



**LOCAL GOVERNMENT SERVICE**



**2022 PERFORMANCE EVALUATION REPORT  
OF REGIONAL COORDINATING COUNCILS (RCCs)  
& METROPOLITAN, MUNICIPAL AND DISTRICT  
ASSEMBLIES (MMDAs)**

**OFFICE OF THE HEAD OF THE LOCAL GOVERNMENT SERVICE**

P.O. BOX MB 396

MINISTRIES -ACCRA

Tel.: 0302 - 677929

Fax: 0302 - 662799

E-mail: [ohlgs@lgs.gov.gh](mailto:ohlgs@lgs.gov.gh)

Web: <http://www.lgs.gov.gh/>

**AUGUST, 2023**

## FOREWORD

The Local Government Service per section 51 of the Local Governance Act, 2016 (Act 936), is established to secure effective administration and management of decentralized Local Government system in the country.

As stated in its mission, the Local Government Service (LGS) “exists to support Local Government to deliver value for money services through the mobilisation, harmonisation and utilisation of qualified, human capacity and material resources to promote local and national development”.

In line with this mission statement, the LGS has developed a comprehensive Performance Management System (PMS) that is based on agreed Service Delivery Standards (SDS). The Service Delivery Standards are operationalized through the PMS at all levels.

The PMS is a systematic process for improving performance by developing the individual performance of staff and teams to enhance productivity, develop competencies, increase job satisfaction and achieve the full potential of all staff in the Service in line with Local Governance Act, 2016 (Act 936). It is operationalised through the Performance Management Instruments (Contract & Appraisal) in which the Service enters into agreement and commitment with its employees to set clear, quantifiable objectives and indicators for attainment within a given timeframe.

For the year 2022, Performance Contracts (PCs) based on planned achievement of indicators in Key Performance Areas were signed between Honourable Regional Ministers (RMs) and their Regional Coordinating Directors (RCDs) at the Regional level and Honourable Metropolitan, Municipal and District Chief Executives (MMDCEs) and their Metropolitan, Municipal and District Coordinating Directors (MMDCDs) at the District level. **Even though the Performance Contracts were signed between the RMs and the RCDs as well as the MMDCEs and MMDCDs, it is worth noting that their overall performance mirrors that of their respective Regional Coordinating Councils (RCCs) as well as Metropolitan, Municipal and District Assemblies (MMDAs). This is as a result of the fact that the RCDs & MMDCDs signed the contract on behalf of the entire staff of the RCCs & MMDAs. Hence, the emphasis of the assessment is placed on the overall achievement of the RCC & MMDA under the leadership of the respective RCD & MMDCD.**

The 16 RCCs & 261 MMDAs conducted their Annual Evaluation on their performance and submitted reports to the Office of the Head of the Local Government Service (OHLGS) in January 2022 for decision making. To be able to make objective and informed decisions, the OHLGS sought the services of Directors and some support staff of the OHLGS to

conduct an independent verification exercise on the RCCs and MMDAs on the actual performance of the RCCs & MMDAs in April to May, 2023.

The assessment of the Performance Contracts across the 16 RCCs and 261 MMDAs was funded with support from the United States through the United States Agency for International Development (USAID) through CARE International in Ghana. The content of this assessment review report is the sole responsibility of the Government of Ghana and do not reflect the views of USAID, CARE International in Ghana and their respective Governments.

The Office of the Head of the Local Government Service is grateful to the Directors and support staff of the OHLGS for their time and expertise in supporting the OHLGS to carry out the Review, Monitoring and Verification of implementation of the 2022 Performance Contracts.

The OHLGS is particularly thankful to Honourable Regional Ministers and Honourable Metropolitan, Municipal and District Chief Executives (MMDCs) for their commitment and logistical support to their Coordinating Directors and also providing invaluable insights into the performance.

The OHLGS is further appreciative of the cooperation, responses and useful suggestions offered by RCDs & MMDCs, and their staff during the whole process of the implementation of the 2022 Performance Contract and is looking forward to more collaboration and mutual support among all officers of the Service in the subsequent years.



**ING. DR. NANA ATO ARTHUR**  
**HEAD OF SERVICE**

## LIST OF ACRONYMS

|       |  |
|-------|--|
| AAP   | Annual Action Plan                                       |
| AhR   | Ahafo Region   |
| AR    | Ashanti Region   |
| ARIC  | Audit Report Implementation Committee                    |
| BAR   | Brong Ahafo Region                                       |
| BER   | Bono East Region   |
| CAGD  | Controller and Accountant General's Department           |
| CARE  | Cooperative for Assistance & Relief Everywhere           |
| CR    | Central Region   |
| CSU   | Client Service Unit                                      |
| DACF  | District Assemblies Common Fund                          |
| DAGI  | District Agricultural Governance Index                   |
| ER    | Eastern Region   |
| GAR   | Grater Accra Region                                      |
| HoDs  | Heads of Departments                                     |
| HoS   | Head of Service  |
| HRMIS | Human Resources Management Information System            |
| KPAs  | Key Performance Areas                                    |
| KPIs  | Key Performance Indicators                               |
| M&V   | Monitoring and Verification                              |
| MMDAs | Metropolitan, Municipal and District Assemblies          |
| MMDCD | Metropolitan, Municipal & District Coordinating Director |
| MMDCE | Metropolitan, Municipal & District Chief Executive       |
| MTDP  | Medium Term Development Plan                             |
| NER   | North East Region  |
| NR    | Northern Region  |
| OHLGS | Office of the Head of the Local Government Service       |
| OR    | Oti Region   |
| PC    | Performance Contract                                     |
| PMS   | Performance Management System                            |
| RCCs  | Regional Coordinating Councils                           |
| RCDs  | Regional Coordinating Directors                          |
| SDS   | Service Delivery Standards                               |
| SR    | Savannah Region  |
| UER   | Upper East Region  |
| USAID | United States Agency for International Development       |
| UTZA  | Urban, Zonal, Town and Area                              |
| UWR   | Upper West Region  |

VR Volta Region  
WNR Western North Region  
WR Western Region

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## EXECUTIVE SUMMARY

The PMS is a systematic process for improving performance by developing the individual performance of staff and teams to enhance productivity, develop competencies, increase job satisfaction and achieve the full potential of all staff in the Service. It is operationalised through the Performance Management Instruments (Contract & Appraisal) in which the Service enters into agreement and commitment with its employees to set clear, quantifiable objectives and indicators for attainment within a given timeframe.

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**Even though the Performance Contracts were signed between the RMs and the RCDs as well as the MMDCEs and MMDCDs, it is worth noting that their overall performance mirrors that of their respective Regional Coordinating Councils (RCCs) as well as Metropolitan, Municipal and District Assemblies (MMDAs). This is as a result of the fact that the RCDs & MMDCDs signed the contract on behalf of the entire staff of the RCC & Assembly. Hence, the emphasis of the assessment is placed on the overall achievement of the RCC & MMDA under the leadership of the respective RCD & MMDCD.**

### Objectives of the M&V Exercise

The main objectives of the exercise were to:

- Monitor and verify the annual performance of RCCs & MMDAs based on their Annual Performance Evaluation Reports from the Performance Contracts signed between the RMs and RCDs as well as MMDCEs and MMDCDs;
- Identify comprehensive recommendations and feedback on the findings of the performance status of the RCCs and MMDAs against their evaluation reports; and
- Provide recommendations for improvement of the PMS.

For the assessment of the 2022 RCC and MMDA performance contracts, the OHLGS received funding support from USAID through Care International in Ghana. The teams also monitored and took data on District Agricultural Governance Index (DAGI) indicators as non-scoring for the 2022 Assessment year for all 261 MMDAs across the country with the exception of Bawku Municipal Assembly. A pre-designed data collection sheet which was developed by the OHLGS was used in collecting the set of data.

The process of the PC involved (4) Four Phases such as: Planning, Mid-year Review, End of the Year Evaluation and Decision Making.

**Phase one (Planning):** The first schedule involves the setting of indicators, sensitization and agreeing on these indicators with the RMs and RCDs as well as MMDCEs and MMDCDs leading to the signing of performance contracts for the RCCs and MMDAs. The second schedule was for competencies for RCDs and MMDCDs' personal development.

**Phase two:** Mid-year reviews were to be conducted in July. Various team comprising of Directors and support staff of the OHLGS visited selected RCCs and MMDAs to conduct the Mid Year reviews for the RCCs and MMDAs and reports were submitted to the HoS.

**Phase three (End of Year Evaluation):** All RCCs and MMDAs conducted their Annual Evaluation on their performance and submitted reports to the HoS through RCCs in January 2023 for decision making. To be able to make objective and informed decision, the OHLGS sought the services of Directors and support staff of the OHLGS to conduct an independent Verification exercise on RCCs and MMDAs on actual performance of the RCCs and MMDAs in April to May 2023.

The following are the summary of results for the annual performance evaluation of the MMDAs by Region and individual RCCs & MMDAs based on the Monitoring and Verification exercise conducted by a team of Directors and support staff of the OHLGS and approved by the HoS.

**Number of MMDAs and their Performance Rating by Region**

| No    | REGION               | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | No. of MMDAs scored "Unsatisfactory" | TOTAL      |
|-------|----------------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|--------------------------------------|------------|
| 1     | Ahafo Region         | 1                               | 1                               | 3                          | 1                                  | 0                                    | 6          |
| 2     | Ashanti Region       | 9                               | 20                              | 13                         | 1                                  | 0                                    | 43         |
| 3     | Bono East Region     | 1                               | 3                               | 4                          | 1                                  | 2                                    | 11         |
| 4     | Bono Region          | 1                               | 5                               | 6                          | 0                                  | 0                                    | 12         |
| 5     | Central Region       | 1                               | 8                               | 8                          | 4                                  | 1                                    | 22         |
| 6     | Eastern Region       | 11                              | 13                              | 8                          | 1                                  | 0                                    | 33         |
| 7     | Greater Accra Region | 11                              | 16                              | 1                          | 1                                  | 0                                    | 29         |
| 8     | North East Region    | 0                               | 1                               | 2                          | 3                                  | 0                                    | 6          |
| 9     | Northern Region      | 0                               | 4                               | 7                          | 3                                  | 2                                    | 16         |
| 10    | Oti Region           | 2                               | 5                               | 2                          | 0                                  | 0                                    | 9          |
| 11    | Savannah Region      | 0                               | 2                               | 3                          | 1                                  | 1                                    | 7          |
| 12    | Upper East Region    | 1                               | 6                               | 7                          | 0                                  | 1                                    | 15         |
| 13    | Upper West Region    | 3                               | 3                               | 4                          | 1                                  | 0                                    | 11         |
| 14    | Volta Region         | 13                              | 5                               | 0                          | 0                                  | 0                                    | 18         |
| 15    | Western North Region | 0                               | 2                               | 4                          | 3                                  | 0                                    | 9          |
| 16    | Western Region       | 2                               | 10                              | 2                          | 0                                  | 0                                    | 14         |
| Total |                      |                                 |                                 |                            |                                    |                                      | <b>261</b> |

*“Excellent”* represents the range of the performance scores from 80% to 100%, *“Very Good”* represents the range of the performance scores from 70% to 89%, *“Good”* represents the range of the Performance Scores from 60% to 69%, *“Satisfactory”* represents the range of the Performance Scores from 50% to 59% and *“Unsatisfactory”* represents the Performance Scores less than 50%.

The performance of the RCCs in the 2022 assessment is presented below:

| No | Name of RCC | Overall Rating (%) | Position         | Overall Performance<br>(Excellent, Very Good, Good, Satisfactory,<br>Unsatisfactory) |
|----|-------------|--------------------|------------------|--|
| 1  | VRCC        | 97.25              | 1 <sup>st</sup>  | Excellent  |
| 2  | GARCC       | 94.50              | 2 <sup>nd</sup>  | Excellent  |
| 3  | SRCC        | 93.00              | 3 <sup>rd</sup>  | Excellent  |
| 4  | ERCC        | 92.75              | 4 <sup>th</sup>  | Excellent  |
| 5  | WRCC        | 87.00              | 5 <sup>th</sup>  | Excellent  |
| 6  | AHRCC       | 86.75              | 6 <sup>th</sup>  | Excellent  |
| 7  | ARCC        | 78.50              | 7 <sup>th</sup>  | Very Good  |
| 8  | NRCC        | 78.25              | 8 <sup>th</sup>  | Very Good  |
| 9  | UWRCC       | 78.00              | 9 <sup>th</sup>  | Very Good  |
| 10 | CRCC        | 74.25              | 10 <sup>th</sup> | Very Good  |
| 11 | NERCC       | 74.00              | 11 <sup>th</sup> | Very Good  |
| 12 | ORCC        | 72.40              | 12 <sup>th</sup> | Very Good  |
| 13 | UERCC       | 71.35              | 13 <sup>th</sup> | Very Good  |
| 14 | BRCC        | 70.50              | 14 <sup>th</sup> | Very Good  |
| 15 | BERCC       | 70.40              | 15 <sup>th</sup> | Very Good  |
| 16 | WNRCC       | 64.90              | 16 <sup>th</sup> | Good   |

The performance of the MMDAs in the 2022 assessment is presented below:

| No | REG | Name of MMDA     | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|------------------|--------------------|------------------|--|
| 0  | 1   | 2                | 3                  | 4                | 5  |
| 1  | VR  | North Dayi       | 94.13              | 1 <sup>st</sup>  | Excellent  |
| 2  | ER  | New Juaben North | 93.69              | 2 <sup>nd</sup>  | Excellent  |
| 3  | GAR | Adentan          | 93.13              | 3 <sup>rd</sup>  | Excellent  |
| 4  | AR  | Obuasi East      | 91.63              | 4 <sup>th</sup>  | Excellent  |
| 5  | GAR | La Dade-Kotopon  | 91.00              | 5 <sup>th</sup>  | Excellent  |
| 6  | GAR | Ayawaso West     | 90.88              | 6 <sup>th</sup>  | Excellent  |
| 7  | AR  | Oforikrom        | 90.81              | 7 <sup>th</sup>  | Excellent  |
| 8  | VR  | Ketu North       | 89.50              | 8 <sup>th</sup>  | Excellent  |
| 9  | GAR | Kpone Katamanso  | 89.38              | 9 <sup>th</sup>  | Excellent  |
| 10 | VR  | Ho Mun.          | 88.50              | 10 <sup>th</sup> | Excellent  |
| 11 | VR  | Ho West          | 88.50              | 10 <sup>th</sup> | Excellent  |
| 12 | VR  | Hohoe Mun.       | 88.44              | 12 <sup>th</sup> | Excellent  |
| 13 | GAR | Ashaiman Mun     | 88.38              | 13 <sup>th</sup> | Excellent  |
| 14 | ER  | Atiwa East       | 88.25              | 14 <sup>th</sup> | Excellent  |
| 15 | GAR | Tema West        | 88.25              | 14 <sup>th</sup> | Excellent  |
| 16 | AR  | Suame            | 87.88              | 16 <sup>th</sup> | Excellent  |
| 17 | AHR | Tano North       | 87.50              | 17 <sup>th</sup> | Excellent  |
| 18 | AR  | Obuasi           | 87.50              | 17 <sup>th</sup> | Excellent  |

| No | REG | Name of MMDA         | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|----------------------|--------------------|------------------|--|
| 0  | 1   | 2                    | 3                  | 4                | 5  |
| 19 | ER  | Kwahu West           | 87.50              | 17 <sup>th</sup> | Excellent  |
| 20 | AR  | Atwima Kwanwoma      | 86.56              | 20 <sup>th</sup> | Excellent  |
| 21 | WR  | Shama                | 86.50              | 21 <sup>st</sup> | Excellent  |
| 22 | VR  | Anloga               | 86.31              | 22 <sup>nd</sup> | Excellent  |
| 23 | GAR | Tema Metro           | 85.75              | 23 <sup>rd</sup> | Excellent  |
| 24 | VR  | Central Tongu        | 85.63              | 24 <sup>th</sup> | Excellent  |
| 25 | GAR | Ledzokuku            | 85.19              | 25 <sup>th</sup> | Excellent  |
| 26 | ER  | Atiwa West           | 84.94              | 26 <sup>th</sup> | Excellent  |
| 27 | BER | Techiman Municipal   | 84.88              | 27 <sup>th</sup> | Excellent  |
| 28 | ER  | Nsawam Adoagyiri Mun | 84.69              | 28 <sup>th</sup> | Excellent  |
| 29 | AR  | Kwabre East          | 83.25              | 29 <sup>th</sup> | Excellent  |
| 30 | AR  | Ejura Sekyredumasi   | 83.19              | 30 <sup>th</sup> | Excellent  |
| 31 | CR  | Agona West           | 83.13              | 31 <sup>st</sup> | Excellent  |
| 32 | UER | Kassena Nankana West | 83.13              | 32 <sup>nd</sup> | Excellent  |
| 33 | GAR | Ayawaso East         | 83.00              | 33 <sup>rd</sup> | Excellent  |
| 34 | GAR | Ga Central           | 82.75              | 34 <sup>th</sup> | Excellent  |
| 35 | ER  | West Akim            | 82.50              | 35 <sup>th</sup> | Excellent  |
| 36 | BR  | Dormaa West          | 82.50              | 35 <sup>th</sup> | Excellent  |

| No | REG | Name of MMDA            | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-------------------------|--------------------|------------------|--|
| 0  | 1   | 2                       | 3                  | 4                | 5  |
| 37 | WR  | Sekondi Takoradi Metro  | 82.44              | 37 <sup>th</sup> | Excellent  |
| 38 | VR  | Akatsi North            | 82.31              | 38 <sup>th</sup> | Excellent  |
| 39 | VR  | Keta Mun.               | 82.06              | 39 <sup>th</sup> | Excellent  |
| 40 | GAR | La-Nkwantanang - Madina | 82.00              | 39 <sup>th</sup> | Excellent  |
| 41 | UWR | Nandom                  | 81.88              | 41 <sup>st</sup> | Excellent  |
| 42 | ER  | Kwahu South             | 81.81              | 42 <sup>nd</sup> | Excellent  |
| 43 | ER  | Achiase                 | 81.69              | 43 <sup>rd</sup> | Excellent  |
| 44 | ER  | Asene-Manso-Akroso      | 81.56              | 44 <sup>th</sup> | Excellent  |
| 45 | VR  | South Dayi              | 81.56              | 44 <sup>th</sup> | Excellent  |
| 46 | UWR | Sissala East            | 80.94              | 46 <sup>th</sup> | Excellent  |
| 47 | UWR | Wa                      | 80.94              | 46 <sup>th</sup> | Excellent  |
| 48 | OR  | Krachi East             | 80.69              | 48 <sup>th</sup> | Excellent  |
| 49 | VR  | Adaklu                  | 80.63              | 49 <sup>th</sup> | Excellent  |
| 50 | OR  | Kadjebi                 | 80.56              | 50 <sup>th</sup> | Excellent  |
| 51 | ER  | Denkyembuor             | 80.50              | 51 <sup>st</sup> | Excellent  |
| 52 | ER  | Kwahu East              | 80.44              | 52 <sup>nd</sup> | Excellent  |
| 53 | VR  | Afadzato South          | 80.44              | 52 <sup>nd</sup> | Excellent  |
| 54 | AR  | Asokore Mampong         | 80.31              | 54 <sup>th</sup> | Excellent  |

| No | REG | Name of MMDA               | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|----------------------------|--------------------|------------------|--|
| 0  | 1   | 2                          | 3                  | 4                | 5  |
| 55 | VR  | Akatsi South               | 80.19              | 55 <sup>th</sup> | Excellent  |
| 56 | AR  | Afigya Kwabre South        | 80.06              | 56 <sup>th</sup> | Excellent  |
| 57 | BR  | Sunyani West               | 79.81              | 56 <sup>th</sup> | Very Good  |
| 58 | AR  | Afigya Kwabre North        | 79.75              | 58 <sup>th</sup> | Very Good  |
| 59 | UWR | Lambusie Karni             | 79.75              | 58 <sup>th</sup> | Very Good  |
| 60 | BER | Techiman North             | 79.69              | 60 <sup>th</sup> | Very Good  |
| 61 | WR  | Wassa Amenfi West          | 79.63              | 61 <sup>st</sup> | Very Good  |
| 62 | WR  | Prestea-Huni-Valley        | 79.56              | 62 <sup>nd</sup> | Very Good  |
| 63 | CR  | Komenda-Edina-Eguafo-Abrim | 79.44              | 63 <sup>rd</sup> | Very Good  |
| 64 | GAR | Ga South                   | 79.44              | 63 <sup>rd</sup> | Very Good  |
| 65 | OR  | Nkwanta North              | 79.38              | 65 <sup>th</sup> | Very Good  |
| 66 | UER | Bolgatanga                 | 79.38              | 65 <sup>th</sup> | Very Good  |
| 67 | UER | Kassena Nankana East       | 79.31              | 67 <sup>th</sup> | Very Good  |
| 68 | NR  | Yendi Municipal            | 79.06              | 68 <sup>th</sup> | Very Good  |
| 69 | AR  | Offinso North              | 79.00              | 69 <sup>th</sup> | Very Good  |
| 70 | OR  | Biakoye                    | 78.94              | 69 <sup>th</sup> | Very Good  |
| 71 | AHR | Asutifi South              | 78.88              | 71 <sup>st</sup> | Very Good  |
| 72 | GAR | Ga West                    | 78.88              | 71 <sup>st</sup> | Very Good  |

| No | REG | Name of MMDA            | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-------------------------|--------------------|------------------|--|
| 0  | 1   | 2                       | 3                  | 4                | 5  |
| 73 | GAR | Krowor                  | 78.75              | 72 <sup>nd</sup> | Very Good  |
| 74 | WR  | Ellembele               | 78.63              | 72 <sup>nd</sup> | Very Good  |
| 75 | SR  | Central Gonja           | 78.38              | 75 <sup>th</sup> | Very Good  |
| 76 | WR  | Effia Kwesimintsim      | 78.00              | 75 <sup>th</sup> | Very Good  |
| 77 | AR  | Atwima Mponua           | 77.94              | 77 <sup>th</sup> | Very Good  |
| 78 | GAR | Ada West                | 77.94              | 77 <sup>th</sup> | Very Good  |
| 79 | AR  | Amansie Central         | 77.75              | 79 <sup>th</sup> | Very Good  |
| 80 | AR  | Amansie West            | 77.56              | 80 <sup>th</sup> | Very Good  |
| 81 | ER  | Abuakwa South           | 77.38              | 81 <sup>st</sup> | Very Good  |
| 82 | AR  | Asokwa                  | 77.25              | 82 <sup>nd</sup> | Very Good  |
| 83 | AR  | Adansi North            | 77.19              | 83 <sup>rd</sup> | Very Good  |
| 84 | BER | Nkoranza North          | 77.19              | 83 <sup>rd</sup> | Very Good  |
| 85 | UWR | Wa West                 | 77.19              | 83 <sup>rd</sup> | Very Good  |
| 86 | ER  | New Juaben South        | 77.13              | 86 <sup>th</sup> | Very Good  |
| 87 | ER  | Birim South             | 77.00              | 87 <sup>th</sup> | Very Good  |
| 88 | WR  | Tarkwa Nsuaem Municipal | 77.00              | 87 <sup>th</sup> | Very Good  |
| 89 | ER  | Birim Central           | 76.81              | 89 <sup>th</sup> | Very Good  |
| 90 | CR  | Upper Denkyira East     | 76.63              | 90 <sup>th</sup> | Very Good  |

| No  | REG | Name of MMDA             | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|--------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                        | 3                  | 4                 | 5  |
| 91  | GAR | Ada East                 | 76.50              | 91 <sup>st</sup>  | Very Good  |
| 92  | UER | Bawku West               | 76.31              | 92 <sup>nd</sup>  | Very Good  |
| 93  | ER  | Yilo Krobo               | 76.25              | 93 <sup>rd</sup>  | Very Good  |
| 94  | ER  | Abuakwa North            | 76.25              | 93 <sup>rd</sup>  | Very Good  |
| 95  | WNR | Sefwi Wiawso Municipal   | 76.25              | 93 <sup>rd</sup>  | Very Good  |
| 96  | CR  | Gomoa Central            | 76.06              | 96 <sup>th</sup>  | Very Good  |
| 97  | AR  | Ahafo Ano North          | 76.06              | 96 <sup>th</sup>  | Very Good  |
| 98  | WR  | Amenfi Central           | 76.06              | 96 <sup>th</sup>  | Very Good  |
| 99  | VR  | South Tongu              | 76.00              | 99 <sup>th</sup>  | Very Good  |
| 100 | AR  | Asante Akim Central Mun. | 75.44              | 100 <sup>th</sup> | Very Good  |
| 101 | GAR | Shai-Osudoku             | 75.31              | 101 <sup>st</sup> | Very Good  |
| 102 | OR  | Nkwanta South            | 75.31              | 101 <sup>st</sup> | Very Good  |
| 103 | BR  | Wenchi Municipal         | 75.13              | 103 <sup>rd</sup> | Very Good  |
| 104 | ER  | Kwaebibirem              | 75.13              | 103 <sup>rd</sup> | Very Good  |
| 105 | UER | Builsa North             | 75.00              | 105 <sup>th</sup> | Very Good  |
| 106 | VR  | Kpando Mun.              | 75.00              | 105 <sup>th</sup> | Very Good  |
| 107 | WR  | Wassa East               | 74.94              | 107 <sup>th</sup> | Very Good  |
| 108 | SR  | West Gonja               | 74.88              | 108 <sup>th</sup> | Very Good  |

| No  | REG | Name of MMDA           | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                      | 3                  | 4                 | 5  |
| 109 | BR  | Sunyani Municipal      | 74.81              | 109 <sup>th</sup> | Very Good  |
| 110 | GAR | Ningo-Prampram         | 74.69              | 110 <sup>th</sup> | Very Good  |
| 111 | WR  | Nzema East Municipal   | 74.50              | 111 <sup>th</sup> | Very Good  |
| 112 | OR  | Jasikan                | 74.44              | 112 <sup>th</sup> | Very Good  |
| 113 | GAR | Ayawaso Central        | 74.38              | 113 <sup>th</sup> | Very Good  |
| 114 | GAR | Ablekuma North         | 74.31              | 114 <sup>th</sup> | Very Good  |
| 115 | AR  | Atwima Nwabiagya North | 74.19              | 115 <sup>th</sup> | Very Good  |
| 116 | AR  | Kwadaso                | 73.81              | 116 <sup>th</sup> | Very Good  |
| 117 | WNR | Bia East               | 73.81              | 116 <sup>th</sup> | Very Good  |
| 118 | AR  | Atwima Nwabiagya       | 73.63              | 117 <sup>th</sup> | Very Good  |
| 119 | VR  | Ketu South             | 73.31              | 118 <sup>th</sup> | Very Good  |
| 120 | AR  | Bekwai Municipal       | 73.25              | 119 <sup>th</sup> | Very Good  |
| 121 | AR  | Ahafo Ano South East   | 73.06              | 121 <sup>st</sup> | Very Good  |
| 122 | NR  | Zabzugu                | 73.06              | 121 <sup>st</sup> | Very Good  |
| 123 | UWR | Jirapa                 | 73.06              | 121 <sup>st</sup> | Very Good  |
| 124 | AR  | Amansie South          | 72.88              | 124 <sup>th</sup> | Very Good  |
| 125 | AR  | Sekyere South          | 72.88              | 124 <sup>th</sup> | Very Good  |
| 126 | ER  | Akwapim North          | 72.88              | 124 <sup>th</sup> | Very Good  |

