

# SISSALA EAST DISTRICT ASSEMBLY

## TUMU



## ANNUAL PROGRESS REPORT ON THE IMPLEMENTATION OF 2016 COMPOSITE ANNUAL ACTION PLAN

FEBRUARY, 2017

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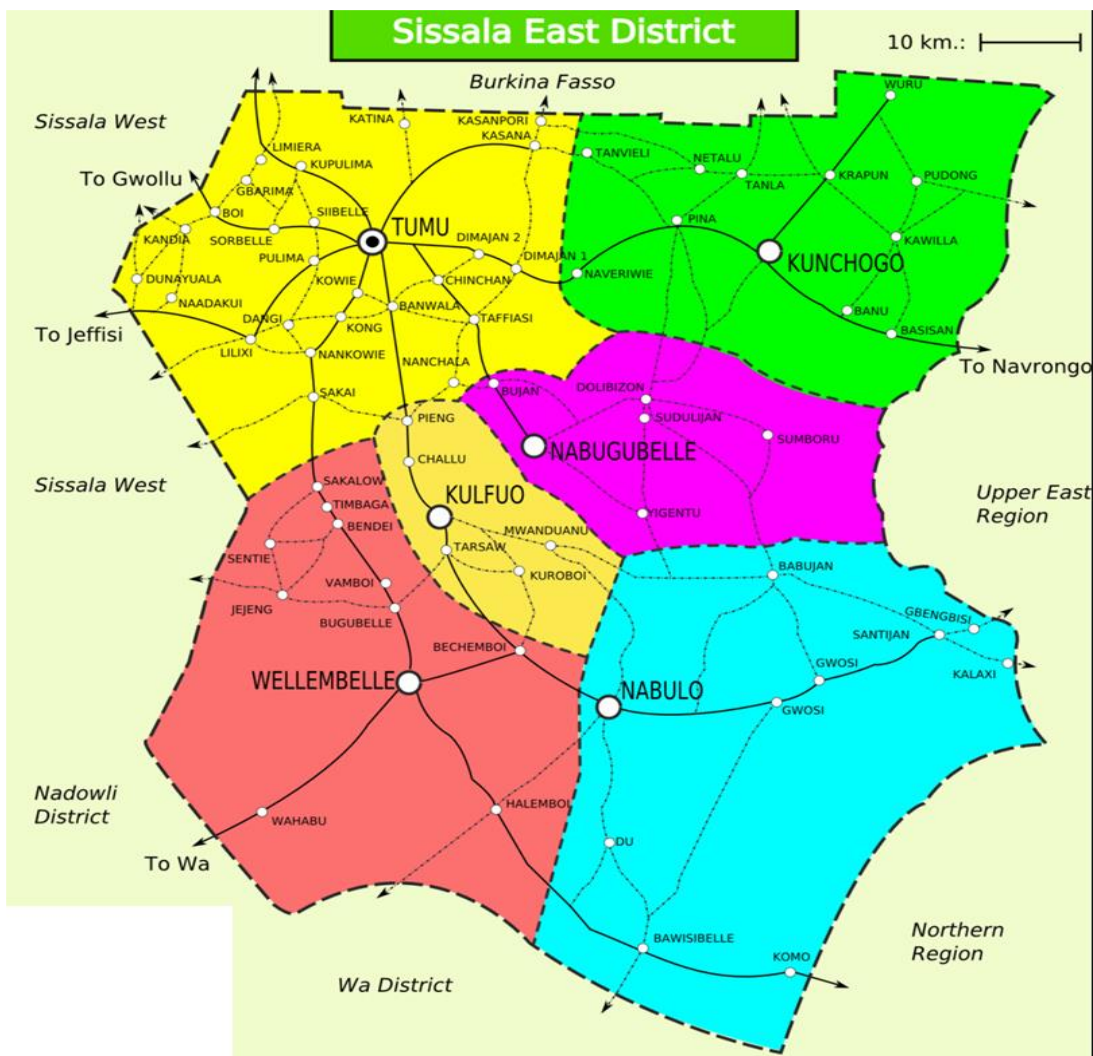
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## CHAPTER ONE INTRODUCTION

### Brief District Profiles

The Sissala East District is one of the eleven districts in the Upper West Region. The Sissala East District Assembly was created in the year 2004 by Legislative Instrument (LI.) 1766 with Tumu as its district capital, as part of the decentralization policy. The Sissala East District is located in the North- Eastern part of the Upper West Region of Ghana. It falls between Longitudes 1.30<sup>0</sup> W and Latitude 10.00<sup>0</sup> N and 11.00<sup>0</sup> N. It shares boundary on the north with Burkina Faso, on the east with Kassena Nankana West and Builsa District, to the south-east with West Mamprusi District, south-west with Wa East and Daffiama-Bussie-Issah districts and to the west by Sissala West District. The district has a total land size of 5,092.8 square kilometres representing 26.7 percent of the total landmass of the region.



## Map of Sissala East District

The district, due to its position, has an advantage for trade and other cross border activities. This locational advantage is a potential for the development of the local economy. This notwithstanding, the district by its location, also faces the threat of illegal immigrants from neighbouring countries. Notably is the insecurity posed by the insurgence of Fulani herdsmen into the district has become a norm every year. However, the Sissala East district, by its location, is well positioned for enhanced socio-economic, cultural and political interaction with the neighbouring districts as well as Burkina Faso.

## Population Size and Distribution

The total population of the District projected from 2010 census is 67679. The district population is made up of 48.65 percent male and 51.35 percent female. The age group 15 - 64+ years has the highest population representing 53.39% followed by 0-14 years age group of 38.7 percent and the age population constituting 4.82%.

The age structure of the Sissala East District depicts a young population with more females than males but there are variations within the various age groups.

## Specific Age-Sex Structure

Age Group	Total population		Male		Female	
	Absolute	Perce	Absolute	Percentage	Absolute	Percentage
0-4	9786	15.20	4978	15.12	4808	13.83
5-9	10289	12.15	5301	16.09	4988	14.35
10-14	8222	11.35	4208	12.78	4014	11.55
15-19	7684	8.44	3915	11.89	3769	10.84
20-24	5715	7.65	2676	8.13	3039	8.74
25-29	5175	6.89	2305	6.99	2870	8.25
30-34	4669	5.44	1944	5.90	2725	7.84
35-39	3682	4.51	1726	5.24	1956	5.62
40-44	3049	2.89	1406	4.27	1643	4.72
45-49	1953	2.79	934	2.83	1019	2.93
50-54	1889	1.48	873	2.65	1016	2.92
55-59	999	1.96	534	1.62	465	1.33
60-64	1327	1.11	593	1.80	734	2.11
65-69	751	1.29	362	1.09	389	1.12
70-74	870	2.39	382	1.16	488	1.40
75 +	1619	2.39	792	2.41	827	2.38
<b>TOTAL</b>	<b>67679</b>	<b>100</b>	<b>32929</b>	<b>48.65</b>	<b>34750</b>	<b>51.35</b>

## Sissala East District as at 2016

The age structure of the Sissala East District depicts a young population with more females than males but there are variations within the various age groups.

### Spatial Distribution of Population

Age Group	Urban Pop				Rural Population				Grand Total
	Male	Female	Total	%	Male	Female	Total	%	
<b>0-14</b>	2138	2294	<b>4432</b>	34.83	12351	11515	23866	43.43	<b>28298</b>
<b>15-64</b>	3512	4191	<b>7703</b>	60.54	13392	15044	28436	51.75	<b>36139</b>
<b>65 and above</b>	246	343	<b>589</b>	4.63	1288	1361	2649	4.82	<b>3238</b>
<b>Total</b>	<b>5896</b>	<b>6828</b>	<b>12724</b>	<b>100</b>	<b>27031</b>	<b>27920</b>	<b>54951</b>	<b>100</b>	<b>67679</b>

The majority of the population is in the rural (81.2%) areas than urban (18.8%).

## Background of the report

Annually, Government and Development Partners commit significant resources to support a wide range of development interventions that are designed to improve the social and economic conditions in the country. Overall, the GSGDA11 is targeted at accelerating employment creation and income generation for poverty reduction and shared growth. Policy measures identified to achieve this overall goal are prioritized in seven thematic areas namely:

- Ensuring and sustaining macroeconomic stability;
- Enhance competitiveness of Ghana's private sector;
- Accelerated agricultural modernisation and sustainable natural resource management;
- Oil and gas development;
- Infrastructure and human settlements development;
- Human development, productivity and employment and;
- Transparent and Accountable Governance.

The 2016 Annual Progress Report has been prepared from the assessment of status of indicators and targets adopted for monitoring the progress of key policy and programme interventions undertaken within the year.

It is against this background that the Sissala East District assembly generates quarterly and annual progress reports (APR) which, among others, includes monitoring and evaluation of activities with indicators. This helps to assess the progress of the implementation of the MTDP annually.

The Sissala East District Assembly therefore prepared this year's report as a tool for use to monitor and evaluate its programmes, projects and activities outlined in the Medium-Term Plan of the Assembly and Composite annual action plan. The preparation of this report was done in a participatory manner with the involvement of all the key stakeholders in the setting of target and objectives for the period.

In the period within the year, a number of projects and programmes were earmarked for implementation from the District Composite Annual Action Plan (CAAP). In fact most of the planned projects and programmes were successfully completed whereas others were at advanced stages of completion as result of delay in release of funds and other factors beyond the control of the Assembly.

Financial constraint was a major factor which adversely affected the timely execution of some projects. The preparation of the Progress Report involved the collection of data on basic indicators set for monitoring of progress. The collection of this data was not easy as the data was not readily available for some indicators.

## **Purpose of the Progress Report for 2016**

The main aim for the Annual Monitoring and Evaluation Report is

1. To enable the Assembly to provide the requisite information to stakeholders on the status of the implementation of the Composite Annual Action Plan of the Assembly.
2. To help monitor progress towards the attainment of targets in the plan by comparing it with the targets of the previous year
3. It will also help us assess the effective and efficient utilisation of resources and identify high cost interventions and operations for re-planning, re-strategizing and re-focusing.
4. Moreover, the M&E will enable the Assembly assess the reaction of beneficiaries to the programmes and projects implemented and solutions found for negative reactions.
5. M&E will provide record of events and ensure that funding reaches the intended beneficiaries to improve service delivery and influence resource allocation in the district.
6. Finally, the M&E will make available to stakeholders evidence of the results of their investments in the implementation of the Composite Annual Action Plan

## **Processes involved in Preparing the Report**

The progress report for 2016 was prepared by the Sissala East District Assembly with inputs from stakeholders' namely departmental heads, Assembly members, NGOs among others by way of annual reports. The Sissala East District Assembly compiled Monitoring and Evaluation data from both primary and secondary source to determine the impact of programmes and projects delivery within the District. Also inputs from the District Annual Performance review constituted a major data source.

## **CHAPTER TWO**

### **M & E Activities Report**

#### **Introduction**

During the period under consideration, the District initiated some projects. Generally, progress of these projects was satisfactory except for few cases where there were delays. In fact the period under review experienced major projects rolled over from 2015 and also some initiated within the year under review (2016). The monitoring of activities for the period under review were conducted by the DPCU and representatives of beneficiary communities and some Assembly members. Beneficiary communities were advised to get involved in the monitoring of the projects and to report any concerns they may have to the Assembly for redress. The activities initiated over the period span from education, health, agriculture, water and sanitation, good governance among others.

All the activities carried out in the District were therefore classified as physical and non-physical projects.

## Implementation of Physical Projects in the District for 2016

The physical activities mostly undertaken by the Central Administration involve projects that cut across all sectors such as education, health, agriculture, water and sanitation etc. Details of these projects are outlined below under the various thematic areas of GSGDA11

### Accelerated Agriculture Modernisation and Sustainable Natural Resource Management

No	Description of Contract	Location	Source of Funding	Imp Status
	Rehabilitation of dam	Bujan	GSOP	100%
	Rehabilitation of dug out	Banu	GSOP	80%
	Mango plantation	Bujan & Bassisan	GSOP	10%



*Banu dugout*

### Human Development, Productivity and Employment

No	Description of Contract	Location	Source of Funding	Status
	<b>EDUCATION</b>			
	Construction of 1no. KG block and supply of furniture at Gwosi Upper	Gwosi	DDF	100%
	Construction of 1 No. 3 Unit Classroom Block Classroom block with ancillary facilities at Nankpawie and supply of 200no.dual desk	Nankpawie	DACF	100%
	Construction of Dormitory block	St Clares	GETFund	42%
	Construction of 2 No. 2 Storey Girls Dormitory blocks for Kanton SHS	Tumu	GETFund	100%

Rehabilitation of ICT bock for Kanton SHS	Tumu	GETFund	85%
Rehabilitation of dining hall for Kanton SHS	Tumu	GETFund	70%
Construction of 6 Unit classroom and ancillary facilities	Fachoboi	GETFund	100%
Construction of 6 Unit classroom and ancillary facilities	Pina	GETFund	70%
Construction of Dormitory block at Tumu SHTS	Tumu	GETFund	40%
Construction of Administration Block at Tumu SHTS	Tumu	GETFund	50%
Construction of 6 Unit classroom Block	Falahia, Tumu	GETFund	20%
Construction of 6 Unit classroom Block	Vamboi	GETFund	
Construction of 6 Unit classroom Block	Sentie	GETFund	
Construction of 6 Unit classroom Block	Wellembelle	GETFund	
Construction of 1 No. 3 Unit classroom blockwith 4 Seater Latrines	Kroboi	SIF/DACF	80%
Construction of 1 No. 3 Unit classroom blockwith 4 Seater Latrines	Stadium Residential Area, Tumu	DACF	100%
Construction of Teachers Quarters	Vamboi	GETFund	40%
Construction of Teachers Quarters	Sentie	GETFund	
Construction of Teachers Quarters	Bandei	SIF/DACF	80%
Construction of Teachers Quarters	Bichemboi	SIF/IGF	
Complete the construction of 1 No. Semi detached teachers quarters	Nabulo	DDF	100%
Supply of Furniture to 3 Unit KG Block	Stadium Residential Area, Tumu	IGF	100%
Construction of Day SHS	Wellembelle	GoG	10%
Construction of teachers quarters at Kwapun	Kwapun	GETFund	5%
Construction of 6unit classroom blk with anciliary facilities at Kwapun	Kwapun	GETFund	5%



**2semi detached teachers qtrs at Nabulo under DDF & KG Blk funded by DDF @Gwsoi**



**6unit classroom Blk under GETFund @ Vamboi 6unit under GETFund @ Falahia**

### **Human Development, Productivity and Employment**

No	Description of Contract	Location	Source of Funding	Status
	<b>Health and Nutrition</b>			
	Nurses Quarters with portable water (Borehole fitted with hand pump)	Midwifery	SIF/DACF	80%
	Construction of a clinic with potable water	Challu	SIF/DACF	
	Construction of Maternity Home with potable water	Kassana	SIF/DACF	
	Construction of CHPS Compound	Dimajan	DACF	100%
	Construction of weighing centre at Kusunjan	Tumu	DACF	60%
	Construction of theatre at Wallebelle health centre	Wallebelle	DDF	100%
	Rehabilitation of Wallebelle health centre	Wallebelle	DACF	60%

	Construction of CHPS Compound	Sakalo	MP- NHIA Fund	80%
	Construction of children ward	Tumu Hospital	DDF	100%
	Construction of 3 Unit Classroom Block	Tumu Midwifery	DDF	
	Furnishing of 1 No. CHPS Compound	Dimajan	IGF	100%
	Procure 5 No. Delivery beds		UNFPA	100%

### Infrastructure and Human Settlement Development-Housing

No	Description of Contract	Location	Source of Funding	Status
	<b>Housing</b>			
	Complete the construction of office block for GNFS	Tumu	DDF	100%
	Rehabilitation and Finishing of DCE Bungalow	Tumu	DACF	100%
	Rehabilitation of DCD bungalow	Tumu	DACF	100%
	Rehabilitation of 1no. semi -detached bungalow	Tumu	DACF	50%
	<b>Social Amenities</b>			
	Procurement of 5no.laptops	Tumu	DACF	100%
	Procurement of 150no.low tension poles	Tumu	DDF	100%
	<b>Roads</b>			
	Support the construction of Drift Bridge on Doninga-Yipala –Santijan Section of the Bolgatanga-Sandema-Fumbisi-Nabulo-Wa Trunk Road		Sissala East, Wa East , Builsa North	
	Open up of road at Santijan- Gbenebisi	Santijan-Gbenebisi	DACF	100%
	Rehabilitation of 3.0 Km feeder road	Kunchogu-Kuapun Phase11	GSOP	60%
	Reshaping and spot improvement	Tumu-Nabugubelle	GoG	
	Reshaping and spot improvement	Tumu-Pieng	GoG	
	Spot improvement (Filling of eroded portions	Tumu Dam-TUTCO Demonstration	DACF	
	Opening up of new roads	Kanton SHS gate-Bolga Road link	DACF	

	<b>Water and Sanitation</b>			
	Complete the Drilling, Testing and Construction of 55 boreholes	District wide	IDA/GoG	All pumps have been installed and used
	Complete the construction of Small Town Water System	Wellembelle	IDA/GoG	100%
	Construction of community mechanized borehole	Kong	SIF/DACF	Project advertised
	Drilling and Construction of 5 No. boreholes	Fire Service, Kong, Gbenebisi, Cotton Residential Area	IDA/GoG	60%
	Drilling, pump testing and construction of five N0,boreholes	Sentie, Komo, Bawiesibelle, DA Gues House and Kwapun	DACF	80%
	Drilling, pump testing and construction of 5No. boreholes	Komo, Wuru, & Mwanduonu	UNDP/UNICEF	50%
	Construction of toilet facility at Nwanduonu	Nwanduonu	UNICEF	75%
	Construction of toilet facility at Banu	Banu	UNICEF	75%
	Construction of toilet facility and 2no. boreholes at Wuru	Wuru	UNICEF	75%
	Construction of 12 Seater Ultra-modern Toilet Facilities	Tumu, Lorry Park	DDF	100%
	<b>Settlement Planning</b>			
	Preparation of local plan	Wellembelle	DDF	100%
	Street naming and property addressing	Tumu	DACF	60%
	Demarcating school lands	Wellembelle , Tumu	DACF	100%



*CHPs at Dimajan under DACF*



*Children's ward at Tumu Hospital-DDF*



*Ultramodern toilet at Tumu lorry station-DDF*



**Installed Borehole at Sentie**



**Office of Wellembele small town water system**

## Road Network in the District

Out of the total road network in the upper west region of 3,041.00km. Sissala East District has a total network of 468.1km representing 15.21% of the entire regional network

The network comprises of the following;

- Engineered = 293.2km
- Partially engineered = 62.3km
- Unengineered = 112.6km

The district also has 97.3km of its roads being inter-districts linking other districts within the region, 301.2 km being connectors linking other roads without coming back to the starting node and 69.6 km being access roads which are roads that does not link to any road and have to come back to the starting node.

## Surface Composition of Roads

The total road network in the district have 1.6km of it surface being Bitumous, 355.5 km being graveled and 112.6 km being earth .



*Opening up of Santijan-Gbenebiesi*



*Tumu –Navrongo road under construction*

### **Implementation of Non -Physical Projects and Programmes in the District within 2016**

The non physical activities were undertaken by the Central Administration, Decentralised Departments and Agencies as well as other Development Partners. Details of these projects are outlined below under the various thematic areas of GSGDA11

### **Competiveness of Ghana’s Private Sector**

The Rural Enterprise Program under the Initiative for Rural Enterprises Growth and Employment Generation (IREGE) seeks to achieve its main goal of reducing poverty amongst the Rural Poor, especially women and the vulnerable groups, in the society. The project seeks to do this by ensuring business growth and creating employment opportunities for the unemployed in the district. Within the year under review the BAC carried out the following business development service activities:

### **Activities Implemented**

No.	ACTIVITY	Location	PARTICIPATION		
			M	F	TOTAL
1	CBT in Guinea Fowl Rearing	Tumu	20	0	<b>20</b>
2	CBT in Shea Nut Processing	Fachoboi	0	24	<b>24</b>
3	Business Plan Development Training	Kong, Kowie, Taffiasi, Sorbelle, Silbelle, Sakai and Chinchang	129	137	<b>266</b>
4	Business Counseling	Various communities	9	11	<b>20</b>
5	Technology Improvement in	Kong	0	42	<b>42</b>

	Soybean processing and packaging.				
6	Technical Training in Skills Upgrading and Packaging for honey Producers – Edaif Project.	Tumu	13	0	<b>13</b>

In the same year under its advisory and extension services, 49 groups benefitted comprising 42 women registered their businesses with the District Assembly, need assessment carried on 2 male groups, and 5 female groups marketed its products.

The impacts of these interventions in the quarter have been that , 2 male and 2 female Clients recording increasing sales , 5 male and 15 female Clients selling outside home district, and 35 male and 23 female Clients operating active bank account

## Accelerated Agriculture Modernisation and Sustainable Natural Resource Management

### Inputs Availability and Supply

The only places where agricultural inputs can be purchased permanently by farmers are MODAB and ALASCA Enterprises as well as others. Also “God will provide” (carpenter) and Zooms Store are all places where some agric inputs can be gotten. Aside these good numbers of farmers are provided credit input by Masara N’Aziki, an Agriculture base company. None of these enterprises sell seed. However, fertilizers, pesticide and insecticides as well cutlasses and shovels are all easily available

### Agriculture input outlet distribution.

Type	Number of permanent input outlets and sale points		
	Total	Crop	Livestock
Sissala East	5	2	2

Sources: DADU

### Agro-Chemical Supply

Most often chemicals such as pesticides and insecticides are gotten from Wa, the Regional capital which is 135km from the District capital.

### Registration of farmers for 2016 fertilizer subsidy

As part of making fertilizer available to farmers for the season, the District have registered interested farmers across the district for the subsidy programme. A total of 18,515 farmers (13,723 males, 4762 females) have therefore been registered within the year under review.

### RAINFALL DATA FOR 2016

No.	QUARTERS	NO. OF RAINFALL DAYS	REMARKS
1.	1 <sup>ST</sup> QUARTER	5	Only March experienced rains
2.	2 <sup>ND</sup> QUARTER	20	May experienced more raining days
3.	3 <sup>RD</sup> QUARTER	37	Heavy rains with August the highest rainfall.
4.	4 <sup>TH</sup> QUARTER	3	Only September whilst November and December dry.
5.	<b>TOTAL</b>	<b>65</b>	Total annual rainfall days experienced.

### **EFFECTS IF WEATHER ON CROP PERFORMANCE**

The period under review experienced a total of 65 rainy days with the 3<sup>rd</sup> quarter reaching the climax in the 2<sup>nd</sup> quarter but suddenly dropped in the 4 quarter with October 3 rainy days. This trend greatly affected most staple food crops that were planted late. The situation also led to late implementation of farming operations.

The season also experienced intermittent rainfall pattern during the 2 quarter when some farmers were planting resulting in poor germination of seeds and those that germinated suffered (wilted) as a result of prolong dry weather thus affected growth of plants. The situation improved during the 3<sup>rd</sup> quarter where most of the farming operations were carried out that is planting, fertilizer applications and weeding among others.

The 4 quarter experienced only 3 rainy days in October with dry spells in November and December paving the way for harvesting, processing, drying and storage of most food crops. Whilst most late planted crops did not have well filled grains such as groundnuts, soya and maize. Generally harvest of most staple food crops have been good with yields achieved by farmers.

### **FOOD SITUATION**

Dry season vegetable production at dam sites, dugouts and river banks remain the major off-seasonal activity engaged by farmers during the first quarter as seen during the markets days with the sale of fresh vegetables at lower prices. Prices of grains and vegetables were cheaper during the first quarter but begin to rise progressively getting to the end of the quarter in March to April reaching the peak around May/June when farmers begin to plant. Prices tend to decrease around July – August with the harvest of fresh food crops such as cowpea, groundnuts and maize.

