CONSTITUENCY PROFILE



A PUBLICATION OF THE DATA FOR ACCOUNTABILITY PROJECT











HOHOE CONSTITUENCY

PROFILE

© 2021 by African Centre for Parliamentary Affairs

All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by copyright law.

ISBN: 978 - 9988 - 3 - 2686 - 9

African Centre for Parliamentary Affairs No. AGR/2B, Farmland, Beach Road P.O. Box BC 215, Accra Ghana

Tel: +233 30 295 6811 Cell: +233 26 583 7007

Design and layout: Joseph Leslie Quainoo

TABLE OF CONTENTS

Forewo	rd	vi
Acknow	vledgement	vii
Acrony	ms and Abbreviations	viii
CHAPTI	ER ONE	1
INTROD	DUCTION	1
1.1	Background	1
1.2	Purpose of the Constituency Profile	2
1.3	Overview of the Constituency	2
1.3.1	Creation	2
1.4	Climate	3
1.4.1	Vegetation	3
1.5	Society and culture	3
1.5.1	Traditional Administration	3
1.6	Governance Structure	3
1.7	Local economy	4
1.8	Organization of report	4
CHAPT	ER TWO	5
METHO	DOLOGY	5
2.1	Introduction	5
2.2	Criteria for selection	5
2.3	Method of data compilation	6
2.4	Data availability	6
CHAPT	ER THREE	7
DEMOC	RAPHIC CHARACTERISTICS	7
3.1	Introduction	7
3.2	Population size, age and sex distribution	7
3.3	Population size and distribution	7
3.4	Population Pyramid	8
3.5	Dependency ratio	9
3.6	Sex Ratios	9
CHAPTI	ER FOUR	10
THEMA	TIC AREAS	10
4.1	Introduction	10
4.2	Health and Health Services	10
4.2.1	Number of Hospital Beds	10
4.2.2	Number of persons affected by top 10 diseases	11

IV | HOHOE CONSTITUENCY PROFILE

4.2.3	Total Number of Patients on admission inpatient per year	11
4.2.4	Antenatal Care Coverage	12
4.2.5	Teenage Pregnancies among ANC Registrants	12
4.2.6	Institutional Maternal Mortality Ratio	13
4.2.7	Institutional Infant Mortality Rate	13
4.2.8	OPD attendance per Capita	14
4.2.9	Anaemia in Pregnancy	14
4.2.10	Institutional Under 5 Mortality Rate	15
4.2.11	Still births	15
4.2.12	Hospital admission	16
4.2.13	Hypertension cases	16
4.2.14	HIV positive cases	17
4.2.15	HIV Prevalence Rate	17
4.2.16	OPD attendees with insurance	18
4.2.17	Health Staff	18
4.2.18	Skilled deliveries	19
4.2.19	Births in health care facilities	19
4.2.20	Childhood mortality rates	20
4.2.21	Child immunization - measles and penta3	20
4.2.22	Institutional maternity mortality ratio	21
4.3	Education	22
4.3.1	Kindergarten Access	22
4.3.2	Number of Schools (Primary, JHS and SHS)	23
4.3.3	Enrolment and Admission Rates (Primary and JHS)	24
4.3.4	Completion Rate	26
4.3.5	BECE pass rate	27
4.4	Food and Agriculture	29
4.4.1	Household members engaged in agriculture	29
4.4.2	Land tenure	30
4.4.3	Arable Crops Production	30
CHAPTER	FIVE	32
REVENUE,	EXPENDITURE AND SDGs BUDGET	32
5.1	Introduction	32
5.2	Revenues	32
5.2.1	Internally Generated Funds	32
5.2.2	District Assembly Common Fund	33
5.3	Budget Allocation, Releases and Expenditures on SDGs	33
5.3.1	SDG related and non-SDG related Budgets	33
5.3.2	Budget Allocation, Releases and Expenditure on SDGs	34

HOHOE CONSTITUENCY PROFILE | V

CHAPTER SIX			
SUMMARY	AND RECOMMENDATIONS	41	
6.1	Introduction	41	
6.2	Summary	41	
6.3	Recommendations	42	

FOREWORD

The Constituency Profile Report is the first of its kind coming in the wake of an increased need for evidenced-informed decision-making following the adoption of the Sustainable Development Goals (SDGs). Constituencies are well-defined geographical areas from which members of Parliament are elected. Besides the legislation and oversight roles, Members of Parliament represent their constituents and are expected to lead and advocate the development of these constituencies. This development must be anchored on evidence that is often not readily available in the form and shape that incentivize its use. All Metropolitan, Municipal and District Assemblies (MMDAs) have medium term plans and annual work programs that drive their development agenda. The implementation and monitoring of these must be of interest to the Parliament of Ghana for effective representation of the people.

This report provides valuable information on the size, structure, and distribution of the population and socio-economic characteristics of the constituency which provide some insights on the development of the social sector in particular. Indeed, the constituency profile is a singular attempt to provide data to Members of Ghana's Parliament to enable them to monitor progress of implementation of the SDGs and to advocate more and better alignment of resources for their constituencies.

The Constituency Profile Report mostly relied on administrative data generated by departments of the MMDAs over the period 2009 to 2019. The challenges of administrative data in Ghana notwithstanding, the report is a demonstration of the value these data bring to development planning, monitoring and evaluation. This brings to the fore the urgent need to harness administrative and other non-traditional data sources as the foundational data systems, especially for local government to ensure no one is left behind.

The Ghana Statistical Service, African Centre for Parliamentary Affairs, INASP and the other implementing partners are, therefore, delighted to provide data-users, especially Parliamentarians, the Metropolitan, Municipal and District Assemblies, Civil Society Groups and the people of the selected constituencies with this useful report.

Government Statistician

Executive Director, ACEPA

Prof. Samuel Kobina Annim

Dr. Rasheed Draman

ACKNOWLEDGEMENT

This maiden profile for the Hohoe Constituency would not have been possible without the full collaboration of the Data for Accountability Project Partners and the Leadership of the Parliament of Ghana. The role and time of staff of the various decentralized departments of the Hohoe District Assembly who helped us compile the data are acknowledged and appreciated.

We offer special thanks to Chris Amewu, John Foster Agyaho, Jane Geraldo Acolatse and Felix Kofi Debrah who collected the data and prepared this report and Sylvester Gyamfi for reviewing the data collection templates and the report. We are grateful to Nana Yaw Minta of Ministry of Finance for preparing the budget data, Selaseh Akaho of GSS for the geospatial work, Edward Boamah of Digital Earth Africa for the Earth Observation data analysis and Anthony Amuzu-Pharin of GSS for working on the Census of Agriculture data.

We express our profound gratitude to the Flora and Hewlett Foundation for funding the DAP initiative in Ghana. We are also grateful to the ACEPA team, namely, Agnes Titriku, Issifu Lampo, Fayeda Alidu and Emmanuel Benchie for the support provided during the data collection and report preparation.

We are equally grateful to Omar Seidu of GSS for providing the leadership and general guidance in the preparation of this report and the coordination of the DAP from GSS.

ACRONYMS AND ABBREVIATIONS

ACEPA African Centre for Parliamentary Affairs

AIDS Acquired Immune Deficiency Syndrome

CHPS Community-based Health Planning Services

DACF District Assembly Common Fund

DAP Data for Accountability Project

District Development Fund

DDF District Development Fund
GAR Gross Attendance Ratio
GER Gross Enrolment Ratio
GPI Gender Parity Index

GPRTU Ghana Private Road Transport Union

GSS Ghana Statistical Service

HIV Human Immunodeficiency Virus

ICC Implementation Coordinating Committee

ICT Information and Communications Technology

IGF Internally Generated Fund

INASP International Network for Advancing Science and Policy

JHS Junior High School
L.I Legislative Instrument

MDGs Millennium Development Goals

MTTD Motor Transport and Traffic Directorate

MMDAs Metropolitan and Municipal District Assemblies

MOFA Ministry of Food and Agriculture

MUSEC Municipal Security Committee

NER Net Enrolment Ratio

NRTTFC National Road Transport and Transit

NSS National Statistics System
OPD Out-patient Department

PHC Population and Housing Census

SDGs Sustainable Development Goals

SHS Senior High School

TVET Technical, Vocational Education Training

UDG Urban Development Grant

UNESCO United Nations Educational, Scientific and Cultural Organization

VNR Voluntary National Review
WHO World Health Organization

CHAPTER ONE INTRODUCTION

1.1 **Background**

Following the progress made under the Millennium Development Goals (MDGs), which shaped development efforts in most developing countries from 2000 to 2015, Ghana joined the rest of the world to adopt the Sustainable Development Goals (SDGs) in September 2015. The SDGs are continuing the fight against extreme poverty whiles addressing the challenges of ensuring equitable development and environmental sustainability. The ability of nations to achieve the SDGs is underpinned by the availability and use of their data systems to understand and inform decisions.