| No  | REG | Name of MMDA                 | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|------------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                            | 3                  | 4                 | 5  |
| 127 | GAR | Ayawaso North                | 72.88              | 124 <sup>th</sup> | Very Good  |
| 128 | WR  | Wassa Amenfi East            | 72.88              | 124 <sup>th</sup> | Very Good  |
| 129 | VR  | North Tongu                  | 72.81              | 129 <sup>th</sup> | Very Good  |
| 130 | CR  | Effutu                       | 72.69              | 130 <sup>th</sup> | Very Good  |
| 131 | GAR | Ablekuma West                | 72.63              | 131 <sup>st</sup> | Very Good  |
| 132 | CR  | Asikuma-Odoben-Brakwa-Breman | 72.56              | 132 <sup>nd</sup> | Very Good  |
| 133 | NR  | Tamale Metro                 | 72.50              | 133 <sup>rd</sup> | Very Good  |
| 134 | ER  | Ayensuano                    | 72.38              | 134 <sup>th</sup> | Very Good  |
| 135 | CR  | Ajumako/Enyan/Essiam         | 72.31              | 135 <sup>th</sup> | Very Good  |
| 136 | GAR | Ga North                     | 72.25              | 136 <sup>th</sup> | Very Good  |
| 137 | AR  | Sekyere East                 | 72.13              | 137 <sup>th</sup> | Very Good  |
| 138 | ER  | Okere                        | 72.00              | 138 <sup>th</sup> | Very Good  |
| 139 | GAR | Ablekuma Central             | 72.00              | 138 <sup>th</sup> | Very Good  |
| 140 | NER | West Mamprusi                | 71.75              | 140 <sup>th</sup> | Very Good  |
| 141 | WR  | Ahanta West                  | 71.75              | 140 <sup>th</sup> | Very Good  |
| 142 | BR  | Berekum East                 | 71.69              | 142 <sup>nd</sup> | Very Good  |
| 143 | CR  | Cape Coast Metro             | 71.56              | 143 <sup>rd</sup> | Very Good  |
| 144 | UER | Bongo                        | 71.56              | 143 <sup>rd</sup> | Very Good  |

| No  | REG | Name of MMDA             | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|--------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                        | 3                  | 4                 | 5  |
| 145 | AR  | Old Tafo                 | 71.38              | 145 <sup>th</sup> | Very Good  |
| 146 | AR  | Ahafo Ano South West     | 71.19              | 146 <sup>th</sup> | Very Good  |
| 147 | ER  | Asuogyaman               | 71.19              | 146 <sup>th</sup> | Very Good  |
| 148 | ER  | Fanteakwa South          | 71.13              | 148 <sup>th</sup> | Very Good  |
| 149 | BR  | Dormaa Central Municipal | 71.00              | 149 <sup>th</sup> | Very Good  |
| 150 | GAR | Weija-Gbawe              | 70.81              | 150 <sup>th</sup> | Very Good  |
| 151 | OR  | Krachi Nchumuru          | 70.81              | 150 <sup>th</sup> | Very Good  |
| 152 | ER  | Suhum                    | 70.75              | 152 <sup>nd</sup> | Very Good  |
| 153 | GAR | Accra Metro              | 70.63              | 153 <sup>rd</sup> | Very Good  |
| 154 | AR  | Asante Akim North        | 70.50              | 154 <sup>th</sup> | Very Good  |
| 155 | NR  | Kumbungu                 | 70.50              | 154 <sup>th</sup> | Very Good  |
| 156 | VR  | Agortime Ziope           | 70.50              | 154 <sup>th</sup> | Very Good  |
| 157 | UER | Bolgatanga East          | 70.38              | 157 <sup>th</sup> | Very Good  |
| 158 | GAR | Korle Klottedey          | 70.25              | 158 <sup>th</sup> | Very Good  |
| 159 | BER | Pru East                 | 70.13              | 159 <sup>th</sup> | Very Good  |
| 160 | CR  | Twifo Atti Morkwa        | 70.00              | 160 <sup>th</sup> | Very Good  |
| 161 | AR  | Adansi Asokwa            | 69.94              | 161 <sup>st</sup> | Good   |
| 162 | AR  | Juaben                   | 69.88              | 162 <sup>nd</sup> | Good   |

| No  | REG | Name of MMDA        | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|---------------------|--------------------|-------------------|--|
| 0   | 1   | 2                   | 3                  | 4                 | 5  |
| 163 | UER | Pusiga              | 69.81              | 163 <sup>rd</sup> | Good   |
| 164 | BR  | Jaman North         | 69.75              | 164 <sup>th</sup> | Good   |
| 165 | CR  | Agona East          | 69.50              | 165 <sup>th</sup> | Good   |
| 166 | UWR | Nadowli Kaleo       | 69.38              | 166 <sup>th</sup> | Good   |
| 167 | AHR | Asunafo South       | 69.19              | 167 <sup>th</sup> | Good   |
| 168 | CR  | Awutu Senya East    | 69.06              | 168 <sup>th</sup> | Good   |
| 169 | CR  | Upper Denkyira West | 68.94              | 169 <sup>th</sup> | Good   |
| 170 | OR  | Guan                | 68.81              | 170 <sup>th</sup> | Good   |
| 171 | BR  | Banda               | 68.75              | 171 <sup>st</sup> | Good   |
| 172 | CR  | Assin South         | 68.38              | 172 <sup>nd</sup> | Good   |
| 173 | UER | Talensi             | 68.31              | 173 <sup>rd</sup> | Good   |
| 174 | NR  | Sagnerigu           | 68.25              | 174 <sup>th</sup> | Good   |
| 175 | NR  | Mion                | 68.13              | 175 <sup>th</sup> | Good   |
| 176 | UER | Tempane             | 67.94              | 176 <sup>th</sup> | Good   |
| 177 | UWR | Wa East             | 67.94              | 176 <sup>th</sup> | Good   |
| 178 | NR  | Savelugu            | 67.81              | 178 <sup>th</sup> | Good   |
| 179 | AR  | Adansi South        | 67.81              | 178 <sup>th</sup> | Good   |
| 180 | NR  | Kpandai             | 67.69              | 180 <sup>th</sup> | Good   |

| No  | REG | Name of MMDA             | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|--------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                        | 3                  | 4                 | 5  |
| 181 | AR  | Mampong                  | 67.69              | 180 <sup>th</sup> | Good   |
| 182 | ER  | Kwahu Afram Plains North | 67.63              | 182 <sup>nd</sup> | Good   |
| 183 | UWR | Dafiama Bussie Issa      | 67.63              | 182 <sup>nd</sup> | Good   |
| 184 | WNR | Aowin                    | 67.63              | 182 <sup>nd</sup> | Good   |
| 185 | BR  | Jaman South              | 67.38              | 185 <sup>th</sup> | Good   |
| 186 | ER  | Upper Manya Krobo        | 67.31              | 186 <sup>th</sup> | Good   |
| 187 | NER | Mamprugu Moagduri        | 67.25              | 187 <sup>th</sup> | Good   |
| 188 | AR  | Asante Akim South        | 67.06              | 188 <sup>th</sup> | Good   |
| 189 | AHR | Asunafo North Municipal  | 66.94              | 189 <sup>th</sup> | Good   |
| 190 | GAR | Okaikwei North           | 66.94              | 189 <sup>th</sup> | Good   |
| 191 | AR  | Bosome Freho             | 66.88              | 191 <sup>st</sup> | Good   |
| 192 | BER | Kintampo North Municipal | 66.81              | 192 <sup>nd</sup> | Good   |
| 193 | AHR | Tano South               | 66.69              | 193 <sup>rd</sup> | Good   |
| 194 | AR  | Bosomtwe                 | 66.69              | 193 <sup>rd</sup> | Good   |
| 195 | AR  | Sekyere Central          | 66.44              | 195 <sup>th</sup> | Good   |
| 196 | NER | Yunyoo Nasuan            | 66.13              | 196 <sup>th</sup> | Good   |
| 197 | BER | Atebubu Amantin          | 65.88              | 197 <sup>th</sup> | Good   |
| 198 | ER  | Lower Manya Krobo        | 65.88              | 197 <sup>th</sup> | Good   |

| No  | REG | Name of MMDA             | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|--------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                        | 3                  | 4                 | 5  |
| 199 | OR  | Krachi West              | 65.88              | 197 <sup>th</sup> | Good   |
| 200 | AR  | Offinso Municipal        | 65.81              | 200 <sup>th</sup> | Good   |
| 201 | AR  | Akrofuom                 | 65.56              | 201 <sup>st</sup> | Good   |
| 202 | WR  | Mpohor                   | 65.56              | 201 <sup>st</sup> | Good   |
| 203 | ER  | Kwahu Afram Plains South | 65.44              | 203 <sup>rd</sup> | Good   |
| 204 | WNR | Juaboso                  | 65.38              | 204 <sup>th</sup> | Good   |
| 205 | AR  | Sekyere Kumawu           | 65.25              | 205 <sup>th</sup> | Good   |
| 206 | CR  | Abura/ Asebu/ Kwamankese | 65.25              | 205 <sup>th</sup> | Good   |
| 207 | AR  | Ejisu                    | 65.00              | 207 <sup>th</sup> | Good   |
| 208 | UER | Binduri                  | 65.00              | 207 <sup>th</sup> | Good   |
| 209 | ER  | Akyemansa                | 64.63              | 209 <sup>th</sup> | Good   |
| 210 | NR  | Nanton                   | 64.63              | 209 <sup>th</sup> | Good   |
| 211 | WR  | Jomoro                   | 64.38              | 211 <sup>th</sup> | Good   |
| 212 | BR  | Berekum West             | 64.13              | 212 <sup>th</sup> | Good   |
| 213 | BR  | Dormaa East              | 64.06              | 213 <sup>th</sup> | Good   |
| 214 | UWR | Sissala West             | 64.00              | 214 <sup>th</sup> | Good   |
| 215 | SR  | Bole                     | 63.94              | 215 <sup>th</sup> | Good   |
| 216 | UER | Nabdam                   | 63.94              | 215 <sup>th</sup> | Good   |

| No  | REG | Name of MMDA             | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|--------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                        | 3                  | 4                 | 5  |
| 217 | ER  | Birim North              | 63.31              | 217 <sup>th</sup> | Good   |
| 218 | ER  | Akuapem South            | 63.13              | 218 <sup>th</sup> | Good   |
| 219 | BR  | Tain                     | 62.94              | 219 <sup>th</sup> | Good   |
| 220 | UER | Builsa South             | 62.63              | 220 <sup>th</sup> | Good   |
| 221 | NR  | Tolon                    | 62.31              | 221 <sup>st</sup> | Good   |
| 222 | SR  | Sawla Tuna Kalba         | 61.88              | 222 <sup>nd</sup> | Good   |
| 223 | ER  | Upper West Akim          | 61.81              | 223 <sup>rd</sup> | Good   |
| 224 | WNR | Suaman                   | 61.63              | 224 <sup>th</sup> | Good   |
| 225 | SR  | East Gonja               | 61.56              | 225 <sup>th</sup> | Good   |
| 226 | BER | Sene West                | 61.50              | 226 <sup>th</sup> | Good   |
| 227 | BER | Nkoranza South Municipal | 61.25              | 227 <sup>th</sup> | Good   |
| 228 | UER | Garu                     | 61.25              | 227 <sup>th</sup> | Good   |
| 229 | NR  | Karaga                   | 61.19              | 229 <sup>th</sup> | Good   |
| 230 | CR  | Awutu Senya              | 60.94              | 230 <sup>th</sup> | Good   |
| 231 | WNR | Bibiani Anhwiaso Bekwai  | 60.69              | 231 <sup>st</sup> | Good   |
| 232 | CR  | Hemang Lower Denkyira    | 60.56              | 232 <sup>nd</sup> | Good   |
| 233 | CR  | Gomoa West               | 60.44              | 233 <sup>rd</sup> | Good   |
| 234 | AR  | Kumasi Metro             | 60.38              | 234 <sup>th</sup> | Good   |

| No  | REG | Name of MMDA          | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|-----------------------|--------------------|-------------------|--|
| 0   | 1   | 2                     | 3                  | 4                 | 5  |
| 235 | BER | Kintampo South        | 59.81              | 235 <sup>th</sup> | Satisfactory   |
| 236 | NR  | Gushiegu              | 59.56              | 236 <sup>th</sup> | Satisfactory   |
| 237 | ER  | Fanteakwa North       | 59.38              | 237 <sup>th</sup> | Satisfactory   |
| 238 | CR  | Assin Fosu            | 58.63              | 238 <sup>th</sup> | Satisfactory   |
| 239 | AHR | Asutifi North         | 57.88              | 238 <sup>th</sup> | Satisfactory   |
| 240 | WNR | Bodi                  | 57.56              | 240 <sup>th</sup> | Satisfactory   |
| 241 | GAR | Ga East               | 57.44              | 241 <sup>st</sup> | Satisfactory   |
| 242 | WNR | Sefwi Akontombra      | 56.63              | 242 <sup>nd</sup> | Satisfactory   |
| 243 | NER | Bunkpurugu Nakpanduri | 56.38              | 243 <sup>rd</sup> | Satisfactory   |
| 244 | AR  | Sekyere Afram Plains  | 56.25              | 244 <sup>th</sup> | Satisfactory   |
| 245 | NER | Chereponi             | 56.00              | 245 <sup>th</sup> | Satisfactory   |
| 246 | CR  | Mfantsiman Mun.       | 55.88              | 246 <sup>th</sup> | Satisfactory   |
| 247 | NR  | Tatale Sanguli        | 55.81              | 247 <sup>th</sup> | Satisfactory   |
| 248 | NER | East Mamprusi         | 55.63              | 248 <sup>th</sup> | Satisfactory   |
| 249 | UWR | Lawra                 | 55.44              | 249 <sup>th</sup> | Satisfactory   |
| 250 | SR  | North Gonja           | 55.00              | 250 <sup>th</sup> | Satisfactory   |
| 251 | CR  | Assin North           | 54.25              | 251 <sup>st</sup> | Satisfactory   |
| 252 | NR  | Saboba                | 53.19              | 252 <sup>nd</sup> | Satisfactory   |

| No  | REG | Name of MMDA     | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|------------------|--------------------|-------------------|--|
| 0   | 1   | 2                | 3                  | 4                 | 5  |
| 253 | CR  | Gomoa East       | 51.63              | 253 <sup>rd</sup> | Satisfactory   |
| 254 | WNR | Bia West         | 50.94              | 254 <sup>th</sup> | Satisfactory   |
| 255 | BER | Sene East        | 48.38              | 255 <sup>th</sup> | Unsatisfactory   |
| 256 | BER | Pru West         | 43.50              | 256 <sup>th</sup> | Unsatisfactory   |
| 257 | SR  | North East Gonja | 42.75              | 257 <sup>th</sup> | Unsatisfactory   |
| 258 | CR  | Ekumfi           | 37.31              | 258 <sup>th</sup> | Unsatisfactory   |
| 259 | NR  | Nanumba North    | 36.13              | 259 <sup>th</sup> | Unsatisfactory   |
| 260 | NR  | Nanumba South    | 29.94              | 260 <sup>th</sup> | Unsatisfactory   |
| 261 | UER | Bawku*           | 0                  | 261 <sup>st</sup> | Unsatisfactory   |

\*Bawku was not assessed due to security concerns during the monitoring and verification exercise

### General Issues and Observations from the 2022 PC of the MMDAs

- i. Failure of most MMDCDs to share contents of the Performance Contracts with their Staff.
- ii. Low commitment with some MMDAs with new MMDCDs and MMDCEs.
- iii. Poor Records keeping and management.
- iv. Low of commitment of some MMDCEs to the PMS/PC.
- v. Irregular and inadequate statutory fund flows.
- vi. Low Internally Generated Funds (IGF) inflows.
- vii. Inadequate monitoring of MMDAs PMS by RCCs.
- viii. Low implementation of the processes and procedures prescribed in the newly developed LGS Records Management and Procedure Manual
- ix. Electronic storage of correspondence was poor in some MMDAs (no registry software and/or functional scanner).
- x. Some washrooms for visitors were in deplorable states i.e no running water, tissue and soap. In some MMDAs, the washrooms were unroofed urinals with no toilet facility.
- xi. Staff manning most of the Client Unit Offices visited were non mechanized staff and most were untrained.
- xii. Functionality of the Client Service Unit was generally a challenge with issues such as lack of logistics, lack of complaint log books, scanners, printers etc.

- xiii. In some MMDAs, some staff were not present at the time of visiting and with no official reasons for their absence or unavailability.
- xiv. Poor leadership and coordination in MMDAs. Some MMDCDs failed to adequately coordinate and organize their staff to be fully prepared with their files and reports in some areas.
- xv. Staff unprofessionalism/apathy in some MMDAs affected productivity.
- xvi. Websites were poorly managed in most MMDAs in the five (5) Northern Regions.
- xvii. Some MMDAs have inadequate office space, especially the newly created ones.
- xviii. Meeting minutes of meetings in most MMDAs were either unsigned or signed by recorders instead of the statutory Chairpersons and Secretaries of the committees.
- xix. Most MMDAs had local plans but a high number of these were not signed and approved.
- xx. Most MMDAs performed poorly in the planning and implementation of gender-based interventions.
- xxi. Most MMDAs did not have a Disaster Preparedness Action Plan and implementation report. In most cases the NADMO officers in the MMDAs directly forwarded their reports to their Regional Offices without recourse to the MMDAs administrative reporting channels.
- xxii. Most Audit Committees are functioning but not effective. A few MMDAs do not have the committee set up.
- xxiii. Generally, report writing is a challenge for MMDAs.
- xxiv. Most training workshops had one report written to cover several training activities, which is not the best practice.
- xxv. Office environment and landscaping in most of the Assemblies need to be improved.
- xxvi. Under staffing in rural MMDAs and overstaffing in urban MMDAs.
- xxvii. Lack of understanding and appreciation of some KPI especially in Agriculture.

### **General Issues and Observations from the 2022 PC of the RCCs**

- i. Some visitors' washrooms of RCCs are still not well managed with running water, tissue and soap.
- ii. Most RCCs have active website but updates does not cover extensively the activities of the Departments as well as their services but mostly activities of the Regional Ministers and other political activities.
- iii. Departmental monitoring and technical backstopping reports were not sent to OHLGS and the relevant MDAs through the RCC. Most departmental heads forwarded these reports directly from their offices and signed the transmittal letters on behalf of their RCDs.
- iv. Submission of quarterly departmental reports through RCDs is still not done regularly.

- v. Inadequate and slow release of funding remains a major challenge for the RCCs in the discharge of their mandates.
- vi. Some RCCs are still receiving correspondence at the RM's secretariat instead of the Records Management Unit. The processes and procedures prescribed in the newly developed LGS Records Management and Procedure Manual are still not being followed in some RCCs.

**Phase Four (Decision Making):** The following are the guiding principles for decision making (rewards and sanctions) on the results of the Annual Performance Evaluation:

- i. RCCs and MMDAs will be acknowledged based on their Performance;
- ii. The best 10 MMDAs and best 3 RCCs that obtain the highest scores will be given special acknowledgement and award;
- iii. Any RCC and MMDA whose evaluation score is Unsatisfactory would be cautioned;
- iv. Any RCD and MMDCD who fails twice irrespective of the MMDA he/she is responsible for:
  - a. *will not be considered for appointment as Chief Director;*
  - b. *will be posted out to work under a senior officer;*
- v. Any RCD and MMDCD who fails thrice irrespective of the MMDA he/she is responsible for would be demoted and reposted.

Decisions on the 2022 Annual Performance of MMDAs are as follows:

- MMDAs will be acknowledged based on their Performance;
- The best 10 MMDAs that obtained the highest scores are to be given special acknowledgement and awards. These are:

| Reg | Name of MMDA     | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|------------------|--------------------|------------------|--|
| VR  | North Dayi       | 94.13              | 1 <sup>st</sup>  | Excellent  |
| ER  | New Juaben North | 93.69              | 2 <sup>nd</sup>  | Excellent  |
| GAR | Adentan          | 93.13              | 3 <sup>rd</sup>  | Excellent  |
| AR  | Obuasi East      | 91.63              | 4 <sup>th</sup>  | Excellent  |
| GAR | La Dade-Kotopon  | 91.00              | 5 <sup>th</sup>  | Excellent  |
| GAR | Ayawaso West     | 90.88              | 6 <sup>th</sup>  | Excellent  |
| AR  | Oforikrom        | 90.81              | 7 <sup>th</sup>  | Excellent  |
| VR  | Ketu North       | 89.50              | 8 <sup>th</sup>  | Excellent  |
| GAR | Kpone Katamanso  | 89.38              | 9 <sup>th</sup>  | Excellent  |
| VR  | Ho Mun.          | 88.50              | 10 <sup>th</sup> | Excellent  |
| VR  | Ho West          | 88.50              | 10 <sup>th</sup> | Excellent  |

- The MMDAs whose evaluation scores were Unsatisfactory are to be given written caution by the HoS. These are:

| Reg | Name of MMDA     | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|------------------|--------------------|-------------------|--|
| BER | Sene East        | 48.38              | 255 <sup>th</sup> | Unsatisfactory   |
| BER | Pru West         | 43.50              | 256 <sup>th</sup> | Unsatisfactory   |
| SR  | North East Gonja | 42.75              | 257 <sup>th</sup> | Unsatisfactory   |
| CR  | Ekumfi           | 37.31              | 258 <sup>th</sup> | Unsatisfactory   |
| NR  | Nanumba North    | 36.13              | 259 <sup>th</sup> | Unsatisfactory   |
| NR  | Nanumba South    | 29.94              | 260 <sup>th</sup> | Unsatisfactory   |
| UER | Bawku*           | 0                  | 261 <sup>st</sup> | Unsatisfactory   |

\*Bawku was not assessed due to security concerns during the monitoring and verification exercise

Decisions on the 2022 Annual Performance of RCCs are as follows:

- RCCs will be acknowledged based on their Performance;
- The best 3 RCCs that obtained the highest scores are to be given special acknowledgement and awards. These are:

| Name of RCC | Overall Rating (%) | Position        | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-------------|--------------------|-----------------|--|
| VRCC        | 97.25              | 1 <sup>st</sup> | Excellent  |
| GARCC       | 94.50              | 2 <sup>nd</sup> | Excellent  |
| SRCC        | 93.00              | 3 <sup>rd</sup> | Excellent  |

## **General Recommendations and Way Forward**

- MMDCDs should share the contents of the contracts with their staff as soon as they are signed. This will ensure that Heads of Departments are aware of, and contribute to the collective achievement of set indicators and targets. The MMDAs must further have a functional platform to measure their progress in the implementation of the PC at various periods and use the feedback to improve on their overall performance at the end of the year;
- Going forward, the only acceptable evidence for the assessment of Performance Contract indicators should be officially submitted documents (reports with transmittal letters, memos etc.). This will reduce the number of fictitiously prepared documents produced for the sake of scoring full marks during the assessment;
- The MMDAs and RCCs must facilitate the training programmes of their staff on the processes and procedures as prescribed in the LGS Records Management and Operational Manual to improve their capacity to perform their functions effectively. The trainings should be followed by provision of necessary equipment and other logistics;
- While the Central Government is implored to make prompt releases of statutory funds to MMDAs, the MMDCDs are encouraged to be guided by central Government funds release regimes and be realistic in their IGF projections in defining timelines for their KPIs;
- The OHLGS should carry out detailed analysis on how high performing MMDCDs perform their functions and capture lessons that should be shared with other MMDAs;
- In the management of the PMS/PCs, all actors in the LGS (OHLGS, RCCs and MMDAs) should be guided by best practices observed.

# **CHAPTER ONE**

## **INTRODUCTION**

## 1. INTRODUCTION

The Local Government Service was established by the Local Government Service Act, 2003, Act 656 with the objective “to secure an effective administration and management of local government in the country”. The Local Government Service is made up of the Local Government Service Council, the Office of the Head of the Local Government Service (OHLGS), 16 Regional Coordinating Councils (RCCs), 261 Metropolitan, Municipal and District Assemblies (MMDAs) and Sub- Metropolitan Councils, Urban, Zonal, Town and Area (UZTA) Councils.

In line with its strategies to improve performance to achieve its objective of ensuring effective administration and management of Local Government in the country, the Local Government Service (LGS) developed for implementation a comprehensive Performance Management System (PMS) based on Service Delivery Standards (SDS) and anchored on systematic processes of planning, implementing, monitoring, evaluating and reporting on performance of its employees.

The PMS is a systematic process for improving performance by developing the individual performance of staff and teams to enhance productivity, develop competencies, increase job satisfaction and achieve the full potential of all staff in the Service. It is operationalised through the Performance Management Instruments (Contract & Appraisal) in which the Service enters into agreement and commitment with its employees to set clear, quantifiable objectives and indicators for attainment within a given timeframe.

For the year 2022, Performance Contracts (PCs) based on planned achievement of indicators in Key Performance Areas were signed between Honourable Regional Ministers (RMs) and their Regional Coordinating Directors (RCDs) at the Regional level and Honourable Metropolitan, Municipal and District Chief Executives (MMDCEs) and their Metropolitan, Municipal and District Coordinating Directors (MMDCDs) at the District level.

**Even though the Performance Contracts were signed between the RMs and the RCDs as well as the MMDCEs and MMDCDs, it is worth noting that their overall performance mirrors that of their respective Regional Coordinating Councils (RCCs) as well as Metropolitan, Municipal and District Assemblies (MMDAs). This is as a result of the fact that the RCDs & MMDCDs signed the contract on behalf of the entire staff of the RCC & Assembly. Hence, the emphasis of the assessment is placed on the overall achievement of the RCC & MMDA under the leadership of the respective RCD & MMDCD.**

As part of the implementation process of the PCs, Mid-year reviews were to be conducted in July 2022. Directors and support staff of the OHLGS conducted the mid year review of the RCCs and selected MMDAs. All RCCs and MMDAs conducted their Annual Evaluation on

their performance and submitted reports to the Head of Service through their respective RCCs in January 2023 for decision making. To be able to make an objective and informed decision, the OHLGS sought the services of Directors and support staff of the OHLGS to conduct an independent Verification exercise on the RCCs and MMDAs on actual performance of the MMDAs in April to May 2023.

This report is an account of the whole process of the implementation of Performance Contracts between Hon. RMs and RCDs and Hon. MMDCEs and MMDCDs for 16 RCCs and 261 MMDAs respectively with the exception of Bawku Municipal Assembly. The Municipal Assembly was not safe for the M&V exercise at the time the team arrived. This process includes Performance Planning, Mid-Year Review, End of Year Evaluation and Decision - Making by Head of Service (HoS).

**The report comprises the following sections:**

Cover sheet

Foreword

List of Acronyms

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Executive Summary

Chapter One: Introduction

Chapter Two: Performance Contract & Implementation Process in the Performance Management System

Chapter Three: Monitoring and Verification of 2022 Annual Performance Evaluation of RCCs & MMDAs

Chapter Four: Results for 2022 Annual Performance Evaluation of RCCs & MMDAs

Chapter Five: Decision Making on 2022 Annual Performance Evaluation Results of RCCs & MMDAs

Annex 1: Sample Performance Contract of RCCs & MMDAs & Process

Annex 2: Gallery

## **CHAPTER TWO**

# **PERFORMANCE CONTRACT & IMPLEMENTATION PROCESS IN THE PERFORMANCE MANAGEMENT SYSTEM**

## **2. PERFORMANCE CONTRACT & IMPLEMENTATION PROCESS IN THE PMS**

The Performance Contract is a key mechanism in the implementation of the PMS as it enables employees and the Service to agree and be committed to the achievement of set objectives and targets in service delivery within a given timeframe. The LGS Performance Contract Process involved four main phases explained as follows:

### **2.1. Phase One: Performance Planning**

This involved the planning and setting of individual performance targets related to Key Performance Areas (KPA) through work plans derived from the RCCs' and MMDAs' Strategic Plans and objectives set at the departmental and unit levels.

Specific indicators / targets were mutually agreed upon by Honourable RMs and RCDs as well as Honourable MMDCEs and MMDCDs. In this phase, timelines for implementation and reviews/evaluation were also agreed on. Performance Contracts (PCs) between the Honourable RMs and their RCDs as well as Honourable MMDCEs and their MMDCDs in the 16 RCCs and 261 MMDAs respectively were signed effective January 1, 2022 to December 31, 2022. A sample Performance Contract of RCC and MMDA showing the implementation process and planned KPAs, Key Performance Indicators (KPIs), Weightings, Service Delivery Standards (SDS) and Competencies is presented in [Annex 1](#).