### **FOOD COMMODITY PRICES 2016**

NO.	FOOD ITEM	1 <sup>ST</sup> QUARTER		2 <sup>ND</sup> QUARTER		3 <sup>RD</sup> QUARTER		4 <sup>TH</sup> QUARTER	
		BOWL	BAG	BOWL	BAG	BOWL	BAG	BOWL	BAG
1.	Maize			2.50	100.00	2.00	80.00	2.00	80.00
2.	Sorghum			4.00	160.00	4.00	160.00	4.00	160.00

3.	Millet			5.00	200.00	5.00	200.00	5.00	200.00
4.	Cowpea			5.00	200.00	5.00	200.00	5.00	200.00
5.	Cowpea (white)			7.50	300.00	7.50	300.00	6.00	240.00
6.	Rice (Paddy)			2.00	72.00	2.00	90.00	3.00	110.00
7.	Rice (seed)			7.50	300.00	7.50	300.00	7.00	280.00
8.	Groundnut (seed)			8.00	320.00	4'00	160.00	6.00	240.00
9.	Groundnut (unshelled)			-	70.00	-	50.00	-	60.00
10.	Soya bean			5.00	200.00	5	200.00		160.00

## **HUMAN RESOURCE SITUATION**

### **A. TECHNICAL STAFF**

NO.	STAFF CATEGORY	EXPECTED	AVAILABLE	OUTSTANDING	REMARKS
1.	District Director	1	1	-	At post
2.	District Agric. Officers	8	7	1	6 DAOs at post 1 at KNUST
3.	Agric. Ext. Agents	16	3	14	2 at post
4.	AEAs Veterinary	16	3	13	All at post
5.	AEAs PPRS/PPMED	5	3	2	2 at post, 1 in school
	<b>TOTAL</b>	<b>46</b>	<b>17</b>	<b>30</b>	Urgently staff recruitment

### **SUPPORT STAFF**

NO.	STAFF CATEGORY	EXPECTED	AVAILABLE	OUTSTANDING	REMARKS
1	Accountant	2	1	1	At post but sick
2.	Administrator/Stores	1	1	-	At post
3.	Messenger	1	1	-	At post
4.	Typist	2	2	-	At post
5.	Driver	1	-	1	Urgently needed
6.	Cleaner	1	1	-	At post
7.	Security	2	2	-	At post
	<b>Total</b>	<b>10</b>	<b>8</b>	<b>2</b>	Recruitment of 2 staff required.

### **2016 ANNUAL ACTIVITY REPORTS**

No	Key Activity	Outputs	Achievements	Key challenges	Solution
1	Organize quarterly technical review	DADU quarterly tech review	3 quarterly DADU staff technical	Untimely release of funds and	Timely release of funds for

	meeting for DADU staff	meeting organized.	review meetings duly organized	inadequate staff and funds	implementation of activities
2	Conduct regular home and farm visits by DADU staff (AEAs)	DADU staff fortnight regular home and farm visit carried out	6 AEAs and 5 DAOs conducted 234,000 and 780 visits conducted annually by DADU staff on home/farm visits	Inadequate staff to meet regular farmer contacts by AEAs	Urgent staff recruitment needed
3	Carry out E-extension registration of farmers on platform	Conduct farmers registered on E-extension platform	18,515 farmers (13,723 males, 4762 females) registered on E-extension platform and served with subsidized fertilizer in 2016	Difficulty in coding/accessing information on platform	Adjustment of phones for coding and registration of farmers
4	Conduct 12 DADU staff monthly technical review meetings	DADU staff monthly technical review meetings duly organized	10 DADU monthly staff technical review meetings duly held	Late release of funds for planning and inadequate staff	Staff recruitment and timely release of funds
5	Conduct fortnight monitoring/supervisory visits by DDA, DAOs and MISO.	Fortnight monitoring and supervision carried out.	5 DAOs, 1 MISO and DDA carried out 1,092 monitoring/supervision visits annually	Inadequate AEAs to adequately reach out to farmers	Staff recruitment and postings of service personnels
6	Promote improved rice production under EDAIF.	Improved rice production under EDAIF promoted.	18 Ha improved rice cultivated by 46 farmers	Farmers delay in opening bank accounts at ADB	Farmers to form FBOs for financial support
7	Establish 15 crop demos on varietal trials, soil fertility mgt and seed production	Crop demos established on rice, cowpea, groundnuts and sorghum	15 crop demos established on rice, cowpea, groundnuts and sorghum for 2016	Destruction of some demos plots by animals	Demos to be established or cited from settlements
8	Organize and support 2 FBOs to cultivate 100 Ha wangdataa maize under WAAPP	Improved maize farms established and WAAPP support	2 FBOs duly cultivated 100 Ha of wangdataa maize for 2016	Farmers delay in weeding farms	Farmers to adopt timely farm operation
9	Conduct field 20 demonstrations/field days under WAAPP, RSSP, Cowpea and groundnut out scaling projects (COSP)	Farmers field days organized to demo fields	20 farmers field days organized to rice, cowpea, sorghum and groundnut fields	Farmers attendance to field days not encouraging	Field days to be planned with farmers
10	Conduct anti/post mortem inspection at slaughter house	Ante/post mortem cases inspected before	A total of 993 animals were duly inspected before	Some butchers not ready to pay feeds hence hide and	Strict enforcement of bye-laws by

	and slab points	sale	slaughter : Cattle- 355 Sheep-174 Goats-398 Pigs-66	slaughter animals	assembly
11	Vaccinate at least 2,500 poultry against NCD using I2 vaccine quarterly.	Birds vaccinated against NCD and against fowl pox	538 birds vaccinated against NCD and 500 against fowl pox	Poor response of farmers to poultry vaccination	Intensify the use of I2 vaccine
12	Vaccinate 8,000 birds against NCD, using I2 vaccine annually	Vaccination of poultry against NCD and fowl pox carried out	5,070 birds were vaccinated against NCD and 500 against fowl pox	Poor response of farmers to routine vaccination of poultry	Encourage farmers to vaccinate birds with I2 vaccine
13	Vaccinate 10,000 cattle against anthrax, blackleg and CBPP annually.	Vaccination of cattle against schedule diseases carried out	1,950 cattle were vaccinated against anthrax, 3,345 against blackleg and 600 against CBPP	Poor response of farmers to routing vaccination of cattle	Encourage farmers to vaccinate birds with I2 vaccine reduce death of birds
14	Vaccinate 1,000 pets against rabies annually	Vaccination of pets against rabies carried out	180 pets were vaccinated against rabies with 165 dogs and 15 cats	Poor response of farmers to vaccinate pets due to high cost	Assembly to subsidize cost of vaccination of pest at GHC 15.00 /each
15	Vaccine 5,000 small ruminants against PPR annually	Vaccination of small ruminants against PPR carried	872 small ruminants were vaccinated against PPR	Poor response of farmers to vaccinate animals to reduce deaths	Encourage farmers to regularly vaccinate animals
16	Conduct regular disease surveillance on livestock, crops and pest outbreak annually	Regular disease and pest surveillance carried out	Regular disease and pest surveillance conducted without any noticeable outbreak recorded	Inadequate staff and fuel	Replacement of staff motorbikes
17	Train 1500 farmer on safe use, handling and disposal of agro-chemicals and pesticides annually	Farmers trained on safe use, handling and proper disposal of agro-chemicals and pesticides	1,350 farmers trained on safe use, handling and disposal of agro-chemicals and pesticides	Most farmers still cannot properly handle agro-chemicals during spraying of farms	Intensify training of farmers as well as support dealers
18	Train 500 farmers on post harvest mgt and storage of farm produce annually	Farmers trained on post harvest mgt and storage of farm produce	500 farmers trained on proper post harvest mgt and storage of farm produce after harvest	High use of agro-chemicals for storage by some farmers as a result of high storage losses	Use of PICS bags and recommended storage chemicals
19	Train 2,000 farmers on appropriate land	Farmers trained and reach out	2,500 farmers trained and reached	Some tractor operator not co-	Tractor operators to be

	preparation technologies and GAPS annually	with proper land preparation techniques	out with techniques on conservation smart agriculture	operating with farmers on ploughing operations	trained on proper tillage practices
20	Conduct conservation agric practices and watershed activities in 5 communities under SLWMP sub-projects	Watershed planning and sub-projects identified for SLWMP 2016 activities	497 farmers carried out conservation agric and watershed activities in Mwanduonu, Bujan, Sumboro and Dolibizon	Difficulty in getting tractors to plough bunds	Farmers to use traction and animals to prepare farms and bunds
21	Identify and conduct watershed planning for 5 new communities under SLWMP 2017	5 new communities identified with sub-projects for 2017 SLWMP activities	Farmers identified in Bawiesibele, dimajan, yugantu, chinchang and kroboi as 5 communities under SLWMP 2017	Difficulty in meeting farmers due to harvesting of farms produce	Team members to meet farmers early before they leave for farms
22	Organize 32 <sup>nd</sup> edition of national farmers day	32 <sup>nd</sup> edition of NFD celebration for 2016 duly organized	24 individuals and FBOs rewarded with certificates and awards at district level and 4 regional and 1 national awardees for 2016 celebration	Inadequate funding, late release of funds and items from donors	Timely release of adequate funds for proper planning. Public to donate kind and cash to support celebration

## Fish Production

Fish production has been very important in the district as it has the potential of reducing poverty and improving on nutritional status of the people.

### Catch data for Fisheries

Out of fourteen stations catch data was collected from only four stations and the white volta (Tumu, Tarsaw, Pieng, Kong and Navariwie ). The total catch from these stations for the fourth quarter is kg (1008.24kg)

Districts	Location of dam	Surface Area(Ha)	Av. no. of fishers	Total catch (kg)	Predominant species	Type of gear used	No. of canoes
Sissala East	Pieng	12	5	105.85	Tilapia z -78.88%  Clarias -07.85%  Alestes N	Cast net	-

					-01.13%		
Sissala East	Kong	4.8	7	140.25	Tilapia z -80.64% Clarias . -11.24% Hemichromis -02.93%	Cast net	canoe
Sissala East	Tumu	5.0	7	222.68	Tilapia zilli -73.74% Clarias -17.10% Hemichromis -02.34%	Cast net, hooks	1
Sissala East	Tarsaw	4	5	105.85	Tilapia z. -83.29% Clarias . -08.59 Hemichromis -02.76%	Cast net	-
	Navariwie	unknown	3	433.94	Tilapia z -89.11% Clarias -09.38% Auchenoglanis -01.61%	Cast and Cross nets, hooks	Use tubes as floats
		TOTAL CATCH (1008.24kg)					

## Harvesting of Community Dams and Dug outs

During the year under review two dams and dug outs were harvested. However, other fishermen within the district carried out fishing activities, yet their data is not captured.

## Aquaculture

Aquaculture activities were carried out in the zone in 2016 by four individuals in the Sissala East Districts. They are: Mr. Emmanuel Benin, Mr. Lawrence Sorsori and Mariam

## Human Development, Productivity and Employment

### Directorate of Health Services

#### Health infrastructure

The formal health system in the district consists of a district hospital, Seven (7) Health Centres (HC), twenty four (25) functional CHPS zones ( 4 without compound), 1 Mother/Child Health and Family Planning (MCH/FP) Clinic, one (1) private clinic, one (1) maternity home, and dysfunct twelve Community Nutrition Centres.

#### Health Facilities

	2015	2016
Number of Sub districts	7	7
Number of communities	61	61
Number of outreach sites	80	80
Number of Nutrition Centres ( All Dysfunct)	12	12
Number of Hospitals	1	1
Number of Polyclinics	0	0
No. of functional CHPS zone	25	25
Modern Private Health Centre	1	1
Private Maternity Home	1	1

#### Other health providers

Other Health Providers	2014	2015	2016
Trained TBAs	95	95	95

CBDSV	92	92	92
Chemical sellers	9	9	15
Traditional Herbal units	2	2	7
CBAAs	172	172	172

### Key Health Personnel

The district has only two Ghanaian doctors. The doctor patient ratio is 2:31,053 people per a Doctor. This is same as last year but an improvement over subsequent years where only one doctor was present in the district for some about three consecutive years. This could be more practically because one of the Medical Officers also serves the people of the Sissala West District.

### Key Staffing Situation

Category	2014	2015	2016	Shortfall
DDHS	1	1	1	0
Ghanaian Doctors	2	2	3 ( 2 at post)	2
Midwives	9	16	27 (23 at post)	
Medical Assistant	1	1	1	7
Nurses	107	114	175	
Radiologist	0	0	0	2
Anaesthetics	1	1	2	1
Paramedics	2	2	2	5
Technical Officers	6	6	6	9
Field Technicians	5( 3 at post)	6 ( 5 at post)	6( 5 at post)	9
Staff Strength	113	123	130	87
Population to Doctor Ratio	1:30478	1:31053	1: 31636	
Population to Nurse Ratio	1:570	1:544	1:361	
Population to Midwife Ratio	1:270.8	1:155.2	1: 124	

*Data source: District Nominal roll*

**Bridging equity gaps in access to health care & nutrition services & ensure sustainable financing arrangements that protect the poor**

**The implementation of Community Based Health Planning & Services -Special Initiatives to increase access**

Sub-district	Communities earmarked for chps	No. Functional currently	No. functional without a compound	Gaps/remarks
Kulfuo	3	3	1	1
Kunchogu	3	3	0	0
Nabulo	4	4	0	0
Nabugubelle	3	3	0	0
Tumu	4	4	2	2
Sakai	5	5	1	1
Wallembele	3	3	0	0
<i>Total</i>	25	25	4	3

From the table, the district has made all the earmarked zones functional by the close of 2015. The district is only challenged with four compounds currently under construction at various stages of completion, notwithstanding this remarkable performance of the district, there is still the need to expand the earmarked zones. Some zones are also currently going through some expansion through community support. In the near future all the zones will need expansion as number of staff is increasing.

**Nutrition & Child Health Services**

Nutrition is one of the major indicators of health which can never be under mined as far as good health is concerned. This is to say that good nutrition enhances the immune system to function properly in order to resist infections. It is very obvious that nutrition has a strong link and influence in achieving all the eight (8) MDGs. It is therefore against this backdrop that health professionals at various levels need to provide a minimum package of nutrition under maternal and child health services. These include;

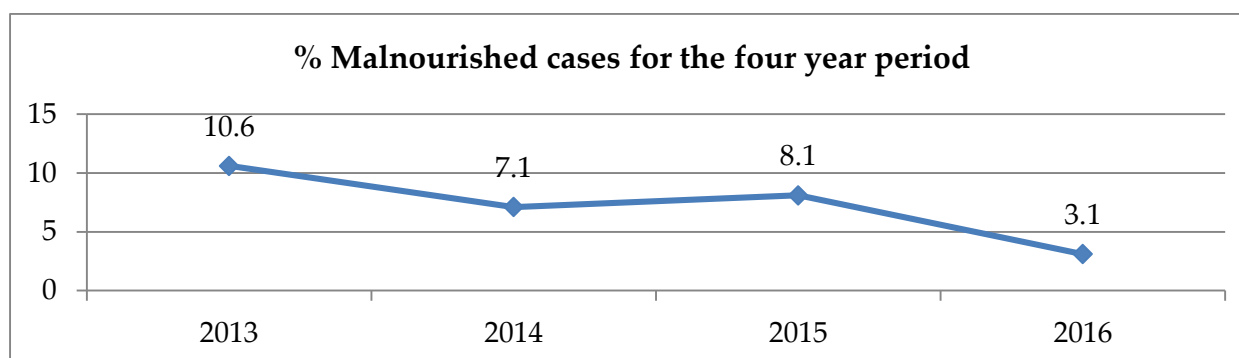
- Promoting Healthy Eating and Healthy Lifestyle
- Promoting effective and appropriate Infant and Young Child Nutrition
- Community Based Growth Monitoring and Promotion
- Supplementary Feeding
- School Feeding
- Nutrition Assessment, Counseling & Support (NACS)
- Rehabilitation/management of Malnourished children (CMAM)
- Micronutrients Supplementation and Deficiency Control e.g.
  - Vitamin A deficiency Control
  - Iodated salt testing
  - Iron Deficiency Anaemia control etc.

## Growth Monitoring and Promotion

Growth monitoring is the act of taking the weight of an individual on regular intervals (monthly) for early detection of growth faltering. The use of these information to counsel the person or the caregiver is what is termed as growth promotion. It is on this basis that all children under five years of age were weighed monthly and their caregivers counselled based on the weights of the children.

### The nutritional status of children using weight

Year/Indicator	2013	2014	2015	2016	
				Reg.	Attendance
Attendance	2702	2916	3052	3741	3759
<-3SD (severely malnourished)	10	12	32	12	2
-2&-3SD (moderately malnourished)	277	196	215	131	114
+2&-2SD (normal)	1999	2710	2805	3623	3630
% Malnutrition	10.6	7.1	8.1	3.8	3.1



For 2016, 3.8% of the children at registration and 3.1% during attendance were malnourished (underweight). There is a great improvement in the nutritional status of children at registration (all registrants) and attendance (December point source data). With this data, all staff should put up their best in various ways to promote Infant and Young Child Feeding (IYCF) practices to further reduce the prevalence of underweight (malnourished) children in the district.

### Birth weights

Children were weighed at birth to detect whether there was any growth faltering prior to birth and all those who weighed less than 2.5kg were considered Low Birth Weight and therefore needed special care.

### Birth weights (kg) of new born babies from 2014 - 2016

Year	2014	2015	2016
------	------	------	------

Total births	1578	1749	2244
<2.5	91	75	142
<b>% with LBW</b>	5.8	4.3	<b>6.3</b>

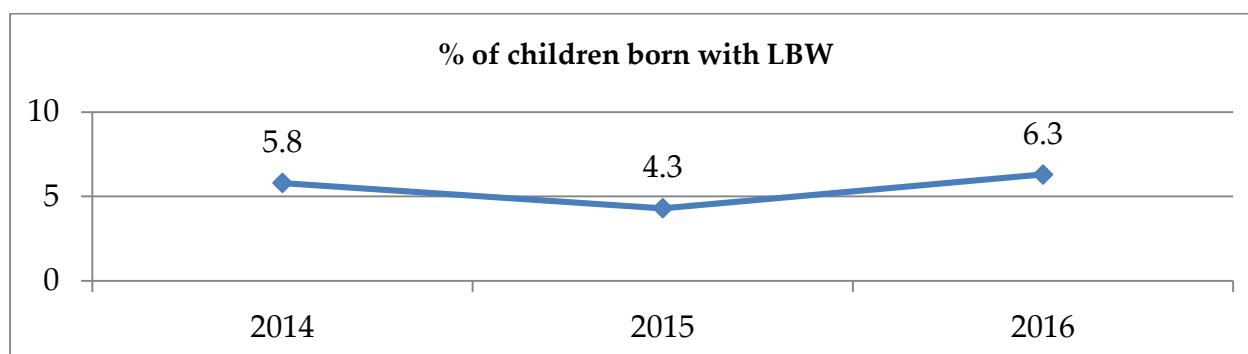


Table showing Low Birth Weights by Sub-districts, 2014 -2016 compared.

SUB- DIST.	2014			2015			2016		
	Total Babies	LBW	% LBW	Total Babies	LBW	% LBW	Total Babies	LBW	% LBW
Kulfuo	114	6	5.3	148	16	10.8	178	17	9.6
Kunchogu	38	0	0.0	56	4	7.1	84	6	7.1
Nabugubelle	75	1	1.3	101	1	1.0	129	9	7.0
Nabulo	106	4	3.8	112	4	3.6	155	6	3.9
Sakai	18	0	0.0	130	3	2.3	226	11	4.9
Tumu	960	113	11.8	897	58	6.5	1088	96	8.8
Wallembele	289	0	0.0	296	0	0.0	388	1	0.3
<b>TOTAL</b>	<b>1600</b>	<b>124</b>	<b>7.8</b>	<b>1740</b>	<b>86</b>	<b>4.9</b>	<b>2248</b>	<b>146</b>	<b>6.5</b>

Out of the total number of births in 2016, 6.5% of them had LBW as against 4.9% in 2015 which shows an increment in the prevalence of LBW babies and more efforts needs to be put in place especially by strengthening our ANC services in order to improve upon this issue. Maternal nutrition should also be taken serious before and during pregnancy as well as after delivery.

## Micronutrient Supplementation and Consumption

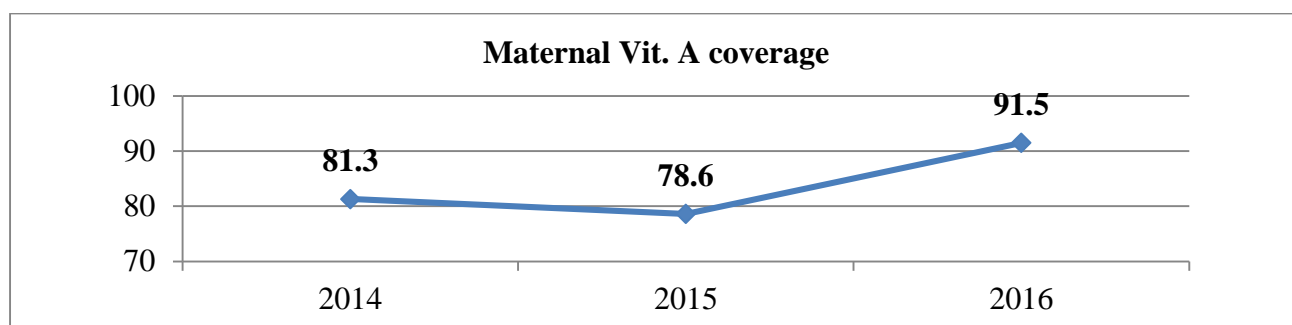
### *Vitamin A Supplementation*

Vitamin A is one of the micronutrients needed by the body for proper functioning. Among its functions include; maintenance of epithelial cells, facilitating wound healing, good sight, etc. The supplements are often given to the vulnerable groups (children 6-59 months and postpartum mothers).

### Maternal Vitamin A supplementation Coverage from 2014 to 2016

Sub-district	No. Of mothers dosed 2014			No. Of mothers dosed 2015			No. Of mothers dosed 2016		
	Target	No.	%	Target	No.	%	Target	No.	%

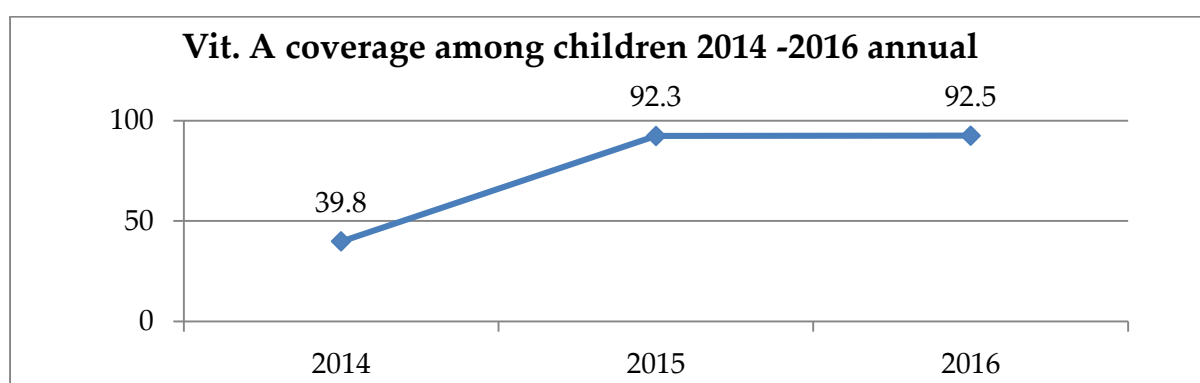
		dosed	dosed		dosed	dosed		dosed	dosed
Kulfuo	293	188	<b>64.2</b>	298	200	<b>67.1</b>	304	189	<b>62.2</b>
Kunchogu	161	60	<b>37.3</b>	161	75	<b>46.6</b>	164	90	<b>54.9</b>
Nabugubelle	183	100	<b>54.6</b>	186	106	<b>57</b>	190	131	<b>68.9</b>
Nabulo	315	198	<b>62.9</b>	320	188	<b>58.8</b>	326	221	<b>67.8</b>
Tumu	575	950	<b>165.2</b>	592	909	<b>153.5</b>	603	1072	<b>177.8</b>
Sakai	469	105	<b>22.4</b>	478	157	<b>32.8</b>	487	222	<b>45.6</b>
Wallembele	443	382	<b>86.2</b>	448	317	<b>70.8</b>	456	391	<b>85.7</b>
<b>Total</b>	<b>2439</b>	<b>1983</b>	<b>81.3</b>	<b>2483</b>	<b>1952</b>	<b>78.6</b>	<b>2531</b>	<b>2316</b>	<b>91.5</b>



For 2016, 91.5% coverage was achieved as against 78.6% in 2015. This shows an increment in the coverage and more efforts needs to be put in place to maintain and improve upon this gain by strengthening our PNC service delivery and collaboration with the TBAs.

