

EJISU JUABEN DISTRICT ASSEMBLY

2017 ANNUAL PROGRESS REPORT

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CHAPTER ONE

GENERAL INTRODUCTION

Background

The Annual Progress Report is based on the Monitoring and Evaluation exercise conducted to track progress in the implementation of the 2017 Annual Action Plan. The report, uses a set of performance indicators and targets from the various decentralised Departments of the Ejisu-Juaben Municipal Assembly specifically Education, Health, Social Welfare and Community Development, Agriculture, Town and Country Planning and many other departments for its preparation.

Furthermore, this report integrates the achievements, challenges and recommendations of the various decentralized Departments in the Municipality. Finally, the report also gives a brief highlight on the revenue and expenditure performance of the Assembly, critical Development, poverty issues and recommendations made to enhance the improvement of the Assembly's performance on revenue mobilization and subsequently eliminate poverty among its citizenry.

Key Monitoring and Evaluation Objectives

The Monitoring and Evaluation of programmes and projects in the Municipality is key to ensuring effective implementation and sustainable use of projects. The implementation of those programmes and projects are derived from the Medium Term Development Plan (2014-2017) which is geared towards achieving the following;

- Promoting community participation and awareness in the implementation of projects
- Assessing the progress of the implementation of programmes and projects
- Providing information for effective co-ordination of activities in the Municipality
- Identifying achievements, constraints and failures in the implementation process, so that improvements can be recommended to enhance the implementation of projects and programmes
- Improving service delivery, influence resource allocation, and demonstrate results as part of accountability and transparency

Source of Data

The Annual Progress Report for the period (i.e. 2017) has been prepared based on the assessment of the status of indicators and targets for monitoring and evaluation. This report also focuses on the achievements and impact of the major projects and Programme and interventions under taken during the period under review.

The objectives of the Annual Progress Report for the year 2017 are to:

- Provide a single source of information on progress the District is making through the implementation of the Medium Term Development Plan.
- Identify the difficulties encountered in the achievement of the objectives of the MTDP.
- Propose recommendations for addressing the challenges.

The report is prepared based on data collected from both primary and secondary sources to assess the impact of programmes and projects delivery within the Municipality during the Annual of the year 2017. While the primary data is obtained from the Monitoring and Evaluation of implemented projects, the secondary data is obtained from Annually reports of departments and development agencies operational within the Municipality.

PROCESSES INVOLVED AND DIFFICULTIES ENCOUNTERED

The Monitoring and Evaluation (M&E) activities are often delayed due to insufficient logistics as well as lack for budget allocation for effective monitoring and evaluation of programs and projects. Inadequate funding often compels the Municipal Planning Coordinating Unit (MPCU) to reduce the number of site visits with regards to M&E activities.

However, late submission and non-submission of reports by some Decentralised Departments and Development partners delays the process of harmonization of the report for onward submission to the Regional Office.

In addition, inconsistencies and unreliable data from some sectors of the departments which need validation slow down the process. Hence, this delays the preparation and subsequently, submission of the progress reports.

CHAPTER TWO

MONITORING AND EVALUATION ACTIVITIES

Background

The Monitoring and Evaluation report discusses the progress of the implementation of programmes and projects presented in the Annual Action Plan (2017) carved out of the final phase of the implementation of the Medium Term Development Plan (2014-2017).

Programme and Projects Status for the Year 2017

Most of the on-going programmes and projects which were not completed during the previous year, 2016, were roll-over for incorporation into the 2017 Annual Action Plan for implementation.

Similarly, most of the on-going projects were financed under the District Assembly Common Fund (DACF) and GETFUND. However, fund-flow has been erratic on the side of DACF and GETFUND and for this reason payments have not made on schedule for the completion of projects to contractors.

With respect to Urban Development Grant (UDG) and District Development Fund (DDF) projects, as a result of the prompt release and payment of funds, almost all the projects were implemented on schedule. This shows that the timely release of funds enhances project implementation.

Update of Funds Received for the Annual, 2017

The Assembly receives funds from two main sources; internal and external sources of funds. The internal source of funds is the Internally Generated Fund (IGF) which includes; rate; land; fees and fines; licenses; rent; investment among others. The external sources of funds are the Ghana School Feeding Programme (GSFP); Urban Transport Project (UTP); Urban Development Grant (UDG) and the District Development Fund (DDF).

Analysis on Internally Generated Funds for the Final Quarter for the year 2017

Table: Internally Generated Funds' Performance

Revenue Head	Annual Budget 2017	Budget of the Annual	Actual for the Annual	Performance of the Quarter	Accumulated to date
Rates	284,150.00	23,679.17	10,551.00	86%	329,218.50
Lands & Royalties	465,412.00	38,784.33	96,500.00	88.8%	413,391.65
Fees	292,551.00	24,379.25	17,830.00	83%	354,223.59
Fines Penalties & forfeits	145,046.00	12,087.17	11,430.00	99%	145,990.70
License	220,133.00	18,344.42	35,875.63	102%	215,142.95
Rent	226,000.00	18,833.33	50.00	128%	289,794.00
Miscellaneous	5000.00	416.67	-		93.57
TOTAL	12,689,419.00	136,524.34	75,736.64	97.8%	1,748,022.96

Analysis on Expenditure Performance for Annual

Table: Expenditure Performance for EJMA (October-December, 2017)

Expenditure Head	Approved Budget 2017	Approved Budget of the Annual	Actual for the Annual	Performance of the Quarter	Accumulated Actual to date
Personnel emolument	2,778,763.00	92,626.32	114,732.20	221,067.72	3,752,317.48
Goods and services	477,000.00	159,000.01	1,400.00	51,600.00	152,219.92
Travel & Transport expenses	990,000.00	110,000.00	43,386.63	39,113.37	297,384.55
Utilities	216,000.00	24,000.00	28,424.00	4,424.00	85,987.96
Maintenance/Repairs/renovation	247,500.00	23,256.00	7,752.00	4,244.00	110,544.52
Other recurrent expenditure	725,715.00	107,513.32	171,210.76	120,767.68	734,902.48
Capital expenditure (IGF)	467,524.00	155,841.32	103,060.00	52,781.32	1,671,582.52
General expenses/miscellaneous	109,500.00	36,500.00	163,320.00	507,280.00	435,004.00
TOTAL	6,012,002.00	708,736.97	633,285.59	1,001,278.09	7,239,943.43

Source: MFD, EJMA, 2017

With regards to expenditure performance, the approved budget for the fourth and the year 2017 is GH¢6,012,002.00 and GH¢708, 736.97 for the quarter under review. The Assembly spent GH¢1,001,278.09 at the end of December representing 140% percent. During the quarter, expenditure was high and Assembly needs to put in some mechanism to control its expenditures on personnel emolument, Travel and Transport expenses, utilities, and other recurrent expenditure. However, the Assembly can perform better when explicit measures are put in place to manage recurrent expenditure. This will subsequently influence improvement with respect to goods and services, capital expenditure and general expenses and personnel emoluments all recorded high figures.

UPDATE ON CORE DISTRICT INDICATORS (Categorized by GPRS II Thematic Areas)

NO.	PRIVATE SECTOR COMPETITIVENESS	Baseline (2013)	Target 2017	Actual 2017	Target 2016	Actual 2016	Target 2015	Actual 2015	Target 2014	2014 Indicator level
1	Percentage (%) increase in yield of selected crops, livestock and fish CROP -Maize -Cassava -Tomato -Groundnut -Mango -Yam ANIMAL -Cattle -Small Ruminants -Poultry									
2	Proportion/length of roads									

	Maintained /Rehabilitated									
	Trunk Roads (in Km)									
	Urban Roads(in Km)									
	Feeder Roads(in Km)	20km	4.6km	1.2km	6.5km	5.6km	6.5km	6.5km	5.0km	4.6km
3	% change in number of households with access to electricity									
4	Hectares of degraded forest, mining, dry and wet lands rehabilitated/restored: a. Forest b. Mining c. Dry and wetland									
5	% increase in tourist arrivals									

6	Teledensity /Penetration rate:									
	HUMAN RESOURCE DEVELOPMENT									
7	HIV/AIDS prevalence rate(% of adult population,15-49 yrs. HIV positive)	168 (19%)	9%	323 (11%)	5%	275 (7%)	12%	182 (14.5%)	15%	187 (15.4%)
8	Maternal Mortality ratio (Number of deaths due to pregnancy and child birth per 100,000 livebirths)	40.6/100,000 LB or (3)	0	33.8/100,000 LB or (2)	0	161.6/100,000 LB or (9)	0	53.5/100,000 LB or (3)	0	49.2/100,000 LB or (3)
9	Under-five mortality rate (Number of death occurring between birth and exact age five per 1000 live births)	1/1000 LB	0	6.6/1000 LB	0	10.1/1000 LB	0	6.8/1000 LB	0	2/1000 LB
10	Malaria case fatality in children under five years	3.7/10,000 POP	0	0	0	0.18/10,000 POP	0	0.17/10,000 POP	0	0.19/10,000 POP

	per 10,000 population									
11	Percentage of population with sustainable access to safe water sources	10%	10.5%	10.5%	8%	10.2%	8%	10%	10%	
12	Proportion of population with access to improved sanitation(flush toilets, KVIP, household latrine)	30%	45%	52%	40%	43%	35%	40%	35% ^s	
13	Gross Enrolment Rate(indicates the number of pupils/students at a given level of schooling-regardless of age-as proportion of the number of children in the relevant age group)									
	-Primary	135.3%	100%	100%	100%	97.2%	100%	98.7%	100%	132.9%
	-JHS	102.9%	100%	107%	100%	96.9%	100%	114.7%	100.0%	103.4%
	-SHS	75.9%	100%	95%	100%	96.8%	100%	79%	100%	92.7%
	Net Admission Rate in Primary									

	Schools(Indicates Primary One enrolment of pupils aged 6 years)	95%	100%	93%	100%	97%	100%	95%	100%	97%
14	Gender Parity Index (Ratio between girl's and boy's enrolment rates, the balance of parity is 1.00) -K G -Primary -JHS -SHS	0.92 0.98 0.92	1 1 1	0.97 0.98 0.93	0.93 0.96 0.91	0.96 0.96 0.92	0.93 0.95 0.92	0.95 0.96 0.92	0.95 0.96 0.95	0.92 0.98 0.95
15	Proportion of unemployed youth benefiting from skills/apprenticeship and entrepreneurial training S./,			-						-
NO.	GOOD GOVERNANCE AND CIVIL									

	RESPONSIBILITY									
16	Total amount of internally generated revenue					1,276,014.23		1,402,412.68		1,350,249.16
17	Amount of Development Partner and NGO funds contribution to DMTDP implementation					2,898,965.83				1,350,249.20
18	% of DA expenditure not within the DMTDP budget (How much of DA's expenditure was not in the annual budget?)									
19	Number of reported cases of abuse (children, women and men)									
20	Police citizen ratio									

CHAPTER THREE

UPDATE ON CRITICAL DEVELOPMENT AND POVERTY ISSUES

Introduction

This chapter analyzes the report on the critical Development, poverty issues and recommendations made to enhance the improvement of the Municipality by the Decentralized Departments and NGOs found in the Municipality.

ENVIRONMENTAL HEALTH DEPARTMENT

Environmental Sanitation is an essential factor constituting to the health, productivity and wellbeing of the people in the Municipality. It is aimed at developing and maintaining a clean, safe and pleasant physical environment in all human settlement to promote the social, economic and physical well-being of all sections of the population.

It comprises a number of complementary activities including the construction and maintenance of sanitary infrastructure, the provision of services, public education, community and individual action, regulation and legislation.

These services as mentioned above are been reliably and continuously provided to mitigate the negative effects of social and economic activities in human settlement in the Municipality.

Health Education/Promotion

Table: Community Durbars organised

No	Area Council	Date	Topics Discussed	Attendance		
				M	F	Total
1.	Ejisu	10/4/17	Cholera	70	51	
2.	Juaben	15/4/17	Provision of household toilet	37	50	
3.	Kwabre Mponua	3/5/17	Hand washing with Soap	41	50	
4.	Anum River	10/6/17	Environmental Sanitation	71	31	
5.	Hwere Anum	11/5/17	-do-	56	55	
6.	Besease Bonwire	8/6/17	Food Hygiene	47	40	
7.	Onwe/Kwaso	2/6/17	Compound Sanitation	33	28	
8.	Mponua	9/5/17	Personal Hygiene	29	28	
TOTAL				384	333	

Source: MEHD, 2017

Out of a total of seven hundred and seventeen (717) participants, three-hundred and eighty four (384) constituted male whilst three hundred and thirty-three represented females at the community durbars.

Table: School health

No.	Area Council	No. Of Schools	No Of Schools Inspected	Date Visit	Of Topics Discussed	General Conditions
1.	Ejisu	85	25	10/5/17	Hand washing with Soap	Good
2.	Juaben	52	12	3/5/17	Personal Hygiene	Good
3.	KwabreMponua	31	5	5/5/17	Hand washing with Soap	Good
4.	Anum River	25	6	3/4/17	-do-	Good
5.	HwereAnum	17	5	11/4/17	Personal Hygiene	Good
6.	BeseaseBonwire	44	10	3/4/17	-do-	Good
7.	Onwe/Kwaso	40	12	4/6/17	Environmental Sanitation	Good
8.	Mponua	17	5	9/6/17	Environmental Sanitation	

Source: MEHD, 2017

During the visits to the schools it was observed that most of them did not have toilets and dumping sites. They were advised to make formal complaints to the Assembly to factor those challenges mentioned into their MTDP.

Table: Market Sanitation

No	Area Council	No. Of Market	No Of Market Inspected	Topic for sensitization	Location	Date Of Activity	Remarks
1.	Ejisu	1	1	Environmental Sanitation	Ejisu	On-going	Carried Out
2.	Juaben	1	1	Fire Out Break	Juaben	On-going	-do-
3.	Onwe/ Kwaso	2	2	Food Hygiene	Onwe/ Kwaso	On-going	-do-
4.	Hwere Anum	2	2	Environmental Sanitation	Bomfa Boamadum asi	On-going	-do-

Source: MEHD, 2017

Out of the nine zonal councils in the Ejisu-Juaben Municipality, four (4) were selected for inspection. The various topics discussed during the sensitization exercise included environmental sanitation, fire outbreak prevention and food hygiene. The sensitization exercise is however on-going.

Table: Law Enforcement

No	Area Council	No. of Notice Served	No. Complied With	No. Non Complied	Successful Prosecution	Bench Warrant	Pending
1.	Ejisu	37	30	7	0	0	-
2.	Juaben	46	32	6	0	0	-
3.	Kwabre Mponua	32	26	6	2	0	-
4.	Anum River	20	16	4	-	-	-
5.	Hwere Anum	16	10	6	4	1	-
6.	Besease Bonwire	31	26	5	4	0	0
7.	Onwe/ Kwaso	30	25	5	4	3	1
8.	Mponua	18	15	3	3	3	1
TOTAL		230	190	42	17	7	2

Source: MEHD, 2017

With respect to notices served to people within the various zonal councils that flout sanitation laws, two hundred and thirty (230) members were notified. Out of the total, one hundred and ninety (190) complied. Forty-two and seventeen (17) constitutes the number of people who did not comply and people who have successfully been prosecuted, respectively. The Assembly would effectively ensure the successful prosecution of all defaulters. Lastly, some of the bench warrants could not be affected due to lack of vehicles and assistance from the Police

Food Hygiene

Table:Meat Hygiene

No.	Type Of Animal	No. Slaughtered Animals	No. Passed Fit
1.	Cattle (Bovine)	3	3
2.	Goats	180	180
3.	Sheep	20	20
4.	Pigs	45	45
Total		245	245

Source: MEHD, 2017

During the quarter under review, two hundred and forty-five (245) animals were slaughtered and were fit for consumption by the general public. However, none of the animals slaughtered were unfit and no abnormalities were detected.

Table: Medical Screening of Food Vendors

No.	Area Council	No. Screened	Sex		No. Passed Fit	Sex		No. Unfit
			M	F		M	F	
1.	Ejisu	10	4	6	8	2	6	2
2.	Juaben	5	1	4	5	1	4	0
3.	Onwe/Kwaso	3	0	3	3	0	3	0
4.	Kwabre Mponua	2	0	2	2	0	2	0
5.	Hwere Anum	5	1	4	5	1	4	0
6.	Anum River	5	2	3	3	1	2	2
TOTAL		30	8	22	26	5	21	4

Source: MEHD, 2017

All those who did not pass the medical test were put under treatment after which they were made to undertake another medical screening.

A total twenty-six (26) foods/drinks handlers were registered and were medically screened and certified as fit to handle food/drinks for public consumption.

Activities Performed for January- December, 2017

1. Premises inspection and enforcement of health regulations
2. Health education and health promotion
3. Food Hygiene
4. School health
5. Inspection of Hospitality industries
6. Noise Control
7. Mosquitos control
8. Working in collaboration with other departments to achieve the department set goals.
9. Disposal of the dead
10. Management of both solid and liquid waste in the Municipality

Premises Inspection

- (a) Total number of premises in the Municipality – 17,994
- (b) Premises inspected during the year – 1,655
- (c) Percentage of premises inspected – 9.2%
- (d) Number of premises with nuisances – 350
- (e) Total population inspected – 11,120
- (f) Population with safe drinking water – 11,001
- (g) Premises with toilet facilities – 10,517
- (h) Number of cases registered in court – 17
- (i) Number of successful prosecuted – 15

Waste Management

Zoomlion have not been able to give adequate attention and support to waste management services, despite increase in population growth through influx of people from Kumasi to the municipality. Many parts of the Municipality especially the peri-urban, rural areas and newly developed areas in the outskirts of the Municipality are not covered by Waste Collection Services, therefore waste is found lying on the streets, drains or vacant lands. About 120 tons of waste is generated daily in the Municipality of which 20% is collected and disposed off (managed). Two

(2) heaps of refuse dumps have either been evacuated or leveled up to give the communities a face-lift, while ten (10) are also on the awaiting list to be attended to. House to house refuse collection is being piloted in high class residential areas.

Liquid waste

Majority of the population in the urban and peri-urban communities depend on public latrines and this has resulted in over use of the facilities especially during peak hours.

Public Toilets

The unit conducted a survey on public toilets in the Municipality and the findings are shown below. Out of the survey conducted one hundred and four public toilets were found in the selected various zonal councils.

Table: Public Toilets in the Various Zonal Councils

No.	Area Council	WC	STL	KVIP	VIP	Pit Latrine	Biogas	Total
1.	Ejisu	8	3	2	-	-	-	13
2.	Onwe/Kwaso	2	14	5	-	-	-	21
3.	Juaben	3	5	-	5	-	-	13
4.	KwabreMponua	6	12	2	-	2	1	23
5.	Anum River	2	6	3	-	1	-	12
6.	BonwireBesease	2	5	5	-	-	-	12
7.	HwereAnum	1	7	2	-	-	-	10
TOTAL								104

During the survey we found out that some of the toilets were in a serious deplorable state.

Some have dilapidated walls, worn out roofs, broken slabs and vent pipes. While other have their door broken. Some need to be pulled down immediately as they serve as death trap to the general public.

Storm/Waste Water Disposal

Earth drains are the main drainage channels in the rural communities. There are however few stretches of concrete drains and culverts in the urban and peri-urban communities. Maintenance of the drains especially the earth drains pose a big challenge to the Assembly because of the woefully in-adequacy of labor force.

Mosquito Control

The routine measures carried out to control mosquito infestation were -:

- (a) Drain cleaning
- (b) Desilting of concrete drains and culvert and regarding of earth drain
- (c) Clearing of growth of weeds
- (d) Drying of pools and ponds
- (e) Larviciding
- (f) Burial of Reasonably Preventable conditions (RPCs)
- (g) Maintenance of refuse dumps sites
- (h) Evacuation/Level-up of refuse and mountainous refuse dumping sites
- (i) Disinfection/Fumigation.

In collaboration with Zoomlion disinfections/disinfection/fumigation were carried out at all the communal container sites/public toilets/final disposal grounds in Annually basis.

Disposal of the Dead

The demarcation of cemeteries and control of animals has been a problem in the Municipality. It is expected that cemetery at the Municipal capital should be owned by the Assembly in order that labourers are stationed therefore regular maintenance and to serve as revenue to the Assembly.

Forty-seven (47) burials were controlled by the unit.

Control of Rearing and Stray Animals

The stray of animals (sheep, goats, pigs and cattle) are the major problem found within in the Municipality especially in the peri-urban areas. The location of the Kraal and the driving routes of the animals with their droppings left on the streets also pose a threat to vehicular and human traffic. Sixteen (16) reported cases of destruction of farm produce as a result of straying of animals were addressed. There is the need to relocate all kraals within the communities to the out skirts with the support of the Assembly. Lack of a standardized pound in the Municipality is a challenge to the Assembly if the straying animal is to be controlled.

National Sanitation Day

The day always come on every first Saturday of the month. The turnout is always low. Activities carried out included desilting of drains, disinfection, street sweeping and clearing of weeds. The Assembly has decided to rotate the exercise among the area councils.

Revenue generated by the unit (January-December, 2017)

The unit was able to generate a total amount of Fourteen thousand, two hundred and twelve Ghana Cedis (**GH¢14,212**) representing the following items.

1.	Food Screening	- GH¢2,872.00
2.	Burial (January-December)	- GH¢9,240.00
3.	Slaughter house	- GH¢2,100.00
	TOTAL	- GH¢14,212.00

Challenges

Despite the achievements made the unit faced some challenges during the quarter under review.

1. Inadequate labor force (skilled and non-skilled)
2. Inadequate logistics (Sanitary tools)
3. Apathy on the part of community members
4. High running and maintenance cost of refuse trucks/containers
5. Land acquisition for final disposal site.

Way Forward

1. Evacuate/Level-up six (6) out of the existing ten (10) mountainous refuse dumps
2. Rehabilitate/manually dislodge six (6) public toilets
3. Privatize all Municipal public toilets
4. Intensify premises inspection
5. Completion of slaughter house at Onwe
6. Construct central public pound at Ejisu
7. Review strategic Environmental Sanitation Action Plan
8. Intensify Law Enforcement
9. Increase Revenue generation.

Conclusion

Environmental Sanitation is a public goal. Improper waste disposal by an individual affects all community members. Mosquitoes that breed in one place may bite people in another. Contamination of food stuffs will affect all those who consume them not just the seller. Ensuring good sanitation is therefore the responsibility of all citizens, communities, private sector enterprise, NGO's and institutions of Government. All these actors have an essential part to play in maintaining a high standard of environmental sanitation. So that domestic and commercial activities have no prejudicial effect in the health or the living and working environment of other.

DEPARTMENT OF SOCIAL WELFARE AND COMMUNITY DEVELOPMENT

The Department of Social Development has the duty of ensuring gender equality, promoting the welfare and protection of children and also empowering the vulnerable in the society and facilitating developmental activities to enhance the living standards of the people within the Municipality.

