

KETA MUNICIPAL ASSEMBLY



COMPREHENSIVE ANNUAL REPORT ON PROJECTS & PROGRAMMES IMPLEMENTED IN 2016

(DEPARTMENTAL REPORTS)



COMPILED BY:

MUNICIPAL PLANNING CO-ORDINATING UNIT

KETA MUNICIPAL ASSEMBLY

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1.0 EXECUTIVE SUMMARY

The Local Government Act of 1993, Act 462, makes provision for MMDAs to have responsibilities for planning, budgeting, executing, legislating and taxing powers. The Annual MDA performance Report is an integral component of the Performance Management Culture that is being implemented in the Local Government Service.

The Annual Administrative Performance Report of Keta Municipal Assembly covers on programmes, project activities, administrative development and financial performance of the Keta Municipal Assembly for the period 1st January, 2016 to 31st December, 2016.

The Keta Municipal Assembly, established by the LI 1868 of 2007, is one of the 25 Administrative Districts in the Volta Region with a total population of 147,618. Out of the total surface area of 1,086km², approximately 362km² (about 30 per cent) is covered by water bodies. The largest of these is the Keta Lagoon, which is about 12 km at its widest section and 32km long. The Municipality is mainly an agrarian economy, with the majority of the population engaged in crop farming, livestock keeping, fishing and other agric related activities and trading.

The Municipal Assembly has 11 out of 13 decentralized Departments fully established with staff strength of 141 comprising. Aside the 5 mandatory Sub Committees namely; Development Planning, Finance and Administration, Social Services, Works, Justice & Security, the House and Women & Children subcommittees also assist in performing the administrative and executive

functions of the Assembly. It also has 5 Advisory Committees which comprise of Municipal Security Committee, Municipal Assembly Tender Committee, Municipal Tender Review Board, Municipal Statutory Planning Committee and The HIV/AIDS Advisory Committee.

The School Feeding Programme, being one of the on-going national service-wide reform initiatives for the year under review catered for 8,347 pupils in 28 schools drawn from 3 Clusters; Keta, Atiavi and Atiavi-Agblego.

Despite being faced with challenges in the 2016 fiscal financial year, the Municipal Assembly was able to generate a total of GH¢ 445,933.02 as IGF as against last year's total of GH¢406,675.75.

In the long term, the Assembly is in the process of re-evaluating landed properties to boost its revenue generation through the collection property rates.

CHAPTER ONE

1.1 INTRODUCTION: MUNICIPAL PROFILE

Keta Municipality is one of the twenty five (25) districts in the Volta Region of Ghana, and one of the oldest as well. It lies at the south-eastern corner of the Volta Region, between longitude 0°30E and 1°05E. It is located east of the Volta estuary, about 160km to the east of Accra, off the Accra-Aflao main road.

The Municipality shares common borders with Akatsi south District to the North, Gulf of Guinea to the South, South Tongu District to the west and Ketu North and south District to the east.

It has a total land area of about 1,086km², out of which about a third is covered with water bodies (362km²). Among the water bodies, the Keta lagoon is the largest and the most important. It is about 1.2km wide and 32km long. It is a designated wetland area.

The remaining land area of 724 km² creates a situation of severe constraint on access to land for development in the Municipality and makes the population density high.

The Volta River passes through the western part of the Municipality at Galo-Sota and Anyanui before finally emptying itself into the sea at the estuary in Ada.

The Municipality can be divided into 3 geographical belts namely, southern, middle and northern belts. The population according to the 2010 PHC is 147,618 with Projected Population (2016) – 171,178 53.6% Female and 46.4% Male and a growth rate of 2.5%.

SOIL: Sandy along the coastal strip – Supports crops like Shallot, Onion Pepper, Tomatoes, Carrot, Okro etc. Sandy-loam at the Northern section – Supports Beans, Cassava, Maize and Groundnut cultivation. Sandy-clay at the Lagoon Basin & other marshy areas – the marshy areas are ideal for Sugarcane & Rice cultivation

DRAINAGE, CLIMATE, VEGETATION Keta Lagoon, Avu Lagoon, Angaw Lagoon etc. Average Temperature – 30°C. Rainfall: 800mm – 1000mm per annum Major Rainy Season: March – July. Short & Tall Grassland, Coastal Savannah, Mangrove Swamp, Coconut Plant along the coastal strip and Scattered Nim and Fan Palm Trees

SETTLEMENT MAJOR TOWNS ETHNICITY : 135 settlement .Anloga, Keta, Atiavi, Anyako, Abor, Tegbi, Woe & Dzelukope as major towns. Ewes makes up 98.7% and Others tribes forms 1.3%

RURAL-URBAN SPLIT RELIGION Urban - 53.3% Rural – 46.7% Christians – 72.8% Traditional – 25.4% Muslim – 1.0% Others – 0.8%

SOCIAL INFRASTRUCTURE/AMENITIES

Education

Keta Municipality has various educational institutions which cater for different categories of the school going population. These include institutions for pre-school, basic, primary and secondary education in the Municipality and grouped into the 10 educational circuits for effective supervision. These are Abor-Tsiame, Anloga, Anyako-Afiadenyigba, Atiavi-Hatorgodo, Dzelukope-Vui, Dzita-Anyanui, Keta, Shime, Srogboe-Kome and Tegbi-woe. Of these 10 circuits, Keta, Dzelukope-Vui, Tegbi-Woe, Anloga and Abor-Tsiame are urban oriented while the rest are rural.

There are 320 schools in the Municipality which was made up of 126 Pre-schools (84 public and 42 private), 103 Primary schools (90 public and 13 private), 77 Junior High schools (73 public and 4 private), 12 Senior High/technical Schools (10 public and 2 private) and 4 Technical/Vocational (1 public and 3 private).

1.8.2 Health

The Municipality has been divided into six (6) health sub-municipal namely Keta, Anloga, Tegbi, Anyako, Anyanui and Shime for effective management. Health activities are carried out in the Municipality by Ghana Health Service, Private and Christian Health Association of Ghana which operates a catholic hospital at Abor Weme, and a E.P. Church Health Centre at Hatorgodo.

Distribution of health facilities in Municipality

Facility	Number	Location
<u>PUBLIC</u>	1	Dzelukope-Keta
Hospital		
Health Centre	12	Tegbi, Kodzi, Tregui, Atiavi, Tsiamé, Galosota, Afiadenyigba, Anloga, Anyako, Anyanui ,Asadame
RCH centres	2	Dzelukope, Agbledomi
CHPS zones	2	Sasieme, Trekume,Atorkor
<u>PRIVATE</u>	4	Tegbi, Anyanui, Abor and Anloga
Private Clinic		
Maternity Home	5	Vui, Woe, Anyanui, Abor and Anloga
Mission Health centre	1	Hatorgodo
Mission Hospital	1	Abor

Source: Municipal Health Management Unit, 2014

1.8.3 Transport, Telecommunication and Banking Services

Transport infrastructures in the Municipality are mainly road and water. In the case of water transport the services are privately owned. There are good roads in the Municipality which is about 74.8km, traverses the coast from Havedzi through Keta-Anloga-Dabala to join the main Accra-Aflao road. The Municipality is well served with communication networks and some financial services providers such Commercial Bank, Rural Bank etc.

1.8.4 Electricity and Water

The Electricity Company of Ghana District Office is located at Keta with bulk supply station at Anloga. Almost all the major towns in the Municipality have access to electricity.

