

The Decentralized Poverty Monitoring and Evaluation Exercise

BONGO District

For
The Regional Planning and Coordinating Units

By
DISCAP

ACKNOWLEDGEMENT

It is indeed through the grace and mercies of God that this exercise was brought to a successful end. All honour and praise be to His Name.

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Notwithstanding, all omissions and commission or any mistake associated with this work is the sole responsibility of the Bongo District Poverty Monitoring Group (BDPMG).

ACRONYMS

ADRA	-	Adventist Development and Relief Agency
BDPMG	-	Bongo District Poverty Monitoring Group
BECE	-	Basic Education Certificate Examination
CBNFSP	-	Community Based Nutrition and Food Security Project
CBO	-	Community Based Organization
CHPS	-	Community Health Planning Services
CRS	-	Catholic Relief Services
CWSA	-	Community Water and Sanitation Agency
CWSP	-	Community Water and Sanitation Programme
DFID	-	Department for International Development
DHMT	-	District Health Management Team
DISCAP	-	District Capacity Building Project
DISEC	-	District Security Committee
DPCU	-	District Planning Co-ordinating Unit
DPMG	-	District Poverty Monitoring Group
DWST	-	District Water and Sanitation Team
GAC	-	Ghana AIDS Commission
GARFUND	-	Ghana Aids Response Fund
GES	-	Ghana Education Service
GHS	-	Ghana Health Service
GPRS	-	Ghana Poverty Reduction Strategy
HIPC	-	Highly Indebted Poor Countries
ISODEC	-	Integrated Social Development Centre
JSS	-	Junior Secondary School
KATH	-	Komfo Anokye Teaching Hospital
M & E	-	Monitoring and Evaluation
MDTP	-	Medium Term Development Plan
MOFA	-	Ministry of Food and Agriculture
NGO	-	Non-Governmental Organization
PLWHA	-	People Living with HIV/AIDS
SSS	-	Senior Secondary School
STME	-	Science Mathematics and Technology Education
TBA	-	Traditional Birth Attendant
VCT	-	Voluntary Counselling and Testing
WATSAN	-	Water and Sanitation
WFP	-	World Food Programme
WVG	-	World Vision Ghana

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EXECUTIVE SUMMARY

The decentralized Poverty Monitoring and Evaluation exercise was initiated by the Regional Planning and Coordinating Units (RPCU's) in the three (3) northern regions with support from District Capacity Building Project (DISCAP) to engage Districts in a monitoring and evaluation exercise that will measure their progress in poverty reduction efforts. An aspect of the Decentralized Poverty Monitoring and Evaluation exercise is the District poverty status and community assessment, which is the focus of this exercise.

The base line data for 2002 was collected and analyzed together with 2004 data. The data gathered was based on the twenty five (25) poverty indicators issued by the National Development Planning Commission in addition to district specific indicators identified. The 2002 base line data was used with the aim of tracking the poverty reduction efforts of the Medium Term Development Plan (MTDP 2002-2004).

The indicators were used to collect data in the areas of education, health, water and sanitation, food security, HIV/AIDS, accessibility to services, peace and security among others. The study also considered poverty pockets in the district and the opportunity available for these pockets to reduce poverty. The exercise also looked at the community assessment of water and sanitation situation in the district.

The exercise revealed that the district is poverty stricken with severe poverty pocket found in the eastern part of the district covering part of Bongo Town Council, entire Boo Area Council and greater part of Soe Area Council. These poverty stricken areas have poor accessibility to socio-economic infrastructure and services. Poor accessibility to services may be attributed to poor road network. On food security, the entire district experienced food shortage during the period with the peak in 2004. This is as a result of erratic and early cessation of rains as well as poor soil fertility. The number of new water points constructed during the period increased from 23 in 2002 to 241 in 2004. However, the community assessment report indicated that sanitation situation in the district was not the best. The high fluoride in the underground water in some pockets of the district deprives some communities to access potable water.

The marked improvement in educational infrastructure and facilities did not have a correspondence increase in enrolment and transition rate even though the gross enrolment percentage for basic schools stood at 96% and 98.4 for boys in 2002 and 2004 respectively. That of the girls stood at 96% and 97.6% for 2002 and 2004.

The study revealed that there was too much emphasis on girl child education to the detriment of boys. Thus, the enrolment for boys is reducing and that of girls is increasing.

There was a significant increase in supervised deliveries. This has helped reduce maternal mortality. There has been a marked reduction in malnutrition rate from 60% to 24.4% during the period. There was a reduction in teenage pregnancy cases during the period. However, the situation is very deplorable.

The following are the main recommendations to improve on the situation.

Since 90% of the people engage in farming, irrigation facilities should be provided to enhance dry season farming. Again, Agro-forestry and reforestation programmes should be vigorously pursued in the district. The handicraft skills in the district should be developed as alternative to farming. Effort should be made to look for reliable market for their products.

Provision of socio-economic infrastructure and service in the district by government or development partners should be located at the most poverty stricken pockets in the district.

The District Assembly should step-up her efforts in providing sanitation facilities in the communities especially refuse containers and refuse sites. In the same way, the District Water and Sanitation Team as well as Environmental Health Unit should be resourced to embark on rigorous educational campaign on the use of public toilets. Research should be conducted to reduce the high fluoride in underground water.

CHAPTER ONE

1. DISTRICT POVERTY PROFILE

1.1 Introduction

The Decentralized Poverty Monitoring and Evaluation exercise was initiated by the Regional Planning and Coordinating Units (RPCU's) in the three (3) northern regions with support from District Capacity Building Project (DISCAP) to engage Districts in a monitoring and evaluation exercise that will measure their progress in poverty reduction efforts. An aspect of the Decentralized Poverty Monitoring and Evaluation exercise is the District poverty status and community assessment, which is the focus of this exercise.

1.2 District Profile

The Bongo District is one of the eight (8) districts in the Upper East Region with Bongo Township as its capital. It has a total land area of 459.5 Square Kilometers and shares boundaries with Burkina Faso to the north and east, Kassena Nankana District to the west and Bolgatanga Municipality to the South. It lies within the Onchocerciasis Freed Zone.

The District has a population of 77,885 made up of 36,299 males and 41,586 females according to the 2000 Population and Housing Census. The population density is about 169 persons per Square Kilometer compared to the national figure of 79.30 per sq km. The high population density is even more serious considering the fact that people have moved from the widely Oncho infected area and concentrated on less than half of the land of the District. This undue pressure on the land can be reversed if conditions are made favourable enough by reducing the black fly population so that people can go back to the abandoned fertile river valleys.

Majority of the people in the district are engaged in the agricultural sector, roughly 90%. Quite a number of women are engaged in food processing and petty trading as well as handicraft production

1.3 Methodology and Approach

As part of the Decentralised Poverty Monitoring and Evaluation exercise, the District poverty status and community assessment component consists of four (4) steps. This include the preparation, collection and review of data/documents as well as conducting community needs assessment on Water and Sanitation, Data analysis and report production. As part of the preparation, a District Monitoring Group (DPMG) was constituted. This comprised nine (9) members of which three were women. The members were from the key sectors of Ghana Education Service (GES), Ghana Health Service (GHS), Ministry of Food and Agriculture (MOFA), The District Water and Sanitation Team (DWST) and of course the two staff of the District Planning and Co-ordinating Unit (DPCU). The members' were tasked to collect data based on the performance of the key sectors. The team reviewed secondary data from the key departments. Secondary data reviewed were mainly Annual Reports and some special study reports. Nevertheless, the team validated some aspect of the data with some communities.

After that, the group met and did the analysis together using both qualitative and quantitative techniques. Absolute and percentage figures were also used in the analysis. The analysis of the data set the stage for the report production.

1.4 Constraints and Challenges

The main challenge to the exercise was the unavailability of data from the key departments, which are very relevant to the exercise. For example, the malaria cases and its management for 2002 were not available. This made the trend analysis very difficult if not impossible. Some of the data were not disaggregated by sex. Another constraint was the heavy schedules of the officers involved in the exercise. This delayed the final output of the exercise.

1.5 Poverty Status in the District

The District Poverty Profile indicated that the district is poverty-stricken. District staff and community members acknowledged this fact during the District and Community Level Dialogue. The table below indicates community level stakeholders understanding of poverty

Table 1: Stakeholders' Understanding of Poverty

Stakeholders	Understanding of Poverty
Men	<ul style="list-style-type: none"> • Inability to feed oneself • Inability to pay school fees • Absence of shelter • Inability to pay medical bills • Poverty is a sickness • A dirty looking person • Someone who borrows money
Women	<ul style="list-style-type: none"> • Lack of food • Lack of money • Somebody who is sick • An isolated person
Youth	<ul style="list-style-type: none"> • Inability to provide basic needs • Lack of food • Lack of shelter • An unemployed person • Inaccessibility to financial support to start business • Low farm output

Source: Poverty Profiling Report, Bongo District

The responses of community level dialogue partners presented in the table above suggest a fundamental perception of poverty among the various target groups consulted. Poverty is understood to be a situation in which individuals are unable to provide some basic needs such as food, education, shelter, and health. This understanding of poverty conforms to the districts level stakeholders understanding of poverty. Food insecurity is also an important parameter for improving access to basic needs and enhancing food security. Improving access means in this context more of economic than physical access. For example, it is the “inability to pay” as in “inability to pay school fees, inability to pay medical bills etc.” not infrastructure or physical access per se.

