LGMSD 2024/25

Mukono District

(Vote Code: 542)

Assessment	Scores
PMs and Indicators to Incentivise Delivery of Quality and Usable Visible Outputs (Infrastructure Assets)	28%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Education Services	53%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Health Services	63%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Water and Sanitation Services	71%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Micro-scale Irrigation Services	63%
PMs and Indicators to Incentivise Delivery of Accessible, Quality and Efficient Production Services	76%

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	From the Budget Performance Report for the previous FY (2023/2024), as endorsed and dated 31/07/2024 by the Accounting Officer (Elizabeth Namanda), the following infrastructure projects were sampled; and Desk review of documents was carried. 1. Health Projects i. Phased construction of an Operating Theater at Katoogo HC III, Nama Sub county ii. Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer’s Office 2. Education Projects i. Construction of a 3-Classroom Block including Furniture at Koome C/U Primary School in Koome Sub-county ii. Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School iii. Construction of 5-Stance VIP lined pit latrine Blocks at Gonve C/U Primary School in Nakifuma Naggalama TC iv. Construction of 5-Stance VIP lined pit latrine Blocks at Bukasa Namuyadde Primary School in Kimenyedde Sub county v. Construction of 5-Stance VIP lined pit latrine Blocks at Nakibano UMEA in Nagojje Sub-county vi. Construction of 3 stance VIP lined pit latrine with urinals and bathroom at Sub-county Headquarters 3. Road Projects i. Routine mechanized maintenance of Nakisunga – Byafula road, 9km ii. Routine mechanized maintenance of Byafula – Katente road, 8.6 km iii. Routine mechanized maintenance of Nakayaga – Kayanja, 17.8km iv. Routine mechanized maintenance of Nsanja-Mpunge-Kisiru, 22km 4. Micro-Scale Irrigation Project Supply and Install Irrigation equipment and water tanks on 23 farmers’ sites.	**0**

All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration.

1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; approved designs and layout were customized to the specific site conditions as per files dated 30th Aug 2022. The designs with site layouts were not approved by the Mukono LG Building Control Committee.

2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office); Renovation of DHO's office did not require new designs and drawings, as it was an existing structures with no major structural failures reported by the Project Manager (LG Municipal Engineer) while scoping the works for repairs.

3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School also had approved designs and layout customized were to the specific site conditions available as of 30 Aug 2022. The designs with site layout were not approved by the Mukono LG Building Control Committee.

4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; Standard designs/specifications and layout issued by MOES were available, customised to specific site conditions. The designs with site layout were not approved by the Mukono LG Building Control Committee.

5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; Road designs followed MOWT DUCAR design manuals (dated January and May 2004). Strip maps were prepared and available in the improvement plan document. The approved site layout/strip map (indicate area of work/ activities) provided a basis for scoping the works.

6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; Road designs followed MOWT DUCAR design manuals (dated January and May 2004). Strip maps were prepared and available in the improvement plan document. The approved site layout/strip map (indicate area of work/ activities) provided a basis for scoping the works.

7. Micro-Scale Irrigation Project

Supply and Install Irrigation equipment and water tanks on 1 farmer's site, Bogele Godfrey, in Kyampisi sub-county - There was evidence of drawings of the assembly of the irrigation system from the bidding document and the MAAIF brochure.

Although the buildings set out followed Standard Designs & Specifications issued by the corresponding MDAs and the LG, the Site Layouts for the Specific/ Individual Sites were not prepared and thus NO Plans/Designs with Site

			Layouts were approved by the Mukono Building Control Committee A score 0 is justified.	
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	All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration. 1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; No visible defects seen and the quality of work was good as noted by the assessors during the field visit of 20/11/2024. The project is still under construction, and the completed phases are okay. 2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer’s Office); Visible defects were seen – leakage on the drainage pipes noted that needed correction were noted. 3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School was not inspected given the geographical location. Works that could not be verified within the available time and access. Weather was not good as well during our planned travel to the Island. 4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; There were visible defects seen – foundation of the splash apron under construction collapsed. The project is still under construction. 5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; humps on culverts that is a safety hazard observed. They should be levelled by filling the approaches to even out. Offshoots lacking, leading to scouring of side drains for water runs for long distance. Gravel loss noted in some sections of the road, an indication of pre-mature failure. 6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; Humps on culverts that is a safety hazard observed. They should be levelled by filling the approaches to even out. The road is not adequately drained. Offshoots lacking, leading to scouring of side drains for water runs for long distance. Water ponding on side drains and water crossing the road at a number of locations and some running along the road. An indication of inadequate assessment of culvert needs. 7. Micro-Scale Irrigation Project (MSI); Supply and Install Irrigation equipment and water tanks on 1 farmer’s site, Bogele Godfrey, in Kyampisi sub-county. The MSI system had no visible defects. Inadequate drainage provided on the road is a significant omission and affects the functionality of the road, and reduces the life of the road.	**0**

			FOUR projects (1 health, 1 education and 2 roads) had visible defects. TWO of these are major defects that are significant. A score 0 is justified	
Usable				
3				**10**
	Evidence that the infrastructure projects have the basic amenities which are functional and used for the intended purpose	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: Sample at least six (6) projects (1 per sub-program) from the previous FY. If the infrastructure projects have the basic amenities which are functional and used for the intended purpose score 10 or else 0	The following infrastructure projects were implemented by the LG in the previous FY. 1. Health Projects i. Phased construction of an Operating Theater at Katoogo HC III, Nama Sub county ii. Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer’s Office 2. Education Projects i. Construction of a 3-Classroom Block including Furniture at Koome C/U Primary School in Koome Sub-county ii. Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School iii. Construction of 5-Stance VIP lined pit latrine Blocks at Gonve C/U Primary School in Nakifuma Naggalama TC iv. Construction of 5-Stance VIP lined pit latrine Blocks at Bukasa Namuyadde Primary School in Kimenyedde Sub county v. Construction of 5-Stance VIP lined pit latrine Blocks at Nakibano UMEA in Nagojje Sub-county vi. Construction of 3 stance VIP lined pit latrine with urinals and bathroom at Sub-county Headquarters 3. Road Projects i. Routine mechanized maintenance of Nakisunga – Byafula road, 9km ii. Routine mechanized maintenance of Byafula – Katente road, 8.6 km iii. Routine mechanized maintenance of Nakayaga – Kayanja, 17.8km iv. Routine mechanized maintenance of Nsanja-Mpunge-Kisiru, 22km 4. Micro-Scale Irrigation Project Supply and Install Irrigation equipment and water tanks on 23 farmers’ sites.	

All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration.

The three infrastructure projects visited are compliant. They had basic amenities that are functional and used for the intended purpose.

1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; The theater is still under construction, and the completed phase so far has the basic facilities/Amenities including; Ramps for easy access, Theater room, staff offices, changing rooms, toilets for male and female staff. Not functional and in use.

2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office); the offices renovated and in use.

3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School was not inspected as earlier mentioned; but the Pictorial progress Reports indicated the basic School Amenities of Ramps, and others. The project was not assessed on the indicator.

4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; the toilet is still under construction and not functional and in use.

5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; inspected had good camber and suitable surface material (gravel or murram) that provides a smooth ride and safe to road users. More offshoots and culverts are still required to be installed at appropriate locations to drain the road properly.

6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; inspected had good camber and suitable surface material (gravel or murram) that provides a smooth ride and safe to road users. More offshoots and culverts are still required to be installed at appropriate locations to drain the road properly.

7. Micro-Scale Irrigation Project; Supply and Install Irrigation equipment and water tanks on 1 farmer's site, Bogele Godfrey, in Kyampisi sub-county. The MSI was functional and used for intended purpose.

Two projects (1 health and 1 education) are not yet functional for they are still under construction and were not assessed for this indicator. One project under education was not assessed. 3 projects (2 roads and 1 micro-scale irrigation) assessed provided basic amenities that were found functional and being used for the intended purposes.

A score 10 is justified.

Human Resource Management

4	Evidence that the LG has substantively filled, deployed and ensured that the staff in all Heads of Department positions access the payroll. Districts i. Chief Finance Officer ii. District Planner iii. District Engineer iv. District Natural Resources Officer v. District Production Officer vi. District Commercial Officer vii. District Community Development Officer viii. District Health Officer ix. District Education Officer	From the Principal Human resource Officer obtain and review: (i) the approved customized structure of the LG; (ii) staff lists; and (iii) personnel files to establish existence of: Appointment letters for all HoDs Review the payroll to establish that the recruited staff accessed the most recent payroll. If 100% of the above positions are filled score 6 If 80 – 99% of the above positions are filled score 4 If below 80% of the above positions are filled score 0	The following HR data sources were received from the district officers and reviewed • A file of approved staff structures for the district and for the LLGs Ref: HRM/MKN/152/01; the district staff structure as of 2016 approved by the MoPS dated 06/03/2017 vide ARC/135/306/01 • Personnel files for HoDs and critical staff; included there in were appointment letters • A staff list itemizing all staff and their posts • The payroll for October 2024; an excel file of the payroll verification reports with 2,838 employees paid by the DLG as well as a payroll register detailed report. The data below presents the key HoD posts as per approved Mukono District customised staff structure, the name of the officer occupying the post as per staff list, the status of the appointment as per appointment letter in the individual’s personnel file, the appointment date and minute per appointment letter and the IPPS number to indicate that the officer is on the payroll and received salary for October 2024. SN HoD Post Name of officer Status Appointment date & (Minute) IPPS No 1. CFO Kalule W.P. Secondment 04/10/2024 Buikwe 818720 2. District Planner Sebadduka Collins Substantive 01/04/2020 (MD.88/2020) 834862 3. District Engineer Mugisa J.A Substantive 01/07/2011 (126/2011} 829609 4. Natural Resources Office Mujuni William Substantive 01/07/2010 (28/2010(4)) 829495 5. DPO Mukulu Fred Substantive 01’07/2010 (MDC.165/2013) 818746 6. DCO Mukasa S.K Secondment 01/03/2024 Kayunga 8566007 7. DCDO Tollea Franco Secondment 01/02/2024 MLGSD 825319 8. DHO Mulindwa Steven Assignment 829715 9. DEO Kikomeko Rashid Substantive 01/12/2021 (MD.280/2021) 289258 From the above data 3 HoDs are on secondment from other local governments and central government ministries and one is on assignment; thus the HoD positions are filled above 80% and the score for this indicator is 4	**4**

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	The data below presents the key critical posts as per approved Mukono District customised staff structure, the name of the officer occupying the post as per staff list, the status of the appointment as per appointment letter in the individual’s personnel file, the appointment date and minute per appointment letter and the IPPS number to indicate that the officer is on the payroll and received a salary for October 2024. Critical Staff SN Post Name Status Appointment date & (Minute) IPPS No 1. SPO Batenga P Substantive 01/02/2019 (MD 10/2019) 857520 2. PHRO (Admn) Kazibwe Steven Substantive 01/01/2019 (MD196/2018) 857537 3. PHRO (PSC) Substantive 10/03/2008 829681 4. SEO Mutalya I.J. Substantive 03/12/2019 (MD 215/2019) 1054229 5. SLMO Mbazira Robert Substantive 01/10/2012 (MD 31/2012 (ii)(b)) 857605 6. PIA Abongi Albert Substantive 01/10/2009 (87/2009) 818741	**0**

viii. Water Officer

ix. Senior Inspector of Schools

x. Labour Officer

xi. Senior Assistant Secretaries (SAS)

xii. Senior Assistant Town Clerks

xiii. Parish chiefs

7. SAE Mukulu D Assigned - 992489

8. Water Officer Vacant -

9. Senior Inspector of Schools Ssali Gerald Assigned - 291684

10. Senior Labour Officer Belinda Doreen Substantive 01/10/2019 (MD 209/2019) 829312

The district also had a total critical staff 16 officers working SAS/ Sub county chiefs and town clerks, of these 9 (56%) were in acting capacity.

SN Sub-county/ Town Council Name of officer Status Appointment date & (Minute) IPPS No

1. Seera Namuganga Nsubuga JM Assignment 829670

2. Kasawo Ombasa Dennis Assignment 829554

3. Kimenyedde Kamara D Substantive 06/10/2020 (MD 351/2020) 965693

4. Ntunda Nakitto T Substantive 01/10/2009 (MD 70/2009(5)) 829692

5. Nagojje Nantale C Substantive 19/05/2015 (MD.39/2015) 829679

6. Kyampisi Namatovu H Assignment 829678

7. Nama Nsubuga L Substantive 01/07/2011 (129/2011) 829509

8. Koome Ndidde H Assignment 870966

9. Mpatta Nsereko U Substantive 01/10/2009 (MD.70/2009(3)) 829674

10. Mpunge Asingwire L Assignment 938732

11. Nakisunga Namakoola S Substantive 10/03/2008 (48/2008 (4)) 829553

12. Ntenjeru –Kisoga TC Tekisooka MN Substantive 03/03/2020 (MD 73/2020) 829415

13. Katosi TC Aguti Stela Assignment 829914

14. Namataba TC Katamba Fred Assignment 829503

15. Kasawo T/C Kiganda R Assignment 829504

16. Nakifuma-Naggalama Kizito F Substantive 19/06/2020 (MD/34/2020) 829561

In addition, the DLG had 87 parish chiefs all of whom were substantively appointed.

This indicator requires that all the critical staff above are substantively appointed which is not the case here, thus a score of 0

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 and check for:	All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration. 1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; A site reconnaissance report was not available. Technical investigation report was available. Costed ESMPs incorporated in costed BOQs. 2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer’s Office); A site reconnaissance report was not availed. Technical investigation report – not seen. Costed ESMPs incorporated in costed BOQs. 3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School - A site reconnaissance report was not available. Technical investigation report was available. Costed ESMPs incorporated in costed BOQs. 4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; A site reconnaissance report was not availed. Technical investigation – not seen. Costed ESMPs incorporated in costed BOQs. 5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; had site reconnaissance reports. Road inventory and condition surveys were conducted	**0**

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

• ESMPs for projects (At least 3 projects)

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

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

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

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

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

v. Ensure that the cost estimates are

in order to prepare the Annual Work plan for the road programme. Technical appraisals were not done for the road projects. Road projects had customized designs and drawings based on MOWT DUCAR design manual (dated January and May 2004). The approved site layout/ strip map (indicate area of work/activities) provided a basis for scoping the works. Force Account Works estimates/BOQs included description of works, activity details, scope of works, fuel, oils & lubricants, plant & equipment, materials, labour/personnel, allowances available. Costed ESMPs incorporated in costed BOQs.

6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; had site reconnaissance reports. Road inventory and condition surveys were conducted in order to prepare the Annual Work plan for the road programme. Technical appraisals were not done for the road projects. Road projects had customized designs and drawings based on MOWT DUCAR design manual (dated January and May 2004). The approved site layout/ strip map (indicate area of work/activities) provided a basis for scoping the works. Force Account Works estimates/BOQs included description of works, activity details, scope of works, fuel, oils & lubricants, plant & equipment, materials, labour/personnel, allowances available. Costed ESMPs incorporated in costed BOQs.

7. Micro-Scale Irrigation Project - Supply and Install Irrigation equipment and water tanks on 23 farmers' sites; A site reconnaissance survey and technical appraisals were done and reports available. These included awareness raising for local leaders and farmers, expression of interests by sub-counties for irrigation equipment, enhancement of farmers capacity for uptake of MSI, and procurement and contract management processes. Screening for environmental and social safeguard conducted in 25 sites.

1 out of 7 infrastructure projects used the results of site reconnaissance surveys and technical appraisals to prepare Standard designs and drawing, tender documents and Costed BOQs including costed ESMPs.

6 (six) projects were non-compliant

A Score 0 is justified

Three sampled projects

1. Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office) – DDEG Project
2. Construction of a 5-stance VIP lined pit latrine with Urinals and Bathrooms at Seeta Nazigo SDA P/S in Nakisunga subcounty
3. Rehabilitation of Nakisunga-Byafula Road - 9km in Nakisunga subcounty

The requisite ESHS assessments were undertaken and used in the preparation of the BoQ for All the projects.

consistent with the customized designs.

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

Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office) – DDEG Project

Screening report: approved by the District Natural Resources Officer (DNRO), and District Community Development Officer (DCDO) on **03/July 2023**

• ESMP approval date was dated on **31/July/2023**

• Total cost of the mitigation measures in the **ESMP was Ushs 8,800,000**

• However, costs for mitigation measures in the **ESMP were bulked, without specifying unit costs**, e.g. a budget of Ushs 500,000 for tree planting did not specify the quantity /number of seedlings were to be planted

The two remaining sampled projects had consistent dates of screening reports and dates for approval of the ESMPs

Project: Construction of a 5-stance VIP lined pit latrine with Urinals and Bathrooms at Seeta Nazigo SDA P/S in Nakisunga subcounty

Screening report: approved by the District Natural Resources Officer (DNRO), and District Community Development Officer (DCDO) on **9th /August/ 2023**

• ESMP approval was dated on the same date: **9th /August/ 2023**

• Total cost of the mitigation measures in the **ESMP was Ushs 21,000,000**

• Construction work was still ongoing by the time of this assessment.

Project: Rehabilitation of Nakisunga-Byafula Road - 9km in Nakisunga subcounty

• Screening report: approved by the District Natural Resources Officer (DNRO), and District Community Development Officer (DCDO) on **21/November/ 2023**

• ESMP approval date was dated on **21/November/ 2023**

• Total cost of the mitigation measures in the **ESMP was Ushs 8,800,000**

• Mitigation measures identified in the ESMP was not implemented, e.g. trees were not planted

Score 6: The ESMPs were developed for all sampled projects and incorporated into the BoQs in the bid documents

1 out of 7 infrastructure projects used the

			results of site reconnaissance surveys and technical appraisals to prepare Standard designs and drawing, tender documents and Costed BOQs including costed ESMPs. **Overall score 0 is justified**	
Procurement				
7	Evidence that the LG maintained a complete project file for each infrastructure project implemented in the previous FY. The procurement file should have and adhere to standards on the following: (or as amended to the PPDA guidelines on procurement records 2024)	From the PDU, Procurement Officer obtain the procurement file to determine the existence of the documents below; i. Contracts Committee Composition. The Contracts Committee must be formally and properly constituted. ii. Approved Procurement Plan; iii. Initiation of procurement iv. Contracts Committee approval of the procurement method, bidding document, evaluation committee and shortlist of providers where applicable; v. Bidding document and any amendments or clarifications vi. Copy of the published advertisement of shortlist vii. Record of issuance of bidding document viii. Record of receipt of bids ix. Record of opening of bids x. Copies of bids received xi. Evaluation meetings and evaluation report xii. Notice of best evaluated bidder xiii. Submission of	From the PDU, the Procurement Plan had been availed; and the following procurement Files were sampled. NB All the infrastructure projects were reviewed and the 6 listed are examples of some of the projects for illustration. 1. Phased Construction of Operating Theatre at Katoogo HC III in Nama S/Cty - *MUKO889/WRKS/22-23/00006* 2. Renovation of Medical Department Building at Mukono DLG Headquarters - *MUKO889/WRKS/22-23/00008* 3. Construction of a 3-Classroom Block including Furniture at Koome C/U P/S in Koome S/Cty - *MUKO889/WRKS/23-24/00004* 4. Construction of a 5-Stance VIP Lined Latrine blocks at Seeta - Nazigo SDA P/S, Gonve C/U PS. In Nakifuma - Naggalama T/C, Bukasa - NamuyaddeP/S in Kimenyedde S/Cty and Nakibano UMEA in Nagojje S/Cty - *MUKO889/WRKS/23-24/00009* 5. Mechanised Maintenance of Nakisunga - Byafula, 9km; Byafula - Katente, 8.6Km; and Ntanzi - Salama Roads, 4.2Km 6. Mechanised Maintenance of Nakayaga - Seeta - Kayanja, Road, 17.8km The above files were complete with the following documents summarized as below. **i) The Contract Committee** of five (5) members was constituted and approved by the PS/ST dated 22/12/2021 (3 Members), and 23/2/2022 (2 Members) respectively as below. 1. Mr. Mukasa M. Stephen, Principal Agricultural Officer - Chairman 2. Dr. Ddumba Isaac, ADHO – Member/Secretary: 3. Mr. Sebadduka Collin, D/Planner – Member 4. Ms. Namayanja Anitah, IoS – Member 5. Mr. Ntege James, Snr. Probation Officer – Member The communications of Appointment by the CAO to the individual members were done on 6/1/2022, and 4/4/2024 respectively **ii) Approved Procurement Plan** dated 18/9/2023; and Received by the PPDA as of 22/11/2023. Projects listed above were among those listed in the said Plan.	**2**

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) xviii. Evidence of resolution of grievance or complaints (if any) Score 2 if all documents are available otherwise score 0 if incomplete.	**iii) Initiation of procurement** were done by filling LG PP Form 1s with necessary endorsements and for Confirmation of Need/Request) by the user departments, and approvals (confirmation of funding) by the CAO for contracted projects. Engineers Estimates were available on the files as a basis for the funds being requisitioned. For example, the Construction of a 3-Classroom Block including Furniture at Koome C/U P/S project above had LG PP form 1, endorsed (Confirmation of Need and Approval to procure) by the D.E.O on 23/11/23, and confirmation of funding by the C.A.O on 4/12/23. UGX 299,273,800/= as Engineers Estimates **iv) Contracts Committee (CC) approvals** of the procurement method, bidding document, evaluation committee and shortlist of providers where applicable were all available on file; for example the Classroom Block at Koome P/S – the Method used was Open Domestic Bidding, as approved by the CC. on 11/12/2023 under Min No. ***MIN.004.2/11/12/2023***. The Renovation of Medical Department Building at the Mukono DLG Headquarters, the approvals by the CC were on 8/1/2024 under Min No. ***MIN.004.1/27/9/2023*** **v) Bidding documents** available; for example, the Classroom Block at Koome P/S, documents were available as issued by the LG Engineer on 26/8/2023. No amendments or clarifications were done **vi) Copies of the advert** were available – as Invitations to Bid sent out to Shortlisted Bidders via the e-GP Platform on 11/2/2024 from the list of Providers as per PPDA for the Renovation of Medical Department Building among others. **vii) Record of issuance of bidding documents** was available on files - as LG PP Form 6. For example, LG PP Form 6 for the Renovation of Medical Department Building Project dated 11/2/2024 as endorsed by the Procurement Officer (PO). One (1) Firm was issued with the documents as of 11/2/2024. Also, among others, LG PP Form 6 for the Construction of a 3-Classroom Block including Furniture at Koome C/U P/S Project as endorsed by the PO. Two (2) Firms were issued with the documents as of 8/12/2023. **viii) Records of receipt of bids** were available on files as LG PP Form 9s endorsed by PO (for PDU) and C.C Member. For the example, among others, the Construction of a 3-Classroom Block including Furniture at Koome C/U P/S, Form 9, was endorsed as of 3/1/2024 endorsed as above. 2 Firms returned the Bids via the *e-GP Portal* on 29/12/2023 and 2/1/2024 respectively. **ix) Record of opening of bids**; Opening of Bids for the projects sampled above was done on respective dates as per records printed from the *e-GP Portal.* The opening for the 3-Classroom Block project at Koome P/S and the 5-Stance VIP Lined Latrine blocks was done on 3/1/2024 at 12:22pm; and 12:23pm respectively. 2 members

(C.C Member & PO) are on the record of opening

x) 1 copy was received as per the Record of opening above since submissions were via the *e-GP Portal* for the projects sampled above

xi) Evaluation meetings were held, and evaluation reports and Recommendation as per PP Form 46 dated 19/1/2024, signed by the Evaluation Committee; (Procurement Officer, DEO and Snr .Engineer) for the Construction of a 3-Classroom Block including Furniture at Koome C/U P/S.

xii) Notice of Best Evaluated Bidders were available on files (given the time of assessment – not found on Notice Boards); for example, the Construction of a 3-Classroom Block at Koome C/U P/S; Notice was signed for display (by Head PDU and CAO) on the 22/1/2024, and date of removal was 6/2/2024

xiii) Submission of contract to the Solicitor General for clearance was done for projects whose contract prices were above threshold. For example, Contract Sum of UGX 296,566,019/= for the Construction of a 3-Classroom Block including Furniture at Koome C/U P/S. The submission was done by the CAO on 7/2/2024

xiv) Approval by Solicitor General (S/G) was done as per letter dated 27/2/2024, by J B R Suuza (For S/G)

xv) Contract and amendments thereto as per format/requirement. For example, Contract to M/S Savanah Engineering Works Ltd was available. The Document was signed on 4/3/2024 with all other requirements - Contractor's ESMPs were endorsed by the authorised signatory (Namusisi Caroline) on 8/12/2023.

