CoST Infrastructure Transparency Initiative

Uganda

5ᵗʰ ASSURANCE REPORT

A call for better Disclosure and Public Engagement!

September, 2022

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ABBREVIATIONS AND ACRONYMS

AfDB	African Development Bank Group
AFIC	Africa Freedom of Information Centre
AP	Assurance Professional
CG	Central Government
CoST	Construction Sector Transparency Initiative
GoU	Government of Uganda
GPP	Government Procurement Portal
IDA	International Development Association (World Bank)
IDS	Infrastructure Data Standard
LG	Local Government
MoFPED	Ministry of Finance, Planning, and Economic Development
MoH	Ministry of Health
MSG	Multi-Stakeholder Group
NDP II	National Development Plan II
NDP III	National Development Plan III
OAG	Office of the Auditor General
PDU	Procurement and Disposal Unit
PE	Procurement Entity
PPDA	Public Procurement and Disposal of Assets Authority
TOR	Terms of Reference
UBOS	Uganda Bureau of Statistics
UgIFT	Uganda Inter Governmental Fiscal Transfer project
UIPE	Uganda Institution of Professional Engineers
URMCHIP	Uganda Reproductive Maternal and Child Health Services Improvement Project
UGX	Uganda Shillings

Acknowledgements

CoST Uganda expresses its appreciation to the Government of Uganda through the Ministry of Works and Transport, the Champion of CoST in Uganda, for its stewardship of the programme.

We are also grateful to the Ministry of Health that recommended projects for the 5th Assurance process. We commend the tireless efforts of the officials from the Ministry and the Local Governments where the projects are implemented for providing data, and guidance on access to the various project sites.

We are indebted to all the contractors, consultants, project managers, institutions and communities where the 5th Assurance process was conducted. It is our sincere hope that the recommendations, key observations and comments from this Assurance report will help stakeholders in better implementation, monitoring of ongoing projects and designing of future projects.

CoST Uganda also appreciates the CoST Assurance Team, CoST International Secretariat peer review team and CoST Uganda Team at the Africa Freedom of Information Centre (AFIC), the development partners and funders of CoST Uganda Chapter including CoST International Secretariat and the FCDO without whom this Assurance and disclosure processes would never have been achieved.

Thank you all for your contributions towards the realization of quality infrastructure, stronger economies and better lives in Uganda.

Word from the Champion

I am pleased to present to the people of Uganda, the 5th Assurance report on ten (10) selected health sector projects under the Ministry of Health, undertaken by CoST Uganda from the period July 2021 – August 2022. I congratulate the Ministry of Health and CoST Uganda, upon completing this exercise in challenging times of the COVID19 pandemic.

The Ministry of Works and Transport has been a Champion of CoST Uganda since February 2017 and has since overseen the publication of five Assurance reports spanning fifty-nine (59) projects from ten (10) high spend entities and an Infrastructure Transparency Index (ITI) on sixty (60) projects spanning thirty (30) entities. I am pleased that, the Initiative has built interest in assessing projects in critical sectors independently, this will help decentralize the CoST features.

In this report, proactive disclosure stands at 50% and reactive disclosure at 77%. Disclosure trends for the Ministry of Health since the CoST scoping study has improved from 26% in 2017 to 73% in 2019, however since 2019, the overall disclosure declined from 73 to 64% in 2021. I commend the Ministry for the improvements in reactive disclosure, and, I encourage the Ministry and stakeholders to enhance proactive disclosure.

In 2021, Government committed to increase disclosure of infrastructure data. We have made strides in these aspects, with the completion of the alignment of the Government Procurement Portal (GPP) and the Electronic Government Procurement Portal (e-GP) that will soon be completed with considerations on international data standards including the Open Contracting for Infrastructure Data Standard (OC4IDS) and the Infrastructure Data Standard (IDS). Disclosure of information should not be a big challenge going forward.

The report reveals that Local Governments do not comply with information sharing on Government projects, and that there are gaps with information sharing within internal project stakeholders. It is critical that project and contract data is shared amongst all actors to facilitate supervision and construction management, build transparency in the system and secure public scrutiny for better results.

I have also noted in this report that some projects have experienced delays of 18 months, while others are at risk of delays in execution and construction management constraints, including poor drainage management, compliance concerns on health and safety safeguards implementation and reporting. I entreat the Ministry of Health to strengthen internal project monitoring, supervision and construction management processes to avert any risks that may lead to inefficiencies and loss of public investments. I also encourage the Ministry to require specific providers to address specific project concerns raised in this report before handover. Finally, I encourage the Ministry to replicate the experiences and good practices from this assessment across other public projects.

Government through my Ministry re-assures CoST International and stakeholders' that we are devoted to meeting our commitments of implementing the CoST features of Disclosure, Assurance, Multi-Stakeholder working and Social accountability, through the implementation of the recently launched CoST Uganda Business Plan, to deliver better infrastructure that builds our economy and improves people's lives.

For God and My Country!

GENERAL EDWARD KATUMBA WAMALA
Minister of Works and Transport
CoST Uganda Champion

Statement of Validation from the Ministry of Health

On the 15th August 2022 the Ministry of Health validated and discussed the Assurance Report on ten selected public infrastructure projects. The validation exercise scrutinized the findings, recommendations and key concerns from the assessment exercise confirming the relevance of the observations made across the projects.

Acknowledging the challenges brought about by the COVID-19 pandemic which affected our disclosure and stakeholder engagement activities, the Ministry of Health commends CoST Uganda for providing a second eye on the performance of the respective projects. I also appreciate the Project Managers and Teams who worked tirelessly and provided data, enabled access to project sites and made comments on the various drafts of the Assurance report.

Our commitment to partnering with CoST Uganda reveals our infinite interest to promoting transparency, accountability and citizens' participation in the delivery of health sector infrastructure projects. I present our assurances in addressing the findings and recommendations in this report and replication of experiences across all our projects.

We recognize the value of verifying government data before publication as a critical process of ensuring credibility and validity of information to be consumed by stakeholders and the general public. I therefore affirm that this report presents correct information on ten assured projects under the Ministry of Health, in the CoST Uganda's 5th Assurance report. I encourage stakeholders and the general public to make good use of the information in this report.

DR. DIANA ATWIINE
Permanent Secretary
Ministry of Health

Executive Summary

This Assurance Report (AR) presents findings, points of difference and recommendations of the 5th Assurance Process (AP) conducted by CoST Uganda on ten (10) selected projects under the Ministry of health, and its implementing partners, the Local Governments. The projects were worth Ugx. 71,279,389,380 approximately USD 19 Million with the exception of one project (Lacor) whose financial details were not disclosed.

An analysis of disclosure trends for the Ministry of Health demonstrated that since the scoping study in 2017, the disclosure of data by the Ministry of Health has improved from 26% in 2017 to 73% in 2019, however since 2019, the overall disclosure has declined from 73% in 2019 to 64% in 2021. The proactive disclosure has recorded a decline from 55% in 2020 to 50% in 2021 whereas the disclosure of reactive data has slightly improved from 26% in 2020 to 77% in 2021.

Proactive disclosure levels were average across all projects with an average of 50%. Whereas, the average reactive disclosure was at 77% for all the 10 projects. There is decline in proactive disclosure by the PDE from the previous assurance exercise. Local Governments performed poorly in disclosure compared to the Ministry of Health, they also expressed concerns regarding limited access to contract information. There were unconfirmed health and safety concerns including minor accidents, theft and occupational illness cases reported on some projects such as Nkombe. Mbale Regional Referral Hospital registered time overruns of 18 months, while, engagements across the other nine projects revealed that progress of works was low compared to the expectations indicating possible time extensions for Arua, Kyebando, Kitabazi, Kifamba and Bubago Health Centres among others. There were no cost overruns reported for the UgIFT and URMCHIP projects, however, a total of Ugx 2,571,393,446 was reported as cost overruns for East African Public Networking Laboratory projects that is; Mbale Regional Referral registered a cost overrun of UGX 831,756,598, Arua RRH UGX 859,919,331, Mbarara RRH UGX 792,017,517, while Lacor hospital registered an overrun of UGX 87,700,000. Variations were attributed to changes in specifications and design changes.

Inclusiveness in public contracting is still weak, no contracts were issued to special interest groups such as women and youth, however, the entities endeavoured to mainstream gender, HIV/AIDS awareness although on a few projects. There were specific project concerns observed during site visits including an incomplete lab, use of single swing doors contrary to double leaf doors, lack of a wall guard and lack of kick plates on the doors where they existed, they were dysfunctional in Mbarara RRH, incomplete emergency exit in Arua, use of an open-air incineration pit in Buyinda. Whereas, there was no access to Nkombe, the site also had incomplete works including painting and finishes to worktops among other identified snags.

From this Assurance exercise, we recommend the Ministry undertakes deliberate efforts to ensure publication of project and contract information through the EGP, GPP and the entity website. Ministry of Finance and PPDA to strengthen monitoring of compliance with disclosure requirements by implementing sanctions and incentives for disclosure, MoH should put in place an emergency project management plans to address delays in implementation resulting from the COVID19 and procurement e.g., using the IPD. Ensure providers comply with set work scheduled and strengthen supervision of project execution, strengthen the QA/QC processes, undertake supervision of the 10 projects to identify snags and require contractors to rectify them, strengthen compliance with the PPDA procurement regulations especially procurement methods, compliance with the implementation of and reporting on health and safety safeguards, undertake deliberate efforts to improve project planning and design processes to reduce scope variations that lead to cost overruns, consider inclusion of all stakeholders in procurement through the 30% provision and consider using drum or brock incinerators instead of the open air incinerators among others.

About CoST Uganda – the Infrastructure Transparency Initiative

CoST – the Infrastructure Transparency Initiative is the leading global initiative improving transparency and accountability in public infrastructure. CoST Uganda is a national chapter of CoST International, a charity based in the United Kingdom.

CoST works with [government](1), [private sector](2) and [civil society](3) to promote the disclosure and validation of data from infrastructure projects. This helps to inform and empower citizens and enables them to hold decision-makers to account. Our experience indicates that informed citizens and responsive public institutions help drive reforms that reduce mismanagement, inefficiency, corruption and the risks posed to the public from poor quality infrastructure.

At the national level, CoST establishes a Multi-Stakeholder Group that guides, leads and builds trust amongst the Government, Private Sector and Civil Society. The National Programme is overseen by a Champion who promotes its core features of Disclosure, Assurance, Multi-Stakeholder working and Social Accountability across Government and other stakeholders.

Vision: Quality infrastructure, a stronger economy and better lives

Mission: To enable a multi-stakeholder approach in the disclosure, validation and use of infrastructure data. This improves transparency, participation and accountability and contributes to quality infrastructure that meets people's needs.

Our approach, the Four Core Features of CoST

The CoST approach is focused on four core features: disclosure, assurance, multi-stakeholder working and social accountability. These features provide a global standard for CoST implementation in enhancing infrastructure transparency and accountability.

1. **Disclosure:** The disclosure process ensures that information about the purpose, scope, costs and execution of infrastructure projects is open and accessible to the public, and that it is disclosed in a timely manner. Key to the process is disclosure by projects Procuring and Disposing Entities in accordance with the [CoST Infrastructure Data Standard (CoST IDS).](4) The CoST IDS requires 40 data points or 'items' to be disclosed at key stages of an infrastructure project cycle including: identification, preparation, completion, procurement and implementation.

2. **Assurance:** We promote accountability through the CoST assurance process – an independent review of the disclosed data by assurance teams based within CoST national programmes. The teams identify key issues of concern in relation to the items listed in the CoST IDS and put technical jargon into plain language. This allows social accountability stakeholders to easily understand the issues and hold decision-makers to account.

