiene and management of Water Committee. However, WSCs interviewed are not conversant with the water source protection measures, grievance management and stakeholder engagement. ii. There was no evidence of existence of a Water source protection action plan and no evidence that these plans were disseminated to the Water Committee evidenced from field interviews. Therefore no water source protection actions were implemented because there is a eucalyptus forest planted close to the production well. This could affect the yield in future. iii. There was no evidence of grievance/complaint log. Score is 0	**0**

		communities implemented actions in water source protections 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		

Oversight and support supervision

12	a) Evidence that the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter b) Evidence that the findings from monitoring were discussed with the DWSCC and among other agenda items key issues identified from quarterly monitoring of water facilities and recommended corrective actions from monitoring were implemented.	From the district water office: • Obtain the list of water facilities in the LG • Obtain and review the monitoring plans previous FY • Check the monitoring reports of each project and establish whether the water officer monitored the WSS projects and public sanitation facilities (including ESHS aspects, water quality .). If the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter score 10 or else 0	A list of water facilities in the district was obtained An annual monitoring plan for water infrastructure dated 4 July 2024 was availed. The target number of facilities to be monitored was not indicated in the plan. Monitoring was carried out in the district on a quarterly basis. In the first quarter 9 water sources and 2 public sanitation facilities were monitored. Second Quarter 11 water and 13 sanitary, in third quarter 31 water sources and 0 sanitation facilities and in the fourth quarter 32 water facilities and 6 sanitation facilities. Total number of water facilities monitored annually is 83 out 1724 water facilities in the district which is 4.8% instead of 25%. As for public sanitation, they monitored a total of 21 out of 61 annually which is 34% instead of 100%. Target was not met score is 0	**0**

12	a) Evidence that the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter b) Evidence that the findings from monitoring were discussed with the DWSCC and among other agenda items key issues identified from quarterly monitoring of water facilities and recommended corrective actions from monitoring were implemented.	From the DWO, obtain the DWSCC minutes, DWO progress reports and AWP and check whether key issues discussed in DWSCC were from the quarterly monitoring exercises. Check whether remedial actions were incorporated in the AWP. If the findings from monitoring were discussed with the DWSCC and among other agenda items key issues identified from quarterly monitoring of water facilities and recommended corrective actions from monitoring were implemented.	The minutes of DWSCC Quarter 4 meeting of 19 June 2024, agenda item 4 was, “Discussion of the Monitoring report for water.” This was the only set of minutes which had the agenda; “Discussion of the Monitoring report.” Under Min. 4/Qtr-4/24 the DWO presented the sector report highlighting achievements for FY 2023/24 and challenges identified during quarterly monitoring which were captured in the action matrix. In the matrix, issue no.1 was for the DWO to coordinate the reactivation of water user committees that were not functional before 28 Nov. 2024. There was no evidence that the inactive water user committees were reactivated in respect of the one actionable issue in the matrix within the given timeline. It is therefore evident that the DWSCC meeting of the sampled minutes had the agenda item to discuss findings from quarterly monitoring of water and sanitation facilities but did not effectively discuss the implementation of recommended actions from the monitoring. Score is 0.	**0**

PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Micro-scale Irrigation Services

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	From the SAE, obtain and review the list of farmers that benefited from micro-scale irrigation funds in the previous FY Sample at least 5 beneficiary farmers. Visit the Sampled farmers to establish, if they are implementing at least four (4) of the following practices: Trenching Mulching weeding, manuring, thinning, spacing, soil and water conservation If the farmer practices at least any four of the above practices score 10 else 0	The two (2) reviewed training reports, dated 5th December 2023 and 6th March 2024 obtained from the DPO indicated that the Mpigi DLG trained all its 22 MSI beneficiary farmers (based on the list provided by the SAE) on good field management practices in the 2023/2024 FY. Extension officers conducted agricultural training during farm visits, farmer field days, farmer field schools (FFS), and demonstration sites. The most predominant field management practices that the farmers were trained on were crop spacing of 12*12 feet for cocoa, 10*10 feet for coffee, 60*75cm for maize, etc., manuring, mulching using banana leaves and crop residues, trenching, thinning, weeding and soil and water conservation, among others. Field visits and verifications were carried out on Five (5) randomly selected beneficiary farmers, namely, 1. Ssenoga Abdul of Kammengo Sub-county (S/c), who grows coffee. He practised zero tillage, thinning, trenching, and soil and water conservation (using retention ditches). 2. Kisinde Christopher of Kammengo S/C grows tomatoes, watermelon, and bananas. He practiced weeding, mulching (using grasses), thinning, and soil and water conservation (using retention ditches). 3. Namugenyi Mayi of Kammengo S/c, who grows cocoa. She practiced mulching (using crop residues), weeding, thinning, and soil and water conservation (using retention ditches). 4. Lukande John Paul of Mpigi Town Council, who grows coffee and bananas. He practiced mulching (using banana leaves), weeding, manuring, thinning, and soil and water conservation (using retention ditches). 5. Kawere William of Mpigi T/c, who grows coffee and bananas. He practiced mulching (using grasses), weeding, thinning, manuring, and soil and water conservation (using retention ditches). Ssenoga, Namugenyi and Lukande had drag hose irrigation systems, while Kisinde and Kawere had the drip and sprinkler irrigation systems respectively. It was confirmed that all five selected farmers implement at least four good field management practices, hence justifying the score of 10.	**10**
Access				