#### Vitamin A Supplementation for Children from 2014 - 2016

Sub-district	No. Children dosed 2014			No. Children dosed 2015			No. Children dosed 2016		
	Target	No. dosed	% dosed	Target	No. dosed	% dosed	Target	No. dosed	% dosed
Kulfuo	1316	537	<b>40.8</b>	1342	1495	<b>111.4</b>	1367	1402	<b>102.6</b>
Kunchogu	724	358	<b>49.4</b>	724	1041	<b>143.8</b>	737	700	<b>95.0</b>
Nabugubelle	823	412	<b>50.1</b>	838	710	<b>84.7</b>	853	902	<b>105.7</b>
Nabulo	1416	669	<b>47.2</b>	1442	1799	<b>124.8</b>	1469	1590	<b>108.2</b>
Tumu	2113	461	<b>21.8</b>	2153	1048	<b>48.7</b>	2193	1721	<b>78.5</b>
Sakai	2587	1078	<b>41.7</b>	2665	2644	<b>99.2</b>	2715	2497	<b>92.0</b>
Wallembele	1993	852	<b>42.7</b>	2016	1583	<b>78.5</b>	2054	1723	<b>83.9</b>
<b>Total</b>	<b>10972</b>	<b>4367</b>	<b>39.8</b>	<b>11180</b>	<b>10320</b>	<b>92.3</b>	<b>11389</b>	<b>10535</b>	<b>92.5</b>



For the year 2016, the proportion of children 6-59months who received at least one dose of vitamin A supplement was 92.5% as against 92.3% in 2015. There is a significant improvement over the previous two years and we need to continue the hard work we have been doing for better performance in the subsequent years.

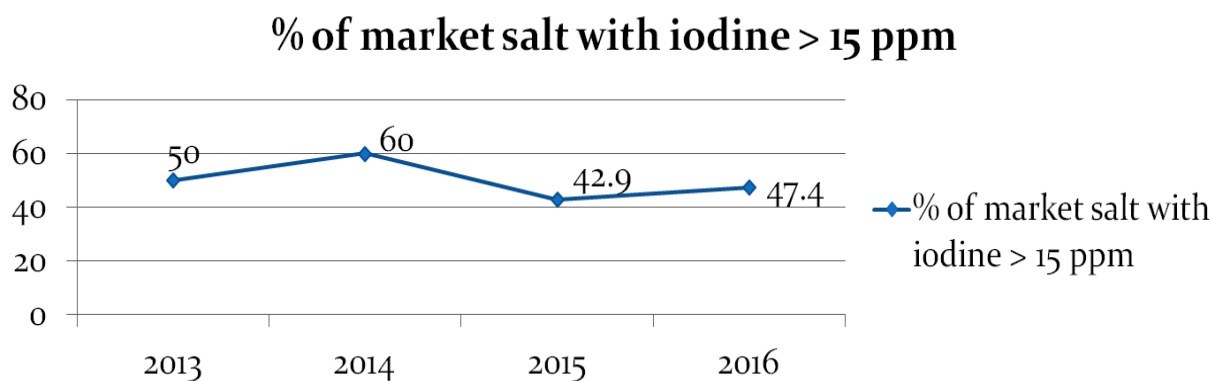
## Iodised Salt Availability and Consumption Survey

As part of micronutrient supplementation/consumption, there is a universal salt iodisation/fortification in the country and it is expected that all salt sold in the market be iodised before being sold. This is to prevent iodine deficiency disorders (IDDs) such as goitre, cretinism, squintism, low IQ, etc.

It is on this bases that the Ghana Health Service in collaboration with other stakeholders conduct market iodised salt availability and household iodised salt consumption surveys.

After testing each salt sample, the vendor or household is counselled based on the results. Salt with iodine content being 0 ppm means there is no iodine in that salt and is not wholesome for consumption, <15 ppm means that there is iodine in the salt but not enough and is not also good for consumption but better than the 0 ppm. If iodine content is  $\geq 15$ ppm, that salt is wholesome for consumption and is highly recommended. All the vendors and households are always counselled and encouraged to buy the iodised salt and store in closed containers to prevent the iodine from subliming into the atmosphere.

The tables below shows the results of the surveys conducted in the previous years.

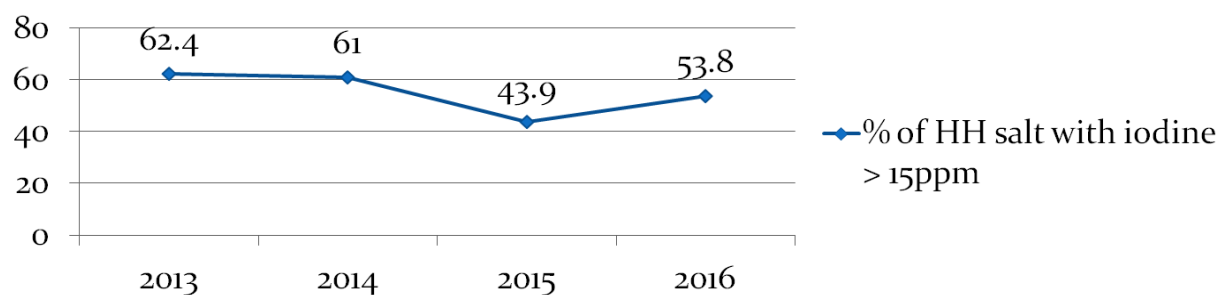


The results from the market surveys conducted in 2016 indicates that only 47.4% of all the salt samples tested had iodine content above 15ppm as against 42.9% in 2015. Though with slight improvement more education needs to be given to the salt vendors in order to improve on this issue. The District Iodised Salt Committee needs to also insist that salt without iodine should not be sold in the market.

The table shows availability of iodine in salt at house holds

HOUSEHOLD SALT CONSUMPTION SURVEY					% with iodine
SUB-DISTRICT	# TESTED	RESULTS			
		0PPM	<15PPM	>15PPM	
Kulfuo	181	19	49	113	62.4
Kunchogu	128	12	88	18	14.1
Nabugubelle	321	19	84	218	67.9
Nabulo	245	76	95	65	26.5
Sakai	246	22	79	145	58.9
Tumu	223	11	47	165	74.0
Wellembelle	89	16	26	47	52.8
<b>Total</b>	<b>1433</b>	<b>175</b>	<b>468</b>	<b>771</b>	<b>53.8</b>

**% of HH salt with iodine > 15ppm**



Only 53.8% of the household salt samples tested in 2016 half year contained iodine above 15ppm as against 43.9% in 2015. More education needs to be given to the public on the need to purchase salt containing iodine and how to store the salt in the house to retain the iodine.

### Exclusive Breastfeeding

It is expected that after delivery the baby should be put to breast within 30 minutes (GHS) or 1 hour (WHO). The first yellowish milk (colustrum) contains a lot of antibodies and nutrients and should also be fed to the infant. After initiating breastfeeding within 1 hour of birth, the baby is supposed to be fed on only breastmilk for the first 6 months of life for better growth and development as well as good health. For the first six months of life the breastmilk contains all the necessary nutrients in their right proportions and amounts needed for growth and development of infants. About 70% of breastmilk is water and children under six months of age do not need water in addition to the breastmilk. It is hygienically pure and babies on exclusive breastfeeding are less likely to suffer from diarrhoea and other related infections.

### The practice of Exclusive Breastfeeding among mothers

The table shows the practice of Exclusive Breastfeeding among mothers

	2015	2016

Sub-District	No. of Lac. Mothers Seen	No. initiating early	No. Practicing EBF	% Early initiation	% Practicing EBF	No. of mothers who delivered at HF	No. initiating early	No. Practicing EBF at discharge	% Early initiation	% Practicing EBF at discharge
Kulfuo	224	147	224	65.63	100	176	176	176	100	100
Kunchogu	94	61	94	64.89	100	84	84	84	100	100
Nabugubelle	107	102	107	95.33	100	128	126	128	98.4	100
Nabulo	185	117	185	63.24	100	156	156	156	100	100
Sakai	213	132	213	61.97	100	221	221	221	100	100
Tumu	1064	872	1046	81.95	98.3	1030	1030	1030	100	100
Wallembele	389	293	340	75.32	87.4	382	382	382	100	100
Total	2276	1724	2209	75.75	97.1	2177	2175	2177	99.9	100

Both early initiation of breastfeeding after delivery and exclusive breastfeeding has improved in 2016 compared to the previous years. We need to maintain and further improve on this gain by improving on service delivery with regards to assisting mothers to initiate breastfeeding within 1 hour after birth and to practice exclusive breastfeeding till discharge from the health facility and continue for the first six months of life.

### Community-Based Management of Acute Malnutrition (CMAM-OPC)

CMAM is a programme in the district which started in January 2013. It seeks to address malnutrition (severe) problems in the district using Ready To Use Therapeutic Food (RUTF) also called plumpy nuts and other medicines including antibiotics. The CMAM services are free of charge and available in all the health facilities in the district. Clients with medical complications and children less than 6 months of age are managed in the hospital. The target group for CMAM are the children 6-59 months and PLHIV with severe wasting and or oedema.

### CMAM (OPC) Situation in the District, 2015

Name of sub-district	Target			No. Cases admitted			% coverage		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
YEAR	2014	2015	2016	2014	2015	2016	2014	2015	2016
Kulfuo	31	25	25	20	16	13	52.6	66.7	52.0
Kunchogu	16	13	13	2	6	6	11.8	46.2	46.2
Nabugubelle	19	15	16	3	7	11	15.8	46.7	68.8
Nabulo	33	26	27	3	4	8	9.1	15.4	29.6
Sakai	49	39	40	-	11	16	-	28.2	40.0
Tumu	62	49	49	17	35	30	17	72.9	61.2
Wellembelle	47	37	37	26	33	30	52	89.2	81.1
<b>TOTALS</b>	<b>257</b>	<b>204</b>	<b>207</b>	<b>71</b>	<b>112</b>	<b>114</b>	<b>28</b>	<b>55.2</b>	<b>55.1</b>

The district had a coverage of 55.1% for 2016 as against 55.2% in 2015 which shows a slight decline in case detection. We need to conduct active case searches to ensure all cases are detected and rehabilitated. Also, we need to work extra hard to make sure that all admissions are discharged cured.

### **CMAM IPC situation in the district**

The cure rate among admitted cases for 2015 was 66.7% as against 57.1% in 2014 and death /mortality rate has also decreased from 42.9% to 27.8%. This achievement though little, could be attributed to improvement in trained hospital staff on CMAM IPC. Also, the availability of a nutrition officer in the hospital could have led to this improvement.

#### ***CMAM IPC situation in the district***

Year/ Data element	No. Admitted	No. Cured	No. Defaulted	No. Dead	No. Still on treatment
2014	10	8	0	2	0
2014	7	4	0	3	0
2015	19	12	1	5	0
2016	14	14	0	0	0

The cure rate among the discharged cases for 2016 was 100% as against 66.7% in 2015. Taking this data into consideration, measures need to be put in place to maintain this gain in the subsequent years. The hospital needs to be applauded for this gain.

### **Anaemia among Pre-School Children and Pregnant Women**

#### **Anaemia among Pre-School Children and Pregnant Women**

Anaemia is one of the leading causes of maternal and under five morbidity and mortality in the district.

The objective of the anaemia control program is to reduce the prevalence of anaemia in women and children under 5 years of age.

It is against this background that caregivers were counselled/educated on good nutrition, infant and young child feeding practices as well as other interventions such as deworming for children aged 2 years and above, malaria prevention, folic acid and iron supplementation to pregnant women etc. Whilst all these interventions were ongoing, pregnant women and admissions among children under five were being monitored monthly to assess the impact on the target age groups.

#### **Anaemia among Pre-School children**

6.8% of the children under five years of age were admitted in 2016 due to anaemia as against 18.1% in 2015. There is a great reduction and we need to continue with the anaemia preventive measures and nutrition interventions such as IYCF counseling to caregivers and well as deworming and malaria prevention. No death was recorded due to anaemia and that is

a credit to the clinicians for their hard work. We urge everybody to continue with the good work in order to achieve more positive outcomes.

### Anaemia among Pre-School children

Condition / Year	2013	2014	2015	2016
Total Admission	1301	1623	1356	1335
Admission due to anaemia	240	294	93	58
Deaths due to anaemia	2	2	0	1

4.4% of the children under five years of age were admitted due to anaemia in 2016 as against 6.9% in 2015 though with significant improvement, action needs to be taken. One death was recorded in 2016 and efforts should be put in place to avert this incidence.

### Anaemia in pregnancy

Condition / Year	2014	2015	2016
HB checked at registration	1756	1437	1552
HB <11g/dl (moderate anaemia)	449	382	449
HB <7g/dl (severe anaemia)	12	3	14
% Anaemia (mild and severe)	26.3	26.8	29.8
% Anaemia (mild)	25.6	26.6	28.9
% Anaemia (severe)	0.7	0.2	0.9

In 2016, 29.8% and 18.9% of the pregnant women who had their HB checked had some level of anaemia at registration and 36 weeks respectively as against 26.8% and 6.1% in 2015 respectively which shows an increment in anaemia among pregnant women and more effort should be put in place for improvement. Focused antenatal services should be improved with much emphasis on maternal nutrition and IYCF.

### Community Infant and Young Child Feeding Practices (C-IYCF)

C-IYCF is an intervention aimed at empowering the caregivers at the community level to make the right decisions in terms of feeding their children and pregnant women as well as lactating mothers. 20 sub-district staff and 2 hospital staff were trained as counsellors in the district.

#### *C-IYCF services 2015 & 2016 compared for ANC Mothers*

SUBDISTRICT	Target (ANC mothers)			No. counseled			% Coverage		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Kulfoo	361	298	304	67	252	460	18.6	84.6	151.3
Kunchogu	161	161	164	22	55	169	13.7	34.2	103.0
Nabugubelle	183	186	190	53	94	247	29.0	50.5	130.0
Nabulo	315	320	326	64	287	394	20.3	89.7	120.9
Tumu	948	592	603	32	220	333	3.4	37.2	55.2
Sakai	-	478	487	-	248	404	0.0	51.9	83.0
Wellembelle	471	448	456	0	8	462	0.0	1.8	101.3
Total	2438	2484	2531	238	1164	2469	9.8	46.9	97.6

#### *IYCF services for 2015 and 2016 for Mothers Under Two Years*

SUBDISTRICT	Target (mothers with children < 2 yrs.)			No. counseled			% Coverage		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Kulfuo	722	596	607	57	302	2254	7.9	50.7	<b>371.3</b>
Kunchogu	322	322	328	89	77	328	27.6	23.9	<b>100.0</b>
Nabugubelle	366	372	379	80	108	268	21.9	29.0	<b>70.7</b>
Nabulo	630	640	653	220	284	687	34.9	44.4	<b>105.2</b>
Tumu	1896	1184	1207	25	338	713	1.3	28.5	<b>59.1</b>
Sakai H/C	-	956	975	-	460	632	0.0	48.1	<b>64.8</b>
Wellembelle	942	896	913	0	14	671	0.0	1.6	<b>73.5</b>
<b>Total</b>	<b>4876</b>	<b>4968</b>	<b>5062</b>	<b>471</b>	<b>1583</b>	<b>5553</b>	<b>9.7</b>	<b>31.9</b>	<b>109.7</b>

For 2016, 97.6% and 109.7% of pregnant and lactating mothers/caregivers with children less than two years of age respectively were counselled as against 46.9% and 31.9% respectively in 2015. More efforts will be put in place to counsel higher proportion of the target audience since counselling on IYCF is one of the best ways of improving the nutritional status of children and pregnant women.

### Targeted Supplementary Feeding For PLHIV

The WFP is currently supporting the People Living with HIV (PLHIV) in the district with food commodities. They are supporting only 61 eligible clients and their households which is helping the district a lot with regards to lost to follow up and recovery rate among the clients.

### Improving Access to Quality Maternal, Neonatal, Child & Adolescent Health Services

To improve the quality of maternal and neonatal health service delivery, efforts were made at providing comprehensive, integrated, appropriate and effective services while ensuring service organization and stakeholder coordination to promote and improve efficiency and equity. This has resulted in some appreciable improvement in almost all maternal health indicators such as skilled delivery, postnatal care amongst others.

#### Safe Motherhood

The main objective of Reproductive & Child Health unit is to promote and maintain quality reproductive and child health services. This can be done through early risk detection of both mother and baby and early treatment so that at the end a healthy baby is born to a healthy mother.

The unit is responsible for implementing, monitoring and reporting activities and programs initiated by the Ministry of Health, Ghana Health Service or the District Health Management Team. The communities are directly served with basic health care services by trained medical doctors, midwives, Community Health Nurses and Traditional Birth Attendants. Some of these services include Antenatal Care, Supervised Delivery, Post-Natal Care, Family Planning, Post Abortion Care, adolescent friendly health services, and school health, coupled with general supervision of midwives and midwifery services.

However, for the year under review, the district was confronted with several challenges in its quest to provide comprehensive and adequate health services to women and children within the catchment area. Among these, were the high population to Doctor and midwives ratio compelling health workers especially doctors, nurses and midwives to overwork by seeing more clients per day as against the norm. Also, women and children are being denied of their rights to health care due to poor geographical access. In addition, resource allocation and

flow to the district was irregular and in some instances inadequate frustrating implementations of some activities outlined in the strategic goals and objectives.

In spite of these challenges, management maintain a high level of collaboration with its partners and stakeholders to improve the health status of women and children in the district. With support from UNFPA, all health facilities were retooled most especially in the area of maternal and child health. The district also enjoyed warm collaboration with the political authorities of the district. The fight against maternal and infant deaths was intensified within the period. The Chiefs, assembly members and community members supported this agenda at their various communities. Maternal Death Combat committees were formed in all communities who will be responsible for the health of mothers at their respective communities. The district also continued the campaign to increase the adoption of family planning services among men and women.

As part of the strategies to improve/maintain family planning patronage which aim at improving maternal and child health as well as adolescent reproductive health, the district health administration conducted an orientation for frontline health staffs on family planning and CETS formation in the various communities within the district

The district organised meetings with some CBAs, youth groups, chiefs, opinion leaders, and elders to conscientize them about the benefits of family planning and cleared certain misconceptions about its patronage.

The engagement of all these stake holders was to create the enabling environment and support for mothers, children and adolescent health in seven sub-districts. The opportunity was also used to demystify all the misconceptions about family planning services in the communities. All these interventions saw an improvement in family planning coverage from 44.8% in 2015 to 61.4% for the period under review.

The district also undertook monitoring of family planning commodities and services provided in all health facilities.

Leadership exploited every given opportunity to keep the district performance to an enviable pedestal. ANC coverage for the period stood at 106.1% as against 98.6% and 100.6% in 2015 and 2014 respectively. Skilled delivery continues to see improvement in spite of the challenges, with counter decline in TBA deliveries on yearly bases. Family planning coverage also saw a significant improvement in coverage from 44.8% to 61.4% for the period under review.

### **Antenatal Care Services**

The objective of antenatal care is to promote and maintain the health of pregnant women. It aims to establish contact with pregnant women in order to detect and manage current health problems. During this period women and their care givers can develop delivery plans based on their needs, resources and circumstances. The package of antenatal services includes clinical care, iron and fesoate supplementation, nutrition education, and malaria prevention through intermittent preventive treatment and promotion of the use of insecticide treated nets. Other components of the package are education on breast feeding and family planning, counselling and testing for HIV, syphilis screening, detection of complications, referrals and care of the new born.

The current strategy for delivering ANC services is focused antenatal care services. This strategy is geared towards promoting individualised, client centred and comprehensive

services. One important component of focused antenatal care is improvement in the skills of service providers so they can deliver quality services.

The District Health Management Team in accordance with the policy guidelines of the Ministry of Health has made Antenatal Care Services available for all women in all the seven sub districts of the Sissala East District. However, the current accessibility gap attributed to long walking distance which is quite stressful is consistently being closed as yet more Health Centres and CHPs compounds are set to be constructed and launched sooner than later by the DHMT and its partners. This will go a long way to improve access to ANC services and hence improve and sustain coverage with less stress on women in the district.

The coverage for ANC has witnessed an increasing trend over the past five years. For the three years, the district witnessed 100% and above coverage. Even though this high coverage has been recorded, there is the need for DHMT to look at the quality of ANC services at the CHPS compounds once most of the CHPS zones are without midwives. Another challenge with regards to ANC is the need to reduce second and third trimester ANC registration. This can be done by ensuring that all pregnant women are line listed and registered from the community level and linked to a midwife for antenatal attendance and other midwifery services. The achievement showcased here is the result of few but highly committed midwives, doctors and the front line workers at the health facilities who are sometimes working beyond their scope to ensure the health of these women are improved. It is important to also note that, ANC and deliveries are handled by male staff which traditionally may go against the norms of women in the district leading to a possible non-acceptability of these women for midwifery services in some instances. The continuous engagement of the traditional authorities and other stakeholders in the district will help to gather the needed human resource for the district.

Also, the situation of practising midwives in 2016 has improved from 7 midwives to 10 in 2016 in the latter part of it.

### **Coverage of Antenatal Care in the district (2012 – 2016)**

<b>Year</b>	<b>Expected Pregnancy</b>	<b>ANC Registrants</b>	<b>ANC Coverage</b>
<b>2012</b>	2348	2227	94.8
<b>2013</b>	2392	2477	103.6
<b>2014</b>	2438	2452	100.6
<b>2015</b>	2484	2448	98.6
<b>2016</b>	2531	2685	106.1

*Data source: Monthly midwives returns (Dhims2)*

### **ANC Registrants Accessing PMTCT**

PMTCT is an important intervention in the prevention of mother to child transmission of HIV. During this period all expectant mothers are supposed to go through routine test for HIV. The purpose of this intervention is to ensure that mothers and their babies are protected from HIV and AIDs. Mothers who are positive during this period are counselled to live healthy lifestyles whilst arrangements are being made for safe delivery (non-infected baby). Interventions such as prophylaxis are given to mothers to protect their babies. Despite these interventions the Sissala East District has consistently stagnated in the provision of PMTCT services. The period under review saw a reduction in the number of PMTCT services across all sub districts and facilities. This however could be due to the high attrition of HIV counsellors most of whom have left for further studies. The shortage of some logistics like

test kits have also contributed to this reduction. The general stigma and perhaps negative attitude of some health staff are all potential barriers in the fight against HIV/AIDS services including PMTCT. However the district intends to address this by the training of newly qualified staff as counsellors as well as behaviour modification through customer care training.

