

# **ZABZUGU DISTRICT ASSEMBLY**



## **ANNUAL PROGRESS REPORT (APR)**

**PREPARED BY: DPCU**

**February, 2017**

## **LOCATION**

The Zabzugu District is one of the Twenty Six (26) Administrative Districts of the Northern Region created in 2012 by Legislative Instrument LI 2053. The District is located at the Eastern fringes of the region and shares boundaries with Tatale – Sanguli District to the North and East, Yendi Municipality to the West, and Nanumba North and Nanumba South Districts to the South. The District is subdivided into two (2) Area Councils, Zabzugu Area Council and Kworli Area Council and occupies an area of about 1,100.1 sq km. Zabzugu is the District Capital and located about 140.80 km from Tamale, the Regional capital and about 920.80 km from Accra, the National capital.

## **POPULATION**

The current population of the District according to 2010 population and housing census is 63,815 (31,306 male and 32,509 female) with a growth rate of 2.4%. The District has a predominantly youthful population which is evenly distributed throughout the District.

## **DISTRICT'S VISION**

A healthy people with high productivity in a well-managed environment, high standard of living and where children, women and men have equal access to basic health, quality education, food and nutrition and economic resources and participate in decision-making.

## **DISTRICT'S MISSION**

To foster unity, peace and harmony amongst the major ethnic groups as well as minority tribes, whilst pursuing Plans and Programmes to improve and sustain the living standards of all people living within the borders of the District.

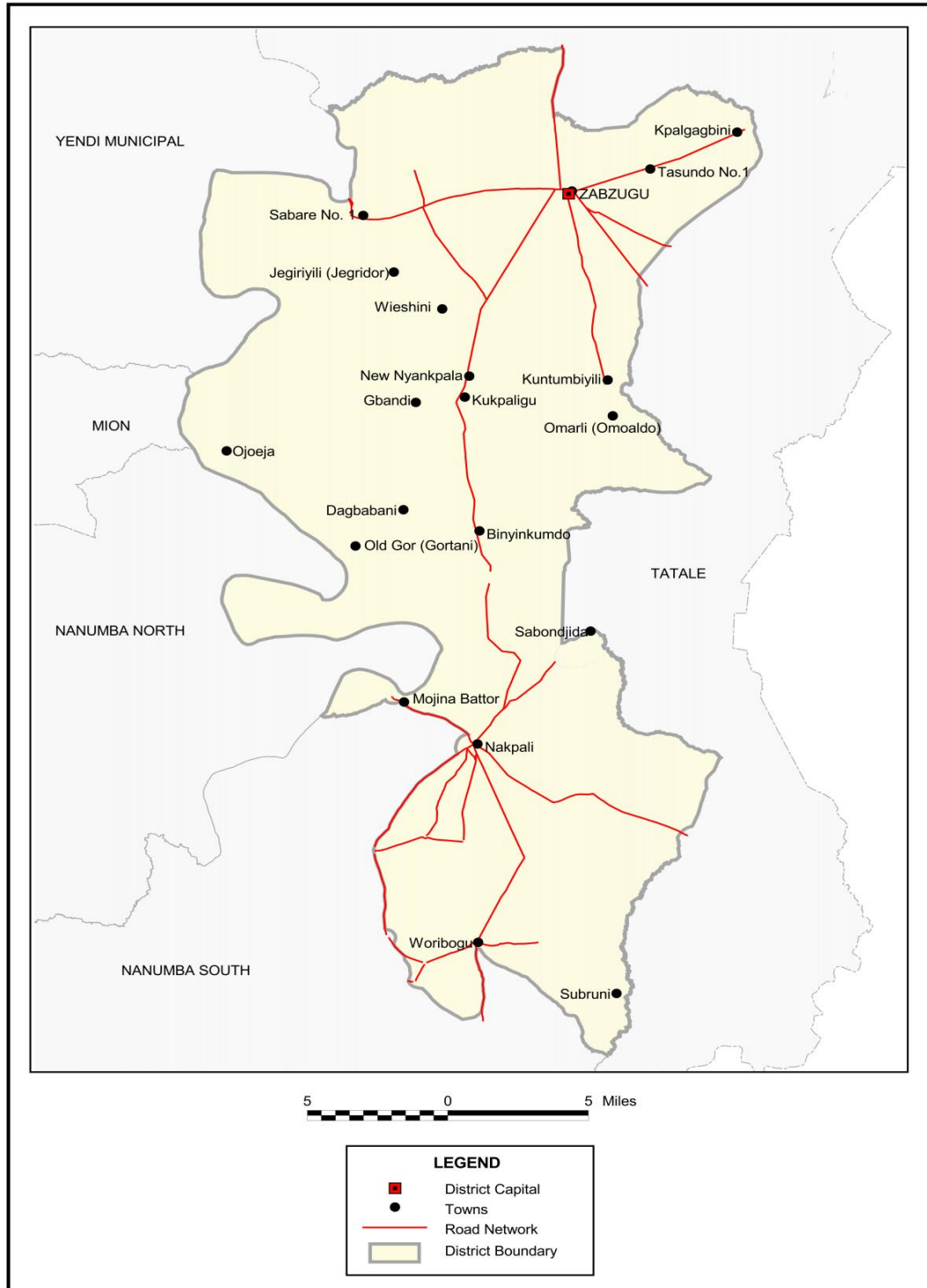
## **DISTRICT GOAL:**

To improve and increase quality of teaching and learning; utilization and quality of maternal and child health services;

Availability, access and hygienic utilization of safe drinking water and sanitation; availability, access and utilization of food; and

Improve socio-economic status of vulnerable persons in the district, including women.

### DISTRICT MAP OF ZABZUGU



## **ZABZUGU DISTRICT ASSEMBLY 2016 ANNUAL PROGRESS REPORT (A P R)**

The Zabzugu District Assembly prepared its new 4 years medium Term Development plan in 2014 under the context of the National medium term Development framework: i. e. Ghana shared growth and Development Agenda (G S G D A II), 2014-2017.

The District Assembly has since implemented various programmes and policies under the seven thematic Areas of the plan. To achieve desired results, there is the need for continuous monitoring and evaluation to enable the Assembly know if the intended results are being achieved or not, and to make the necessary adjustments and revision periodically. This we believe would lead to rapid socio-economic transformation of the District and for that matter the attainment of the GSGDA II results by the Central Government. The status of implementation of the plan could be said to be on the average.

### **THE WAY FORWARD**

Some of the key issues looked at so far include access to basic social services such as Education, Health, Sanitation, agricultural extension services, and Information sharing on development interventions, incentives for small scale businesses to increase production, training of the youth, especially in employable skills: security from crime and violence; increase in potable water coverage, Reshaping and spot improvement of some selected feeder roads.

Some of the issues yet to be tackled are; decent housing for people and availability of platform that will empower all stakeholders to participate fully in the District's development efforts.

### **RECOMMENDATIONS**

With the implementation of the four (4) year medium term development plan under way, it is hope that, with the continues co-operation and participation of all stakeholders, and support from the central government and other development partners, both within and outside the District, a lot more could be achieved to improve the living conditions of the people

**UPDATE ON CORE DISTRICT INDICATORS (CATEGORIZED BY G S G D A II THEMATIC AREAS)**

A	<b>ACCELERATED AGRICULTURAL MODERNIZATION AND SUSTAINABLE NATURAL RESOURCE MANAGEMENT</b>	Target 2016	Indicator level 2016	Indicator level 2014	Indicator level 2015
1	Increase in yield of selected crops, livestock Mt/Ha				
	Cassava	18.0	15.0	10.25	15.5
	Maize	3.5	1.8	1.50	1.50
	Rice	3.6	2.6	2.10	1.8
	Millet	1.5	1.4	1.25	1.9
	Yam	20.0	15.60	12.00	15.50
	<b><u>LIVE STOCK(% increase)</u></b>				
	Sheep	5.5	4.5	8.0	8.0
	Goat	5.0	4.6	8.0	6.0
	Pigs	3.0	1.7	2.1	2.0
	Poultry	6.5	7.5	12.5	12.0
	Cattle	3.0	2.8	2.0	2.0
2	Hectares of degraded forest, mining, dry and wet lands rehabilitated/restored  - Forest - Mining - Dry and wet lands				
B	<b>INFRASTRUCTURE AND HUMAN SETTLEMENT DEVELOPMENT</b>				
3	Proportion/length of Roads Maintained/Rehabilitated  Trunk Roads (in Km) Urban Roads (in Km) Feeder Roads (in Km)	60	52	39	42
4	Percentage (%) change in number of households with access to electricity	50%	35%	12%	13%
5	Percentage of population with sustainable access to safe water sources	100%	80%	68%	75%
C	<b>ENHANCING COMPETIVENESS IN GHANA'S PRIVATE SECTOR</b>				
7	Teledensity/Penetration rate  Mobile		0.12	0.12	0.12
8	Proportion of unemployed youths benefiting from skills	380	210	332	282

	and apprenticeship training				
D	<b>HUMAN DEVELOPMENT PRODUCTIVITY AND EMPLOYMENT</b>				
	<b>HEALTH</b>				
9	HIV/AIDS's prevalence rate (% of adult population, 15-49 yrs HIV positive)	1.0	0.9%	2.8%	2.3
10	Maternal mortality ratio (Number of deaths due to pregnancy and Child birth per 100,000 live births)	0	1	4.0	1
11	Under-Five mortality rate (Number of deaths occurring between birth and exact are five per 1000 live births)	0	0.1	0.1	0.1
12	Malaria case facility in children under five years 10,000 population	0	0.6	2.0	1.5
	<b>EDUCATION</b>				
13	Gross enrollment Rate (indicate the number of pupils/students at a given level of schooling regardless of age as proportion of the number of children in the relevant age group  - Kindergarten - Primary  - Junior High School  - Senior High School	- 102.3 130.0  80.0  60.0 -	99.7 85.3  51.2 62.1 42.3	66.76 97.3  57.76 53.7 31.06	92.2 100.00  62.1 57.76 30.47
14	Gender parity index (ratio between girls and boys enrollment rates, the balance of parity 1.0  KINDERGATEN  PRIMARY  JUNIOR HIGH SCHOOL  SENIOR HIGH SCHOOL	1.0  1.0  1.0  1.0	0.99  0.91  0.80  0.82	0.96  0.83  0.71  0.77	0.9  0.83  0.73  0.8
	<b>INFRASTRUCTURE AND HUMAN SETTLEMENT</b>				
15	% of population with access to improved sanitation (flush toilet, K.V.I.P household latrine)	15%	10%	7%	8%

E	<b>TRANSPARENT AND ACCOUNTABLE GOVERNANCE</b>				
17	TOTAL Amount of IGF		185,439.95	83,490.54	111,708.39
18	Amount of Development partners and NGO funds contribution to DMTDP				
19	Police citizen Ratio	1:925	1:3246	1:3246	1:25000