2	Evidence that the LG has achieved MSI MAAIF installation targets in the previous FY.	From MAAIF obtain the installation targets for the LG. From the MIS and SAE, obtain the list of completed installations in the previous FY and compare with the target. If the LG has achieved MSI MAAIF installation targets in the previous FY. Score 8 or else 0	The MAAIF installation target for Mpigi DLG for the 2023/24 FY was 20 beneficiary farmers. Meanwhile, the MIS data and list of beneficiary farmers provided by the SAE (Mr. Ssegawa John Baptist) showed that the DLG realized 22 completed MSI installations in the same FY. This implies that Mpigi DLG's installations surpassed the targets set by MAAIF. This success was attributed to the availability of the unspent 139,346,355 Ugx MSI grant funds from the 2022/23 FY, which were revoted back as supplementary funds to the Mpigi DLG treasury. This enabled the LG to fund more installations than the target.	**8**
3	Evidence that the LG has realized an Increase in acreage of land under irrigated agriculture between the previous FY and the previous FY but one	From the MIS and SAE, obtain and review data on irrigated land for the last two FYs. Calculate the percentage increase for micro-scale irrigation grant beneficiaries If increase in micro-scale irrigation grant beneficiaries by 20% score 4 or else 0	The data on irrigated land obtained from the SAE (as of 30/06/2024) show that the Mpigi DLG increased its irrigated land acreage for MSI beneficiary farmers between the 2022/23 and 2023/24 FYs. Below is a summary of the data on irrigated land (in acres) for the MSI beneficiary farmers for the two FYs. Irrigated land in FY 2022/23 was 75.0 acres from MSI 56 beneficiary farmers. Irrigated land in FY 2023/2024 was 137.4 acres from 78 MSI beneficiary farmers. The increase in irrigated land between the two FYs was 62.4 acres from 22 MSI beneficiary farmers. The percentage increase in the number of MSI beneficiary farmers for the two FYs was 39.3 % The percentage increase in irrigated land between the two FYs was 83.2 % The number of micro-scale grant beneficiary farmers and the irrigated land increased by 39% and 83.2 %, respectively, between the 2022/23 and 2023/24 FYs. Therefore, the increase in acreage of land under irrigation is more than 20% as required for this indicator, hence justifying the Score of 4.	**4**

3	Evidence that the LG has realized an Increase in acreage of land under irrigated agriculture between the previous FY and the previous FY but one	From the MIS and SAE, obtain and review data on irrigated land for the last two FYs. Calculate the percentage increase for micro-scale irrigation grant non-beneficiaries. If increase in non- Micro-scale irrigation grant beneficiaries by 10% score 2 or else 0.	The data on irrigated land obtained from the SAE and MIS tool show that the Mpigi DLG increased its irrigated land acreage for non-MSI beneficiary farmers between the 2022/23 and 2023/24 FYs. Below is a summary of the data on irrigated land (in acres) for the non-MSI beneficiary farmers for the two FYs. Irrigated land in the FY 2022/23 was 0 acres from 0 non-MSI beneficiary farmers Irrigated land in FY 2023/234 was 75 acres from 10 non-MSI beneficiary farmers. The increase in irrigated land between the two FYs was 75 acres from 10 non-MSI beneficiary farmers. The percentage increase in the number of non-MSI beneficiary farmers for the two FYs was infinite. The percentage increase in non-MSI irrigated land between the two FYs was infinite It was observed that the number of non-micro-scale grant beneficiary farmers and the irrigated land increased infinitely between the 2022/23 and 2023/24 FYs. Therefore, the increase in acreage of land under non-MSI is more than 10% as required for this indicator, hence justifying the score of 2.	**2**

4	Evidence that the LG has established and run Farmer Field Schools (FFS) as per the guidelines: • Eligible number of participants (20 -30 farmers) • Farmers in a radius of 15km of the FFS. • Inclusion of male, female, and youth farmers.	From the DPO, obtain and review reports on FFS to determine whether they are established and run as per the guidelines. Sample farmer field schools to verify that they comply with the guidelines: i. Eligible number of participants (20 -30 farmers) ii. Not more than 15km from the FFS. iii. Inclusion of male, female, and youth farmers. If all above complied with score 6 or else 0.	Based on the four (4) FFS establishment and operationalization reports, dated 30 Aug 2023, and 4th April, 20th June, 30th June 2024 obtained from the UgIFT FPP (Mr Ssekivuvu Valetine), it was noted that the Mpigi DLG had 7 operational FFS schools. The established FFS were; 1. Membe Farmers FFS with 26 members. 2 Kagenda Ogutateganya FFS with 27 members. 3. Bunyu Cocoa Farmers FFS with 32 members. 4. Nsujjuwe Village FFS with 25 members. 5. Walukunyu Village FFS with 125 trained members. 6. Nalubugo Village FFS with 80 trained members. 7. National Farmers' Leadership Center (NFLC) FFS with 225 trained members. Three (3) of the Six FFS were sampled and visited for verifications and these were; 1) Membe FFS, located in Mpigi Town Council and hosted by Ms. Namale Joanitah. 2) Kagenda Ogutateganya FFS, located in Kituntu S/c and hosted by Mr. Ssemwanga George William. 3) Bunyu Cocoa Farmers FFS, located and hosted by Ms Namugenya Mayi. It was noted from the interactions with the host farmers that the trainings at the FFS were conducted on weekly basis. The Agricultural Extension Officers facilitated some of these training sessions. Furthermore, the members from the sampled FFSs were located less than 15 km from the school's radius, and the membership included males, females & youth, as recommended in the guidelines. However, since the current membership of some of the FFS, namely, Walukunyu Village, Nalubugo Village and National Farmers' Leadership Center (NFLC) FFS were not provided but rather the cumulative number of trained farmers, it was difficult to conclude that these three FFS had a membership of 20-30 participants as required for the FFS establishment guidelines, hence justifying a core of 0.	**0**