Contract was extended to 20/11/2024, as approved by the CC. during their meeting on 11/10/2024 under Min No. MIN.004.1.2/11/10/2024.

xvi) Under Min No. ***MIN.004.1/22/1/2024***; the project was approved by the C.C in their meeting held on 22/1/2024; for the Construction of a 3-Classroom Block including Furniture at Koome C/U P/S. Under Min No. MIN.004.1/12/3/2024; the Renovation of Medical Department Building at Mukono District Headquarters was approved by the C.C in their meeting held on 12/3/2024

xvii) No other correspondences other than the above were seen on files

xviii) No Grievances or complaints were registered during the procurement process as per Grievance forms dated 30/6/2024

It was therefore deduced that Mukono DLG maintained a complete project file for each infrastructure project implemented during the previous FY

On the IVA Comments, the list was provided, and the Assessors mentioned in the earlier

			Performance measures - that being based on the BPR for the previous FY (2023/2024), as endorsed and dated 31/07/2024 by the Accounting Officer (*Elizabeth Namanda*); The sampling criteria was approved as of 23rd December, 2024 **Resolutions** between, OPM, Assessment, and IVA Firms that - ***the sampled projects can be considered to score all the indicators***	
8	Evidence that the previous FY Procurement Plan included specific timelines for completing the outlined activities, and that the LG adhered to these established timelines.	From the PDU obtain the procurement plan and procurement files. • Review the timelines outlined in the Procurement Plan. • Review the procurement files to confirm the dates on which the specified activities were carried out and completed. Score 4 if the timelines were specified in the procurement plan and the LG adhered to these guideline otherwise score 0	From the procurement plan and procurement files obtained from the PDU; Timelines specified **were NOT adhered to** as per guidelines. For example, *Construction of a 3-Classroom Block including Furniture at Koome C/U P/S - MUKO889/WRKS/23-24/00004*; Bids Invitation had been planned for 4/10/2023, Bids Closing/Opening scheduled for 27/10/2023, Approval of Evaluation Reports was on 29/10/2023, Award Contract & Notification was on 18/11/2023, and then Contract Signing also on 18/11/2023. The evaluation process; (as per Procurement Plan) had been scheduled for 29/10/2023 yet the activity was done on 19/1/2024, as per report signed by the Evaluation Committee; that comprised of the DEO, P.O, & Senior Engineer. The Contract signing as per contract document reviewed was also done on 4/3/2024 It was thus evidenced that the previous FY Procurement Plan included specific timelines for completing the outlined activities, however, Mukono DLG **did not adhere to ALL** these established timelines On the IVA Comments, the list was provided, and the Assessors mentioned in the earlier Performance measures and that being based on the BPR for the previous FY (2023/2024), as endorsed and dated 31/07/2024 by the Accounting Officer (*Elizabeth Namanda*); The sampling criteria was approved as of 23rd December, 2024 Resolutions between, OPM, Assessment, and IVA Firms that - ***the sampled projects can be considered to score all the indicators*** For this performance Measure, the ***Forfeiture Principle*** was applied accordingly as well, so only one example was sighted (after a review of the 6 sampled projects) and and it was not compliant	**0**
Contract management				
9	a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical,	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:	Contract management files for all infrastructure projects constructed seen. Project managers were appointed by Accounting Officer for contracted building works. Force Account Supervisors and Force Account Managers were appointed for road projects.	**0**

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 LG Engineer obtain project management files. Check for • Compulsory approvals Verify if compulsory approvals were issued score 2 else score 0	All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration. 1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; Tests results for concrete cubes issued by the Chief Materials Engineer, MOWT Central Materials Laboratory, Kireka – Kampala were available. Approvals were thus issued by the LG Engineer accordingly. 2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office); Compulsory approvals – Test results for concrete cubes by the MOWT Central Materials Laboratory Kireka by Chief Materials Engineer on 31 12 2023 available. 3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School; Tests results for concrete cubes, aggregates issued by Teclab Limited, Kampala were available. Approvals were thus issued by the LG Engineer accordingly. 4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; Compulsory approvals – No laboratory tests was carried available. 5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; No compulsory approvals issued by the LG Engineer – Tests results for in-situ tests (compaction, thickness), gravel, aggregates and culverts were missing. Instead the Force Account Supervisor reported "VISUAL and "PHYSICAL" approvals. The FORCE ACCOUNT projects should also be well documented. 6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; No compulsory approvals issued by the LG Engineer – Tests results for in-situ tests (compaction, thickness), gravel, aggregates and culverts were missing. Instead the Force Account Supervisor reported "VISUAL and "PHYSICAL" approvals. The FORCE ACCOUNT projects should also be well documented. 7. Micro-Scale Irrigation Project Supply and Install Irrigation equipment and water tanks on 23 farmers' sites; Compulsory approvals – Testing the installed submersible pump done; testing the pump before starting up the irrigation process; testing and taking records of the system, including the drag hose system (as per the quarterly report of 30/06/2024 available). Mukono LG should ensure ALL PHASES of the project are approved before the contractor is allowed proceeds to the NEXT ACTIVITIES in the project sequence/ work schedule. The approval should be documented, the records kept and archived. NOT ALL infrastructure projects had the compulsory approvals issued out by the Project

			Manager/ Force Account Supervisor. It was reported by the Project Manager/ Force Account Supervisor that instead “VISUAL and PHYSICAL approvals” were issued to the Contractor/ Force Account Manager. A Score 0 is justified.	
9	a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures) b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates	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	All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration. 1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; written site instructions issued as of 01/06/2023 and 24/07/2023; for plastering, superstructure. The works were implemented as confirmed during the field visit of 20/11/2024. 2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer’s Office); written site instructions issued on 01/06/2023 and 24/07/2023. 3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School); Written site instructions issued – 31/05/2024, 05/06/2024 for excavation, super structure. In the site monthly progress report of May/June 2024, excavation and setting out the superstructure on ground was confirmed to have been accomplished, as evidenced by progress photographs. 4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; written site instructions issued by the Project Manager to the contractor - Not seen. It was reported by the Project Manager that instead “VERBAL instructions” were issued to the contractor. 5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; No written site instructions issued by the Force Account supervisor to Force Account Manager seen. It was reported by the Force Account Supervisor that instead “VERBAL instructions” were issued to the Force Account Manager. However, works were observed to have been executed in accordance with the applicable technical standards (DUCAR design manual (January and May 2004)). 6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; No written site instructions issued by the Force Account supervisor to Force Account Manager seen. It was reported by the Force Account Supervisor that instead “VERBAL instructions” were issued to the Force Account Manager. However, works were observed to have been executed in accordance with the applicable technical standards (DUCAR design manual (January and May 2004)).	**0**

	were issued to the contractor		7. Micro-Scale Irrigation Project - Supply and Install Irrigation equipment and water tanks on 23 farmers' sites; Written site instructions issued by the Project Manager to the contractor available – To fix and tighten all the loose joints and pipes; install cum locks at all the hydrates; and tasked farmers to apply the water conservation measures and were confirmed done by the assessors during the field visit of 20/11/2024. FOUR (4) infrastructure projects (2 health, 1 education and 1 micro-scale irrigation) had written site instructions issued out by the Project Manager to the contractors and confirmed corrected by the assessors. THREE (3) infrastructure projects (1 education and 2 roads) did not have written site instructions issued out by the Project Manager/Force Account Supervisor to the contractors/ Force Account Manager. It was reported by the Project Manager /Force Account Supervisor that instead "VERBAL instructions" were issued to the contractor/ Force Account Manager. Not all projects were non-compliant. A Score 0 is justified.	
9	a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures) b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover d) Evidence that the Project Manager after practical completion:	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY: From LG Engineer obtain project management files. Check for • Snag list • Final Completion Certificate including approvals from Environment Officer and DCDO. Verify if the project manager has compiled a snag list and instructed the contractor to correct all defects and ensured that the contractor has indeed corrected all defects before issuing the final completion certificate. Score 2 if all requirements are met; otherwise, score 0.	The following infrastructure projects were implemented by the LG in the previous FY. 1. Health Projects i. Phased construction of an Operating Theater at Katoogo HC III, Nama Sub county ii. Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office 2. Education Projects i. Construction of a 3-Classroom Block including Furniture at Koome C/U Primary School in Koome Sub-county ii. Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School iii. Construction of 5-Stance VIP lined pit latrine Blocks at Gonve C/U Primary School in Nakifuma Naggalama TC iv. Construction of 5-Stance VIP lined pit latrine Blocks at Bukasa Namuyadde Primary School in Kimenyedde Sub county v. Construction of 5-Stance VIP lined pit latrine Blocks at Nakibano UMEA in Nagojje Sub-county vi. Construction of 3 stance VIP lined pit latrine with urinals and bathroom at Sub-county Headquarters 3. Road Projects	**0**

(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

i. Routine mechanized maintenance of Nakisunga – Byafula road, 9km

ii. Routine mechanized maintenance of Byafula – Katente road, 8.6 km

iii. Routine mechanized maintenance of Nakayaga – Kayanja, 17.8km

iv. Routine mechanized maintenance of Nsanja-Mpunge-Kisiru, 22km

4. Micro-Scale Irrigation Project

Supply and Install Irrigation equipment and water tanks on 23 farmers' sites.

All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration.

1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; -Revised completion date was 30/09/2024 and the project should be under DLP. No snag list compiled and issued by the Project Manager to the contractor. A field visit to the site on 20/11/2024 found out that the works are still going on. Final completion certificate has NOT been issued, yet DLP of 6 months expired on 30/09/2024. Project closure delayed. Approvals from Environment Officer and DCDO have not been processed. Retention money not paid.

2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office); No snag list compiled and issued – No defects identified on 28/06/2024 at substantial completion. Some defects (leakage of drainage pipes) that would require correction were noted by the assessors during the field visit of 20/12/2024. Final completion certificate and Approvals from Environment Officer and DCDO have not been processed because the project is under DLP of 6 months ending on 28/12/2024.

3. Education Project (1) - The 3-Classroom block project at Koome C/U Primary School has a revised completion date of 20/11/2024. Snag list will be prepared after this date.

4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; Snag list was not compiled as Reported by the Project Manager. Some defects (collapsed of splash apron) that would require correction were noted by the assessors during the field visit of 11/12/2024. Final completion certificate and Approvals from Environment Officer and DCDO cannot be processed because the project is still under construction.

5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; Snag list not compiled and issued to Force Account Manager. Some defects were that would require corrections were noted by the assessor during the filed visit of 20/11/2024 -

headwall construction of culverts, humps on culverts were a safety hazard if not levelled, and lack of offshoots that has led to erosion of side drains. Delayed handling of these defects will lead to increase deteriorations and unsafe roads. Final completion certificate – Not applicable to Force Account works. Approvals from Environment Officer and DCDO applicable to Force Account works (Borrow pits restoration, tree planting, Grievance redress – how complaints from communities were handled during project implementation) – Not processed.

6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; Snag list not compiled and issued to Force Account Manager. Some defects were that would require corrections were noted by the assessor during the filed visit of 20/11/2024 - headwall construction of culverts, humps on culverts were a safety hazard if not levelled, and lack of offshoots that has led to erosion of side drains. Delayed handling of these defects will lead to increase deteriorations and unsafe roads. Final completion certificate – Not applicable to Force Account works. Approvals from Environment Officer and DCDO applicable to Force Account works (Borrow pits restoration, tree planting, Grievance redress – how complaints from communities were handled during project implementation) – Not processed.

7. Micro-Scale Irrigation Project - Supply, design and installation of irrigation of Irrigation equipment to 23 farmers' sites; Snag list compiled and issued by the Project Manager to the Contractors/Suppliers included – leakages in hose pipes at joints; cum locks missing on the hydrates; and some farmers not practising water conservations measures. These were confirmed addressed by the suppliers and farmers during field visit of 20/11/2024. No visible defects seen. The system was in good condition and functional. Final completion certificate and Approvals from Environment Officer and DCDO were not processed because the project is under DLP of 6 months ending on 29/12/2024.

Final Completion Certificates including approvals from Environment Officer and District Community Development Officer were not issued for all projects. The road projects under Force Account where they are not applicable could not be assessed for this indicator. Mukono LG should closely monitor the performance of assets during the DLPs.

Snag list was compiled and issued by the Project Manager to the Contractor for 1 micro-scale irrigation project. No snag lists were compiled and issued by the Project Manager to the Contractors for 2 education projects still under construction, and 2 health projects under DLP. No snag list was compiled and issued by the Force Account Supervisor to the Force Account for two road projects after practical completion, and yet some defects that would require correction were noted on the roads. Also on two projects, some defects that would require correction were noted

			by the assessors (1 health - the DLP expired on 30/09/2024 and 1 education - the DLP will expire on 29/12/2024) during the field visit of 20/11/2024. A Score 0 is justified.	
9	a) Evidence that the Project Manager during project implementation issued compulsory approvals (materials testing, critical stage approvals, mechanical, electrical and plumbing fixtures) b) Evidence that the Project Manager during project implementation wrote site instructions and the contractor implemented these site instructions c) Evidence that the Project Manager after practical completion: (for completed projects) compiled a snag list & instructed the contractor to correct defects before the final completion certificate and the contractor rectified all defects before the practical handover d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment 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	From the DLG Performance Report for FY 2023/2024 the following list of infrastructure projects constructed in FY 2023/24 was extracted as below: **Roads and Engineering** • Mechanized maintenance of 104km of district roads - URF 856m (pg.108) • Bridging of Musamya Swamp - DDEG 35m (pg. **Education** • 3 Classroom Block at Koome CU - Programme Conditional Grant Development 285m (pg. 138) • 3 VIP latrines at 3 UPE schools and retention – Programme Conditional Grant Development (pg. 159) 173m **Health** • Rehabilitation of District Health Office - DDEG 80m • 1 Operating Theatre at Katoogo HC III DDEG Shs 539m (pg.151) • Construction of Medical Store at Mukono General Hosipta - DDEG 40m **Water** • Rehabilitation of 6 hand pump boreholes Programme Conditional Grant Development & DDEG 146m (pg.140) • Construction of Misenyi GFS –(Financial statement 23/08/2024) **Production** • Construction of 2 production wells (Financial statement 23/08/2024) Both bullets under roads and engineering were undertaken through force on accounts, thus issue of completion certificates doesn’t arise. Project files for the above projects were checked for constructions under education and health and its found that the completion certificates including the final completion certificates were all signed by (6) officers: • The CAO • Senior Environment officer • Head of User department • The District Engineer • District Community Development Officer	**2**

			• Principal Internal Auditor Some of the projects completed and, for which retention funds were paid during the FY were: • Shs 14,799,454 on Payment Voucher No. 13294624 dated 04/07/2024, LPO No 2464 dated 22/06/2024 being payment of the Final Certificate Ref MDLG PHC 2022/2023 up on 100% retention release Ref MDLG PHC2022/2023 for Katoogo HCIII project. The final completion certificate was signed by the Senior Environment Officer, the DCDO, the Planner, PIA, Engineer and CAO. • Final Payment Certificate upon 100% retention release of 20/11/2023 for the construction of a VIP toilet at Bukasa Namuyadde Primary School Shs 6,472,581 on Payment Voucher No. 12734260, LPO 2243of 19/03/2024; the final completion certificate was signed by the Senior Environment Officer, the DCDO, the Planner, PIA, Engineer and CAO. The DLG paid the retention funds in the above cases after the due expiry of the retention period which was 180 days after project completion Therefore the score is for this assessment indicator is 2 because the final completion certificates were endorsed by the environment officer and DCDO and retention money was paid after the expiry of the defects liability period.	
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	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	The following infrastructure projects were implemented by the LG in the previous FY.. 1. Health Projects i. Phased construction of an Operating Theater at Katoogo HC III, Nama Sub county ii. Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer’s Office 2. Education Projects i. Construction of a 3-Classroom Block including Furniture at Koome C/U Primary School in Koome Sub-county ii. Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School iii. Construction of 5-Stance VIP lined pit latrine Blocks at Gonve C/U Primary School in Nakifuma Naggalama TC iv. Construction of 5-Stance VIP lined pit latrine Blocks at Bukasa Namuyadde Primary School in Kimenyedde Sub county v. Construction of 5-Stance VIP lined pit latrine Blocks at Nakibano UMEA in Nagojje Sub-county vi. Construction of 3 stance VIP lined pit latrine with urinals and bathroom at Sub-county Headquarters	**0**

d) Evidence that the Project Manager after practical completion: (for completed projects) paid the retention fund to the contractor after the Defects Liability Period e) Evidence (for completed projects) that the site progress meeting schedule was developed, and meetings were held in line with the schedule of works that coincide with payment stages/milestones in the contract; there was a Project hand-over to the client, and Completion certificates were issued to the contractor	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.	3. Road Projects i. Routine mechanized maintenance of Nakisunga – Byafula road, 9km ii. Routine mechanized maintenance of Byafula – Katente road, 8.6 km iii. Routine mechanized maintenance of Nakayaga – Kayanja, 17.8km iv. Routine mechanized maintenance of Nsanja-Mpunge-Kisiru, 22km 4. Micro-Scale Irrigation Project Supply and Install Irrigation equipment and water tanks on 23 farmers' sites. All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration. 1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III; in Nama Sub-county; Meeting schedules developed by Project Manager and minutes of site meetings available. The record of site meetings minutes held are not in line with the schedule of works. Progress reports - seen. Minutes of Project handover –– Not seen. 2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office); Meeting schedules developed by Project Manager – Not seen. Minutes of site meetings – Not seen. Progress reports – not seen. Minutes of Project handover –– Not seen. 3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School; Meeting schedules developed by Project Manager (dated 27/3/2024, issued by Mr. Kikomeko Rashid, District education Officer) and minutes of site meetings available. Monitoring progress reports seen. Minutes of Project handover –– Not applicable for the project is ongoing. 4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; Meeting schedules developed by Project Manager – Not seen. Minutes of site meetings - Not seen. Progress reports – not seen. Minutes of Project handover –– Not applicable for the project is ongoing. 5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; Meeting schedules developed by Force Account Supervisor – Not seen. Minutes of site meetings – Not seen. Quarterly progress reports – Not seen. Minutes of Project handover –– Not seen. 6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; Meeting schedules developed by Force Account Supervisor – Not seen. Minutes of site meetings – Not seen. Quarterly progress reports – Not seen.

			Minutes of Project handover –– Not seen. 7. Micro-Scale Irrigation Project - Supply, design and installation of irrigation of Irrigation equipment to 23 farmers' sites; Meeting schedules developed and Site meeting minutes recorded– not seen. 2 out 7 infrastructure projects had site meeting schedules developed, site meetings held in line with the schedule of works and record of minutes of meetings available and reporting of physical progress of works in accordance with the schedule. 5 out 7 projects were non-compliant. A score 0 is justified.	
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 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.	The following infrastructure projects were implemented by the LG in the previous FY.. 1. Health Projects i. Phased construction of an Operating Theater at Katoogo HC III, Nama Sub county ii. Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office 2. Education Projects i. Construction of a 3-Classroom Block including Furniture at Koome C/U Primary School in Koome Sub-county ii. Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School iii. Construction of 5-Stance VIP lined pit latrine Blocks at Gonve C/U Primary School in Nakifuma Naggalama TC iv. Construction of 5-Stance VIP lined pit latrine Blocks at Bukasa Namuyadde Primary School in Kimenyedde Sub county v. Construction of 5-Stance VIP lined pit latrine Blocks at Nakibano UMEA in Nagojje Sub-county vi. Construction of 3 stance VIP lined pit latrine with urinals and bathroom at Sub-county Headquarters 3. Road Projects i. Routine mechanized maintenance of Nakisunga – Byafula road, 9km ii. Routine mechanized maintenance of Byafula – Katente road, 8.6 km iii. Routine mechanized maintenance of Nakayaga – Kayanja, 17.8km iv. Routine mechanized maintenance of Nsanja-Mpunge-Kisiru, 22km	**0**

4. Micro-Scale Irrigation Project

Supply and Install Irrigation equipment and water tanks on 23 farmers' sites.

All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration.

1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; Measurement sheets jointly signed by the Project Manager and the contractor before works are certified – Not seen.

2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office); Measurement sheets jointly signed by the Project Manager and the contractor before works are certified – Not seen.

3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School; Measurement sheets jointly signed by the Project Manager and the contractor before works are certified – Not seen.

4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; Measurement sheets jointly signed by the Project Manager and the contractor before works are certified – Not seen.

5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; Measurement sheets jointly signed by the Force Account Supervisor and the Force Account Manager before works are approved - Not seen

6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; Measurement sheets jointly signed by the Force Account Supervisor and the Force Account Manager before works are approved - Not seen.

7. Micro-Scale Irrigation Project - Supply, design and installation of irrigation of Irrigation equipment to 23 farmers' sites; Measurement sheets jointly signed by the Project Manager and the contractors before works are certified – Not seen.

All projects were non-compliant.

A score 0 is justified.

10				**2**
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.	From the DLG Performance Report for FY 2023/2024 the following list of infrastructure projects constructed in FY 2023/24 was extracted: **Roads and Engineering** • Mechanized maintenance of 104km of district roads - URF 856m (pg.108) • Bridging of Musamya Swamp - DDEG 35m (pg. **Education** • 3 Classroom Block at Koome CU - Programme Conditional Grant Development 285m (pg. 138) • 3 VIP latrines at 3 UPE schools and retention – Programme Conditional Grant Development (pg. 159) 173m **Health** • Rehabilitation of District Health Office - DDEG 80m • 1 Operating Theatre at Katoogo HC III DDEG Shs 539m (pg.151) • Construction of Medical Store at Mukono General Hosipta - DDEG 40m **Water** • Rehabilitation of 6 hand pump boreholes Programme Conditional Grant Development & DDEG 146m (pg.140) • Construction of Misenyi GFS –(Financial statement 23/08/2024) **Production** • Construction of 2 production wells (Financial statement 23/08/2024) For most of the above construction projects, the district did not pay any advance money to the contractors, the explanation from the district officers was that contractors didn’t request for it and the district does encourage it anyway. However, an advance payment of Shs 59,313,204 was made to Savanah Engineering Works for the construction of a 3 classroom block at Koome CU Primary School against a performance security and advance payment guarantee issued by Equity Bank dated 18/04/2924 valid up to 14/11/2024. This advance was duly recovered by the DLG on Payment Voucher No. 12734073 against payment certificate No. MDLG SFG 2003 & 2004 dated 20/06/2024 The DLG therefore scores two (2) for this indicator since payment of advance was supported by a performance security guarantee issued by a bank and was duly recovered from an interim certificate of completion	

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 • Start and completion date in the contract compared to actual completion date. Verify if the project was implemented as per work schedule and completed within the original completion date. Score 2 if the requirements were met; otherwise, score 0.	All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration. The implementation periods of projects were as follow 1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; Start date – 19/02/2024, Original completion date – 28/06/2024, Revised completion date – 30/09/2024. The project had an extension of time. Project in delay. 2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer’s Office); Start date – 19/02/2024, Actual completion date – 28/06/2024. No project delay. 3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School; Start date – 6/04/2024, Completion date – 7/10/2024, revised completion date – 20/11/2024. The project had an extension of time. Project in delay. 4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; Start date – 6/04/2024, Completion date – 7/10/2024, revised completion date – 20/11/2024. The project had an extension of time. Project in delay. 5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; planned duration – 4 weeks and actual duration – 4 weeks. No Project delay. 6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; planned duration – 2 weeks and actual duration – 2 weeks. No project delay. 7. Micro-Scale Irrigation Project - Supply, design and installation of irrigation of Irrigation equipment to 23 farmers’ sites; Start date of installation – 25/02/2024. Original Completion date of installation – 29/06/2024. Actual completion date – 21/07/2024. Projects in delay. Not ALL infrastructure projects constructed by Mukono LG in the previous FY were implemented as per work schedule and completed within the original completion date. A score 0 is justified.	**0**
10	a) Evidence that joint measurements were effectively conducted (admeasurement contracts)/works done verified (for lumpsum contracts) in terms of both quality and	From the Budget Performance Report, obtain a list of all infrastructure projects constructed by the LG in the previous FY:	All the infrastructure projects were reviewed and the ones listed are examples of some of the projects for illustration. 1. Health Project (1) - The Phased construction of an Operating theater at Katoogo HC III, in Nama Sub-county; had Work schedule prepared by the contractor M/S ERASCO Co. Ltd. on 15/03/2024	**0**

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 LG Engineer obtain project files Check for • Work Schedule • When payment was made as compared to invoice date • Original and amended contract where there is a variation. Verify if the: i. That the LG developed a work schedule, displayed it and reported on physical progress as per the work schedule. ii. That there is no contract variation or variations in contract price for infrastructure investments for the previous FY were approved as per procedures(either within the threshold) Score 2 if the requirements (i) and (ii) were met; otherwise, score 0.	and displayed on site. The physical progress was reported on as per work schedule. 2. Health Project (2) – Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office); Work schedule prepared by the contractor ERASCO Co. Ltd. on 15/03 2024 available in the project file but not displayed on the project site. The physical progress was reported on - Progress report not seen. 3. Education Project (1) - The 3-Classroom block at Koome C/U Primary School; Work schedule – updated prepared by the contractor M/S SAVANAH Engineering Works Ltd. on 10/04/2024, and amended on 01/10/2024. The site was not inspected and the display of work schedule at the project site could not be confirmed – as per pictorial evidences on Progress Reports. 4. Education Project (2) - The Construction of 5-Stance VIP lined pit latrine Blocks at Seeta - Nazigo Primary School; Work schedule developed, available in the project file but not displayed on the project site. The physical progress was reported on - Progress report not seen. 5. Road Project (1) - Routine mechanized maintenance of the below; Nakisunga – Byafula road, 9km; Work schedule developed, available in the project file but not displayed on the project site. The physical progress was reported on – Quarterly progress reports not seen. 6. Road Project (2) - Routine mechanized maintenance of Byafula – Katente road, 8.6 km; Work schedule developed, available in the project file but not displayed on the project site. The physical progress was reported on – Quarterly progress reports not seen. 7. Micro-Scale Irrigation Project - Supply, design and installation of irrigation of Irrigation equipment to 23 farmers' sites; Work scheduled developed and in the project files. Not displayed on site. The physical progress was reported on – Quarterly reports available. 1 out of 7 projects (1 health) were compliant. 6 out of 7 projects (1 health, 2 education, 2 roads and 1 micro-scale irrigation) were non-compliant - The work schedules developed were in the project files, but not displayed on the project sites. There were no contracts amended for the sampled projects. No contract variation or variations in contract price(s) were raised for infrastructure investments for the previous FY; thus No Approvals were necessary. A score 0 is justified.