The main sources of water are pipe schemes, boreholes, rivers, hand-dug wells, dams and dugouts. Pipe borne water forms the major sources of domestic water supply to the people.

1.8.5 Transport Services

1.8.5.1 Road Network

The First class road (74.8km) traverses the coast from Havedzi through Keta-Anloga-Dabala to join the main Accra-Aflao road. The northern section of the Municipality between Abor and Anyako is accessible by second class road. The Keta-Aflao stretch of road which was completely destroyed by sea erosion between Keta and Horvi has now been constructed under the Keta Sea Defence Project by the Central Government. Settlements in the north of the Municipality (Abor-Atiavi-Hatorgodo axis) are linked mostly by second class roads and are complemented by feeder roads. The middle and south western sections of the Municipality (Angaw and Klomi lagoon basin) are poorly accessible mainly by third class roads and footpaths. Generally, the Municipality is relatively more accessible as indicated by a relatively high road density of 194.7 meters/km².

This mode of transport is used for passenger and cargo services, passenger buses and mini-buses with a seating capacity of between 16-40 are used for these services. Truck services are used to carry mainly tomatoes, shallots, salt and fish to outside the Municipality while manufactured goods and foodstuffs like rice, yams, maize and building materials are imported.

1.8.5.2 Water Transport

Lagoon transport, though important is poorly developed In the case of water transport the services are privately owned. Non-motorized local canoes are used to transport goods and people across the lagoons. Another setback is the seasonal fluctuations in the water level, which render movement very slow and even cumbersome. The siltation of the lagoon has also generally reduced the water level.

The major routes are Anyako/Seva-Anloga, Afiadenyigba-Keta-Anloga, Atiavi-Keta-Anloga, and Alakple/Kodzi/Fiahor-Keta-Anloga. The seasonal drying up of the lagoon makes water transport unreliable and time consuming as opposed to road transport (over 90 per cent of the population use road transport regularly).

1.2 ORGANISATIONAL STRUCTURE

The Keta Municipal Assembly, as the highest administrative and political authority in the Municipality is made up of 74 Assembly Members which comprises 1 Municipal Chief Executive, 2 Members of Parliament, 50 elected members and 21 Government Appointees. There are 2 constituencies in the Municipality which are Anlo and Keta Constituencies. The sub structures of the Municipality comprise of 14 Zonal Councils and 50 Unit Committees. The Assembly has a 26 member executive committee which assists in the administrative and executive functions of Assembly. In addition it has 7 Sub Committees namely; Development Planning, Finance and Administration, Social Services, Works, House, Justice and Security and Women and Children. The Advisory Committee which gives technical advice to the Municipal Assembly, comprise of the following, Municipal Security Committee, Municipal Assembly Tender Committee, Municipal Tender Review Board ,Municipal Statutory Planning Committee and The HIV/AIDS Advisory Committee.

1.3 VISION

To be the best performing District Assembly in local governance Administration in Ghana.

1.4 MISSION

The Keta Municipal Assembly exists "to harness all human and material resources in the municipality to improve socio-economic infrastructure as well as living conditions of the people by promoting an effective and efficient local government system in the Municipality for accelerated rural development."

1.5 FUNCTIONS

To effectively and efficiently perform these functions, the Municipal Assembly exercises deliberative, legislative and executive powers.

The Keta Municipal Assembly is therefore responsible for the following core functions:-

- the overall development of the Municipality and ensures the preparation of development plans and budgets;
- formulation and execution of plans, programmes and strategies for effective mobilization of resources necessary for the overall development of the Municipality;
- promoting and supporting productive activity and social development;
- initiating programmes for development of basic infrastructure and providing Municipal works and services;
- the development, improvement and management of human settlements and the environment;
- maintenance of security and public safety;
- ensuring ready access to the courts for the promotion of justice;
- Perform any other function that is provided under any other enactment.

1.6 LIST OF DEPARTMENTS, AGENCIES AND SERVICES UNDER KETA**MUNICIPAL ASSEMBLY**

Decentralized Departments	Sub-vented Agencies	Services
1. Central Administration	1. Electoral Commission	1. Ghana Police Service
2. Finance	2. National Service Secretariat	2. Ghana National Fire Service
3. Works	3. National Health Insurance	3. National Ambulance Service
4. Physical Planning	4. Youth Employment	4. Ghana Health Service
5. Agric	Agency	5. Ghana Revenue Authority
6. Disaster Prevention	5. National Commission on	6. Bureau of National
7. Social Welfare and Community	Civic Education	Investigations
Development	6. National Youth Authority	7. Ghana Audit Service
8. Natural Resource Conservation		8. Ghana Immigration Service
9. Transport*		9. Information Services
10. Urban Roads*		Department
11. Trade Industry & Tourism		

* These Departments are yet to be established in the Municipality.

2.0 PART TWO: DEPARTMENTS/UNITS OPERATIONS**2.1 HUMAN RESOURCE MANAGEMENT/ ADMINISTRATIVE ACTIVITIES**

Total No. of Staff from 1st January to 31st December, 2016 is 141

STAFF DISTRIBUTION RATIOS

MALE/FEMALE: 101:40

SENIOR/JUNIOR: 41:100

SENIOR-MALE/FEMALE: 34:7

JUNIOR-MALE/FEMALE: 67:33

AGE DISTRIBUTION

20 - 35: = 20

36 - 45: = 60

46 - 55: = 49

56 - 60: = 12

TOTAL 141

STAFF LEAVING THE SERVICE

NAME	M/F	REASON				
		RETIREMENT DATE	RESIGNATION DATE	DISMISSAL DATE	DEATH DATE	*OTHERS
Adafeagbe Matthew	M	28/09/16				
Tsonyake Mary	F	28/10/16				
Katachie Solomon	M		28/04/16			
Quist Delanyo	F	19/11/16				

OFFICIAL VISITS

NAME OF VISITOR(S)	DATE(S) OF VISIT	PURPOSE OF VISIT
A.K Kumah- Fisheries Commission	07/01/16	Conduct Study on the Keta Lagoon
Baert Sarah, Linter Celya, Dieudonne Jules -(PRISCA Team),NEPAD	15/03/16	Official

Joseph K. Amoah, Roslyn Parker Grace Amey-Obeng Foundation Institute	2/03/16	Tutsi Project
Dr. K. Agyeman Mensah- Ministry of Works, Water Resources and Housing	26/4/16	Official

CONFLICT RESOLUTION STRATEGIES AND PROGRESS MADE

There was relative peace in the Municipality. Some petty crime cases were reported but the Municipal Security Committee (MUSEC) quelled it before the problem became a major one.

The Security Agencies were proactive and flash points were quickly identified and immediate and appropriate actions were taken to ensure peace.

The Police carried out regular patrols in Keta, Anloga and surrounding villages which have helped curb criminal activities committed at night. In addition, MUSEC is in the process of forming a Community Watch Committee to help the police combat crime

2.2 KETA MUNICIPAL HEALTH DIRECTOARTE

Mission

To implement approved national policies, increase to improved health services and manage prudently resources available for provision of health services.

Vision

People living in Ghana are healthier, wealthier and happier through the provision of the highest quality health service

Priorities For 2016

In line with the concerns and objectives for the year, the key priority areas for the Directorate, drawing on the defined national policies, include the following:

- Improve maternal health services
- Immunization
- Community Based Health Planning and Services
- Integrated Disease Surveillance and Response
- TB, HIV and Malaria
- Regenerative Health and Nutrition
- Financial Management
- Health Insurance Operations
- Rehabilitation of structures
- Monitoring and Supervision
- Collaboration
- Research

Challenges

- ❖ Inadequate critical staffs to manage the ever increasing number of clients and also the 24hr service delivery.
- ❖ Acute shortage of staff accommodation
- ❖ High congestion at the maternity ward.

