

**MINISTRY OF LOCAL GOVERNMENT AND
RURAL DEVELOPMENT**

ATEBUBU-AMANTIN DISTRICT ASSEMBLY

ANNUAL PROGRESS REPORT ON THE IMPLEMENTATION OF THE ANNUAL ACTION PLAN FOR
2016

CHAPTER ONE

ANNUAL PROGRESS REPORT ON THE IMPLEMENTATION OF THE ANNUAL ACTION PLAN

1.1 INTRODUCTION

This Annual Progress report covers the implementation status of the prepared projects and programmes contained in the Annual Action Plan of the Assembly for the 2016 financial year. The report covers activities that were implemented by all the departments of the Assembly including Ghana Education Service, Ghana Health Service, the Department of Social Welfare and Community Development, the Works Department, Town and Country Planning Department, Department of Agriculture and the Central Administration. The Report is structured under the seven (7) Thematic Areas of the Ghana Shared Growth and Development Agenda alongside the Government priority projects contained in the State of the Nation's Address.

Among the Thematic Areas of the GSGDA include the following:

- (1) Human Development, Productivity and Employment
- (2) Infrastructure, Energy and Human Settlements
- (3) Ensuring and Sustaining Macro Economic Stability
- (4) Transparent and Accountable Governance
- (5) Enhancing Competitiveness of Ghana's Private Sector
- (6) Accelerated Agricultural Modernization and Sustainable Natural Resource Management
- (7) Oil and Gas Development

1.2 CHALLENGES IN THE PREPARATION OF THE REPORT

In coming out with this report, the Assembly encountered quite a number of challenges which needs to be addressed as soon as possible to avoid same in the preparation of subsequent reports. Among the challenges include;

- (i) Inadequate data from the relevant sectors and departments
- (ii) Untimely submission of data by the various departments

- (iii) Different reporting formats by the departments, making it difficult to coordinate and harmonize the reports.
- (iv) Logistical and equipment challenges, there was no vehicle for monitoring of proposed projects and programmes of the various sectors in order for the Departments to ensure the reliability of the data submitted.
- (v) Limited participation by the departments of the Assembly in terms of the review process

The APR used a set of performance indicators and targets that have been agreed upon by the relevant stakeholders to assess the progress of implementation of key policies and programmes undertaken in the district to achieve the goals and objectives outlined in the 2014 – 2017 DMTDP

1.3 OBJECTIVES OF THE APR

- To provide a single source of information on the progress of the district in the implementation of its DMTDP
- To identify challenges that are likely to hinder the achievement of the goals and objectives of the DMTDP
- Proposed policy recommendation for addressing and further include them for future planning.