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) Change in OSR over FY 2023/2024 From Mukono DLG Final Accounts for 2022/2023 and 2023/2024; FY 2023/2024 Net OSR after deducting revenue from sale of small assets worth Shs 3,413,333 (Shs 2,141,127,816 – 3,413,333) = Shs 2,137,714,483 FY 2022/2023 OSR was = Shs 1,952,689,465 Therefore the increase in OSR during the FY 2023/2024 was Shs 185,025,018 or a resultant percentage increase of about 10% (ii) Mandatory Remittance of OSR to LLGs From the DLG bank statements and IFM ledger statements, total transfers to LLGs during the FY 2023/2024 were 1,317,075,459 +73,224,760 (transferred in July 2024 but belonging to collections of June 2024) = 1,390, 300,219. This amount as a % of total OSR of the DLG (2,137,714,483) is equal to 65% which % is what was due to LLGs in accordance with the regulations. The timeliness with which the DLG transferred OSR back to the LLGs after receiving a release from MoFPED was measured by looking at a sample LLG, Nama, and then looking at the release dates of form the IFMs ledger and the dates of payment of OSR to Nama Sub County by the DLG as presented below: Release date Date of transfer to Nama S/C 09/08/2023 08/09/2023 16/10/2023 27/10/2023 21/11/2023 01/12/2023 20/12/2023 21/12/2023 29/01/2024 09/02/2024 12/03/2024 19/03/2024 29/04/2024 17/05/2024 15/05/2024 13/06/2024 20/06/2024 04/07/2024 Although the DLG tried its best to remit OSR to LLGs fairly on time, in some months it crossed over beyond 10 days required under this assessment indicator leading to a score of 0	**0**
12	Evidence that the LG used all the development grants as per the grant guidelines and the	Obtain Budget performance reports from the Chief Finance Officer to ascertain the	From the DLG Performance Report for FY 2023/2024 the following list of infrastructure projects constructed in FY 2023/24 was extracted;	**2**

eligible items in the respective investment menu score 2	Development grants transferred to LGs during the previous FY From the budget website and/or MDAs obtain and review the respective grant guidelines focusing on the Investment Menu Determine whether all development grants in the previous FY were spent on the eligible items in the respective investment menu. If the LG used all of the development grants per the grant requirements and the eligible items in the respective investment menu, score 2 or else 0.	Roads and Engineering • Mechanised maintenance of 104km of district roads – URF Grant Guidelines – Shs 856m (pg.108) • Bridging of Musamya Swamp – Shs DDEG 35m Mechanised roads maintenance was allowable under the Roads Budgeting Guidelines issued by URF; see for example Table 3.0 of the Roads Budgeting Guidelines 2020/2021 –Road Maintenance, Item 5 is maintenance of DUCAR. Under the DDEG Guidelines 2023/2024 Table 7 - Investment Menu under District Engineering Services, Item ix is Bridges for District and Urban Roads, thus the bridging of Musamya Swamp was an eligible DDEG expenditure. Education • 3 Classroom Block at Koome CU Programme Conditional Grant Development = Shs 285m (pg. 138) • 3 VIP latrines at 3 UPE schools and retention – Programme Conditional Development (pg. 159) Shs 173m Table 9 pg. 23 of the Education Local Government Guidelines FY 2023/2024 lists the eligible investments for the education programme development grant; for primary schools the guidelines under bullet one allow the construction, rehabilitation, renovation of classrooms, while bullet 5 allows the construction of sanitation facilities. Therefore Mukono DLG invested in eligible capital investments for the education sector during the FY 2023/2024. Health • Rehabilitation of District Health Office - DDEG 80m • 1 Operating Theatre at Katoogo HC III - DDEG Shs 539m (pg.151) • Construction of medical store at Mukono General Hospital-DDEG 40m (pg.) The eligible activities for funding under DDEG are found in Table 7 pg. 12 of the DDEG guidelines; these guidelines allow LGs to construct or rehabilitate and furnish government offices as item number one of the allowable investment schedule; therefore the rehabilitation of the District Health Office with DDEG money was eligible. The DDEG guidelines also allowed LGs under item VI of health investments to construct and rehabilitate theatres; thus the construction of an operating theatre at Katoogo HCIII was eligible. Water • Rehabilitation of 6 hand pump boreholes Programme Conditional Grant Development & DDEG 146m (pg.140) The DDEG guidelines for FY 2023/2024 under

			water infrastructure, item 1 is rehabilitation and repairs to rural water sources; thus funding the rehabilitation of boreholes was eligible. Table 7 pg. 10 of the water programme grant guidelines 2023/24 under capital investments bullet 1 sub bullet 2 allowed investment of the funds in borehole (hand pump. motorized); thus the rehabilitation of 6 hand pumps was an eligible activity. Production • Construction of 2 production wells (Financial statement 23/08/2024) Under Annex 1, eligible spending areas, Table 1, Eligible spending areas for the crop sub-sector, item 4 Support development infrastructure for irrigation, bullet 2 is maintenance/construction, rehabilitation of irrigation infrastructure, thus the construction of production wells was eligible expenditure. The score is 2 since the projects were implemented in accordance with applicable guidelines	
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	(i) An internal audit work plan Ref AUD/MKN/251/02 for 2024/24 was submitted on 26/06/2024; it contains activities, the responsible officer, and the expected outputs, the targets for each quarter, the budget and funding source. Four quarterly internal audit reports were submitted by the Principal Internal Auditor as follows: Quarter 1 – 26/10/2023 Quarter 2 – 30/01/2024 Quarter 3 – 29/04/2024 Quarter 4 – 29/07/2024 This indicates that the reports were submitted timely within one month of the end of the quarter. A summary of the key issues extracted from the 4 quarterly internal audit reports is: • Poor bookkeeping by the LLGs with regard to local revenue • Road projects under URF and DDEG had not taken off 2 months to the end the FY 2023/2024 • The district has no DSC over the last 2 years • Payment of pension made to staff with no files and whose names had appeared as those who benefitted in 2022/2022 • Noncompliance of LLGs to transfer of local revenue to LC II • Loss of land titles • Giving more land to the Judiciary than Council had approved	**2**

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.	• Unconfirmed values of funds deposited in fuel stations • Lack of accountability by the LLGs • Diversion of DDEG grants without Council approval • Illegal allocation of medical stores • Underpayment of capitation grant to St Charles Lwanga SS • Lack of environmental impact assessment reports on irrigation projects • Reduced collection of local revenue due to lack of enforcement and resistance by taxpayers to the implementation of IRAS • Lack of transparency in special road works under DDEG • Underpayment of capitation grants in secondary schools • Encroachment on school land arising from control of titles by the foundation bodies • Payment of certificates generated in disregard of works done on the ground at the end of the FY in order to utilise grants • Irrigation program was not certified because management was not committed to have it reviewed (ii) A signed attendance register of the LGPAC was available and the dates that the committee sat as per this register were 31/07/2024, 01/08/2024, 06/08/2024, and 13/08/2024. The DLGPAC sat consecutively to clear a backlog of internal audit reports that accumulated over the FY due to the fact that the committee was not having regular sessions. The reports on the DLGPAC were submitted to the District Chairperson for three quarters as at the time of this assessment, the report for the fourth quarter wasn’t yet completed. (iii) Discussions with the Principal Internal Auditor revealed that the departments had implemented corrective action to address the audit issues in the internal audit reports but there was no documented evidence for this and the action taken by the DLG management to address or respond to the several itemised internal audit issues was not availed to the assessment team; and, the internal audit issues for FY 2023/2024 remained on the books despite the fact they had been resolved as indicated by the Principal Internal Auditor. The Internal Auditor General had summarised the internal audit reports and came up with three key issues for the FY 2022/2023 and presented this to the DLG management and, the DLG management had prepared responses that documented the internal audit issue, the internal audit recommendation, district management response, and action taken. All the three issues presented

			by the internal auditor general – improperly supported expenditure on wages, unaccounted for expenditure and, overpayment of a contractor - were resolved Within the final accounts for FY 2023/2024 a report of action taken on the recommendations of parliament based on the reports of the Auditor General on the Final Accounts of 2022/2023 had 52 audit issues and 3 of these had not yet been acted upon; thus 94% of the external audit issues had been acted upon/ resolved A score of 2 is given to this indicator because the internal audit work plan and 4 quarterly reports were prepared by the PIA, the DLGPAC discussed the internal audit reports and submitted a report to the district Chairperson and management took action on the internal audit recommendations as summarised by the Internal Auditor General and resolved them, and 94% of external audit issues were resolved	
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	To be assesed in January after the Opinion of Auditor General	**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.	**Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office) – DDEG Project** Field verification and a review of ESMP monitoring reports confirmed that all planned mitigation measures outlined in the ESMP were fully implemented at this site. **Field verification findings** 1. There was evidence that all the mitigation measures in the project ESMPs were fully implemented 2. Gutters and a 10,000-litre reservoir water tank was installed and operational 3. Planted 8 tree seedlings – with only 3 surviving 4. Lightening conductor installed in the building 5. Waste bins installed in compound, and in the offices However, there was **leakage of untreated wastewater from the toilets due to damaged pipes** near the water tank. This discharge into the environment poses potential health risks to the community. **Dates for ESMP monitoring reports**	**0**

• 22/May/2024

• 12/June/2024

• 4/July/2024

There was no evidence of project safeguards clearance certificate report found. Instead, the DLG issued a general payment certificate for the completed works dated 16th August 2024; however, it failed to account for the implementation of environmental and social safeguards mitigation measures.

To address this gap, it is recommended that the DLG adopts a standardized template for project safeguards clearance certificates to ensure proper documentation and accountability.

Project: Construction of a 5-stance VIP lined pit latrine with Urinals and Bathrooms at Seeta Nazigo SDA P/S in Nakisunga subcounty

Mitigation measures in the **ESMPs were not implemented.** Construction was still on-going by the time of this assessment.

However, there was a monitoring report dated **14/June/2024.**

Field verification

Field visit by the assessor confirmed that the planned **mitigation measures were not implemented**.

There was NO project safeguards clearance certificate in place

Instead, the DLG presented a Work Completion Assessment Form, with an item number 9. for environmental protection measures at a bulk cost of Ushs 4,000,000. The certificate indicated a zero (0%) work completed for environmental protection.

Additionally, there was no breakdown of the mitigation measures to be implemented.

Project: Rehabilitation of Nakisunga-Byafula Road - 9km in Nakisunga subcounty

Mitigation measures in the **ESMPs were not implemented**. Construction was still on-going by the time of this assessment.

However, there was a monitoring report dated 14/June/2024.

Field verification

Field visit by the assessor confirmed that the planned mitigations were not implemented.

There was **NO project safeguards clearance certificate** in place.

			Score: 0. With exception of one project (Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office), which to a greater extent complied to the ESHS requirements, the remaining two sampled projects did not implement the mitigation and enhancement measures identified in the ESMPs. For all the three sampled projects, there were no safeguards certificates. The rating of score is justifiable because the DLG did not comply in many aspects of ESHS requirements.	
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	From the DLG Performance Report for FY 2023/2024 the following list of infrastructure projects constructed in FY 2023/24 was extracted: Roads and Engineering • Mechanised maintenance of 104km of district roads - URF 856m (pg.108) • Bridging of Musamya Swamp - DDEG 35m (pg. Education • 3 Classroom Block at Koome CU - Programme Conditional Grant Development 285m (pg. 138) • 3 VIP latrines at 3 UPE schools and retention – Programme Conditional Grant Development (pg. 159) 173m Health • Rehabilitation of District Health Office - DDEG 80m • 1 Operating Theatre at Katoogo HC III DDEG Shs 539m (pg.151) • Construction of Medical Store at Mukono General Hosipta - DDEG 40m Water • Rehabilitation of 6 hand pump boreholes Programme Conditional Grant Development & DDEG 146m (pg.140) • Construction of Misenyi GFS –(Financial statement 23/08/2024) Production • Construction of 2 production wells (Financial statement 23/08/2024) The roads maintained during FY 2023/2024 were community access roads (DUCAR) thus the issue of land ownership does arise except in situations where a road needed to be widened and land owners were required to sign letters of consent allowing the DLG to use part of their land for this	**0**

purpose. In the case of widening a road, a system of obtaining consent from land owners was supported by the GKMA and put in place where the land owners sign consent forms agreeing with the DLG to use part of their land for infrastructure. E.g. for Ntenjeru –Vvule road, all land owners have signed consent forms with the DLG.

For infrastructure constructed in the health sector, the District Health Office is at the District Headquarters, Katoogo HCII is on private mailo land but there is commitment to allow the DLG process the land title in the names of the District, however evidence of this commitment wasn't provided, while the medical store rehabilitated is at Mukono General Hospital which belongs to the District.

For infrastructure constructed in the education sector, Koome Primary School land belongs to the CoU but a letter authorising the DLG to construct a 3 classroom building Ref MD/DS/CS/12/23 of 19/12/2023 was in place though not registered and stamp duty was not paid on it as per requirement of this indicator

For water infrastructure, the hand pump boreholes are on land owned by individuals, not the DLG. But the DLG enters into a formal agreement with land owner to construct the water point on the land. This is signed by the land owner and witnessed by two community members and the landowner's spouse and the witnessed by District Water Officer, CAO and LCV as signatories. An example is Kito Village Borehole in Nagojje Sub County where the land owner, Hassan Luba signed and the DLG officials did the same.

The score for this indicator is 0; although consent letters between the DLG and land owners where public infrastructure were built are available, these consents were not registered and stamp duty was not paid on them.

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 approved Stakeholder Engagement Plan** for the previous FY (2023/2024) for all the three sampled projects. There were **no reports of implementation of the stakeholder Engagement Plan** for the previous FY - for all the three sampled projects. **Score 0:** Since there was no approved stakeholder engagement plan, and No reports of its implementation for the previous year, the score of zero is justifiable. This indicator will not be scored during this assessment, as per the assessment manual.	**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	**Project: Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office)** GRC was formed and functional at the DLG, where this project was implemented, with a 9-member committee Existence of Letters of Appointment to the District GRC dated 28th July 2023, and signed by the CAO were seen by the Assessor Grievance log was in place where grievances were recorded Minutes of grievance management were in place, indicating that grievances were being handled with dates as indicated below; • 24th July 2024 • 27th September 2024 • 18th October 2023 • 19th September 2023 **Evidence of GRC funding** The budget for stakeholder engagement, including Grievance Redress Committee (GRC)	**0**

		If the requirement (i) to (vi) above are complied with score 2 or else 0.	activities, was approved during the Council meeting held on April 25, 2024, as documented in Council Minute Extract: Min. 40/MKN/COU/04/2023/2024, under Supplementary Budget No. 2 for the 2023/24 fiscal year. Reports on community sensitization on right of way, consent signing, and GRC formation, roles of GRCs, action plans for GRC activities were jointly developed for each community GRC. **Dates of reports on community sensitization** • 24/October/2024 • 13th/August/2024 GRC members received training on their roles and responsibilities, as documented in the training report dated June 24-25, 2024, conducted at the Goma Division Council Hall. **Schedule of GRC meetings for FY 2023/24** • 19th /September/2023 (Venue: DCDO's Boardroom) • 24th /July/2023 (Venue: DCDO's Boardroom) • 18th /October/2023 Venue: DCDO's Boardroom) **The two sampled projects:** GRC was not formed at the project level There was no evidence of community sensitization under these projects The project did not have a grievance log to record potential grievances **Score: 0.** With the exception of only one project (Renovation of Medical Department Building at Mukono District Headquarters (District Health Officer's Office), the remaining two sampled projects did not have GRCs in place, with no evidence of sensitization of stakeholders. Grievances were not handled in the projects. My rating of the score is that the performance was not well done.	

Transparency, oversight, reporting and accountability

19	The LG shared key information with and responded to the issues raised by the councilors and citizens	From Clerk to Council find minutes of Council discussing the LG assessment report. Sample 5 sites to establish display of relevant information From the LG Planner, obtain minutes of	(i) Payment invoices for radio programs of by the DLG implemented with financial support from the GKMA. Payment Voucher No. 13284846 media engagement meetings Shs 2,220,000 paid to CBS, attendance list attached; the ensuing meetings with the community discussed, among many other issues the LGMSD assessment results. (ii) Minutes of the DLG Council No.5 dated	**2**

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.

iv. The LG during the previous FY conducted discussions (e.g. municipal urban fora, barazas, radio programs etc.) with the public to provide

25/04/2024; item No. 6 on the order paper/agenda is presentation of and discussion of the District Assessment Report of 2022/2023; the minute number in the Council Minutes is Min.41/MKN/COU/04/2023/2024. This discussed the progress in the scoring of the district for the previous four years and found out that performance had declined during 2023/2024. The Council tasked the Chairperson and the DEC to ensure the DSC issue is handled since the poor performance was largely attributed to lack of staff.

(iii) Site display boards regarding project procurement and funding details were available at the construction sites sampled by the procurement assessors; i.e. for the renovation of the district health office, the phased construction of Katoogo HC III operating theatre, the 3 classroom block at Koome C/U P/S, the VIP latrine at Seeta Nazigo SDA P/S and the routine maintenance of the 2 roads sampled - Nakisunga-Byafula Road and Byafula - Katente Road

(iv) An attendance list for a Baraza at Kyampisi Subcounty where 159 locals attended and an accompanying report were available; the issues discussed in this baraza were projects within the district. Similarly, the budget conference report and attendance list of 155 people that was held on 02/11/2023 to start the budget process was available. The issues discussed in the budget conference included planned capital projects as well as other planned activities. Activity implementation was also discussed on CBS radio programmes implemented by the DLG with financial support from the GKMA. DLG officials went to CBS radio and made presentations on several issues within the district and shared information with the citizens. Documented evidence also included Payment to CBS Radio of media time for the programs of Mukono DLG on Payment Voucher No. 13284593 dated 05/07/2024 of Shs 13,160,000 for activities related to GKMA as well as Payment Voucher No. 13284596 dated 05/07/2024 for discussing Environment Management activities with the community of Shs 1,880,000.

(v) A charge policy document 2024/2025 was pinned on a public notice board on the first floor of the DLG Administration Building; it includes tax rates' collection procedures, and procedures for appeal. The amounts of revenue collected during the FY 2023/2024 and how it was used was not pinned on the notice board.

The score for this assessment indicator is 2 since the DLG shared the LGMSD PA results with the public and these were also discussed by the DLG Council, site boards were placed at construction sites for public infrastructure investments, the DLG discussed activity implementation using barazas and radio programs supported by GKMA and a tax policy document was pinned on the notice board of the DLG

		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		
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	(i) Mentorship of LLGs by the DLG was supported by the mentorship reports that were available. Mentorship to the LLGs was coordinated by the District Planner and was performed once every quarter, so 4 mentoring reports were available. The mentoring team was composed of officers from the DLG and different persons were assigned to conduct the mentoring per quarter depending on issues to be mentored upon. Mentoring was conducted as below: • Quarter 1: 4days at Nakifuma Sub County by a team of 5 persons/mentors. They mentored LLGs on the implementation of DDEG as per guidelines • Quarter 2: 5 days by a team of 7 people/mentors at Mukono County. The issues mentored upon was DDEG guidelines • Quarter 3: 5 days by a team of 4 persons. The issue was the dissemination of final assessment manual to the LLGs as wells mentoring the TPC members and orient sub county technical leadership on new planning and budgeting manual. • Quarter 4: 4 people/mentors. The issue mentored was technical backstopping of LLGs on budget and work plan preparation and reporting as well as the dissemination of the LLGs Assessment Manual • Quarterly support supervision provided to Finance staff in the 16 LLGS (Pg. 44 District Performance Report FY 2023/24) (ii) The results/reports of support supervision visits were discussed by the TPC on a quarterly basis and action taken by management to make decisions. For example, the DTPC meeting of 29/07/2024, Agenda Item 5: Presentation by departments , Bullet 4, Planning department – presentation and discussion of mentorship report for quarter 4 FY 2023/2024; MIN.67/MKN DTPC/23/24 sub-minute 67.3, the monitoring report was attached as an annex. Discussion of other quarters' reports was on 31/11/2023 for quarter 1, 24/01/2024 for quarter 2, and 04/04/2024 for quarter 3.	**0**

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	(iii) A comparison of the internal and external assessment results for LLGs for 2022/2023: Sampled LLG DLG Score IVA Score Variance Kasawo S/C 69 93 -24 Nakisuga S/C 71 76 -5 Namataba TC 81 81 0 Ntunda S/C 56 55 1 There was wide divergence between the results of the DLG assessment scores and those of the IVA observed in Kasawo SC. (iv) Mukono DLG conducted a mock assessment for FY 2023/2024 in September 2024; it was conducted by 7 district officers led by the District Planner. A report dated 30/09/2024 was available and extract of result from this report were Infrastructure Projects 68% Education 42% Health 77% Water 100% Micro-scale Irrigation 25% Production Services 62% A discussion of the results of this mock assessment by the DTPC was held on 03/10/2024; under Agenda Item 5 – Presentations by departments, bullet 2 Planning Department and then Min 19/MKN DTPC/24/25, Sub minute 19.3, sub-sub minute 19.3.3. The TPC accepted the assessors' recommendations The score for this indicator is therefore 0 because of the internal assessment of LLGs which did not appear to be credible.

