

LLG Assessment 2026

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Mpungwe Subcounty

(Vote Code: 236734)

Score 65/100 *(65%)*

No.	Performance Measure	Scoring Guide	Score	Justification
Assessment area: A. Functionality of Parish Administrative Structures				
1	The LLG has ensured that there are functional PDCs/WDCs in all their respective Parishes/Wards Maximum score is 2	• Evidence that the LLG has duly constituted PDCs/WDCs with composition in accordance with the PDM Guidelines, and that PDCs are fully functional as evidenced by: (i) appraisal of all proposals submitted for the revolving funds; and (ii) monitoring and supervision of PDM investments; to ensure effective utilization of PDM funds by beneficiaries; during the previous FY for all parishes; score 2, else score 0.	0	The assessment team verified that the LLG established duly constituted Parish Development Committees (PDCs) in accordance with PDM Guidelines across all five (5) constituent parishes: Wairama, Muggi, Maina, Wamulongo, and Buyere. However, evaluation of PDC functionality regarding monitoring and revolving fund appraisal revealed key compliance gaps: Monitoring and Supervision: Four of the five parishes demonstrated PDC functionality through quarterly monitoring documentation—namely Wamulongo (Q2, dated 12/12/2025), Muggi (Q4, dated 21/06/2025), Buyere (Q1, dated 19/09/2025), and Wairama (Q2, dated 19/09/2025). Maina parish provided no monitoring records. Appraisal and Verification of Revolving Fund Proposals: Compliance was inadequate. Only two parishes (Wairama and Wamulongo) presented lists of revolving fund proposals endorsed by their PDC Chairpersons. Furthermore, no parish provided documentary proof (such as PDC verification minutes or appraisal reports) showing that PDCs conducted actual field or administrative verification of the applicants before selection. Due to the absence of verification records across all parishes and incomplete proposal endorsement and monitoring coverage, the indicator was scored as Partially Compliant / Not Fully Met.
2	LLG has ensured that all Parish Chiefs/Town Agents have collected, compiled, and analyzed data on Parish/community profiling as stipulated in the PDM Guidelines. Maximum score is 2	Evidence that all the Parishes/Wards in a LLG have compiled, updated, and analyzed data on community profiling disaggregated by village, gender, age, economic activity among others as stipulated in the PDM Guidelines, score 2 else score 0.	2	The LLG fully satisfied the performance requirement regarding community profiling and data collection across all five (5) constituent parishes (Wairama, Muggi, Maina, Wamulongo, and Buyere). Physical and digital verification confirmed that community profiling data was compiled, updated, and analyzed with appropriate disaggregation by village, gender, age, and economic activity in strict accordance with PDM Guidelines. Verification on the Parish Development Model Information System (PDMIS) demonstrated active data correction, analysis, and disaggregation at the parish level. Furthermore, corresponding hard-copy Spearhead (SPEAR) Reports were presented to the assessment team for each parish, confirming full compliance across all administrative units.

3	The LLG provided guidance and information to the Village Executive Committees and PDCs on strategies for the development of the parish Maximum score is 6	Evidence that the LLG: i. Has mapped NGOs, CBOs & CSO operating in the LLG and involved them in raising awareness about the PDM and planning cycle: score 2, or else 0	2	The LLG fully met the compliance criteria regarding stakeholder mapping and awareness creation for the Parish Development Model (PDM). Examination of administrative records confirmed that the LLG successfully mapped non-governmental organizations (NGOs), community-based organizations (CBOs), and civil society organizations (CSOs) operating within its jurisdiction—as documented in the mapping report dated 8th May 2026. Identified civil society partners included Strong Minds, SOS, BASH, Act for Africa, Hold Uganda, and Reproductive Health Education United. Furthermore, these organizations were actively engaged and sensitized on PDM activities and the local government planning cycle, as substantiated by the PDM stakeholder meeting report dated 20th May 2026.
		Evidence that the LLG provided guidance and information to the Village Executive Committees and to PDCs on: ii. Approved Programmes/activities to be implemented within the Parish for the current FY score 2, else score 0	0	The LLG failed to meet the compliance criteria regarding the provision of guidance to lower local structures on approved parish programs and activities for the current financial year. During the assessment exercise, the sub-county administration failed to present any documentary evidence such as minutes, or reports demonstrating that information on approved parish-level projects, budget allocations, or implementation plans had been formally communicated to the Village Executive Committees and Parish Development Committees (PDCs). In the absence of verifiable proof of guidance on approved current financial year initiatives, the LLG forfeited the mark.
		Priority enterprises that can be implemented in the parish score 2 or else 0	0	The assessment team evaluated whether the LLG provided adequate technical guidance and institutional information to Village Executive Committees and Parish Development Committees (PDCs) regarding approved parish-level projects and budget activities scheduled for implementation during the current financial year. Physical review of parish coordination files, administrative communication logs, and PDC records yielded no documentary evidence to demonstrate that information on approved parish investments had been shared or communicated to the lower local leadership structures.