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[1] http://infrastructuretransparency.org/our-approach/cost-feature-multi-stakeholder/government/

[2] https://infrastructuretransparency.org/our-approach/cost-feature-multi-stakeholder/private-sector/

[3] http://infrastructuretransparency.org/our-approach/cost-feature-multi-stakeholder/civil-society/

[4] http://infrastructuretransparency.org/resource/977/

3. **Multi-stakeholder working:** Enhancing transparency and accountability in public infrastructure involves working with different stakeholder groups who have different perspectives and backgrounds, including government, private sector and civil society. CoST brings these stakeholders together through multi-stakeholder groups in each national programme. The groups guide the delivery of CoST and provide a neutral forum for stakeholders to pursue infrastructure transparency and accountability together.

4. **Social accountability**: Social accountability stakeholders such as the media and civil society play an important role in holding decision makers to account. CoST works with these stakeholders to promote the findings from its assurance process so that they can then put key issues into the public domain. In this way, civil society, the media and citizens can all be aware of issues and hold decision-makers to account.

The Assurance Process and Methodology

CoST assurance is the process whereby disclosed[5] data is turned into compelling information, allowing the facts to speak for themselves. By shining a light on what happens at each stage of public infrastructure delivery processes such as planning, procurement, and implementation, it aims to strengthen existing accountability mechanisms, without duplicating or undermining the work of others. It achieves this by generating objective information that helps all stakeholders identify and address any areas of concern.

The assurance process was informed by the CoST International Assurance Manual, and the Terms of Reference issued by the Africa Freedom of Information Centre (AFIC). The Assurance process is informed by the following objectives;
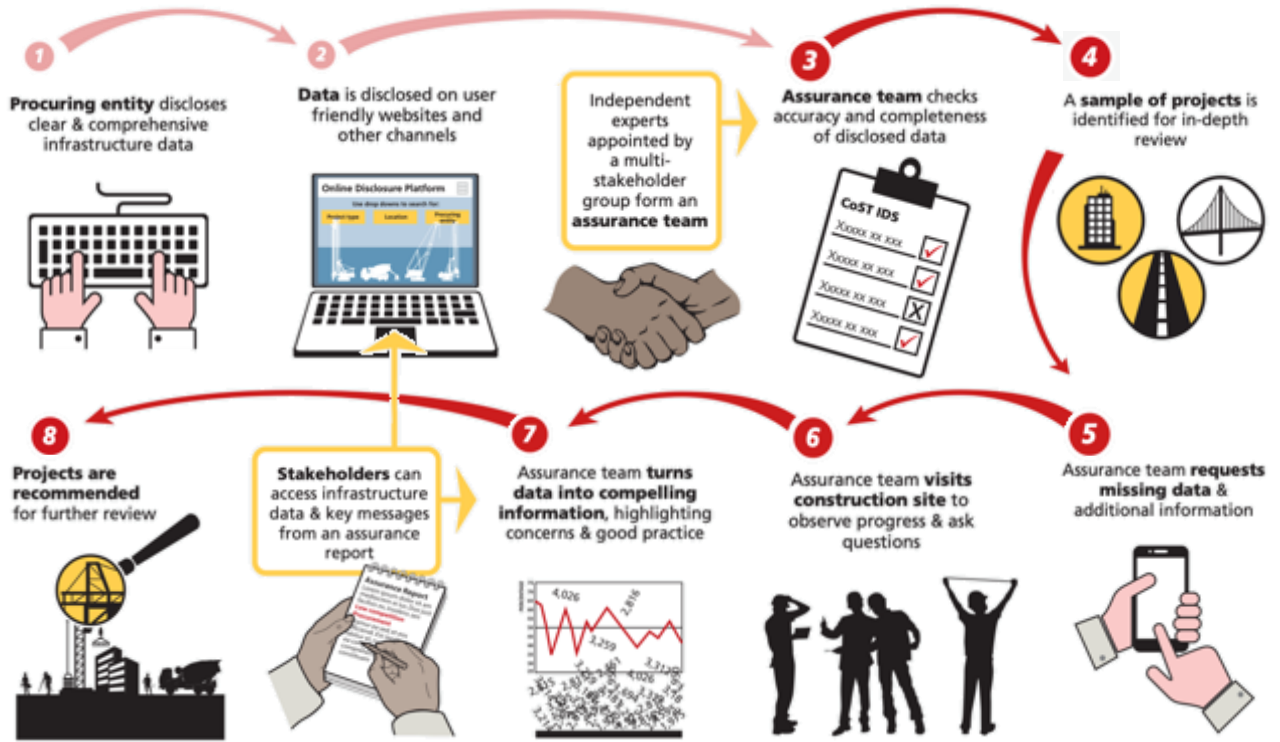
(i) To assess whether there is disclosure, and if the disclosed data is valid, complete and accurate as per the CoST standard.

(ii) To analyse disclosed data and present it as compelling information in order to help detect matters that could be raised with the project owner and its suppliers, and readily communicated to others.

(iii) To highlight issues of potential concern and propose actionable sector/policy and project level areas of improvement and recommendations to Government, Private Sector and Civil Society.

The Assurance Process was guided by a standard methodology developed and tested by CoST International using the CoST Infrastructure Data Standard and most recently by the Open Contracting for Infrastructure Data Standard. The Procurement Entity discloses clear and comprehensive infrastructure data, the data is disclosed on user friendly websites and other channels. Independent experts appointed by the Multi-Stakeholder Group form an Assurance Team. The Assurance Team checks accuracy and completeness of disclosed data. A sample of projects is identified for an in-depth review.

The Assurance team requests for missing data and additional information about the projects under the in-depth review. The assurance team visits construction sites to observe progress and ask questions. The Assurance team turns data into compelling information highlighting concerns and good practices. The Assurance Team and CoST MSG engage the Procurement Entity to validate and verify Assurance report. Stakeholders are able to access infrastructure data and key messages from an Assurance report published by CoST MSG, in this process, some projects are recommended for further reviews whereas others are recommended for improvements and are documented as areas of good practice.

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[5] See Guidance Note 6 for a description of CoST Disclosure via www.infrastructuretransparency.org

CoST International, Assurance Methodology

1 **Procuring entity** discloses clear & comprehensive infrastructure data

2 **Data** is disclosed on user friendly websites and other channels

Independent experts appointed by a multi-stakeholder group form an **assurance team**

3 **Assurance team** checks accuracy and completeness of disclosed data

4 A **sample of projects** is identified for in-depth review

5 Assurance team **requests missing data** & additional information

6 Assurance team **visits construction site** to observe progress & ask questions

7 Assurance team **turns data into compelling information**, highlighting concerns & good practice

Stakeholders can access infrastructure data & key messages from an assurance report

8 **Projects are recommended** for further review

2. Selected projects for the 5th Assurance exercise

CoST Uganda has undertaken an assurance process on ten (10) projects under Ministry of Health (MoH). The projects are worth Ugx. 71,279,389,380 approximately USD 19 Million with the exception of one project (Lacor) whose financial details were not disclosed. These projects were selected by CoST Uganda and the Ministry of Health following a rigorous and detailed review of projects handled and proactively disclosed by MoH in the year 2021 as part of the COVID19 response. The projects under the 5th assurance exercise for MoH include those funded by the Government of Uganda and the International Development Association (IDA) under the World Bank Group.

The information in this report covers three (03) projects under the Uganda Inter-Governmental Fiscal Transfer project (**UgIFT)**, three (03) projects under the Uganda Reproductive Maternal and Child Health Services Improvement Project (**URMCHIP**) and four (04) projects under the East Africa Public Health Laboratories Network Project. It should be noted that this is the second assurance exercise on the UgIFT programme, however covering different projects. At a macro level, the UgIFT programme seeks to support the achievement of the Country Partnership Framework (CPF) objective for better economic governance and fiscal management by reducing the "ratio of average spending per capita between the ten best-funded and the ten worst-funded districts" in the health and education sectors. Under health, the programme seeks to equip, staff and upgrade 380 facilities to health centre III level (World Bank, 2020c).

It should be noted that for the UgIFT projects, the responsibility of the Ministry of Health was in Project Identification and Project preparation while Procurement and implementation was handled by the respective Local Governments, with Ministry of Health as a participant. Therefore, for UgIFT projects, the Ministry of Health was only assessed against the Project Identification and Preparation data points.

On the other hand, the URMCHIP programme was developed to support Uganda's Ministry of Health to address critical health system's bottlenecks constraining Reproductive, Maternal, Child and Adolescent Health Services. The projects are directly handled by the Ministry of Health. This programme has five (05) components looking at Results-Based financing for primary health care, strengthening health systems, strengthening capacity to scale-up delivery of births and death registration services, enhancing institutional capacity and; contingency emergency response for Ebola and CoVID-19 (MoH, 2020a). For the purposes of this report, the projects were assessed against the component: *strengthening health systems.* The East Africa Public Health Laboratories Network Project was developed to enhance access to diagnostic, increase disease surveillance on highly infectious diseases intending to provide and improve on the health services. All the projects assured are listed below;

| UgIFT projects	URMCHIP projects
a. Nkombe Health Centre (II) – Mayuge district	a. Kyebando Health Centre – Kibaale district
b. Bubago Health Centre (II) – Kamuli district	b. Kitabazi Health Centre – Masaka district
c. Buyinda Health Centre (II) – Kaliro district	c. Kifamba Health Centre – Rakai district
East Africa Public Health Laboratories Network Project (EAPHLNP) - Construction of satellite laboratories FY 2019/20	
a. Mbale Regional Referral Hospital	
b. Arua Regional Referral hospital	
c. Mbarara Regional referral hospital	
d. St Mary's Lacor Hospital	
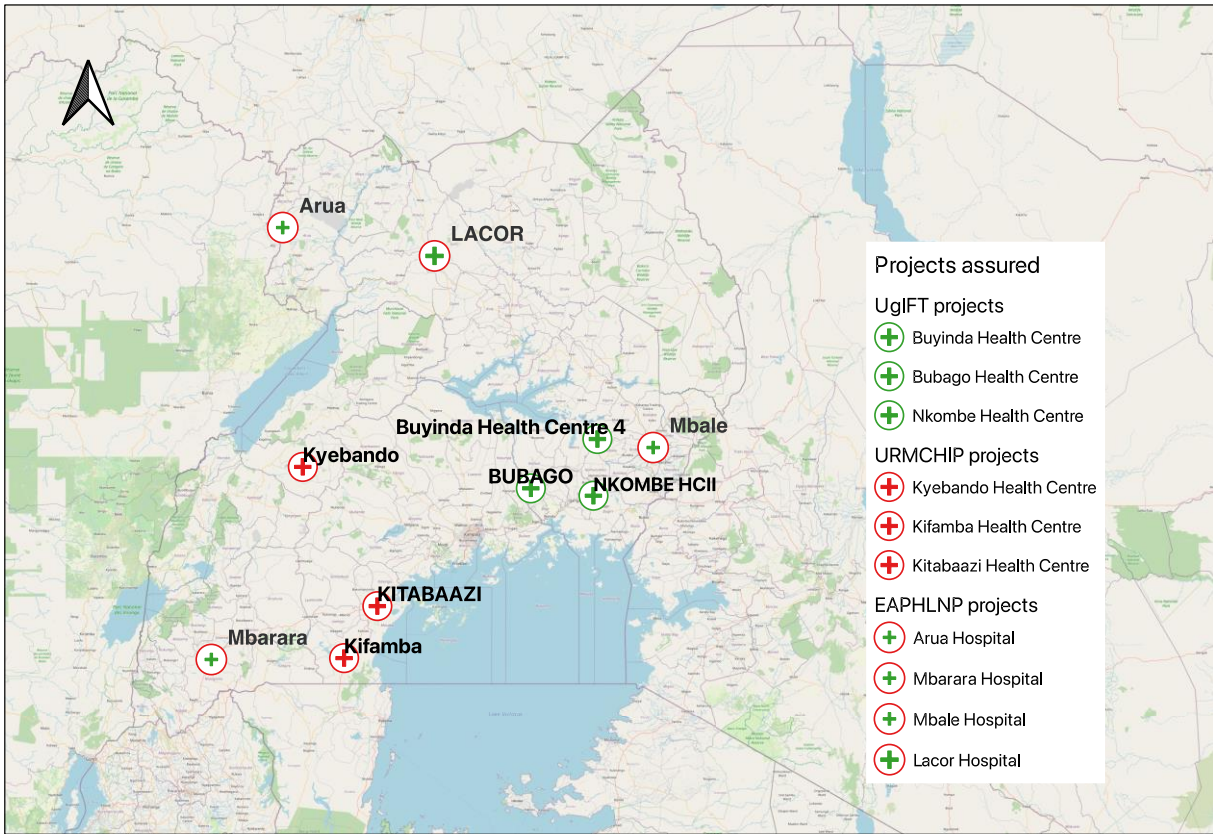
Figure 1: Project map showing projects assured in the 5th exercise