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	DTPC discussion of performance reports on financial and physical progress; DTPC of 29/09/2023, Min.19/MKN/DTPC 23/24 discussed the status of PDM implementation within the district; DTPC of 29/07/2024 Agenda Item 5 bullet 5 – production, and 6 – community and Min.67/MKN/DTPC/23/24 discussed 5. PDM and UgFIT – Sub minute 67.1 and 6. YLP Sub-minute 67.2. DTPC 0f 04/04/2024 Item 6, presentation by the LLGs, bullet 1 and 2 for Nagojje S/C and Nakifuma TC Min.53/MKN/ DTPC/23/24, Nagojje 53.3, the LLGs presented their budget performance reports for the second quarter. Discussion of quarterly physical progress and financial reports was also done by the DEC, for example DEC meeting of 04/10/2023 under item 3 - discussion of sector performance reports Discussion of financial and physical progress by the Council – Minutes of the Production, Commerce, Trade and Industry Committee dated 31/01/2024, Item 6 on Agenda/order paper was presentation and discussion of budget performance for quarter 2 FY 2023/2024 Min.16/MKN/PRDN/31/01/2023/24. Minutes of Water, Works and Natural Resources Committee dated 11/10/2023, Item 6 on Agenda – presentation and discussion of budget performance for quarter 1 and planned activities for quarter 2 2023/2024 Min.13/MKN/WWNR/10/2023 – 2024 where the departments of works, water, natural resources all made presentations to the Committee. Minutes of the Finance & Administration Committee dated 28/07/2023, Item 6 – Presentation and discussion of budget performance for 2022/2023 overall and planned activities for quarter 1, Min.05/MKN/FIN/28/07/2023 The recommendations of the standing committees were later presented to the full council; Minutes of the Council dated 24/05/2024, Item 5 – presentation and discussion of committee recommendations Min.40/MKN/COU/04/2023-2024. All council minutes have an action paper; for example the action paper for the Council minutes dated 31/05/2024 indicated the item, responsible person, action taken and timeframe. A score of 2 for this indicator since quarterly physical and financial progress was were discuss by the governance organs of the DLG.	**2**

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	In 2022, Mukono District LG registered 15,567 candidates for PLE but only 15,206 sat for the examinations and performed as follows: DIV I: 2,997 (19.7%) DIV II: 7,274 (47.83%) DIV III: 2,295 (14.89%) DIV IV: 1,525 (10.02%) DIV U: 1,115 (7.33%). 361 candidates were absent and were not included in the % analysis of data. In 2023, Mukono District LG registered 14,234 candidates for PLE but 13,899 sat for the examinations who performed as follows: DIV I: 2,311 (16.62%) DIV II: 6,595 (47.44%) DIV III: 2,481 (17.85%) DIV IV: 1,367 (9.83%) DIV U: 1,145 (8.23%). 335 candidates were absent The results indicate that in 2023, the passes in Division I & II decreased both in numbers and percentages. On the other hand, the percentage of passes in Division III, increased. The failure rate (DIV U) was higher in 2023 compared to 2022. Therefore, since 91.76% of the candidates passed PLE (DIV 1-4) in 2023, compared to 92.67 in 2022, the overall data shows a slight decline in PLE performance by 0.91%.	**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 total number of learners who passed PLE in Grades I and II in 2023 was 8,906 out of 13, 899 candidates, representing 64.06%, thus surpassing the threshold of 20%	**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	In 2022, Mukono District LG registered 15,567 candidates for PLE but only 15,206 sat for the examinations and performed as follows: DIV I: 2,997 (19.7%) DIV II: 7,274 (47.83%) DIV III: 2,295 (14.89%) DIV IV: 1,525 (10.02%) DIV U: 1,115 (7.33%). 361 candidates were absent and were not included in the % analysis of data. In 2023, Mukono District LG registered 14,234 candidates for PLE but 13,899 sat for the examinations who performed as follows: DIV I: 2,311 (16.62%) DIV II: 6,595 (47.44%) DIV III: 2,481 (17.85%) DIV IV: 1,367 (9.83%) DIV U: 1,145 (8.23%). 335 candidates were absent The results indicate that in 2023, the passes in Division I & II decreased both in numbers and percentages. On the other hand, the percentage of passes in Division III, increased. The failure rate (DIV U) was higher in 2023 compared to 2022. Therefore, since 91.76% of the candidates passed PLE (DIV 1-4) in 2023, compared to 92.67 in 2022, the overall data shows a slight decline in PLE performance by 0.91%.	**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 number of learners who passed PLE in Grades I to IV in 2023 was 12,754 out of a total of 13, 899 candidates, representing 91.7%, thus surpassing the threshold of 70%

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	In 2022, Mukono District LG registered 15,567 candidates for PLE but only 15,206 sat for the examinations and performed as follows: DIV I: 2,997 (19.7%) DIV II: 7,274 (47.83%) DIV III: 2,295 (14.89%) DIV IV: 1,525 (10.02%) DIV U: 1,115 (7.33%). 361 candidates were absent and were not included in the % analysis of data. In 2023, Mukono District LG registered 14,234 candidates for PLE but 13,899 sat for the examinations who performed as follows: DIV I: 2,311 (16.62%) DIV II: 6,595 (47.44%) DIV III: 2,481 (17.85%) DIV IV: 1,367 (9.83%) DIV U: 1,145 (8.23%). 335 candidates were absent The results indicate that in 2023, the passes in Division I & II decreased both in numbers and percentages. On the other hand, the percentage of passes in Division III, increased. The failure rate (DIV U) was higher in 2023 compared to 2022. Therefore, since 91.76% of the candidates passed PLE (DIV 1-4) in 2023, compared to 92.67 in 2022, the overall data shows a slight decline in PLE performance by 0.91%.	**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	Mukono District LG has 187 UPE Primary Schools. A customised analysis prepared by the LG indicates that enrolment decreased from 81,411 (38,862 boys and 42,749 girls) in 2023 to 73,356 learners in 2024 (38,491 girls and 34,865 boys). This represents a change by -9.9% thus, a decline far below the threshold of 5% increase. Boys' enrolment decreased from 38,862 learners in 2023 to 34,865 in 2024 representing a variance of -10.28% thus a decline far below the threshold of 5% increase.	**0**
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	Girls' enrolment decreased from 42,749 learners in 2023 to 38,491 in 2024 representing a decline by -9.96% thus far below the threshold of a 5% increase.	**0**

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	Records available on EMIS Verified Data for UPE indicate that SNE enrolment in Primary schools in Mukono DLG increased manifold from 420 learners in 2023 to 1,444 in 2024. This represents a 243% increase (above the threshold of 5%)	**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	Mukono DLG has 19 Government-aided Secondary Schools. Total enrolment increased from 13,125 learners in 2023 to 13,262 learners in 2024 According to EMIS records provided by the LG. This represents an increase of 1.04%. (below the 5% as prescribed by the indicator. However, the information did not disaggregate boys and girls.	**0**

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	Since the information provided by the DLG did not disaggregate boys and girls it was not possible to establish the increase in girls enrloment.	**0**
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	EMIS Records available on SNE indicate that SNE enrolment for 2023 was 33. However, information extracted from EMIS data for 2024/2025 by the DLG indicates that the number of SNE learners in the district was 1,614. This shows that the enrolment increased 48.9 times.	**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	The Mukono LG Education Management has access to TELA however, monthly learner attendance is not tracked by the LG on TELA. Although DES records show that 89% of the schools in the LG clocked in In Term I and the number increased to 90% in Term II 2024, records on learner attendance are not effectively traced. In the Primary schools sampled (Namai UMEA PS and St Kizito PS Lutengo) TELA is functional but is used for Teacher Attendance. In Nama UMEA, attendance was manually computed and averaged 80%, mainly attributed to children's involvement in labour activities such as collection of scrap metals and as porters in factories and stone splitting. In St, Kizito, PS, TELA is functional but learner attendance is recorded manually and attendance averaged 51%.	**0**
6	Evidence that the monthly average learner attendance for government aided secondary schools in the LG for the current academic year is above 90%	• 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 Mukono LG Education Management has access to TELA however, monthly learner attendance is not tracked by the LG on TELA. However, in the Sampled Secondary school, Kisowera SS, a scrutiny of the class registers and attendance summary manually computed at school indicated that learner attendance averaged 91%.	**0**

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 evidence available indicates that Progression in Mukono DGL from P1-P3: declined from 15,608 learners in P1 2022 to 10,886 in P3 2024, This indicates that the number of learners decreased by 4,722 learners and represents a progression rate of 69.74%. below the 90%-100% threshold Data from 1 sampled Primary school (St. Kizito PS Lutengo) indicates that Progression in the school in P1-P3: declined from 141 learners (71 boys and 70 girls) in P1 2022 to 81 learners (42 boys and 39 girls) in P3 2024, representing progression rate of only 57.4%. • In Nama UMEA PS. Progression in the school in P1-P3: Enrolment declined from 108 learners (62 boys and 46 girls) in P1 2022 to 77 learners (39 boys and 38 girls) in P3 2024, representing a progression rate of only 71.29%.	**0**
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	The evidence available indicates that enrolment in P4 was 10,170 learners in 2023 and 10,123 learners in P5 2024. This indicates that the progression rate from P4-P5 in Mukono DLG was 99.53%, within the expected threshold of (90%-100%) Data from the sampled primary school (St. Kizito PS Lutengo) indicates that progression in the school in P4-P5: enrolment improved from 67 learners (35 boys and 32 girls) in P4 2023 to 69 learners (35 boys and 34 girls) in P5 2024, representing a progression rate of only 102.98%. In Nama UMEA PS. The progression rate in the school from P4 to P5 was 92.29%: Enrolment declined from 56 learners (35 boys and 28 girls) in P4 2023 to 52 learners (25 boys and 27 girls) in P5 2024.	**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	The evidence available indicates that in Mukono DLG, the number of learners enrolled in P6 2023 was 9,550 learners (4,389 boys and 5,161 girls) but declined to 7,984 learners (3,402 boys and 4,582 girls) in P7 2024. This indicates that the progression rate from P6 to P7 was at 83.60. % (below the target of 90% - 100%) However, data from the sampled primary schools indicates dismal progression rates. In Nama UMEA PS. Progression through school in P6-P7: Enrolment declined from 52 learners (24 boys and 28 girls) in P6 2023 to 25 learners (10 boys and 15 girls) in P7 2024, representing a progression rate of only 48.07%. Data from St. Kizito PS Lutengo was not considered as the headteacher did not have enrolment numbers for P6, 2023.	**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 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.	According to information provided by the Mukono DLG, in 2018 the total number of pupils enrolled in P1 in the 187 Primary schools in the Mukono District LG was 14,701 learners (7,676 boys and 7,125 girls) and in 2024 the number of pupils enrolled in P7 in the 187 Government-Aided Primary schools was 8,989 learners (3,930 boys and 5,059 girls) in P7 2024. Based on the base year of 2018 the overall completion rate was at 61.14%, below the threshold of 80%	**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.	The number of boys enrolled in P1 in 2018 was 7,676 but only 5,562 completed P7 in 2024. The overall Primary school completion rate for boys in the LG was 72.45%.	**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.	The number of girls enrolled in P1 in 2018 was 7,125 but only 4,582 completed P7 in 2024. The overall Primary school completion rate for girls in the LG was 64.3%.	**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) 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	Mukono DLG has 1,524 teachers deployed in 187 Primary schools on the government payroll, representing an average of 8 teachers per school. The District Teacher ceiling is currently at 1,758 teachers. The LG Education department maintains a list of all teachers deployed in the schools generated from EMIS and payroll data is available in the HR Dept. Information on staffing is disseminated on the LG HQ noticeboard and displayed on the notice boards in the schools sampled. All teachers deployed in schools are present in the schools. The Staffing largely conforms with the MoES staffing standards of a minimum of 7 teachers and a headteacher or at least 1 teacher per class in schools with less than seven grades. However, 46 primary schools have less than 7 teachers on the payroll due to low numbers, some schools having less than 7 grades, death and retirement and the fact that the district did not have a Service Commission for 2 years.	**0**

		Education department has equitably deployed qualified teachers across government aided primary schools as per MoES staffing standards (i.e. a minimum of a head teacher and 7 teachers or a minimum of one teacher per class for schools with less than 7 grades) If requirements (i) and (ii) are met, score 3 or else 0.		
10	Evidence that the LG maintains accurate secondary school staff lists and payroll data and the information has been displayed at the LG and school notice boards Score 2 or else score: 0	From the LG Education department/ LG HRM division, obtain payroll data and staff lists Sample at least one (1) secondary schools to verify whether teachers teaching in the school are as presented in the payroll If the LG maintains accurate secondary school staff lists and payroll data and the information has been displayed at the LG and school notice boards Score 2 or else score: 0	Mukono MLG has 618 teachers deployed in 19 secondary schools on the government payroll. The LG Education department maintains a list of all teachers deployed in the schools generated from EMIS and payroll data is available in the HR Department and was verified. Information on staffing is disseminated on the LG HQ noticeboard and displayed on the notice boards in the school sampled. From the sampled school, Kisowera SS, all 50 teachers deployed in the school are present in the school.	**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	Although the LG acknowledges challenges related to TELA, a record on Teacher Clock-in on TELA for part of Term III 2024 was availed. Statistics from DES show that in Mukono, 89% of the schools clocked in in Term I 2024 and 90% in Term II. However, the print-out for teachers' Clock-in in schools for October 2024, provided by the LG indicates that in term III 2023, in 68 schools, no Single clock-in was recorded yet in 90 Schools, clock-in was below 69%. Thus the average clock-in was below 70%. From sampled schools; St. KIzito School, PS (with 8 teachers), the teachers' attendance register shows occasional teacher absence and averages 9)%. Manual computation of attendance in Nama UMEA Primary School revealed that monthly attendance averages over 90% (91% representing 8-9 teachers). However, in Namwezi UMEA PS (with 13 teachers) a scrutiny of the teacher's arrival book shows that daily and monthly attendance ranges between 9 and 11 teachers (2 teachers were on maternity leave at the time of assessment) Thus, from manual computation, the attendance average is 75-80%.	**0**

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, 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.	In Mukono DLG TELA is functional but sometimes the functionality is marred by connectivity problems. The DLG acknowledges challenges related to full utilization of TELA to monitor teacher time on task to improve learning outcomes. However, this is mitigated by the use of routine inspections and monitoring, including unannounced on-the-spot visits to schools. However, records from DES indicate that schools that clocked in using TELA increased from 89% in Term I 2024 to 90% in Term 2. Evidence on teachers' time on task and absenteeism is periodically provided to the Education Office of the LG by Headteachers. A file is in place detailing corrective action on teacher truancy and other issues. The Department handles complaints before onward forwarding to the Reward and Sanctions Committee. For instance, a case file in the department shows a corrective action taken on one Nassaka Alice IPPS NO. 293993 held on 04/01/2024 over absenteeism and interpersonal relations, and a decision was taken to Transfer the teacher.	**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	DES Records indicate positive trends in Teacher attendance in Term I and Term II 2024 (89% and 90% clock-ins respectively). However, due to inconsistencies in TELA functionality, Data of teacher clock-in for Term III is not reliable. For example, printouts on TELA for Week 1 of October 2024 showed that in St. Kizito SS, Nakibano, no single teacher clocked-in. The assessor used records from monthly returns from schools to compute secondary attendance, which averaged 76%. In the Sampled School, Kisowera SS summaries of teacher attendance are extracted from the arrival book and attendance averaged 35 teachers out of 48. (70.8%)	**2**
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	There is evidence that additional teachers are being allocated to lower foundation grades and classes with large enrolments in the sampled schools. In Nama UMEA PS, with 13 teachers, P1 and P3 are allocated 2 streams each, and 3 teachers are allocated to each grade. In St Kizito PS Lutengo, P1 -P3 are allocated 3 teachers per grade, although some of the teachers allocated are paid on PTA	**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 School Performance Assessment (SPA)	• From the LG Education department obtain and review evidence of CPD activities e.g. training materials, presentations, to ascertain whether the LG provided relevant CPD for teachers. • Review CPD reports • Review school improvement plans. Verify if the LG Education department provided continuous professional development for teachers in the previous school year to improve their skills, adapt to new teaching methods and curricula and address the performance gaps flagged in the School Performance Assessment (SPA) Score 2 or else score: 0	There is evidence that the DLG conducts a CPD programme. From the available Capacity Building Plan 2023-2024 and CPD Work plan 2024, the targeted output included training of 187 SMCs, 187 Headteachers of government-Aided Primary schools, training of 1758 UPE teachers and 1,000 private school teachers. Although this seems overly ambitious, there is evidence that a CPD workshop was organised for Headteachers at St. Marys Namagunga on 13/03/2024 (attendance list was seen). A zonal headteachers' workshop/meeting was held at Nagalama Mixed Primary School on 19/06/2024 (for both government and private schools) Other activities include a support supervision workshop that was held at Sancta Maria PS, Nagojje on 4th -6th June 2024., Training of teachers of Ntunda Zone on preparation for classroom instruction, (27th July to 4th August, 2024, Training on EMIS for 23 Government and 42 Private schools in October, 2023 and a sensitization of teachers of O Level on the reformed Lower Secondary Schools curriculum at Prince Joseph Academy, Namagunga on 4/07/2024 (report seen).	**2**

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	The Mukono DLG keeps track of the condition of school infrastructure and on the basis of this, a needs assessment is regularly carried out . From the monitoring reports, inspection reports, annual work plans (both school-based and the District AWP) as well as minutes of the Departmental meetings, it is evident that the LG closely monitors and takes action within the required minimum standards. See Monitoring report dated 19/07/2024 prepared by Mugerwa Patrick to DEO detailing the infrastructure and assets condition of different schools such as Nakiwaate CU PS, Nakiwaate Quran School, Children's Voluntary School Nakifuma, Nakaswa R/C PS, Wabusanke Muslim PS, Galigatya PS, Nakanyonyi Project PS, among others. Also see the Monitoring Report of 10/06/2024 Departmental meeting of 25/05/2024 showing 39 schools monitored and those with infrastructure challenges. As a result, schools such as Nakibano UMEA PS, Gonve COU PS, Koome PS, and Seeta Nazigo PS, were earmarked for the construction and renovation of classrooms and other structures	**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	There was evidence that the Mukono DLG allocated resources towards maintenance in schools and the resources were satisfactorily utilized. This was done in line with the needs assessment of the condition of structures in schools which was obtained from the monitoring reports, inspection reports, annual work plans (both school-based and the District AWP). This, among others, informed the decision to carry out the construction and/or renovation of structures in schools such as Nakibano UMEA PS, Gonve COU PS, Koome PS, and Seeta Nazigo PS.	**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 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	The records available at the DLG indicate regular and timely allocation of capitation grants. All eligible schools were allocated Capitation grant according to the set guidelines. The assessor accessed all documents and details related to Capitation Grant released in 2024. Although all schools provided accountability for the use of the grant funds and generally according to the set guidelines, through reports submitted termly to the audit department and the Education Department, there was little effort made at giving detailed explanation on how Capitation Grant was instrumental in improving learner outcomes b.	**0**

Management of Financial Resources

18	a) Evidence that the LG used 100% of inspection funds to conduct inspection as per guidelines b) Evidence that the LG produced a report which describes how the grant was used and explains what has been achieved in relation to improving learning outcomes.	From the LG Finance department obtain financial records to establish when and the amounts transferred to the Inspection division From the LG Education department, obtain and review: Sub-programme performance reports to ascertain whether the grant was used to improve learning outcomes If the LG used 100% of inspection funds to conduct inspection as per guidelines score 3 or else score: 0	The records available at the LG indicate that the Municipality was allocated UGX 70,164,000 as inspection grant, The assessment found out the grant funds were 100% utilized to support inspection activities as per the guidelines and the approved inspection plan. Under this grant. The eligible expenses include the facilitation of inspectors' travel expenses, SDA for the inspection team, procurement of stationery, as well as production and printing of inspection reports.	**3**

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.	Although the LG did not produce a customized report to specifically explain achievements in relation to improving learning outcomes, the achievement is explained in the Quarterly inspection reports, department monitoring reports and the annual Departmental reports which indicate the challenges and achievements against the set targets in the Annual Inspection work plan.	**0**

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 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	The LG conducts sensitization of schools on the existence and functionality of safe learning environment facilities, mainly through feedback from inspection and monitoring. The assessor sampled 2 Primary schools namely, St. Kizito PS. Lutengo and Nama UMEA P.S. and one(01) Secondary school; Kisowera SS. In Kisowera SS, there is evidence of reasonable awareness of a safe learning environment. The school compound is clean with good evidence of "greening" (Measure III). The school has a good water supply. In addition, the water harvesting facility is functional. The school has enough toilet stances for boys and girls with one stance dedicated to PWD learners on each side of the toilets. Toilets for teachers are available with males' facilities separated from the ladies. Hand-washing facilities are available (Measure iv). The school has facilities for the disposal of waste and a room is dedicated as a girls' changing room (measure vi). There are enough trees in the school premises (Measure iii) as well as sensitizing messages in the compound. The School has an environment Club and has been working closely with FAO and the Swedish Embassy to train learners on methods of conserving the environment. In St. Kizito P.S Lutengo, there is evidence of reasonable awareness of a safe learning environment. The school compound is clean and green (Measure ii). The school has access to safe water (iv). Hand-washing facilities are functional in all schools sampled (Measure iv). The school has facilities for the disposal of waste and sanitary pads. In Nama UMEA, there is an existence and functionality of safe learning environment facilities but less robust awareness	**4**
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	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	The LG has sensitized and encouraged schools to open and maintain case books to handle VAC, abuse, and discrimination and to ensure that such protection is reflected in the school rules and regulations (which are displayed in all schools). Circulars are sent via various platforms. At LG, a grievance book is available to address issues related to teachers and workers in schools. Evidence from the 2 sampled Primary schools namely, St. Kizito PS, Nama UMEA PS and 1 Secondary school; Kisowera SS, shows measures on the protection of children and workers against violence and discrimination are upheld and reflected in both school rules, sensitization messages displayed in the school premises and case books. There is evidence of reasonable awareness of safeguards against violence/abuse and discrimination, which is reflected in the school rules and regulations for all the schools sampled. In Kisowera SS. VAC is reflected in rule 6.0: General Conduct and 6.5 while grievances are catered for under regulation 13.0 of the school rules and regulations. In Nama UMEA PS., a case book and a disciplinary file are available and are in use, and the	**0**

all schools.	trained the SMCs and BoGs on grievance management and stakeholder engagement. Sample 3 schools to ascertain that LG conducted VAC training activities Check and verify if: i. The LG has put in place protection measures against any form of violence/abuse discrimination for children, workers and teachers in schools ii. The LG has trained, sensitized teachers, workers, children, SMC, BoG and communities on measures to eliminate any form of violence/abuse and discrimination against Children, workers and teachers and taken actions to stamp out corporal punishments in all schools. iii. The School Management Committees (SMC) /Board of Governors (BoG) have been trained on stakeholder engagement and grievance management as per the circular on grievance management by MoGLSD Score 4 or else score: 0	school has worked with USAID on VAC. In St. Kizito PS, a system tagged “Family initiatives” is used where 15-20 pupils are tagged to a teacher for guidance, mentoring, and counseling. However, at the LG level, there is not enough evidence to indicate a robust programme to implement measures against violence, abuse, and discrimination in schools or evidence of teacher training, and SMCs/BOG training specific to VACs.	

Transparency, oversight, reporting and accountability

21			**2**
a) Evidence that the LG identified and documented	From the LG Education Department	There is evidence to show that as a result of inspection activities by the Mukono DLG, the Education office identified and documented areas that hamper the	

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-

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 assessment of learners, learning environment)

Letters from DES acknowledging receipt of inspection reports.

Obtain and review the school inspection and training reports to determine

• Whether the schools were supported to develop the SIP

• Whether the SIPs address the gaps identified in the School Performance Assessment

improvement of learning outcomes at the school level. The DLG prepares a customized book for a summary of inspection findings related to factors that inhibit the improvement of learning outcomes, Records from Departmental meetings and inspection reports identified Key observations related to the learning environment, effective teaching and learning, School Head and teachers' performance, and community involvement. Key factors identified included teachers' limited use of schemes of work and lesson plans, the development and use of teaching aids, teachers not organizing lesson notes, checking learners' notebooks and records of work, poor records management, and lack of enough teachers to cope with high pupil enrolment. (See Inspection Reports Term I and II, 2024)

Also see reports of inspection activities in sampled schools such Nakalanda PS visited on 28/02/2024, St Balikuddembe PS, (29/04/2024), Butere Primary School (29/02/2024), and Kabanga Muslim PS (28/02/24.

