

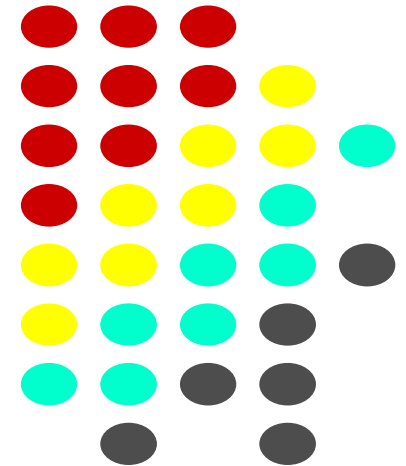
Brief on the LG Management of Service Delivery Performance Assessment 2021 results for Kiryandongo District

By

Yawiya Rashid – Senior Planner

Presented during DTPC of
Wednesday 19th October 2022

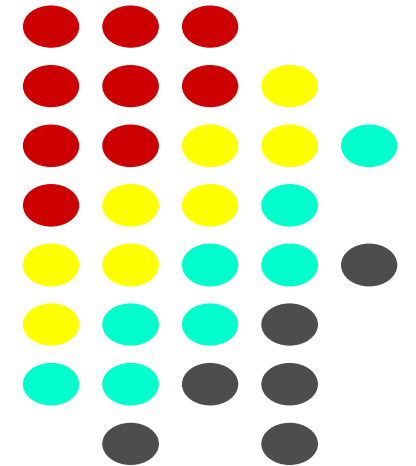
Conference Hall



Presentation Lay out

1. LGMSD 2021 Coverage
2. LGMSD Dimensions

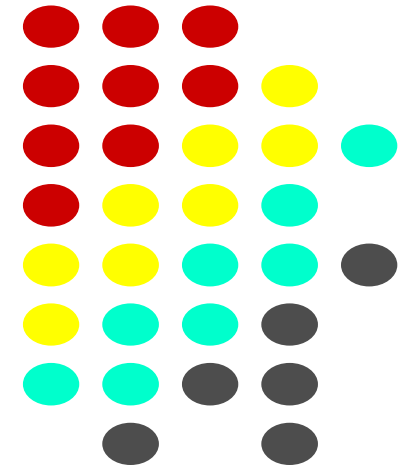
3. Use of Assessment Results
4. Overview of LGMSD Results (Comparison with National Level)
5. Overview of LGMSD Results at District Level
6. Details of the Findings
7. Next steps



LGMSD 2021 Coverage

The LGMSD 2021 covered five assessment areas:

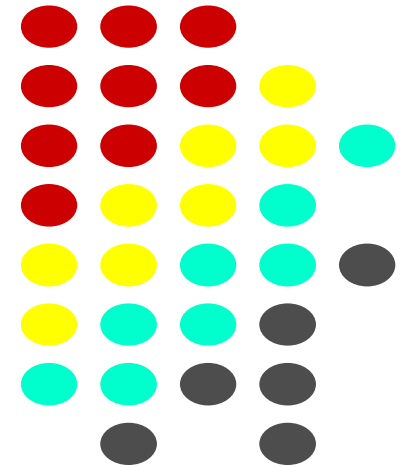
- 1) Crosscutting
- 2) Education
- 3) Health
- 4) Water and Environment



LGMSD Dimensions

The LGMSD has two dimensions:

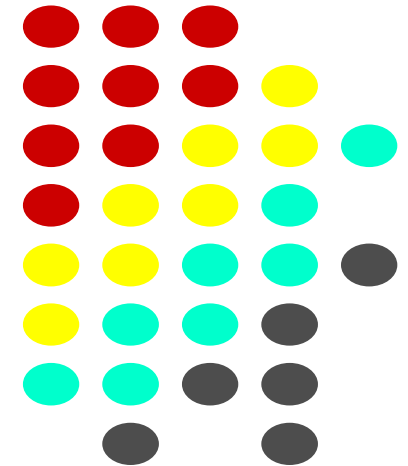
- (i) Minimum Conditions (MCs); which focus on key bottlenecks for service delivery and safeguards management.
- (ii) Performance Measures (PMs) which are sectoral assessments and are used to evaluate service delivery in the Districts/ Municipalities as a whole.