Efficiency

5	Evidence that farmers who received and are currently utilizing MSI facilities have registered an increase in crop yield between the previous FY but one and the previous FY	• From the DPO, obtain the list of beneficiary micro-scale beneficiary farmers. • Sample and visit 5 farmers and check their records for the last two FYs to determine the percentage increase in yield If the farmers who received and are currently utilizing MSI facilities have registered an increase in crop yield between the previous FY but one and the previous FY by 10% score 10 or else 0	The yield records provided by the SAE and the farmers' testimonies show that MSI beneficiary farmers who are currently using MSI systems realized an increase in their crop yields between the 2022/23 and 2023/24 FYs. Below is a summary of the crop yields (per acre) for the five (5) sampled farmers and the corresponding yield increase between the two FYs. Farmer 1 was Mayanja Bbosa, who grows Coffee. He harvested 1600 Kilograms in the 2022/23 FY and 2440 Kilograms in the 2023/24, representing a 52.5% increase in yield. Farmer 2 was Ssegawa Baker, who also grows Coffee. He harvested 1000 Kilograms in the 2022/23 FY and 1800 Kilograms in the 2023/24, representing an 80% increase in yield. Farmer 3 was Lubega Richard, who also grows Coffee. He harvested 1650 Kilograms in the 2022/23 FY and 2400 Kilograms in the 2023/24, representing a 45.5% increase in yield. Farmer 4 was Mwesigwa Edgar, who grows Tomatoes. He harvested 35 boxes per month in the 2022/23 FY and 68 boxes per month in the 2023/24, representing a 94% increase in yield. Farmer 5 was Ssebabi Gonzaga, who also grows Tomatoes. He harvested 50 boxes per month in the 2022/23 FY and 90 boxes per month in the 2023/24, representing an 80% increase in yield. The above summary shows that all the sampled MSI beneficiary farmers' crop yields increased by at least 10% between 2022/23 and 2023/24 FYs, hence justifying a score of 10.	**10**

Human Resource Management

6	Evidence that the SAE has provided technical support and mentoring to extension workers in the LLG in MSI component	• From SAE obtain and review the supervision and mentoring reports • Interview extension workers in a sample of 5 LLGs to verify the support provided If SAE has provided technical support and mentoring to extension workers in the LLG in MSI component score 10 or else 0.	Based on the mentoring and supervision/training report, dated 17th July 2023, that was reviewed, it was discovered that the SAE provided technical support to all the nine (9) extension workers of Mpigi DLG. The major backstopping support provided to the extension workers was using the IrriTrack App for farm visits (entering farmers' expressions of interest, preparing for farm visits, conducting farm visits, etc.), besides, the establishment and running of Farmer Field Schools (FFS). The Production Unit also went the extra mile to recruit and mentor a technician (Sssentongo Kato Cyprian, as directed by MAAIF in a circular issued on 20 December 2021) who was in charge of repairing and maintaining the installed MSI equipment across the District. Upon interviewing the sampled Agricultural Extension Officers of the five (5) sampled LLGs, that's to say, Ssekivuvu Valentine, Acting District Agricultural Officer and in charge of Muduma Sub County (S/c), Azaliah Kaggwa of Kammengo S/c, Kagolo David of Kayabwe Town Council, Namale Joanitah of Mpigi Town Council and Tabira Frank of Kituntu S/c, it was confirmed that the mentoring and technical support was provided. Therefore, the extension workers received technical support and mentoring from the SAE, hence justifying the score of 10. The extension workers noted the need for additional training on the technical repair and maintenance of the MSI equipment.	**10**

Management of Financial Resources

7	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	There was evidence to justify that the Mpigi DLG had appropriately (per the Agro industrialization Grant Guidelines for FY2023/24 developed by MAAIF) allocated the MSI grant funds between capital development and complementary services. The budget performance report and the AWP, dated 11th October 2024 that was provided by the DPO (Dr. Sserwadda Patric James) indicated that the MSI grant funds availed to the Mpigi DLG in 2023/24 FY was Ugx 610,290,355 in Quarter two, revoted funds inclusive. Seventy-five percent (75%) of the funds (Ugx 457,717,195) was spent on capital development (procurement and installation of irrigation equipment, accompanying manuals, and training), while the remaining 25% (152,572,588) was spent on complimentary services. However, the Mpigi DLG did not provide a breakdown of the complementary funds allocations between "enhancing local government capacity to support irrigated agriculture" and "enhancing farmer capacity for uptake of Microscale irrigation" from the consolidated budget performance report for the 2023/24 FY provided by the Planner. Furthermore, the AWP showed that the salary for the recruited contract staff/Water technician (Sssentongo Kato Cyprian) was paid using the complementary component of the MSI grant funds under "enhancing farmer capacity to uptake microscale irrigation," particularly the farm visit component. This contradicts the guidelines that were provided in the contract staff recruitment circular dated 20 December 2021 that was issued by MAAIF. Therefore, it is possible that the Mpigi DLG did not allocate the complementary component of the MSI grant funds as per the sub-programme guidelines and hence justifying the score of 0.	**0**

enhancing farmer capacity for uptake of MSI	If (i) to (iii) met score 10 or else 0	

