

ADANSI DISTRICT ASSEMBLY



IMPLEMENTATION OF DISTRICT MEDIUM-TERM DEVELOPMENT PLAN (2014-2017)

ANNUAL PROGRESS REPORT FOR 2014

**PREPARED BY:
DISTRICT PLANNING COORDINATING UNIT**

ADANSI NORTH DISTRICT ASSEMBLY
2014 ANNUAL PROGRESS REPORT (APR)

INTRODUCTION

1.1 Purpose of the Monitoring and Evaluation for 2014

The primary intention of preparing Monitoring and Evaluation plan is to establish an efficient system for tracking the execution of programmes, projects and activities, and to produce timely reports to various stakeholders to enable them make informed decisions.

Report on annual progress of M&E is the mode envisaged to successfully compare outcomes with targets and thereby assessing project achievements on regular basis. Decision makers thereupon are informed about the outcome of progress, observation and the gaps at each level of activity.

Therefore the status of key indicators are of primary importance as they facilitate measuring achievement being made with regard to meeting developmental goals and objectives and targets outlined in the District Medium Term Development Plan. (DMTDP).

The specific Purpose of the Report.

The specific purpose of the report is to;

- To review actions on implementation of various interventions.
- To assess the performance of set indicators and targets which have been adopted for monitoring and evaluating the achievements of programmes and interventions implemented in 2013.
- To devise strategies and recommendations for addressing the shortfalls.

The district performance indicators report thus reports highlight and updates on the status of action taken by the Adansi North District on core and specific indicators in the GPRSII and M&E plan and captures additional indicators that have since been identified in the course of implementing programmes and projects. It has been recognized that as a result of the lessons learnt in the previous performance. Detailed analysis of this is found in the summary tables presented below;

- Data and information for preparation of the report were obtained from the decentralized departments and agencies as well as specific stakeholders.
- Data were initially difficult to collect due to improper documentation and inconsistencies

Added to this, was the difficulty of analyzing a number of new indicators which had emerged after the preparation of the GPRS II which did not have a baseline or existing data to support the setting of practical targets and monitoring.

1.2 Processes Involved and Difficulties Encountered

Data and information for the preparation of report were obtained from the various decentralized departments and agencies as well as specific stakeholders in the district.

District Planning Co-ordinating Unit (DPCU) meeting was organized to provide an opportunity to departments and line heads or agencies to present details of their annual progress reports.

Every sector after presentation was given the opportunity to explain the reasons for their performance. They were made to answer questions from other sectors heads, elaborating the reasons for the sector performance either positively or negatively.

After thorough discussions, inputs from the various heads were used to prepare this monitoring and evaluation report.

Due to improper documentation of data, there were inconsistencies in data from almost all the sectors, but further probing helped in getting the correct data.

Inadequacy of updated data coupled with in availability of established baselines and targets, especially on many of the new indicators selected to track progress, posed another challenge to the effective monitoring of the implementation of the District Development Plan.

2.0 DISTRICT PROFILE:

2.1 INTRODUCTION

This report covers the period from January – December, 2014. It covers the activities and programmes of the District; during the period under review. The District Assembly was created by Legislative Instrument (L.I. 1758) dated 17th February, 2004, and was officially inaugurated on Thursday 19th August, 2004 at Fomena. The District was carved out of two defunct Districts of Adansi East (now Adansi South) and Adansi West (now Obuasi Municipal Assembly); respectively.

2.2 LOCATION OF THE DISTRICT

The district is located between Longitude 1.5⁰ W and latitude 6.3⁰ N. The district therefore falls within a typical Tropical region of Africa, which characteristically experiences high temperatures and high rainfall throughout the year. This puts the Adansi North District into a Semi-Equatorial climatic region.

The Adansi North District covers an area of approximately 1140 sq km representing about 4.7% of the total area of Ashanti Region. The district is bounded in the South –West by Obuasi Municipality, in the South by Adansi South District, in South-East by Bosome Freho District, in the North-East by Bekwai Municipality Assembly and in the West is Amansie Central District.

It has its capital at Fomena located on the Kumasi – Cape Coast main road. The district has 41 electoral areas and two constituencies (Fomena and Asokwa). The District has seven area councils i.e. Akrokerrri, Anhwiaso, Asokwa, Bodwesango, Dompooase, Fomena and Fumso area Councils. There are 125 communities in the district.

The district population stands at 107,091 people based on the last census conducted in 2010 with a growth rate of 2.6% per annum. The population density is about 94 persons per square km. The male – female ratio is 49.5% to 50.5%.

2.3 ADMINISTRATION

The District is under the political and Administrative authority of the District Chief Executive Hon. Alhaji Majdoub Lateef, while Mr. Charles Attah-Mensah is the acting head of bureaucracy in the District as the Ag. District Co-ordinating Director.

2.4 VISION OF THE ASSEMBLY

The vision of the Assembly is to become an excellent governmental institution responsible to the improvement of the living standards of her people as a contribution to the growth and poverty reduction strategy of Ghana.

2.5 MISSION STATEMENT OF THE ASSEMBLY

Our Mission is to work in partnership with major stakeholders through the formulation of sound policies and programmes in areas of poverty reduction, human resource and infrastructural development.

2.6 Status of Implementation of the Medium Term Development Plan

Even though, the district strengthened its performance in the implementation of programmes and projects contained in the 2013 Annual Action plan, achievements were not significantly different from what was obtained in 2012. This could largely be attributed to the limited in flow of funding to the district.

Status of implementation according to sectors has been outlined below;

GHANA YOUTH EMPLOYMENT AND ENTREPRENEURIAL DEVELOPMENT AGENCY (GYEEDA)

GYEEDA formerly known as N.Y.E.P was implemented in the district in the year, 2006.

IMPLEMENTED MODULES

Currently, the modules being run in the district fall under two (2) main categories. These are Paid and Unpaid Modules.

The Paid Modules consist of Community Education Teaching Assistant (C.E.T.A), Health Extension Workers (H.E.W), Prisons Service Assistant (P.S.A), Fire Service Assistant (F.S.A), Community Policing Assistant (P.S.A) and Waste and Sanitation (Zoom lion).

The Unpaid Modules also consist of Youth in Dressmaking, Youth in Hairdressing, Youth in Auto Mechanics and Youth in Auto Electrician.

DIAGRAMMATICAL ILLUSTRATION OF THE ABOVE MODULES WHICH HAVE BEEN IMPLEMENTED SO FAR.

The Youth in the district who have benefited from the programme can be illustrated diagrammatically as follows.

PAID MODULES

S/N	MODULE	NO. OF BENEFICIARY	MALE	FEMALE
1.	C.E.T.A	92	60	32
2.	H.E.W	97	09	88
3.	P.S.A	03	02	01
4.	F.S.A	02	02	-
5.	C.P.A	03	02	01
6	WASTE/MANAGEMENT	196	83	113
	TOTAL	393	158	235

UNPAID MODULES/TRADE AND VOCATION

S/N	MODULE	NO OF BENEFICIARY	MALE	FEMALE
1.	YOUTH IN DRESSMAKING	65	4	61
2	YOUTH IN HAIRDRESSING	30	30	30
3	YOUTH IN AUTO ELECTRICIAN	6	6	-
4	YOUTH IN AUTO MECHANICS	6	6	-
	TOTAL	107	16	91

PAYMENT OF BENEFICIARIES' MONTHLY ALLOWANCES (THOSE UNDER THE PAID MODULES)

Formerly all the beneficiaries were paid by N.Y.E.P. The Better Ghana Management Service Ltd took over the payment of allowances for the beneficiaries under such modules as Internship, C.E.T.A and H.E.W's from August 2013 to date. This helped to remove some of the bottlenecks in the payment system. The payment of allowances for beneficiaries under the other paid modules still remained the responsibility of N.Y.E.P.

PROPOSED MODULES

Two (2) major modules were proposed at the later part of the year, 2012 for implementation in 2013. These are Youth in Leather Work and Youth in Tricycle Motor.

PROBLEMS/CHALLENGES

The problems confronting the programme were many but measures were put in place to address some of them. The problems worth citing included irregular payment of beneficiaries' allowances, lack of logistics for such exercise as monitoring, dissemination of information and poor system of payment.

RECOMMENDATION

Sound and innovative measures should be put in place to ensure that payment of beneficiaries' allowance is made regularly. There should be regular supply of logistics and the system of payment needs to be improved to avoid anomalies in the payroll.

ADANSI NORTH DISTRICT MUTUAL HEALTH INSURANCE

The Adansi North District Mutual Health Insurance Scheme is situated at Fomena, the District capital but serves all communities in the District. Since clients are mainly farmers (cocoa), income is high when it

gets to the cocoa seasons (October- December). The Scheme therefore capitalized on the situation to embark on a massive mass registration exercise to increase the total number of clients both renewal and new registration thereby generating income for the Scheme and truly the exercise was successful.

Registration of both formal and informal sector from office and field registration amounted 13,072. Total number of clients who renewed their expired cards amounted to 11,918. The Scheme received total ID cards of 8,662 from NHIA as a result of the batch sent to the National office. Out of the 8,662 cards received, 1,894 cards have been distributed to clients.

Registration of pregnant women is free of charge and it is still on going at the Scheme office. The photo taking is also free and registration is still on going in our various communities by Health Insurance agents.

The introduction of capitation affected activities of the Scheme at the beginning of the year. Clients were reluctant to register or renew their cards due to the misconceptions about the new payment module (Capitation). But through effective sanitization tour embarked by the Scheme the situation was control by the latter part of the year.

As a result of the activities conducted during the year, the total premium collected at the end of the year was 47,916 with 79,302 as processing fees. The Adansi North Scheme received an amount of GH¢340,746.00 as subsidy from National Health Insurance Authority for 2012 claims payment to all facilities amounted to GH¢375,265.45 as of August, 2012.

Problems

Clients complained about the delay of their National ID cards since sometimes it takes more than three (3) months. The slow nature of the STL software the Scheme uses in capturing clients' data sometimes makes it difficult for the clients to get their cards on time.

Solutions

Management saw the need to visit collection agents more regularly to discuss and solve their grievances and also to educate clients about capitation and general issues concerning Health Insurance, in order to make their work more smoothly.

The introduction of temporal cards to children below five years and pregnant women has solved the issue clients complaining of delays in getting their cards.

ENVIRONMENTAL HEALTH AND SANITATION UNIT

WATER SUPPLY

Small town water supply system is nearly to completion in Akrokerri, Bobriase& Sampakrom. Construction of 2 bore-holes for mechanization, pipe lines and over-head tank are under construction. Work is 60% completion.

If all these projects are accomplished, water supply coverage will hit 87.5%

Water supply data

TYPE OF FACILITY	NO	REMARKS
SMALL TOWN WATER SUPPLY	3	34 STAND PIPES
BORE HOLE WITH HAND PUMP	293	COMMUNITY OWNERSHIP AND MANAGEMENT
HAND DUG WELL WITH H/PUMP	18	COMMUNITY OWNED
HAND DUG WELL WITH ROPE &BUCKET	37	Private OWNED

WATER PRODUCING COMPANY	2	PRIVATE OWNED
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WASTE MANAGEMENT

Two types of waste are generated in the district, solid and liquid, and both poses challenge to the District Assembly.

Almost all the communal refuse containers for evacuation of refuse to final disposal site had broken down. Provision had been made in the 2013 D/A budget to acquire new ones, the challenge is how to manage the volume of refuse in the district before the new containers will be purchased. The Assembly had taken delivery of one new refuse truck, containers for refuse evacuation is yet to arrive.

LIQUID WASTE DISPOSAL

There are 46 modern public Toilets serving the people in the district. This is inadequate considering the district population of 58,582. The J I C A project for the construction of 10 seater water closet toilets at Fomena, Fumso, and Dompouse respectively, to enhance adequate liquid waste disposal is completed and yet to be commissioned for official use.

The table below shows the sanitation facilities existing in the District.

HOUSE HOLD WATER CLOSET	INSTITUTIONAL LATRIENES	COMMUNITY K.V.I.P	COMMUNAL A/PRIVY	COMMUNAL WATER CLOSET	HOUSE HOLD K.V.I.P	HOUSE HOLD VIP
105	22	4	38	4	50	676

SOLID WASTE DISPOSAL

Sources of Solid wastes generated in the District are made up of both domestic and communal.

Zoom Lion Ghana Ltd is solely responsible for storage, collection and Transportation of solid waste to final disposal site. Open dumping is practice at the final refuse disposal ground. After a given period, bulldozer from the regional zoomlion Gh ltd comes to the site to push the heap refuse.

MOSQUITO CONTROL PROGRAMME

The Anglo Gold Ashanti – Obuasi, programme to Control malaria in the District is ongoing. This is an indoor residual spraying programme to fight against Malaria in the District. This exercise involves using a W. H. O approved Public Health Insecticide from the classes of Organophosphate, Pyrethroids and Carbamates to spray the inner walls surface of all dwelling houses in all communities.

In addition, the national mosquito programme of Zoom Lion Ghana Limited from Kumasi carried out opening air-spraying exercise to fight mosquito breeding on refuse dumps and public toilets in some selected communities. This was done under the supervision of the District Environmental Health Officer. Cross interview of the people who has benefited from the spraying exercise expressed their dissatisfaction of the stench emulating from the chemical after spraying. However education is still ongoing to sensitize the populace about the importance the spraying exercise. Treated mosquito nets for prevention of mosquito bite, were distributed district wide during the year under review.

PREMISES INSPECTION

10,673 houses were inspecting during the period under review, this represents 40.1% of the total houses of 26627 in the district.

EATING AND DRINKING PREMISES

353 Eating and drinking premises were inspected during the period, representing 315 % of 112 in the district. This is as a result of inspecting most of these eating premises more than four times during the year.

CONTROL OF STRAY ANIMALS

Controlling and arresting of stray animals is still on going. Unit committee members have been mandated to affect the arrest of stray animals and convey them to the District headquarters for impounding.

PUBLIC CEMETERIES ACTIVITIES

Sanitary activities at the public cemeteries is progressing, Revenue from Kyekyewere public cemetery is quite impressive due to it proximity to Adansi Obuasi. 120 burials took place at the cemetery. 5 Out this were pauper. A total amount of GH 4860.00 was recorded as proceed from the burial.

The place is managed by a sexton and a sanitation guard for revenue mobilization and proper control of the area. A watchman has also been engaged to ensure adequate security of the cemetery
Cemeteries at other areas are managed and control by area council staffs and chiefs

CONSTRAINTS

The outfit lacks sanitary equipment's, tools and chemicals for official service.

CHALLENGES

This district was confronted with shortage of staff when three of our staff applied for study leave and left the district with a vacuum. This challenges were turn around when two new E.H.A's were posted to the district to fill the vacuum.

WAY FORWARD

More workshops should be organized at the regional level for Environmental Health staff to sharpen their skills

RECOMMENDATIONS

The Environmental Health and Sanitation Unit wishes to recommend to the Assembly to release money to embark on district wide health education to ensure better living style of the people.