### *ANC registrants who had access to PMTCT services, 2014-2016*

Year	ANC Registrants	PMTCT Services	% Receiving PMTCT
2014	2452	1665	67.9
2015	2448	2000	81.6
2016	2685	2462	91.7

*Data source: Monthly PMTCT returns (Dhims2)*

### **Skilled Delivery**

Proper management of labour is critical in the efforts to reduce maternal mortality. Deliveries by midwives, general medical practitioners and obstetricians are classified as skilled deliveries. The specific objective of skilled attendance during labour is to ensure proper management of labour, early identification and proper management of complications.

Available data shows that the proportion of deliveries conducted by skilled personnel has increased consistently in the last five years from 2014-2016 in the district. The performance by three sub districts namely Nabugubelle, Tumu and Wellembelle recorded moderate improvement in skilled delivery up to above the 70% for the period under review thereby meeting their set targets. Even though Sakai (45.2%) and Nabulo (49.4%) could not achieve the set targets, they however saw a moderate improvement in their coverage. Tumu and Wellembelle Sub districts witnessed the highest deliveries. Innovations reported by some sub districts within these three years include supporting and paying premiums of some pregnant women, provision of incentives for Traditional Birth Attendants to accompany women in labour and the distribution of delivery kits to expectant mothers. District Health Administration also provided facilities and incentives for midwives and Community Health Officers to conduct home deliveries (domiciliary midwifery). Other initiatives includes the scaling up of UNFPA and communication for Development (C4D) activities.

It's only two CHPS zones that have midwives. The district saw a slight improvement in human resource especially midwives, in addition to the motivational package instituted by the District Assembly and DHA, coupled with hard work and dedication could have also contributed to the significant improvement.

A total of 2219 (2239 live births) deliveries were conducted in 2016 compared to 1930(1749 live births in 2015). Due to long walking distance to the health facilities some years passed, many mothers prefer to deliver with the TBAs or their mother in-laws. The table shows the total skilled delivery by types from 2008-2016.

### *The total skilled delivery by types from 2008-2016.*

Indicators	2008	2009	2010	2011	2012	2013	2014	2015	2016
<b>Supervised</b>	1501	1727	1568	1733	1775	1872	1958	1930	2219
<b>Skilled</b>	546	664	719	1031	1052	1327	1569	1711	2115
<b>TBA</b>	955	1063	849	702	723	545	389	219	104
<b>CIS</b>	28	48	56	60	72	82	104	83	186

<b>Vacuum</b>	12	9	7	4	21	26	19	26	17
<b>Live Births</b>	1489	1691	1535	1008	1071	1370	1584	1749	2239

### TBA versus Skilled Delivery

It is the objective of the Ghana health service to make skilled delivery available for all women in labour and to ensure that they deliver at a health facility by a skilled health worker and not a Traditional Birth Attendant or any other person. This goal has been monitored consistently over the years and significant progress is observed as the years goes by. From 86.9% in 2015, the proportion of women delivered by skilled personnel rose to 95.3% in 2016 while that of TBAs dipped further from 13.1% in 2015 to 4.6% in 2016.

It must be noted that, only deliveries conducted by a trained health worker are considered skilled and are monitored against those conducted by TBAs which are considered unskilled in the quest to attain this goal. Also, supervised delivery are those deliveries which are conducted by both health worker and TBA (Trained by Ghana Health Service).

Several interventions aimed at realising the dream of every woman delivering in a health facility by a skilled worker were put in place. Some of these included;

- Re-assignment of TBAs to identify & lead women in labour to the health system
- Improved Collaboration with political Heads, NGOs, Chiefs and Community Members to make the services available to the women.
- Promotion of focused ANC services across the district which goes with education on skilled delivery to all women accessing the service.

The table and graph below compares the contribution of TBAs deliveries out of the supervised delivery to skilled delivery from 2007-2015.

### *The Distribution of deliveries conducted by skilled attendants & TBAs*

TBAs compared to Skilled 2008-2016					
Year	TBA Delivery	Skilled Delivery	Supervised Delivery	% of TBA Delivery	% of Skilled Delivery
2010	852	719	1571	54.2	45.8
2011	701	1031	1732	40.5	59.5
2012	714	1052	1766	40.4	59.6
2013	545	1327	1872	29.1	70.9
2014	389	1569	1958	19.9	80.1
2015	219	1711	1930	13.1	86.9
2016	104	2115	2219	4.7	95.3

Data source: Monthly midwives returns (Dhims2)

*The figure below shows percentage of TBA deliveries compared to skilled delivery in the district (2008 – 2016)*

## Basic and Comprehensive Emergency Obstetric Care

The reduction of maternal morbidity and mortality depends on women's access to Essential Obstetric Care (EOC). Basic Essential Obstetric Care (BEOC) is the minimum package of services provided at the health centre level, without the need for an operating theatre, to manage complications during pregnancy, labour and delivery and post-delivery. This package of services include intravenous or intramuscular administration of antibiotics and anticonvulsants, assisted vaginal delivery and removal of retained products. Comprehensive Essential Obstetric Care includes the Basic Essential Obstetric care package in addition to facilities for caesarean sections, vacuum extraction and safe blood transfusions. This is the minimum package at the district hospital level.

This package of services cannot be provided without the appropriate infrastructure and equipment. The availability of skilled human resources (midwives and obstetricians) is even more important as it is these skilled personnel who provide the services and take the critical decisions. In terms of midwives, not only is the total number of midwives decreasing but the proportion actually practicing as midwives is also declining. The District therefore require a gynaecologist in 2016 to improve skilled delivery in the district.

## Postnatal Care Coverage

### Postnatal Care Coverage

The objectives of postnatal care are to maintain the physical and psychological wellbeing of the baby and mother; perform comprehensive screening for the detection and management of complications in both the mother and the baby; and provide education on nutrition (including breastfeeding), infant immunization and family planning.

Post Natal Care showed an increased from 76.9% in 2015 to 91.4% in 2016. The implementation of the stamp policy by JICA has prevented possible episodes of double registration, and this distribution shows Tumu hospital and Wellembelle health center as the highest performing facilities with coverage 177.4% and 85.1% respectively.

The big difference between antenatal care coverage on the one hand and skilled delivery and postnatal care coverage on the other is still a cause for concern. The high "drop-out" rate is probably an indication that people who make contact with service providers are unwilling to continue for reasons which might possibly include dissatisfaction with the service. Operational research is necessary to find out the contributory causes of this high drop-out rate. Furthermore the DHMT would pursue serious community campaigns to engage all stakeholders to address this anomaly.

The introduction of new policy on postnatal health care which requires that all new-borns should receive postnatal care at least twice by his/her seventh day is very critical in reducing infant and child mortality. It does not only help in improving the postnatal care coverage but also helps to improve quality in new-born care.

### Family Planning services

Family Planning services include methods and practices to space births, prevent unwanted pregnancies and limit family size. The goal of family planning is to assist couples and individuals to achieve their reproductive health goals and improve their general reproductive health. Family planning services are a link to other reproductive health services including the management of reproductive tract infections.

Notably, almost all sub-districts saw an increased in family planning acceptor rate compared to same period last year except Wellembelle sub-district.

Contraceptive use reduces maternal mortality and improves women's health by preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions. Some contraceptives also improve women's health by reducing the likelihood of transmissions of infections such as HIV.

Child survival is improved through adequate birth spacing, prevention of births among very young women, and prevention of births among women with four or more children. Having too many children also places children's health at risk. Using contraceptive to end childbearing after four births help reduce infant mortality rates. The DHMT will further strengthen its efforts in the collection of family planning data from almost all the identifiable chemical sellers across the district to enable us tell the true situation of family planning in the district. Community initiatives shall be pursued to improve family planning coverage.

### ***Family Planning Acceptor Rate by sub districts***

The Couple Years of Protection is a measure of couples that have been protected against unwanted/ unplanned pregnancy. Analysis of the (CYP) shows an unstable trend of coverage's during the last three years.

### **Family Planning Acceptor Rate by sub districts**

***Table showing family planning coverage by sub districts 2015 & 2016 compared***

Facility	2015			2016		
	Target	Acceptors	%	Target	Acceptors	%
Kulfoo	1767	627	35.5	1800	1035	57.5
Kunchogu	953	286	30	971	486	50.1
Nabugubelle	1103	494	44.8	1124	610	54.3
Nabulo	1899	625	32.9	1934	719	37.2
Sakai	2404	722	30	2887	1181	40.9
Tumu	3939	2755	69.9	3575	4164	116.5
Wellembelle	2654	1086	40.9	2703	100	37.1
<b>District</b>	<b>14719</b>	<b>6595</b>	<b>44.8</b>	<b>14994</b>	<b>9199</b>	<b>61.4</b>

The District Health Administration saw a decline in family planning coverage from 49.3 in 2014 to 44.8 in 2015. However the 2016 witnessed an improvement from 44.8% to about 61.4 %, which is worth commending. This could be due to the enormous support from the UNFPA, Virtue Foundation, Save Ghana et'al to scale up community fora and advocacy meetings with community opinion leaders and the intense home visits embarked upon within the district.

### **Maternal Deaths**

According to ICD 10," the death of a woman while pregnant or within 42 days of the end of the pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes"

Complications during pregnancy and child birth are leading causes of death and disability among women of reproductive age in many developing countries. One institutional maternal

death was recorded for the period under review. The institutional maternal mortality ratio has seen a moderate decline 44.7 per 100,000 0 in 2016 compared to 0 per 100,000 live births in 2015. During the last 5 years the lowest maternal mortality ratio has been fluctuating between 186 /100,000 live births and the 277.1/100,000 live births. The district will not relent on its efforts to erase the only maternal death recorded in 2016; more attention needs to be paid to the maternal & child health issues to ensure the trend is put to a halt.

The district embarked on a zero maternal death campaign for the period with several interventions rolled out. The approach which started with district wide fora spread across communities and villages in the district. The district assembly, departments, NGOs, Chiefs, Opinion leaders, politicians, health workers, and community members all became key campaigners for this agenda. Community durbars were held across the entire seven sub-district with presence of a local FM station RADFORD to carry the message further.

### Adolescent Health

Adolescent health services are provided in all sub-districts in the district. The district currently has adolescent health corners established in all health centres and CHPS compounds. The district also has two established adolescent health clubs. As part of the adolescent health services, health staff carry out IE&C in all schools and communities on health issues such as family planning, sex education, comprehensive abortion care, HIV testing and counselling etc.

### Teenage Pregnancy

Teenage pregnancy is pregnancy in females under the age of 20. A female can become pregnant from sexual intercourse after she has begun to ovulate which can be before her first menstrual period (menarche), but usually occurs after the onset of her periods. On the average about 11% of pregnancy in the district occur among girls considered within this category. Ignorance and poverty could be attributed to the menace. In addition to these, lack of parental care, peer group influence and general poor level of development as well as lack of employment among others are all linked to the surging increase in teenage pregnancies in our district. The district in collaboration with its partners such as Ghana Education Service, National Commission for Civic Education, UNFPA, Gender Desk Officer and National Youth Authority will continue to institute programs to inform this target group about the prevention of unwanted pregnancies. The inclusion of chiefs and other community leaders and media is very critical in arresting this menace. The table below shows the percentage of teenage pregnancies from 2010-2016.

#### The Trend of Adolescent pregnancy rate (2010 – 2016)

Year	Total Registrant	Below 14yrs	15-19	Total	% of Adolescent Pregnancy.
2010	1870	2	215	217	11.6
2011	2082	1	265	266	12.78
2012	2222	6	238	244	10.98
2013	2477	3	313	316	12.76
2014	2452	7	249	256	10.44
2015	2448	5	266	271	11.07

2016	2685	4	305	309	11.51
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Data source: Monthly midwives returns (Dhims2)

### Comprehensive Abortion Care (CAC)

Comprehensive abortion care is a medical procedure that is used to terminate pregnancy by a qualified doctor and midwives. The purpose of this intervention is to help reduce maternal morbidity and mortality that are associated. These services were available for access in the Tumu district hospital for the period under review.

### Expanded Programme on Immunization (EPI)

The district has recorded tremendous improvement in EPI for the period under review; the district has met the set target for BCG (103.5%), Penta 3 (91.5%), OPV 3 (90.6%), measles Rubella (95.5%) and yellow fever (95.9%) are slightly above the 90% target set for the year. This calls for commendations of all staff for their efforts in achieving this improvement. Below is a table showing various performance.

## Intensifying prevention & control of communicable & non-communicable diseases and promoting healthy lifestyles

### Disease surveillance & control services

Meningitis is still one of the major diseases that occur in epidemics especially in the dry season where atmospheric dust is high with low humidity.

The District Epidemic preparedness committee organized three (3) meetings to plan and respond to any event that may occur especially meningitis, cholera and the deadly Ebola disease. Prior to this the DHMT had investigated all reported cases and all case based investigation forms filled and submitted to the regional surveillance unit.

For the period under review the district recorded 16 suspected cases of meningitis with 8 confirmed.

The district recorded sixteen (16) suspected cases from which eight (8) of them were confirmed positive (7 W135 & 1 Streptococcus pneumoniae). One of the cases died (Streptococcus pneumoniae) from Tumu town representing a case fatality rate of 6.25%. The burial was highly supervised by the epidemic response team to ensure that there was no possible spread of the infection to others' contacts. The other 7 cases were treated and discharged.

### Trend of Meningitis and Investigations

The index case (first case) which is Gram Negative Diplococci was recorded on the 7<sup>th</sup> of February 2016 at the Tumu Hospital. He is a male of 25 years from the Pieng community. Oral interview with him and the family indicated that he had not travelled within the last three weeks. He was admitted and treated at the hospital and was later discharged.

The second suspected case was recorded on the 7<sup>th</sup> of February, 2016 from Diglafuro a section of Tumu. She is 9 years old and was vaccinated in October, 2012 against MenAfrivac.

The district recorded two (2) suspected cases from which the two (2) were confirmed positive and no death giving the district a case fatality rate of 0%.

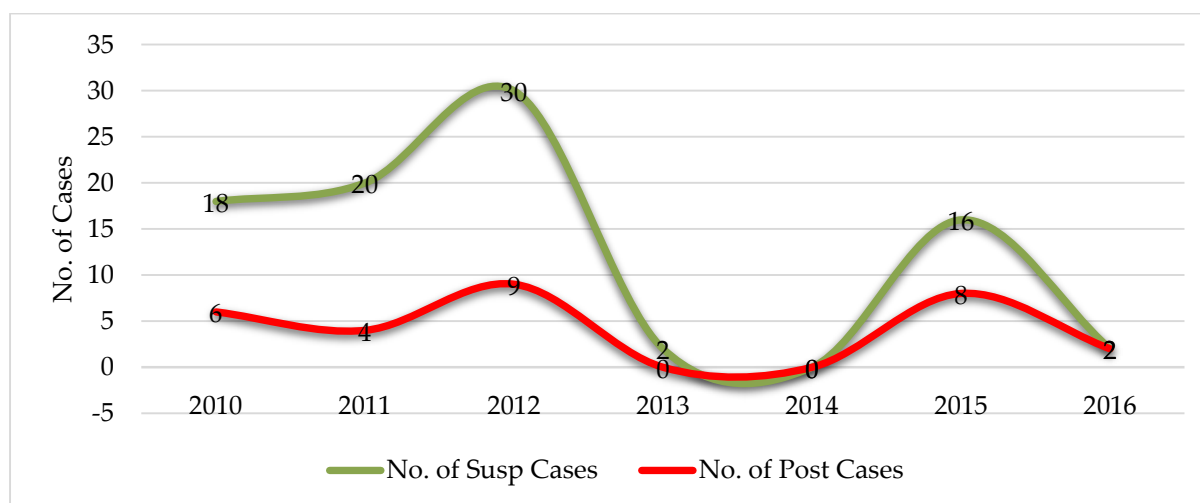
The district conducted public sensitization campaigns on all the boarding schools in the district. The table below shows the number of people sensitized.

School	No. of Teachers Sensitized	No. of Students Sensitized	Total
Tumu Sectech	4	313	317
Kansec	6	725	731
St. Clare's	5	103	108
<b>Total</b>	<b>15</b>	<b>1141</b>	<b>1156</b>

The District Epidemic preparedness committee met on 11<sup>th</sup> February, 2016 to re-strategize and assign responsibilities for an immediate action as and when necessary.



## Trend of Meningitis cases recorded in the District 2010 - 2016



## Ebola

The Sissala East District Health Administration embarked on several activities following the outbreak of ebola in West Africa. The district conducted massive public sensitization campaigns in most communities, schools and other public gatherings such as festivals, funerals, churches and mosques. The district also established a port health unit with some logistics such as non-contact thermometer, register and guidelines on ebola and other diseases at the Tumu-Burkina Faso (Leo) border to screen all passengers coming through the border.. The district has also received, procured and distributed some personal protective equipment (PPEs) such as coat, face masks and non-contact thermometer to all sub-districts for screening of clients. Several leaflets and posters have been received and distributed to health facilities, schools, churches and other partners for public awareness creation. Monthly and quarterly radio discussions and announcements were carried out in RADFORD FM to further increase public awareness.

As part of the strategies to contain the recent epidemics in neighbouring countries, the Regional Health Directorate in collaboration with the Sissala East District Health Directorate conducted the training on surveillance of epidemic prone diseases such as cholera, meningitis, Ebola and the general steps into outbreaks investigation and response for thirty-three (33) health staff and seventy-two (72) community based surveillance volunteers.

## Summary of the monthly report on community based disease surveillance for the period 2012 - 2016

Disease	2012		2013		2014		2015		2016	
	Susp	Posi	Susp	Posi	Susp	Posi	Susp	Posi	Susp	Posi

Cholera	0	0	0	0	0	0	0	0	0	0
Meningitis	20	4	30	9	2	0	0	0	16	8
Yellow Fever	2	0	0	0	2	0	0	0	7	0
Anthrax	0	0	0	0	0	0	0	0	0	0
Measles	2	0	0	0	4	0	4	0	4	0
Pertusis	0	0	0	0	0	0	0	0	0	0
AFP	2	0	0	0	3	0	2	0	1	0
Guinea Worm	0	0	0	0	2	0	2	0	0	0
Ebola	0	0	0	0	0	0	0	0	0	0

For the period under review, four (4) suspected measles cases, One (1) suspected AFP cases, 16 suspected meningitis cases with (8) confirmed were recorded. All the suspected cases were investigated and reports written and copies sent to region. Both passive and active surveillance are still ongoing to detect any case or even that may occur in the district

### **Neglected Tropical Diseases (NTDs)**

These are a group of about 13 infectious diseases which affect about 1 billion people worldwide and most of whom live in extreme poverty burdened humanity of centuries. These diseases cause a lot of severely debilitating and disabling effects, usually associated with poverty and intense stigma which promote the cycle of poverty. They are usually found in remote rural areas, urban slums or conflict zones, and thrive in conditions of impoverishment.

Some diseases unlike HIV/AIDS, T.B, malaria etc have been given less attention and apparently being neglected. Examples of these neglected diseases include Lymphatic Filariasis, Onchocerciasis, Schistosomiasis and Trachoma among others. The District is embarking on some interventional activities to bring these conditions into focus for control

### **Filariasis**

This also provides the opportunity to identify already affected persons who have developed lymph oedema status to equip them with knowledge towards proper management to reduce the burden of severe acute attacks of the disease as well as to sensitize all the communities about the disease.

The main objective is to eliminate the incidence of lymphatic Filariasis in the district by distributing drugs to not less than 80% of the target population.

The district accordingly integrated the aspect of sensitization and awareness creation on the signs and symptoms of the disease as well as guinea worm certification to the populace through the CDDs refresher training towards the campaign.

Years	Total projected Population	Eligible Population	Treatment coverage (%)
2011	52406	41342	78.9
2012	54467	0	0
2013	58696	43831	75.6
2014	59812	55819	79.1
2015	60948	50447	<b>86.1</b>
2016	62093	0	<b>0</b>

## Trachoma

Trachoma is one of the neglected tropical diseases which occur in dry-dusty areas with abundance of house flies serving as the mechanical transmitters of the disease. It is a blinding disease and as such is given special attention. The District as part of efforts to combat it, organizes occasional eye screening for trachiasis at community level including schools.

Eye Care Service is an activity in the district. For the period under review, mass screening for trachiasis was done in selected communities in the district.

Trachoma has also been integrated into disease surveillance activities so that the country can meet its target of eliminating blinding trachoma by the year 2020. The table below shows the number TT cases recorded and surgeries done from 2011 to 2016.

Years	No. of People Screened	TT Cases	Surgeries Done
2011	27796	65	60
2012	-	-	-
2013	997	2	2
2014	985	14	0
2015	872	0	0
2016	0	0	0

## Leprosy

The district carried out case search for the year under review. This activity was carried alongside other health programs.

The district also included public sensitization on leprosy in all the community outreach programmes held throughout the year.

Reporting and treatment of infected people as well as surveillance are ongoing by Community -based Volunteers at various communities to check the occurrence of the disease.

### The number of leprosy activities carried out from 2011 to 2016.

ACTIVITY	2011	2012	2013	2014	2015	2016
No. of people examined	13035	21613	14063	1257	537	621

No. of Communities visited	35	41	37	10	3	5
No. of cases identified	3	3	1	3	1	0
Multi-Bacillary (MB)	3	3	1	3	1	0
Pauci Bacillary (PB)	0	0	0	0	0	0

### Acute Flaccid Paralysis (AFP)

For the period under review and by the WHO standard one (1) suspected case was recorded and samples sent to the National Public Health Reference Laboratory (Noguchi).

The table below shows the number of suspected cases of AFP recorded for 2011 – 2016.

	2011	2012	2013	2014	2015	2016
<b>Suspected Cases</b>	0	2	0	3	2	1
<b>No. Positive</b>	0	0	0	0	0	0

### Malaria Control Programme

Malaria is one of the main causes of sickness and deaths in the District (especially amongst children under 5 years of age). The environmental conditions in most parts of district favours mosquito breeding all the year round resulting in transmission of malaria throughout the year.

Public education on personal protection against mosquitoes bites, maintenance of clean domestic surroundings and the use of insecticides treated materials e.g. bed nets, will help reduce the level of the disease in the community.

There are several interventions been implemented to combat malaria and its deadly effects in the district, Some of these include;

- Case management-improving access to treatment
- Intermittent Preventive Treatment (IPT) for pregnant women
- Seasonal Malaria Chemoprevention (SMC)
- Integrated malaria vector control-IRS, LLINs, limited larviciding etc.

### The number of LLINs distributed from 2010 to 2015

Years	Under 5	Pregnant Women	Others	Total
<b>2010</b>	3453	1346	37	4836
<b>2011</b>	0	0	0	0
<b>2012</b>	0	0	31797	31797
<b>2013</b>	0	0	0	0
<b>2014</b>	1769	1439	0	3208
<b>2015</b>	1636	1554	0	3190

Some LLIN were distributed to children receiving second dose of measles at 18 months and first ANC attendants as part of the continuous distribution of LLIN into the households through the first ANC attendance and children aged eighteen (18) months and above who receive the second dose of measles vaccination. The distribution started in January 2014. The purpose was to ensure the universal coverage target. With the continuous distribution strategy, a total of 1636 and 1554 LLINs were distributed children under five and first ANC attendants respectively. A total of 3190 LLINs were distributed for the year under review.