### **OTHER DEVELOPMENT INDICATORS**

s/n	<b>DISTRICT CORE INDICATORS</b>			
1	Population (2010 population censuses)			63,815
2	Size (kilometers)			1101Km2 (square)
3	Annual Growth rate			2.9%
4	Percentage Population below 15 years			13%
5	% in settlements of 2500 population and above			43%
	<b>DA</b>			
6	% DA Development Expenditure out of total			87.89%
7	% DA Expenditure on School (Health, Education, Water Sanitation, Handicapped, Disabled)			65%
8	% DA Expenditure on Economic Infrastructure (Market, Roads Electricity, Telecom)			30.1%
9	% from local Sources in DA Revenues			16%
10	Rate of Growth of Local Revenue (average 2015 – 2016)			15%
11	Timely submission of monthly trail balance to MLGRD/DACF Number of reports submitted within the required time leg (6 Weeks) :			12

S/N	<b>HEALTH</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
1	Infant mortality rate (no. of infants before reaching 1 year of age per 1000 live – birth per annum)	32/1000	28/1000	10/1000
2	Percentage of supervised maternal deliveries - % pregnant women who received professional advise during delivery	46%	64%	64%
3	% of children fully immunized before one year of age			87%
	% Supervised deliveries			64%
	Infant Mortality Rate			3.2%
	Under five Mortality rate			3.2%
	Case fatality rate for obstetrics completion			8/1000
	% percentage of women with obstetrics complication seen in Health facility			1.2%
	% population within standing distance of Health facility			
4	HIV/aids prevention			
	<b>Water AND SANITATION</b>			

7	Percentage of households with access to safe water	
	- Bore holes	- 65%
	- Protected wells	- 2%
	- Pipes	- 10%
8	Percentage of households with access to adequate toilet facilities	
	- Flashy Toilet (W/C)	- 5%
	- VIP (Households)	- 35%
	- Aqua Privy	- 20%
9	Number of new functional water systems constricted (boreholes, wells, pips, etc)	
	- Number of new Boreholes Contracted	- 3
	- No. of Boreholes rehabilitated	- 15
	- No. of Hand Dug wells rehabilitated	- 2
	- Pipes	- 46
	- No. of new pipes constructed	- 36
	- No. of pipes rehabilitated	- 10
10	No. of Water and sanitation Boards	
	- Water and sanitation Boards	- 5
	- District water and Sanitation team	- 1
		-
11	Number of active Water and Sanitation Boards	
	- Water and Sanitation Boards	- 5
	- District Water and Sanitation Committee	- 1
	<b>EDUCATION</b>	
11	Gross Enrolment Ratio in Pre-School and Basic Schools	
	- Pre-School	92.0%
	- Basic School	100.8%
12	Survival Rate to Primary 6 and JHS 3	
	- Primary 6	91.2%
	- JHS 3	80.0%
13	Percentage of Deprives Basic Schools Improved	
	- Number of Classroom Rehabilitated	3
	- Number of New Classrooms Constructed	15
14	Percentage of Trained Teachers in Pre-School and Basic Schools	

	- Pre-School	1.8%
	- Primary	86%
	- JHS	90%
15	Timely submission of monthly trail balance to MLGRD/DACF Number of reports submitted within the required time leg (8 Weeks) : 12	

## UPDATE ON DA FINANCES

### Financial performance of the District Assembly as at 31<sup>st</sup> December, 2016

Item	2016 Approved Budget (GHC)	Released (GHC)	Expenditure (GHC)	Expenditure (%) of actual release
Compensation	701,414.00	678,428.07	678,428.07	100%
Goods and Services	1,986,797.63	1,537,322.12	1,537,322.12	100%
Investment	4,953,590.00	3,253,699.88	3,253,699.88	100%
Development Partners	453,032.00	385,192.53	385,192.53	100%
Total	8,094,833.63	5,854,642.60	5,854,642.60	100%

### Composite Expenditure Performance

Item Description	Budget (GHC)	Actuals (GHC)	Variance (GHC)	%
Compensation	701,414.07	545,654.11	155, 759.96	77.79
Goods and Services	2,479,663.42	1,272,842.88	1,206, 820.54	51.33
Assets	4953,591.10	2,924,076.44	2,029,514.66	59.03
Total	8,134,668.59	4,742, 573.43	3,392,095.16	58.30

The table above indicate that in 2016, 701,414.07 was budgeted for and as at October 2016 the actual expenditure was 545,654.11 representing 77.79%. For goods and services 2,479,663.42 was budgeted and actual was 1,272,842.88 representing 51.33%. 4953,591.10 was budgeted for Assets and the actual was 2,924,076.44 representing 59.03.

### Revenue Budget Performance

<b>Item Description</b>	<b>Budget (GHC)</b>	<b>Actuals (GHC)</b>	<b>Variance (GHC)</b>	<b>%</b>
IGF	273,818.13	259,988.57	13,829.56	94.95
Grants	7,821,015.15	5,579,269.01	2,241,746.14	71.34
Grand Total	8,094,833.28	5,839,257.58	2,255,575.70	

The above table indicate that in 2016, with a projected IGF of GHC273,818.13, GHC259,988.57 was achieved as at 31<sup>st</sup> December representing 94.95%. Under grants (DACF, DDF and UNFPA) with a projected revenue of GHC7,821,015.15 with GHC2,241,746.14 or 18% being the actual release. This represented 71.34% of the budget.

## **UPDATE ON CRITICAL DEVELOPMENT AND POVERTY ISSUES**

### **EXAMPLES:**

- a. Youth Employment Agency (YEA)
- b. Free school uniform
- c. Capitation Grant
- d. G. pass
- e. The School Feeding Programme
- f. The National Health Insurance Scheme
- g. Water and sanitation
- h. Other departmental/unit reports of the Assembly

### **YOUTH EMPLOYMENT AGENCY (YEA)**

The YEA is to create employment opportunities to enable the youth engage themselves productively as well as prepare for the future. The youth in Zabzugu District Assembly were engaged in the following areas; Community health work, Community Education Teaching Assistant (CETA), waste management (youth in coastal sanitation, sanitation guards)

The table below gives details of the GYEEDA as at 31<sup>st</sup> December, 2016

NO	PROGRAMME/MODULE	Male	Female	Total	DATE COMMENCED	REMARKS
1	COMMUNITY HEALTH WORKERS(CHW)	40	41	81	01/08/2016	Beneficiaries of this model have successfully trained and posted to the various health facilities .
2	Community Education Teaching Assistant (CETA)	43	25	68	14/10/2016	All beneficiaries were successfully trained and posted to the respective schools.
3	YOUTH IN ARABIC EDUCATION	75	0	75	01/11/2016	Trained and posted to the Arabic schools to teach.
4	YOUTH IN COASTAL SANITATION	9	3	12	15/08/2016	Trained and deployed into the field to help promote sanitation in the district
5	YOUTH IN ENVIRONMENTAL HEALTH	5	0	5	14/10/2016	Trained and deployed into the field to help promote sanitation in the district
	YOUTH IN COMMUNITY POLICING ASSISTANTS	9	1	10	03/05/2016	Trained posted to support community policing in the district.
	YOUTH IN PRISON SERVICE	5	0	5	04/07/2015	Trained and are in the field working
	YOUTH IN FIRE SERVICE	5	0	5	15/07/2016	Trained and posted
	<b>Total</b>	<b>191</b>	<b>70</b>	<b>261</b>		

**UPDATE ON FREE SCHOOL UNIFORM, CAPITATION GRANT, G-PASS, DICTIONARY FOR JHS AND PRIMARY SCHOOLS AS WELL AS LAPTOP DISTRIBUTION ETC**

The table below give details on the above as at 31<sup>st</sup> December,2016

S/N	DESCRIPTION OF ACTIVITY	ITEM	QUANTITY			AMOUNT GHC
			MALE	FEMALE	TOTAL	
1	Free school uniform	school uniform	786	624	1410	-
2	Dictionary for schools	Dictionary for Primary schools	-	-	2515	-
3		Dictionary for JHS	-	-	1208	-
4	ORLG Laptops	Laptop for teachers	-	-	154	-
5	Capitation grant for 2016	Capitation for basic schools	-	-	-	116,992.90
6	G-PASS Materials for JHS	Foot ware	-	156	156	114,677.64
		School uniform	-	158	158	-
		Supplementary readers	-	474	474	-
		NOTE-3 exercise books	-	158	158	-
		Graph books	-	158	158	-
		Pens	-	158	158	-
		Pencils	-	632	632	-
		Rulers	-	632	632	-
		Mathematical set	-	158	158	-
		Sanitary pads	-	158	158	-
		NOTE-1 exercise books	-	474	474	-
		School bags	-	158	158	-
		School sandals	-	158	158	-
		School uniform	-	158	158	-
		NOTE-3 books	-	474	474	-
		Exercise books	-	1,580	1,580	-
		Pens	-	632	632	-
		Pencils	-	632	632	-
		Rulers	-	158	158	-
		Supplementary readers	-	474	474	-
		Sanitary pads	-	18,960	18,960	-
		Mathematical sets	-	158	158	-
		Graph books	-	158	158	-
	Total					231,670.54

## **NATIONAL HEALTH INSURANCE SCHEME –ZABZUGU**

The Zabzugu tatal mutual health insurance scheme in the northern region as 31<sup>st</sup> December,2016, recorded a total of 45,223 active membership comprising of 19,761 males and 25,462 females. The proportion of the population with active NHIS membership is 30.8% ,those members in exempt category is 78.1 and the proportion covered by indigents is 3.6%

### **Challenges**

1. Inadequate office accommodation
2. Lack of toilet facility for clients
3. Lack of shed for clients
4. Limited network coverage(MTN)to reach out to all commuties in the district

## **GHANA SCHOOL FEEDING PROGRAMME (GSFP)**

The Zabzugu District currently has fourteen (14) basic Schools benefiting from the Ghana School Feeding Programme in twelve (12) Communities. The programme engaged a total of fourteen (14) caterers.

The table below shows the enrollment figures for the various schools.

<b>NO.</b>	<b>SCHOOL</b>	<b>ENROLLMENT</b>
1	Sakpaleenga Baani DA Prm	210
2	Tuvugu Prm A	531
3	Tuvugu Prm B	531
4	Gor-Lanyili D/A Prim	302
5	Laribanga D/A Prim.	311
6	Sabare No. 1 prm	452
7	Kukpaligu	401
8	Nure Islamic prm.	520
9	Kalegu D/A	332
10	Laagbani D/A Prm.	239
11	Kworli D/A prm.	136
12	Zabzugu D/A prim. A	974
13	Zabzugu D/A prm.	650
<b>14</b>	Gumpila D/A prm.	172
<b>TOTAL</b>		<b>5761</b>

## **DISTRICT IMPLEMENTATION COMMITTEE (DIC)**

The District Implementation Committee was formed to effectivity steer the affairs of the programme in the District.

## **SCHOOLS IMPLEMENTATION COMMITTEES (SIC'S):**

All the schools under the Ghana School Feeding Programme have also formed the School Implementation Committee at the Community level. The SIC's have been functioning well since their formation for the smooth running of the programme at the various schools.

### **MONITORING AND SUPERVISION**

Monitoring and Supervision on the programme is done every fortnight in all the beneficiary schools. This is done among other things to collect data on the activities of the caterers and to ascertain some challenges faced by the various schools in connection with the programme.