- ❖ Low EPI coverage in some facilities
 - Inconsistent and inaccurate data from sub-municipality.
- ❖ Delay in submission of monthly returns.
- ❖ High maternal mortality.
- ❖ Delay in reimbursed of NHIS claims.

The Municipal Health Directorate in the year under review visited the various Health centers and Hospitals to offer technical and administrative support to health facilities and identify challenges faced at sub municipals in order to improve on work performance. The health facilities are:

Anloga Health Centre

The MDHS and his team paid a monitoring visit to the Angola Health Centre on the 8th December, 2016. On arrival, it was realized that, only one person was responsible for issuing receipts to clients and when that person is absent, receipts are not issued but services are rendered to clients without issuance of receipts. The MDHS advised the facility in charge to teach every staff how to write receipts and proper handing over should be done whenever a staff is writing the receipts would be out of post for continuity of service and accountability.

The MDHS also assisted the Midwife at the same health centre in diagnosing and treatment of a client with incomplete abortion.

Further, he assisted a Staff Nurse in diagnosing and treatment of client with gastro-intestinal condition.

Anyanui Health Center

The MHDS and his team continue on to the above health centre on the 8th December, 2016 where he observed that, the arrangement of seats at the O.P.D. were not properly done and he therefore help to re-arrange seats. He also assisted the Midwife at the health centre to set up I.V. for a weak pregnant woman before she was referred to the hospital.

Anlo-Afiadenyigba Health Centre

The Municipal Director of Health Services paid a monitoring visit to the Anlo-Afiadenyigba Health centre on the 29th December, 2016 to check on the laboratory services which has started and doing very well. He further checked whether they have received their share of Global Fund which was meant to strengthening Home visit of their catchment areas. The MDHS again checked on the supervision of the Community Health Workers. He realized that, there was good relationship between the Community Health Nurses and the Community Health Workers. The Community Health Nurses were monitoring the Community Health Workers well. They were encouraged continue with the cordial relationship in order to achieve the set target for the Health Centre.

Kedzi Health Center

The MDHS also went to Kedzi Health Centre on the 29th December, 2016 to check whether they have received the Global Fund which was meant for strengthening the Home visit of their catchment areas. It was realised that the Community Health Nurses were having challenge in regard to supervision with some of the Community Health Workers. Some of the Community Health Workers were not adhering to the instruction of the supervisors, but with the intervention of the MDHS, it has been discussed thoroughly and a consensus had been reached.

Kedzi Health Center

The MDHS and his team paid a monitoring visit to the Kedzi Health Centre on the 4th November, 2016 to have discussion with the Community Health Workers. He inspected their movement map book. He asked the Community Health Nurses to teach them how to develop a more effective movement plan.

The facility in charge informed the MDHS that, some clients had forgotten the facilities they chose for NHIS capitation, and their names are not found in the Capitation list provided by the NHIS office –Keta. The MDHS advised her to inform clients to go back to NHIS office – Keta and change the health facility if they think they have made mistake. He also added that, whenever they are having any challenge they should call the Scheme Manager or the P.R.O for further discussion.

Anlo Afiadenyigba Health Center

The MDHS and his team continue on to the above health on 4th November, 2016 to discuss NHIS Capitation issues and to also check on how the Physician Assistant posted from Anloga Health Centre to assist Anlo – Afiadenyigba have settled. Working relationship was also discussed between the Physician Assistant and the midwife in- charge. He also encouraged all the workers present to work hard to achieve their targets and help improve on the health care delivery. The staffs was must asked to display high level of customer care towards clients since that is the only way to retain and attract clients.

Anloga Health Centre

The MDHS paid a monitoring visit to Anloga Health Centre on the 10th November, 2016 to inspect the OPD of the health centre which was awarded to Mark – Klu construction limited. The contractor has completed the work. It has change the outward appearance of the OPD. The Community Health Workers are doing very well in terms of Home Visit. The Community Health Nurses were asked to incorporate the Home Visit report of the CHWs into their Home visit report.

Tele- Consultation Centre At Keta Municipal Hospital

The MDHS and his team paid a working visit to the Tele- consultation centre on 17th November, 2016 to reassure the staff that, the Management of the Keta Municipal Health Directorate is still seeking for funds to provide them with fridge, television and to create washrooms for them to take away boredom.

Sacred Heart Hospital

The MDHS and his team paid a working visit to the sacred Heart Hospital on 14th November, 2016 to check whether the linkages are been carried out and whether the Nurses are making follow- up to the pregnant women in the community.

Sasieme Chps Compound

MDHS and his team visited the above facility on 22nd November, 2016 and took the CommunityHealth Workers (CHWs) through their daily register and were asked to document their new findings and action taken. The Community Health Nurses and the Enrolled Nurse were also

taken through their indicators and data analysis to address issues contributing to areas with low indicators in their coverage. The Enrolled Nurse informed the team that, she was having challenged with getting accommodation in the Sasieme community and that, she was using one of the rooms in the facility as accommodation which is not enough for her. The team advised that, she could rent outside the Sasieme community if she gets one however, the staff were very grateful and made the following request

- Delivery bed
- Bring an expert to dislodge the manhole which was filled with water and seal the leakage
- Mattress for the clients.

Asadame Health Centre

The MDHS proceeded to Asadame Health Centre. He inspected the Community Health Workers movement map where he asked the Community Health Nurses to teach them how to develop a more effective movement plan or wheel. It was also observed that, the Community Health Nurses has failed to complete their monthly indicator table and paste them on the wall as instructed by the Public Health Nurse. The team advised them to complete their indicator table and past it before the next visit. During the monitoring visit, it came to light that the Accountant did not inform the health facility the NHIS payment that was credited their accounts during the NHIS reimbursement.

Atiavi Health Centre

The MDHS and his team further visited Atiavi Health Centre. He made inspection of the CHWs register. The only Community Health Worker who was posted to the Health Centre has assumed work. He was congratulated by the team for being able to visit 713 households in 212 houses as at 22nd of November, 2016. The staff at the facility expressed their displeasure of not having access to the new code for the filling of the NHIS capitation (NHIS claim forms). Also it was observed that, the various indicators have not been not completed and displayed at the facility as instructed by the Public Health Nurse. The team advised them to complete and past it before their next visit.

Anyako Health Centre

The MDHS paid a working visit to the Anyako Health Centre on the same day. A discussion was held between the MDHS and the staff of the health centre. It came to light that, the facility has not

started processing clients to the NHIS capitation so they were being asked to implement it with immediate effect starting from 23rd of November.

The Community Health Workers were caution for not going on home visit since 4th to 22nd November which was the date this monitoring was done. They gave reason for not going to home visit as, the in-charge asked them to stay in the facility and assist them. Based on the reason raised by the CHWs, the MDHS caution the health staff for detaining them in the facility for the five working days in the week. This issue was deliberated upon and a consensus was reached that Mondays and Fridays of every week, they should stay in the facility and assist them.

Working Visit To Anloga Health Centre

MDHS and his team paid a working visit to Anloga Health Centre on 20th October, 2016. The team held a meeting with the staff of Anloga Health Centre to discuss issues affecting service delivery at the facility. During the meeting it came out that, the staff was not meeting monthly to discuss issues relating to the job and staff welfare but rather meets quarterly. The MDHS observed that, there is no harmony among the staff which may go a long way to affect the clients.