After the adoption of the global indicator framework by the United Nations Statistical Commission in March 2016, the Ghana Statistical Service (GSS), as the coordinating body for the National Statistics System (NSS) in Ghana, in collaboration with the SDGs Implementation Coordinating Committee (ICC) developed a framework to provide the required data and statistics to inform programming and monitor progress. Consequently, a national SDGs Baseline Report, SDGs Budget Report and a national SDGs reporting platform were launched in 2018. These were followed by a Voluntary National Review (VNR) on SDGs and SDGs Budget Reports in 2019.

The Data for Accountability Project (DAP) is being jointly implemented by the African Centre for Parliamentary Affairs (ACEPA), Ghana Statistical Service (GSS) and International Network for Advancing Science and Policy (INASP), with funding from the Hewlett Foundation. DAP is a two-year project that seeks to enhance the use of evidence in parliament, specifically, towards improving the capacity of Ghana's Parliament for monitoring the country's progress on the SDGs. In furtherance of this objective, DAP seeks to achieve the following goals: (i) Strengthened systems: Contribute to improvements in policy processes, systems, capacities and incentives that enable ongoing use of evidence in policymaking, and (ii) Contribute to the field; Fortify the emerging field of evidence-informed policymaking in Africa. The key expected outcomes the project aims to work towards include the following:

- 1. Strengthened oversight capacity in two parliamentary committees
- 2. Improved representation capacity in two committees
- 3. Improved collaboration between data producers and parliament
- 4. Shared learning on Evidence Informed Policy Making (EIPM) cultures in Africa.

Traditionally, the main functions of the Ghanaian Parliament are executive oversight, legislating, and constituent representation. Parliament is the supreme forum for the ventilation of grievances aimed at seeking redress. The Member of Parliament (MP) is the communication link between his constituents and Government. Through parliamentary mechanisms/tools such as question time, statements, motions, debate on policy/bills, among others, an MP has the opportunity to draw

attention to developments in his/her constituency and explore avenues for their socio-economic development. For effective representation, MPs need to better understand their constituencies and the people they represent.

1.2 Purpose of the Constituency Profile

Parliament is expected to play a unique role in the achievement of the SDGs as part of their representation and oversight roles. In view of that the Data for Accountability Project is the first focused effort to introduce data for the monitoring of SDGs to any sub-committee in the Parliament of Ghana. This is expected to help Parliament oversee the implementation of the SDGs in Ghana, by providing the evidence needed to monitor progress and advocate better for their constituencies. The project's goal is to help Parliament improve quality of life in Ghana by using data to oversee progress towards the SDGs and other national and international development frameworks.

In recent years, the role of parliament and the MPs in particular has come under sharper focus, with varying degree of perspectives from citizens, especially in the area of representation. Often, MPs are overwhelmed with demands from constituents to provide resources for the welfare of individuals and services that ought to be provided through local government. How much of this support is based on evidence on the development trajectory of the constituency? The constituency profile is therefore an attempt to document evidence through time series data analysis to provide background or context to the development needs of constituencies. This is the first attempt to compile time series data from selected sectors for five constituencies to help shed light on development in those sectors.

1.3 Overview of the Constituency

Hohoe Municipality is one of the Twenty-five (25) Administrative Districts of the Volta Region of Ghana. The Municipality has a total land surface area of 1,172 km², which is 5.6% of the regional and 0.05% of the national land surface area. It is located within longitude 0° 15'E and 0° 45'E and latitude 6° 45'N and 7° 15'N. The Municipality shares borders with the Republic of Togo on the east, on the southeast by the Afadzato South District and the southwest with Kpando Municipality; on the north with the Guan District; and on the northwest with the Biakoye District.

1.3.1 Creation

Hohoe District was created in 1979 after being carved out of the 'old' Jasikan and Kpandu District Councils and attained its municipal status in 2008. Its capital, Hohoe, is located about 78 kilometres away from Ho, the regional capital. In 2012 the new Afadjato South District was carved out of Hohoe.

The Municipal Assembly is organized in accordance with the dictates of the Legislative Instrument (L.I 1961) and the Local Governance Act, 2016 (Act, 936). The General Assembly is the highest decision-making body of the Municipality and is made up of 30 Elected Members representing

Electoral Areas and 14 Government Appointees in addition to the Municipal Chief Executive and the Member of Parliament for the Hohoe Constituency but without voting rights.

1.4 **Climate**

The Municipality lies in the wet semi-equatorial climatic zone. Annual rainfall is between 1,016mm and 1,210mm. There is 4-5 months dry season between November and April. The Municipality experiences two peaks of rainfall starting in late April to July and from August to October. Recently, however, the pattern of rainfall has become highly unpredictable. The minor season is largely less noticeable. Rains are now more torrential and compact than previously known. Temperatures are high throughout the year and range from 26°C in the coolest months to about 32°C in the hottest month.

1.4.1 Vegetation

The Municipality falls within the forest-savannah transitional ecological zone of Ghana with the forest area at its southern and eastern sectors tapering into the middle of the Municipality. The major tree species are semi-deciduous trees including wawa, obeche, odum and mahogany. Human activities through time, however, have greatly modified this forest ecology at an accelerating rate. One important phenomenon that also degrades the vegetation is the rampant bushfires that sweep across most of the plains in the dry season annually destroying both flora and fauna. The illegal activities of chainsaw operators are also degrading the vegetation at an alarming rate.

1.5 Society and culture

Traditional Administration

People in the Municipality have the similar chieftaincy arrangements that prevail generally in the Volta Region. They have a paramount chief in each traditional area with sub-chiefs under them. In the Municipality, no paramountcy owes allegiance to the other. The Gbi (Hohoe) Traditional area pays homage to their paramount chief Togbegah Gabusu (VI) who is currently on the seat. The other traditional areas like the Likpes, the Wlis and the Alavanyos also have their own paramountcies. There are nine paramountcies within the Municipality.

1.6 **Governance Structure**

The Assembly has a political wing, made up of one Member of Parliament, Forty-Four Assembly members (comprising fourteen appointed by the Government and thirty elected members) and the Municipal Chief Executive, who is also appointed by the President. This wing is responsible for policy formulation. In exercising this, they are reposed with both executive and deliberative powers. Hohoe Municipal Assembly has 6 Zonal Councils and one Urban Council.

1.7 Local economy

The people in the Municipality are mostly farmers. The existence of numerous valleys in the Municipality support large scale commercial rice cultivation. Currently, rice is cultivated by peasant farmers on large commercial basis in Akpafu, Likpe, Santrokofi, Alavanyo and Hohoe areas.

The numerous eco-tourism attractions could be harnessed and marketed to generate substantial revenue for the Municipality. The beautiful landscapes, clean environment of the towns, and numerous eco-tourism sites make it one of the most important tourism areas in the country. Notable among these are lofty mountains blending with low green plains, heart throbbing natural scenery of spectacular waterfalls (the highest in West Africa-Wli waterfall), sanctuaries and ancient caves.

Hohoe Municipality is mainly a petty trade and an agricultural area, with the majority of the population engaged in small informal trade, crop farming, livestock keeping and other related trading activities. The Municipality is noted among the four main cocoa growing areas in the Volta region. It was the cocoa industry that made Hohoe a very important commercial town and the capital of the Trans-Volta Togoland before Ho became the capital of the Volta Region.

All the small-scale industries are owned and managed mainly by sole proprietors. The industrial activities in the Municipality have been grouped under seven categories, which could facilitate the identification of future prospects and promotional strategies. In terms of banks, the Municipality has more banks than the surrounding districts. There are five major commercial banks and three rural banks operating in the capital.

1.8 Organization of report

The report is organized into six chapters. Chapter One deals with the introduction of the report. This chapter examines the background of the constituency and its characteristics. The methodology is presented in Chapter Two and highlights the selection of the constituencies, data collection and analysis. Chapter Three focuses on demographic characteristics of the constituency, specifically the estimated population, its structure and distribution as well as dependency ratio. Chapter Four is devoted to thematic areas such as health, education, agriculture. Revenue performance and expenditure are discussed in Chapter Five. The chapter deals with revenues from Common Fund, Internally Generated Fund (IGF) and other sources as well as annual budgetary allocation and releases. The chapter further highlights the constituency's budget allocation and expenditure on the SDGs while Chapter Six presents the summary and recommendations.