### **CHALLENGES**

- Delay in the release of funds from central government to caterers
- None cooking days for caterers
- Lack of logistics to support monitoring at the assembly
- Difficulty in organizing DIC meeting due to lack finances
- Imposition of food items on caterers from the GSFP secretariat

### **WAY FORWARD**

1. There should be timely release of funds from central government
2. Constant monitoring of the programme by the desk officer and SICs
3. Continues support by the assembly for monitoring activities
4. Funds should be provided by the assembly for dic meetings

GSFP secretariat should impose food items on caterers

### **Water and Sanitation**

#### **Water**

Under water a total of 3 new boreholes were drilled at Sabare Tindang, Poagmado and Kukoukpanga by UNHABITAT. Also 15 boreholes were rehabilitated by global communities at Gblin, Finayili, Okudo, Gbandi, Binambado, Kuntumbiyili, Tasundo No. 1, Mongoase, Mantili, Nachimbiya, Jamoni Bagmani and Government Quarters.

The estimated water coverage based on CWSA projection in the district is estimated at 75%

#### **Sanitation**

Under sanitation, the Assembly was able to Construct 70 x 90 x 1.8m Block Fence Wall at Sanitary Site in the Zabzugu Township using it Internally Generated Funds

#### **Challenges**

- Poor functioning of WSMTs
- Ineffective monitoring of water and sanitation facilities
- Frequent breakdown of water and sanitation facilities

## **REPORTS FROM OTHER DEPARTMENTS**

### **GHANA HEALTH SERVICE**

#### **BRIEF OVERVIEW OF MAJOR CONCERNS AT THE BEGINING OF THE YEAR**

- Inadequate critical staff (midwives and physician assistant)
- Low facility and community based surveillance on diseases targeted for elimination
- Majority of the health staff and volunteers are not trained on CMAM leading to low CMAM case detection rate by facilities
- In efficient community mobilization and SAM case defaulter tracing
- Inadequate monitoring and supervision at all levels
- Inadequate accommodation for staff
- High incidence of teenage pregnancy
- Low skilled delivery
- Inadequate cold chain logistics (vaccine refrigerators)
- Low TB case detection

### **KEYISSUES**

#### **summarized under the 5 Health Sector Objectives**

##### **Objective 1**

- To inaugurate two CHPS compounds, to increase access to quality healthcare
- Lobby for the renovation of the 3 health centers , a CHPS compound and the RCH unit and existing staff accommodation
- To build the capacity of health staff and volunteers on Infant and young child feeding practices from 79% to 90% by the end of the first half, 2016

- To train health staff on logistics supply and chain management
- Lobby for posting of critical staff, 2 additional Physician assistant, 5 midwives and 10 CHN.
- To train staff on essential nutrition actions (ENAs)
- To train staff and volunteers on CMAM

## **Objective 2**

To organize 4 refresher training on data management for 30 facility staffs and 10 programme heads

- Quarterly inventory on transport and maintenance
- To service 10 motorbikes and 1 vehicle by the end of first half 2016
- Quarterly financial validation meeting, monitoring and supervision at the various facilities and communities

## **Objective 3**

- To reduce Malaria case fatality rate of 0.5% recorded in children <5 to less than <0.1% by the end of first half, 2016
- To increased SAM Cure rate from 91.% to 96 % ,treatment coverage from 58% to 68% and reduce defaulter rate of 8% to 5%
- To attain 40% IPT3 coverage against 38.9% in 2015
- To achieve 50% of all pregnant women having their HB checked at 36 weeks
- To increase skilled delivery from 40.4% to 50% by the end of 2016
- To attain 20% family Planning acceptor rate
- To record zero maternal mortality

## **Objective 4**

- Increase TB case detection from 14.7% (2015 half year) to 25% by the end of first half of the year 2016 (half year target).
- Increase EPI coverage of all the antigens to at least 50% by the first half of the year 2016 (Penta3, M/S, YF, OPV3 Rota2 PCV3, Td2+)
- To improve on facility and community based surveillance on diseases targeted for eradication (e.g. GW, Polio), elimination (e.g. leprosy, NNT) and control (e.g. TB, HIV/AIDS, Malaria), Measles and Yellow fever and all other diseases of Public Health Concern

**Objective 5**– Intensify community sensitization on mental health issues

- Build capacity of health staff on quality assurance for quality clinical and preventive healthcare delivery
- Improve monitoring and supervision to health facilities and CBSVs

**Main activities planned to Address Issues**

ISSUES (As in previous slide)	KEY ACTIVITIES PLANNED	KEY ACTIVITIES carried out	REMARK
– CHPS scale up	<ol style="list-style-type: none"> <li>1. To inaugurate 2 CHPS compound built</li> <li>2. Lobby Region for more CHNs and midwives</li> </ol>	<ul style="list-style-type: none"> <li>. DHD liased with RHD, DA and other NGOs for basic equipment's</li> <li>. Request sent to the RHD</li> <li>6 qualified midwives sponsored by DA</li> </ul>	Proposal and request sent 2 CHPS compound under construction aside the 2 already completed
-C-IYCF Training -Logistics management training	<ol style="list-style-type: none"> <li>1. To train 100 volunteers</li> <li>2. To train 100 health staff on C-IYCF and logistics management</li> </ol>	<ul style="list-style-type: none"> <li>Yet to be done</li> <li>.Trained 50 health staff as C-IYCF counselors</li> <li>Trained 30 health staffs on logistics management</li> </ul>	Health staff training successfully done

ISSUES (As in previous slide)	KEY ACTIVITIES PLANNED	KEY ACTIVITIES carried out	REMARK
Data Management/DHIMS and health financing	<ol style="list-style-type: none"> <li>1. Hold 15 Data Validation meetings</li> <li>2. Refresher Training on Data mgt</li> <li>3. Participate in 4 financial validation meetings</li> </ol>	<ul style="list-style-type: none"> <li>. Held 6 Data validation meetings</li> <li>Yet to be done</li> <li>. All monthly datasets entered</li> <li>. Participated in 2 financial meetings</li> </ul>	Improvement in data quality Timeliness and completeness above 95%
Leadership/governance	<ol style="list-style-type: none"> <li>1. In-service training for staff</li> <li>2. DHMT meetings</li> </ol>	<ul style="list-style-type: none"> <li>2 in-service trainings organized for 80 staffs on various aspects of health activities</li> <li>. 4 DHMT meetings were held</li> <li>1 DHMT/Sub-districts meeting and 6 weekly DHMT meetings</li> </ul>	Training for staff improved health service delivery

ISSUES (As in previous slide)	KEY ACTIVITIES PLANNED	KEY ACTIVITIES carried out	REMARK
RCH and Clinical care	<ol style="list-style-type: none"> <li>1. Reduce High malaria case fatality rate</li> <li>2. Increase skilled delivery and FP coverage</li> <li>3. Scale up adolescent health activities</li> <li>4. To establish to adolescent health centers</li> </ol>	<ul style="list-style-type: none"> <li>. Accident and emergency unit created</li> <li>. Sensitization done through durbars on early referrals of obstetric emergency/FP</li> <li>. 2 sensitization durbars held on adolescent reproductive health issues</li> </ul>	Malaria CFR still high Average visit increased from 2.8 to 3.0
IDSR,EPI and Hospital public health unit	<ol style="list-style-type: none"> <li>1. Daily surveillance at the hospital</li> <li>2. Carry out EPI routine services</li> <li>3. Report on notifiable diseases on time</li> <li>4. To increase TB case detection rate</li> </ol>	<ul style="list-style-type: none"> <li>. Visited and reviewed registers at wards and CRs</li> <li>. All notifiable diseases were investigated and reported</li> <li>. Nine cases of TB detected</li> </ul>	Daily visits to wards and CRs for surveillance All EPI coverage was above 50% Tb Case detection rate increased from 14.7 to 25.7% in 2016

### Performance and trend analysis

**Objective 1:** Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor

#### Trend of Selected Health Staff: 2014 – 2016

Category	2014	2015	2016
Medical Officers	2	2	2
Physician Assistant-Medical	2	2	2
Community Health nurses	20	19	19(5 on SL)
Enrolled Nurses	102	97	97(7 on SL)

<b>Professional Nurses</b>	<b>10</b>	<b>14</b>	<b>14(2 on SL)</b>
<b>Midwives</b>	<b>5</b>	<b>5</b>	<b>5</b>
<b>Psychiatry Nurses</b>	<b>3</b>	<b>3</b>	<b>2</b>

## CHPS

- Scale up CHPS activities to increase access to quality healthcare

<b>INDICATOR</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Number of demarcated zones</b>	<b>4</b>	<b>15</b>	<b>16</b>
<b>No. of functional CHPS zones</b>	<b>4</b>	<b>4</b>	<b>9</b>
<b>No. of CHPS compounds</b>	<b>4</b>	<b>4</b>	<b>6</b>
<b>Number of Community resident Nurses (CHOs)</b>	<b>12</b>	<b>14</b>	<b>14</b>
<b>Total population living within functional CHPS zones</b>	<b>29,415</b>	<b>22,837</b>	<b>34,601</b>
<b>Number of OPD seen and treated by the CHOs.</b>	<b>5,332</b>	<b>2,164</b>	<b>1,459</b>

## OPD Attendance, Admission & Deaths

<b>Indicator</b>		<b>2014</b>	<b>2015</b>	<b>2016</b>
OPD per Capita		0.56	0.55	0.46
Total OPD Attendance		40962	40622	35119
NHIS Performance	Yes	38992 (95.2%)	38770 (95.4%)	33373 (95%)

	No	1970 (4.8%)	1852 (4.6%)	1746 (5%)
Total Admission		5,884	5872	5623
Deaths		142	100	46

### Malaria Case Surveillance

Output	2014	%	2015	%	2016	%
Total Malaria Admissions	3102	52.7	3326	56.6	2548	45.3
< 5yrs Malaria Admissions	2148	69.2	2481	74.6	1968	77.2
> 5yrs Malaria Admissions	954	30.8	845	25.4	580	22.8
Total malaria deaths	73	46.3	40	38.1	18	34.5
< 5yrs Malaria Deaths.	43	58.9	31	77.5	11	61.1
> 5yrs Malaria Deaths	30	41.1	9	22.5	7	38.9
Total Malaria OPD	15451	37.7	19221	47.3	15119	43.1

< 5yrs Malaria OPD.	7359	47.6	9293	48.3	6793	44.9
> 5yrs Malaria OPD	8092	52.4	9919	51.7	8326	55.1
MPs Lab. Confirmation	10352	67	11532	60	9361	61.9
Malaria in Pregnancy	821	5.3	810	4.2	739	4.9