### **2.2. Phase Two - Progress Reviews (Mid-year Review)**

This phase involved discussions and communication between appraisers (MMDCEs) and appraisees (MMDCDs) on progress of work, and adjustment of indicators / targets if necessary, through the provision of formal feedback. Teams of Directors and support staff of the OHLGS conducted the Mid Year reviews for the RCCs and MMDAs and reports were submitted to the HoS.

### **2.3. Phase Three - Review and Appraisal (End of year Evaluation)**

This phase entailed evaluation of RCCs' and MMDAs' performance at the end of the performance management/contract period. Annual Evaluation of PCs was undertaken by RCCs and MMDAs and reports submitted to the OHLGS through their respective RCCs in January, 2023.

To be able to make objective and informed decision, the OHLGS sought the services of Directors and support staff of the OHLGS to conduct an independent Verification exercise of the RCCs and MMDAs on actual performance of the RCCs and MMDAs in April to May 2023 as presented in their Annual Evaluation reports. The process, findings and recommendations of the M&V exercise are presented in [Chapter 3](#) of this report.

The [Chapter 4](#) presents the results for 2022 Annual Performance Evaluation of RCCs and MMDAs and the [Chapter 6](#) presents the detailed calculation of performance scores.

#### **2.4. Phase Four- Decision-Making**

In this phase, decisions on courses of action, i.e. recognition/reward, training plans, promotion prospects, career development plans, counseling and sanctions are to be made.

Based on the 2022 Annual Performance results (*presented in [Chapter 4](#)*), the OHLGS has prepared the Guiding Principles of decision making on 2022 Performance Evaluation results and the decisions made by the Head of the Service is presented in [Chapter 5](#).

**CHAPTER THREE**

**MONITORING AND VERIFICATION ON  
2022 ANNUAL PERFORMANCE  
EVALUATION OF RCCs & MMDAs**

### 3. MODALITIES FOR THE MONITORING AND VERIFICATION ON 2022 ANNUAL PERFORMANCE EVALUATION OF RCCs & MMDAs

The final phase of the Performance Management Contract process entails decision making on the application of appropriate rewards and sanctions. This decision must be made objectively and fairly. To obtain objective and expert information as a guide to decide appropriately, and to further improve the PMS, the OHLGS engaged and deployed 8 teams made up of Directors and support staff of the OHLGS to undertake an independent Monitoring and Verification of the Annual Evaluation done by the RCCs and MMDAs from April to May 2023.

A table of the M&V Teams and the Regions they undertook the exercise is in the table below.

*Table 1: M&V Teams and the Institutions Visited*

| No | Team Composition                        | MMDAs in Regions Monitored                   | RCCs Monitored                       |
|----|---|--|--------------------------------------|
| 1  | Emmanuel N. Nartey<br>Lutfata Mohaideen | Oti<br>Volta<br>Parts of Greater Accra       | Oti<br>Volta                         |
| 2  | Thomas A. Allotey<br>Jamil Abdul Issaka | North East<br>Northern<br>Bono               | North East<br>Northern<br>Bono       |
| 3  | Prosper Ahalivor<br>Ing. Baah Tetteh    | Western<br>Central<br>Parts of Greater Accra | Western<br>Central                   |
| 4  | Golda Asante<br>Siino Issaka            | Bono East<br>Parts of Ashanti                | Bono East<br>Ashanti                 |
| 5  | Peter E. Asante<br>Francis Kankam-Boadu | Savannah<br>Upper West<br>Upper East         | Savannah<br>Upper West<br>Upper East |
| 6  | Lilian Baeka<br>Albert Amoah            | Eastern                                      | Eastern                              |
| 7  | Brian Tsikpor<br>Nariel Quayson         | Ahafo<br>Western North<br>Part of Ashanti    | Ahafo<br>Western North               |
| 8  | Lilian Baeka<br>Abigail Nana Owusu      | Parts of Greater Accra                       | Greater Accra                        |

### **3.1. Objectives of the M&V Exercise**

The main objectives of the exercise were to:

- Monitor and verify the annual performance of RCCs & MMDAs based on their Annual Performance Evaluation Reports from the Performance Contracts signed between the RMs and RCDs at the regional level as well as the MMDCEs and MMDCDs at the local level;
- Identify comprehensive recommendations and feedback on the findings of the performance status of the RCCs & MMDAs against their evaluation reports; and
- Provide recommendations for improvement of the PMS.

### **3.2. Scope and Methodology of the M&V Exercise**

The M&V exercise focused on all Performance Contracts signed between the RMs and their Regional Coordinating Directors/Chief Directors as well as MMDCEs and their Coordinating Directors in the 16 RCCs and 261 MMDAs respectively at the beginning of 2022. Management of the OHLGS developed score criteria for each Key Performance Indicator (KPI) for the field verification and the M&V teams were taken through the criteria. Using evidence - based approach, the methodology adopted for the exercise included desk reviews of all performance contracts, mid - year reviews and of year self assessment reports. This was complemented by field visits to all RCCs and MMDAs with the exception of Bawku Municipal Assembly for the physical verification of all relevant documentation in support of the scores submitted. The findings, recommendations and feedback on Key Performance Areas (KPAs), Key Performance Indicators (KPIs) and Personal Competency Development of the RCCs and MMDCDs which were discussed with the RCDs and MMDCDs and management were compiled into reports and submitted to the OHLGS.

## **CHAPTER FOUR**

# **DETAILED FINDINGS, ISSUES AND RECOMMENDATIONS FROM THE M&V TEAMS**

## 4. DETAILED FINDINGS, ISSUES AND RECOMMENDATIONS FROM THE M&V TEAMS

### 4.1. Western, Central Regions

The general observations/findings, key issues and recommendations by each team in the M&V exercise have been documented for the institutions visited. A summary of the findings of the teams are presented as follows:

#### 4.1.1. *Scope of the Assignment*

The team was assigned to the Western and Central Regions. The RCCs of Western and Central Regions were also visited and their performance assessed.

#### 4.1.2. *General Outcomes*

The average time spent in each institution was about 5 and half hours. The level of cooperation from the Chief Executives and the Coordinating Directors was high. Most Chief Executives were present in both the Entry and Exit meetings.

The staff, Heads of Departments and some Heads from the Non-decentralized Departments were available to answer areas that needed their response.

#### 4.1.3. *General Observations*

- Most of the MMDAs visited did not understand and appreciate the Key Performance Indicator 1.1 Most reports produced in evidence showed non-decentralised departments, SOEs etc in attendance and not contributing to the meetings in the form of making presentations on their planned activities and achievements.
- Though some MMDAs had some form of an records management software, it was observed to have some difficulty to retrieving the scanned and stored correspondence on the interface of the softwares. None of the MMDAs or RCCs visited had integrated their RCDs or MMDCDs onto their electronic records management system for assess and information management.
- The updates of the websites are still not covering most of the Departments/Units. It was also realised that most of the IT officers are not engaged in the activities of the MMDAs to be able to facilitate the capturing of the activity and its details to be posted on the website. The MMDAs and RCCs websites do not also have the details of the services rendered such as development permit, business operating permit, marriage registration etc.

- Some MMDAs are still having challenges with implementing some of the changes in the new LGS Records Management Operational Manual such as file migration and of records
- Across the MMDAs in both Regions, IGF staff are generally not appraised.
- Implementation of the Performance Appraisal system still needs to improve.
- MMDAs were still not well performing well in the Agric indicators. This is particularly in MMDAs around the Regional capitals and is generally due to lack of innovation in the face of the increasing urbanization/loss of arable land for agriculture.
- Though most of the Assemblies had Client Service Units, most of the officers were not trained. The management of complaints is still a challenge because most of the complainants called indicated that they have not received feedback on their complaints.
- Most of the MMDAs fell short with respect to the office directional sign posts. The office sign posts were mainly positioned in front of the Assemblies or in a few cases at a few turns to the office.
- In general, only a few MMDAs had fully well managed washrooms equipped with soap, tissue and water for use by staff and visitors.
- It was generally observed that most RCCs and MMDAs Departmental/Units activity reports are not formally submitted to and through Management before onward submission to external entities. NADMO officers were observed to mostly be forwarding their reports directly to the Regional Departments without recourse to the Management of the MMDAs
- Most of the trainings were done by One Time Lobbying Consultancy Limited and Excel Link Consult and the quality of reports produced were very low and not detailed. Almost all of the reports did not have transmittal letters, no pictures and no attendance sheets.
- Appraisal compliance was observed to be very low in the Central Region
- Most Assemblies did not achieve the minimum stated percentage increase mainly because of lack of commitment by management
- The quality of most of the minutes were not up to standard i.e poor formatting and the Recorders signed the minutes for both Chairpersons and Secretaries.
- Most minutes produced were poorly written i.e, it did not follow the standard minutes formats and no details on matters arising to update the meeting on status of previous meetings
- The data update on vulnerable groups forwarded to the Regional Department were limited to only PWDs and not on other areas such as Persons Living with HIV/AIDS, Persons in flood prone areas, Vulnerable children etc.

- It was observed that MMDAs commitment to supporting of Gender-based Violence (GBV) interventions were low
- Some of the Social Welfare and Community Development (SWCD) Department's activities were not fully funded
- Some Assemblies did not update the status of action taken in the Child Protection Case Register and the data in the Register were mostly not consistent with their quarterly and Annual reports.
- There was poor documentation of activities carried out by the SWCD officers. Some activities that are captured in the AAP are categorized "District wide" and this makes measurability difficult.
- The performance of the Human Resource Officers in the Assemblies was encouraging.
- Most staff were not available in Ekumfi DA and their level of preparedness for the exercise was very poor. Staff of the DA were unprofessional and apathetic towards the team.
- Poor leadership and coordination was observed in Ahanta West, Ekumfi, Assin Fosu, Assin North MDAs. Management of these MMDAs failed to adequately coordinate and organize their staff to be fully prepared with their files and reports. The team reported all these observations to the respective RCCs.
- A number of MMDAs visited recorded negative and very low growth in yield for selected crops and livestock. Quiet a number of MMDAs could not grow significantly the numer of Farmer groups/farmer based organisations (FBOs).
- Delay in the release of funding to the RCCs and MMDAs resulted in the delay of implementation of a number of activities.
- The KPI on population with assess to household toilet was observed to be widely misunderstood and reporting poorly done in most MMDAs.

#### **4.1.4. General Recommendations**

##### **For MMDAs**

MMDAs need to;

- Start seeing and positioning the Assemblies as corporate organizations that exist to provide services and raise the required revenue for sustained development and develop practical strategies towards achieving this objective;
- Apply the required sanctions needed for staff who are failing to perform their functions in an effective and efficient manner;

- Ensure that the Performance Appraisal Tool is fully understood and deadlines strictly adhered to. Appraisal of staff should be taken very seriously towards professionally building up staff and holding them accountable for their jobs;
- Ensure that the structures, roles and responsibilities in the operational manuals for the various departments are being followed to avoid collision or conflict of roles;
- Ensure that staff are continuously sensitized on the LG laws, protocols and bye laws and other sector related legislative instruments with the aim of improving staff understanding and compliance to these regulations;
- Improve on the workplace environment. Office logistics must be made available for staff to improve performance. Visitors Washrooms needs to be constantly kept clean and safe with constant supply of water, soap, tissue and hand washing facilities throughout the day;
- Ensure that formats for reporting as well as reporting deadlines are strictly enforced to enhance accountability from the various departments and units;
- Ensure that MMDA websites are regularly updated not just with activities of the MMDCs but of basic data of departments and units as well as reports of service delivery activities carried out by the Departments and Units and other services such as building permit application, marriage registration, business permit application processes and procedures among others in the MMDA. MMDAs should be encouraged to look at means of improving client experience on with website and monetise it as well to bring in some IGF;
- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to comfortably direct clients to the Assemblies.

### **For RCCs**

The following are some recommendations for RCCs;

- The RCCs must tighten monitoring activities of MMDAs under their Region with the aim of assisting them with technical expertise where needed. Retreats can be organised at least twice a year to share best practices amongst Assemblies;
- In MMDAs with IT related challenges the RCC should assist by deploying the Regional IT officer to fill in the gaps by providing technical backstopping;
- The RCCs are encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation;
- The RCC should also assist in staff audit and rationalization across the MMDAs in their Region.

## **For OHLGS**

The following are recommendations for OHLGS to help improve on the performance of RCCs and MMDAs in their service delivery;

- Staff audit which will lead to staff rationalization across the Service should be commissioned to ensure the fair distribution of staff across the Service;
- There is the need for targeted training for staff of Departments and Units performing below expectation in the KPIs under this contract. Demand driven training should be prioritized for staff of the Service.
- Challenges with the HRMIS software needs to be addressed to improve the quality of data received at the OHLGS. The new HRMIS needs to be rolled up immediately to help improve significantly the staff management across all levels of the Service.

**4.1.5. Western and Central RCCs Detailed Analysis /Findings of Indicators**

*Table 2: Western and Central RCCs Detail Analysis /Findings of each Indicator*

| KPA                    | KPI  | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|------------------------|------|--|--|---|
| General Administration | 1.1  | Compliance with monthly REGSEC meetings                      | At least one monthly REGSEC meeting was held in both the Central and Western RCCs; however minutes of the meeting were signed by the RCD and a recorder instead of the chairman of the committee in the Central RCC.<br><br>Evidence of implementation of decisions were not captured in the minutes of the Central RCC REGSEC meetings. | Minutes of meetings must be signed by the statutory chairman and secretary to committees.<br><br>Evidence of implementation of decisions should be well captured to be tracked. |
|                        | 1.2a | Compliance with Expanded RCC                                 | Only one expanded RCC meeting was in both Western and Central RCCs with signed records on file.  | RCCs must commit to organizing more expanded RCC meetings in fulfillment with the LG Law 936  |
|                        | 1.2b | Compliance with Expanded RPCU                                | Only one expanded RPCU meeting was in both Western and Central RCCs with signed records on file.   | RCC must commit to organizing more than one expanded RPCU meetings in fulfillment with the LG Law 936   |
|                        | 1.3  | Software/system for the electronic storage of correspondence | The Western RCC upgraded their Registry Software in June 2022 and subsequently have been scanning and storing correspondence on regular basis.<br><br>Scanned documents are not directly linked to the registry software in the Central RCC.   | RCCs must rigorously prioritize the implementation of effective Records Management Systems in the various institutions for efficient flow and management of information.        |
|                        | 1.4  | Availability of website and updates                          | Both RCCs had a functional websites but the website of Central RCC had only 11 monthly news update all on activities of the Regional Minister.   | RCCs need to resource the IT Units to improve on quality of information of the websites.  |

| KPA                       | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|---------------------------|-----|---|--|--|
|                           |     |   | <p>Both websites did not have information on functions of Departments/Units of the RCCs.</p> <p>It was only the website of the Central RCC that had information of Local Economic Development (LED) and tourism sites.</p>   |  |
|                           | 1.5 | Effectiveness of the Client Service Unit  | <p>All RCCs visited had dedicated office accommodation and basic logistics for the Client Service Unit and the Client Service Unit officers of both RCCs have received specific training on client service operations.</p> <p>The complaint records of both RCCs captured only officially written complaints and there were no records of actions taken on the complaints.</p> | Actions taken on reported complaints should be well documented and appropriate feedback given to complainants. |
|                           | 1.6 | General office environment  | <p>Both RCCs visited have well managed office space and environment.</p> <p>The visitors' washrooms of both RCCs did not have soap, tissue and only that of Western had running water. The visitors' washroom of Central RCC had a bad stench.</p>   | RCCs must continuously work on improving the general office environment and visitors washrooms.                |
| Human Resource Management | 2.1 | Compliance with promotion schedule with established vacancies & retirement schedules submission | Both RCCs prepared and submitted their established vacancies and schedules on time.  | The RCCs must keep this up.  |
|                           | 2.2 | Compliance with preparation of leave management roaster and updates                             | Both RCCs compiled the annual leave roaster but only the Western RCC officially forwarded for approval.  | The RCCs must ensure the compiled leave management roaster is forwarded for approval for implementation        |

| KPA                              | KPI  | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------------|------|--|---|---|
|                                  |      |  | Only the Western RCC prepared and submitted quarterly update on leave management in 2022.   | and quarterly updates are subsequently prepared.  |
|                                  | 2.3a | Compliance with the preparation and submission of a comprehensive Regional training plan | Both RCCs prepared and submitted the comprehensive Regional training plan (RCC & MMDAs) before the deadline.  | The RCCs must keep this up.   |
|                                  | 2.3b | Compliance with the implementation of RCC training plans                                 | Both RCCs visited implemented 80% or more of their training plans.  | The RCCs must keep this up.   |
|                                  | 2.4  | Monitoring of PMS compliance at the MMDA level   | Only Western RCC undertook both the mid-year and end of year PMS compliance monitoring for the year 2022 and submitted prepared reports before the deadlines.<br><br>The Central RCC undertook only the end of year compliance monitoring and it was done after the deadline. | The PMS compliance monitoring is a very important technical backstopping tool which is to enable the MMDA performance improve year after year, hence must be prioritised. |
|                                  | 2.5  | Compliance with Staff Performance Appraisal Planning for 2022                            | Only the Central RCC recorded a Performance Appraisal compliance percentage of less than 80% (65%).   | The Central RCC must take staff performance appraisal very serious.   |
| Financial Management & Reporting | 3.1  | Compliance with Audit Plan preparation and submission                                    | Both RCCs prepared and submitted their Annual Audit Plan before the deadline.   | The RCCs must keep this up.   |
|                                  | 3.2  | Implementation of Auditor Generals Management letter recommendations                     | The WRCC have not implemented all the recommendations in the Auditor Generals Management letter.  |   |
|                                  | 3.3  | Implementation of Quarterly Internal Audit recommendations                               | All the internal audit recommendations for all four (4) quarters were implemented in both RCCs visited.   | The RCCs must keep this up.   |
|                                  | 3.4  | Preparation and submission of Regional Integrated Budget                                 | All the visited RCCs prepared and submitted their RIBS before deadline.   | The RCCs must keep this up.   |

| KPA      | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|----------|-----|---|--|--|
|          |     | System (RIBS)   |  |  |
|          | 3.5 | Expenditures outside GIFMIS                                   | All sampled expenditures for both RCCs visited were processed through the GIFMIS.  | The RCCs must keep this up.  |
| Services | 4.1 | Submission of Departmental monitoring reports through the RCC | In both RCCs only 3 Departments quarterly monitoring reports were identified to have been forwarded through the RCC and copies sent to the OHLGS.                | The management of the RCCs must impress on all Departments to route their report through the appropriate administrative structure. |
|          | 4.2 | Quarterly RPCU monitoring reports                             | Both RCCs conducted all four (4) quarterly RPCU monitoring exercises and submitted reports before the deadline.  | The RCCs must keep this up.  |
|          | 4.3 | Biannual technical backstopping                               | In both RCCs, only two (2) Departmental technical backstopping reports were submitted.   | The management of the RCCs must impress on all Departments to route their report through the appropriate administrative structure. |
|          | 4.4 | Preparation and submission of the Regional Integrated Plan    | Both RCCs prepared their Regional Integrated plans but that of the Western RCC has been sent to NDPC awaiting comments before it will be forwarded to the OHLGS. |  |

**4.1.6. Western and Central Regions MMDAs Detailed Analysis/Findings of Indicators**

*Table 3: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Western Region*

| KPA                    | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|------------------------|-----|---|---|---|
| General Administration | 1.1 | Compliance with ISCCS meetings                              | <p>Out of the 14 MMDAs, only Ellembelle, Mpohor, Prestea Huni Valley and Wassa Amenfi Central MMDAs held only one ISCCS meeting in 2022 with minutes signed and filed.</p> <p>In Ellembelle, Nzema East and Wassa East MMDAs the expanded D/MPCU meetings platforms were used for the ISCCS meetings.</p> <p>In Wassa East, Wassa Amenfi East, Tarkwa Nsuaem, Sekondi Takoradi, Shama, Prestea Huni Valley and Effia Kwesimintim MMDAs, the presentations at the ISCCS meetings were either by a few Non-Decentralised Departments, SOEs, Public Corporations etc or only Decentralised Departments of the MMDAs.</p> | <p>The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.</p> <p>The structure and organization of the ISCCS meetings should be improved by MMDAs in the Region to achieve the full objective of the meeting.</p> |
|                        | 1.2 | Compliance with the organization of sensitization workshops | <p>Out of the 14 MMDAs, only Mpohor, Wassa Amenfi East and Tarkwa Nsuaem MDA organized only one sensitization workshop for staff on the MMDA by laws, LG Act, LGS Protocols etc.</p> <p>The other 12 MMDAs organized 2 or more sensitization workshops in the year 2022 and had reports on file.</p>  | <p>The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.</p>   |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|--|---|--|
|     | 1.3 | Electronic capturing and storage of correspondence | <p>Only 2 (Mpohor and Wassa Amenfi Central) out of the 14 MMDAs in the Regions did not have an electronic records management system in place in 2022.</p> <p>All other 12 MMDAs in the Region has some form of an electronic records management system in place during the year 2022.</p> <p>The software of Effia Kwesimintim, Ellembelle, Mpohor, Jomoro, Prestea Huni Valley and Tarkwa Nsuaem MMDAs either had challenges retrieving scanned documents or software is not hyperlinked to scanned documents.</p> <p>The use of the software in capturing correspondence was not done on regular basis in Effia Kwesimintim, Shama and Wassa East.</p> <p>Correspondences are still received directly at the MMDCEs office first instead of the Records Manangement Unit at Ahanta West and Sekondi Takoradi MMAs as prescribed by the Records Management Manual.</p> | The RCC must support the MMDAs with IT support services and continuously sensitize MMDAs on the reforms in the new Records Management Manual of the LGS. |
|     | 1.4 | Availability and Update of Website                 | All 14 MMDAs in the Region have functional website however, only 3 MMDAs (Effia Kwesimintim, Ellembelle and Jomoro) did not have at one update in   | The RCC must identify MMDAs without IT officers and websites and support with  |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     |  | <p>each month of the year 2022.</p> <p>Information Departments of the MMDAs i.e. functions/services, data etc. was not available on the websites of Ahanta West, Ellembelle and Jomoro MMDAs.</p> <p>Information on services rendered by MMDAs such as Marriage Registration, Business Operating Permit, Development Permit among others available on the website of all MMDAs in the Region except Jomoro, Prestea Huni Valley, Wassa Amenfi East and Wassa East MMDAs.</p>            | <p>technical assistance.</p> <p>MMDAs must be sensitized and supported to upload information on Departments (eg. Functions/services, data, year-on-year achievements etc.)</p> <p>The RCC must encourage the MMDAs to begin digitizing the services such as Business Operating Permit, Development Permit, Marriage Registration etc. to improve service delivery to the citizenry.</p> |
|     | 1.5 | <p>i. Establishment of the Client Service Unit</p> <p>ii. Staffing and training of the Unit</p> <p>iii. Availability of basic office</p> | <p>i. All 14 MMDAs in the Region have established a Client Service Unit (CSU). However, in Ahanta West, Effia Kwesimintim and Jomoro MMDAs, the CSU office was not well labelled.</p> <p>i. All 14 MMDAs in the Region have permanent Client Service Officers but officers in only Prestea Huni Valley, Shama and Wassa Amenfi West MMDAs have been formally trained on Client Service functions and have a training report.</p> <p>i. All 14 MMDAs in the Region have basic office</p> | <p>i. The RCC must impress on these MMDAs to permanently label the CSU offices.</p> <p>i. The RCC needs to prioritize the training of CSU officers in their training plans.</p>   |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|---|---|---|
|     |     | logistics for CSU<br><br>iv. Verification of actions taken on complaints  | logistics.<br><br>i. Details of complainants were not well captured for verification of actions taken in Mpohor DA.<br>ii. Only complainants called in Effia Kwesimintim, Shama, Sekondi Takoradi, Wassa Amenfi Central, Wassa Amenfi West and Wassa East MMDAs confirmed that some actions have been taken on their complaints.  | i. The MMDAs should be urged to communicate the follow up actions taken on complaints to complainant.   |
|     | 1.6 | i. Poorly maintained visitor's washrooms<br><br>ii. Office Accommodation<br><br>iii. General office environment/landscape<br><br>iv. Office Sign Post & Directional Signs | i. Out of the 14 MMDAs, only Effia Kwesimintim, Ellembelle, Jomoro, Nzema East, Prestea Huni Valley, Tarkwa Nsuaem, Wassa Amenfi Central, Wassa Amenfi East and Wassa Amenfi West have a well managed visitors' washroom with water, soap, tissue and hand washing facility.<br>ii. The Visitor's washroom in Ahanta West MA was an unroofed urinal with no hand washing facilities, water and soap.<br><br>i. All 14 MMDAs have fairly well managed office space.<br><br>i. All 14 MMDAs have fairly well managed office environment/landscape.<br><br>i. All 14 MMDAs have some office sign posts but | The MMDAs must be impressed upon to see the need to improve on their workplace environment especially visitors washrooms, their general office space and environment. |

| KPA                       | KPI  | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|---------------------------|------|--|---|--|
|                           |      |  | needs to be improved to adequately direct all clients from all entry points of the Assembly to the office building.   |  |
| Human Resource Management | 2.1  | Compliance with promotion schedule with established vacancies submission | The preparation of the 2022 promotion schedules with established vacancies and the retirement schedules were done before the deadline in all 14 MMDAs in the Region with the exception of only Jomoro.  | The RCC need to insist on these reports being prepared and submitted and on time.                              |
|                           | 2.2  | Compliance with preparation of leave management roaster and updates      | All 14 MMDAs compiled the annual leave roaster and submitted formally for approval with a memo with the exception of Wassa Amenfi West DA.<br><br>All 14 MMDAs prepared and submitted quarterly update on leave management in 2022 with the exception of Jomoro MA. | The MMDAs must be encouraged to keep this up to help streamline leave management for staff in the Region.      |
|                           | 2.3a | Compliance with the preparation of submission of MMDA training plan      | All 14 MMDAs prepared and submitted training plans before the deadline.   | Good practice and must be encouraged to continue.  |
|                           | 2.3b | Implementation of MMDA training of MMDA staff                            | All 14 MMDAs visited were able to implement 80% or more of their training plans.  | MMDAs must be impressed upon to keep investing resources into staff capacity building.                         |
|                           | 2.4  | Compliance with Staff Performance Appraisal Planning for 2022            | Compliance of staff with the performance appraisal schedule/cycle was very low in Ahanta West, Ellembelle and Jomoro MDAs for the year 2022.<br><br>A fair number of sampled 2022 staff appraisals in   | The RCC must intensify training on the Performance Appraisal Tool for staff of MMDAs under their jurisdiction. |

| KPA                              | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------------------------|-----|---|---|--|
|                                  |     |   | <p>Wassa East and Effia Kwesimintim MDAs were not well done.</p> <p>A fair number of staff admitted to needing more training on how to fill out the Performance Appraisal Tool.</p>   |  |
| Financial Management & Reporting | 3.1 | Compliance with the preparation and submission of RIAP            | All 14 MMDAs visited prepared their RIAP and approved them by their respective General Assemblies.  | Good practice and must be encouraged to continue.  |
|                                  | 3.2 | Efforts into Street Naming  | <p>Half of the 14 MMDAs (Ellembelle, Nzema East, Prestea Huni Valley, Shama, Tarkwa Nsuaem, Sekondi Takoradi and Wassa East) in the Region increased the number of new streets named and signages by more than 10% in the year 2022.</p> <p>0% increase was recorded in Ahanta West, Amenfi Central, Amenfi West, Jomoro, and Wassa Amenfi East MDAs.</p> | The RCC must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs in increasing street naming and signage activities. |
|                                  | 3.3 | Implementation of the Auditor Generals recommendations            | Only Nzema East MA had not fully implemented recommendations of the Auditor Generals management letter in the ensuing year.   | The RCC must step up monitoring of MMDAs.  |
|                                  | 3.4 | Meetings towards implementation of Internal Audit recommendations | All 14 MMDAs visited have records of implementation of Internal Audit recommendations.  | Good practice and must be encouraged to continue.  |
|                                  | 3.5 | Expending on activities outside the AAP                           | All sampled expenditures from all 14 MMDAs visited were captured in their AAPs.   | Good practice and must be encouraged to continue.  |
|                                  | 3.6 | Availability and updating of                                      | All 14 MMDAs visited compiled and updated their   | Good practice and must be  |