Table 1: Summary of selected projects for the 5th Assurance exercise

Project Name	Procurement Method/ Contract Type	Project Completion Cost	Contract Awardee
1. UgIFT projects			
The UgIFT programme supports 245 Health centres through the (i) upgrading of HC-II to HC-III in approximately 40 districts/LG which have sub-counties without a HC-III. This will include the rehabilitation, expansion and equipping of the existing health facilities (ii) construction of new HC IIIs in sub-counties with no health facilities at all in sub-counties with populations greater than 10,000 and (iii) in large and highly populated sub counties, additional new HC IIIs shall be constructed to attain a 5km walking distance to a health facility. The project consists of construction of a General Ward, Improvement of Out-Patient Department, building of two twin Staff houses, construction of Lined VIP latrine, Placenta Pit, Medical Waste Pit, and General External works in all the 62 health centres.			
1.1 Nkombe Health Centre	Open Domestic Bidding	**Works contract**: Ugx 613,843,112	**Works Contract:** Skylight General Services Ltd **Supervision Contract:** District Engineer – Mayuge DLG **Contract Start date**: March 29, 2021 **Completion date**: September 29, 2021
1.2 Bubago Health Centre	Open Domestic Bidding	**Works contract**: Ugx 613,843,112	**Works Contract:** Skylight General Services Ltd **Supervision Contract:** District Engineer –Kamuli DLG **Contract Start date**: June 29, 2020 **Completion date**: June 30, 2021
1.3 Buyinda Health Centre	Open Domestic Bidding	**Works contract**: Ugx 613,843,112	**Works Contract:** Skylight General Services Ltd **Supervision Contract:** District Engineer – Kaliro DLG **Contract Start date**: March 05, 2021

Project Name	Procurement Method/ Contract Type	Project Completion Cost	Contract Awardee
			Completion date: September 05, 2021
4 center: **2. URMCHIP projects**			
The project is supporting Uganda's Ministry of Health to address critical health systems bottlenecks constraining Uganda Reproductive Maternal, Child and Adolescent Health services improvement project (URMCHIP) service delivery, including strengthening supervisory functions and improving the quality of care. It has been planned under 05 components. Component 1: Results-Based Financing for Primary Health Care Services Component 2: Strengthen Health Systems to Deliver URMCHIP Services Component 3: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services Component 4: Enhance Institutional Capacity to Manage Project Supported Activities Component 5: Contingency Emergency Response Component (CERC) for Ebola and COVID-19 response			
2.1 Kyebando Health Centre	Open International Bidding	Lot 4 awarded at Ugx 22,567,466,132 for 13 project sites (Bwikara HC, Igayaza HC, Isule HC, Bihanga HC, Katunguru HC, Kibota HC, Kiyagara HC, **Kyebando HC,** Kyenzaza HC, Nyakarongo HC, Ruteete HC, Rwaitengya HC and Tonya HC)	**Works Contract:** Techno three (U) Ltd in JV with PS Construction Limited **Supervision Contract:** *Not disclosed* **Contract Start date**: April 16, 2021 **Completion date**: July 15, 2022
2.2 Kitabazi Health Centre	Open International Bidding	Lot 3 awarded at Ugx 20,254,587,590 for 12 project sites (Mundade HC, Bukakata HC, **Kitabazi HC,** Nsumba HC, Kifamba HC, Lugusulu HC, Nsunga HC, Kanoni HC, Kyikyenkye HC, Bwahwa HC, Kagongi HC and Bubare HC.	**Works Contract:** PRISMA Limited **Supervision Contract:** Arch Design Limited **Contract Start date**: April 16, 2021 **Completion date**: July 15, 2022
2.3 Kifamba Health Centre	Open International Bidding	Lot 3 awarded at Ugx 20,254,587,590 for 12 project sites (Mundade HC, Bukakata HC,	**Works Contract:** PRISMA Limited

Project Name	Procurement Method/ Contract Type	Project Completion Cost	Contract Awardee
		Kitabazi HC, Nsumba HC, Kifamba HC, Lugusulu HC, Nsunga HC, Kanoni HC, Kyikyenkye HC, Bwahwa HC, Kagongi HC and Bubare HC.	**Supervision Contract:** Arch Design Limited **Contract Start date**: April 16, 2021 **Completion date**: July 15, 2022
- **3. East Africa Public Health Laboratories Network Project - Construction of satellite laboratories FY 2019/20** The purpose of the project is to enhance access to diagnostic, increase disease surveillance on highly infectious diseases intending to provide and improve on the health services.			
3.1 Mbale Regional Referral Hospital (MoH-EAPHLNP/SRVCS/2010-11/00006)	National Competitive Bidding (Open Domestic Bidding)	UGX 1,935,225,818	**Works Contract:** *Not disclosed* **Supervision Contract:** *Not disclosed* **Contract Start date**: September 19, 2018 **Completion date**: September 19, 2019
3.2 Arua Regional Referral hospital (MOH-EAPHLNP/SUPLS/17-18/00043)	National Competitive Bidding (Open Domestic Bidding)	UGX 2,500,000,000[6]	**Works Contract:** *Not disclosed* **Supervision Contract:** Pan Modern Consults Limited **Contract Start date**: October 01, 2018 **Completion date**: October 01, 2020
3.3 Mbarara Regional referral hospital (MOH/WRKS/17-18/00008/1)	National Competitive Bidding (Open Domestic Bidding)	UGX 1,925,992,914	**Works Contract:** *Not disclosed* **Supervision Contract:** Moga

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[6] The Independent 2021

Project Name	Procurement Method/ Contract Type	Project Completion Cost	Contract Awardee
			construction services limited[7] **Contract Start date**: July 18, 2018 **Completion date**: July 18, 2019
3.4 St Mary's Lacor Hospital (MOH/EAPHLNP/SRVCS/2010-11/00006)	*Direct sourcing*	Not disclosed	**Works Contract:** *Not disclosed* **Supervision Contract:** *Not disclosed* **Contract Start date**: *Not disclosed* **Completion date**: *Not disclosed*

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[7] Namanya, 2018

2.1 Analysis of disclosed information

Information disclosure assessment was based on two levels of the CoST Infrastructure Data Standard (IDS) namely, proactive and reactive disclosure. Proactive disclosure assessment looked at public platforms such as physical project signboards, websites of the entities engaged, beneficiary institutions, funders and PPDA (the Government Procurement Portal), as well as disclosure publications by the Procurement Entity (PE) in print media. The assessment followed the data points provided by the Infrastructure Data Standard for proactive disclosure shown in *Table 2.*

The analysis as per CoST Assurance Manual is informed by standard indicators/issues, against key observations and comments realized through the assurance process; these indicators are assessed right from the start of the assurance process and include; level of proactive and reactive disclosure, cost and time overruns, tender management, implementation and quality, inclusiveness, quality, and environmental management, stakeholder engagement among others.

Table 2: Infrastructure Data Standards for proactive disclosure

Project Information	
Project Identification:	Project Completion
1. Project reference Number 2. Project Owner 3. Sector, Sub-sector 4. Project name 5. Project Location 6. Purpose 7. Project Description	1. Project Status (Current) 2. Completion Cost (Projected) 3. Completion Date (Projected) 4. Scope at Completion (projected) 5. Reasons for Changes 6. Reference to Audit and Evaluation reports
Contract Information	
Project preparation	Calendar Implementation
1. Project Scope (Main output) 2. Environmental Impact 3. Land and Settlement Impact 4. Contact Details 5. Funding Sources 6. Project Budget 7. Project Approval Date	1. Variation to Contract price 2. Escalation of contract price 3. Variation to contract duration 4. Variation to contract scope 5. Reason for price changes 6. Reason for scope and duration changes
Procurement	
1. Procuring Entity 2. Procuring Entity Contact Details 3. Procurement Process 4. Contract type 5. Contract status 6. Number of firms tendering 7. Cost estimates 8. Contract administration 9. Contract title 10. Contract Firms 11. Contract Price 12. Contract scope of work 13. Contract start date 14. Contract Duration	

To validate the data proactively disclosed by the PDE, CoST Uganda requested for reactive data in accordance with the Access to Information Act 2005 in writing to the Ministry of Health. The data requested is presented in *Table 3* and was used in the analysis of disclosure and transparency of the different PE's.

Table 3: Infrastructure Data Standard for reactive disclosure

Project Information	
Project Identification and preparation:	Project Completion
1. Multi-year programme & Budget 2. Environmental and social impact assessment 3. Resettlement and Compensation plan 4. Project officials and roles 5. Financial Agreement 6. Procurement plan 7. Project Approval decision	1. Implementation Progress reports 2. Budget amendment decision 3. Project Completion report 4. Project Evaluation report 5. Technical Audit reports 6. Financial Audit reports 7. Contract Officials and Roles
Contract Information	
Procurement	Contract
1. Procurement method 2. Tender Documents 3. Tender Evaluation results 4. Project design report	1. Contract Agreement and Conditions 2. Registration and Ownership of firms 3. Specifications and drawings
Implementation	
1. List of variations, changes and amendments 2. List of escalation approvals 3. Quality assurance reports 4. Disbursement records or payment certificates 5. Contract Amendments	

2.2   Summary of disclosed data

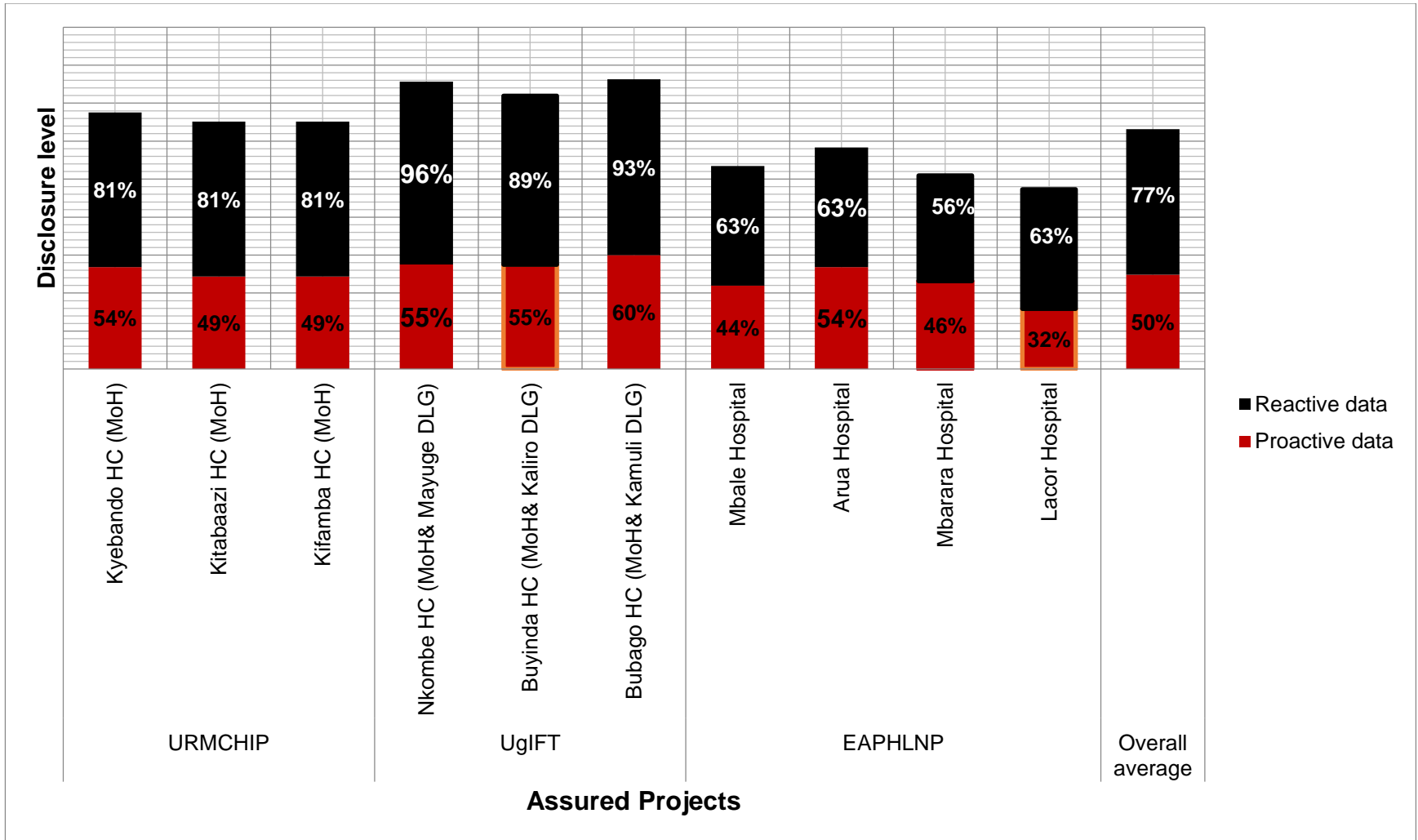### 2.2.1   Overall disclosure of 10 projects assured