### TOP 10 CAUSES OF OPD ATTENDANCE

Disease	2014	%	Disease	2015	%	Disease	2016	%
Malaria	15451	37.7	Malaria	19221	47.3	Malaria	15,119	43
ARI	5257	12.8	ARI	5629	13.9	ARI	5115	14.5
Diarrhoea	2918	7.1	Diarrhoea	2824	7	Diarrhoea	2864	8.1
Anemia	1352	3.3	Rheumatism & Joint Pains	1275	3.1	Rheumatism & Joint Pains	1246	3.5
UTI	1320	3.2	UTI	1080	2.7	Anemia	919	2.6
Rheumatism & Joint Pains	1305	3.2	Anemia	1011	2.5	UTI	866	2.5
Hypertension	963	2.4	Hypertension	989	2.4	Skin Disease	789	2.2
Malaria in pregnancy	821	2	Malaria in pregnancy	810	2	Malaria in pregnancy	739	2.1
Skin Disease	566	1.4	Skin Disease	646	1.6	Hypertension	394	1.1
Pneumonia	418	1	Intestinal Worms	563	1.9	Intestinal Worms	324	0.9

### Top 10 Causes Of Admissions

Disease	2014	%	Disease	2015	%	Disease	2016	%
Malaria	3102	52.7	Malaria	3326	56.6	Malaria	2548	45.3
Anemia	747	8.1	Sepsis	450	7.7	Anaemia	396	7
Pneumonia	269	4.6	Anaemia	390	6.6	Gastro enteritis	340	6
Sepsis	238	4	ARI	240	4.1	ARI	265	4.7
Malaria in preg.	232	3.9	Malaria in pregnancy	198	3.4	Sepsis	232	4.1
URTI	224	3.8	Pneumonia	142	2.4	Pregnancy Related complications	223	4
Snake Bite	156	2.7	Pregnancy Related complications	95	1.6	Malaria In Pregnancy	223	4
UTI	123	2	Gynecological conditions	93	1.6	Gynecological condition	169	3
HPT	79	1.3	Snake bite	62	1.1	Pneumonia	113	2
Enteric Fever	69	1.2	TF	52	0.9	UTI	113	2

### Top 10 Causes Of Death

Disease	2014	%	Disease	2015	%	Disease	2016	%
Malaria	73	46.3	Malaria	40	38.1	Malaria	18	34.5
Anaemia	44	27.3	Anaemia	21	20	Anaemia	12	23.1
Pneumonia	13	8.1	Birth Asphyxia	10	9.5	Pneumonia	7	13.5
sepsis	7	4.3	Pneumonia	9	8.6	Sepsis	5	9.6
Neonatal sepsis	6	3.7	Neonatal sepsis	9	8.6	Meningitis	4	7.7
Snake bite	5	3.1	Sepsis	8	7.6	RTI	2	3.8
Dehydration	4	2.5	Meningitis	4	3.8	Malnutrition	1	1.9
Asphyxia	3	1.9	PUD	2	1.9	Snake Bite	1	1.9
Hypertension	3	1.9	TF	1	1	Intestinal Worms	1	1.9
PTB	3	1.9	Snake Bite	1	1	Hypertension	1	1.9

## SAFE MOHTERHOOD SERVICES AND ACHIEVEMENT1

INDICATOR	2014		2015		2016	
	COV	%	COV	%	COV	%
<b>ANC Registrant</b>	3915	135	3623	121.7	3398	110.9
<b>ANC Attendants</b>	10816		10242		10017	
<b>ANC 4<sup>th</sup> Visits</b>	2370	79.6	2488	83.6	2526	82.5
<b>Average Visit</b>	2.8		2.9		2.95	
<b>TT2</b>	2046	68.7	2057	69.1	1725	56.3
<b>IPT1</b>	1089	47.8	2213	33	1374	44.9
<b>IPT2</b>	648	28.4	1951	29.1	1057	34.5
<b>IPT3</b>	369	16.2	1429	21.3	718	23.4
<b>IPT4</b>	148	9.4	24	2	386	12.6
<b>IPT5</b>	662	17.3	407	14.4	202	6.6%

## SAFE MOHTERHOOD SERVICES AND ACHIEVEMENT2

INDICATOR	2014		2015		2016	
	COV	%	COV	%	COV	%
<b>Total Deliveries</b>	<b>1530</b>	<b>51.4</b>	<b>1687</b>	<b>56.7</b>	<b>1662</b>	<b>54.3</b>
<b>Skilled Deliveries</b>	<b>1269</b>	<b>42.6</b>	<b>1202</b>	<b>40.4</b>	<b>1205</b>	<b>39.4</b>
<b>TBA Deliveries</b>	<b>261</b>	<b>17</b>	<b>485</b>	<b>28.7</b>	<b>457</b>	<b>14.9</b>
<b>Low Birth Weight</b>	<b>119</b>	<b>15.7</b>	<b>117</b>	<b>9.6</b>	<b>179</b>	<b>14.6</b>
<b>Weight&gt;2.5</b>	<b>1071</b>	<b>84.3</b>	<b>1098</b>	<b>93.4</b>	<b>1045</b>	<b>85.4</b>
<b>Total SBs</b>	<b>41</b>	<b>3.4</b>	<b>37</b>	<b>3.5</b>	<b>28</b>	<b>2.3</b>
<b>Fresh</b>	<b>29</b>	<b>70.7</b>	<b>18</b>	<b>48.6</b>	<b>19</b>	<b>67.9</b>
<b>Macelerated</b>	<b>12</b>	<b>29.3</b>	<b>19</b>	<b>51.4</b>	<b>9</b>	<b>32.1</b>
<b>PNC</b>	<b>1591</b>	<b>53.5</b>	<b>1930</b>	<b>64.9</b>	<b>1771</b>	<b>57.8</b>

SAFE MOHTERHOOD SERVICES AND ACHIEVEMENT CONT.

INDICATOR	2014		2015		2016	
	COV	%	COV	%	COV	%
<b>Teenage Pregnancy</b>	<b>380</b>	<b>9.7</b>	<b>508</b>	<b>14.2</b>	<b>462</b>	<b>13.6</b>
<b>Postpartum Vit A</b>	<b>2292</b>	<b>77.0</b>	<b>2306</b>	<b>77.5</b>	<b>2237</b>	<b>73.1</b>
<b>F/P Acceptor Rate</b>	<b>2455</b>	<b>13.8</b>	<b>2905</b>	<b>16.3</b>	<b>2702</b>	<b>14.8</b>
<b>CYP</b>	<b>829.5</b>	<b>4.65</b>	<b>1083.5</b>	<b>6.07</b>	<b>991.9</b>	<b>5.4</b>
<b>Fistula Cases Identified</b>			<b>39</b>		<b>12</b>	
<b>Fistula Cases Repaired</b>			<b>2</b>			
<b>% Sch Chn Examined</b>	<b>8175</b>	<b>23.4</b>	<b>5817</b>	<b>16.6</b>	<b>6070</b>	<b>16.9</b>

EPI coverages by sub-districts (2014-2016) selected antigens

Antigen	Sub-district	2014	2015	2016
BCG	Kukp	2177	1839	2054
	Nakp	835	935	705
	Zab	1799	1642	2235
MR1	Kukp	1575	1592	1650
	Nakp	779	859	586
	Zab	1656	1120	1807
YF	Kukp	1575	1546	1480
	Nakp	779	859	586
	Zab	1666	1170	1567
MR2	Kukp	1862	1326	1191
	Nakp	832	692	354
	Zab	1240	841	1531

EPI coverages by sub-districts (2014-2016) selected antigens

Antigen	Sub-dist.	2014	2015	2016
OPV3	Kukp	947	817	881
	Nakp	670	810	552
	Zab	1446	1283	1742
PCV3	Kukp	947	825	856
	Nakp	670	810	554
	Zab	1447	1263	1743
Penta3	Kukp	947	795	856
	Nakp	670	809	552
	Zab	1456	1211	1740
ROTA2	Kukp	948	741	766
	Nakp	696	779	592
	Zab	1420	1352	1699
TD2+	Kukp	704	497	571
	Nakp	563	613	467
	Zab	3700	924	856

2/25/2017

DDCU-ZABZUGU

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EPI Drop out Rates (2014 - 2016)

Indicator	Drop Out Rate (%)		
	2014	2015	2016
BCG-MR1	16.6	19.1	19.9
PENTA 1-3	6.7	10.5	17.3
OPV1-3	7.0	9.3	16.4
PCV1-3	6.9	9.6	17.0
Rota1-2	7.0	6.4	16.7
PENTA1-MR1	-21.7	-13.5	-6.2
MR1-2 gap	1.9	19.9	23.9

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DDCU-ZABZUGU

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### Drop out rate by sub-districts (2014-2016)

Antigen	Sub-district	2014	2015	2016
BCG-MR1	Kukp	27.7	13.4	19.7
	Nakp	6.7	8.1	16.9
	Zab	7.9	31.8	19.1
Penta1-3	Kukp	11.7	2.9	24.9
	Nakp	7.5	5.9	22.6
	Zab	2.7	17.5	10.9
OPV1-3	Kukp	11.7	3.4	22.7
	Nakp	7.5	5.8	22.5
	Zab	3.4	14.6	10.5
PCV1-3	Kukp	11.7	2.9	24.9
	Nakp	7.5	5.8	22.4
	Zab	3.1	15.6	10.5
Rota1-2	Kukp	11.6	9.2	23.7
	Nakp	3.9	8.4	17.1
	Zab	5.1	3.6	12.9
Penta1-MR1	Kukp	-46.8	-94.4	-44.7
	Nakp	-7.6	0.1	17.8
	Zab	-10.6	23.7	7.5

2/25/2017

DDCU-ZABZUGU

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### FAMILY PLANNING METHOD PREFERENCE

	Acceptors		
Contraceptives	2014	2015	2016
Male Condom	138	70	80
Female Condom	0	0	0
Depo Prov.	1037	957	1199
Norigynon	103	150	43
Micro-G	107	103	109
Micro-N	0	0	0
Microlut	106	42	4

<b>Implants (Jadelle)</b>	10	24	13
<b>Implanon</b>	10	91	75
<b>Copper T (IUD)</b>	0	6	5

#### **NUTRITIONAL STATUS OF CHN U-5 BY SUB-DISTRICTS- HALF YEAR 2016**

<b>Sub-District</b>	<b>No. Weighed</b>	<b>Severely Malnourished Children (&lt;-3sd)</b>	<b>Moderately Malnourished (B/N -3 To -2 SD)</b>
<b>ZABZUGU</b>	7240	17(0.23%)	66(0.91%)
<b>NAKPALI</b>	2575	48(1.86%)	142(5.51%)
<b>KUKPALIGU</b>	1988	46(2.31%)	180(9.05%)
<b>TOTAL</b>	11803	111(0.94%)	388(3.29%)

Severe malnutrition recorded for the first of the half of year among the under-five weighed for Zabzugu, Nakpale and Kukpaligu sub-districts are; 0.23%, 1.86 % and 2.31 % respectively.

However, moderate malnutrition for Zabzugu, Nakpale and Kukpaligu sub-districts recorded; 0.9 %, 5.5% and 9.0 % respectively.

#### **First half analysis Of CMAM reported and manage by the OPC Sites**

- The cure rate recorded during the first half r of the year is 97.8 % with a corresponding defaulter rate of 2.2% and zero rates for both death and non-recovery rates.
- There has been a great achievement in the period under review with a cure rate of 97.8% in 2016 as compared to 79.5% in the same period (1<sup>st</sup> half, 2015) and 20.5% defaulter rate (2015)
- Again, with the sphere standard, we are on course but much need to be done to improve upon coverage's.