| KPA             | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|-----------------|-----|---|---|--|
|                 |     | data on rateable properties   | data on rateable properties and submitted their data to the F&A sub-committees for approval.  | encouraged to continue.  |
| Infrastructure  | 4.1 | Level of achievement in the implementation of planned road projects     | Only Wassa East DA (60%) out of the 14 MMDAs visited was unable to complete more than 80% of their road programmes/projects in their 2022 APR.            | The RCC must impress upon the MMDA to capture or roll-over uncompleted projects to the ensuing year's AAP as first priority.                         |
|                 | 4.2 | Level of achievement in the implementation of planned building projects | Only Nzema East MA (77.78%) out of the 14 MMDAs visited was unable to complete more than 80% of their building programmes/projects in their 2022 APR.     | The RCC must impress upon MMDAs to capture or roll-over uncompleted projects to the ensuing year's AAP as first priority.                            |
|                 | 4.3 | Organization of Spatial Planning Committee meetings                     | Only 2 MDAs (Ellembelle & Jomoro) were unable to organize at least 3 Spatial Planning Committee meetings in each quarter of 2022.                         | The MMDAs must be impressed on to organize these meetings not just for the approval of Development permits but for development planning and control. |
|                 | 4.4 | Building Permit applications processing                                 | Only Jomoro MA could not consider all Development permit applications received within the year 2022.  | The Assembly will need support in this area.   |
|                 | 4.5 | Availability of at least 2 approved local plans                         | Only Mporhor DA did not produce an approved local plan.   | The RCC must support the DA in this regard.  |
| Social Services | 5.1 | Compliance with Education Oversight Committee meetings                  | Out of the 14 MMDAs, it was only in Nzema East that only 3 quarterly meetings were held in 2022.<br><br>In Jomoro MA, all 4 quaterly meeting minutes were | The RCC must ensure compliance.  |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|---|---|---|
|     |     |   | <p>not signed.</p> <p>In Wassa Amenfi Central, the second quarter meeting was held in the third quarter of 2022.</p> <p>Evidence of implementation of decisions were not present in some meeting minutes at Ahanta West, and Wassa Amenfi West MDAs.</p>  |   |
|     | 5.2 | Compliance with Health Oversight Committee meetings | <p>Out of the 14 MMDAs, it was only in Ahanta West that only 3 quarterly meetings were held in 2022.</p> <p>The minutes of the meetings in Ahanta West, Wassa Amenfi East and Sekondi Takoradi MMDAs were not signed by the statutory secretaries of the Health Committees.</p> <p>In Jomoro MA, one quaterly meeting minutes was not signed.</p> <p>Evidence of implementation of decisions were not present in all meeting minutes at Ahanta West and Tarkwa Nsuaem MDAs.</p> | The RCC must ensure compliance.   |
|     | 5.3 | Updating of Vulnerable groups list                  | <p>Only 7 MMDAs (Effia Kwesimintim, Prestea Huni Valley, Sekondi Takoradi, Tarkwa Nsuaem, Wassa Amenfi Central, Wassa Amenfi East, and Wassa East) have 2 updates with evidence of submission of these updates to the RCC, however both submission</p>  | MMDAs must take these updates serious as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable |

| KPA                  | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------------|-----|--|---|--|
|                      |     |  | <p>deadlines of Wassa Amenfi East were missed.</p> <p>In Ellebelle, Jomoro, Mpohor, Nzema East and Shama, 2 updates were done but none officially submitted to the RCC.</p> <p>In Wassa East DA, the updates were done and forwarded annually only.</p> | groups.  |
|                      | 5.4 | Implementation of GBV interventions  | Only Ahanta West, Ellebelle and Jomoro MMDAs were unable to implement more than 80% of planned interventions.   | The RCC must ensure compliance.  |
|                      | 5.5 | Management of Child Protection cases   | All the 14 MMDAs recorded more than 80% of reported cases were successfully managed.  | Good practice and must be encouraged to continue.  |
|                      | 5.6 | Organization of Community Mobilization & Education programmes                  | Only Ahanta West (33%) and Prestea Hun Valley (75%) implemented less than 80% of their Community Mobilization & Education programmes.   |  |
| Economic Development | 6.1 | Increase in yield in selected Agric produce                                    | Only Wassa Amenfi East DA reported less than 10% increase in yield of selected crops in the year 2022.  | The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region. |
|                      | 6.2 | Database on Farmer Based Organisations and signed MoUs by the Agric Department | No increase in the number of FBOs in the year 2022 but MoUs have been signed in Jomoro, Mpohor and Wassa East MDAs.   | The Regional Department of Agriculture needs to intensify its technical support and oversight duties to these MDAs.                                |

| KPA                      | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|--------------------------|-----|---|--|---|
|                          | 6.3 | Implementation of Tourism related activities                                | All 14 MMDAs implemented more than 80% of their planned tourism related activities in their 2022 AAP.  | Good practice and must be encouraged to continue.   |
|                          | 6.4 | Development of LED plans  | All 14 MMDAs have LED activities in their AAP.<br><br>All except Prestea Huni Valley and Wassa East have a separate LED.   | The RCCs must urge all MMDAs to develop a separate comprehensive LED.                           |
|                          | 6.5 | Inclusion of Road Safety related activities in the 2023 AAP                 | All 14 MMDAs have Road Safety related activities included in their 2023 AAP.   | Good practice and must be encouraged to continue.   |
| Environment & Sanitation | 7.1 | Availability of a Disaster Preparedness Action plan & Implementation report | All 14 MMDAs have prepared Disaster Preparedness Action plans.<br><br>Only Amenfi Central DA could not produce an implementation report.   | The RCCs must enforce strict compliance.  |
|                          | 7.2 | Implementation of Environment enhancement programmes in 2022 AAP            | All 14 MMDAs were able to implement more than 60% Environment enhancement programmes in their 2022 AAP.  | Good practice and must be encouraged to continue.   |
|                          | 7.3 | Increase in population with household toilets                               | 10 MDAs (Amenfi Central, Amenfi West, Effia Kwesimintim, Jomoro, Mpohor, Nzema East, Prestea Huni Valley, Tarkwa Nsuaem, Wassa Amenfi East & Wassa East) out of the 14 MMDAs recorded less than 15% increase in population with household toilets. | MMDAs should be admonished to commit more efforts towards ending open defecation in the Region. |
|                          | 7.4 | MMDA sponsorship of Routine Cleansing activities                            | Only Shama & Wassa East DAs could not provide any evidence of at least one Assembly sponsored routine cleansing carried out in each quarter in year 2022.  | MMDAs should be admonished to commit more resources and efforts towards improving sanitation    |

Table 4: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Central Region

| KPA                    | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|------------------------|-----|---|---|---|
| General Administration | 1.1 | Compliance with ISCCS meetings                              | <p>Out of the 22 MMDAs in the Region, only Abura Asebu Kwamankese and Ekumfi DAs did not organize even a single ISCCS meeting in 2022 whereas the meeting minutes produced by Agona East DA were detected to be forged.</p> <p>Out of the 22 MMDAs, only Assin North, Effutu, Gomoa East, Gomoa West and Mfantseman MDAs held only one ISCCS meeting in 2022 with minutes signed and filed.</p> <p>In Mfantseman, Gomoa East &amp; Gomoa West MDAs the expanded MPCU meetings platforms was used for the ISCCS meetings.</p> <p>In Assin South, Komenda-Edina-Eguafo-Abrim &amp; Mfantseman MDAs, the presentations at the ISCCS meetings were either by a few Non-Decentralised Departments, SOEs, Public Corporations etc or only Decentralised Departments of the MMDAs.</p> | <p>The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.</p> <p>The structure and organization of the ISCCS meetings should be improved by MMDAs in the Region to achieve the full objective of the meeting.</p> |
|                        | 1.2 | Compliance with the organization of sensitization workshops | <p>Out of the 22 MMDAs, only Cape Coast, Mfantseman, Twifo Hemang Lower Denkyira MMDA organized only one sensitization workshop for staff on the MMDA by laws, LG Act, LGS Protocols etc.</p> <p>Only Ekumfi DA did not organize even a single</p>  | <p>The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.</p>   |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|--|---|--|
|     |     |  | <p>sensitization workshop for staff of the DA whereas the report produced by Ajumako/Enyan/Esiam DA was detected to be forged.</p> <p>The other 17 MDAs organized 2 or more sensitization workshops in the year 2022 and had reports on file.</p>   |  |
|     | 1.3 | Electronic capturing and storage of correspondence | <p>Only 4 (Assin Fosu, Assin North, Ajumako/Enyan/Esiam and Ekumfi) out of the 22 MMDAs in the Regions did not have any form of an electronic records management system in place in 2022.</p> <p>All other 19 MMDAs in the Region has some form of an electronic records management system in place during the year 2022.</p> <p>The software of Abura/Asebu/Kwamankese, Cape Coast, Agona East, Asikuma-Odoben-Brakwa-Breman, Awutu Senya, Awutu Senya East, Effutu, Gomoa Central, Gomoa East, Gomoa West, Komenda-Edina-Eguafo-Abirim, Mfantseman, Twifo Atti Morkwa, Twifo Hemang Lower Denkyira and Upper Denkyira West MMDAs either had challenges retrieving scanned documents or software is not hyperlinked to scanned documents.</p> <p>Correspondences are still received directly at the MMDCEs office first at Awutu Senya and Awutu Senya East MDAs instead of the Records Manangement Unit</p> | <p>The RCC must support the MMDAs with IT support services and continuously sensitize MMDAs on the reforms in the new Records Management Manual of the LGS as compliance of MMDAs on this KPI is still very low.</p> |

| KPA | KPI | KEY ISSUES                         | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|------------------------------------|--|---|
|     |     |                                    | <p>as prescribed by the Records Management Manual.</p>   |   |
|     | 1.4 | Availability and Update of Website | <p>Only Assin North and Gomoa Central out of the 22 did not have a functional website at the time of the assessment.</p> <p>The websites of Assin Fosu, Gomoa East and Twifo Hemang Lower Denkyira had 0, 2 and 0 monthly updates in 2022 respectively.</p> <p>The websites of Abura/Asebu/Kwamankese, Cape Coast, Agona West, Ajumako/Enyan/Esiam, Awutu Senya, Gomoa West, Komenda-Edina-Eguafo-Abirim, Mfantseman and Twifo Atti Morkwa MMDAs had less than one monthly updates within 2022.</p> <p>Information Departments of the MMDAs i.e. functions/services, data etc. was not available on the websites of Assin Fosu, Agona West, Ajumako/Enyan/Esiam, Awutu Senya East, Mfantseman, Twifo Atti Morkwa, Twifo Hemang Lower Denkyira and Ekumfi MDAs.</p> <p>Information on services rendered by MMDAs such as Marriage Registration, Business Operating Permit, Development Permit among others available on the website of all MMDAs in the Region except Assin Fosu, Awutu Senya, Mfantseman, Twifo Atti Morkwa, Twifo</p> | <p>The RCC must identify MMDAs without IT officers and websites and support with technical assistance.</p> <p>MMDAs must be sensitized and supported to upload information on Departments (eg. Functions/services, data, year-on-year achievements etc.)</p> <p>The RCC must encourage the MMDAs to begin digitizing the services such as Business Operating Permit, Development Permit, Marriage Registration etc. to improve service delivery to the citizenry.</p> |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     |  | <p>Hemang Lower Denkyira, Upper Denkyira West and Ekumfi MDAs.</p> <p>Information of MMDAs documents such as Annual Action Plans, Client Service Charters, Composite Budgets, Revenue Improvement Action Plans, fee fixing among others available on the websites of Assin Fosu, Assin South, Agona East, Ajumako/Enyan/Esiam, Asikuma-Odoben-Brakwa-Breman, Gomoa East, Gomoa West, Komenda-Edina-Eguafo-Abrim, Mfantseman, Twifo Hemang Lower Denkyira, Upper Denkyira East &amp; Upper Denkyira West MDAs.</p>   |   |
|     | 1.5 | <p>i. Establishment of the Client Service Unit</p> <p>ii. Staffing and training of the Unit</p> <p>iii. Availability of basic office</p> | <p>i. All 22 MMDAs in the Region have established a Client Service Unit (CSU). However, in Cape Coast, Ajumako/Enyan/Esiam, Asikuma-Odoben-Brakwa-Breman, Awutu Senya East, Twifo Atti Morkwa, Twifo Hemang Lower Denkyira, Ekumfi and Gomoa East MMDAs, the CSU office was not well labelled.</p> <p>i. All 22 MMDAs in the Region have permanent Client Service Officers except Ekumfi DA but only CSU officers in Assin North, Awutu Senya, Awutu Senya East, Effutu, Gomoa East, Gomoa West and Komenda-Edina-Eguafo-Abrim MDAs have been formally trained on Client Service functions and have a training report.</p> <p>i. All 22 MMDAs in the Region have basic office</p> | <p>ii. The RCC must impress on these MMDAs to permanently label the CSU offices.</p> <p>ii. The RCC needs to prioritize the training of CSU officers in their training plans.</p> |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|---|---|---|
|     |     | <p>logistics for CSU</p> <p>iv. Verification of actions taken on complaints</p> | <p>logistics.</p> <p>i. Details of complainants were not well captured for verification of actions taken in Abura/Asebu/Kwamankese, Assin North, Assin South, Cape Coast, Agona West, Ajumako/Enyan/Esiam, Asikuma/Odoben/Brakwa/Breman, Effutu, GOMoa Central, Komenda/Edina/Eguafo/Abrim, Twifo Hemang Lower Denkyira, Upper Denkyira West and Ekumfi MMDAs.</p> <p>ii. Only complainants called in Mfantseman, Twifo Atti Morkwa and Upper Denkyira East MDAs confirmed that some actions have been taken on their complaints.</p> | <p>The MMDAs should be urged to communicate the follow up actions taken on complaints to complainant.</p>   |
|     | 1.6 | <p>i. Poorly maintained visitor's washrooms</p> <p>ii. Office Accommodation</p> | <p>i. Out of the 22 MMDAs, only Awutu Senya, Gomao East, Komenda-Edina-Eguafo-Abrim, Twifo Atti Morkwa, Upper Denkyira East and Upper Denkyira West MDAs have a well managed visitors' washroom with water, soap, tissue and hand washing facility.</p> <p>i. All 22 MMDAs have fairly well managed office facilities except Effutu MA which was under construction at the time of the exercise.</p>  | <p>The MMDAs must be impressed upon to see the need to improve on their workplace environment especially visitor's washrooms, their general office space and environment.</p> |

| KPA                       | KPI  | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|---------------------------|------|---|--|---|
|                           |      | iii. General office environment/landscape<br><br>iv. Office Sign Post & Directional Signs | i. The office environment and landscape of all 22 MMDAs visited were well maintained except Effutu MA which was under construction.<br><br>i. All the 22 MMDAs visited had office sign posts but limited directional signs that can adequately direct/lead clients to the office locations from all entry points into the Assemblies.  |   |
| Human Resource Management | 2.1  | Compliance with promotion schedule with established vacancies submission                  | The preparation of the 2022 promotion schedules with established vacancies and the retirement schedules were done before the deadline in all 22 MMDAs in the Region with the exception of Asikuma/Odoben/Brakwa/Breman, Gomoa East, Mfantseman, Twifo Hemang Lower Denkyira and Ekumfi MDAs.   | The RCC need to insist on these reports being prepared and submitted and on time.                         |
|                           | 2.2  | Compliance with preparation of leave management roaster and updates                       | All 22 MMDAs compiled the annual leave roaster and submitted formally for approval with a memo with the exception of Assin Fosu, Agona East, Ajumako/Enyan/Esiam, Awutu Senya, Gomoa West and Ekumfi MDAs.<br><br>Out of the 22 MMDAs only Abura/Asebu/Kwamankese, Assin North, Agona West, Awutu Senya East, Gomoa West and Twifi Atti Morkwa MDAs prepared and submitted quarterly update on leave management in 2022. | The MMDAs must be encouraged to keep this up to help streamline leave management for staff in the Region. |
|                           | 2.3a | Compliance with the preparation of submission of  | All 22 MMDAs prepared and submitted training plans before the deadline with the exception of Ekumfi DA.  | Good practice and must be encouraged to continue.   |

| KPA | KPI  | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|------|---|--|--|
|     |      | MMDA training plan  |  | The CRCC should intervene and assist Ekumfi DA.  |
|     | 2.3b | Implementation of MMDA training of MMDA staff                 | <p>All 22 MMDAs visited were able to implement 80% or more of their training plans with the exception of Asikuma/Odoben/Brakwa/Breman and Gomoa East.</p> <p>In Agona East DA, individual training reports are not produced but only summarized in quarterly Departmental Reports.</p>   | <p>MMDAs must be impressed upon to keep investing resources into staff capacity building.</p> <p>The CRCC must impress on all MMDAs to prepare individual training reports for all training activities as an accountability requirement.</p> |
|     | 2.4  | Compliance with Staff Performance Appraisal Planning for 2022 | <p>Only 6 (Abura/Asebu/Kwamankese, Agona West, Awutu Senya East, Gomoa Central, Komenda/Edina/Eguafo/Abrim and Upper Denkyira East) out of the 22 MMDAs in the Region had more than 80% of their staff complying with the 2022 appraisal schedule and have their appraisals on file at the time of the exercise.</p> <p>In Twifo Hemang Lower Denkyira DA, not a single staff had their 2022 appraisal printed out and in Ekumfi DA, only 1% of the staff had printed appraisals prepared and on file.</p> <p>Staff appraisal across the Region was observed to be very low.</p> | The RCC must intensify training on the Performance Appraisal Tool for staff of MMDAs under their jurisdiction.   |

| KPA                              | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------------------------|-----|---|---|--|
|                                  |     |   | A fair number of staff admitted to needing more training on how to fill out the Performance Appraisal Tool.   |  |
| Financial Management & Reporting | 3.1 | Compliance with the preparation and submission of RIAP            | All 22 MMDAs visited prepared their RIAP and approved them by their respective General Assemblies.  | Good practice and must be encouraged to continue.  |
|                                  | 3.2 | Efforts into Street Naming  | Only 10 out of 22 MMDAs (Agona East, Ajumako/Enyan/Esiam, Asikuma/Odoben/Brakwa/Breman, Awutu Senya East, Ekumfi, Gomoa Central, Cape Coast, Twifo Atti Morkwa, Twifo Hemang Lower Denkyira & Upper Denkyira West) in the Region increased the number of new streets named and signages by more than 10% in the year 2022.<br><br>0% increase was recorded or no data was provided in Agona West, Assin Fosu, Assin North, Assin South, Awutu Senya, Effutu, Gomoa East, Gomoa West, Komenda/Edina/Eguafo/Abrim, Mfantseman & Upper Denkyira East MDAs. | The RCC must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs in increasing street naming and signage activities. |
|                                  | 3.3 | Implementation of the Auditor Generals recommendations            | Only Asikuma/Odoben/Brakwa/Breman, Assin South & Ekumfi DAs had not fully implemented recommendations of the Auditor Generals management letter in the ensuing year.  | The RCC must step up monitoring of MMDAs.  |
|                                  | 3.4 | Meetings towards implementation of Internal Audit recommendations | All except Assin South DA visited have records of implementation of Internal Audit recommendations.   | Assin South needs to be supported in this regard.  |

| KPA            | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------|-----|---|--|--|
|                | 3.5 | Expending on activities outside the AAP                                 | All sampled expenditures from all 22 MMDAs visited were captured in their AAPs.  | Good practice and must be encouraged to continue.  |
|                | 3.6 | Availability and updating of data on rateable properties                | All except Ekumfi DA compiled and updated their data on rateable properties and submitted their data to the F&A sub-committees for approval.   | Ekumfi DA needs support in this regard.  |
| Infrastructure | 4.1 | Level of achievement in the implementation of planned road projects     | Only Abura/ Asebu/ Kwamankese and Gomoa East DAs out of the 22 MMDAs visited was unable to implement at least 80% of their road programmes/projects in their 2022 APR.                         | The RCC must impress upon the MMDAs to capture or roll-over uncompleted projects to the ensuing year's AAP as first priority.                        |
|                | 4.2 | Level of achievement in the implementation of planned building projects | Only Assin North DA (72%) and Gomoa East (no data) out of the 22 MMDAs visited was unable to complete more than 80% of their building programmes/projects in their 2022 APR.                   | The RCC must impress upon the MMDAs to capture or roll-over uncompleted projects to the ensuing year's AAP as first priority.                        |
|                | 4.3 | Organization of Spatial Planning Committee meetings                     | Only 3 MDAs (Abura/ Asebu/ Kwamankese, Gomoa East, Twifo Atti Morkwa, and Upper Denkyira East) were unable to organize at least 3 Spatial Planning Committee meetings in each quarter of 2022. | The MMDAs must be impressed on to organize these meetings not just for the approval of Development permits but for development planning and control. |
|                | 4.4 | Building Permit applications processing                                 | All 22 MMDAs considered all Development permit applications received within the year 2022.   | Good practice and must be encouraged to continue.  |
|                | 4.5 | Availability of at least 2 approved local plans                         | Only Gomoa West, Twifo Hemang Lower Denkyira & Upper Denkyira West DAs did not produce an approved local plan.   | The RCC must support the DAs in this regard.   |

| KPA             | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS                          |
|-----------------|-----|--|---|--|
| Social Services | 5.1 | Compliance with Education Oversight Committee meetings | <p>All 22 MMDA had invitation letters for all 4 quarters of 2022 but in Cape Coast, Agona East, Ajumako/Enyan/Esiam, Gomoa Central, Gomoa West, Mfantseman, Twifo Hemang Lower Denkyira and Ekumfi, all or some of the minutes produced were either not signed or were signed by recorders instead of the statutory secretaries or chairs of the committee.</p> <p>In Twifo Hemang Lower Denkyira and Ekumfi DAs, all 4 quaterly meeting minutes were not signed and signed by a recorder respectively.</p> <p>In Assin North DA, the first and second quarters meeting was held outside the respective quarters in 2022.</p> <p>Evidence of implementation of decisions were present in all meeting minutes of MMDAs in the Region with the exception of Cape Coast, Agona East, Gomoa Central, Gomoa West, Mfantseman, Twifo Atti Morkwa, Twifo Hemang Lower Denkyira, Upper Denkyira East, Upper Denkyira West and Ekumfi MMDAs.</p> | The RCC must ensure improved compliance. |
|                 | 5.2 | Compliance with Health Oversight Committee meetings    | Out of the 22 MMDAs in the Region only Komenda/Edina/Eguafo/Abirim did not organize any Health Oversight Committee meetings in 2022. All meetings held were Public Health Emergency.  | The RCC must ensure improved compliance. |

| KPA | KPI | KEY ISSUES                         | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|------------------------------------|--|---|
|     |     |                                    | <p>In Assin North DA, only one meeting was held and the agenda was the inauguration of the committee.</p> <p>The minutes of the meetings in Assin Fosu, Cape Coast, Asikuma/Odoben/Brakwa/Breman, Gomoa West, Mfantseman and Ekumfi MMDAs were not signed by the statutory secretaries of the Health Oversight Committees.</p> <p>In Twifo Hemang Lower Denkyira DA, two (2) quaterly meeting minutes was not signed.</p> <p>Evidence of implementation of decisions were not present in all meeting minutes at Assin Fosu, Assin North, Ajumako/Enyan/Esiam, Asikuma/Odoben/Brakwa/Breman, Twifo Atti Morkwa, Twifo Hemang Lower Denkyira, Upper Denkyira West and Ekumfi MDAs.</p> |   |
|     | 5.3 | Updating of Vulnerable groups list | <p>Only 2 MDAs (Assin South and Gomoa Central) have 2 updates with evidence of submission of these updates to the RCC before deadline.</p> <p>In Assin North, Gomoa East, Gomoa West, Komenda/Edina/Eguafo/Abirim, Twifo Atti Morkwa, Upper Denkyira West and Ekumfi, 2 updates were done but none officially submitted to the RCC.</p> <p>In Abura/Asebu/Kwamankese, Cape Coast,</p>  | MMDAs must take these updates serious as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable groups. |

| KPA                  | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------|-----|---|---|---|
|                      |     |   | <p>Ajumako/Enyan/Esiam, Twifo Hemang Lower Denkyira and Upper Denkyira East MMDAs, both updates were done but submitted to the RCC after the deadline.</p> <p>In Agona West, Awutu Senya and Mfantseman the updates were done and forwarded annually only.</p> <p>The updates were either not done or not done well in Assin Fosu, Agona East, Asikuma/Odoben/Brakwa/Breman, Effutu and Twifo Atti Morkwa MDAs.</p> |   |
|                      | 5.4 | Implementation of GBV interventions                           | Only Awutu Senya East (67%) and Ekumfi (60%) MDAs were unable to implement more than 80% of planned interventions.  | The RCC must ensure improved compliance.  |
|                      | 5.5 | Management of Child Protection cases                          | Only Assin North (76%), Effutu (75%), Upper Denkyira East (69%) and Ekumfi (64%) MDAs recorded less than 80% of their reported child protection cases successfully managed.   | The RCC must ensure improved compliance.  |
|                      | 5.6 | Organization of Community Mobilization & Education programmes | Only Upper Denkyira West (50%) and Ekumfi (29%) implemented less than 80% of their Community Mobilization & Education programmes.   |   |
| Economic Development | 6.1 | Increase in yield in selected Agric produce                   | Only Assin South, Awutu Senya, Awutu Senya East, Awutu Senya East, Effutu, Ekumfi, Gomoa West, Mfantseman, Twifo Hemang Lower Denkyira, Upper Denkyira East & Upper Denkyira West MDAs reported less than 10% increase in yield of selected crops in the  | The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the |

| KPA                      | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|--------------------------|-----|--|--|---|
|                          |     |  | year 2022.   | MMDAs in the Region.  |
|                          | 6.2 | Database on Farmer Based Organisations and signed MoUs by the Agric Department | No data was provided or no increase in FBOs in Agona West, Assin Fosu, Assin North, Assin South, Cape Coast, Gomoa East, Gomoa West, Ekumfi, Twifo Atti Morkwa and Upper Denkyira West MMDAs.            | The Regional Department of Agriculture needs to intensify its technical support and oversight duties to these MDAs. |
|                          | 6.3 | Implementation of Tourism related activities                                   | All except Assin Fosu, Gomoa East & Gomoa West MDAs implemented more than 80% of their planned tourism related activities in their 2022 AAP.   | The MDAs must be impressed upon to grow tourism for economic growth.  |
|                          | 6.4 | Development of LED plans   | All MMDAs had LED activities in their AAP and a separate LED plan with the exception of Ekumfi, Gomoa Central & Gomoa East DAs.  | The RCCs must urge all MMDAs to develop a separate comprehensive LED.   |
|                          | 6.5 | Inclusion of Road Safety related activities in the 2023 AAP                    | All MMDAs have Road Safety related activities included in their 2023 AAPs with the exception of Assin South DA.  | Good practice and must be encouraged to continue.   |
| Environment & Sanitation | 7.1 | Availability of a Disaster Preparedness Action plan & Implementation report    | All MMDAs have prepared Disaster Preparedness Action plans with the exception of Assin South and Ekumfi DAs.<br><br>Only Gomoa West DA could not produce an implementation report.                       | The RCCs must enforce strict compliance.  |
|                          | 7.2 | Implementation of Environment enhancement programmes in 2022 AAP               | All MMDAs were able to implement more than 60% Environment enhancement programmes in their 2022 AAP except Assin Fosu, Assin North, Awutu Senya, Ekumfi, Gomoa East, Mfantseman & Twifo Atti Morkwa DAs. | Good practice and must be encouraged to continue.   |

| KPA | KPI | KEY ISSUES                                       | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--|--|---|
|     | 7.3 | Increase in population with household toilets    | 8 MDAs (Abura/ Asebu/ Kwamankese, Ajumako/Enyan/Esiam, Assin North, Awutu Senya, Awutu Senya East, Effutu, Gomoa Central & Gomoa East) out of the 22 MMDAs recorded less than 15% increase in population with household toilets. | MMDAs should be admonished to commit more efforts towards ending open defecation in the Region. |
|     | 7.4 | MMDA sponsorship of Routine Cleansing activities | Only Awutu Senya, Awutu Senya East, Cape Coast & Gomoa Central DAs could not provide any evidence of at least one Assembly sponsored routine cleansing carried out in each quarter in year 2022.                                 | MMDAs should be admonished to commit more resources and efforts towards improving sanitation    |

## **4.2. Greater Accra Region**

### **4.2.1. Scope of the Assignment**

This part of the report covers the twenty – nine (29) MMDAs in the Greater Accra Region and the Greater Accra Regional Coordinating Council. The monitoring and verification exercise was conducted by three (3) separate teams which broke the MMDAs down into three (3) zones.