Figure 2: Disclosure level per project assured in the 5th assurance exercise

Pro-active disclosure:

1. Average proactive disclosure for all projects was at 50%.
2. Proactive disclosure ranged from 32% at Lacor Hospital project to 54% at Arua Hospital and Kyebando Health Centre.
3. The UgIFT projects have been implemented through the *programme approach*[8] to planning, budgeting, implementation and results reporting, following government changes to streamline service delivery.
4. The Ministry of Health handled the identification and preparation stages disclosing 57% and 17% of the proactive data by the District Local Governments of Kamuli, Kaliro and Mayuge were obtained on the District Local Governments public domain.
5. Tender management was handled by a lead district local government while implementation was handled by the respective district local governments where the projects were executed.
6. While proactive disclosure for the UgIFT projects was recorded at an average of 37%, very little project information was made available on the district websites, mostly obtained from sign boards and notice boards.
7. Majority of the projects disclosed project identification and project preparation data at 86% and 67% respectively, however data relating to project completion, tender management and implementation were scarcely disclosed (***see figure 3***).
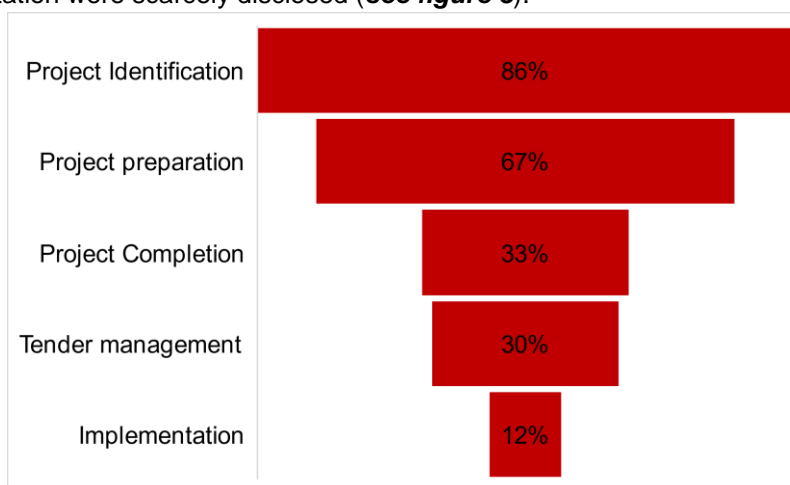

Figure 3: Disclosure of proactive data at summary level

Reactive disclosure:

1. Average reactive disclosure for all projects was at 77%.
2. Reactive disclosure ranged from 56% at Mbarara Hospital project to 96% at Nkombe Health Centre.
3. The PDE's generally disclosed data upon request for the other projects. Low disclosure implication on; (1) the availability of the data and (2) citizen access to information as many data points were not available on the available public platforms but were made available upon request.

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[8] The programme-based approach emphasises comprehensive and co-ordinated planning in a given sector or thematic area of intervention, or under a national poverty reduction strategy. For these projects, the UgIFT programme will be implemented by the Ministry of Health (National Government) and respective districts (Local Government). Different stakeholders will play different supervisory key roles at the different stages of the project.

4. As presented in *figure 4* majority of the projects disclosed data slightly above average relating to identification and preparation, completion, tender management and contract data upon request.
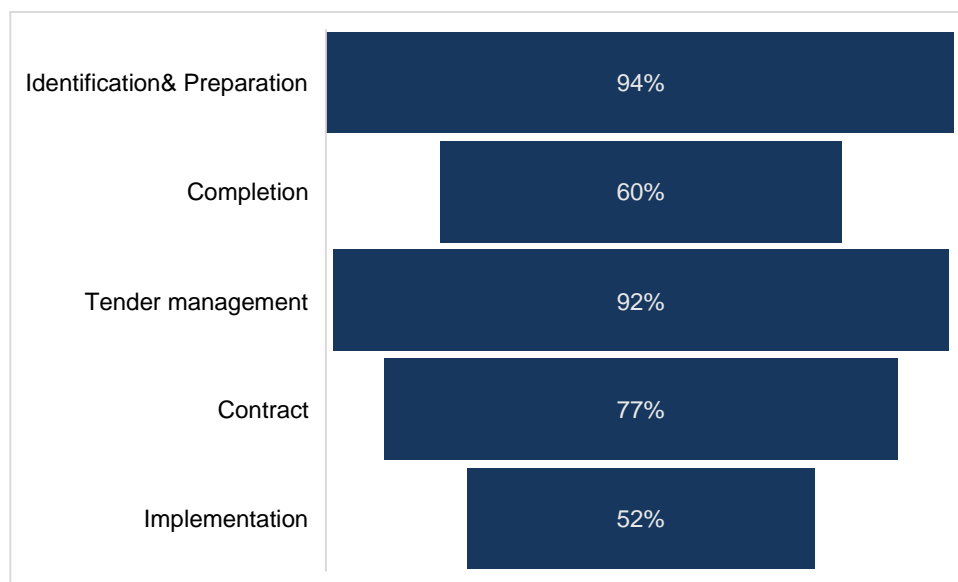

Figure 4: Disclosure of reactive data at summary level

Summary of disclosure per project
2.2.3   The table 4 provides a summary of proactive and reactive disclosure for all the ten (10) projects assured in the 5th assurance exercise.

Table 4: Summary of disclosure per project

Indicators	Observations	Comments
Proactive Disclosure	**UgIFT projects** **Nkombe HC:** − Project identification, preparation and completion are being handled by the MoH while tender management and implementation are being handled by the Mayuge Local Government (LG), while one data point on tender management are being handled by Sironko Local Government. − MoH was assessed for 20 data points while Mayuge Local Government was assessed for the remaining 20 data points. − Proactive disclosure for MoH was at 55% while that of Mayuge DLG was at 10%. − The project disclosed 71% of the 7 data points on project identification and 57% of the 7 data points on project preparation on various public platforms.	− The Ministry of Health performed better at proactive disclosure as compared to the Local Governments. The Local Governments ought to improve their disclosure levels, the CoST IDS is an important tool that can be used to promote disclosure and transparency.

Indicators	Observations	Comments
	Bubago HC[9]: − Project identification, preparation and completion are being handled by the MoH while tender management and implementation are being handled by the Kamuli Local Government (LG). − MoH was assessed against 20 proactive data points and Kamuli DLG assessed against 21 proactive data points. − 60% of the 20 required data points were disclosed by MoH and 24% of the 21 were disclosed by Kamuli DLG **Buyinda HC:** − Project identification, preparation and completion are being handled by the MoH while tender management and implementation are being handled by the Kaliro Local Government (LG). − Proactive disclosure for MoH was at 45% while for Kaliro Local Government was at 19%. **URMCHIP projects** **Kyebando HC:** − Disclosure for this project was obtained at 54% for the 41 proactive data points. − Disclosure of project identification, project preparation and project completion were above average at 86%, 71% and 50% respectively. **Kitabazi HC:** − Disclosure for this project was obtained at 49% for the 41 proactive data points. − Project identification, preparation and completion data were mostly available. − However, 7 out of the 15 data points on procurement were accessed from the different public sources. **Kifamba HC:** − Disclosure for this project was obtained at 51% for the 41 proactive data points.	

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[9] Accessed from World Bank and Ministry of Health website at https://www.worldbank.org

Indicators	Observations	Comments
	− Only project identification, preparation and completion data were mostly available. − However, 47% of the 15 data points on procurement were accessed from the different public sources. **East Africa Public Health Laboratories Network Project** **Mbale Regional Referral Hospital** − Disclosure for this project was obtained at 44% for the 41 proactive data points. − Project identification and preparation data were mostly available. − No data on project implementation (like variations to contract price, duration and scope) was disclosed. **Arua Regional Referral hospital** − Disclosure for this project was obtained at 54% for the 41 proactive data points. − Project identification, preparation data and tender management data were mostly available. − Project implementation and project completion data was each disclosed at 17%. **Mbarara Regional referral hospital** − Disclosure for this project was obtained at 46% for the 41 proactive data points. − Project identification and preparation data were mostly available. − No data on project implementation (like variations to contract price, duration and scope) was disclosed. **St Mary's Lacor Hospital** − Disclosure for this project was obtained at 32% for the 41 proactive data points. − Project identification and preparation data were mostly available. − No data on project implementation (like variations to contract price, duration and scope) and project completion (like project status, completion cost and date) was disclosed.	

Indicators	Observations	Comments
Reactive disclosure	− All projects provided data and information on project budgets, multi-year programmes, environmental and social assessments, financial agreements, procurement plans, budget amendments, contract officials, procurement methods, tender documents, contract agreements and variations. − Only the Nkombe and Bubago HC projects disclosed quality assurance reports − Only the Nkombe, Bubago and Buyinda HC projects disclosed data on escalations and project evaluation reports. **UgIFT projects** **Nkombe HC:** − 25 out of 27 of the reactive data points were accessed from Mayuge District Local Government offices. − The data on tender management was at the lead district offices with Sironko district local government as this procurement was treated as hybrid procurement (procurement handled by one district local government office for the region). **Bubago HC:** − Two data points under project identification on financial agreement and project approval decision were with the Ministry of Health, therefore the PE; Kamuli Local Government was assessed for 25 data points under reactive disclosure. − The PE (Kamuli Local Government) disclosed 93% of the 27 data points upon request for additional information. **Buyinda:** − The PE provided 89% of the 27 required data points. − Data related to project approval decisions, implementation progress and quality assurance were not availed to the AP. **URMCHIP projects** - **Kyebando HC:** 81% of the requested data was availed to the assurance team.	Reactive disclosure for all projects was at an average of 77% with Nkombe HC disclosing 96% of all data points upon request. The URMCHIP and UgIFT projects disclosed between 81% and 96% of the data upon request displaying good levels of transparency and access to information.

Indicators	Observations	Comments
	- **Kitabazi HC:** 81% of the requested data was availed to the assurance team. - **Kifamba HC:** 81% of the requested data was availed to the assurance team. **East Africa Public Health Laboratories Network Project** - **Mbale Regional Referral Hospital: 63**% of the requested data was availed to the assurance team. - **Arua Regional Referral hospital: 63**% of the requested data was availed to the assurance team. - **Mbarara Regional referral hospital: 56**% of the requested data was availed to the assurance team. - **St Mary's Lacor Hospital: 63**% of the requested data was availed to the assurance team.	