- However , Kukpalgu health centre which is on the main focus recorded 88.2 % cure rate and 11.8 % defaulter rates which needs much improvement as they need to review the CMAM protocol and do a lot of home visit and also carry plumpy nut to outreach points to prevent further defaults.

**First half analysis of CMAM reported and manage by the OPC Sites**

- The cure rate recorded during the first half r of the year is 97.8 % with a corresponding defaulter rate of 2.2% and zero rates for both death and non-recovery rates.
- **There has been a great achievement in the period under review with a cure rate of 97.8% in 2016 as compared to 79.5% in the same period (1<sup>st</sup> half, 2015) and 20.5% defaulter rate (2015)**

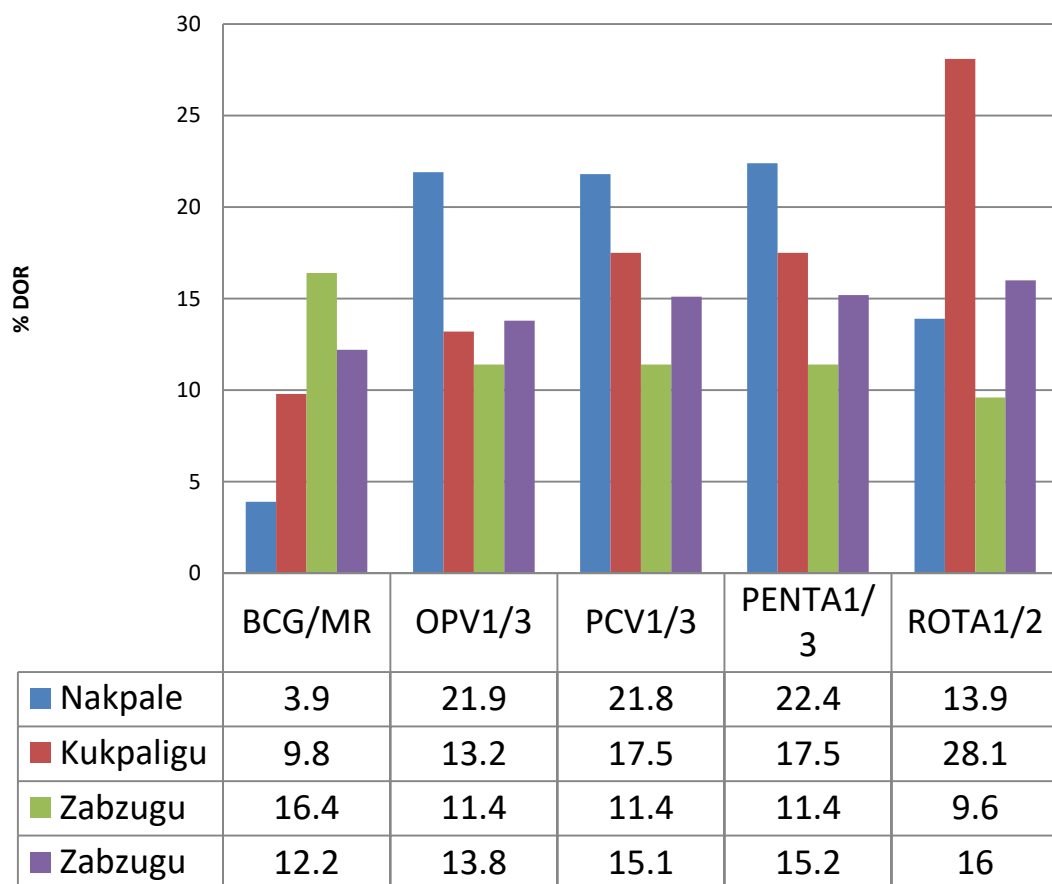
**Objective 4: Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles**

**CD for Control/Eradication/Epidemic Potential and NCD Pattern**

<b>Indicator</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Hypertension</b>	<b>647</b>	<b>519</b>	<b>219</b>
<b>Diabetes Mellitus</b>	<b>201</b>	<b>11</b>	<b>68</b>
<b>Sickle Cell Disease</b>	<b>16</b>	<b>8</b>	<b>8</b>
<b>Asthma</b>	<b>40</b>	<b>9</b>	<b>18</b>
<b>Guinea Worm</b>	<b>5</b>	<b>0</b>	<b>0</b>
<b>AFP : suspected / confirmed</b>	<b>0/0</b>	<b>0/0</b>	<b>0/0</b>
<b>Measles : suspected / confirmed</b>	<b>6/4</b>	<b>0/0</b>	<b>0/0</b>
<b>Yellow Fever: suspected / confirmed</b>	<b>0/0</b>	<b>1/0</b>	<b>1/0</b>
<b>Meningitis: suspected / confirmed</b>	<b>5/0</b>	<b>11/0</b>	<b>5/0</b>

<b>Cholera</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Diarrhoea with Blood</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TB Cases detected</b>	<b>2</b>	<b>5</b>	<b>9</b>
<b>TB Treatment Success Rate</b>	<b>100%</b>	<b>100%</b>	<b>55.5%</b>
<b>Trachoma</b>	<b>7</b>	<b>0</b>	<b>0</b>
<b>HIV Prevalence</b>	<b>6</b>	<b>15</b>	<b>27</b>

**Drop out rate by sub-dist.**



### Percentage of LLINs distributed based on allocation (registration) and Post-validation allocations

No	Sub-district	Total allocated (based on registration)	Total distributed	% distributed (based on registration)	Total allocated (from post validation)	Total distributed	% distributed (based on post validation)
1	Zabzugu	21,957	21,950	100.0	21,957	21,950	100.0
2	Kukpaligu	12,489	12,465	99.8	12,469	12,465	100.0
3	Nakpale	9,533	9,221	96.7	9,255	9,221	99.6
<b>District total</b>		43,979	43,636	99.2	43,681	43,636	99.9

### MATERNAL DEATH AUDITED

- The District recorded one institutional maternal death which was as a result of severe anaemia.

#### Main Contributory Factors Leading To Death

- Client was anaemic
- No oxygen was given
- Delay in calling clinician at the time client complained of chest pain

#### Key Actions taken after Audit

- Triage team has been formed to monitor emergency cases
- Information dissemination and team work when on duty has been worked on
- Oxygen has been made available at the various wards
- To ensure availability of blood at the blood bank by organizing blood donation exercise

## **DEPARTMENT OF AGRICULTURE**

### **FASDEP II OBJECTIVES:**

- Food security and emergency preparedness.
- Increased growth in income.
- Increased competitiveness and enhanced integration into domestic and international markets.
- Sustainable management of land and environment.
- Science and technology applied in food and agriculture development.
- Improved institutional co-ordination.

### **COMPARATIVE RAINFALL FIGURES FOR 2015/2016**

Year	2 <sup>ST</sup> QUARTER		3 <sup>ND</sup> QUARTER		TOTAL	
	2015	2016	2015	2016	2015	2016
RAINFALL (Mm)	111	58	140.5	251.5	251.5	309.5
No. of Wet Days	4	4	12	16	16	20

### **WEATHER EFFECTS ON CROPS & LIVESTOCK**

The weather favored the following:

- Land preparation.
- Seeding of cropped fields.
- Drying of germinated yam vines.
- Availability of feed and water.
- Good germination of crops and plant stands.

### ACTIVITY PLAN 2016

No	Title Of Activity	Location	Status of Implementation	Number Of Participants/Beneficiary		Remarks
				Male	Female	
1	Support farmers day celebration	Zabzugu	Implemented	0	0	
2	Demonstrate to five (5) Farmers Groups on proper use of storage chemicals.	District wide	Implemented	175 farmers	78 farmers	Well attended
3	Conduct 25 field Demonstrations on Soya, maize, rice, groundnuts and cowpea.	District wide	Implemented	560 farmers	500 farmers	Collaborated with Spring and Send -Ghana.
4	Organize training for 10 women groups on soya processing and utilization.	District wide	On- going	15 farmers	142 farmers	2 women groups trained.
5	Organize training for 20 tractor operator on proper land preparation methods.	District wide	Not implemented	0	0	

6	Organize a field trip for 10 small ruminant farmers to Pong Tamale livestock breeding station and nucleus farmers.	District wide	Not implemented	0	0	
7	Organize refresher course for field staff on the active ingredient of various agro-chemicals in the market	Zabzugu	Not implemented	0	0	
8	Train 10 farmers on the use of herbicides and handling of agro-chemicals annually	Zabzugu	Implemented	12 input dealers	0	Well attended
9	Collect and analyst basic data on major food crops in the district.	District wide	Implemented	150 farmers	50farmers	
10	Carry out vaccination on 80% livestock and poultry in the district	District wide	On-going	350 farmers	25 farmers	
11	Carry out disease and pest surveillance on livestock and poultry in the district	District wide	On-going	6 communities		Along borders with Tatale-Sangule district
12	Train 10 community health livestock workers in 4 zones	Zabzugu	completed	20 Community Extension	0	Training was successfully carried out

				Volunteers		
13	Train AEAs in animal traction technology	Zabzugu	Not complete	0	0	
14	Train field staff in group formation and dynamics	Zabzugu	Completed	12 FBOs	5 FBOs	Groups were well trained
15	Collect data on 5 food security sentinel site monthly	District wide	On-going	0	0	Carried out in 5 communities
16	Provide treatment clinically ill livestock and poultry	Zabzugu	On-going	542 farmers	30 farmers	Farmers now call on veterinary AEAs for animal treatment
17	Train 6 staff in the identification of livestock and poultry diseases	District wide	Not completed	0	0	
18	Train 12 staff on the identification of livestock and poultry diseases	District wide	Not completed	0	0	
19	Conduct home and farm visits to disseminate technologies to farmers in the district.	District wide	On-going	645 farmers	320 farmers	144 visits

20	Registration of farmers for the 2016 fertilizer subsidy programme	District wide	Completed	1,860 farmers	154 farmers	Coverage increasing steadily
21	Facilitate the linkage of NRGP groups to financial institution for loan	District wide	completed	169 farmers	155 farmers	Loan disbursed to beneficiary farmers.
22	Organize 2 weeks refresher course for a DDA and 4 DDOs on computer excel , power point and word processing by Dec. 2016	Zabzugu	Not completed	-	-	

## COLLABORATING PARTNERS

1.	SPRING-GHANA	Education/Farmer Field School for farmers groups on Aflatoxin reduction in groundnuts among farm families	Trained farmers in beneficiary in 10 communities on good agronomic practices in groundnuts on site selection.	Completed
2.	SEND- GHANA	Establishment of soyabeans demonstration in 16 communities	14 demonstration fields have been established in 14 communities	Completed
3.	ACDEP(NRGP)	-Education on production of agricultural commodities along the value chain. -linkage of farmer groups to financial institution	17 farmer groups linked to Bonzali Rural Bank for financial support.	Completed
4	SAVANA AGRICULTURAL RESEARCH INSTITUTE (SARI)	Up scaling production of cowpea in the district	4 Community cowpea Demonstration Fields have been established.	Completed

## CHALLENGES/CONSTRAINTS

- High cost of agricultural inputs
- Erratic rainfall
- Inadequate funds for the implementation of planned activities
- Inadequate staff accommodation
- Inadequate office accommodation

- Inadequate credit facilities for farmers
- Inadequate staff
- Poor road network to some of the food producing centers\*
- Inadequate tractor services for farmers

## **RECOMMENDATIONS**

- The district assembly should show commitment and invest in agricultural development plans.
- Establishment of small scale irrigation facilities should be looked at to ensure dry season farming.
- A viable and sustainable mechanization center should be established in the district.
- Agricultural inputs should be made available and affordable to poor resource farmers.
- Farmers should adopt and use good cultural practices.
- Support for the training of community extension volunteers to complement the low numbers of extension officers
- Provision of office accommodation to the Dept. of Agriculture.
- Ensure the regular fuel supply for carrying out agricultural extension activities(home & farm visit)

## **DEPARTMENT OF COMMUNITY DEVELOPMENT AND SOCIAL WELFARE**

### ***OBJECTIVES:***

- ✓ To improve upon communities participation in promoting socio-economic enhancement in lives of the vulnerable in the society.
- ✓ To facilitate a process to promote the rights of the individual and the vulnerable especially children and women in the society.
- ✓ To facilitate the process to promote individual participation in decision making and Contributing towards development interventions.