Assessment area: B. Planning and Budgeting

4	The LLG conducted Annual Planning and Budgeting exercise for the current FY as per the Planning and Budgeting Guidelines Maximum score is 6	Evidence that prioritized investments in the LLG council approved Annual Work plan and Budget (AWPB) for the current FY: i. Is consistent with the LLG approved development plan IV; score 1 or else 0	0	The LLG failed to meet the compliance criteria regarding the alignment of current financial year priority investments with strategic planning framework. Examination of LLG planning records revealed that management failed to present or provide an approved LLG Development Plan IV (2025/2026–2029/2030) to the assessment team. In the total absence of the overarching multi-year strategic plan, it was impossible to verify consistency or alignment between the prioritized investments in the approved Annual Work Plan and Budget (AWPB) for the current financial year and the LLG Development Plan IV, resulting in forfeiture of the mark.
		ii. Incorporates ranked priorities from all its respective parish submissions which are duly signed by the Parish Chief and PDC Chairperson; score 1 or else 0.	1	The LLG fully met the compliance criteria regarding the incorporation of parish-level ranked priorities into its annual planning framework. Verification of planning documentation confirmed that prioritized investments submitted by constituent parishes duly signed by the respective Parish Chiefs and PDC Chairpersons were incorporated into the LLG Council-approved Annual Work Plan and Budget (AWPB) for FY 2026/2027 under the Discretionary Development Equalization Grant (DDEG). Specifically, requests for school desks submitted from Maina, Mwezi, Balita, and Wamulongo parishes were captured and budgeted for procurement within the FY 2026/2027 AWPB, demonstrating participatory planning and alignment between parish priority submissions and LLG budget allocations.
		iii. Is based on the outcomes of the budget conference; score 1 or else 0	1	The LLG fully met the compliance criteria regarding the alignment of annual budget priorities with stakeholder budget conference outcomes. Verification of the Budget Conference minutes dated 4th October 2025 confirmed that key infrastructure projects agreed upon during stakeholder consultations were integrated into the approved Annual Work Plan and Budget (AWPB). Specifically, the maintenance of the Kikanta-Mwesigwa Road was incorporated into the roads budget under the Uganda Road Fund (URF) at UGX 10,021,262, while the opening of the Mukungu-Musita Road was allocated UGX 11,940,566 under the Discretionary Development Equalization Grant (DDEG). Because the LLG demonstrated direct alignment between recorded budget conference outcomes and approved AWPB budget lines, the indicator was scored as compliant.

		iv. That the LLG budget includes investments to be financed by the LLG including projects funded using OSR; score 1, or else score 0.	1	The LLG fully met the compliance criteria regarding the inclusion of Own Source Revenue (OSR) funded capital investments in the annual budget. Verification of the approved LLG Annual Work Plan and Budget (AWPB) confirmed that locally generated revenues were allocated to finance internal capital requirements. Specifically, the procurement of office equipment was budgeted at UGX 400,000 using OSR allocations. Because the LLG demonstrated that its budget incorporates locally financed capital investments alongside grant-funded activities, the indicator was scored as compliant.
		v. Evidence that the LLG developed project profiles for all capital investments in the AWP and Budget as per format in NDP IV; score 1, or else score 0.	1	The LLG fully met the compliance criteria regarding the preparation of project profiles for all capital investments in the Annual Work Plan and Budget (AWPB). Verification of planning documentation confirmed that project profiles fully conforming to NDP IV guidelines were developed for all capital projects budgeted in the approved AWPB. Complete project profiles were provided and verified for all investments, including the opening and shaping of Musita-Nakitam Road (UGX 11,940,588 under DDEG) and the procurement of 3-seater desks for primary schools (UGX 4,800,000 under DDEG).
		vi. That the LLG budget was submitted to the District/Municipality/City before 15th May; score 1 or else 0	1	The LLG fully met the compliance criteria regarding the timely submission of its council-approved budget to the higher local government (District/Municipality/City). Verification of submission receipts confirmed that the LLG Annual Work Plan and Budget (AWPB) was submitted on 15th May 2026, well ahead of the statutory deadline of 15th May. By completing the official submission over two weeks prior to the regulatory cutoff, the LLG satisfied all requirements for this indicator.
5	Procurement planning for the current FY: submission of request for procurement Maximum score is 2	Evidence that the LLG prepared and submitted inputs into the procurement plan for all the procurements to be done in a LLG for the current FY) to the CAO/TC by the 30th April of the previous FY, Score 2 or else score 0	2	The LLG fully met the compliance criteria regarding the preparation and submission of procurement plan inputs to the higher local government, Verification of official records confirmed that the LLG prepared and submitted its comprehensive procurement plan inputs for all planned procurements for the current Financial Year to the Chief Administrative Officer / Town Clerk (CAO/TC) on 30th April 2026. By completing the submission exactly on the statutory deadline of 30th April of the preceding financial year, the LLG satisfied all procedural requirements for this indicator.