1.6 Composite Poverty Pockets and Characteristics

Table 2: Composite Poverty pockets and characteristics

Pocket	Location	Characteristics	Potentials/Opportunities
1. Severe poverty pocket	Eastern part of the District covering parts of the Bongo Town Council, entire Beo Area Council and a greater part of Soe Area Council.	<ul style="list-style-type: none"> • The area is predominantly farming communities. • It is cut off from other parts of the District during rainy season. • Has few social amenities such as health and educational infrastructure. • Soil fertility is poor • Relatively low population except Soe, Adaboya and Beo Nayire. • Limited sanitation facilities especially in northern part of pocket. • Low physical access to Secondary School education. • No J.S.S in northern part of pocket. • Only one primary school in northern part of the District. • Limited access to health facilities- northern part of pocket very deprived. • Southern parts has two(2) CHPS. 	<ul style="list-style-type: none"> • Vast land for farming. • Has support from NGOs such as TRAX and World Vision. • Nearness to fertile land at Oncho freed zone.

Pocket	Location	Characteristics	Potentials/Opportunities
2.	Covers entire Bongo Town Council.	<ul style="list-style-type: none"> • Rocks taking 40% of land leaving small space for agricultural activities. • Market in Bongo Town not viable. • Low employable skills among the youth. • Limited sanitation facilities. 	<ul style="list-style-type: none"> • Handicraft skills. • Has good physical access to S.S.S, J.S.S and primary education as well as health.
3	Situated in the western corner of the District covering entire Balungu Area Council and south western part of Vea.	<ul style="list-style-type: none"> • Area is densely populated and is cut off from other parts of the district because of several streams. • Land is not fertile for agriculture activities. • Limited access to S.S.S and markets. • Limited sanitation facilities. 	<ul style="list-style-type: none"> • Availability of Handicraft skills. • Well organized women groups. • Livestock rearing. • Relatively better physical access to health facilities.
4.	Area covering western part of Soe Area Council.	<ul style="list-style-type: none"> • Area is very vast. • Have few social amenities such as health and educational infrastructure. • Only one(1) J.S.S in pocket. • Road network in area is poor. • Area has one(1) health centre, most parts of the pocket has low access to health facilities. 	<ul style="list-style-type: none"> • Area has a vibrant market. • Nearness to fertile land at Oncho freed zone.

Pocket	Location	Characteristics	Potentials/Opportunities
5	Located at the northern part of the district covering Feo area of the Namoo Area Council.	<ul style="list-style-type: none"> • Has few social amenities including health centres and educational institutions. • Limited access to S.S.S and JSS. • Three primary schools in the pocket. • Low enrolment level in schools. • Brisk business due to the area's proximity to the border. • Limited water and sanitation facilities. 	<ul style="list-style-type: none"> • Area has vibrant market • Nearness to fertile land at oncho free zone.
6	Area is located at the southern corner of the district covering greater part of the Valley Zone Area Council and Zorko Area Council.	<ul style="list-style-type: none"> • Area shares boundary with Burkina Faso. • Transit point for people from Burkina Faso. Therefore there is a brisk business going on between Ghanaians and Burkinabes especially in livestock. • Area is the highest revenue earner in the District. • Limited access to S.S.S and J.S.S. 	<ul style="list-style-type: none"> • Shares border with Burkina Faso. • Brisk business in livestock. • Has potential for revenue mobilization. • Relatively better access to health facilities.

Pocket	Location	Characteristics	Potentials/Opportunities
Least poverty stricken.	Located at the North Western part of the district covering entire Namoo Area Council.	<ul style="list-style-type: none"> • Area shares boundary with Burkina Faso. • Transit point for people from Burkina Faso. Therefore there is a brisk business going on between Ghanaians and Burkinabes especially in livestock. • Area is the highest revenue earner in the District. • Limited access to S.S.S and J.S.S. 	<ul style="list-style-type: none"> • Shares border with Burkina Faso. • Brisk business in livestock. • Has potential for revenue mobilization. • Relatively better access to health facilities.

Source: Poverty Profiling Report, Bongo District

1.7 Key Development Issues Identified by Poverty Profile

The table below highlights the key developmental issues in the district based on the Thematic Areas of the Ghana Poverty Reduction Strategy document (GPRS I).

The table also highlights the potentials and opportunities available in the District to help reduce poverty.

Table 3: Key Development Issues in the District

Thematic Area	Poverty Issues	Potentials
1. Production and Gainful Employment.		
Agricultural livelihood.	<ul style="list-style-type: none"> • Poor soil fertility due to erosion and continuous cropping on the same piece of land. • Food insecurity. • Inadequate irrigation facilities. • Absence of farm inputs i.e. bullock ploughs, seeds. • High rate of livestock diseases. • Small land space for farming. • Low adoption of agricultural technologies. • Inadequate and erratic rainfall. 	<ul style="list-style-type: none"> • Availability of arable land at Oncho free zone. • Availability of Agric Extension Agents and Veterinary Officers.
Non- Agricultural livelihood.	<ul style="list-style-type: none"> • Inadequate entrepreneurial skills. • Inadequate market for handicraft products. • Uneasy access to raw materials(straw) for handicraft products. • Inadequate access to credit facilities. • Lack of employment. 	<ul style="list-style-type: none"> • Availability of skills for handicraft production. • Presence of economic trees like Sheanuts and Dawadawa.
2. Human Resource Development and Basic Services.		
Health	<ul style="list-style-type: none"> • High population density. • High birth rate. • Malnutrition. • Poor physical access to health facilities. 	<ul style="list-style-type: none"> • Supplementary feeding programme. • NGO/Donor support. • Proposed Health Insurance Scheme.

Thematic Area	Poverty Issues	Potentials
	<p>health facilities.</p> <ul style="list-style-type: none"> • Inability to afford medical bills. 	<ul style="list-style-type: none"> • Presence of free medical care for the aged, pregnant mothers and children under five.
Water and Sanitation	<ul style="list-style-type: none"> • Poor access to water & sanitation facilities. • High fluoride in underground water. • Inability of some communities to contribute 5% to access water facilities. 	<ul style="list-style-type: none"> • Willingness of Donor/ NGO's to support water and sanitation projects.
Education	<ul style="list-style-type: none"> • Inadequate Teaching personnel. • High drop-out rate particularly the girl-child. • Inadequate teaching and learning materials. • Inadequate teachers accommodation and school infrastructure. • Inadequate entrepreneurial skills. • High illiteracy rate level. 	<ul style="list-style-type: none"> • NGO's /Donor support. • Supplementary feeding programme available. • District Assembly's sponsorship package for teacher trainees.
3. Good Governance	<ul style="list-style-type: none"> • Town and Area Council not operating properly. 	<p>Willingness of the Assembly to commit resources towards the functioning of sub-structures.</p>
4. Vulnerability and Exclusion	<ul style="list-style-type: none"> • Vulnerable groups like visually impaired and women have limited employment opportunities. 	<ul style="list-style-type: none"> • NGO's support for women groups.
5. Micro-District Economy	<ul style="list-style-type: none"> • Low revenue generation. • due to inadequate data on rateable activities. • Unwillingness of rate payers to pay taxes to the Assembly. 	

Source: Poverty Profiling Report, Bongo District

CHAPTER TWO

2. ANALYSIS OF DISTRICT POVERTY STATUS

This section of the report highlights on the performance of the main poverty indicators of the district using 2002 as the base year. The indicators were categorized into the main sectors of the district micro economy. The sectors considered are the Water and Sanitation, Education, Health, HIV/AIDS, Food Security, Road network, and peace and security among others.

2.1 Water and Sanitation Situation in the District

The table below shows the water and sanitation situation in the district for the period 2002 and 2004

Table 4: Water and Sanitation Situation for the period 2002 and 2004

Indicators	2002	2004
Number of household with access to safe water	1065	2140
Number of household with access to adequate toilet facilities	195	921
Number of new functional water system constructed	30	241
Number of functional WATSAN Committees	30	241
Number of boreholes capped due to high fluoride	11	32
Percentage of household with access to safe water	31%	62.4%

Source: DWST - Bongo District Assembly 2005

From the table above, the number of households with access to safe drinking water increased from 1065 in 2002 to 2140 households in 2004. The increase is in line with the Assembly's objective of increasing access to potable water by the year 2004 as stated in the District's Medium Term Development Plan (MTDP 2002-2004). During the period under review, the District Assembly in conjunction with World Bank Community Water and Sanitation Project II (CWSA II) provided 86 Boreholes district wide. Another 18 boreholes were also provided district wide under the Guinea Worm Eradication Programme with funds from HIPC. Thus, in all a total number of 104 were provided during the period. The District Assembly paid the 5% counterpart fund for the projects. The Assembly even went to the extent of paying 5% as community contribution for some poverty-stricken communities in the district.