Other areas identified include congested classrooms (Nakanyonyi Project PS, visited on 23/09/2024), poor conditions of sanitary facilities (Buntaba PS - 24/09/2024) absence of a talking environment in classrooms, and limited furniture (Kyabakadde PS - 25/09/24) and poor record of internal supervision by headteachers.

	plan	Whether the schools were supported to implement the SIPs Check and verify if the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG score 2 or else score 0.		
21	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	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 that the Mukono DLG developed a customized Inspection Plan that details the objectives, inputs, means of verification, expected outputs, budgets, and time frames for activities and outputs. The activities highlighted in the plan include inspection plan meetings, support supervision, report writing, and submission of reports. On the other hand, objectives include, inter alia, review of findings, sharing field experiences, assessment of the extent of schools' compliance, carrying out lesson observations, tracking learner attendance, and observation of the level of schools' observation of ESMPs. In addition, the 7 inspectors in the DLG are allocated to different zones of operation.	**2**

	schools f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan			
21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG 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	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.	There is evidence to support adequate inspection activities by the Mukono DLG. The Education office has 7 inspectors and each keeps a record of his/her activities in the zone allocated, and school-based schedules are made by the zoned area inspectors. In a departmental meeting of 22/01/2024, it was noted that inspection for 2023 was only at 65% and a target of 100% was set for 2024. Thus, the records available at the LG indicate that all Primary schools were inspected at least once a term in Term I and Term II 2024, and inspection was ongoing at the time of the assessment. However, records from DES indicated that in Mukono District Term II inspection was at 72%. **The E-inspection report inspection report Term I, 2024, shows that 372 schools were inspected including all government primary schools and 180 private schools (registered, licensed, and unlicensed). The Term II 2024 inspection report indicates that 449 schools were inspected including 186 government schools, 44 licensed Primary schools, 70 registered Primary schools and 144 unlicensed schools. The reports were disseminated to MoES (for instance see Ref: ADM/MKN/213/02 of 25/06/24; From CAO Mukono DLG to PS MoES).** The assessor sampled records from the different sub-county zones. In Mpatta Sub-County zone, the record showed that all 10 Government schools were inspected. Sampled records show inspection in Term I for Nakalanda PS visited on 28/02/2024, St Balikuddembe PS, (29/04/2024), Butere Primary School (29/02/2024), and Kabanga Muslim PS (28/02/24. Key observations and recommendations made were related to schemes of work, lesson plans, limited reference books, limited use of instructional materials, poor record management, and lack of teachers. In the sampled Kyampisi Sub-County zone, with 17 schools (allotted to Kimbugwe Henry), 13 Government schools had been inspected for term III 2024, at the time of the assessment. Key observations from inspection include; Nakanyonyi Project PS (visited on 23/09/2024); - limited use of Schemes of Work, unlabelled latrines,	**2**

	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		congested classrooms, display of school rules and lack of a functional SMC. Observations for Buntaba PS (inspected on 24/09/2024) included poor conditions of toilets, lack of hand-washing facilities, and a TELA phone with no data. At Kyabakadde PS (visited on 25/09/24) observations made included the lack of a kitchen, the absence of a talking environment in classrooms, a faint signpost, and limited staff accommodation and furniture. Also reviewed are the e-Inspection report for Term II 2024 and acknowledgment notes from DES.	
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	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.	The Mukono DLG supported schools in developing SIPs. This was mainly through training and guidance offered during inspection and monitoring. Every school has a file at the LG in which SIPs are reviewed. In addition to the officially sampled Primary schools of Nama UMEA PS and St. Kizito PS Lutengo, the assessor randomly sampled the SIPs files of other schools submitted to the LG. The sampled files include St. Kizito Namasumbi PS and Namagunga PS. The latter school for instance, itemizes five priorities and activities, including improving academic performance, teacher accommodation, renovation of structures, and improving sanitation.	**2**

	develop SIPs to address areas of weakness observed during inspection e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan			
21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG 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	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 DLG conducted a School Performance Assessment in 2023 and the assessor was able to establish that the assessment was conducted in 178 Primary schools based on the standardized pillars of assessment namely; The school environment; School management, and headteachers' performance; Effectiveness of teaching and Learning; and Involvement of parents and community in the school.	**2**

	school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan			
21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that highlight specific activities, verifiable indicators and outputs c) Evidence that	Check and verify if the LG Education Officer has monitored inspection activities and implemented the inspection recommendations score 2 or else score 0.	There is evidence to indicate that the DEO monitors inspection activities and the Department of Education implements recommendations from inspection, The Monitoring report of Term I 2024, challenges identified from inspection activity such as limited staffing, teachers embracing of digitalization and poor classroom infrastructure are highlighted. The monitoring Report of Term II, dated 10th June 2024, shows the 39 primary schools monitored in the first two weeks of the term and highlights challenges for each school in the areas of structures, staffing needs, and SMCs. Also see monitoring report dated 19/07/2024 which details issues related to enrolment, staffing, and physical facilities in schools such Nakiwaate C/U PS., Nakiwaate Quran School, Nakifuma Children's Voluntary PS, Galigatya UMEA PS, Wabusanke Muslim PS., Nakaswa RC and Kiwumu COU PS, among others	**2**

	all primary schools are Inspected at least once per term; and the inspection reports disseminated at school, LG and National level through e-inspection d) Evidence that the LG supported schools to develop SIPs to address areas of weakness observed during inspection e) Evidence that the LG Inspector of Schools conducted School Performance Assessments in all Government-aided primary schools f) Evidence that the LG Education Officer has monitored inspection activities and implemented the inspection recommendations g) The LG evaluated the effectiveness of the implemented recommendations to improve learning outcomes and re-plan			
21	a) Evidence that the LG identified and documented areas that hamper improvement of learning outcomes at school level within the LG b) Evidence that the LG developed a customized school Inspection Plan that	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 is evidence indicates that the LG evaluated the effectiveness of the implemented recommendations. This was mainly through assessing the findings from routine inspections, and monitoring by the DEO and comparing recommendations made from inspection with the objectives and output targets laid out in the Departmental Annual Work plans. The accessed Monitoring reports periodically submitted by the DEO highlight progress and challenges faced in the implementation of the recommendations. This then informs re-planning in order to improve learning outcomes. It is on the basis of this, that schools such as Nakibano UMEA PS, Gonve COU PS, Koome PS, Seeta Nazigo PS and Namuyadde Primary School were identified for construction and renovation of classrooms and other structures Also see Monitoring	**2**

highlight specific activities, verifiable indicators and outputs	Report of 10/06/2024, and Departmental meeting of 25/05/2024
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	

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.	**Perinatal Deaths in Mukono District Local Government (2023/2024 Financial Year)** During the 2023/2024 financial year, Mukono District Local Government recorded a total of 200 perinatal deaths across various public health facilities. The distribution of reported cases is as follows: 1. Mukono Hospital: Recorded 159 deaths, notified 122, reviewed 54 2. Kojja HC IV: Recorded 22 deaths, notified 22, reviewed 22 3. Kyampisi HC III: Recorded 6 deaths, notified 6, reviewed 4 4. Seeta Nazigo HC III: Recorded 3 deaths, 0 notified, 0 reviewed 5. Mpunge HC III: Recorded 3 deaths, 1 notified, 1 reviewed 6. Koome HC III: Recorded 1 death, 0 notified, 0 reviewed 7. Katoogo HC III: Recorded 1 death, 0 notified, 0 reviewed 8. Kasawo HC III: Recorded 1 death, 0 notified, 0 reviewed 9. Kabanga HC III: Recorded 1 death, 1 notified, 1 reviewed As part of an in-depth analysis, three health facilities were sampled: Kojja HC IV, Kyampisi HC III, and Kabanga HC III. Perinatal Death Review at Kyampisi HC III At Kyampisi HC III, six perinatal deaths were recorded in the maternity register and review forms. The details are as follows: 1. Date of Death: 6 September 2023 o Notification Date: 11 September 2023 (NND) o Review Date: 7 September 2023 2. Date of Death: 13 October 2023 o Notification Date: 16 October 2023 (MSB) o Review Date: 16 October 2023 3. Date of Death: 25 November 2023	**0**

o Notification Date: 25 November 2023 (FSB)

o Review Date: 25 November 2023

4. Date of Death: 5 February 2024

o Notification Date: 5 February 2024 (FSB)

o Review Date: 5 February 2024

5. Date of Death: 15 March 2024

o Notification Date: 15 March 2024 (MSB)

o Review Date: 19 March 2024

6. Date of Death: 29 April 2024

o Notification Date: 29 April 2024 (FSB)

o Review Date: 29 April 2024

All reviews were conducted by the enrolled midwife, the nursing officer in charge, and an enrolled nurse.

Observations

1. Avoidable Factors Identified:

o Delays in reaching the health facility due to lack of transport, reliance on native medicines, and negative attitudes toward health facility services.

o Late or absent antenatal care (ANC) attendance, resulting in missed opportunities to detect danger signs.

o Lack of access to critical investigations, such as ultrasound scans.

2. Staffing Changes:

o A new midwife began work in January 2024.

o A new in-charge assumed their role on 1 June 2024.

These changes were likely aimed at improving team cohesion and facility operations.

Recommendations

• Community Sensitization: Increase awareness about the importance of ANC attendance and birth preparedness.

Perinatal Death Review at Kabanga HC III

One perinatal death was recorded at Kabanga HC III:

• Date of Death: 24 August 2023

• Notification Date: 28 August 2023

• Review Date: 4 September 2024

Case Summary

The death was related to an undetected twin pregnancy. The mother presented at the facility

during the second stage of labor. While she had attended ANC, she had not undergone any ultrasound scans during her pregnancy.

The World Health Organization (WHO) recommends two ultrasound scans during pregnancy: One scan between 20–22 weeks and a second scan in the third trimester. Observations from the field indicate that this WHO recommendation need to be implemented across the health facilities in Mukono.

Observations from Kabanga HC III

Access to critical investigations, such as ultrasound scan services, remains a significant challenge for the community:

• Limited Availability: Ultrasound services are located 30 km away in Mukono.

• Private Sector Dependence: These services are only available through private healthcare arrangements, often without any form of subsidy.

• Affordability Issues: The high cost of private services makes them inaccessible for many community members.

Recommendations

1. Expand Ultrasound Access:

o Integrate ultrasound scan services into the public health referral network, starting with key facilities such as Kojja HC IV (Health Sub-District level).

2. Capacity Building:

o Train midwives and other critical healthcare staff to perform and interpret ultrasound scans, ensuring that these essential investigations are both accessible and sustainable.

Perinatal Death Review at Kojja HC IV

Kojja HC IV reported 22 perinatal deaths with the following details regarding notification and review:

1. 7 July 2023 (MSB): Notified on the same day, reviewed on 8 July 2023.

2. 7 July 2023 (NND): Reviewed three days later, on 10 July 2023.

3. 6 September 2023 (NND): Reviewed the next day, on 7 September 2023.

4. 14 September 2023 (FSB): Reviewed on the same day.

5. 28 September 2023 (FSB): Reviewed five days later, on 2 October 2023.

6. 28 September 2023 (NND): Reviewed five days later, on 2 October 2023.

7. 28 October 2023 (FSB): Reviewed 10 days later, on 7 November 2023.

8. 21 November 2023 (MSB): Reviewed on 22 November 2023.

9. 8 May 2024 (MSB): Reviewed over a month later, on 14 June 2024.

10. 13 May 2024 (FSB): Reviewed on 14 June 2024.

11. 18 May 2023 (FSB): Reviewed on the same day.

12. 25 May 2024 (FSB): Reviewed on 14 June 2024.

13. 12 June 2024 (MSB): Reviewed on 14 June 2024.

14. 19 June 2024 (FSB): Reviewed on the same day.

15. 4 December 2023 (MSB): Reviewed one year later, on 4 December 2024.

16. 12 December 2023 (NND): Reviewed two days later, on 14 December 2023.

17. 16 January 2024 (FSB): Reviewed on 18 January 2024.

18. 22 January 2024 (FSB): Reviewed on 24 January 2024.

19. 21 February 2024 (FSB): Reviewed four days later, on 25 February 2024.

20. 23 February 2024 (FSB): Reviewed on the same day.

21. 15 March 2024 (MSB): Reviewed on the same day.

22. 8 March 2024 (MSB): Reviewed the next day, on 9 March 20

Observations

1. MPDSR Guidelines:

o The Maternal and Perinatal Death Surveillance and Response (MPDSR) process requires deaths to be reviewed within seven days of notification.

o At Kojja HC IV, some deaths (e.g., cases 7, 9, 10, and 12) were reviewed outside the recommended timeframe.

o Delays in reviews often occur because the facility prioritizes having the midwife who attended the birth present for a more accurate review and to facilitate learning from shared experiences.

2. Avoidable Factors Identified:

o Missed Diagnoses: Due to lack of proper investigations, such as ultrasound scans, and missed routine checks, such as monitoring blood pressure.

o Delays in Seeking Care: Commonly caused by

reliance on native medicines (herbs, charms) and waiting for their effects before seeking medical help.

o Declined Referrals and Delayed Interventions: Refusal of referrals and delayed surgical interventions, such as cesarean sections, contributed to some perinatal deaths.

Recommendations

1. Strengthen Referral Services:

o As Kojja HC IV serves as a referral facility and headquarters for Mukono South Health Sub-District, it should have access to ultrasound scans and trained midwives to perform and support investigations.

o Extend support to lower-level facilities like Kabanga HC III.

2. Enhance MPDSR Implementation:

o Regularly review delays in perinatal death reviews and address systemic challenges to ensure compliance with the seven-day guideline.

3. Emphasize Routine Investigations:

o Continuous Medical Education (CMEs) should stress the importance of routine checks, such as blood pressure monitoring, and the value of investigations like ultrasound scans.

4. Community Sensitization:

Evidence available shows that not all the perinatal deaths were reviewed. However, it should be noted that although, all perinatal deaths in the sampled health facilities were reviewed, this information does not tally accurately with what is captured in DHIS2. It should also be noted that some of the reviews were conducted outside the recommended time frame and some of the review reports require improvements.

Improvements required on the review/audit form: It is better that the review includes a summary of case to be reviewed at the start of documentation of the avoidable factors.

I

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	There is no evidence that Mukono District Local Government (DLG) ensured all malaria cases treated were tested. According to the DHIS2 data for the financial year 2023/2024, a total of 231,366 malaria cases were confirmed (via blood smear and rapid diagnostic tests), while 231,001 cases were treated. However, discrepancies were observed at sampled health facilities: • Kojja HC IV: 1,746 malaria cases were confirmed, yet 1,756 were treated, indicating that 10 more cases were treated than confirmed. • Kyampisi HC III: 3,356 malaria cases were both confirmed and treated, showing consistency. • Kabanga HC III: 1,079 malaria cases were confirmed, but 1,136 were treated, with 57 more cases treated than confirmed. Although district-level data suggests that all treated malaria cases were tested, the facility-level data reveals inconsistencies. At Kabanga HC III and Kojja HC IV, more cases were treated than confirmed	**0**

Access

3	Evidence that LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY	• Review DHIS2 for the previous two FYs and calculate the percentage increase in OPD attendance Verify if the LG facilities increased Out-patient (OPD) attendance by at least 5% between the previous FY but one and the previous FY Score 4 or else 0	The total outpatient department (OPD) attendance increased from 615,205 in the financial year 2022/2023 to 669,179 in 2023/2024, representing an increase of 53,974 attendances. This translates to an increase rate of 8.77%, reflecting the improvement achieved by the local government. This indicates that the local government health facilities achieved a significant increase in outpatient attendance, exceeding the target of a 5% increase between the two consecutive years.	**4**

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	Mukono DLG has 34 public health facilities that submit the VHT reports, 136 reports were submitted in the previous FY (2023/2024). This indicates that all public health facilities submitted the VHT reports. However, improvements are required in the way the DHO receives, collates, interprets, and uses the information to integrate into district-level activities. Some parts of the report especially the section about the community observations about disease outbreaks is usually unfilled	**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 conducted at least 48 community outreaches in the previous FY score 4 or else 0	Review community outreach reports to establish whether all health facilities: • Conducted at least 48 community outreaches in the previous FY including 4 at schools Verify if the LG has ensured that each public health facilities conducted at least 48 community outreaches in the previous FY score 4 or else 0	The review of community outreach reports from DHIS2 for HCIII and HCIV/district hospitals indicates that health facilities conducted outreaches covering Expanded Program on Immunization (EPI), Environmental Health (EH), Health Education (HE), and School Health (SH) in that sequence. A minimum of 48 outreaches, including at least four in schools, is required for this indicator to merit a score. The following observations were recorded: 1. Goma HC III: Conducted 97 outreaches (EPI: 65, EH: 12, HE: 7, SH: 13). 2. Kabanga HC III: Conducted 54 outreaches (EPI: 44, EH: 5, HE: 1, SH: 4). 3. Kasawo HC III: Conducted 58 outreaches (EPI: 53, EH: 3, HE: 5, SH: 0). 4. Katoogo HC III: Conducted 58 outreaches (EPI: 44, EH: 1, HE: 13, SH: 0). 5. Kojja HC IV: Conducted 33 outreaches (EPI: 22, EH: 10, HE: 1, SH: 0). 6. Koome HC III: Conducted 40 outreaches (EPI: 39, EH: 0, HE: 0, SH: 1). 7. Kyabazaala HC III: Conducted 25 outreaches (EPI: 25, EH: 0, HE: 0, SH: 0). 8. Kyampisi HC III: Conducted 63 outreaches (EPI: 63, EH: 0, HE: 0, SH: 0). 9. Kyungu HC III: Conducted 95 outreaches (EPI: 46, EH: 12, HE: 18, SH: 19). 10. Mpunge HC III: Conducted 44 outreaches (EPI: 44, EH: 0, HE: 0, SH: 0). 11. Mukono Hospital: Conducted 129 outreaches (EPI: 129, EH: 0, HE: 0, SH: 0). 12. Nabalanga HC III: Conducted 133 outreaches (EPI: 28, EH: 90, HE: 8, SH: 7). 13. Nagojje HC III: Conducted 101 outreaches (EPI: 74, EH: 20, HE: 12, SH: 1).	**0**

14. Nakifuma HC III: Conducted 347 outreaches (EPI: 59, EH: 96, HE: 96, SH: 96).

15. Namuganga HC III: Conducted 18 outreaches (EPI: 16, EH: 2, HE: 0, SH: 0).

16. Nyanja HC III: Conducted 60 outreaches (EPI: 21, EH: 18, HE: 21, SH: 0).

17. Seeta Nazigo HC III: Conducted 53 outreaches (EPI: 53, EH: 0, HE: 0, SH: 0).

Outreach Performance at Sampled Facilities

Kojja HC IV

o Conducts outreaches to various villages (e.g., Katosi, Kalubbi, Nsanja, etc.).

o Quarterly performance (FY 2023/2024):

Q1 (July-Sept): 22 EPI, 10 Environmental Health, and 1 Health Education (33 total).

Q2 (Oct-Dec): 22 integrated outreaches during Child Health Days and School Health Programs.

Q3 (Jan-March): 22 outreaches.

Q4 (April-June): 22 outreaches.

Issue: Did not meet the required number of quarterly outreaches.

• Kyampisi HC III

o Conducted 63 EPI outreaches, including activities for Child Health Days.

o Issue: Did not conduct school health outreaches as part of its activities.

• Kabanga HC III

o Conducted 44 EPI outreaches and 4 Environmental Health outreaches targeting Nakalanda Primary School, Eagolet School, Bethany Christian School, and Mpatta.

o Performance: Met the required thresholds.

Recommendations

1. Strengthen Utilization of VHT Reports

o Train VHTs and health facility staff on the importance of completing all report sections, including community disease observations.

o The DHO should integrate VHT data into district health planning to address gaps and respond to community needs.

2. Comprehensive Outreach Planning

o Develop and implement a detailed outreach plan for all health facilities, ensuring regular and consistent activities across all quarters.

3. School Health Program Enhancement

o Mandate all health facilities to target at least one school per quarter for health outreach activities, with a focus on both primary and secondary schools.

o Expand efforts to include secondary schools, addressing the health needs of adolescents.

4. Monitoring and Accountability

o Conduct quarterly reviews of outreach activities to ensure all health facilities meet their targets.

o Establish a feedback mechanism to assess the impact of outreaches on community health indicators.

By addressing these gaps and implementing the recommendations, Mukono District can enhance its outreach performance and make better use of VHT reports to improve overall health outcomes.

Although the outreaches performance from the majority of the health facilities if good, improvements are required to meet the recommended target for school outreaches. Therefore the performance indicator of at least 48 outreaches including 4 in schools has not been met.

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	(i) a. Evidence shows that LG facilities increased antenatal care attendance in the first trimester between the previous FY but one and the previous FY by not less than 2%. From the DHIS2 the total ANC attendance in the first trimester was as follows: FY 2022/2023 was 7803, and in FY 2023/204 was 8276 with a calculated difference of 473. This is an increase of 6.06%. This percentage increase is greater than the 2% threshold recommended for this assessment. (ii) b. Evidence shows that LG facilities increased the immunization for measles and Rubella between the FY 2022/2023 and 2023/2024 by 72.7% which is greater than 2%. From the DHIS2 the total immunization for measles and Rubella was as follows: In FY 2022/2023 was 5464, and in FY 2023/204 was 9435 with a calculated difference of 3971. This is an increase of 72.7%. (iii) c. Evidence shows that LG facilities increased the deliveries at the health facilities between the previous FY but one and the previous FY by 4.3% which is greater than 2%. From the DHIS2 the total deliveries in the health facilities were as follows: In FY 2022/2023 was 24,148, and in FY 2023/204 was 25186 with a calculated difference of 1038. This is an increase of 4.3%.	**6**
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	DHIS2 data shows that total FP uptake increased from 55,974 in FY 2022/2023 to 65,359 in FY 2023/2024, a difference of 9,385, representing a 16.8% increase. This indicates that LG exceeded the targeted 5% increase in the number of women of reproductive age receiving Family Planning (FP) services between the two fiscal years.	**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	There is no evidence that the LG achieved the target of enrolling at least 95% of newly HIV-positive individuals into chronic care in the previous fiscal year. According to DHIS2 data, 3,285 individuals tested positive for HIV, but only 2,809 were enrolled in care, representing an enrolment rate of 85.6%. This achievement is below the targeted 95% of new HIV -positive individuals enrolled into chronic care.	**0**

Efficiency

8	Evidence that the LG has ensured that midwives in all facilities attend to the required number ANC clients	• Review DHIS2 data to establish the total ANC clients • Review the LG Health Workers payroll to establish the number of midwives • Calculate the average. i. If on average each midwife attended to at least 1200 ANC client per year score 3 ii. If on average each midwife attended to at least 800 ANC client per year score 2	The available data indicates that midwives across all facilities are meeting the required number of antenatal care (ANC) clients. During the fiscal year 2023/2024, the municipal council employed 77 midwives who collectively attended to 578,215 ANC clients. This translates to an average of 7,509 ANC clients per midwife per year, significantly exceeding the standard target of 1,200 clients per year. As a result, this performance merits a score of 3.	**3**

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	There is evidence indicating that the Local Government (LG) ensured malaria patients admitted to health facilities spent an average of no more than three days in admission. A review of sampled health facilities and their Inpatient Department (IPD) registers revealed the following durations of stay for malaria patients admitted during quarters 2 and 4 at Kojja HC IV, Kabanga HC III, and Kyampisi HC III: 2, 2, 2, 2, 3, 2, 2, 2, 1, 2, 3, 2, 2, 2, 1, 2, 1, 2, 2, 3, 2, 7, 1, 1, 2, 1, 2, 1, and 2 days, resulting in an average stay of 1.9 days. This data confirms that malaria patients admitted to these facilities generally spent fewer than three days in admission on average. Additionally, it should be noted that the inpatient units in each of the health facilities were functional, with all beds equipped with mosquito nets to prevent further mosquito bites during recovery.	**3**

Human Resource Management

10	Evidence that the LG has recruited the critical staff in Health Centre IVs	• From the HRM Unit obtain and review staff lists for all facilities. • Verify the staff number and their respective job positions deployed at each of the health facility. • Sample one (1) Health Centre IV/District Hospital to verify deployment of the following critical staff: o At least 3 Medical 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	Across the district, the district has a total of 230 medical staff. From the old staff structure Health HC IV, the following positions of critical staff are recommended: 2 medical officers, 8 nurses, 3 clinical officers, 5 theatre staff, 3 laboratory staff, 4 midwives, and 3 health inspectors/Health assistants. The staffing at Kojja HC IV, is 2 medical officers, 8 nurses, 5 theatre staff, 2 clinical officers, 3 midwives, 3 laboratory personnel, and 1 health assistant. According to the old staffing the HC IV has not yet recruited the required number of critical staff. For instance: • 2 clinical officers have been recruited, instead of 3 • 3 midwives have been recruited instead of 4 • 1 health assistant/ health inspector has been recruited 3 This indicates that the facility does not meet the critical staffing requirements across multiple essential roles, potentially impacting service delivery and healthcare outcomes. Furthermore, when using the new staffing norms, the HC IV requires 52 potions across the different cadres whereas Kojja has a total of 21 critical cadres of staff available, implying a gap of 31 critical staff.	**0**
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	At Health Center III across Mukono DLG, 12 HCIIIs have a total of 132 recommended positions and the filled positions are 117 for critical cadre with a gap of 15 positions unfilled. Using the new structure, and considering 12 Health Center III, the recommended total positions are 252. The filled positions are 117, with a total staffing gap of 135 across all the critical cadres. However, using the old staffing norms for this assessment, the following field observations are made At Kabanga HC III the following critical staff have been recruited: 2 Clinical officers 3 Nurses 3 Midwife 2 Lab staff	**0**

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	0 Health Assistant The recommended staffing structure for this assessment includes the following positions: 2 clinical officers, 4 nurses, 2 midwives, 2 laboratory personnel, and 1 health assistant. The Local Government (LG) successfully recruited the required number of critical staff, including clinical officers, midwives, and laboratory personnel. However, only 3 nurses have been recruited instead of the recommended 4, and the position of the health assistant remains unfilled. Kyampisi HC III the following critical staff have been recruited 2 clinical officers 4 Nurses 2 Midwives 2 Lab staff 0 Health Assistant The Local Government (LG) successfully recruited the required number of critical staff, including clinical officers, nurses, midwives, and laboratory personnel. However, the position of the health assistant remains unfilled. This implies that this indicator has not been met. The managers of the Mukono DLG attribute this absence to a district service commission and staff could not be recruited.