### **Number of Cases Reported With RDT Usage in Malaria Case Diagnosis**

<b>Years</b>	<b>Tot OPD attend.</b>	<b>No. Suspected</b>	<b>No. Tested</b>	<b>Confirmed cases</b>
<b>2010</b>	43724	24816	17330	11764
<b>2011</b>	89941	46578	14116	6019
<b>2012</b>	65147	32000	16557	8476
<b>2013</b>	52992	22958	4764	3153
<b>2014</b>	42576	31941	25983	14409
<b>2015</b>	85,421	35143	32447	17486

The table above indicates that majority of the people who are suspected to have malaria were tested with RDTs and microscopy to confirm them before treatment. However some clinicians still relied on clinical signs and symptoms for treatment. Much emphasis has to be laid on the Test, Treat and Truck campaign next year. As part of the malaria control programme, other partners such as ISRAD supported the district to sensitize health staff, volunteers and community members on malaria prevention campaign.

### **Malaria Control Programme**

Malaria is one of the commonest causes of fever in children and adult. Most often patients complaining of fever are treated for malaria. However, malaria is only one of several causes of fever.

Malaria is one of the main causes of sickness and deaths in Ghana and the Upper west Region (especially amongst children under 5 years of age). The environmental conditions in most parts of Ghana favours mosquito breeding all the year round resulting in transmission of malaria throughout the year. This has therefore called for consented efforts from service providers' civil society organizations and every individual to squarely fight the menace.

Public education on personal protection against mosquitoes bites, maintenance of clean domestic surroundings and the use of insecticides treated materials e.g. bed nets, will help reduce the level of the disease in the community. Self-protection is done through the use of several interventions.

There are several interventions been implemented to combat malaria and its deadly effects in Ghana. Some of these include;

- Case management-improving access to treatment

- Intermittent Preventive Treatment (IPT) for pregnant women
- Seasonal Malaria Chemoprevention (SMC)
- Integrated malaria vector control-IRS, LLINs, limited larviciding etc.

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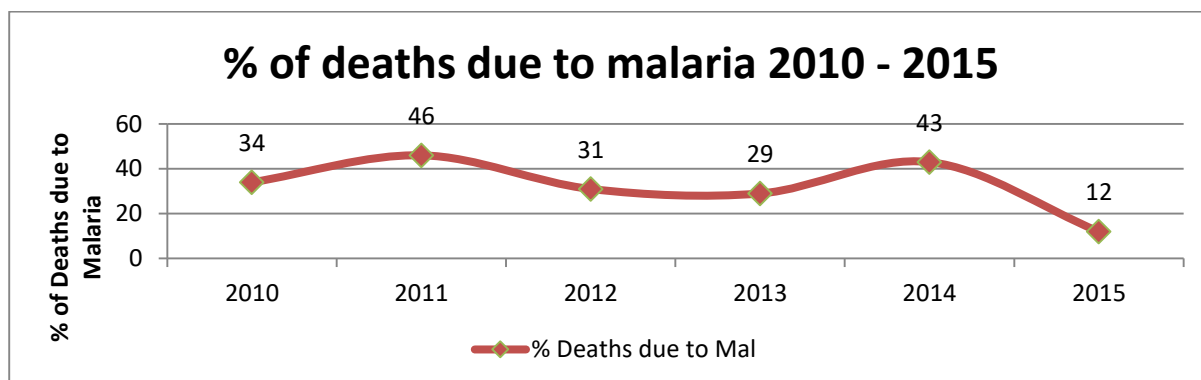
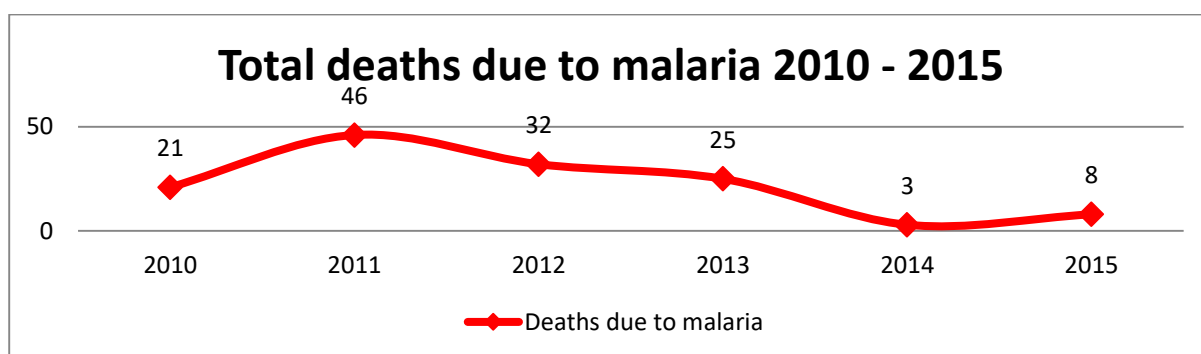
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## Malaria Cases Reported By Age Groups 2010 – 2015

Years	Malaria under 5	Malaria 5 & above	Malaria in pregnancy
<b>2010</b>	5230	6216	345
<b>2011</b>	3083	2588	348
<b>2012</b>	4656	6231	426
<b>2013</b>	5083	10912	407
<b>2014</b>	4766	8114	378
<b>2015</b>	<b>4740</b>	<b>13705</b>	<b>419</b>



The percentage of mortalities due to malaria has reduced significantly from 43% to 12% in 2014 and 2015 respectively. This could be as a result of the LLIN distribution to children and pregnant women which offered the beneficiaries the opportunity to have an LLIN.

## TB AND HIV / AIDS

HIV/AIDS and Tuberculosis are bed fellows and therefore need more holistic and collaborative efforts to fight them. The district therefore considered the two diseases as part of the key priority interventions at the beginning of the year under review.

There has been a slight increase in the number of HIV cases in 2015 as compared with same period in 2014. The district recorded thirty five (35) cases in 2015 as compared to twenty eight (28) in 2014 and thirty eight (38) cases in 2013. For the year under review, the district had many of its HIV/AIDs counsellors leaving for further studies. This incidence left most facilities without counsellors which is a wakeup call for the district to train more counsellors for the year. The region had trained (refresher) some counsellors for the year under review to replace those left for school.

### HIV Screening

Indicator	2013	2014	2015	2016
No. of Donors screened for HIV	472	587	509	531
No. of positive donor cases	26	64	0	-
No. of CT done	372	618	1423	-
No. ANC Registrants	2172	2363	2087	2448
No. of PMTCT done	1308	1775	1665	2000
No. of mothers positive	11	14	7	15
No. of HTC done	223	394	510	402
No. of positive HTC clients	28	24	21	20
No. Know your status done	2078	-	-	-
No. Positive for know your status	6	-	-	-
Total no. of HIV test done	4230	2980	2174	2933
Total no. of positive HIV test	71	38	28	35
No. HIV/AID clients who died	-	-	-	-
Rate of Infection	1.7	1.3	0.7	1.2

For the period under review a total of 531 blood donors were screened and none was positive. This result is quite good because similar numbers were screened for 2013 and 2014 with positive results of 64 and 0 respectively. From PMTCT 15 mothers had been tested positive for year under review as against 7 cases in 2014. Hence this suggests that a number of mothers accept the test (2000) test done in 2015 as compared to 1665 in 2014 against 2448 and 2087 registrants respectively.

### Tuberculosis

TB case detection has been a priority area for the district. Several interventions were put in place for the period concern to improve on TB case detection. A total of 16 cases and (1

transferred in case) were detected for the period concern. Thirteen (13) were categories as sputum smear positive, three (3) as EPTB and one (1) as sputum smear negative. More cases would have been recorded with the support of the X-ray department, but no X-ray department or personnel for suggestive cases per the scans.

**The total number of cases registered for the period and their categories**

<b>CASES</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Smear positive	4	4	11	13
Smear negative	13	4	5	1
Relapse	0	1	2	0
Treatment after default	0	0	0	0
Treatment after failure	0	0	0	0
EPTB	0	1	0	3
X'ray Confirmed	0	0	0	0
Others	0	0	0	0
<b>Total</b>	<b>17</b>	<b>10</b>	<b>18</b>	<b>17</b>

In 2013, a total of ten (10) cases were recorded of which four (4) were sputum smear positive, one (1) relapse and five (5) smear negative. In 2014, a total of eighteen (18) cases were recorded for the year under review. Out of the 18 cases recorded eleven (11) are sputum smear positives, five (5) were smear negatives and two (2) relapse cases. Three (3) completed treatment and was declared cured through a laboratory test. Two (2) cases died. In 2015, a total of 16 cases and 1 transferred in were recorded. 13 cases were recorded as sputum smear positive, 3 as EPTB and 1 as sputum smear negative. However some of the cases recorded for 2014, are still being monitored for evaluation by the close of 2015 as recommended by WHO standards of T.B treatment.

<b>INDICATOR</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
No. of TB cases detected	17	10	18	16
No. cured	2	3	3	0
Cure rate	50	75	27.3	0
No. completed treatment	1	5	3	9
No. of deaths	1	1	2	4
Case fatality rate (%)	5.9	10	11.1	25

No. treatment failure	0	0	0	0
No. defaulted	0	1	1	0
Defaulter rate			0	0
Transfer in	-	-	-	1
Transferred out	0	0	0	0

## Improve Institutional Care, Including Mental Health Service Delivery

### Clinical Care

Out Patient care attendance looks at utilization as well as access of Ghana Health Service and private facilities in the district including:

- Treatment of minor ailments and referral of major cases to the district hospital by sub districts
- Maternal and child health services
- Health education, informing the public on important health issues

### The Trend of OPD Utilisation from 2006 to 2014

Year	Population	Total attendance	Insured	Non-insured	OPD per capita
2007	50916	49344	38317	11027	0.97
2008	51782	61197	52345	8852	1.18
2009	52662	64829	58456	6373	1.23
2010	53557	67682	62853	4829	1.26
2011	54467	82733	72546	4187	1.52
2012	58969	65219	61942	3277	1.11
2013	59812	52992	50275	2717	0.89
2014	60948	59584	57196	2388	0.98
2015	62106	85421	82415	3006	1.38

*Data source: Monthly Statement of Outpatients returns (Dhims2)*

The table above shows OPD attendance by insured and non-insured clients. Available data indicates that, OPD per capita saw a significant improvement for the year under review compared to the past two years even though slight improvement was recorded in 2014 too compared to 2013. OPD per capita has seen a significant improvement for the period under review. That is from 0.98 in 2014 to 1.38 in 2015. This indicates that at least everyone in the district visited a public or private health facility in the district for health care. Steps will continuously be taken to train some selected staffs from the two private facilities to enhance report writing at their level and onward submission to the district for entry and processing for informed decision making process in the district.

## OPD Morbidity

### OPD Diagnosis - Comparing 2014-2016

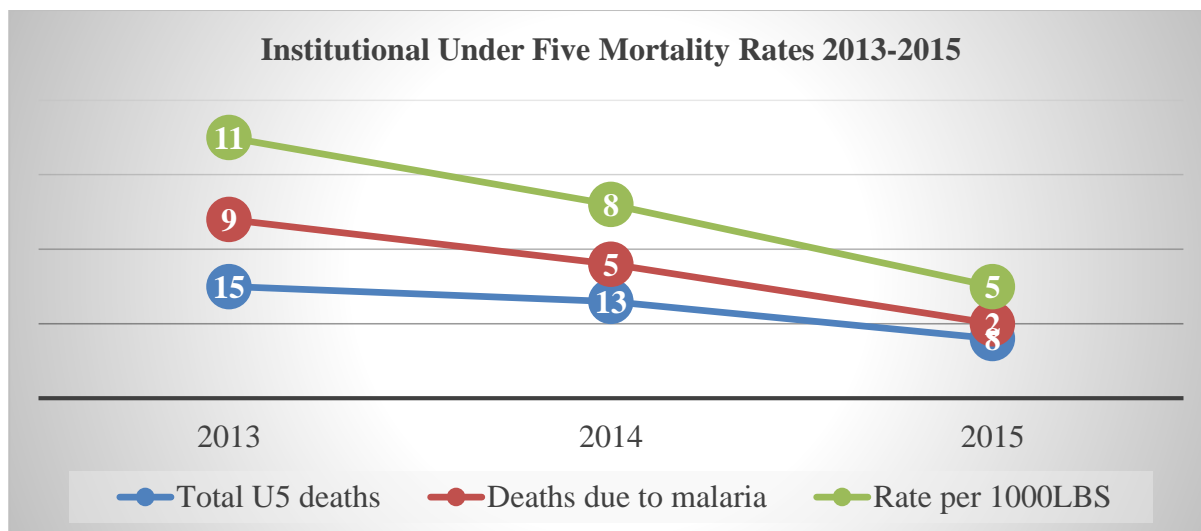
2014			2015			2016		
<i>Disease / Condition</i>	<i>No. Clients</i>	<i>%</i>	<i>Disease / Condition</i>	<i>No. Clients</i>	<i>%</i>	<i>Disease / Condition</i>	<i>No. Client</i>	<i>%</i>
Malaria	27653	44.19	Malaria	13549	33.65	Malaria	18146	36.4
ARI	9244	14.77	URTIs	8582	21.31	URTIs	10505	21.1
Diarrhoea Diseases	3404	5.44	Diarrhoea Diseases	2899	7.20	Diarrhoea Diseases	3081	6.2
Skin Diseases &	2891	4.62	Skin Diseases &	1852	4.60	Rheumatism & other joint	2321	4.7
Acute Eye Infection	2106	3.37	Acute Eye Infection	1660	4.12	Skin Diseases	1845	3.7
Acute Ear infection	1053	1.68	Rheumatism & joint	1163	2.89	Acute eye infection	1724	3.5
Road Traffic	744	1.19	Other acute ear	773	1.92	Acute urinary tract infection	788	1.6
Home Accidents	718	1.15	Home Accidents	603	1.52	Other acute ear infection	710	1.4
Preg. Rel Complicati	664	1.06	Road Traffic	521	1.29	Road traffic accidents	553	1.1
Rheumatism & Other	661	1.06	Acute Urinary	279	0.69	Pneumonia	506	1.0
All other	11160	18.56	All other Diseases	8386	20.83	All other diseases	9664	19.4

*Data source: Monthly OPD morbidity returns (Dhims2)*

Malaria continuous to be the number one (1) cause of OPD attendance and the first among the top ten diseases for the period under review. It also constitutes the first top causes of admission and death especially among children under five. The district will continue to implement interventions such as, proper assessment and treatment of malaria cases, Test, Treat and Track (TTT), continues LLIN usage and indoors residual spray and behaviour Change communication interventions.

### Institutional Under five Mortality

Under-five mortality rate (deaths) for the period under review reduced significantly in 2015 compared to the same period in 2014. In 2015 8 deaths were recorded which malaria alone accounted for 2(25%). Institutional under five mortality ratio stood at 5/1000LB for the period under review as against 8/1000LB and 11/1000LB for 2014 and 2013 respectively. The graph below shows total under 5 deaths compared with malaria under 5 deaths for the period under review.



## Mental Health Care

Community base mental health services are wide range of mental health services rendered to people with mental health needs within the community where they live at their door step. It includes the use of both chemotherapy and psychotherapy.

At the beginning of the year, the district had several objectives towards mental health activities, including ; awareness creation on general mental health issues, identification & reporting of mental conditions, sustain & maintain an improved clinical management of psychiatric & epileptic cases, educate people to reduce stigmatization & discrimination among mentally ill persons as well as epileptic cases; rehabilitate mentally ill clients/ persons, and prevention & reduction of substance abuse among the populace in the district.

*The following are some of the major activities carried out for the period under review:*

- ⦿ Health Promotion messages at OPD , Schools, Community durbars and Religious groups on substance abuse, general causes of mental illness and epilepsy
- ⦿ Clinical and other health staff including other departmental heads were sensitized on Mental health Act 2012 (The 846 Act) through CPRI support in collaboration with Basic needs
- ⦿ Organized training for school health Teachers on essential Psychiatric problems in children and adolescence
- ⦿ Home visits; Outreach services , Consultation and treatments, and Counselling etc

Condition	Registrants				Re-Attendants			
	2014	2015	2016	Total	2014	2015	2016	Total
Psychosis	73	61	45	179	50	89	102	241
Epilepsy	261	84	24	369	207	285	169	661
Substance Abuse	62	15	8	85	13	14	7	34
Depression	27	19	2	48	11	16	23	50

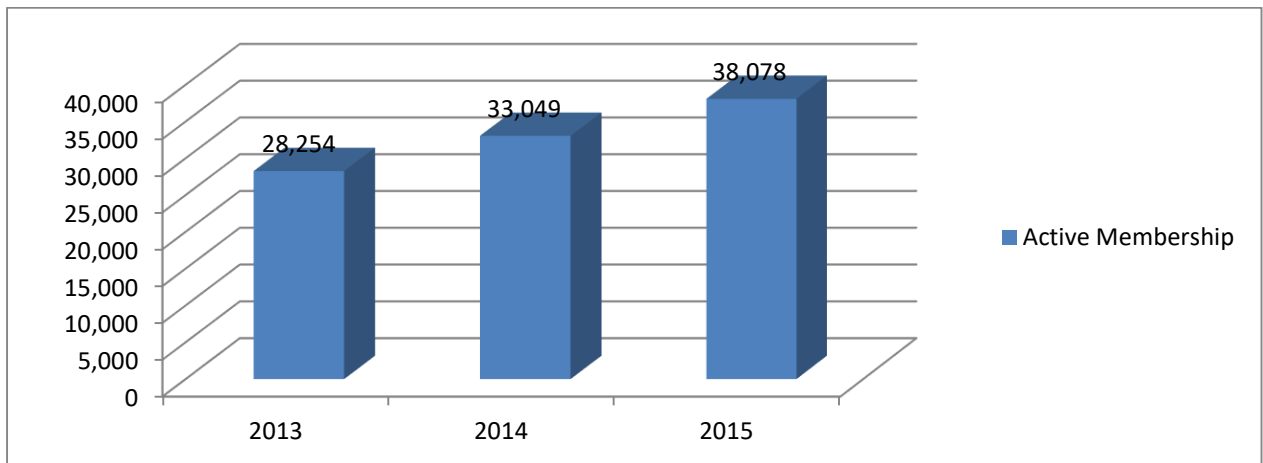
Neurosis	74	88	23	185	26	71	39	136
Others	26	0	0	26	14	0	0	14
Total	523	267	102	892	321	475	340	1136

From the statistics of the mental/ epileptic cases showed above, there is a reduction in all the conditions in 2015 as compared to the other years.

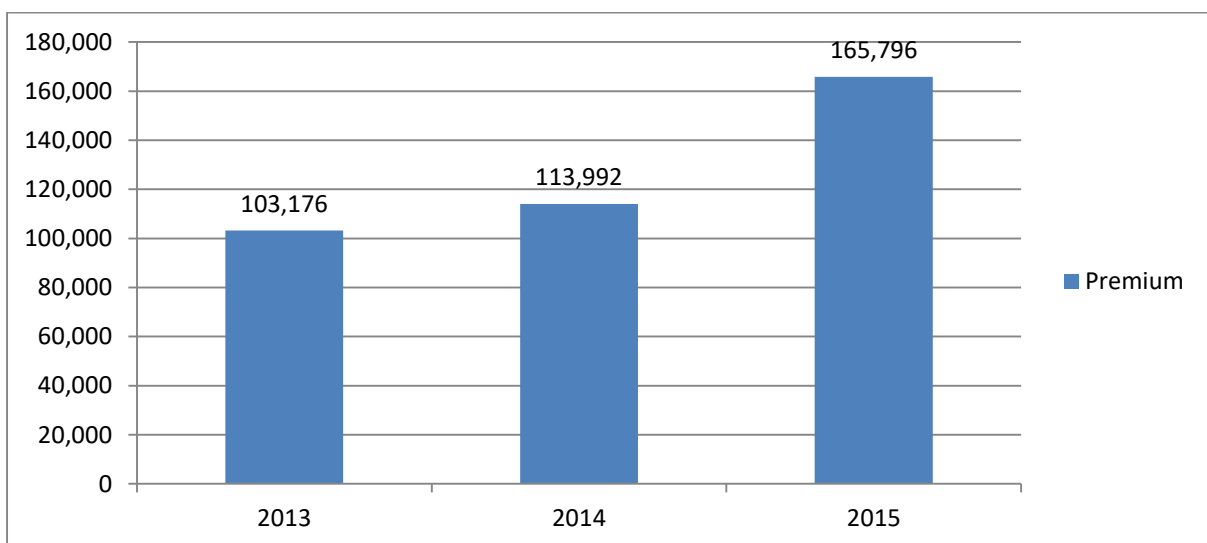
### National Health Insurance Scheme (NHIS)

The aim of the Sissala East district mutual health insurance scheme is ensuring that every individual get access to basic health care at affordable and acceptable manner. Active participation of members increased from 28,254 in 2013 to 33,049 and 38,078 in 2014 and 2015 respectively.

#### Trend of Active Membership Enrolment



#### Trend of Premium Mobilization



## Education Sector

### Key Activities Carried out in 2016

The Directorate of education carried out various activities with the aim of improving on the rapidly falling standard of education in the district.

Thematic Area	*Activities/Projects	Amount Spent	Funding Source	Output/remark	Unit Responsible
Access	Reading Festival	20,000.00	Learning Project	All schools(KG1-P3)	Leaning Team
	Distribution of books to schools	-	Learning Project	All schools(KG1-P3)	Sores
	Distribution of library boxes to schools	-	Learning Project	All schools(KG1-P3) 55 boxes	Stores
	Distribution of furniture to schools	-	GOG	25* schools	Stores
Quality	Leadership training for headteacher & their assistants	-	Capitation grant	All schools	DTO
	Orientation of Newly trained teachers	-	GNAT	All newly trained teachers	DTO
Gender	Distribution of G-PASS packages to beneficiaries	-	GPEG	201 beneficiaries involved	GEU
Total					

## Staff Strength

### Central Administration (Office)

The Directorate still requires some supporting staff to function effectively and also adequate office space

### Central Administration (Office)

CATEGORY	MALE	FEMALE	TOTAL
TEACHING	27	3	30
NON-TEACHING	21	8	29
TOTAL	48	11	59

## Teaching Staff

The teaching staffs in the various schools are inadequate. Also quite a good number are not trained

## Distribution of Teaching Staff at the various levels of education

LEVEL	TRAINED TEACHERS	UNTRAINED TEACHERS	TOTAL
KG	85	22	107
PRIMARY	277	112	389
JHS	230	45	275
SHS	86	30	116
TVET	9	11	20

## Educational Institutions

There are 171 educational institutions across the various categories in the district.

## Numbers of Institutions

Category	2014			2015			2016		
	Private	Public	Total	Private	Public	Total	Private	Public	Total
KG	5	51	56	5	51	56	5	55	60
PRIMARY	4	54	58	4	53	57	4	55	59
JHS	1	45	46	1	44	45	2	46	48
SHS	0	2	2	0	2	2	0	2	2
TVET	1	0	1	1	0	1	0	1	1
<b>Total</b>	11	152	163	11	150	161	12	159	171

## Enrolment

The enrolment at all levels is good except at the TVET. Parents should be encouraged to see technical and vocational education as equally important

### Enrolment

LEVEL	BOYS	GIRLS	TOTAL
KG	2302	2353	4655
PRIMARY	5714	5548	11262
JHS	1648	1811	3459
SHS	2307	1695	4002
TVET	5	65	170
<b>TOTAL</b>	<b>11976</b>	<b>11472</b>	<b>23448</b>

## Teacher Situation

The teacher situation in the district saw tremendous improvement for both trained and untrained teachers in the year under review. While the trained teacher increased from 455 and 520 in 2013 and 2014 respectively, the untrained teacher rose from 203 to 221 within the same period. This should have had a positive impact on the performance of pupils; however the reverse is the case. There is therefore the need for a platform to delve into the issue of poor performance in the face of increased numbers of teachers.