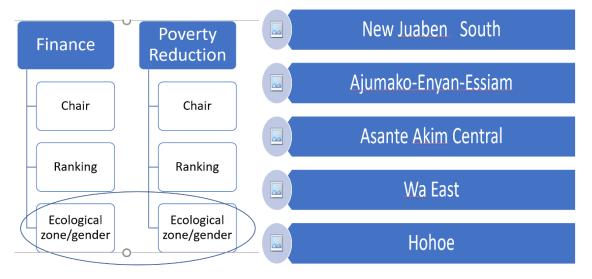
CHAPTER TWO **METHODOLOGY**

2.1 Introduction

Ghana has a unicameral Legislature composed of 275 Members of Parliament from singlemember constituencies with an Executive President. Out of the 275 constituencies, five were selected for the Data for Accountability Project's constituency profiles. This chapter provides an overview of the selection of constituencies and how data were compiled for the publication.

2.2 Criteria for selection

The Data for Accountability Project targeted the constituencies of members of two subcommittees of the 7th Parliament of Ghana. These were the Finance Committee and Committee on Poverty Reduction. To ensure fairness in the selection process, the project team used a criterion of proportional representation of the parties in parliament.



For the Finance Committee, the chair and ranking members were selected and a third member in the forest ecological zone was included. Regarding the Committee on Poverty Reduction, both chair and ranking members were from the Savannah ecological zone (Upper West and East respectively), the team therefore dropped the constituency of the ranking member and selected another from within the political party of the ranking member whose MP is a female. The constituencies selected for the project were: New Juaben South in the Eastern Region, Ajumako-Enyan-Essiam in the Central Region and Asante Akim Central in the Ashanti Region. The rest were Wa East in the Upper West Region and Hohoe in the Volta Region. All five selected constituencies align with their districts which are the planning authorities, therefore making it easy for data compilation.

2.3 Method of data compilation

The project focused on compiling data on key selected sectors of the Metropolitan, Municipal and District Assemblies (MMDAs) based on data availability. To ensure consistency across all five districts/constituencies data templates were developed for the selected sectors to guide data collection. A series of review sessions and an orientation were provided for a team from GSS staff that led the data collection. Data for the preparation of the report were basically secondary/ administrative data covering a ten-year period from 2009 to 2019. Where 2020 data was available it was also included. This offered an opportunity to analyze trends on key issues of interest.

2.4 Data availability

Data was available but not well disaggregated in the format needed. All the departments had some data but not for all the variables needed. In all, 13 departments were consulted for data. However, not all the departments were able to provide data for all the years required.

Generally, data was available for the Hohoe Constituency but not well disaggregated in the format needed. All the departments had some data but not for all the variables needed and time period of interest. The data requested for was for the period 2009 to 2020, however, not all the departments were able to provide data for all the years required, while others could only provide aggregated data for the period. This made it difficult to have a trend analysis of the indicators involved. Again, data collection for most departments delayed, because most of the decentralized departments in the district were sited outside the district capital and in some cases, they depended on the regional office for data. In fact, in a few cases, some departments were reluctant to provide information, and this contributed to the overall delay in data collection. In all, 13 departments were consulted for data.

CHAPTER THREE **DEMOGRAPHIC CHARACTERISTICS**

3.1 Introduction

The concept of human- centred development is one of the distinct features of the new planning system. It calls for the analysis of the basic demographic characteristics like population size, structure, growth rate and distribution in space with a view of establishing their needs and ability to contribute towards the achievement of stated goals.

3.2 Population size, age and sex distribution

The Hohoe Municipality had a population size of 167,016 in 2010 with 79,967 being Males and 87,049 females representing 48% and 52% respectively (GSS, 2014). The 2020 projected population for the Municipality is 210,769 consisting of 105,178 males and 105,591 females.

The age structure and sex composition of the population of the Municipality follow the regional and national pattern. The age structure is broad at the base and reduces gradually in the succeeding age groups with relatively small older population at the top. (Table 3.1).

3.3 Population size and distribution

Age and sex are the most basic characteristics of a given population. Every population has a different age and sex composition signifying the number and proportions of males and females in each age group. This structure can have considerable impact on the population's current and future social and economic situation (PRB's Population Handbook, 2011).

The 2020 projected population of Hohoe Constituency stood at 89,182, an increase of about 25% from the 2010 population of 71,483 (Table 3.2.1). The population is made up of 43,880 males (49.2%) and 45,302 females (50.8%).

	2010 (actual)				2020 (estimated)			
Age groups	Both Sexes		Male	Female	Both Sexes		Male	Female
	Number	Percent	Number	Number	Number	Percent	Number	Number
All Ages	165116	100.0	79256	85860	210620	100.0	103642	106978
0-4	21913	13.3	11071	10842	27385	13.0	14076	13309
5-9	19026	11.5	9584	9442	23690	11.2	12134	11556
10-14	18992	11.5	9468	9524	21344	10.1	10926	10418
15-19	17205	10.4	8605	8600	20212	9.6	10367	9845
20-24	14199	8.6	6651	7548	17007	8.1	8577	8430

Table 3.1 Population distribution (2010 -2020)

25-29	12408	7.5	5594	6814	15068	7.2	7429	7639
30-34	10439	6.3	4883	5556	13739	6.5	6699	7040
35-39	9781	5.9	4586	5195	13258	6.3	6330	6928
40-44	8660	5.2	4222	4438	11873	5.6	5760	6113
45-49	7521	4.6	3452	4069	10951	5.2	4981	5970
50-54	6855	4.2	3175	3680	9085	4.3	4287	4798
55-59	4973	3.0	2216	2757	8450	4.0	3662	4788
60-64	4282	2.6	2010	2272	6088	2.9	2883	3205
65-69	2796	1.7	1259	1537	4840	2.3	2233	2607
70-74	3305	2.0	1395	1910	3282	1.6	1521	1761
75-79	2148	1.3	898	1250	2408	1.1	1051	1357
80+	613	0.4	187	426	1940	0.9	726	1214

Source: GSS, 2020 Population Projections

3.4 Population Pyramid

Figure 3.1 is a pyramid representing the structure of the total population by sex of the Hohoe Municipality in 2020. The age structure is the result of past fertility, mortality and migration in the region. It is in the form of a pyramid, with the younger population at the broad base and the older population at the narrow apex. With increasing age, the age-sex structure looks slightly thinner for the males than for the females, indicating that at older ages, the proportion of males is lower than that of females.

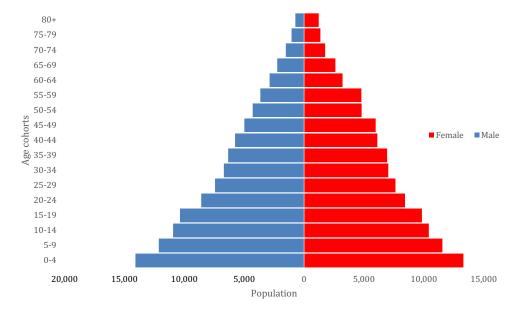


Figure 3.1: Population pyramid (2020) Source: GSS, 2020 Population Projections

3.5 Dependency ratio

The age-dependency ratio is the ratio of the dependent-age population (those under age 15 and above ages 64 years) to the working-age population (15 to 64 years). The age-dependency ratio is often used as an indicator of economic burden that the productive portion of a population must carry. Countries with very high birth rates usually have the highest age-dependency ratios because of the large proportion of children in the population. The higher the dependency ratio, the more a potential worker in the working class is assumed to be supporting and vice-versa.

The age dependency ratio for the Municipality is about 67.5 dependents (child and old age) for every 100 people working. This means that 100 persons in the active population group are supporting 67 or 68 persons in the inactive population group (Table 3.2).

Age Group	2010	2020
All Ages	167016	210769
0-14	59931	72419
15-64	96323	125731
65+	10762	12470
Age-dependency ratio	73.4	67.5

Table 3.2: Age dependency ratio

Sex Ratios 3.6

The sex ratio for the population aged 0-14 is 105.3 and that of the population aged 65 and above is 79.7 indicating that there are more males at early ages than there are females. However as the population grows in age, the male population diminishes compared to the females (Figure 3.2).

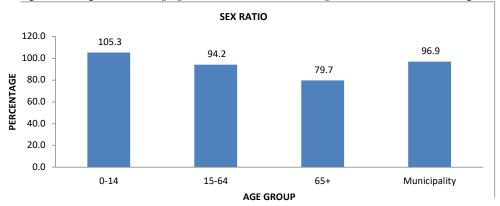


Figure 3.2: Sex Ratio of the Hohoe Municipality

Source: GSS, 2014

CHAPTER FOUR THEMATIC AREAS

4.1 Introduction

This section analyses key indicators across selected thematic areas to assess the progress made between 2009 and 2019 and in some instances 2020. These thematic areas are Health, Education, Food and Agriculture, Water and Sanitation, Electricity, Road Network, Security and Earth Observation. These were largely collected from administrative entities within the district. The analysis focuses on trends in the data but does not make attribution to the observed trends.