DEPARTMENT OF COMMUNITY DEVELOPMENT

WORKSHOP/COURSES

During the year, 2014, two (2) workshops were organized of which the department of community development was not exempted. The Regional Coordinating Council organized one workshop for selected decentralized departments like Department of Social Welfare and Community Development on composite Budget at the Royal Basin Hotel in Kumasi.

Another one was organized by the Ghana Aids Commission. The purpose of this workshop was to introduce the new format of report writing on Aids.

PROJECTIONS

MASS MEETING: The Department intended to organize twelve (12) mass meetings and with targeted population of 2,200 people.

Topics which were proposed to be discussed were the importance of trees planting, environmental protection, the importance of communal labour, HIV/AIDS education, organization of community and group formation. The importance of National Health Insurance and capitation, Yellow fever and cholera alert, capitation Grants and good drinking water.

During the year under reviews, the department was able to organize fourteen (14) mass meetings with targeted population of 2,200 people comprising 850 males and 1350 females with above topical issues. The Department was able to achieve its objective by 100%.

STUDY GROUP: The department targeted to open four (4) study groups to discuss on income generating activities, capitation grant, and the importance of health insurance and the introduction of the health capitation.

During the year under review three (3) study groups were opened and twenty-one (21) meetings were held with them.

The groups were New Ayaase and Mossikrom group development, V.I.P women's group and Agya K.K palm kernel Oil Extraction, Dompouse. The target was achieved by 70%.

HOME SCIENCE EXTENSION/WOMEN'S IN DEVELOPMENT

The Development planned to organize four (4) women's group and teach them on income generating activities, importance of group formation, personal hygiene and importance of communal labour. The department also planned to organize demonstrational programmes like liquid soap making, pomade making, soap, pastries etc. And finally, we visited 122 homes. During the year under review, the department was able to organized four (4) women's groups in the above communities. The groups that benefited were V.I.P women's group, Mossikrom women's group, Kobin women's group and Agya K.K palm kernel oil extraction. Only a demonstration was held at Kobin by Mrs. Lydia Osei with her own pocket money. The other group could not benefit because there were no funds. Our target was 80% achieved.

EXTENSION SERVICES

The department in conjunction with environmental health department, district water and sanitation team, social services sub-committee and education visited some communities and educated them on cholera and yellow fever alert, good drinking water and also to know the extent of school dropout rate, enrolment and staffing position in some schools.

The Department also in conjunction with District Assembly and Social Welfare embarked on capacity building of some area council members so that they can work effectively.

SELF HELP CONSTRUCTIONAL PROJECT

During the year, the people of Kobin laid the foundation of a new kindergarten block to replace the old one which was in a dilapidated state. Also during our visits, the people complained of lack of funds and materials. They appealed to the Adansi North District Assembly to come to their aid.

PROJECTION FOR NEXT YEAR 2015

The department will organize twenty (20) mass meetings with targeted population of 3,500 people and educate them on topical issues like Bush fire campaign, importance of communal labour, importance of the new Health Insurance Capitation, HIV/AIDS, Yellow fever and cholera alert, tree planting, pay your levy campaign, Rezoning of the school feeding programme etc.

STUDY GROUP- The department plans to open four (4) study groups and discuss with them government policies like HIV/AIDS patients, income generating activities, importance of agricultural methods etc.

HOME SCIENCE/WOMEN IN DEVELOPMENT

The department will organize two women group in addition to the old ones and sensitize against the stigmatization of HIV/AIDS patients, income generating activities, family planning.

HOME VISITS

Female staffs are expected to visit 180 homes in the coming year and do demonstrational like liquid soap making, pomade among others with them.

PROBLEMS

The department works with people in the communities; therefore we become ineffective without means of transport to get in touch with them. We are therefore appealing for motorbike in order to reach out to the remote communities.

Since the creation of this district, nothing has been given as F.E's not even stationery and that has mostly affected our performance.

We are humbly appealing for more funds in order to render effective services to the people in the district. We are also appealing to the Regional Directorate to provide adequate logistics and funds to enhance our service delivery.

CONCLUSION

In spite of our numerous constraints, the Department did its best in carrying out some of its planned programmes and activities for the year 2014 We pray that the Regional Directorate to provide adequate logistics and funds to enhance our service delivery.

DEPARTMENT OF CO-OPERATIVES

S/N	OBJECTIVES	KEY ACTIVITIES	EXPECTED OUTPUT/RESULT	ACTUAL OUTPUT/RESULT	CHALLENGES	MITIGATION STRATEGY WAY FORWARD	REMARKS
1	To conduct inspections on some agricultural Co-operative Societies and FBOs which could not be attended to in the last quarter of the year, 2011.	Member education to up lift the image of agricultural Co-operative Societies in the District.	Eight (8) agricultural Co-operative Societies and seven (7) FBOs	Four (4) agricultural Co-operative Societies and three (3) FBOs.	Targets not achieved due to the remote nature of where these groups are located.	District Assembly should assist the Departments with means of transport to undertake its programmes and activities.	There were remarkable improvements in the operational activities of the groups visited.
2	To create awareness on the benefits of group formation in some selected communities of the District.	Member education based on community visitation.	Ten (10) communities	Two (2) communities, namely, 1. Denkyie 2. Adiembra	Targets not achieved due to the remote nature of where these groups are located.	District Assembly should assist the Department with means of transport to undertake its programmes and activities.	The programme, if take off, will create more jobs to improve living standards of the people.
3	To up-grade the skills of some selected Managers and other stakeholders of nine (9) registered societies.	Easy accessibility to general administration of Co-operative Societies for increased productivity.	Agricultural 4 FBOs 2 Distillers 3 Total 9	Targets achieved as representatives as the nine (9) groups took part in the programme.	Pre-financing of this programme by the groups had delayed the early take off of the exercise.	District Assembly should support the Department to carry this exercise on annual basis.	
4	To undertake continuous member education drive on Co-operative principles and practices on some	Member education based on community visitation.	Ten (10) newly identified groups in eight (8) communities	Four (4) communities. They were 1. Denkyie 2. Adiembra 3. Agogooso	Lack of means of transport had crippled the efforts of visiting the remaining six (6) communities.	The District Assembly should assist the Department with means of transport to undertake its programmes and	The programme, if take off, will create more jobs to improve living standards

	newly identified groups of different modules.			4. Anwana		activities.	of the people.
5	To organize training workshops for Managers and other stakeholders of newly formed Co-operative Credit Union.	To up-grade the skills of the Managers and other Stakeholders.	Up-graded skills will meet operational standards of Service Providers.	Within a short period of being formed, patronage was very encouraging with a numerical strength of 32 members.			Formation of Credit Unions in other communities will encourage lucrative business families' savings.
6	To conduct inspection on some farmers groups	To access the general performance in terms of productivity in the major farming season's activities.	13 farmers groups in 8 communities	5 farmers groups	Targets not achieved due to lack of means of transport.	The District Assembly should come to the aid of the Department to carry its monitoring and supervision programmes.	
7	To conduct inspection for auditing all Co-operative Societies in the District.	To prevent frauds and misappropriation of funds	To have up-dated accounting records of all Co-operative Societies.	Target not achieved	This was due to absenteeism coupled with postponements by the Managers of these Societies was a big challenge to have their account audited	Full supports and enforcement of Co-operative Society NLC Decree 252 of the 1968 will tame the attitudes of these Managers.	

DISTRICT HEALTH DIRECTORATE

KEY ACTIVITIES UNDERTAKEN

- ✘ Reproductive and Child Health
- ✘ Advocacy, communication and social mobilization
- ✘ National Immunization Days (NID's)
- ✘ Outbreak Investigations (CSM and Cholera)
- ✘ Outreach Services (ANC and Family Planning)
- ✘ Medical Care services
- ✘ Breastfeed week celebration
- ✘ World TB Day Celebration
- ✘ Expanded Programme on Immunization (EPI)
- ✘ Acute Flaccid Paralysis (AFP) Surveillance (Disease Surveillance)
- ✘ HIV/AIDS Know Your Status Campaign
- ✘ School Health services
- ✘ Training
- ✘ Reproductive & Child Health Care
 - ✘ Growth Monitoring
 - ✘ Vaccination
 - ✘ Family Planning
 - ✘ School Health services
 - ✘ Comprehensive Abortion Care
- ✘ Annual Performance Review & DHMT Meetings
- ✘ Medical care
- ✘ Home visits
- ✘ Follow up on AFP

TRAININGS

- ▶ Training of volunteers on registration and the LLINs distribution exercise.

- ▶ Training on the New Vaccine Policy (Rota and pneumococcal)
- ▶ National Immunization Days (NID's)
- ▶ Training of CHOs and CBAs on Home Based Care sponsored by NMCP.
- ▶ Updates in Family Planning Counselling by Engender health.
- ▶ Report writing and reporting formats
- ▶ Onchocerciasis and Ivermectin Distribution
- ▶ Orientation of New posted staff
- ▶ Midwives on hypertension in pregnancy.

DISTRICT HEALTH MANAGEMENT TEAM SUPPORT VISITS

- ▶ Monitoring and Supervision (All Facilities)
- ▶ AFP Surveillance (Prayer camps, Home visit)
- ▶ Yaws Surveillance (schools).
- ▶ Record reviews and EPI data validation
- ▶ Family planning (Outreach Jadelle Insertions)
- ▶ Trainings (Onchocerciasis, NID, Malaria (HBC), TB, etc)

DISEASE CONTROL

DISEASES OF PUBLIC HEALTH IMPORTANCE

DISEASE	2012	2013	2014
Yaws	136	116	
Onchocerciasis	16	3	0
Buruli Ulcer	0	2 (on treatment)	0
HIV / AIDS	83	10	121
Tuberculosis	27	31	1

TB cases from 2007-2012

INDICATOR	2010	2011	2012	2014	2014	2014 Target	2014 annual
Number of TB case notified	27	37	38	27	31	60	17
Number of TB cases cured (sputum microscopy)	18	22	16	15	20	10	2

Number of TB cases completing treatment	7	12	13	9	7	7	5
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The number of TB cases in the year 2014 drop comparing with the year 2013. The district carried out a series of health educational activities in communities, churches and other organized group meetings to sensitize members of the disease. The district has also introduced cough registers in all the facilities to help monitor the cough patients and to refer them for the appropriate diagnosis. The district within the year carried out review meetings, monitoring and supervision, world TB celebration, provision of enabler's package to client and treatment supporters in the district. The activities were sponsored by the Global fund which the district receives bi-annually. Funding has not been adequate to support fully the activities of TB activities in the district.

ONCHOCERCIASIS

The district is one of the onchocerciasis endemic districts in the region. The district conducts bi-annual distribution of ivermectin to 42 endemic communities in the district. In April 2014, the district carried out the second round of ivermectin distribution with coverage of 83.1% and the 3rd round in August 2014, with a coverage of 83.7% a slight improvement on the first round. The programme implementation in the communities has been very difficult because of lack of interest of some community drug distributed. Even though social mobilisations are carried out on regular basis before the programme, some communities continue to record low coverage's. Funding of the programme has not been adequate for both the CDDs and monitoring which sometimes makes it difficult for effective monitoring of the activities.

Ivermectin distribution coverage's from 2013 to 2014

2010		2013		2014
Round 1	Round 2	Round 1	Round 1	Round 1
76%	80%	81%		83.1%

DISEASES EARMARKED FOR ELIMINATION

DISEASE	2012	2013	2014
Neonatal Tetanus	0	0	0
Leprosy	1(treated)	1 (treated)	2
Lymphatic Filariasis	0	1	0

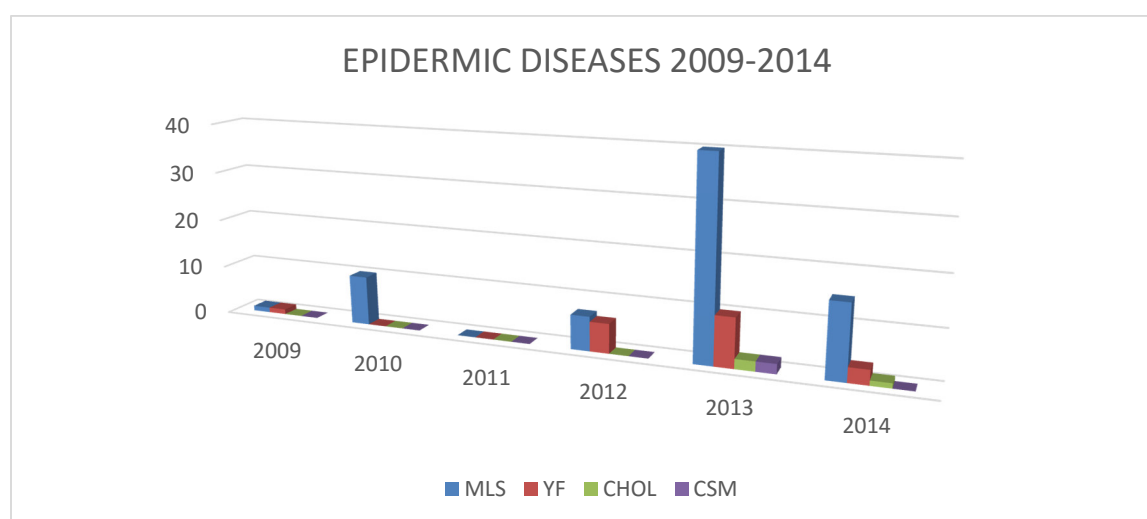
The district did not record any case of lymphatic Filariasis, and Neonatal Tetanus. The district however picked 2 cases of leprosy that are on treatment at St Louis clinic and Anhwiaso health centre, facilities within the district. The district has embarked on a series of educational activities in the communities aimed at sensitizing the community members on the mode of transmission, signs and symptoms of the diseases and the need to report early for prompt treatment and care. However, the leprosy case identified in 2011 has completed treatment at the St Louis health centre Bodwesango, while the Lymphatic filariasis case is receiving treatment at Fumso health centre.