8	Evidence that the LG has ensured that farmers meet their co-funding IN FULL before equipment installation, the LG has utilized the farmer co-funding following MSI guidelines in the previous FY and that co-funding funds were reflected in the LG budgets for the coming FY	From the SAE obtain and review the beneficiary project file to determine the projected farmers' contribution and review the receipt to verify actual amount paid by the farmer. From district planner obtain and review the budget performance report to verify that farmers co-funding has been allocated and utilized as per the guidelines. Verify if: i. Evidence that the LG has ensured that farmers meet their co-funding IN FULL before equipment installation ii. Evidence that the LG has utilized the farmer co-funding following MSI guidelines (to scale-up acquisitions of MSI equipment of other new farmers) in the previous FY iii. Evidence that co-funding funds were reflected in the LG budgets for the coming FY If (i) to (iii) met score 10 or else 0	The beneficiary project files, budget performance report, and farmer's co-funding receipts that were reviewed confirmed that the MSI grant beneficiary farmers of the 2023/24 FY made their co-funding in FULL before irrigation systems were installed. The farmers paid between 6 and 11 million Ugx, while LG paid 75% of the farmer's total MSI equipment cost. The variations in the co-payment among the farmers were majorly due to the difference in irrigation technologies chosen (drip, sprinkler, or hosepipe), the size of irrigated land, types of water sources, and distance between the reservoir and water source. However, Mpigi DLG did not utilize the co-funding to scale up the equipment acquisition for other new farmers in the 2023/24 FY although the co-funding was reflected in the budget for the 2024/25 FY. The former can be traced from the fact that the Mpigi DLG acquired MSI equipment for only two (2) additional farmers on top of the 20 beneficiary farmers who MAAIF targeted in the 2023/24 despite receiving Ugx 139,346,657 as revoted funds for the 2022/23 FY. Therefore, Mpigi DLG did not manage co-funding as per the subprogram grant & budget guidelines and hence justifying the score of 0	**0**

Environment, Social, Health and Safety

9	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 O	Four (4) Environment and Social Monitoring (ESM) reports, dated 26th March, 22nd April, 24th May, and 11th June 2024, were provided by the Mpigi District Environment Officer (Ms. Nampera Esther) for the FY 2023/24. This implies that for FY 2023/24, the environmental irrigation impact for Mpigi DLG was monitored monthly instead of quarterly for FY 2023/24. That said, reports show that the Environmental Officer advised farmers to Dig drainage/erosion control trenches, do agroforestry, plant trees at the farm's edge, and dispose of wastes in designated places. Upon visiting the five (5) sampled farmers, it was confirmed that they practice some form of water conservation, such as trenching/digging of retention ditches, zero tillage, mulching, use of planting pits, etc. However, none of the farmers had gazette area(s) for the disposal of agrochemical waste and signposts. Although LG monitored environmental irrigation impacts, there was improper disposal of agrochemical waste containers among the beneficiary farmers, hence justifying the score of 0.	**0**

10	Evidence that the LG has established a mechanism of addressing micro-scale irrigation grievances : micro-scale irrigation grievances have been reported in line in line with the LG grievance redress framework, recorded, investigated and responded to	From the Designated Grievance Redress Officer obtain and review the Log of grievances and check whether grievances were recorded, investigated and responded If the LG has established a mechanism of addressing micro-scale irrigation grievances : micro-scale irrigation grievances have been reported in line in line with the LG grievance redress framework, recorded, investigated and responded to, score 5 or else 0	A grievance redress committee (GRC) was constituted at the Mpigi DLG to address micro-scale irrigation-related grievances. This committee was headed by the Assistant CAO (Mr. Wamala Francis), while the DCDO (Ms. Nabuma Annet) was the Secretary. The other two Key members of the committee were the District Environmental officer and representative of the elderly. The common MSI-related grievances recorded on the grievance log in the FY 2023/24 (as of 26th June 2024) included delayed installations, reported by Kamulegageya Kenneth of Kiringete S/c), faulty switches reported by Mubiru Jerome of Kammengo S/c, low pump flow rates, reported by Busuulwa Simbwa of Buwama S/c, etc. All the grievances registered within the framework were investigated and responded to. Therefore, the Mpigi DLG has GRC for MSI grievances, and the recorded grievances were investigated and responded to, hence justifying the score of 5.	**5**