Key Functions:

Some of the key functions include the following;

- ✓ Formulate gender, child development and social protection policy.
- ✓ Co-ordinate gender, child and social protection related programmes and activities at all levels of development.
- ✓ Facilitate the integration of gender, children and social protection policy issues into the National Development Agenda.
- ✓ Adult Education
- ✓ Women's work
- ✓ Extension/integrated programmes
- ✓ Institutional work

Justice Administration (Juvenile Court)

Table: Justice Administration

OFFENCES	BF		New		Ages		No. disposed off but not tried		No. disposed off after trial		Absconded		Totals				
	M	F	M	F	10-13	14-17	M	F	M	F	M	F	M	F	M	F	
Robbery			1			1							1			1	
TOTALS			1			1										1	

Type of Offences and Method of Treatment

Types of Offences and methods of treatment

OFFENCES	METHOD OF TREATMENT												Totals		
	Probation		Supervision		Voluntary supervision		Licensee/ Signed bonds		Committed to Junior Correctional institution		Committed to senior Correctional institution				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Stealing			3									3		3	
TOTALS			3									3		3	

Among the numerous offences found in the Municipality, only three (3) stealing cases were recorded in the quarter under review.

Report on Progress of Juvenile Probation

- Report on juveniles exposed to physical and moral danger/contact with the law.
 - ✓ During the quarter under review three juveniles were sent to senior correctional centre, Accra Mamobi whilst two juvenile cases is still ongoing and they have been granted court bail for further investigation.
- Recommendations
 - ✓ The outfit recommends community durbars and education to stakeholders like schools and parent/guardians to help minimize those issues.

Cases Recorded Within the Quarter under Review

Cases recorded within the quarter

ACTIVITIES	BF		NEW		AGES						CASES PENDING		TOTALS	
	M	F	M	F	0-5		6-11		12-17		M	F	M	F
					M	F	M	F	M	F				
CHILD MAINTENANCE			10	11	4	5	10	16	5	8	4	5	10	11
CHILD CUSTODY			1					2		1			1	
PATERNITY			1	2		1	2						1	2
OTHERS			5	5									5	5
TOTALS			17	18	4	6	12	18	5	9	4	5	17	18

Family Tribunal Cases (Court)

Family Tribunal Cases

ACTIVITIES	NEW		AGES						CASES DISPOSED OFF		CASES WITHDRAWN		CASES PENDING		TOTALS	
	M	F	0-5		6-11		12-17		M	F	M	F	M	F	M	F
			M	F	M	F	M	F								
CHILD MAINTENANCE		4		1		4	1			1		1		2	1	13
CHILD CUSTODY		1			3					1						2
PATERNITY	1	1								1			1	3	2	2
FAMILY RECONC.		7	6	2	1					3		1			7	
TOTALS	1	13	6	2	1	4	1			6		2	1	5	10	17

Social Enquiry Reports

Social Enquiry Reports

Type Of Court	Bf	New Cases	No. Of Reports Written	Discontinued	Pending
JUVENILE COURT		5			2
FAMILY TRIBUNAL		9			
CIRCUIT/HIGH COURT				1	
TOTALS		14		1	2

Shelter for Abused Children

Shelter for Abused Children

Type Of Cases	B/F		New Cases		Integrated Back To Families		Absconded		Pending		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F
NEGLECT			1		1		1		1		1	
TOTALS			1		1		1		1		1	

Juvenile Court

There is no juvenile case recorded but there is one case pending.

Community Care

i. Assistance to Persons with Disability

Data was collected on persons living with disabilities to create an album for policy making.

Non – Governmental Organizations (NGO’s)

The quarter under review EL-OLAM FOUNDATION who is into providing basic needs, education, health and counseling brought their application for registration and have been submitted to the regional directorate for onward approval.

Livelihood Empowerment and Alleviation of Poverty (LEAP)

The 50th and 51st Cycle payment was done during the quarter under review through the thirty (30) beneficiaries’ communities.

Challenges

- ✓ Some of the beneficiaries have not received their grants since its inception.
- ✓ Office Space to contain clients is a big challenge to the department
- ✓ Transportation to the various communities is also another challenge

Child Rights, Promotion and Protection:

Forty four (44) cases were recorded during the quarter under review.

Table: Children's Homes

TYPE OF CASES	BF		NEW CASES		AGES				Discharge to family		Fosterin g	Remaini ng		Deaths			
	M	F	M	F	0-5	6-11	12-17	18-above	Relative	M	F	M	F	M	F	M	F
Physical abuse			2		2					2							
TOTALS			2		2					2							

Table: Orphanages

No. of registered orphanages	Orphanages registered in the year	No. of children in orphanage	Sex of children		No. orphanages closed down	No. of children returned to family	No. of trained caregivers
			M	F			
Kiku-Kinderhaus Kumasi	11	11	2	9	Nil	1	4
Step by Step	3	3	2	1	Nil	Nil	2
TOTALS	14	14	4	10		1	6

Hospital Welfare Services

TYPE OF SERVICES PROVIDED	BF		NEW		CLOSED		REMAININ G		TOTAL S	
	M	F	M	F	M	F	M	F	M	F
Contact with relatives				2				2		2
Recommended for free treatment	1		1		1	1			1	1

Sent to children's home				2	2				2	
Assisted to register with NHIS			5	5	5	5			5	5
TOTALS										

Central Destitute Infirmary

Table : Central Destitute Infirmary

No. At Infirmary		New Admissions		Age			Discharges	
B	F	M	F	0-30	31-60	60+	M	F
		1		1			1	

Non – Governmental Organizations (NGOs)

EL-OLAM FOUNDATION has submitted its application for registration and has been submitted and forwarded to the directorate for certification.

MUNICIPAL HEALTH DEPARTMENT

There are thirty-five (35) health facilities with Ninety-Three (93) outreach points. The distribution of the various types of health facilities in the municipal is described in Table 1.1 below.

Table : Health Facilities

Type Of Facilities	Number-35
Hospital	7 (Government -3 & Private -3, CHAG -1)
Health Centers	4
Government Maternity Home & Clinic	2
Private Maternity Homes	5
Clinics	13 (Government- 2, GHAG- 4 & Private-7)
Community-based Health Planning & Services (CHPS) Compound	4

3.4.1 Brief overview of major concerns at the beginning of the year

The major concerns at the beginning of the year were as follows:

- **Inadequate critical staff**

Though the human resource situation has improved over the years, most facilities within the Municipal do not have adequate number of Doctors, Physician Assistants, Anesthetists, Health Information officers, Pharmacy and laboratory technicians as well as Accounts personnel. Currently personnel performing such services are on the job trained.

- **Inadequate health infrastructure and residential accommodation**

The facilities in the Municipal are faced with inadequate infrastructure. This is hindering the expansion and provision of services; thus clients have to trek to other facilities for such services. The Municipal Health Directorate has no accommodation for staff working at the directorate not even for the Municipal Director of Health Service

- **Lack of transport for Service delivery**

The Municipal health directorate has no transport for supervision and conveying of logistics. This does not augur well for quality service provision. The health facility vehicles are also in the red zone (thus vehicles more than five years old).

- **Inadequate funds for service delivery**

The Municipal Health Administration does not receive funds for day-to-day running of the office.

- **Delay in reimbursement of funds by NHIS**

NHIS reimbursement to health facilities were in arrears for one year.

- **Late, incomplete data submission and poor data management by health facilities**

Report submission has been seen as a bane by most of the health facility in-charges. Some facilities do submit but very late.

- **Limited services and specialties:**

There is absence of essential services like x-ray and laboratory services in some facilities in the Municipality.

- **Poor community support in health care delivery within the municipality**

Community support for health is dwindling. Community durbars organized were not well attended.

3.4.2 Key priorities for 2017

1. Improve and strengthen Nutrition services

- Mentor frontline staff to provide appropriate counseling services to mothers during outreach programs
- Segregate Vitamin A data by semesters and devise key strategies to increase coverage so as to meet 80% target by UNICEF
- Ensure accurate nutrition data capture and reporting

2. Improve Reproductive Health

- Ensure adequate and quality reproductive health care services in the hospitals and other health facilities
- Ensure proper growth and development of children in the municipality
- Maximize community participation in health care delivery
- Improve access and quality of family planning services to clients

- To ensure proper documentation of procedures

3. Strengthen disease surveillance, emergency preparedness and response

- Strengthen disease surveillance, emergency preparedness and response
- Improve data management and report submission
- Improve TB case detection
- Improve immunization coverage

4. Improve Health Promotion Activities in the Municipal

- Provide technical support of health education to Child Welfare Clinics at the sub-Municipal level
- Undertake mass campaign (using radio, information centers and vans) in outbreaks
- Collaborate and coordinate health activities of partners and NGOs working in health within the municipality

5. Improve Health infrastructure

- To ensure the provision of appropriate and adequate number of health facilities, offices, and staff accommodation
- To ease pressure on existing facilities
- To meet the increasing demand of health service delivery in the Municipal

6. To promote effective and effective financial management through

- Monthly bank reconciliation
- Pre-auditing of payment vouchers
- Acquit all payment vouchers on time

7. Improve Human Resource Capacity

- To organize refresher training for staff on appraisal.
- To organize in-service training for staff on GHS code of ethics.

6. Improve data management

- Training of new staff on reporting forms especially OPD forms
- To visit all added new facilities in the Municipal
- Institute functional validation at all facilities

Proportion of functional Community- based Health Planning and Services (CHPS) Zones to demarcated zones

The Municipal has 47 demarcated zones and all are functional. The following were the activities carried out in the CHPS zones with the support of the Maternal Child Health and Nutritional Program (MCHNP) funds

The MCHNP has been instrumental in providing maternal, nutritional and child health services for enhancing healthy communities within Ejisu Juaben municipality. The programme is implemented alongside the CHPS Concept which emphasizes on community participation and ownership. The objective of the programme is to increase availability and accessibility of maternal, child health and nutrition interventions using existing community-based health service delivery strategies and communication channels to inform, sensitize and motivate care-givers, community leaders and other key audiences.

The target groups are pregnant women and children under-five years. Some of the approved activities carried out included;

- Routine outreach services on maternal, nutrition and Child health at the community level such as growth monitoring and immunization of children under five years, health education and counseling of care givers and school health services.
- Routine Home visits
- Community Health Management Committee (CHMC) Meetings; 141 CHMC meetings were held.
- Community Durbars; a total of 55 community durbars were held
- Community Health Officers (CHOs) review meeting

The review meeting was held on the 7th December, 2017 to review progress of work under MCHNP during the year. Participants were all CHOs from the 47 CHPS zones. Presentations were done by CHOs per assigned CHPS zone. Participants were given the opportunity to peer review from the presentations. The review meeting was an opportunity where feedback from Facilitative Supervisory Visits (FSVs) were discussed and issues clarified. Drawing of CHAP, maps and graphs/charts of health indicators were also discussed. DHIMS accessibility and data entry were also discussed. CHOs were encouraged to continue with the good work they have been doing and also put in their best since better performance always yield fruitful results.

- Facilitative supervision to Sub-municipals and CHPS zones; FSVs were done Annually.
Gaps identified include:

FSVs from Sub District To CHO/CHPS Zone

- ❖ Records on adolescent health (profile and action plan) for CHPS zone /CHO

- ❖ CHV's supervision not done
- ❖ CETS inactive/non-existence in most CHPS zones
- ❖ Report submission checklist not available
- ❖ Charts of antigens, spot maps and health indicators graph not done for CHPS zones.
- ❖ CHAP not well developed in most of the CHPS zones
- ❖ Asset registers not updated and asset embossment / labeling (CHPS compounds).
- ❖ Access to DHIMS entry and inadequate computers (most CHOs not having access).
- ❖ Vaccine wastage chart not done.

FSVs from District To Sub District

- ❖ Functioning equipment, computers and accessories not covered after use.
- ❖ Post natal care stamp not available.
- ❖ CBSV supervision not done.
- ❖ Inadequate computers for DHIMS entry.
- ❖ Data validation team not active (Juaben Sub – Municipal).

3.4.3 Financial Support

A total amount of **GHC150, 458** was released in 2017 for all approved activities under the MCHNP. The funds were utilized accordingly. Below is a table showing Financial Support towards implementing MCHNP activities for the year (2017).

Table : Disbursement of funds per activity

Funds Received	Feb- April	May- July	Aug- Oct,2017	Total	Percent (%)
Carry out integrated Outreach Services	10,575	11,280	18,013	39,868	26.50
Daily/ weekly home visits	9,870	9,870	14,100	33,840	22.49
Organize Annually CHMC meetings	4,700	4,700	6,110	15,510	10.31
Organize Annually durbars	8,000	6,000	8,000	22,000	14.62
Conduct FSV to SD	7,520	3,950	5,500	16,970	11.28
Conduct FSV to CHO	3,000	7,990	11,280	22,270	14.80
Total	43,665	43,790	63, 003	150,458	100

Challenges

- Inadequate funding to carry out planned activities.
- Delays in receiving monthly HP report from sub-districts.
- Receiving reports/feedbacks on activities of NGOs and research work within the municipality is problematic.

Way Forward

- Increase mental health education sections within Sub-municipal.
- There is the need to increased outreach activities to men and opinion leaders.
- Increase outreach to places such as markets, churches and Mosque.
- Use radio, CIC and the social media to reach a large coverage of people.

Table : Out Patient Department Utilization

	ANNUAL		
	2015	2016	2017
OPD Attendance	233,839	240,551	241,221
OPD Visits by Insured Clients	198,967	197,383	201,109
OPD Per Capita	1.4	1.4	1.5
OPD Malaria Cases	49,154	46,289	40,624
OPD Malaria tested	37,438	37,293	47,515
OPD Malaria Cases (+ve)	25,124	23,417	28,607

Table : Top Ten Causes OPD Attendance

	2015		2016		2017	
	Disease	Cases	Disease	Cases	Disease	Cases
1	Malaria OPD cases – clinical and confirmed	49,154	Malaria OPD cases – clinical and confirmed	46,289	Malaria OPD cases – clinical and confirmed	40,624
2	Upper Respiratory Tract Infections	17515	Upper Respiratory Tract Infections	19,274	Upper Respiratory Tract Infections	17,384
3	Rheumatism & Other Joint Pains	13,244	Rheumatism & Other Joint Pains	9730	Rheumatism & Other Joint Pains	11,112
4	Acute Urinary Tract Infections	9,703	Diarrhoea Disease	7,021	Diarrhoea Diseases	9,161
5	Anaemia	8571	Anaemia	6596	Anaemia	6,624
6	Diarrhoea Diseases	7698	Skin Diseases	5771	Acute Urinary Tract Infection	5,664
7	Skin Disease	6,369	Acute Urinary Tract Infections	5,121	Skin Diseases	5,300
8	Septiceamia	6012	Typoid fever	4586	Typhoid Fever	5,085
9	Pneumonia	4868	Intestinal Worms	4171	Pneumonia	4,869

10	Intestinal Worms	3050	Pneumonia	3869	Intestinal Worms	3,481
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Table: Top Five Causes of Admission

2015		2016		2017	
DISEASE	CASES	DISEASE	CASES	DISEASE	CASES
Malaria	2818	malaria	2723		
Diarrhoea Diseases	798	Diarrhoea diseases	1181		
Septicaemia	657	Septicaemia	830		
Hypertension	201	Anaemia	788		
Anaemia	472	Hypertension	278		

Table : Top Five Causes of Death

2015		2016		2017	
DISEASE	No.	DISEASE	No.	DISEASE	No.
Hypertension	20	Hypertension	15		
Septicaemia	14	Diabetes Mellitus	14		
Malaria	11	Anaemia	14		
Anaemia	11	Septicaemia	13		
Liver Cirrhosis	4	Liver disease	9		

Figure : OPD Malaria Cases 2017

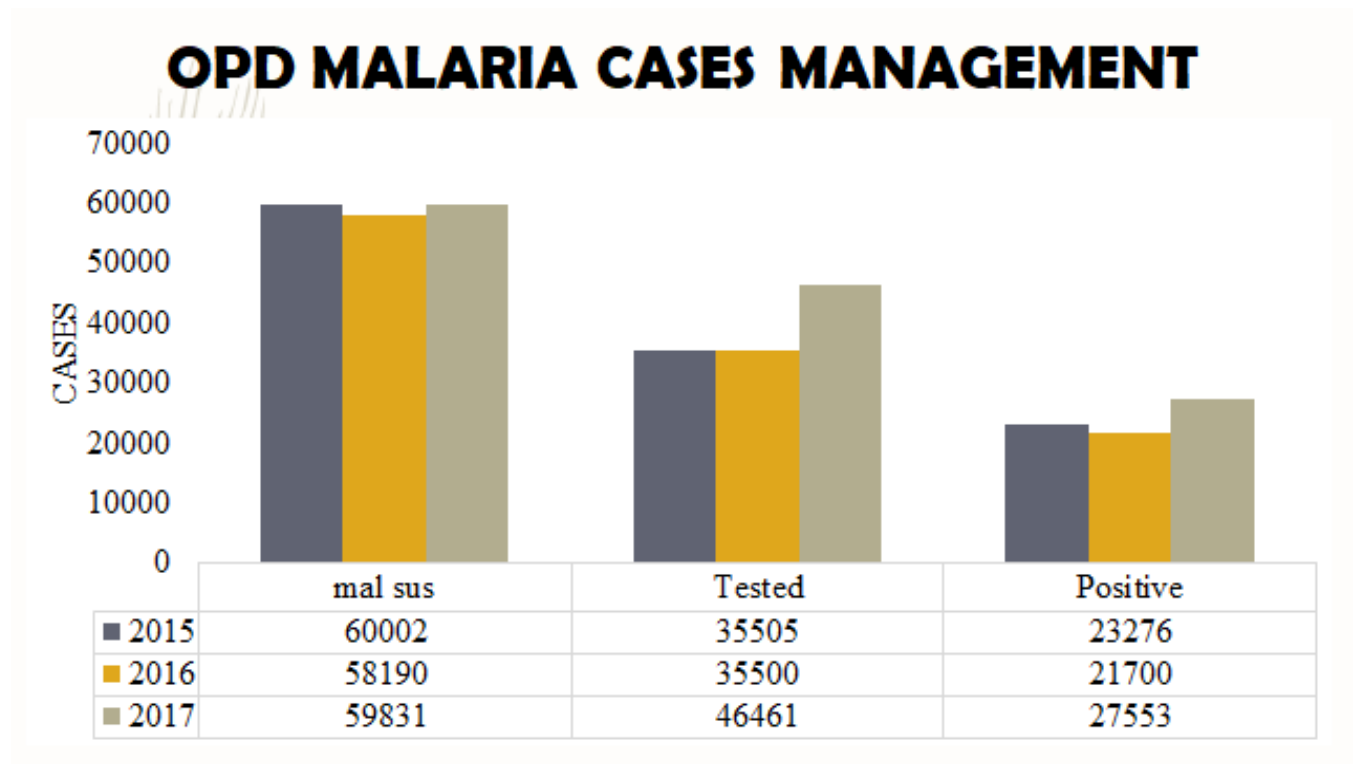


Figure 2: OPD Malaria in Pregnancy

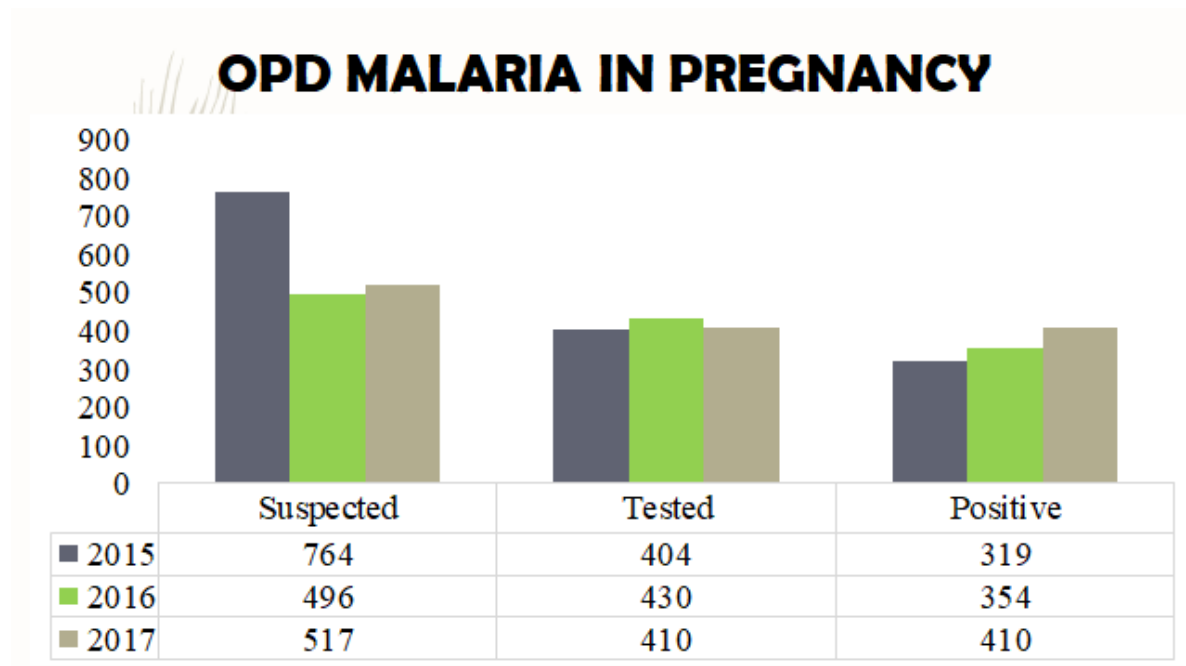


Table: Malaria Under 5 Years

	2015	2016	2017
SUSPECTED	16,754	14,440	7373
TESTED	9,580	8,620	5806
POSITIVE	6,694	5,632	3626

Table: DHIMS Performance

Name	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time
Essential Obstetric Care	24	24	100	22	91.7
Population Data	5	5	100	5	100
Monthly Vaccine Stores Report-District	12	12	100	8	66.7
Monthly District Data Entry Authorisation	12	12	100	12	100
Monthly Specialist Services (Form C)	12	12	100	9	75
Monthly Assurance Returns	24	24	100	21	87.5
Monthly Specialist Services (Form B)	12	12	100	11	91.7
Monthly Specialist Services (Form A)	12	12	100	12	100
Annually District CHPS Monitoring Reporting (New)	4	4	100	4	100
Monthly Oral Health Returns	24	24	100	23	95.8