EPIDEMIC PRONE DISEASES

DISEASE	2009	2010	2011	2012	2013	2014
CSM	0	0	0	1 (Negative)	2 (Negative)	0

(Meningitis)						
Cholera	0	0	0	0	2 (1 +ve)	1 (-ve)
Yellow Fever	1	0	0	6 (Negative)	10 (All Negative)	3 (-ve)
Measles	1	10	0	7 (Negative)	40 (40 Negative)	15(14-ve), 1 pending

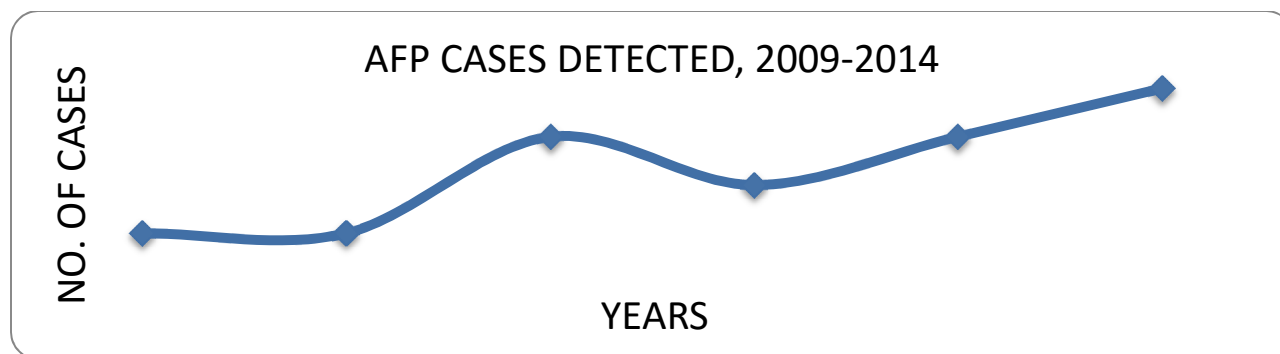
The district made remarkable improvement in surveillance in 2013. However, the first half of 2014 has seen a downward trend in identifying epidemic prone diseases in all the facilities in the district. This however does not mean the surveillance activities has stopped but rather the number of cases reporting at the facilities has reduced. One suspected sample for cholera from Aboabo II to the regional laboratory for investigation was negative. The number of visitation to prayer camps and shrines increased remarkably which enhanced our detection of epidemic prone diseases and immunization.



DISEASES EARMARKED FOR ERADICATION

DISEASE	2012	2013	2014
Polio (AFP)	1	2(negative)	3
Guinea worm	0	0	0

The district was able to pick 2 AFP (suspected Polio) cases in 2014. The laboratory results of the two (2) cases were all negative. The sixty (60) follow up for both cases were conducted, but there were no residual paralysis in both cases.

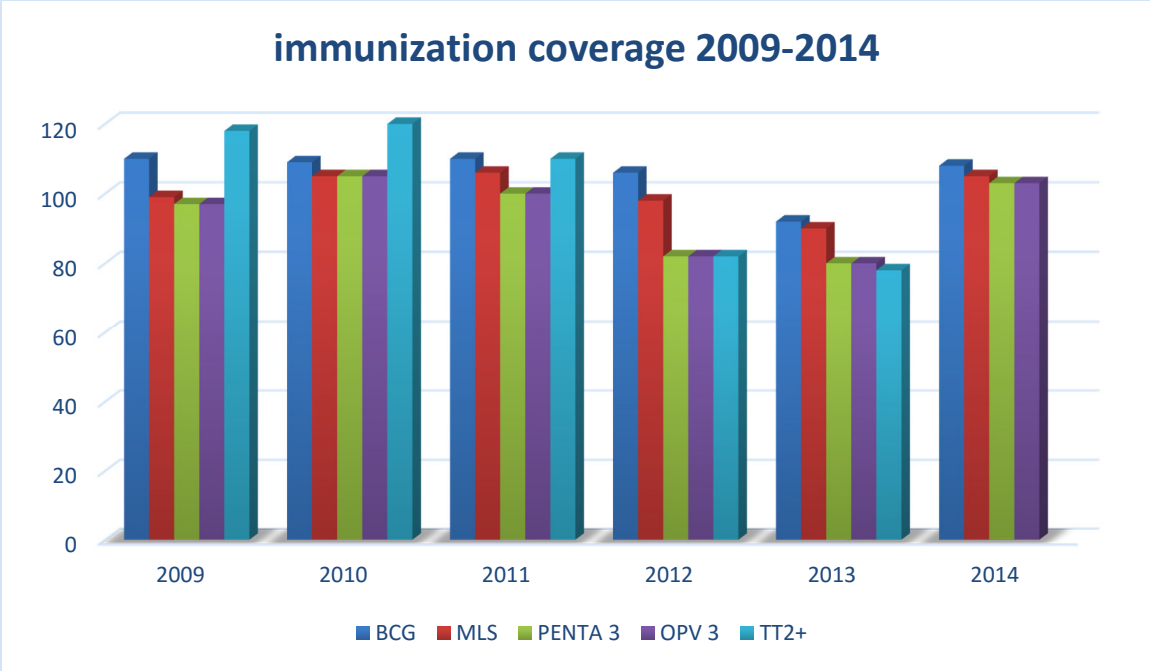


AFP case detection over the period has improved, moving from zero (0) in 2009 to 3 cases in 2014. The improvement has come as a result of continuous sensitization of Health staff, community based volunteers, prayer camps and shrines in the district.

IMMUNIZATION

INDICATOR	2009	2010	2011	2012	2013	2014 Target	2014 annual
Number of children immunized by age 1 – BCG	6005	6062	6507	6425 (102%)	5745 (88.5%)	4518	4941 (109.3)
Number of children immunized by age 1 - Penta 1	5372	5949	6477	5809 (92.5%)	5341 (82.3%)	4518	4737 (104.8)
Number of children immunized by age 1 - Penta 3	5225	5949	6056	5511 (87.7%)	5079 (78.2%)	4518	4546 (100.6)
Number of children immunized by age 1 - OPV1	5372	5949	6477	5809 (92.5%)	5341 (82.3%)	4518	4737 (104.8)

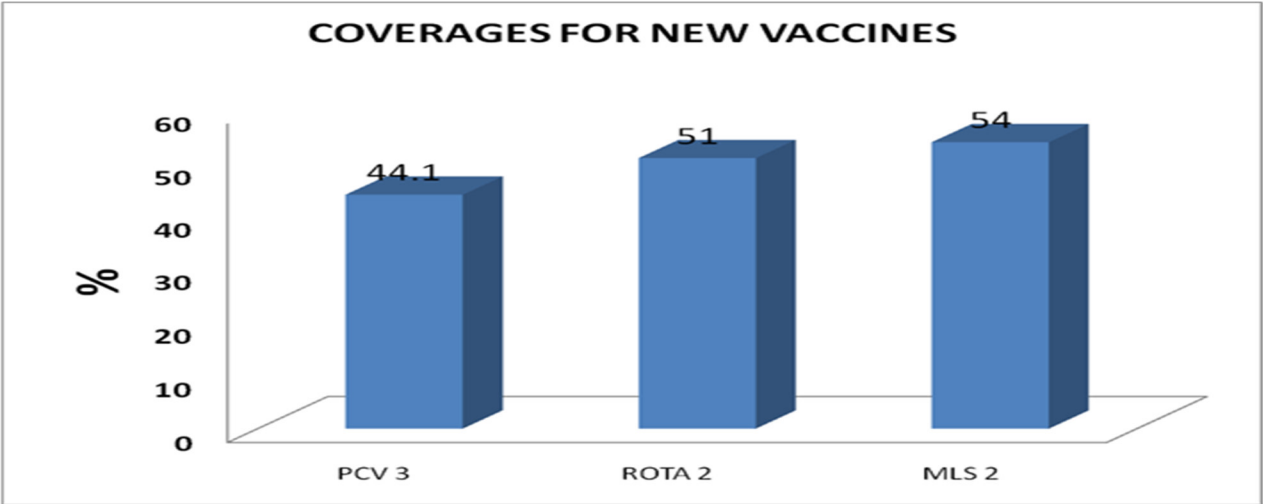
INDICATOR	2009	2010	2011	2012	2013	2014 Target	2014 annual
Number of children immunized by age 1 -OPV3	5225	5949	6050	5511 (87.7%)	5079 (78.2%)	4518	4546 (100.6)
Number of children immunized by age 1 –Measles	5452	5949	6360	6010 (95.7%)	5633 (86.8%)	4518	4947 (105)
Number of children immunized by age 1 -Yellow Fever	5452	5949	6360	6010 (95.7%)	5633 (86.8%)	4518	4947 (105)



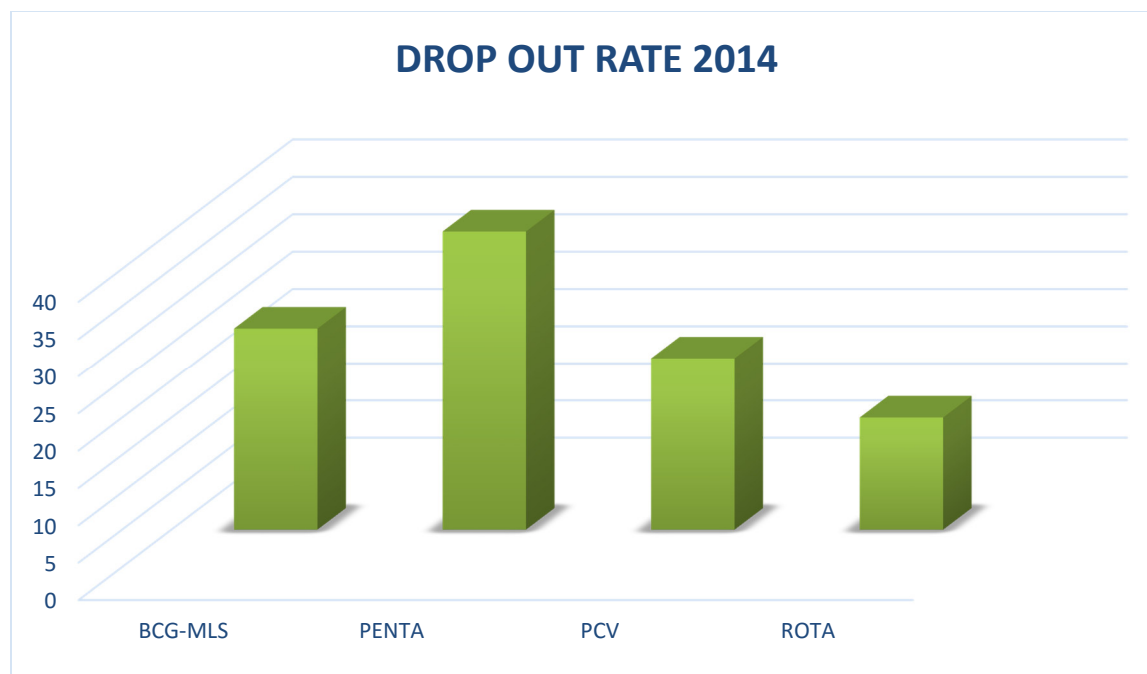
Immunization coverage's for 2014 improved compared to coverage's in the previous years. The improvement may be attributed to commitment of health staff, and the reduction in population which also had effect on the denominator.

The district intermittently carried out mop-up campaign in 2014, which might have contributed to the high coverage's achieved by the district. The activity was to increase the coverage for all antigens

The district is putting measures in place to help maintained the gains made in the coming years.



The year 2014 has new vaccines been introduced into the routine immunization schedule in Ghana in May 2014, to help reduce diarrhoea, pneumonia and also create a second opportunity for children to receive the measles vaccine. The district recorded 44.1% for pneumococcal conjugate vaccine third dose (PCV3), 51% for Rotarix vaccine and 54% of 2nd dose of measles vaccine which was introduced in February 2014. A series of educational campaign was carried out prior to the introduction of the new vaccines, which we believe contributed to the high coverage's for the newly introduced vaccines.



The annual dropout rate of antigens in the district is considered to be appreciably good. The district is putting measures in place to further reduce the dropout rate in the coming years. The dropout rate could further reduce with the road networks to some parts of the district are improved, which will enhance easy access to high to reach communities

COMMUNITY BASED SURVEILLANCE ACTIVITIES, 2014.
CBSV BIRTHS

SUB DISTRICT	MALE	FEMALE	TOTAL
ABOABO	98	114	212
ASOKWA	39	36	75
AKROKERRI	108	89	197
FOMENA	65	83	148
FUMSO	44	54	98
ANHWIASO	138	169	307
TOTAL	492	545	1037

Community based surveillance volunteer's recorded 1037 births in the various communities. This information is taken during routine services in the communities.

CBSV DEATHS

SUB DISTRICT	< 1 YR.	1 – 5 YRS	PREG.	OTHERS	TOTAL
ABOABO	0	0	0	23	23
ASOKWA	0	0	0	76	76
AKROKERRI	0	0	0	56	56
FOMENA	0	0	0	59	59
FUMSO	0	0	0	16	16
ANHWIASO	0	0	0	19	23

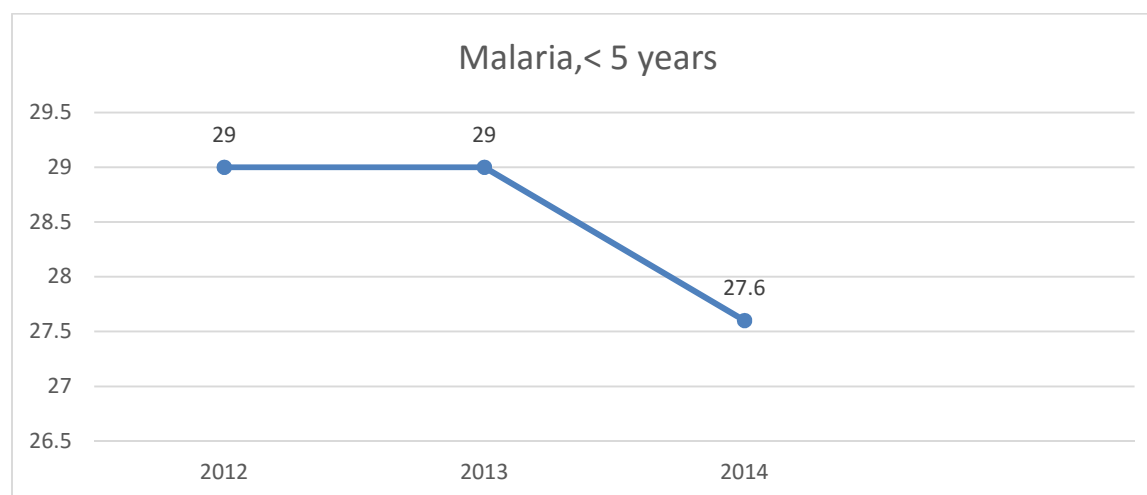
TOTAL	0	0	0	249	253
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The volunteer's did not record any infant deaths, and pregnancy related deaths in the community.