Other development partners such as Rural Aid and LACROSREP II also provided 171 Hand-Dug wells fitted with pumps during the period.

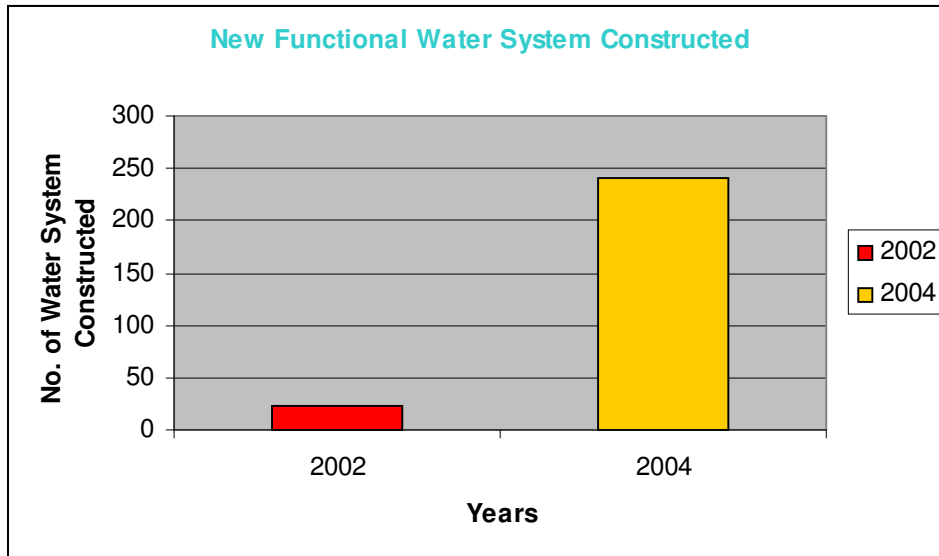


Fig 1: New Functional Water System Constructed

Another factor worth mentioning is the commitment of communities to access and own potable water points. They illustrated this by paying promptly 5% community contributions. Thus, the number of new functional water system increased from 23 in 2002 to 241 in 2004.

The number of functional WATSAN Committees increased from 30 in 2002 to 241 in 2004. In 2002, the membership of the WATSAN Committees in the district consisted of 242 and 103 males and females respectively. The membership increased to 401 males and 205 females in 2004. The increase in the number and membership of WATSAN Committees is due to the construction of new boreholes and hand dug wells fitted with pumps. The formation of the WATSAN Committee can also be attributed to intensive sensitization activities of the District Water and Sanitation Team (DWST). The WATSAN Committees through the support of World Vision Ghana underwent training in pump management. This has helped in the maintenance of the boreholes constructed. The District Water and Sanitation Team was also supported by DISCAP for training in Field Technician skills and Hygiene Education.

It is obvious from the above table that capped boreholes due to high fluoride content increased from 11 to 32 during the period under review. It must be stated that high fluoride in underground water has been a major issue when it comes to the provision of potable water in the district especially within Bongo Township and its environs.

Between 2002 and 2003, Rural Aid, ADRA and LACROSREP II provided a number of household latrines. In 2004, through Community Water and Sanitation Project II, the number of households with adequate toilet facilities increased to 921.

2.2 Educational situation in the District

Table 5: Basic Educational Indicators for 2002 – 2004

Indicator	2002 Boys %	2002 Girls %	2004 Boys %	2004 Girls %
Enrolment Rate at Primary	51	49	50.4	49.5
Enrolment Rate at J.S.S	58.4	41.6	53.5	46.5
Percentage of trained teachers in Basic Schools	71.9	80.9	61.8	73.8
Percentage of Candidates qualified in BECE	54.8	50	66	53.2
Transition Rate(Prim.6 – JSS 1)	78	89	78	84

Source: Ghana Education Service – Bongo District

Table 6: Teacher Population

Level/Year	2002			2004		
	Trained	Untrained	Total	Trained	Untrained	Total
Primary	130	66	196	249	132	381
JSS	71	9	80	78	19	97

Source: Ghana Education Service – Bongo District

From Fig. 2 below, there has been a slight reduction in enrolment for boys at primary level whereas there has been a marked decrease in enrolment for boys at JSS level. That is from 58.4% in 2002 to 53.5% in 2004. However, with respect to girls' enrolment, there was a slight increase at the primary level and some significant increase at the JSS level.

The reduction in enrolment for boys can be attributed to the practice where boys of school going age are being used as cowboys.

The increase in enrolment of girls in JSS can be attributed to the supplementary feeding programme and food rationing by Catholic Relief Services (CRS) and other donors such as World Vision (WV) and World Food Programme (WFP).

Provision of school uniforms and other basic educational facilities by Integrated Social Development Centre (ISODEC), Department for International Development (DFID), World Vision Ghana (WVG) and other donors have also accounted for increased enrolment for girls.

Even though there has been a significant increase in girls enrolment at the JSS level, there has been a marked decrease in transition rate from primary six to JSS 1 (89% - 84%) as depicted in Table 5. The decrease in transition rate during the period is as a result of early marriage and high incidence of teenage pregnancy in the district.

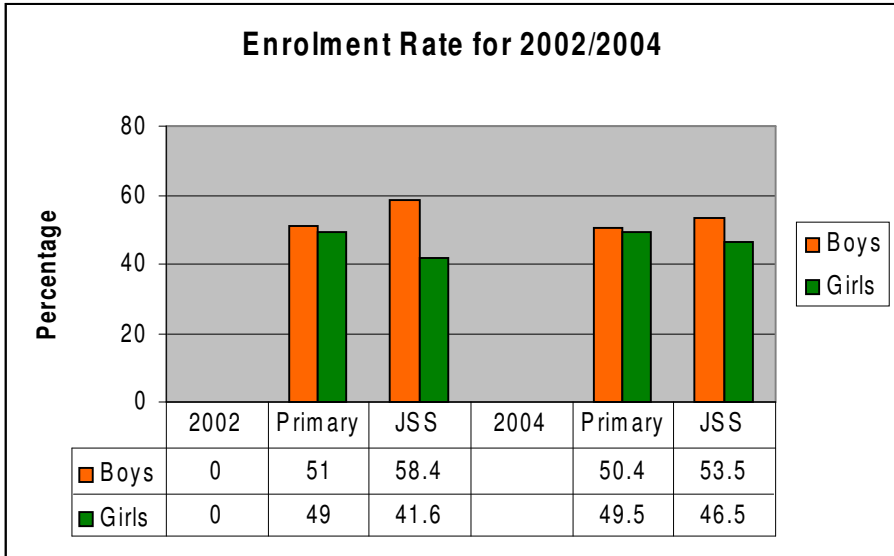


Fig 2: Enrolment Rate for 2002/2004

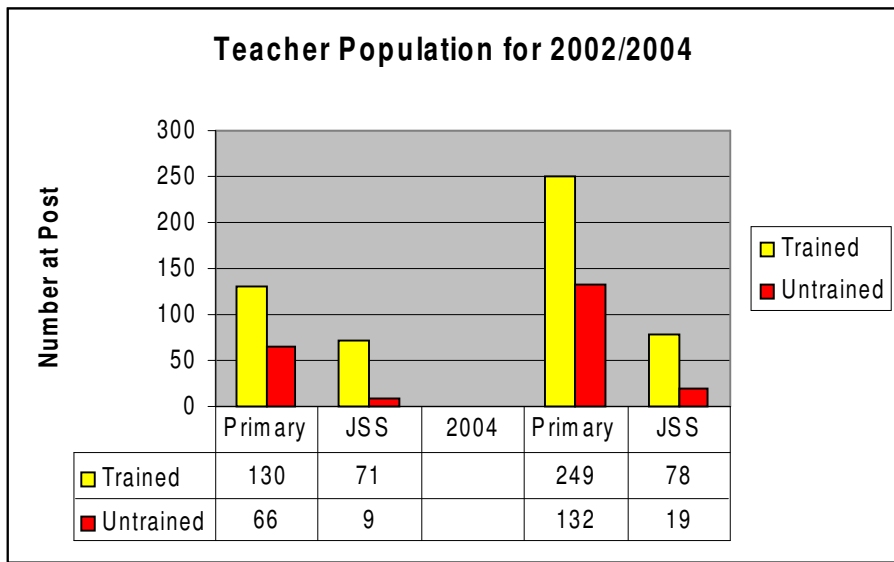


Fig 3: Teacher Population for 2002/2004

The percentage of candidate qualified in Basic Education Certificate Examination (BECE) increased for both boys and girls during the period as can be seen from Table 5. The percentage increase is due to the number of trained teachers in the district. The introduction of reading clubs and Science, Technology and Mathematics Education (STME) have also accounted for the achievement. The improved supervisory role of the Circuit Supervisors in the district is a contributory factor towards the improvement of the performance of pupils in BECE.