6	Compliance of the LLG budget to DDEG investment menu for the current FY Maximum score is 2	Evidence that the investments in the approved LLG Budget for the current FY comply with the investment menu in the DDEG Grant, Budget and Implementation Guidelines, score 2 or else score 0	0	The LLG was assessed as Non-Compliant for the DDEG investment menu compliance indicator because the total value of eligible planned infrastructure investments fell below the mandatory 80% threshold. Out of a total DDEG budget allocation of UGX 34,675,735, the LLG budgeted for 30 desks (UGX 4.8m), maintenance of the Musita–Nakitamu road (UGX 11.945m), office furniture (UGX 8m), and a printer (UGX 1m), totaling UGX 25,745,588. Although all four projects comply with the eligible investment menu under the DDEG Grant, Budget, and Implementation Guidelines, the combined sum accounts for only 74.25% of the allocation, failing to meet the required 80% minimum threshold (UGX 27,740,588) by 5.75% (UGX 1,995,000).

Assessment area: C. Own Source Revenue Mobilization and Administration

7	LLG collected local revenue as per budget (Budget realization) Maximum score is 1	Evidence that the LLG collected OSR for the previous FY within +/- 10% of the budget; score 1 or else score 0.	1	The LLG was assessed as Compliant for the local revenue realization indicator, as actual collection performance substantially surpassed the minimum required threshold. Verified financial statements for FY 2025/26 established an approved Own Source Revenue (OSR) budget target of UGX 5,000,000 against an actual realized collection of UGX 11,962,225. This reflects an overall collection performance of 239.24% of the approved budget. Under the assessment criteria requiring OSR collections to be not less than -10% of the budget (a minimum 90% collection rate), the LLG exceeded the baseline requirement by 149.24%, successfully satisfying the compliance criteria.
8	Increase in LLG own source revenues from last financial year but one to last financial year. Maximum score 1	Evidence that the OSR collected increased from previous FY but one to previous FY by more than 5 %, score 1 or else score 0	0	The LLG failed to satisfy the compliance requirement for demonstrating a year-on-year increase of more than 5% in Own Source Revenue (OSR) collections from the FY before previous (FY 2024/25) to the previous FY (FY 2025/26), During the evaluation exercise, the assessment team was unable to compute or verify revenue growth figures due to a lack of baseline financial documentation. Specifically, the LLG failed to present the approved Annual Financial Statements (AFS) for FY 2024/25. In the absence of audited or verifiable AFS records for FY 2024/25, no comparative financial analysis could be performed to establish whether OSR collections grew by the mandatory >5% threshold.

9	The LLG has properly managed and used OSR collected in the previous FY Maximum score 4	Evidence that the LLG: i. Has remitted OSR to the administrative units, score 1 or else score 0.	1	The LLG satisfied the compliance criteria regarding the remittance of Own Source Revenue (OSR) to its administrative units (LC I and LC II), Verification of the Finance Department Trial Balance in the Financial Statements (FY 2026/27) confirmed that a total of UGX 1,890,000 was budgeted and allocated for statutory distribution to local administrative units. Cross-examination of expenditure accounting records physically validated this transaction under Payment Voucher No. 50/2/2026, confirming actual disbursement and receipt by the LC I and LC II administrative structures in accordance with local revenue sharing regulations.
		ii. Did not use more than 20% of the OSR (that was remitted to the LLG by the HLG) on councilors allowances in the previous FY (unless authority was granted by the Minister), score 1, else score 0	0	The LLG failed to satisfy the compliance requirement for adhering to the statutory spending limit on councilors' allowances, The assessment team evaluated administrative records to verify whether councilors' allowances exceeded 20% of the Own Source Revenue (OSR) remitted to the LLG by the Higher Local Government (HLG) in the previous financial year. During the evaluation exercise, the Senior Assistant Secretary (SAS) and the finance team failed to present any documentary evidence—such as statutory expenditure returns, revenue to substantiate compliance with the legal ceiling.
		iii. Have budgeted and used OSR funds on operational and maintenance in previous FY, score 1, else score 0	1	The LLG satisfied the performance requirement for budgeting Own Source Revenue (OSR) towards Operation and Maintenance (O&M) in the previous financial year. Verification of the annual work plan and budget approved for the previous FY confirmed a co-funded allocation total of UGX 800,000 for compound cleaning and & Maintenance. Breakdown analysis of the revenue source allocations established that UGX 200,000 was directly committed from Own Source Revenue (OSR), while the remaining UGX 600,000 was funded under Non-Wage un Conditional (NWC) grants. Because the LLG explicitly budgeted local revenue funds toward routine administrative facility maintenance (compound cleaning), the sub-indicator qualifies for full compliance.
		iv. Publicised the OSR and how it was used for the previous FY, score 1, else score 0.	1	The LLG satisfied the compliance criteria for publicizing Own Source Revenue (OSR) collections and utilization details on public notices, Verification of physical disclosures posted on the official LLG notice board confirmed that total local revenue collections of UGX 11,962,225 were publicly displayed. The posted financial summary provided a breakdown by revenue stream, highlighting Telephone Mast as the leading source of local revenue, generating UGX 6,329,903. Because the LLG publicly disclosed total local revenue performance and revenue sources on its notice board.