Use of Assessment Results

Assessment results of 2020 were used to inform among others:

1. Allocations of development grants for FY 2022/23 (for Health, Water, Education and DDEG);
2. Development of Performance Improvement Plans; and
3. Government Annual Performance Report (GAPR) for FY 2021/22.

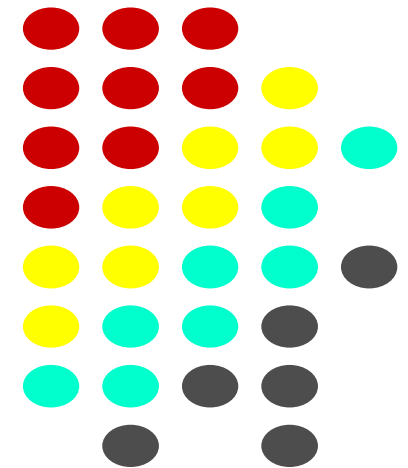


Overview of LGMSD Results

(Comparison with National Level)

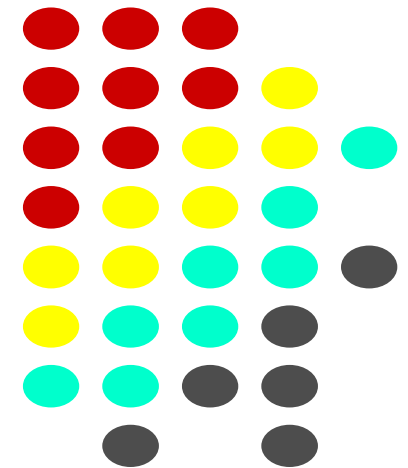
The key findings (are out of 154 LG Votes - District - 135 and Municipal Local Governments -19).

District	Assessment Dimensions	Score (%)	Rank
Kiryandongo	Crosscutting	31	103
	Education	67	40
	Health	50	53
	Water and Environment	26	110
	Overall Performance	43	81



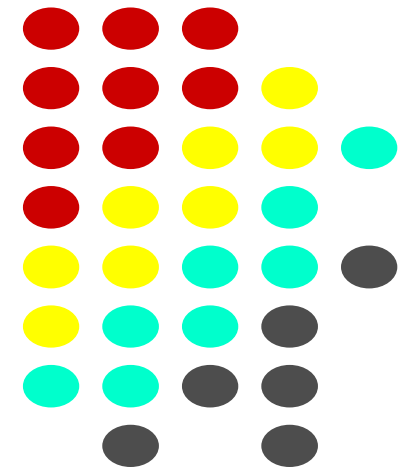
Overview of LGMSD Results at District Level

Assessment	Scores
Crosscutting Minimum Conditions	61%
Education Minimum Conditions	100%
Health Minimum Conditions	80%
Water & Environment Minimum Conditions	45%
Microscale Irrigation Minimum Conditions	70%
Crosscutting Performance Measures	50%
Educational Performance Measures	67%
Health Performance Measures	63%
Water & Environment Performance Measures	58%
Microscale Irrigation Performance Measures	6%



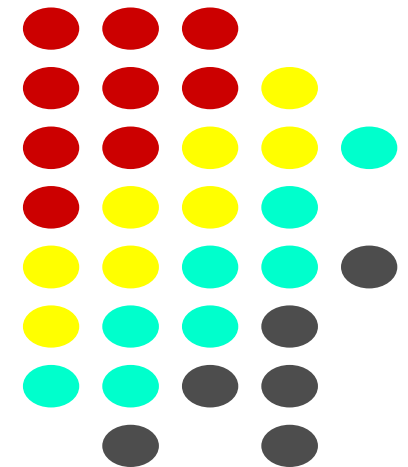
Details of the Findings – Poorly Performed Areas

Dimension	Compliance Justification
Crosscutting Minimum Conditions	
Human Resource Management and Development	Submission of staffing requirements for the coming FY to the MoPS by September 30th, with copy to the respective MDAs and MoFPED. Document provided wasn't signed or dated and neither was there proof for submission and receipt.
	No evidence of any tracking reports or analysis of staff attendance.
	Not All HoDs were appraised in the last FY
	Consultative Committee (CC) for staff grievance redress not in place.
	Evidence that 100% of the staff recruited during the previous FY have accessed the salary payroll not later than two months after appointment. No recruitment.