Another observation made was the reduction of the number of trained teachers in the district even though the Assembly had sponsored about one hundred (100) teacher trainees who have completed and has since taken up appointment in the district. The information gathered revealed

that majority of the teachers had left for further studies whereas others had left on transfer to other districts.

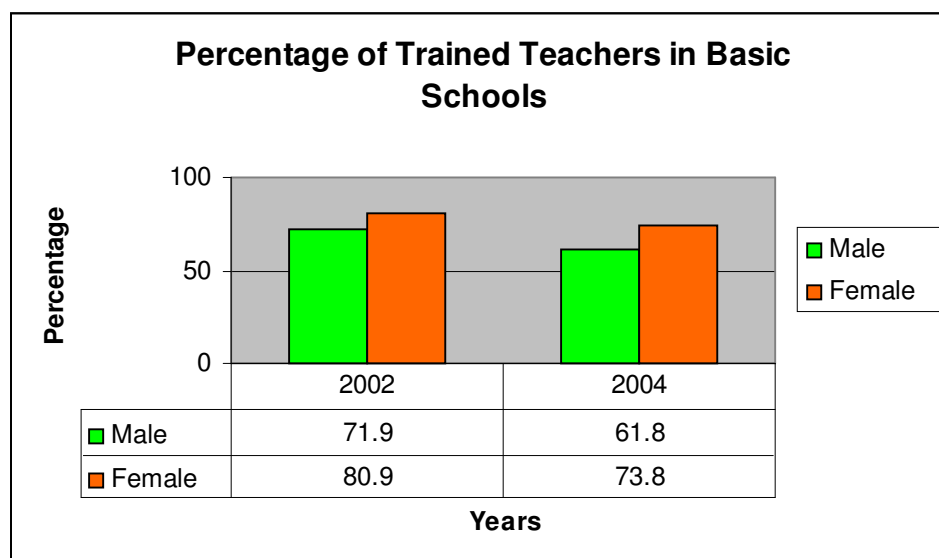


Fig 4: Percentage of Trained Teachers in Basic Schools

2.3 Health Care Situation in the District

Table 7: Health Indicators for the period 2002 and 2004

Indicators	2002	2003	2004
Doctor Patient Ratio	1: 77,885		1: 77885
Percentage of Child Malnutrition	60%		24.4%
Infant Mortality Rate	5%	3.2%	
Immunization Coverage	97%	98%	93%
Guinea Worm Cases(imported from outside the District)	15 cases	7 cases	6 cases
Number of Maternal Mortality		5	1
Family Planning Acceptance Rate	12%	12.6%	18.9%
Teenage Pregnancy Cases	520	513	447
Number of Supervised deliveries	854	993	1750

Source: Ghana Health Service 2004

From the Table above, the doctor patient ratio from 2002 to 2004 had remained unchanged, i.e. one doctor attends to as many as 77,885 people, which is the population of the district. It is even astonishing to learn that the same doctor was the head of the District Health Management Team (DHMT). This presupposes that he had very little time to attend to the patients. Notwithstanding, the district had benefited from the services of Cuban Brigade Doctors since 2002.

The percentage of malnourished children reduced from 60% to 24.4% between 2002 and 2004. The decrease is as result of the establishment of feeding centres by development partners like Catholic Relief Services (CRS), World Vision Ghana (WVG) and World Food Programme (WFP) among others. Another reason that accounts for the decline in child malnutrition is the increase in awareness created on childcare and survival with sponsorship from Community Based Nutrition and Food Security Project (CBNFSP).

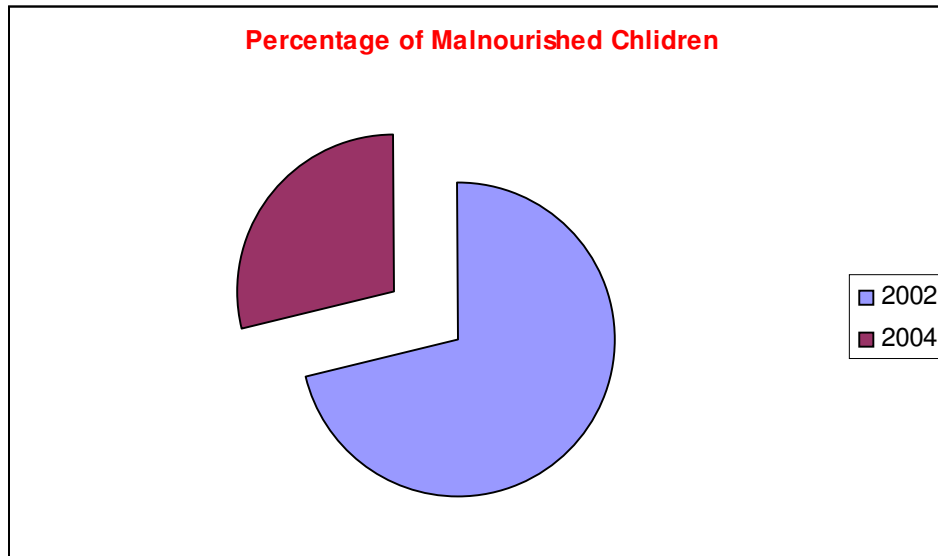


Fig 5: Percentage of Malnourished Children for 2002/2004

It is also evidenced from the table that child mortality rate had reduced from 5% to 3.2% between 2002 and 2003. It is an accepted fact that some of the infant deaths in the remotest part of the district were not reported. However, the reduction is due to an intensive health education and the engagement of Community Growth Promoters and Mother-to-Mother Support Groups. It must be stated clearly here that the training of Traditional Birth Attendance (TBA) and the supply of equipment for their activities have contributed in no small way towards the reduction of infant mortality.

Another measure that has helped reduce infant mortality is the establishment of Community Health Planning Services (CHPS).

On immunization, there has been an outstanding coverage in the district as can be seen from table 7. However, there was a decline in 2004. This is due to out migration of parents to Kumasi and Accra in search for greener pastures during the period of the exercise.

There has not been any serious outbreak of guinea worm diseases in the district. The few cases reported are imported from the Northern Region during the period under review.

The number of supervised deliveries in the district increased from 854 in 2002 to 1750 in 2004 (Fig.6). This performance can be attributed to incentives packages such as beverage and mosquitoes nets that are given to the mothers after delivery besides the education and

sensitization programme that have been going on. The increase in supervised delivery has actually resulted in the reduction of maternal mortality as it can be seen from Table 7.

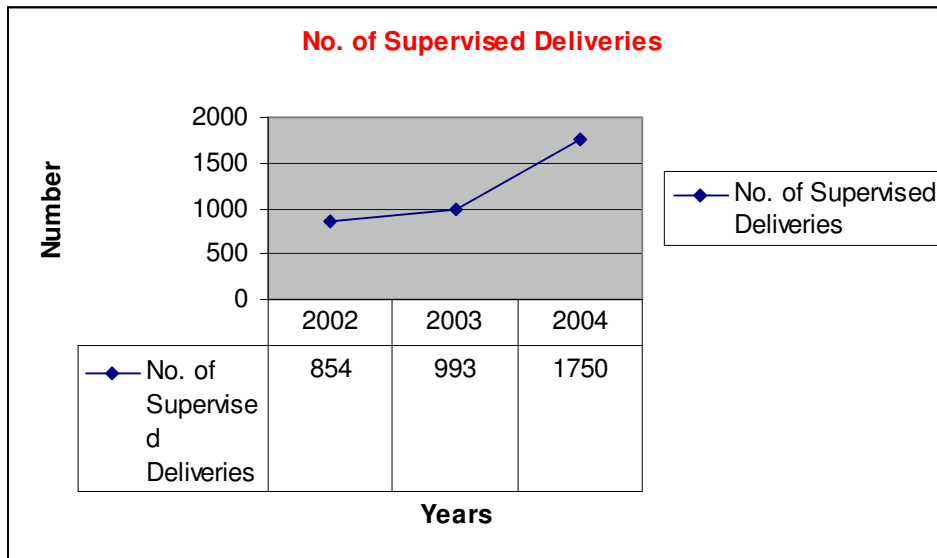


Fig. 6: Number of Supervised Deliveries for 2002/2004

Another indicator worth assessing is the acceptance rate of Family Planning Practices. Even though the acceptance rate is increasing, as it can be seen from (Figure 7), the increment is at a very slow pace and the rate is very low. A number of factors may account for the low and slow acceptance. People still see large family size as prestige and nothing seem to convince them to reduce the number of births. This belief is more especially with the men. Women are therefore afraid to accept and use family planning methods due to the fear of their husbands.