The MHDS advised them to always talk about issues, communicate effectively among themselves to avoid suspicion. He informed them that, a team from the MHD will investigate and solve their grievances. Some of the staff complained that, they have problem with their plumbing system. The MHDS assured them that, the MHD will send plumber to come and assess the problem.

Keta Municipal Hospital

The MDHS visited the Municipal Hospital on 21st October, 2016. On his visit, he met the Awormefia of Anlo Traditional area, Torgbui Sri III. Torgbui expressed his gratitude and commend on the developmental projects that are on-going at the hospital.

The MDHS proceeded to the Public Health Unit of the hospital where he discussed with the in-charge how to trace defaulters. According to the in-charge, she was designing a form which will be used to trace the defaulters using the tele - consultation system.

Kedzi Health Centre

The MDHS visited Kedzi health centre on 31st October, 2016. He discussed the MCHNP project with the staff. He elaborated on the activities which the fund should be used for, report writing and proper documentation. Discussions were also centred on:

- Leadership of sub districts
- Teamwork
- Financial transparency and accountability
- Importance of IGF generation and proper accounting.

He emphasized that, the leader must know about all the services, preventive, creative and community work. He further had meeting with the CHWs and discussed with them absenteeism, home visit and completion of community map. They have been paid their three months allowance (August –October).

Anlo- Afiadenyigba Health Centre

THE MDHS continued to the above health centre to remind them of the disbursement of the MCHNP fund and the need to document every activity and transactions carried out. He also talked to them about co-operation among workers (clinical and community health nurse) on continuity of care and also supervise the CHWs in the performance of their duties.

2.3. MUNICIPAL MUTUAL HEALTH INSURANCE SCHEME

Main Activities

Items	1st Quarter 2016	2nd Quarter 2016	3rd Quarter 2016	4th Quarter 2016	Total
Radio Programmes	4	4	6	9	23
Stakeholderengagement/Forum	1	1	1	1	4
Complaints Management	5	8	14	2	29
Provider Visits	18	17	15	18	74
Special Registration		1		1	2
School Children Reg.	1	1	1	1	4
Indigent Registration			1	1	2
School Feeding & Uniform Prog. Reg.				1	1
Community Durbars		2	4		6
Management Meetings	6	4	4	4	18

Staff Meetings	1	1	1	2	5
Staff Training		1	1		2
Prison Inmates Reg.					

MEMBERSHIP RECORDS

1) New Registrants

2016	CATEGORIES							
	Informal	SNNIT Cont.	SNNIT Pen.	Indigent	Under 18 Yrs	70 Yrs Plus	PW	Total
1 st Quarter	2,119	36	4	11	2,930	268	373	5,841
2 nd Quarter	1,558	42	5	51	3,156	282	313	5,407
3 rd Quarter	676	24	-	6,081	1,082	70	407	11,248
4 th Quarter	1,860	65	1	33	2,608	306	302	5,175
TOTAL	6,213	167	10	6,176	9,776	1,026	1,395	2,4763

2) Renewals

2016	CATEGORIES							
	Informal	SNNIT Cont.	SNNIT Pen.	Indigent	Under 18 Yrs	70 Yrs Plus	PW	Total
1 st Quarter	3,590	565	36	30	4,446	1,275	320	10,262
2 nd Quarter	3,975	450	22	87	4871	1,312	239	10,956
3 rd Quarter	2,122	516	35	2,376	2,991	888	240	10,026
4 th Quarter	4,925	517	24	87	5,736	1,250	364	12,903
TOTAL	14,612	2,048	117	1,580	18,044	4,725	1,163	43,289

CLAIMS MANAGEMENT

1) Credential Facilities by Ownership/Type

OWNERSHIP/TYPES	GOVERNMENT	MISSION	PRIVATE	QUASI	TOTAL
Teaching Hospitals					
Regional Hospitals					
Primary Hospital	1	1			2
Clinic			1		1
Health Centre	10				10
Maternity Home			1		1
Chps Compound	5				5
Pharmacy					

Chemical Shop					
Diagnostic Centre					
Quasi Facilities					
Total	16	1	2		19

Source: NHIA, Keta 2017

Claims Payments & Indebtedness

	1st Quarter 2016	2nd Quarter 2016	3rd Quarter 2016	4th Quarter 2016	TOTAL
No. Of Claims Submitted	53118	47463	50208	25913	176702
Amount Of Claims Submitted(Gh¢)	1,358,930.34	1,340,994.05	1,572,444.19	969,520.03	5,241,488.89
Amount Deducted(Gh¢)					
Amount Paid (Gh¢)					
Indebtedness (Gh¢) As At:					
Utilization (Attendance)					

Note: **Vetting and Payments are done in CPC Accra** Source: NHIA Keta 2017

FINANCIAL MANAGEMENT

1) Inflows

Inflows/Revenue	1st Quarter 2016	2nd Quarter 2016	3rd Quarter 2016	4th Quarter 2016	TOTAL
Total Premiums	63,316.00	44,319.00	49,782.00	73,249.00	230,666.00
Processing Fees (New)	32,344.00	17,504.00	12,624.00	23,144.00	85,616.00
Processing Fees (Renewals)	49,830.00	22,905.00	31,485.00	49,830.00	154,050.00
Others	-	2,000.00	600.00	-	2,600.00
SUB TOTAL	145,490.00	86,728.00	94,491.00	146,223.00	472,932.00
Claims Money Received	407,098.72	391,611.88	-	-	798,710.60
Admin Support	-	-	-	-	-
SUB TOTAL	552,588.72	478,339.88	94,491.00	146,223.00	1,271,642.60
Total Inflows	552,588.72	478,339.88	94,491.00	146,223.00	1,271,642.60

1) Outflows

Outflow/Exp.	1st Quarter 2016	2nd Quarter 2016	3rd Quarter 2016	4th Quarter 2016	TOTAL
Admin. Expenditure	57,536.21	45,923.61	48,796.29	104,415.86	256,671.97
Claims Expenditure	-	398,223.51	410,622.94	-	808,846.45
Total Outflows	57,536.21	444,147.12	459,419.23	104,415.86	1,065,518.42
Outstanding Balances					

ACHIEVEMENTS

1. 95.526% Premium target has been Achieved
2. E-Receipt has been piloted
3. Capitation has been enrolled
4. 70.29% of active membership achieved

Challenges and Recommendations

Challenges	Recommendations
Limited network coverage area	Installation of VSAT at these areas
Frequent break down of application and network	MIS division should stabilize this problem
Obsolete Air conditioners and swivel chairs	Replacement of these logistics
Old age of the vehicle	Procurement of new vehicle

2.3 DEPARTMENT OF SOCIAL WELFARE

Preamble

The Department of Social Welfare is one of the Decentralized Departments in the municipality under the Ministry of Gender, Children and Social Protection. The department exists to improve the quality of life of Ghanaians through developing the potentials of individuals, groups and communities within the Municipality and beyond.

The main focus is to facilitate the integration of the disadvantaged into the mainstream of development through the three core programmes of the Department namely;

1. Child Rights Promotion and Protection
2. Justice Administration and
3. Community Care

Child Rights Promotion and Protection programme

Under Child Rights Promotion and Protection programme issues relating to maintenance, custody, paternity, child labour and trafficking, defilement, adoption, family and child welfare cases were handled. Cases reported were adjudicated to bring peace, understanding, unity and reconciliation among estranged couples and feuding parties particularly in domestic relationships.