Assessment area: D. Financial Management

10	The LLG submitted annual financial statements for the previous FY on time Maximum score is 4	Evidence that the LLG submitted its Annual Financial Statement to the Auditor General (AG) on time (i.e. by August 31), score 4 or else score 0	4	The LLG fully satisfied the statutory compliance requirement for the timely preparation and submission of its Annual Financial Statements for the financial year, Review of official accounting documentation confirmed that the Senior Assistant Secretary (SAS), Mr. Kiyanja Ismael, formally prepared and finalized the financial statements on 28th August 2026. Administrative verification further confirmed that the completed financial statements were officially submitted and acknowledged by the Office of the Auditor General (OAG) on 31st August 2026, strictly meeting the statutory statutory deadline of August 31st.
11	The LLG has submitted all 4 quarterly financial and physical progress reports for the previous FY on time and in the prescribed format Maximum score is 6	Evidence that the LLG submitted all four quarterly financial and physical progress reports, for the previous FY to the LG Accounting Officer on time: i. Q1 by 15th October score 1 or else 0	1	The LLG satisfied the reporting requirement for Quarter I. Administrative records and acknowledgment report established that the LLG submitted its Quarter I PBS financial and physical progress report to the LG Accounting Officer on 14th October 2025. Having submitted the report one day ahead of the statutory deadline of 15th October, the LLG achieved full compliance for this quarter.
		ii. Q2 by 15th January score 1 or else 0	1	The LLG satisfied the reporting requirement for Quarter II. Administrative records and acknowledgment logs established that the LLG submitted its Quarter II PBS financial and physical progress report to the LG Accounting Officer on 14th January 2026. Having submitted the report one day ahead of the statutory deadline of 15th January, the LLG achieved full compliance for this quarter.
		iii. Q3 by 15th April score 1 or else 0	1	The LLG fulfilled the statutory requirement for Quarter III progress reporting. Review of submission documentation confirmed that the Quarter III PBS report was submitted to the LG Accounting Officer on 14th April 2026, meeting the requirement one day prior to the statutory deadline of 15th April. Consequently, Quarter III was evaluated as fully compliant.
		iv. Q4 by 15th July score 3 or else 0	3	The LLG fulfilled the statutory performance reporting requirement for Quarter IV. Official submission logs and acknowledgment records confirmed that the LLG transmitted its Quarter IV PBS financial and physical progress report to the LG Accounting Officer on 14th July 2026. Having submitted the report one day prior to the statutory deadline of 15th July, the LLG achieved full compliance for this quarter.

Assessment area: E. Human Resources Management for Improved Service Delivery

12	Appraisal of all staff in the LLG in the previous FY Maximum score is 6	Evidence that the SAS/Town Clerk appraised staff in the LLG: • All staff in the LLG including extension workers (where applicable) in the previous FY (by 30th June): score 2 or else 0	0	The LLG did not meet the performance criteria regarding staff appraisal compliance for the previous financial year. Verification of personnel records established that out of 11 staff members on the LLG establishment (including extension workers), performance appraisals were completed by the SAS/Town Clerk for only 8 officers. Due to the failure to appraise the remaining 3 staff members by the 30th June deadline, the LLG failed to achieve 100% coverage, resulting in of Non-Compliant / Not Met.
		• Primary School Head teachers in public primary schools in the previous school calendar year (by 31st December) – score 2 or else 0	2	The LLG satisfied the statutory performance management requirement regarding primary school leadership. Verification of personnel records confirmed that appraisal submissions for public primary school Head Teachers were forwarded to the Chief Administrative Officer (CAO) under a dated 8th/12/2025. District Central Registry stamp logs verify that the appraisal files were received on the exact same date (8th December 2025), completing the process 23 days ahead of the 31st December deadline.
		• HC III & II In-charges in the previous FY (by June 30th) – score 2 or else 0.	2	The LLG satisfied performance evaluation standards for health facility leadership. Administrative records establish that performance appraisal reports for Health Centre In-Charges were submitted under a submisson letter dated 21st June 2025. The District Central Registry officially received and stamped the documentation on 26th June 2025, successfully completing the submission 4 days prior to the statutory deadline of 30th June.
13	Staff duty attendance Maximum score is 6	Evidence that the LLG has • Publicized the list of LLG staff: score 2 or else 0	2	The LLG met the performance assessment requirement for publicizing its active establishment list. Physical inspection of the main administrative notice board confirmed that a complete and legible list of LLG staff was pinned for public view, dated 30th August 2026. Because the staff roster was verified as actively displayed on the official notice board.
		• Produced monthly analysis of staff attendance with recommendations to CAO/TC score 2 or else 0	2	The LLG met the performance requirement for monthly staff attendance analysis and reporting to the CAO. Administrative records verified that monthly attendance tracking was conducted by the Senior Assistant Secretary, Mr. Migo Siraj. Specifically, in an attendance analysis report dated 7th November 2025, the SAS recommended disciplinary action against officers Lubandi Charles and Semanda Saddam through the Rewards and Sanctions Committee. This report and its recommendations were officially submitted to the CAO on 7th November 2025, fulfilling all statutory compliance criteria.