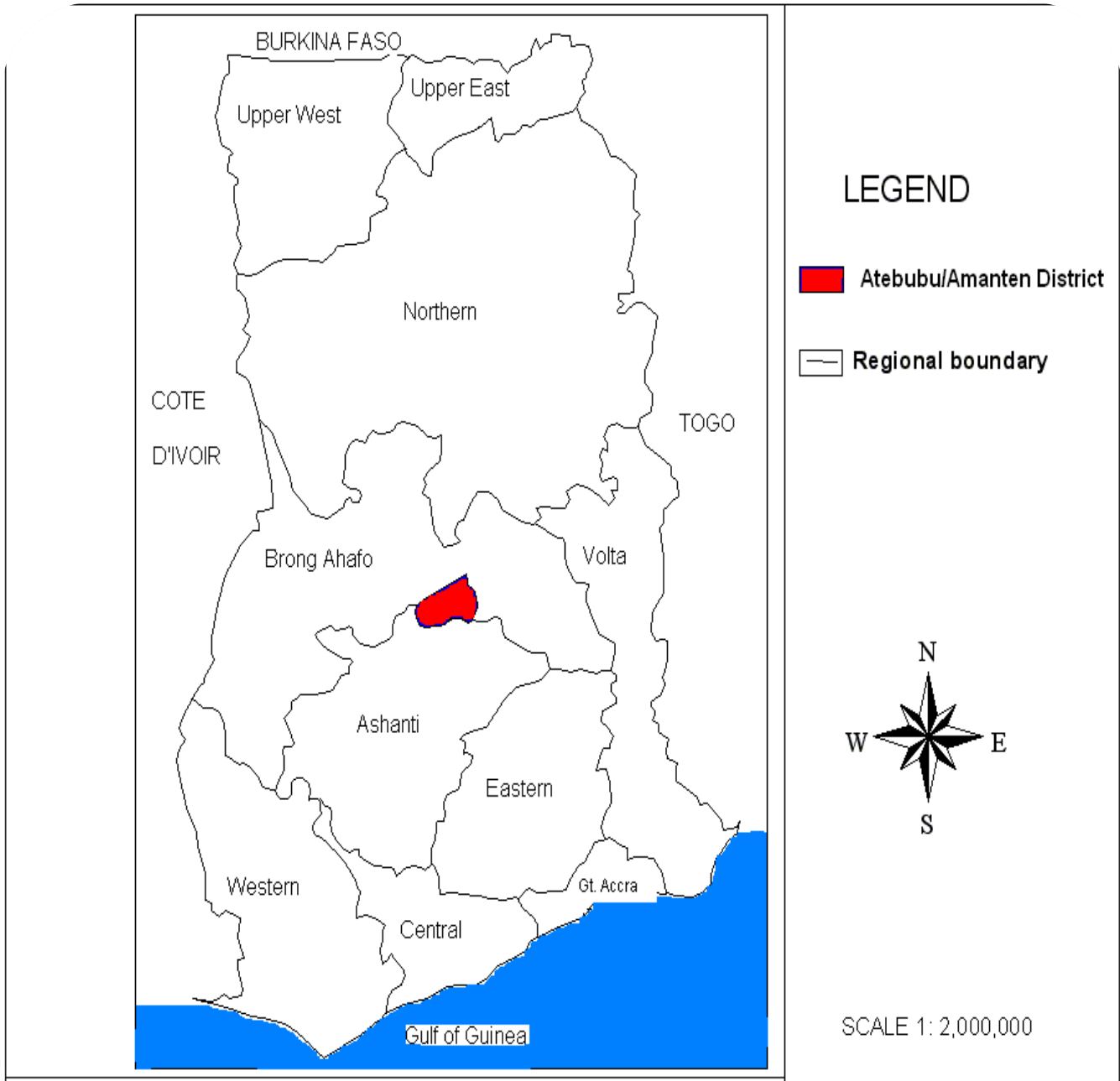


Figure 1. Atebubu/Amanten District in the National Context

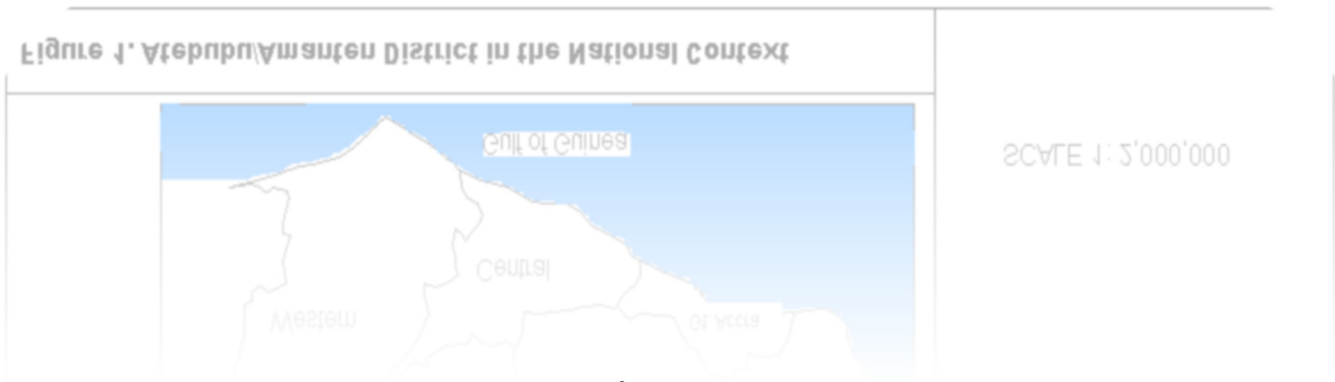
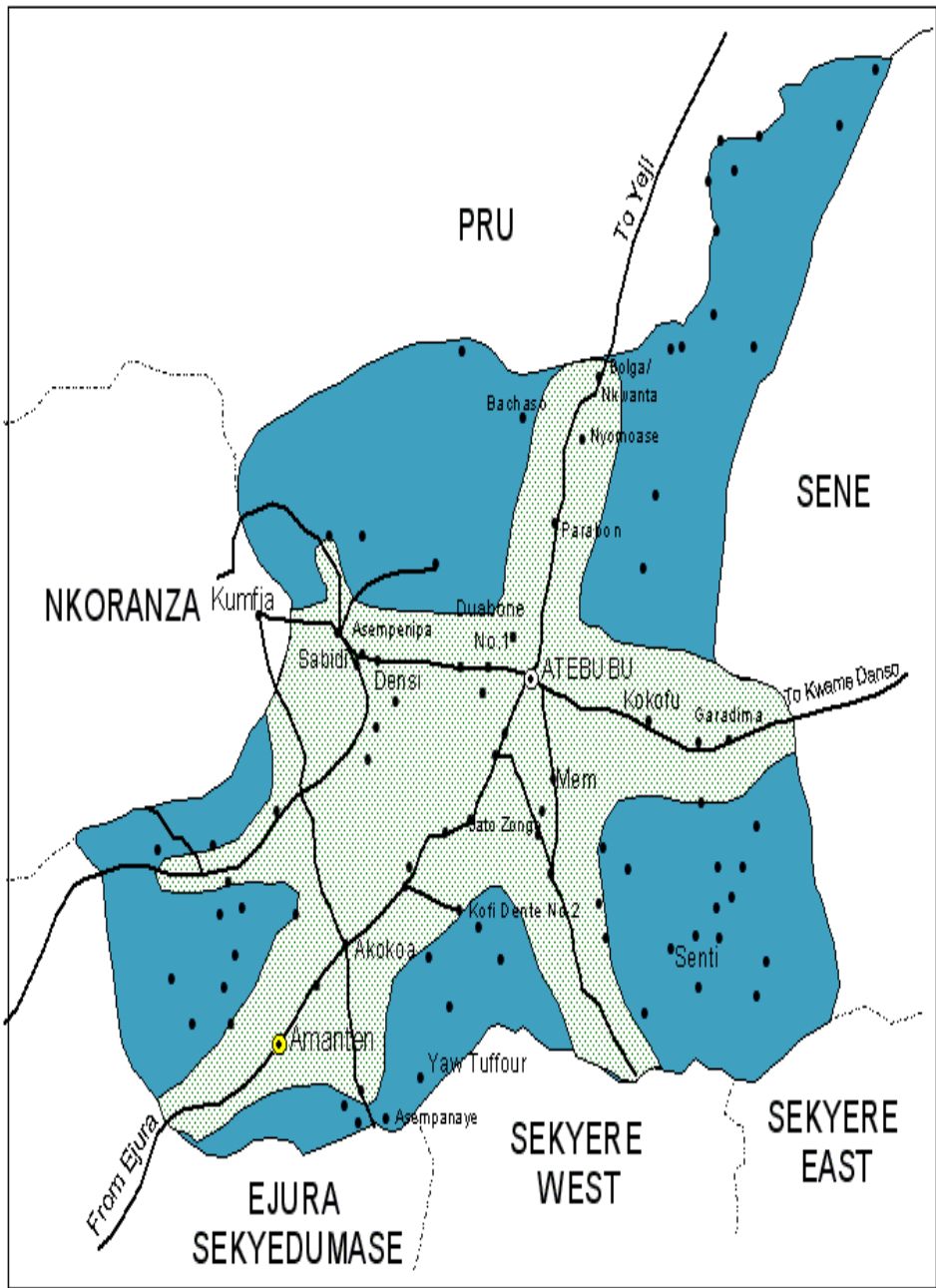


Figure 1. Atebubu/Amanten District in the National Context



LEGEND

- ⊙ Major towns
- ⋄ Boundaries
- Towns
- ⚡ Feeder roads
- Roads
- ▨ High Access
- Low Access



SCALE 1: 5000,000

Figure 10. Aggregate Accessibility

CHAPTER TWO

2.1 ENSURING AND SUSTAINING MACROECONOMIC STABILITY

Strenuous efforts were made by the assembly to increase its internally generated funds for the year under review. A series of strategies were initiated including series of meeting for the revenue staff of the Assembly and training programmes.

2.1.1 STRENGTHENING OF SUB-DISTRICT STRUCTURES

A training programme was undertaken for all the 7 sub-district structures of the assembly to strengthen and build their capacities to effectively and efficiently perform their expected and mandatory roles in line with L.I 1961. Participants were trained on the roles and responsibilities of Town, Area councils and the revenue collection functions of the councils as well as data management.

2.1.2 PROVISION OF LOGISTICS

The assembly provided some logistics to serve as motivational strategy to revenue collectors to be able to discharge their responsibilities. Among the logistics includes; cash books, rain coats, and wellington boots, torch lights among others.

2.1.3 FINANCIAL MANAGEMENT

The finance department embarked on a series of activities to ensure a sound financial management of the assembly. The assembly increased the cost of market tolls from 20 to 50 pesewa within the period. This led to a phenomenal increase in the fees and gives the assembly enough room to meet its finances. The assembly also pays for regular servicing and updates to the software installed for the preparation of its trial balance. This ensured an efficient and effective manner of reporting and brought about timely reporting of our financial statement to the appropriate quarters.

CHAPTER THREE

3.1 HUMAN DEVELOPMENT, PRODUCTIVITY AND EMPLOYMENT

As part of government efforts in ensuring a well-educated, healthy and productive workforce for the socio economic development of the country, the district made a significant study in activities under this thematic Area of the Ghana shared Growth and Development Agenda II (GSGDAII)

Among the major activities undertaken under the theme included GETFUND projects such as the construction of Auditorium, Women's hostel etc at the College of Education, 1 No. 6-Unit classroom block with Ancillary facilities at R/C Primary at Atebubu among others.

3.1.1 SOCIAL POLICY AND PROTECTION

Major social protection strategies initiated to address poverty and vulnerability which were continually implemented in the district include; NHIS, Capitation Grant, School Feeding Program and the Livelihood Empowerment against Poverty (LEAP). During the year under review a number of public relation activities, mass meetings/sensitization programmes were carried out in the various communities. Under LEAP, thirty sensitization durbars were conducted in collaboration with Filla Consult and Esoko Ghana in thirty communities. The rationale behind this sensitization programmes was to get the right people to benefit from the LEAP phase II expansion programme. A radio talk show was held at Atoobu FM as part of the sensitization programme.

3.1.2 Day Care Centres

Statistics from the Atebubu-Amantin District Education Directorate show that, the District has twenty-five (25) Day-Care centres with total enrolment of 1193 pupils; 612 males and 581 females, 36 staff; 2 males and 34 females during the 2015/2016 academic year. Efforts to get these centers register have not been successful. Proprietors of these centers think it is the GES that has the mandate to register and regulate their activities since they are educational institutions.

3.1.3 Abandoned Babies/Found Children

During the year under review, two abandoned baby girls were found (Baby Adom and baby Esther Addo) on the 2nd March and 14th December, 2016 around the Star FM area and Methodist

School Park area respectively. Reports were made to the Atebubu police and the babies were taken to Atebubu Government Hospital for medical care while financial support was sorted from the District Assembly for their upkeep. They were both discharged and send to the Regional Directorate of the Social Welfare Department, Sunyani for further handling.

Under the Ghana Social Opportunity Project (GSOP), in 2016 the number of household beneficiaries under the LEAP still remains 274.

One hundred and twenty-eight (128) persons with disabilities also received fifty-three thousand two hundred and fifty Ghana Cedis (**GHC53250.00**) from the District Assembly Common Fund. Fifteen members of the Albino's association in the District also received Two thousand Ghana Cedis (GHC2000.00) to attend their annual awareness in Sunyani while Sixty (60) received sixty gas cylinders and stoves.

Among other activities were also birth registration, awareness creation on Eban Elderly Welfare card by the Ministry of Gender and Social protection among others.