Oversight and support supervision

11	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 monitoring and supervision reports obtained from the SAE indicated that in the 2023/24 FY, the installed MSI grant equipments were monitored on 4-26th July & 10-21st October 2023, and 25th March & 15-17th April 2024. During these monitoring activities, the SAE trained the MSI beneficiary farmers on irrigation scheduling, soil and water conservation practices, chemical disposal mechanisms, operation and maintenance of the irrigation equipment, etc. Upon visiting the irrigation systems of the five (5) sampled farmers, the MSI equipments were found functioning and had adequate water sources. The MSI equipment was also efficient in water conservation due to the presence of dug-out pits around banana plantations, trenching, and retention ditches, mulching, etc. Therefore, the SAE has monitored and supervised the installed MSI equipment for all four quotas, hence justifying the score of 10..	**10**
12	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	• From the MIS and SAE obtain and review quarterly supervision and monitoring reports to determine whether they are compiled and cover LLG irrigated land, functionality of irrigation equipment installed, provision of complementary services and farmer expression of interest • From the MIS report determine whether up to-date LLG	The quarterly supervision and monitoring reports provided by the SAE and quarterly budget performance reports were reviewed. The latter was prepared by Mr Sekivuvu Valentine (UgiFT FPP for Mpigi DLG) and approved by the DPMO on 19th Jan, 20th March, 26th April, and 26th July 2024, respectively. The reports indicated that Mpigi DLG collected information on newly irrigated land, the functionality of installed irrigation equipment, farmers' expressions of interest, and the provision of complementary services. Moreover, the LG entered up-to-date LLG information into the MIS and prepared quarterly reports using the information compiled from LGs in the MIS. Lastly, the information on the installation status of the MIS tool matches the physical reports and the data on the ground. Therefore, the Mpigi DLG updated the information in the MIS tool as indicated in the verification criteria, hence justifying the score of 10.	**10**

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	performance information is submitted Check and verify if i. Evidence that the LG collects information quarterly on newly irrigated land, functionality of irrigation equipment installed, provision of complementary services and farmer expression of interest. ii. Evidence that the LG has entered up to-date LLG information into the MIS iii. Evidence that the LG has prepared quarterly reports using information compiled from LGs in the MIS iv. Evidence that the information in the MIS on the status of installation matches with the physical reports and data on the ground. If (i) to (iv) met score 10 or else 0	

PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Production Services

No.	Summary of requirements	Definition of compliance	Compliance justification	Score
Quality				
1	Evidence that the Production Department has trained and met MAAIF farmer and farmer's institutional training targets for the previous FY	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 • Availed 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	There was evidence to show that Production department trained and met MAAIF farmer and farmers institutional targets. The DLG held 996 trainings and 816 advisory field visits and a total of 42224 farmers were reached out in the FY. According to the annual performance report on page 5, the department planned to reach out to 37868 farmers and conduct 552 trainings and the DLG surpassed the targeted number of farmers and trainings. The department prepared and submitted quarterly reports to MAAIF as follows Q1 12/10/2023, Q2 10/01/2024, Q311/04/2024 and Q4 11/07/2024 and there was farmers capacity needs assessment and training reports in place.	**5**

knowledge products shared

• Reviewing the visitors book to confirm the extension worker’s visit.

If the Production Department has trained and met MAAIF farmer and farmer’s institutional training targets for the previous FY score 5or else 0

2	Evidence the LG has increased the Percentage of farmers reached and supported by the extension workers between the previous FY and the previous FY.	From MAAIF obtain the quarterly Agriculture extension grant reports submitted by LGs. From DPO, Obtain and review quarterly reports of the previous FY to establish the number of farmers reached and supported by extension officers in the following areas: • Enterprise selection, • Value chain production, • Harnessing post-harvest handling, • Market linkages, processing and value addition, • Pest and disease surveillance Calculate the percentage increase between the previous FY but one and the previous FY. If the LG has increased the Percentage of farmers reached and supported by the extension workers between the previous FY and the previous FY but one score 5 or else 0.	There was evidence to show that the LG increased the percentage of farmers reached and supported by the extension workers between the previous year but one and previous year. According to performance annual report on page 5, a total number of 42,224 farmers were trained in various enterprises in previous financial year notably 996 trainings with farm group(482 for crop,418 for crop, and 96 for fisheries plus individual farm visits especially large farmers 56 in number with different enterprises like coffee bananas maize and ginger. Farmers visited, were guided technically on how to improve on their enterprises for better production and productivity, while in last financial year but one (2022/2023) 23,384 farmers were trained via 552 group trainings, 44 farm visits of large farmers as evidenced in annual performance report page 1. This rendered the LG a percentage increase in number of farmers trained by 18,840 farmers constituting a percentage increase of 44.6%.	**5**

3	Evidence that LG collects and submits agricultural data and statistics on acreage and production, and submits reports to MAAIF using tools i. Daily Capture fisheries/aquaculture ii. Monthly livestock iii. Crop Seasons iv. Entomology reports	From DPO obtain and review the following reports a) Capture fisheries/aquaculture b) Monthly livestock c) Crop Seasons d) Entomology repots Verify if this data is collected and submitted to MAAIF (evidence of stamped copy). Score 5 if any of the above reports are compiled and submitted or else 0.	The LG collected and submitted agricultural data and statistics on quantity and production in quarterly reports to MAAIF ,for instance in 4th quarter The department compiled data on fisheries as: 85 fishponds, 209,425 tons of Nile perch, 257.225 tons of tilapia, 164195 tons of silver fish. This was reflecting daily, one of the requirement of this indicator. So there was evidence of the department compiled and submitted agriculture statistical data to MAAIF as per per indicator tools so a score of 5 .	**5**