4.2 Health and Health Services

The distribution of health personnel and facilities is skewed towards Hohoe, the Municipal capital to the disadvantage of the other communities within the Municipality. Hohoe has a Municipal Hospital offering tertiary services and serves as a major referral centre for the other Health Centres and CHPS Compounds which are located at vantage points serving the rural population with primary health care. Health is an important sector of the Municipal's Social Services delivery system. This section is therefore devoted to the Health and Health Services sector in the Municipality.

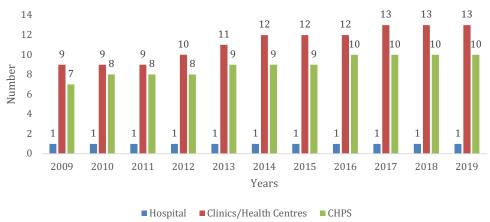


Figure 4.1: Number of Health Facilities in the Hohoe Municipality

Source: District Health Directorate

4.2.1 Number of Hospital Beds

Figure 4.2 depicts the number of hospital beds in the municipality. With hospital beds of 95 in 2012 and 2013, the number of beds rose sharply almost doubling, to 178 and had remained stable until 2020.

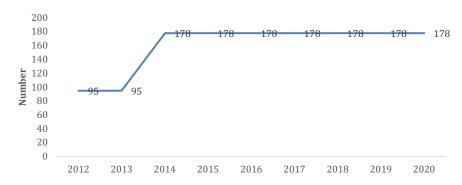


Figure 4.2: Number of Hospital Beds

4.2.2 Number of persons affected by top 10 diseases

The number of persons affected by the top ten (10) diseases for the entire period was above 100,000. The number rose from 107,339 in 2013 to 133,060 in 2014. Thereafter, the numbers declined in the next three years to 101,600 in 2017; subsequently, the numbers increased sharply to peak at 137,197.

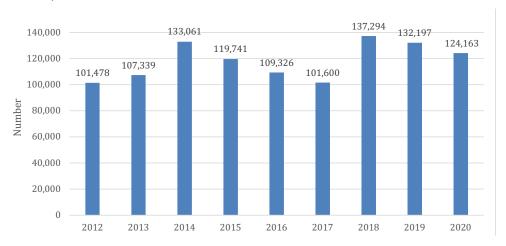


Figure 4.3: Number of persons affected by top 10 diseases

4.2.3 Total Number of Patients on admission inpatient per year

The number of patients on admission between 2012 and 2020 was within the range of 8,000 and a little above 10,000. It peaked in 2013 at 10,292, fluctuated in subsequent years and peaked again in 2018 at 9,833, and thereafter went on the decline.

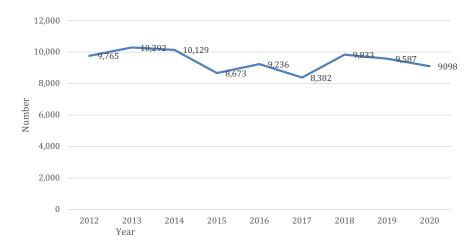


Figure 4.4: Number of patients on admission (in-patient) per year

4.2.4 Antenatal Care Coverage

Antenatal Care coverage (ANC) in the Municipality has remained low but stable within the last five years. In all the years the number of pregnant women who accessed ANC was less than half the national averages. This situation has implications for the health of the mothers and babies.

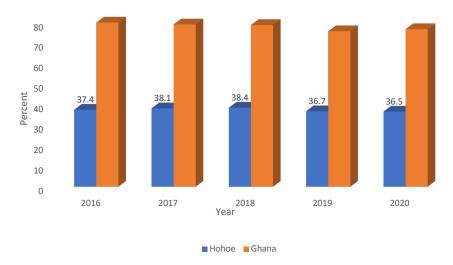


Figure 4.5: Antenatal care coverage

4.2.5 Teenage Pregnancies among ANC Registrants

Pregnancy among teenagers who attended ANC from 2016 to 2020 was around 15 percent and above the national average of 12 percent.

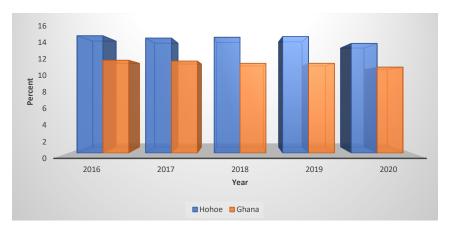


Figure 4.6: Teenage pregnancies among ANC registrants

4.2.6 Institutional Maternal Mortality Ratio

Apart from 2016 where Institutional Maternal Mortality in the Municipality was almost double the national figure, from 2017 to 2020, the Municipal figure was slightly below that of the National with no Institutional Maternal Mortality recorded in 2018 in the Municipality.

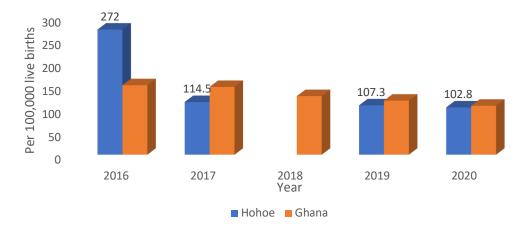


Figure 4.7: Institutional Maternal Mortality Ratio

4.2.7 Institutional Infant Mortality Rate

Institutional Infant Mortality in the municipality was above that of the national within the period 2016 to 2020 except for 2016 and 2019 when the rate of the municipality fell below national rate slightly. And for the periods the national rate was above the rate of the municipality, it was almost double in 2017 and 2020.

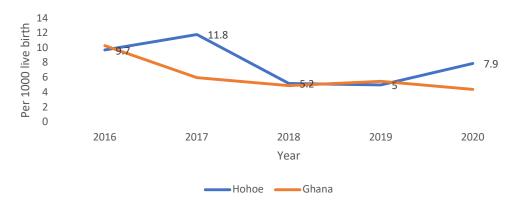


Figure 4.8: Institutional Infant Mortality Rate

4.2.8 OPD attendance per Capita

OPD attendance per capital in the Municipality from 2016 to 2020 was more than half the national figure with the highest attendance of 0.8 visits per year being recorded in 2018.

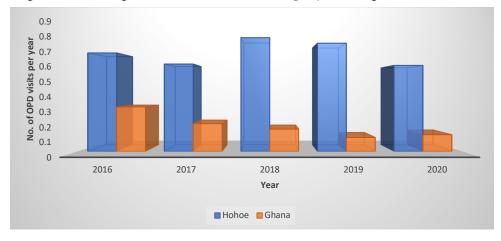


Figure 4.9: OPD attendance per capita

4.2.9 Anaemia in Pregnancy

Anaemia in pregnancy occurs when a pregnant woman does not have enough red blood cells to carry oxygen to the tissues in her body. It's a condition that can lead to premature birth, low birth weight and maternal mortality. Anaemia in pregnant women in the municipality was very low compared to the national numbers. Apart from 2018 and 2019 that the figure was a double digit of 24 and 18 respectively all the other years in the period 2016 to 2020, the figure was a single digit, with the 2020 figure as low as 4 when the national figure was over 65,000.

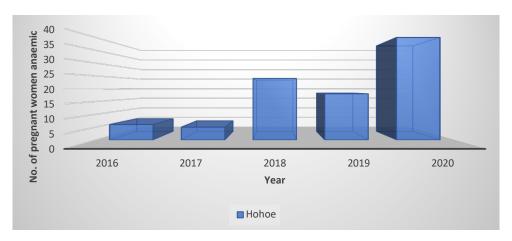


Figure 4.10: Anaemia in pregnancy

4.2.10 **Institutional Under 5 Mortality Rate**

Institutional under 5 mortality in the municipality was 11.3 per 1000 live births in 2016, the same as the national figure but rose slightly above the national figure in 2017, then dropped in 2018. In 2019, it increased slightly but was still below the national figure. It continued the rise and went above the national figure at 10.6 in 2020.

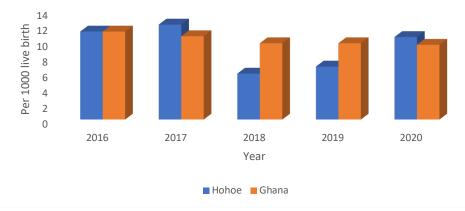


Figure 4.11: Institutional under 5 mortality rate

4.2.11 Still births

The rate of still births in the Municipality was almost 15 percentage points above the national average of about 1 per 1,000 births from 2016 to 2020. The highest still births of 17.3 per 1,000 total births was recorded in 2017 while the lowest of 13.1 per 1,000 total births was recorded in 2019.