### **4.2.2. General Outcomes**

The average time taken per MMDA was 3 hours 24 minutes and 2 hours 25 minutes per RCC. All these recorded times included the entry and exit conferences at each institution visited.

### **4.2.3. Specific Observations**

#### **For MMDAs**

1. Some MMDAs are still having challenges with implementing some of the changes in the new LGS Records Management Operational Manual such as file migration and of records
2. Across the MMDAs in the Region, IGF staff are generally not appraised.
3. Implementation of the Performance Appraisal system still needs to improve.
4. Agric indicators are still not being well performed across MMDAs in the Region and this is generally due to lack of innovation in this sector across the Region in the face of the increasing urbanization/loss of arable land for agriculture.
5. Ashaiman and Ledzokuku Municipal Assemblies have their client service unit far away from their receptions and without logistics and trained personnels.
6. Most assessed Client Service Units in MMDAs in Greater Accra are already implementing the yet to be launched Client Service Manual. They have all designated offices and officers for the Unit.

#### **For RCC**

1. The GARCC was observed to be implementing most of the operational procedures of the newly developed LGS Records Management Operational and Procedure Manual
2. The GARCC was observed to be overstaffed

#### 4.2.4. General Recommendations

##### For MMDAs

MMDAs need to;

- Start seeing and positioning the Assemblies as corporate organizations that exist to provide services and raise the required revenue for sustained development and develop practical strategies towards achieving this objective;
- Apply the required sanctions needed for staff who are failing to perform their functions in an effective and efficient manner;
- Ensure that the Performance Appraisal Tool is fully understood and deadlines strictly adhered to;
- Ensure that the structures, roles and responsibilities in the operational manuals for the various departments are being followed to avoid collision or conflict of roles;
- Ensure that staff are continuously sensitized on the LG laws, protocols and bye laws and other sector related legislative instruments with the aim of improving staff understanding and compliance to these regulations;
- Improve on the workplace environment. Office logistics must be made available for staff to improve performance. Visitors Washrooms needs to be constantly kept clean and safe with constant supply of water, soap, tissue and hand washing facilities throughout the day;
- Commit more efforts towards ensuring compliance to provisions in the PFM law. Audit committees needs to be fully set up according to the law and well-resourced to function adequately;
- Ensure that formats for reporting as well as reporting deadlines are strictly enforced to enhance accountability from the various departments and units;
- Ensure that independent websites of MMDAs are regularly updated not just with activities of the MMDCs but of basic data of departments and units as well as reports of service delivery activities carried out by the Departments and Units and other services such as building permit application, marriage registration, business permit application processes and procedures among others in the MMDA;
- Appraisal of staff should be taken very seriously towards professionally building up staff and holding them accountable for their jobs;
- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to comfortably direct clients to the Assemblies.

### **For RCC**

The following are some recommendations for the RCC;

- The RCC must tighten monitoring activities of MMDAs under their Region with the aim of assisting them with technical expertise where needed;
- The RCC is encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation;
- The RCC should take immediate steps in conducting a staff audit and rationalization across the MMDAs in their Region to address the staff in balance across the MMDAs.

### **For OHLGS**

The following are recommendations for OHLGS to help improve on the performance of the RCC and MMDAs in their service delivery;

- Staff audit which will lead to staff rationalization across the Service should be commissioned to ensure the fair distribution of staff across the Region;
- There is the need for targeted training for staff of Departments and Units performing below expectation in the KPIs under this contract. Client Service officers require targeted training on how the Service requires them to professionally perform their functions. In the case of Social Welfare and Community Development and Agric officers, the OHLGS needs to consider training the staff on proper reporting and records management;
- Challenges with the HRMIS software needs to be addressed to improve the quality of data received at the OHLGS. The new HRMIS needs to be rolled up immediately to help improve significantly the staff management across all levels of the Service.

**4.2.5. Greater Accra RCC Detailed Analysis/Findings of Indicators**

*Table 5: Greater Accra RCC Detail Analysis /Findings of each Indicator*

| KPA                       | KPI | KEY ISSUES                           | OBSERVATIONS   | RECOMMENDATIONS  |
|---------------------------|-----|--------------------------------------|--|--|
| General Administration    | 1.1 | Regional security meetings           | Quarterly meetings organized with previous decisions implemented   | Indicator achieved   |
|                           | 1.2 | Expanded RCC meetings                | 2 meetings held with presentations   | Indicator achieved   |
|                           | 1.3 | Electronic records management        | Software in place to access records electronically. RCD can access records from her office               | RCC should assist struggling MMDAs to do same  |
|                           | 1.4 | Website update                       | No tourist site was captured   | Officer should be made to capture tourist sites in Greater Accra                                     |
|                           | 1.5 | Functional Client Service            | Designated office space, furnished with complaint forms. Complainants confirmed complain being addressed | Feedbacks should be recorded   |
|                           | 1.6 | Work place environment               | Clean work place and visitor's washroom with signages and landscape                                      | Officer should find a way to get feedback from complainants who go straight to the Regional Minister |
| Human Resource Management | 2.1 | Promotional and retirement schedules | 2 schedules submitted before deadline  | Indicator achieved   |
|                           | 2.2 | Leave roster prepared and approved   | No quarterly reports   | Quarterly reports should be prepared   |
|                           | 2.3 | Comprehensive training plan          | Plan prepared and submitted before deadline  | RCC should assist defaulting MMDAs do same   |
|                           | 2.4 | Performance Management               | 2 PMS reports submitted to OHLGS   | Indicator achieved   |
|                           | 2.5 | Staff appraisals                     | 66 staff with 55 appraisals  | Officer can do better  |

| KPA                              | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS                                 |
|----------------------------------|-----|--|---|---|
| Financial Management & Reporting | 3.1 | Audit plan preparation                                     | Plan prepared and submitted before deadline                               | Indicator achieved in all MMDAs                 |
|                                  | 3.2 | Auditor General's Management Letter                        | 100% recommendations implemented  | Full marks earned                               |
|                                  | 3.3 | Internal audit recommendations                             | All recommendations implemented   | Full marks earned                               |
|                                  | 3.4 | Approved 2023 budget                                       | Plan was prepared and submitted on deadline. Full marks not earned        | Plans should be submitted before deadline       |
|                                  | 3.5 | GoG expenditure  | All GoG expenditure were processed through GIFMIS with proof in cash book | Best practice                                   |
| Services                         | 4.1 | Quarterly Departmental monitoring reports                  | 3 quarterly reports submitted instead of 4                                | RCC should set good examples                    |
|                                  | 4.2 | Quarterly RPCU monitoring reports                          | All 4 quarterly report provided with proof of submission before deadline  | Indicator achieved                              |
|                                  | 4.3 | Technical MMDAs backstopping report                        | 4 departmental backstopping organized and reports submitted to OHLGS      | More backstopping exercises should be organized |
|                                  | 4.4 | Preparation and submission of the Regional Integrated Plan |   |   |

**4.2.6. Greater Accra Region MMDAs Detailed Analysis /Findings of Indicators**

Table 6: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Greater Accra Region

| KPA                    | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|------------------------|-----|---|---|---|
| General Administration | 1.1 | Compliance with ISCCS meetings                              | <p>All 29 MMDA produced evidence in support of at least one ISCCS meeting held in 2022.</p> <p>In Ablekuma North &amp; Ayawaso Central MAs, only one ISCCS meeting was held for both planning and mid year review in the year 2022.</p> <p>In 14 (Ablekuma West, Adentan, Ayawaso East, Krowor, Ashaiman, Kpone Katamanso, La Dadekotopon, Ledzokuku, Ga Central, Ga South, Ga West, Korle Klottey, La Nkwantanang, Weija Gbawe) out of the 29 MMDAs, two (2) ISCCS were held and presentations were by most non-decentralised departments, SOEs and Public Corporations.</p> | <p>The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.</p> <p>The structure and organization of the ISCCS meetings should be improved by MMDAs in the Region to achieve the full objective of the meeting.</p> |
|                        | 1.2 | Compliance with the organization of sensitization workshops | <p>Out of the 29 MMDAs, only Ayawaso North, Krowor, Ga Central, Ga East, Ga West, Ningo Prampram &amp; Kpone Katamanso MMDA organized only one sensitization workshop for staff on the MMDA by laws, LG Act, LGS Protocols etc.</p> <p>The other 22 MDAs organized 2 or more sensitization workshops in the year 2022 and had reports on file.</p>  | <p>The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.</p>   |
|                        | 1.3 | Electronic capturing and storage of correspondence          | <p>All 29 MMDAs in the Regions have a form of an electronic records management system in place in</p>   | <p>The RCC must support the MMDAs with IT support</p>   |

| KPA | KPI | KEY ISSUES                         | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|------------------------------------|--|--|
|     |     |                                    | <p>2022 except Korle Klottey MA. That of Weija Gbewe had challenges in 2022.</p> <p>The software of Ablekuma Central, Ablekuma West, Okaikwei North, Shai Osudoku, Tema West, Ningo Prampram, Ashaiman, Tema, Ablekuma North, Ayawaso Central, Ga East, Ga South, La Nkwantanang - Madina &amp; Weija - Gbewe MDAs either had challenges retrieving scanned documents or software is not hyperlinked to scanned documents.</p>   | <p>services and continuously sensitize MMDAs on the reforms in the new Records Management Manual of the LGS as compliance of MMDAs on this KPI is low.</p>   |
|     | 1.4 | Availability and Update of Website | <p>All 29 MMDAs had functional website in 2022.</p> <p>The websites of Ga East, Ga South, Korle Klottey, Ashaiman &amp; La Dadekotopon had no monthly update in some months in 2022.</p> <p>Information on services rendered by MMDAs such as Marriage Registration, Business Operating Permit, Development Permit among others available on the website of Ga Central, Ga South, Ayawaso North, Ablekuma West, AMA, Ayawaso West, Okaikwei North, Ashaiman &amp; La Dade-Kotopon MMDAs in the Region except Assin Fosu, Awutu Senya, Mfantseman, Twifo Atti Morkwa, Twifo Hemang Lower Denkyira, Upper Denkyira West and Ekumfi MDAs.</p> | <p>The RCC must identify MMDAs without IT officers and websites and support with technical assistance.</p> <p>MMDAs must be sensitized and supported to upload information on Departments (eg. Functions/services, data, year-on-year achievements etc.)</p> <p>The RCC must encourage the MMDAs to begin digitizing the services such as Business Operating Permit, Development Permit, Marriage Registration etc. to improve</p> |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|--|---|--|
|     | 1.5 | i. Setting up and equipping of the Client Service Unit<br><br>ii. Availability of basic office logistics for CSU<br><br>iii. Verification of actions taken on complaints | i. All 29 MMDAs in the Region have established a Client Service Unit (CSU). However, in Ablekuma North, Ayawaso Central, Ga East, Ga North, Ga South, Ga West, Korle Klottey, Weija - Gbawe, Kpone Katamanso & Ningo Prampram MMDAs, the CSU officers were not formally trained on Client Service functions and have a training report.<br>ii. The CSU offices of Weija - Gbawe and Korle Klottey MAs were not permanently labelled.<br><br>i. All 29 MMDAs in the Region have basic office logistics.<br><br>i. Only complainants called in Ablekuma North, Ayawaso Central, Ga Central, Ga North, Korley Klotey, La Nkwantanang - Madina, Adentan, Ayawaso North, Shai Osudoku, Ablekuma West, AMA, Ayawaso East, Ayawaso West, Krowor & Tema West MMDAs confirmed that some actions have been taken on their complaints. | service delivery to the citizenry.<br><br>The RCC needs to prioritize the training of CSU officers in their training plans.<br><br>The RCC must impress on these MMDAs to permanently label the CSU offices.<br><br>MMDAs should constantly be updating complainants on all steps taken towards addressing their complaints. |
|     | 1.6 | i. Poorly maintained visitor's washrooms   | i. Out of the 29 MMDAs, only Ayawaso East, Ayawaso North, Ada West, Kpone Katamanso, Ningo Prampram, Ablekuma North, Ayawaso Central, Ga Central, Ga North, Ga West & Korle Klottey MDAs have not well managed washrooms  | The MMDAs must be impressed upon to see the need to improve on their workplace environment especially visitor's washrooms, their general office  |

| KPA                       | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|---------------------------|-----|--|--|---|
|                           |     | <p>ii. Office Accommodation and landscape</p> <p>i. Office Sign Post &amp; Directional Signs</p> | <p>with soap, tissue and water.</p> <p>ii. The visitors' washroom in Ada East DA was locked at the time of the exercise.</p> <p>i. All MMDAs have fairly well managed office facilities except Ada East, Ashaiman &amp; Ningo Prampram MDAs which was under construction at the time of the exercise.</p> <p>ii. The office landscape of all 29 MMDAs visited were well maintained except Ada East, Ningo Prampram &amp; Tema MMDAs.</p> <p>i. La Nkwantanang, Tema West &amp; La Dade Kotopon MAs had office sign posts with some directional signs that can adequately direct/lead clients to the office locations from main entry points into the Assemblies.</p> | <p>space and environment.</p>   |
| Human Resource Management | 2.1 | Compliance with promotion schedule with established vacancies submission                         | The preparation of the 2022 promotion schedules with established vacancies and the retirement schedules were done before the deadline in all 29 MMDAs in the Region with the exception of Ablekuma Central, Okaikwei North & Ningo Prampram MDAs.  | The RCC need to insist on these reports being prepared and submitted and on time.                 |
|                           | 2.2 | Compliance with preparation of leave management roaster and updates                              | All 29 MMDAs compiled the annual leave roaster and submitted formally for approval with a memo with the exception of Ga East, & Ablekuma West MAs.   | The MMDAs must be encouraged to keep this up to help streamline leave management for staff in the |

| KPA | KPI  | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|------|--|--|---|
|     |      |  | <p>Out of the 29 MMDAs only Ablekuma North, Ga Central, La Nkwantanang - Madina, Ashaiman, La Dade Kotopon &amp; Tema MMDAs prepared and submitted quarterly update on leave management in 2022.</p>   | <p>Region.</p>  |
|     | 2.3a | <p>Compliance with the preparation of submission of MMDA training plan</p> | <p>All 29 MMDAs prepared and submitted training plans on or before the deadline.</p>   | <p>Good practice and must be encouraged to continue.</p>  |
|     | 2.3b | <p>Implementation of MMDA training of MMDA staff</p>                       | <p>All 29 MMDAs visited were able to implement 80% or more of their training plans with the exception of Krowor MA.</p>  | <p>MMDAs must be impressed upon to keep investing resources into staff capacity building.</p>                         |
|     | 2.4  | <p>Compliance with Staff Performance Appraisal Planning for 2022</p>       | <p>Only 17 (Ablekuma West, Adentan, Ayawaso West, Okaikwei North, Tema West, Ablekuma North, Ga Central, Ga South, La Nkwantanang - Madina, Weija - Gbawe, Ada East, Ashaiman, Kpone Katamanso, La Dade Kotopon, Ledzokuku, Ningo Prampram &amp; Tema) out of the 29 MMDAs in the Region had more than 80% of their staff complying with the 2022 appraisal schedule and have their appraisals on file at the time of the exercise.</p> <p>Staff appraisal across the Region was observed to be very low for IGF staff.</p> <p>A fair number of staff admitted to needing more training on how to fill out the Performance Appraisal</p> | <p>The RCC must intensify training on the Performance Appraisal Tool for staff of MMDAs under their jurisdiction.</p> |

| KPA                              | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------------------------|-----|--|---|--|
|                                  |     |  | Tool.   |  |
| Financial Management & Reporting | 3.1 | Compliance with the preparation and submission of RIAP | All 29 MMDAs visited prepared their RIAP and approved them by their respective General Assemblies.<br><br>However in Ada West, the RIAP was laid before the General Assembly after the deadline.  | The GARCC must ensure all MMDAs prepare their RIAP and submitted to the General Assembly for approval before the deadline.                                       |
|                                  | 3.2 | Efforts into Street Naming                             | Only 14 out of 29 MMDAs (Ayawaso East, Ayawaso North, Ayawaso West, Krowor, Okaikwei North, Ada East, Ashaiman, Kpone Katamanso, La Dade Kotopon, Ledzokuku, Ningo-Prampram, Tema, La Nkwantanang-Madina & Ga North) in the Region increased the number of new streets named and signages by more than 10% in the year 2022.<br><br>0% increase was recorded or no data was provided in Ga East, Ga West, Weija-Gbawe, Ga South, AMA, Ablekuma Central, Ablekuma West & Shai Osudoku MMDAs. | The RCC must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs in increasing street naming and signage activities. |
|                                  | 3.3 | Implementation of the Auditor Generals recommendations | Only Ablekuma Central, Ablekuma West, AMA, Ayawaso North, Ayawaso West, Krowor, Shai Osudoku, Tema West, Ningo-Prampram MMDAs had not fully implemented recommendations of the Auditor Generals management letter in the ensuing year.  | The RCC must step up monitoring of MMDAs.  |
|                                  | 3.4 | Meetings towards implementation of Internal            | All except Ablekuma West, Ningo-Prampram & Ga East MDA visited have records of implementation of  | The RCC needs to support these MMDAs in this regard.   |

| KPA            | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------|-----|---|---|--|
|                |     | Audit recommendations   | Internal Audit recommendations.   |  |
|                | 3.5 | Expending on activities outside the AAP                                 | All sampled expenditures from all 29 MMDAs visited were captured in their AAPs with the exception of Ayawaso North, Okaikwei North, Tema West, Ada West, Ashaiman & Ledzokuku MDAs.   | The RCC must take steps to tighten monitoring and supervision on MMDAs in this area.   |
|                | 3.6 | Availability and updating of data on rateable properties                | All except Ablekuma West, AMA, Ayawaso North, Okaikwei North, Ga East & Ada West MMDA compiled and updated their data on rateable properties and submitted their data to the F&A sub-committees for approval with evidence fully on file..                      | These MMDAs needs support in this regard.  |
| Infrastructure | 4.1 | Level of achievement in the implementation of planned road projects     | Only Ablekuma Central, Ayawaso West, La Nkwantanang-Madina MDAs out of the 29 MMDAs visited was unable to implement at least 80% of their road programmes/projects in their 2022 APR.   | The RCC must impress upon the MMDAs to capture or roll-over uncompleted projects to the ensuing year's AAP as first priority.                        |
|                | 4.2 | Level of achievement in the implementation of planned building projects | Only Ablekuma West, Weija-Gbawe & Ga South out of the 29 MMDAs visited was unable to complete more than 80% of their building programmes/projects in their 2022 APR.  | The RCC must impress upon the MMDAs to capture or roll-over uncompleted projects to the ensuing year's AAP as first priority.                        |
|                | 4.3 | Organization of Spatial Planning Committee meetings                     | Only 11 MDAs (Ablekuma Central, Ablekuma West, Adentan, AMA, Ayawaso East, Ayawaso North, Ayawaso West, Krowor, Okaikwei North, Shai Osudoku & Ayawaso Central) were unable to organize at least 3 Spatial Planning Committee meetings in each quarter of 2022. | The MMDAs must be impressed on to organize these meetings not just for the approval of Development permits but for development planning and control. |

| KPA             | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS                                   |
|-----------------|-----|--|--|---|
|                 | 4.4 | Building Permit applications processing                | <p>All MMDAs considered all Development permit applications received within the year 2022.</p> <p>Evidence of communication of decisions to applicants were however not available in Ayawaso East, Okaikwei North &amp; Shai Osudoku MDAs</p>  | Good practice and must be encouraged to continue. |
|                 | 4.5 | Availability of at least 2 approved local plans        | Only Krowor, Ayawaso Central & Ga East MAs did not produce at least 2 approved local plan.   | The RCC must support the MAs in this regard.      |
| Social Services | 5.1 | Compliance with Education Oversight Committee meetings | <p>Out of the 29 MMDAs only La Nkwantanang-Madina MA held only 3 out of 4 quarterly meetings in 2022.</p> <p>The meeting minutes produced Ablekuma North &amp; Ga East MAs were either not signed or were signed by recorders instead of the statutory secretaries of the committee.</p> <p>Evidence of implementation of decisions were not present in all meeting minutes in Ablekuma Central, Adentan, Krowor, Okaikwei North, Ada East, Ada West, Kpone Katamanso, La Dade Kotopon, Ledzokuku, Ningo-Prampram, Tema, Ga South &amp; Korle Klottey MMDAs.</p> | The RCC must ensure improved compliance.          |
|                 | 5.2 | Compliance with Health Oversight Committee meetings    | <p>All 29 MMDAs held 4 quarterly meetings in 2022.</p> <p>The meeting minutes produced Ablekuma North &amp; Ga South &amp; Korle Klottey MAs were either not signed or were signed by recorders instead of the statutory</p>   | The RCC must ensure improved compliance.          |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--|--|---|
|     |     |  | <p>secretaries of the committee.</p> <p>Evidence of implementation of decisions were not present in all meeting minutes in Ablekuma Central, Krowor, Ada East, Ada West, Kpone Katamanso, La Dade Kotopon, Ningo-Prampram, Tema, Ayawaso Central, Ga South &amp; Weija-Gbawe MMDAs.</p>  |   |
|     | 5.3 | Updating of Vulnerable groups list                 | <p>8 MMDAs (La Dade Kotopon, Tema, Ablekuma West, Ga Central, Ga North, Ga West, La Nkwantanang-Madina &amp; Weija-Gbawe) prepared updates but forwarded the updates to the RCC after both deadlines.</p> <p>In AMA, Okaikwei North, Ledzokuku &amp; Ningo-Prampram updates were done but not officially forwarded to the RCC.</p> <p>In Ada East DA, the updates were done and forwarded annually only.</p> | MMDAs must take these updates serious as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable groups. |
|     | 5.4 | Implementation of GBV interventions                | Only Ablekuma West, Okaikwei North, Ga North & Ningo_prampram MDAs were unable to implement more than 80% of planned GBV interventions.  | The RCC must ensure improved compliance.  |
|     | 5.5 | Management of Child Protection cases               | Only Ga North & Ada East MDAs recorded less than 80% of their reported child protection cases successfully managed.  | The RCC must ensure improved compliance.  |
|     | 5.6 | Organization of Community Mobilization & Education | Only Okaikwei North, Ningo Prampram & La Nkwantanang-Madina implemented less than 80% of   | The RCC must ensure improved compliance.  |

| KPA                  | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------------|-----|--|--|--|
|                      |     | programmes   | their Community Mobilization & Education programmes.   |  |
| Economic Development | 6.1 | Increase in yield in selected Agric produce                                    | Only Okaikwei North, La Nkwantanang-Madina & Ayawaso Central MAs reported less than 10% increase in yield of selected crops in the year 2022.  | The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MAs in the Region. |
|                      | 6.2 | Database on Farmer Based Organisations and signed MoUs by the Agric Department | No increase in number of FBOs was recorded in the year 2022 in Adentan, Okaikwei North, La Nkwantanang-Madina, Ga Central, Ga East, Ga West, Weija-Gbawe & Ashaiman MAs.<br><br>No data on FBOs was produced in Ablekuma West & Ayawaso North MAs for 2022.<br><br>No MoUs were signed in 2022 in Ablekuma West, Adentan, AMA, Ayawaso East, Okaikwei North, Ada West, Ledzokuku & Tema. | The Regional Department of Agriculture needs to intensify its technical support and oversight duties to these MMDAs.                             |
|                      | 6.3 | Implementation of Tourism related activities                                   | Only AMA & Weija-Gbawe MMAs implemented less than 80% of their planned tourism related activities in their 2022 AAP.   | The MDAs must be impressed upon to grow tourism for economic growth.   |
|                      | 6.4 | Development of LED plans   | All MMDAs had LED activities in their AAP and a separate LED plan with the exception of Ablekuma West & Okaikwei North MAs.  | The RCC must urge all MMDAs to develop a separate comprehensive LED.   |
|                      | 6.5 | Inclusion of Road Safety related activities in the 2023 AAP                    | All 29 MMDAs have Road Safety related activities included in their 2023 AAPs.  | Good practice and must be encouraged to continue.  |

| KPA                      | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|--------------------------|-----|---|---|---|
| Environment & Sanitation | 7.1 | Availability of a Disaster Preparedness Action plan & Implementation report | <p>All MMDAs have prepared Disaster Preparedness Action plans and submitted to the RCC with evidence on file with the exception of Ayawaso North &amp; Krowor, Ada East MDAs.</p> <p>Only Ga East, Shai Osudoku, Ningo-Prampram &amp; Krowor MDAs did not produce an implementation report.</p> <p>The implementation report produced in Ada West and Kpone Katamanso MDAs were not officially submitted to the RCC.</p> <p>The implementation report produced in Ablekuma West, AMA, Ayawaso North, Okaikwei North, Ga North, Korle Klottey, Ga Central, Ga West, Weija-Gbawe, Ga South MMAs were forwarded to the RCC after the submitted deadline.</p> | The RCC must enforce strict compliance.   |
|                          | 7.2 | Implementation of Environment enhancement programmes in 2022 AAP            | All MMDAs were able to implement more than 60% Environment enhancement programmes in their 2022 AAP except Okaikwei North, Korle Klottey, Ga East & Weija-Gbawe MAs.  | The RCC must enforce strict compliance.   |
|                          | 7.3 | Increase in population with household toilets                               | 10 (AMA, Ayawaso East, Ayawaso North, Krowor, Ga North, Ayawaso Central, Ga Central, Ga East, Weija-Gbawe & Ga South MMDAs) out of the 29 MMDAs recorded less than 15% increase in population with household toilets.   | MMDAs should be admonished to commit more efforts towards ending open defecation in the Region. |

| KPA | KPI | KEY ISSUES                                       | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     | 7.4 | MMDA sponsorship of Routine Cleansing activities | Only Ablekuma Central, Ablekuma West, Ablekuma North, Ga North, Korle Klottey, Ga Central & Weija-Gbawe MAs could not provide any evidence of at least one Assembly sponsored routine cleansing carried out in each quarter in year 2022. | MMDAs should be admonished to commit more resources and efforts towards improving sanitation. |

### 4.3. North East, Northern & Bono Regions

#### 4.3.1. Scope of the Assignment

The team visited and interacted with staff of North East, Northern and Bono Regional Coordinating Councils and thirty four (34) Assemblies in the three (3) Regions.

#### 4.3.2. General Outcomes

The average time taken per MMDA was 2 hours 30 minutes and 2 hours 40 minutes per RCC. In the North East Region the shortest time spent at the MMDAs visited was Yunyoo Nasuan District Assembly 1 hour 45 minutes while the longest time taken for an MMDA in the Region was 3 hours 20 minutes in Bunkprurugu DA. In the Northern region the shortest time spend in an MMDA was 1 hour 50 minutes (Saboba DA) whereas the team spent the longest time in Sagnerigu Municipal Assembly (3 hours 30 minutes). Similarly, the shortest time taken for the assessment of the MMDAs in the Bono Region was 1 hour 45minutes (Dormaa Central MA) and the longest being 3 hours 20 minutes in the Wenchi MA. All these recorded times included the courtesy call and exit meetings at each institution visited.