Issues on Children's Homes also received some attention because of the reunification exercise ongoing as a result of closure of some institutions.

Under maintenance, three (3) cases were received and all were treated successfully. The two (2) child welfare and one (1) family welfare case received were also handled successfully. Two custody cases were recorded, and handled successfully.

For the Justice Administration Programme, the two courts in Anloga and Abor operated accordingly.

Under Community Care, Persons with Disabilities have submitted applications for financial assistance in the areas of education, income generation, advocacy, NHIS registration and renewals.

The Livelihood Empowerment Against Poverty (L.E.A.P) has at present one thousand five hundred and twenty nine (1,529) households in sixty (62) communities. Two payments were done during the quarter under review, in October 2016 which covered July/August 2016 and in November for September/October 2016 respectively. The Zonal councils which have the LEAP communities are Shime, Atiavi, Kome, Dzita Anyanui, AnloAfiadenyigba and Kedzi. The new additions of 293 beneficiaries from 5 communities which were enrolled on the electronic payment system were also paid during the quarter under review.

The Department also had the opportunity to enlighten the public on the family laws upon a request from Jubilee Radio, and Hogbe FM.

Administratively, the Department was represented on meetings and other sub-committees of the Assembly.

Capacity Building

- There was no workshop or training during the quarter under review.

OPERATIONAL DETAILS

Total debt owed to outside organization by the Department of Social Welfare:

i. Post Office Box Bill	-	GH¢260.00
ii. Telephone bill	-	-

Total debts owed by other organizations to the Department: - Nil

Organizational Details

Numerical strength

a) Total No. on pay roll	-	Two
They are: - 1. Ms. Faustina Borkloe		
2. Gabriel Acolatsey		
b) Actual No. at Post :	-	Two
1. Ms. Faustina Borkloe	-	MSWO
2. Gabriel Acolatsey	-	ASDO
c) Retirement :	-	Nil

PROGRAMME ACTIVITIES/OUTPUT

a) Child Right Promotion And Protection

Type Of Case	B/F	New Cases	Total	Treated	Pending
Child Maintenance	-	3	3	3	-
Family Welfare	-	1	1	1	-
Custody	-	2	2	2	-
Child neglect	-	-	-	-	-
Paternity	-	-	-	-	-
Child Welfare	-	2	2	2	-
Trafficked	-	-	-	-	-
Defilement	-	-	-	-	-
General advice	-	20	20	20	-

Day care centres - 14

No. Registered - 5

No. Unregistered - 6

No. of New Centres - 7

No. of Visits Paid - 2

b) Children's Homes

Name Of Institution	No. Of Children		Total	No. Of Staff		Total
	Male	Female		Male	Female	
In My Father's House	44	50	94	10	11	21
Children Of Zion	7	4	11	2	1	3
In My Father's Heart	4	-	4	3	3	6

Majority of the children at the two closed homes have been reunified with their respective family members. The remaining children would be catered for by foster parents being arranged because of their peculiar situations. Children of Zion ceases to operate effective December 31, 2016 whilst In My Father's Heart would exist as a shelter.

c) Justice Administration

The two courts which serve the legal interests of women and children at Anloga and Abor continued their operations. There were about two sittings during the quarter under review at Abor but no meaningful activities were carried out in Anloga.

No. of SER requested by the courts: - 1

Abor	-	1
Anloga	-	0
No. of SER for admission to children's Home		Nil
Probation – No juvenile on Probation	-	Nil
No of cases referred to Family Tribunal	-	Nil
No. of cases handled at Family Tribunal	-	1
Abor	-	1(Custody of an 8 year old girl)
Anloga	-	0
No. of cases handled at Juvenile Courts	-	1
Abor	-	1(defilement of a 6 year old girl)
Anloga	-	Nil

d) Community Care

i. Identification and Registration of Persons With Disabilities (PWD)

There was no registration exercise during the quarter under review. The office facilitated the provision of free NHIS cards to those who called for renewals and new registration. This comprised 31 males and 20 females all totaling 51 PWDs. A workshop was organized for the blind to be able to use the tactile jacket during the December 7th Election.

The executives of the PWD also had their annual evaluation meeting and elected new executives for the next four years.

ii. Support for School Fees/Income generation:

School fees were paid for twelve (12) Students With Disabilities in the School for the deaf and 11 from Second cycle and tertiary institutions.

There was no disbursement for income generating activities during the quarter under review.

iii. People Living With HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC)

During the quarter, the two (2) PLHIV groups in the Municipality held their bi-monthly socialization meetings. The Municipal AIDS committee conducted an advocacy workshop for chiefs and opinion leaders on stigma reduction and positive change of attitude for the infected and affected. The committee also organized a free health screening during the Hogbetsotso festival at Anloga and Dzelukope. Two durbars were also organized on the World AIDS Day to enlighten students and the populace on the menace of the HIV/AIDS at Dzita and Anyanui with Testing and Counselling which produced three (3) positives, one male and two female. The group in Keta benefitted from an end of year get-together and review meeting where members were feted.

Exercise books, text books, pen, pencil and other educational materials were also provided to about 12 OVC in basic schools during the 2016/2017 academic year.

However 20 PLHIV were assisted to either renew or register for NHIS cards for free in order to access health care. This comprise of 13 males and 7 females.

iv. Social Education/Gender mainstreaming

On gender mainstreaming, the department had the opportunity to educate LEAP beneficiaries during the LEAP payment at the various pay points on issues affecting the family particularly women and children. They were advised to utilize the grants for the benefit of the children if child labour issues are to be eradicated. Beneficiaries were also advised on providing community care for the children and seek help from appropriate institutions to promote development of the children.

v. Livelihood Empowerment Against Poverty (LEAP)

Two payments was made during the quarter under review in October and November 2016. The Livelihood Empowerment Against Poverty (L.E.A.P) has at present one thousand five hundred and twenty nine households in sixty two (62) communities. The new additions of 293 beneficiaries from 5 communities which were enrolled on the electronic payment system were also paid during the quarter under review

The nationwide NHIS registration for LEAP beneficiaries is still underway and we are left with about 12 communities to complete the exercise. The only hindrance is the interment shortage of materials from the NHIS office.

vi. Hospital welfare

To access health care, a number of indigents were assisted to acquire NHIS cards. Apart from Persons Living with HIV, disabilities and LEAP beneficiaries which have been accounted for, terminally ill patients without productive capacities, orphans and vulnerable children and the aged poor totaling 15 representing 7 males and 8 females were assisted to acquire the card and access health care. A female PWD underwent an operation and even though she had the NHIS card, she could not pay the bills of GH¢150.00 not covered by the insurance. The office facilitated her discharge.

vii. Registration of NGO/CBO

During the quarter under review, one application was received for NGO registration. Investigations are underway for their registration in the next quarter.

viii. Service on Committees

The Department was represented on the following committees during the quarter under review;

- Municipal AIDS Committee
- Disability Fund Management Committee
- General Assembly meeting

Constraints

- The staffing position is still inadequate. The other problems which are single office accommodation, lack of stationery and service money for activities are still staring the Department in the face and hindering efforts at effective service delivery.

Recommendations

- The staffing position should be improved because the workload in the municipality appears quite enormous.

Way Forward

Officers would do their best in delivering social welfare services to individuals and groups despite the above problems encountered over the years.