### **PROGRAMME AREA: Promotion of Community-Led Total Sanitation (CLTS)**

<b>ACTIVITY</b>	<b>STATUS OF IMPLEMENTATION</b>
1.Establish/strengthen VSLAs In selected locations	80 women trained in the 4 communities on VSLA(Village savings and loans Association) Salinkuga, Dagbaabaani, Mognegu 1and 2
2. Monitoring of VSLAs activities in selected locations	4 communities; Salinkuga, Dagbaabaani, Mognegu 1and 2
3. Organize community durbars to sensitize men and women on the need to have equal access to land	4 communities; Salinkuga,Dagbaabaani,Mognegu 1and 2
4. Fifty (50) women identified as natural leaders to be trained to lead in the construction of household latrines in their communities.	200 women trained in the 4 communities; Salinkuga,Dagbaabaani,Mognegu 1and 2
5. Build the capacity of women to form labour groups to assist them to build household latrines.	
6.100 women to be trained as latrine artisans	100 women was train in the four communities as latrine artisans
7. 100 women to be train as hygiene and sanitation educators	100 women trained in the four communities as hygiene and sanitation promoters

### **OBJECTIVES:**

- ❖ To ensure equal participation in decision making and leadership roles in the CLTS process
- ❖ To ensure equal access to sanitation facilities by all target groups
- ❖ To ensure equal roles and responsibilities in the management of community resources
- ❖ To ensure equal participation in sustainable monitoring and evaluation.

### **OBJECTIVES**

To see the level of commitment and support of communities in child rights protection and efforts made at the community level to curb the issues at stake.

To identify the dormant CPT communities

### **ACTIVITIES**

1. Monitoring of child trafficking, teenage pregnancy, and risky migration in Twenty (20) CPT communities

### **OUTCOME**

- i) Twenty communities were monitored.
- ii) Data on the status of CPT membership collected from the 20 communities

### **20 CPT (Child Protection Teams) communities monitored**

S/N	COMMUNITIES	NO.OF CPT MEMBERSHIP EXPECTED TO BE ACTIVE			NO. OF CPT MEMBERSHIP STILL ACTIVE		
		Males		Females	Males		Females
		Total			Total		
1	MONGOASE	4	3	7	4	2	6
2	KPALGIGBUNI	4	3	7	3	2	5
3	TASUNDO	6	3	9	4	3	7

4	TUVUGU	6	4	10	3	2	5
5	NAYILIFONG	6	4	10	3	3	6
6	KUNTUMBIYILI	7	4	11	4	2	6
7	KUKUOKPANGA 1	4	3	7	3	3	6
8	LARIBANGA	4	3	7	2	2	4
9	KUKUOKPANGA 2	4	3	7	2	2	4
10	GOR-LANYILI	4	3	7	3	2	5
11	NAKPALI TINDANG	5	6	11	3	4	7
12	KPUKPALGA	4	4	8	4	4	8
13	FINAAYILI	4	4	8	3	2	5
14	KORIKURUGU	5	4	9	2	2	4
15	NAKPALI LIMAMFONG	4	3	7	3	3	6
16	NAKPALI NAYILIFONG	4	3	7	4	2	6
17	SABARE NO.1	6	3	9	2	2	4
18	SABARE NO.2	4	3	7	3	2	5
19	SALINKUGA	4	3	7	3	4	7
20	SAKPALENGIBAANI	4	3	7	3	2	5
	TOTAL	93	69	162	60	48	108

### **Challenges of CPTs that leads to the drop in membership**

- 1 The community members criticizing the CPTs in the act of performing their duties
- 2 Lack of motivation is making most of the members drop in numbers
- 3 Some parents are encouraging their children to migrate to other places which are making the work of CPT members difficult.
- 4 Those who went to Nigeria tries to influence their colleges to also go to Nigeria
- 5 Most CPTS drop in membership because of the non performing secretaries which is making the membership dormant in performing their activities
- 6 One of the major challenge of the drop in membership is due to death of some members

7

## **WAYFORWARD**

1. Refresher training for dormant CPT community members
2. Training of secretaries
3. Organize review meeting
4. Replace lost members
5. Sensitization in difficult communities on child trafficking
6. Monitoring

## **NATIONAL DISASTER MANAGEMENT ORGANIZATION (NADMO)**

### **ACTIVITIES**

**The activities which were carried out during the period are as follows:**

1. Organizing clean – up exercise every first Saturday of the month.
2. Organizing staff meetings
3. Attending assembly meetings/work-shops
4. With the help of (Ghana Red Cross society and Suglo Information Center) the offices were able to carry out sanitization program on domestic fire prevention and control, floods and wing storm.

The following were however not being implemented

1. Public sensitization program on disaster prevention, management and control in the disaster prone communities.
2. Educating disaster prone community members/leaders on how to prevent flood if it happen.

## **DISASTERS**

From the period under review, disaster of all kinds occurred in the district prominent among them were drought, wind and storm disasters.

## **DROUGHT**

The following crops were affected as a result of drought in the District

NO	NAMES OF COMMUNITIES	NO OF ACRES			
		Yam	Maize	Groundnuts	Beans
1.	ZABZUGU	31	47	15	11
2	MANTILE	10	15	6	5
3	SABARE	8	20	10	7
4	KPUKPALIGU	21	12	21	13
	<b>TOTAL</b>	<b>70</b>	<b>94</b>	<b>52</b>	<b>36</b>

## **WIND – STORM DISASTER**

From April –June 2016, a lot of wind – storm was encountered in the District which destroyed a lot of properties such as food staff, cloths and building material. Below are the details with regard to the number of people affected.

COMMUNITIES	NO OF HOUSES	NO OF ROOMS	NO OF MEN	NO OF WOMEN	NO OF CHILDRES	
					Boys	Girls
NAKPALI	3	9	3	5	8	11
NBEBODO	15	52	17	20	22	30
ZABZUGU	6	32	9	12	15	20
<b>TOTALS</b>	<b>24</b>	<b>93</b>	<b>29</b>	<b>37</b>	<b>45</b>	<b>61</b>

## **CAUSES**

1. Lack of tree planting culture
2. Bush fires
3. Cutting down of trees

4. The use of cheap building material for the construction of houses in the District

### **RELIEF ITEMS**

The following relief items were received from the Regional Nadmo Stores to compensate the victims.

1. 200 pcs mattresses
2. 30 pcs plastic backed
3. 20 pcs plastic basin
4. 2 bale mosquito net
5. 3 bale blankets
6. 1 bale us at clothing
7. 100 pcs plastic cups
8. 100 pcs plastic plate

The Zabzugu District Assembly also donated forty pickets of roofing sheets (40) to support the disaster victims. All the above mention relief items were distributed to the affected victims in their communities most especially Nbebodo.

### **ACTIVITIES OF UNFPA/GOG 6<sup>TH</sup> COUNTRY PROGRAMME IN ZABZUGU DISTRICT**

<b>Project Title</b>		<b>UNFPA/ZABZUGU DISTRICT ASSEMBLY ANNUAL WORK PLAN 2016</b>		
AWP Duration (dates, year(s))		January - December 2016		
Implementing Partner		Zabzugu District Assembly (ZDA)		
Project IDs (Use Atlas Codes)		GHA6U201; GHA6U301; GHA6U502; GHA6U601; GHA6U703		
Country Programme (CP) Output(s) contributed to:		<ul style="list-style-type: none"> <li>i. Increased national capacity to deliver comprehensive maternal health</li> <li>ii. Increased national capacity to strengthen enabling environments, increase demand for supply of modern contraceptives and improve quality FP services</li> <li>iii. Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multi-sectoral services, including in humanitarian settings for women and girls</li> <li>iv. Enhanced national capacity for programme coordination, production, utilization and dissemination of quality statistical data for population dynamics, youth, gender equality and SRH, including humanitarian settings</li> </ul>		
Reporting Period		January- December, 2016		
<b>UNFPA OUTCOMES and CP OUTPUTS</b>	<b>PLANNED ACTIVITIES</b>	<b>STATUS OF IMPLEMENTATION OF ACTIVITIES</b>		<b>PROGRESS TOWARDS RESULTS</b>
	<i>All the activities incl. sub-activities if any, from the AWP, including monitoring, survey and evaluation related activities</i>	<i>Succinct account of status of implementation of activities, including capacity building. Clear identification of planned activities not yet implemented, with reasons why. Supporting evidence must be available</i>	<i>Approximate annual programme completion of activity (as a %)</i>	<i>An assessment of how activities completed at this stage contribute to achievement of the AWP specific indicators and targets, and to the extent possible, the relevant country programme (CP) output(s)</i>
<b>UNDAF Outcome 6:</b> Women and Children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutritional interventions.				
<b>UAP Output 6.1:</b> Output 1 : Increased national capacity to deliver comprehensive maternal health				
UAP Output Indicator (s): Number of women treated for obstetric fistula				
	Organise 9 focus group discussions on facility delivery for 360 pregnant women in 3 sub-districts	<p>Activity Completed:            Nine focus group discussions were organised in separate sessions for 360 pregnant women in three sub-districts, namely; Gortanie, Sabare No.2, Kukoukpanga, Bitido, Kpaligigbini and Woribogu within the year 2016.</p> <p>The objectives for this activity was to ascertain factors leading to low facility delivery in the Zabzugu District for possible solutions. During the discussion, the client's knowledge level were assessed as to the importance of facility delivery, post-natal care and emergency obstetric referral. Among the reasons given by pregnant women for the reluctance to deliver in health facilities were:</p> <ul style="list-style-type: none"> <li>i. Unwillingness of their male counterparts to bear expenses incurred at the facility level during delivery</li> <li>ii. fear of health facility</li> <li>iii. Fear of referral</li> <li>iv. Poor attitude of health midwives (insults, neglect)</li> </ul>	100%	<p>The concerns expressed by pregnant women in the FGDs were recorded and played back to midwives and other related health staff during an orientation on customer care for health staff. It is envisaged that over the medium term this will help change the negative behaviour of the health staff.</p> <p>Plans have also been made to intensify health education and health promotion activities during Ante-natal clinics. This will target addressing some of the misconceptions among pregnant women about health facility delivery, bring out the advantages of facility-</p>