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	From the DHO and HR 179 medical had licenses on their files and 51 did not. So 77.8% of the medical staff in Mukono DLG had valid licenses on their files so they were considered Licensed by their respective bodies of UMDPC, AHPC, and UNMC. At the sampled health facilities the following information was accessed. Kojja at Kojja HC IV, the 2 medical officers had practicing licenses, out of the 8 nurses 2 did not have licenses on their files, 5 theatre staff one did not have a license on the file, the 2 clinical officers had their licenses, 3 midwives, had their licenses, out of the 3 laboratory personnel, one did not have a license, and 1 health assistant had a license Kyampisi 2 clinical officers 4 Nurses 2 Midwives 2 Lab staff 0 Health Assistant At Kyampisi HC III, 1 Nurse was missing a license on the file At Kabanga HC III the following critical staff have been recruited: 2 Clinical officers 3 Nurses 3 Midwife 2 Lab staff All the critical staff had their licenses on the staff files This indicator is not met because not all staff had their licenses	**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.	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	There is evidence that shows that all the sampled health facilities conducted at least 7 CMEs in the year 2023/2024 All the three sample facilities conducted 7 CMEs At the sampled health facilities, the following observations were made: **Kyampisi HC III;** CME Schedules were available and the following topics were discussed during the CMEs 31.07.2023: Modalities for HIV and TB	**2**

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	screening were discussed and attended by 2 nurses, one nursing officer and a midwife 27.08.2023: Immunization monitoring was discussed and was attended by a clinical officer, 2 nurses, one nursing officer, and a midwife 16.09.2023: Skin infections was attended by a clinical officer, 2 nurses, one nursing officer, and a midwife 27. 11.2023: Management of Postpartum hemorrhage was attended by a clinical officer, 2 nurses, one nursing officer, and a midwife 23. 01.2024Continous Quality Improvement was attended by a clinical officer, 2 nurses, one nursing officer, and a midwife 6. 03.2023: Management of Postpartum hemorrhage was attended by a clinical officer, 2 nurses, one nursing officer, and a midwife **At Kojja HC IV the following topics were discussed** 06.03. 2024 Strengthening infection control and prevention Attended by NO, 3 EMW, 2 CO, 2 theatre staff, 2 nurses, 1 MO, 2 laboratory staff 22.01.2024 Index testing and partner services (APN) Attended by Attended by NO, 3 EMW, 2 CO, 2 nurses, 1 MO, 2 laboratory staff 13.03. 2024 HTC new guidelines Attended by Attended by NO, 3 EMW, 2 CO, 2 nurses, 1 MO 20.03. 2024 Integration of NCDs into HIV care Attended by Attended by NO, 2 EMW, 2 CO, 2 nurses, 12.06. 2024 Diabetes Meritus Attended by Attended by NO, 3 EMW, 2 CO, 1 nurse, 1 MO 24.06. 2024 Financial Management Attended by Attended by NO, 3 EMW, 2 CO, 2 theatre staff, 1 nurse, 1 MO 08.08.2023. Management of TB Attended by Attended by NO, 3 EMW, 2 CO, 2 theatre staff, 1 nurse, 1 MO 22.08.2023 Otitis media Attended by Attended by NO, 3 EMW, 2 CO, 2 nurses, 1 MO 26.09.2023. Post-abortion care Attended by Attended by NO, 3 EMW, 2 CO, 1

nurse, 1 MO

At Kabanga HC III

26.07.23: Nutrition

Attended by I MW, 2 Nurses, and 1 CO

26.07.2023 Customer care

Attended by 2 MW, 2 Nurses, and 1 CO

02.08.2023 CQI Journal and importance

Attended by 2 MW, 2 Nurses, 1 lab staff and 1 CO

23.08.2023: Infection prevention and control

Attended by 2 MW, 2 Nurses, 1 lab. staff and 1 CO

27.09.2023 HMIS tools

Attended by 2 MW, 2 Nurses, 1 lab. staff and 1 CO

04.10.2023: Malaria

Attended by 2 MW, 2 Nurses, 1 lab. staff and 1 CO

12.03. 2024: HTC new guidelines

The health workers generated the CME discussion topic by collectively identifying their gaps in knowledge.

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	Kojja HC IV is the only HCIV in Mukono DLG. By the time of the assessment this HC IV had been certified as a CPD center and online CPD account in the previous year and had started giving CME.	**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 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	Mukono DLG has only one HC IV of Kojja. Kojja HC IV ihas an online CPD account and is run by Dr, Kayondo Simon Peter (In-charge of HC IV). The following information about the CPD provided to the medical staff under his supervision are provide 1. CME activity ID 5437 of 21.01.2024, on Professional can handle online CME, had 6 participants and 4 CME points 2. CME activity ID 5438 on 22.01.2024 Rhesus Incompatibility, location ART shade at Kojja HC IV, had 4 participants and 3 points and closed on 25.02.2024 3. CME activity ID 7410 on 23.11.2024 about the management of Raptured Uterus, Location virtual session, had 8 participants and 2 CME points 4. CME activity ID 7414 on 23.11.2024, Management of pain using the available medicines including IV diclofenac, location ART shade at Kojja HC IV, had 4 participants and 3 points and closed on 25.02.2024 It should be noted that Kojja HC IV has 2 medical officers by the time of assessment the Health Facility had just started running the CPD.	**2**

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	Handwashing facilities with soap or alcohol-based sanitizer at all the work stations Methods • Kojja HC IV: Service stations assessed include: OPD, Maternity ward, laboratory, ART clinic, theatre , and inpatient department. All workstations had washing facilities had water and soap. Kyampisi HC III – Had four main stations: The OPD, the maternity, laboratory and in patient department. All these stations had handwashing facilities with water and soap Kabanga HC III, had OPD, a maternity ward, laboratory and IPD. All the stations had hand hand washing facilities with soap	**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	The three health facilities observed had sterilizers for equipment. At Kojja HC IV the sterilizing equipment was available and functional. At Kyampisi the sterilizer was available and functional. At Kabanga HC III, the sterilizer was available and functional.	**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 and safety boxes b. Sorting waste according to color code c. Placenta pit score 2 or else 0	All health facilities had color-coded waste bins (Black for other waste. Yellow for infectious waste and Red for highly infectious and safety boxes for disposal of used sharps/needles and syringes). The sorting of waste was appropriately done use disposed off in the corresponding color coded bucket. All facilities had placenta pits.	**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 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	All the sample health facilities had Clean human waste disposal facilities for patients and staff segregated between males and female with hand washing facility with water and soap	**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	At the sampled facilities, at Kojja HC IV water from the borehole is pumped into distribution tanks. Therefore, clean and safe water is available. Kabanga HC III and Kyampisi HC III use harvested rainwater, which is not safe for use (The use of harvested rainwater should be limited to activities that may allow it to be swallowed. The safety of rainwater is reinforced by the availability of after-harvest water treatment efforts (such as boiling) which were not available in the two health facilities.	**0**

Evidence that the health facilities have visible sign posts listing all available services in local language offered free of charge Evidence that the health facilities compound and service units have clear signs for directions in local language	Sample one (1) Health Centre IV/District Hospital; and two (2) Health Centre IIIs • Observe existence of the signposts and labels • Obtain list of services offered from in-charge and compare with those on the sign-posts. Verify if the health facilities have visible sign posts listing all available services in local language offered free of charge score 2 or else 0	Visited the three sampled health facilities namely: Kojja HC IV, Kyampisi HC III, Kabanga HC III. These facilities provided the following services: **Kyampisi HC III Kojja HC IV Kabanga HC III** 1. Outpatients outpatients outpatients 2. In patients Immunizations Immunizations 3. Laboratory services In patients In patients 4. Immunization Immunization Immunization 5. Deliveries Deliveries Deliveries 7. Antenatal care Antenatal care Antenatal care 8. Postnatal care Postnatal care Postnatal care 9. PMTCT PMTCT PMTCT 10 HIV counseling & testing HIV counseling & testing Laboratory services 11. Nutrition Counseling Laboratory services Family planning 12. ART services Immunization ART service 13. Treatment of TB Theatre T.B Services 14. Treatment of non-communicable diseases Treatment of non-communicable diseases 15. Adolescent Health Services Adolescent Health Services Nutrition 16. Family planning Family planning All the health facilities have visible signposts listing all available services in the local language offered free of charge

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	All the three the health facilities have compound and service units have clear signs for directions in local languages.	**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 iii. Allocate funds to activities intended to address the bottlenecks; and iv. Produced reports which describe the activities	The assessment of this indicator was conducted using health facility work plans (001). The 34 health facilities had submitted their workplan to the DHOs office. These workplans are submitted as comprehensive documents, providing detailed background information about the facility, including: An overview of available human resources; performance reports from the previous year; bottleneck analysis reports with corresponding root cause analyses to identify challenges and propose evidence-based solutions and a detailed list of proposed activities and their associated budgets. The following observations were: an Kojja HC IV Observations Identified Bottlenecks and Gaps (FY 2023/2024 Performance Review) • Low ANC (Antenatal Care) 4th visit coverage: Gap of 31%. • Low percentage of children fully immunized by 1 year: Gap of 10%. • Percentage of malaria cases that are lab-diagnosed: Gap of 25%. • Low percentage of deliveries in health facilities: Gap of 7%. Proposed Solutions (Based on Root Cause Analysis): 1. Increase ANC 4 outreaches to improve access. 2. Expand immunization outreaches, especially	**5**

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	to underserved parishes and villages. 3. Prioritize adequate power supply for laboratory operations over other facility expenditures. 4. Renovate one staff housing block to accommodate midwives and improve service delivery. Planned Activities for FY 2024/2025: Antenatal Care (ANC): Conduct ANC 4 outreaches in parishes/villages with limited geographical access to health facilities. Immunization: Organize monthly outreach programs in parishes without vaccination-providing health facilities. Laboratory Power Supply: Increase the budget for power purchases and electrical maintenance by 15% in the 2024/2025 work plan. Staff Housing Renovation: Allocate funds in Quarter 1 to renovate staff quarters, ensuring better living conditions for midwives. Budget Allocation: Outreach Activities: Funds allocated across all four quarters of FY 2024/2025 to cover safari day allowances for staff conducting ANC and immunization outreaches. Funds were allocated to this activity for this activity. Budget allocated for Quarter 1 to complete the renovation. Strengths: • Bottlenecks have been identified, and a thorough root cause analysis was conducted. • Specific solutions and actionable activities have been planned. • Funding has been secured for the proposed interventions. Weakness: • The plan does not include budget provisions for monitoring and evaluating the progress of implemented activities. Recommendations for Improvement: • Allocate resources for periodic monitoring and evaluation to ensure effective implementation and progress tracking. • Develop key performance indicators (KPIs) to measure the impact of the proposed interventions. • Strengthening community engagement to maximize outreach program participation should also be considered as an important supplementary activity and should be allocated resources.

Kyampisi HC III

Identified Bottlenecks from the Work Plan:

1. Service Reach: 74% of parishes are not covered with essential services.

2. Antenatal Care (ANC): 54.3% of mothers do not attend ANC in the first trimester.

3. Home Deliveries: 75.2% of mothers deliver at home, missing health facility services.

Proposed Solutions and Activities:

1. Improving Service Coverage and Reporting:

o Issue Identified: Many private health providers fail to submit timely reports.

o Solution: Conduct quarterly supervision and follow-ups with private clinics to ensure timely reporting.

o Funds Allocation: Budget provided for supervision activities in all four quarters of the fiscal year.

2. Enhancing Community Engagement:

o Health Education: Conduct health talks using community dialogues, local radio programs, and visual aids to raise awareness of the importance of ANC and facility-based deliveries.

o Village Health Teams (VHT): Strengthen the role of VHTs by:

👍 Encouraging reporting and follow-ups.

👍 Using appointment books to track and remind mothers of ANC visits and delivery plans.

o Community Dialogues: Regular community engagement sessions to address barriers and encourage positive health-seeking behaviors.

o Funds Allocation: Budget allocated to support these activities across all four quarters.

Strengths:

• Key bottlenecks have been identified with actionable solutions.

• Allocated funds ensure consistent implementation throughout the year.

• Focus on community-level interventions to address root causes of service gaps.

Recommendations for Improvement:

• Incorporate performance monitoring to assess the impact of the proposed solutions.

• Expand collaboration with local leaders and influencers to amplify community education efforts.

• Explore incentives or recognition programs to

motivate private providers and VHTs for better reporting and service delivery and this should be planned for.

Kabanga HC III

Identified Bottlenecks:

1. Access to Health Services: 80% of children under 1 year are unable to access the health center.

2. Antenatal Care (ANC): 54% of women do not attend their first ANC visit in the first trimester.

3. Home Deliveries: 61% of women still deliver at home.

Proposed Solutions and Activities:

1. Improve Access to Health Services for Children:

o Plan and budget for increased community outreaches, ensuring funds are allocated for all four quarters of the fiscal year.

2. Encourage Early ANC Attendance:

o Procurement of HCG Strips: Ensure availability of pregnancy test kits for timely identification of pregnant women.

o Health Screening: Collect Last Normal Menstrual Period (LNMP) information from all women of childbearing age (WCBA) during outreach activities.

o Immediate ANC Enrollment: Escort women with positive HCG test results directly to the maternity ward to initiate ANC services on the spot.

3. Reduce Home Deliveries:

o Community Dialogues: Organize regular discussions with community members, particularly expectant mothers, to raise awareness about the benefits of delivering in health facilities.

o Referral Support: Strengthen referral mechanisms for mothers identified in the community, encouraging and facilitating facility-based deliveries.

Budget Allocation:

• Funds have been allocated to support outreach activities, procurement of HCG strips, and community dialogues across all four quarters.

Strengths:

• Specific bottlenecks are addressed with targeted and actionable solutions.

• Integration of outreach services and community engagement ensures greater reach and impact.

			• Immediate ANC enrollment for identified pregnancies helps bridge gaps in early ANC attendance. Recommendations for Improvement: • Include training for health workers and Village Health Teams (VHTs) on effective community engagement and referral processes. • Allocate resources for monitoring and evaluating the outcomes of these interventions. • Leverage local community leaders to enhance participation in dialogues and outreach programs. There there is evidence the health bottleneck analysis; design work plans to address the bottlenecks and allocate funds to activities intended to address the bottlenecks; and poduced reports which describe the activities conducted and explains what has been achieved in relation to mitigating the identified bottlenecks and improving health outcomes. T	
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 • Narrative Activity Report Verify if the DHO i. Makes a bottleneck analysis; ii. Designs work plans to address the bottlenecks iii. Allocated funds to activities intended to address the bottlenecks; and iv. Produced reports which describe the activities conducted and explains what has been achieved in relation to improving health outcomes If (i) and (iv) complied with score 5 or else 0	There is evidence that DHO's office makes a bottleneck analysis, designs work plans to address the bottlenecks and allocated funds to activities intended to address the bottlenecks and produced reports which describe the activities conducted and explains what has been achieved in relation to improving health outcomes During the visit to the district office, it was noted that all health facilities had submitted their work plans, which were duly endorsed by the District Health Officer (DHO). The annual work plan (001) was available, the bottleneck report was included as a section in the annual workplan and the budget for the planned activities and includes a performance review that details the achievement for each of the indicators set in the previous year 2023/2024. The examination of the bottleneck analysis report, revealed the following main bottlenecks: • Vaccine Stock-Outs: 65% of health facilities reported measles vaccine stock-outs lasting more than one week during the fiscal year. • Incomplete Immunization: 21% of children were not fully immunized. • Low ANC Attendance: A significant number of women did not attend their first ANC visit in the first trimester. Proposed Solutions and Activities for bottlenecks 1. **Improve Vaccine Availability and Cold Chain Management.**	**5**

To achieve this the district health office planned to conduct regular supervision and coaching sessions led by the District Cold Chain Technician (DCCT) and Health Sub-District (HSD) Cold Chain Assistants to strengthen vaccine supply chain management. They also planned to procure motorcycles to improve vaccine distribution and cold chain monitoring, particularly in hard-to-reach areas. An to include transportation costs in the budget to support service delivery in remote locations.

2. **They planned to enhance Immunization Coverage**: They planned to organize community "drive-through" immunization events to improve accessibility and uptake. They also planned to hold radio talk shows to create awareness and address misconceptions about immunization.

3**. To increase ANC Attendance:** They plan to engage men in all community events to promote shared responsibility in maternal health. And to leverage social media platforms to communicate effectively with men and encourage family involvement in ANC attendance.

All the activities assigned to each identified bottleneck was budgeted for and funds allocated and planned to conducted in each of the 4 quarters.

Strengths of the DHO's planning

• Solutions target both systemic issues (e.g., vaccine stock management) and community-level barriers.

• Inclusion of innovative strategies, such as leveraging social media and engaging men, addresses cultural and behavioral factors.

• Clear planning for hard-to-reach areas ensures equitable service delivery.

Recommendations for Improvement:

• Monitor the effectiveness of proposed activities through regular evaluations which should also be budgeted for

• Strengthen collaboration with local leaders and influencers to amplify community participation funds available for this activity which is effective in addressing some of the cultural barriers to health care access.

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	**2** Health workers in Mukono district were training forensic collection for Health and legal staff. The training took place between the 19th to 23rd of June 2023 and was sponsored by the Makerere University Walter Read Project (MUWRP). The training was aimed at orienting health and legal workers on the health and legal sector mandate on the prevention and response to gender-based violence against children. The objectives of the training were: to orient frontline Health and legal workers on the Health and legal Sector mandate on prevention and response to GBV and VAC; to acquaint service providers with communication skills for survivors/victims of GBV and VAC; to acquaint service providers with knowledge on proper taking of history from survivors/ victims of sexual violence as well supporting them to claim their rights. This training provided health workers with the knowledge and skills to handle cases related to violence and discrimination. Which is later useful in the sensations of the patients about the patient charter and how to respond to violence and discrimination. The gender/violence reporting and register and form are available supporting the survivors of violence and discrimination. They have put in place a system for recording and reporting violence using the police form 3A for medical examination of the survivors of assault and a register for capturing this information is available in the health facilities. This indicates 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.

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 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	The LG with support from MUWRP training the health workers, the health workers, through the routine health dissemination strategies at OPD used the opportunity to sensitize the patients and community about violence and process for support and well as claiming their rights.	**2**
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	There is no evidence for the training of the HUMCs on stakeholder engagement grievance management as per circular on grievance management	**0**
Oversight and support supervision				
18	Evidence that HUMCs approved work plans and budgets in all facilities, the LGHT supervised and mentored all facilities for Data Quality Assurance	From the LG Health Officer, obtain and • Obtain and review HUMC minutes to	All work plans for the various health facilities were reviewed, signed, and endorsed by their respective HUMC (Health Unit Management Committee) chairpersons. For instance: • Kyampisi HC III: Endorsed on 26th March	**6**

(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.	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	2024. • Kojja HC IV: Endorsed on 20th March 2024. • Kabanga HC III: Endorsed on 18th March 2024. Copies of the endorsed work plans are available at the District Health Officer's (DHO) office and at each of the health facilities visited. Additionally, there is clear evidence that the Local Government Health Team (LGHT) conducted supervision and mentoring sessions for all the facilities. The four quarterly support supervision reports share consistent cover objectives and expected outputs. However, the content is tailored to address the specific issues identified at each health facility during the visits. This approach ensures that while the overarching goals remain uniform, the reports provide targeted insights and solutions relevant to the unique challenges of each facility. The overarching objectives of the supervision include: • Analyzing the skills and performance of the health workforce. • Mentoring health workers to address identified gaps in health service delivery. • Identifying and documenting challenges faced by health facilities. The expected outcomes of the supervision are as follows: • A well-mentored health workforce equipped to deliver quality services. • Development of actionable recommendations to inform future planning processes. • Documentation of best practices and formulation of plans to address identified challenges effectively. All the supervisions are conducted by the following DHT members • The Laboratory Technologist/District Lab Focal Person (LT/DLFP) • Senior Medical Officer /District Quality Improvement Focal person (SMO/DQI-FP) • Assistant District Health Officer/ Environmental Health (ADH-EH) Q1 (July-September 2023) was an integrated supervision compiled on 29.04.2023. Health facilities visited include • Nakifuma HC III • Kasawo HC |III • Kabanga HC III

• Nagojje HC III

• Namuganga HC III

• Nabalanga HC III

• Namuganga HC II

• Mpunge |HC III

• Seeta-Nazigo HC III

• Koome HC III

• Mukono General hospital

During the visit the supervised data quality and use. They also supervised data quality and use of data. The records officer was to generate the graphs that show the progress. Discussed the fumigation to control vermin and other pests. Supervised the health facility sanitary facilities.