2.3   Summary of undisclosed data per project

Proactive data: The analysis of disclosure of the proactive data points as presented in *figure 4* demonstrates that data related to project completion, tender management and implementation were scarcely disclosed. None of the projects disclose data on the public domain on; (1) contract status, (2) cost estimate, (3) project lifespan, (4) variation to contract price, (5) escalation of contract prices, and (6) variation of contract duration. On the other end, only the Arua Hospital project disclosed tender management data on; (1) procurement entity details and (2) contract administration entity, while Bubago HC disclosed data on the contract type. Mbarara Hospital project disclosed data on the contract scope. In addition, only the Arua Hospital project disclosed implementation data and the variation of the contract scope on the public domain. However, majority of the project identification and project preparation data were disclosed by most of the projects. All projects were able to provide data on the project owner, sector, project location, purpose and project description.
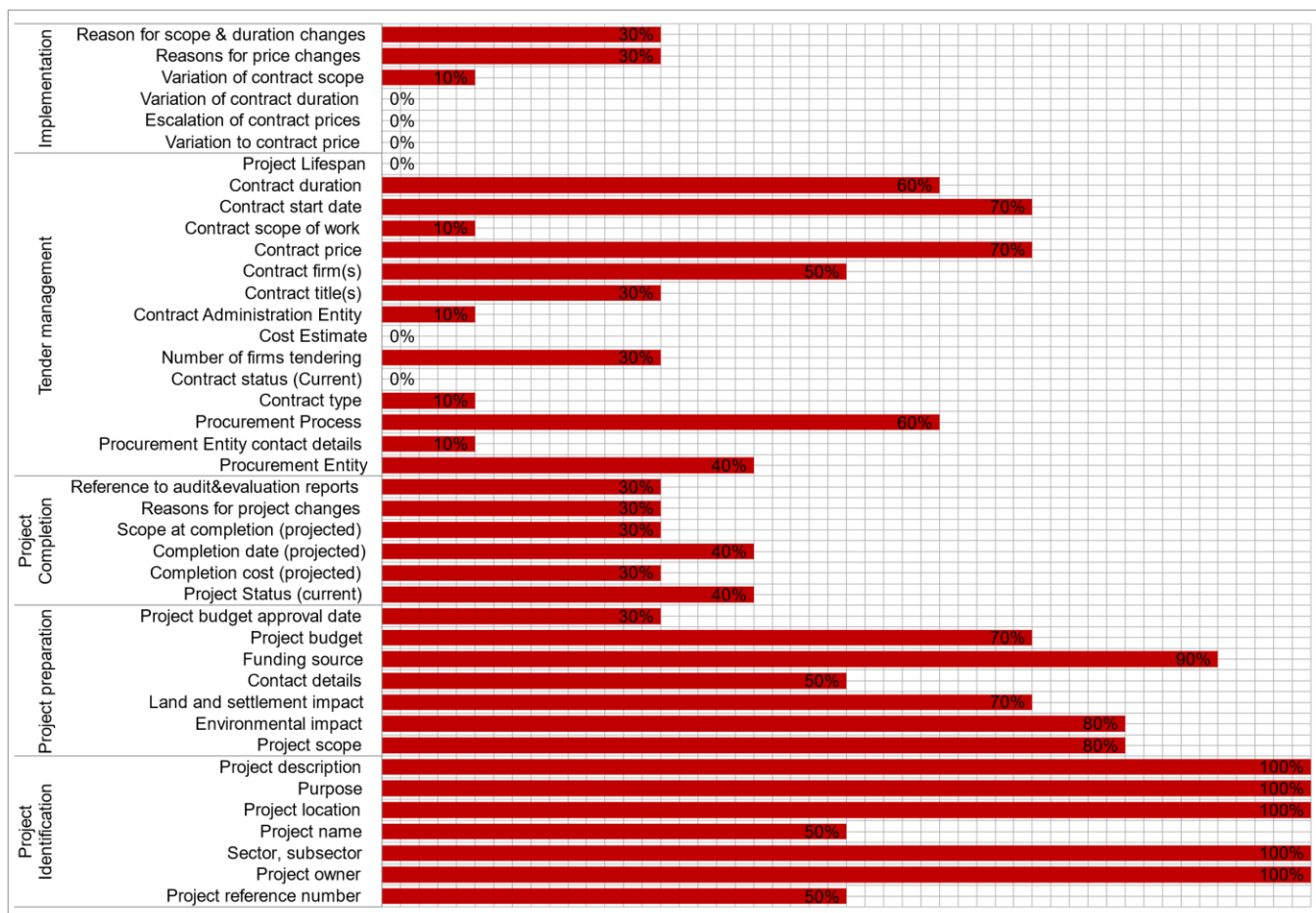
Figure 5: Analysis of disclosure of proactive data points on the GPP

Reactive data: The analysis of reactive disclosure in *figure 6* demonstrates that majority of the projects had their reactive data disclosed upon request. However, only the Nkombe HC and Bubago HC projects disclosed data on the quality assurance reports upon request. The Mbale, Arua, Mbarara and Lacor Hospital projects under the East Africa Public Health Laboratories Network Project did not disclose any data upon request. It is also important to note that only the Nkombe, Bubago and Buyinda HC projects under UgIFT disclosed project evaluation reports under completion data, project design reports under tender management data, specifications and drawings under contract data and list of escalation approvals under implementation data.
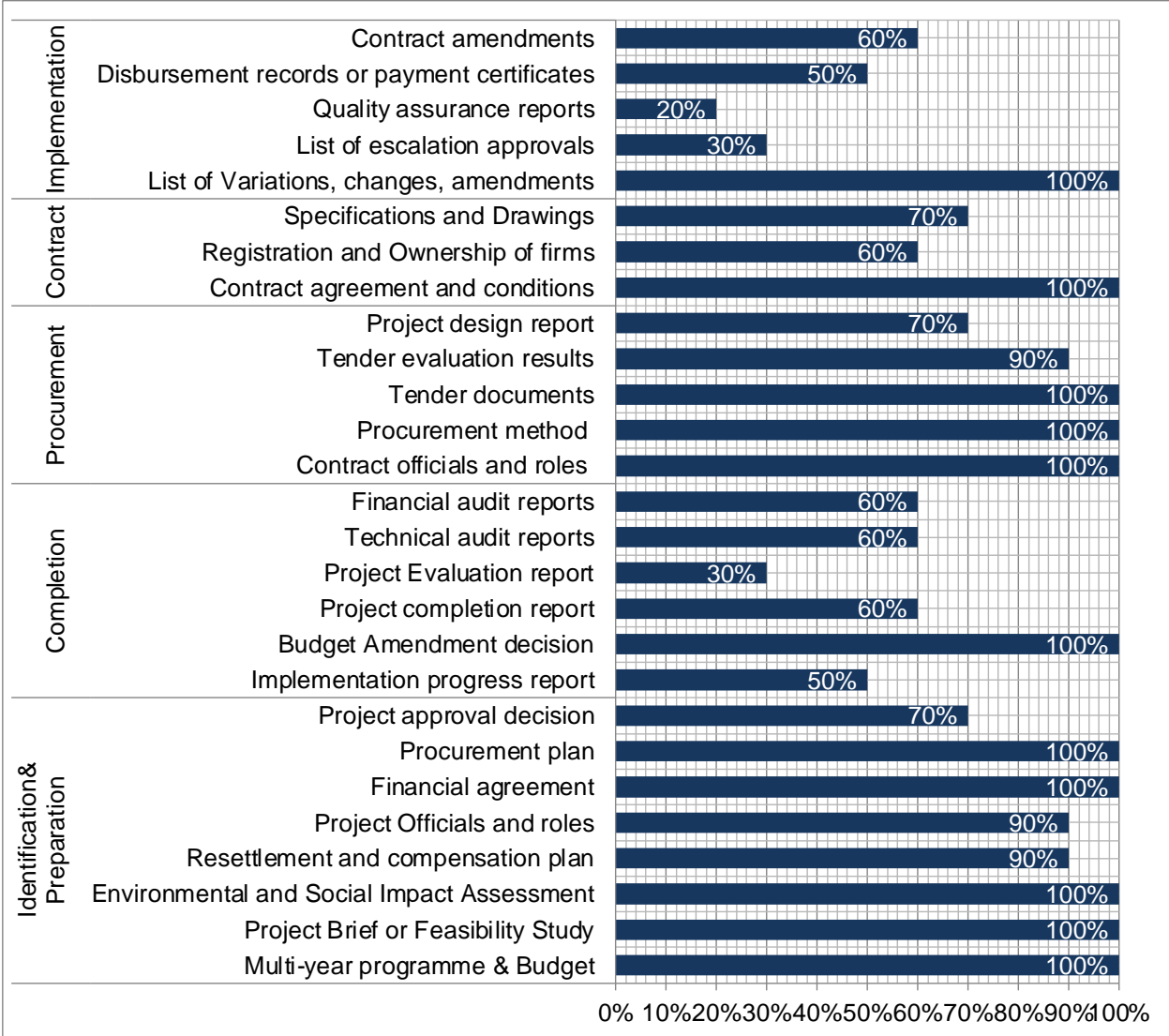
Figure 6: Analysis of disclosure of reactive data points

2.4 Proactive and Reactive Disclosure trends in the last 4 years

An analysis of disclosure trends for the Ministry of Health demonstrated that since the scoping study in 2017, the disclosure of data by the Ministry of Health improved from 26% in 2017 to 73% in 2019, however from 2019, the overall disclosure has declined from 73% in 2019 to 41% in 2020 and has since recorded an improvement of64% in 2021. The decline in 2020 was recorded due to challenges in access to data, and the fact a larger number of projects assured under the UgIFT project were under the procurement process.
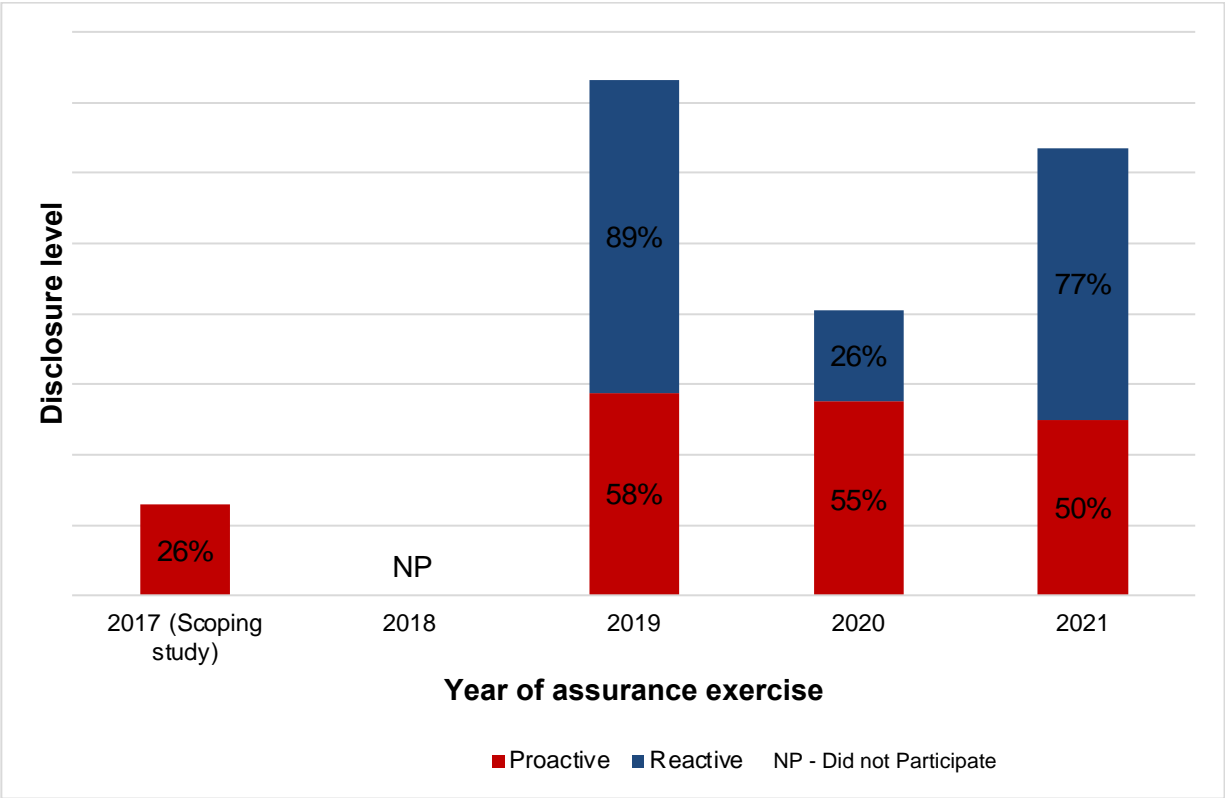
Figure 7: Proactive and reactive disclosure trends for the Ministry of Health

Further to this, the proactive disclosure has recorded a decline from 55% in 2020 to 50% in the most recent assurance exercise of 2022. This has an implication on the access to information by citizens. However, as presented in *figure 7,* the disclosure of reactive data has slightly improved from 26% in 2020 to 77% in 2022. The Ministry of Health was not assessed in 2018.