Monthly Physiotherapy Returns	12	12	100	11	91.7
TB Monthly Report on Medicines Management (logistics)	36	36	100	31	86.1
Monthly Returns on Surgical Operations	24	24	100	22	91.7
Monthly Reporting on TB Treatment Results: Children (<15 years) – NEW	36	36	100	33	91.7
Monthly Adolescent Health Report	12	12	100	9	75
Monthly Yaws Summary Sheet	60	60	100	44	73.3
Monthly Form B - Family Planing Returns	276	276	100	240	87
Monthly Report on TB Case Registration - NEW	36	36	100	33	91.7
Monthly Form A - Midwife's Returns	408	408	100	351	86
Weekly IDSR Summary Reporting Form	260	260	100	253	97.3
Monthly Reporting on TB Treatment Results: All Patients (Adults + Children) - NEW	36	36	100	33	91.7
Monthly Statement of Inpatient	24	24	100	24	100
Monthly Nutrition and Child Health	599	600	99.8	564	94
Monthly Facility IGF Expenditure Form	155	156	99.4	96	61.5

Monthly Vaccination Report (EPI)-NEW	605	612	98.9	588	96.1
Monthly Bed utilization form	35	36	97.2	33	91.7
Monthly Haematology Returns	35	36	97.2	30	83.3
Monthly Facility IGF Revenue Form	150	156	96.2	96	61.5
Monthly Anti Retroviral Therapy Returns	23	24	95.8	22	91.7
Monthly Microbiology Returns	23	24	95.8	22	91.7
Monthly Antenatal/Maternity Malaria Data Returns	379	396	95.7	316	79.8
Monthly OPD Morbidity Returns	367	384	95.6	289	75.3
Monthly Statement of Outpatients	365	384	95.1	289	75.3
Monthly IDSR Summary Reporting Form	364	384	94.8	276	71.9
Monthly Biochemistry Returns	34	36	94.4	27	75
Monthly Malaria Data Returns on Anti-Malarials	354	384	92.2	258	67.2
Monthly Viral Hepatitis Reporting Form	22	24	91.7	20	83.3
Data Capturing Tool for Medicine Availability (Pharmacy)	33	36	91.7	17	47.2
HTC Monthly Returns Form	315	348	90.5	256	73.6

Monthly Facility NHIS Analysis	117	144	81.3	70	48.6
Annually Form For Rational Use Of Medicines	20	28	71.4	12	42.9
Annually Report On Occupational Health Surveillance 3	7	12	58.3	5	41.7
Facility Human Resource Information	81	150	54	14	9.3
Monthly Health Promotion Reporting Dataset	69	168	41.1	51	30.4
BMC Approved Expenditure Budget	2	9	22.2	2	22.2
Annually Health Promotion Reporting Dataset	0	4	0	0	0
Monthly Eye Health Reporting Form	0	12	0	0	0

Table: Timeliness – OPD Morbidity

Name	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time
Peminase Clinic	12	12	100	12	100
Achiase Health Centre (Ejisu Juaben)	12	12	100	10	83.3
Achiase	24	24	100	22	91.7
Nobewam SDA Clinic	12	12	100	11	91.7
Bomfa Health Centre	12	12	100	8	66.7

Huttel Health Centre	11	12	91.7	8	66.7
Bomfa	35	36	97.2	27	75
Ejisu Government Hospital	12	12	100	12	100
Adako-Jachie Abankro CHPS	12	12	100	11	91.7
Tikrom Health Centre	12	12	100	10	83.3
Humble Maternity Home Kokobra	12	12	100	11	91.7
Ama Nyame Memorial Medical Centre	12	12	100	9	75
Fumesua Clinic	12	12	100	9	75
All Souls Clinic	12	12	100	6	50
Amoaman Achiase CHPS	12	12	100	11	91.7
Apromase Clinic	12	12	100	11	91.7
Dakopon Hospital Kwamo	11	12	91.7	10	83.3
Paradyse Hospital Ejisu	11	12	91.7	4	33.3
Ernest Medical Centre Ltd	11	12	91.7	9	75
Global Evangelical Hospital	11	12	91.7	10	83.3
Sanford Clinic	11	12	91.7	4	33.3
Mama Tina's Maternity Home, Kwamo	10	12	83.3	8	66.7

Living Waters Hospital	10	12	83.3	5	41.7
Saviour Clinic	9	12	75	2	16.7
Madonna Clinic Besease	9	12	75	6	50
Rev. Walker Clinic Kokobra	8	12	66.7	2	16.7
Sarbs Clinic	8	12	66.7	2	16.7
Ejisu	217	240	90.4	152	63.3
Juaben Mmorontua Dumakwai CHPS	12	12	100	10	83.3
Juaben Government Hospital	12	12	100	9	75
Nkyerepoaso CHPS	12	12	100	11	91.7
Juaben	36	36	100	30	83.3
Onwe Hospital	12	12	100	7	58.3
St. Anns Clinic Donyina	11	12	91.7	10	83.3
Church of God Essienimpong	10	12	83.3	7	58.3
Kwaso Health Centre	9	12	75	3	25
Kwaso	42	48	87.5	27	56.3

Human Resource Situation

The Municipal have 711 permanent staff as compared to 2016 which had 670. Our various government facilities also have 130 casuals paid from Internal Generated Funds. (IGF)

Staff Strength

Categories of staff	No.
Midwives	110
General Nurses	173
Enrolled Nurses	143
Community Health Nurses	80
District Director	1
Public Health Nurse	1
Medical Officers	13

New Entrants /Newly Qualified Staffs

The Municipal received 81 newly qualified staff.

- Midwives - 35
- General Nurses - 25
- Medical Officers - 3
- Community Health Nurses - 10
- Enrolled Nurses - 8

Inter-District and Regional Posting of 48 staff

Categories of staff – New posted staff and inter-district and regional postings	2017
Midwives	40
Enrolled Nurses	23
General Nurses	35
Community Health Nurses	20
Medical Officers	3

Optical Technician	6
Accountants	2
Pharmacy Technician	3
Driver	1
Health Assistants	2
Others	4
Total	129

Staff Strength of Nursing Class

Staff	No.
Doctor to Patient Ratio	1:13877
Nurses to Patient Ration	1:936
Midwives to Patient Ration	1:2220

Table : Performance Appraisal

Facility	No. of Staff appraisal	Percentage (%)
Juaben Hospital	91	63
Ejisu Hospital	113	42
Onwe Hospital	60	66
MHD (Including the Sub-district	100	57
Total	364	55

Challenges

- Poor attitude of staff towards performance appraisal.
- Lack of funds to organize in-service training.

Way forward

- To organize refresher training for staff on appraisal.
- To organize in-service training for staff on GHS code of ethics

Reproductive and Child Health Services

Reproductive and Child Health unit provides preventive, curative, promotional and rehabilitative services to all especially mother and child including adolescents. The unit also collates data from all health facilities in the municipality i.e. 35 facilities, 46 TBAs and 200 CBS volunteers. The main areas are;

MATERNAL HEALTH

- ANC ,
- PMTCT
- IPT
- Post abortion Care
- Comprehensive abortion care
- Adolescent Health
- Deliveries
- Postnatal Care
- Family Planning

CHILD HEALTH

- Growth monitoring
- School Health
- Home visit
- Immunization

MAIN PRIORITIES

- ▶ Ensure adequate and quality reproductive health care services in the hospitals and other health facilities
- ▶ Ensure proper growth and development of children in the municipality
- ▶ Maximize community participation in health care delivery
- ▶ Improve access and quality of family planning services to clients
- ▶ To ensure proper documentation of procedures

ANTENATAL CARE

Antenatal Care (ANC) is the health services rendered to pregnant women right from conception till birth to ensure the proper growth and development of the foetus and the mother. The pregnant women are educated to attend antenatal clinics at least four times during pregnancy to ensure that they benefit from all the interventions put in place to promote their health. Some of the interventions are foetal growth monitoring, vaccination with tetanus diphtheria toxoid ,intermittent preventive treatment for malaria,(IPT) iron-folate supplementation as well as routine screening tests for protein and sugar in urine, HB and HIV test for PMTCT. The current strategy for providing antenatal care is Focused Antenatal Care which is geared towards promoting individualized, client centered and comprehensive services. Most of the facilities in the municipality are trying this strategy; the major hindrance is inadequate midwives and space. Ejisu and Juaben Government hospitals organized Annually “couples forum” to educate pregnant women and their partners on pregnancy issues, preparation for delivery and the support they need from their partners.

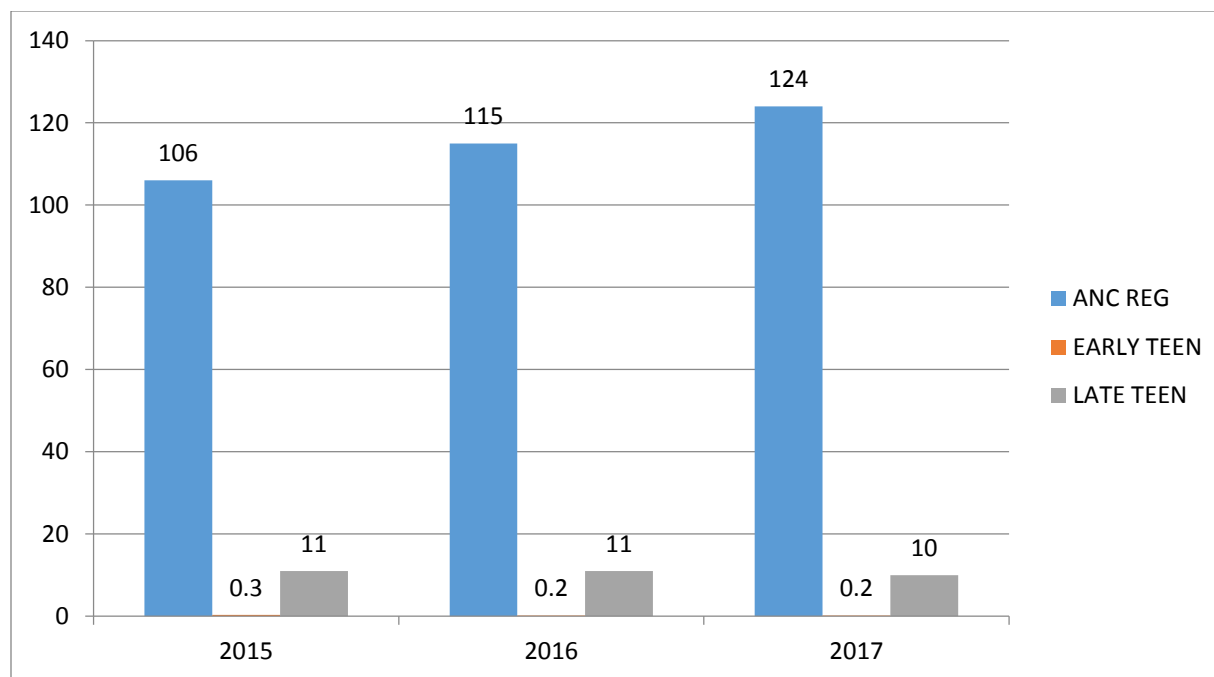
For the year under review, 8257 pregnant women were registered which is 124%. Those who could make the fourth visits were 4723 (57%) a bit reduced compared to last year which was 63% An average visit per client was 4.0, TD2 registrants were 5213 making 78%. Early teen pregnancies were 16 i.e. 0.2 % and late teens were 805 i.e. 10%. There wasn't any reduction, it is hoped that a vigorous education would be done this year in communities to effect a reduction. Coverage of IPT3+ is 6361 which is 77%, very encouraging. The table below shows the detail

Table : Safe motherhood performance

PERIOD	2015		2016		2017	
	ACTUAL	COVERA GE (%)	ACTUAL	COVERAGE (%)	ACTUAL	COVER AGE (%)
Antenatal care	6935	106	7752	115	8257	124
At least 4 visit	4578	66	4940	68	4723	57
Hb<7.0g/dl at reg	35	0.5	82	1.1	307	3.7
Hb <7.0g/dl at 36 weeks	15	0.2	29	0.4	78	0.9
Hb <11.0g/dl at registration	2773	39.9	2795	39	2866	34.5
Hb <11.0g/dl at 36 weeks	3913	56.4	1442	20	1388	16.8
Early Teen preg	19	0.2	16	0.2	13	0.2
Late teen preg	770	11	786	11	792	10
IPT3+	4397	64	5558	72	6361	77
Supervised delivery	5446	83	5581	83	5862	88
Total delivery (including trained TBA)	5422.1	83	5646	83.6	5874	88.2
Low birth weight rate	7694	11.9	621	11	306	5.2
Still birth rate	96	17.6	95	1.7	83	14
Postnatalcare coverage	5445	83	5569	82.5	6491	97

Maternal mortality ratio(institutional)	3	49	9	164	2	340/00000
TD2+ immunization	5337	81	5015	70	5213	78
CYP short term method		4599.1		5624.5		9647.5
CYP long term method		2303.5		3261.5		13646.2
Total CYP		6902.6		8886.0		23293.7
Family planning acceptor rate	14370	36	15512	38	21918	55

Figure 3: Antenatal Care Coverage 2014-2016



SKILLED DELIVERY

Skilled delivery is used to assess the pregnancy outcomes and the key indicators are live births, still births (fresh and macerated), birth weight and neonatal deaths. About twenty five facilities in the municipality conduct skilled deliveries and the total deliveries recorded for the year was 5862, coverage of 88% out of total expected deliveries, a bit increase compared to last year which was

83% . A total 12 TBAs deliveries were recorded making coverage of 0.2% TBAs are always encouraged to refer delivery cases to health facilities and they are really doing that, the coverage keeps decreasing. 83 still births were recorded with 30 fresh and 53 macerated, accounting for 14/00 live births.

Table : Skilled Delivery

Sub Municipal	2015	(%)	2016	(%)	2017	(%)
Achiase	129	(23)	159	(27)	130	(22)
Bomfa	265	(28)	272	(28)	369	(39)
Ejisu	3576	(131)	3736	(133)	3872	(140)
Juaben	811	(77)	772	(71)	886	(83)
Kwaso	665	(52)	642	(49)	605	(47)
MUNICIPAL	5446	(83)	5581	(83)	5862	(88)

Figure : Skilled Deliveries

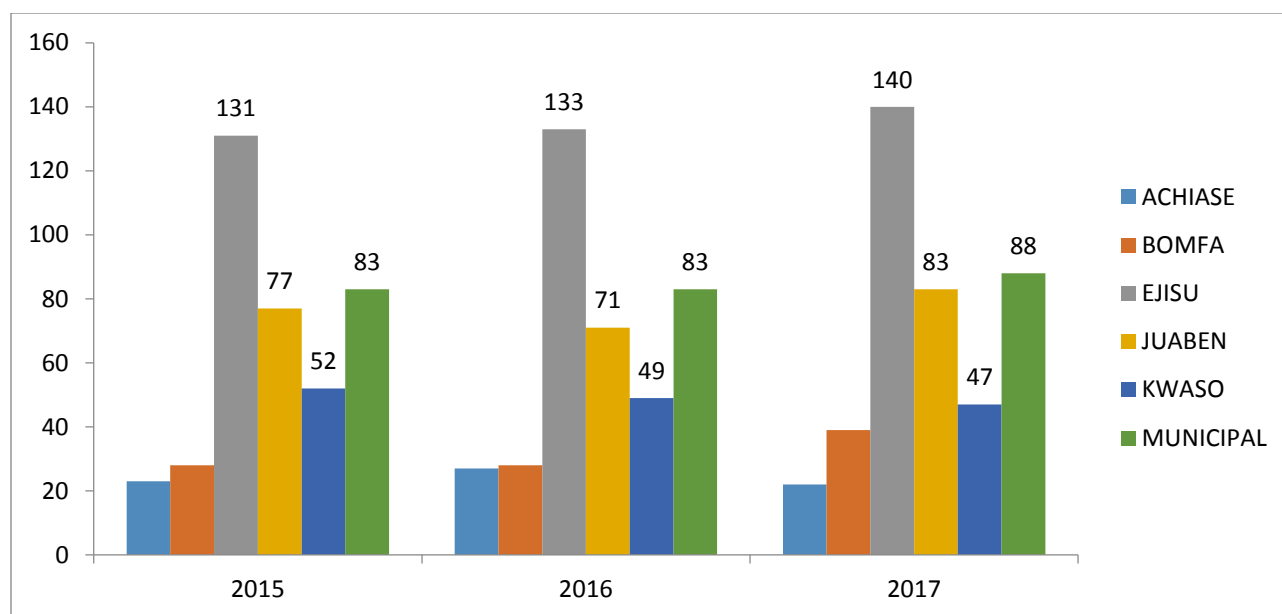
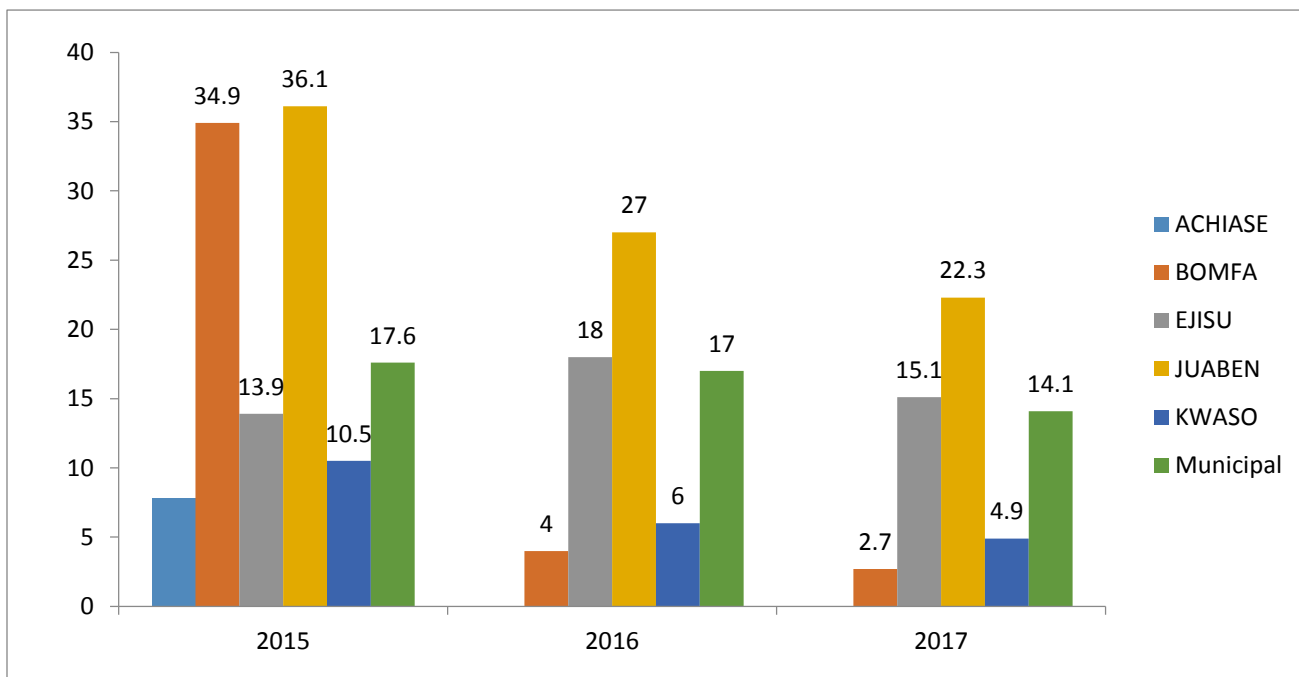


Table: Still Births

Sub municipal	2015			2016				2017	
	Macerated	Fresh	TOTAL SB	SB RATIO	Macerated	Fresh	TOTAL SB	SB RATIO	M
Achiase	1	0	1	7.8	0	0	0	0	0
Bomfa	7	2	9	34.9	1	1	1	4	1
Ejisu	37	13	50	13.9	46	69	69	18	42
Juaben	27	2	29	36.1	15	21	21	27	1
Kwaso	3	4	7	10.5	3	1	4	6	1
MUNICI PAL	75	21	96	17.6	65	30	95	17	53

Figure: Still Births



CAUSES OF STILL BIRTHS

*Asphyxia

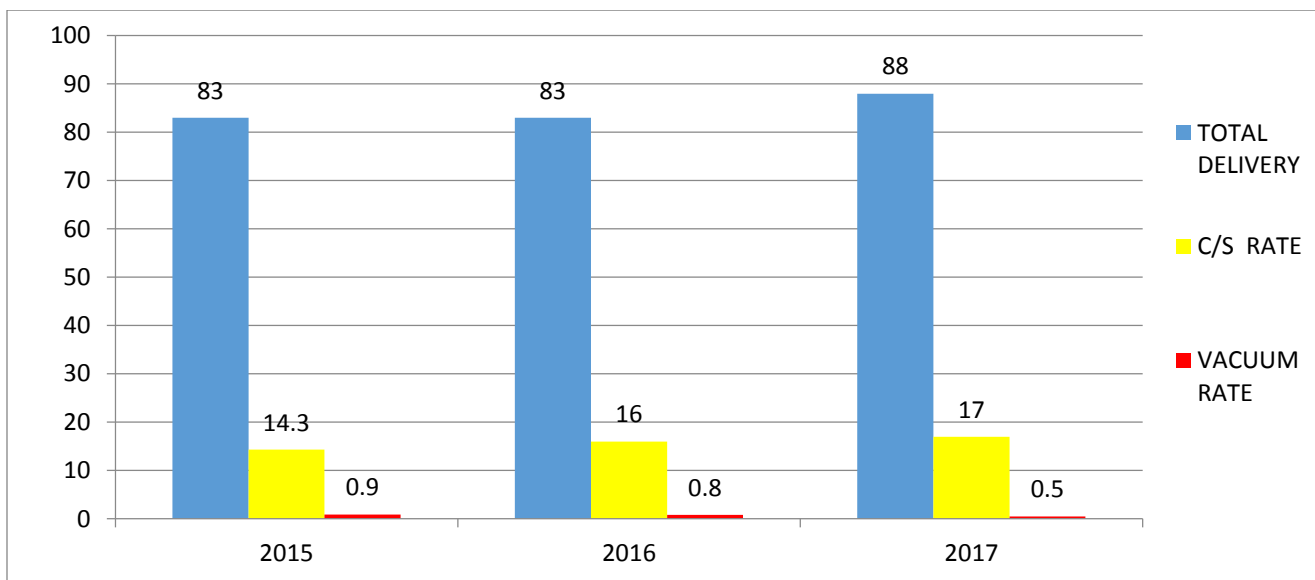
* Intra Uterine Death

*Pre eclampsia

*Prematurity

* use of herbal concoction

Figure 6: Essential Obstetric Care



POSTNATAL SERVICES

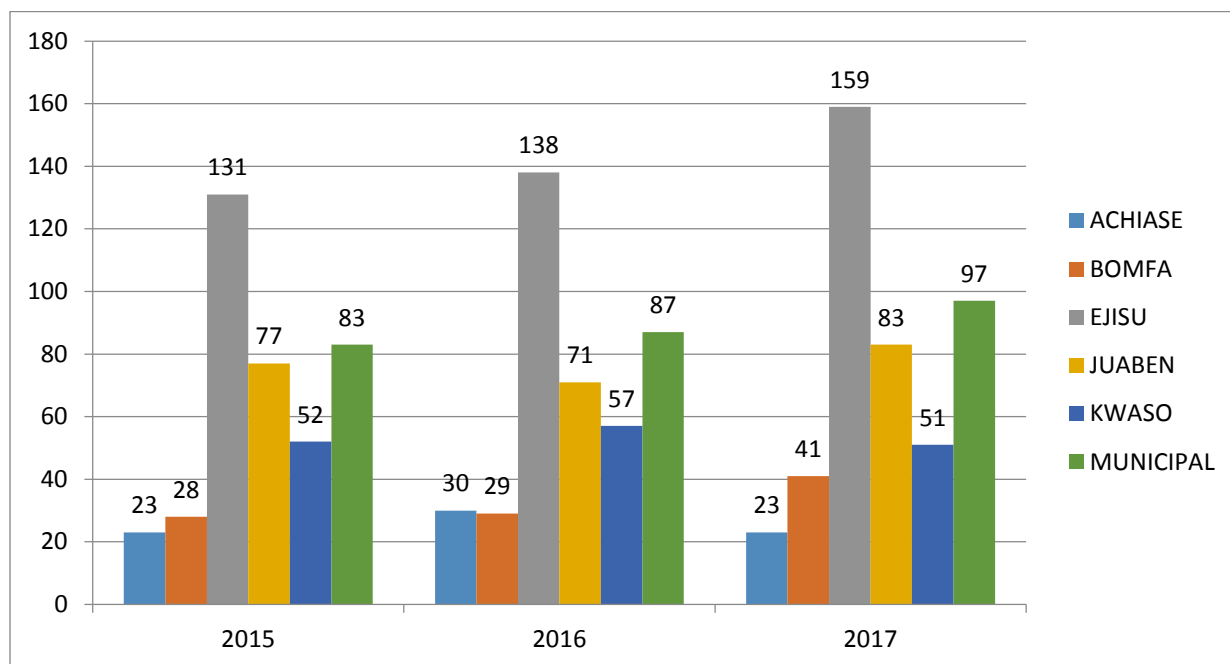
Postnatal service begins soon after the baby and placenta are delivered. Totalcare of mother and child, examination from head to toe of the baby and mother is done to ensure good health of them and the care continues to up to 42 days or 6 weeks. Postnatal vitamin a supplementation is also given to mother up to two months following childbirth.