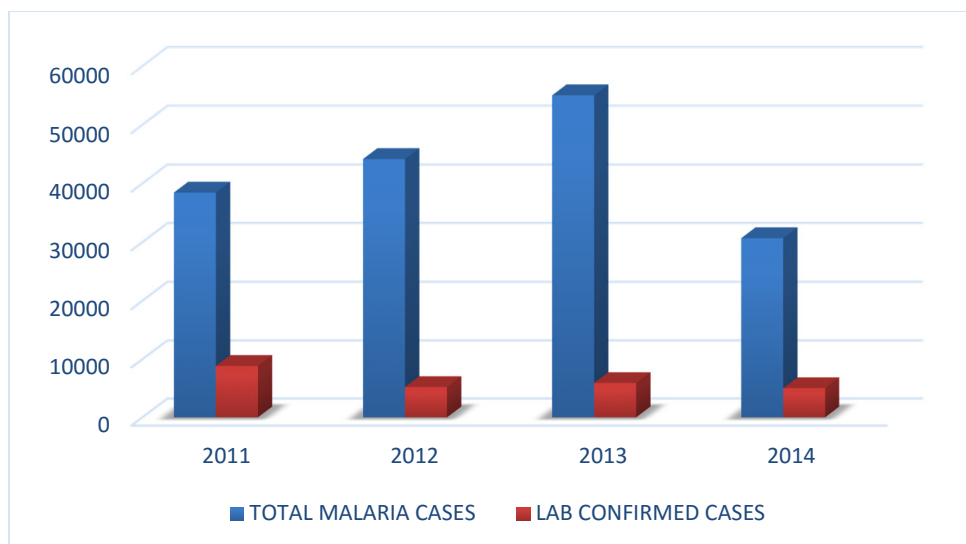
MALARIA CASES BY CATEGORY, 2012-2014

INDICATORS	2012 ANNUAL		2013 ANNUAL		2014 ANNUAL	
	Case	%	Case	%	Case	%
Children < 5yrs.	12930	29	15972	29	8470	27.6
5 yrs and above	31236	69	38811	70	21765	71
Pregnant women	857	2	744	1	443	1.4
TOTAL MALARIA CASES	45023		55527		30678	

The district recorded a decline in malaria cases from 29% in 2012 to 27.6% in 2014 in children <5years. Malaria cases in general reduced from 55527 in 2013 to 30678 in 2014. The reduction may be attributed to certain intervention been carried out in the district. The district also trained 183 community based agents (CBAs) for the implementation of the Home Based Care programme which seeks to equip agents on the management of malaria, diarrhoea and ARI for children 6months to 5 years.



The district in the first quarter of the year embarked on free distribution and hanging of long lasting insecticide treated bed nets (LLINs) to households. Aglogold Ashanti from Obuasi has been carrying out indoor residual spraying exercise in the district, which we believe may have contributed to the reduction in the number of malaria cases in the district.



RDTs supply to the district for confirmation of cases has not been coming on regular basis, making cases confirmation very difficult for the facilities.

RECORDS REVIEW

The district surveillance team carried out records review of both facility consulting room register and community based registers in the communities. The district team will continue to review the records of the facilities to help improved on the surveillance situation in the district.

CHPS IMPLEMENTATION

As a strategy to improve geographical access to health service in Ghana, the Ghana health service adopted the CHPS strategy as a means of making accessible healthcare to the general populace. The district subsequently re-demarcated the various sub districts into the new zones as required by the new re-positioning of CHPS. Based on the re-positioning, the district had 41 demarcated zones. As at the end of f year 2014, the district has 10 functional zones operating. The district carried out a lot of community sensitization to whip the interest of community and opinion leaders for the CHPs programme

WAYFORWARD FOR 2015

- ✘ Improve on Data Management
- ✘ Continue to Improve on surveillance
- ✘ Maintain gains made in immunization coverage
- ✘ Improve on TB case detection
- ✘ Support the implementation of CHPS
- ✘ Strengthen collaboration with stakeholders.
- ✘ Support activities of the district

REPRODUCTIVE AND CHILD HEALTH ANTENATAL REGISTRANTS

The total population of Adansi North district is 112,952 per the 2010 population census with WIFA (women in fertile age) as 27,108 and expected pregnancies as 4,518 which is 4% of the total population. The number of pregnant women who reported at the antenatal clinic for the first time were 4,161 given a percentage coverage of 91.5%. The total attendance were 12,511 which gave the average visit per client as

3.0 .the increase in the antenatal cases was due to the fact that the right population has been used and those who made the 4 visit in the year under review were 1886. The number of women who received tetanus toxiod 2 plus (TT2+) were 3966 given percentage coverage of 87.7%.

DURATION OF PREGNANCY

Out of the 4161 registrants at the antenatal clinic those whose duration of pregnancy were in the 1st trimester were 2180, 2nd trimester were 1548 and those in the 3rd trimester were 433 and the coverage are as below

ANTENAL REGISTRANTS	TRIMESTER	NO	COVERAGE
4137	1	2180	52.3
	2	1548	37.2
	3	433	10.4

The above chart shows that 52.3% of pregnant women were in their first trimester. Meaning about half of the pregnant women who came to the clinic for the first time reported early which is a good sign.

PARITY OF MOTHER AT RISTRATION

The above indicator is showing the number of deliveries per each woman who visited the antenatal clinic for the first time. Those who reported at the clinic who were nullipara were 1172 those who have delivered 1-2 children were 1487 3-4 deliveries were 967 and those who have delivered five and above were also 535 pregnant women.

AGE AT REGISTRATION

During the annual year in 2014 the number of mothers under age (10-14years) who reported at the clinic for the 1st time was fourteen (14), those in the age category 15-19 years were 718. In the age 20-24 were 1256 and in the age 25-29 years were 947. The registrants in the age 30-34 and 35 years and above were 653 and 573 respectively. The age at registration was also important for it enables the midwives to detect those who need special attention or special care to prevent complications. Every pregnancy is considered risky but those who are teenagers and those who have delivered more than five children cared for and the followed up to detect eminent complications and prevented. The number of adolescent who became pregnant in the annual of 2014 were 732 therefore the district public health nurse (DPHN) and the officer responsible for girl child education went to visit all senior high schools in the district. The safe motherhood report collated for annual performance review (2013) indicated that teenage pregnancy was 732 out of 4161 antenatal registrants, given a percentage coverage of 17.5%. With the coverage being so high, we therefore decided to embark on education on teenage pregnancy and its effect on adolescent in the four (4) senior high schools in the district. The objectives of the program were (1.) to educate the adolescent and (2.) That One sex act can lead to teenage pregnancy and sexually transmitted diseases (3.) Teenage pregnancy can be prevented. We explained who is a teenager? And that they fall into the adolescent stage of life. They were reminded that ,it is during this adolescent stage that new changes occur in their bodies .They were told that the boys have break in voice ,eating a lot ,manufacturing sperms with wet dreams (this was explained as a way of releasing excess sperms in the body).They were told to take care of their bodies to prevent offensive odour ,since it is during this time that they develop hair over the body, especially in the armpit and the public areas.

The girls were also motivated by giving them insight about the changes that occur in their bodies during the adolescent period, they were informed that they would start developing big breast and they would have their first menstrual flow (menarche).then they will grow big and develop define contours and that

during this stage they could become pregnant because they would be ovulating. They were also informed to take personal hygiene seriously for the body odour in girls is most often more than that of boys. On personal hygiene they were also advised to change their pads frequently. They were given the chance to come out with the causes of teenage pregnancy and they explained that the causes were poverty, broken homes, delinquency, irresponsible parents, rape drug abuse such as alcohol, watching of pornographic films, peer pressure and early sex. The facilitators, stressed on the fact that one sex act can lead to pregnancy and sexually transmitted diseases such as Chlamydia, gonorrhoea, genital herpes and syphilis. They were shown pictures of sexually transmitted diseases as below

During pregnancy: the teenager can go through the following problems during pregnancy; anaemia pre-eclampsia (PIH), they always go through episiotomy, she may also go through caesarean section, at this point the teenagers were asked to ask questions they were so interested in why caesarean section would be done and the facilitators took tends to explain why caesarean section and episiotomy would be done on a teenager who is in labour. They were told to desist from inserting certain objects into their vagina to induce abortion for that can damage their cervix leading to infertility. Examples of such objects arecytotec (misoprostol) which should only be prescribed by a medical officer. They were advised to dress well so that they don't fall prey to rape. A video clip on how abortion is performed was shown to them. The facilitator pleaded with the students to stay away from the above mentioned causes. For teenage pregnancies and their subsequent deliveries have resulted in streetism, drug peddlers and users, leading to armed robbery .they were asked to use their time profitably and the facilitators told them they would talk to their parents at churches, mosques, PTA meetings and other gatherings to make their live a bit comfortable giving them enabling environment to study and meet some of their needs. In conclusion students enrolment were 2402 males and 2058 female totaling 4460 students educated, including their teachers and the entire program was very successful and with questions and answers.

RISK DETECTION

DURATION OF PREGNANCY

1st Trimester	2nd Trimester	3rdTrimester
2180	1548	433

AGE AT REGISTRATION

10-14	15-19	20-24	25-25	30-34	35 and above
14	718	1256	947	653	573

PARITY AT REGISTRATION

0	1-2	3-4	5+
1172	1487	967	535

The table above tables show that in duration of pregnancies, women in the 1st trimester reported more than any period in their pregnancy.

SUPERVISED DELIVERY

The total numbers of supervised deliveries in the year 2014 were 1616 deliveries which gave percentage coverage over expected deliveries as 36%.

HAEMOGLOBIN LEVEL OF PREGNANT MOTHERS

Total number of pregnant women whose haemoglobin (HB) was checked were 4258 and the number who were anaemic at registration were 1015 and those whose HB checked at term were also 1282. Meanwhile those who were anaemic at 36 weeks were 521. The situation was alarming so the midwives decided to talk in the communities as well as at the ANC and OPD on diet in pregnancy.

COMPREHENSIVE ABORTION CARE

For the period under review which was the annual year of 2014, the abortions undertaken were 122 and out of this number, 105 of them accepted family planning. There was not vesico vagina fistula identified.

ESSENTIAL OBSTETRIC CARE

The number of facilities conducting deliveries is eight (8) and the total deliveries performed in all the facilities were 1615. The midwives have been asked to continue their outreach ANC to motivate the mothers to deliver at the health facilities.

QUALITY MATERNAL CARE

The facility heads are competing in improving the maternal area to give quality maternal care to their client by tiling the maternity wards and labour wards. This care includes giving of fruits to mothers after delivery and hot cup of Milo.

FAMILY PLANNING

The family planning acceptors rate was 5896 as new and continuing aggregated with the visits as 11461 with the percentage coverage of the couple year of protection as 6176.86, meaning the number signifies the number of couples protected with family planning. To address the low coverage in family planning, the sub-district have been asked to liaise with the community based agents to sell the condoms in the community to increase the family planning coverage as well as the couple year protection (CYP).

MALE AS PARTNERS (MAP)

The number of clients who came in to access family planning came with their partners and they were 84 for counseling the number. The numbers of condoms patronized by the male partners were under family planning 156 clients were accompanied by their male partners, 299 had their husbands accompanying them to the ANC. 479 husbands followed their wives to the clinic to deliver and 126 followed their wives to the post-natal clinic. During child welfare clinics, 272 fathers accompanied their wives and children to the clinics. MAP percentage coverage would be as follows.

MAP PERCENTAGE COVERAGE

ACTIVITIES	NUMBER OF MALES	PERCENTAGE COVERAGE
Antenatal clinic	299	25.4%
delivery	479	40.7%
Post natal clinic	126	10.7%
Child welfare clinic	272	23.1%

GROWTH MONITORING

INDICATOR	2012			2013			ANNUAL 2014		
	TAG.	PERF.	COV.	TAG.	PERF.	COV.	TAG.	PERF.	COV.
0-11 MONTHS	6278	6491	6491	6491	7136	109.9	4518	5506	121.9
12-23 MONTHS	6121	6329	6329	6329	3507	55.4	4405	2177	49.0
24-59 MONTHS	13497	13956	13956	13956	3075	22.0	9714	2369	24.4

Growth of children 0-59 months were monitored during the monthly child welfare clinic sessions (CWCS) held in the district from January to December, 2014. Achievement rate for 0-11, 12-23, 24-59 months respectively were as follows: 121.9%, 49.0%, 24.4%. As a result of the dwindling figures for 12-23 and 24-59 months especially, the nutritional surveillance at day centres were conducted within the year under review to make up for the missing children. Mothers will be entreated to send their children for weighing sessions to monitor their growth and subsequent development.

MALNUTRITION

INDICATOR	2012			2013			2014		
	PERF.	MAL	COV	PERF.	MAL.	COV.	PERF.	MAL.	COV.
0-11 MONTHS	5830	4	0.07	7136	103	1.4	5506	32	0.6
12-23 MONTHS	5086	4	0.08	3507	73	2.1	2177	45	2.1
24-59 MONTHS	7423	31	0.40	3075	67	2.2	2369	26	1.1

The rate of malnutrition recorded for the year was 32 in 5506 children 0-11 months representing 0.6%, 45 in 2177 aged 12-23 months and 26 in 2369 children, 24-59 months also representing 1.1%. Mothers and caretakers of these children were educated on the food kinds and types to give the children in order to reduce malnutrition rates. They were also encouraged to report regularly at sessions to adequately monitor the children's growth.

SCHOOL HEALTH

The total number of schools in the district is 122. The total number of children enrolled were from preschool, primary one, primary three and junior high schools (JHS) which are the target classes are 20226. The schools visited were 85 in number and examined were 17543 given a percentage examined as total numbers receiving 3+ health talks were 30. The total numbers referred to be sent to clinic were 30 children. The staffs hope to make more visits to the schools to improve upon the 3+ health talks.

INDICATOR	2012		2013		2014	
	NUMBER	COV	NUMBER	COV	NUMBER	COV
NO OF SCHOOLS	124		124		124	
NO. OF SCHOOLS VISITED	144	98.0	115	92	85	69.6%
NO. OF SCHOOL CHILDREN ENROLLED	22037		19296		20226	
NO.OF CHILDREN EXAMINED	20576	93.0	17577	91	17543	86.7%
NO.OF SCHOOLS REC.3+ HED TALKS	54	37.0	33	26	30	24.5%

PMTCT TRAINING

Training was on 12th June, 2014 which was facilitated by Ms. Rita Anafu, Mrs. Benedicta Agyemang and Ms. Golder Sarpong. Rules for the training were set after participants had introduced themselves. They were taken through the basic facts of HIV/AIDS: the three types of HIV which are HIV 1 and 2 is mostly found in West Africa e.g. Mozambique and Angola and very real and its time of progression of its stage is low.

OBJECTIVES

- Primary prevention OF HIV infections.
- Prevention of unintended pregnancy among women infected with HIV.
- Prevention of HIV transmission from women infected with HIV to their infants.
- Provision and treatment care and support to women infected with HIV

On protocol to anti-retroviral drugs in pregnancy the facilitator said treatment focus on the mother but foetus will also benefit prophylaxis focuses on the foetus and it in the long term .on prophylaxis she said it focus on the foetus and it short term.DC4 count is more than 350and WHO stage 1and 2 give prophylaxis and the CD4 count is less than 350 and WHO stage3 and 4 give treatment. In given treatment to an infected person take into consideration gestational age, HBless than8gm/dl CD4count first drug is eidovuden+ lamivodin may come a combined does called combivir. For HIV exposed infant give eidovuden daily for 6 weeks or nevirapine if anaemia is present.

Physical clinical manifestations of HIV infected clients e.g.: herpes xorter, oral thrush etc were shown to participants. Changes in the administration of antiretroviral prophylaxis was addressed and that pregnant women are given the prophylaxis on 14weeks instead of 28 weeks changing from a double anti-retroviral prophylaxis to triple does prophylaxis (AZT +3T +EFU) it was also understood that infant in respect of their feeding option should receive AFT or N4P if anaemic (daily) from birth to 6 weeks. There was an elaboration on the care of HIV infected women and women of unknown status.