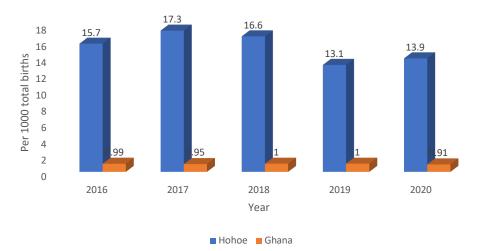


Figure 4.12: Still births

4.2.12 Hospital admission

Hospital admission rate of about 47.0 percent was recorded in the Municipality in 2016 and 2018 while the lowest rate of 40.7 was recorded in 2020.

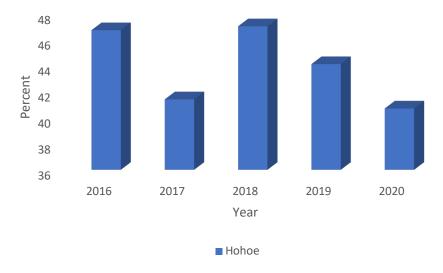


Figure 4.13: Hospital admission rate

4.2.13 Hypertension cases

The number of hypertension cases in the municipality between 2018 to 2020 has seen a general decline, whilst there was a drop in reported cases from 2016 to 2017.

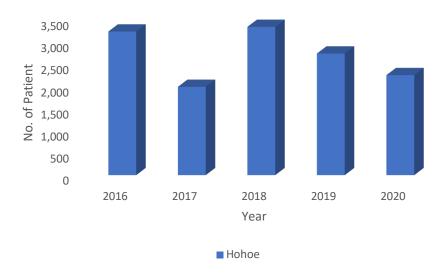


Figure 4.14: Number of persons with Hypertension

4.2.14 **HIV** positive cases

HIV positive cases increased steadily from 209 (2016) to 236 (2019), dropping however to only 11 cases in 2020. Of the positive cases recorded in any of the years, less than 3.0 percent of the HIV positive patients were screened for Tuberculosis (TB).

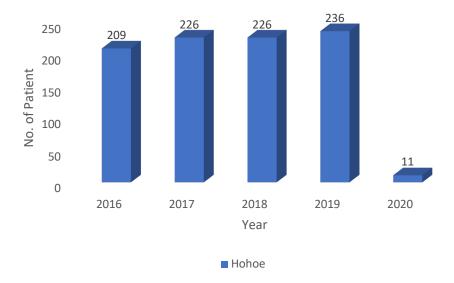


Figure 4.15: Clients who tested HIV positive

4.2.15 **HIV Prevalence Rate**

HIV prevalence rate in the Hohoe Municipality averaged 3.4 percent in 2009, 2012, 2016 and 2018. In 2020, the prevalence rate was 1.8 percent. The lowest prevalence rate over the period 2009-2020 was 1.0 percent in 2015

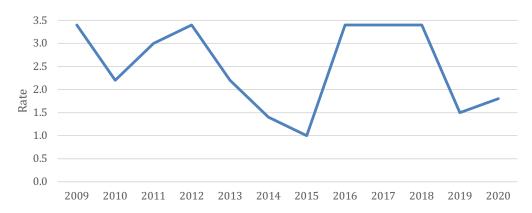


Figure 4.16: HIV prevalence rate (% ages 15-49)

4.2.16 OPD attendees with insurance

Over 90.0 percent of OPD attendants in the Hohoe Municipality have health insurance cover. This compares with an average of 80.0 percent for the whole of Ghana.

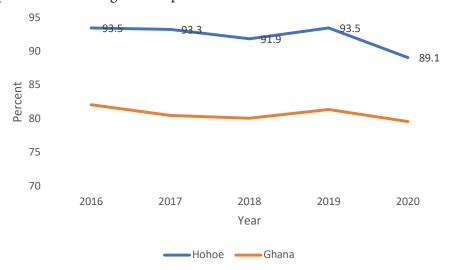


Figure 4.18: OPD attendees with insurance

4.2.17 Health Staff

Figure 4.18 shows that for all categories of health staff, the number available is lower than the number required for efficient delivery of health services. The critical health staff with relatively low numbers include doctors, pharmacists, physician assistants, laboratory technicians and optometrists.

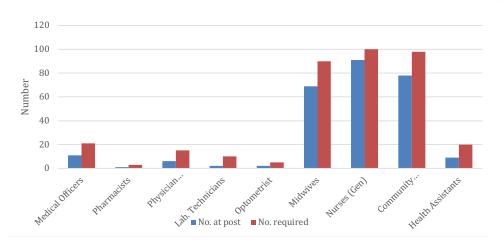


Figure 4.19: Health Personnel

4.2.18 Skilled deliveries

Over the period 2016-2020, skilled deliveries in health facilities in the municipality averaged 34.2 percent while those in health facilities in Ghana as a whole averaged 56.1 percent.

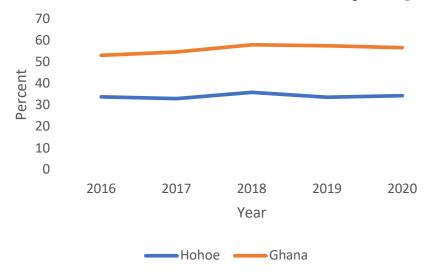


Figure 4.20: Skilled deliveries

4.2.19 Births in health care facilities

Reported births occurring in hospitals and clinics/health centres has been encouraging, pointing to preference of these health facilities by mothers for safe deliveries.

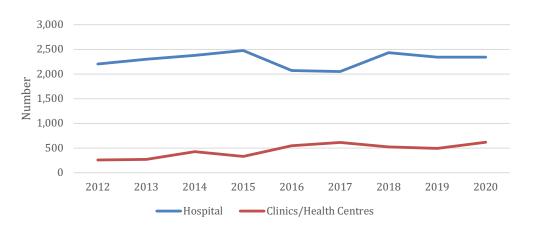


Figure 4.21: Number of births recorded by facility

4.2.20 Childhood mortality rates

Under five mortality was about 2 percentage points above infant mortality from 2012 till 2016 when they were almost the same but child mortality remained a little higher. Child mortality declined from 2013 until 2014 while infant mortality rose in 2013 before declining in 2014. Thereafter, both were on the rising path until 2016 before beginning to fall until 2018 when they diverged with under five mortality rising before falling below infant mortality in 2020.

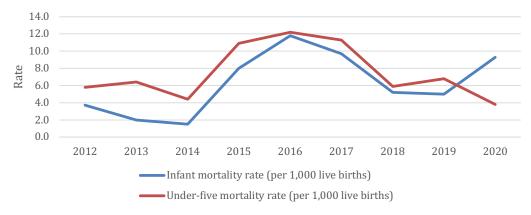


Figure 4.22: Childhood mortality rates

4.2.21 Child immunization - measles and penta3

The percentage of children 12-23 months who were given measles immunization increased from 38.3 percent in 2012, reaching a peak of 87.9 percent in 2015 and thereafter fell sharply to 35.6 percent in 2020.

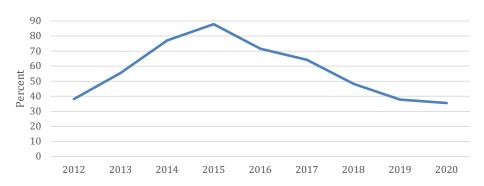


Figure 4.23: Child immunization, measles (% ages 12-23 months)

As seen with the decline in vaccination rate for measles, penta3 vaccinations have declined by more than 100percent in the last five years to as low as 40 percent in 2020.

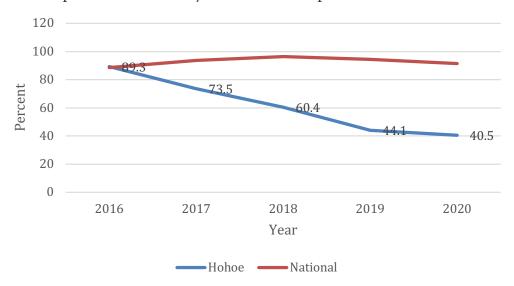


Figure 4.24: Penta 3 coverage for infants under 1 year

4.2.22 Institutional maternity mortality ratio

Institutional maternal mortality ratio has improved tremendously in the Hohoe Municipality. It decreased from 373 deaths per 100,000 live births in 2012 to 103 deaths per 100,000 live births in 2020.

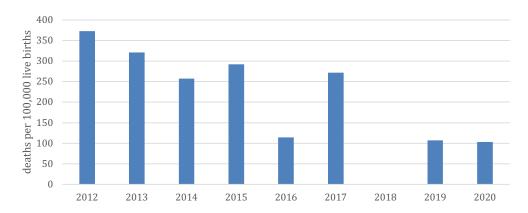


Figure 4.25: Institutional maternal mortality ratio (per 100,000 live births)

4.3 Education

Educational institutions, especially public basic and senior high schools, are fairly distributed across the urban and rural areas. The Sector is managed by the Municipal Directorate of Education. The educational system is categorized into Kindergarten, Primary, Junior High, Senior High, Technical, Vocational Education Training (TVET) and Tertiary.