**2.5 FINANCE DEPARTMENT:
FINANCIAL PERFORMANCE OF KETA MUNICIPAL ASSEMBLY**

SOURCE	2015			2016		
	APPROVED BUDGET (GH¢)	ACTUAL RECEIPTS (GH¢)	ACTUAL EXPENDITURE (GH¢)	APPROVED BUDGET (GH¢)	ACTUAL RECEIPTS (GH¢)	ACTUAL EXPENDITURE (GH¢)
GoG	1,353,167.96	760,377.93	760,377.93	1,752,449.04	*	*
IGF	674,594.00	424,800.86	406,675.75	511,560.00	445,933.02	471,551.61
COMMON FUND	4,245,740.87	3,012,655.95	2,853,141.45	5,052,931.00	2,755,492.91	3,311,249.68
MP's FUND	385,796.46	877,167.37	604,068.50	185,796.46	538,869.44	467,303.14
GAR FUND	35,463.97	12,365.53	6,115.00	35,463.64	17,940.60	25,928.00
LSDGP, LEAP & OTHERS			-			
SCHOOL FEEDING	997,718.00	401,726.90	401,726.90			
DDF				1,547,450.27	673,629.18	893,620.17
GRANTS	695,714.00	403,104.00	315,651.97			
DISABILITY						
GYEEDA	82,137.00	66,855.53	58,466.50	82,137.00	141,573.96	145,716.97
CBRDP						
UDG			-			
MP'S SIF	1,978,028.03	1,755,461.38	2,178,148.60	2,222,174.75	2,060,020.10	2,201,373.26
DONOR FUND	50,000.00	50,000.00	75,000.00	200,000.00	50,000.00	50,250.00
					25,595.00	25,594.67
	-	-	12,262.00			
TOTAL	10,498,360.29	7,764,515.45	7,671,634.6	11,589,962.16	6,709,054.21	7,592,587.50

*figures for compensation were unavailable as at the time of preparing the report.

CHALLENGES AND STRATEGIES TO OVERCOME THEM

S/N	CHALLENGES	PRIORITY	MITIGATION STRATEGY
1	Revenue Mobilization short falls	M	(a) Revenue campaigns intensified (b) Regular meeting of the revenue staff to plan strategies (c) Intensified supervision of Revenue collectors
3	Inadequate resources for Decentralized Departments to carry out their activates	M	The Assembly has not fully supported Departments financially and materially to carry out very urgent assignments due to lack of funds

THE WAY FORWARD:

- Institute award for the best performing Zonal Council in revenue mobilization
- Ensure neglected revenue items are collected.
- Accelerate re-training of revenue staff.
- Improve capacity of Zonal Council to help in revenue generation through infrastructure improvement and training of Zonal Council Members on their duties.
- The Assembly has almost completed the process to re-evaluate landed properties for collection of property rates.

2.6. EDUCATION DEPARTMENT

ON-GOING NATIONAL SERVICE-WIDE REFORM INITIATIVES GHANA SCHOOL FEEDING PROGRAMME

ENROLMENT FIGURES FOR SCHOOLS UNDER THE GHANA SCHOOL FEEDING PROGRAMME																				
IN THE KETA MUNICIPALITY FOR 1ST TERM OF 2016/2017 ACADEMIC YEAR.																				
S/N	NAME OF SCHOOL	KG1		KG2		P1		P2		P3		P4		P5		P6		TOTAL		GRAND TOTAL
		B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
1	ATIAME-HELUVI BASIC	15	21	11	14	13	12	13	14	13	11	16	11	15	8	10	8	106	99	205
2	GBETUINU L/A BASIC	13	16	6	13	7	10	11	9	9	7	8	9	11	4	10	7	75	75	150
3	ATIAVI-ATIME L/A	20	21	10	14	8	12	7	8	17	8	9	9	14	9	11	10	96	91	187
4	ATIAVI AGBLEGO E.P.	43	50	27	25	18	22	17	15	16	18	27	17	15	9	19	15	182	171	353
5	ATIAVI AGBODEKOR R/C	44	32	19	23	19	20	20	16	13	18	16	18	14	18	18	19	163	164	327
6	ATIAVI AGBLEGO R/C	29	25	31	35	23	19	30	27	22	20	24	20	16	19	28	12	203	177	380
7	HORVI AME ZION BASIC	19	15	13	5	13	7	11	8	7	6	10	10	11	11	10	11	94	73	167
8	HAVEDZI AME ZION BASIC	30	28	19	11	21	27	13	17	24	28	14	13	11	12	15	15	147	151	298
9	ABORLORVE/NOLOPI E.P.	28	27	27	24	23	20	12	12	14	12	14	9	14	12	16	12	148	128	276
10	SASIEME L/A BASIC	28	23	16	15	19	14	23	20	18	18	18	21	19	25	16	11	157	147	304
11	AKPLORFUDZI D/A BASIC	37	38	32	36	13	16	10	12	14	15	16	17	19	23	7	16	148	173	321
12	SAKOME L/A BASIC	18	22	9	13	12	12	11	9	22	11	6	10	14	10	9	9	101	96	197
13	DZITA-PHILEO BASIC	56	57	42	32	39	35	33	30	41	23	34	28	24	20	23	20	292	245	537
14	AGORTOE E.P BASIC	18	15	23	21	7	14	20	15	8	17	8	10	14	8	15	14	113	114	227
15	FUVEME R/C BASIC	19	20	12	8	5	8	10	11	11	9	9	13	17	14	10	6	93	89	182
16	FAHOR AME ZION	10	11	12	11	8	9	11	8	10	14	10	11	8	10	11	1	80	75	155
17	KODZI E.P. BASIC	8	15	13	7	6	6	8	9	11	8	21	9	6	8	8	9	81	71	152
18	ATITETI E.P BASIC	15	17	20	13	11	12	16	13	9	8	11	12	7	5	13	8	102	88	190
19	BLEAMEZADO E.P	10	9	6	8	13	9	7	7	11	12	4	12	12	12	9	10	72	79	151
20	BLEAMEZADO R.C	20	20	16	14	17	7	17	13	14	13	17	11	18	10	14	13	133	101	234
21	ANYANUI E.P. BASIC	35	33	35	30	41	42	51	39	45	42	43	37	49	33	35	36	334	292	626
22	TSIAME R.C BASIC	20	16	18	20	17	21	26	16	22	19	23	20	21	17	20	18	167	147	314
23	TSIAME E.P BASIC	23	26	18	29	24	16	22	17	19	18	17	26	22	18	19	18	164	168	332
24	GENUI E.P BASIC	20	23	13	25	25	25	19	34	32	21	19	25	23	28	24	16	175	197	372
25	DORNORGBOR E.P	18	18	22	32	23	25	21	25	34	14	41	37	30	22	25	20	214	193	407
26	TENGEKOPE L/A	22	23	14	18	9	25	18	16	29	30	22	19	21	25	21	21	156	177	333
27	VUI AME ZION	37	35	45	28	37	41	48	50	47	45	38	41	39	41	39	33	330	314	644
28	ALAKPLE R/C BASIC	10	12	17	20	17	23	26	23	26	24	23	19	21	23	21	21	161	165	326
	TOTAL	665	668	546	544	488	509	531	493	558	489	518	494	505	454	476	409	4287	4060	8347