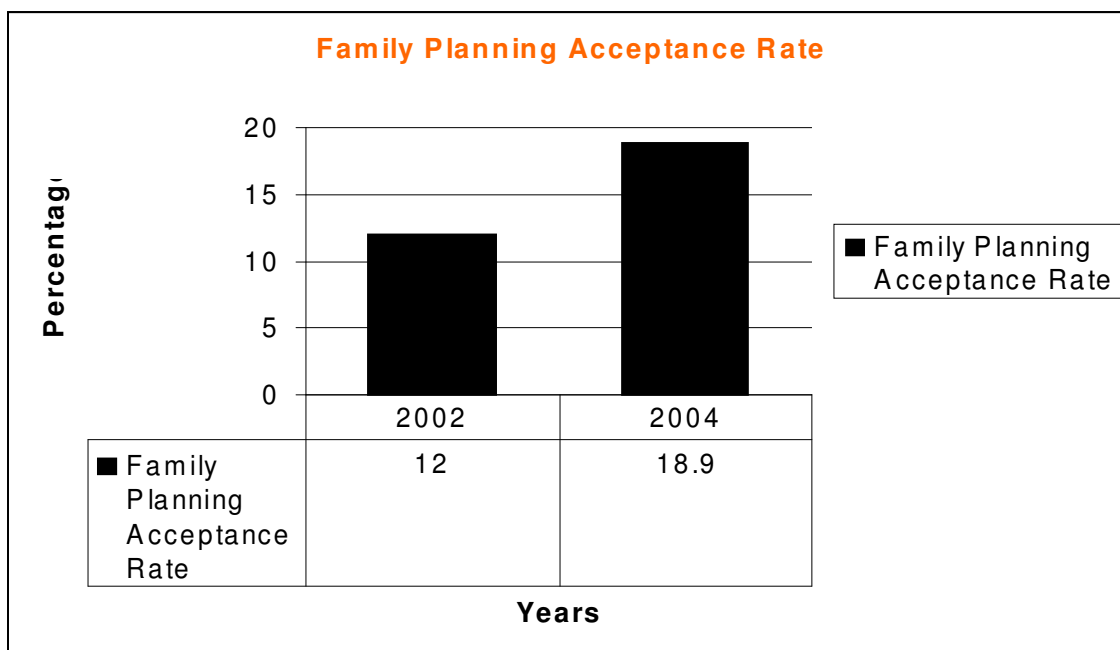


Fig.7: Family Planning Acceptance Rate

Another indicator that needs mentioning is the teenage pregnancy in the district during the period under review. In 2002, teenage pregnancy cases were 520. This was reduced to 513 in 2003. As at last year, the teenage pregnancy cases have dropped to 447. Even though there has been reduction in the number of cases, the figures are still quite high as illustrated in (Figure 7). A number of reasons may account for the many cases of teenage pregnancy. However, the main one is the negative and outmoded cultural practices in the district. Notable among them is the ‘Sister in Bed’ locally known as ‘Taazaba’. Another cause of the teenage pregnancy is the early marriage, which is still being practiced in the district.

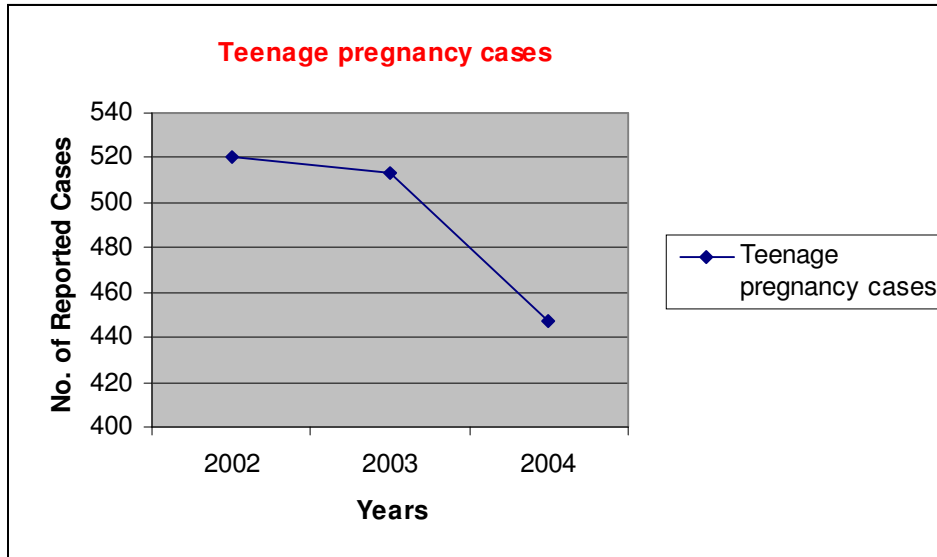


Fig. 8: Teenage Pregnancy Reported Cases

2.4 HIV/AIDS

Table 8: HIV/AIDS Situation in the District

YEAR	S E X		TOTAL
	MALE	FEMALE	
2002	3	3	6
2003	2	6	8
2004	7	7	14
TOTAL	12	16	28

Source: DHMT Bongo

From the table above the cumulative HIV/AIDS reported cases in the district from 2002 to 2004 were 14. It was also clear from the table that female are more infected than their male counterpart. It is obvious from the table that there has been a steady increase in the HIV/AIDS reported cases. The data gathered revealed that the general peak group of infection is between 21-40 years.

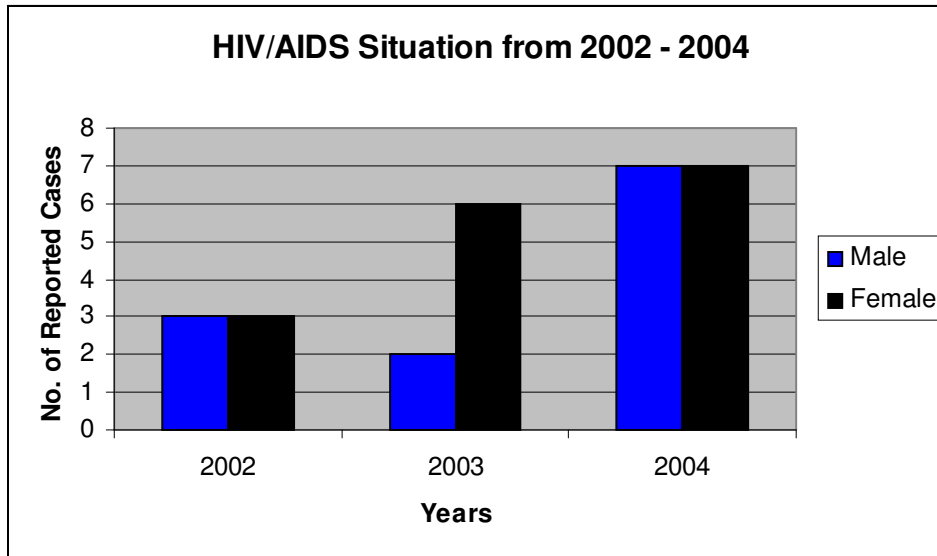


Fig. 9: HIV/AIDS Situation in Bongo District from 2002 - 2004

It can be seen from Table 8 and Fig. 9 that the number of reported cases in the district is very low. The following reasons accounted for that;

- Due to proximity of the District to the Regional Hospital in Bolgatanga, most people from the district prefer to access health care at the Regional Hospital. Thus, most reported cases of HIV/AIDS in the district are captured as Bolgatanga Municipal cases.
- Until recently, the District did not have Voluntary Counselling and Testing Centre (VCT), therefore the district HIV/AIDS cases were reported at the Regional Hospital.
- Most people in the district do not believe that HIV/AIDS really exist, for that matter, they attribute the cause of HIV/AIDS infection to witchcraft, a curse and a local disease called ‘BAYAPEELGO.’

2.4.1 Response Analysis to HIV/AIDS in the District

Through the efforts of the Ghana Aids Commission (GAC), the district has a Monitoring and Evaluation Focal Person for HIV/AIDS activities. Following this, Community Based Organizations (CBOs) have been formed in the district. These CBO’s are being funded with GARFUND through the District Assembly to carry out HIV/AIDS activities in their various communities. The activities of the CBOs are centered on Prevention, Care and Support. On prevention, the District Assembly, Non-Governmental Organizations as well as the CBOs had embarked on Information, Education and Communication activities throughout the district to sensitize people on HIV/AIDS prevention.

On the issue of care and support, the District Assembly has been using 1% of the Common Fund to pay monthly allowance to People Living with HIV/AIDS (PLWHA) who have been identified to have formed an association in the district. The Assembly also sponsored three (3) PLWHA to access Anti-Retroviral Drugs at Komfo Anokye Teaching Hospital (KATH) in Kumasi. The District Assembly in collaboration with World Vision Ghana, Bongo ADP provided food items and assorted clothing to PLWHA and orphans who have lost one or both parents because of AIDS.