4	Evidence that the LG has conducted surveillance on pest and disease occurrence and taken corrective actions based on findings from the surveillance	From DPO obtain and review the quarterly performance report to determine whether the respective units within the department conducted pests, vector and disease surveillance in the previous FY. From the clerk to council obtain and review council minutes to verify whether reports on pests, vector and disease were presented to the relevant committee of the Council and the actions taken by council on the reports of surveillance to reduce and control pests, vectors and diseases If the LG has conducted surveillance on pest and disease occurrence and taken corrective actions based on findings from the surveillance score 5 or else 0	There was evidence that the LG conducted surveillance on pest and disease occurrence and taken corrective actions based on findings from the surveillance. There was a report on pest and disease surveillance as evidenced in laboratory report dated16/06 2024 which indicated the presence of FMD in blood samples that were tested. in a report to CAO by the Vermin Officer dated 11/07/2023, there were strange wild animal in Kasezi village in Kiringeti Sub County that was killing domestic animals like goats. Even though there was a report in place, there was no evidence of corrective actions taken based on the findings from the surveillance because the report was never submitted and discussed by council or committee on production. The LG did not meet the indicator because of lack of evidence on corrective actions.	**0**

Access

5	Evidence that LG has functional results demonstration and trial sites, has conducted farmer training at each of these sites, and farmers have utilized these sites for learning purposes in previous FY score 6 or else 0	From the DPO, obtain and review the inventory of ‘Results demonstration’ and trial sites. From the list obtained, sample at least 2 demonstration sites to ascertain whether • The demonstration site is functional and in good condition. • Farmer visits took place by reviewing the visitors' book • Attendance sheets to verify participation in the training If the LG has functional results demonstration and trial sites, has conducted farmer training at each of these sites, and farmers have utilized these sites for learning purposes in previous FY score 6 or else 0	There was evidence that the LG had 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. The 02 demo sites were sampled included a vegetable site at Agriculture Development Centre (ADC) in Mpigi Town Council and cocoa Demo site in Masaka village, Luwara Parish in Kamengo Sub County. The demo was well managed with appropriate technologies like mulching, water trenches and terracing. The vegetable demo site was composed of plots of cabbages, eggplants, spinach and tomatoes. The plots were well managed with technologies like staking of tomatoes, mulching and soil land management. The visitor's book was in place for easy tracking of people who were visiting the demo site. on interacting with some farmers, they commended the roles of the demo sites in improving their enterprises as they are used to getting training twice in a month from the demonstrations	**6**

6	Evidence that the Production Department has collected, compiled and publicized up-to-date data and information on key players/service providers (updated one quarter before the assessment)	From the DPO, obtain and review the registry/database of the key players and service providers to verify if the database is existent and includes the service providers where farmers can obtain services. The list should among others include: • Research organizations, • Profile of genuine agro-dealers, agro-processors, • Private extension service providers, and • Agriculture finance institutions and insurance, in the LG. From the register, verify whether it is up-to-date by reviewing new entries made in the previous FY. Interview the sampled farmers to verify that the list was publicized. If the Production Department has collected, compiled and publicized up-to-date data and information on key players/service providers (updated one quarter before the assessment) score 6 or else 0.	There was evidence that the Production Department had collected, compiled and publicized up-to-date data and information on key players/service providers as per 30th September 2024.The NGO / input dealers included 72 crop input dealers, 33 veterinaries in put dealers and 04 NGOs. There was a Memorandum of Understanding between Harvest Plus and Mipigi DLG on the roles of each partner in implementation of fortified sweet potatoes and beans. the copy of the list was seen pinned on kamengo sub county notice board and On interacting with some farmers in Kamengo Sub County in Luwarara parish, the farmers knew some of these service providers.	**6**

7			**8**
	Evidence that the LG organized awareness events during the previous FY such as agricultural shows, exhibitions, and farmer field days aimed at bringing farmers and other sub-programme actors together.	From the DPO, obtain and review reports on awareness events such as agricultural shows and exhibitions that bring together farmers and other sub-programme players/actors together to verify: • Theme of the event • When the event took place • Where it took place • The targeted participants • The participants that attended • Exhibition photographs and pictures If the LG organized awareness events during the previous FY such as agricultural shows, exhibitions, and farmer field days aimed at bringing farmers and other sub-programme actors together score 8 or else 0.	There was evidence to show that the LG organized awareness campaigns / events such as Agricultural show, exhibitions and farmer field days during the previous financial year. In the workplan and budget of previous financial year on page 3 the DLG allocated funds for conducting Agricultural show and awareness meetings. The DLG organized a farmer's field day that was jointly conducted with harvest plus, Nindye farmers association and Sawa Agricultural Development Cooperation Ltd on 19th June 2024 at Kamengo Sub County headquarters ground and the theme of the day was expanding nutrient in food system. In total 115 farmers attended the awareness including District technical and political staff and the awareness campaign enhanced production and productivity of maize, beans and sweet potatoes and reduced food insecurity in the district.