### Trained Teacher

Category	2014			2015			2016		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
KG	20	31	<b>51</b>	32	34	<b>66</b>	32	39	<b>71</b>
PRIMARY	93	93	<b>186</b>	100	94	<b>194</b>	115	114	<b>229</b>
JHS	114	30	<b>144</b>	140	44	<b>184</b>	146	45	<b>191</b>
<b>Sub Total Basic</b>	<b>227</b>	<b>154</b>	<b>381</b>	<b>272</b>	<b>172</b>	<b>444</b>	<b>293</b>	<b>198</b>	<b>491</b>
SHS	56	8	<b>64</b>	57	9	<b>66</b>	71	7	<b>78</b>
TVET	2	8	<b>10</b>	2	8	<b>10</b>	1	7	<b>8</b>
<b>Sub Total 2<sup>nd</sup> Cycle</b>	<b>58</b>	<b>16</b>	<b>74</b>	<b>59</b>	<b>17</b>	<b>76</b>	<b>72</b>	<b>14</b>	<b>86</b>
<b>Total</b>	<b>285</b>	<b>170</b>	<b>455</b>	<b>331</b>	<b>189</b>	<b>521</b>	<b>365</b>	<b>212</b>	<b>577</b>

## Pupil Trained Teacher Ratio

Category	2014			2015			2016		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
KG	550	143	<b>347</b>	127	117	<b>122</b>	145	119	<b>264</b>
PRIMARY	102	109	<b>106</b>	106	112	<b>109</b>	93	94	<b>187</b>
JHS	20	75	<b>48</b>	24	74	<b>49</b>	24	78	<b>102</b>
<b>Sub Total Basic</b>									
SHS	45	316	<b>181</b>	49	311	<b>180</b>	48	486	<b>534</b>
TVET	130	33	<b>82</b>	125	31	<b>78</b>	170	24	<b>194</b>
<b>Sub Total 2<sup>nd</sup> Cycle</b>									
<b>Total</b>									

## Educational Infrastructure

There have been a decline in terms of the adequacy of classrooms in the district from 49% to 40% and 78% to 75% in 2015 and 2016 for KG and Primary respectively.

### Schools with adequate classrooms

Category	Performance Level					
	2014		2015		2016	
	No	%	No	%	No	%
ECD (KG& Nurseries)	23	45.1	25	49.00	22	40
Primary	40	74.8	41	78.00	41	75

JHS	31	65.0	40	91	42	91
SHS	0	0	0	0	<b>1</b>	<b>50</b>
Tech/Voc Institution	1	100	1	100	1	100
<b>Total</b>						

### Classrooms with standard Structures

The total classrooms with standard structures have seen improvement from 89 in 2014 to 93 in 2015 and 105 in 2016. The remaining 51 schools have sub standard structures and therefore require rehabilitation or replacement.

#### Schools with standard structures

Category	Performance Level					
	2014		2015		2016	
	No	%	No	%	No	%
ECD (KG& Nurseries)	15	30.00	16	32.00	20	40
Primary	40	74.00	43	82.00	42	76
JHS	30	67.00	31	71.00	40	87
SHS	2	100.00	2	100.00	<b>2</b>	<b>100</b>
Tech/Voc Institution	1	100.00	1	100.00	1	100
<b>Total</b>	<b>89</b>		<b>93</b>		<b>105</b>	

### Water, Sanitation and Hygiene (WASH) in Schools

#### Toilet Facilities in Schools

The total number of schools with toilet facility increased from 93 schools to 99 in 2015 and 129 schools in 2016.

#### Toilet Facilities in Schools

Category	Performance Level					
	2014		2015		2016	
	No	%	No	%	No	%
ECD (KG& Nurseries)	31	60.78	31	60.78	32	58.
Primary	34	62.97	34	62.97	48	87
JHS	25	56.00	31	56.00	46	100
SHS	2	100.00	2	100.00	<b>2</b>	<b>100</b>
Tech/Voc Institution	1	100.00	1	100.00	1	100
<b>Total</b>	<b>93</b>	<b>61.00</b>	<b>99</b>	<b>66.00</b>	<b>129</b>	

#### Access to Water Facilities in schools

Category	Performance Level					
	2014		2015		2016	
	No	%	No	%	No	%
ECD (KG& Nurseries)	24	47.00	30	59.00	55	100

Primary	25	47.00	45	84.00	55	100
JHS	13	29.00	40	69.00	46	100
SHS	2	100.00	2	100.00	2	<b>100</b>
Tech/Voc Institution	1	100.00	1	100.00	1	100
<b>Total</b>	<b>65</b>	<b>43.00</b>	<b>118</b>	<b>78.00</b>	<b>159</b>	

### Schools with Hand Washing Facilities

All schools in the district have been supplied with Veronica bucket to facilitate hygiene and sanitation through the promotion of hand washing with soap among pupils.

#### Schools with Hand Washing Facilities

Category	Performance Level					
	2014		2015		2016	
	No	%	No	%	No	%
ECD (KG& Nurseries)	51	100.00	53	100.00	55	100.00
Primary	54	100.00	54	100.00	55	100.00
JHS	44	100.00	44	100.00	46	100.00
SHS	2	100.00	2	100.00	2	100.00
Tech/Voc Institution	1	100.00	1	100.00	1	100.00
<b>Total</b>					<b>159</b>	

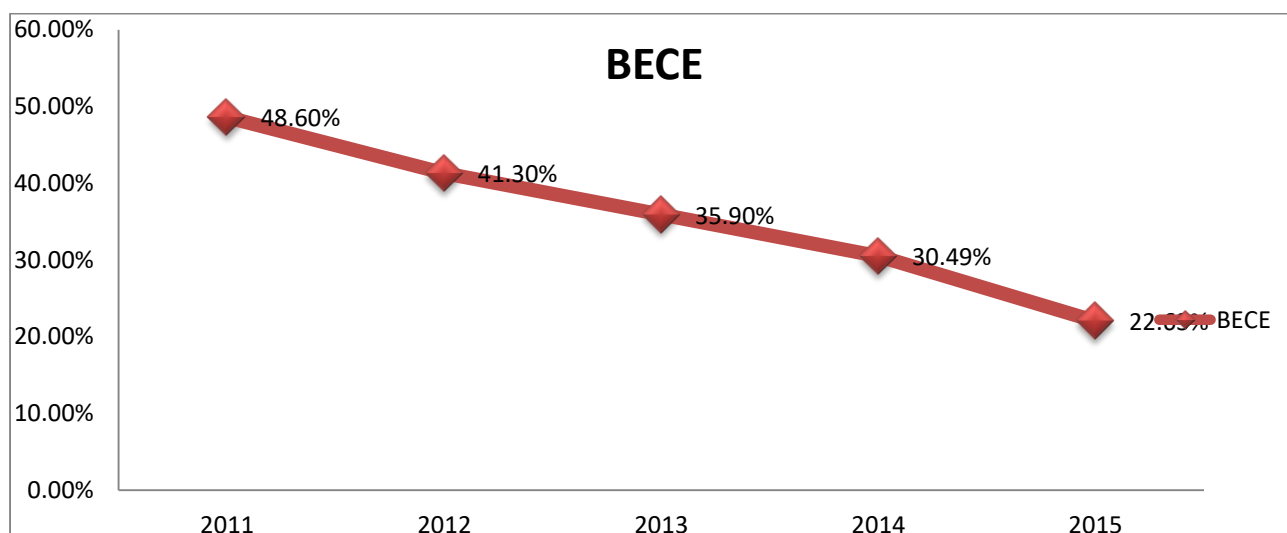
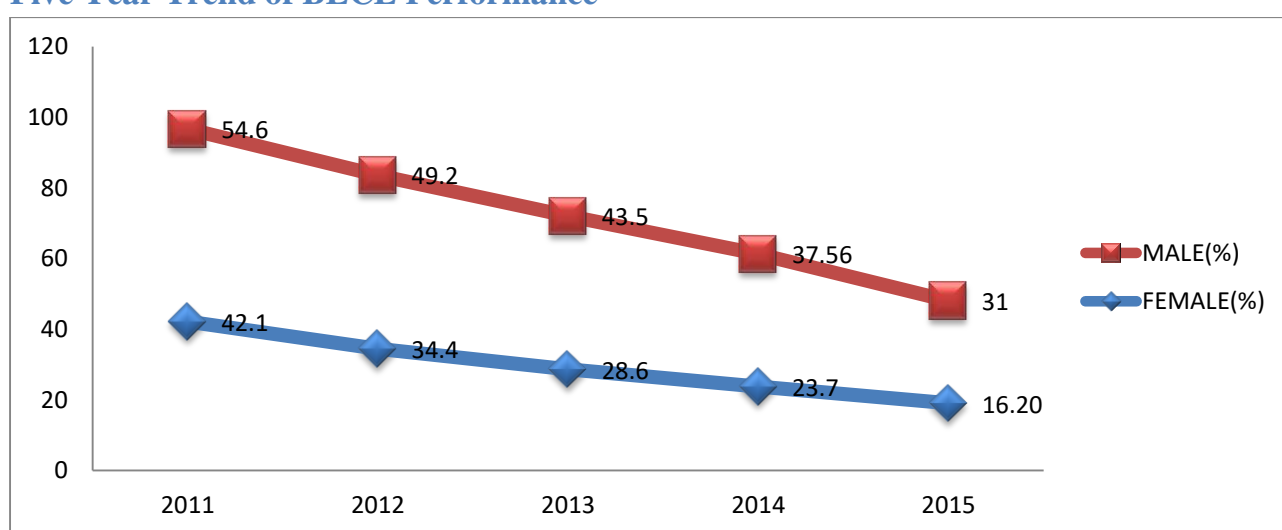
### District Performance of Basic Schools

Category	2014					2015					2016				
	Male	Fem	Tot	%	Ranking	Male	Fem	Tot	%	Ranking	Male	Fem	Tot	%	Ranking
No. pupils who wrote BECE	365	387	752	-	-	426	443	869	-	-	434	538	972		
No. of pupils who passed BECE	159	111	270	35.90	-	160	105	265	-	-	133	87	220	22.63	
No. who failed BECE	206	276	482	-	-	266	338	604	-	-	451	301	<b>752</b>		
BECE pass rate	43.5	28.6	35.90	-	-	37.56	23.70	30.49	-	-	31	16.20	22.63		
No. of JHS students admitted to SHS	321	310	631	-	-	379	377	756	-	-	412	507	919		
Regional performance of district					5 <sup>th</sup>					3 <sup>rd</sup>					8 <sup>th</sup>
National performance of the district	110	248	358	32.98	113 <sup>th</sup>	112	55	167	19.26	121 <sup>st</sup>					

### Basic Education Certificate Examination Performance by Circuit

No	Circuit	No. who Registered	No. pupils who wrote BECE	No. of pupils who passed BECE	%	Position
1	Tumu East	195	194	<b>80</b>	41	
2	Tumu West	204	203	57	28	
3	Tarsaw/Kulfuo	122	121	22	19	
4	Sakai	96	96	17	17	
5	Wellembele	164	164	29	17	
6	Bujan	97	97	89	89	
7	Nabulo	60	60	4	6	
8	Kunchogu	38	38	2	5	

### Five Year Trend of BECE Performance



## **Social Protection, Vulnerability and Gender**

### **Justice Administration**

This is one of the programmed areas of the Department which is aimed at enhancing the wellbeing of disadvantaged and vulnerable children who come into conflict or contact with the law and other related activities, it also provides alternatives for juveniles offenders through custodial and non-custodial sentences. Court works form the major activities in this programme during the year under review.

#### **Court Work**

##### **Family Welfare Cases**

There are 4 cases pending on custody and maintenance in the Family Tribunal. The office also submitted one social enquiry report to the court in the period under review. The recommendations were upheld by the court.

##### **Child Right Promotion and Protection**

Under this programmed area, services are rendered to children and their families in difficult circumstances and interventions designed to support such children or families who are victims of the environment. The office handled two activities on this programme area during the period under review – casework with families and supervision of day care centers.

##### **Case Work with Families**

The office during the period under review recorded (29) cases. These comprise: 11 on maintenance, 1 on paternity, 11 on general advice and 5 on reconciliation. All the cases were disposed successfully due to the co-operation of clients. All the clients were satisfied with the proceedings.

### Cases handled

Cases	2015						2016					
	b/f	New cases	Cases disposed of	With drawn	Referred to family tribunal	Remainin g	b/f	New cases	Cases disposed of	With drawn	Referred to family Tribunal	Remaining
Maintenance	0	13	13	-	-	-	0	11	11			
Paternity	0	1	1	-	-		0	1	1			
Custody	-	4	3	1	-	-	-	1	1			
Family reconciliation	-	4	4	-	-	-	-	5	5			
General advise	-	6	6	-	-	-	-	11	11			
Forcer marriage	-	-	-	-	-	-	-	-	-			
child trafficking	-	-	-	-	-	-	-	-	-			
<b>Total</b>	-	34	33	1	-		-	29	29			

There is a reduction of cases handled in 2015 from 34 to 29 cases with majority of the cases being general advice and maintenance.

### Supervision of Day Care Centre

The office during the period under review made 8 supervisory visits 2, each in quarter to the four day care centers which are all located in Tumu, the District capital. Both centers are registered. The table below shows the number of children and teachers in the centers. It further breakdown the children and teachers into females and males. The table below shows the enrolment at the day care centers.

#### Day Care Centres Supervised

	Location	2015				2016			
		No. of Staff Trained	No. of Children			of Staff Trained	No. of Children		
			Male	Female	Total		Male	Female	Total
Fountain Gate	Tumu	0	47	52	97		47	52	
Grace Provider	Tumu	3	27	40	67		27	40	
Boniface Memorial Edu Cent	Tumu	0	24	15	39		24	15	
Glory Early Childhood	Tumu	0	17	13	30		17	13	
<b>Total</b>		<b>3</b>	<b>105</b>	<b>120</b>	<b>225</b>		105	120	<b>225</b>

The table above indicates there are insufficient attendants and also almost all the attendants are not trained. It was also observed that the centres lack play facilities and other basic logistics to function effectively. Operators were advised to improve upon their facilities to meet the standard requirements to avoid centres being closed down

### Community Care

Community care is one of the programmed areas of the department that deal with the assistant to the communities, the vulnerable, people with disabilities and rendering of hospital welfare services to patients. Under this Programmed area the Department carried out the following activities:

#### Livelihood Empowerment Against Poverty (LEAP)

This is the government cash transfer programme for extremely poor. It is meant enable beneficiary households to increase their consumption and take care of their basic health needs. Below is a table showing the various categories of beneficiaries on LEAP.

## Summary of LEAP Data

From the above table, the least beneficiary group is the PWDs 22 as against 1015 for the aged group. Efforts should be put in place to beef up more of the PWDs into the programme

## Summary of LEAP Data

Indicator	2015			2016		
	Male	Female	Total	Male	Female	Total
No. of communities benefitting			20			42
Total No. of household benefitting			908			3017
No. of households with OVC Caregivers			310			310
No. of households with aged > 65			752			752
No. of household with PWDs			18			18
No. being OVC cared for	516	268	248	516	268	248
No. of Aged benefitting	482	533	1015	1015	482	533
No. of PWDs benefitting	12	10	12	22	10	12
Total beneficiaries	<b>761</b>	<b>793</b>	<b>1,553</b>	<b>1553*</b>	<b>761*</b>	<b>793</b>

There seem not to be changes in the total beneficiaries though there is an increased of beneficiary households because the register of the recent expansion is not available. The female beneficiaries are a little more than that of the male that is 793 and 761 respectively. Also, the aged population is the highest whilst the PWDs population is the least. Among the OVC, more of them are female- 482 and 533 for males and females respectively.

## Supervision on LEAP payment

The Office during the period under consideration made 6 supervisions on LEAP payment - for January, March, May, July, September and November respectively. The amount disbursed was GH¢427,309 however, GH¢ 14,304 was not disbursed.

Cumulatively 156 households could not collect their cash grant. Find below a tabular presentation of the above data.

## LEAP Cash Grant Disbursement in 2016

	Total number of Households (HH)	No. HH not paid	No. HH paid	Amount allocated (GH¢)	Amt. not paid(GH¢)	Amt. paid (GH¢)
Q1	908	43	865	102240	3690	98550
Q2	908	35	873	51120	1044	50076
Q3	908	35	873	51120	1044	50076
Q4	3015	43	2974	237133	8526	228607
		156	5585	441613	14304	427309

The uncollected amount of GH¢14304 was due to a number of reasons, ranging from deaths, absence of care Givers and duplicated Care Givers. The deceased Care Givers are all one member households, Steps will be taken to delete them all - the duplicated names and the deceased.

### Beneficiary household visits

The office during the year under review visited 100 beneficiary households. This is ensure that beneficiary households comply with their co-responsibilities: all children in the household are in public school, all new births are registered at birth and go through the full immunization. Lastly no child should be involved in the worst form of child labour.

### LEAP Beneficiary fora

Beneficiary fora were held in six (6) times in all the beneficiary community in the period under review. Total fora held were 94 -72 times for the communities 22 for the new communities. This was to remind them of their co-responsibilities. They were also sensitized on the need to prudently use the cash grant. Beneficiaries expressed gratitude to programme and appealed for complementary services to enable them to really leap out extreme poverty.

### LEAP Expansion

The office also sensitized 34 communities on the impending LEAP expansion. In all, 2762 households were targeted. Data collection is currently on-going in these households. Out of this figure, 2109 households qualified for cash grant. This accounted the increase in numbers household in the tables above.

## NHIS Registration for the Vulnerable

In collaboration with the Health insurance scheme 1676 LEAP beneficiaries and the vulnerable had been enrolled on to NHIS free of charge. Among this, 772 of them are LEAP Beneficiaries this comprise of 216 is males and 534 females. 900 indigents consist of 277 males and 733 females.

Some of the beneficiaries, who are weak find it difficult to move to point of registration for bio-data to be taken. This posed a challenge to the exercise as the beneficiaries as good number is left out. We need to device strategies to capture all concerned.

Some of the beneficiaries, who are weak find it difficult move to point of registration for bio-data to be taken. This posed a challenge to the exercise as the beneficiaries as good number is left out. We need to device strategies to capture all concerned.

### A table indicating number of vulnerable on NHIS in 2015

	Male	Females	Total
LEAP	216	56	772
Indigents	277	623	900
Total	493	1269	1672

## Service to the Disabled

The office during the period under review disbursed total GH¢33,671.00 of PWDs fund, as indicated in the below.

Area of Support	No. Approved	Individual	Group	M	F	Amt. (Gh¢)
Income Gen.	53	53	0	31	22	18500
Education	7	7	0	7	0	4620
Medical	6	6	0	4	0	4451
Skill Devt	2	0	0	2	0	1600
Advocacy	3	0	0	0	0	4500
Orgn. Devt	0	0	0	0	0	0

It is clear from the table that most the applications were for business purpose -53. Applications for education were 7 and those for medical and advocacy were 6 and 3 respectively. Most of the applicants were males -44 and 22 for females.

## Social and Public Education

### TV and Radio Discussion

The office during the quarter under review, made 2 radio discussions on internally Generated Fun Fund of the District Assembly. It was organized People Action for Wining Life Around (PAWLA), a locally based NGO.

The office also made 3 radio discussions on Disability issues. There were sponsored by a Tumu-based community Radio -RADFORD FM.

Also, the office made 2 radio discussion on LEAP. These were under the sponsorship of the Sissala East District Assembly.

The discussions were made in English and translated into Sissala language by the Moderator. This was done on RADFOD FM a local based FM station in Tumu.

## Domestic Violence

With the collaboration of Action for Sustainable Development (ASDEV), a locally based NGO, monitored 10 community Based Anti-Violence Teams (COMBAT) in the District. This was to ensure their effective functioning after receiving last years

## Support women aspirants in the local level elections

A training programme was organized for all Assembly women aspirants in the district on confidence building, public speaking and others. Sissala East District Assembly is among the lowest on women representation of 4.

## Support women on livelihood Activities

Women groups in Challu, Pieng, Kong, Tarsaw, Sakalu were trained in preparation of various 1 ¼ ¼ (soya product) and soap



**Training on Soya products and Soap by ASUDEV & AAG**

### **Procurement of Bicycles for School Girls**

12 girls in Kassana basic school have been provided with bicycles. These girls stay more than five kilometres from their where they attend the school and this intervention is to assist in reducing lateness and fatigue among them.



**Girls from Kasana Basic School provided with Bicycles by AAG**

### **Organize Girls Camp**

40 girls participated in regional girls camp programme where these young girls were taken through activities that did not only empower them but also encourage and motivate them to aspire higher in life.

### **Support COMBAT activities**

Financial support was made available by AAG to undertake COMBATs annual review meeting as well as the training the District COMBATs Network on Advocacy and Lobbying.

### **Training of Paralegal bodies on Domestic Violence and Children’s Act**

Paralegal training was organized for DOVVSU and CID officers in the District on the DV Act and the Children’s Act.

## **Infrastructure and Settlement Development**

### **Public Sensitization on Building permitting**

To ensure that developers are building houses in accordance with the Building Code of Ghana; LI 1630, District Assembly together with the building inspectorate division continuously educated the general public on basic requirement of a building permit. These sensitizations were done quarterly at the RADFORD (Radio for Development). Questions from the general public were answered. Many of the questions centered on the significance of a building permit, cost involved, duration of obtaining a building permit and the requirements

### **Street Naming and Property Addressing**

After the 30<sup>th</sup> September 2014 presidential decline, the district continue with the mounting of road signage especially for those roads that are major in the town. During the period under review, eighteen additional road signages were mounted.

### **Building Permitting**

Building permitting has been a focal area as far as part of the daily functions of the Department. During the period under review, seventeen applications were receive and processed. Six of the applications were for temporal allocations along road reservation. The remaining included residential dwelling units and other commercial activities

### **Demarcation of lands**

A thirty acre land at Walembelle was demarcated and surveyed for the sitting of one of the day Senior High Schools implemented by the Government. Also lands were demarcated at Tumu, Challu, Kasana, Bandei, Bichemboi, Kroboi among others for the implementation of educational and health projects

The boundaries of the land have been established with pillars and this will avert dispute emanating from ownership of the area.

### **Updating and Retracing of Tatted Local Plans**

It is observed that many of the local plans that were prepared for the Tumu Township by the town and country planning department are in tatters and disintegrated into site plans.

In line with efforts to consolidate all the local plans to be abreast with levels of implementation and compliance with the structure plan, the district updated, retraced and brought all local plans in to a composite plan.

## Transparent and Accountable Governance

### Implementation of Disability Friendly Public Places.

In the year under review, strict adherence to the implementation of the disability friendly public places was enforced. To this effect all on -going projects were implemented with access made available to the physically disabled. These projects were offices, schools, health, and sanitation facilities . It is worth resolving that all projects in the district will be designed in this perspective with the policy of equity in focus.

### Monitoring of On-going Projects and Programmes

Under the year under review monitoring of projects and programmes by the DPCU was carried out. Also Area Councils, Water Boards were also monitored. There had been monitoring of revenue collections by the Revenue task force.

### Radio Discussions

Radio discussions and sensitizations have been carried out throughout the year on various issues ranging from Planning and Budgeting, revenue mobilization, building without permit, sanitation among others at a community radio station in Tumu, RADFORD Fm.