2.7 MPCU/ WORKS DEPARTMENT**MONITORING AND EVALUATION REPORT ON PHYSICAL PROJECTS IN THE MUNICIPALITY**

S N	PROJECT TITLE	LOCATI ON	SOURCE OF FUND	CONTRAC T SUM GH¢	NAME OF CONTRAC TOR	DATE OF COMMENC EMENT	EXPECTED TIME OF COMPLETI ON	PROGRESS STAGE
1	Construction of 1No. 6-Unit Classroom Block with Ancillary facilities at Agbatsivi basic School	Agbatsivi	DACF	380,894.60	Desmith Constructio n Company Ltd	Sept., 2015	May,2016	Completed & in Use
2	Construction of 1No. 3-Unit Classroom Block with Ancillary facilities at Sodzi L/A Primary School	Sodzi	DACF	291,861.50	Yandeg Company Ltd	Sept., 2015	May,2016	Completed & in Use
3	Spot Improvement of Glime to Atime Feeder Road	Glime - Atime	DACF	146,204.56	M/S Pavic Constructio n Co. Ltd	7/1/2015	5/2/2016	Completed & in Use
4	Construction And Paving Of Keta Municipal Assembly Forecourt-Phase I And Construion Of 8 No. Car Parking Sheds	Keta	DACF	674,335.40	M/S Constructio n Limited	30/06/2015	29/02/2016	(Completed)100%
5	Completion of Ghana Education Services (GES) Office complex	Keta	DACF	415,301.37	Crown of Victory Company	26/03/2015	26/10/2016	(Completed)100%
6	Construction of 1 No. 2 Unit Kindergarten Block with Ancillary Facilities at KETASCO Basic School	Dzelukop e	DACF	185,980.10	Hamesam Company Limited	26/03/2015	26/10/2015	Completed & in Use
7	Construction Of Community Based Health Planning Service (CHPS)	Woe	DACF	195,148.00	Beckolin Ventures ltd	26th March, 2015	26-Oct.,2015	(Completed)98%
8	Construction of Community based Health Planning Service (CHPS) Compound at Aborlorve – Norlorpi	Aborlorv e- Norlorpi	DACF	195,025.80	Spashay Company Limited	26th March, 2015	26-Oct.,2015	100%

9	Construction of 10- Seater Vault Chamber at Tegbi- Dekporkope	Tegbi- Dekporkope	DACF	109,895.13	Maya Works Ent	Ju;y 2016	March 2017	At Gable Level
10	Construction Of 3-Unit Classroom Block With 4 Seater KVIP At Fiahor A.M.E Primary School	Fiahor	DDF	289,686.10	Nyasmond Com Ltd	July 2016	March 2017	Hard Core Filling
11	constriction of 4 no. wc toilet facility at keMA	Kema	DDF	75,385.00	Begapon Express Limited	-	-	Issued Of Award Letter
12	Construction fence wall at Abor magistrate court's residence	Abor	DACF	80,523.30	Spasky Co. Ltd	-	-	Issued Of Award Letter
13	Construction of 1No.3 unit classroom block @ Tegbi Agbedrafor		DACF	249,967.50	The Lord's Glory Ventures	-	-	Awarded
14	Construction of 1No. 2-unit Kindergarten and anciliary facilities @ A.A	Anyako	DACF	277,959.40	O.C – 100 WORKS EXPRESS	-	-	Awarded
15	Supply Of 500 No. Chairs With 167 No. Tables For KG Schools	KeMA	DACF	197,505.00	Ablo's Company Ltd	-	-	Delivered To The School
16	Fabrication And Installation Of 100 No Street Naming Signages In Keta Municipality	KeMA	DACF	113,393.00	Gakas Company Ltd	-	-	Supplied
17	Construction Of 1 No. 10- Seater Wc Toilet Facility At Dzita-Anyiehe	Dzita-Anyiehe	DDF	47,943.50	Sambrass ventures	11-Apr-14	13-Oct-14	Finishing In Progress
18	Construction of Police Post at Shime	Shime	UDG	389,691.12	Eleabenam Ventures	July-16	March-17	Lintel Level
20	Construction of 1No. 10- seater Vault Chamber at Atiteti	Atiteti	DDF	76518.30	Glig . Ltd		23-Jul-16	(On-Going) 40%

21	Construction Of 1no. 2 Unit Kindergarten Block with Ancillary Facilities at Woe Salvation Army	Woe	DDF	175,714.60	Yandeg Company Ltd	26 th Mar., 2015	26-oct-15	Water And Electricity Connection
22	Construction Of 2-Storey Multi- Purpose Shopping Center At Anloga With The Following; 2No. Banking Halls, 5 No. Offices, 5 No Stores , Post Office, 4-Seater WC, 4 Unit Urinal, Extension	Anloga	UDG	988,756.96	Geeshark Ltd P.O Box Ac 586, Accra	08-jan-15	18-Jul, -2012	Completed
23	Construction Of 1 No. 2 Storey Multi-Purpose Shopping Center With 1 No. Banking Hall, 1no. Cafeteria, 1No. Internet Café, 5 No Office Space, 14 No. Stores, 15-Seater WC Toilet Facility, 4 No. Urinal, 1 No. Security Post, Fencing Of The Yard, Waiting Shed.	Keta	UDG	1,500,000.00	Yandeg Company Ltd	2 nd March 2016	2 nd March, 2017	Completed Defect Liability Period
24	Construction Of 1No. 12- Units Store, 1no.10 Seater WC Toilet Facility, 4- Unit Urinal And 1 No Waiting Area At Abor	Abor	UDG	352,000.00	Desmith construction Company Limited	2 nd March ,2016	December 2 nd , 2016	Finishes

2.8 PROGRAMMED ACTIVITIES AND RESULTS FOR 2016

Name of MDA	Key/Top Commitments	Results/Achievements	Relation GSGDA II
Keta Municipal Assembly	1.Increase internally generated revenue by 15%	<ul style="list-style-type: none"> • 30% increase in revenue over 2016 collection • Fee Fixing Resolution and Composite Budget for 2017 prepared and approved 	Ensuring and sustaining micro-economic stability
	No.2 Improve and expand access to quality health care.	<ul style="list-style-type: none"> • Construction of Community Based Health Planning Service (CHPS) at Woe. • Construction of Community based Health Planning Service (CHPS) Compound at Aborlorve - Norlorpi. 	
	No. 3 Expand potable water supply and management.	<ul style="list-style-type: none"> • 15 WATSAN Committees successfully monitored 	
	No. 4 Improve and expand access to participation in basic education	<ul style="list-style-type: none"> • School Feeding running in 28 schools with 8,347pupils • Supplied 500 No. Chairs with 167 No. Tables to KG Schools • Completion of Ghana Education Services (GES) Office complex 	Human development, employment and productivity

	<p>No.5 Facilitate Increased agric. Production and productivity</p>	<ul style="list-style-type: none"> • 6 AEAs embarked on 280 extension visits to guide farmers on use of improved certified seeds and agro-chemicals. • 1,110 poultry were vaccinated against Newcastle disease with I₂ vaccine and 50 pets (dogs) were vaccinated against rabies. 10 farm animal were neutered, 65 de-wormed and 35 goats and 25 sheep treated of ecto-parasites • 17 Irrigation farmers were connected to the national grid. 	<p>Accelerated agricultural modernization and natural resource management.</p>
	<p>No.6 Expand and improve public sanitation facilities and sanitation management</p>	<ul style="list-style-type: none"> • Constructed 1 No. 10- Seater Wc Toilet Facility At Dzita-Anyiehe. • Constructed 10- Seater Vault Chamber at Tegbi-Dekporkope 	<p>Infrastructure and human settlements development.</p>
	<p>No.7 Improve local Government through accelerated decentralization</p>	<ul style="list-style-type: none"> • Trained newly elected Assembly Members in the Local Government Act and other related laws. • Organized quarterly Social Accountability Workshops in collaboration with SPEFA • Organizing 2 Town Hall Meetings in a year. 	<p>Transparent and accountable governance</p>
	<p>No.8 Promote Small and Medium Enterprises</p>	<ul style="list-style-type: none"> • Built capacities of 10 economic groups in group Dynamics Training skills. 	<p>Competitiveness in Ghana's private sector</p>

	<p>No.9 Expand and Improve Road infrastructure</p>	<ul style="list-style-type: none"> • Spot Improvement of Glime to Atime Feeder Road • Construction of feeder road from Hekpa junction to Hekpa. 	<p>Infrastructure and human settlements development.</p>
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2.9 AGRIC DEPARTMENT

The department operated under three major objectives with planned activities, and this report contains the outcome and status of implementation of all planned activities.