		<ul style="list-style-type: none"> <li>v. Illegal collection of fees,</li> <li>vi. frequent vaginal examination</li> <li>vii. Ignorance about expected date of delivery,</li> <li>viii. Long distances to health facility,</li> <li>ix. Prestige attach to home delivery etc.</li> </ul> <p>There was also follow-up discussions on how to overcome these barriers to facility-based delivery.</p>		based delivery. Over the long-term this is expected to lead to increased percentage skilled delivery in the district and eventually to reduce incidence of maternal deaths and maternal mortality in the district.
	Organise fistula case search in 15 zones	<p>Activity Completed.</p> <p>Fistula case search activities organised to create public awareness on the causes and effects of Obstetric fistula, to identify, register, and refer victims for repair surgery. The activities also targeted raising awareness to reduce public stigma about the condition.</p> <p>Fourteen (14) Zonal Coordinators were trained to carry out the search. A simplified questionnaire on Fistula case search was prepared and was used during the training.</p> <p>Following the training, zonal coordinators were tasked to interview at least 6 respondents (4 females and 2 males) in the various communities. The exercise started on 1st April and ended on 30th May, 2016. 90 respondents were interviewed, leading to the identification of 11 suspected fistula cases. These were referred to the District Fistula Coordinator at the District Health Administration for further action.</p> <p>Contact phone numbers of these health volunteers was given out to selected opinion leaders in their catchment areas for easy reporting on suspected fistula clients.</p>	100%	<p>The following has been achieved through the implementation of the activity:</p> <ol style="list-style-type: none"> <li>1. The zonal coordinators know how to use the simplified questionnaire for fistula case search.</li> <li>2. 11 suspected Fistula cases were identified and referred.</li> <li>3. Community members now willing to report to the health volunteers rumours about any woman with suspected fistula</li> <li>4. Opinion leaders have contact numbers to call to report new cases of obstetric fistula.</li> <li>5. Plans are in place to support the transportation of the identified women for assessment at the Tamale Fistula centre.</li> </ol> <p>A challenge being faced is the lack of a surgeon at the Tamale Fistula centre.</p>
	Identification of 30 fistula clients, registration with NHIS and transporting them to Tamale fistula centre for repair surgery	<p>Activity completed.</p> <p>A total of eleven (11) suspected cases were identified in this quarter. None of the identified women have been registered for NHIS yet as they remained unassessed and unconfirmed actual cases of Fistula.</p> <p>Discussions are ongoing to negotiate suitable dates with the Fistula Surgeon in Yendi to undertake the assessment and repair as the</p>	100%	Those that would be repaired will be used as ambassadors to help bring out more cases that currently hidden. This will eventually lead to total eradication of fistula as all hidden cases are mopped up and repaired.

		Tamale Fistula Centre is currently without a trained Surgeon.		
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**UNDAF Outcome 6:** Women and Children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutritional interventions.

**UAP Output:** Increased national capacity to strengthen enabling environments, increase demand for supply of modern contraceptives and improve quality FP services

UAP Output Indicator :i. Number of focal districts where UNFPA supports at least 4 elements of demand generation for FP

	Organize 4 drama performance and dialogue meetings in 3 sub-districts( zabzugu, kukpalgu, sabare, Nakpali, Gor-Tanie and Mongoase) to promote family planning services	<p>Activity Completed.</p> <p>Two drama and dialogue meetings were organized in Nakpali and Kukpaligu communities within the second quarter. The two drama performances and dialogue meetings which brought together 610 participants (256males and 354 females) were used to encourage community members to embrace the concept of Family Planning and patronise services to the benefit of families.</p> <p>The drama performances enabled the audience to see family planning from a different perspective (the benefits to the man, woman, the children and the entire family).</p> <p>The key messages from the drama and the dialogue sessions were:</p> <ol style="list-style-type: none"> <li>i. The benefits associated with Family Planning to individual, family and the society at large.</li> <li>ii. Clearing various misconceptions about FP</li> <li>iii. The different kinds of contraceptives and their suitability to women in various situations</li> <li>iv. Where FP information and services could be obtained in the district.</li> </ol> <p>During the dialogue sessions, a lot of contributions were made and questions asked during an open forum.</p> <p>Lastly, how through FP, maternal morbidity and mortality could be reduced was made clear to all as well as the need for men get involved in FP and provide the needed support to their partners.</p>	100%	<p>The use of drama and dialogue which is a way of telling a story was well received as shown by way of the questions and contributions made by the audience. Some satisfied clients also gave testimonies on the benefits of Family planning.</p> <p>The district plans to sustain such community engagements on FP as this is the only way to increase FP acceptor rate in the district.</p> <p>It became very clear that there are a lot of misconception on FP which is a major barrier to the adoption of the concept. Another major barrier is the fear of side effect.</p> <p>There is the need for sustained community engagement to address all barriers to FP in the communities.</p>
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**UNDAF Outcome 6:** Women and Children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutritional interventions.

**UNDAF Outcome 7:** The most disadvantaged and vulnerable groups across Ghana benefit from at least four social services in an integrated social protection system

**UAP Output 5 :** Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multi-sectoral services, including in humanitarian settings for women and girls

UAP Output Indicator:

	Organise a durbar to celebrate the International Youth Day (12th August, 2016) under the theme: “The road to 2030:	<p><b>Activity completed.</b></p> <p>The International Youth Day celebration was climaxed with a durbar in Zabzugu on 12th august, 2016. The main objective of the celebration was to highlight and find effective ways of addressing</p>		<p>The one day durbar which was held in the Zabzugu town brought together all the relevant stakeholders in the district. Pledges were made by stakeholders as</p>
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	<p>Eradicating Poverty and Achieving Sustainable Production And Consumption</p>	<p>poverty among the youth in the district. The local sub-theme for the celebration was: “Investing in Youth Health For Poverty Eradication and Sustainable Livelihood” This was carved from the global theme “The Road to 2030: Eradicating Poverty and Achieving Sustainable Production and Consumption”</p> <p>A total of 941 participants took part in the durbar (490 females and 451 males) the participants were made up of Chiefs, teachers, School Children, Youth Groups, Opinion Leaders, Heads of Departments, Assembly members and women groups. The activity emphasised on the need to adequately invest in the youth for sustainable development. stakeholders at the durbar through their contributions underscore the need to invest in the youth through :</p> <ol style="list-style-type: none"> <li>I. Empowering the youth to be change agents</li> <li>II. Continuous Education on adolescent sexual reproductive health including, the prevention of HIV/AIDS and STIs</li> <li>III. Education on the Prevention of drugs and substance abuse</li> <li>IV. Educational educational infrastructure</li> <li>V. Skills training for sustainable jobs</li> <li>VI. Prevention of early marriage</li> </ol> <p>The youth also made passionate appeal to parents, district assembly and guardians to create enabling environment for them to learn and realise their full potentials by channelling resources adequately towards their course. The speakers at the durbar include; Mr. Sheini Paul Alhassan-Deputy (Director Ghana Education Service, Zabzugu); Madam Elizabeth Kopri ( District Director Of Health Services) Ali Y. Dasana, (District Director Of Agriculture) and District chief executive, Hon. Issifu Alidu Laa-Bandow</p>	<p>follows;</p> <ul style="list-style-type: none"> <li>✓ The District Chief Executive, Hon. Issifu Alidu Laa-Bandow hinted that the Assembly will continue channel more resources toward youth development through investment in educational infrastructure, best teacher awards, health facilities, sports and recreation and sponsorship packages.</li> <li>✓ Chief Zangbal Naa, one of the chiefs in Zabzugu on behalf of the traditional authorities and the religious leaders promised to end child marriages in their respective areas by speaking against it and also discourage people not to engage in child marriage since it was major factor hindering the development of the youth especially the girl child</li> <li>✓ It was a platform to educate the youth on some of the harmful practices such as drug and substance abuse and effective ways of doing away with them. The youth came out with an idea of forming clubs in schools to help promote enhance their interest and future development</li> </ul> <p>On the whole it was a platform for all stakeholders to come out with unique and effective ways of contributing</p>
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				towards youth empowerment.
	Organize 6 community sensitization engagements to provide community base sexuality education including HIV and Prevention of unwanted pregnancies to 750 adolescents and young people.	<p><b>Activity completed:</b> The activity was successfully implemented at Sabare and Zabzugu. The objective of the training was to build the capacity of the participants on community based sexuality education including HIV and prevention of unwanted pregnancies to 750 adolescents and young people. The date for the sensitization was 4<sup>th</sup> and 5<sup>th</sup> August 2016 at Sabare and Zabzugu respectively. The sensitization included school children, youth clubs, selected chiefs, Teachers and opinion leaders in the communities. The total number of participants for the 2 sensitizations durbar was 510. This made up of 219 males and 291 females. The main delivery method adopted was question and answer so as to address the specific needs of young people. The major emerging issues identified were:</p> <ul style="list-style-type: none"> <li>• Low education on sexual and reproductive health among young people.</li> <li>• Low knowledge in contraception and the use of contraceptives</li> <li>• Inadequate knowledge in menstrual cycle, and sexual transmitted disease.</li> </ul> <p>in terms of the high unwanted pregnancies among the youth, poverty and ignorance were identified as the main pre-disposing factors.</p>	100%	<p>By the end of the conduct of the activity, participants' knowledge and understanding on sexual health education was enhanced. They also understood the various contraceptive methods and where they can access contraceptive services in the District. The facilitators for two sensitization were Zuwera Alhassan (public health nurse,Zabzugu) and Aberinga A.Jefred(disease control officer)</p> <p>Some good practices identified were that the question and answer method adopted was good as it keep the young people very active throughout the sessions. The facilitators use of flip charts with photographs to demonstrate how pregnancy occurs, some signs and symptoms of STIs were found to be very helpful as the young people followed the sessions with keen interest. The opinion leaders present recommended to the District Assembly to ensure that aprogram be put in place to address the high incidence of teenage pregnancy in the District.</p>
<b>UNDAF Outcome 7:</b> The most disadvantaged and vulnerable groups across Ghana benefit from at least four social services in an integrated social protection system				
<b>UAP Output 5 :</b> Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multi-sectoral services, including in humanitarian settings for women and girls				
UAP Output Indicator:				
	Organise 4 no community sensitization engagements in 4 zones on domestic violence(DV) and SGBV	Activity completed. Four separate community sensitization engagements were held at Bitido and Gortanie on 20 <sup>th</sup> and 23 <sup>rd</sup> February, as well as Gbandi and Poagmado on 25 <sup>th</sup> and 26 <sup>th</sup> May, 2016 to sensitize the	100%	The two durbars were used to increase awareness about the Domestic Violence Act and also as a platform for sharing knowledge and to get