In all 5848 postnatal mothers were registered making 87% of expected deliveries. 65 of the mothers delivered with TBAs making 1% of postnatal registrants.

Table : Postnatal Services

	2015	(%)	2016	(%)	2017	(%)
Achiase	129	23	179	30	133	23
Bomfa	265	28	282	29	392	41
Ejisu	3575	131	3868	138	4415	159
Juaben	811	77	775	71	894	83
Kwaso	665	52	744	57	655	51
MUNICIPAL	5445	83	5848	87	6491	97

Figure : PNC Coverage



SCHOOL HEALTH SERVICES

- School health service is performed by RCH staff in collaboration with GES and Environmental Health staff. They inspect environment, food vendors, hand washing facility and examine the children for minor ailment and refer.
- A total of 285 schools were visited out of 371 schools in the district (76%).

ACHIEVEMENTS & SPECIAL PROGRAMMES

- Durbars were organized in several communities to educate people on current health issues ,unsafe abortions and availability of Comprehensive Abortion Care services (CAC)

Challenges

1. Lack of vehicle for MHA, which makes regular monitoring and supervision very difficult.
2. Late submission of reports especially from the private and CHAG institutions
3. Inadequate logistics for Nursing/Midwifery practice
4. Inadequate infrastructure i.e lack of intensive care unit (Ejisu hospital) and SLUICE rooms in all facilities
5. Inadequate accommodation for Nurses & Midwives

Way Forward

- ❖ Organize durbars in more communities to educate people on Teenage pregnancies, unsafe abortion and Family planning
- ❖ In service training for midwives on EmONC
- ❖ Operationalize the newly built Emergency unit in Ejisu hospital
- ❖ Train new RCH staff in FP counseling, methods and practice.

Acknowledgement

- The RCH appreciates the technical and financial support from the MHD and RHD
- The Municipal assembly for the CHPS compound at Korase

Conclusion

- The RCH unit expresses sincere gratitude to the MHMT and Health facilities for technical support in diverse ways and especially to the facility heads for financial and moral support
- Appreciation to Municipal Assembly, RHMT and MHMT for their support in diverse ways to help improve the health of women and children.

Nutrition Services

Scaling up nutrition through targeted interventions is the main focus of the nutrition unit. It seeks to promote good health and prolong life. The unit collaborates with all other public health activities in the Municipality, and this has actually supported the proper implementation of its major activities.

Staff Strength

Currently the unit is made up of one senior nutrition officer, and four technical nutrition officers at the Sub-Municipal level.

Concerns

- Low vitamin A supplementation
- Poor data collection, validation and reporting.
- Malnutrition rate increasing
- High cases of Aneamia in pregnancy

Priorities

On the job training of frontline staff in data collection and reporting and Ensure accurate nutrition data recording and reporting

- Improve vitamin A supplementation through targeted strategies
- Strengthen existing diet related clinics in Ejisu , Juaben Hospital and create one in Onwe hospital
- Strengthen nutritional counseling during community growth monitoring and promotion

Major Strategic Interventions Carried Out

- Community Growth Monitoring and Promotion
 - ▶ Municipal Coverage
 - ▶ Malnutrition status
- Nutrition Rehabilitation
- Lactation management
- Management of Non-communicable diseases
 - ▶ Diabetic clinics
- Micronutrient supplementation
 - ▶ Vitamin A Supplementation
 - ▶ Iodated salt survey
- School Health and Nutrition Day-care Surveillance
- Nutrition Education at Service Delivery Points
- Facilitative Supervision and Support Visit to Facilities
 - ▶ Vitamin A Training And Supportive Supervision
 - ▶ Community Infant and Young Child Feeding Training
 - ▶ Data Monitoring And Validation
 - ▶ Lactation Management
- Child health promotion week celebration

Community Growth Monitoring And Promotion (GMP)

Growth monitoring was conducted on monthly basis for children aged 0-11 months, 12-23 months and 24-59months during which their weights and heights are measured. The purpose of this activity is to assess the growth trend of the children, and intervene in cases of growth faltering.

Caregivers with children at risk of malnutrition (< -2 SD) are counseled and the ones detected to be severely malnourished (< -3SD) are referred to the nearest health facility for rehabilitation

This year however saw a decline in the utilization of GMP services in the municipality most especially in Juaben and Onwe/Kwaso municipal. The municipal will however re-strategize to increase uptake. Below are the results:

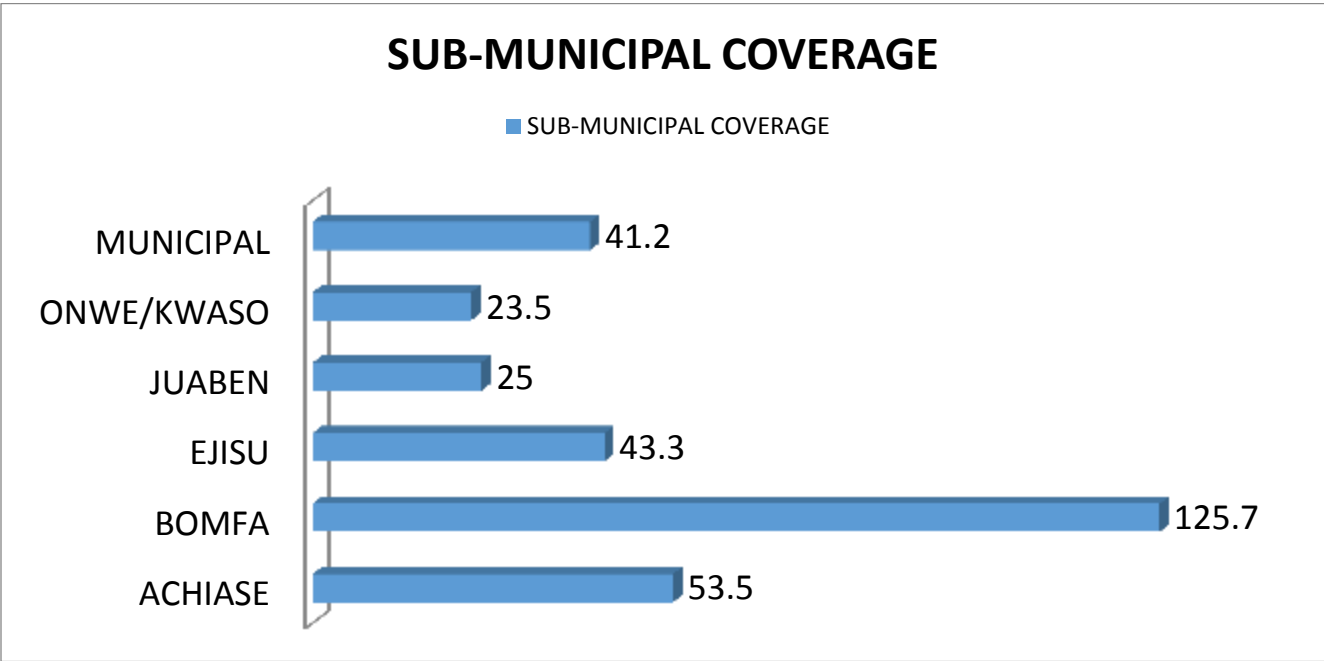
Table : Growth monitoring and promotion (Children 0-59 Months), Municipal coverage

Age group	2015	2016	2017	2015	2016	2017
0-11	9864	9454	8402	150.1	145.3	126.1
12--23	3695	3296	3350	57.7	52.0	51.6
24-59	2714	1162	1975	13.8	6.0	9.9
Total	16273	13912	13727	49.8	43.0	41.2

Table: Sub-Municipal Coverage (0-59 Months)

Sub-districts	2015	2016	2017	2015	2016	2017
ACHIASE	2004	882	1551	70.5	31.2	53.5
BOMFA	3375	3157	3326	72.2	67.9	125.7
EJISU	5035	5988	5987	37.1	44.4	43.3
JUABEN	3097	1922	1345	58.8	36.7	25.0
KWASO	2762	1963	1518	43.6	31.1	23.5
MUNICIPAL	16273	13912	13727	49.8	43.0	41.2

Figure: Sub-Municipals Coverage



Nutritional Status of Children during Growth Monitoring and Promotion (0-59) Months

The nutritional status of children in the municipality has seen a massive improvement which has led to a decrease in malnutrition among children attending CWC. Below are the results:

Table: Nutritional Status of children at registration

	Children weighed	Severe Malnutrition	Moderate malnutrition
2015	16273	215	1843
2016	13912	117	770
2017	13727	42	563

Nutrition Rehabilitation of Moderately Malnourished Children In The Municipal

This is targeted children 6-59 months old identified to either be moderately or severely. Admission criteria is MUAC 11.5cm - 12.5cm or children with weight for age $\geq -3SD < -2SD$ in the case of moderately malnourished children. Care givers of these children are taking through series of nutritional counseling and in some cases Fortified blended food is given.

Table: Children Rehabilitated in the Municipality

Year	Admitted		Discharged	Referred	Died	FBF/ plumby nut issued
2015						
2016	153	110	22	4	0	760
2017						

Lactation management

As part of the activities involved in lactation, one key indicator has to do with the early initiation of breastfeeding which is expected to be practiced by facilities trained. This year we were fortunate to have one major facility designated facility as a baby friendly facility. It is therefore very necessary to access the practice of early initiation in these facilities. The data indeed shows an increase in the number of women initiating breastfeeding within 30 minutes of birth.

Table Early Initiation of breastfeeding

INDICATOR	2015	%	2016	%	2017	%
Total deliveries	5606		5581		5862	
Early initiation	1492	26.6	2695	48.2	5279	90.1
Weight below 2.5kg	640	11.4	621	11.1	751	12.8

Diet Clinics (Ejisu-Juaben)

Non-Communicable Diseases

Diet clinics are organized for diabetic and hypertensive clients at the Ejisu Government Hospital and Juaben hospital on weekly basis. During such clinic sessions, clients are given educational talks on diet, management of the condition, side effects of the drugs and the importance of reporting promptly at the health facility whenever the need arises. Nutrition counselling is given to new clients and old clients who still need to be counselled both on clinic days and during the week. This year saw a drastic decline in all cases.

Table: Clients Counseled During Diet Clinic

DISEASE	2015	2016	2017
HYPERTENSION	334	845	437
DIABETES	45	104	36
DIAB-HYP	66	89	63
OBESITY	6	0	0
TOTAL	451	1038	536

Micronutrient Supplementation

Vitamin A Supplementation of children (6-59) months in the Municipality

Vitamin supplementation is one major intervention carried out in the municipality; however the decline in coverage in the previous years was a major concern this year. Through some implemented strategies this year which included school health activities there has been a massive improvement from last year. This achievement can also be attributed to the recent training of staff and use of the vitamin A monitor chart which gives every staff the opportunity to see how they are faring.

Table: Total Children Dosed (6-59 Months)

YEAR	TARGET POPULATION	FIRST SEMESTER			SECOND SEMESTER		
		6-11	12-59	6-59	6-11	12-59	6-59
2015	28589	3600	6718	10318	2833	5565	8398
2016	29276	2492	8131	10623	3067	8381	11448
2017	29975	4634	19996	24630	3511	8364	11875

Aneamia In Pregnancy

Nutritional related iron deficiency is the main cause of anemia throughout the world. It is especially common in women of reproductive age and particularly during pregnancy. The demand for iron increases about six to seven times from early pregnancy to the late pregnancy. Besides poor nutrition, frequent labor, abortions, parasitic infestations determined as the predictors of anemia in reproductive age women.

The municipality is still battling with high rates of anaemia in pregnancy hence nutrition officers are being tasked to institute nutrition counseling services during antenatal clinics.

Table: Anaemia In Pregnancy

INDICATOR	2015		2016		2017	
	TOTAL NUMBER	<11gm/dl	TOTAL NUMBER	<11gm/dl	TOTAL NO	<11gm/dl
registrants checked	6935	2773 (40.0)	7449	2794 (37.5)	8257	2866 (34.7)
Pregnancies 36 weeks old checked	3913	1221 (31.2)	4216	1442 (34.2)	3753	1388 (36.9)

School Health And Nutrition Surveillance

School health activities were held in selected schools within the municipal to promote nutrition among school pupils. Vitamin A supplementation was one key activity carried out in schools to promote its intake and increase its coverage in the municipality.

Nutrition Day-care surveillance

This activity was successfully carried out twice this year to track the nutritional status of pre-school children. This activity enables the district determine its stunting, wasting and underweight rate, which will determine its next line of action. Below are the results of this year's nutrition day-care surveillance. The results show an increase in wasting among the pre-school children in the municipality; however a chronic effect of malnutrition which is stunting has declined.

Table: Nutrition surveillance

INDICATOR	NUMBER EXAMINED	PERCENTAGE (%)					
		2015	2016	2017	2015	2016	2017
underweight	< 10%	688	301	561	8.1	4.3	4.5
stunting	< 20%	688	301	561	5.7	6.0	5.0
wasting	< 5%	688	301	561	6.0	2.3	3.7

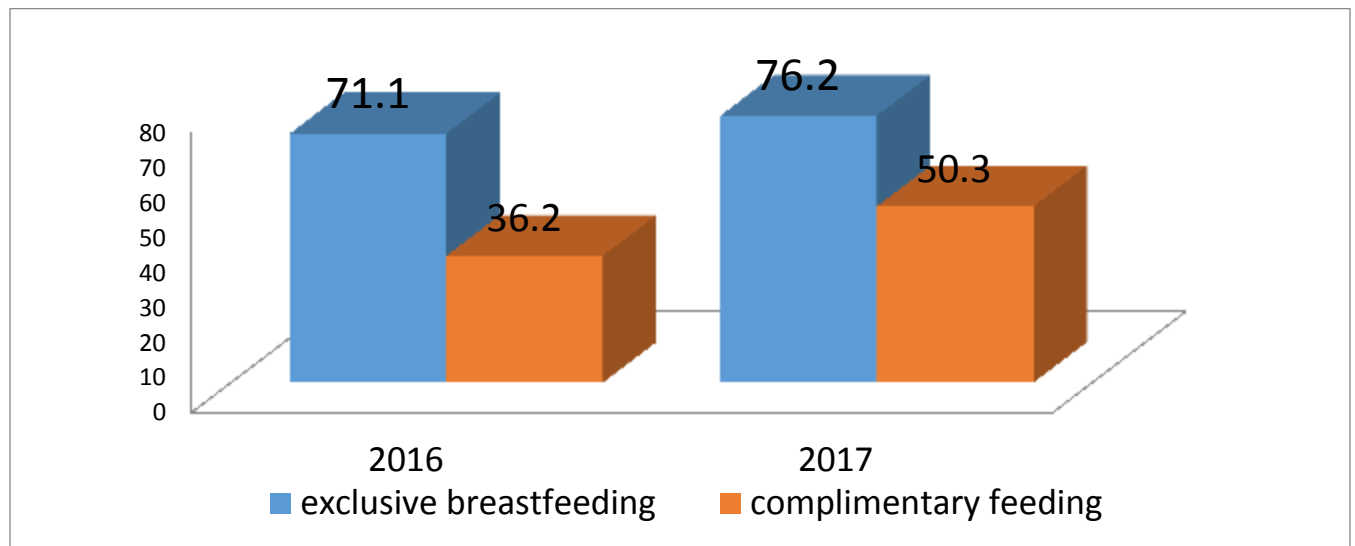
Nutrition Education at Service Delivery Points

Health Education and Promotion

Care givers, mothers, pregnant women, lactating women and the general public were educated on the following topics;

- Infant and young child feeding
- Exclusive breastfeeding
- Good complimentary feeding practices
- Nutrition in pregnancy
- Iodated salt intake
- Proper hand washing
- Vitamin A supplementation

Figure: Feeding Practices Of Children During Child Welfare Clinics



CHILD HEALTH PROMOTION

STRATEGIES ADOPTED

- Community health officers conducted child welfare clinics
- Birth registration was carried out during child welfare clinics
- Salt vendors from communities were contacted for the sales of iodized at the outreach points
- Community health officers/ Nutrition Officers organized food demonstration sessions during child welfare clinics
- Health education was carried out at all levels
- Market day out sessions were organized in markets found within the sub-districts where key services were rendered.

Birth Registration

Birth registration was carried out in selected facilities. Children 0-11 months were registered by officers from the birth registry department. In all 117 children were registered.

Table 3.61: Birth Registration

Sub-Municipal	2015	2016	2017
Ejisu	117	87	67
Juaben	40	NA	50
Onwe	NA	NA	0
TOTAL	157	87	117

Health Education and Promotion

Care givers, mothers, pregnant women, lactating women and the general public were educated on the following topics;

- Lactation management
- Good complimentary feeding practices
- Growth monitoring and promotion
- Iodated salt intake
- Proper hand washing
- Caring for newborns
- Family planning
- Immunization
- Meningitis
- Malaria

Table: Market day Out

SUB-MUNICIPALS	VITAMIN A SUPPLEMENTATION	NUTRITIONAL COUNSELING	FAMILY PLANNING REFERRALS
EJISU	408	408	5
JUABEN	134	134	0
ONWE	25	45	3
BOMFA	67	67	5
ACHIASE	30	15	2

School Health

School health services were rendered during the week celebration. School pupils were dosed with vitamin A, and were equally screened for other skin infections. They were also educated on various health issues such as good hygiene practices.

Table: School Health Services

SUB	No of schools visited	No of Children examined	Sex		No dosed with vitamin A	Sex	
			M	F		M	F
EJISU	21	5783	1927	3855	5783	1927	3855
JUABEN	15	770	385	385	770	385	385
ONWE	9	1200	565	635	1200	565	635
BOMFA	13	832	332	500	832	332	500
ACHIASE	5	208	87	121	208	87	121
MUNICIPAL	63	8793	3296	5496	8793	3296	5496

Challenges In The Municipality

- Vehicular movement was quite a challenge since the district has no official vehicle for its activities
- Lack of support from facility heads to carry out school health activities
- Inadequate weighing card for them to plot the weight. They just write it in the yellow card they are using so in view of that they find it difficult to determine the child's nutritional status.
- Inadequate and faulty weighing scales hindering service delivery

Recommendation

- Involvement of nutrition officers in daily outreaches
- Training of more C-IYCF counselors
- Provision of registers and other data collection tools/ weighing scales
- Strengthen school health services
- Strengthen counseling services during antenatal clinics.

From the above table, it can be deduced that majority of topics treated was on Reproductive health, followed by Child health and Personal and Environmental hygiene. However, mental health was less treated. The way forward is to include mental health in health education sections within Sub-municipal.

Places for Health education activities

There are two strategic locations for health promotion activities. These are the community level and the health facility level. Most health education activities took place at the community level and specifically at home. This is due to the home visiting services through community health activities within the municipality. Also Reproductive and Child Health unit (RCH), Child Welfare Clinics (CWC –both static and outreach), and Schools were also places that had most health education programs. The way forward is to increase outreach to places such as markets, churches and Mosque.

Below is a table that depicts the places per the number of session for health education

Community Level	Number	Health Facility Level	Number
School	778	Static - CWC	475
Community Centers	54	OPD	204
Outreached CWC	658	RCH(ANC/FP/PNC)	1250
Church	143	Others	84
Mosque	10		
Home	5365		
Market	44		
Others			

Table:
Number of
Sessions
Channels of
communication

and Social and Behavioral Change Communication Materials (SBCC) Materials used.

SBCC materials used include print materials such as posters, brochures, and flipcharts. 177 print materials were used. Audio-visuals such as Television show and screen projector were used 160 times. Audios such as use of PA system, CDs, Cassettes and mega phones were used 439 times which is the highest.

Most of the channels used were one-on-one and group meetings. There was one radio program or discussion. Also using drama for communicating health messages was low as well as Community Information Centers (CIC) comparatively. The way forward is to use radio, CIC and the social media to reach a large coverage of people. See the table below for channels used.

Table: Channels

Channels	Number
Group Meetings	2386
Radio	1
One-on-One	8191
Drama	6
Community Information Centre (CIC)	117

SBCC Material Distribution

31 posters, 115 booklets/ brochures and 84 good life stickers were given to publicize and educate the Child health week materials were distributed across the five (5) sub-municipals. 9 Adolescent health job aids were also distributed across sub-municipals and 27 different types of SBCC materials were given to Agape Medical Center.