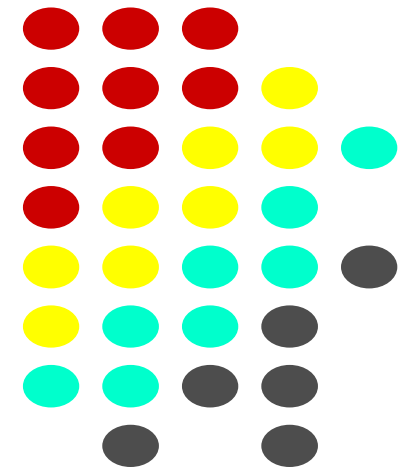
Details of the Findings – conti.....

Dimension	Compliance Justification
Human Resource Management and Development	Two staff that retired during the previous FY didn't access the payroll within the two months.
Management, Monitoring and Supervision of Services	There was no evidence provided at the time of Assessment for timely warranting/ verification of direct DDEG transfers to LLGs for the last FY.
	There was no documentary evidence that the LG invoiced and communicated all DDEG transfers for the previous FY to LLGs within 5 working days from the date of funds release in each quarter
	There was no evidence that the District had supervised or mentored all LLGs in the District at least once per quarter.
	No evidence that the results/reports of support supervision and monitoring visits were discussed in the TPC.



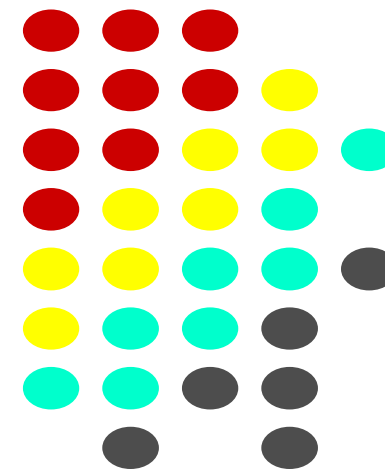
Details of the Findings – conti.....

Dimension	Compliance Justification
Investment Management	<p>On an up-to-date assets register, an attempt to develop it had been made but not conclusive because it was devoid of the prescribed formats outlined on pages 167 to 168 of the LGFA Manual 2007. (General Assets register; Assets register for Motor Vehicles, Heavy Plants and Assets register for Land and Buildings.</p> <p>There was no documentary evidence that the District had used the Board of survey report of the previous FY 2019/2020 to make Assets Management decisions including procurement of new assets, maintenance of existing assets and disposal of Assets. For instance the recommendations of the Board of Survey report FY2018/19 and FY2019/20 were not discussed in TPC or acted upon.</p> <p>No documentary evidence that we conducted a desk appraisal for all projects.</p>



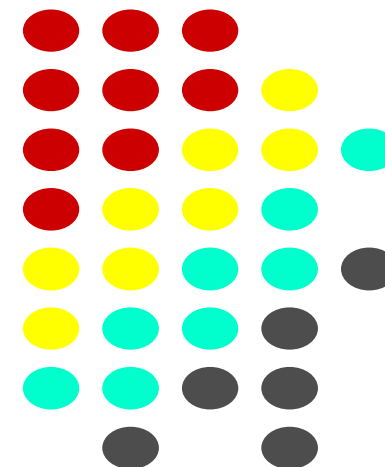
Details of the Findings – conti.....

Dimension	Compliance Justification
Investment Management	<p>There was no documentary evidence that LG conducted field appraisal, technical feasibility Environmental and social acceptability.</p>
	<p>Mitigation Measures were not incorporated at the time of Screening for environmental and social risks/impact and put mitigation measures.</p>
	<p>There was no evidence to show that the LG Established Project Implementation Teams across all sectors at the LG.</p>
Environment and Social Safeguards	<p>Feedback and Response Officer designated to coordinate response to feed-back (grievance /complaints) but there was no grievance redress committee at the time of assessment.</p>
	<p>The LG had no specified system for recording, investigating and responding to grievance at the time of assessment.</p>



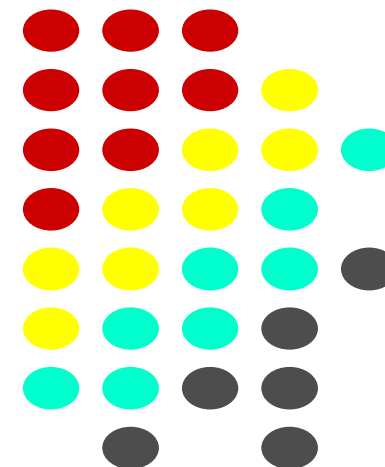
Details of the Findings – conti.....