FASDEP Objective 1: Food Security and Emergency Preparedness

Planned Activities:

- Identify, update and disseminate existing technological packages (AEAs farm and home visits).
- Assist farmers to access improved varieties; high yielding short duration and disease resistance varieties.
- Enhance farmers' access to Inputs.

Status of Program Implementation:

Over 78% achievement of home and farm visits

The municipality could boast of a good number of input dealers who have stocked their shops with certified seeds and all other agro-inputs. During the quarter under review, fertilizer was received under the government subsidy program to small scale farmers.

On the program of farmer registration Six (6) AEAs with the smartphones are still registering farmers onto the E- extension platform.

FASDEP Objective 2: Increase Growth in Incomes

Planned Activities:

- One (1) Veterinary technical officer conducts twelve (12) animal health extension and livestock disease surveillance by 31ST December 2016.
- Treat and vaccinate at least 1250 sick animals by 31ST December 2016.
- Extend the national grid (electricity) to 50 irrigation farmers by 31ST December 2016.

Status of program Implementation.

Treatment and vaccination of animals on course; and the veterinary Officer is also on high alert to deal with any outbreak of livestock disease

On the extension of the national grid (electricity) to irrigation farms, the challenge is that, registered farmers are unable to readily pay the agreed 30% of the total cost of connection on time.

FASDEP Objective 6: Improved Institutional Coordination.

Planned Activities

- MDA undertakes field supervisory visits and organize management and stakeholder meetings monthly.

Status of Program Implementation:

Over the period under review, the MDA carried out all planned activities related to field supervision and technical review meetings.

S/ N o	Programmed Activity	Baseline	Expected Output/ Outcome	Actual Output/Outcome	Activity Budget GH¢	Time Frame	Implement ation Status	Lessons Learnt / challenges
1	<i>Treatment of livestock (Field and Clinical)</i>							
	Vaccinate and treat about 1250 sick animals by 30 th September 2016	Vaccinate and treat about 1250 sick animals by 30 th September 2016	Vaccinate 1250 poultry against Newcastle disease with I ₂ vaccine. Vaccinate 250 pets (cats & dogs) against rabies. Castrate 70 farm animals, dewormed 1,070 and treat 120 of ecto-parasites.	1110 poultry were vaccinated against Newcastle disease with I ₂ vaccine and 50 pets (dogs) were vaccinated against rabies. 10 farm animal were castrated, 65 dewormed and 35 goats and 25 sheep treated of ecto-parasites		3 months	83% achievement complete for field and clinical interventions.	<i>Three (3) Technicians are required to assist in the delivery of veterinary activities and</i>
2	<i>Animal health extension and livestock disease surveillance</i>							

S/ N o	Programmed Activity	Baseline	Expected Output/ Outcome	Actual Output/Outcome	Activit y Budget GH¢	Time Frame	Implement ation Status	Lessons Learnt / challenges
	Carry out twelve (12) animal and disease surveillance by 30 th September 2016	Twelve (12) disease surveillance activity planned	Twelve (12) disease surveillance activities undertaken.	Ten community-based animal health educations conducted..		3 months	90% complete	<i>Farmers have been very co-operative with the activities in the year.</i>
3	<i>Farm and Home Visit by Agric. Extension Agents</i>							
	Conduct home and farm visits quarterly.	6 AEAs made 1,680 extension visits to 45 farmer groups and 130 communities by the end of 2016.	6 AEAs undertook 550 home and farm visits quarterly	6 AEAs made 280 extension visits to guide farmers on use of improved certified seeds and agro-chemicals.		3 months	68% success achieved	Payment of AEAs mileage allowances not met pending release of working funds.
4	<i>Monitor crop demonstration by DOs in each operational area</i>							
	Two (2) MDOs conduct 25 monitoring field visits each to AEAs operational areas annually	Two (2) MDOs conducted 50 monitoring visits to demonstration plots in AEAs operational areas.	Conduct 50 monitoring visits by 2 MDOs quarterly.	19 monitoring visits conducted by 2 MDOs		3 months	35% Complete	Payment of AEAs mileage allowances not met pending release of working funds.
5	<i>Field supervision and management by MDA</i>							
	MDA undertakes field supervisory visits	MDA	Field and	MDA undertook 3		3	80% Compl	Payment of

S/ N o	Programmed Activity	Baseline	Expected Output/ Outcome	Actual Output/Outcome	Activity Budget GH¢	Time Frame	Implement ation Status	Lessons Learnt / challenges
	and other management and stakeholder meetings quarterly.	undertook field supervisory visits.	monitoring visits conducted by MDA during the quarter.	supervisory visits and conducted 3 management meetings during the quarter to ensure the smooth administration of MADU and targeted performances of field officers are met.		months	Completed	MDA mileage allowances and fuel credited delayed pending release of working funds and unavailability of vehicle.
6	<i>Maintenance of Vehicles & Equipment</i>							
	MDA undertakes routine maintenance of 1 official vehicle.	One official vehicle and equipment maintained.	Road worthiness of one official vehicle ensured and office equipment maintained.	One office vehicle and office equipment not maintained over the period.		3 months	Nil performance	Engine and other vehicle parts yet to be procured. Office equipment yet to be maintained.
7	<i>Extension of national grid (electricity)</i>							
	Conduct training for 200 irrigation farmers on the benefits and procedures of accessing the national grid extension (electricity) by 31 st December, 2016.	-	50 irrigation farmers to be connected to the national grid by the end of the September 2016	17 Irrigation farmers were connected to the national grid during the quarter.		3 months	Program on-going.	Payment of 30% connection fee by farmers was not

S/ N o	Programmed Activity	Baseline	Expected Output/ Outcome	Actual Output/Outcome	Activit y Budget GH¢	Time Frame	Implement ation Status	<i>Lessons Learnt / challenges</i>
								forthcoming as was expected

3.0 CONCLUSION

Development in the municipality can be said to be very encouraging although more efforts are required by the various Heads of Departments (HODs) to ensure maximum implementation of planned activities. On monitoring of the projects/programmes, the team realized that inadequate and delay in the release of funds is affecting timely implementation of development projects in the Municipality. The team believes that if quick action is not taken to release funds for work(physical projects), it is likely that contractors will take advantage of the situation to request for revaluation of contract price.

To that end, the team recommends to Central Government and all other Development Partners to release funds on time for timely completion of work.

Chapter two which looks at Department/units, it is realized that only five department are captured out of the expected 13 departments, this is due to failure of HODs to send reports periodically to the Municipal Coordinating Unit through the Municipal Coordinating Director for compilation into one comprehensive report. This challenge has existed for sometime and the team recommends that management take action quickly to remedy the situation.