3.1.4 EDUCATION

Under education, the assembly in the year under review provided a number of educational infrastructures to support the sector. Among such infrastructure includes, the construction of 1 No Teachers Quarter's at Fante New Town, 1No. 3-Unit classroom block at New Konkrompe, and 1No.3-unit classroom block at Boniafo. All these were geared towards providing quality education in the district. GETFUND Projects under construction within the year include the following; construction of 1 No. 6 –Unit at Trohwe, 1 No. 6-Unit at Bresuono and 1 No. 6-Unit at Ahotor. The Community Day SHS at New Konkrompe is under construction .

3.1.5 SCHOOL FEEDING PROGRAMME

The Atebubu-Amantin District is one of the largest beneficiaries of the school feeding programme in the country. There are currently 67 primary schools benefiting from the school feeding programme with total of 25,753 children with 50 caterers. Recently additional 18 schools has been added making it a total of 85. The programme has led to an increase in enrollment at all levels of Basic schools (children who were not attending schools are now enrolled leading to an increase in Enrolment at all levels of primary schools). Within the year, there had been a lot of

reforms such as E-zwich registration for caterers and rice received from Sorogo Enterprise to ensure transparency and efficient and effective use of resources.

3.1.6 SUPPORT TO TEACHING AND LEARNING MATERIALS

The District is under a special project called G-PEC and G-PASS. Under the project some Dual Desks were provided to the Education Directorate for distribution to the various schools. School bags, computers, school uniforms, sandals were also provided to support Teaching and Learning in the district. However, the project ended in the earlier part of the year.

3.1.7 HEALTH SERVICES

Healthcare plays a distinguishing role in the development efforts of every nation. It is therefore very necessary to pay critical attention to health delivery services in the District. This aspect of the report focuses on the activities undertaken in the district in the year under review.

3.1.8 MAIN OBJECTIVES FOR THE YEAR 2016

Major concerns for 2016 included:

- To deliver quality health services both clinical and preventive to all our clients
- To reach every child with EPI services
- To reduce malnutrition among children below 5 years and
- To improve maternal and child health services and reduce maternal and infant deaths
- To improve surveillance especially AFP, Measles, Yellow fever etc

3.1.9 BRIDGE EQUITY GAPS IN ACCESS TO HEALTH CARE AND ENSURE SUSTAINABLE FINANCE ARRANGEMENTS THAT PROTECT THE POOR.

3.1.10 Community Based Health Planning and Service (CHPS)

The district has been demarcated into 31 CHPS Zones according with 31 electoral areas and has nine functional CHPS Zones. Community entry activities have been completed in three other zones, namely Mansuo 44, Dobidi and Wanjaga. CHOs have been assigned to all 31 electoral areas. Coordinates for all the zones have compiled in the year under review, 2016.

Activities carried out included:

- Collation of coordinates of all zones
- Monitoring & supervisory visit to all facilities
- Advocacy for staff, equipment & infrastructure for CHPS expansion
- Monthly Reporting
- Durbars with some community members.
- CHMC Meetings held at various zones
- Deployment of Community Health Workers (CHWs) to respective zones

3.2.0 HEALTH SERVICE DELIVERY

In terms of health delivery, the Atebubu-Amantin district has been divided into 6 sub-districts, namely Amantin, Atebubu, Kumfia, Garadima, Nyomoase and Jato Zongo. Health facilities have been made available in all the sub-districts – hence some improvement in health status. The district has one (1) hospital, two (2) health centers, , nine (9) CHPS compounds, one (1) private clinic, one (1) private maternity home. Thus the Atebubu District Hospital serves as the first referral point for all the other health facilities in the district.

3.2.1 HEALTH FACILITIES, ATEBUBU-AMANTIN

HEALTH FACILITY	LOCATION	OWNERSHIP
ATEBUBU GOV. HOSPITAL	Atebubu	GHS
AMANTEN HEALTH CENTRE	Amanten	GHS
KUMFIA CHPS	Kumfia	GHS
JATO ZONGO CLINIC	JatoZongo	GHS

AKOKOA HEALTH CENTER	Akokoa	GHS
NYOMOASE CHPS	Nyomoase	GHS
GARADIMA CHPS	Garadima	GHS
MEM CHPS	Mem	GHS
ABAMBA CHPS	Akokoa	GHS
MURUCHOSO CHPS	Muruchus	GHS
KOKOFU CHPS	Kokofu	GHS
ATECOE CHPS	Atebubu	GHS
AUNTE JOE'S MATERNITY HOME	Atebubu	Private
FAKWESI CHPS	Fakwesi	GHS
WOODLAND MEDICAL CENTER	ATEBUBU	PRIVATE

3.2.2HEALTH FINANCING

The main sources of finance to help deliver quality health services and increase financial access to health in the Atebubu-Amanten District remain the National Health Insurance Scheme (NHIS). However, the NHIA is highly indebted to the Health Facilities and this is affecting quality health delivery. As at the end of the year 2016, the NHIA was still owing

the health facilities up to six months submissions in arrears. This situation is affecting the supply chain of health commodities and health financig.

NHIA INDEBTEDNESS TO THE DISTRICT HEALTH FACILITIES AS AT DECEMBER 2016

Description	Outstanding balance 2015 (GH¢)	Submissions 2016 (GH¢)	Payments received 2016 (GH¢)	Disputed 2016 (GH¢)	Outstanding balance 2016 (GH¢)
DRUGS	210,895.24	497,115.17	(353,430.60)	(10,327.93)	344,251.88
SERVICE	201,207.10	321,383.68	(215,001.67)	(3,405.29)	304,183.82
TOTAL	412,102.34	818,498.85	(568,432.27)	(13,733.22)	<u>648,435.70</u>

3.2.3: IMPROVE QUALITY OF HEALTH SERVICE DELIVERY INCLUDING MENTAL HEALTH, NEONATAL, CHILD & ADOLESCENT AND NUTRITION SERVICES.

Maternal and Child Health Services represent the sum total of services required to promote and maintain the health of women and children who are the most vulnerable group in the society. They also constitute the highest proportion of the population.

Women are significant contributors of the nation's resources and the children as well as adolescents are our future leaders, their needs should be the nation's priority.

The current population of the Atebubu-Amanten district is **121,436** based on a Growth rate of 2.3% with the following targets;

- Women in fertility age 27,657 (23.3%)
- Expected Pregnancy 4,748 (4%)
- Children 0 – 11months 4,748 (4%)
- Children 12-23 months 4,748 (4%)
- Children 24-59monthths 14,244 (12%)

Key Activities performed in the year under review

- a. Acquisition of logistics to supply sub-district to carry out service activities.
- b. Building staff capacity through on the job training and In-service training.
- c. Strengthen collaboration with other health partners (World vision, palladium group, project peanut butter, etc).
- d. Promotion of IE& C activities in reproductive and child health.
- e. Compilation of data and validation for onward submission.
- f. Facilitative supervision to sub-districts and facilities.
- g. Conduction of ANC, PNC and CWC activities at various points.

3.2.4 Child Health

1. To maintain registrants of children 0-11 months from (80.3%) to (100%) by December, 2014.
2. To increase registrants of children 12-23 months from 1550 (34.1%) to 2000 (43%) by December, 2014.
3. To increase registrants of children 24-59 months from 1159 (8.5%) to 1500 (10.7%) by December, 2014.
4. To increase the number of school children examined from 16723 (89.4%) to 17000 (90.8%) by December, 2014.

3.2.5 Antenatal Care (ANC)

The limited number of midwives in the district affected Antenatal services. Only four facilities plus one private maternity home render proper antenatal services in the district.

During the period under review 4,176 pregnant women were registered which gave a coverage of 85.9%. The attendance was 16,088 with an average visit of 3.8 visits per client.

A total of 35,469(72.8%) of the registered clients received TD²⁺.