Dimension	Compliance Justification
Environment and Social Safeguards	<p>There was no evidence of publicized the grievance redress mechanisms at the time of assessment.</p>
	<p>No evidence that Environment, Social and Climate change interventions were integrated into LG Development Plans, annual work plans and budgets.</p>
	<p>No evidence that LGs have disseminated to LLGs the enhanced DDEG guidelines.</p>
	<p>Projects had no screening forms and costed Environment and Social Management Plans (ESMPs) - designs, BoQs, bidding and contractual documents for DDEG infrastructure projects of the previous FY.</p>
	<p>No evidence that all projects implemented were on land where the LG had proof of ownership.</p>
	<p>No evidence that E&S compliance Certification forms were completed and signed by EO and CDO prior to payments of contractors' invoices/certificates at interim and final stages of projects.</p>



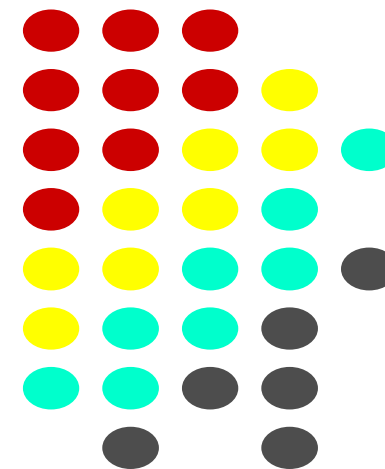
Details of the Findings – conti.....

Dimension	Compliance Justification
Financial management	There was no documentary evidence that the LG had provided information to the Council Chairperson and the LG PAC on the status of implementation of internal audit findings for the previous FY.
	Revenue collection ratio (the percentage of local revenue collected) against planned for the previous FY (budget realization) was not within +/- 10 %.
	The LG did not remit the mandatory LLGs share of local revenues during the previous FY as required.
	No evidence that the LG performance assessment results and implications were published e.g. on the budget website for the previous year.
	No evidence that the LG during the previous FY conducted discussions (e.g. barazas, radio programmes etc.) with the public to provide feed-back on status of activity implementation.



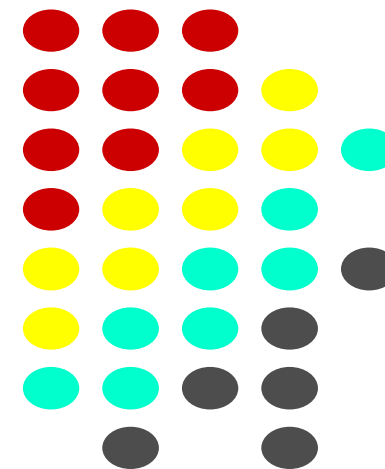
Details of the Findings – conti.....

Dimension	Compliance Justification
Financial management	No evidence that the LG had made publicly available information on: i) tax rates, ii) collection procedures, and iii) procedures for appeal.
Education Performance Measures 2020	<p>There was evidence that the LG PLE pass rate improved between the previous school year but one and the previous year by 4.3%. (If improvement is more than 5%, score 4. Between 1 and 5% score 2). Ours was 4.3%.</p> <p>No evidence at the time of assessment for the LG UCE pass rate.</p> <p>Average score in the education LG performance had not improved between the previous year but one and the previous year.</p> <p>There was no evidence availed at the time of the Assessment for Percent of schools in LG that meet basic requirements and minimum standards set out in the DES guidelines.</p>



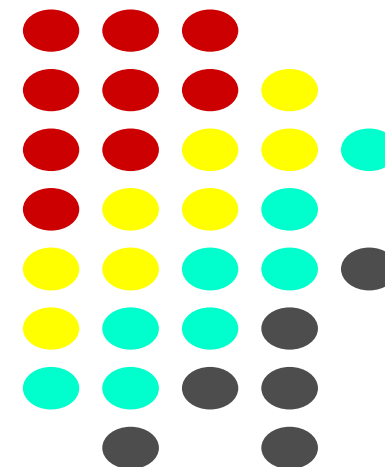
Details of the Findings – conti.....