Human Resource Management

8	Evidence that the LG ensured at least one extension worker was deployed in each of the LLG during the previous FY	From the PHRO, obtain and review the personnel files of extension workers to verify recruitment of extension workers From the DPO and PHRO Obtain the staff list to verify the deployment of extension staff per LLG. If the LG ensured at least one extension worker was deployed in each of the LLG during the previous FY score 5 or else 0	There was evidence that the LG ensured that at least one extension worker was deployed in each of the lower local government that compose Mpigi District this was evidenced by the availability of staff list from Human Resource Officer that was pinned on the notice board, posting instructions and personal files were available a total of 19 staff were deployed as follows; **Kamengo** Sub County had 3 staff 01 Assistant Agricultural Officer, 01 Assistant Veterinary Officer and 01 Fisheries Officer, **Kituntu** S/C 01 staff 01`Agricultural Officer, **Mpigi** Town Council had 02 staff 01 Assistant Agricultural Officer, 01 Assistant Veterinary Officer, **Nkoz**i Sub County 03 staff 01 Assistant Agricultural Officer, 01 Fisheries Officer and 01 Assistant Veterinary Officer, **Kayabwe** Town Council 02 staff 01 Veterinary Officer and 01 Agricultural Officer, **Buwama** Sub County 02 staff 01 Veterinary Officer and 01 Fisheries Officer, **Muduma** Sub County 02 staff 01 Agricultural Officer and 01 Veterinary Officer, **Kiringente** Sub County 02 staff 01 Assistant Agricultural Officer and 01 Assistant Veterinary Officer and **Buwama Town Counci**l 01 staff 01`Agricultural Officer. Therefore, at least each LLG had extension worker deployed.	**5**
9	Evidence that the extension workers are providing extension services in the LLGs where they are deployed	Sample and visit at least two LLGs • Review the notice board to verify the names of extension workers in the LLG • Review the attendance book • Review the quarterly reports submitted by the extension workers in the sampled LLG If the extension workers are providing extension services in the LLGs where they are deployed score 5 or else 0.	There was evidence that the extension workers were providing services in the LG they were deployed. The extension workers attended their duties for example there was evidence that the Assistant Agricultural Officer Mpigi Town Council prepared and submitted a report dated 23/10/2023 to the Sub County Chief indicating that she held various trainings from 4th July to 19th September 2023 and the trainings rotated on management of coffee pests especially coffee twig borer and maize agronomy. A total of 30 trainings were carried out and 326 farmers attending the trainings. The Agricultural Officer in charge of Kamengo Sub County, prepared and submitted a report dated 28/12/2023 to the Sub County Chief indicating that he carried out 19 trainings of farmers in 19 villages where 536 farmers attended. The training focused on biosecurity protocols in tick control. On signing of attendance book, the Assistant Agricultural Officer in charge of Mpigi Town Council attended 19 days, in Kamengo the Agricultural Officer attended 19 days during the month of October, The Veterinary Officer attended 19 days and Fisheries Officer attended 20 days. This provided evidence that extension workers were giving extension services in their areas of deployment.	**5**

10	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.	There was evidence that the LG facilitated the extension workers with basic equipment's like the motorcycles Reg No UG3583A for Agricultural Officer and UEV853U for Veterinary Officer Mpigi Town Council and in Kamengo sub-County, Fisheries Officer with motorcycle Reg No. UG1115Z, Agricultural Officer with motorcycle Reg No. UEV871K and Veterinary Officer with motorcycle Reg No. LG0032-082. The facilitation of extension workers with transport helped them to reach farmers with less difficulties. The department’s annual workplan for FY 2023/2024 on page 01 extension workers were allocated with funds to cater for motorcycles repair and maintenance, fuel and SDA to facilitate field workers during previous financial year. The LG therefore supported and facilitated staff with basic equipments to perform their duties in previous financial year.	**5**
11	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.	There was evidence that the LG provided capacity building to the extension workers. There was a capacity building needs assessment in place prepared on 17/08/2023. There was a report prepared by the District Production Officer dated 08th October 2023 where extension workers were trained in technics of soil sampling and analysis. The training was held on 03rd October 2023 at Agricultural Development Centre in Mpigi Town Council where 9 crop sub sector staff attended. The department also held a one-day training on how to establish and run farmer field schools and 21 extension workers attended at Agricultural Development Centre (ADC). The trainings were in line with staff gaps identified during staff needs assessment and this made the staff to perform because of the new acquired skills.	**5**

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	There was evidence that public production facilities were functional and had proper management committees in place. According to the register for FY 2023/2024, the facilities included maize grinding mills, cereal stores and an agricultural development centre. The agricultural development centre which is located in Mpigi Town Council was sampled. The center had a visitors' book in place, a training center and an office, the facility had management committee composed of 5 people chairperson, vicechairperson, secretary and two committee members that usually sits and discuss issues pertaining the facility for instance in a meeting dated 02/04/ 2024 they discussed ways on how to increase the number of people who come to use the facility and one of them was to publicize the facility. .	**5**

13	Operation, maintenance and management of production facilities (e.g. communal watering facilities, markets, value addition centers, fish landing sites, slaughter slabs, community bulking stores, dip tanks, cattle crushes) Evidence that the LG had provided technical support on O&M and management of the agricultural infrastructural facilities to the beneficiaries of these facilities through training	From the DPO obtain the evidence of training (training reports) undertaken on O&M and management of the infrastructure facilities. At the sampled facilities obtain and review the site book to ascertain supervision and support to verify if support and O&M were provided At the sampled facilities verify the functionality of the management structures through; reviewing the minutes of the committee, the business of the committee members, and subscriptions among others If the LG had provided technical support on O&M and management of the agricultural infrastructural facilities to the beneficiaries of these facilities through training score 5 or else 0	There was no proof that the LG provided technical support in operation & maintenance. Even though there was a list of infrastructure facilities in DPOs office, there was no minutes of management committees discussing on any matter related to improvement in functionality of the facilities. There were no training reports availed or book sites. Since there was no evidence regarding training reports on facilities or management committee minutes. the DLG did not meet the requirements of the indicator.	**0**