In the Bono region the team was joined by officers from Care International /USAID to observe the processes of the assessment.

#### 4.3.3. Specific Observations

##### For MMDAs

##### *Staff Unavailability/Absence*

In many instances there were no staff from the NADMO for assessment and in most cases the development Planning Officers stood in for them. No official reasons were given for the absence of these staff by the administrative heads of these MMDAs.

Generally, Northern Region is made up of 16 MMDAs. Most of the Staff of the Districts in the Region were living outside the District and commuted to work on daily bases this affected their effectiveness at work since most of them get exhausted upon getting to the office. The situation led to lateness to work in most cases. It appears most staff were also apathetic to work, which suggested there were leadership problems in some cases.

##### *Staff Unprofessionalism/Apathy*

Generally, some staff of Bunkprurugu DA were very apathetic towards the monitoring team. Similar situation were also observed in Tamale Metro, Nanton DA and Saboba Districts.

### *Poor leadership and coordination*

Poor leadership and coordination was observed in Bunkprurugu, Saboba and Nanton MMDAs.

The attitude and response of staff of these MMDAs clearly indicated leadership challenges.

### *Poor Visitor's Washrooms*

It was generally observed that most washrooms visited needs to be improved to include constant availability of water, soap and tissue for the hygiene of visitors/clients of the MMDAs.

The visitor's washrooms in Chereponi and Savelugu were unroofed urinals with no hand washing facilities. The visitor's washrooms in Kumbungu, Tain and Yendi were inaccessible at the time of the assessment.

That of the Tolon and Berekum West DAs were shared by both staff and visitors.

### *Website*

It was generally observed that some MMDAs still have not prioritized the development and updating of their websites continuously with relevant news items relating the activities of the departments of the MMDAs. The performance of MMDAs in the North East, Northern and Bono Regions was poor. The websites are generally active but deficient with the relevant information such as the reports, services and tourism and other relevant information.

### *Office Accommodation*

There were serious office accommodation problems at Yunyoo-Nasuan and Chereponi. (But Chereponi was about to move to their new office block and construction work on that of Yunyoo has stalled). The case of Yunyoo is very precarious and must be given special attention.

### *Human Resource Management related issues*

It was observed that there is an urgent need for staff rationalization across the regions visited. KPIs such as the development and updating of the MMDAs websites were directly linked to the availability of the required staff. IT and client service officers were found to be lacking in some MMDAs in the North East and Northern regions.

The team observed that Client Service, Physical planning Officers and IT staffs require urgent training to improve their efficiency.

*Poor minutes and report writing*

It was observed that there was poor Minutes and Report writing. In terms minutes where the technical officers were recording minutes it was more grievous. Poor report writing was predominant in the department Social Welfare and Community Development, Environmental Health. There were also poor filing systems. Again, most departments kept their files, which is technically wrong. The RMU were not used for their designated purpose.

*Misrepresentation of ISCCS meetings*

It was generally observed that majority of the MMDAs used DPCU meetings and misunderstood to represent ISCCS meetings. The invitation letters and minutes produced as evidence to the verification team were for DPCU meetings.

*Electronic Storage of Correspondence*

The overall performance of MMDAs in Northern, North East & Bono Regions was average. All the MMDAs in these Regions had some form of functioning registry software or a functioning scanner and correspondence were scanned. But the list of correspondence and scanned ones were not linked. In most cases where there were attempts they failed to keep updated list of correspondence within the duration under review.

*Functionality of the Client Service Unit*

Over 90% of Client Service Unit (CSU) officers interviewed requested for specialized client service training for improved service delivery. There was an improvement in the records keeping by the CSUs visited however majority fell short of evidence of action taken, and keeping correspondence on actions taken and evidence of communicating the actions taken to the complainants/clients.

Majority of the MMDAs are confusing or combining the functions of CSU and Public Complain Committee

#### *Adequate directional signs to MMDAs*

Most of the MMDAs visited in the three regions did not have directional signs at various locations (including boundary points) and turns with clear information to adequately direct clients and other visitors to the Assembly. There were only sign post of the offices in most cases.

#### *Falsification of Documents*

Official documents such as minutes, reports, attendance sheets, complaints records among others were established to have been falsified across various departments in most of the MMDAs visited.

#### *Poor Reporting on Agric related indicators*

A number of MMDAs visited recorded negative growth in yield for selected crops and livestock. This phenomenon was largely attributed to poor rainfall patterns in the Northern and North East Regions and rapid urbanization in areas like Sagnerigu.

On the existence of data on Farmer Base Organisations all the Districts visited have data on FBOs but in most cases do not have MoUs as expected.

#### *Planning and implementation of Tourism related activities*

No tourism related activity was implemented in most of the MMDAs in the North East Region and more than half of the MMDAs in the Northern and Bono Regions have only one activity on tourism.

#### *Availability of Disaster Preparedness Action Plan Implementation report*

The MMDAs visited generally performed very poorly on this indicator. More than 80% of the MMDAs do not have a Disaster Preparedness Action Plan and its implementation report prepared for the year 2022. In very few instances they have the template completed with implementation report but did not have the comprehensive plan.

#### *Compliance with Performance Appraisal*

More than 90% of the MMDAs visited in the three regions did not fulfill the requirement for Appraisal forms. Training is needed for all staff on the Performance Appraisal Tool as it was explicit in the failure in the completion of the Appraisal Forms by staff and their supervisors.

## **For RCCs**

### *Workplace Environment*

General office space and environment of all the three (3) RCCs were well managed. Washrooms of Bono, Northern and North East RCCs were neatly managed. There was no running water in Bono RCC, but there were water, soap and tissue in all. The Bono RCC does not have a dedicated washroom for visitors, however, they have a washroom labelled VIP apparently for very important visitors. North East RCC had moved to their new office block.

### *Website*

All the RCC visited had active Website, but only Bono RCC had adequate information to satisfy the requirement. The website of the Bono RCC was very active with substantial information on up to 8 Departments. Major tourism potentials of the region were on site. There were also some reports posted on the website. The Website of North East RCC was the least active.

### *Electronic Storage of Correspondence*

There three RCCs had evidence of software or applications capturing Scanned documents linked to list of correspondence. All the RCCs had the basic logistics their RMU. But none could be accessed by the RM or the RCD.

### *Audit Plan*

The three (3) RCCs prepared and submitted the Audit plans, but NRCC was timely than the other two (2).

### *Submission of Reports through the RCC*

It was observed that Departmental monitoring and technical backstopping reports were not sent to OHLGS and the relevant MDAs through the RCC. Most departmental heads forwarded these reports directly from their national offices and signed the transmittal letters on behalf of their RCDs. Northern RCC performed averagely while the others performed below average.

### *Approval of Regional Integrated Plan*

All three RCC performed poorly on this KPI.

#### **4.3.4. General Recommendations**

##### **For MMDAs**

MMDAs need to;

- MMDAs must be seen as corporate organizations that exist to provide services and raise the required revenue for sustained development and develop practical strategies towards achieving this objective;
- Apply the required sanctions needed for staff who are failing to perform their functions in an effective and efficient manner;
- Ensure that the Performance Appraisal Tool is fully understood and deadlines strictly adhered to;
- Ensure that the structures, roles and responsibilities in the operational manuals for the various departments are being followed to avoid collision or conflict of roles;
- Ensure that staff are continuously sensitized on the LG laws, protocols and bye laws and other sector related legislative instruments with the aim of improving staff understanding and compliance to these regulations;
- Improve on the workplace environment. Office logistics must be made available for staff to improve performance. Visitors Washrooms needs to be constantly kept clean and safe with constant supply of water, soap, tissue and hand washing facilities throughout the day;
- Commit more efforts towards ensuring compliance to provisions in the PFM law. Audit Plan needs to be prepared according to the law and well-implemented;
- Ensure that formats for reporting as well as reporting deadlines are strictly enforced to enhance accountability from the various departments and units;
- Ensure that independent websites are developed for their MMDAs and regularly updated not just with activities of the MMDCEs but of basic data of departments and units as well as reports of service delivery activities carried out by the Departments and Units and other services such as building permit application, marriage registration, business permit application processes and procedures among others in the MMDA;
- Appraisal of staff should be taken very seriously towards professionally building up staff and holding them accountable for their jobs;
- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to comfortably direct clients to the Assemblies.

## **For RCCs**

The following are some recommendations for RCCs;

- The RCCs must tighten monitoring activities of MMDAs under their Region with the aim of assisting them with technical expertise where needed;
- In Regions with IT related challenges the RCC should assist by deploying the Regional IT officer to fill in the gaps by providing technical backstopping;
- The RCCs are encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation;
- The RCC can also assist in staff audit and rationalization across the MMDAs in their Region;
- The RCCs should rationalize staff to reduce the over concentration of some staff in the peri-urban MMDAs which is to the disadvantage of the remote MMDAs.
- The RCCs should ensure that all reports emanating from the Departments, RPCU, Budget and Internal Audit units are kept by the record management unit of the RCC.

## **For OHLGS**

The following are recommendations for OHLGS to help improve on the performance of RCCs and MMDAs in their service delivery;

- Staff audit which will lead to staff rationalization across the Service should be commissioned to ensure the fair distribution of staff across the Service;
- Special attention should be given to recruitment of Physical Planning Officers for the MMDAs in the northern sector of the Country.
- There is the need for targeted training for staff of Departments and Units performing below expectation in the KPIs under this contract. Client Service officers require targeted training on how the Service requires them to professionally perform their functions. In the case of Social Welfare and Community Development officers, the OHLGS needs to consider training the staff on proper reporting and records management;
- Challenges with the HRMIS software needs to be addressed to improve the quality of data received at the OHLGS. The new HRMIS needs to be rolled up immediately to help improve significantly the staff management across all levels of the Service.
- Efforts should be intensified to improve staff performance appraisal.

**4.3.5. North East, Northern & Bono RCCs Detailed Analysis/Findings of Indicators**

Table 7: North East, Northern & Bono RCCs Detailed Analysis/Findings of each Indicator

| KPA                    | KPI  | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|------------------------|------|--|---|--|
| General Administration | 1.1  | Compliance with monthly REGSEC meetings                      | At least one monthly REGSEC meeting was held in Northern, North East and Bono, RCCs and all minutes of the meeting were signed by the RCD and the Chairman of the committee in Bono RCC.  |  |
|                        | 1.2a | Compliance with Expanded RCC                                 | Only Northern RCC held one expanded RCC meetings with signed records on file. The rest held two with appropriately signed records.<br><br>The meeting records produced by all the RCCs appear to be the normal RCC meetings and not expanded in nature. | RCC must commit to organizing expanded RCC meetings in fulfillment with the LG Law 936   |
|                        | 1.2b | Compliance with Expanded RPCU                                | Only Northern RCC held One expanded RPCU meeting, North East and Bono organized more than one expanded RPCU with records available on file.   | RCC must be encouraged to organizing expanded RPCU meetings more than once in a year in fulfillment with the LG Law 936.   |
|                        | 1.3  | Software/system for the electronic storage of correspondence | All three regions have some form of registry software and entries are linked to scanned documents.<br><br>In all cases the software were not accessible by the Regional Minister and the RCD.   | RCCs must take seriously and prioritize the implementation of effective Records Management Systems in the various institutions for efficient flow and management of information. |
|                        | 1.4  | Availability of  | All the RCC visited had active Website, but   | RCCs need to resource their IT   |

| KPA                       | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|---------------------------|-----|---|---|---|
|                           |     | website and updates   | only Bono RCC had adequate information to satisfy the requirement.  | Units improve on their websites with the aim of to manage effectively the RCC's websites.           |
|                           | 1.5 | Effectiveness of the Client Service Unit  | <p>All RCCs visited had office accommodation and basic logistics for the Client Service Unit but only the officer in the Northern RCC could not provide adequate evidence of feedback on issues addressed.</p> <p>The client service officer of the Northern RCC was not available at the time of assessment.</p> | Client Service Staff require more specialized training on complaints/enquiries handling/management. |
|                           | 1.6 | General office environment  | <p>All the RCCs visited have well managed office space and environment.</p> <p>All have well managed, dedicated visitors washrooms with running water, soap and tissue.</p> <p>The Bono RCC had labeled the dedicated visitor's washroom as VIP.</p>  | RCCs must work on continuously improving the general office environment and visitors washrooms.     |
| Human Resource Management | 2.1 | Compliance with promotion schedule with established vacancies & retirement schedules submission | All the RCCs visited prepared and submitted their established vacancies and retirement schedules on time except the Northern RCC which submitted the mid-year data after the deadline.  | The Northern RCC must work at meeting submission deadlines.   |

| KPA | KPI  | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|------|--|---|--|
|     | 2.2  | Compliance with preparation and update of annual leave management roster for 2022        | All three regions fulfilled this requirement except evidence of the update.   | OHLGS need to support the RCC and MMDA with a template for the update of this KPI.   |
|     | 2.3a | Compliance with the preparation and submission of a comprehensive Regional training plan | All the RCC visited prepared and submitted the Regional training plans including inputs of all MMDAs within the Region.   |  |
|     | 2.3b | Compliance with the implementation of RCC training plans                                 | All RCCs visited showed evidence of implementation 100% of their training plans.<br><br>But only Bono region provided evidence of training being carried with activity report.<br><br>Northern and North East could not provide evidence of activity report by activity report. | RCCs should endeavor to prepare training reports to accompany each training carried out.<br><br>The summary of training template and the quarterly report alone are not sufficient evidence of training being carried out. |
|     | 2.4  | Monitoring of PMS compliance in the Regions  | All RCCs visited undertook two monitoring exercises on the compliance of MMDAs on the Performance Contracts and reported.   | The PMS monitoring is key towards ensuring a high performance culture across the RCC and MMDAs hence must be prioritized.  |
|     | 2.5  | Compliance with  | All RCCs visited recorded more than 80% of  | RCC must take staff performance  |

| KPA                              | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------------------------|-----|--|--|--|
|                                  |     | Staff Performance Appraisal Planning for 2022                          | their staff fully complying with the appraisal.  | appraisal serious and encourage MMDA to adhere to the preparation of Appraisals. |
| Financial Management & Reporting | 3.1 | Compliance with Audit Plan preparation and submission                  | All RCCs visited fully complied with this KPI.   | The RCCs must keep this up.  |
|                                  | 3.2 | Implementation of Auditor Generals Management letter recommendations   | All RCCs visited fully complied with this KPI.   |  |
|                                  | 3.3 | Implementation of Quarterly Internal Audit recommendations             | All the internal audit recommendations for all four (4) quarters were implemented in all three (3) RCCs visited. | The RCCs must keep this up.  |
|                                  | 3.4 | Preparation and submission of Regional Integrated Budget System (RIBS) | All the visited RCCs prepared and submitted their RIBS on time, except the North East RCC.                       | The RCCs must keep this up.  |
|                                  | 3.5 | Expenditures outside GIFMIS  | All sampled expenditures for all RCCs visited were captured in GIFMIS.   | The RCCs must keep this up.  |
| Services                         | 4.1 | Submission of Departmental monitoring reports through the RCC          | Northern RCC submitted three report, Bono RCC submitted two and North East submitted one.                        |  |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--|--|---|
|     | 4.2 | Submission of quarterly RPCU monitoring reports                | North East and Northern RCC fully satisfied this KPI but Bono RCC failed.  |   |
|     | 4.3 | Submission of biannual technical backstopping reports          | Northern RCC performed averagely on this KPI, North East performed below average and Bono failed by submitting after deadline. | Bono RCC should take note of the deadlines.                             |
|     | 4.4 | Compliance on Approval of 2023 plan (Regional Integrated Plan) | All the RCC visited failed this KPI.   | All the RCCs should ensure that Regional Integrated Plans are approved. |

**4.3.6. Northern, North East & Bono Regions MMDAs Detailed Analysis /Findings of Indicators**

*Table 8: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Northern Region*

| <b>KPA</b>             | <b>KPI</b>                | <b>KEY ISSUE</b>   | <b>OBSERVATIONS</b>  | <b>RECOMMENDATIONS</b>   |
|------------------------|---------------------------|--|--|--|
| General Administration | 1.1                       | Compliance with ISCCS meetings   | Out of the 16 MMDAs, 4 (Yendi, Kumbungu, Nanumba South, Saboba & Tamale Metro) did well on this KPI while Karaga, Kpandia, Mion, Nanton, Sagnerigu, Savelugu, Tolon & Zabzugu performed averagely and the remaining performed poorly.<br><br>The none existence of some of the none decentralized department in the district affected participation. | The RCC must ensure that none decentralized departments closer districts could be invited to attend. |
|                        | 1.2                       | Compliance with the organization of sensitization workshops  | Out of the 16 MMDAs, Gushiegu, Karaga, Tamale, Mion, Saboba, Tatale & Zabzugu performed well on this indicator.  | The RCC should empower the MMDAs who performed poorly to help organize sensitization workshops.      |
|                        | 1.3                       | Software application in place  | Out of the 16 MMDAs, Yendi, Karaga, Kpandia, Nanton, Nanumba South, Sagnerigu, Savelugu, Tamale Metro, & Tolon performed fairly well.  | The RCCs must support the MMDAs with IT support services and training on electronic storage of data. |
|                        |                           | Electronic storage by scan   | The remaining did not have any form of storage system or were store but no linked.   |  |
| 1.4                    | Availability of a Website | The 16 MMDAs had websites but most of them did not update information on the various websites. Access to most of the websites was a challenge. | The RCCs must identify MMDAs who have challenges in accessing the backend of some of the websites and support them with technical  |  |

| KPA | KPI | KEY ISSUE                          | OBSERVATIONS   | RECOMMENDATONS   |
|-----|-----|------------------------------------|--|--|
|     |     | Update of website                  | 13 out of the 16 MMDAs performed poorly. Nanumba North, Nanumba South & Sagnerigu performed on average scale.  | assistance.  |
|     | 1.5 | Functional Client Service Unit     | <p>Savelugu and Tatale Sanguli, Mion &amp; Kumbungu did not perform well on this KPI.</p> <p>Generally staff were assigned to the Unit but were not trained.</p> <p>Most of the MMDAs merged either the Public Relations &amp; Complaint Unit or the Reception with the Client Service Unit.</p> <p>Most of them kept logbooks for visitors and complains</p>                                | <p>The RCCs needs to include the training of CSU officers in their training plans.</p> <p>MMDAs need to be sensitized on the difference in functions between the PRCU and the CSU.</p> |
|     | 1.6 | Well-managed workplace environment | <p>10 of the 16 MMDAs visited had poorly maintained washrooms with no running water and hand washing facilities. Kpandia, Mion, Nanumba North, Sagnerigu, Savelugu, Tamale Metro, had functioning washrooms with running water.</p> <p>Inadequate office accommodation was observed in Most MMDAs.</p> <p>Generally, the landscaping of the Assemblies visited were not well maintained.</p> | The MMDAs must be impressed upon to see the need to improve on their workplace environment especially washrooms.   |

| KPA                              | KPI  | KEY ISSUE  | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------------|------|--|---|---|
|                                  |      |  | Generally the landscapes were poorly maintained.  |   |
| HR Management                    | 2.1  | Compliance with promotion schedule with established vacancies and retirement schedule submission | 2 MMDAs (Karaga & Tolon) performed poorly on this indicator.  | The RCCs must write to the HRMs in these MMDAs to improve their performance.            |
|                                  | 2.2  | Preparation and update on annual leave roster  | The 16 MMDAs performed well in this indicator.<br><br>But 99% failed on the updates of the leave roster.  |   |
|                                  | 2.3a | Preparation of comprehensive training plan   | All the 16 MMDAs visited complied with this indicator.  |   |
|                                  | 2.3b | Implementation of training plan and submission of quarterly reports                              | Karaga and Mion performed averagely on this KPI   |   |
|                                  | 2.4  | Compliance with Staff Performance Appraisal Planning for 2022                                    | 5 (Yendi, Sagnerigu, Tamale, Tatale Sanguri and Zabzugu) out of the 16 MMDAs did comply with this indicator.<br><br>11 of the MMDAs performed poorly in this indicator. | The MMDCD must see to it that HoD completes Appraisal Plans and Reports of their staff. |
| Financial Management & Reporting | 3.1  | Revenue Improvement Action Plan  | Only 1 MMDA Tatale Sanguli, Nanumba North and South not satisfy this indicator.   | The RCC should empower the poorly performed MMDA to meet its target.                    |

| KPA            | KPI | KEY ISSUE   | OBSERVATIONS   | RECOMMENDATIONS   |
|----------------|-----|---|--|---|
|                |     |   | 13 out of the 16 MMDAs met the requirement and did well.   |   |
|                | 3.2 | Efforts into Street Naming  | Out of the 16 MMDAs, 14 performed poorly. Only 2 (Zabzugu and Savelugu) performed well in this indicator.  | The RCCs must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs achieve this KPI. |
|                | 3.3 | Meetings towards implementation of the Auditor's Generals recommendations | Out of the 16 MMDAs, (Yendi, Gushiegu, Nanumba North and South, Sagnerigu, Savelugu, Tamale and Zabzugu) performed poorly in this indicator.         | The MMDCD must ensure Audit committee meetings are held.  |
|                | 3.4 | Meetings towards implementation of Internal Audit recommendations         | Out of the 16 MMDAs (Nanumba North and South Tamale & Tolon) performed poorly in this indicator.   | The MMDCD must ensure Audit committee meetings are held   |
|                | 3.5 | Expending on activities outside the AAP                                   | Out of the 16 MMDAs, 6 (Tatale Sanguri, Tolon, Savelugu, Saboba, Nanumba North and South and Kpandai) performed poorly and did not satisfy this KPI. | RCC should monitor and ensure that the various MMDAs satisfy the KPI.   |
|                | 3.6 | Data on properties.   | 3 MMDAs (Mion, Saboba and Tatale Sanguir, Nanumba North and South) did not satisfy this KPI.   | RCC should provide technical support.   |
| Infrastructure | 4.1 | Level of achievement in the implementation of planned road projects       | 7 MMDAs (Gushiegu, Kpandai, Nanton, Savelugu, Tatale Sanguli, Nanumba North and South and Zabzugu) did not satisfy this requirement.                 | RCC should provide technical support.   |
|                | 4.2 | Level of achievement in the implementation of planned Building            | Out of the 16 MMDAs, Only 1 (Tatale Sanguli) satisfied this KPI.   | RCC should provide technical support.   |

| KPA             | KPI | KEY ISSUE   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----------------|-----|---|--|---|
|                 |     | and Infrastructure projects   | 15 MMDAs performed poorly in this KPI.   |   |
|                 | 4.3 | At least three (3) Spatial Planning Committee meetings held each quarter by the end of the year | Out of 16 MMDAs, MMDAs (Kumbungu, Nanumba North and South, Saboba, and Tatale Sanguli) performed poorly and did not meet this KPI. | MMDCD should be encouraged to perform the duty.   |
|                 | 4.4 | Meetings to consider building Permit applications   | Yendi, Gushiegu, Kumbungu, Mion, Nanumba North and South, Saboba & Tamale Metro did not perform this KPI.                          | RCC should provide technical support.   |
|                 | 4.5 | Development of Local Plan   | Karaga, Nanton, Nanumba North and South, Saboba, Zamzugu & Tatale Sanguli did not satisfy this KPI                                 | RCC should provide technical support.   |
| Social Services | 5.1 | Compliance with Education Oversight Committee meetings  | The 16 MMDAs Nanumba North and South did not satisfied this KPI.   |   |
|                 | 5.2 | Compliance with Health Oversight Committee meetings   | Nanumba South, Tatale Sanguli, Tolon, Nanumba North and Karaga). did not satisfy this KPA.   | The MMDAs should collaborate with Department of health  |
|                 | 5.3 | Updating of Vulnerable groups list  | Karaga, Nanumba South, Savelugu, Tatale Sanguli and Zabzugu performed poorly and did not satisfy KPI.                              | These Assemblies must take these updates serious as these updates serve as basis for the formulation of social policies and programs that affect the vulnerable groups. |
|                 | 5.4 | Actions taken on reported GBVCs   | Kpandai and Nanumba South did not satisfy this KPI.  |   |
|                 | 5.5 | Actions taken towards managing Child  | Gushiegu and Nanumba South did not satisfy this KPI.   | Good practice must be encouraged.   |

| KPA                      | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS  |
|--------------------------|-----|---|---|--|
|                          |     | Protection cases  |   |  |
|                          | 5.6 | Compliance with the organization of Community Mobilization & Education programs | With the exception of Nanumba South and Zabzugu, all the MMDAs performed well on this KPI.  | Good practice must be encouraged.  |
| Economic Development     | 6.1 | Selected Crops & livestock  | 3 MMDAs (Gushiegu, Kumbungu, Nanumba North & South and Saboba performed poorly on this KPI.   | Good practice must be encouraged.  |
|                          | 6.2 | Data on farmer groups / organisations   | Tatale Sanguli, Nanumba North & South performed poorly on this KPI.   | Good practice must be encouraged.  |
|                          | 6.3 | Approved Tourism related activities   | 5 MMDAs (Gushiegu, Kpandai, Nanton, Nanumba North & South, Sagnerigu, saboba, Tatale Sanguli and Tolon) performed poorly on this KPI.                 | The RCC must provide Technical support to these MMDAs.                                   |
|                          | 6.4 | Local Economic Development  | 4 MMDAs (Kpandai, Nanton, Nanumba North & South Tamale and Tolon) performed poorly on this KPI.<br><br>The other 12 MMDAs performed well on this KPI. | The RCC must provide Technical support to these MMDAs.                                   |
|                          | 6.5 | Road Safety related activities  | 2 MMDAs (Karaga Nanumba North & South and Sagnerigu) performed poorly on this KPI.  | The RCC must provide Technical support to these MMDAs.                                   |
| Environment & sanitation | 7.1 | Preparation of Disaster Management Implementation reports                       | 7 MMDAs (Karaga, Mion, Nanton, Saboba, Savelugu, Tatale Sanguli and Tolon) did not satisfy this KPI and performed poorly.                             | There the need for the MMDCD to ensure these plans and reports and reports are prepared. |
|                          | 7.2 | Environment   | All the MMDAs had included Environmental  | There the need for the MMDCD to  |

| KPA | KPI | KEY ISSUE  | OBSERVATIONS   | RECOMMENDATONS   |
|-----|-----|--|--|--|
|     |     | enhancement programmes                             | enhancement programs in the AAP.   | ensure these plans and reports and reports are prepared.   |
|     | 7.3 | Population with household toilets increased by 15% | MMDA (Saboba) performed poorly and did not satisfy this KPI.<br><br>15 MMDAs met this requirements under this KPI. |  |
|     | 7.4 | MMDA sponsorship of Routine Cleansing activities   | 4 MMDAs (Karaga, Saboba, Sagnerigu and Tolon) performed poorly and did no satisfy this KPI.                        | These MMDAs should be admonished to commit more resources and efforts towards improving sanitation. The RCC should ensure that the MMDAs comply with this directive. |