		• CAO/Tc took action on recommendations; score 2 or else 0	0	The LLG failed to satisfy the requirement for administrative action taken by the CAOon human re source recommendations. Although the SAS submitted attendance analysis reports dated 7th November 2025 recommending officers Lubandi Charles and Semanda Saddam for disciplinary proceedings, no evidence was provided to demonstrate that the CAO initiated follow-up actions. Due to the complete absence of written referrals, committee minutes, or official correspondence confirming administrative action, the indicator was marked as Non-Compliant / Not Met.

Assessment area: F. Implementation and Execution

14	The LLG has spent all the DDEG funds for the previous FY on eligible projects and activities Maximum score is 2	Evidence that the LLG budgeted and spent all the DDEG for the previous FY on eligible projects and activities as per the DDEG grant, budget, and implementation guidelines: Score 2, or else score 0	2	The LLG met the performance requirement for budgeting and expending all DDEG funds on eligible projects in accordance with national guidelines. Financial and physical audit verification confirmed key investments, including UGX 11,945,588 spent on routine road maintenance along the Musita to Nakitamu road, UGX 80,000,000 spent on office furniture procurement, UGX 1,000,000 for a printer, and 36 general procurements amounting to UGX 4.8 million. Because every expenditure item fell strictly within the allowable list of DDEG activities and was supported by complete procurement files.
15	The LLG spent the funds as per budget Maximum score is 2	Evidence that the execution of budget in the previous FY does not deviate for any of the sectors/main programs by more than +/-10%: Score 2 or else 0	0	The LLG failed to meet the performance requirement for budget execution variance, as sector expenditures deviated significantly beyond the allowed +/-10% threshold (90%–110% execution rate). Cross-verification between the FY 2025/2026 Annual Workplan Budget and the Annual Financial Statement Trial Balance showed that while Statutory Bodies executed within limits at 107.45%, Management (320.39%) and Finance (127.99%) suffered extreme over-expenditure. Conversely, Health (40.00%) and Production (72.73%) experienced severe budget under-execution. Due to widespread variance across multiple departments, this indicator was marked Non-Compliant / Not Met.

16	Completion of investments as per annual work plan and budget Maximum score is 3	Evidence that the investment projects planned in the previous FY were completed as per work plan by end of FY (quarter four) : Note 3: Refer to the completion rate computation table at the end of the Manual If more than 90 % was completed: Score 3 If 70% -90%: Score 2 If less than 70 %: Score 0.	3	The LLG fully satisfied the performance criteria regarding the completion of planned capital investment projects by the end of Quarter 4 of the FY 2025/2026.Physical and administrative verification of the completion report produced by the SAS on 24th June 2026 confirmed that 100% (5 out of 5) of the planned capital projects for FY 2025/2026 were fully executed and completed as per the approved annual work plan: Road Infrastructure Works:Opening and shaping of Busimo to Bumalile Road (UGX 11,050,000), Opening and shaping of Nawankole Road (UGX 9,500,000), Opening and shaping of Lugangu to Mfundira Road (UGX 10,210,000), Supply of 40 three-seater desks to primary schools (UGX 4,800,000)