ANC REGISTRANTS AND ATTENDANCE COMPARED (2011-2016)

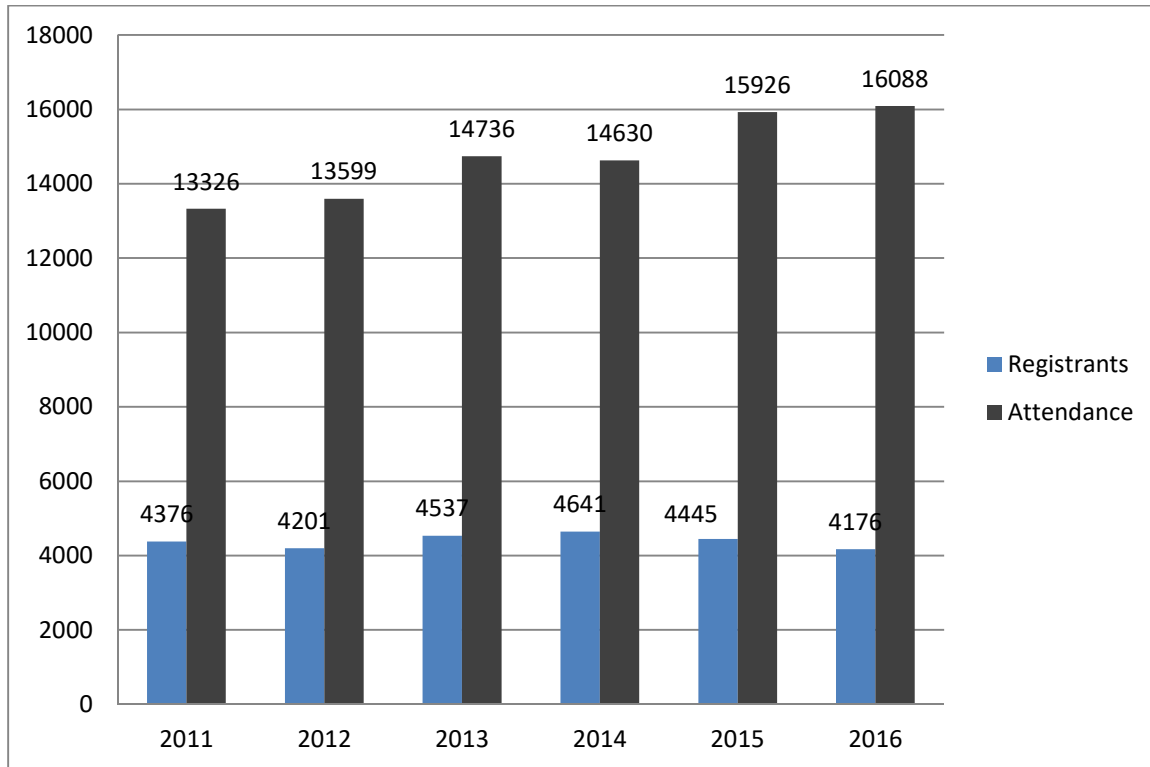


Figure 3:

3.2.6 Prevention of Mother to Child Transmission of HIV (PMTCT)

The prevention of mother to child transmission of HIV/AIDS is aimed at reducing the risk of HIV transmission from infected mothers to their babies.

In Atebubu, PMTCT services are provided in all facilities where there are midwives; the district hospital at Atebubu, Amanten Health Centre, Akokoa Health Centre and Nyomoase CHPS compound. In the verge of scaling up the PMTCT services, all clinical officers in the various facilities across the District were trained on the job for the services.

ART therapy was started in 2009 in Atebubu district and below is the comparism of the figures.

PMTCT Data- From 2010 to 2016

INDICATORS	2010	2011	2012	2013	2014	2015	2016
# OF ANC REGISTRANTS	2195	1455	2275	2724	1550	4466	4176
# OF RECEIVING PRE-TEST COUNSELING	1718	1319	1392	546	1476	3348	3510
# TESTED	979	1524	1123	497	1154	1763	2521
# TESTED +VE	17	16	19	27	17	9	28
# RECEIVING +VE TEST RESULTS	17	16	16	27	17	9	28
# RECEIVING POST-TEST COUNSELING	979	171	875	483	1154	1397	2454
# OF PREG. WOMEN RECEIVING ARVs FOR LESS THAN 4 WKS BEFORE DELIVERY (A)	3	14	0	0	5	0	0
# OF PREG. WOMEN RECEIVING ARVs AT 4 WKS OR MORE BEFORE DELIVERY (B)	3	15	2	0	5	2	5
# OF WOMEN ON FULL TREATMENT WHO HAVE DELIVERD ©	0	0	0	0	2	9	5
# OF PREG. WOMEN WHO HAVE COMPLETED THE FULL COURSE OF ARVs	1	0	1	0	0	6	3
# OF BABIES WHO HAVE COMPLETED THE FULL COURSE OF ARVs	3	0	0	0	10	1	3
# OF MOTHERS/BABIES WHO HAVE COMPLETED THE FULL COURSE OF ARVs	3	0	0	0	0	7	3
BABIES GIVEN COTRIMOXAZOLE	0	0	0	0	0	0	0
INFANTS EXCLUSIVELY	0	0	0	0	0	0	0

INFANTS EXCLUSIVELY GIVEN	0	0	0	0	0	0	0
INFANTS DNA PCR TESTED(6WKS &6-18WKS)	0	0	0	0	0	0	0
INFANTS DNA PCR POSITIVE (BEFORE18MTHS)	0	0	0	0	0	0	0
INFANTS ANTIBODY TESTED FROM 18MTHS	0	0	0	0	0	0	0
INFANTS ANTIBODY(18MTS ONWARDS)	0	0	0	0	0	0	0

SUPPLEMENTATION PROGRAMMES

These programmes aim at providing macro and micronutrients to targeted groups to create opportunities for optimal growth and there by reduces morbidity and mortality of children

3.2.7 VITAMIN SUPPLEMENTATION BY SEMESTERS

TABLE 6: FIRST SEMESTER VITAMIN A SUPPLEMENTATION 12-59 MONTHS

MONTH	ACTUAL COVERAGE	CUMMULATIVE COVERAGE
JANUARY	743	743
FEBRUARY	542	1284
MARCH	514	1798
APRIL	601	2399
MAY	707	3106
JUNE	1040	4146
PERCENTAGE (%) COVERAGE	21.3%	

TABLE 7: SECOND SEMESTER VITAMIN A SUPPLEMENTATION 12-59 MONTHS

MONTH	ACTUAL COVERAGE	CUMMULATIVE COVERAGE
JULY	1149	1149
AUGUST	767	1916
SEPTEMBER	1033	2949
OCTOBER	2270	5219

NOVEMBER	1131	6350
DECEMBER	1639	7989
PERCENTAGE (%) COVERAGE	41%	

FOOD DEMONSTRATION ACTIVITIES

Food demonstration is the display of locally available food stuffs to a group of people living in a given geographical area. Studies have shown that children (especially girls) who are not fed well from birth to two years are malnourished for life. The effect of malnutrition includes the following:

- Brain retardation –cannot learn at school
- Giving birth to babies with low weight
- High Morbidity and Mortality

Food demonstration is therefore very important because it exposes families to the combination of locally available food stuffs into balance diet during food preparation

Some advantages of food demonstration are as follows:

- It promotes the use of locally available food stuff
- It reduces cost, and the entire family benefits once the knowledge is acquired
- It serves as diet therapy, thereby reducing the number of severe malnutrition among infant and young children.
- Speed up the rate of recovery from malnutrition as much as possible.

Due to the above mentioned reasons for food demonstrations, World Vision (SATISFY Project) in collaboration with Ghana Health Service organized food demonstration sessions in the district in the area of **Soya biscuit, Cerelac, Yogurt and Yellow Flesh Sweet Potato(YFSP)** preparation as tabulated below.

3.2.8 INTENSIFY PREVENTION AND CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES, AND PROMOTE A HEALTHY LIFESTYLE.

The disease control unit is a subset of the District Health Management Team mandated to monitor and mount active surveillance on all communicable and non-communicable diseases in the district. Over the years, there has been a strong collaboration between the unit and all the facilities in the district to ensure early detection and control of all forms of outbreak prong diseases that are likely to cause serious epidemic.

The year under review was a hectic one; with minor outbreaks which were managed at the district level without escalating .Most indicators saw a tremendous improvement whilst others did fairly badly. BCG and Measles/rubella 2 which is given at birth and 18month respectively saw a decrease in coverage. PENTA3, OPV3, YELLOW FEVER, M/R 1 appreciated very much due to some strategies that were put in place.