2.5   Sources of information

The assurance process assessed the sources of the disclosed proactive data and information. While 86% of the project identification information was accessed, 56% was obtained from the PDE's public platforms (Ministry of Health website and respective District Local Government public domain) public disclosure platforms while 25% was accessed on the donor's website and 4% from newspapers and consultant websites (**Figure 7**).
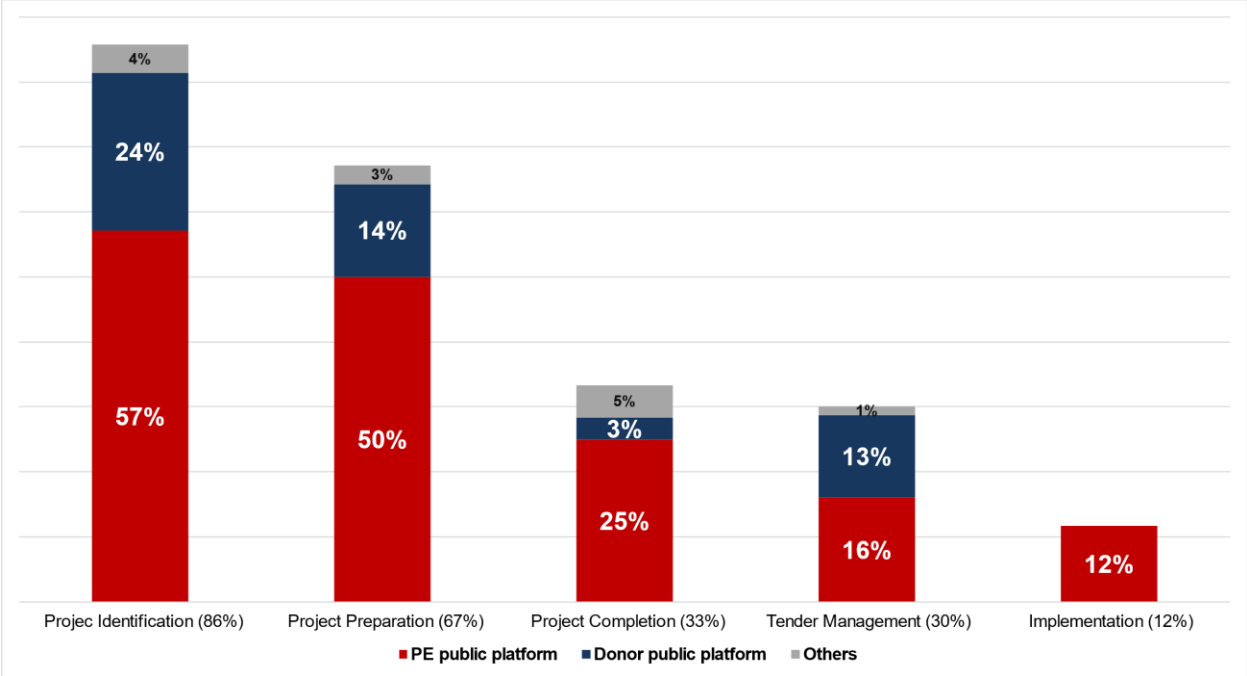
Figure 8: Sources of disclosed proactive data for the assured projects

Similarly, for the project preparation data, project completion, and tender management data, the majority of data was obtained from the Ministry of Health (MoH) website at 50% (for a total of 67%), 25% (for a total of 33%), and 16% (for a total of 30%) respectively. Much as the Procurement Entity (MoH) disclosed a good percentage of data on their public platforms, there are still several data points that can be disclosed for improved access to information by the citizens and project stakeholders. The MoH is encouraged to publish project and contract data into the Government Procurement Portal (GPP) and the Electronic Government Portal (E-GP) which are aligned to the CoST standard.
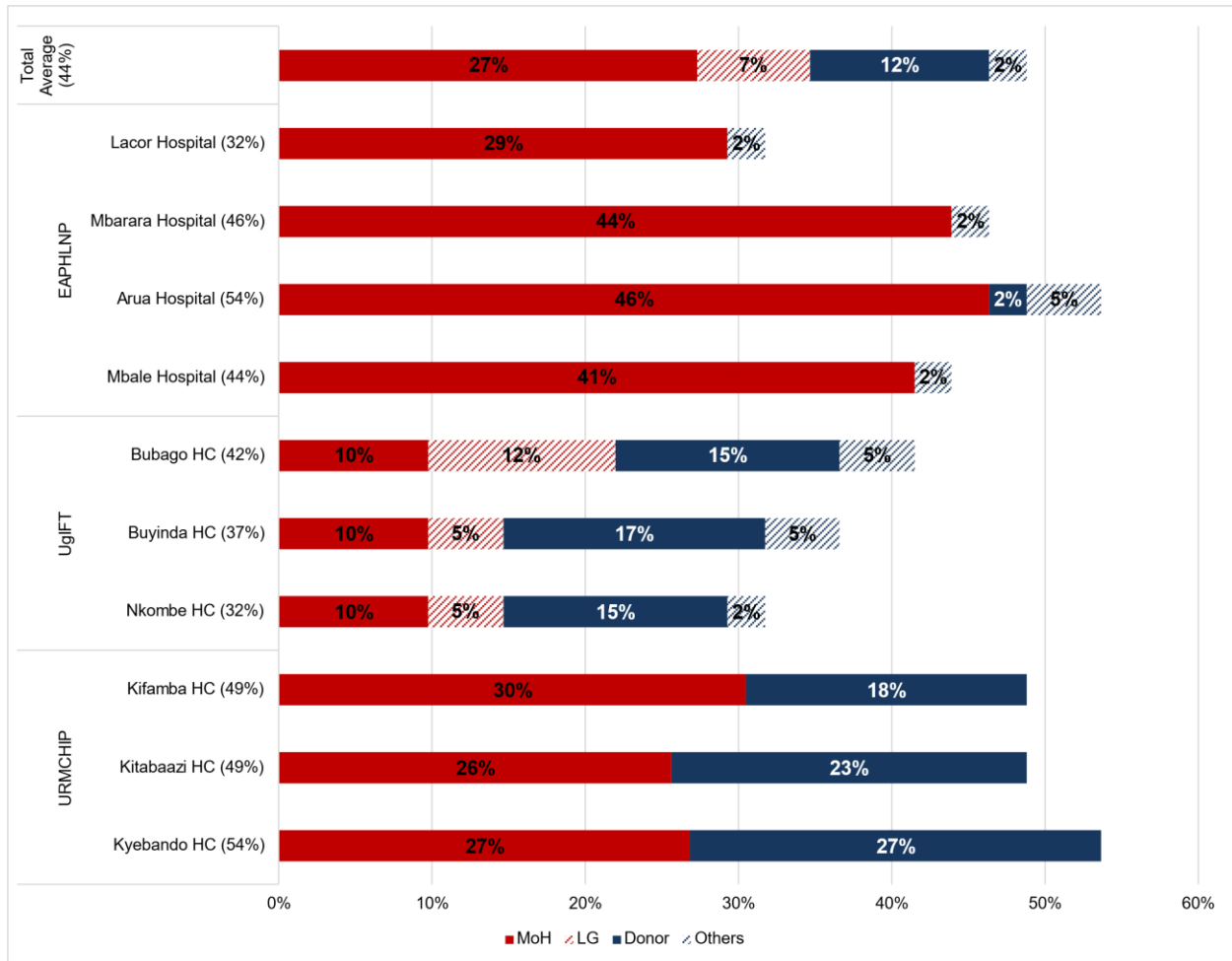
Figure 9: Sources of disclosed proactive data per project assured

A review of disclosure of proactive data per project revealed that for most of the projects, the proactive data was accessed from the PDE's disclosure platform (**Figure 9**). It should be noted that the UgIFT project was implemented under the programme model[10] and therefore proactive data was obtained from the Ministry of Health and District Local Government websites. The analysis also revealed that while on average 44% of the proactive data points were disclosed by all ten projects, 34% was obtained from the PEs public domain, 12% from the donors' public platforms and only 2% from other sources like newspapers. This finding reveals that the most frequently used platform for proactive data is the entity website.

"***The most frequently used public platform for proactive data is the entity website therefore, disclosure through entity websites should be prioritised***"

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[10] The programme-based approach emphasises comprehensive and co-ordinated planning in a given sector or thematic area of intervention, or under a national poverty reduction strategy. For these projects, the UgIFT programme will be implemented by the Ministry of Health (National Government) and respective districts (Local Government). Different stakeholders will play different supervisory key roles at the different stages of the project.

Disclosure frameworks

3.1.   Disclosure frameworks within PDEs Assured
−   Some information was available on other platforms such *www.finance.go.ug, www.moh.go.ug, www.ida.worldbank.org, www.otims.go.ug*
−   **Table 5** below illustrates available disclosure platforms to the PDE, analysis of the current usage by the PDE and ways the PDE may effectively use these platforms as a tool to enhance disclosure.
−   Information disclosed across various platforms is not categorised as per the CoST IDS and there is no evidence of it being used.

Table 5: Use of disclosure platforms by the PE

Disclosure platform	Findings	Comments
Project sign board.	− The projects provided signboards with information related to the project team. All project sign boards contained; the name of the project, client, funder, contractor, supervisor, project duration and information on COVID-19 and HIV/AIDS. − Contact information was missing across the signboards. − The information on the project signboards was majorly in English which may not be comprehensible by the locals who may not speak English.	- Disclosure of contact information on project signboards provides citizens an opportunity to easily access it and report issues/concerns to the right actors. - Signboards were at the project locations.
PDE website	The PDE website had limited information for the projects under UgIFT programme with data accessed from the donor website. However, at least 56% of the data points for the projects on the URMCHIP programme were accessed from the PE website. Worth noting that the entity websites across the projects were the most used platforms for proactive disclosure.	- For programme-based projects implemented across various entities, there should be a lead entity responsible for information disclosure to avoid data duplication. Other stakeholders can always reference publications by the lead entity.
Newspaper pull-outs	Newspaper articles on some of the projects such as Nkombe and Bubago Health centres were accessed during proactive disclosure, whereas, other projects did not have such information.	- Newspapers provide for a wider dissemination of project information across the public, and in procurement, they help share available opportunities for the private sector to engage.

3.2. Summary of transparency, tender, quality management and stakeholder engagement

The analysis as presented in *Figure 10* established that the most important challenge affecting project implementation was the CoVID-19 pandemic that affected the execution of project activities.