Management of Financial Resources

14	Evidence that the LG ensured the production department's budgets and work plan adhered to MAAIF planning and budgeting guidelines during the previous FY	From the Planner obtain the Annual work plan, budgets, and budget performance report of the previous FY to verify whether the production department budget and expenditures complied with the guidelines. If the LG ensured the production department's budgets and work plan adhered to MAAIF planning and budgeting guidelines during the previous FY score 10 or else 0.	There was evidence that the LG ensured that the production budget and annual work plan adhered to MAAIF budgeting and planning guidelines in the previous financial year. The LG budgeted to facilitate LLG production activities which was in line with MAAIF guidelines. The LG had a budget of 206,101,706 under recurrent non-wage and 115,800,000 was allocated to LLG to facilitate lower local government activities like capacity development of agricultural extension staff, facilitation of staff with fuel, stationery, SDAs, repair and maintenance of motorcycles. The LG production department at headquarters was allocated a budget of 90,301,706 to carry out activities like multistakeholder monitoring of production activities, backstopping of field staff and establishment of farmer field schools, Under capital development of 57,194,166, shs 25,474,166 was allocated to construction of a flushing latrine of 2-stances with a urinal place and a bathroom, 3,800,000 was allocated to construction of a biogas at the agriculture development centre and 29,274,166 was allocated to purchase of one motorcycle for extension staff under production department. The planned activities under production department's budgets and work plan adhered to MAAIF planning and budgeting guidelines during the previous FY.	**10**

Environment, Social, Health and Safety

15	a) Evidence that the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0 b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0 c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0	From the LG Agricultural Office, obtain and review; • LG AWP to establish that measures to include small holder farmers among the beneficiaries of agricultural services are in place If the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0	There was no evidence to show that the local government had sensitizations, training sessions, meetings and awareness programs to put measures in place to cater for small holder farmers to access agricultural extension services For instance in the departmental workplan and budget for 2023/2024 page 2, 448 farmer trainings mainly in groups were planned, the workplan indicated farmer groups and not small holder farmer groups so there was no deliberate plan for small holder farmers by entity in previous financial year so a score of 0	**0**

15	a) Evidence that the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0 b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0 c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0	• From the LG Agricultural Office, obtain and review; • LG AWP to establish that measures to include small holder farmers among the beneficiaries of agricultural services are in place • Details of beneficiaries of agricultural services to ascertain that (small holder farmers, young women and young farmers) are accessing services If the LG hashas implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0	There was evidence that the LG had implemented measures to ensure that young women and young farmers (18-35 years) were accessing agricultural services. The LG had a list of PDM beneficiaries showing funds disbursed to different beneficiaries in a disaggregated manner in terms of gender and age. For example, in KABANGA KAMENGO PDM SACCO in financial year 2023/2024, out of 100 beneficiaries, there were 30 youth and 30 women also in the departmental workplan2023/2024 page 2 paragraph 3 women and youth were planned by the entity to be reached in terms of agricultural services. This indicated that the LG considered small holder farmers, young women and young farmers in getting agricultural service in previous financial year.	**2**
15	a) Evidence that the LG has put in place measures to include small holder farmers among the beneficiaries of agricultural services score 2 or else 0 b) Evidence that the LG has implemented measures to ensure that young women and young farmers (18-35 years) are accessing services score 2 or else 0 c) Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0	• From the LG Agricultural Office, obtain and review; • 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 Evidence that farmer groups are trained in grievance management and stakeholder engagement score 2 or else 0	There was no evidence to show that farmers were trained in grievance management and stakeholders' engagement.	**0**

Transparency, oversight, reporting and accountability

16	Evidence that the LG has conducted multi-stakeholder monitoring of Agricultural Extension Services.	From the Clerk to Council office, obtain and review multi-stakeholder monitoring reports for extension services and agricultural projects to ascertain that the key stakeholders including RDC, C/P LCV, CAO Secretary for Production, Production Committee, DPMO & Subject Matter Specialists (SMSs) and NGOs participated in the multi-stakeholder monitoring. If the LG has conducted multi-stakeholder monitoring of Agricultural Extension Services score 7 or else 0	There was evidence that the LG conducted a multi sectoral stakeholders' joint monitoring agricultural service. A one joint monitoring of production was carried out in the month of December 2023 where various stake holders RDC, CAO, DISO, Councillors and production technical staff participated. They monitored Kitakyusa Farmers' Cooperative Society, Jjalamba Buwama PDM SACCO and monitored PDM beneficiaries of Jjimbi Youth groups.	**7**
17	Evidence that the DPO has supported, supervised, mentored, and provided technical to the agriculture extension workers score 7 or else 0	From DPO obtain and review the monitoring and supervision reports, and training/mentoring report to verify if DPO provided support supervision to the LLG extension workers. At the sampled LLGs obtain and review the training reports, feedback notes and recommendations from DPO to the extension staff to verify the support provided. The DPO has supported, supervised, mentored, and provided technical to the agriculture extension workers score 7 or else 0.	There was evidence that the DPO supported, supervised, mentored, and provided technical to the agriculture extension workers. In a report to CAO dated 25/06/2024, the DPO carried out technical backstopping in Lower Local Governments during the months of April, May and June 2024. The areas of focus were inadequate reporting skills and approaches by agricultural extension workers in providing extension services to beneficiaries of agricultural services. He mentored the staff on what a good report entails, the importance of reporting as the way of making accountability and best approaches to farmers like holding farm visits, farmer to farmer visits and holding farmer group discussions.	**7**