It was explain that HI testing and counselling is a routine offer and if accepted should be done again in the third trimester for pregnant women who tested negative in the early stages of their pregnancy, addition to all their essential antenatal packages like the physical examination checking of HB at registration and 36 weeks. It was also clear that all HIV infected women put on co-tramidazole prophylaxis should not be

given SP (sulphurdozine pyrimethamine)because they both contain sulphur moreover, care during labour and delivery was explain and that vagina delivery was said to be the safest mode of delivery. However participants were urged to avoid invasive procedures which include routine artificial rapture of membranes. Routine episiotomy and caesarean section considered on obstetric ground should be done promptly when it is indicated.

Furthermore the infant being the major target of PMTCT were not left out. Rather how to care for them and how to go about postnatal follow up clinic were explained as in the national guideline for PMTCT .the need for early diagnoses of HIV using filter paper for DNA DCR from the 6th week up till before 18 months was emphasized.

Feeding of HIV exposed babies was discussed though mother can choose between breastfeeding to artificial feeding assessing her capabilities to practice artificial feeding is done if she so chooses. Then emphasis on the importance of breastfeeding for 6 months followed by addition of self-prepared none spicy complementary feeds after the 6 months.

In addition to this it was clear that all vaccines can be given to HI exposed children except yellow fever which cannot be given to a child showing signs of HIV infection because it is a life attenuated vaccine which will infect the child instead of protecting him. Report and recording in HCT and PMTCT new register was also emphasized.

ORIENTATION

As part of the human resource management activities of the district to usher the new staff into the job field the DISTRICT Health Management team of the Adansi north district health directorate organized orientation for the new staff posted to the district.

OBJECTIVES:

- To promote quality assurance in the delivery of health care services as new staff.
- To know the job description of staff to enable them carry out their job duties effectively.
- To know the code of conduct of the service and penalties associated to misconducts.
- To know the report writing format.
- To know the overview of the new vaccines-rotavirus and pneumococcal vaccine.

IMMUNIZATION

INDICATOR	2009	2010	2011	2012	2013	2014 Target	2014 annual
Number of children immunized by age 1 -BCG	6005	6062	6507	6425 (102%)	5745 (88.5%)	4518	4941 (109.3)
Number of children immunized by age 1 - Penta 1	5372	5949	6477	5809 (92.5%)	5341 (82.3%)	4518	4737 (104.8)
Number of children immunized by age 1 - Penta 3	5225	5949	6056	5511 (87.7%)	5079 (78.2%)	4518	4546 (100.6)
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Number of children immunized by age 1 -Measles	5452	5949	6360	6010 (95.7%)	5633 (86.8%)	4518	4947 (105)
Number of children immunized by age 1 -Yellow Fever	5452	5949	6360	6010 (95.7%)	5633 (86.8%)	4518	4947 (105)

SAFE MOTHERHOOD

INDICATORS	2012			2013			2014		
	TAG	PERF	COV	TAG	PERF	COV	TAG	PERF	COV
FP Acceptor rate	37667	13326	35.0	38948	5548	14.2		5896	
Natural		212			20			4	
Lam		116			35			342	
CYP short term method		11948.1			2816.77			2411.869	
CYP long term method		1584			3240.5			3765	
Grand total		13532.1			6057.27			6176.86	

SAFE MOTHERHOOD

INDICATOR	2012			2013			2014		
	TAG	PERF	COV	TAG	PERF	COV	TAG	PERF	COV
ANC Registrants	6278	4275	68	6491	4470	68.8		4137	
ANC 4 visit	4275	1204	76.3	4470	2600	60		1886	
Ave.visit per clients	4275	13606	3.0	4470	13450	3.0			
Teenage preg.		645			774			730	
HB <11gm@reg	4275	1068	25.0	4470	1040	24		1015	
HB<11gm@36wks	4275	386	8.0	4470	457	10		521	
TT2+	6278	5378	86	6491	4879	75		3966	

SAFE MOTHERHOOD

INDICATOR	2012			2013			2014		
	TAG	PERF	COV	TAG	PERF	COV	TAG	PERF	COV

Skilled del.	6278	1473	23	6491	1522	23.4		1606	
TBA del.		1094	0	0	835	0		459	
Below 2.5kg	1473	77	5.0	1522	87	5.7		113	
Still birth	0	1	0	0	1	0		5	
Maternal death	0	0	0	0	1	0		0	
PNC	6278	3199	51	6491	2191	33		2145	

PRESENTATION ON UNFPA PROGRAMME

The district was selected among the 7 district selected from Ashanti region to do presentation on the MDG's in prevention of maternal morbidity and mortality. The key interventions were maternal health and adolescent sexual and reproductive health

1. The outline was on maternal health
2. Three delays frame work.
3. Adolescent's sexual and reproductive health services and information.
4. Planning district interventions

MATERNAL HEALTH

The key intervention to reduce maternal morbidity and mortality were access and utilization family planning services and information

- Reproductive health commodity security (RHCS).
- Counseling.
- Trained health care providers.
- Building demands for it and uptake of family planning

UNDER GOVERNMENT OF GHANA

- Ensure contraceptive security.
- Expand the scope of cadres providing family planning services including the long term methods.
- Train service providers in comprehensive family planning including effective planning.
- Undertake supportive supervision.
- Train service providers in contraceptive updates

After the presentation the districts were called again to prepare action plan using the above outlooks as programme of work in the 2013-2016 4years of MAF millennium Accelerated Fund and UNFPA would fill in the gaps where possible.

UNFPA

- ✓ Improve the presence of skilled attendants at birth and other with midwifery skills.
- ✓ An enabling environment in order to perform capably training /education strong cadre of professional practitioner to assist women in child birth.
- ✓ Accreditation /association.
- ✓ Equity geographic distribution

GOG

- ✓ Improve skilled delivery coverage.
- ✓ Production of midwives, doctors, OBG specialists, anesthetic's and midwifery tutors.
- ✓ Conduct lifesaving skill (LSS) in-service training for midwives.
- ✓ Undertake refresher training for medical doctors in obstetric surgery

UNFPA

High quality emergency obstetric care-women and new born with complications should have rapid access to birthing centers with skilled attendants

- ✓ Necessary equipment and supplies.
- ✓ Transportation.
- ✓ Management of problems pregnancies.
- ✓ Management and treatment of complication related to pregnancy delivery and abortion.
- ✓ Manual procedures –removal of placenta repair of tears etc.
- ✓ Monitoring of labour –use of partograph.
- ✓ Improve access to emergency obstetric and neonatal care.
- ✓ Develop essential EMONC packages.
- ✓ Upgrade equipment drugs and supplies and infrastructure in maternity wards as per need.
- ✓ Identify in EMONC survey.
- ✓ Expand the arrangement with transport union to improve transportation of pregnant women with complications.
- ✓ Develop a grading system for health facilities scale up essential nutrition action (ENA) for women.
- ✓ Scale up PMTCT (50 new health centers to be supported).
- ✓ Build up capacity on the use of partograph and other delivery monitoring.
- ✓ Improve equipment for monitoring of pregnancy labour newborn and perinatal care

The three delays model proposes that pregnancy related mortality and morbidity is overwhelmingly due to delays in

1. Deciding seek appropriate medical help for an obstetric emergency (socio-cultural, gender and economic barriers).
2. Reaching appropriate obstetric facility structural barriers.
3. Receiving adequate care when a facility is reached system barriers)

Adolescent sexual and reproductive health service and information

DEFINITION

- 10-24 adolescent and youth
- 15-35 adolescent and youth
- Policy framework and institutional response youth policy
- Adolescent sexual reproductive health policy
- National population policy
- MIC's census data
- Situation analysis on adolescent and youth

PLANNING DISTRICT INTERVENTIONS

Based on the key maternal mortality and morbidity and ASRH issues identified in our respective district and regions

1. What intervention would we propose?
2. Where would we implement those interventions in our district levels?
3. Who is the best suited (has the comparative advantage to improve those interventions)
4. When would those interventions be implemented
5. How much would it cost to implement the proposed intervention /annual budget if (current allocation is gap?)

With the above in mind the group from Adansi north outputs indicator s baseline and target as following and planned later on each district did present to the region representatives the UNFPA

1. Strengthen district capacity for emergency obstetric and new born care (EMONC)
2. Strengthen district capacity to implement comprehensive midwifery programmes.
3. Outputs 3- Improve access to appropriate health information adolescents and youth improved
4. Strengthening maternal health services
5. Output 5- HIV/AIDS services strengthened
6. Output 6 monitoring and evaluation

It is under these outputs that we came out with indicators and baseline and target. We wrote proposals and presented and that is what we are going to work with in2013-2016.

MEETING WITH MIDWIVES

The topics treated with the midwives were:

- Hypertension in pregnancy.
- Pre-eclampsia
- Severe pre-eclampsia and imminent eclampsia.
- Eclampsia and the managements.

WAY FORWARD

- ▶ Strengthen District Capacity for Emergency obstetric and new-born care (EMONC).
- ▶ Implement comprehensive midwifery programmes
- ▶ Access to appropriate health information for Adolescent and youth.
- ▶ Strengthens maternal health services
- ▶ Strengthen HIV/AIDs/ PMTCT services.

CLINICAL CARE

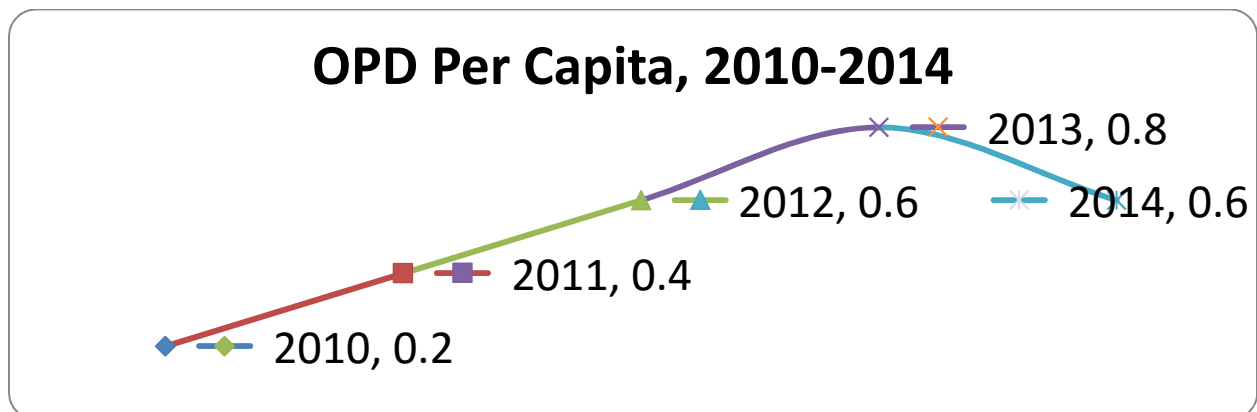
The district has nine (9) Health facilities with seven (7) been Government owned and two (2) Missions / CHAG.

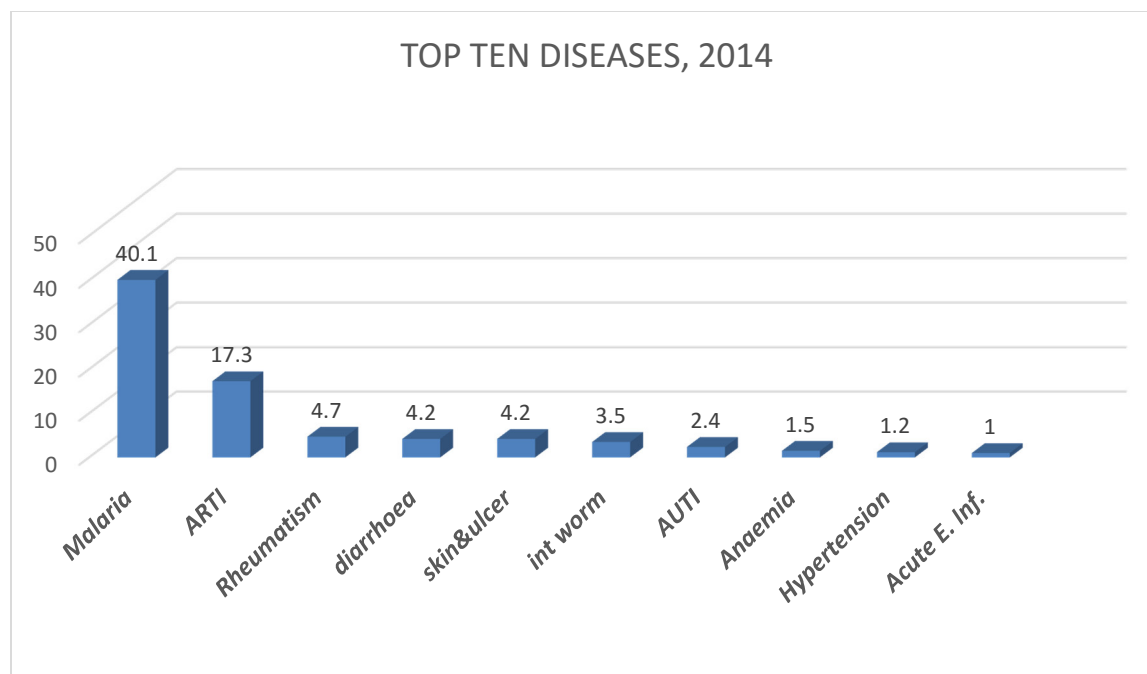
OPD ATTENDANCE

YEAR	INSURED			NON-INSURED		
	Male	Female	Total	Male	Female	Total
2008						
2009						
2010						
2011	13692	25775	39467	13743	17686	31429
2012	9694	17075	26769	5718	7296	13014
2013	31746	55662	87408	9180	11535	20715
2014	33,150	60,004	93,154	10,113	12,220	22,333

OPD TEN TOP DISEASES

No.	2012		2013		2014	
	Diseases	Cases	Diseases	Cases	Diseases	Cases
1	Malaria	45023	Malaria	55527	Malaria	30678
2	Other ARI	17084	Other ARI	19207	ARI	13260
3	Rheumatism and Joint Pains	4088	Skin Diseases & Ulcers	6278	Rheumatism and Joint Pains	3599
4	Diarrhoea Diseases	3912	Diarrhoea Diseases	5260	Diarrhoea Diseases	3250
5	Skin Diseases & Ulcers	3332	Rheumatism and Joint Pains	4432	Skin diseases & ulcers	3219
6	AUTI	1867	Intestinal worms	4027	Intestinal worms	2745
7	Hypertension	1851	Acute Urinary Tract Infection	2605	AUTI	1893
8	Intestinal worms	1776	Anaemia	2159	Anaemia	1200
9	Malaria in Pregnancy	857	Hypertension	1669	Hypertension	929
10	Other oral Conditions	826	Acute Eye infection	1181	Acute Eye Infection	776





NUTRITION

GROWTH MONITORING

INDICATOR	2012			2013			2014 ANNUAL		
	TAG.	PERF.	COV.	TAG.	PERF.	COV.	TAG.	PERF.	COV.
0-11 MONTHS	6278	5830	92.8	6491	7136	109.9	4518	5506	121.9
12-23 MONTHS	6121	5086	80.1	6329	3507	55.4	4405	2177	49.2
24-59 MONTHS	13497	7423	54.9	13956	3075	22.0	9714	2369	24.4

Growth of children 0-59 months were monitored during the monthly Child Welfare Clinic Sessions (CWCs) held in the district from January to December, 2014. Achievement rate for 0-11, 12-23 and 24-59 months respectively were as follows: 121.9%, 49.2% and 24.4%. As a result of the dwindling figures for 12-23 and 24-59 months especially, the nutritional surveillance at day centres were conducted with intensity within the year under review to make up for the missing children. Mothers were entreated to send their children for weighing sessions to monitor their growth and subsequent development.