Health Promotion Registers were distributed to all CHPS zones (47) and Government facilities as primary source for DHIMS entry.

Child Health Promotion Week Celebration

2 banners were designed and financed by the MHD and given to Ejisu and Juaben to boost publicity of the week-long celebration. About 4,161 caregivers were reached out to.

Exposition on the theme for the CHPW (*“Healthy Child, start right, do it right for total growth and development”*) was given. During the exposition key messages such as the importance of postnatal care, immunizations, monitoring the growth of the child as well as basic nutritional facts were highlighted.

Health education was given on newborn care and Breastfeeding. Health education took the form of an interaction i.e. discussion, question and answering and demonstration (where necessary). On newborn care; issues on the topic such as care of the cord and keeping the cord clean, keeping the baby warm, environmental cleanliness and personal hygiene of the mother and baby were discussed. On breastfeeding; issues discussed were the essence of exclusive breastfeeding, benefit of the colostrum to the baby and correct positioning and attachment of the breast to the baby.

During the health education section, people’s perception and myths about the topics under discussion (Newborn care and Breastfeeding) were brought out by the audience and tackled appropriately. However the audiences were persuaded to accept good and accepted practices by Ghana Health Service.

Social Mobilization

Social mobilization was done in most communities especially hard-to reach areas using traditional methods like through the use of gong-gong beating. These areas were identified by virtue of physical accessibility (distance and nature of the road) to the district capital (Ejisu). Community Health nurses also gave announcement on the programme at their outreach centers prior to the week’s celebration. Existing outreach centers were identified as convenient venues for the

program's activities. In some of the communities, Community based volunteers and Community Health Workers (CHWs) supported with the social mobilization.

3.4.39 Health Intervention Programs

School Health Education on H1N1 Influenza (Swine Flu)

During the last quarter, 2017 the Health promotion unit embarked on a school outreach programme to create awareness on swine flu. This was necessary due to an outbreak in Kumasi Academy in the Asokore- Mampong Municipal and cautioned the public and school children to be on the alert. The health promotion unit visited some schools in Ejisu to create the awareness. Some of the schools visited are; Ejisu Methodist school, Experimental JHS and Ejisu Roman Catholic School. The pupils were educated on the meaning of swine flu, signs and symptoms, incubation period and prevention of Swine flu. They were taught how to practise appropriate handwashing with soap under running water.

Achievement

- We have been able to judiciously disbursed funds dully received and documented as required
- Upon documentation, the books of accounts were dully validated up to the first quarter of the year
- The previous year's financial statements of the BMC were also audited
- We are also been grateful to MDHS and all In-charges for enabling us to carry out Training on Financial Management
- Our gratitude also goes to the MDHS, for providing us with an efficient printer

Challenges

- In-charges inability to report of revenue timely
- Inadequate resources/logistics to carry out monitoring exercise
- Inadequate hand on internal control measures
- Erratic re-imburement/payment by NHIA

Way Forward

- To encourage all In-charges to make it a duty to report on revenue generated at their facilities timely
- To expedite action to enhance the control system
- We shall be encouraging and offering helping hands to fast tracking insurance computation and submission

DISEASE CONTROL AND PREVENTION UNIT

KEY ACTIVITIES

- Integrated Disease Surveillance And Response(IDSR)
- Records Review (DAILY / WEEKLY)
- Clinicians and CBSV's sensitization
- Collection and transportation of Specimen to the designated laboratories
- Coordination of Malaria/Tuberculosis control activities
- Disease outbreak investigation and reporting among others
- Neglected Tropical Diseases activities
- Collection and Storage of Vaccines and other EPI logistics
- Monitor and Supervise the implementation of EPI activities
- Collection, collation, compilation and analysis of EPI data
- Submission of reports to the appropriate authorities

DISEASE CONTROL

Communicable Diseases

Communicable diseases are infectious diseases that are transmissible through several routes from one person to the other. These diseases are likely to cause outbreak within a short period of time and can spread through communities. Control measures are therefore recommended. Regular sensitization of clinicians held within the Municipal has shown positive results in the reduction of cases. This has raised their index of suspecting cases and taking of the appropriate specimen for laboratory investigations. Below are communicable diseases discussed in this section; Cholera, Measles, Acute Flaccid Paralysis, Yellow Fever, Meningitis, Rabies, Yaws and Buruli ulcer, Leprosy, H1N1 Influenza Type A, Tuberculosis (TB), Malaria and HIV.

Cholera

There was no case of cholera recorded in 2017.

Table: Suspected Cases of Cholera 2014-2016

DISEASE	2015	2016	2017
CHOLERA	0	1 RDT Positive	0

Suspected Cases of Measles

One suspected case was recorded and specimen sent to the reference laboratory, Korle-Bu. After the laboratory examination, the case was confirmed negative.

Table: Suspected Cases of Measles

DISEASE	2015	2016	2017
MEASLES	8	5 1 Confirmed positive	1 Confirmed Negative.

Cases of Acute Flaccid Paralysis (AFP)

One suspected cases of AFP was recorded in the municipality and stool specimen sent to Noguchi Memorial Laboratory in Accra. The turned out to be negative from the laboratory results submitted to the Municipal Health Directorate

Table: AFP Cases 2014-2016

DISEASE	2015	2016	2017
AFP	2	5	1 Confirmed Negative

Yellow Fever

Three (3) suspected cases of Yellow Fever were sent for laboratory confirmation. The disease was ruled out.

Table: Suspected Cases of Yellow Fever 2014-2016

DISEASE	2015	2015	2017
YELLOW FEVER	0	1 Confirmed negative	3 Confirmed negative

Suspected Cases of Meningitis

Seven (7) cases of meningitis were suspected within the Municipal.

Table: Meningitis Cases 2014-2016

DISEASE	2015	2016	2017
MENINGITIS	0	1 Confirmed negative	7 Confirmed Negative

Suspected Rabies

One human rabies case was seen within the year, 2017. Unfortunately, the client passed on.

Table: Suspected Human Rabies

DISEASE	2015	2016	2017
RABIES	1	0	1 Dead

Yaws

One (1) Yaws case was reported in the Municipal and treated with benzathine.

Table: Yaws Cases 2014-2016

DISEASE	2015	2016	2017
YAWS	2	4	1

Buruli Ulcer

One (1) case of Buruli ulcer was seen in the municipal. The client is on treatment

Table: Buruli Ulcer Cases

DISEASE	2015	2016	2017
BURULI ULCER	2	0	1

Leprosy

One (1) case was seen in the year under review. Client is on treatment

Table: Leprosy Cases

DISEASE	2015	2016	2017
LEPROSY	2	1	1

H1N1 Influenza Type A

H1N1 influenza type A case was reported from Bronikrom. He is a student at KUMACA and was referred from Ejisu hospital to KNUST hospital. The contacts tracing and the necessary follow up visits were done until the incubation period was over. He was treated and discharged and is now doing well.

Table: H1N1 cases

DISEASE	2015	2016	2017
INFLUENZA (H1N1)	0	0	1

Community Directed Treatment with Ivermectin against Onchocerciasis

This treatment was done by (144) Community Drugs Distributors (CDDs) in thirty (32) communities within the Municipality.

Table : Treatment Coverage

TREATMENT	2015	2016	2017
COVERAGE	81.1	76.3	81.0

Tuberculosis Activities

Tuberculosis Control Activities

As part of efforts by the Directorate in conjunction with the National Tuberculosis Control Programme (NTP), some activities were undertaken within the year with funding from the Global Fund. All these were geared towards early case detection and case holding. These include:

- Monitoring and Supervision activities to the sub-Municipals including the private sector
- The training of pharmacies and over the counter medicine sellers on the signs and symptoms of TB and referrals
- Orientation of CHO's on the monitoring and supervision of community surveillance volunteers on TB
- Training of prayer camp managers and traditional healers on how to collect specimen of suspected cases
- Orientation of OPD/Ward Nurses, Pharmacist, Laboratory officers and diet related clinic nurses on the new SOP's on the diagnosis and management of TB cases.
- Orientation of CHO's on TB case contact tracing and investigation in the communities
- Annually meeting with institutional coordinators on data validation.

- Daily screening of OPD clients at the three government hospitals

Tuberculosis (TB) Case Detection

The Municipal recorded a case detection rate of 54% as compared to 46.6% recorded in the previous year. Even though the coverage lags behind the 70% national target, it is encouraging, as it clearly depicts that the interventions put in place has made a positive impact on case detection.

Notwithstanding this significant success, the following factors also accounted for the Municipal not being able to attain the national target;

- With the installation of the Gene Xpert machine at Juaben hospital, some known cured TB cases who returned with cough and who under normal circumstances would have been put on treatment again based on x-ray results were completely ruled out of having TB by the highly sensitive devise.
- Furthermore, some smear negative cases that were referred to KCCR-KNUST for culture and sensitivity test to make sure of their status were also ruled out.

Table : Case Detection 2015- 2017

INDICES	2015	2016	2017
No of cases registered	96	83	95
Case Detection Rate (70% National Target)	96/174 = (55.1%)	83/178 =46.6%	95/177 =54%
Smear positive	60	41	62
Smear Negative	33	32	21
Extra-pulmonary	0	1	2
Relapse	7	5	8
Failure	0	0	1
Transfer-Out	0	0	0

Transfer-In	0	0	0
Others Previously treated	2	4	1

TB Treatment Outcomes

Apart from the three (3) deaths recorded, all the patients put on treatment were declared cured or completed treatment. This was made possible due to an effective system of calling the clients and their treatment supporters on phone to counsel them and also remind them of their next scheduled visit to the facilities for review.

Follow up visits were also made by the CHO's to the clients anytime they visit their communities for outreach services.

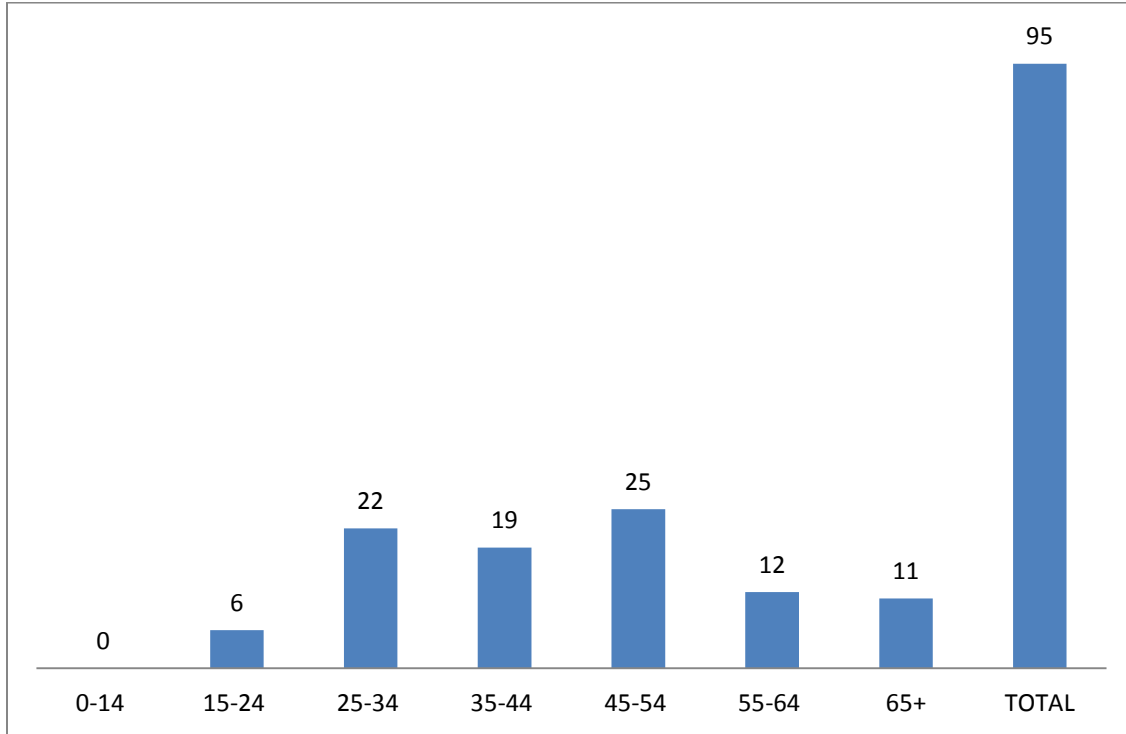
Table: Trend of Treatment Outcomes for Tuberculosis

(Clients put on treatment one year back)

INDICATORS	2014	2015	2016	2017
Total Cases Registered	86	96	83	Registered Cases Not Due For Evaluation For Treatment Outcomes
Cured	48/47= (97.9)	67/66 = (98.5%)	46/45 =98%	
Completed	38/36	29/28 =96.5%	37/35 =94%	
Died	3	2	3	
Failure	0	0	0	
Default	0	0	0	
Trans Out	0	0	0	
Not evaluated	0	0	0	
Cure Rate (85% National Target)	97.9%	98.5% %	98%	
Treatment Success Rate(>90% National Target)	86/83(96.5)	96/94 (97.9%)	83/80 =96.3%	
Adverse Rate (<10% National Target)	3/86(3.4%)	2/96 (2%)	3/83 =3.6%	

Default Rate	0	0	0	
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Figure : Age and Sex Distribution of TB Cases



The disease seems to affect all the age groups in relatively equal measure. However no case from the less than 14 year group was seen.

Case Detection by Facilities

Case Detection by Facilities

Onwe hospital needs to be singled out for commendation for their sustained efforts in increasing their case detection .The facility was able to improve on their cases from sixteen (16) last year to twenty (20).It was at par with the Municipal hospital, Juaben, which have all the sophisticated equipment for the diagnosis of the disease.

Juaben hospital also dropped from twenty-four (24) to twenty. A lot have to be done at the hospital since their performance needs much to be desired.

Bomfa managed to record one (1) case which is remarkable, judging from the zero report last year. Others like Kwaso health centre needs to wake up from their seeming slumber.

Table: Case Detection by Facilities 2015-2017

NO	HEALTH FACILITY	2015	2016	2017
1	Ejisu Hospital	51	35	53
2	Juaben Hospital	27	24	20
3	Onwe Hospital	3	16	20
4	Kwaso Health Centre	11	1	0
5	Achiase Health Centre	2	4	1
6	Bomfa Health Centre	2	0	1
7	Ernest Medical centre	0	3	0
Total		96	83	95

TB/HIV Collaboration

According to the policy of the NTP all TB cases are to be screened for HIV and vice versa. The year under review witnessed a significant improvement in the number of confirmed TB cases being screened for HIV. Out of the 78 cases who were counselled for the test, 65 of them representing 68.4% of total cases registered were tested while the rest declined the offer.

Table: TB Cases Screened for HIV

YEAR	TB CASES DETECTED	NO. ON TB TREATMENT	NO. SCREENED FOR HIV	NO. Positive(HIV)		
				MALE	FEMALE	TOTAL
2015	96	96	37(38.5%)	2	9	11
2016	83	83	42(50%)	9	7	16
2017	95	95	65(68.4%)	9	7	16

Figure: Age Distribution of TB/HIV Cases

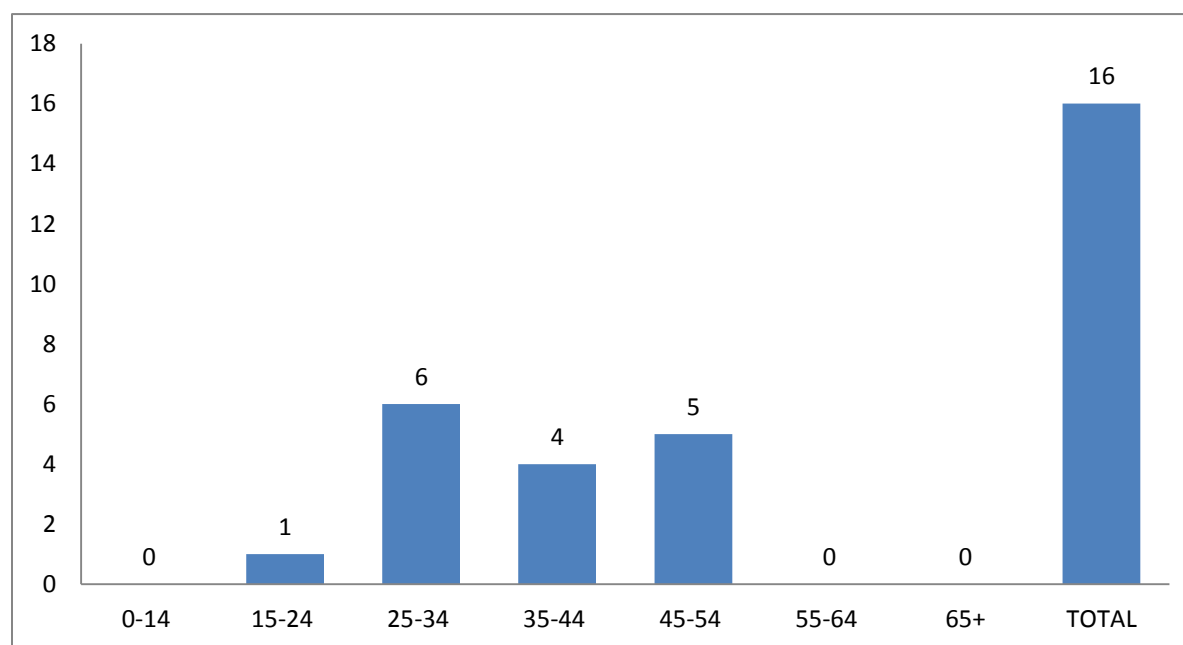


Table: TB/HIV Collaboration

ITEM	CASES
-New patients diagnosed	95
-Number of patients counselled	78
-Number of patients tested for HIV	65
-Number of patients HIV positive	16
-Number starting CPT	3
-Number of TB cases among PLWA	4
-Number on ART	6

Multi Drug Resistant Tb Cases (MDRT)

Three (3) rifampicin resistant TB cases were recorded within the year. One of them is now on treatment, whilst the rest are being assessed to be initiated on medication.

Tuberculosis Screening in Hospitals

Active screening of Out Patients Department (OPD) attendees at the three government facilities.

Table: Screening Activities At The Hospitals

HEALTH FACILITY	Screening indicators					
	New Attendants/ Registrants	No. screened for TB	No.presumed TB(Eligible for diagnosis)	NO. TESTED	No. diagnose d TB	No.initiated on TB Treatment
EJISU HOSPITAL	42,950	7,284	361	207	30	25(5 pending)
JUABEN HOSPITAL	7,862	6,958	304	304	20	20
ONWE HOSPITAL	14,526	4,445	241	241	13	13
TOTAL	65,338	18,687	906	752	63	58

Table: Morbidity & Mortality Associated with Malaria

From the Table above, it is evident that the total number of malaria cases seen at OPD had decreased partly due to strict adherence to the policy of testing before treating.

INDICATOR	2015	2016	2017
Number of Outpatient Visits	233,839	240,551	241,221
OPD Visits by Insured Clients	198,967	197,383	201,109
OPD Per Capita	1.4	1.4	1.5
OPD Malaria Cases suspected	63,354	58,190	
OPD Malaria Cases (+ve)	25,124	21,700	28,607
Malaria under 5yrs	6,694	5,632	3626
Malaria in Pregnancy	568	496	410
Admissions due to Malaria	2,818	2,628	
Deaths due to Malaria	11	3	

Integrated Disease Surveillance System

Integrated disease surveillance and response is aimed at strengthening the capacity of the health system to conduct effective surveillance activities. It improves the capability of districts to detect and respond in a timely and appropriate way to diseases and conditions that cause high levels of death, illness and disability in the district. As part of the efforts to improve disease surveillance in the Municipal, Clinician sensitization sessions were held on priority diseases for staff from both the private and public sector. Emphasis was made on the importance of regular records review and collection of appropriate and adequate specimen of suspected cases.

Regional Health Directorate supplied the municipal health directorate with hepatitis B vaccines to be distributed to the various health facilities to vaccinate their staff.

Immunization

Expanded Programme on Immunization (EPI)

Bomfa Sub-Municipal could not achieve the **90%** target for **Penta 3** largely due to inadequate staff as compared to other sub municipals. All the Sub-Municipals did well in the coverage for measles 2. This is due to a massive mop up done with the MCHNP funds. However the same cannot be said of the Men A due to some shortages within the year. Percentage wise Onwe and Achiase seems to be doing well, but in reality they are not. This is because the population figures given the Municipal for 2017 was quite low as compared to that of 2016, so to be performing around 90% is something that needs to be look at

Table: EPI Performance by Sub-Municipals, 2016

SUB-MUN.	ACHIASE		BOMFA		EJISU		JUABEN		ONWE		MUNICIPAL	
TARGET	587	%	953	%	2764	%	1072	%	1292	%	6661	%
BCG	551	93.9	897	94.1	4563	165.1	1715	160	1211	93.7	8937	134.2
OPV3	461	78.5	701	73.6	3044	110.1	1223	114.1	1195	92.5	6624	99.4
PENTA 3	540	92	804	84.4	3325	122.1	1223	114.1	1215	94	7107	106.7
PCV 3	537	91.5	802	84.2	3337	120.7	1223	114.1	1270	98.3	7169	107.6
ROTA 2	553	94.2	782	82.1	3336	120.7	1265	118	1043	80.7	6979	104.7
M-R	448	76.3	839	88	3410	123.4	1074	100.2	1158	89.6	6929	104.0
YF	448	76.3	704	73.9	3242	117.3	1291	120.4	1033	80	6646	99.8
T.d2+	270	46	286	30	2105	76.2	659	61.5	776	60.1	4096	61.4
MLS 2	806	137.3	1170	122.8	3835	138.7	1383	129	1183	91.6	8377	125.8
MEN A.	381	64.9	592	62.1	2919	105.6	1023	95.4	904	70	5819	87.4

Communicable Diseases

The creation of awareness on risk factors and the signs and symptoms of lifestyle diseases such hypertension and diabetes is very important in promoting early detection and reporting of non-communicable diseases.

Currently, diet related special clinic are organized every month for diabetic and hypertensive clients at the Ejisu Government Hospital Juaben Hospital. During such clinic sessions, clients are given educational talks on diet, management of the condition, side effects of the drugs and the importance of reporting promptly at the health facility whenever the need arises.

Table: Trend of Non-Communicable Diseases

NUMBER OF CASES	2015	2016	2017
Hypertension	2739	1,494	2791
Diabetes	929	515	828
Asthma	660	140	488
Sickle Cell Disease	169	46	153

CHALLENGES

- Lack of official vehicle to monitor and supervise CHOs at vaccination sessions.
- Erratic supply of some vaccines and other EPI logistics.
- Low awareness of Tuberculosis activities
- Shortage of TB medicines and logistics in some months
- Late submission of weekly and monthly reports by some health facilities.
- Lack of motorbikes for CHO's/CHN's to carry out EPI activities.