Dimension	Compliance Justification
Education Performance Measures 2020	The LG did not accurately report on teachers and where they were deployed. The explanation was that when teachers are transferred or change schools the list is not updated at the DEO's office.
	The LG did not have a school asset register accurately reporting on the infrastructure in all registered primary schools.
	No evidence that all registered primary schools had complied with MoES annual budgeting and reporting guidelines and that they had submitted reports (signed by the head teacher and chair of the SMC) to the DEO by January 30. Reports should include among others: i) highlights of school performance, ii) a reconciled cash flow statement, iii) an annual budget and expenditure report, and iv) an asset register.
	Education department didn't help any school to prepare SIPS.



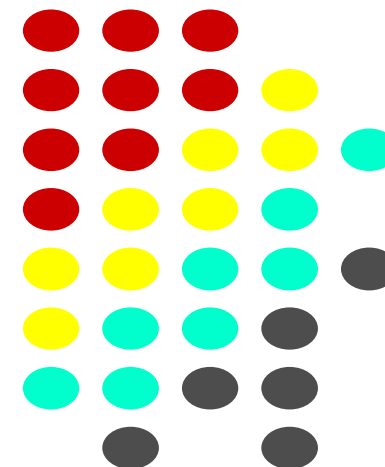
Details of the Findings – conti.....

Dimension	Compliance Justification
Human Resource Management and Development	Not All the Primary school head teachers were appraised in the Previous School Year.
	Secondary school head teachers were not appraised. The ministry of Public Service controls the information and not disseminated to the Districts.
	No evidence was provided that all staff in the LG Education department were appraised against their performance plans.
	The LG did not prepare a training plan to address identified staff capacity gaps at the school and LG level.
Management, Monitoring and Supervision of Services	The LG did not confirm in writing the list of schools, their enrolment, and budget allocation in the Programme Budgeting System (PBS) by December 15th annually.



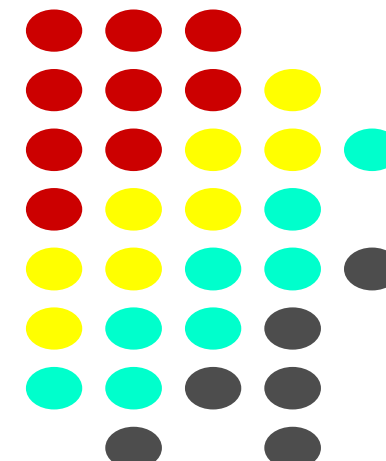
Details of the Findings – conti.....

Dimension	Compliance Justification
Management, Monitoring and Supervision of Services	No evidence that the LG had submitted warrants for school’s capitation within 5 days for the last 3 quarters.
Investment Management	There was no evidence of an assets register at the DEO’s office.
	There was no evidence that the LG Education Department timely submitted a Procurement Plan in accordance with PPDA requirements to the PDU by April 30th 2020.
	There was no evidence of dissemination of education guidelines to provide for access to land at the time of assessment.
Health Performance Measures 2020	LG registered Increased utilization of Health Care Services (focus on total OPD attendance, and deliveries). OPD attendance increased by 25.38% from 111,015 in 2018/19 to 139,193 in 2019/2020, while Deliveries decreased by 2.37% in the same period from 5,614 to 5,283.



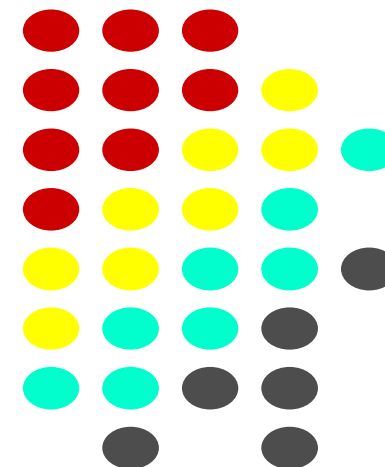
Details of the Findings – conti.....

Dimension	Compliance Justification
Health Performance Measures 2020	There was no evidence that the CDO and Environment Officer certified works on health projects before payments
	No evidence that the LG had recruited staff for all HCIIIs and HCIVs as per staffing structure. The LG has no HCIV. The availed document wasn't dated, stamped and no reference.
Performance Reporting and Performance Improvement	Not all Health facilities prepared and submitted Annual Workplans & budgets to the DHO by March 31 st of the previous FY as per the LG Planning Guidelines for Health Sector.
	No evidence that the LG timely (by end of 3rd week of the month following end of the quarter) verified, compiled and submitted to MOH facility RBF invoices for all RBF Health Facilities.
	There was no Approved Performance Improvement Plans and Reports for the Weakest Performing Facilities.