Assessment area: G. Environmental and Social Safeguards

17	The LLG has implemented Environmental and Social Safeguards during the previous FY Maximum score is 2	Evidence that the LLG carried out Environmental, Social and Climate Change Screening where required, prior to implementation of all planned investments/ projects, score 2 or else score 0	0	The LLG failed to satisfy the performance assessment criteria for Environmental, Social, and Climate Change screening,. Although screening forms were generated for works such as mpungwe Primary School maintenance and road openings along Mpungwe Primary School–Denyongera and Minsusela Junction–Lugera road (1.1 km), the LLG also included screening records for the procurement of two laptops and sanitation kits executed between July and December 2025. Verification against the FY 2025/2026 Annual Work Plan and Budget (AWPB) confirmed that these latter items were not budgeted investments.
18	The LLG has an Operational Grievance Handling Mechanism Maximum score is 2	If the LLG has specified a mechanism for i) recording, ii) investigating and iii) responding to grievances which includes a designated person to coordinate response to feed-back, complaints logbook with clear information and reference for onward action, a defined complaints referral path, and public display of information at LLG offices Score 1 or else 0	1	The LLG demonstrated full compliance with the Grievance Redress Mechanism (GRM) performance indicator. Verification at the LLG headquarters confirmed the existence of an active Grievance Redress Committee coordinated by Muwereza Geoffrey, whose official contacts are publicly posted alongside committee members. The LLG maintains an operational Complaints Logbook with systematic reference tracking for logging, investigating, and resolving grievances. Furthermore, clear information detailing the defined complaints referral pathways and grievance handling procedures is prominently displayed on the main notice boards at the LLG offices, fully satisfying all statutory criteria.

		If the LLG has publicized the grievance redress mechanisms so that aggrieved parties know where to report and get redress score 1 or else 0	1	The LLG met the performance assessment requirement for publicizing its Grievance Redress Mechanism (GRM) to ensure aggrieved parties can seek timely redress. Inspection of the LLG office notice board confirmed that comprehensive information including the names, roles, and direct phone contacts of Grievance Redress Committee members is prominently posted for public viewing. Furthermore, direct engagement and interviews with committee members verified that the structure is active, approachable, and well-known, fully satisfying the transparency and accessibility criteria.
19	The LLG has a functional land management system Maximum score 1	If the LLG has a functional Area Land committee in place to assist the LG Land board in an advisory capacity on matters relating to land, including ascertaining rights on the land score 1 or else 0	0	The LLG did not provide sufficient evidence for the functionality of Area Land Committee indicator due to a lack of documentation proving operational functionality. Although the existence of the committee was acknowledged with Magumba Hamis the LC III Chairperson being the chairperson identified as key members—the LLG was unable to present any signed minutes of committee sittings or field verification reports. Under national assessment criteria, an Area Land Committee cannot be scored as functional without documented proof of its advisory sittings and land inspection activities.

Assessment area: H. Basic (Pre & Primary) Education services Management (in public and private schools)

20	Awareness campaigns and mobilization on education services conducted in last FY Maximum score is 3	Evidence that the LLG has conducted awareness campaigns and parent's mobilization for improvement of education service delivery score 3, else score 0	3	The LLG fully met the compliance criteria for conducting educational awareness campaigns and parental mobilization aimed at enhancing service delivery, earning maximum marks. Verification of departmental records confirmed the execution of multiple sensitization drives documented through formal reports dated 30th June 2025, 18th September 2025, 18th December 2025, and 30th March 2026. These reports demonstrated active community engagement on school retention, parental responsibilities, and learning environment improvement.

21	Monitoring of service delivery in basic schools Maximum score is 4	Evidence that the LLG has monitored schools (both public and private) at least once per term in the previous 3 terms and produced a list of issues requiring attention of the committee responsible for education of the LLG council in the previous FY: If all schools (100%) - score 4 If 80 – 99% – score 2 If 60 to 79% score 1 Below 60% score 0	1	The LLG scored 1 out of 4 Marks for the school monitoring indicator due to incomplete termly coverage during the previous Financial Year. Although an inspection report of all govt schools in term3 dated 5th October 2025 was presented, the LLG failed to produce monitoring reports for the remaining two terms to cover all the schools inspected per term in the LLG, achieving only a 60% submission rate. Per national assessment guidelines, achieving within 60-79% of the required termly inspections and committee issue submissions places the LLG in the lowest performance tier, resulting in a score of 1 Marks.
22	Existence and functionality of School Management Committees Maximum score is 3	Evidence that the LLG have functional school management committees in all schools; score 3, else score 0	3	The LLG fully met the performance assessment requirement for ensuring functional School Management Committees (SMCs) across primary schools. On-site inspection of sampled primary schools confirmed continuous SMC operations documented through official meeting minutes including sitting minutes dated 8th April 2026, 24th June 2026, and 24th October 2026 for Buswikira primary school, and 20th August 2025 and 25th February 2026 for Kasutaime. This verifies active committee governance, strategic oversight, and statutory compliance across the LLG's primary education sector.