4.3.1 Kindergarten Access

The total number of kindergarten schools in the Municipality in 2010 was 159 with public and private ones being 124 and 35 respectively. The total number decreased to 103 in 2020 with public Kindergarten schools being 70 and private Kindergarten schools numbering 33. While private Kindergarten schools remained relatively the same, public ones had reduced to a little above 50.0 percent between the period 2010 and 2020.

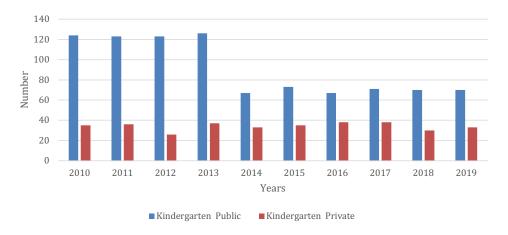


Figure 4.26: Public and private kindergarten schools

Source: Municipal Education Directorate

In terms of enrolment, the enrolment of males was slightly higher than females over the period 2013 to 2020 except in 2015 where female enrolment (5,598) was 28.5 percent higher than male

enrolment (4,358). Enrolment of both males and females into kindergarten schools shows a downward trend.

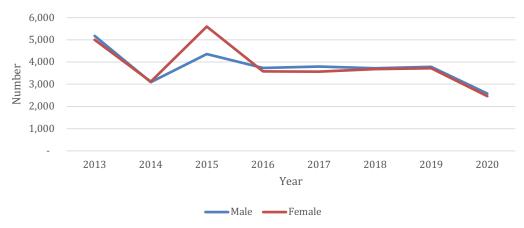


Figure 4.27: Kindergarten Enrolment

4.3.2 Number of Schools (Primary, JHS and SHS)

A total of 165 Primary schools made up of 132 public and 33 private existed in the Municipality in 2010. The number of Primary schools decreased to 103 with public Primary schools being 72 and private schools being 31. While private Primary schools have remained relatively the same from 2010-2019, public Primary schools declined by almost half during the period 2014-2019.

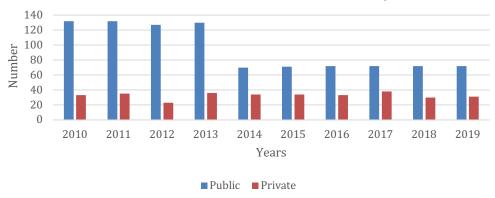


Figure 4.28: Number of public and private primary schools

With regard to the number of Junior High Schools (JHS) within the Hohoe Municipality, the same trend observed above where the number of public Kindergarten and primary schools are more than the private ones prevail. There are 702 public JHS to 226 private JHS in absolute terms which represent 75.6 and 24.4 percent respectively. Furthermore, the downward trend observed in the previous graphs in the number of public schools within the last six years (2014-2019) is repeated giving credence to investigate the cause of this downward trend in the data for the necessary action to be taken by the relevant authorities within the Municipality.

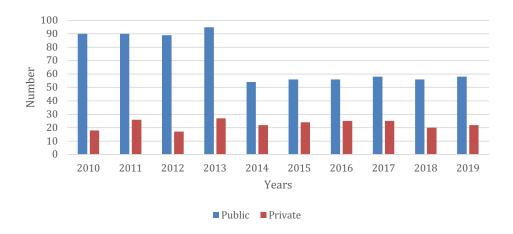


Figure 4.29: Number of Junior High Schools

There are 109 Public Senior High Schools and 31 Private Senior High Schools in the Municipality. The number of public SHS constitutes 77.9 percent of the total number of SHS in the Municipality with the remaining 22.1 percent being private. The number of public SHS was higher for the first four years (2010-2013) but reduced in the subsequent years.

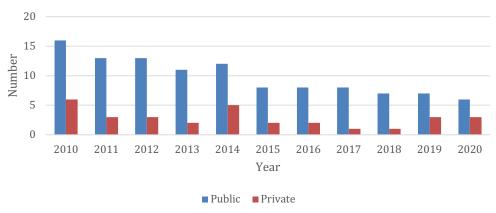


Figure 4.30: Number of Public and Private Senior High Schools

4.3.3 Enrolment and Admission Rates (Primary and JHS)

Gross enrolment rate (GER) is the total enrolment in a specific level of education, regardless of age, expressed as a percentage of the population in the official age group corresponding to this level of education and Gross admission rate measures the total number of school-aged children who are admitted into a specific grade. The net admission rate measures the actual number of school-aged children who are admitted into a specific grade and net enrolment rate is actual enrolment in a specific level of education, regardless of age, expressed as a percentage of the population in the official age group corresponding to this level of education.

Gross enrolment at the primary level declined from about 80 percent in 2017/18 academic year to about 70 percent in 2019/2020. Similar trends are observed with gross admission rate and in both cases more girls than boys are enrolled. A declining trend is also observed at the JHS level.

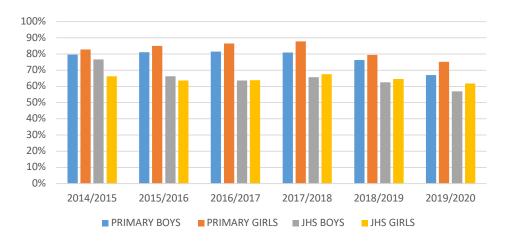


Figure 4.31: Gross enrolment rate by sex

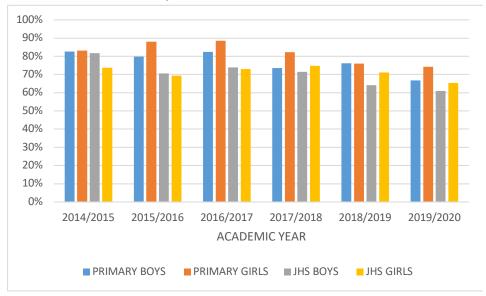


Figure 4.32: Gross admission rate by sex

The patterns observed with GER are also observed for net enrolment and admission rates both at the primary and JHS levels. Net enrolment and admission at the JHS is nearly half of the gross enrolment.

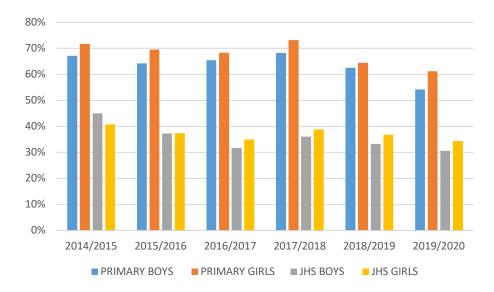


Figure 4.33: Net enrolment rate by sex

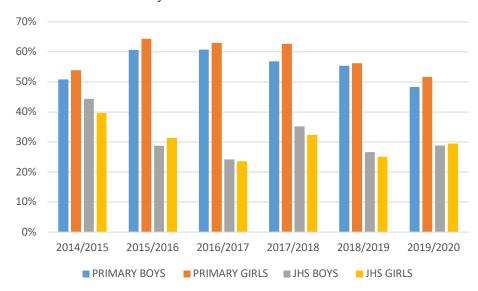


Figure 4.34: Net admission rate by sex

4.3.4 Completion Rate

Figure 4.35 shows that between 70-80 percent of pupils who start primary school in the Municipality complete. At the JHS level slightly above 50 percent complete JHS3.

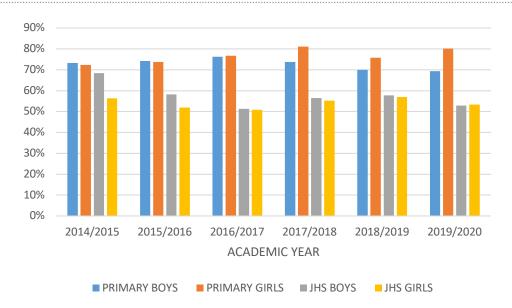


Figure 4.35: Completion rate by sex

Consistently at the primary level during the period under consideration (2014-2020), more girls enrolled than boys. At the JHS level however, while there were more boys than girls during the period 2014-2016 more girls were enrolled from the 2017/2018 academic year onwards.