Table 9: Detail Analysis /Findings of each Indicator for ALL MMDAs Bono Region

| KPA                    | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS   |
|------------------------|-----|---|---|---|
| General Administration | 1.1 | Compliance with ISCCS meetings  | Out of the 12 MMDAs, 3 (Dormaa East, Jaman North and Tain) performed poorly and did not satisfy this directive.<br><br>Generally some MMDAs did not have some decentralized departments within the District.                  | MMDAs should be directed to comply with ISCCS meetings and produce reports.   |
|                        | 1.2 | Compliance with the organization of sensitization workshops                       | 7 MMDAs (Berekeum East, Berekeum West, Dormaa East, Banda, Dormaa Central, Jaman North and Jaman South did not performed well on this KPI.  | Best practice must be encouraged at the MMDAs.<br><br>MMDAs should ensure that sensitization programs are organized at least twice a year.                                      |
|                        | 1.3 | Software application in place for Records Management                              | 2 MMDAs (Berekeum West and Jaman South) out of the 12 did not perform well on this KPI.   | The RCCs must support the MMDAs with IT support services.   |
|                        | 1.4 | Availability and update of a Website  | 7 MMDAs (Banda, Berekeum West, Dormaa Centra, Dorma East, Jaman North, Sunyani West and Tain) did not perform well on this KPI  | The RCCs must identify MMDAs without IT officers and websites and support with technical assistance.  |
|                        | 1.5 | Establishment of the Client Service Unit<br><br>Staffing and training of the Unit | 2 out of the 9 MMDAs did not perform well on this KPI (Banda and Berekeum West).<br><br>Where the Client service unit was established the staff had not been trained.<br><br>In many Cases the reception was also used as the | The RCCs needs to include the training of CSU officers in their training plans.<br><br>MMDAs needs to be sensitized on the difference in functions between the PRCU and the CSU |

| KPA           | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS   |
|---------------|-----|---|---|---|
|               |     |   | Client service unit.  |   |
|               | 1.6 | Poorly maintained washrooms<br><br>Office Accommodation<br><br>Landscaping                        | 1 MMDA (Wenchi) did not satisfy this KPI.<br><br>Most of Assemblies visited had poorly maintained washrooms with no running water and hand washing facilities.<br><br>Generally, the landscaping of the Assemblies visited were fairly well maintained. | The MMDAs must be advised to improve on their workplace environment especially washrooms.<br><br>The MMDAs should be directed to ensure that there is running water at the various washrooms. |
| HR Management | 2.1 | Compliance with promotion schedule with established vacancies and retirement schedules submission | Generally all the MMDAs prepare and submit this report on schedule.   | The RCCs need to insist on this report being submitted and on time.   |
|               | 2.2 | Preparation and update on annual leave roster   | Generally all the MMDAs prepare and submit this report on schedule but there were no evidence of approval and updates.  | The RCCs need to insist on this comprehensive report being submitted and on time.   |
|               | 2.3 | Preparation of comprehensive training plan<br><br>Implementation of Training plan                 | Generally all the MMDAs prepare and submit this report on schedule.<br><br>3 MMDAs (Dormaa East, Jaman South and Tain) performed poorly on this indicator.  | The RCCs must provide IT support services to poor performing MMDAs in this area.  |
|               | 2.4 | Compliance with Staff Performance Appraisal Planning for 2022                                     | Berekum West, Dormaa East, Jaman South and Tain out of 12 did not satisfy this KPI.   | MMDCD should appeal to HoDs to prepare appraisals with their staff and sign them.   |

| KPA                              | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------------|-----|---|---|---|
| Financial Management & Reporting | 3.1 | Revenue Improvement Action Plan   | All the MMDAs performed well on this KPI.   | Best practice should be encouraged.   |
|                                  | 3.2 | Efforts into Street Naming  | Only 1 (Dormaa West) performed well on this indicator.<br><br>The other 11 MMDAs performed poorly on this KPI.                                      | The RCCs must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs achieve this KPI. |
|                                  | 3.3 | Meetings towards implementation of the Auditor's Generals recommendations | 3 MMDAs (Dormaa East, Dorma and Tain) out of 12 performed well on this KPI.<br><br>The other 9 MMDAs performed poorly and did not satisfy this KPI. | The MMDAs must be directed to comply with the Public Financial Management Act 2016 (Act 921).                                   |
|                                  | 3.4 | Meetings towards implementation of Internal Audit recommendations         | 3 MMDAs (Berekum West, Sunyani and Tain) out of 12 performed poorly on this KPI.  | The MMDAs must be directed to comply with the Public Financial Management Act 2016 (Act 921).                                   |
|                                  | 3.5 | Expending on activities outside the AAP                                   | 4 MMDAs (Berekum East, Dormaa West, Tain and Wenchi) performed poorly on this KPI.  | The MMDAs must be directed to comply with the Public Financial Management Act 2016 (Act 921).                                   |
|                                  | 3.6 | Data on properties  | All MMDAs in the region satisfied this KPI.   | Best practice should be encouraged.   |
| Infrastructure                   | 4.1 | Level of achievement in the implementation of planned road projects       | 2 MMDAs (Sunyani West and Wenchi) out of 12 performed poorly on this KPI.   | RCC should ensure that the MMDAs comply with this KPI.  |
|                                  | 4.2 | Level of achievement  | All the 12 MMDAs performed poorly on this KPI.  | The MMDAs must be directed to   |

| KPA             | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----------------|-----|---|---|--|
|                 |     | in the implementation of planned Building and infrastructural projects                          |   | take this very seriously.  |
|                 | 4.3 | At least three (3) Spatial Planning Committee meetings held each quarter by the end of the year | 1 MMDA (Berekum East) performed poorly on this KPI.   | The MMDAs must be directed to take this very seriously.                    |
|                 | 4.4 | Meetings to consider building Permit applications   | 6 MMDAs (Berekum East, Dormaa Central, Dormaa East, Jaman South, Tain and Wenchi) did not satisfy this KPI. | The MMDAs must be directed to take this very seriously.                    |
|                 | 4.5 | Development of Local Plan   | 2 MMDAs (Berekum East and Jaman South) did not have spatial plans.  | MMDAs must be given technical support to develop their spatial plans.      |
| Social Services | 5.1 | Compliance with Education Oversight Committee meetings  | 1 MMDAs (Banda) did not satisfy this KPI.   | MMDAs must liaise with department of Education to organize these meetings. |
|                 | 5.2 | Compliance with Health Oversight Committee meetings   | All the MMDAs satisfied this KPI.   | MMDAs must liaise with department of Health to organize these meetings.    |
|                 | 5.3 | Updating of Vulnerable groups list  | All the MMDAs provided evidence of updating their vulnerable group list.                                    |  |
|                 | 5.4 | Actions taken on reported GBVCs   | MMDAs reported that this activity is normally reported to the police.                                       |  |
|                 | 5.5 | Actions taken   | Generally this KPI was satisfactorily performed   |  |

| KPA                               | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----------------------------------|-----|---|---|---|
|                                   |     | towards managing Child Protection cases   | by the MMDAs  |   |
|                                   | 5.6 | Compliance with the organization of Community Mobilization & Education programmes | Generally this KPI was satisfactorily performed by the MMDAs.   |   |
| Economic Development              | 6.1 | Selected Crops & livestock  | 4 MMDAs (Banda, Berekum West, Dormaa Central, Jaman North and Sunyani Municipal) out of 12 did not meet this requirement. | MMDAs should be advised on reporting on this indicator.           |
|                                   | 6.2 | Data on Farmer groups /organization   | 1 MMDA (Jaman north) did not meet this requirement on this KPI.   | MMDAs should be advised on reporting on this indicator.           |
|                                   | 6.3 | Approved Tourism related activities   | All the MMDAs in the Region performed well on this KPI.   |   |
|                                   | 6.4 | Local Economic Development  | 2 MMDAs (Berekum West and Sunyani Municipal) performed poorly on this KPI.  | MMDAs should be advised to local economic development seriously.  |
|                                   | 6.5 | Road Safety related activities  | 2 MMDAs (Banda and Tain) out of 12 performed poorly on this indicator.  | MMDAs should be advised to take road safety activities seriously. |
| <b>Environment and sanitation</b> | 7.1 | Preparation of Disaster Management Implementation reports                         | 5 (Dormaa East, Dormaa West, Jaman South, Sunyani and Tain) did not perform well on this KPI.                             | MMDAs should be advised on reporting on this indicator.           |

| KPA | KPI | KEY ISSUE  | OBSERVATIONS   | RECOMMENDATONS  |
|-----|-----|--|--|---|
|     | 7.2 | Environment enhancement programmes                 | 1 MMDA (Dormaa East) did not adhere to this KPI.<br><br>The other 11 MMDAs met this requirement on this KPI. | Best practice must be encouraged.   |
|     | 7.3 | Population with household toilets increased by 15% | All the MMDAs met this requirement on this KPI.  | Best practice must be encouraged.   |
|     | 7.4 | MMDA sponsorship of Routine Cleansing activities   | 2 MMDAs (Jaman North and Tasin) did not perform well on this KPI.  | MMDAs should be admonished to commit more resources and efforts towards improving sanitation. |

Table 10: Detail Analysis /Findings of each Indicator for ALL MMDAs North East Region

| KPA                    | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS   |
|------------------------|-----|---|---|---|
| General Administration | 1.1 | Compliance with ISCCS meetings                              | Out of the 6 MMDAs, 2 (Bunkpurugu Nakpanduri and Chereponi) not satisfy this KPI.<br><br>The non-existence of some of the non decentralized departments in the district affected participation.           | The RCC must ensure that none decentralized departments closer districts could be invited to attend.  |
|                        | 1.2 | Compliance with the organization of sensitization workshops | Out of the 6 MMDAs, Bunkpurugu Nakpanduri, Chereponi and Mamprugu Moagduri performed poorly on this indicator.  | The RCC should empower the MMDAs who performed poorly to help organize sensitization workshops.   |
|                        | 1.3 | Software application in place for Records Management        | 3 MMDAs (Mamprusi East, Bunkpurugu Nakpanduri and Chereponi) performed poorly on this indicator.<br><br>Record storage was not done electronically by most of the MMDAs.                                  | The RCCs must support the MMDAs with IT support services and training on electronic storage of data.  |
|                        | 1.4 | Availability and update of a Website                        | The 16 MMDAs had websites but most of them did not update information on the various websites. Access to most of the websites was a challenge.<br><br>All the 6 MMDAs performed poorly on this indicator. | The RCCs must identify MMDAs who have challenges in accessing the backend of some of the websites and support them with technical assistance. |
|                        | 1.5 | Establishment of the Client Service Unit                    | 1 MMDA (Bunkpurugu Nakpanduri) did not satisfy this KPI. The other 5 MMDAs performed fairly well.<br><br>Staff assigned to the Unit were not trained in   | The RCCs needs to include the training of CSU officers in their training plans.   |

| KPA           | KPI  | KEY ISSUE   | OBSERVATIONS   | RECOMMENDATIONS   |
|---------------|------|---|--|---|
|               |      |   | <p>most of the MMDAs.</p> <p>Most of them kept logbooks for visitors and complains.</p>  |   |
|               | 1.6  | <p>Poorly maintained washrooms</p> <p>Office Accommodation</p> <p>Landscaping</p>                 | <p>1 of the MMDAs (Chereponi) did not meet this require on the KPI.</p> <p>Inadequate office accommodation was observed in Most MMDAs.</p> | The MMDAs must be urged to improve on their workplace environment especially washrooms. |
| HR Management | 2.1  | Compliance with promotion schedule with established vacancies and retirement schedules submission | All the MMDAs performed well on this indicator.  |   |
|               | 2.2  | Preparation and update on annual leave roster   | <p>1 MMDA (Bunkpurugu Nakpanduri) performed poorly this indicator.</p> <p>All the MMDAs visited complied with this indicator.</p>          | MMDAs should be advised to submit report on salary validation on time.                  |
|               | 2.3a | Preparation of training plan  | All the MMDAs visited complied with this indicator.  |   |
|               | 2.3b | Implementation of Training Plan and submission of quarterly reports                               | All the MMDAs complied with this indicator   |   |

| KPA                              | KPI | KEY ISSUE   | OBSERVATIONS   | RECOMMENDATIONS   |
|----------------------------------|-----|---|--|---|
|                                  | 2.4 | Compliance with Staff Performance Appraisal Planning for 2022             | Chereponi and Mamprugu Moagduri did not comply with this KPI   | RCCs should ensure that the MMDAs take Appraisal serious.   |
| Financial Management & Reporting | 3.1 | Revenue Improvement Action Plan   | 1 MMDA (Bunkpurugu Nakpanduri) not satisfy this indicator.   | The RCC should empower the poorly performed MMDA to meet its target.  |
|                                  | 3.2 | Efforts into Street Naming  | Only 1 MMDA (Mamprugu Moagduri) performed well on this indicator.<br><br>The other 5 MMDAs performed poorly on this KPI.   | The RCCs must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs achieve this KPI. |
|                                  | 3.3 | Meetings towards implementation of the Auditor's Generals recommendations | Out of the 6 MMDAs, 3 (Mamprusi West, Bunkpurugu Nakpanduri and Chereponi) performed well on this KPI.<br><br>East Mamprusi, Mamprugu Moagduri and Yunyoo Nasuan performed poorly on this KPI. | The MMDCD must ensure Audit committee meetings are held.  |
|                                  | 3.4 | Meetings towards implementation of Internal Audit recommendations         | 1 MMDA (Bunkpurugu Nakpanduri) performed poorly on this KPI.<br><br>The other 5 MMDA performed well on this KPI.   | The MMDCD must ensure Audit committee meetings are held   |
|                                  | 3.5 | Expending on activities outside the AAP                                   | 2 MMDAs (Bunkpurugu Nakpanduri and Chereponi) performed poorly and did not satisfy this KPI.   | RCC should monitor and ensure that the various MMDAs satisfy the KPI.   |
|                                  | 3.6 | Data on properties.   | Out of the 6 MMDAs, 2 (Mamprusi East and Mamprugu Moagduri) performed well on this KPI.  | RCC should provide technical support.   |

| KPA            | KPI | KEY ISSUE   | OBSERVATIONS   | RECOMMENDATIONS                                 |
|----------------|-----|---|--|---|
|                |     |   | The other 4 MMDAs performed poorly on this KPI.  |   |
| Infrastructure | 4.1 | Level of achievement in the implementation of planned road projects                             | Out of the 6 MMDAs, 3 (West Mamprusi, Yunyoo Nasuan and Chereponi) performed well on this KPI.<br><br>(Bunkpurugu Nakpanduri, East Mamprusi and Mamprugu Moagduri) performed poorly on this KPI  | RCC should provide technical support.           |
|                | 4.2 | Level of achievement in the implementation of planned building and infrastructural projects     | Out of the 6 MMDAs, 3 (Bunkpurugu Nakpanduri, Mamprusi West and Chereponi) performed poorly on this KPI.<br><br>Mamprugu Moagduri, East Mamprusi, and Yunyoo Nasuan) performed well on this KPI. | RCC should provide technical support.           |
|                | 4.3 | At least three (3) Spatial Planning Committee meetings held each quarter by the end of the year | Out of 6 MMDAs, 1 MMDA (East Mamprusi) performed poorly and did not meet this KPI.   | MMDCD should be encouraged to perform the duty. |
|                | 4.4 | Meetings to consider building Permit applications   | Out of the 6 MMDAs, 3 (Mamprusi West, Mamprugu Moagduri and Chereponi) performed well on this KPI.<br><br>Bunkpurugu Nakpanduri, East Mamprusi, and Yunyoo performed poorly on this KPI.         | RCC should provide technical support.           |
|                | 4.5 | Development of  | All the MMDAs did not satisfy this KPI   | RCC should provide technical                    |

| KPA             | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----------------|-----|---|---|---|
|                 |     | Local Plan  |   | support.  |
| Social Services | 5.1 | Compliance with Education Oversight Committee meetings                          | 1 MMDA (Bunkpurugu Nakpanduri) did not satisfy this KPI.<br><br>The other 5 MMDAs performed well on this KPI. |   |
|                 | 5.2 | Compliance with Health Oversight Committee meetings                             | All the MMDAs not satisfied this KPA.   | The MMDAs should collaborate with Department of health  |
|                 | 5.3 | Updating of Vulnerable groups list  | All the MMDAs performed well on this KPI.   | These Assemblies must take these updates serious as these updates serve as basis for the formulation of social policies and programs that affect the vulnerable groups. |
|                 | 5.4 | Actions taken on reported GBVCs   | 1 MMDA (East Mamprusi) did not satisfy this KPI.<br><br>The other 5 MMDAs performed well on this indicator.   |   |
|                 | 5.5 | Actions taken towards managing Child Protection cases                           | All the MMDAs satisfied this KPI and performed well.  | Good practice must be encouraged.   |
|                 | 5.6 | Compliance with the organization of Community Mobilization & Education programs | 2 MMDAs (East Mamprusi and Mamprugu Maogduri) performed poorly on this KPI.                                   | Good practice must be encouraged.   |
| Economic        | 6.1 | Selected Crops &  | Out of the 6 MMDAs, 3 (East Mamprusi,   | Good practice must be   |

| KPA                        | KPI | KEY ISSUE   | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------|-----|---|---|---|
| Development                |     | livestock   | Bunkpurugu Nakpanduri and Chereponi) performed poorly on this KPI.<br><br>Mamprugu Moagduri, West Mamprusi, and Yunyoo Nasuan performed well on this KPI.                             | encouraged.   |
|                            | 6.2 | Data on Farmer Groups/ Organisation                       | Out of 6 MMDAs, (Bunkpurugu Nakpanduri) performed poorly on this KPI.<br><br>The 5 MMDAs performed fairly well on this KPI.   | Good practice must be encouraged.   |
|                            | 6.3 | Approved Tourism related activities                       | 3 MMDAs (West Mamprusi, East Mamprusi and Yunyoo Nasuan) performed poorly on this KPI.<br><br>The other 3 MMDAs performed well on the KPI   |   |
|                            | 6.4 | Local Economic Development                                | 2 MMDAs (Mamprugu Moagduri and Chereponi) performed poorly on this KPI.   |   |
|                            | 6.5 | Road Safety related activities                            | 2 MMDAs (West Mamprusi and East Mamprusi) performed poorly on this KPI.   | The MMDAs should be urged to organize road safety related activities and produce reports on activities. |
| Environment and sanitation | 7.1 | Preparation of Disaster Management Implementation reports | 5 MMDAs (Bunkpurugu Nakpanduri, Chereponi, Mamprugu Moagduri, West Mamprusi, and Yunyoo Nasuan) performed poorly on this KPI.<br><br>East Mamprusi performed fairly well on this KPI. | There the need for the MMDCD to ensure these plans and reports and reports are prepared.                |
|                            | 7.2 | Environment enhancement programmes                        | All the 6 MMDAs had included Environmental enhancement programs in the AAP.   |   |

| KPA | KPI | KEY ISSUE  | OBSERVATIONS   | RECOMMENDATONS |
|-----|-----|--|--|----------------|
|     | 7.3 | Population with household toilets increased by 15% | All the 6 MMDAs met the requirements under this KPI. |                |
|     | 7.4 | MMDA sponsorship of Routine Cleansing activities   | All the MMDAs performed well and satisfied this KPI. |                |

## 4.4. Eastern Region

### 4.4.1. Scope of the Assignment

The Team performed the end of year assessment on Eastern Regional Co-ordinating Councils (ERCC) and Thirty Three (33) MMDAs in the Eastern Region.

### 4.4.2. General Outcomes

The time spent on the RCC was 2 hours 36 minutes and average per MMDA was 3 hours 55 minutes. The shortest time spent on MMDAs visited was 2 hours 47 minutes in Kwaebirem Municipal Assembly while the longest time spent was 5 hours 6 minutes in Lower Manya Krobo Municipal Assembly.

All these recorded times included the entry and exit conferences at each institution visited.

### 4.4.3. Specific Observations

#### **For MMDAs:**

#### *Punctuality*

Lateness to work is a challenge. A random check was conducted at some MMDAs and most staff were late to work.

#### *Leadership and coordination*

Generally, the team observed good leadership and coordination among some MMDAs such as Yilo Krobo, Kwahu West, Atiwa East, New Juaben North, among others. Management of these MMDAs adequately coordinated and organized their staff to be fully prepared with their files and reports.

#### *Visitor's Washrooms*

It was generally observed that most washrooms visited have improved and had water, soaps and tissue available for the hygiene of visitors/clients of the MMDAs.

The visitor's washrooms in Kwahu East were unroofed urinals with no hand washing facilities.

#### *Website*

It was generally observed that most MMDAs have improved in the update of contents on their websites. Only 2 MMDAs did not have a standard functioning website.

### *Compliance with Performance Appraisal*

Most MMDAs were unable to ensure staff complete their appraisals properly and timely. Out of the 33 MMDAs, 21 representing 63.64% had most of their staff defaulted in completing their appraisals as expected.

Six (6) MMDAs representing 18.18% had more than 80% of their appraisals properly completed and signed. These include Okere, Asuogyaman, Nsawam Adoagyiri, Denkyembour, Kwahu East and Atiwa West. The remaining six (6) representing 18.18% also had more than 80% of staff filled their appraisals but had issues with them.

### *Training plan implementation & Reporting*

All MMDAs had Training Plan prepared and submitted before deadline. However, not all were able to be implemented.

### *Staffing*

Some Assemblies lack staff in the following areas:

- Physical Planning Officer – Kwahu Afram Plains North, Akyemansa, Kwahu South
- Records officers- Kwahu Afram Plains South, only 1 at Kwahu East
- MIS officer – Upper Manya Krobo
- No substantive EHO in Akyemansa

### *Unsigned minutes of meetings*

Most MMDAs had minutes of meetings not properly recorded and signed.

### *Poor preparation of Plans*

Some MMDAs had planned activities without clear or specific indicators and outcomes which makes it difficult to measure and assess outcomes. Some also had activities that are not achievable due to some constraints such as limited funds.

### *ISCCS meetings*

Most MMDAs did not have presentations by the various agencies for the Mid-year review and End of year meetings. Only a few MMDAs had good ISCCS reports.

Difficulties in getting all non-decentralized Departments, SOEs and Public Corporations etc. in participating in joint stakeholder's meetings in some MMDAs

### *Records Management*

Some MMDAs still have inadequate logistics for the Records Management Unit, hence inability to fully migrate and implement the new filing system. Only a few have fully migrated.

Most MMDAs are using Microsoft Excel Application in capturing correspondence. Few are using MS Access and HTML applications. Among all the MMDAs, only two MMDAs have their Correspondence accessible by their MCDs from their offices.

### *Client Service Unit*

With the exception of one Assembly, there were clearly marked and dedicated offices for Client Service with basic logics like furniture, log books available. Complaints log books were available with few without contact details. About 54% of the Client Service Officers have officially been trained.

### *Adequate directional signs to MMDAs*

With the exception of four (4) (12%) MMDAs namely Akwapem South, Birim Central, Kwahu South and New Juaben North did not have adequate directional sign-posts at various locations (including boundary points) and turns with clear information to adequately direct clients and other visitors to the Assembly.

### *Agriculture Performance*

Generally, there was an increase in crops/livestock yield across most MMDAs. Some MMDAs also had new FBOs formed with 2022 with available signed MoUs and Agreements.

### *Planning and implementation of Tourism related activities*

About 69% of the MMDAs were able to implement their planned tourism related activities by the end of the year 2022.

### *Availability of Disaster Preparedness Action Plan Implementation report*

Nsawam Adoagyiri and Atiwa East were the only MMDAs that had their Disaster Preparedness Action Plan and its implementation Report prepared and submitted to the RCC before deadline. Seven (7) others representing 21% also did but submitted their reports by the deadline.

Furthermore, a total of fifteen (15) making 45% had their plan but had a problem with or did not have the implementation report. The remaining nine (9) representing 27% did not have a plan.

## **For RCC**

### *Workplace Environment*

The general office space and environment of the RCC was well managed. Washrooms were neatly managed with running water, soap and tissue.

### *Website*

The RCC had a functional website in the year with activity updates done on a monthly basis. Also, there is other vital information on tourism, documents, etc.

### *Electronic Storage of Correspondence*

Not all scanned documents were linked to the registry. There is no linked to enable RCD access the database.

### *Delay in the Release of Funds*

The delay in the release of funding to the RCCs resulted in the delay of implementation of a few monitoring and technical backstopping activities such as the RPCU, PMS and Departmental monitoring exercises.

### *Compliance with Performance Appraisal*

Although more than 80% of staff completed their Appraisals, some were not properly done. The RCC can do better by ensuring all staff comply.

## **4.4.4. General Recommendations**

### **For MMDAs**

MMDAs need to;

- i. Start seeing and positioning the Assemblies as corporate organizations that exist to provide services and raise the required revenue for sustained development and develop practical strategies towards achieving this objective;
- ii. Apply the required sanctions needed for staff who are failing to perform their functions in an effective and efficient manner;
- iii. Ensure that the Performance Appraisal Tool is fully understood and deadlines strictly adhered to;
- iv. Ensure that staff are continuously sensitized on the LG laws, protocols and bye laws and other sector related legislative instruments with the aim of improving staff understanding and compliance to these regulations;

- v. Improve on the workplace environment and office space. Office logistics must be made available for staff to improve performance. Visitors Washrooms needs to be constantly kept clean and safe with constant supply of water, soap, tissue and hand washing facilities throughout the day;
- vi. Commit more efforts towards ensuring compliance with provisions in the PFM law. Audit committees needs to be fully set up according to the law and well resourced to function adequately;
- vii. Ensure that formats for reporting as well as reporting deadlines are strictly adhered to enhance accountability from the various departments and units;
- viii. Ensure that websites of MMDAs are regularly updated not just with activities of the MMDCEs but of basic data of departments and units as well as reports of service delivery activities carried out by the Departments and Units. Other services such as building permit application, marriage registration, business permit application processes and procedures among others in the MMDA must be available. Tourism sites must be created and updated on the websites;
- ix. Appraisal of staff should be taken very seriously towards professionally building up staff and holding them accountable for their jobs;
- x. Take steps to ensure that directional sign-posts with the right information are adequately placed at all vantage points (including boundary points) to comfortably direct clients to the Assemblies.
- xi. Improve and provide need resources to the Records Management Unit to fully integrate the new system. Also ensuring all correspondence for both incoming and outgoing are captured and scanned into a database and linkage do for accessibility by MMDCDs/MMDCEs.
- xii. MMDAs are encouraged to praise and motivate well performing staff and Departments/Units to serve as examples to others.

### **For RCC**

The following are some recommendations for RCC;

- i. The RCC must tighten monitoring activities of MMDAs with the aim of assisting them with technical expertise where needed;
- ii. The RCC should provide technical backstopping to the Departments in MMDAs with issues;
- iii. The RCC is encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation;
- iv. The RCC can also assist in staff audit and rationalization across the MMDAs within the Region.

**For OHLGS**

The following are some recommendations for OHLGS to help improve on the performance of RCCs and MMDAs in their service delivery;

- i. Staff audit which will lead to staff rationalization across the Service should be commissioned to ensure the fair distribution of staff across the Service;
- ii. There is a need for targeted training and sensitization for KPIs underperformed.
- iii. The need to institute a system (such as educational scholarships, accommodation, etc) to motivate Staff working in remote MMDAs like Kwahu, Afram Plains North, Kwahu Afram Plains South, Ayensuano, etc.
- iv. Develop and ensure the use of standard and harmonized reporting format for all activities within Departments/ Units across all levels in the service.