The Nan fang motorbikes are not good for our roads and frequently breakdown. This sometimes affected our EPI as well as surveillance performances. Presently, not all the facilities have motorbikes for outreach services. The frequent breakdown of motorbikes is crippling the immunization activity in hard to reach community. Couple with frequent shortages of some vaccine has made it difficult in reaching our targets.

Despite these problems the district did its best to carry out some basic activities rather with lots of difficulties. It took dedication and commitment of the hard working staff to be

able to make this modest achievement. All communicable diseases reported were investigated and specimen samples and the case-based forms submitted to the region.

3.2.9 MAJOR CONCERN

- To Reach the Unreached children with EPI services in the district.
- To improve over our previous year EPI coverage
- To improve TB and leprosy case detection in communities.
- To improve AFP, Measles, and Yellow Fever surveillance
- Conduct at least one active case search every quarter.

3.2.10 OBJECTIVES FOR 2016

The unit set the following objectives in the beginning of the period under review:

- To vaccinate 100% of chn 0-11mths with BCG by December 2016
- To vaccinate 100% of chn 0-11mths with the other antigens by December 2016
- To vaccinate 80% of pregnant women with Tetanus Toxoid (TT2+) by December 2016
- To conduct Child Health Promotion Week (CHPW) in May 2016

3.3.0 ACTIVITIES CARRIED OUT

- Monthly acquisition of vaccines from the region
- Monthly vaccinations, reporting on logistics and surveillance
- Daily monitoring of vaccine storage
- Daily records review at the Hospital

- One round of active case search in selected communities
- One round of CDTI (MDA)
- Mass school de worming exercise
- Supervision of CBS volunteers
- Case investigations and follow ups
- Health education-FM, Schools, Community, Churches
- One round of EPI mop-up exercises
- Sensitization workshop for Hospital and sub-district staff on TB.

The increase in the coverage of vitamin A in children 12-59 months from 21% in the first semester to 41% in the second semester respectively, was due to the implementation of the vitamin A tracking monitoring chart at the various health facilities.

TABLE 8: ROUTINE VITAMIN A COMPARED FROM 2014 -2016 AS TABULATED BELOW

YEAR	TARGET	CHN DOSED	COVERAGE
2014	20885	10323	49.4
2015	21369	11817	55.0
2016	21858	12136	55.5

The slight increase in 2016 figures is due to the introduction of the vitamin A monitoring chart and the commitment of staffs on the importance of vitamin A during school health and the support of the community health workers when it comes to vitamin A supplementation.

3.3.1 MALARIA CONTROL PROGRAMME

The national malaria control programme has over the years supported the district with long lasting insecticides nets (LLINs) for distribution to ANC registrants and children due for measles/Rubella². With this national policy, all eligible persons are to receive the LLINs from the health provider either at the CWC or ANC.

Though there were minor shortages with the nets in the year under review, most health facilities were able to reach majority of client.

The tables below illustrate the number of LLINs distributed to ANC registrants and children due for second dose of measles

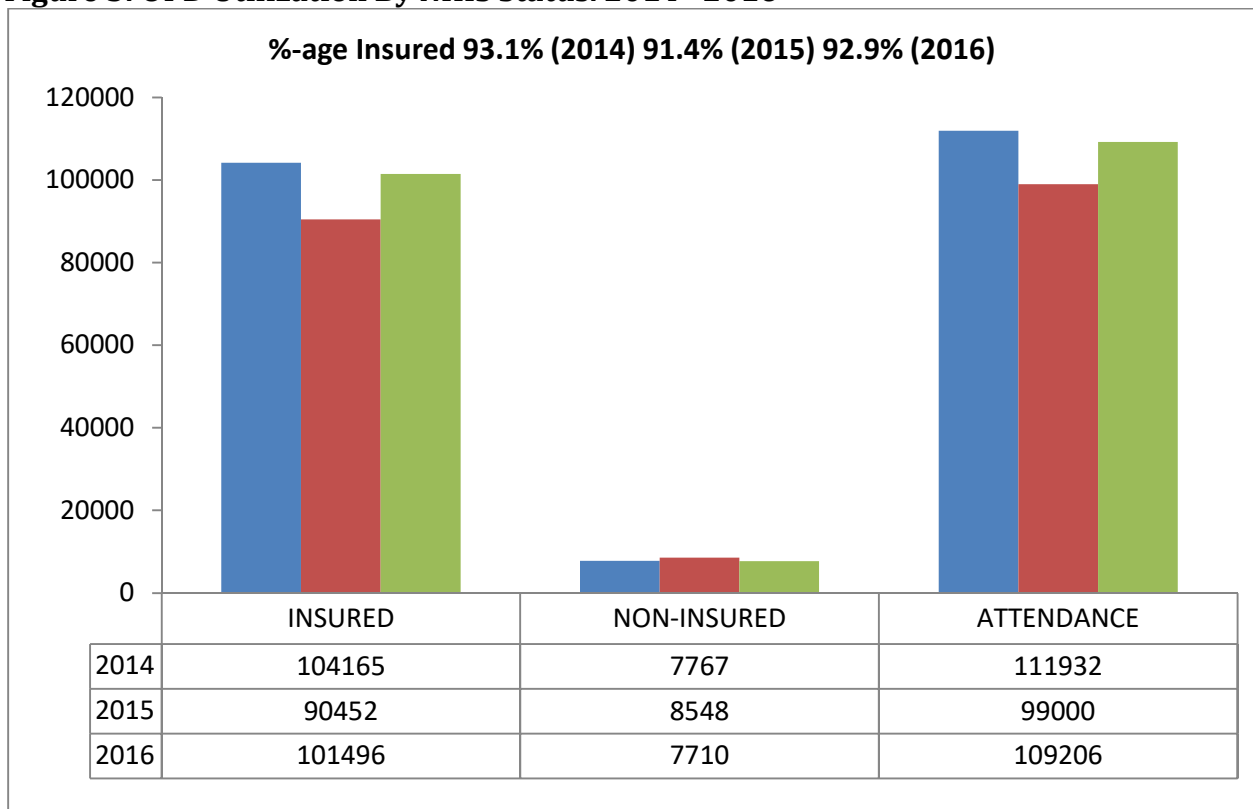
TABLE 19: LLIN BENEFICIARIES (CHILDREN)

SUB-DISTRICT	CHN RECEIVING MEASLES/RUBELLA 2ND DOSE	LLIN ISSUED TO CHN	% OF CHN GIVEN LLINs
AMANTEN	722	697	96.5
ATEBUBU	1151	1151	100.0
GARADIMA	242	220	90.9
JATO ZONGO	412	399	96.8
KUMFIA	628	575	91.6
NYOMOASE	262	262	100.0
DISTRICT	3417	3304	96.7

3.3.3 OPD Load by NHIS Status

Utilization of Health Service is both geographical and financial access to health care. During the past years the utilization of Out Patient Department (OPD) service has been increasing as shown by the OPD attendances. Much of this remarkable achievement is attributed to the National Health Insurance and health care delivery at the community's door steps. The implementation of the National Health Insurance has removed a significant financial barrier to access health care delivery.