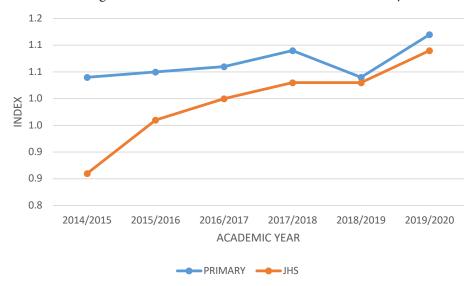


Figure 4.36: Gender parity index for primary and JHS

4.3.5 BECE pass rate

Figures 4.37 and 4.38 presents the percentage of candidates that passed the core subjects at the BECE examinations over the six-year period. In 2015 and 2016 about 80 percent passed all core subjects. The performance in English language was sustained through to 2020, the other subjects saw a decline with Science and Social Studies picking up again in 2020. The performance in Mathematics however remained low at about 60 percent.

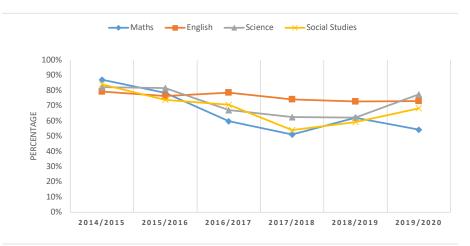


Figure 4.37: BECE core subjects passed

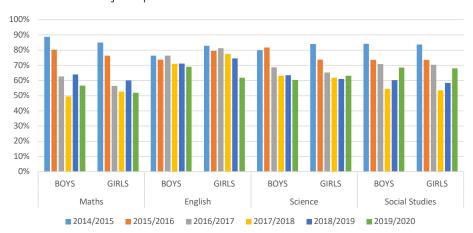


Figure 4.38: BECE core subjects passed by Sex

Table 4.1: Selected indicators for SHS

Academic year	Completion Rate	Gross Enrolment Ratio	Gross Admission Ratio	Net Enrolment Rate	Net Admission Rate	Transition Rate	Gender Parity Index
2014/2015	35.7	33.2	34.3	12.2	4.8		
2015/2016	26.0	34.9	37.5	15.1	5.3		
2016/2017	37.8	36.8	34.6	16.1	12.7		
2017/2018	34.7	41.7	57.1	18.3	15.7		
2019/2010	70.0	F0.0	E 7 7	15.5	7 1	02.0	0.64
2018/2019	38.0	50.0	53.7	15.5	3.1	92.8	0.64
2019/2020	56.0	54.0	56.0	30.2	20.0	111.0	0.57

4.4 **Food and Agriculture**

Hohoe Municipality covers an area of 117,200 hectares. Available land suitable for agricultural purposes is 65,000 hectares (55,085 hectares for crop and 9,962 hectares for livestock production). There are 15,090 agricultural households in the Hohoe Municipality. Arable crop farming is the predominant agriculture activity among all agricultural households practiced by 91.1 percent of agriculture households. The second most predominant activity is Tree crop farming (26.7%). About 9.0 percent of households in the municipality are engaged in livestock rearing (Table 4.2).

Table 4.2: Households by agricultural activities

	Households engaged in agriculture			
Type of Agricultural Activity	Male	Female	Total	
Arable crop farming	9,582	4,172	13,754	
Tree crop farming	3,640	383	4,023	
Livestock crop farming	874	467	1,341	
Aquaculture crop farming	5	0	5	
Forest tree farming	26	1	27	
Beekeeping crop farming	2	0	2	
Capture fisheries	2	0	2	

Source: Ghana Statistical Service, 2017 Agriculture Census

4.4.1 Household members engaged in agriculture

Hohoe Municipal Assembly is one of the agricultural districts in the Volta region. Agricultural activity happens to be the largest employer of persons in the Municipality. The 2017 Ghana Census of Agriculture data (Table 4.3) shows that 15,750 household members are engaged in agriculture. It must however be indicated that this number could be relatively lower in terms of actual count since some of the household members are engaged in more than one agricultural activity. As a farming district, most of the household members engaged in agriculture (90.9%) are involved in arable crop farming.

Table 4.3: Household members engaged in agriculture

Type of Agricultural	Household members engaged in agriculture				
Activity	Male	Female	Total		
Arable crop farming	9,781	4,531	14,312		
Tree crop farming	3,787	518	4,305		
Livestock crop farming	890	554	1,444		
Aquaculture crop farming	6	0	6		
Forest tree farming	27	1	28		
Beekeeping crop farming	2	0	2		
Capture fisheries	2	0	2		
Total	10,870	4,880	15,750		

4.4.2 Land tenure

Majority of holders (9,161) in Hohoe Municipal Assembly own their parcel of land with 5,005 holders inheriting the parcel of land (Table 4.4). The third highest type of land tenure system used in the municipality is share cropping (4,943).

Table 4.4: Type of land tenure system by sex

Land towns towns of mount on bolding	Sex of holders of parcels			
Land tenure type of parcel on holding	Male	Female	Total	
Own/Freehold	6,839	2,322	9,161	
Leasehold	806	239	1,045	
Renting	1,679	493	2,172	
Share cropping	3,687	1,256	4,943	
Squatting	338	167	505	
Inheritance	3,446	1,559	5,005	
Trusteeship	185	61	246	
Other	7	3	10	

4.4.3 Arable Crops Production

Food crops are produced mainly by peasant farmers using simple hand tools. The average land holding per farmer is about 0.5 ha. The major arable crops cultivated in the Municipality are starchy staples (maize, cassava, rice, plantain, cocoyam and yams) cultivated by 25,097 holders and vegetables (okro, tomato and garden eggs) also cultivated by 949 holders (Table 4.5).

Table 4.5: Type of arable crops by holders and residence

Time of Avalla avan		Holders				
Type of Arable crop	Urban	Rural	Total			
Starchy staples	6,944	18,153	25,097			
Pulses and legumes	95	319	414			
Herbs, spices and condiments	253	443	696			
Horticulture	13	13	26			
Leafy vegetables	74	66	140			
Vegetables	302	647	949			
Industrial crops	5	1	6			
Ornamentals	0	2	2			

CHAPTER FIVE REVENUE, EXPENDITURE AND SDGs BUDGET

5.1 Introduction

This chapter focuses on budgetary performance of the Hohoe Municipal Assembly. It involves revenue and expenditure targets against actuals. The major sources of revenue for the municipality are the District Assemblies Common Fund (DACF), the District Development Facility (DDF), the Urban Development Grant (UDG) and the Internally Generated Funds (IGF). Expenditure, on the other hand, is categorized into recurrent and capital expenditure.

5.2 Revenues

5.2.1 Internally Generated Funds

Internally Generated Funds are revenues generated from the activities of a government entity from its operations or provision of services, other than taxes collected by the Ghana Revenue Authority. IGF constitutes an important source of revenue for MMDAs. Sources of IGF include fees and charges for granting of permits, market tolls and property rates.

The IGF is the only source that is directly under the control of the Assembly. Its annual growth depends on efforts made by the Assembly to harness the existing potentials or create new potentials. The actual IGF generated increased significantly from Gh¢164,077.20 in 2018 to Gh¢1,177,623.38 in 2019 representing over 600 percent increase (Figure 5.1; see appendix Table 5.1 for the actual values). This however decreased marginally to Gh¢1,130,466.78 in 2020 in the wake of the Corona virus pandemic.

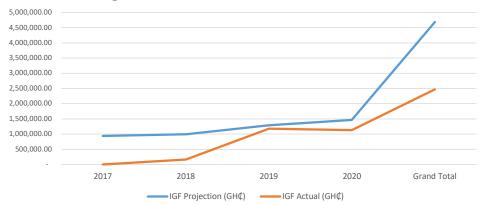


Figure 5.1: Internally generated funds

5.2.2 District Assembly Common Fund

District Assembly Common Fund (DACF) is an earmarked fund stipulated in the 1992 Constitution. According to Article 252 (2), Parliament shall annually make provision for the allocation of not less than 5 percent of the total revenues of Ghana to the District Assemblies for development; and the amount shall be paid into the District Assemblies Common Fund in quarterly instalments.² In accordance with the aforementioned Act, the Minister of Finance shall, in accordance with clause (2) of article 252 of the Constitution, make a monetary allocation of not less than 5 percent of total revenue to the District Assemblies Common Fund.

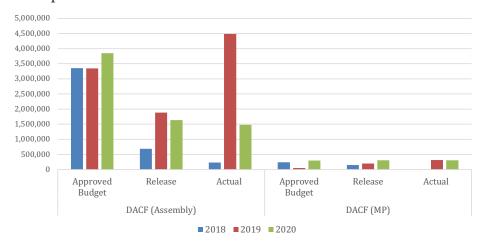


Figure 5.2: Releases of District Assembly and MP Common Fund (DACF)

5.3 Budget Allocation, Releases and Expenditures on SDGs

Since the adoption of the Sustainable Development Goals in Ghana, all MMDAs were instructed to incorporate the SDG indicators in their planning and budgeting. The Hohoe Municipal Assembly like many others complied with the directive and made provision for quite a number of indicators in their yearly budgets.