MALNUTRITION

INDICATOR	2012			2013			2014 ANNUAL		
	PERF.	MAL.	COV.	PERF.	MAL.	COV.	PERF.	MAL.	COV.

0-11 MONTHS	5830	4	0.07	7136	103	1.4	5506	32	0.6
12-23 MONTHS	5086	4	0.08	3507	73	2.1	2177	45	2.1
24-59 MONTHS	7423	31	0.40	3075	67	2.2	2369	26	1.1

The rate of malnutrition recorded for the year was 32 in 5506 from children 0-11 months representing 0.6%, 45 out of 2177 children aged 12-23 months also representing 2.1% and 26 in 2369 children aged 24-59 months representing 1.1%. Mothers and caretakers of these children were educated on the food sources and types to give the children in order to reduce malnutrition rates. They were also encouraged to report regularly at sessions to adequately monitor the children's growth.

MATERNAL VITAMIN A SUPPLEMENTATION

INDICATORS	AKR.	FOM.	ASO.	ABO.	FUM.	ANH.	TOTAL
No. of expected deliveries	962	921	807	672	630	526	4518
No. of deliveries (mothers)	310	457	89	251	279	208	1594
Mother/ baby pair B/F on discharge	310	454	88	250	276	208	1586
No. of mothers given vitamin A	448	515	223	308	371	364	2229
No. of maternal death	0	0	0	0	0	0	0
No. of baby deaths	0	3	1	1	3	0	8
No. of deliveries by TBAs	0	47	118	40	41	133	379
%Supervised deliveries	32.2	49.6	11.0	37.4	44.3	39.5	35.3
% Breastfeeding on discharge	100	99.3	98.9	99.6	98.9	100	99.5
Vitamin A supplementation	46.6	55.9	27.6	45.8	58.9	69.2	49.3
% Maternal death	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Mothers after delivery are given 200,000 IU vitamin A i.e. during the postnatal period. Trained TBAs are given the capsules to be given to the women also after delivery. The district for the year recorded 1594 deliveries by skilled attendants representing 35.3% and 379 deliveries by trained TBAs also representing 8.4%. Vitamin A supplementation rate was 49.3% while maternal death rate was 0.0%. Facilities are being entreated to take up the challenge to be accredited as baby friendly. More women will be encouraged at outreach sessions to patronize facility delivery to increase supervised deliveries and vitamin A supplementation rates.

IODATED SALT SURVEY – (MARKET AVAILABILITY)

SUB- DISTRICT	INDICATOR				
	No. Tested	No. Pos.	No. Neg.	% Passed	% Failed
ABOABO	23	14	9	60.9	39.1
AKROKERRI	23	20	3	87.0	13.0
ASOKWA	23	20	3	87.0	13.0
FOMENA	23	18	5	78.3	21.7
FUMSO	23	13	10	56.5	43.5
ANHWIASO	23	14	9	60.9	39.1
TOTAL	138	99	39	71.7	28.3

IODATED SALT SURVEY- (HOUSEHOLD UTILIZATION)

SUB- DISTRICT	INDICATOR				
	No. Tested	No. Pos.	No. Neg.	% Passed	% Failed
ABOABO	23	17	6	73.9	26.1
AKROKERRI	23	17	6	73.9	26.1
ASOKWA	23	19	4	82.6	17.4
FOMENA	23	18	5	78.3	21.7
FUMSO	23	20	3	87.0	13.0
ANHWIASO	23	21	2	91.3	8.7
TOTAL	138	112	26	81.2	18.8

Every half year, which is in June and November, iodated salt survey is conducted within the district to determine the rates of iodated salt availability and utilization with particular emphasis on markets and households. Iodine in salt can easily evaporate if the salt is not kept under ideal conditions such as storing it in covered containers and not exposing it to sunlight. A result of the survey conducted in June, 2014 as shown above indicates an increased level of iodine in the salt samples tested compared to that conducted in November the previous year. Salt traders and household users of salt whom the survey team came into contact with were educated on how to maintain and use iodized salt. Further education was carried out especially at ante natal clinic sessions where pregnant women were educated on the importance of iodated salt for themselves and their unborn children. Other outreach avenues such as CWC sessions were used to promote iodated salt. Laws regulating the production and sale of iodated salt need to be enforced to ensure availability and utilization.

NUTRITIONAL SURVEILLANCE AT DAY CARE CENTERS

INDICATOR	2012			2013			2014		
	MAL E	FEMAL E	TOTAL	MAL E	FEMAL E	TOTAL	MAL E	FEMAL E	TOTAL
W/A <-2SD	5.0	5.8	10.8	11.4	13.4	24.8	13.1	14.6	27.7
H/A <-2SD	6.7	8.5	15.2	15	13.6	28.6	13.3	10.9	24.2
W/H <-2SD	4.2	4.6	8.8	5.2	6.6	11.8	3.7	5.9	9.6

Fifteen (15) day care and kindergartens both private and public were visited to conduct nutritional surveillance on three hundred and twenty one (321) school children less than five years old. Four sub-districts namely Fomena, Asokwa, Anhwiaso and Fumso were used. This exercise was necessary because most of the children after two years start attending school making it difficult for them to attend CWC sessions. The only way out thus is to catch them at school. Their weight, height and age are taken and compared against each other to check for rates of underweight, stunting and wasting. Recorded rates for the respective indicators were 27.7%, 24.2% and 9.6%. These are marginal improvements over the previous years' figures. This can be attributed to the educational talks given teachers during this exercise. Again parents and caregivers who attend outreach services especially CWC sessions are well educated on diets for children, emphasis placed on good complementary foods. Feedback on these figures was communicated to the district education office, specifically the school health department in order to make parents and caretakers aware and the actions to take to reduce rates of malnutrition.

ADOLESCENT HEALTH AND NUTRITION SURVEY

In order to improve adolescent health in the district, the adolescent health and nutrition survey was conducted to improve on adolescent health issues and strategize to address them. Three schools were visited; one primary school and a junior high school all within the Asokwa sub-district and a secondary school in the Fomena sub-district. In all 350 adolescents aged 10-19 years were visited; 151 males and 199 females. Topics treated included teenage pregnancy, adolescent nutrition and tobacco use among adolescents. Their weights and heights were taken after each visit to measure their Body Mass Index (BMI). The result of the survey is as follows:

AGE GROUP	BMI				TOTAL
	<18.5	18.5-25	>25	>30	
10 years	4	0	4	0	4
11 years	16	0	16	0	16
12 years	39	6	39	6	45
13 years	42	8	42	8	50
14 years	20	17	20	17	37
15 years	10	26	10	26	36
16 years	4	35	4	35	40
17 years	5	24	5	24	36
18 years	3	42	3	42	46
19 years	1	33	1	33	40
TOTAL	144	191	144	191	350

Out of the 350 people examined, 144 representing 41.1% were underweight, 191 representing 54.6% were healthy, 13 representing 3.7% were overweight and 2 out of the 350, representing 0.6% were obese. Efforts will be made to make health educational topics and materials more especially on nutrition handier to these adolescents to check rates of underweight.

Other activities undertaken within the nutrition unit include a weekly diet clinic conducted for diabetics at the Benito Menni health facility. For entire year, 97 clients were registered. 18 males and 25 females with diabetes mellitus and 12 males and 42 females with diabetes- hypertension were seen. Their Body Mass Indexes are recorded and counseled accordingly. They were given general talks on diabetic diet and management of the condition.

Child health promotion week was celebrated in May to improve on and create awareness about child health. A refresher on growth monitoring and promotion was organised with the RCH department in February to refresh staff on growth monitoring updates. New staff was also oriented to nutritional activities and topics during the staff orientation for new staff.

CHALLENGES

- Children not having their dates of birth in school register during day care surveillance survey. This makes analysis quite difficult.
- Nutritional activities not being funded.

WAY FORWARD

- Nutritional activities to be incorporated into other activities.
- To liaise with GES/ SHEP coordinator to update registers with date of birth of pupils.
- Establishment of baby friendly facilities in the district.
- Intensification of diet related disease clinic sessions.

- Intensified health education to reduce malnutrition and diet related diseases.
- Adolescent health survey to improve adolescent health.

HEALTH INFORMATION MANAGEMENT

In the year under review, data management has improved as compared to the past years. This is because all Health facilities purchased Laptop Computers and Modems. Also during the year, there has been trainings on Report formats and Report writing and Institutional or Facility to facility training on District Health Information Management System (DHIMS) software by the District Health Information Officer.

However a Regional training on DHIMS was also organised to all Facility heads/ Medical Superintendent and Medical Records Officers to sensitize the staff on DHIMS.

Some Challenges are:

- Inadequate staff with Skills in the usage of Computers.
- Inadequate of Medical Record Staff in the district to manage DHIMS.
- Lack of knowledge in the management of data on the side of Facility Heads and staff.
- No seriousness attached to report writing, reporting formats and data management.

HUMAN RESOURCE DEVELOPMENT

The Human resource position is good but still need some Technical staff such as permanent Laboratory Technicians to manage or run the two (2) Laboratories (Akrokerrri and Fomena Health centres) in the district.

We have eight (8) Midwives in the district are also not enough for the seven (7) Health facilities and additional but five midwives will help them go on shift and also be able to go on leave when they are due as their absent from duty to proceed on leave has become difficult to managed.

Six (6) Community Health Nurses were also granted Study leave to pursue Diploma in Midwifery and one (1) Disease control. Three of the above six completed their midwifery cause in December 2012 and hope they will be posted back into the district after their attachment to help reduce the pressure on the midwives in the district.

We will also need a Medical Office and Anesthetise to help run the new theatre block put up by MTN Communication Company at the Fomena Health Centre

Some of the Challenges in Human Resource Development were:

- ✓ Accommodation issues.

About 50% of staff were appraised in 2012. This is due to lack of cooperation from some of the staff.

KEY CHALLENGES

- ▶ Low TB case detection.
- ▶ Lack of commitment by community members on CHPS implementation.
- ▶ Poor staff attitude towards work (outreach, home visits)
- ▶ Lack of both office and residential accommodation.

- ▶ Lack of potable water at the facilities (Fumso and Akrokerri Health centres).
- ▶ Bad road networks in some parts of the district.

STRATEGIES USED TO ADDRESS CHALLENGES

- ▶ Lobbying with D/A to expedite actions on CHPS compounds and road networks.
- ▶ Lobbying with the MP to use part of NHIS fund to build DHMT office.

KEY INNOVATIONS

- ▶ Outreach Jadelle insertion.
- ▶ Institutional TB training and surveillance.
- ▶ Conference data entering on DHIMS software monthly.
- ▶ Outreach ANC

KEY ACHEIVEMENTS

- ▶ All facilities are now having Desktop computers.
- ▶ Two (2) suspected AFP cases identified.
- ▶ Office accommodation for the District Accountant provided by Fomena Health centre.
- ▶ Improvement in surveillance.
- ▶ CHPS compound at Fumso Ketewa construction ongoing through the MPs National Health Insurance fund.
- ▶ Expansion of Asokwa Health centre.

WAY FORWARD

- ▶ Continue to strengthen IDSR by institutional trainings and service providers sensitization especially Tuberculosis.
- ▶ Maintain immunization coverages.
- ▶ Intensify support visits to the facilities.
- ▶ Continue with Outreach ANC.
- ▶ Strengthen District Capacity for Emergency obstetric and new-born care (EMONC).
- ▶ Implement comprehensive midwifery programmes
- ▶ Access to appropriate health information for Adolescent and youth.
- ▶ Strengthens maternal health services
- ▶ Strengthen HIV/AIDs services.

- ▶ Quarterly monitoring and Evaluation
- ▶ Quarterly Review meeting by the Technical Team.
- ▶ Follow up on all suspected cases.
- ▶ Lobbying with District Assembly to complete building of CHPS compounds.
- ▶ Lobbying with District Chief Executive to implement CARMMA.

MINISTRY OF FOOD AND AGRICULTURE

Table 3: External forces impacting on agriculture performance							
External forces	Area of occurrence	Frequency (1)		Significance (2)		Trends (3)	
		Annual - 2009	Annual - 2010	Annual - 2011	Annual - 2012	Annual - 2013	Annual - 2014
FREQUENT EVENTS							
Bush Fire	3 Zones	2	2	6	6	-1	-1
Price variation of agric inputs	3 Zones	3	3	7	7	1	1
Seasonal price variation of local production	3 Zones	3	3	6	6	1	1
Malaria	3 Zones	3	3	7	7	0	0
Seasonal rural - urban migration	3 Zones	2	2	4	4	1	1
Urbanization and non-agricultural employment opportunities	3 Zones	3	3	5	5	0	0
Fuel Price Increase	3 Zones	3	3	5	5	1	1
Occurrence of droughts	None	1	1	4	4	0	0
National and regional trade of food production	3 Zones	3	3	1	1	1	1
Regional border effects	None	2	2	4	4	0	0
Alien herdsmen	None	2	2	4	4	0	0
Illegal mining (Galamsey)	3 Zones	3	3	5	5	1	1
LESS FREQUENT EVENTS							
Permanent economic migration and remittances	3 Zones	3	3	2	2	1	1
Variation of mean lean season	3 Zones	2	2	5	5	0	0
Stealing livestock	3 Zones	2	2	5	5	0	0
Tse-tse flies	None	-	-	-	4	0	0
Livestock epidemics	None	1	1	5	5	0	0
Crop damage (pest, insects, etc)	3 Zones	3	3	5	5	1	1
Soil or water toxicity-	3 Zones	2	2	5	5	1	1

	pollution							
	Conflicts	3 Zones	2	2	5	5	0	0
	Occurrence of floods	None	1	1	7	7	0	0
	Illegal Logging	3 Zones	3	3	5	5	1	1
	Chieftaincy	3 Zones	1	1	5	5	0	0
	Other	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-
<i>Source: DADU, PPMED</i>								
(1) Indicate Zones concerned								
(2) Indicate: 1 = Permanent; 2 = Seasonal every year; 3 = Occasional; 4 = Cycle of 2-3 times every ten years.								
(3) Significance of impact on agriculture performance: 1 = very important with mostly positive impact on agriculture. 2 = Important with mostly positive impact on agriculture; 3 = Medium with mostly positive impact on agriculture; 4 = Minor and occasional with mostly positive impact on agriculture. 5 = Very important with mostly negative impact on agriculture. 6 = Important with mostly negative impact on agriculture; 7 = minor with mostly negative impact on agriculture; 8 = No impact								
(4) 1 = Increase; 0 = Decrease; -1 =Stable.								