Weaknesses and improvements required

The report compiles the problems at each of the health facilities but lacks a combined priority list for the quarter and an action matrix that shows follow-up

Q1 (October-December 2023) was an integrated supervision compiled. Health facilities visited included;

• Kojja HC IV

• Nakifuma HC III

• Kasawo HC |III

• Kabanga HC III

• Nagojje HC III

• Nagalama Hospital

• Namuganga HC III

• Kyabazaala HC II

• Mpunge |HC III

• Seeta-Nazigo HC III

• Koome HC III

• Ddamba HC II

Supervised cold chain management and general review of operations of health facilities

Recommendation: Should include feedback on how the identified Q1 challenges and progress of implementation

Q1 (January-March 2024) was an integrated supervision and Health facilities visited included;

• Mukono General hospital

• Nakifuma HC III

			• Nabalanga HC III In this supervision, the continuous quality improvement (CQI) emphasized that the CQI focal person liaises with the health facility management to functionalize the CQI to fast track the poor-performing indicators. Q1 (April-June, 2024) – date compiled 03.07.24 was an integrated supervision and Health facilities visited included: Nyende HC II Koome HC III Mpunge HC III Mukono General Hospital Kojja HC IV Therefore, there is evidence that the LGHT-supervised Data Quality Assurance (DQA) and Expanded Program of Immunization (EPI) and followed up the recommendation with focal persons and in-charges. However, DQA and EPI should accorded more prominence and should not lumped with many other 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.	A random selection of the 12 reports of 108 and 105 submitted by the health facilities during the FY 2023/2024 showed the following: Review of the HMIS monthly summaries reviewed the following 108 and 105 submissions: July 2023 (5.08.2023), Aug (06.09.2023), Sep (06.10.2023), Oct. (06.11.2023), Nov (06.12.2023), Dec (05.01.2024), Jan (06.02.2024), Feb (06.03.2024), Mar (05.04.2024), Apr (05.05.2024), May (07.06.2024), Jun (04. 07.2024). This profile confirms timely and complete submissions of data with all dates submission falling between 4th -6th of the preceding month.	**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	MIS data for FY2023/24 showed the number of existing water facilities at Mukono DLG to be 1129 and 20% of that is 226 water sources. The district presented a total of 1595 water sources and a total of 348 sources were sampled. The BPR for FY2023/24 showed that 300 water quality tests were to be carried out and the water quality analysis report dated 7th /06/2024 and received at the registry on 10th /6/2024 showed the list of the water quality analysis reports FY2023/24 for the 348 facilities which is 21.8%. JUSTIFICATION: Routine water quality tests where carried out in the existing water sources making a 21.8%	**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	Total number of water facilities constructed in FY2023/24 were 6 deep boreholes drilling hand pump, 1 motorized borehole, 1 piped water supply scheme as per AWPR FY2023/24. The water quality report dated 7th /6/2024 for FY 2023/24 showed the testing results of all the 8 newly implemented projects and four (4) certificates dated 22th /7/2024, four (4) certificates dated 26/6/2024 totaling to all the eight (8) projects. Hence confirming that 100% of water quality tests were conducted for the new projects.	

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	• 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 BPR for FY 2023/24 showed expenditure on supervision of ongoing water and sanitation projects. Household surveys were conducted before connection as per the report for FY2023/24 dated 26th /6/2024 showing the places that the household survey was carried out namely, Nagojje kitto 80households visited. Namataba wantayi 62households visited. Seeta namuganga kyambogo 77households visited. ntunda Ntunda A 60households visited. Mpatta Sugu lugala 59households visited. Mpatta mponja 68households visited. Nakisunga Kirijja 65households visited.	

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.	A report dated 11th /03/2024 signed by the ADWO titled submission of sensitization and feedback on water quality assessment results, house hold hygiene and sanitation survey at Nakisunga sub county to District Technical planning committee meeting. Minutes dated 6th /3/2024 of a meeting held in Nakisuga subcounty, kirijja butooke village giving feedback to the community on water quality assessment results, house hold hygiene and sanitation survey. This gives the justification that feedback was given.

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	A report written titled submission of follow up for O&M and behavior change of water sources in communities of kitto and wantayi dated 7th /5,2024 showed that the DWOs office followed up on actions taken from the quarterly meetings that included remedial actions taken from water quality tests and household sanitation surveys by the technical teams and the district water sanitation coordination committee members. At kitto water source, they were asked to hold meetings and it was found out that no meeting was held, community had a burial. They were also asked to erect a fence; the fence was erected and also solid waste disposal was evidenced to be of proper solid waste disposal. This justifies that follow up was made.	**2**

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	The Management Information System (MIS) data shows that access to safe water in Mukono District Local Government (DLG) is currently at 65%. This figure falls short of the target of 70% for safe water access. Additionally, district records for the financial year 2023/24 indicate that the access rate is slightly higher at 68%. In comparison, baseline data from FY2022/23 reveals that the access rate is 69%, representing a 4% decrease with MIS data and 1% reduction from the district data.	**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); 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.	The District Water Office (DWO) did not allocate 70% of the budget to the underserved Lower Local Governments (LLGs). The annual work plan and budget for FY 2024/25 indicate that water projects worth UGX 1,014,224,000 are scheduled for implementation . However, only 19 water projects, totaling to UGX 272,144,456/1,014,224,000*100 (26.8%), were allocated to the least served sub-counties. Currently, the district's safe water coverage stands at 65%. The least served sub-counties and their respective allocations are as follows: Koome Sub county having a percentage of19 % was allocted 1,500,000 and 6 water projects *25,149,384 Mpatta Sub county having a percentage of 40 % was allocated 3 water projects *25,149,384 Nama Sub county having a percentage of 35% was allocated 6 water projects*4,430,000 Ntenjeri kisoga Sub county having a percentage of 45 was not allocated any project. Kyampisi Sub county having a percentage of 63 was allocated 4 water projects *4,430,000 Nabbale Sub county having a percentage of 60% was not allocated any project. The total allocations to the underserved sub counties was 272,144,456 The total allocation for these projects is UGX 272,144,456, which translates to 26.8% of the budget. This is significantly below the recommended allocation of 70%, indicating that the Local Government is not compliant with the guidelines.	**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.	The district did not implement at least 70% of the budgeted water projects in the underserved Lower Local Governments (LLGs). The AWP for FY 2023/24 indicated that the district implemented 29 worth UGX 487,326,019 FY 2023/24. However, only 13 water projects, totalling will UGX 206,368,459 (42.3%), were allocated to the least served sub-counties. In the FY 2023/24, the district's safe water coverage stood at 69 %. The least served sub-counties and their respective allocations were as follows: koome Sub county having a percentage of 5% was allocated 127,500,339 Mpatta Sub county having a percentage of 39% was allocated1*31,259,060 Nama Sub county having a percentage of 38% was allocated 2*7,075,000 Seta namuganga Sub county having a percentage of 68% was allocated 6*7,075,000 and 31,259,060 Kyampisi Sub county having a percentage of 68% was allocated 1*70,075,000 nabbale Sub county having a percentage of 64% was allocated 1*7,075,000 The total allocations to the underserved sub counties was 206,368,459 The total number of projects implemented is 13 worth UGX 206,368,459, which translates to (42.3%), of the budget. This is significantly below the recommended implementation of 70%, indicating that the Local Government is not compliant with the guidelines.	**0**

4			**5**
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	The MoWE MIS 2023/24 indicate that Mukono DLG stands at 93% functionality To verify the functionality of the water sources, two sites located in underserved Lower Local Governments (LLGs) and four from slightly served sub counties were sampled, all these water sources sampled were found to be functional. Nagojje Sub county kitto water source having the coordinates 492149.2E, 47729.9N , DWD54034, date of completion 5/6/2024 namataba Sub county wantayi water source having the coordinates 48582E, 43377.2N, DWD54035, date of completion 4/6/2024 Nama Sub county Waluga water source having the coordinates 479885.3E, 49243.3N DWD32317, date of rehabilitation 4/10/20(Rehab) NtundaSub county Kibira water source having the coordinates 492341.5E, 64592.4N DWD54037, date of completion 2/6/2024 Kyampisi Sub county namaganga water source having the coordinates 468336E, 57966N Number erased. Nagojje Sub county Psp Nagojje centre water source having the coordinates 487026.4E, 48509.3N all the visited sites facilities were functional with water being provided to the community all the time as per the interviews with the members of the community.	

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	The sampled facilities were notably; 1. Nagojje Sub county kitto water source had a care taker and member of the water user committee namely; Namukasa (C/P) 0754180009, Magomu noah (caretaker), the committee had not started collecting O&M, they had a minutes book, settled their grievances in the community for example fighting of children along the lines while collecting water as reported to me. the committee was functional 2. Namataba Sub county wantayi water source had a care taker and member of the water user committee namely; Luwalira dan (c/p) 0704839150, Kayemba (caretaker) 0741368620, the committee collected O&M monthly to a fee of 1000shs per house hold, they didn't have a minutes book, settled their grievances in the community for example fighting of children along the lines while collecting water as reported to me. the committee was functional. 3. Nama Sub county Waluga water source had a care taker and member of the water user committee namely; Mugweri matia (c/p), Abdul karim (caretaker) 0786372556, the committee collected O&M by selling each jerrycan at 100shs, they didn't have a minutes book, settled their grievances in the community for example fighting of children along the lines while collecting water as reported to me. the committee was functional 4.Ntunda Sub county Kibira water source had a care taker and member of the water user committee namely; Otadda sande 0751347029, Mirembe, Werikye james 0706448928, the committee hadn't O&M, they didnt have a minutes book, committee not functional and the members were elected in absence by community but they showed commitment but i found a land issue not yet resolved with one Mr. Wadada Moses 5. Kyampisi Sub county Namaganga water source had a care taker and member of the water user committee namely; Masagazi (C/P) 0743082346 and the care taker wasn't present at the time of visit Functional Nagojje Sub county Psp Nagojje centre Didn’t meet the caretaker. Interviewed a person who said its functional but she had moved for burial and didn’t get the contact.	**0**

Efficiency

Evidence that the LG has ensured that the installed water facilities provide water of adequate yield score	From the DWO: • Obtain drilling/survey reports and check whether installed facilities meet the water quantity standards. • Sample 5 water facilities and determine whether the yield meets the design capacity as per the drilling and design reports If the sampled water facilities yield meets the design capacity score 5 or else 0	A 10-litre container was used. time taken to pump and fill the container was recorded, the volume of 10L container was divided by the time in seconds, the answer got was converted to hours by multiplying by 60. Formulae of volume/time. This yield meets the designed capacity of a borehole as per the ministry of water and sanitation guidelines on installation of point sources and production wells that states the limits as 0.5m3/h for point source and 5m3/h for production wells. A report titled submission of completion report for boreholes construction for FY 2O23/24 dated 8th /7/2024 showed the design capacities of different water sources. Nagojje Sub county kitto water source had a design yield of 6.12m3/hr and sampled yield was 6.12m3/hr Namataba Sub county wantayi water source had a design yield of 0.87 and sampled yield was 0.87m3/hr Nama(rehab) Sub county Waluga water source had a design yield of 0.92 and sampled yield was 0.89m3/hr Ntunda Sub county Kibira water source had a design yield of 1.02 and sampled yield was 1.02m3/hr Mpatta Sub county Sugu lugala water source had a design yield of 0.5 and sampled yield was 0.48m3/hr Seeta Namuganga water source had a design yield of 0.51 and sampled yield was 0.5m3/hr All the sampled facilities meet the designed capacity of yield as per the report presented by the DWOs office.	

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	There were no reports showing hours of service of water sources at the DWOs office. However, DWOs office provided a monitoring plan of water sources dated 27th /7/2023 showing the status of each water source that includes hourly water supply. The sampled facilities confirmed to have supply of water all the time.	**5**

Human Resource Management

8	Evidence that communities receive Backup technical support from the Water Office.	• From DWO field obtain monitoring reports, review and verify that communities received back-up technical support. • Sample Water sources to ascertain that communities receive backup technical support. If the communities received Backup technical support from the Water Office. Score 10 or else 0	The DWOs office provided joint field monitoring reports for water sources dated 18th /12/2023 and 25th /06/2024. Nagojje Sub county kitto water source members namely; Namukasa (C/P) 0754180009, Magomu noah (caretaker) Community confirmed to have gotten support from the Borehole Mechanics Technician called Robert, Adwo, assistant health inspection officer. Namataba Sub county wantayi water source members namely; Luwalira dan (c/p) 0704839150, Kayemba (caretaker) 0741368620 Community confirmed to have gotten support from the Borehole Mechanics Technician, Adwo, assistant health inspection officer and Sonko Nama Sub county Waluga water source members namely; Mugweri matia (c/p), Abdul karim (caretaker) 0786372556 Community confirmed to have gotten support from only Nsubuga Charles (Senior Mechanic) who helped them in rehabilitating there borehole. Ntunda Sub county Kibira water source members namely; Otadda sande 0751347029, Mirembe, Werikye james 0706448928 Community confirmed to have gotten support from the Borehole Mechanics Technician, Adwo, assistant health inspection officer but they had not fully settled the land issue with one Mr. Wadada Moses Kyampisi Sub county namaganga water source members namely; Masagazi (C/P) 0743082346 Community confirmed to have gotten support from the senior pump Mechanic called Nsubuga and katooke Nagojje Sub county Psp Nagojje centre Didn’t meet the caretaker. -	**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	facilities sampled and the amenities present Nagojje Sub county kitto water source were i met the members namely; Namukasa (C/P) 0754180009, Magomu noah (caretaker) Fenced, no grass planted, has a drainage channel, no soak away pit, no reservoir, had reliable supply of water. Namataba Sub county wantayi water source were i met the members namely; Luwalira dan (c/p) 0704839150, Kayemba (caretaker) 0741368620 Fenced, no grass planted, has a drainage channel, no soak away pit, had reliable water supply, Nama Sub county Waluga water source were i met the members namely; Mugweri matia (c/p), Abdul karim (caretaker) 0786372556 No fence, no grass planted, drainage present, no soak away pit, had reliable water supply. Ntunda Sub county Kibira water source were i met the members namely; Otadda sande 0751347029, Mirembe, Werikye james 0706448928 Fenced, no grass planted, has a drainage channel, no soak away pit, had reliable water supply, Kyampisi Sub county namaganga water source were i met the members namely; Masagazi (C/P) 0743082346 Fenced, no grass planted, has a drainage channel, had reliable water supply, has pipes, tanks. Nagojje Sub county Psp Nagojje centre water source were i didn’t meet the caretaker but the facility had a slab, grass planted, has a drainage channel. Not all the sampled facilities had basic functional amenities.	**0**

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.	Siting from MoWE conditional grants budget and implementation guidelines for local governments section 3.0 use of non-wage recurrent grant. A minimum of 40% of non-wage recurrent budget should be allocated for promotion of sanitation and hygiene and community mobilization, environmental and social safeguard activities a maximum of 40% non-wage recurrent should be allocated to monitoring, management and administration, and an overall wage, non-wage recurrent and development management, monitoring and administration of service delivery should not exceed 14% of the sector recurrent grant and GOU development combined. From the annual budget 2023/2024, the total budget for non-wage was 102,721,960 shs, the district allocated shs 63,176,000 which is 61.5% on software and UGx 52,903,804 which is 51.5% on monitoring, management and administration.	**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	The DWO provided acknowledged copies of reports by the office of MoWE dated as follows. 31th /10/2023 15th /01/2024 09th /04/2024 15th /07/2024 JUSTIFICATION: The DWO didn’t meet the submission requirement for the 10th day of the first month of each quarter for all the submissions.	**0**

Environment, Social, Health and Safety

11				**10**
Evidence that the LG conducted training and sensitisation of the water and sanitation committees on the protection measures, the WSCs and communities implemented actions in water source protection plans for water sources constructed last FY, and the LG Water Office and Community Development Office trained the Water User Committee on grievance management and stakeholder engagement.	• From the District Water Office obtain and review • Water source protection plans for water sources constructed in the previous FY. • Training reports for the water and sanitation committees on water source protection, GRM and stakeholder engagement. • Sample 5 water facilities to ascertain that water source protection measures were implemented • From the LG Water Department, obtain and review: Water sub-programme ABPR and check whether the LG has included status of implementation of water source protection plans Check and verify i. Evidence that the LG conducted training and sensitization of the water and sanitation committees on the protection measures ii. Evidence that the WSCs and communities implemented actions in water source 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	Reports dated 12th /2/24 presented showing how sensitization and training of WSCs was conducted at katosi women development trust. In the joint monitoring meeting for quarter one dated 20th /9/2023, section 7.5 recommendations. Sensitization of water user committees and stake holders to be performed in quarter 3. In quarter 3 dated 25/3/2024 a report was presented to the DWSCC meeting showing the training of communities had been trained on book keeping, payment of fees, catchment management, sanitation and hygiene. In a report dated 12th /07/2024, presented by the ADWO to district water and sanitation coordination meeting highlighting on the steps to be followed in case of any grievance within the community. On 16th /5/2024, a grievance redress meeting was held at Kyambogo village. The communities trained were; Misenyi koome subcounty on 5th /8/2023, Kyambogo seeta namuganga on 16th /5/2024. The report was summarized as follows; nature of complaint ,category, Date received, location , Remarks as means of reporting in the grievances log Clearance of vegetation around the water source Environmental degradation 27th /8/2024 Seeta namuganga Meeting was held and the contractor was to pay for damages. In a report dated 5th /11/2023, the ADWO trained on minimum distance of water source s to latrines, graveyards and kraals, also showed a catchment protection plan, informed communities to desist from farming near the water source, trained on proper solid waste disposal and management. The following communities were trained and sensitized as per the report namely; Sugu lugala water source on 6/11/2023, Wantayi water source on 7/10/24, Kyambogo village water source 7/11/23 and Kitto water source on 9/10/2024 However, while for field verification at kitto and wantayi, I found that the water source protection plan, grievance mechanisms being implemented.	

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	MIS data for FY2023/24 showed the number of existing water facilities at Mukono DLG to be 1129 and 20% of that is 226. The district presented a total of 1595 water sources and a total of 348 sources were sampled. The BPR for FY2023/24 showed that 300 water quality tests were to be carried out and the water quality analysis report dated 7th /06/2024 and received at the registry on 10th /6/2024 showed the list of the water quality analysis reports FY2023/24 for the 348 facilities which is 30.8%. it was performed in 11 sub counties and 5 town councils covering deep/shallow wells, springs, psps etc. the analysis was sampled as follows; Quarter Number of samples, Quarter one 95, Quarter two 100, Quarter three 83, Quarter four 70 A monitoring plan on water source functionality for FY2023/2024; quarter one 4 sub counties 399 water sources, quarter two 5 sub counties 399 water sources, quarter three 4 sub counties 399 water sources, quarter four 4 sub counties 399 water sources Reports dated, 9th /10/2023 quarter one, 12th /01/2024 quarter two, 9th /4/2024 quarter three, 12th /7/2024 quarter four showing monitoring report of water sources and public sanitation facilities. It showed that the district has 25 public sanitation facilities and 25 facilities were all monitored as per those reports. The DWO has therefore monitored 100% sanitation facilities and on average 30.8% water supply facilities.	**10**

a) Evidence that the water officer has monitored 100% of public sanitation facilities and at least 25% of water supply facilities per quarter b) Evidence that the findings from monitoring were discussed with the DWSCC and among other agenda items key issues identified from quarterly monitoring of water facilities and recommended corrective actions from monitoring were implemented.	From the DWO, obtain the DWSCC minutes, DWO progress reports and AWP and check whether key issues discussed in DWSCC were from the quarterly monitoring exercises. Check whether remedial actions were incorporated in the AWP. If the findings from monitoring were discussed with the DWSCC and among other agenda items key issues identified from quarterly monitoring of water facilities and recommended corrective actions from monitoring were implemented.	Minutes dated 4th/7/2024, under min DWSCC/4/7/2024, the DWO presented findings from monitoring activity, among the key issues highlighted in the report was the existence of 125 non-functional water sources out of the 1595 monitored water sources that require rehabilitation. He further noted that that the DWO has successfully rehabilitated 20 boreholes costing 78,622,000 shs in 2023/2024, this was evidenced in the annual performance report 2023/2024. Furthermore, the Annual Work Plan for 2024/2025, approved on 31st / July /2024, includes plans to rehabilitate 32 non-functional water sources that will cost 141,760,000shs Minute dated 05th /10/ 2023, under minute 6/DWSCC/10/2023, DWO presented findings from quarterly monitoring activity. Among the key issue higlited was the need for constant follow up and training of the water user committees. One of the agreed action points was to plan for additional training and sensitization meetings. In the joint monitoring meeting for quarter one dated 20th /9/2023, section 7.5 recommendations. Sensitization of water user committees and stake holders to be performed in quarter 3. In quarter 3 dated 25/3/2024 a report was presented to the DWSCC meeting showing the training of communities had been trained on book keeping, payment of fees, catchment management, sanitation and hygiene at katosi women development trust,kitto village, wantayi, mpatta, ntunda kibira, nakisunga sub county. Evidence of implementation of recommended actions was found in Annual Workplan for FY2024/2025, approved on 15th / July 2024, where the DWO planned to train 15 Water User Committees from 27 trained, make follow ups on O&M to 20 committees from 20 trainings , rehabilitate 32 from 27 of FY2023/2024 as evidenced in In the Annual Performance Report for 2023/2024.	

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	A list of MSI sub-programme beneficiaries for FY 2023/24 was availed by the SAE. Three (3) training reports for farmers on good field management practices were availed, and some of the reports also had lists of the beneficiary farmers. A total of twenty-three (23) farmers benefited from the sub-programme. As such, five (5) of them were selected for field verification, and these included Mr. Bogele Godfrey & Mr. Namanya Richard from Mponge sub-county, Mr. Ntulume George & Mr. Musoke Celestine from Kyampisi sub-county, and Ms. Nakiku Sharon from Goma sub-county. From the field visits, the installations were found on ground in good and functional status. Also, all the visited farmers practiced more than four (4) of the best management practices, including weeding, mulching, manuring, proper spacing, trenching/drainage, and intercropping (esp. with cover crops). For example: Mr. Bogele Godfrey practiced weeding, proper spacing, trenching, and intercropping on his tomato and maize farm. Mr. Nahamya Richard grows maize and banana. He practiced proper spacing, manuring, weeding, and intercropping with cover crops for moisture retention on both farms. In addition to irrigating his crops, the water is also used to feed animals i.e. pigs and cows. Ms. Nakiku Sharon practiced mulching, proper spacing, trenching/drainage, manuring, and weeding on her vegetable garden and pasture plantation. Mr. Ntulume George grows coffee and bananas, and practices thinning, weeding, proper spacing, trenching, and manuring on his coffee-banana plantation. Mr. Musoke Celestine practiced manuring, weeding, proper spacing, and trenching on his tomato farm. **Therefore, given that all the sampled beneficiary farmers practiced at least four of the best practices, a score of 10 applies.**	**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	Mukono LG installed to completion a total of twenty-three (23) irrigation systems in the FY 2023/24. The MAAIF installation for that FY was 26. Therefore, the LG did not achieve the target. According to the SAE, the target could not be achieved due to the delayed release of funds by the government, and the LG could not absorb all the money for this sub-programme in the last quarter of FY 2023/24. It was found that Ugx. 79,122,585/= was sent back to the National Treasury from this programme. **Since the MAAIF installation target was not achieved, a score of 0 applies.**	**0**
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 number of MSI grant beneficiaries increased from 156 in FY 2022/23 to 179 in FY 2023/24. This represents 14.7% increase in number. Because of this increase in number, also the annual acreage of land under MSI increased from 333 acres in FY 2022/23 to 408 acres in FY 2023/24. This registered a 22.5% increase in acreage between the two FYs. Since the percentage increase in the number of MSI beneficiaries is less than 20%, then the score of 0 applies.	**0**
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 number of Non-MSI beneficiaries increased from 57 in FY 2022/23 to 89 in FY 2023/24. This is 56.1 % increase in number. This increase in number translated to a corresponding increase in acreage of irrigated land from 146 acres in FY 2022/23 to 172 acres in FY 2023/24. The DLG registered a 17.8% increase in acreage of land under non-MSI grant beneficiaries between the two FYs. **Since the increase in acreage for non-MSI beneficiaries is greater than 10%, then the score 2 applies.**	**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.	From the FFS reports that were reviewed, a total of seventeen (17) Farmer field schools were established as per the guidelines. These include Katosi s/c FFS, Kimenyedde FFS, Nakifuma FFS, Kasawo FFS, Mponge FFS, Central Div FFS, Kwaaba FFS, Namataba FFS, Mpatta FFs, Kyampisi FFS, among others. Three (3) FFS were visited, and these included Mponge-Buuja FFS, central division - Gomma FFS, and Kyampisi FFS. Each of the beneficiary farmers who were sampled and visited, belonged to one of these of these FFS. These FFS had membership ranging between 20-30, and included both males and females, some of whom are youths. The members were from households in a radius of not more than 15 km. Indeed the schools existed, and most of them operated as per the MAAIF guidelines. For example; Mponge - Buuja FFS had 25 members (10 male & 15 female), including youth, and all in a radius of not more than 8 km. Kyampisi s/c FFS had 30 members (19 male & 11 female), including youth, and all in a radius of not more than 15km Central division-Gomma FFS had 26 members (13 male & 9 female), including youth, and all in a radius of not more than 15km. **Since the FFS were established as per the required procedure and parameters, and thus a score of 6 applies.**	**6**