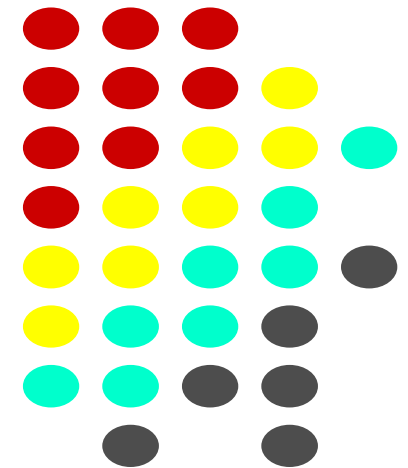
Details of the Findings – conti.....

Dimension	Compliance Justification
Performance Reporting and Performance Improvement	No evidence of Implementation of Performance Improvement Plan for weakest performing facilities.
	No evidence that health workers had been deployed as per guidelines (all the health facilities to have at least 75% of staff required) in accordance with the staffing norms.
	Not All facility In charges were appraised in the previous FY
	No evidence that Health Facility In-charges conducted performance appraisal of all health facility workers against the agreed performance plans and submitted a copy through DHO to HRO during the previous FY.
	No evidence was availed on corrective actions taken based on the appraisal reports and trained Health Workers.
	No Continuous Professional Development Data base although there was a Capacity Building Plan for the Period of July 2019 to June 2020, Health was allocated 2,000,000/= for induction and training of new staff.



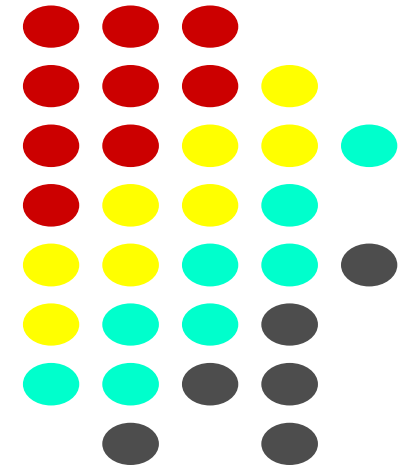
Details of the Findings – conti.....

Dimension	Compliance Justification
Management, Monitoring and Supervision of Services	No evidence that the CAO had confirmed the list of Health facilities (GoU and PNFNP receiving PHC NWR grants) and notified the MOH in writing by September 30th if a health facility had been listed incorrectly or missed in the previous FY.
	No evidence that the LG had made allocations towards monitoring service delivery and management of District health services in line with the health sector grant guidelines. Only 6% was used instead of 15% of the PHC NWR Grant for LLHF allocation made for DHO.
	No information was availed by the LG on timely warranting/verification of direct grant transfers to health facilities for the last FY, in accordance to the requirements of the budget.
	There was no documentary evidence that the LG invoiced and Communicated all PHC NWR Grant transfers for the previous FY 2019/2020.



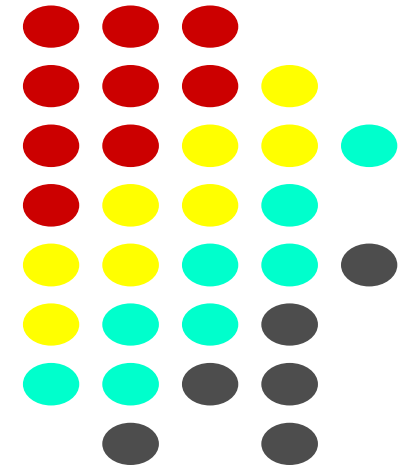
Details of the Findings – conti.....

Dimension	Compliance Justification
Management, Monitoring and Supervision of Services	There was Evidence on notice boards that the LG had publicized quarterly financial releases to health facilities but the publication date was not indicated on the notice.
	There was no evidence that the LG allocated more than 30% of the District health office budget to health promotion and prevention activities. We allocated only 29%.
Investment Management	There was no Health Facilities Asset Register in the DHOs office.
	The was no documentary evidence that the LG had conducted field appraisals to check technical feasibility environment and social acceptability and customized designs to site conditions.
	There was no evidence that the health facility investments were screened for environmental and social risks at the time of assessment.