Food Based Nutrition Education									
Information/Technologies Disseminated	Annual - 2013			Annual - 2014			% Difference Between 2013 and 2014		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Awareness creation on food-based nutrition in relation to food production	119	398	517	131	415	435.0%	10.1%	4.3%	-99.2%
Protein Energy malnutrition (PEM)	0	0	0	0	0	0.0%			
Micro-nutrients (vit A, Iron & Iodine).	0	0	0	0	0	0.0%			
Food-to-food fortification demonstrations	143	308	451	157	351	100.0%	9.8%	14.0%	-99.8%
Nutrient conservation demonstrations in food preparation	0	0	0	0	0	0.0%			
Education on food handling and safety	0	0	0	0	0	0.0%			
Total	262	706	968	288	766	5	9.9%	8.5%	-99.4%
<i>Source: WIAD/MoFA</i>									
Analysis									

There was total number of 1054 farmers comprising 288 male and 766 female that participated in the food based nutrition education.

Processing Technologies for Agricultural Commodities Disseminated to Farmer Groups			
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Commodity	Number of Facilities owned by Groups	Number of Groups Involved	Group Membership		Number of Facilities owned by Individuals	Number of Individuals Involved		Total number of Processing Facilities	End Products	Quantity Processed Per Month (Raw Material in MT)
			Male	Female		Male	Female			
Maize	0	0	0	0	50	50	0	50	flour	
Soybean	0	0	0	0	0	0	0	0	0	
Cassava	0	0	0	0	55	55	0	55	dough	
Yam	0	0	0	0	0	0	0	0	0	
Plantain	0	0	0	0	0	0	0	0	0	
Mango	0	0	0	0	0	0	0	0	0	
Pineapple	0	0	0	0	0	0	0	0	0	
Banana	0	0	0	0	0	0	0	0	0	
Citrus	0	0	0	0	0	0	0	0	0	
Tomato	0	0	0	0	0	0	0	0	0	
Pepper	0	0	0	0	0	0	0	0	0	
Oil Palm	10	10	450	348	59	59	0	59	palm oil	
Palm Kernel Oil	0	0	0	0	8	8	0	8	kernel oil	
Fish	0	0	0	0	60	0	60	60	smoked fish	
Meat	0	0	0	0	0	0	0	0	0	
TOTAL	10	10	450	348	232	172	60	232	0	0
<i>Source: WIAD/MoFA</i>										
Analysis										

The total number of processing facilities was 232, and these include maize, cassava, oil palm, palm kernel, and fish.

Average Wholesale Food Price of Major Commodities			
COMMODITY	Average Price (Nominal GHc)		
	Annual – 2013	Annual - 2014	Percentage Difference
Maize (100 kg)	110	110	0%
Local Rice (100 kg)	130	130	0%
Millet (93 kg)	0	0	
Sorghum (109 kg)	0	0	
Cowpea (109 kg)	0	0	

Groundnut (82 kg)	70	0	0%
Yam (250 kg)	230	400	0%
Cocoyam (91 kg)	70	80	0%
Cassava (91 kg)	60	70	0%
Plantain (9-11 kg)	8	8	0%
Tomatoes (52 kg)	125	150	0%
Smoked Herrings (100 singles)	100	100	0%
<i>Source: DADU / RADU / SRID, MoFA</i>			
Analysis			

Food items were available in the district with moderate prices.

Major crop performance						
Commodity	Cultivated area (ha)		Yield (MT/ha)		Production (MT)	
	Annual - 2013	Annual - 2014	Annual - 2013	Annual - 2014	Annual - 2013	Annual - 2014
Maize	3,723.0	4,095.0	1.1	1.1	4,095.3	4,504.5
Rice (milled)	303.0	334.0	2.6	2.7	781.7	901.8
Cassava	6,740.0	7,414.0	16.3	16.4	109,862.0	121,589.6
Yam	605.0	665.0	11.0	11.0	6,655.0	7,315.0
Cocoyam	1,100.0	1,210.0	5.5	5.6	6,050.0	6,776.0
Plantain	4,347.0	4,782.0	10.2	10.3	44,339.4	49,254.6
Millet	0.0		0.0	0.0	0.0	0.0
Sorghum	0.0		0.0	0.0	0.0	0.0
Soybean	0.0		0.0	0.0	0.0	0.0
Groundnut	0.0		0.0	0.0	0.0	0.0
Cowpea	0.0		0.0	0.0	0.0	0.0
<i>Source: SRID, MOFA</i>						
Analysis						

Generally, food production in district during the year was promising and there was no significant difference as compared to last year 2013.

Value of Crop Production							
Commodity	Total Crop Production (MT)		Unit Value of Production (GH¢/MT)		Total Value of Production (GH¢)		% Change in Value of Production
	Annual - 2013	Annual - 2014	Annual - 2013	Annual - 2014	Annual - 2013	Annual - 2014	
Maize	4,095	4,505	1,100	0	4,504,830	0	-100.0%
Rice (milled)	782	902	1,300	0	1,016,262	0	-100.0%
Cassava	109,862	121,590	659	0	72,436,484	0	-100.0%
Yam	6,655	7,315	0	0	0	0	
Cocoyam	6,050	6,776	769	0	4,653,846	0	-100.0%
Plantain	44,339	49,255	727	0	32,246,836	0	-100.0%

Millet	0	0	0	0	0	0
Sorghum	0	0	0	0	0	0
Soybean	0	0			0	0
Groundnut	0	0	854	0	0	0
Cowpea	0	0	0	0	0	0
<i>Source: SRID, MOFA</i>						
<u>Analysis</u>						

Vaccinations and Prophylactic Treatments of Farm Animals and Pets				
Animal Species	Disease	No. of Animals Vaccinated		Achievement (+/-) for Annual (2014 vs. 2013)
		Annual - 2013	Annual - 2014	
Poultry	<u>Newcastle</u> Orthodox	5355	5303	-52
	I-2	0	0	0
	Gumboro	0	0	0
	Fowl pox	0	0	0
	Marek's disease	0	0	0
	Anthrax	0	0	0
Cattle	Blackleg	0	0	0
	CBPP	630	340	-290
Sheep	PPR	0	0	0
	Anthrax	0	0	0
Goats	PPR	8656	570	-8,086
	Anthrax	0	0	0
Dogs	Rabies	31	45	14
Cats	Rabies	0	6	6
Cattle	Trypanosomiasis	0	0	0
<i>Source: Veterinary Services / DADU, MoFA</i>				
<u>Analysis</u>				

There was a decrease in vaccination and prophylactic treatment of food animals and pests during the year 2014 as compared to year 2013. This is due to lack of funds for the activities.

Group Formation															
Type of Group	Existing groups (D)				New groups (E)				Total group	Total Male Membership	Total Female Membership	Ratio of Male / Female members* *	Functional groups (F)		
	Membership		No		Membership		No						No	M	F
	M	F			M	F									
Annual – 2013															
Crop Production	19	240	361	0	0	0	0	19	240	361	0.66	21	240	361	
Animal Production	3	45	15	0	0	0	0	3	45	15	3.00	3	45	15	
Processing	21	125	369	0	0	0	0	21	125	369	0.34	21	125	369	
Marketing	8	35	80	0	0	0	0	8	35	80	0.44	8	35	80	
District Total	51	445	825	0	0	0	0	51	445	825	1	53	445	825	
Annual – 2014															
Crop Production	19	240	361	0	0	0	0	19	240	361	0.66	19	240	361	
Animal Production	3	45	15	0	0	0	0	3	45	15	3.00	3	45	15	
Processing	21	125	369	0	0	0	0	21	125	369	0.34	21	125	369	
Marketing	8	35	80	0	0	0	0	8	35	80	0.44	8	35	80	
District Total	51	445	825	0	0	0	0	51	445	825	1	51	445	825	
<i>Source: DADU/RADU, AESD, MoFA</i>															
(1): Total group is the sum of existing groups (existing before the considered year) and new groups created during the															

considered year									
** The ratio is calculated as male/female. So a ratio of 5 means there were five males for every female.									
Analysis									

There was no formation of new group. All the functional oil palm processing group are working progressively to feed Fumso market. Palm oil, Yam sellers animal production and gari sellers are all doing well.

Group Functioning										
Type of Group	Total group	Total Male Membership	Total Female Membership	Ratio of Male / Female members **	Groups Recording Meeting Minutes (>3 months)	Groups Holding Accounts	Groups Collecting Regular Dues (>3months)	Groups Recording Expenses & Income (>3months)	Groups Planning their Business	Groups Marketing as a Group
Annual – 2013										
Crop Production	19	240	361	0.664819945	15	15	15	15	20	8
Animal Production	3	45	15	3	3	3	3	3	3	-
Processing	21	125	369	0.338753388	11	11	11	11	11	-
Marketing	8	35	80	0.4375	8	8	-	8	8	-
District Total	51	445	825	1	37	37	18	37	42	8
Annual – 2014										
Crop Production	19	240	361	0.664819945	15	15	15	15	20	8
Animal Production	3	45	15	3	3	3	3	3	3	-
Processing	21	125	369	0.338753388	11	11	11	11	11	-
Marketing	8	35	80	0.4375	8	8	-	8	8	-
District Total	51	445	825	1	37	37	18	37	42	8

Protection and Mitigation Measures Implemented							
Annual – 2014							
Measures implemented	Number of Trainings	Number of Male Participants	Number of Female Participants	Total Participants	Nature of actions	Impact (Perception compared to Annual - 2011)	Remarks
Catchments area protection schemes implemented (number of sites and areas)	1	25	11	36	Survey work at Nyakumase forest reserve and water fall.	0	0
Bush fire management protection awareness/training	3	51	68	119	Campaign on bushfire preventions	Farmers have become aware of importance of bushfire prevention.	0
Bush fire protection programme implemented	0	0	0	0	-	-	-
Overgrazing awareness and training sessions conducted	0	0	0	0	-	-	-
Cropping management training	3	54	63	117	Farm sanitation and fertilizer application	yield increased as compared to 2010	-
Water use management training	0	0	0	0	-	-	-
Training on perennial fruit and fodder plantation against soil erosion	0	0	0	0	-	-	-

IPM (Integrated Pest Management)	3	45	61	106	Control of pest in crop farms and rearing of animal.	-	-
Other	0	0	0	0	-	-	-
TOTAL	10	175	203	378			
<i>Source: DADU</i>							
Analysis							

Farmers have been educated on the prevention of bushfire and soil management. There were 10 trainings, and total number of participants were 378, comprising of 175 males and 203 females.

Natural Resource Management Activities Undertaken									
	Annual - 2013				Annual – 2014				Natural Resource Management Activities Undertaken
	Number of actions	Number of Participants			Number of actions	Number of Participants			
		Male	Female	TOTAL		Male	Female	TOTAL	
Adansi North	3	75	55	130	3	80	65	145	Sensitization
<i>Source: DADU</i>									
Analysis									

The district sensitized Fire volunteers, farmers farming along the river and forest reserve, not to destroy the natural resources, 2. Tree planting and 3. Proper use of agro chemical to prevent water bodies pollution.

Youth in Agriculture				
District	Youth involved in farm activities with MOFA special initiative for youth			
	Male	Female	TOTAL	% Female
Adansi North	90	45	135	33%
Analysis				
The percentage of female in youth in Agriculture was 33.				

Standardized Activity Implementation Efficiency			
Annual – 2014			

	No of activities planned in district planning (1)	No of activities prioritized based on resource allocation(2)	No of activities implemented and completed as scheduled (3)	No of activities started but not completed	Global programme cycle implementation efficiency (Ratio 3/1)	District development implementation efficiency (Ratio 3/2)
Adansi North	270	160	91	65	33.7%	56.9%
Analyses						

Total number of the activities planned in the district was 270 and number prioritized was 160, number completed was 91 and number not completed was 65. This gives global cycle implementation efficiency ratio to be 33.7% and the district development implementation efficiency to be 56.9%.

PROGRAMME DELIVERY

PLANT CLINIC ACTIVITIES

PLANTWISE IN COLLABORATION WITH MOFA AND NUMBER OF PARTICIPANTS

OPERATIONAL AREAS	WOMEN	MEN	TOTAL
AHINSAN	40	25	65
KONSIMWOAA	15	22	37
OLD EDUBIASE	17	8	25
DOMPOASE	19	16	35
TAWIAHKROM	15	21	36
TOTAL	106	92	198

The district is expected to conduct 10 plant clinics, but as at now the district has been able to conduct only 5

DEPARTMENT OF SOCIAL WELFARE

CHILD RIGHTS AND PROTECTION PROGRAMME

A total of Seven (7) Welfare cases under this Core Program were reported and registered at the Department during the year under review

The registered cases were in the area of child/family neglect and paternity. No cases were reported in the area of family reconciliation and child custody. The breakdown of the cases for the period were as follows:

Child/family neglect - 13

Paternity (disputed pregnancies)	-	6
Child custody	-	Nil
Family welfare/Reconciliation	-	<u>Nil</u>
Total	-	<u>7 cases</u>

a. CHILD/FAMILY NEGLECT

Five (13) child/family neglect cases were reported and registered at the Department during the year the year under review. Ten (10) were satisfactorily investigated and amicably settled by the Department during the period. None of the cases was withdrawn for peaceful settlement outside the Department. Also, no referral was made to the family tribunal from these cases. However the three remaining cases of the child/family neglect is pending before the Department to be settled as at the end of the year under review.

The Department of Social Welfare with vision to integrate disadvantage, vulnerable and neglected people into the mainstream of human development during the year collected a total Nine Hundred and Eighty Ghana Cedis (GH ¢ 980.00) cash from clients particularly fathers who appeared before the Department and were found to have failed to live up their paternal responsibilities as complaints were lodged against them at the Department.

b. DISPUTED PREGNANCIES (PATERNITY)

Six (6) paternity cases were reported at the Department which were also registered during the period. The six (6) cases were successfully handled by the Department during the year when respondents involved who had earlier at home denied paternity had in the course of the proceedings at the Department did accept responsibility for the pregnancy denied earlier at home having been briefed and counseled on paternity issue as contained in ACT 560.

c. CUSTODY OF CHILDREN

The Department did not handle child custody case during the year under review.

d. FAMILY WELFARE/RECONCILIATION

The Department during the year under review did not handle family welfare/reconciliation case.

PROGRAMMES AND ACTIVITIES WITH DAY CARE CENTRES

It has been documented by the Department that the Adansi North District has a total of twenty nine (29) Day Care Centres in operation as at the end of the year under review. So far thirteen (13) centres out of the number have been registered with the Department at the District level which is collaborating with District Assembly to register all the existing centres in operation for certificate to be issued from the National Headquarters of the Department in line with ACT 560 effective first quarter of the year 2013 for effective monitoring and supervision to improve standards in the best interest of the children enrolled at these centres throughout the District.