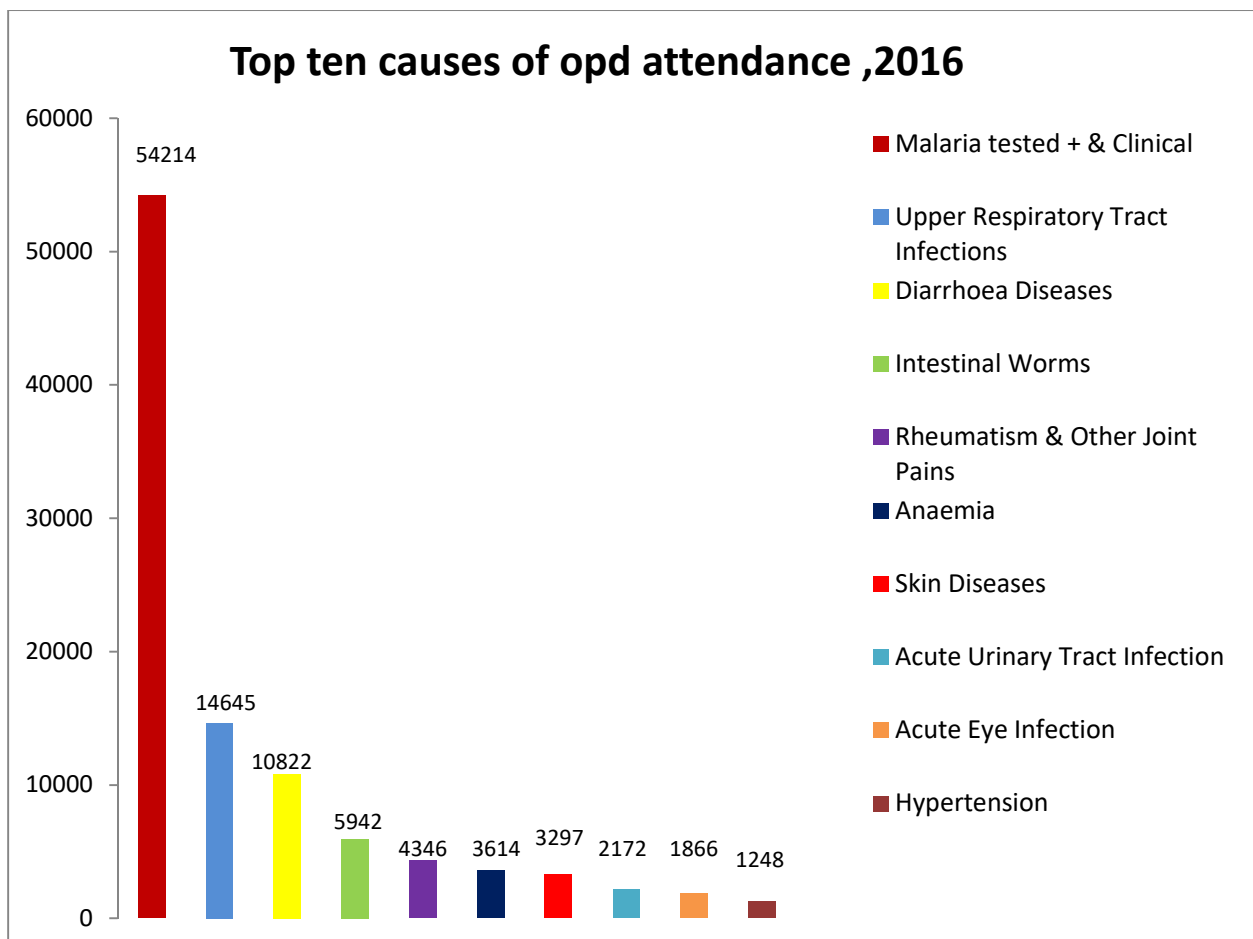
Figure 3: OPD Utilization By NHIS Status. 2014- 2016



General top 10 causes of OPD visits

The top ten causes of OPD attendance in 2016 included malaria, upper respiratory infections, Diarrhea, intestinal worms, skin infection, anemia, rheumatism and joint pains, hypertension. And others are acute eye infections, and urinary tract infection. This is virtually the same picture as in 2014 to 2015. Malaria accounted for 46.3% of total OPD attendance in 2014 which increased to 54.4% in 2015. Malaria accounted for 54.1% of cases in the year under review, thus a slight decrease 0.3%. Even though it decreased in percentage, it increase in absolute figure but it is the hope that with the new Test, Treat and Trace and LLINs given to pregnant women and children 18 months malaria cases will contribute to the decrease in the subsequent years.

Figure 4: Top Ten cases, 2016



3.3.4 Mental Health Services

- Assessment Of Clients
- Follow -Up Visits
- Health Education Eg. School Health, Radio Talk etc
- Home Visits
- Providing Psychological Support For Clients And Their Relatives
- Detection Of Cases
- Referral Of Cases
- Training Other Health Workers In Psychiatry
- Administer Treatment And Recognize Side Effects And Manage Them
- Report Writing
- Visits To Prayer Camps And Faith- Based Healers

There are a lot more activities that were carried out in the district but could all be captured here.

3.3.6 CHALLENGES

1. Non- functional motorbike for EPI, surveillance and other activities
2. Frequent breakdown of computers
3. Encroachment on lands
4. Lack of psychiatric Unit
5. Inadequate numbers of critical staff i.e, Public Health Officers/nurses/midwives/medical officers
6. Erratic flow of NHIA reimbursement
7. Only one utility vehicle

8. Inadequate cold chain equipment - Deep freezers and Vaccine carriers
9. Frequent breakdown of cold chain equipment due to frequent power outages
10. Lack of DHMT block
11. Erratic flow of funds for activities
12. Inadequate and weak transport - broken down pick-up vehicle

3.3.7 Way forward

1. Pay supportive visits to facilities
2. Regular maintenance and replacement of old and obsolete equipment
3. Securing ownership of the lands property
4. Liaise with RHD to attract and retain critical staff
5. To procure additional vehicles to augment our fleet.
6. Organize mop-up exercises at least once every quarter to improve upon our EPI coverage
7. Appeal to the district assembly/RHMT for the construction of a DHMT block
8. Reduce revenue leakages
9. Continue monitoring of the quality data management process
10. Respond to and investigate all suspected cases reported promptly to prevent outbreaks
11. Advocate for financial and logistical support from NGOs and DAs

12. Lobby for lab and x-ray facilities for 2 more sub-districts
13. Completion of RCH shed for ANC and CWC -ongoing
14. Strengthening collaboration with other stakeholders
15. Open three more CHPS Centers to improve accessibility.
16. Re-setup the district hospital Medical Records department
17. Strengthen and integrate surveillance
18. Strengthen and integrate our IEC with KYS & other Health programs

3.3.8 Best practices

1. Effective collaboration with DAs, NGOs and other partners
2. New looks on Kumfia CHPS
3. Capacity-building of sub-district staff on store keeping and financial management
4. Involvement of Community Health Workers (CHWs) in Integrated Active Case Searches.

3.4 NATIONAL HEALTH INSURANCE AUTHORITY-ATEBUBU-AMANTIN DISTRICT

During the year under review, the NHIA- Atebubu-Amantin District had undertaken a number of activities under its operational fields of which they include the following:

Office/Field Registration Exercises

category	Males	Females	Total
New	5,825	8,138	13,963
Renewals	11,432	15,327	26,759
Total	17,257	23,465	40,722

Special Registration Exercises

Special Registration exercise were organized at some institutions and locations under special/institutional registration exercises.

Total people enrolled were 3,159

3. Community durbars on NHIS capitation sensitization organized in five communities from 4th to 23rd August 2016 at Kumfia, Nyomoase, Garadima, Amantin and Atebubu.

5. Monitoring and Support visit to Credentialed Health Facilities

The District Office embarked on monitoring and support visit to twelve health facilities within the District for claims verification and assessment of administrative procedures.

The Office also undertook monitoring of selected health facilities with the Regional Office M&E Team on two occasions.

The health facilities visited within the thired quarter are Amaten Health cenre, Akooa Health centre, Jato Zongo CHPS, Mem CHPS, Kumfia CHPS Garadima CHPS, Nyomoase CHPS and Fakwasi CHPS, Muruchuso CHPS , Abamba CHPS, Kokofu CHPS, and Atecoe CHPS Compounds and the Atebubu District Hospital with the Regional M&E Team.

Registration of LEAP Beneficiaries

The District Office laiased with the District Office of Social Welfare Departmet ot enroll LEAD beneficiaries as part of vulnerable groups registration in September 201. At the end of the exercise, 204 beneficiaries were enrolled onto the BMS platform

Males	Females	Total
71	133	204

7. School feeding registration

Some part of school feeding beneficiaries registration was done in July 2016 under the government's fee NHIS registration for all pupils benefiting from the school feeding programme. The details is as follow;

males	females	Total
4006	4180	8186

The NHIS also made public education under 8 zonal areas to cover most of the communities in the district.

Challenges

The Atebubu-Amantin District Office of NHIA is faced with the challenges below which retards smooth operations at the Office

1. Insufficient office space for serving clients due to congestion in current office.
2. Inadequate administrative income to meet office and operational expenditure due to remittance of part of administration funds mobilized to Head Office
3. Poor MTN connectivity (which is the only network used for BMS registration) in most parts in the District
4. System/Application down time often experienced.
5. Lack of means for transporting school feeding beneficiaries to nearest registration points for BMS er

3.4.1 GHARH PROJECT

The Ghana Adolescent Reproductive Health Project (GHARH) which is on a pilot base in the region carried out quite a number of activities which some of them is shown below.