Details of the Findings – conti.....

Dimension	Compliance Justification
Investment Management	The LG health department submitted all its infrastructure and other procurement requests to PDU for incorporation into the approved annual work plan, budget and procurement plans, for the current FY, as stipulated (deadline of April 30 th).
	No evidence that the LG had established Project Implementation teams for all health projects.
	No evidence that the DHO had verified works and initiated payments of contractors within specified timeframes (within 2 weeks or 10 working days).
	There was no grievance redress framework at the time of assessment.
	There was no evidence that LG had disseminated guidelines on health care / medical waste management to health facilities.

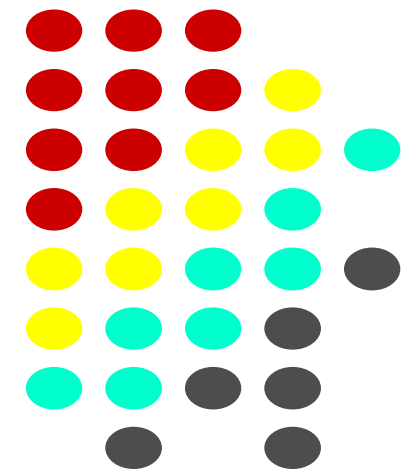


Details of the Findings – conti.....

Dimension	Compliance Justification
-----------	--------------------------

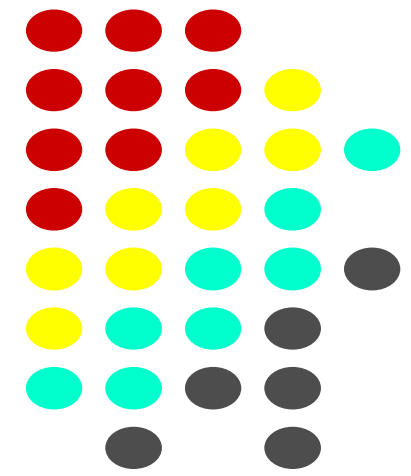
<p>Investment Management</p>	<p>There was no costed ESMP incorporated into designs, BoQs, bidding and contractual documents for health infrastructure projects.</p> <p>Monthly report on environmental and social monitoring activities of projects in the month of June 2020 made on 3rd July, 2020 did not show any issue on the Kiigya HCII. There was no evidence on environmental monitoring and supervision of health projects at the time of assessment.</p> <p>There was no evidence the CDO and Environment Officer signed the Environment and Social Certification Forms prior to payments of the Contractor invoices/certificates at interim and final stages of all health infrastructure projects.</p>
-------------------------------------	--

<p>Water & Environment Performance Measures 2020</p>	<p>Only 51.8% of the district water facilities have functional WSC instead of 90 - 100%.</p>
---	--



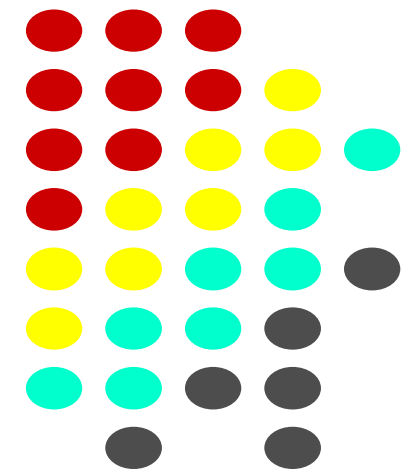
Details of the Findings – conti.....

Dimension	Compliance Justification
Water & Environment Performance Measures 2020	The percentage of budgeted water projects implemented in the sub-counties with safe water coverage below the district average in the previous FY stood at 57% instead of 100%.
	No increment in the % of water supply facilities that were functional.
	There was no increase in % of facilities with functional WSCs.
Human Resource Management and Development	No evidence that the DWO had budgeted for the following Water & Sanitation staff: 1 Civil Engineer (Water); 2 Assistant Water Officers (1 for mobilization and 1 for sanitation & hygiene); 1 Engineering Assistant (Water) & 1 Borehole Maintenance Technician.