### Statutory Meetings

Performance Indicator	Performance Level			
	2015		2016	
	Target	Achievement	Target	Achievement
<b>Statutory Meetings Held</b>	0	0	0	
No of Public Relations and Complaints Committee Meetings	3	3	3	0
No. of full Assembly Meetings	3	3	3	2
No. of executive Committee Meetings	3	3	3	2
Development Planning Sub Committee Meeting	3	3	3	2
Works Sub Committee Meeting	3	3	3	2
Finance and Administration Sub Committee	3	3	3	2
Justice and Security			3	2
Social Services Sub Committee	4	4	4	2
No. of Tender Committee Meetings	-	2	4	6
No. of Tender Review Meetings	-	4	-	2

District Planning and Coordinating Unit	4	4	4	4
District Budget Committee	4	4	4	3
District Education Oversight Committee	4	4	4	-
Audit Response Implementation Committee (ARIC)	4	4	4	-
Management /Heads of Department Meeting	4	4	4	4
District Aids Committee	2	2	2	0
No. of Review Meetings				3

### Functionality of District Sub Structures

The Sissala East District has four (4) Area Councils and one (1) town council. They include: Tumu Town Council, Sakai Area Council, Nabulo Area Council, Wellembelle Area Council and Bujan Area Council. The District is also made up of Units or electoral areas. All the area councils are performing their functions in terms of revenue mobilization, monitoring of projects, among others. The area councils have also carried out various minor projects from their 30% share of the internally generated funds mobilized by them.

The DA has on it part procured 5 No motorbikes for the effective running of these sub structures. Area council staffs were also trained in revenue mobilization techniques, among others

### Minor Projects implemented by Area Councils

Area Council	Project Description	Location	Amount	Source of Funding
Bujan	Procure 15 bags of cement for construction of delivery room	Chinchang		IGF
	Procure 50 Plastic Chairs for nine divisional chiefs	Selected divisions in the Area Council		IGF
	Procure thirty plastic chairs and logistics for the office and logistics.	Bujan Area Council		
Nabulo	Support to Duu community to fill or work on a wash away bridge	Duu	400.00	IGF
	Wiring of Nabulo basic school	Nabulo	510	IGF
	Procure 5 number plastic chairs and 15 rubber bowls for Bawiesible basic school	Bawiesibelle	500	IGF
	Maintenance of motorbikes.	Nabulo Area	-	IGF

		Council		
	Service 4no area councils meetings	Area Council	984	IGF
	Procure fuel for monitoring	Area Council	2,220.00	IGF
	Payment of allowance to staff and revenue collectors	Area Council	13,135.80	IGF
Tumu	Wiring of Tumu town council office	Tumu		IGF
	Repairs/maintenance works on Tumu market wall	Tumu	360.00	IGF
	Maintenance works on Tumu market gate	Tumu	309.00	IGF
	Weed/cleaning in and around Tumu market	Tumu	100.00	IGF
	Sign post for Tumu sub-district CHPs	Tumu	80.00	IGF
	Repairs of motorbikes	Tumu	207.00	IGF
Sakai	Construction of a urinal for area council office	Sakai	200.00	IGF
	Maintenance and running cost of motorbike	Sakai	1,800.00	IGF
	Service 2no.area council meetings	Sakia	980.00	IGF
				IGF
Wellembelle	Motivation to retired midwife at Wallembelle health centre	Wellembelle	200.00	IGF
	Payment of allowances to chiefs	Area Council	480.00	IGF
	Maintenance and running cost of motorbike	Area Council	1,560.00	IGF
	Support to Bichamboi community day care	Bichamboi	500.00	IGF
	Renovation of Bugubelle market store	Bugubelle	120.00	IGF
	Service area council meetings	Wellembelle	980.00	IGF
	Procure stationery for office use	Wellembelle	300.00	IGF
	Payment of staff and revenue collectors allowance	Wellembelle	13,292.42	IGF

## Update on Disbursement from Funding Sources

### Sources of Revenue in the District

All the sources of revenue to the Sissala East District can be broadly grouped into: Internally Generated Funds and Externally generated funds. While the internally generated funds comprise of Rates, Fees and fines, Lands, Licences etc the externally generated funds are basically made up of Grants and Donor funds.

### Summary of the Sources of Revenue in the District

Revenue Items	Budgeted For 2015	Actual For 2015	Variance	% Achieved For 2015	Budgeted For 2016	Actual For 2016	Variance	% Achieved For 2016
IGF	426,010.00	342,492.45	83,517.55	80.40	375,100	426,523.21	(51,423.21)	113.71
Grants	14,313.653	4,010,468.13	10,303,184.90	28.01	6,623,156.46	3,141,541.69	3,481,614.77	52.56
Donors	3,995,645.00	1,796,138.97	2,199,506.03	44.95	2,658,817.16	1,544,256.79	1,114,560.37	58.08
Total	18,735,308	5,806,607.10		30.99	9,657,074	5,112,321.69		52.93

### Sources of Internally Generated Funds in 2016

All the revenue items performed creditably well in terms of their contribution towards the internally generated funds of the district. The third quarter saw unprecedented performance due to the payment of exportation fees by Masara N'aziki which exports maize from the district

### Summary of Internally Generated Revenue Performance of the District 2016

Revenue Items	Budgeted For 2015	Actual For 2015	Variance	% Achieved For 2015	Budgeted For 2016	Actual For 2016	Variance	% Achieved For 2016
Rates	124,205.00	47,149.90	77,055.10	37.96	58,650.00	94,734.68	(36,084.68)	161.52
Lands	112,200.00	11,280.00	100,920	10.05	12,650.00	17,805.00	(5,155.00)	140.75
Rent	8,400.00	12,523.00	(4123)	149.08	8,450.00	11,619.51	(3,169.51)	137.50
Licences	58,155.00	13,520.00	44,635	23.25	36,300.00	27,339.53	8,960.47	75.31
Fees & Fines	111,690	220,630.90	(108,940.65)	280.17	225,070	196,955.49	28,114.51	87.50
Investment	34,300.00	36,468.65	(2,168.68)	106.32	33,980.00	78.069	(44,089)	229.74
Micellaneous	10,000.00	920.00	9,080.00	9.20	11,100.00	10,313.91	786.09	92.91
Total	426,010.00	342,492.45		80.40	386,200	426,523.21	40,323.21	110.44

## Revenue Mobilization based on the contribution of various Stakeholders

The Sissala East has identified and worked closed with two broad stakeholders in its efforts towards mobilizing revenue. They are: the District Assembly itself and District Assembly Sub Structures (Area Councils). The District Assembly mobilizes revenue through two Revenue Officers, its investments and the GPRTU. On the other hand the five Area Councils mobilize revenues through its revenue collectors and Masara N’Aziki, a Farmer Based Organisation. Find below the total revenues mobilized by these stakeholders.

### Stakeholders’ Contribution to IGF

No.	Revenue Stakeholders	Total Revenue Mobilized GHc
<b>District Assembly</b>		
1	Investments	78,069.00
2	GPRTU	13,990.00
3	Aisha Sana(Revenue Collector	11,067.80
4	Awudu Haru	11,099.00
	<b>Sub Total</b>	<b>166,911.13</b>
<b>Town and Area Councils</b>		
1	Town and Area Councils	170,168.26
2	Masara N’Aziki	89,443.82
	<b>Sub Total</b>	<b>259,612.08</b>
	<b>Total Revenue Mobilized</b>	<b>426,523.21</b>

### Revenue Performance of District Sub Structures

Town /Area Councils	Revenue Items			Total
	Rates	Fees	Licences	
Tumu	5,180.00	14,974.00	1,000.00	<b>21,154.00</b>
Nabulo	21,359.00	10,882.00	-	<b>32,241.00</b>
Wellembelle	14,475.00	28,041.76	1,446.00	<b>43,962.76</b>
Sakai	3,723.00	8,440.50		<b>12,163.50</b>
Bujan	33,494.00	27,153.00	-	<b>60,647.00</b>
<b>Total</b>	<b>78,231.00</b>	<b>89,491.26</b>	<b>2,446.0</b>	<b>170,168.26</b>

The District performed excellently in the mobilization of funds internally. It increased its total generation from 179,510.40 in 2013 to 342,492.45 representing 90.79% improvement and also achieving 80.40%. Of its target 386,200.00 in 2015. In the year under review, it further increased to 426,523.23 which represents a 24.38% improvement and also exceeds its target of 375,100.00 for 2016 by 12.80%. There is still more room for improvement as the district has tremendous revenue potentials when well harnessed. All the revenue items performed creditably well in terms of their contribution towards the internally generated funds of the district.

## External Revenue Sources

The external sources of revenue to the District which are mainly grants include DACF, DDF, and GoG as well as donor funds which include: GSOP, SRWSP(IDA), WFP, and UNFPA

Except for WFP, DACF all the external revenue items performed creditably well in terms of their releases. The District therefore received 5,906,607.10 representing 71.45% of the total budgeted revenue of 8,266,796.00

### Summary of Grants

Revenue Items	Budgeted For 2015	Actual For 2015	Variance	% Achieved For 2015	Budgeted For 2016	Actual For 2016	Variance	% Achieved For 2016
DACF	2,099,350.00	544,731.15	1,554,618.85	25.95	3,100,509.84	1,364,864.69	1,735,645.15	44.02
GOG	10,599,306.00	2,283,598.23	831,570.77	21.54	2,537,646.62	1,391,504.00	1,146,142.62	54.83
DDF	1,614,997.00	1,182,138.75	432,858.25	73.20	985,000.00	385,173.00	599,827.00	39.10
<b>Total</b>	14,313.653	4,010,468.13	10,303,184.90	28.01	6,623,156.46	3,141,541.69	3,481,614.77	52.56

### Summary of Donor Funds

Revenue Items	Budgeted For 2015	Actual For 2015	Variance	% Achieved For 2015	Budgeted For 2016	Actual For 2016	Variance	% Achieved For 2016
SRWSP	1,955,904.00	1,274,791.80	681,112.20	65.18	1,688,334.16	951,507.62	736,826.54	56.35
WFP	1,362,171.00	10,731.82	1,351,439.18	0.79	0	25,000.00	(25,000)	
GSOP	574,000.00	408,744.35	165,255.65	71.21	870,000.00	295,034.93	574,965.07	33.991
UNFPA	103,570.00	101,871.00	103,570.00	98.36	100,483.00	272,714.24	(172,231.24)	271.40
<b>Total</b>	3,995,645.00	1,796,138.97	2,199,506.03	44.95	2,658,817.16	1,544,256.79	1,114,560.37	58.08

### Summary of Revenue Performance of the District 2016

Revenue Items	Budgeted For 2015	Actual For 2015	Variance	% Achieved For 2015	Budgeted For 2016	Actual For 2016	Variance	% Achieved For 2016
IGF	426,010.00	342,492.45	83,517.55	80.40	375,100	426,523.21	(51,423.21)	113.71
DACF	2,099,350.00	544,731.15	1,554,618.85	25.95	3,100,509.84	1,364,864.69	1,735,645.15	44.02
GOG	10,599,306.00	2,283,598.23	831,570.77	21.54	2,537,646.62	1,391,504.00	1,146,142.62	54.83
DDF	1,614,997.00	1,182,138.75	432,858.25	73.20	985,000.00	385,173.00	599,827.00	39.10
SRWSP	1,955,904.00	1,274,791.80	681,112.20	65.18	1,688,334.16	951,507.62	736,826.54	56.35
GSOP	574,000.00	408,744.35	165,255.65	71.21	870,000.00	295,034.93	574,965.07	33.991
UNFPA	103,570.00	101,871.00	103,570.00	98.36	100,483.00	272,714.24	(172,231.24)	271.40
<b>Total</b>	<b>18,309,298.00</b>	<b>6,249,099.55</b>		<b>34.13</b>	<b>9,657,074</b>	<b>5,112,321.69</b>	<b>4,544,752.31</b>	<b>52.93</b>

All the revenue sources performed creditably well in 2016 over 2015 except DDF and GSOP in terms of their releases.. However the total envelop of resources into the District declined by 22.23% from 6,249,099.55 to 5,112,321.69 and 52.93% of the total budget for the year of GHc 9,657,074.00

### Expenditure Performance of the District by Revenue Heads in 2016

Revenue Items	2015 Performance				2016 Performance			
	Actual Revenue	Amount Expended	Balance	% of Amount Expended	Actual Revenue	Amount Expended	Balance	% of Amount Expended
IGF	351,233.06	355,842.81	(4,609.75)	101.31	426,523.21	411,926.81	14,596.40	96.57
DACF	544,731.15	637,473.00	(92,741.85)	117.02	1,364,864.69	1,190,027.37	174,837.32	87.19
GOG	842,506.97	-	842,506.97	-	1,391,504.00	-	1,391,504.00	-
DDF	273,538.79	127,422.73	146,116.06	46.58	385,173.00	180,669.54	204,503.46	46.90
SRWSP	581,818.13	-	-	99.17	-	-	-	131.35

		577,036.23	4,781.90		951,507.62	1,249,880.65	(298,373.03)	
GSOP	491,013.23	491,006.15	7.08	99.99	295,034.93	235,578.29	59,456.64	79.84
UNFPA					272,714.24	267,848.97	4,865.27	98.21
<b>Total</b>	<b>3,084,841.33</b>	<b>1,611,744.69</b>	<b>1,473,096.64</b>	<b>52.24</b>	<b>5,112,465.93</b>	<b>3,560,798.63</b>	<b>1,551,667.30</b>	<b>69.64</b>

There have been improvements in the expenditure of the district from 52.24 % of total resources received in 2015 to 69.64 % in 2016.

## Update on Summary of Indicators and Target

This aspect of the report has summarised key development indicators that cut across all the sectors of the economy and thematic areas. The details are presented in the tables below

GSGDA11 Thematic Area/Core Indicators	Indicator Performance			Remarks
	2014	2015	2016	
<b>Ensuring Macro-Economic Stability</b>				
Total Amount of Internally Generated Fund	342,492.45	426,523.21		
Percentage of IGF	80.40	113.71		
Proportion of IGF spent on Assets (Capital Project)				
<b>Enhancing Competitiveness of Ghana's Private Sector</b>				
% change in tourist arrivals				
<b>Accelerated Agricultural Modernisation and Sustainable Resource Management</b>				
Percent Change in yield of selected crops	30,340			2015 figures not available
Maize	1,353			
Sorghum	3,705			
Millet	463			
Rice	8,341			
Groundnuts	2,076			
Cowpea	2,066			
Soya beans				
Yam	50,410			
Percent Change in yield of selected crops in Mt/ha				2015 figures not available
Maize	2.98			
Sorghum	1.52			
Millet	1.14			
Rice	2.50			
Groundnuts	1.04			
Cowpea	0.94			
Soya beans	1.68			
Yam	14.85			
Post harvest losses of selected crops(%)	31.6			2015 figures not available
Maize	-			
Sorghum	-			
Millet	6.2			
Rice	-			
Groundnuts				

GSGDA11 Thematic Area/Core Indicators	Indicator Performance			Remarks
	2014	2015	2016	
Cowpea Soya beans Yam	- 21.1			
<b>Livestock/Poultry Production</b> Cattle Sheep Goat Pig Dog Cat Poultry				2015 figures not available. Census on going
<b>Vaccination of Livestock, Poultry and Pets</b> Cattle Sheep Goat Pig Dog Cat Poultry	197 165 98 10 106 17 267	137 47 93 4 38 4 26		
No. of farming communities	61	61		
Communities per AEA	8	8		Ideal 4 communities per AEA
No. of communities reached	30			
Extension-farmer ratio	1:3200			Ideal 1:1500
Planned programmes that are gender sensitive	7			
No. of farmer groups	90			
No. of functional farmer groups	25			
No. of female group members	30			
No. of male group members	70			
No. of groups linked to credit facilities	7			
No. of seed dealers	21			

GSGDA11 Thematic Area/Core Indicators	Indicator Performance			Remarks
	2014	2015	2016	
No. of fertilizer dealers	21			
No. of chemical dealers	21			
No. of agricultural mechanization centre	0	0		
<b>Irrigation Development</b>				
No. of small scale irrigation and livestock watering dams/dugouts	20	20		
No. of acreage under irrigation	20			
No. of farmers engaged in dry season farming	600			

### Field Staff Situation

		2014			2015			Remarks
		M	F	Total	M	F	Total	
1	Staffing							
1	No. of AEAs required	10	6	16				
2	No. of AEAs at post	3	3	6				
3	No. of female AEAs at post	2		2				
4	No. of veterinary staff	4	1	5				

GSGDA11 Thematic Area/Core Indicators	Indicator Performance							
	2014			2015				
<b>Human Development, Productivity and Employment</b>								
<b>Health and Nutrition</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>		
<b>No. of deaths</b>								
No. of Neonatal deaths - Institutional	-	-	5				1	
No. of Neonatal deaths - Community	0	0	0				0	
No. of Infant deaths – Institutional	2	1	3	2	3	5		
No. of Infant deaths – Community	0	0	0	0	0	0		

No. of Infant admissions - Institutional	230	297	527	184	193	378		
No. of under 5 deaths - Institutional	7	6	13	4	3	7		
Institutional Maternal Mortality Ratio	-	-	64/100,000			0/100,000		
Maternal Deaths ( Community + Institutional )	-	-	1	-	-	0		
No. of Maternal Death audits	-	-	1	-	-	0		
<b>Child Survival</b>								
EPI Penta 1 Coverage			98.8	-	-	89.7		
EPI Penta 3 Coverage			100	-	-	96.3		
OPV3			100	-	-	96.3		
Total No. of under 5 malaria cases (OPD)	-	-	5562	-	-	4740		
Total No. of under 5 malaria cases (Admissions)	-	-	643	-	-	841		
No. of under 5 using ITN	-	-	2449	-	-	3189		
<b>Malaria</b>								
% OPD Due to malaria	-	-	33.65	-	-	36.4		
% OPD under five due to malaria	-	-	13.8	-	-	39.5		
No. of under five malaria deaths			9			2		
Under five malaria CFR	-	-	0.39	-	-	0.23		
Total No. of under 5 cases due to malaria	-	-	13549	-	-	841		
<b>Deliveries and Maternal Health</b>								
Total No. of Deliveries(including trained and untrained TBA)			1958			1930		
Supervised Delivery (Including Trained TBA)			1958			1930		
No. of deliveries by skill attendants			1569			1711		
% deliveries by skill attendants			80.1			86.9		
No of Fresh Still Births			8			11		
No of Still Births			18			19		
Proportion of fresh still births to total still births			44			58		
No. of ANC Registrants			2452			2448		
% of ANC Coverage			100.6			98.6		

% of ANC with 4+ Visits			106			97		
Average ANC Visits			3.6			3.8		
Prop ANC Registrants given IPT1			60.6			57.4		
Prop ANC Registrants given IPT3			27.1			34.3		
No. of PNC Registrants			1974			1735		
% of PNC Coverage			80.8			76.9		
<b>Family Planning</b>								
No of Family Planning Acceptors			7120			6595		
Family Planning Acceptance rate			49.3			44.8		
Male involvement rate								
% of WIFA Accepting Family Planning			49.3			44.8 (50.1% if chemical sellers are added to long term)		
CYP			2902.2			3732.7		
<b>Diseases Control and Management</b>								
<b>HIV /AIDs situation</b>								
No. of Donors screened for HIV	-	-	509	-	-	531		
No. of positive donor cases	-	-	0	-	-	-		
No. of CT done	-	-	1423			-		
No. ANC Registrants	-	-	2452	-	-	2448		
No. of PMTCT done	-	-	1665	-	-	2000		
No. of mothers positive	-	-	7	-	-	15		
No. of positive HTC clients	-	-	21	-	-	20		
No. Know your status done	-	-	0	-	-	-		
No. Positive for know your status	-	-	0	-	-	-		
Total no. of HIV test done	-	-	2597	-	-	2933		
Total no. of people tested HIV positive	-	-	28	-	-	35		

No. of cumulative cases	-	-	-	-	-	-		
No. HIV/AIDS clients who died	-	-	0	-	-	-		
Rate of Infection	-	-	0.8	-	-	1.2		
<b>Malaria and Other Diseases</b>								
% of OPD attendance due to malaria			33.65					
% of OPD attendance for under 5 due to malaria			13.8					
No. of reported cases not covered by NHIS			1084					
No. of TB patients detected			18					
No. of smear positive cases diagnosed			13					
Total No. of TB cases cured (%)			16.6					
TB cure rate			27.3					
TB treatment success rate			-			3		
Total No. of TB cases under treatment			18					
No. of AFP seen			2			1		
Cases of Hypertension report (OPD)			273			172		
Cases of Diabetes mellitus reported			7			38		
<b>Utilization of Health Services</b>								
No. of Out Patient Visit			59624			85421		
Prop of Insured Clients OPD			96			96		
Prop of Insured Clients Admission			98.39			98		
No. of cases seen and treated by CHO			10744			16638		
OPD per Capita			0.98			1.38		
<b>Bed Occupancy rate by wards</b>								
Adults			48.2			52		
% of health facilities designated baby -friendly			5.50			5.50		

<b>Nutrition</b>								
% of Households using iodated salt with adequate level of iodine(15ppm and above)			46.7			43.9		
Vitamin A coverage for Children 6-59 Months			39.8			92.3		
Vitamin A coverage for Women within 8 weeks post partum.			82			78.6		
% of Malnourished children			7.1			8.1		
% underweight								
% Stunted								
% Wasted								
Exclusive Breast Feeding			98.7			97.1		
Anaemia Prevalence in Children			18.1			6.8		
Anaemia Prevalence in Pregnant mothers			22			22.7		
<b>Key Health Staff</b>								
Population to Doctor Ratio			1:30478			1:31053		
Population to Nurse Ratio			1:570			1:544		
Population to Midwife Ratio			1:203			1:191		
<b>Education</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>		
Gross Primary Enrolment Rate	112	118.20	115.0	115	109	112.40		
Primary Completion Rate								
JHS Completion Rate	61.5	68.5	64.9	61.5	68.5	64.9		
SHS Completion Rate	19.5	12.8	16.4					
Transition Rate (KG to Primary)	131.9	131.7	131.8	101	110	105.5		
Transition Rate (Primary to JHS)	95.6	101.1	98.7	96	112	104		
Transition Rate(JHS to SHS)	180	111.3	144	82	86	84		
Gender Parity Index								
Kindergarten			1.08			1.09		
Primary			1.06			1.05		

JHS			1.27			1.27		
SHS			0.77			0.74		
<b>% increase in trained teachers</b>								
Kindergarten			29.41			7.50		
Primary			4.30			18.04		
JHS			27.77			3.80		
SHS			2.70			13.15		
<b>Pupil Trained Teacher Ratio</b>								
Kindergarten	127	117	122	145	119	264		
Primary	106	112	109	93	94	187		
JHS	24	74	49	24	78	102		
SHS	125	31	78	170	24	194		
BECE Pass rate	37.56 %	23.7%	30.49%	31%	16.20%	22.63%		
<b>Pupil/Students Furniture Ratio</b>								
Kindergarten			3:1			3:1		
Primary			1:1			1:1		
JHS			1:1			1:1		
SHS			1:1			1:1		
<b>% of schools with toilet Facilities</b>								
Kindergarten			31			32		
Primary			34			48		
JHS			31			46		
SHS			100			100		
<b>% of schools with access to potable water</b>								

Kindergarten			59			100		
Primary			84			100		
JHS			90.91			100		
SHS			100			100		
<b>Social Protection and Vulnerability</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>		
No. of communities benefitting			20			42		
Total No. of household benefitting			908			3017		
No. of households with OVC Caregivers			310			310		
No. of households with aged > 65			752			752		
No. of household with PWDs			18			18		
No. being OVC cared for	516	268	248	268	248	516		
No. of Aged benefitting	482	533	1015	482	533	1015		
No. of PWDs benefitting from LEAP	12	10	12	10	12	22		
Total beneficiaries	761	793	1,553	-	-	-		
Total amount of funds allocated for LEAP payment			311,202			44,1613		
Total Amount Disbursed			306,720			427,309		
Total Amount not disbursed			4,482.00			14,304		
Total No of LEAP beneficiaries on NHIS				216	56	772		
<b>Implementation of Disability Common Fund</b>								
Total No. Of PWDs in the district								
Male								
Female								

Total No. of PWDs who have benefited from the fund			33	44	22	66		
Total No. of individual applications received			33			66		
Total number of individual applicants approved			21			66		
Total No. Of individual applications rejected			18			0		
			-					
Total No. of applicants approved for Educational purpose						12		
Total No. of applicants approved for health purpose			4			6		
Total No. of applicants approved for Business purpose						53		
Total No. of applicants approved for procurement of Aids and equipment			12			0		
Total No. of group applications received			2			0		
Total amount of funds received (GHc)			-			-		
Total amount of funds disbursed (GHc)			2,960			33,671		
<b>Welfare Services</b>								
Total No. of Day Care Centre supervised						4		
No. of cases handled in court						4		
No. of court sittings held						4		
No. of maintenance cases handled						7		
No. of Children								
No. of Paternity cases handled			0			1		
No. of general advise cases handled	1	1	2	5	7	12		
<b>Community Development</b>								

Total number of mass meetings held			13					
total number women group formed			50					
Total number of groups trained			10					
Total number groups linked to farming service			3					
No. Community based saving group monitored			35					
<b>Sanitation and Hygiene</b>								
% of Houses inspected			12%					
# Premises With Nuisances			225					
Total No. of Notices served			201					
Total No. of Notices complied with			199					
% of notices complied with			99%					
No. of successful prosecutions			2					
<b>Waste Water Disposal</b>								
% Of Houses With Proper/good Waste Water Disposal System			52%					
<b>Latrines</b>								
# Houses With Safe Latrine			241					
% of Houses with safe latrines			52%					
<b>Method of Refuse Storage</b>								
% of Houses With Good Refuse Storage facility			29%					
<b>Infrastructure and Human Settlement Development</b>								
	<b>2014</b>			<b>2015</b>				
	<b>Male</b>	<b>Femal</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>		

		e					
Proportion/length of road maintained -Feeder Road -Trunk road			174.9km 293.2km			174.9km 93.2km	
Percentage change in number of household with electricity.			-			-	
% of Population With Safe Water			88%			88%	
No. of permit applications received			19			17	
No. of building permits applications approved			15			15	
No. of Building permit applications deferred			2			2	
No. of Building permit applications rejected			2			0	
No. of appeal cases			0			0	
Period of Building Permit Processing			4 weeks			-	
Percentage of compliance with development permitting			211.1%			39.4%	
No. of offenders prosecuted			0			0	
No. of Planning schemes prepared			0			0	
No. of commercial buildings approved (excluding fuel stations			3			3	

## CHAPTER THREE

### Other Key Development Issues

#### The School Feeding Programme

Ghana School Feeding Programme (GSFP) is one of the social interventions in the Sissala East District providing one hot nutritious lunch to pupils from Kindergarten to primary six in the District.