2.5 Food Security

Table 9: Food Production Estimates for Selected Food Crops in Bongo District

Crops	Millet			Guinea Corn			Rice			G/Nuts		
	Area HA.	Yield T/HA	Prod. M/T	Area HA.	Yield T/HA	Prod. M/T	Area HA.	Yield T/HA	Prod. M/T	Area HA.	Yield T/HA	Prod. M/T
2002	10347	0.97	10036	10486	1.06	11127	1671	2.0	4451	12186	1.06	12998
2003	10870	1.0	10870	12310	1.10	13540	320	4.0	1280	12430	1.08	13430
2004	8450	0.52	4394	10550	0.65	6857.5	180	1.20	216	9345	0.32	4859.4

Source: MOFA, Bongo District

Table 10: Food Balance Sheet for 2002-2004

Year	Biological Production MT	Domestic Production MT	Per Capita Consumption Kg	Total Consumption	Surplus/ Deficit
2002					
Millet	11,127	7,789	30	2,280	5,509
Sorghum	10,036	7,025	48	3,648	3,377
Rice	3,305	2,313	30	2,280	33
G/Nuts	12,998	9,097	20	1,520	7,577
2004					
Millet	4,394	3,076	48	3,648	-572
Sorghum	6,857	4,780	30	2,280	2,500
Rice	216	151	30	2,280	-2,129
G/Nuts	4,859	3,401	20	1,520	1881

Source: MOFA, Bongo District 2005

2.5.1 Crop Performance – Effect of Weather on Crops

The erratic nature of the rainfall and intermittent occurrences of draughts or dry spells resulted in stunted growth and poor grain or seed development, hence very poor crop yields especially in 2004 as illustrated in figure 10 below.

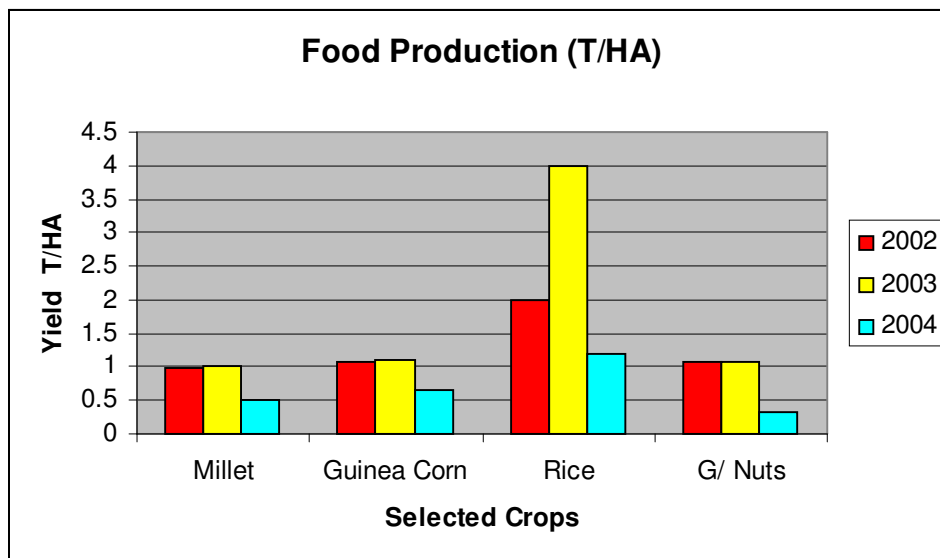


Fig. 10: Food Production in Bongo District – 2002 – 2004

In the same way, the early millet crop suffered draught during heading and seed development stage resulting in generally poor yields. Other crops like sorghum, rice, cowpea and groundnut were also adversely affected by early cessation of rains.

It is estimated that production levels for 2004 have dropped by about 40 -45% that of 2002. Area cultivated also dropped significantly with rice and groundnut registering 44% and 25% drop respectively.

The erratic rainfall and early cessation of rains really affected consumption level in 2004. For example in 2002, there was a surplus millet consumption of 5,509 Kg as against 572 deficits in 2004. This means that the district suffered food insecurity in 2004.

2.6 Road Network

The District has a total road network of about 248 km as at the end of 2002. All the roads are classified under feeder roads with the exception of Bolgatanga Bongo Road. By the close of 2004, about 42 km of feeder roads were reshaped and spot-improved. They are Feo-Boko-Namoo road, which was spot-improved with support from Department for International Development (DFID), Bongo-Gorogo – Balungu road with funds from HIPC and Dua – Apuwongo road also with HIPC funds. The reshaping and spot-improvement of the roads have helped to link the farm gates to the market centers. This has made the movement of people and goods relatively easy within the district.

It must however be emphasized that none of the roads is tarred. Bolgatanga – Bongo road is been tarred and it is about 50% complete. Again, there are a number of streams, which cross some of the major roads that have not been bridged. This makes movement on these roads impossible during rainy season. One of such roads is Bongo – Beo road.

2.7 Local Safety Institutions

The district is blessed to have Ghana Police service, Ghana National Fire Service, Customs Excise and Preventive Service as well as Immigration Service. The District Assembly has supported these security institutions in a number of ways. For example, the District Assembly in the year 2004 constructed a District Police Station at the cost of One Billion Cedis (¢1,000,000,000). It must however be stated that there is inadequate police personnel in the district. There is also lack of logistics and equipment, which have made their operations ineffective.

It is expected that with the construction of the modern Police Station in the district, additional personnel as well as logistics will be made available to make their operation in the district very effective.

The district also has a District Security Committee (DISEC), which sees to all issues concerning security in the district.

The District Assembly has been very instrumental in the establishment of District Magistrate Court in the District last year.

2.8 Accessibility to Services

Accessibility to socio-economic services and facilities in the District is generally low. Key factors contributing to the low accessibility to facilities include poor road network and conditions and the use of bicycle as the predominant mode of transport. Longer period is taken to access a facility, therefore reducing physical accessibility to facilities. Areas with very low access to facilities in the district are the severe poverty pockets, which can be found in the eastern part of the district covering parts of Bongo Town Council, entire Beo Area Council and greater part of Soe Area Council.

Generally, accessibility to credit facilities in the district is found to be relatively high especially among women. This can be attributed to the presence of NGO.s in the district which offer financial support to women in peasant farming, agro-processing and income generating activities. The District Assembly through National Board for Small Scale Industries also offered micro finance to farmers groups and those engage in micro-industry. The credit recovery rate among the NGO,s is between 80% to 90% whereas that of the District Assembly is about 54%. However, credit recovery among farmers group during the period was very low due to the erratic rainfall pattern, which affected crops yields.

CHAPTER THREE

3. COMMUNITY ASSESSMENT

As part of the Monitoring and Evaluation (M&E) exercise, a Community Assessment was carried out in the district focusing on Water and Sanitation to assess the level of citizen involvement in the provision of facilities

The main goal was to strengthen accountability and transparency between communities, service providers and the Assembly by facilitating a bottom-up process of assessing the performance of service providers in the water and sanitation sub-sector.

3.1 Methodology and Approach

The methodology and Approach used included the following

- a. Meeting was held with District Assembly Staff, NGOs, Environmental Health and Community Development staff to sensitize them on the exercise and to facilitate the collection of “supply side” information.
- b. Supply –side Information was collected for tracking of inputs into services providers’ sectors from the District down to the Community level. The service providers contacted in the District included:
 - District Water and Sanitation Team(DWST)
 - Department of Community Development
 - Environmental Health
 - District Planning Coordinating Units(DPCU)
 - Action Aid
 - Water Vision
 - Community Water and Sanitation Agency
- c. Community meetings were also organized to sensitize community members on the community scorecard processes and to enable them assess services received. At the meeting, community members brainstormed to develop performance indicators that will be used to assess the service providers’ performance. Four (4) standard indicators were also adopted for use.

Performance indicators developed by community members include:

- Number of Water points
- Distance to water points
- Number of people per potable water point
- Number of toilet facilities
- Number of refuse dump
- Taste of water
- Number of Soak Always

Scores used for the indicators were rated as:

Good	3
Average	2
Poor	1

- d. Focus Group meetings were held in all the communities. Participants were put into men, women, and Water and Sanitation (WATSAN) groups to discuss and score indicators. Focus groups gave scores for indicators and assigned reasons for their scores. The smaller groups also gave suggestions to improve the services received.
- e. Interface meetings were held for both stakeholders and the community members at the community level. At these meetings supply side information, together with the input tracking scorecards from the focus group were presented to get a cumulative performance scorecard for each community. Field staff then compiled the results for a synthesis workshop, which was then followed by a public forum at the district level.

3.2 District Multi – Stakeholder Forum

At this forum, members from the five (5) communities in the district met and shared ideas, compared results and interacted with service providers and other stakeholders at the district level. Scorecards from each community were presented. Service providers reacted to issues raised and discussed specific problems that were raised.