WAY FORWARD

- Maintain and strengthen the surveillance system at the community and facility levels.
- Ensure that EPI logistics are regularly available.
- Devise other strategies to be able to supervise vaccination activities at the Sub-Municipal level.
- Undertake sensitization programmes to create awareness on TB to improve case detection.

FAMILY PLANNING SERVICES

Family planning (FP) services include methods and practices to space child birth, prevent unwanted pregnancies and limit family size. Pregnancy by choice improves women's health and prevent too early, too soon, too many and too late child birth. It prevents unsafe abortions and subsequent complications and maternal deaths.

The year under review, family planning education was given in schools, churches, CWCs, OPD .The availability of comprehensive abortion care (CAC) and family planning in Ejisu, Juaben and Kwaso health facilities are always mentioned to the audience during health education activities.

Total registrants for FP for the year was 21918 coverage of 55%

Table : Couples Years of Protection (CYP)

	2015	2016	2017
CYP	6902.6	8886.0	23293.7

Table: Maternal Deaths

Sub municipal	2015	RATIO 0/000 LB	2016	RATIO 0/000 LB	2017	RATIO 0/000 LB
Achiase	0	0	0	0	0	0
Bomfa	0	0	0	0	0	0
Ejisu	1	18	7	185	1	26/00000
Juaben	2	31	1	127	0	0
Kwaso	0	0	1	151	1	164/00000
municipal	3	49	9	161	2	34/00000

Figure: Maternal Death

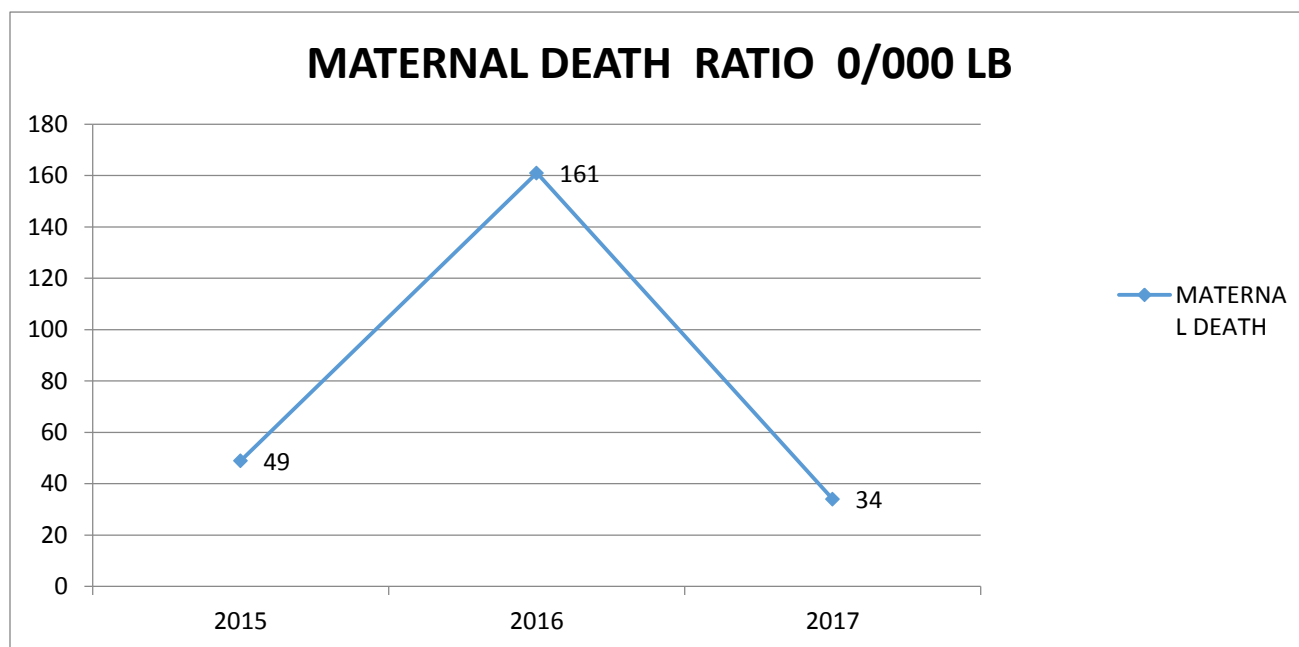


Table: Essential Obstetric Care

Year	Total deliveries		C/S		Vacuum	
	ACT	%	ACT	%	ACT	%
2015	5445	83	777	14.3	52	0.9
2016	5581	83	910	16	46	0.8
2017	5862	88	993	17	31	0.5

TOWN AND COUNTRY PLANNING DEPARTMENT (TCPD)

Town and Country planning department (TCPD) was established in the mid 1940's with the promulgation of the Town and Country Planning Ordinance, Cap 84, 1945. The Department was established as a central government organization with regional and district branches.

However with the passing of the Land use and spatial planning act 925, 2016, the Town and country planning ordinance, CAP 84, 1945 has been repealed.

As part of public administration reforms embarked upon by Government to implement Government's decentralization program, the department is now deemed to be decentralized. It presently operates at three different levels through a national headquarters which is directly under a sector ministry; a regional level responding to the Regional Co-coordinating Council and the Metropolitan / Municipal / District Assemblies respectively.

The Department carries out its core responsibilities through:-

- i. Providing technical advisory support to the Ejisu Juaben Municipal Assembly
- ii. Formulation of long term strategic plans to serve as a basis for major decisions and actions affecting the development of the settlements and the provision of public/private infrastructure.
- iii. Preparation of detailed sector Development Plans and programs which include land use plan-making and management that provide the zoning framework to guide physical development.
- iv. Detail technical examination and guidance of diverse individual physical developments to ascertain their conformity to the provisions of approved plans and building regulations
- v. Development promotion, which is a proactive advisory function by which the department sensitizes and directs the general public on land use development options.
- vi. Advisory services to public and private entities and individuals on matters relating to planning and physical development

The responsibility for physical development planning and management is shared by the Metropolitan, Municipal and District Assemblies (MMDAs), the Town and Country Planning Department, Lands Commission, Land Title Registry, the survey Department and the Works Department of the District Assemblies.

Street Naming and Property Addressing Project

The Juaben Township was selected as a pilot area for the implementation of the street naming project. The department until the second quarter of 2017 had completed all mapping works, digitization and stenciling of names received from the Juaben Traditional Council. Properties within the township have been numbered with the property numbers pasted at vantage areas of these properties. The street sinages have also been mounted.

Data collection has been completed as well as valuation of all properties within the Juaben Township. The Valuation Division submitted a copy of the completed valuation report to the Assembly this year.

The Department is however waiting for assistance from GIZ to scan all the questionnaires used for the data collection so as to input the data into the LUPMIS.

The Department also completed the preparation of a budget for the implementation of the project at Ejisu Township to GIZ. The budget has been approved and funds shall be released after processes outlined by GIZ to all the MMDAs have been completed. Currently a Memo has been prepared and submitted to the MCE for her approval for the funds to be released to commence the implementation.

During the Annual under review the Department received several applications, which were to be vetted and recommended for the consideration of the Ejisu Juaben spatial Planning Committee.

3.5.2 Human Resources and Management Analysis

Staff strength of Town and country planning Department as at 31st December 2017 was seven (7). The table below depicts officers' names, their date of births, grades etc.

male/female ratio in the department as at 31st December, 2017

Conclusion

The Ejisu Juaben Municipal Assembly has been designated as a secondary Centre after Kumasi in the Ashanti region in the Greater Kumasi Comprehensive Urban Development Plan. This puts Ejisu in an advantageous position to tap into the opportunities that area emanating from KMA due to urbanization. Ejisu therefore needs to prepare strategic plans to control and direct incoming development opportunities to prevent the reoccurrence of the problems been faced by Kumasi due to urbanization.

However Development in Ejisu has been characterized by leap frog development and also the entire municipality is gradually been turned into a dormitory town. There is therefore the need to focus on developing the municipality through harnessing its potentials in tourism, large tract of land, Boankra Inland port, Industrial freezone and proximity to Kumasi. Development control must also be vigorous and effective to control haphazard and unauthorized development.

DEPARTMENT OF AGRICULTURE

Total Approved Budget, Releases and Expenditure (Gh¢) By MMDA

MMDA NAME	Items	Amount budgeted (Gh¢)			Approved Budget (Gh ¢)			Releases (Gh ¢)			Expenditure (Gh ¢)		
		2016	2017	%Change	2016	2017	%Change	2016	2017	%Change	2016	2017	%Change
	MAG	-	75,000.00	100	-	75,000.00	100	-	75,000.00	100	-	75,000.00	100
	GOG	-	-	-	-	-	-	6,516.00	3,500.00	-53.7	6,516.00	3,500.00	-53.7
Total			75,000.00	100	-	75,000.00	100	6,516.00	78,500.00		6,500.00	78,500.00	

Activities Implemented

Program Objective	Activity	Target group	Number of Participants / Beneficiaries					Outcome	Source of Funds (MAG, GOG, IGF, etc)
			Male	Female	Youth	Age d	PLW Ds		
Food Security and Emergency Preparedness	1. To promote cowpea production by setting up 20 field demonstrations in 20 communities	20 demonstrations	48	24				Soil fertility improved through nitrogen fixation	
	2. To vaccinate dogs and cats against rabies in the municipality	2000 dogs	620	292				1. Reduction in rabies positive cases in dogs and cats.	MAG
	3. To carry out disease surveillance on domestic animals in the municipality	10 disease surveillance (208 Communities	261	99				Increased production of domestic animals.	MAG

		ies and Farms)							
4. To equip the Vet. Clinic for effective activities	Exam Table 1 kidney bowl 2 Given set stand 1 Stethoscope 1 Set of Instrument	52	14					Increased production.	MAG
5. Conduct routine vaccination against CBPP for 1,500 cattle, PPR for 5000 sheep and 3,000 goats	CBPP (1,500 cattle) PPR: 5,000 sheep and 3,000 goats	40	11					Increased productivity	MAG
6. To train producers, processors and marketers on postharvest handling of maize, rice and cassava along the value chain.	50	38	21					Reduced postharvest losses	MAG
7. To train and resource 26 extension staff in post-harvest handling of maize and vegetables.	26	34	4					Increased productivity.	MAG
8. To educate and train 200 vegetable farmers in 20 communities and 26 extension staff on proper use of agro-chemicals.	200 farmers And 26 Agric. Staff	189 28	12 10					Farmers have started using correct chemicals at appropriate time and dosage.	MAG
9. Train 50 pig farmers and processors on								Increased production of	MAG

	value addition in pig production business.	50 farmers	51	6				livestock.	
	10. To train 50 livestock farmers on disease identification and effective husbandry practices.	50	49	11				Reduction in disease incidence and improved husbandry practices	MAG
	11. Organize 1 plant clinic each in 30 communities.	30 communities	159	64				Increased early warning systems and emergency preparedness.	MAG
	12. Identify, update and disseminate at least 5 technological packages with respect to production, postharvest handling, processing and marketing of predominant commodities (maize, rice, vegetables, roots and tuber, and livestock) to farmers by Agric Staff through home and farm visits.	1,500 visits	7853	5288				Improved production of maize, rice, vegetables, root and tubers and livestock	MAG
	13. To educate and train 200 vegetable farmers on proper use of agro-chemicals.	200 vegetable farmers	282	43				Farmers have started using correct chemicals at appropriate time and dosage.	MAG
Food Security and Emergency Preparedness	14. To train 200 farmers on sustainable land management techniques (bushfire, erosion	200 farmers	160	53				Bush fire outbreak reduced, erosion controlled and minimal tillage practised	MAG

	prevention and control and minimal tillage practices)								
	15. Training of 50 poultry farmers on feed formulation and brooding management to enhance productivity	50 poultry farmers	43	7				Increased productivity and reduced cost of production.	MAG
	16. Promote the production and consumption of protein-fortified maize (Obatanpa/soyabe an)	10 communities	24	36				Healthy children	MAG
	17. Disease identification on rice	50 farmers	32	13				Increase in rice production	MAG
	18. Use of local Information Centres to create awareness and promote improved technological packages to farmers	30 communities	349	151				Awareness creation	MAG
	19. Training of 50 nursery operators on improved nursery practices	50 nursery operators	45	5				Improved seedlings and production	MAG
	20. Training of farmers on control of Fall Army Worm through information	17 operational areas	448	194				Effective control of Fall Army Worm	MAG

	centres and field training								
Increased Growth in Income	21. To train 50 farmers on housing, feeding and general husbandry practices in small ruminant production	50	41	10				Increased small ruminant production and income	MAG
	22. Train Agric. Staff on feed formulation to enhance productivity	26	28	10				Increased knowledge and skills	MAG
	23. Identify and train 50 unemployed youth on non-traditional income generating enterprises (bee-keeping, rabbitry, mushroom production etc.)	50 unemployed youth	44	11				Unemployed youth empowered to engage in income-generating activity (rabbitry, snail farming, vegetable farming, mushroom production)	MAG
Science and Technology Applied in Food and Agricultural Developme	24. Train 20 selected farmers in the operation and maintenance of recommended irrigation technologies at Donaso Rice Irrigation Site.	20 farmers	23	2				Increase in productivity and income	MAG

nt	25. To train Agric. Staff on disease identification and effective husbandry practices in livestock.	26	28	10				Increased knowledge and skills	MAG
	26. Organise 20 field days/study tours for 200 producers to enhance adoption of improved technologies.	20	22	5				Enhanced adoption of new technologies for increased productivity.	MAG
	27. Yield study	4 communities	10	4				Assessed performance of Planting for food and Jobs (PFJ)	MAG
Enhanced institutional Coordination	28. Organise 1 Municipal Planning Session and Annually technical review meetings with 500 farmers and other stakeholders (RELC).	1 Planning Session and 4 review meetings	35	15				Problems and challenges of farmers and other stakeholders identified.	MAG
	29. Organise monthly staff review meetings and seminars for 31 agricultural staff and 10 other stakeholders	41	26	11				Improved knowledge and skills of participants.	MAG
	30. Organize monthly staff review meetings and seminars for 31 agricultural staff and 10 other stakeholders.	6 monthly review meetings	130	28				Build capacities of staff	MAG

Table: Average Rainfall Distribution

DATA	ANNUAL 2016		ANNUAL 2017		Percentage Change (%)	
	Rainfall (mm)	No. of Rain days	Rainfall (mm)	Number of Rain days	Rainfall	No. of Rain days
Rainfall (mm)	676	73	968	81	43.19	10.95
No. of Rain days	73		81			10.95
Rainfall Distribution	Above Normal		Above Normal			
Rainfall Pattern	Mixed		Wet			
Key Indicators of Rainfall Distribution	Green vegetation		Green vegetation			

Table: External Forces Impacting On Agricultural Performance

	District name	Type of External Forces and it effect	Recommendations
1		Soil or water toxicity-pollution	Education of farmers on correct use of agro-chemical
2		Crop damage by fall army worm	Sensitization of farmers on early fall army worm detection
3		Erratic rainfall	Promotion of irrigation farming.

STATUS OF KEY INDICATORS

Table: Major Crop Performance (PFJ not included)

Crop	Variety	Area Cropped (ha)		Average Yield (MT/Ha)		Estimated Production (MT)		No of Farmers				
		Annual 2016	Annual 2017	Annual 2016	Annual 2017	Annual 2016	Annual 2017	Male	Female	Youth	Aged	Plowd
Maize		3605	11,975	1.10	1.20	3965.5	14,474.4	10,195	7,367	9836	7726	0
Rice (milled)		483	1285	3.10	2.50	1497.3	3212.5	472	86	395	163	0
Total		4088	13178.8			5462.8	17686.9	10667	7453	10231	7889	0

Table: Performance of Planting for Food & Jobs (PFJ)

MMD A	Crops	Variety	Area cropped (Ha)	Average yield (MT/Ha)	Estimated production (MT)	No of Farmers	
						Male	Female
	Maize	<i>Obaatampa</i>	52.0	1.2	62.40	78	5
		PAN 12	12.0	1.5	18.00	13	0
		SC179	13.2	1.4	18.48	19	2
		<i>Wang-Dataa</i>	18.8	1.3	11.00	25	1
	Rice (Paddy)	<i>AGRA</i>	46.8	3.0	140.40	53	13
		<i>Jasmine</i>	34.4	2.7	92.88	49	5
	Millet		0	0	0	0	0

	Tomatoes	<i>Pectomech</i>	36.0	2.0	72.00	37	1
	Pepper	<i>Cayenne</i>	12	1.2	14.4	14	2
	Onion		-	-	-	-	-
		Total	216.4			277	28

Source: DAD, 2017

Table: Agro Input Distribution under PFJ (Fertilizer Distribution)

Type of Fertilizer	Quantity		No of beneficiaries					
	Received	Distributed	Total	Male	Female	Youth	Aged	PLWDs
<i>NPK</i>	1987	1393	348	308	40			
<i>Urea</i>	1180	895	348	308	40			
<i>Sulphate of Ammonia</i>	160	160	59	56	3			

Table: Seed Distribution

Type of seed	Quantity		No of beneficiaries					
	Received	Distributed	Total	Male	Female	Youth	Aged	PLWDs
<i>Maize (OPV)</i>	4320 Kg	1395Kg	95	89	6			
<i>Maize (HYBRID)</i>	800 Kg	800 Kg	44	42	2			
<i>Rice</i>	4272 Kg	4226 Kg	169	146	23			
<i>Soyabean</i>	-	-		-	-	-	-	-
<i>Sorghum</i>	-	-		-	-	-	-	-
VEGETABLES								
<i>Tomatoes</i>	9Kg (90 sachets)	9 Kg	68	65	3			
<i>Pepper</i>	3Kg (30 sachets)	3Kg	21	19	2			
<i>Onion</i>								
Total			397	361	36			

Table: Recovery under PFJ

MMDA	Type of Input	Total Cost (GHc)	Amount Recovered	Balance (GHc)	Remarks
	Pepper	636.00	318.00	318.00	On-going
	Tomato	2,376.00	1,268.00	1,102.00	On-going
	Rice	1,335.00	7,400.00	5,950.00	On-going
	NPK	99,877.50	75,325.00	24,552.00	On-going
	UREA	56,050.00	37,240.00	18,810.00	On-going
	SOA	5,600.00	3,800.00	1,800.00	On-going
	Maize (OPV)	15,360.00	2,624.00	12,736.00	On-going
	Hybrid	5,350.00	2,675.00	2,675.00	On-going
Total		186,584.50	130,650.00	67,943.00	

Source: DAD, 2017

Table: Availability and Access to Food Outlets

DADs	Number of District Food Markets (daily to weekly) all Year Round	
	ANNUAL 2016	ANNUAL Quarter, 2017
	35	37
Total	35	37

Source: DADs report

Table: District Allocation of Subsidized Fertilizer

Urea	No of beneficiaries						NPK	No of beneficiaries						SoA	No of beneficiaries							
	Qty (MT)	Total	Male	Female	Youth	Agged		PLWD	Qty (MT)	Total	Male	Female	Youth		Agged	PLWDs	Qty (MT)	Total	Male	Female	Youth	Agged
15	350	134	50	161	5	0	19.35	370	111	45	210	4	0									

Source: DAD, 2017

Table: AEA Farmer Ratio

MMDA	Total number of AEA's at post (existing + new)	No. AEA's with running motor bikes	Total number of female AEA's	No of AEA's engaged under PFJ (AEA's employed under YEP)	Estimated number of farmers in MMDA	AEA : Farmer Ratio	Average number of communities per AEA	Total number of home & farm visited by MMDA
	13	5	1	8	25944	1:1996	5	2732
Municipal total	13	5	1	8	25944	1:1996	5	2732

Source: DAD, 2017

Table: Average Number of Farmers Visited By an AEA by MMDA and By Sex/Age/PLWDs

MMDA	Total		No of farmers visited (2016)					No of farmers visited (2017)				
	2016	2017	Male	Female	Youth	Aged	PLWDs	Male	Female	Youth	Aged	PLWDs
	576	1152	305	271				691	461			
Municipal Total	576	1152	305	271				691	461			

Source: DAD, 2017

Table: Number of RELC Meetings and Participation by MMDA and Sex/Age/PLWDs

MMDA	No of RELC Meetings		No of Participants													
	2016	2017	2016						2017							
			Total	Male	Female	Youth	Aged	PLWDs	Total	Male	Female	Youth	Aged	PLWDs		

	0	1	0	0	0	0	0	0	50	35	15			0
Total	0	1	0	0	0	0	0	0	50	35	15			0

Source: DAD,2017

Table: Issues Identified From RELC Sections

MMDAs	Issues Identified		Impact/outcome of RELC Issues for which solution has been found (2015 -2017)
	2016	2017	
	0	1	Improve husbandry practices
			High yielding crops
Total	0	1	

Source: DAD, 2017

Table: Outbreaks Of Scheduled/ Notifiable Diseases

DISEASES	Species Affected	Annual - 2016				Annual - 2017			
		No. of outbreaks/disease	No. of animals affected	Total Loss	Number of Districts Reporting	No. of outbreaks/disease	No. of animals affected	Total Loss	Number of Districts Reporting
Sheep Mange	Sheep	4	42	2	1	4	66	0	1
Total		4	42	2	1	4	66	0	1

Source: DAD &RAD

Table: Vaccinations And Prophylactic Treatments Of Farm Animals And Pets

Animal Species	Disease	No. of Animals Vaccinated		Achievement for (2017 vs. 2016)	(+/-) Annual
		Annual 2016	Annual 2017		
Poultry	Newcastle Orthodox	28,600	131,574	+102,974	
	I-2	4600	5000	+400	
	Gumboro	28000	25,600	-2400	
	Fowl pox	10400	51,700	+41,300	
	Marek's disease	-	-	-	
Cattle	Anthrax	-	-	-	
	Blackleg	-	-	-	
	CBPP	-	-	-	
Sheep	PPR	-	-	-	
	Anthrax	-	-	-	
Goats	PPR	-	-	-	
	Anthrax	-	-	-	
Dogs	Rabies	193	1,272	+1079	
Cats	Rabies	10	198	+188	
Cattle	Trypanosomiasis	-	-	-	
Total		71,803	215,344	+143,541	

Source: DAD & RAD

Table : Number Of Farmers In Commodity Based Fbos/ Networks By Gender

MM DA	Commodity	No of beneficiaries											
		2016						2017					
		Male	Female	Youth	Age d	PLW Ds	Total	Male	Female	Youth	Age d	PLW Ds	Total
	OIL PALM	16	80					16	80				
	RICE	142	53				195	145	51				196
	PIGS	52	26				78	71	32				103
	POULTRY	49	24				73	49	24				73
	VEGETAB	112	46				158	132	49				181

	LES												
	PROCESSI NG	18	43				161	18	43				161
	MARKETI NG	16	40				56	16	44				60
Total		405	312				721	447	323				774