The Sissala East District Assembly Started benefiting from the programme since 2006 with three schools namely Pieng Primary School, Pina Primary School and Basissan Primary School. It has since then experienced a progressive increased over the years. The table below shows the growth of the programme in the district up to date:

#### Growth of Ghana School Feeding Programme in Sissala East

Year	No. of Schools	Total Enrolment	No. of Caterers	Remarks
2006	3	849	3	5.4% coverage
NOV.2011	30	7,356	29	51.8% coverage
FEB. 2012	46	11,924	45	80.4% coverage
2013 to 2014	56	14,999	55	100% coverage
2015	56	15,820 MALE 7,867 FEMALE 7,953	61	100% coverage

The Sissala East District is one of the Districts in the country which is hundred percent covered with the school feeding programme. This excludes private schools in the district such as, Oaks International, Fountain Gate, Grace Provider and Baptist International. In the year under review, a total of 15,820 pupils comprising 7867 males and 7953 females across the district are fed with one hot nutritious meals on every school going day. The programme has created about 183 jobs for women across the district made up of 61 caterers and 122 cooks.

Major challenges of the programme includes: lack of decent kitchen for caterers and delays in payment to the caterers.

### **Implementation of United Nations Fund for Population Agency Interventions**

The United Nations Fund for Population Agency in achieving the Millennium Development Goal 4&5 by 2016 rolled out a program to support some selected districts in the region to improve their performance in three key intervention areas. These intervention areas include improving;

- Family planning services by ensuring Contraceptive Security, Expand the scope of Cadres providing family planning services including long term methods and as well improve its coverage.
- Skilled delivery coverage in selected districts
- Emergency Obstetric and New born Care by improving access to emergency obstetric and new-born care.

The Sissala East District Assembly through its sub implementers including District Directorate of Health Service, National Youth Authority has been implementing activities revolving maternal, neo natal and adolescent sexual health in the district.

## UNFPA Funded Activities implemented in 2016

Activity	AWP Target	Target Achieved	Results
<p>Activity 6.1.1: Organize a gathering for 150 pregnant women (50 per community) from 3 communities to provide information on importance of ANC, PNC, skilled and facility-based delivery, FP, and provide related educational materials</p>	2	1	<p><b>RESULTS:</b> 150 women were reached with education on the importance of ANC attendants, Skilled Delivery, Family services through the pregnancy class education. This activity has led to increase in first trimester for pregnant women by 35% leading to 75% first trimester registrants in half year of 2016 compared to 55% in 2015. 95 pregnant women who wanted to conceal their pregnancies till after three months were identified because of delivery packs initiative. Had it not been the delivery packs, some of these women would not have been seen with pregnancies till after the first trimester. This did not only improve first trimester registrant but also those with complication were referred to hospital to see the doctors for management. This implies that more pregnant women were seen within the first three months which is good since majority of the birth complication could be detected and managed by medical staff. The activity also caused about 10% women to be put on postpartum Family Planning. ANC and PNC services coverage has moderate improvement in the first quarter. The women were also excited because they now have delivery kits for their babies such as bathing soap, towel, keys soap, dresses etc. Skilled delivery also witnessed significant improvement from 85% in 2015 to 95.3% in 2016. While the district continuous to record zero (0) maternal deaths for the past three years. The deliveries conducted by sub districts saw continuous increase from 47% (386) in 2015 to 726 (66%) in 2016. Post-partum also improved from 21% in 2015 compared to 30.1%. Impact: We have recoded zero maternal deaths and improved family planning coverage.</p>

<p>Activity 6.1.2: Organize two radio program followed by two community Durbars to sensitize women and the general public about Obstetric Fistula and the existing treatment</p>	<p>2</p>	<p>2</p>	<p>RESULTS: One (1) radio discussion was held. This was used to scale up focused on Obstetric Fistula in the district. Just like the first quarter about 62,000 public listen to the radio and were reached with messages on obstetric fistula and people with condition could be repaired. -Through these durbars and radio sensitization, so far four (4) fistula cases were reported in 2016 compared to one in 2015 and confirmed within the first and the third quarter 2016 which are awaiting repairs. - Lesson Learnt: In the beginning, we never thought Fistula Exit in the district, until after the radio sensitization, we realized they are cases. Challenges: The only Challenge we had was the inability of the four identified cases have not been repaired. This has led to demotivation of the affected women</p>
<p>Activity 6.2.3: Organized two quarterly radio discussion and jingles on FP in four languages to increase demand for FP services in the district</p>	<p>2</p>	<p>2</p>	<p>Increased commitment of all Midwives and doctors and community leaders to support accelerated actions for maternal and child health in the district especially at community level by reducing maternal deaths to zero. The participants all agreed and recommended that training of this nature should be frequent to enable the midwives and doctors to always be abreast with the new guidelines and format for maternal death audit and other medical death examination. This they believe would assist to improve maternal health and reduce maternal deaths to zero.</p>
<p>Conduct quarterly Facilitative Supervision From DHMT to SDHMT</p>	<p>4</p>	<p>4</p>	<p>In all 20 health facilities (7 health centres,13 CHPs,) have been monitored and supervised with all the health staff participating in the activity. These comprise of General Nurses, Midwives, Community Health Officers, Enrolled nurses, and the 7 sub-district in-charges of health services, and ten technical staffs from the DHMT</p> <p>□ It has increased commitment of service providers and other stakeholders to improving maternal and child health (including newborn health) and strengthen sub districts capacity to implement comprehensive midwifery programmes. These include 1. birth preparedness plan. 2. Transport arrangement for women when complication arises. 3. Birth companionship plan pregnant. Finally what is worth stating is all the CHPS compounds and health centres all records or register contains names all the pregnant women, communities and traceable address for follow ups by midwives and</p>

			community health nurses. They were adequate supplies of family planning devices and other logistics such routine drugs for pregnant women. the health staff are also making use of Midwifery kit donated UNFPA to be used to provide delivery services..
Advocate for the establishment of community emergency ambulance system in 20 communities through the involvement of GPRTU & PROTOA	1	1	The participants at Tumu include the DCE, UNFPA District Focal Person, 20 GPRTU and PROTOA Executives and members, and 9 members of the DHMT. The communities sensitised included; Kulfuo, Kong, Bugubelle, Sakai, Sakalo, Jijen, Sentie, Tarsor, Kowie, Bichemboi, Pieng, Challu, Taffiasi, Banu, Wellembelle, Nabugubelle, Nabulo, and Kunchogu. The desired outcome of these activities were to see improved (skilled delivery, comprehensive family planning services) behaviours among various actors so as to avert preventable maternal and child deaths and their negative impact on society. The sensitization of 20no. communities on the ambulance system was a step to improving transportation of pregnant women to avoid preventable deaths. After various deliberations the stakeholders went ahead to draw an action plan for the implementation in the Sissala East District with various role to stakeholders. Nature of road was a the major challenge to drivers.
Form 30 community maternal death combat Committees' (Queen Mothers, Chiefs, Assembly members etc) in 30 hard to reach communities so as to register and link all pregnant women to health facility for ANC, Skilled delivery, PNC and Post Part-tum	1	1	The implementation of formation of 30 maternal health combat committee in Hard- to reach has led to zero community maternal deaths in the district. There is a line list of pregnant women in our communities. They would be followed up by community health nurses and midwives to come and deliver in the health facilities. The effort of the committees' members has result most pregnant women haven birth preparedness plan and birth companionship. This has brought about confident amongst the expectant mothers and family members. First trimester's registration or registrants has also improved from 50 % to 65% within this year. This good indicator most the complications can be detected in this period and properly managed to avoid maternal deaths. They are supporting the establishment of community transport system to eliminate the delays in seeking transportation during labour. The overall results is that no community maternal deaths recorded and the district now have a census of all pregnant who would be followed up by community health

			nurse to provide them with all the ANC, Skilled delivery and PNC services.
Organize two FP counselling (refresher) training for 50 service providers to strengthen their capacity	2	2	Through the training the capacities various service providers (midwives, community health nurses, and other staffs) have been equipped with knowledge to deliver to people across the district. This was to create avenue for various groups to learn from others and also to network at all levels. After the two presentations, senior midwives were given the opportunity to share their experiences then followed by other health staffs. The challenge here was that health personnel who came from far communities like Kunchogu could not understand why they should take the same allowance as those from near by communities
Re-orientate 100 TBAs to identify and refer all pregnant women to H/F for delivery	1	1	<p>Expected result after the TBA Engagement Meeting Include</p> <p>110 TBAs were re-oriented on the need to refer all pregnant women to health facilities to deliver at health facilities</p> <p>The TBAs agreed that all pregnant women would be line listed and link to health facilities for health services. This therefore has improved ANC, attendants Skilled and nutrition interventions</p> <p>They also agreed to have zero home delivery by pregnant women thereby increase the number of health facility delivery (skilled delivery) in the district.</p> <p>Increased commitment of TBAs to support accelerated action and plan for maternal and child health in the district. Referrals of Pregnant who were in labour to health centres by TBAs has increased by 41% as compared to only 23% last year. This has translated into slight improvement in skilled delivery in the district. Information gathered at the district hospital and the various health centres where deliveries were conducted indicate that Cervical dilatation which use to be between the range of 6cm to 7 cm to due to delays in arrival at health facilities has been reduce to 4cm . This is a good indicator that expectant women or mothers who are in labour now comes to the health in time. The t use of local oxytocins at the community level by these TBAs has also gone down, pregnant women who were referred to health centres arrived without any local concoction whereto. One could associate all these results to only this intervention since many more intervention were been implemented as alongside the support of the UNFPA. However it clear that the massive</p>

			community involvement and re-engagement of TBAs in maternal health services is contribution to positive health outcomes to zero maternal death.
Organize four quarterly radio programme to Sensitize women and the general public about Obstetric Fistula and the existing interventions for women who has the condition for repair	4	4	One (1) radio discussion held. Which was used to scale up focused on Obstetric Fistula in the district. About 62,000 people were reached with messages on obstetric fistula and people with condition could be repaired. Since the desired outcome of this activity is to see women and children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutrition interventions. However moderator were not motivated, and need to be catered for next time. There has not been any fistula case recorded in the district.
Organised quarterly radio discussion/jingles on FP in four(4) languages	4	4	Radio Radford a community development radio station which has a district wide coverage and beyond was used. Organized community advocacy and dialogue meetings with opinion leaders and men in communities to get them committed towards whipping support for family planning services in the district. The district organized a total of three radio discussions in three local languages. Four (4) jingles were produced. Two airtime were secured by the district and an additional airtime by the radio station as a support for the promotion of family planning in the district. The listen coverage is estimated at 62,000 people. The family coverage witnesses a moderate improvement of 5% for the fourth quarter 2015. If this trend continuous the district would meet the target set of 50% for the year and that would a good record for a district with serious socio cultural barriers against Family Planning services couple with Muslim dominance.
Activity 6.2.1: Celebrate Family Planning week in six sub-districts	1	1	A total of 1500 health community member from all community in the Nabulo area in the District including Chiefs, Queen mothers, Assembly members, unit attended the durbar on family planning.  The celebration was successful; participants cooperated fully and were very satisfied with the program and the presentations.  RESULTS: The celebration brought together about 1500 to hear information about family planning has -. This could also contribute to

			moderate improvement in the FP coverage.
Sensitize 50 SMCs/PTAs members and traditional rulers on the importance of girl-child education & addressing Gender Base Violence (GBV) and negative cultural practices	2	2	<p>From the statistics a total of 113 girls were dropped out within the three quarters of 2016, with 27 pregnancy cases and abduction 15 cases recorded within the same period. This is an alarming situation that needs the attention of all stakeholders. Some of the reasons are as follows:</p> <ol style="list-style-type: none"> <li>1. Some parents have lost control over their girl-child and worship them due to their inability to provide basic needs</li> <li>2. Cases of pregnancy reported at the police station do not get parental support, and the same communities will withdraw the case to settle at home.</li> <li>3. Due to community to community relationship, issues of sexual violence and pregnancies are not reported to the district office GES or the police</li> <li>4. Child Rights without responsibilities has brought about gross indiscipline in the system</li> <li>5. The use of mobile phones in school and home by girl-child does not allow them to study.</li> <li>6. Teacher absenteeism and teacher girl-child relationship brought about indiscipline and no time on the part of the girl to study</li> <li>7. Lack of guidance and counseling on career of the girl/negative vices</li> </ol> <p><b>WAY FORWARD</b></p> <ol style="list-style-type: none"> <li>1. Inter school community fora be organized including teachers, parents and students to make bye-laws in the various communities and make sure they are operational</li> <li>2. Circuit level stakeholders for a to be held on the issues of dropout rate and girl pregnancies, allowing the law to take its course and do away with tradition and culture</li> <li>3. Gender office of the district Assembly to be strengthened and sponsored to Communities and RADFORD for more sensitization on gender issues.</li> <li>4. School level bye – laws to be enacted</li> <li>5. Civil society’s emphasis on child rights should be revisited, and came out with child responsibilities to reduce the gross indiscipline in the system</li> </ol>

Celebration of 16 days of activism against GBV	1	1	<p>Awareness about gender based issues impeding the progress of women (150 females)</p> <p>Three (3) women groups to pressure on government to implement promises made to eliminate violence against women.</p> <p>The activity created a forum for 150 women and organizers can develop and share new effective strategies of fighting violence against women in the district.</p> <p>Some of the reasons and suggestions were given as follows:</p> <ol style="list-style-type: none"> <li>1. Some parents have lost control over their girl-child and worship them due to their inability to provide basic needs</li> <li>2. Cases of pregnancy reported at the police station do not get parental support, and the same communities will withdraw the case to settle at home.</li> <li>3. Due to community to community relationship, issues of sexual violence and pregnancies are not reported to the district office GES or the police</li> <li>4. Child Rights without responsibilities has brought about gross indiscipline in the system</li> <li>5. The use of mobile phones in school and home by girl-child does not allow them to study.</li> </ol>
Celebrate Safe motherhood/CARMMA advocacy week	1	1	<p>The main Objective was to create the necessary awareness of safe motherhood. About 350 people were reached with messages on safe motherhood and to increase the understanding of CARMMA activities or pledges in the district for the year 2016 and also to encourage couples to take responsible decisions about pregnancy and issues affecting women and young people and enable them to achieve their wishes. The CARMMA/Safe motherhood week celebration was organized in Lilixia and Jijen from 05th-10th December,2016 with schedule of activities such as The DHA held a planning meeting on 03rd December, 2015 and discussed on plans towards the launch. Various committees were formed after the meeting, four distinct committees were immediately formed which included publicity committee, grounds committee, transport committee and food committee.</p>
Monthly radio discussion on SGBV	12	12	<p>More than 3000 people sensitized on Sexual Gender Based Violence through RADFORD FM which has a district wide coverage and beyond. 12no. radio</p>

			discussions held. This activity was geared towards letting communities know the various forms of sexual gender base violence and the various quarters reach for redress. However moderator was not motivated, and need to be catered for next time. There are computing programmes because there is only one community radio station. However discussions were successfully carried out with a coverage of about 62,000 people, and wish to continue to achieve results. Since the desired outcome of this activity is to see women and children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutrition interventions. Listeners showed great interest on the subject and request for more of such programmes through phone in session. Within the period about 115 phone calls were received.
Organize Advocacy forum for 50 community leaders on the need for comprehensive sexuality (CSE) for young people in 10 communities	2	2	This activity is contributing towards our visit to these communities and the young people now coming out to share and ever ready to educate their peers on CSE. With higher numbers in all the communities. At the end of the meeting the community members resolve to lock all boreholes in the night to stop the teenagers from using that as an excuse to go out in the night. Over 250 males and that of 135 females had improved knowledge on adolescent sexual and reproductive health issues and reduced abortions and unwanted pregnancies in ten (10) communities in the district. About five (5) young girls who were school drop outs confessed they were ignorant before the sensitization and hence educated and encouraged to go back to school.
Organize inter –youth soccer fiesta with information and education on prevention of sexually transmitted infection including HIV and condom use	1	1	Over 576 youth comprising males and females were educated on ASRH including HIV/AIDS and condom use. The activity has increased knowledge on ASRH including HIV/AIDS and condom use of young people in the district.
Identify and train 50 young people drawn from 8 Health Centres catchment Area on peer education to undertake CSE	50	54	This activity is contributing towards improved knowledge of young people who can now come out to share and ever ready to educate their peers on CSE. At the end of the day, a total of 54 members were present. Males 12, Females 42. The activity is contributing towards many youth in the district to be aware

			and use contraceptives and condom to reduce the higher rate of dropout and teenage pregnancy when abstinence the best option is not possible. They now have the right information and education on CSE and FP.
Conduct monthly monitoring of activities of Peer educators and service providers on CSE	12	12	The objective of the activity was to make sure the peer educators organize their peers for the team to meet and also witness these peer educators carrying out their assignments given them during their training in Tumu. At Tarsor community, a peer educator revealed that a young girl was caught putting concoction into food in order to get her attracted to the brother. The activity is geared towards bringing as many as possible young people accessing CSE to reduce teenage pregnancy and school dropout from every level of education. At the end of the day, The entire activity covers a total of (350) young people made up of 290 Females and 600 Males. However means of transport and shortage logistics has always been a problem associated with this activity.
Carry out quarterly review meetings with Peer Educators to discuss successes and challenges	3	3	The activity is to contribute towards the methods been adopted to reduce teenage pregnancy, dropout from school, FP methods and condom use. Also easily accessibility of FP from the health centres and service providers available. The following were some successes chalked (a) They had increased their numbers. (b)The rate of teenage pregnancies cases are now reducing about 3% (c)They now increase the intake of contraceptives. (d)They were able to rescue two (2) young girls to go back to school. (e)Bring back a school girl from a supposed husband. (f)Convince an SHS student to register and to write Nov/Dec on going at Wa. (g)Some communities now have local bye-laws to regulate the movement of the young people.
International youth day celebration	1	1	Data from GSS 2010 population put the district youth population at 19,413 representing 34.3% of the 56,528 total population. Three presentations were made on the following topics, youth in civic engagement, youth and volunteerism, Youth Development the role of Leadership which geared towards instilling discipline in the youth. In all about 145 youth participated made up about 90 males and 55 females across to district. The theme for this year day was” Youth in civic Engagement”. The day commemoration event

			took place in Tumu the district capital of Sissala East. The event started with a radio discusses a night before the day to create the public awareness of all this important day. On the 12th August, there was a float through the principal streets of the town with a brass band music to further create the public to awareness. The participants were drawn from nearby communities to celebrate the day. Presence among prominent members were Hon.DCE rep, NCCE Boss, NED Boss, District Director GHS, Executive Director ASUDEV, Director YEA, Dep Director GES, Youth groups, Political parties ,CSO the media and the general public across the length and breaths of the district
Meeting of District CP6 Team	1	1	The desired outcome of these activities were to enhance the district capacity for productivity and effective implementation of UNFPA 6TH Country programme. This is done at the beginning of every quarter to plan series of activities geared towards effective implementation of the quarter's activities of the CP6 programme. Here implementation schedules were drawn, to facilitate implementation of the first 2016 quarter activities. The UNFPA team attended the meeting to participate, monitor and to build the capacities of IP and Sub-IPs to improve on their implementation in the year 2016. Some of the issue that were looked at included: Discussion of the 2016 AWP, Q1 budget, designing SOPs as a guide, preparation of checklist for monitoring, appropriate way of reporting quarterly using the reporting template and the FACE form among others. The UNFPA staff from Tamale office took DTT members through the technicalities of working with the reporting template and FACE form, how to come out with SOPs and Standard Progress

Conduct Quarterly Monitoring and Supervision by District CP Team	4	4	Eight(8)member monitoring team divided into two (2) conducted monitoring to the six (6) health centres other CHPs zones within the period to provide technical support to actors. During the visits, the group interacted with-community members, community health assistants, chiefs etc 3no.monitoring visits were made to project sites and communities to ensure that activities were implemented as scheduled. And also to ensure proper and effective use of equipments donated by UNFPA in other to benefit the present and the future
organise Stakeholders Review Meeting (2x a year)	2	2	These quarterly review meetings created an opportunity for various stakeholders (88 males and 69 females' participants) to be abreast with the level of project implementation for the year 2016. The review meetings were used by the IP, to review the CP6 in its entirety and to appreciate the role, the programme has played so far(year 2016).The implementation process was also discuss to find out the challenges and the way forward Through this meeting stakeholders made a lot of contributions that has gone a long way to enhance development of the AWP for 2017.The challenges and the way forward known to all stakeholders

## **Conclusion**

The preparation of this report was beset with the challenge of obtaining accurate data. There is therefore the dire need for the establishment of data base to cover all the key sectors. The major problems confronting the District have been bad road and poorly networked roads, inadequate and irregular flow of funds to carry out all its activities as captured in the plan. Efforts had therefore been made under the review period to address some of these challenges with the limited resources available to it. The DA therefore thanks all development partners who in diverse ways assisted in the achievement of its core mandate of the provision of economic and social services in the District which improved the living conditions of the people.