Activity	Male	Female	Total
Quarterly District coordinating meeting	14	6	20
Quarterly review and planning meeting	5	0	5
Organized quarterly planning and review meeting with club patrons and club executives.	65	59	124
Club executives visit to health corners	51	49	100
Mobilized and link street adolescents (kayaye & truck pushers) to ASRH services in 10 communities.	44	76	120

Facility based orientation for health workers on GHS mobile application, RS log, adolescent register and job aid and standards.	27	33	60
Screen YOLO Series			

3.4.3 WATER AND SANITATION

WATER: Access to water is very low in the district. This is due to the breakdown of all the pipelines that supply water from the water treatment plant to the communities especially the suburbs of Atebubu. This has led to rationing of water for residents. Majority of the residents depend on boreholes and hand-dug wells for their sources of water. Plans are advanced to ensure that, the water system is repaired to curb the situation. A 3 No. borehole at Fante New Town, Atebubu and New Konkrompe were awarded for mechanization. Repair of borehole was also done at Nyomoase.

Water still remains a serious challenge in the Atebubu-Amantin District and therefore needs serious attention to facilitate solve it.

3.4.4 PARTNER ORGANISATION ACTIVITIES

The Partner Organization, Community Development Alliance, that is human development Focus has carried out its activities in the communities concerned. A project called Ghana Strengthening Accountability Mechanisms (GSAM) established by CARE INTERNATIONAL and IBIS partners with the district in its implementation of selected projects to ensure transparency and accountability.

The Complementary Basic Education run by Actionaid is playing a complimentary role to ensuring that all drop outs go back to school. During the year under review a number of pupils were graduated and integrated in to the formal school.

3.4.5 SANITATION:

Under sanitation, the district does not have a proper land field disposal sites for both solid and liquid waste .This has led to the disposal of solid waste at unauthorized places leading to the outbreak of diseases such as cholera and diarrhea. There are huge piles of refuse at several locations in Atebubu and Amantin which pose health risk to people living in such areas. The challenges in the sector include inadequate staff in the Environmental Office, inadequate logistics such as (motor bikes, skip containers and movable containers), Shallow Wells Disinfections meat inspection and understanding of meat related issues. These has compelled Zoom Lion in the district sometimes fail in their capacity to evacuate the refuse gathered at vantage points thereby posting health hazards. In view of this the district initiated a project through the DCE called “1for Two Project” (1 for 2) means one fertilizer sack of pure water rubbers for GHS 2.00 .This made a lot of women and children generated income hence keeping the towns clean. Due to inadequate funds, the assembly is unable to clear all these refuse to the appropriate places. A few of them have been cleared including 2 areas at Amantin and Atebubu.

3.4.6 CAPACITY BUILDING

Training was conducted at the district level to build the capacity of senior staff on record keeping and management, revenue collectors and staff in the general registry.

Officers from the assembly also received various forms of training from workshops at both the regional and national level.

CHAPTER FOUR

4.0 ACCELERATED AGRICULTURAL MODERNIZATION AND SUSTAINABLE NATURAL RESOURCE MANAGEMENT

Agriculture is the major and dominant economic activity in the district. According to the 2010 population and housing census, Agriculture employs 70% of the labour force. Among the major crops cultivated in the district includes Yam, Cassava, Maize, Rice, and Cowpea. Agriculture also contributes over 80% of the district's economy. Within the year under review, agriculture sector undertook several initiatives to support the sector.

Among the major initiatives includes;

4.1 Support to Livestock Farmers

The Directorate through its veterinary department undertook a census of all livestock farmers in the district with the view to assisting such farmers to implement best livestock farming practices to ensure that, their products are healthy for the market whilst increasing productivity. The department also in collaboration with the environmental health department of the assembly screens all livestock that were to be slaughtered for the market. This is to ensure that, only healthy livestock are slaughtered and sold.

4.3 Training of Farmers

The directorate has mandate to train farmers on best farming practices in varied fields such as post-harvest losses, chemical application, seed multiplication, land preparation, planting methods among others. As a result, the directorate organised ten (10) demonstration farms throughout the district as a training point for the farmers. Among the major crops cultivated under the demonstration farms included, yams, maize, cowpea, cassava etc.

4.4 Sensitization on Radio

The directorate in other to reach a large number of the farmers during the period under review organized radio talk show to educate and sensitized farmers on best farming practices .Under the programme, farmers were given the opportunity to call in and ask questions which are answered by technical officers from the Agricultural Directorate .

4.5 Women In Agricultural

Under the programme, women who were into agriculture were trained on related topics such as food handling, food safety, balance diet and malnutrition. The idea was to inculcate in such women the need to properly handle food to avoid food poisoning, prepare balance diet for their family to avoid malnutrition among children and to practice modern agricultural methods to improve on their productivity.

4.6 GHANA SOCIAL OPPORTUNITY PROJECT (GSOP)

4.7 RESTORATION OF DEGRADED FOREST AND LAND MANAGEMENT

COMMUNITY PARTICIPATION IN THE MANAGEMENT OF NATURAL RESOURCE: The key strategy implemented in 2016 in this focus area were aimed at achieving effective community participation in the management of resources with the view of enhancing community involvement in decision making and awareness on issues increased while fostering ownership of local resources and the creation of employment to reduce the incidence of poverty in the district.

4.8 PLANTATION

MANGO AND TEAK PLANTATION

Under the climate change component of GSOP, 50 hectares of land have been added to each of the communities thus Bachaso, Nyomoase, Beposo, Praprabon and Abamba.

4.9 NYOMOASE-BACHASO ROAD

The 2.0km feeder road connecting Nyomoase to Bachaso began. As part of GSOP implementation guidelines, a pre-commencement meeting was held. During the year under review 2.1km of that same has been awarded on contract for extension. All the registered participants were issued with the E-ZWICH cards to enable them cash their money wherever they are.

4.10 BOLGA NKWANTA-BOLGA VILLAGE FEEDER ROAD – 3.5km

As part of the procurement processes, a bidding conference was organized by GSOP secretariat in Kumasi for both contractors and District Assembly staff to train them on the bidding processing. The exercise took place in Kumasi. Work progressed steadily but the contract could not finish as supposed which has been given another timeline to complete.

CHAPTER FIVE

5.0 TRANSPARENT AND ACCOUNTABLE GOVERNMENT

- (i) Software for the preparation of Trial Balance
- (ii) Started the construction of 3 Security posts for Police check point at Dobidi Nkwanta, Ahotor and Bolga Nkwanta.
- (iii) Street Light provided in some communities
- (iv) Weekly supply of fuel to the security service in the district – police, BNI, Fire Service, SWAT and Military for patrol to ensure the safety of residence against crime waves such as armed robbery, stealing etc.

5.1 Comments on Releases of funds

Releases of the DACF for the three quarters of the year were released in the month of May, July and October. These releases enabled the DA's to execute and pay for development projects and programmes financed with the DACF.

Efforts to generate funds

The DA has come out with a plan to develop a data base system which will help it to identify all potential revenue items and tax payers from which it generates its IGF. The planning unit was tasked to ensure that data is collected most especially revenue aspect. Efforts are also being made to revalue all properties to ensure that appropriate rates are charged.

- (v) Training of all eight area councils on their functions, roles and responsibilities LI 1961 among others

Capacity Building

A series of training programme such as training in mobilized strategies, training on contract management, effective documentation, report writing and minute writing, training on leadership skill, team building and the role and function of the area council members etc were under taken

for key staff of the Assembly on various topics to enhance their performance and efficiency in the discharging of their duties.

Comments on Adequacy of Funds

The continuous unbudgeted deductions from the DA's share of the DACF which serves as the main source of funding for development projects and programmes created a big deficit between our revenue and expenditure.

Utilization of funds in accordance with the budget

About 85% of our expenditure was in accordance with the budget but continuous deductions from source made it impossible to meet all our expenditure.

Other Challenges with regards to disbursements of funds

Competing and yet challenging demands outside the budget compelled management to hold long discussions on re-allocation of the DACF despite availability of an approval budget.