The Kyebando, Kitabazi, Kifamba, Bubago and Mbale projects experienced delays in tendering and construction due to the COVID-19 lockdown. Putting in place manageable schedules and strengthening supervision and human resources would help fast track implementation to avoid cost and time overruns.

The Kyebando, Kifamba and Kitabazi projects reported a delay to start. This resulted from the need for customization of the designs and requirements to the sites. Similarly, the Mbale, Arua, and Mbarara projects realised scope changes that affected the tendering process and led to budget amendments. These findings also indicate possible gaps at planning stages of the project for instance, lack of effective feasibility assessments.
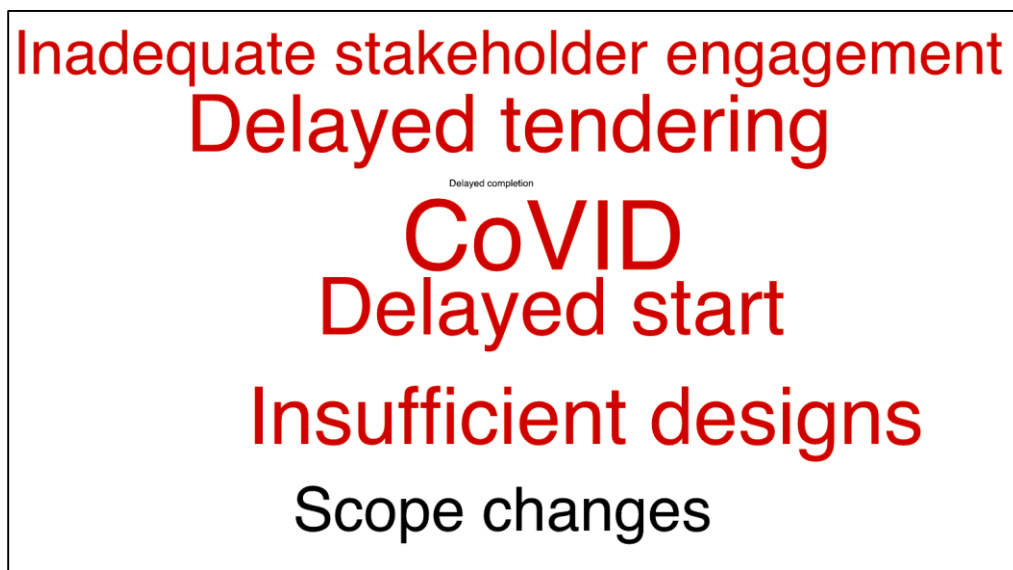

Figure 10: Challenges affecting project implementation

Inadequate stakeholder engagement was reported at the Mbale, Arua and Mbarara projects. The field findings indicate that there was lack of evidence that stakeholders for instance the hospital administration was not fully aware about the project implementation.

Table 6: Summary of tender management, quality management and stakeholder engagement

Indicators	Observations across the assured projects
Tender management and transparency in procurement	- For the Arua hospital project, only an advert for invitation for bidders was published online that provided information about the procuring entity. - Kitabazi, Kifamba and Kyebando Health Centre projects were procured using open international bidding contrary to PPDA guidelines on reservation schemes for projects below Ugx 45 billion. Although, the entity eventually contracted local firms, it was not clear why the OIB/ICB was used for Kitabazi, Kifamba and Kyebando HCs. - Open Domestic bidding done by Ministry of Health for Nkombe, Bubago, Buyinda, Mbale, Arua and Mbarara projects. Direct contracting was done for the Lacor Hospital project - 05 bidders expressed interest for the Nkombe, Bubago and Buyinda HC with 03 returning bids. - 06, 09 and 09 bidders submitted bids for the Kyebando, Kifamba and Kitabazi HC projects respectively. - 23, 17 and 23 firms tendered for works at the Mbale, Arua and Mbarara hospital projects respectively. - Results reveal that each procurement had at-least 3 or more bidders in line with PPDA guidelines on thresholds for number of bids per contract.
Time overruns	- No time overruns reported for the UgIFT and URMCHIP projects. - Mbale Regional Referral Hospital registered time overruns of 18 months, while, Arua Regional Referral hospital engagements revealed a time overrun, details regarding the time spent and possible extensions were not disclosed. Reasons for the time overruns were not disclosed. - Although, projects had not recorded delays by the time this report was compiled, progress of works was low compared to the expectations indicating possible time extensions for Arua, Kyebando, Kitabazi, Kifamba and Bubago HCs.
Cost overruns	- No cost overruns reported for the UgIFT and URMCHIP projects. - A total of Ugx 2,571,393,446 was reported as cost overruns for URMCHIP projects that is; Mbale Regional Referral registered a cost overrun of UGX 831,756,598, Arua RRH UGX 859,919,331, Mbarara RRH UGX 792,017,517, while Lacor hospital registered an overrun of UGX 87,700,000. Variations were attributed to changes in specifications and design changes.
Construction management and Quality	- There was presence of quality control measures including material tests performed at an approved laboratory on some of the projects (Nkombe HC, Bubago HC). - No quality control measures were disclosed for the Mbale, Arua, Lacor and Mbarara projects.
Health and Safety	- No observed health and safety concerns reported across most of the projects, however, there were unconfirmed health and safety concerns reported in the district engineer's report of August 2021 for Nkombe HC. These included accidents, theft and occupational illness cases. Engagements with the contractor's revealed that there were no any health and safety concerns on the project suggesting a possible reporting quality concern on the side of the project.
Stakeholder engagement and Inclusiveness (Women, youth, PWDs)	- Works Contracts for UgIFT and URMCHIP projects were awarded to local contractors. - Women were involved during the construction of the facilities for the URMCHIP projects as cooks and cleaners on the construction site.

	- Entities endeavoured to mainstream gender, HIV/AIDS awareness, PWDs concerns, although on a few projects - No contract was awarded to a women-led business, or a youth-led company from the disclosed data.
Feasibility studies, Environmental and Social Impact Assessment.	- There was presence of environmental and social impact reports on all of the projects. - Sensitization exercises had been conducted on some projects such as Nkombe HC - Observed an open-air incinerating pit at Buyinda HC which is detrimental to the environment. - Three projects (Kyebando, Kitabazi and Kifamba) had presence of sustainable energy or water management (solar panels, rainwater harvesting, tree planting) - There was evidence of feasibility studies conducted on all projects.
Scope or budget changes	**Mbale Hospital:** - Scope changes with introduction of basement and backfilling, introduction of waiting benches, change in specification and additional lighting, extra plumbing items. - Scope changes led to variation of contract price of UGX 831,756,598 **Arua Hospital:** - Change of Specifications and inclusion of earlier omissions to complete the designs. - Variation of contract price UGX 859,919,331 **Mbarara Hospital:** - Change of Specifications and inclusion of earlier omissions to complete the designs. - Variation of contract price UGX 792,017,517 **Lacor Hospital:** - Change of Specifications and inclusion of earlier omissions to complete the designs. - Variation of contract price UGX 87,700,000

4.1 Results of the field visits across the ten projects

As part of the assurance process, the assurance team conducted a field visit to verify the data disclosed and access additional data for assessment of stakeholder engagement, environmental considerations, cross-cutting issues, quality management and disclosure levels and observe any occurrences or issues of concern across the ten project sites. Feedback from the project sites visited is indicated below.

Project and people engaged	Issues/concerns	Comments
1. Nkombe Health Centre The field visit involved participation from the following key personnel. 1. Sub county Chief (Imanyiro) Mayuge District 2. District Health Officer of Mayuge District 3. In-charge Nkombe HC II	This field visit revealed that; - Observed 100% finishing of the wall tiling at the General Maternity ward, and roof. The design considered PWDs concerns including grab bars at the toilet and ramps. - Pending works at the General Maternity, finishes to worktops. - Access toad to the facility was in a poor condition and would require intervention from the responsible Ministry, Department or Agency. - The project site has considered the planting of trees for environmental protection. - There were unconfirmed health and safety concerns reported in the district engineer's report of August 2021 for Nkombe HC. These included accidents, theft and occupational illness cases. Engagements with the contractor's revealed that there were no any health and safety concerns on the project suggesting a possible reporting quality concern on the side of the project.	- Entity is applauded for ensuring inclusiveness of issues with do with PWDs, and environmental protection through planting of trees, this is encouraged across all relevant sites. - Improving the road access to the project site to facilitate efficient provision of health services is critical. - The Ministry is encouraged to investigate the potential health and safety concerns reported in the district engineer's progress report and ensure quality reporting on health and safety guidelines.
2. Bubago Health Centre The field visit involved participation from the following key site personnel. 1. District Health Officer Senior Environmental Officer Senior Procurement Officer 2. New Facility Caretaker 3. In-charge (Old Facility) 4. Assistant in-charge (Old Facility) 5. Support staff (Old Facility) 6. Security Officer	The field visit revealed the following. - The project commenced on March 10, 2021 with an initial contract duration period of 6 months. - Observed considerations of concerns of Persons with Disabilities (PWD's) with the installation of grab bars at the toilet facilities. - Project team engaged in stakeholder engagement meetings evidenced through photos and minutes. - Project site implemented good water management practices with the use of rain-water harvesting. - Project has experienced delays due to delayed procurement processes affected timeliness of contract signing and COVID-19 lock down affecting	- The project team is applauded for implementing sustainable water management. And incorporating designs for Persons with Disabilities. - Entity should put in-place an emergency project management plan in response to delays that arose from the CoVID-19 pandemic and procurement. - Successful strategies include; the use of Integrated Project Delivery (IPD) as an innovative delivery system.

Project and people engaged	Issues/concerns	Comments
	movement of workers to and from the site of construction.	
3. Buyinda Health Centre The field visit involved participation from the following key site personnel. 1. District Health Officer Kaliro District Senior Procurement Officer 2. Senior Environmental Officer 3. In-charge Buyinda Health Center 4. Nursing Assistant 5. Village Health Team Officer	The field visit revealed the following. a. The project has taken care of Persons with Disabilities (PWD's) with the installation of grab bars at the toilet facilities. b. Project signage was available on site. c. The facility was still using an open-air incinerating pit which has detrimental effects on the environment and may result in incomplete and non-uniform burning. d. The use of alternative renewable energy sources like solar were observed. e. The project site implemented good water management practices with the use of rain-water harvesting.	− The project team is applauded for incorporating designs for Persons with Disabilities. − The project team is encouraged to consider alternative waste disposal methods like drum or brick incinerators to minimise the risks of incomplete or non-uniform burning.
4. Kyebando Health centre The field visit involved participation from the following key site personnel. 1. District Health Officer Kibaale District 2. Assistant District Health Officer Kibaale District 3. Clinical Officer 4. Lab Technician 5. Site Safety Officer (New Facility) 6. Site Engineer (New Facility)	The field visit revealed the following. a. The project has taken care of Persons with Disabilities (PWD's) with the installation of grab bars at the toilet facilities. b. Project signage was available on-site including safety signage. c. The project site was implementing good sustainable management principles like tree planting.	− The project team is applauded for incorporating designs for Persons with Disabilities. − The project team is applauded for implementing sustainable management principles.

Project and people engaged	Issues/concerns	Comments
5. Kitabazi Health Centre The field visit involved participation from the following key site personnel. 1. District Health Officer Masaka District 2. Principal Health Medical Officer 3. In-charge (Kitabazi HC) 4. Site Engineer	The field visit revealed the following. - Considerations on issues of PWDs such as installation of grab bars at the toilet facilities. - Erected project signage on site - Observed implementation of good safety management principles such as the use of safety netting and safety signage. - Observed presence of an open temporary water storage pit which could be a potential safety concern.	- Project team is commended for incorporating designs for Persons with Disabilities and implementing good site management principles. - Entity should consider covering the open pits to alleviate safety issues.
6. Kifamba Health Centre The field visit involved participation from the following key site personnel. 1. District Health Officer In-charge (Old facility) 2. Assistant District Health Officer 3. Nurse 4. Clerk of Works 5. Site Foreman	The field visit revealed the following. - Considerations on issues of PWDs such as installation of grab bars at the toilet facilities. - Erected project signage on site - Observed implementation of good safety management principles such as the use of safety netting and safety signage. - Observed usage of alternative renewable energy sources like solar.	- Project team is commended for incorporating designs for Persons with Disabilities and implementing good site management principles.