3.3 Community Response on the Indicators

The responses differed from community to community. However, some responses cut across all communities

Table 11: Communities Response on the Indicators

Indicators	Communities Response
Number of Water Points	It is average because people have at least some potable water points
Number of people per potable Water point	People have access to potable water except some few areas in the District
Distance to Water Point	People do not walk very long distances before getting water
Taste of water	Taste is better than river water
Number of toilet facilities	Very few, most people go “free range”
Number of Soak Away	These are not the best to drain stagnant water
Number of refuse dumps	<ul style="list-style-type: none"> • People need refuse containers • Refuse disposed around the home predisposes number of diseases

Source: PRIDE - Bongo

Table 12: District Community Rating

Community	Average Score	Percentage
Soe-Akanseringa	1.4	15.73
Beo-Wagliga	1.9	21.34
Lungu	2.2	24.7
Kuyellingo	1.7	19.1
Kunkua	1.7	19.1

Source: PRIDE Community Assessment - Bongo

Table 13: Community Score Card

COMMUNITY	NPWP	NPPPWP	D	TW	NTF	RD	AVEG.
Lungo	2.6	2	1.6	3	1	3	2.2
Kunkua	1.5	1.5	1.5	3	1	2	1.7
Soe-Akanseringa	2	1	1.3	1.6	1	1.6	1.4
Beo-Wagliga	2.3	2.3	2.6	2	1	1.3	1.9
Kuyellingo	1.5	1	1	3	1	3	1.7
AVERAGE	1.9	1.5	1.6	2.3	1	2.1	1.7

Source: PRIDE Community Assessment – Bongo

KEY

NTF – Number of toilet facilities NPWP – Number of Potable Water Points
D – Distance to water points TW – Taste of Water
NPPPWP – Number of people per portable water point

3.4 General Observation and Comments

A lot of observation and comments came up during the District multi- stakeholders’ forum. Notable among them included:

- General sanitation is very poor.
- Sanitation inspection is virtually non-existent.
- There are many public toilets in the District but are either not clean or patronized.
- The household pit latrines faces many problems, key among them is that people who were trained volunteers demanded bribes from landlords before they can support them to construct the latrine.
- Water Agencies are no longer treating boreholes with chemicals as it used to happen in the past.
- The usage of condoms in the District is posing a serious threat to sanitation because people dispose of them anyhow.
- In general, participants agreed that the community scorecard is the best for assessing services providers since it is an avenue for all stakeholders to interact openly and in a frank manner.

3.5 Recommendations

The following recommendations were made by the participants at the stakeholders’ forum

1. The Service Providers should embark on mass education on the need to keep surroundings clean.
2. District Assembly should take steps to enforce environmental laws.
3. District Water and Sanitation Team should step-up their activities.
4. There should be serious supervision on the District Assembly projects, especially boreholes, wells and toilet construction.

CHAPTER FOUR

4. PROGRESS REPORT ON THE MEDIUM TERM DEVELOPMENT PLAN (MTDP 2002-2004) UNDER THE GHANA POVERTY REDUCTION STRATEGY (GPRS 1)

The Bongo District Assembly prepared its Medium Term Development Plan under the GPRS in 2002. The Medium Term Development Plan hoped to achieve the following goals during the planned period under each Thematic Area.

4.1 Thematic Areas

District Micro Economy

- To improve the Micro-Economy
- To improve revenue mobilization and management
- To improve financial management

Production and Gainful Employment

- To generate gainful employment through judicious use of resource

Human Resource Development and Basic Services

Education

- To increase access to education
- To improve teaching and learning for quality pupil achievement

Health

- To increase access to Health Care delivery
- To improve quality of Health Care delivery

HIV/AIDS

- To reduce the incidence of HIV/AIDS infection in the District
- To improve care and support to PLWHA, orphans and vulnerable children

Water and Sanitation

- To increase access to potable water
- To increase access to sanitation

Vulnerable and Excluded

- To improve on the living standard of vulnerable people in the District

Good Governance

- To promote good governance for accelerated development.

It was realized during the M & E exercise that the Medium Term Development Plan was flawed in some aspects. In the first place, the MTDP goals, were not clear enough so it was difficult linking the outcome of the M&E Exercise with the MTDP. Also, during the preparation of the MDTP, targets were not set to track the results of the implementation.

The District Poverty Monitoring Group (DPMG) agreed on evaluating the performance of sectors such as Education, Health, Water and Sanitation, Food Security as well as HIV/AIDS.

The indicators were determined by the National Indicators supported by some District specific indicators. District Specific Indicators include the number of capped boreholes due to high fluoride content in under ground water, the transition rate among others.

4.2 Comparison between Findings of Progress Report and Poverty Status

The M&E exercise revealed very interesting findings. Some sectors were performing well whilst others were not. For instance, it was realized that the District made significant progress in the provision of adequate school infrastructure and thus impacting positive on enrolment rates in the District at both the primary and J.S.S level. This reflected in the Goal of the MTDP of increasing access to education in the District.

On District Micro Economy, a number of women groups and farmers groups received micro finance from the District Assembly and NGOs. This helped to increase the number of income generating activities in the district.

Another interesting revelation was the District's ability to increase access to potable water facilities in the District. This was also reflected in the MTDP goal of increasing access to potable water in the District.

However some areas such as improving health care delivery in the District is still not being achieved as well as improving sanitation in the district.

The Goal of improving access to decision making especially at the Community level is still not been achieved. The operationalization of the Area Councils and the Unit Committees is still a problem, even though the Assembly has taken a bold step by appointing a Secretary and a Watchman to all the seven (7) Area Councils in the District .

Women representation at decision making is still not the best especially at the District Assembly level where most of the major decisions are made.

4.3 Recommendation to Improve the Planning Process

It is obvious that the Medium Term Development Plan (MTDP 2002-2004) had many setbacks and we therefore wish to make the following recommendations for improved planning in the future:

- a. Goals and objectives should be clearly set.
- b. Clearly defined indicators should be set for monitoring and evaluation. These would span through output and outcomes indicators.
- c. Targets should be set.
- d. Information /data for planning should be sex disaggregated to enable us assess how projects affect men, women and children respectively and differently.

CHAPTER FIVE

5. AREAS THE DISTRICT ASSEMBLY EXCELLED AND THE AREAS ASSEMBLY DID NOT EXCEL DURING THE PERIOD

5.1 Water and Sanitation

- The District Assembly together with World Bank Community Water and Sanitation Project II provided 86 boreholes during the period under review. Another 18 boreholes were provided under the Guinea Worm Eradication Programme bringing the total to 104.
- Through the supervision and monitoring activities of the DWST, 218 WATSAN Committees became functional during the period
- CWSP II had also constructed 921 household latrines within the district. The District Assembly with technical support from Community Water and Sanitation Agency solely managed the project.
- Women representation in WATSAN Committees increased twofold during the period. This is an achievement, which needs mentioning and commendation.

5.2 Education

- The District Assembly during the period committed about 60% of her resources towards the construction and rehabilitation of school infrastructure. This includes the construction of new classroom blocks with ancillary facilities, rehabilitation of existing classroom blocks, construction of teachers quarters, and provision of furniture among others. Thus, the percentage of deprived basic schools improved during the period increased from 56% to 69%.
- During the period, the District Assembly sponsored 202 teacher trainees in various Teacher Training Colleges in the country. So far, about 100 teacher trainees have completed and taken appointment up in the district. This has accounted for improve performance of Pupils in the Basic Education Certificate Examination (BECE). Bongo District in 2004 rose from forty-fourth (44th) to twenty-ninth (29th) position on the ratings of the Districts in the performance of the BECE.
- The Assembly had also supported food-rationing programme in schools by paying haulage from Tema to the district.
- The District Girl Child Education Desk must be commended for its outstanding performance during the period. The Girl Child Desk Officer had a number of consultations with parents and opinion leaders in the district on the need to educate the girl child. This has accounted for improved enrolment of girls in basic schools. This move has also resulted in improved performance of girls in BECE. (Refer Table 5)
- The introduction of female teachers as role models has resulted in increase retention rate.

- It must be emphasized that the above interventions have contributed immensely towards the achievement of the goal of increasing access to education.

5.3 Health

- The percentage of malnourished children had reduced from 60% to 24.4% during the period. This is due to the sponsorship from Catholic Relief Services (CRS), World Vision (W.V.G) and World Food Programme (WFP) towards the establishment of Feeding Centres throughout the district.
- Awareness creation programme instituted by the Community Based Nutrition and Food Security Programme (CBNFSP) had also contributed towards the reduction of malnourished children
- Child mortality rate reduced from 5% to 3.2% between 2002 and 2003. The district was able to achieve this reduction due to the intensive education embarked upon by the Ghana Health Service (GHS). The training and operation of Traditional Birth Attendants (TBA) had also contributed towards the reduction.
- Establishment of CHPS has also contributed immensely towards the reduction of child mortality
- Supervised deliveries increased from 884 in 2002 to 1750 in 2004. This is due to an incentive package, which was given to mothers after delivery at the health facilities.
- The District Assembly had sponsored 19 Community Health Nurses who had taken appointment in the district after completion. This has contributed to increase the nurse population in the district.
- It must be stated that the CHPS in the district are been manned by the Community Health Nurses.
- The District Assembly had also put up a number of accommodation for the nurses.