The Department with its scarce resources both human and financial managed to visit seven (7) centres which are yet register with the Department during the period by way of inspection and also to sensitize the proprietors/proprietress to see the need to register with the Department.

The centres visited include Bright Way, Fumso, Bura Day Care, Methodist Day Care, Anhwiaso, Prospect Day Care, Kwapia, Kwarteng Ababio Day Care, Ayokoa, Christ is the Answer, Dompouse and Joe More Day Care at Bodwesango.

COMMUNITY CARE PROGRAMME

a. REGISTRATION OF PERSONS WITH DISABILITIES (PWDS)

The programme aims at registering all the disabled persons within the District as part of the Department's strategic objective of knowing the number of the disabled persons within the District, plan effectively for them to enhance their image and to bring them into the mainstream of socio-economic development. With this program, seven (7) persons with disability were registered during the period under review as indicated below.

No	DISABILITY GROUP	Male	Female	Total
1.	Difficulty hearing/speaking	1	3	4
2.	Difficulty moving	1	1	2
3.	Difficulty seeing	-	1	1
4.	Other groups	-	-	-
TOTAL		2	5	7

b. SOCIAL/PUBLIC EDUCATION

The Department during the year 2014 as part of its community care programme and activities interacted, organized and sensitized some selected organized groups including social clubs, churches and dressmakers association. The theme was "What Children Need from Parents". Children today are more exposed to an unprecedented amount of violence as well as morally degrading practices. Hence topics selected for the program during the period include obedience protect children, why children should forgive, why children should not lie, help to overcome their fears and why children need to work. In all about two hundred and fifty (250) people participated in the programme during the period under review.

c. REFERRAL TO THE DISTRICT HEALTH CENTRE, FOMENA

Two (2) referral cases were made to the District Health Centre, Fomena during the period under review. The two (2) were cases involving paternity under investigation at the Department. The Department before investigating into the cases saw the need to refer the cases to enable complainants involved benefit from ante natal services available and also make our investigation and peaceful settlement a complete process.

d. THE LEAP PROGRAMMES IN THE ADANSI NORTH DISTRICT

The Livelihood Empowerment against Poverty (LEAP) programme was introduced into the District during the third quarter of the year 2008. Cash transfers/payment to beneficiary households within the district started in November, 2008 for the month of September and October, 2008. At the beginning of the programme, one hundred (100) households were benefiting from ten (10) selected communities within the District.

It is gratifying to note that the LEAP beneficiaries which started in the District with one hundred (100) beneficiary households in 2008 has now been increased to seven hundred and fifty three (753) as at the end of the year under review.

Also, the initial ten (10) communities have been extended to thirty (30) as at the end of the period under review. So far the beneficiary communities in the District include Fomena, Kusa, Dompase, Ahinsan, Agogoso, Adokwai, Kyeaboso, Medoma, Old Edubiase, Sodua, Old Akrofuom, Bobriase and Akrokerri. Others include Adansi Asokwa, Brofoyedru, Adiembra, Tewobaabi, Talsiman, Nyankomasu, Agyenkwaso, Pipiiso, Aboabo No 1 and 2, Sarponso, Sackitey, Nsokote, Anomabu, Fumso, New Akrofuom, Ayokoa and Hwiremoase.

The District LEAP Implementations Committees (CLIC) are also working hard to sustain and promote the programme in the district.

However, there is the need to disclose that with the 753 beneficiary Households within the district, it has become necessary for an urgent appeal to be made to the Nation Headquarters of the LEAP programme through the Regional Directorate to make the necessary arrangement to increase the district number of Beneficiary Households possibly to about One Thousand Five Hundred (1,500) as people have embraced the programme and have been making their humble appeal through our District Office for some time now.

JUSTICE ADMINISTRATION PROGRAMME

(a) SOCIAL WORK AT THE DISTRICT MAGISTRATE COURT

As it has been the case for some time now, the Adansi North District has no family Tribunal and Juvenile Court at the District Capital Fomena.

It needs mentioning that, the District Assembly in collaboration with the District office of the Department sent names of personnel from the District to form the family Tribunal/ Juvenile Court panel to the court, Fomena during the year 2010, but the District is yet to receive any response from the Judicial Service Secretariat from Accra.

Our anticipation therefore is that the year 2015 will give birth to the establishment of family Tribunal and Juvenile Court in the Adansi North District Precisely at the District Capital, Fomena.

(b) REFERRAL TO THE FAMILY TRIBUNAL

The Department within the quarter under review referred two (2) welfare cases to the Family Tribunal for redress at the request of Complainants involved. The cases involved Child/ Family neglect which were from the previous quarter cases handled at the Department.

(c) PROBATION CASES

The Department during the year under review did not handled probation cases

WORKSHOPS, DURBARS, SEMINARS, CONFERENCES ETC

The Department during the year 2014 did not benefit from any of the above programme and activities.

WORKING WITH ORPHANAGES IN THE DISTRICT

The only orphanages known to the Department in the district is the PATMOS CHILDREN'S HOME located at Adansi Tewobaabi. The Department during the year under review as required by law paid regular visits to the HOME. Records which were made available to the Department indicate that presently Twenty Seven (27) children are the resident at the HOME including Seventeen (17) males and Ten (10) females respectively. It was also learnt that the one storey building which presently housed the HOME is

a Rented one but investigation also revealed that efforts are being made by the management to build its own permanent structure at Tewobaabi.

During one of visits to the HOME during the period, it was also realized that the leaking roof which caused considerable damage to some vital equipment and documents of the HOME has also been repaired. The Department will continue to closely monitor, supervise and evaluate the activities at the HOME for presentation of detailed report come first quarter 2015.

CONSTRAINTS OF THE DEPARTMENT AT THE DISTRICT

The Adansi North District Office of the Department of Social Welfare is faced with numerous constraints in the execution of our statutory programmes and activities. Among them are:

1. Inadequate trained staff for efficiency and timely delivery of service.
2. Lack of funds to implement our statutory programmes and planned activities to meet our set targets
3. Lack of in-service training for both professional and non-professional staff of the Department to keep the staff abreast with modern trends in social work practice.
4. Logistics including stationery for timely and effective delivery of service and reporting are unavailable.

THE WAY FORWARD FOR 1ST QUARTER, 2015.

The Adansi North District Office of the Department of Social Welfare will continue to implement its statutory programme of rendering social services to the public in the core area of Child Right and Protection, Justice Administration and Community Care during the first quarter of the year 2015. This will be done in partnership with our stakeholder in service delivery in line with our strategic objective in consultation with the Adansi North District Assembly.

It needs to be mentioned however that the success and quality delivery of service as required of the staff of the Department will largely depend on the availability of funds to implement our programmes and planned activities, logistics and improved staff strength to the Department at the Adansi North District as these have been our major challenges militating against service delivery by the staff of the Department in the Adansi North District for sometimes now.

The LEAP programme is on-going and will also be vigorously implemented in the entire beneficiary communities as the beneficiary households have been increased from three hundred and ten (310) in 2013 to seven hundred and fifty three (753) as at the end of the fourth quarter of the year 2014. An appeal has been made to increase our beneficiary household to one thousand five hundred (1500) beginning first quarter 2014. This will go a long way to improve the well-being of the people particularly the poor, excluded, vulnerable and the marginalized in the District

GHANA EDUCATION SERVICE

The implementation of the Capitation Grant Policy started in the District from the 2009/2010 academic year. Since then, there has been regular release of funds to schools through the District office.

The amounts released to the District since the inception of the policy are as follows;

ACADEMIC YEAR	AMOUNT (GHC)
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2006/2007	86,481.00
2007/2008	-
2008/2009	94,038.00
2009/2010	47,000.00 (1 ST Trench)

The District office deducts an amount of thirty-five Peswass (GHC.35) per child for standardized examination for all schools. This has facilitated the process of assessing performance of pupils for necessary action to be taken.

BENEFITS OF CAPITATION GRANT TO SCHOOLS IN THE DISTRICT

Headmasters provide the following from the Capitation Grant;

- ✚ Supplementary reading books, text books, science equipments and computers.
- ✚ Environmental sanitation in schools have improved because there is regular supply of health needs like toiletries, drinking buckets and cups, towels as well as first aid drugs.
- ✚ Teaching and Learning Material are made available for teachers and this has enhanced effective delivery of lesson notes.

Sports equipment and Cultural customs are made available for effective cultural and sports activities.

NATIONAL SERVICE SECRETARIAT POSTING

The District requested for five hundred and ten (510) service persons and was given four hundred and forty (440) persons for 2013/2014 service year. Among the number, thirteen (13) were reposted from the District to other Districts. Again, the District requested for six hundred (600) national service personnel to start work in September 2014 but was given four hundred and thirty (430). However, six personnel were reposted to other Districts.

THE DISTRIBUTION 2011/2012

Education	332
District Assembly	48
Health centres	26
Nursing School	6
National Health Insurance Scheme	15
	<u>427</u>

ORIENTATION/MEETINGS

Orientation was organized for the personnel in December 2014 and it was attended by 87% of the personnel, District Education Director, District coordinating Director, District Engineer, Manager –

Health insurance scheme, and some Heads of Departments of the Assembly. During the orientation, election of NASPA executives was conducted for the 2013/2014 service year.

During the period under review, the secretariat organized four separate meetings with the personnel. Furthermore, another orientation was organized for the 2014/2015 service personnel in December 2014 which was also attended by 315 personnel, Education Director and Deputy, Acting coordinating Director, District Engineer, Health insurance staff and some heads of departments

MONITORING/SUPERVISION

Monitoring and supervision of the personnel started fully in January 2014 and ended in July 2014. The Director and his team visited all the personnel at their duty post three times each within January 2014 to July 2014. Again, the Director and his team visited the 2014/2015 year's batch once between October and December 2014.

PAYMENT OF ALLOWANCES

Payment of allowances to the personnel was very regular and timely. The secretariat uses the Adansi Rural Bank Limited. The personnel were paid two days after a cheque was presented to the Bank. The 2014/2015 batch had also received their allowances from September to December 2014.

RELATIONSHIP WITH OTHER DEPARTMENT

The District secretariat related very well with all the Departments within the District. The Coordinating Director of the Assembly, Education Director, Director of Health Service, Manager – Health Insurance and almost all the heads of Departments were seen at the secretariat's programmes and meetings.

Games were also organized which brought the Police service, Education service, District Assembly and the National service personnel together.

PROJECTS/ACTIVITIES

The NASPA donated a sign board to the secretariat in July 2014 and NASPA for 2014/2015 service year also organized 'VOTE FOR PEACE' programme prior to the 2014 general election in the District to promote peaceful election. They also organized 'AKWAABA NIGHT' for the personnel in the District.

NASPA executives' election was held in November 2014, during their orientation programme.

CHALLENGES

- ❖ The most hectic challenge of the secretariat is both office and residential accommodation. The office accommodation is too small for the Director and his staff for the smooth running of the secretariat.
- ❖ Again, the personnel find it very difficult in getting residential accommodation since the District Assembly is not having Transit quarters and rooms for rent are also very difficult to get at Fomena. This has given the Landlords the opportunity to rub the service persons their mingle allowances as rent.
- ❖ Vehicle for monitoring is not available. The District Director of National Service has to use his personal means for monitoring.

SUGGESTIONS

The District Assembly should assist the secretariat to get better office accommodation. The District Assembly and the other user agencies of the service persons should help in solving the

accommodation problems of the personnel by at least getting the personnel the rooms before they are posted even if they may be asked to pay.

The District Assembly should also help the secretariat to acquire land for transit quarters. Further, the District Assembly should assist the Director to get a vehicle for monitoring at least three (3) days in every two months.



PROGRESS REPORT

1.1 Introduction

Monitoring the progress of development is necessary in ensuring that available resources produce efficient output. This will also ensure that there are no deviations from what has been planned.

The document provides the performance indicators and updates on the status of interventions and implementations of activities and projects taken by the Adansi North District on core and specific indicators based on the Better Ghana Agenda from January to December 2014. It also captures additional indicators that have since been identified in the course of implementing programmes and projects.

1.4 Financiers of Projects and Programmes

The programmes and activities implemented during the period received funding from three main sources and these include Government of Ghana (District Assemblies' Common Fund (DACF), GETFUND, MPs Common Fund, among others), funds from Development Partners (World Bank, KFW, CBRDP, CWSA, REP, etc) and Internally Generated Fund (IGF).

1.5 Updates on Projects

ITEM	PROJECT DESCRIPTION	LOCATION	CONTRACTOR	CONTRACT SUM	AMOUNT PAID	DATE OF AWARD	STATUS	SOURCES OF FUNDING
1.	Construction of 1No. 6-Unit Dormitory Block at Asare Bediako SHS	AKROKERRI					95%	Get Fund
2.	Construction of Fence Wall, Metal Entrance Gate and Pavement at Community Health Nursing Training School	FOMENA	MESSRS ASUMADU CONSTRUCTION LTD	50,000			90%	DACF
3.	Construction Office Block for District Directorate of MOFA	NEW AYAAASE	MESSRS KADABOAT LTD	72273.00			85%	Sector Ministry/GOG
4.	Construction of 1NO. 6-Unit Classroom Block with Ancillary Facilities	KYEREBROS O	MESSRS KAZA ENTERPRISE LTD	148,743.20		8/25/2010	65%	Get Fund
5.	Construction of 6 Unit Classroom Block with Ancillary Facilities for Aboabo NO. 1 Primary School at Aboabo	ABOABO NO.1	MESSRS BENJOK COMPANY LTD	205,721.43		11/28/2011	50%	DACF

	NO.1											
6.	Construction of CHPS Compound	ANWONA	MESSRS JUBILEE CONTRACTORS LTD	97,872.01				11/28/2011	60%	DACF		
7.	Construction of Administrative Block Complex	FOMENA	BACHOR CO. LTD	1,311,478.78	450,000.00			11/17/2006	50%	DACF		
8.	Construction of CHIPS Compound	ANOMABU	MESSRS OWUSUAMPONG CONSTRUCTION AND FARMS COMPANY LTD	98,973.20				11/28/2011	60%	DACF		
9.	Construction of INO. Unit Classroom Block with Ancillary Facility for Islamic Primary School	AKROKERRI	MESSRS YEHMES VENTURES	186,340.50				11/28/2011	65%	DACF		
10.	Construction of INO. 4 Unit Classroom Block for Bodwesango Senior High School Secondary School	BODWESANG O	MESSRS ARTHURS CONSTRUCTION COMPANY LTD	106,165.35				11/28/2012	65%	DACF		
11.	Mechanization of 2 NO. Borehole for Asare Bediako and Bodwesango SHS at Akrokerrri and Bodwesango	AKROKERRI/ BODWESANG O	MESSRS NIMESS ENTERPRISE	42,013.80				11/28/2012	50%	DACF		
12.	Construction of 50	FUMSO						5/28/2012	80%	DDF		

	No. Open Market sheds at Fumso		MESSRS AKWASI FOSU ENTERPRISE	82,526.03				
13 .	Construction of INO. 3-Unit Classroom Block	BODWENSAN GO	MESSRS K.B.K LTD	76,532.18		5/28/2012	100%	DDF