Project and people engaged	Issues/concerns	Comments
7. Arua Hospital The work was implemented by a contractor and supervised by a consultancy firm. At the time of the field site visit, both the Contractor and Consultant were not on site. The visit involved participation of the following stakeholders on site. The Ag. Hospital Administrator was engaged.	The following were observed; - Painting works were 100% done and plumbing works were 100% done - Electrical Works were at 90% and the outstanding 10% remained because there is some supply needed from WENRECo the power distribution firm in West Nile. Connection to the WENRECCO grid is expected in January. - The Compound was levelled with loam soil and grass planted. It required weeding according to the contractor and the status was 95% completed. - Internet and other wire connections were100% done. - Interior granite was 100% completed, this was a verbal report from the contractor on phone because they were not on ground, and the structure entrance was locked. - The emergency exit was not fully done. The waiting area was 100% done and that was witnessed to be true as the contractor stated.	- The Consultant together with the MoH should inspect the structure and identify snags - The Consultant should share and disclose more information to the hospital administrators - The contractor should be required to rectify all identified snags
8. Mbale Regional Referral hospital The visit involved participation of the following stakeholders on site namely a. Site Caretaker	The field visit established that; - The Lab is substantially complete - The sign board is in place - Hospital administrator lacked information about the project. - Observed snags and the site requires an inspection to address them.	- The Consultant together with the MoH inspect the structure and identify snags - The Consultant should share and disclose more information to the hospital administrators - The contractor should be required to rectify all identified snags

Project and people engaged	Issues/concerns	Comments
9. Mbarara Regional Referral Hospital The visit involved participation of the following stakeholders on site namely; a. Laboratory Manager	The field visit established that; - The Lab is substantially complete - The sign board is in place - The doors lacked kick plates. This could not be established from the specifications - Installed locks were too hard while others were non-functional - Workmanship for joinery at reception areas needed to be improved - Doors are single Swing doors contrary to Health requirements of double leaf doors - Wall guards as required in medical facilities were not available - Site Hand over was not done and is still awaited - Final Inspection was not done.	- Ensure door kick plates are installed - The Consultant together with the MoH should inspect the structure and identify, confirm and address the issues observed such as hard locks, poor workmanship at the joinery, install a wall guard, and undertake a final site inspection.
10. St. Mary's Lacor Hospital The visit involved participation of the following stakeholders on site namely; 1. Main Laboratory Technician 2. Nurse 3. MLA	The field visit established that; - The Laboratory building was fully completed and under use, fully equipped and functional as the hospital's main laboratory. - Building was in good condition, no reports of leaks or damages we seen.	- Disclosure of information regarding procurement, audit should be encouraged.

5.1 Recommendations from the 5th Assurance exercise

The recommendations deduced from the assurance process of Ministry of health are summarised in tabular form in this section.

Table 7: Recommendations from the 5th Assurance exercise

Indicators	Observations across the assured projects	Recommendations	Responsible actors
Proactive Disclosure	- Proactive disclosure levels were low across all projects with an average of 50%. - URMCHIP projects disclosed at least 50% of the 41 data points. - EAPHLNP projects disclosed on average 44% of the data points on their public domain. - UgIFT projects disclosed an average of 37% of the 41 data points for proactive disclosure. - There is decline in proactive disclosure by the PDE from the previous assurance exercise. - Implementation data such as variations to contract duration and price were not disclosed across all the projects on the public platforms. - The UgIFT projects were implemented under more than one PDE, the disclosure for MoH was at 53% while for the respective district LGs was at 10%, 24% and 19% for Mayuge, Kamuli and Kaliro DLG respectively. The accessed data was found to be accurate. - Looking at the findings, Local Governments performed poorly in disclosure compared to the Ministry of Health.	- Strengthen documentation, archiving and filling of project and contract information such as project reports, evaluation reports and audit reports. This should include status of action on recommendations from these reports. - The communications and procurement teams of the Ministry of Health and the local governments should make efforts to regularly collect and publish proactive data through the E-GP and GPP platforms in the interest of promoting transparency. - The Ministry is also encouraged to use other platforms like social media, radio and television and information billboards to disclose data.	Ministry of Health

Reactive disclosure	- Average reactive disclosure was at 77% for all the 10 projects. - The UgIFT projects and URMCHIP projects disclosed on average 93% and 81% respectively upon request. - The least disclosed data points were; quality assurance reports, specifications and drawings, list of escalation approvals, project evaluation report. - The financial agreement and project approval decision for Bubago HC were archived in the MoH yet the contract is being managed and implemented by the Kamuli LG, the LG did not have a copy in place.	- Fast track development and roll out of the E-GP across all entities to increase disclosure of critical project and contract data across all stakeholders. - Ensure compliance with disclosure requirements and application of sanctions and incentives for disclosure.	Ministry of Finance, Planning and Economic Development Public Procurement and Disposal of public Assets.
Tender management and transparency in procurement	- For the Arua hospital project, only an advert for invitation for Bidders was found online that provided information about the procuring entity. - There was an indication of proper tender management at Nkombe health centre, Bubago health centre, and Buyinda health centre. Across the three projects each had five bidders' express interest, three bidders (Sky light General Services, Alma Connexious (U) Ltd and Emflo Development Services Ltd) returned completed bidding documents and the evaluation process ensured the selection of the best evaluated bidder. - For Kyebando HC, six bidders (Techno Three, Ambitious Construction Company Limited, Davrich Company (U) Limited, Haso Engineering Limited, Excel Construction Uganda Limited and Prisma Limited) expressed interest and returned completed bidding documents under Lot 4. The evaluation process selected the best evaluated bidder (Techno three (U) Ltd in JV with PS	- Disclose the list of bidders and basic information on how the procurement processes are managed across the projects on the public domain for enhanced transparency, trust building and satisfaction of providers. - Put in-place an emergency project management plan in response to delays that arose from the CoVID-19 pandemic and procurement. Successful strategies include; the use of Integrated Project Delivery (IPD) as an innovative delivery system promoting transparency, accountability and trust among stakeholders.	Ministry of Health

	Construction Limited). The project was procured under Open International Bidding. - The UgIFT and URMCHIP projects provided information on the financial progress with presence of disbursement payments and Interim Payment certificates. - For the Kitabazi HC and Kifamba HC projects, nine bidders (PRISMA Limited, Techno Three (U) Ltd, Kisinga Construction Co. Ltd, BuildBase Contractors (U) Ltd, IBB International Limited, Riky Building Materials, Excel Construction (U) Ltd, C.K Associates Limited and Megger Technical Services Limited) submitted completed bidding documents under Lot 3 and the evaluation process selected the best evaluated bidder (PRISMA Limited) under Lot 3. The project was procured under Open International Bidding.		
Time overruns	- No time overruns reported for the UgIFT and Ugx 2,571,393,446 for URMCHIP projects. - No variations reported on Nkombe and Buyinda, whereas, Bubago physical progress was at 60% as of June 2021, Kyebando was at 45% with a completion date of August 2022, however, majority of the pending work are finishes. It is envisaged that the project may experience a time extension to complete the works. Kitabazi Physical progress was at 45%, Kifamba had no time overruns reported, and however, project physical progress was reported as 45%. With delays in Kitabazi and Kifamba attributed to procurement delays followed by lockdown of the economy due to the CoVID-19 pandemic. It is envisaged that a time extension may be necessary.	- Fast track implementation of work schedules, supervision of execution of works across all the projects to mitigate cost extensions. - Improve project planning and initiation processes such as feasibility studies to inform effective designs, and budgeting.	Ministry of Health

	- Nkombe, Buyinda, Bubago, Kitabazi, Kifamba and Kyebando projects performance in regards to progress of works on site was 60% and below with their completion dates were not more than seven months ahead. - There is a possible time extension for the Kyebando HC given its current progress being at 45% with the completion date August 2022. - Possible time extensions for Kitabazi HC which is at 45% and Kifamba HC which is also 45%, attributed to procurement delays.		
Construction management and Quality	There was presence of quality control measures across other projects save for Mbale. Material test results were provided by the contractor from a joint approved laboratory at Nkombe. In Bubago, the old structure was located on a small piece of land so the facility has acquired a new plot of land for construction of the new facilities. There was presence of quality control measures in-place including material tests (on concrete) performed at a reputable laboratory. Whereas in Buyinda, there was presence of quality control measures in-place including material tests (concrete, steel bars and blocks) performed at a reputable laboratory. No information from Kyebando, Kitabazi and Kifamba. - In Arua, connection to electricity was not completed at 90%, compound required weeding, emergency exit was not fully done, there were no site reports at the facility, structure was yet to be completed, no sign board, little cracks, rough surfaces were seen on the worked terrazzo floor and wall.	− While some QC measures were observed, the QA/QC processes need to be strengthened. The MoH is encouraged to put in place a Quality Information Management system that would enable her better monitor and manage the quality processes. − The Department of Health infrastructure is encouraged to fast-track their development and launch of the Quality Information Management system for infrastructure projects. − The MOH is encouraged to inspect the sites, work with contractors and consultants to identify the snags and rectify them.	Ministry of Health

	- In Mbarara, the doors lacked kick plates, were too hard to open, noticed poor workmanship for joinery at the reception, use of single swing doors contrary to double leaf doors required in health facilities, no wall guard, and site hand over was not done. - While in Lacor, the health facility was constructed by the hospital's construction team, however, not all sections were remodelled.		
Health and Safety	Noted inconsistences on health and safety reporting in the report from the district engineer and the contractor, the district engineer's progress report for August 2021 indicated a total of 5 accidents were reported at Nkombe HC including one category 1 fatality (death), one category 2 with major injuries whereas three were under category 3 with minor injuries and the contractor's report indicated that there were no accidents recorded on the project. In addition, the District Engineer's report of August 2021 indicated that, the there was one theft case and two occupational illness cases.	– The MOH is encouraged to investigate the two reports with inconsistences on health and safety reports, ensure data quality and report verification on such critical issues.	Ministry of Health
Stakeholder engagement and Inclusiveness (Women, youth, PWDs)	- Works Contracts for UgIFT and URMCHIP projects were awarded to local contractors. - There were facilities for Persons with disabilities constructed on the UgIFT and URMCHIP projects. - Women were involved during the construction of the facilities for the URMCHIP projects as cooks and cleaners on the construction sites for Kitabazi and Kifamba HCs.	– Considerations for all aspects of inclusion such as deliberately reserving contracts for women led businesses in the interest of implementing the 30% local content and enhancing their economic wellbeing. The MoH should also disclose information on how they engage all critical stakeholders in project delivery.	Ministry of Health

	- Gender dynamics and HIV/AIDs awareness are yet to be appreciated across all the projects. None of the contracts was awarded to women led companies. - The project performed well. These best practices should be rolled out to other Ministries, Departments and Agencies.		
Feasibility studies, Environmental and Social Impact Assessment.	- There was presence of environmental and social impact reports on most of the projects with considerable gaps with implementation of recommendations from these reports - Awareness raising exercises had been conducted on some projects such as Nkombe HC - Observed an open-air incinerating pit at Buyinda HC which is detrimental to the environment - Most projects such as Kyebando, Kitabazi and Kifamba had presence of sustainable energy or water management (solar panels, rainwater harvesting, tree planting) - There was evidence of feasibility studies conducted on the Nkombe HC, Bubago HC, Buyinda HC, Kyebando HC, Kitabazi HC and Kifamba HC projects.	– The use of Open-air incinerator pits should be replaced with alternative sustainable solutions such as Drum or Brick incinerators.	Ministry of Health

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