5.4 HIV/AIDS

In line with the District's HIV/AIDS goal of reducing the incidence of HIV/AIDS and improving care and support for PLWHA and orphans and vulnerable children, the District Assembly during the period:

- used 1% of her District Assembly Common Fund to pay monthly allowance to the identified PLWHA.
- assisted three (3) PLWHA to access Anti – Retroviral Drugs.

With sponsorship from GARFUND, Community Based Organizations have been equipped to undertake sensitization on prevention, care and support in all parts of the district.

5.5 Peace and Security

On peace and security, there was no out break of conflict in the district during the period. The district enjoyed relative peace and security due to the hard work of the Traditional Authorities, the Security Agencies, the District Assembly and above all the people of Bongo District.

5.6 Areas the District Assembly did not Excel

- Little was done to provide irrigation facilities for dry season farming during the period.
- There was no concrete implementation of Agro-forestry programme in the district during the period under review.
- The District Assembly did not initiate and implement any serious environmental and sanitation activities. Sanitation facilities provided during the period were woefully inadequate.
- There was no clear intervention for the vulnerable people in the district especially the physically challenged.
- There was no significant improvement in women involvement in decision making.
- Even though some efforts were made to curb inhumane cultural practices against women, the practices still exist.

CHAPTER SIX

6. SUMMARY OF THE MAIN FINDINGS, RECOMMENDATIONS AND CONCLUSION

6.1 Main Findings

The main findings of the exercise are summarized below:

- The District Poverty Profile indicated that the district is poverty stricken, and the severe poverty pocket is found in the eastern part of the district covering parts of Bongo Town Council, the entire Beo Area Council and a greater part of Soe Area Council.
- The least poverty stricken pocket according to the profile is found at the North Western part of the district covering the entire Namoo Area.
- It was also revealed that about 40% of the total land surface is covered with rocks. The rocky land is found in the entire Bongo Town Council. This has resulted in small land space for farming.
- There is vast fertile land found at the oncho free zone, which can be utilized for crop farming.
- No conscious efforts were made to implement Agro-forestry project in the district.
- There was erratic and early cessation of rains during the period, which resulted in poor crop performance, and led to food insecurity especially in 2004.
- There is availability of handicraft skills in the district such as hat and basket weaving, and smock weaving among others.
- There was inadequate physical and economic access to socio-economic services in the most poverty stricken pockets in the district.
- The district also has well-organized women groups, which is a potential for sourcing micro-finance from government and other development partners.
- The marked improvement in educational infrastructure and facilities did not have a corresponding increase in enrolment and transition rate as depicted in Table 5, even though the gross enrolment percentage for basic schools stood at 96% and 98.4 for boys in 2002 and 2004 respectively. That of the girls stood at 96% and 97.6% for 2002 and 2004 respectively.
- There has been a reduction in the number of trained teachers during the period even though the District Assembly has sponsored about 100 teacher trainees who have taken appointment in the district during the period.
- The number of household with access to potable water doubled during the period. This is due to the commitment of the District Assembly and the communities to own water points.
- Access to and usage of sanitation facilities in the district is very low. In areas where there are public toilets, they are never utilized. The people resort to free range.
- WATSAN Committees in the district increased significantly. Thus, there is marked improvement in the management of the water points. Women representation in the WATSAN Committees has improved significantly during the period.
- High fluoride present in underground water poses a challenge to the drilling of boreholes in the district. Consumption of water with high fluoride content has some health

implications as it leads to the colorization of the teeth especially among children. It also affects bone development.

- There has been a marked reduction in malnutrition rate from 60% to 24.4% during the period.
- There was a significant increase in supervised deliveries. This had resulted in reduction of maternal mortality.
- Some parts of the district is cut off during the raining season due to poor road network.
- Acceptance of family planning practices in the district is very low. The district experienced a high population growth during the period.
- Teenage pregnancy reported cases had reduced by the close of 2004. However, the reported cases were still unacceptably very high.
- HIV/AIDS reported cases during the period increased marginally.
- None of the Area Councils is operational due to inadequate funds. The non-operationalization of the sub-district structures makes bottom-up approach to planning difficult.

6.2 Recommendations

The following are recommended to address the main findings identified.

- Farmers should be supported by providing farm inputs for them to relocate and farm at the oncho freed zone where there is abundant fertile land.
- The oncho flies is still a nuisance, therefore there should be constant spraying or the farmers could be provided with protective clothing during their stay in the area.
- Irrigation facilities should be provided especially at the poverty stricken areas so that farmers could embark on dry season farming.
- Early maturity crops should be introduced in the district so that the early cessation of rains may not affect crops performance in the district
- Agro-forestry programme should be pursued in the district to reduce the erratic rainfall pattern.
- The handicraft skills in the district should be developed as an alternative to farming. Effort should be made to look for reliable market for their products.
- Provision of socio-economic infrastructure and services in the district by government or development partners should be located at the most poverty stricken pockets in the district.
- The District Assembly should enact and enforce bye- laws against child labor especially against children of school going age being used as cowboys.
- The provision of educational facilities for girl child by either the government or donors should be extended to cover boy child since recent emphasis on girl child education is leading to the neglect of the boys.
- The educational stakeholders in the district should hold series of fora to find solutions to curb the teenage pregnancy incidence in the district. This in a way will improve on the transition rate of girls from primary six (6) to JSS 1.
- There is the need to improve access to potable water at the poverty stricken areas in the district.

- The District Assembly should step-up her efforts in providing sanitation facilities in the communities especially refuse containers and refuse sites. In the same way, the District Water and Sanitation Team as well as Environmental Health Unit should be resourced to embark on rigorous educational campaign on the use of public toilets.
- The effort that led to the reduction of malnutrition and increased supervised delivery as well as reduction of maternal deaths should be encouraged and sustained.
- The District Assembly is throwing a challenge to the Research Institutions and the Universities world-wide to research into the reduction of fluoride content in the underground water in the Bongo District.
- It is recommended as a matter of urgency that bridges should be constructed across streams that get flooded and in the process make parts of the district inaccessible during the rainy season.
- Advocacy programmes should be embarked upon vigorously to reform some of the cultural and traditional practices against women, notable among them are widowhood rites and inheritance.
- Donors and development partners should assist financially and logistically to make the sub districts operational.

6.3 Conclusion

The Decentralized Poverty Monitoring and Evaluation exercise has been very challenging, yet a very fruitful exercise. A number of interesting revelations came up as a result of the implementation of the Medium Term Development Plan (MTDP 2002-2004).

It is envisaged that the findings and recommendations will serve as inputs into the preparation and implementation of the next Medium Term Development Plan (MTDP 2006-2009). It is also hoped that the government and her development partners will buy into the major findings outlined in the report and develop appropriate interventions to address some of the critical issues raised.

APPENDIX 1
SUMMARY OF THE DISTRICT'S POVERTY INDICATORS

No.	Indicator	2002	2002	2002	2004	2004	2004
		Male	Female	Neutral	Male	Female	Neutral
Water and Sanitation							
1	No. of households with access to safe water			1065			2140
2	Percentage of household with access to safe water			31%			62.40%
3	No. of households with access to adequate toilet facilities			195			921
4	Percentage of households with access to adequate toilet facilities			9%			45%
5	No. of new functional water system constructed			30			241
6	No. of functional WATSAN Committees			30			241
7	Membership of WATSAN Committees	33%	66.50%		38%	62.50%	
8	No. of boreholes capped due to high fluoride			11			32
Education							
1	Enrolment Rate at Primary	51%	49%		50.50%	49.50%	
2	Enrolment Rate at J.S.S	58.40%	41.60%		53.50%	46.50%	
3	Percentage of trained teacher in Basic Schools	71.90%	80.90%		61.80%	73.80%	
4	Transition Rate(Primary 6 - J.S.S 1)	78%	89%		78%	84%	
5	Percentage of Candidates qualified in BECE	54.80%	50%		66%	53.20%	
6	Percentage of deprived schools improved			56%			69%
7	Percentage of gross enrolment	96.00%	96%		98.40%	97.60%	
Health							
1	Doctor Patient Ratio	1:77,885			1:77,886		
2	Percentage of Child malnutrition			60%			24.40%
3	Infant Mortality Rate			5%			2.40%
4	Immunization Coverage			97%			93%
5	No. of maternal mortality					1	
6	Family Planning Acceptance Rate			12%			18.90%

No.	Indicator	2002	2002	2002	2004	2004	2004
		Male	Female	Neutral	Male	Female	Neutral
7	Teenage Pregnancy Reported Cases		520				447
8	No of Supervised Deliveries		854				1750
HIV/AIDS							
1	No. of Reported Cases	3	3		7	7	
Food Security							
1	Average Crop yield T/ HA			1.06			0.65
Security Institutions							
1	Police			1			1
2	Fire Service			1			1
3	Customs Excise and Preventive Service			1			1
4	Immigration Service			1			1
5	District Magistrate Court			0			1