Coordination Activities

Table: Number of FBOs Trained On New Technologies

MM DA	Type of technology	No of FBOs		No of beneficiaries												
		20 16	20 17	2016						2017						
				To tal	M ale	Fe mal e	You th	Ag ed	PLW Ds	Tota l	Ma le	Fema le	You th	Ag ed	PLW Ds	
	Disease identification in rice.	0	2	0	0	0	0	0	0	0	56	42	14	6	1	0
	Soya utilization	0	4	0	0	0	0	0	0	0	87	15	72	-	-	-
	Irrigation maintenan ce	0	1	0	0	0	0	0	0	0	20	18	2			
	Good husbandry in pig production	0	1	0	0	0	0	0	0	0	50	46	4			
Municipal Total		0	8	0	0	0	0	0	0	0	213	121	92	6	1	0

Source: DAD, 2017

Table: Adoption Of New Technologies

RAD level	Type of new technology	Number of Adopters					Remarks
		Total	Male	Female	Youth	PLWDs	
	Use of improved varieties	9245	5547	3698			
	Correct use of agro-chemicals	3563	2337	1226			
	Row planting for optimum production	1464	953	511			
	Soya/ Vit A sweet potato utilization	221	61	160			
	Pest/disease recognition, prevention and control	2641	1646	995			
DADs Level	Post-harvest of food grain/legumes and storage	744	448	296			
	Vegetable production	2035	1344	691			
	Housing of small ruminants	42	33	9	4	1	
	Bushfire control, erosion prevention, minimum tillage	1,465	1312	153	30	1	
	Control of Fall Army Worm						
	Municipal total	12,175	8,134	4,041	34	2	

Source: DADs & RAD

Emergency Occurrences

E.g. Fall Army Worm Infestation, other pests and diseases, flood, bushfire

Name of MMDA	Type of disaster	Type of enterprise affected (crop, etc)	No. of Households affected (HH)	Total area cropped (Ha)	Area affected (Ha)	Period of infestation / damage (Month)	Area destroyed completely	Estimated value of crop destroyed	Actions taken	Collaborators
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	FAW INF	Maize	17,342	12,062.4	11,292.4	April - November	4,799.18 ac	1,919.672	Sprayed	Municipal Assembly
TOTAL	FAW INF	Maize	17,342	12,062.4	11,292.4	April - November	4,799.18 ac	1,919.672	Sprayed	Municipal Assembly

Source: DAD

Chemical Distribution For Fall Army Worm Control

Name of MMDA	Crop	Name of chemical	Quantity received litres	Quantity supplied	Beneficiaries					
					Total	Male	Female	Youth	Aged	PLWDs
	Maize	Condifor	24	24	266	253	13			
		Eradicot	25	1	8	8	0			
		Bypel	10 sachets	10 sachets	10	7	3			

	Supertop	624	624	4155	4142	13			
	Adepa	252	216	648	616	32			
	K.D 215EC	110	76	94	66	15	13	-	
	Neemaza 1	15	15	82	81	1			
	Agoo	10 boxes	-	-	-	-	-	-	-
Municipal total		990	905	5149	5121	68	13		

Source: DAD, 2017

CHALLENGES

- Marketing
- Processing of the maize and rice after harvest
- Poor market price
- Late arrival of inputs
- Poor quality of seed input
- Bureaucracy in banking activity
- Lack of storage facility for MOFA

WAY FORWARD

- Funds to directly hit MOFA account with copies to the Municipal Assembly
- Agricultural activities should strictly be under MOFA and be monitored by MOFA at the Head Office
- Durable and insured motorbikes
- Transport and travel allowances should be reviewed upwards to commensurate with upward fuel price increment for effective job delivery
- Recruitment of more staff to replace retiring staff
- In-service training and capacity building of staff
- Solar dryer needed for farmers in the Municipality
- Training in ICT for staff
- Provision of staff accommodation

- Provision of drugs and vaccines for effective and efficient work

SUGGESTIONS

- Insecticides and herbicides should be included in the PFJ package
- Storage facility needed
- Guaranteed and readily available price
- Building the capacity of staff
- Means of transport and PPEs for staff

CONCLUSION

With the support from MAG and government's programme of Planting for Food and Jobs, agricultural activities in the Municipality went on smoothly. Farmers were interested in the programme and it should be continued.

COMMUNITY DEVELOPMENT DEPARTMENT

The objective of the unit is to assist in organizing community development program to improve and enrich rural life. Also help to promote and encourage women living in the deprived and rural areas to improve upon their living standard from undesirable to a desirable one. To disseminate knowledge and information through mass education on existing policies and programs and how these affect their livelihood.

Planned Target for the Quarter

Mass Meeting

It was planned that during the 1st quarter, the staff would organize six (6) meetings to educate a number of 450 people within the municipality to sensitize them on Communal labour, Environmental Sanitation and support for developmental projects.

During the second quarter, five (5) mass meetings were held at the various communities Kwaso, Korase, Bomfa, and Ofoase to celebrate the commemoration of world day against child labour. The durbar was held in honor of the day and educational topics such as parental duties and responsibilities, child trafficking, child labour, worst forms of child labour among others. The audience of the durbar was parents, J.H.S and primary school pupils and teachers from Ofoase, Abetinim and Nyameade. Also educational topics such as support for community, environmental sanitation and human rights were treated at Kwaso and Okrase.

A total number of 800 people attended the meeting, 450 males and 350 females. The target set was achieved due to support from the various opinion leaders of the community. Also meetings were held in Bomfa and Ofoase to conscientize the community members on issues like personal hygiene and child protection. Communal labour was organized for about 120 people, 75 were females and 45 males.

Another mass meeting was organized in Fumesua J.H.S to address the growing sexual activities at an early stage in the community which leads to teenage pregnancy in the area. The children were also educated to abstain from sex, desist from watching pornographic materials. They were again educated on the need to keep themselves and surroundings clean. Another meeting was held at New Koforidua with about twenty five (25) labourers representing 25% of the expected attendance.

The department was able to organize one (1) mass meeting for about hundred and twenty (120) people to educate them on development issues such as communal labour, home management, child protection and proper hand washing with soap.

One mass meeting was also held at Odoyefe and Ofoase to educate the community members on development issues such as proper hand wash with soap and child protection. Communal labour was organized for an estimated people of hundred and ten (110). Females representing sixty three (63) and males forty –seven (47) respectively. Targets set were achieved.

A talk was delivered on Wednesday, 30th August 2017 at Abenase community information Centre on the importance of communal labour. There were seven (7) unit committee members attended the communal labour

A talk highlighted that failure to attend communal labour is even contrary to the Municipal Bye-Law of 1994 and Local Government ACT (462) Of 1993, section 79(1) (4).

Officers were able to organize three (3) mass meetings for at least 130 people in the community. To sensitize the people on activities that will help them to develop their communities. We discussed proper sanitations, and effect of HIV/AIDS at the communal labour grounds.

A talk on sex education, Teenage Pregnancy and HIV/AIDS was given to the people at Sarpeh and Essienimpong (Saviors Church of God). Participants were advised to take challenges in life by learning skills that can earn them an income to enable them take care of themselves, since some of them are bread winners of their families.

Three (3) Communal labour/ clean-up exercises were organized for two (2) communities of Okrase, and Kwaso.

Women's Work:

Organize and work with eleven (11) existing women groups to undertake income generation activities. During the second quarter, two meetings for eighty (80) women and it was organized to teach women income generating activities such as soap making, sobolo and oil palm processing with the Presbyterian women's group at Bomfa. Topics such as Income generating activities were discussed with Catholic Church group and Presbyterian women's group. Portray and beads making were treated during the women group meeting for about 90 members.

Again women's group meeting was held at Odoyefe Pentecost women (28), and Ofoase Methodist women which comprises of 28 and 32 respectively. Some of the activities held were proper hand wash with soap and formation of committees, child protection, and home management

Home Visit

Twenty (20) homes were visited and educative topics such as sanitation and personal hygiene were treated. Community members were taught on how to keep their homes and communities clean.

Twenty (20) homes were visited at Kwaso in the Mponua Zonal Council. Some of the topics treated during these home visits were causes, symptoms, treatment and prevention of cholera. They were advised to keep their environment clean.

Literacy programme: we couldn't organize any literacy programme in the quarter under review.

Operationalization of Sub-Structures/ Zonal Council

As part of the Municipal Assembly project, monitoring is ongoing and renovation needs to be done. Nine officers from the community development outfit have been selected to represent the municipal assembly as secretaries to the zonal councils.

Report on HwereAnum Zonal Council

The Zonal Council is made up 17 communities within jurisdictions with one assemble member and the unit committee members. The zonal council office is located in Nobewam. The office used to be an old post office building with three offices and a store. The building is an old structure and requires some level of renovation. The window frames are rotten and portions broken.

There is no light and electricity bill is in arrears. Electrical wires are bear, sockets are spoilt. The doors are not in good condition, door locks and knobs are spoilt. There are some cracks on the walls and portions of the building are broken down as it was run through by a truck some few years back.

There are however chairs though some few additional chairs and tables will be needed as there are only four tables.

Report On Kwabre Mponua Zonal Council

KwabreMponua zonal council is made up of 14 communities and each with assembly member together with unit committee member. The zonal council is located at Kokobra. The zonal council office has three rooms and a general assembly hall for community meetings, concerning the offices one is for environmental health offices and another one is traditional council practitioners. However the other room that is meant for us to use is locked and that is more like a store room.

Moreover there is no light at peace as of now, the net of the windows are torn and some of the louver blades are also broken. At the end of it all the zonal council office needs a massive renovation.

Report On Ejisu Zonal Council

The zonal council is made up of four (4) Electoral Areas with two (2) communities within its jurisdiction. The Zonal Council Office is located at Ejisu Market. The Zonal Council has two (2) rooms and a general assembly hall for meetings. Concerning the offices, one is used as the chairman's office and the other is been used by the revenue department. Moreover, the door locks are not in good conditions, torn window nets, broken louver blades, broken fan and broken chairs. In conclusion, the Zonal Office needs some renovation.

The State of Onwe Zonal Council

The Zonal Council office is located at Onwe near the government hospital. Environmental health and revenue department use two of the rooms as their office while workers of the Onwe government hospital occupy the rest as living rooms. The office needs painting and furnishing.

Report On Kwaso Mponua Zonal Council

KwasoMponua Zonal Council comprises of ten (10) towns with its headquarters at Kwaso where the Zonal Council Office is located. The Zonal Council has only one office for one department thus water and sanitation. However, this office is not furnished. The council has a general assembly hall and other facilities which was left in bush, therefore needs total renovation.

Revenue Generation; the Ejisu Zonal council is taking speedy steps towards revenue generation as per the new directive given by the Local Government service. By this directive, the zonal councils are now tasked with revenue generation for the assembly with a list of needed items provided. The Ejisu- zonal council since the inception of this directive has taken all appropriate steps to recruit commission collectors and is now awaiting bonding by the assembly after which they would all

start full revenue for the zonal council and the assembly at large. In view of that, community development officers have been tasked to take the secretary role at the various zonal councils.

Impact/ Outcome

Programs initiated were well impacted to the communities and the results were positive.

- The education program initiated by the team was well impacted on the people positively.
- Through this education, the people were able to learn something to raise their standard of living in the community.
- The educational programme conducted by the team was highly accepted by the community members, as there is a positive change in attitude.

Challenges

- Lack of resources to supervised and monitor field work
- Bad roads (retarding the pace of development).

Inadequate funds for field work and lack of commitment on the side of the opinion leaders.

Conclusion

Activities during the year were quite manageable and target set was achieved.

Table: Adult Education – Mass Meeting

N O	LOCATION OF MASS MEETING	NO OF MEETIN G HELD	NO OF AUDIENCE IN ATTENDANCE			TOPIC TREATED	RESOURCE PERSON
			M	F	T		
1	Ofoase , Kwaso, Korase, Bomfa	5	450	350	800	Parental duties and responsibilities, child trafficking, child labour, worst forms of child labour	Brian Afriyie, Benjamin Adu-Gyamfi, Denzel Badu Boateng and Gloria PomaaAddo.
	Odoyefe and Ofoase	1	47	63	110	proper hand wash with soap and child protection Communal labour	
2.	New Koforidua	1			120	Communal labour, home management, child	

						protection and proper hand washing with soap.	
3.	Fumesua	1				abstain from sex, desist from watching pornographic materials	
4.	Kwaso ,Okrase	5	450	350	800	support for community, environmental sanitation and human rights were treated	EmmanuellaOforiwa, EsiAmobiAdjei, Brian Afriyie, NajeebAbubakari and RhamanBoahen.
5.	Bomfa ,Ofoase	1	45	75	120	Communal Labour, personal hygiene, child protection	Brian Afriyie, Benjamin Adu-Gyamfi, Denzel Badu Boateng and Gloria PomaaAddo.

Table: Adult Education – Study Group Meeting

NO	NAME OF STUDY GROUP	LOCATION	ACTIVITIES UNDERTAKEN	MEMBERSHIP			NO OF MEETING HELD	TOPIC TREATED	RESOURCE PERSON
				M	F	T			
1	Focus group	Odoyefe	Management meeting				2	bore-hole maintenance promotion of hand washing with soap, erosion protection, check record of financial transactions	Mr. Eric Osei (CDO)
2	Unit committee	Okrase, Donyina	Management committee members			10	2	Auditing Annually report action plan, and bore-hole maintenance and keeping records.	Mr. Eric Osei (CDO)
3	Unit committee	Bomfa, Asotwe, Ofoase, Timiabu and Sarpeh		10	40	50		refrain from bad company, learn skills that will generate income to avoid stigmatization of HIV/AIDS patients and show compassion	Miss Norcy A. Agyeman (ACDO)
	Total		14	992	992	838	1850		

DEPARTMENT OF EDUCATION

The first section of the report provides information on number of educational institutions, school enrolment and teacher population as well as general infrastructural needs and school facilities. The second part of the report is devoted to policy intervention measures and key performance indicators on access, quality and gender parity analysis. Updates on inventions by NGOs such as USAID have also been reported on.

Number of Educational Institutions.

During the year, the number of public basic schools at all levels increased by 1. Currently, there are 93 KGs, 96 primary schools, 81 junior high schools, 3 SHSs and 2 Technical Vocational Education and Training (TVET) institutions, all in the public sector. The trend in school growth is shown in the table below.

Number of Educational Institutions, Ejisu-Juaben Municipal, 2017

Level	2012		2013		2014		2015		2016		2017	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
KG	89	54	92	71	93	71	94	71	92	86	93	73
Primary	93	54	98	71	94	71	95	71	95	85	96	73
JHS	68	33	72	33	75	35	78	38	80	47	81	43
SHS	5	1	5	1	5	1	5	1	5	1	5	3
TVET	2	-	2	1	2	1	2	-	2	-	2	-
Tertiary	-	1	-	1	-	1	-	1	-	1	-	1

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

In the Private Sector, the number of primary schools and JHSs stood at 73 and 43 respectively. The drop in the number of private schools as tabulated above is ascribed generally to a shift in demand for educational services toward public schools which caused some private schools to fold up. However, the number of private SHSs, all Christian based, increased from 1 to 3, reflecting an increased interest of religious organizations in educational service delivery in the municipality.

School Enrolment and Teacher Population

Table: Public school enrolment trend by level and gender from 2012-2017.

SCHOOL LEVEL	2012/13			2013/2014			2015			2016			2017		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
KG	4833	4859	9692	4342	4334	8676	4332	4122	8454	4245	3964	8209	4057	3824	7881
Primary	12105	11581	23686	11856	11350	23206	12244	11805	24049	11857	11468	23325	11806	11225	23031
JHS	4946	4526	9472	5282	4873	10155	5635	5391	11026	5887	5474	11361	5896	5567	11463
SHS	5149	5038	10187	4920	4426	9346	5663	3739	9402	4911	4500	9411	5713	5265	10978
TVET	441	279	720	370	179	549	351	116	467	696	214	910	702	217	919

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table: Private school enrolment by level, 2017

S/N	LEVEL	ENROLMENT		
		M	F	T
1	KG	2201	2244	4445
2	PRIMARY	4615	4693	9308
3	JHS	1187	1042	2229
4	SHS	278	339	617
TOTAL		8281	8318	16599

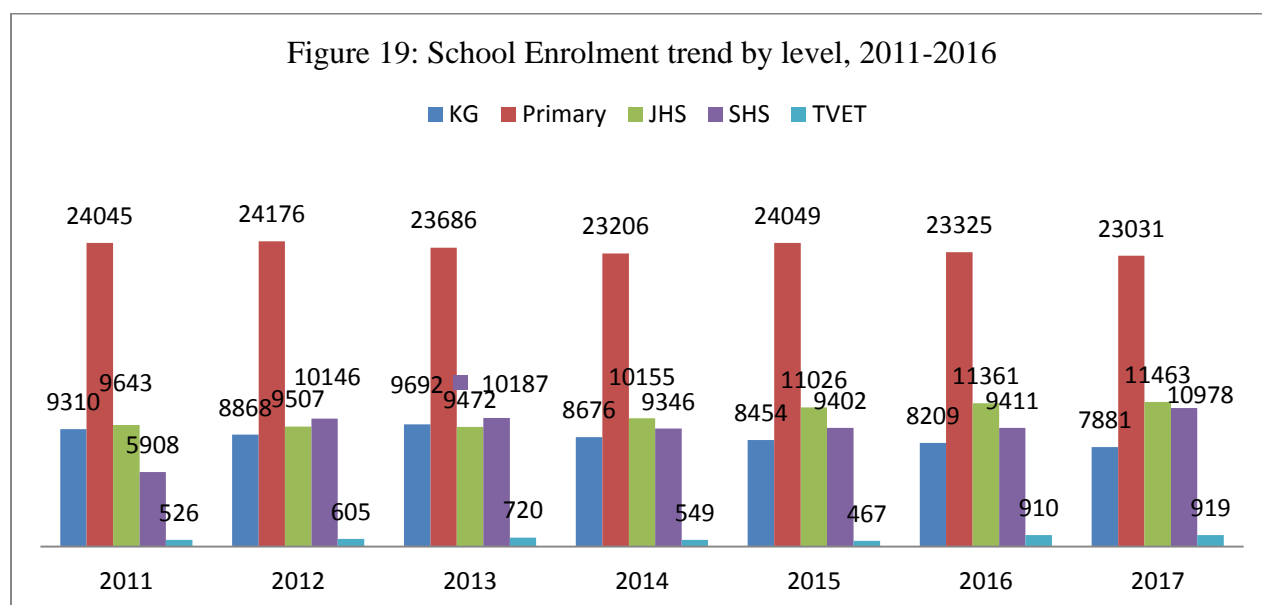
Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table: Teacher Populations in Public Schools-2017

LEVEL	TRAINED			UNTRAINED			GRAND TOTAL
	M	F	T	M	F	T	
KG	6	225	231	34	47	81	312
PR	207	550	757	24	25	49	806
JHS	438	278	716	31	9	40	756
GRAND TOTAL	651	1053	1704	89	81	170	1874

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Figure 19: School Enrolment trend by level, 2011-2016



Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table: Trained teacher populations in public schools, 2012-2017

Level	2012			2013			2014			2015			2016			2017		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
KG	12	244	256	6	266	273	26	287	313	13	298	311	12	314	326	6	225	231
Prim	384	433	817	388	368	793	351	447	798	351	453	804	330	464	794	207	550	757
JHS	403	221	624	440	237	677	446	269	715	378	349	727	438	271	709	438	278	716
SHS	290	104	394	256	138	394	306	130	436	306	130	436	308	135	443	310	137	447

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table 3.134: Percentage of trained teachers in public schools, 2010-2017

School Level	2010	2011	2012	2013	2014	2015	2016	2017
KG	60	72.2	83.5	79.6	82.7	81.3	87.4	74
Prim	83.10	86.30	94.2	92.3	93.3	94.1	96	93.9
JHS	83.1	92.3	94.7	91.2	92.2	92.5	94	94.7
SHS	74	91.6	91.4	93.2	93.5	87.8	85.5	86

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Indicators

Table: School Enrolment Indicators

S/N	INDICATOR	LEVEL	PERIOD					2017 targets	Remarks
			2013/14	2014/15	2015/16	2016/17			
1	Gender Parity Index (GPI)	KG	0.92	0.95	0.93	0.97	1	improved	
		Primary	0.98	0.96	0.96	0.98	1	improved	
		JHS	0.92	0.95	0.92	0.91	1	decreased	
2	Net Enrolment Rate (NER)	KG	72.60%	92.30%	97.9%	98.50%	100%	increased	
		Primary	98.20%	98.50%	98.6%	87.50%	100%	increased	
		JHS	63.50%	90.50%	80.2%	82.3%	100%	increased	
3	Net Admission Rate (NAR)	PRIM	71.10%	93.30%	93%	94%	100%	improved	
		JHS	45%	75%	68.90%	72%	90%	improved	
4	Net Completion Rate	Primary 6	84.70%	83.90%	94.2	98.80%	100%	increased	
		JHS3	68.80%	97%	98%	98.50%	100%	improved	
5	SHS Enrolment		9346	9402	9411	10668	–	increased	
6	Pupil Teacher Ratio (PTR)		31.8	32	31	30.8	25	decreased	
7	Pupil Core Textbook Ratio (PCTR)		1	1	1	0.6	0.5	decreased	
8	Percentage Reduction in Classroom Deficit		6.1	5.1	5.7	12.2	20.9	improved	

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

School Infrastructure and Facilities

Basic Schools

Table: Percentages of Primary Schools with Basic Facilities, 2017.

FACILITY	2011	2012	2013	2014	2015	2016	2017	2017 Target	Remarks
Water	20	20	23.2	25	25	26	26	38	unchanged
Toilet	63	66	71.7	71	71	73	73.5	82	Slightly improved
Electricity	39	48	51.4	52	56.2	56.2	70	72	improved

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

At the JHS level, 25% of schools now own potable water facilities while 69.2% have access to toilet facilities. The percentage of schools with at least 2 computers increased to 51% following the supply of some computers under the One Laptop per Child Program.

Table: Percentages of Junior High Schools with Basic Facilities, 2017.