5.2 STATUTORY MEETINGS FOR TRANSPARENCY

The under listed statutory function of the Assembly are expected to promote transparency and accountability in the discharge of their duties.

- (i) Finance and Administration sub-committee meetings – monthly and mid-year review
- (ii) Quarterly budget meeting
- (iii) Quarterly District Planning Coordinating Unit Meeting (DPCU)
- (iv) Quarterly Monitoring and Evaluation Meetings
- (v) Audit Report Implementation Committee Meetings – Quarterly

(A) FINANCE AND ADMINISTRATION SUB-COMMITTEE

The finance and administration sub-committee of the Assembly are required by the legal framework regulating the District Assembly to meet monthly to review and discuss the report and possibly make recommendations for increase revenue mobilization.

(B) QUARTERLY AND MIDYEAR BUDGET REVIEW MEETINGS

The budget committee is mandated to meet quarterly to discuss the budget to identify if revenue and expenditures are been carried out as planed and make appropriate recommendation if there

are some deviation and to also device more strategies where additional revenue sources could be tapped to increase current levels – In 2016, all the quarterly and midyear budget reviews were undertaken with the participation of key stakeholders.

(C) QUARTERLY DPCU MEETINGS

The District Planning and Coordinating Unit in the local and central point for all decision making concerning the development of the district had a meeting. The district undertook all the four mandatory quarterly meeting to discuss pertinent issues of concern in terms of development. They again reviewed the annual action plan each time they sat for quarterly meetings. The performance of the various sectors of the district were discussed and the way forward for improvements.

(D) *FEE FIXING*: The Assembly is required by law to levy fees and fines to undertake recurrent/capital expenditures in the district. This is to justify the essence of the payment of taxes.

The Assembly invited all key stakeholders to participate in the fee fixing. Participation of stakeholders was very high and hence the fees and fines were generally acceptable by all who were involved in the process.

(E) (ARIC) AUDIT REPORT IMPLEMENTATION COMMITTEE

This committee is established by the Internal Audit Agency Act of 2010 to review the internal audit/external auditors report and make the necessary recommendation to prevent the reoccurrence of audit flaws in the subsequence audit reports. The committee met a number of times to discuss the 2015 audit report together with the internal auditors report and made several recommendations to management for implementation to forestall avoidable audit observation in the 2015 audit report.

CHAPTER SIX

6.0 ENHANCING COMPETITIVENESS OF GHANA'S PRIVATE SECTOR

The private sector played a crucial role in the development of the district. In order to build a vibrant and competitive private sector that will lead to economic growth, it is important to support the private sector which is the engine of growth. Under the sector, the following strategies were undertaken in the year under review:

- (i) Skill and vocational training for the youth and women
- (ii) Promote good cooperative governance
- (iii) Creation of a sustainable partnership between SME's and financial institutions in and outside the district
- (iv) Provision of enabling environment for businesses

The Assembly in collaboration with National Board for Small Scale Industries (NBSSI), Business Advisory Center (BAC) under the rural enterprises programme carried out several programmes in the district in the year under review;

- (i) Skills, Training and Vocational: Under this focus area, several skills and vocational training were organized for the youth. Among some of the skill training includes cassava processing, Batik, Tie and dye, Soap making, Hair dressing and Seam stressing. Training was also organized on Records keeping, financial management, packaging and marketing, bee keeping and mushroom production. Numbers of startup kits were distributed to graduates from various vocational training programmes organized within the year.

Training programmes

S/ N O.	BAC	TYPE OF PROGRAM	N O.	NO. PARTS. BY GENDER			VENUE	DATE	COMMENTS
				M	F	T			
	Atebubu	Forum between Saving groups and Microfinance Institutions	1	47	28	75	World Vision Hall	23 rd -24 th February, 2016	Successful

		National Vocational Training Institute	1	4	58	62	Amantin, Atebubu and Parambo	March,2016	Successful
		District Consultative Meeting	1	18	22	40	Mini Assembly Hall		
		Business Consutative	1	28	25	53		3 rd Quarter,2016	
		Strengthening of Association	1	22	27	49	Mini Assembly Hall	25/08/16	
		Production Efficiency and Technology Enhancement in Cassava Processing	1	3	14	17	Amadu Farms GPC	04/08/16	
		Production Efficiency and Technology Enhancement in Beekeeping	1	15	0	15	Dobidi	4/08/16	
		Basic Training in Mushroom Cultivation	1	17	3	20	Amantin	11/08/16	
		District Communication and Animation	1				Atebubu Amantin Kumfia Seneso	3 rd Quarter,2016	
		OSHEM	1	56	18	74	Atebubu Garages	14/07/16	
		Workshop Management Practice	1	34	1	35	Atebubu Garages	4/07/16	
		Technology Improvement and Finishing in Welding and Fabrication	1	26	0	26	Let us pray welding and fabrication	25/07/16	
		Technical Skills Training in Automechanic	1	30	0	30	Atebubu Garages	25/07/16	
		Technical Skills Training in Carpentry and	1	23	0	23	Amantin	27/07/16	

		Joinery							
		Technical Skills Training in Welding and Fabrication	1	21	0	21	Let us pray welding and fabrication	18/07/19	
		Record Keeping	1	86	27	113	World Vision Hall	19/12/16	
		Hygiene and Sanitation	1	12	24	36	Kokofu	23/11/16	
		Hygiene and Sanitation	1	9	15	24	Old Konkromp	24/11/16	
		Record Keeping	1	18	7	25	World Vision Hall	25/11/16	
TOTAL			19	469	269	738			

6.1 COOPERATIVE SOCIETIES

Under the department of cooperatives, the department organized a series of training for the cooperative societies in the district. Among the topics includes; team building, financial management and records keeping. As at 2016 there were eleven (11) numbers of registered cooperatives in the field of Agriculture distillers, industries service and financial whist seven (7) cooperative were yet to register. The department collaborated with Satisfy Project of World Vision Ghana and sensitized four communities in the district on the need to form cooperative societies in their communities to enhance their socio-economic aspiration

6.2 OIL AND GAS DEVELOPMENT

Under this thematic area, the district has thirteen filling stations including three gas filling stations and two surface tanks. The three gas filling stations located in Atebubu and New Konkrompe always run short since other neighbouring districts like Pru, Sene East and West depend on them.

LIST OF ACRONYMS

Act	Amodiaquine-artemisinin combination
AFP	Acute flaccid paralysis

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ART	Anti-retroviral therapy
BCC	Behavior change communication
CHPS	Community based health planning and services
CSM	Cerebrospinal meningitis
CT	Counseling and testing
DDHS	District director of health services
DHMT	District health management team
EPI	Expanded program on immunization
GHS	Ghana health service
GOG	Government of Ghana
HIV	Human immune-deficiency virus
ICT	Information communication technology
IDSR	Integrated disease surveillance and Response
IDSR/GWE	Integrated disease surveillance & response/guinea worm eradication
IE& C	Information, education and communication
IGF	Internally generated funds
IMCI	Integrated management of childhood illnesses
IMHAT	Integrated malnutrition, HIV/AIDS and tuberculosis prevention
IPT	Intermittent preventive treatment
ITNS	Insecticide treated nets
M & E	Monitoring and evaluation
MDG	Millennium development goals
MHD	Mobile Handled-Device

MOH	Ministry of health
NCD	Non communicable diseases
NGO	Non-governmental organizations
NHIS	National health insurance scheme
NIDS	National immunization days
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother –to-child transmission
PPM	Planned preventive maintenance
TB	Tuberculosis
TBA	Traditional birth attendant
WHO	World health organization
APR	Annual Progress Report
ARIC	Audit Report Implementation Committee
D/A	District Assembly
DMTDP	District Medium Term Development Plan
DDF	District Development Fund
LUPMP	Land Use Planning and Management Project
MDG	Millennium Development Goals
LEAP	Livelihood Empowerment Against Poverty
GSGDA	Ghana Shared Growth and Development Agenda
NBSSI	National Board for Small Scale Industries
BAC	Business Advisory Centre
DSW	Department of Social Welfare
DACF	District Assemblies Common Fund
DMHIS	District Mutual Health Insurance Scheme

NHIA	National Health Insurance Authority
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