		<p>community members on domestic violence and sexual and gender based violence. The objectives of the durbars were to share knowledge and experiences on domestic violence with community members to raise awareness on the fundamental human rights.</p> <p>Topics discussed included the Domestic Violence (DV) Act (Act 732 of 2007), criminal code, Sexual and gender based violence (SGBV) and roles of the various stakeholders in the community in bringing down DV. Also discussed were the specifics of what constitute DV (including specific acts, threats to commit, or acts likely to result in Physical Sexual, Economic, Emotional, and Verbal or Psychological abuse, Harassment, Behaviours or Conducts.</p> <p>A total of 845 participants were sensitised consisting of 520 females and 320males.</p> <p>Concerns expressed by participants included clarifications on child abuse and discipline, cultural demand and domestic violence, peer influence and how to deal with it, poverty issues and child neglect and lack of maintenance by some fathers. All these issues were clarified.</p>		<p>community members commit to non-violence against the most vulnerable, especially women and children. Sub-IPs also did follow up to community to assess the reaction of the community members on the topics discussed.</p> <p>Reports from the communities indicates that, more community members are becoming conscious of the issues of domestic violence. The people now apply the knowledge gained in other areas such as reporting of DV cases to the police instead of the chief palace. Chiefs and opinion leaders have also pledged to continue to work hard towards ending child marriages in their respective communities.</p> <p>According to the District police station in Zabzugu, a total of 2 cases of domestic violence were reported to Station and were referred to the DOVVSU Unit at Yendi during the second quarter of 2016.</p>
	<p>Sensitization, formation and Training of 30 community based violence committees</p>	<p>Activity Completed.</p> <p>Two- day workshop was held in Zabzugu to sensitize 30 domestic violence committees drawn from the various communities to enhance effective handling and reporting of DV and SGBV in the District. The facilitators were; ASP Emmanuel Holortu( Northern Regional Coordinator, DOVVSU) and ASP Maxwel Sarpong(District Crime Officer, Tamale). In all 150 members from various community-based DV committees were trained made up of 45 females and 105 males.</p> <p>Topics discussed in include: Domestic Violence Act, 2007 (Act 732) criminal code, Sexual and gender based violence and roles of the various stakeholders in the communities in controlling the incidence of domestic violence. Also discussed were What constitute Domestic Violence which include; Specific acts, threats</p>	<p>100%</p>	<p>The one-day workshop was used as platform to train participants on domestic violence act, and the roles of the committees in promoting violence free in the various communities and assisting victims of DV to access justice. It was also a platform to equip participants with the basic skills to collaborate effectively with stakeholders to bring down the incidence of domestic violence.</p> <p>Following the training of members of community DV Committees, it is</p>

		<p>to commit, or acts likely to result in; Physical, Sexual, Economic, Emotional, Verbal or Psychological abuse, Harassment, etc.</p> <p>Pictures and audio visuals were shown on cases and examples of domestic violence. The facilitators further explained that DV does not only occur at home only but also at various places/locations where relationship exists. The objectives of the workshop was to bridge the gap between victims of DV and actors such as DOVVSU, the Legal Aid Board, CHRAJ and DSW to also serve as paralegals to promote access to justice in the rural communities.</p> <p>The roles of the DV committees were emphasized to include; 1. Provide basic legal and counselling services to victim of domestic violence and abuse. 2. Identify legal issues and mediate, or refer cases to relevant state actors. 3. Help deal with crime, abuse and violence against women and children in their communities. 4. Educate and encourage victims on the need to rely on legal regime to secure and protect their safety.</p> <p>The following were also emphasized:</p> <ol style="list-style-type: none"> <li>i. Domestic violence abuses normally occur between persons who are closely related.</li> <li>ii. Victims are often protective of family image to avoid social ridicule.</li> <li>iii. Family elders and religious leaders often warn against reporting to police.</li> <li>iv. The functions of DV committees is to provide collaborative links between stakeholders in the rescue.</li> </ol>		<p>expected that more DV cases will be reported to the police in the short-term. Over the long-term, it is expected that this will serve as a deterrent leading to a reduction in the incidence of DV.</p>
<b>UNDAF Outcome 11:</b> Ministries, Departments, Agencies (MDAs) Local Governments and CSOs have effectively developed, funded, coordinated, implemented, monitored and evaluated national and sectoral policies, plans and programmes aimed at reducing poverty and inequalities, and promoting inclusive socio-economic growth by 2016				
<b>UAP Output :</b> Enhanced national capacity for programme coordination, production, utilization and dissemination of quality statistical data for population dynamics, youth, gender equality and SRH, including humanitarian settings				
UAP Output Indicator:				
	Organise supervisory visit by CP team	<p>Activity completed.</p> <p>Supervisory visits were conducted to four programme communities namely; Gbandi, Poagmado, Nakpali and Kukpaligu to monitor the implementation of activities during the year. The visits were timed to coincide with activity implementation to observe the implementation and offer timely technical support and feedback for improving subsequent activities.</p>	100%	<p>The supervisory visits were conducted within the period to strengthen the implementation process at the community level to ensure quality delivery of services and check performance against the activities planned for the quarter.</p>

		<p>The monitoring team was made up of the DCE, DCD, Focal person, GES SHEP Coordinator, Gender Desk officer, Social welfare Officer, Community Development Officer, Social services sub-committee chair person and two drivers from the Assembly.</p> <p>The team on every occasion was impressed with the level of activity patronage and the extent to which community members were engaged.</p> <p>A major finding from the monitoring was the difficulty of community members differentiating between instilling discipline in children and child abuse.</p> <p>It was also evident that there is a greater responsibility on mothers than fathers when it comes to child up-bringing.</p> <p>In terms of support the monitoring team assisted in explaining effective ways of ending early child marriage and gender based violence in communities. The team also encouraged community members to support the enforcement of laws on child marriage and SGBV by reporting such cases to the police</p>		<p>Areas such as factoring cultural sensitivity to programme implementation at the field was recommended to Sub-IPs for improvement.</p> <p>In Gbandi and Paogmado, the community members requested for the re-introduction of radio discussions on programmes especially fistula, facility delivery and domestic violence to enable more people to benefit from the useful discussions being carried out.</p>
	<p>Organize stakeholder review meeting to collate report and address challenges</p>	<p>Activity Completed as planned.</p> <p>Three number stakeholder review meetings were held at the Zabzugu District Assembly in 2016 to collate reports of activities carried out during the year. A total of 21 participants made up of 19 males and 2 females participated. The participants were made up of the IP and sub-IPs, other selected heads of departments Assembly members and few opinion leaders from the District.</p> <p>Reports from the various programme activities emanating from the field were presented and deliberated upon especially, the cross cutting issues.</p> <p>To improve upon the quality of activity implementation and reduce workload on staff, sub-IPs were encouraged to co-opt people with the relevant expertise to implement activities.</p> <p>To facilitate timely submission of reports, it was decided that sub-IPs should complete planned activities at least 2 weeks to the end of the each quarter to allow for early submission of reports</p>	<p>100%</p>	<p>The stakeholder review meeting was used to collate reports from activities implemented during the quarter, discuss challenges and compile reports for onward submission to the UNFPA.</p> <p>Meetings such as these provide the platform for the sharing of ideas and experiences, finding solutions to problems and therefore helps to improve the quality of activity implementation for greater impact.</p> <p>One the major issue of the poor attitude of health workers in the facilities and charging of illegal fees during delivery without receipts, it was decided that an orientation on customer care for health care staff be included in the 2017 Annual Work Plan.</p>

## **MONITORING AND EVALUATION PHYSICAL PROJECTS**

As part of the district's monitoring and evaluation team schedule to see to it that development interventions are executed timely and according to specification, the District embarked on monitoring exercise at the end of the year to ascertain progress of work on the on-going projects

## 2016 DEVELOPMENT PROJECTS

<b>Project Description, Location and Sector</b>	<b>Name of Contractor</b>	<b>Funding Source</b>	<b>Revised Contract Sum (GH¢)</b>	<b>Paid To Date</b>	<b>Contract Award Date</b>	<b>Expected Completion Date</b>	<b>Status/Remarks</b>
Construction of 1No. 3 Unit Classroom block with ancillary facilities at Charkpulugu D/A Primary School	Ahambra Ent.	DACF	150,519.60	142,972.60	4/04/ 2016	18/07/2016	Completed but yet to be furnished.
Construction of 1No. 3 Unit Classroom block with ancillary facilities at Kolikolini D/A Primary School	S. Yahaya Ent	DACF	150,519.60	141,974.61	4/04/ 2016	18/07/2016	Completed but yet to be furnished
Construction of 1No. CHPS Compound at Mognegu	M. Sul company Ltd	DACF	171,037.00	58,314.80	4/04/ 2016	18/07/2016	90% complete
Construction of 1No. CHPS Compound at Kpaligigbini	Ahambra Ent	DACF	176,973.60	96,848.48	4/04/ 2016	18/08/2016	Completed but yet to be furnished.
Supply of 1 No. double cabin Pick-up vehicle	Japan Motors Trading Co. Ltd.	DACF	99,767.79	97,227.60	4/04/16	30/04/16	
Management of	Landfills Co.	DACF	80,000.00	80,000.00	1/01/16	31/03/16	Completed

2 final waste disposal sites in Zabzugu	Ltd						
Spot Improvement of Yendi – Zabzugu trunk road	Direct Labour Works Dept.	DACF	60,000.00	60,000.00	1/07/16	30/07/16	Completed
Supply of 200 No. 9 m Electricity Poles	Ibn-Tukur Logistics	DACF	176,000.00	30,000.00	6/10/16	30/10/16	Supplied
Rehabilitation of CHPS Compound at Nakpali	Ahambra Ent	DDF	74,834.00	71,092.30	4/04/ 2016	18/07/2016	Completed and in use.
Construction of 1No. 3 Unit Classroom block with ancillary facilities at Kalegu DA Primary School	Quduah Co. Ltd.	DDF	150,519.60	123,683.35	4/04/ 2016	18/08/2016	Completed
Construction of 1No. 12-unit open market stalls at Zabzugu Market.	Zaachi-Thress Ent	DDF	51828.00	49,083.27	4/04/ 2016	18/07/2016	Completed and in use
Spot improvement of 8km Ojoja junction – Ojoja Feeder Road	Naran Co. Ltd	DDF	141,357.49	134,225.50	4/04/ 2016	18/11/2016	Completed and in use.
Spot	M-Sanyuf	DDF	134,560.00	128,298.00	4/04/ 2016	18/09/2016	Completed

Improvement of 10km Bitido – Gortanie Feeder Road	Ent.						and in use.
Spot Improvement of 8km Nakpali – Mogyinga Feeder Road	Naran Co. Ltd	DDF	88,465.00	84,039.85	4/04/ 2016	18/08/2016	complete
Construction of 1 No. Police Post at Nakpali	Dinnani Royal Ventures	DDF	114,083.50	103,629.68	4/04/ 2016	18/08/2016	Complete but yet to be connected to electricity
Staff Capacity building	Excel Link Consult Ltd	DDF	60,800.00	60,500.00	2/02/2016	4/04/16	Completed