Assessment area: I. Primary Health Care Services Management

23	Awareness campaigns and mobilization on primary health care conducted in last FY Maximum score is 3	Evidence that the LLG has conducted awareness campaigns and mobilized communities for improved primary health care service delivery score 3, else score 0	3	The LLG fully met the performance requirements for conducting awareness campaigns and community mobilization to improve Primary Health Care (PHC) service delivery. Physical inspection of health sector records confirmed the submission of three comprehensive activity reports, including an Ebola awareness and prevention report dated 30th March 2026 and a safe water use campaign report dated 30th June 2026.

24	The LLG monitored health service delivery at least twice during the previous FY Maximum score is 4	Evidence that LLG monitored aspects of health service delivery during the previous FY , score 4 or else score 0	0	The LLG monitored health service delivery aspects as verified by monitoring reports dated 18th September 2025, 10th December 2025, and 30th March 2026 submitted by the Senior Assistant Secretary (SAS); however, these reports were never tabled, reviewed, or discussed by the LLG Executive Committee. Under the assessment procedure, health monitoring reports must be discussed by the Executive Committee to trigger administrative action and score the allocated 4 marks. Because the required executive discussion did not take place, the LLG failed to satisfy the complete assessment threshold, resulting in a final score of 0 Marks.
25	Existence and functionality of Health Unit Management Committee Maximum score is 3	Evidence that the LLG have functional Health unit Management Committee for all Health Facilities in the LLG; score 3, else score 0	0	The LLG demonstrated partial committee functionality as verified by signed HUMC meeting minutes for Muggi Health Center III dated 26th June 2026; however, no appointment letters or meeting minutes were provided for the remaining three facilities Wamulongo Health Center II, Kasutaime Health Center II, and Main Health Center II. Under the national assessment guidelines, the rule strictly requires verified functional committees across 100% (4 out of 4) of the health facilities within the LLG. Because functional governance records were missing for three out of four health units, the LLG failed to meet the mandatory benchmark for full coverage.

Assessment area: J. Water & Environment Services Management

26	Evidence that the LLGs submitted requests to the DWO for consideration in the current FY budgets Maximum score is 3	Evidence that the SAS submitted in writing requests to the DWO for consideration in the planning of the current FY score 3, else score 0	3	Verification of water request letter confirmed that the Senior Assistant Secretary (SAS) submitted written water development requests to the District Water Officer (DWO) for inclusion in the current Financial Year planning cycle. Inspection of sector correspondence revealed a formal submission letter dated 20th September 2025, through which the LLG articulated its water priorities (including targeted water point locations, maintenance needs, and coverage gaps).

27	The LLG has monitored water and environment services delivery during the previous FY Maximum score is 3	Evidence that SAS monitored/supervised aspects of water and environment services during the previous FY including review of water points and facilities, score 3 or else score 0	0	The LLG inspected and monitored water and environment services during the previous financial year; however, the level of documented compliance fell short of the national assessment standards. Verification of monitoing reports established that the Senior Assistant Secretary (SAS) prepared an Annual / Fourth Quarter supervision report dated 30th June 2026 covering water points and facilities. Nevertheless, separate quarterly monitoring reports for Q1, Q2, and Q3 were missing from the administration records. Under the mandatory assessment rule, quarterly supervision reports must be available for all four quarters to prove continuous oversight. Consequently, because documentation was presented for only one quarter, this nulls he score.
28	Existence and functionality of Water and Sanitation Committees Maximum score is 2	Evidence that the LLG have functional Water and Sanitation Committees (including collection and proper use of community contributions) score 2, else score 0	2	The LLG satisfied the compliance requirements regarding the documentation and updating of water facilities and active Water and Sanitation Committees (WSCs).Verification of water sector records presented to the assessment team confirmed that an updated inventory list of 23 water facilities (comprising 15 improved taps and 8 spring wells, including key sources such as Makoova, wamulongo, Namatooke, and buswikira) was duly maintained and submitted. Furthermore, the LLG provided an updated register of functional Water and Sanitation Committees governing these facilities, complete with evidence of community mobilization, management oversight, and collection/proper utilization of user maintenance contributions.
29	Functionality of investments in water and sanitation facilities Maximum score is 2	Evidence that the SAS has an updated list on all its water and sanitation facilities (public latrines) and functionality status. Score 2 else 0	2	The Senior Assistant Secretary (SAS) satisfied the performance requirement by maintaining and submitting an updated inventory of all water and sanitation facilities (including public latrines) alongside their respective functionality statuses. During the evaluation, the LLG presented a comprehensive and updated facility register covering 23 water sources (15 improved taps and 8 spring wells, including key locations such as Makoova, wamulongo, Namatooke, and Buswikira).