FACILITY	2011	2012	2013	2014	2015	2015	2016	2017	2017 Target	Remarks
Water	19	20.1	20	22	22	22	24	25	30	improved
Toilet	60	63	63.1	66	66.2	66.2	68	69.2	80	improved
Electricity	51	59	72	72	72.7	72.7	72.7	72.7	80	unchanged
% of schools with at least 2 computers	8	8	12	30	35	46.7	46.7	51	60	improved

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table: Physical Infrastructure in public KGs

Indicator	2011	2012	2013	2014	2015	2016	2017	2017 Targets	Remarks
No of Permanent Classrooms	204	216	222	234	236	212	214	216	improved
% of Classrooms Needing Major Repair	24%	13.2%	13.4%	11.2%	27.9%	20%	9%	0	Improved
No. of New Classrooms Needed	25	11	7	7	4	4	14	10	improved
% with recreational facilities	0	0	0	0	0	0	0	5	No progress

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table: Physical Infrastructure in public Primary Schools

Indicator/Year	2011	2012	2013	2014	2015	2016	2017	2017 Target	Remarks
No of Permanent Classrooms	602	608	616	622	622	628	640	640	Achieved
Pupil Classroom Ratio	38	38	38.3	34	35	34	36	35	improved
% of Class Rooms Needing Major Repair	18%	17.3%	19%	15.8%	19.7%	12%	10%	0	decreased
No. of New Classrooms Needed	26	21	12	24	24	23	12	6	decreased

Source: Planning and Statistics Department, GES, -Juaben Municipality, 2017.

Table: Physical Infrastructures in Public Junior High Schools

Indicator	2011	2012	2013	2014	2015	2016	2017	2017 Targets	Remarks
No of Permanent Classrooms	184	223	296	296	336	336	329	339	improved
Pupil Classroom Ratio	29.6	42	35	32	33	34	35	30	improved
% of Classrooms Needing Major Repair	16	19.4%	25	27%	27.3%	18%	5%	0	Improved
No. of New Classrooms Needed	27	12	12	9	9	9	*9	3	unchanged

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

There are adequate classrooms in JHS based on a general pupil-classroom ratio of 35. However, 9 more classrooms are need to address locational shortages in deprived communities.

Table: Summary of classroom infrastructure

Level	Enrolment	Permanent Classrooms Available	% of Classrooms Needing Major Repairs	Permanent Classrooms Needed
KG	7881	210	11%	16
Primary	23031	640	9%	18
JHS	11463	329	7%	*9

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table: School Facility Indicators

INDICATOR	2014	2015	2016	2017	2017 target
% of KG pupils without furniture	27	27	25	23	12
% of primary school pupils without furniture	19.8	19	14	11	10
Number of JHSs in need of additional classrooms	7	7	6	3	2
Number of communities without public schools	9	9	7	5	6
Number of schools on School Feeding Programme	28	31	34	34	43
Number of pupils on School Feeding Programme	9,450	10231	12719	-	15,000
% of primary schools with access to safe water	25	25	26	28	35
% of JHSs with access to safe water	22	22	24	24	40
% of primary schools with access to toilet facilities	71	71	73	73	82

% of JHSs with access to toilet facilities	66	66.2	68	68.5	95
% of primary schools with electricity	52	56.2	56.2	56.2	70
% of JHSs with electricity	72	72.7	72.7	72.7	85

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017

Policy Interventions, Programmes and Projects

USAID Partnership for Education- Learning.

In addition to the 412 teachers trained in reading methodology, classroom implementation of the program was undertaken. Teaching aids such as Ghanaian language readers, picture books and teachers' guides were also supplied. The programme is expected to significantly improve the ability of pupils to read with comprehension. In all 19,041 pupils in the municipality and 2.8 million pupils nationwide are expected to benefit from the programme.

Information and Communication Technology (ICT), Furniture and Other Materials

Under the Teacher's Laptop Project, 180 HP laptops were distributed to basic schools. This is expected to boost significantly teacher competence and hence the teaching and learning of ICT in basic schools. Other materials received and distributed included 180 KG chairs, 65 dual desks 23,787 and dictionaries. In addition, 1,920 readers were received from USIAD and distributed to basic schools.

Table : Supply of laptops and other materials

Item	Number
Laptops	180
Kg chairs	180
30 KG 6-seater tables	30
Dictionaries	23,787
Reading books	1'920

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

2017BECE Performance

The total number of BECE candidates for the 2017 academic year stood at **3969 compared to last year's 3,818 candidates**. There were 2035 males this year, representing 51.3% and 1,934 female candidates constituting 48.7%. The following table illustrates the number of candidates and performance by subject.

Table: BECE passes by subjects

SUBJECTS	TOTAL NO. OF CANDIDATES OBTAINING GRADE 1 TO 3			TOTAL NO. OF CANDIDATES OBTAINING GRADE 4 TO 5			OVERALL TOTAL FOR GRADES 1 TO 5		
	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL
ENGLISH	278	265	543	692	658	1350	970	923	1889
SOCIAL STUDIES	293	259	552	752	712	1464	1045	958	2003
MATHEMATICS	295	221	516	852	768	1620	1147	989	2136
GEN. SCIENCE	331	274	605	682	631	1313	1013	905	1918
BDT	235	255	490	457	431	888	692	686	1378
FRENCH	159	184	343	204	249	455	363	433	796
GH. LANGUAGE	374	393	769	711	630	1341	1081	1443	2524
ICT	274	220	494	783	665	1447	1076	890	1966
RME	288	268	556	716	655	1376	1005	923	1928

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table: Percentage of BECE candidates scoring grade 1-5 in core subjects, 2016-2017

Subject/ year	English		Social Studies		Mathematics		Gen. Science		ICT	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Male	51.6	47.6	55.9	51.3	46.1	56.3	50.4	49.7	56.8	52.8
Female	44.9	47.7	45.5	49.5	35.9	51.1	42	46.7	44.4	46

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Table: BECE passes by aggregate, 2016

Aggregate/ Year	6		7 – 15		16 – 24		25 – 30		31 – 40		OVERALL %	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Boys	6	13	156	124	369	395	410	426	677	671	77.82	36.8
Girls	4	8	96	130	300	344	343	379	610	603		
Total	10	21	252	254	669	739	753	805	1287	1274		

Source: Planning and Statistics Department, GES, Ejisu-Juaben Municipality, 2017.

Conclusion and Recommendation.

Although the improved pass rates in Mathematics and Science are encouraging, some strategies must be adopted to ensure a general improvement in BECE performance in the municipality. Parents should be encouraged to implement the recommended home-based reading improvement strategies acquired from the USAID-Learning Program. This in the long run is expected to boost reading comprehension and subsequently lead to improved performance in English and other subjects. Both parents and teachers also need to provide extra contact learning time for pupils in order to improve performance. To facilitate this, School Performance Appraisal Meetings (SPAMs) are hereby recommended to enable SMCs review BECE performance and implement performance-boosting strategies.

DEPARTMENT OF URBAN ROADS

This report covers the Annual report for the year 2017 representing details of activities of the Ejisu- Juaben Municipal Roads Department (EJMRD) for the period under review. The Ejisu- Juaben urban roads department main objective is to plan, provide, manage and maintain the urban road network in the Municipality.

This report highlights the activities undertaken within the quarter under review.

The department collaborates with established functional departments of the Assembly like the Department of Transport, Town and Country Planning, Works Department etc. to realize its objectives.

The Road Network

The municipality has an urban roads length of about 595km. Of this total, 84% representing 498km are unpaved and in poor condition. 16% representing 97km are paved. The proportion of roads in good condition are low and do not meet the demands of the people in the municipality. The paved roads are over aged and developing potholes on the surfaces at an increasing rate. The budget allocation for the department from the road fund is very inadequate to meet the needs of the municipal road network.

Green Area Maintenance

The department undertook green area maintenance activities on the Ejisu-Fumesua Highway. The activity was undertaken by M/S Macmusha Ventures. Certification has been completed.

Periodic Maintenance

The department did not get approval from Head Office-Accra to undertake periodic maintenance activities.

Conclusion

The budgetary allocation for the department is woefully inadequate leading to a constraint of the department in providing good quality roads in the municipal area. The department is therefore appealing to Urban Roads Head Office in Accra through the Ashanti Regional DUR office for an increase in its budgetary allocation and for support in the maintenance of official vehicles to aid in effective supervision.

DEPARTMENT OF NATIONAL BOARD FOR SMALL AND MEDIUM SCALE INDUSTRIES (NBSSI)/BUSINESS ADVISORY CENTRE (BAC)

The Ejisu-Juaben Business Advisory Centre (BAC) planned and carried out a wide range of Business Development Services (BDS) to ensure the growth and development of Micro and Small Enterprises (MSEs) in the municipality for the quarter under reporting. The Business Development Services (BDS) offered by the BAC in the quarter include Strengthening of Local Business Associations (LBAs), Advisory and Counseling Services etc. Below are the details of activities implemented by the BAC.

Table: Appointment/Transfers/Promotions/Leave/ Resignation

ITEM	STAFF'S NAME	FROM	TO	REMARKS
Appointments				
Transfers				
Promotions				
Leave				
Resignation	Francisca Anokye Frimpong	25 th September, 2017.	10 th November, 2017.	Staff has since resumed work after the leave.

Below were the staff training / development in the year under reporting.

Staff Vacancies

The Business Advisory Centre is without a Driver and Business Development Officer.

Staff Meetings

There were four staff meetings organized within the year. The purpose of the meetings was to remind the staff of their responsibilities and also encouraged them to execute their duties to ensure the achievement of the objective of the BAC.

Implemented Activities

No.	ACTIVITY	VENUE	PARTICIPATION			COMMIT. FEE
			M	F	TOTAL	
1	Processed and submission of Matching Grant Fund (MGF) under the Rural Enterprises Programme (REP) for 40 clients to Participating Financial Institution (PFI) for onward submission to Programme Coordinating and Management Unit (PCMU) of REP	BAC	24	25	49	
2	OSHEM		-	28	28	-
	Training Programme in Soap Making	Bomfa-Achiase	3	24	27	270.00
	Training Programme in Beads Making	Bomfa - Achiase	1	26	27	270.00
	Training Programme in Basic Financial Management	Ejisu	20	-	20	200.00
	Training Programme in Soap Making	Amoamoa-Achiase	10	14	24	Nil
	Business Counselling	Workshop Premises of Clients	35	5	40	Nil
3	Technology improvement and finishing in Auto mechanic		15	-	15	150.00
4	Technology improvement and finishing in carpentry and joinery		18	-	18	-
5	Technology improvement and finishing in welding and fabrication		17	-	17	-
6	Consultative Meeting		33	9	42	-
7	Training Programme in Bee Keeping	New Koforidua	8	1	9	90.00
8	Soap Making	Achinakrom	-	34	34	-
9	Business Counselling	Clients Workshop Premises	12	13	25	-
10	Implementation of Kaizen Concept	1 Enterprise	-	-	-	280.00

Advisory and Extension Services

AREA OF ENQUIRY	MALE	FEMALE	TOTAL
Financial Assistance	5	2	7
Business Opportunities	8	4	12
Clients Registration (RGD)	-	-	-
Business Registration (ASSEMBLIES)	7	3	10
BAC Activities			
NBSSI Activities	11	6	17
Needs Assessment	22	11	33
Marketing of Products	19	9	28
Business Counseling	15	7	22
Business Start-up	12	13	25
Number of SME in the District			
	13	10	23
	184	85	269
Total	296	150	446

Provision of Information:

Information was provided to clients and other Micro and Small-Scale Operators made up of 87 males and 33 females in the municipality. The areas which the information was provided include the Kaizen Concept, marketing of products, business opportunity, registration of businesses with Registrar Generals' Department, Product Certification, Financial Support, Skill Upgrading and Entrepreneurial Skill Acquisition, Sources of MSEs Equipment etc.

Support to Business Associations

Date	Association	Activity	Issues Discussed / Remarks
17/01/17	Kente Weavers and Sellers Association, Bonwire.	Monitoring visit to their meeting.	<ul style="list-style-type: none"> - Payment of Afro Asian Rural Development Organization (AARDO) Loan by the defaulted members. - Development of a website to market their products.
31/05/17	Association of Small Scale Industries (ASSI)	Interim Executives met at the BAC together with the BAC Head to see the ASSI could be revive in the municipality	<ul style="list-style-type: none"> - Replacement of the interim chairman of the ASSI. - Objectives of the ASSI - Get Executives of other SMEs Association on board.
21/06/17	Association of Small Scale Industries (ASSI)	<p>-Interim Executives met for the second time at the BAC together with the BAC Head to introduce the new chairman to members for endorsement.</p> <p>-Interim Executives together with the BAC Head paid a courtesy call on the new Municipal Chief Executive to congratulate her for her new appointment and also to let her know the objectives of the ASSI in the municipality.</p>	<ul style="list-style-type: none"> - Confirmation of the objectives of the ASSI by members. - The ASSI in the municipality, the BAC and the Municipal Chief Executive plan of organizing Trade Show for MSEs Operators in the municipality.
22/06/17	Kente Weavers and Sellers Association, Bonwire.	Monitoring visit to their meeting.	<ul style="list-style-type: none"> - Payment of Afro Asian Rural Development Organization (AARDO) Loan by the defaulted members.
16/08/17	Association of Small Scale Industries (ASSI)	Interim Executives met at the BAC to discuss how they can initiate activities to support	<ul style="list-style-type: none"> - Identification of sources of MSEs Support Institutions.

		members in the municipality	
20/09/17	Kente Weavers and Sellers Association, Bonwire.	Monitoring visit to their meeting.	- Payment of Afro Asian Rural Development Organization (AARDO) Loan by the defaulted members.
15/11/17	Association of Small Scale Industries (ASSI)	Interim Executives met at the BAC to discuss how they can initiate activities to support members in the municipality	How to impress upon the defaulted beneficiaries of the Matching Grant Fund (Matching Grant Fund) under the Rural Enterprises Programme to pay their outstanding loan.
25/11/17	Kente Weavers and Sellers Association, Bonwire.	Monitoring visit during their meeting.	To remind defaulted beneficiary members of Afro-Asian Rural Development Organization (AARDO) Loan Scheme to pay the loan.

Table: Impact of BAC activities

Impact	Male	Female	Total
Clients adopting new technology	13	5	18
Clients adopting improved technology	15	7	22
New jobs created	21	12	33
New business established	17	6	23
Clients diversifying product	18	8	26
Clients diversifying business	5	1	6
Clients adopting improved packaging	27	16	43
Clients recording increasing sales	36	17	53
Clients keeping business records	45	21	66
Clients selling outside home district	79	35	114
Clients having access to MSE information	82	34	116
Clients operating active bank accounts	108	58	176
Clients supplying products to larger enterprises	45	18	63
Enterprises established by grad. Appren./unemployed	20	11	31
Clients adopting good workshop safety and environmental management practices	107	62	169

Clients with improved product quality	38	23	61
Clients with improved management practices	67	31	98
Clients registered with RGD	53	16	69
Clients registered with GSA	4	2	6
Clients registered/contributing to SSNIT	22	10	32
Business accessing new markets	21	14	35
Clients recording increased production	31	13	44
Businesses with good credit management and improved loan repayment	43	20	63
Businesses that have increased work force	18	8	28
Clients employing good customer relations	89	38	127
Businesses that have accessed institutional credit	-	-	-
Women owned businesses that have access to institutional credit	-	-	-
MSEs development issues forwarded to relevant authorities for consideration	26	15	41
Enterprises adopting occupational safety health and environmental management	84	42	126
LTAs with improved leadership	6	4	10
LTAs networking with others	5	3	9
Clients receiving knowledge in entrepreneurship	79	57	136
Apprentices sitting for NVTI exams	-	-	-
Clients assisted to write a business plan	-	-	-
MSE support institutions networks established			3
Businesses with permanent staff	51	27	78
Businesses with new equipment	26	19	45
Businesses using sign post	96	43	139

Challenges

The Municipal Assembly has failed to pay its counterpart funding (Funds to meet Recurrent Expenditure) under the Rural Enterprises Programme to the BAC to enable it implement its activities effectively.

Conclusion

The year has been a challenging one. However, the office was able to do its part as far as promoting the growth and development of Micro, Small and Medium Enterprises in the municipality is concern.

Table: Summary of Activities

Activity	No. of Acts	Male	Female	Total
Leadership Training/Group dynamics	-	-	-	-
Promoting & Strengthening of Associations	2	36	-	36
Technical Training	2	8	35	43
Management Training	1	13	12	25
Training on Banking Culture/Credit Management	-	-	-	-
Food Hygiene Workshop	-	-	-	-
Start Your Business Workshop	-	-	-	-
Entrepreneurship Seminars	-	-	-	-
Advocacy & Lobbying skills Training	-	-	-	-
Literacy & Numerical Skills Training	-	-	-	-
Study Tour/Industrial Visits	-	-	-	-
Follow Up	4	14	9	23
Stakeholders Meeting/SME Institutions Network	-	-	-	-
Information Seminars/Sensitization Programmes	-	-	-	-
Farmer Field Fora	-	-	-	-
Needs Assessment	5	28	12	40
NVTI Examinations	-	-	-	-
Marketing Seminars	-	-	-	-
Facilitating Access to markets	4	16	8	124
Trade Fairs	-	-	-	-
Improving Product Quality and Packaging	-	-	-	-
Advisory, Counseling & Extension Services	5	13	12	25
Provision of Information	16	42	18	60
Site Inspection for Enterprise	-	-	-	-
Recommendation				
Presentation of Kits	-	-	-	-
Internship	-	-	-	-
Occupational Safety Health and Environmental Management (OSHEM)	-	-	-	-
Registration of Apprentices	-	-	-	-
MSE Access to Credit	-	-	-	-
On the Job Training	-	-	-	-
Facilitating Access to BDS	9	27	16	43
Business Plan Preparation	-	-	-	-

CHAPTER FOUR

KEY ISSUES

Key Issues Addressed

Rehabilitation of urban roads/ Feeder roads

The Municipality has increased its urban roads length of 501 2016 to about 595km in 2017. Of this total, 84% representing 498km are unpaved and in poor condition. 16% representing 97km are paved. The Municipal Assembly is using its grader to reshape some selected farm tracks to avoid post-harvest losses and enhance transportation of agricultural produce to the marketing centres. Also, the construction of Krapa, Bronikrom, Asewase to Apromase has been completed and handed over. Finally, gravelling of Amoam-Achaise, Ekim road is also under going constructional works.

Access to Health care

The Municipal Assembly has constructed CHPS compound at Dumakwae, New Koforidua, Bankroagya, Esaase and Amoamachiase solely to improve access to quality health care delivery in Municipality. Similarly, children's ward has been completed and handed over to Juaben Government Hospital, Maternity Unit with a laboratory and supply of basic equipment for Kwaso Health Centre completed and in use. the Municipal Assembly has again constructed an ultra-modern X-Ray Unit for Ejisu Government Hospital, 1no. Accident & Emergency Unit also completed and handed over Ejisu Government Hospital authority, 1no. 2-storey administrative Block for Juaben Government Hospital and 1no. Ear, Nose and Throat Clinic also constructed for Ejisu government hospital.

Improvement in Potable water supply

The Municipal Assembly in its attempt to provide potable water and improve sanitation coverage in the municipality. This was made possible by the construction of 5no. Mini water system with overhead tank at Ejisu, Asotwe, Boankra, Ejisu Gov't and Serwaakura. Subsequently, a 1no. 30 setter W.C toilets with borehole have been constructed at Adumasa, Kwamo, Akyenakrom, Apromase and Bomfa. 1 No. 16 Seater W.C Toilet and development of Sanitary Site at Kokobra, 1 No. 16 Seater W.C Toilet and development of sanitary Site at Krapa, 10 No. Boreholes, Constructed, 1No. 14 Seater W.C Toilet with Borehole, Construction of 1 No. 14 Seater W.C Toilet with Borehole, Construction of 1 No. 14 Seater W.C Toilet with Borehole, Construction of 4no

Mini-Water Systems with Overhead Tanks. Also, 10no.boreholes have been completed at Serwaakura and Asawasi respectively. Again, the Assembly has conducted performance assessment of the three (3) Water and Sanitation Management Board in Onwe, Juaben and Kwaso. This exercise has helped the Assembly to identify water and sanitation issues and address them accordingly. Also, the Assembly in collaboration with the Community Water and Sanitation Agency (CWSA) has formed and strengthened the capacity of WATSAN committees in ten (10) communities which has benefited from the GoG borehole projects. This is to ensure proper management of the boreholes.

Key issues yet to be addressed

Support to the Agricultural sector

The Municipal Assembly is organizing the Department Agriculture and Cooperative Department to embark on educational drive for farmers to form Cooperative Societies and revive the dormant ones. This is to enable farmer's access group loans from financial institution. Through the Cooperative Societies, farmers would be exposed to modern farm techniques, advice from agricultural Extension Officers and proper use of agro chemicals to improve yields to maximise profit.

Waste Management

Management of waste has become a daunting task to the Assembly as many communities have heaps of refuse at the dumping sites posing health threats to the inhabitants of these communities. The Assembly needs additional sanitation equipment such as wheel loader, excavator, etc to combat these *insanitary conditions*.

Sprawling Urbanization

The Ejisu – Juaben Municipality is experiencing high influx of population due to increasing urbanization along the transport corridor stretching from Boankra through Besease and Ejisu to Fumesua because of its location. This will result in high population growth in the Municipality since the regional capital's population is predicted to double during the next 15 years.

In addition, there is urban pressure on Ejisu and its environs from the northeast of the Municipal area.

One major effect of the unbridled urbanization is the increasing sanitation burden the Assembly has to contend with not to talk of the pressure on existing infrastructure and social services. Scramble for otherwise fertile agricultural land for residential use is an emerging issue in the parts of the Municipal area.

To address the problem, the KMA and its adjoining districts namely; Kwabre East District Assembly, Atwima-Kwanwoma District Assembly, Bosomtwe District Assembly, Afigya-Kwabre District Assembly and Ejisu-Juaben Municipal Assembly are beneficiaries of the Greater Kumasi Project.

The Greater Kumasi Project is a project funded by the Japanese government through the Japanese International Co-operation Agency (JICA) to assist the Assembly develops and prepare a comprehensive spatial development framework. The Project focuses on urbanization and aimed at providing development oriented programmes and projects that will reduce poverty and protect the vulnerable; ensure access to adequate social services, clean environment within a decentralized setting.

Recommendations

Mobilization of local revenue for development

The Assembly should channel resources for the re-evaluation of all immovable properties in the Municipality. Steps should be initiated by the Assembly to up-date the Revenue Register to check leakages in revenue mobilization.

Provision of logistics

The Assembly should do well to provide enough logistics such as a pick-up among others especially to the MPCU to facilitate project monitoring and evaluation.

Residential accommodation for staff

The municipal assembly should provide additional residential accommodation to retain staff in the municipality in order to ensure efficiency and productivity. Majority of the staff commutes from Kumasi to Ejisu daily due to lack of residential accommodation.

Conclusion

Management of the Assembly should initiate steps to improve Assembly's IGF and mobilize additional funding from external sources including public private partnership to generate funds for the execution of development programmes and projects to ensure the achievements of the goal and objectives set up in the Medium Term Development Plan (MTDP) 2018-2021. To this end, the Assembly would ensure effective collaboration with stakeholders including Heads of Departments, Assembly members, Zonal council officers, Traditional leaders and the MPCU to up-lift the living conditions of citizenry.