5.3.1 SDG related and non-SDG related Budgets

Figure 5.3 shows the amount budgeted for SDG related and non-SDG related activities. An approved amount of Gh¢3,997,406.00 and Gh¢28,464,547.00 budgeted for SDG related activities in 2019 and 2020 respectively.

Republic of Ghana-1992 Constitution https://www.wipo.int/edocs/lexdocs/laws/en/gh/gh014en.pdf Accessed on 17th November, 2020

^{2.} Ibid

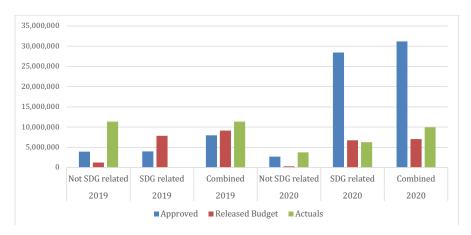


Figure 5.3: SDG related and non-SDG related Budgets

5.3.2 Budget Allocation, Releases and Expenditure on SDGs

The Sustainable Development Goals have 169 targets in all 17 goals. In 2019 the Hohoe municipality budgeted for thirteen of the targets and seventeen targets in 2020 (Figure 4.5 and Table 5.1).

The targets with the most expenditure in 2020 are develop effective, accountable and transparent institutions at all levels (target 16.6) and education (target 4.1). Whilst in 2019 target 6.1 (By 2030, achieve universal and equitable access to safe and affordable drinking water for all) received the most prioritized attention.

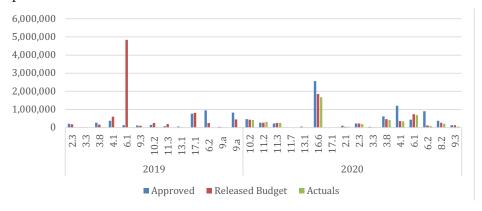


Figure 5.4: Budget Allocation, Releases and Expenditure on SDGs

Table 5.1: Budget Allocation, Releases and Expenditures on SDGs

				Released	
Year	SDG .	Target	Approved	Budget	Actuals
2019	2.3	By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment.	212,157	179,459	0
2019	3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.	17,269	8,664	0
2019	3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	266,000	169,102	0
2019	4.1	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.	379,513	598,283	0
2019	6.1	By 2030, achieve universal and equitable access to safe and affordable drinking water for all.	130,000	4,838,930	0

	,				
2019	9.3	Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets.	115,000	102,148	0
2019	10.2	By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.	143,917	256,455	0
2019	11.3	By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.	80,000	191,684	0
2019	13.1	Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.	55,000	1,800	0
2019	17.1	Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection.	764,145	815,772	0
2019	6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.	949,383	248,767	0

2019	9.a	Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States.	50,000	5,665	0
2019	9.a	Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States.	835,021	451,967	0
2020	10.2	By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.	462,605	437,935	415,395
2020	11.2	By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.	274,903	270,323	320,323
2020	11.3	By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.	221,000	252,268	251,738

2020	11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.	6,674	0	0
2020	13.1	Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.	65,000	16,950	0
2020	16.6	Develop effective, accountable and transparent institutions at all levels.	2,566,980	1,854,736	1,665,953
2020	17.1	Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection.	0	0	0
2020	2.1	By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.	110,000	49,588	45,460
2020	2.3	By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment.	225,231	227,560	202,956

		I.I.			
2020	3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.	38,258	11,270	11,270
2020	3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	616,280	469,959	428,760
2020	4.1	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.	1,212,520	354,305	349,305
2020	6.1	By 2030, achieve universal and equitable access to safe and affordable drinking water for all.	433,339	744,333	694,333
2020	6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.	910,761	113,228	83,689
2020	8.2	Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labor-intensive sectors.	383,500	263,571	208,252

2020	9.3	Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets.	135,000	140,507	60,585
2020	9.a	Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States.	20,802,496	1,492,342	1,536,145
Grand Total			32,461,953	14,567,572	6,274,165

CHAPTER SIX SUMMARY AND RECOMMENDATIONS

6.1 Introduction

The availability of timely and reliable data is a very critical requirement for the achievement of the Sustainable Development Goals. It is therefore very important for policy-makers like parliamentarians to be provided with the requisite data on all facets of the economy to help them to perform their constitutional roles. The Data for Accountability Project therefore is opportune to the work of members of parliament and staff of the parliamentary research unit since it provides the data required to monitor progress on the attainment of the SDGs.

6.2 Summary

The report is particularly important to the parliamentarian representing the constituency which this report covers as it provides data-based evidence of the state of development of key sectors of the constituency. Through this report the development challenges of the constituency are brought to the fore, to enable the Constituency's parliamentarian to advocate the provision of more resources for its development in fulfilment of the aspirations of the constituents.

The projected 2020 population for the municipality (210,769) is made up of 50.1 percent females and 49.9 percent males. The municipality has a youthful population with 34.4 percent of the population in the age group 0-14 years.

The municipality had one hospital, 13 clinics/health centres, and 10 CHPS compounds as of 2019 with a total of 178 beds. Patients' admissions to the health facilities decreased from 10,292 in 2013 to 9,098 in 2020. About 90 percent of patients who seek OPD services at the health facilities have health insurance. The number of critical health staff mainly doctors, laboratory technicians, optometrists and pharmacists was inadequate to serve the patients. For the period 2016-2020, an average of 37.0 percent of pregnant women attended antenatal clinic. The rate of immunization for measles for children 12-23 months has been decreasing over the years from 87.9 percent in 2015 to 35.6 percent in 2020. Teenage pregnancy remained the same (15.0%) over the period 2016-2020. Even though institutional Maternal Mortality in the Municipality decreased from a high of 272 deaths per 100,000 live births in 2016 to 103 deaths per 100,000 live births in 2020, it is still high. Both institutional infant and under-5 mortality which had fallen to the lowest of five deaths per 1,000 live births in 2019 and 6 deaths per 1,000 live births in 2018 respectively had started increasing again. HIV prevalence rate among persons 15 to 49 shows a disturbing trend. In 2015, the prevalence was as low as 1.0% but increased to an average of 3.4% between the period 2016 and 2018, then fell again to 1.5% in 2019 and started rising in 2020 (1.8%).

The number of private kindergarten schools remained relatively the same while those of the public decreased by 43.5 percent from 124 in 2010 to 70 in 2019. Male and female enrolment was relatively the same but both had decreased from about 5,000 in 2013 to 2,500 in 2020. Public primary schools (132) are more than private ones (33) but while the number of private primary schools remained relatively the same the public primary schools decreased by almost half. Public JHS and SHS are more than private ones. Enrolment rates are slightly higher for girls at the primary school level but higher for boys at the JHS level.

Agriculture is an important sector of the Municipality, employing about 26.1 percent of the economically active population. In 2017, there were 15,090 agricultural households in the Municipality and about 91.1 percent of them were engaged in arable crop farming which is the predominant agricultural activity. Of these households, 15,750 members were engaged in agriculture, with the majority (69%) being males. The majority of the farm holders produce starchy stables (maize, cassava, rice, plantain, cocoyam and yams). While 9,161 holders owned their parcel of land, 5,005 holders inherited it.

The Municipality has never achieved its IGF targets. The closest it has come to doing this was in 2019 where there was a variance of only Gh¢111,095.62. The Municipality's IGF increased substantially from Gh¢164,077.20 in 2018 to Gh¢1,177,623.38 in 2019 representing over 600 percent increase and decreased slightly (4%) in 2020. The main source of revenue to the Municipality is the DACF. However, on average, only about 45 percent of the DACF allocation was released to the Municipal Assembly for the period 2018-2020. For 2018 and 2020 not all the amounts released to the Municipality were spent. However, in 2019 the Municipality over spent its releases by as high as 138.5 percent. In 2019, almost twice the approved budget for implementation of SDG activities was released to the Municipality but none of the expenditure made was on SDG-related activities. In 2020, however, almost all the released budget for SDGs related activities were spent on SDG related activities.

6.3 Recommendations

The following recommendations are made for consideration to help resolve the developmental challenges in the Municipality:

- More resources should be provided to the Municipal Health Directorate to roll out more effective health interventions to improve health service delivery especially immunization and stem the rise in HIV infections;
- More sensitization should be carried out by the Municipal Directorate of Education
 and the management of basic schools in the communities where they are located for
 parents to send their wards to creches and Kindergarten schools;
- The Central Government should adhere to the legal provisions of the DACF and dutifully disburse funds. The Municipal Assembly should also ensure that funds budgeted and released for implementation of SDGs-related activities are disbursed accordingly. In addition, the Municipal Assembly should adhere to budget and expenditure guidelines and work within budget to curtail the excess expenditure of releases.