Assessment area: L. Production Services Management

34	Up to date data on agriculture and irrigation collected, analyzed and reported Maximum score is 2	If the LLG extension staff have collected, analyzed and reported data on agriculture (i.e. crop, animal and fisheries) and irrigation activities including production statistics for key commodities, data on irrigated land, farmer applications, farm visits etc as per formats, the reports compiled and submitted to LG Production Office; score 2 or else 0.	2	Review of records submitted to the District Production Office confirmed that LLG extension staff collected, analyzed, and reported statistical data on crop and livestock production, farm visits, and agricultural activities in accordance with prescribed formats. these was evidenced by; 1. Crop Production Statistics: Submitted via reports dated 06/02/2026, 14/05/2026, and 29/08/2026. 2. Veterinary & Livestock Statistics: Captured in returns dated 13/05/2026, 03/07/2026, and 06/10/2026.
35	Farmer awareness and mobilization campaigns carried out through farmer field days and awareness meetings Maximum score is 2	If the LLG has carried out awareness and mobilization campaigns on all aspects of agriculture through farmer field days and awareness meetings, exchange visits, reports compiled and submitted to LG Production Office score 2 or else 0	2	A review of the extension reports submitted to the District Production Officer established that the LLG actively organized and documented farmer mobilization sessions across the financial year: 1. Q2 Mobilization Outreach (Sub. 06/02/2026): Captured field campaigns on site selection and kitchen gardening implementation. 2. Q3 Soil Conservation Campaign (p. 3): Recorded community field meetings on soil erosion management. 3. Q4 Field Days & Outreach (Sub. 03/07/2026, p. 2 & 29/08/2026, p. 6): Summarized farmer field engagements and technical awareness sessions. 4. Additional Outreaches (Report dated 06/10/2026, p. 2): Provided evidence of ongoing livestock and agricultural extension mobilization.

36	The LLG has carried out monitoring activities on production activities for crops, animals and fisheries Maximum score is 2	If the LLG extension staff has implemented monitoring activities on agricultural production for crops, animal and fisheries covering among others irrigation, environmental safeguards, agricultural mechanization, postharvest handling, pests and disease surveillance, equipment installations, farmers implementing knowledge from trainings, reports compiled and submitted to LG Production Office; score 2 or else 0	2	Documentary review confirmed that Lower Local Government (LLG) extension staff conducted field monitoring across agricultural production activities including pest and disease surveillance, agronomy, environmental management, and post-harvest handling and compiled reports for transmission to the District Production Office. A review of the submitted field monitoring files established cross-referencing with quarterly production submissions: 1. Quarter II Monitoring Report: Transmitted on 6th February 2026 (capturing field surveillance, crop/pest monitoring, and agronomic follow-ups). 2. Quarter III Monitoring Report: Dated 14th May 2026 (documenting field visits on disease tracking, post-harvest practices, and farmer adoption). 3. Quarter IV Monitoring Report: Dated 29th August 2026 (covering end-of-season crop performance, post-harvest handling, and field observations). Veterinary Field Surveillance Reports: Dated 13th May 2026, 3rd July 2026, and 6th October 2026 (capturing livestock disease surveillance, animal health monitoring, and management practices).
37	Farmer trainings through training farmer field schools and demonstrations organized and carried out Maximum score is 2	If the LLG extension staff has carried out farmer trainings on irrigated agriculture, agronomy, pests and diseases management, operation and maintenance of equipment, linkage to markets etc. through for example farmer field schools, demonstrations, and field training sessions, reports compiled and submitted to LG Production Office score 2 or else 0.	2	A review of physical extension files presented to assessors confirmed that farmer capacity building and technical training sessions were conducted and documented within the primary extension reports: 1. Crop & Agronomic Trainings: Included training on pest management, good agronomic practices, and market access, verified in reports submitted on 06/02/2026, 14/05/2026, and 29/08/2026. 2. Veterinary & Livestock Trainings: Captured technical sessions on livestock health, disease prevention, and animal husbandry in reports dated 13/05/2026, 03/07/2026, and 06/10/2026.

38	The LLG has provided hands-on extension support to farmers and farmer organizations / groups Maximum score is 2	If the LLG extension staff have provided extension support to farmers and farmer groups on crop management, aquaculture, animal husbandry, irrigation, Operation and Maintenance of equipment, postharvest handling, value addition, marketing etc. reports compiled and submitted to LG Production Office score 2 or else 0	0	Review of sector records revealed a compliance gap regarding the provision of advisory extension support to individual farmers and farmer organizations. Guidelines mandate that extension staff provide technical support across key areas—such as crop management, animal husbandry, irrigation, post-harvest handling, value addition, and marketing—and submit compiled reports to the District Production Office. Physical inspection of the LLG filing system and Production Office registry confirmed that no documentary evidence (such as farmer group visit reports, technical advisory notes, or compiled extension support reports) was presented for verification. Consequently, the LLG failed to demonstrate that structured advisory support was provided to farmers during the period under review.