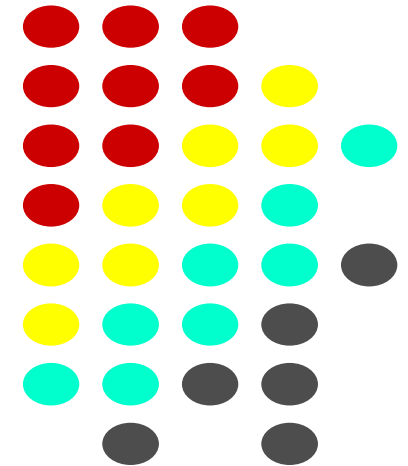
Details of the Findings – conti.....

Dimension	Compliance Justification
Human Resource Management and Development	No evidence that the DWO had appraised the District Water Office staff against the agreed performance plans during the previous FY.
	There was no evidence that the DWO had identified capacity needs of staff from the performance appraisal process and ensured that training activities had been conducted in adherence to the training plans at the district level and documented in the training database.
	No evidence that the DWO had prioritized budget allocations to sub-counties that have safe water coverage below that of the district.
	No evidence that the DWO conducted quarterly DWSCC meetings and among other agenda items, key issues identified from quarterly monitoring of WSS facilities were discussed and remedial actions incorporated in the current FY AWP.



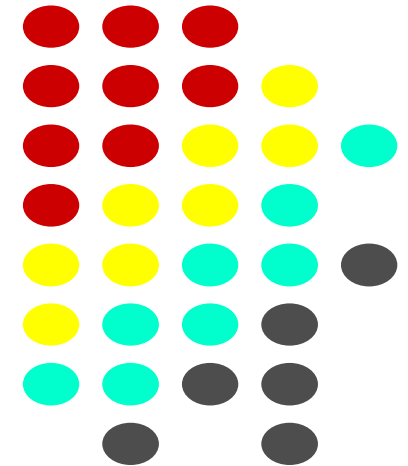
Details of the Findings – conti.....

Dimension	Compliance Justification
Investment Management	No evidence of existence of an up-to-date LG asset register which sets out water supply and sanitation facilities by location and LLG.
	There was no evidence that the desk appraisal was done at the time of the Assessment.
	Not all budgeted investments for previous FY had completed applications from beneficiary communities.
	At the time of the Assessment, there was no evidence that the LG conducted technical feasibility, environmental and social acceptability and customized designs for WSS Projects.
	There was no screening for environment and social impact ESIA/ESMP prepared at the time of assessment.
	There was no evidence that the District Water Officer properly established the Project Implementation team as specified in the Water sector guidelines.

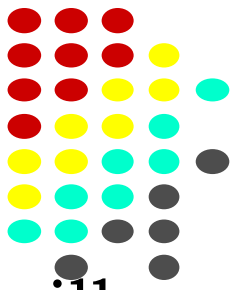


Details of the Findings – conti.....

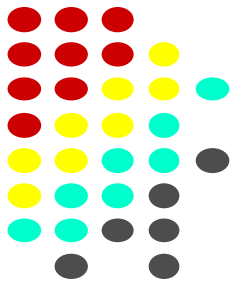
Dimension	Compliance Justification
Environment and Social Requirements	<p>There was no evidence on grievance availed to assessment team at the time of assessment.</p>
	<p>There was no evidence of dissemination of guidelines on water source and catchment protection and natural resource management.</p>
	<p>There was no evidence availed to assessment team of water source protection plans and natural resource management plans for the WSS facilities prepared but boreholes were fenced.</p>
	<p>Not all projects were implemented on land where the LG has a proof of ownership</p>
	<p>Not all water projects had E & S certification forms were completed and signed by Environmental Officer and SCDO.</p>



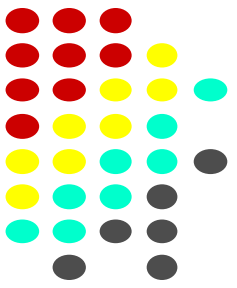
Next Steps



- Regarding the forthcoming assessment, OPM and MoLG will officially communicate to the LGs about the LGMSD exercise through an announcement in the Newspapers, telephone calls, and email by 24th October 2022. The exercise is expected to commence on 31st October 2022.
- Compose and organize a team of internal assessors each with an area of specialization corresponding to the thematic/sector areas to be assessed.
- Allocate 7 days to the internal assessment team for data collection, compilation and production of a report that will be presented in the next DTPC meeting .



End



Thank you for being good listeners