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 data obtained from the visited farmers indicated a significant increase in yields after utilizing MSI. However, none of the farmers had a records book for their operations, and thus this data was scientifically derived from their estimates. It was found out that all the farmers registered increase in yields as shown below. 1. Mr. Bogele Godfrey harvested 30 boxes of tomatoes on one acre in FY 2022/23 and 100 boxes in FY 2023/24, registering a 233.3% increase in yields. 2. Mr. Namanya Richard harvested 27 bags of maize on two acres in FY 2022/23 and 35 bags in FY 2023/24, registering a 29.6% increase in yields. 3. Ms. Nakiku Sharon harvested about 384 bundles of pasture on one acre in FY 2022/23, and 960 bundles in FY 2023/24, registering a 150% increase in pasture yields. 4. Mr. Ntulume George harvested 150 bunches of banana from two acres in FY 2022/23, and 480 bunches in FY 2023/24, registering a 220% increase in yields. 5. Mr. Musoke Celestine harvested 15 boxes of tomatoes from ¾acre in FY 2022/23, and 55 boxes in FY 2023/24, registering a 266.7% increase in yields. **Therefore, since all the farmers registered an increase in crop yields by more than 10%, then a score of 10 applies.**	**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.	The SAE provided two (2) training reports, and four (4) monitoring & supervision reports regarding extension worker technical support and mentoring. The training largely focused on Technology awareness and its possible impact on farmers, MIS system installation and operation on smartphones, good soil & water conservation practices, MSI system operation, maintenance & troubleshooting, water quality management, etc. From the interviews with the extension workers (5 of them), they acknowledged the trainings, and requested more of the same. The extension workers who were interviewed were; Mr. Esau Kawanguzi of Mponge s/c, Ms. Annet Nakiyingi of Gomma s/c, Mr. Nyanja Paul of Kyampisi s/c, Ms. Kizito Benerdette of Nakifuma s/c, and Ms. Nakalyowa Flavia of Mpatta s/c. **Since the SAE provided technical support and mentoring to extension workers in the MSI component, a score of 10 applies**	**10**

Management of Financial Resources

7			**10**
Evidence that the LG has appropriately allocated the micro-scale irrigation grant between capital development and complementary services, the development component of MSI grant has been used on eligible activities (procurement and installation irrigation equipment including accompanying supplier manuals and training, and budget allocations have been made towards complementary services in line with the sub-programme guidelines	From the planner's office obtain and review: The budget performance report and AWP to establish whether the micro-scale irrigation grant has been used as per guidelines. Verify if: i. The LG has appropriately allocated the micro-scale irrigation grant between capital development (micro-scale irrigation equipment (75%) and complementary services (25%) ii. The development component of MSI grant has been used on eligible activities (procurement and installation irrigation equipment including accompanying supplier manuals and training iii. The budget allocations have been made towards complementary services in line with the sub-programme guidelines i.e. maximum 25% for enhancing LG capacity to support integrated agriculture and minimum of 75% for enhancing farmer capacity for uptake of MSI If (i) to (iii) met score 10 or else 0	From the budget performance report and Annual workplan, the extracts of MSI expenditure were obtained and reviewed. The report indicated that a total of Ugx. 547,807,924 shillings was spent for the MSI project in the FY 2023/34. Of this amount, 416, 705, 847 shillings was spent on procurement and installation of irrigation equipment, which represents 76.07% of the total expenditure. And the balance of 131,372,077 shillings was spent on complementary activities of the project, which accounts for 23.98 % of the total. The complimentary expenditure was broken into expenses for Local government capacity building, and beneficiary farmer capacity building. As per the guideline, the former should not exceed 25% and the latter should not be less than 75%. As such, enhancing Local government capacity took 28,387,995/= which is 21.6%, and enhancing Farmer capacity took 102,984,082/= which is 78.4%. **Since all the MSI grant guidelines on allocation were adhered to, a score of 10 applies.**	

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 files were checked and receipts of co-funding payment were found and reviewed. Co-payments ranged between 2.4 – 8.5M depending on the type of Irrigation technology, size of the land to be irrigated, and water reservoir capacity. It was observed that all the beneficiary farmers opted for drag hose technology. This was attributed to the relatively cheaper cost compared to other technologies such as drip and micro-sprinkler systems. The budget performance report indicated that the Mukono DLG did not utilize all the project funds, and a balance of ugx. 79,122,585/= was returned to the government treasury. This implies that the DLG could not utilise all the funds including co-funding to scale-up acquisitions of MSI equipment for other new farmers. The co-funding revenues for FY 2023/24 were not clearly reflected in the budget for the FY 204/25. **Therefore, since the allocation and utilization of co-funding did not meet all the guidelines, then a score of 0 applies.**	**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	Monitoring and compliance reports on MSI's environmental impact for FY 2023/24 were obtained from the District Natural resources office, and were reviewed. The environment department carried out monitoring activities on MSI beneficiary farms to: ▲ Establish the environmental, social and health safeguards for MSI installations ▲ Assess non-compliance aspects towards the environment during project implementation. ▲ Establish unforeseeable negative impacts of project implementation on the environment and propose mitigation measures. ▲ Develop actions for implementation of the proposed mitigation measures The reports were farmer-specific, but in aggregation almost all the farmer sites had cross-cutting issues of water pollution through run-off and chemical usage, and poor disposal of used chemical waste especially containers. This too was confirmed on all the 5 sampled and visited farms except one Mr. Musoke Celestine, who had a designated shallow pit for plastic waste collection and disposal. On the other hand, the visited farms were practicing excellent water conservation practices such as proper spacing, weeding, mulching, trenching, intercropping with cover crops, and thinning. **Since all the beneficiaries didn't have proper disposal mechanisms for chemical waste disposal, a score of 0 applies.**	**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	At Mukono DLG, the District Community Development Officer (DCDO), is designated to handle MSI grievances, and the Log is located in his office. From the Log, major grievances were related to system malfunction, malicious damage, and component theft. These grievances were recorded and responded to by the District grievance committee. The composition of the District grievance committee includes, the D/CAO, DCDO, DPO, environment officer, and subcounty officer of the grievance farmer, and Secretary for production. To avoid biased decision making, the SAE is only engaged at investigation stage. Through the SAE, the committee provided most of the solutions to the specific grievances such as contacting the contractor to repair the malfunctions, or make some modifications. **Therefore, since the grievance redress mechanism is in place and functional, the score of 5 applies.**	**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	From the quarterly monitoring and supervision reports for the FY 2023/24, the number of equipment/installations that were monitored are as follows: Q1 – 136, Q2 – 136, Q3 – 136, and Q4 – 160. The monitored equipment in each quarter included MSI farmer installations, and demonstration farm installations. It was observed that in the first three quarters of the FY no new installations were made, and thus the SAE could monitor the 136 installations cumulated up to the previous FY 2022/23. The number of installations of the FY 2023/24 was 23 plus one (1) demonstration farm. Therefore in each quarter, all completed installations were monitored. All the five (5) farmer installations that were visited were functional, had sufficient water supply, and farmers practiced good water conservation practices such as mulching, weeding, thinning, intercropping, and proper spacing. The assessment team gave some recommendations to the farmers to improve water hygiene and desilting of open water sources such as planting grass on buffer zones. **Since all the equipment were monitored on a quarterly basis, and from the visits to the sampled farmers the systems were functional and in good working state, then a score of 10 applies.**	**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 MIS on the status of installation matches with the physical reports and data on the ground. If (i) to (iv) met score 10 or else 0	• From the MIS and SAE obtain and review quarterly supervision and monitoring reports to determine whether they are compiled and cover LLG irrigated land, functionality of irrigation equipment installed, provision of complementary services and farmer expression of interest • From the MIS report determine whether up to-date LLG performance information is submitted	The hard copy quarterly reports indicated that the LG collects information on a regular basis. However, this data was not up-to-date in the the MIS system. The SAE pointed out that the IrrTrack app, which syncs into the MIS has not been updated by the MAAIF secretariat. Therefore, the uploaded data is sometimes not accessible or retrieved. For example, all the quarterly reports for FY 2023/24 were uploaded and submitted by SAE into the system. However, some reports can be seen in the system, but can’t be downloaded or read, while others can’t be seen at all. As such, most data on installations, expressions of interest, co-funding, etc was not updated in the MIS system. **Therefore, since the information and reports were not up-to-date in the MIS system, a score of 0 applies.**	**0**

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	According to MAAIF guidelines, Mukono DLG was expected to establish 7 Farmer field schools in the financial year 2023/2024. However, the DLG managed to establish 17 farmer field schools implying that it surpassed its targets. In addition, needs assesments were conducted for all the sectors for instance the training needs for the fishfarmers included training in how to control invasive water weed on lake victoria, fish value addition and integration of fish vegetable farming. The training needs for livestock farmers were on cost benefit analysis, value addition, improved pasture identification, agronomy and conservation. There was evidence of actual training having been conducted for instance in the first quarter, awareness meetings were conducted among five fishing communities in five subcounties of Mpatta, Ntenjeru-Kisoga, Katosi, Mpunge and Koome on different ways of managing the water hycacinth that included biological control, chemical control and physical control. Further still, according to the training report dated 28/6/2024 a total of 29 fish farmers were trained in combined fish and vegetable cultivation techniques to enable them diversify their production. Farmer field school trainings were also conducted and findings from the farmer interviews conducted during the field verification visits to Namitimpa FFS in Nama subcounty, Buwujja Farmer field school in Mpunge sub county and Kitovu farmer field school in Kasawo LLG indicate that farmers had received training in tomato and cabbage production. The trainings focused on nursery establishment, bed preparation, trellising, spacing pest and disease control and effective use of pesticides. The interaction with the farmers revealed that farmers were applying the knowledge beyond the FFS and they were also to able to adopt varieties which could perform in their farming systems e.g farmers in Kasawo LLG had adopted ANSO tomato variety since it was resistant to tomato wilts.	**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.	Information on the numbers of farmers trained in the financial year 2022/2023 could not be verified since there was no evidence of a copy being submitted to MAAIF. However, the cumulative quartery report for the financial year 2023/2024 indicates that a total of 21,229 farmers were trained in the four sectors as follows. A total of 1419 livestock farmers were trained in cost benefit analysis, enterprise selection and management 120 were trained in bee keeping, 19568 crop farmers were trained in pest and disease identification, management and enterprise selection and management and 1244 fish farmers were trained in fish and vegetable farming, post harvest handling and management of invasive weeds on the lake. However, since there was no information for 2022/2023 there was no basis for calculating the increase in the farmers reached and supported by extension workers between financial year 2022/2023 and 2023/2024	**0**

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.	There was no evidence of submission of agricultural data either in digital or hard copies for the financial year 2023/2024. No data collection, compilation and submission to MAAIF on a monthly basis was made on livestock, crop seasons or entomology. Despite the fact that efforts were made to compile data on 110 farmers dealing in aquaculture (fish farming), where the estimated production was 52911.1 kg , average harvest size was estimated at 227.92 kg and the average price of 1kg was estimated at 227.92UGX and the sector was employing 189 males and 83 females the compilation stopped at the district level in the hands of the District Fisheries Officer and this was not forwarded to MAAIF.	**0**

4			5
	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	The surveillance reports indicate that pests, vector and disease surveillance was conducted in the previous financial year. Within the crop sector pest and disease surveillance was conducted through plant clinics were farmers bring a diseased plant part which is diagonised and technical advise offered on how to manage the pest or disease. The plant clinics were conducted in 10 villages within Nakifuma Naggalama town council and major cases identified included; Coffee black twig borer pest in coffee (112 cases); Cassava brown streak disease in cassava (47 cases) , Fall army worm in maize (85 cases), bacterial wilts in Tomatoes (26 cases) and Tuta Absoluta pest in tomatoes (12 cases). During the plant clinics, farmers were trained on the use of intergrated pest management approaches. The DLG also conducted surveillance for vectors especially for tsetsefiles and other biting insects in the Fourth quarter of the previous financial year. This activity was conducted in Ntunda sub county where a survey of these vectors was conducted within 6 villages were 30 biconical traps were deployed along the island. The corrective action taken was to acquire acaricides for control of tsetse flies by the DLG seeking support from the Control of Trypanosomiasis Unit (COCTU) as evidenced from letter dated 27/06/2024. In the letter dated 3/07/2024, the senior entomologist confirmed receipt of 100Litres of Sanga Deltamethrin acaricide.

Access

5			6
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 of functionality of the sampled demonstration sites. The first demonstration site visited was hosted by Nama sub county headquarters. The demonstration site is functional, well maintained and is being used to demonstrate to farmers banana and plantain farming practices, apiary farming , maize farming. For instance evidence from the visitors book indicated that 4/4/2024 farmers received training on agronomic practices of maize. In addition, the sub county has a functional demonstration site for pastures both grasses (Brachelia Molato and Cloris Gayana) and legumes (lablab). The pasture demonstration site is used to expose the farmers to the different pastures which they can use to feed their livestock. The second demonstration site visited is located in Nama village,Namitimpa parish, Nama district and is being hosted by one of the members under Namitimpa farmer field school which is composed of 30 members with 16 males and 14 women. The farmers are using it to learn about vegetable production. At the time of field verification, farmers were using it to learn about cabbage production while interactions with the farmers revealed that they also used the demonstration garden to learn about tomato production. The interactions with three sampled farmers revealed that they had gained knowledge in pest identification and proper use of chemicals.	

	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.	Mukono District Local government had a detailed updated information of service providers. The information was updated to capture the owner, contact, location, service or input provided. A review indicated that that there are 10 apiary service providers, 38 veterinary and agro input shops, 57 private veterinary staff and nine (9) feed suppliers. In terms of research the DLG is working closely with five National Agricultural Research Organization institutes and one international research institute (International Livestock Research Institute) and Food and Agriculture Organisation. Currently, the DLG has a valid MOU with Farm Radio International which commenced on 1st April 2023 and will run for five years up to 2028. The list of service providers was publicized on the notice boards and farmers could readily reveal were they usually source inputs, for instance farmer interviews with one farmer from Nama subcounty indicated that he was sourcing his agro- chemicals from Faith Agro input shop which has branches in Mukono and Nakifuma town councils.	**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 that the District local government organized one awareness event in form of an exhibition in the fourth quarter from 11th of April 2024. at Ssaza Kyaggwe headquarter grounds. The event was attended by 40 participants including farmers, techical staff and private companies (Holland green tech) which supplies irrigation equipment. The objective of the exhibition was to create awareness about the available technical support to be rendered by the four sectors within Mukono district production department and also demonstrate available technologies especially for the fisheries sector. The exhibition exposed participants to available tools and equipment that can be used within the aquaculture value chain such as oxygen filled plastic bags of different capacity, water quality kits, pond seine nets, digital weighing scales, fish feeds. In addition, during the exhibition farmers were trained on cost benefit analysis of aquaculture enterprises, pond construction and management, on farm made fish production and use of good aquaculture practices. The key results that stemmed from the exhibition included creation of a whatsup group for fish farmers.

Human Resource Management

8			**5**
Evidence that the LG ensured at least one extension worker was deployed in each of the LLG during the previous FY	From the PHRO, obtain and review the personnel files of extension workers to verify recruitment of extension workers From the DPO and PHRO Obtain the staff list to verify the deployment of extension staff per LLG. If the LG ensured at least one extension worker was deployed in each of the LLG during the previous FY score 5 or else 0	The staff list provided by the DPO indicated that the production department has a total of 67 staff with at least one extension officer being deployed per sub county for all the 11 sub counties and five(5) town councils. Details for deployment of staff within the sub county show that Nama sub county has 5 staff (one for veterinary,two for crop, one for fisheries and one for entomology)while Kyampisi sub county has four (One for fisheries, one for Entomology, one for veterinary and one for crop). Kasawo sub county has four extension staff (one for veterinary, two for crop and one for fisheries) . Nakisunga sub county has five extension staff (one for crop, two for Veterinary, one for fisheries and one for entomology) while Mpatta sub county has four extension staff (one for crop, one for Veterinary, one for fisheries and one for entomology). Nagojje sub county has five extension staff (two for Veterinary, one for fisheries and one for entomology and one for crop) while Mpunge has four staff (one for crop, one for fisheries, two for Veterinary and one for fisheries). Koome sub county has seven extension staff (three for fisheries, one for crop, one for veterinary and two for entomology) while Seeta-Namuganga has four staff (one for crop, two for Veterinary and one for entomology). Kimenyedde sub county has three extension staff (one for Veterinary, one for fisheries and one for entomology) while Ntunda has four extension staff (one for fisheries, two for Veterinary and one for entomology). Among the town councils, Nakifuma-Nagalama town council has five (one veterinary officer,two for crop, one for fisheries and one for entomology) while Katosi Town council has five extension staff (two for fisheries, one for crop and two for veterinary).Ntennjeru-Kisoga town council has three extension staff (one for Veterinary, one for fisheries and one for entomology) while Namataba town council has three staff (one for Veterinary, one for fisheries and one for crop). Kasawo town council has two extension staff(one for Veterinary and one for crop).	

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.	The staff lists were available on the notice boards of sampled LLG that is Nama sub county and Katosi town council with evidence of attendance as evidenced by allocated officers signing in the attendance books. The submitted quartery reports by the interviewed officers gives record of the activities that they had undertaken in their areas of operation.	**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 limited facilitation of extension workers to perform their duties for instance. A review of the asset register indicated that out of the 22 motorcycles, only three were currently operational, 13 were boarded off and six required major repairs and serving. The information on the asset register, tallied with that collected during the field verification exercise. For instance in Nama sub county it was revealed that out of the five extension officers in Nama sub county only one extension worker had a functional motorcycle and this created difficult working environment for staff while conducting farmers' field visits. In addition, further interactions with staff from Katosi town council indicated that none of the five extension workers had been allocated a motorcycle or a tablet.	**0**

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.	The training needs assessment report was in place for all the staff from the different sectors of the production department. ''However, a review of the training reports indicated that the **training needs of staff were not met** and efforts to train staff were usually done with farmers yet the training gaps for these actors are different". A review of the training report dated 28/6/2024 indicated that both fish farmers and staff were trained in fish vegetable integration which was not in line with training needs of fisheries sector staff, that included; backyard fish farming and processing, fish marketing and value chain basics, farm construction, public administration. In addition, staff capacity building needs for the veterinary sector which majority included; trainings in piggery artificial insemination and fodder conservation and utilization to be attained at Kabanyolo Agriculture Research Institute were not met. ***Although capacity building needs assesment were conducted for staff, there is no substantive evidence to show that the needs were met.***	**0**

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	Mukono DLG has a total of 45 landing sites located within six Lower local governments. Out of these Katosi landing site was sampled. The facility is located in Katosi town council and evidence from the field visit conducted indicated that the facility is functional with a capacity of holding 180 fishing vessels in a day. In addition, despite the fact that Beach Management Committees were abolished in a letter dated 30/1/2017,the town council elected a management committee which is composed of eight members (8) to help the technical staff in managing certain aspects related to the landing site that are not technical such as overseeing hygiene and sanitation, grievance management among fish handlers and overseeing security issues.	**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 substantive evidence to show that Mukono DLG supervised and supported Operations of the landing site. Field verification indicated that there, there are two technical staff who have been fully assigned to inspect all the fish that is received at the landing site to ensure that it conforms to set standards both for the local and export market. In addition, the DLG through its technical staff usually organizes training's quarterly and these are conducted to ensure that the fish being handled at the facility meets the required quality standards. For instance on the 12/3/2023 a total of 55 participants including fish traders, fish mongers, fishermen and fish handlers were trained on different aspects. These included; proper fish handling practices, preservation, personal hygiene, sanitation and general hygiene of fish handling equipment while on the 19/8/2023 a total of 13 male fish handlers were trained in post harvest handling of fish. In addition the production department also monitored and supervised activities of the facility on the 19/12/2023 and 23/12/2023 as per the visitors book.	**5**

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 district local government adhered to MAAIF planning and budgeting guidelines. The LG had a total budget of 4,646,532,031 UGX for all its projects. The Agriculture extension development budget was 49,336,616. The expenditure of this budget conforms to MAAIF guidelines for instance according to the workplan 4M was used to procure assorted laboratory reagents;5M was used to procure assorted aquaculture demonstration equipment; 22.5 M used to procure five laptops and one printer for staff; 11M used to procure improved livestock breeds for demonstration farmers & 6.826M used to procure protective gears for fisheries staff. In addition, Information from the fourth quarter budget performance report indicated that by fourth quarter the department had a revised budget of 623,711,000 under non wage expenditure with 618,826,000 being released cumulatively for the financial year 2023/2024. The narrative indicates that the funds were used to undertake assorted multi -sectoral planned agricultural extension activities at the district and community level including creating awareness about parish development model, follow up and provide training and support supervision of Parish Development Model farmer beneficiaries in the 88 parishes. The description on the narrative extracted from the fourth quarter budget performance report was in conformity with the activities in the detailed workplan.	**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 substantive evidence of inclusion of small holder farmers as direct beneficiaries. The district conducted a baseline study in 13 sub-counties and 500 villages to gain an understanding of the status of the farmers they were dealing with. The findings indicated that on average, farming households in Mukono district with titled land owned approximately 2.8 acres while those with bibanja owned approximately 2.7 acres implying that the district is majorly comprised of small-scale farmers. According to the production department annual performance report for the financial year presented to the Production Sectoral Committee, the department received and distributed seed to small holder farmers in 15 lower local governments as follows; 22,705kg of maize, 8000kg bean seed, 3389 cassava bags and 200 pieces each of assorted vegetable seed (amaranthus, eggplants and sukuma). Further still, the department trained 589 PDM livestock groups on cost benefit analysis and enterprise selection.	**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; • 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 no substantive evidence of inclusion of young women and youth farmers, there was lack of disaggregation of beneficiaries in terms of age and focus in most of the reports was on gender. For instance the quarterly report for the fourth quarter indicated that a total of 1419 livestock farmers were trained out of which 521 were males and 898 were females. In addition for crop sector, 7984 male farmers were trained while 11,584 female farmers were trained. In addition, the reports on plant clinics organized in fourth quarter also indicated that these were attended by a total of 40 farmers out of which 17 were male, 20 were women and 4 were youth.	**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; • 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 of farmers being trained in grievalance management and stakeholder management. However there was evidence to show that farmers were trained in safe use of agrochemicals and these trainings were conducted with farmers attending farmers field schools for instance in Kasawo and Nama LLG’s which was verified by farmers’ testifying that they are in position to use the right amount of chemicals and have better knowledge on pesticide identification and mixing and this ensures that they spend less on chemicals and use the right amounts hence protecting the environment.	**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 Mukono district local government facilitated and conducted multistakeholder monitoring of extension services for all the four quarters in the financial year of 2023/2024. For instance in the first quarter the multistakeholder team composed of DPO, Subject matter specialists, Secretary for Production, Production Committee, RDC,DISO, and LCV chairman monitored and sensitized communities on existing government programs such as PDM, 4 acre model, pest and disease surveilance and guidelines to be followed. This activity was conducted in five LLGs of Kasawo, Seeta Namuganga, Kimenyedde, Kasawo and Nakifuma Naggalama In addition, the team also monitored beneficiaries of PDM funding and microscale irrigation to get their feedback on these programs and also to ascertain whether the installed irrigation structures were functional. In the second quarter, the multistakeholder monitoring and supervision was conducted in six(6) LLGs of Nama, Nagojje, Namataba, Ntunda, Kimenyedde and Kyampisi to establish if community leaders are involved in selection of beneficiaries, ensure that transparency is exhibited in selection of beneficiaries, monitor progress of existing beneficiaries, to establish areas of improvement.	**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 adequate mentoring of staff by the District Production Officer in the financial year 2023/2024. for instance in one of the departmental meetings held on the 16/01/2024, the DPO assigned extra responsibilities to different staff as a way of mentoring them into leadership positions for instance under MIN/03/MKN/PDN/16/01/2024/03.2 the Senior Agricultural Officer was charged with the responsibility of leading the functionalisation of the multi-stakeholder innovation platforms for coffee and vegetables while under Min/04/MKN/PDN/27/02/2024/04.2 the Principal Agriculture Officer and Principle Fisheries Officer were assigned to table the vanila ordinance to the District Technical and Planning Committee. In addition, during the financial year 2023/2024, the DPO mentored staff in conflict resolution, PDM implementation guidelines, utilisation of the production and marketing grant and Agricultural Extension Grant and supervised establishment of pasture demonstration gardens at different sites, monitored established irrigation sites and was involved in the selection of quality diary heifers to support farmers.	**7**