**4.4.5. Eastern RCC Detailed Analysis/Findings of Indicators**

Table 11: Eastern RCC Detail Analysis /Findings of each Indicator

| KPA                    | KPI  | KEY ISSUES                              | OBSERVATIONS   | RECOMMENDATIONS  |
|------------------------|------|---|--|--|
| General Administration | 1.1  | Compliance with monthly REGSEC meetings | 12 meetings organised: 3 in each quarter. Invitation letters letters available.<br><br>Signed Minutes for all 12 meetings were provided.<br><br>15 Decisions recorded in all. 14 of the decisions implemented representing 93.0% | It's a good practice, the RCC is encouraged to keep it up.               |
|                        | 1.2a | Compliance with Expanded RCC            | 2 meetings organised with minutes and invitation letters.  | It's a good practice, the RCC is encouraged to keep it up.               |
|                        | 1.2b | Compliance with Expanded RC meetings    | 2 meetings held with minutes and invitation letters.   |  |
|                        | 1.3  | Electronic storage of correspondence    | Entering of correspondences done for some months though all documents were scanned for all the 12 months.  | RCC should ensure the RMU comply with this indicator.                    |
|                        | 1.4  | Routine website updates                 | Activities updates were published on the website for only 11 months.<br><br>There is inadequate information on functions of departments, documents, annual reports, Services, tourism, etc captured on website.                  | RCC should ensure necessary and regular updates are done on the website. |

| KPA                       | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS                   |
|---------------------------|-----|---|---|-----------------------------------|
|                           | 1.5 | Effectiveness of the Client Service Unit  | <p>There is a dedicated and clearly marked office for CSU.</p> <p>Basic logistics available include furniture, laptop, log books, phone, TV, etc.</p> <p>Officer trained in 2022 at a workshop in Kumasi organized by OHLGS. Report was available.</p> <p>Complaints log book available. Calls and verification made.</p> |                                   |
|                           | 1.6 | General office environment  | <p>There are visible directional sign posts located at advantageous places outside the Office.</p> <p>Washroom was clean and with water, soap and tissues available.</p> <p>General landscape well maintained and office space cleaned.</p>   |                                   |
| Human Resource Management | 2.1 | Compliance with promotion schedule with established vacancies & retirement schedules submission | <p>2 composite promotion schedules for all MMDAs and the RCC with established vacancies for 2021 prepared.</p> <p>Retirement schedule for 2023 was also prepared and submitted.</p>   | RCC should continue the good work |

| KPA                              | KPI  | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS                    |
|----------------------------------|------|--|--|------------------------------------|
|                                  | 2.2  | Annual Leave management roster   | Leave Roster prepared and approved but no submission of quarterly reports on update.   | RCC must ensure compliance         |
|                                  | 2.3a | Compliance with the preparation and submission of a comprehensive Regional training plan | Training Plan was prepared and submitted to OHLGS before deadline  | RCC should continue the good work  |
|                                  | 2.3b | Compliance with the implementation of RCC training plans                                 | Training plan involving 5 planned activities were implemented with evidence of a 4 quarterly training reports submitted.                 | RCC should continue the good work  |
|                                  | 2.4  | Monitoring of PMS compliance in the Region   | 2 PMS monitoring done and 2 comprehensive reports submitted to OHLGS   | RCC should continue the good work  |
|                                  | 2.5  | Compliance with Staff Performance Appraisal for 2022                                     | 171 out 209 Staff representing 81% had their Appraisals fill and available.<br><br>However, 2 sampled Appraisals not properly completed. | RCC must ensure strict compliance. |
| Financial Management & Reporting | 3.1  | Compliance with Audit Plan preparation and submission                                    | Plan prepared and submitted to various offices   | RCC should continue the good work  |
|                                  | 3.2  | Implementation of Auditor Generals Management letter recommendations                     | The RCC was not cited in 2021 AG report  |                                    |

| KPA      | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS                   |
|----------|-----|--|---|-----------------------------------|
|          | 3.3 | Implementation quarterly Internal Audit recommendations                | All recommendations implemented   | RCC should continue the good work |
|          | 3.4 | Preparation and submission of Regional Integrated Budget System (RIBS) | Regional Integrated Budget System (RIBS) prepared and submitted to OHLGS on 28/10/23. | RCC should continue the good work |
|          | 3.5 | Expenditures outside GIFMIS  | All 6 expenditure sampled were processed through GIFMIS.                              | RCC should continue the good work |
| Services | 4.1 | Submission of Departmental monitoring reports through the RCC          | 2 Departmental quarterly reports submitted  | RCC should continue the good work |
|          | 4.2 | Submission of quarterly RPCU monitoring reports                        | 4 RPCU quarterly monitoring reports prepared and submitted.                           | RCC should continue the good work |
|          | 4.3 | Submission technical reports of biannual backstopping                  | 4 Departments gave technical backstopping and reports submitted to the OHLGS          | RCC should continue the good work |
|          | 4.4 | Submission of 2023 Regional Integration Plan                           | RIP prepared and submitted to OHLGS before deadline.                                  | RCC should continue the good work |

**4.4.6. Eastern Region MMDAs Detailed Analysis/Findings of Indicators**

Table 12: Detail Analysis /Findings of each Indicator for ALL Eastern Region MMDAs

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|------------------------|-----|--|--|--|
| General Administration | 1.1 | Compliance with ISCCS meetings                           | <p>Out of the 33 MMDAs, only 7 (Asuogyaman, Akyemansa, Abuakwa South, Kwahu West, Atiwa East, New Juaben North and New Juaben South) representing 21% held joint stakeholder mid-year review session with presentations for the year 2022 and that of the planning for the year 2023 to ensure a co-ordinated approach to development and management of the MMDAs.</p> <p>24 MMDAs (72%) undertook either review meetings with presentation or planning meetings, all with signed minutes as evidence.</p> <p>Birim Central and Suhum Municipalities did not comply with this indicator.</p> | The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.   |
|                        | 1.2 | Compliance with the organization of sensitization forums | 4 MMDAs namely Akwapim South, Asene-Manso-Akroso, Ayensuano, and Fanteakwa North, organized at least 2 sensitization forums for staff on Local Governance Act, 2016 (Act 936), Protocols, MMDAs Bye Laws and other relevant  | The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols, etc. MMDAs are encouraged to use their Senior Officers within the MMDA or |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     |  | <p>enactments.</p> <p>4 MMDAs who organized forums did not produce reports.</p>   | <p>RCC as facilities or trainers for such workshops or forums.</p>        |
|     | 1.3 | Electronic capturing and storage of correspondence | <p>Most MMDAs were using Microsoft Excel Application in capturing correspondence. Few were using MS Access and HTML applications.</p> <p>Among the 33 MMDAs, only 2 (Denkyembour and Kwahu West) had captured and stored all their correspondence and linked their database for accessible by their Coordinating Directors. 17 MMDAs also captured and stored their correspondence for at least 9 months but were not accessible by their Coordinating Directors.</p> <p>Lower Manya Krobo and Birim North did not have any database application for capturing their correspondence with the remaining not capturing as expected.</p> | <p>The RCC must support the MMDAs with IT support services.</p>           |
|     | 1.4 | Availability and Update of Website                 | <p>Generally, there is an improvement in the updates of contents on websites for most MMDAs.</p> <p>Among the 33 MMDAs visited, only 2</p>  | <p>MMDAs should also prioritize and ensure the MIS unit is resourced.</p> |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|--|--|--|
|     |     |  | <p>(Asuogyaman and Atiwa West) did not have standard websites hosted on a recognized domain.</p> <p>The 31 MMDAs have active websites with 11 (33%) exceptionally having all the required updates and vital information.</p>   |  |
|     | 1.5 | <p>i. Clearly marked office space for Client Service Unit.</p> <p>ii. Availability of basic logistics</p> <p>iii. Staffing and training of the Unit</p> <p>iv. Compliant Records Logbook</p> | <p>Only Okere District Assembly did not have a clearly marked office for Client Service Unit.</p> <p>All MMDAs had some basic logistics such as furniture, log books, files, phone, etc.</p> <p>All MMDAs visited had Client Service Officers. About half of these officers have received various training in Client Service.</p> <p>Only Afram Plains North did not have a Complaints logbook located at the Client Service Unit. All complaints were recorded at the DCE/DCD Secretariat.</p> <p>Some MMDAs did not capture contact details of complainants.</p> | <p>The RCC needs to prioritize the training of CSU officers in their training plans.</p> |
|     | 1.6 | i. Office Sign posts &   | Only Akwapem South, Birim Central,   |  |

| KPA                       | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS                        |
|---------------------------|-----|---|--|--|
|                           |     | Directional Signs<br><br>ii. Clean visitor's washrooms<br><br>iii. Office Accommodation<br><br>iv. General office environment/landscape | Kwahu South and New Juaben North have adequate directional sign-posts at various locations (including boundary points) and turns with clear information to adequately direct clients and other visitors to the Assembly.<br><br>Appreciable number of MMDAs visited have clean visitors' washrooms with water, soap, tissue, etc.<br><br>Office accommodation of MMDAs well clean besides challenges with office space for Kwahu East and Upper Manya Krobo.<br><br>More than half of all MMDAs had a well-maintained landscape. |  |
| Human Resource Management | 2.1 | Compliance with promotion schedule with established<br><br>Vacancies and retirement schedule submission                                 | 29 MMDAs (88%) out of the 33 prepared and submitted their retirement schedules for 2023 as well as composite promotion schedules with established vacancies for 2022 by deadline.<br><br>However, Denkyembour and Akyemansa only prepared and submitted retirement schedules for 2023 while Kwahu Afram Plains South and Kwahu South prepared  | The RCC must ensure strict compliance. |

| KPA       | KPI  | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|-----------|------|---|--|--|
|           |      |   | and submitted only composite promotion schedules with established vacancies for 2022.  |  |
|           | 2.2  | Preparation and management of leave roster                    | Only Denkyembour had a perfect score. The other MMDAs had their leave rosters approved but did not all reports submit quarterly reports  | The RCC must ensure strict compliance.   |
|           | 2.3a | Comprehensive training plan                                   | All 33 MMDAs had a perfect score in this indicator.  | The MMDAs must be encouraged to keep this up.  |
|           | 2.3b | Training of MMDA staff  | 18 MMDAs representing 54% implemented at least 80% of their training plans with their quarterly training reports prepared and submitted.<br><br>11 MMDAs (33%) which also submitted their quarterly reports but could not produce transmittal letters for reports submitted by consultants or could not implement at least 80% of their plans. | The RCC must ensure strict compliance.   |
|           | 2.4  | Compliance with Staff Performance Appraisal Planning for 2022 | Only 6 MMDAs (18%) had more than 80% of their staff completed their Appraisals and 4 sampled fully completed and signed.<br><br>21 other MMDAs (64%) had less than 80% of their Appraisals completed.  | The RCC must intensify training on the Performance Appraisal Tool for staff of MMDAs under their jurisdiction. |
| Financial | 3.1  | Compliance with the   | All 33 MMDAs visited prepared their  | The RCC must ensure strict   |

| KPA                    | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|------------------------|-----|---|---|---|
| Management & Reporting |     | preparation and submission of RIAP                      | RIAP and approved by respective General Assemblies but only Ayensuano and Kwahu Afram Plains South did not submit theirs to the RCC.  | compliance.   |
|                        | 3.2 | Efforts into Street Naming                              | Only Fanteakwa North did not undertake any activity on the mounting of new signages in the year 2022.   | The RCC must take steps to assist Fanteakwa North in this area.   |
|                        | 3.3 | Implementation of the Auditor General's recommendations | Only 11 MMDAs (33%) namely Okere, Akwapim South, Upper West Akim, West Akim, Kwaebibirem, Denkyembo, Asene Manso Akroso, Birim Central, Kwahu West, Atiwa West and New Juaben North had fully implemented recommendations contained in 2021 Auditor General's Report. | The RCC must step up monitoring of MMDAs in ensuring MMDAs comply   |
|                        | 3.4 | Implementation of Internal Audit recommendations        | Apart from Lower Manya Krobo, Kwaebibirem and Ayensuano, all the other MMDAs have implemented all Internal Audit recommendations from 4 <sup>th</sup> Quarter 2021, 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> quarters of 2022.                           | The RCC must step up monitoring of MMDAs particularly Lower Manya Krobo, Kwaebibirem and Ayensuano to ensure necessary actions are taken. |
|                        | 3.5 | Expending on covered activities in the AAP              | About 58% of MMDAs captured all Projects in Contract Register with payments in 2022.  | The RCC must step up monitoring of MMDAs for compliance.  |
|                        | 3.6 | Updating of data on rateable properties                 | All MMDAs updated their data on rateable properties. However, about half of the MMDAs did not present the   | The RCC must ensure compliance.   |

| KPA            | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS                 |
|----------------|-----|---|--|---------------------------------|
|                |     |   | updated data to the F & A sub-committee and a few did not have their revenue estimate based on the fee fixing resolution and the updated database.   |                                 |
| Infrastructure | 4.1 | Level of achievement in the implementation of planned road projects                   | Only 5 MMDAs namely Okere, Akwapim South, Upper West Akim, Denkyembour and Birim Central were not able to implement at least 80% of their road programmes/projects in their 2022 APR.  |                                 |
|                | 4.2 | Level of achievement in the implementation of planned building and structure projects | Only 3 MMDAs (Birim North, Fantekwa North and Kwahu South) could not implement at least 80% of their approved programmens for buildings and structures.  |                                 |
|                | 4.3 | Organization of Spatial Committee meetings  | <p>Only Fantekwa South and Kwahu Afram Plains North District Assemblies could not provide evidence for holding at least 3 meetings per each quarter.</p> <p>Yilo Krobo, Akuapem North, Nsawam Adoagyiri, Kwahu West, Kwahu South, Kwahu East, Atiwa East, Atiwa West and</p> <p>New Juaben North held all 12 meetings with PVs, signed invitation letters and minutes.</p> | The RCC must ensure compliance. |
|                | 4.4 | Building Permit   | Only New Juaben North successfully   | The RCC must ensure compliance. |

| KPA             | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----------------|-----|--|--|---|
|                 |     | applications processing                                | processed all building permit applications and communicated decisions to all applicants via whatsapp messages. The rest processed and approved at least 90% but with no proper feedback.   |   |
|                 | 4.5 | Availability of at least 2 Local Plans                 | All MMDAs had at least 2 local plans except Okere and Fanteakwa South Districts.   | The RCC must support the MMDAs in the development of the Local Plans. |
| Social Services | 5.1 | Compliance with Education Oversight Committee meetings | <p>Birim North held only 3 quarterly meetings while Okere, Lower Manya Krobo, Upper Manya Krobo, Akuapem North, West Akim</p> <p>Kwaebibirem, Asene Manso Akroso, Birim Central, Fanteakwa North, Fanteakwa South, Kwahu Afram Plains North and</p> <p>New Juaben South held all 4 quarterly meetings with signed invitation letters, minutes but there was no clear evidence of implementation of decisions for at least 3 quarters.</p> <p>Only 10 MMDAs held all 4 quarterly meetings and evidence of implementation of decisions of previous meetings in all 4</p> | The RCC must ensure compliance.                                       |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|---|---|---|
|     |     |   | quarters were available.  |   |
|     | 5.2 | Compliance with Health Oversight Committee meetings   | <p>Only Yilo Krobo, Nsawam Adoagyiri, Achiase, Akyemansa, Ayensuano, Fanteakwa North, Abuakwa South, Fanteakwa South, Kwahu Afram Plains South, Atiwa East and New Juaben North held all 4 quarterly meetings and evidence of implementation of decisions of previous meetings in all 4 quarters were available.</p> <p>15 MMDAs organized at least 3 meetings but did not implement decisions of previous meetings in at least 3 quarters.</p> | The RCC must ensure compliance.   |
|     | 5.3 | Updating of Data on Vulnerable groups                 | <p>More than 60% had data on vulnerable groups updated twice and submitted to RCCs before deadline.</p> <p>West Akim, Kwaebibirem and Suhum updated their data annually. Birim North had data updated but no submission.</p>  | The MMDAs must take these updates serious as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable groups. |
|     | 5.4 | Implementation of Gender Based Violence interventions | Only Upper Manya Krobo District Assembly did not implement its planned Gender Based Violence intervention (preventive) programmes   | The RCC must ensure compliance.   |
|     | 5.5 | Management of Child                                   | All MMDAs assessed recorded more than   | This is a good practice, must be  |

| KPA                  | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------------|-----|--|---|--|
|                      |     | Protection cases   | 60% of reported cases successfully managed.   | encouraged to continue.  |
|                      | 5.6 | Organization of Community Mobilization and Education programmes  | All MMDAs assessed implemented more than 60% of their planned intervention programmes   | This is a good practice, must be encouraged to continue.   |
| Economic Development | 6.1 | Increase in yield in selected Agric produce  | Majority of MMDAs of about 87% reported at least 10% increase in yield of selected crops/livestock in the year 2022.<br><br>Negative growth in yield was recorded in Upper West Akim District Assembly.           | The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region. |
|                      | 6.2 | i. Increment in the percentage of FBOs registered year on year.<br><br>ii. Evidence of signed MoUs facilitated by Agric Directors. | About 27 MMDAs representing 82% recorded at least 5% increase in the number of new FBOs registered.<br><br>22 out of the MMDAs representing 67% produced signed MoUs and Agreements facilitated by the Directors. | The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region. |
|                      | 6.3 | Implementation of Tourism related activities   | About 70% of MMDAs implemented their planned Tourism related activities.  | The RCCs should ensure MMDAs pay attention to the tourism opportunities and as such develop and enhance them.                                      |
|                      | 6.4 | Availability of Local Economic Development (LED) plan  | Most MMDAs visited have a comprehensive LED plan document. Only 4 did not have the document though their activities were captured in the 2023 AAP.  | The RCCs must enforce compliance.  |
|                      | 6.5 | Inclusion of Road Safety   | Asuogyaman and Fanteakwa North were   | The RCCs must enforce compliance.  |

| KPA                      | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|--------------------------|-----|---|---|---|
|                          |     | related activities in 2023.   | the only MMDAs that did not have Road Safety related activities captured in their 2023 AAPs.  |   |
| Environment & Sanitation | 7.1 | Availability of a Disaster Preparedness Action plan & Implementation report | <p>9 MMDAs (27%) visited had no Disaster Preparedness Action Plan.</p> <p>6 representing 18% had the Plan but did not prepare and submit implementation report.</p> <p>Also 16 MMDAs which had the Plan submitted their implementation report to the RCC on deadline.</p> <p>Only Nsawam Adoagyiri and Atiwa East which also had a Plan, did well by submitting their implementation report to the RCC before deadline.</p> | The RCCs must enforce compliance.   |
|                          | 7.2 | Implementation of Environment enhancement programmes in 2022 AAP            | All MMDAs except for Okere and Upper West Akim District Assemblies recorded at least 40% of their planned interventions implemented by the end of 2022.   | The RCCs must enforce compliance.   |
|                          | 7.3 | Increase in population with household toilets                               | <p>Akwapem South and Lower Manya Krobo could not provide any information for this indicator.</p> <p>All other MMDAs recorded at least 15% increase in Household toilets by the end</p>  | MMDAs should be admonished to commit more efforts towards ending open defecation in the Region. |

| KPA | KPI | KEY ISSUES                   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|------------------------------|--|---|
|     | 7.4 | Routine Cleansing activities | <p>of the year 2022.</p> <p>Akwapem North Municipal Assembly could not show any evidence for routine clean-up activities.</p> <p>Nsawam Adoagyiri Municipal organized only 1 clean-up exercise.</p> <p>12 MMDAs (36%) had 4 quarterly clean-ups while 11 (33%) and 8 (24%) had 3 and 2 quarterly clean-up activities respectively.</p> | The MMDAs should be admonished to commit more resources and efforts towards improving sanitation. |

## 4.5. Oti and Volta Regions

### 4.5.1. Scope of the Assignment

The team was assigned to the Oti and Volta regions. A total of Twenty-Seven (27) MMDAs and Two (2) Regional Coordinating Councils were assessed. Oti Region comprised of nine (9) MMDAs (Biakoye, Krachi East Municipal, Krachi West, Krachi Nchumuru, Nkwanta North, Nkwanta South Municipal, Kadjebi, Guan and Jasikan) and the Oti RCC.

The Volta Region, on the other hand, had eighteen (18) MMDAs (Hohoe, Afadzato, Kpando, North Dayi, South Dayi, Ho Municipal, Ho West, Adaklu, Agotime-Ziope, Akatsi North, Akatsi South, Central Tongu, South Tongu, North Tongu, Ketu North, Ketu South, Alonga and Keta) and the Volta RCC.

### 4.5.2. General Outcomes

Generally, the level of co-operation was very high. The enthusiasm of officials was encouraging. Except for some Heads of Departments and Scheduled Officers of some Assemblies who were not keen and therefore were not forthcoming with the necessary documentations and files.

The other challenge was with departments which were outside the Assemblies premises. Sometimes the team had to sit several minutes to hours waiting for them to respond to issues and submitting files.

### 4.5.3. General Observations

#### MMDAs

- i. Some reports submitted for review seemed to be forged (cooked) as the reports (letters, minutes and warrants) were not signed. Others were just printed for the exercise because they were hot/warm, an indication that such reports were just printed.
- ii. In most of the Assemblies the Chief Executives and Co-ordinating Directors showed active interest in the exercise.
- iii. Most Co-ordinating Directors were not able to access the electronic mails from the comfort of their offices.
- iv. Most of the Assemblies were not able to provide evidence of implementations of the decisions taken in the education oversight and health committee.
- v. Most MMDAs had only one ISCCS meeting and always attempted to use town hall meetings in place of the ISCCS.

- vi. On the issue of the website, most MMDAs were not able to meet the 12 monthly update and capturing of functions of the department and services provided by the department were not on the websites.
- vii. Almost all of them have training plans with implementation reports with some without transmittal letters forwarding the reports so also the activity reports only a few were not having activity reports.

#### **4.5.4. Specific Observations**

##### **MMDAs**

- i. Most of the decentralized departments were far from the offices of the District Assembly and thus made it difficult for the officers to reach the office on time. As a result the team spent quite a long time with the Assembly.
- ii. North Dayi website was one of the best with functions, services and updates with write ups and reports.
- iii. Akatsi South MA has a very bad washroom with stint and not accessible by staff.
- iv. At the Kpando MA, the team had to wait for them after 9:30am before a few of them could assemble for the entrance conference.
- v. Officers of the Agortime Ziope DA were not keen on the exercise though they were informed and briefed at the entrance meeting, they were not forthcoming with the necessary documentation and files.
- vi. Jasikan District Assembly offices were so crowded. The DCDs office for example was very unkempt. He did not show any interest in the exercise.
- vii. North and South Tongu District Assemblies had the lowest Performance Appraisal compliance rate across two (2) Regions assessed.

##### **RCCs**

- i. It was observed that the Human Resource Managers of the RCCs understood the exercise better and took it seriously than other Departmental Heads.
- ii. The Executive Officer at Volta Regional Co-ordinating Council, Ms. Kafui a Senior Executive Officer, her commitment to duty was exceptional. She stood in for the heads with regards to all documents and files at the Registry. She acquitted herself credibly and needs commendation and recognition.
- iii. VRCC website was excellent with functions of the department and the least update per month was 14.

#### **4.5.5. General Recommendations**

Heads of Departments and Scheduled Officers who showed lack of interest in the Performance Contract should be sanctioned to deter others from such misconduct or misbehavior. Presently, because sanctions are on Assemblies and Co-ordinating Council, some Heads of Departments and Officers involved do not attach any seriousness to the exercise.

##### **For OHLGS**

- i. OHLGS should continue to sensitize MMDCEs and MMDCDs to sustain their interest on the performance contract.
- ii. The RCC should be encouraged to assess the MMDAs on the deliverables on their performance indicators.

##### **For RCC**

Regional Co-ordinating Directors should assess the MMDAs on the deliverables on the performance indicators.

##### **For MMDAs**

Co-ordinating Directors should ensure that Heads of Departments are involved as soon as the Performance contract are signed so that they would own the deliverables in the Performance Contract rather than assembling them to produce forged/doctored reports and documents during the assessments.

**4.5.6. Oti & Volta RCCs Detailed Analysis/Findings of Indicators**

Table 13: Oti & Volta RCCs Detail Analysis /Findings of each Indicator

| KPA                    | KPI  | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|------------------------|------|--|--|---|
| General Administration | 1.1  | Organization of REGSEC meetings.   | VRCC had more than 12 monthly meetings held. Invitation letters, attendance sheets and signed minutes available on file. ORCC  | VRCC should keep it up but ORCC should ensure that Monthly meetings are held and properly document/file the minutes, invitation letters and signed attendance sheets. |
|                        | 1.2a | Compliance with Expanded RCC   | VRCC organized 2 meetings and has Invitation letters, attendance sheets and signed minutes all on file. However, ORCC organized only one meeting with invitation letters, signed minutes on file for verification. | ORCC should ensure that at least one ISCC meeting is held quarterly.  |
|                        | 1.2b | Compliance with Expanded RPCU  | Both RCCs performed well in this indicator. They both organized RPCU meeting with invitation letters and signed minutes available for verification.  | Both RCCs should keep it up.  |
|                        | 1.3  | Software in place. Storage devices in place. Training of Staff.                        | VRCC has a dispatch book for incoming and outgoing mails and mails are accessible electronically. However, ORCC RCD could not assess the electronic mails.   | The IT staff at ORCC should link the electronic mails to the RCD for him to be able to assess the mails on time.  |
|                        | 1.4  | Website updated monthly with information and activities of the Departments of the RCC. | VRCC has a Functional website which is updated regularly with stories and pictures of activities of the various departments and units but ORCC failed to update their website with departmental activities.        | VRCC should keep it up.   |
|                        | 1.5  | Functional Client Service Unit.  | Both RCCs have a dedicated client service unit office.   | Both RCCs should keep it up   |

| KPA                       | KPI  | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|---------------------------|------|---|--|--|
|                           |      | Officer at post. Training of Officer. Well-furnished Office. Complaint book   | Manage by a trained Officer as well. Both RCCs have a complaint book. ORCC does not have enough office space.  | and always provide training for the Officers to keep them updated.             |
|                           | 1.6  | Good landscape, clean washrooms, visible sign post and well maintained workplace.   | Both RCCs have a well-managed workplace environment including clean washrooms with running water and soap, adequate office space, visible office sign post and a good general landscape. | Both RCCs should always keep their environment clean especially the washrooms. |
| Human Resource Management | 2.1  | Available composite promotion schedules for 2022 and 2023 retirement schedule.  | Both RCCs have their 2 composite promotion schedules with established vacancies and one retirement schedule on file before deadline.   | RCCs should keep it up.  |
|                           | 2.2  | The RCCs had their leave roster for the 2022 calendar year submitted on or before deadline and quarterly update the leave roster. | Both VRCC and ORCC performed well in this indicator.   | RCCs should keep it up   |
|                           | 2.3a | Both RCCs had their Comprehensive Training plan prepared and submitted to the OHLGS before deadline.                              | Both VRCC and ORCC performed well in this indicator  | RCCs should keep it up.  |
|                           | 2.3b | VRCC and ORCC has more than 80% of the training plan implemented. Invitation letters and reports.                                 | Both VRCC and ORCC performed well in this indicator  | RCCs should keep it up.  |
|                           | 2.4  | VRCC and ORCC has the monitoring report submitted to the OHLGS by the end of July   | Both VRCC and ORCC performed well in this indicator<br>RCCs have 2 monitoring reports available on file.   | RCCs should keep it up.  |

| KPA                              | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------------|-----|--|---|---|
|                                  |     | 2022 and January 2023. Transmittal letters available.  |   |   |
|                                  | 2.5 | VRCC and ORCC have their Staff Appraisal Schedule implemented  | Both VRCC and ORCC performed well in this indicator<br>Both have over 90% staff appraised.                            | RCCs should keep it up  |
| Financial Management & Reporting | 3.1 | Both RCCs Annual Audit plan has been prepared and submitted to all before deadline.                                    | RCCs Audit plan for 2022 seen and was submitted before the deadline.  | RCCs should keep it up.   |
|                                  | 3.2 | Recommendations contained in 2021 Auditor General's Management Letter are fully implemented by the end of the year.    | VRCC Management letter recommendations were all implemented. ORCC had their management on 18/04/2023                  | VRCC should keep it up.   |
|                                  | 3.3 | Availability of 4th quarter 2021 and 1st, 2nd and 3rd quarter 2022 reports. All recommendations have been implemented. | All recommendations were implemented in the VRCC Internal Audit reports but in case of ORCC not all were implemented. | VRCC should keep it up and ORCC should ensure that all issues identified in the Internal Audit Reports should be rectified. |
|                                  | 3.4 | VRCC and ORCC Budget has been prepared and submitted before deadline.  | Both RISBS was submitted before the deadline.   | RCCs should keep it up.   |
|                                  | 3.5 | Sampled expenditure was processed through GIFMIS.  | Sampled expenditures were processed through the GIFMIS.   | Both RCCs should always process its expenditures through GIFMIS.  |

| KPA      | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS              |
|----------|-----|---|--|------------------------------|
| Services | 4.1 | Departments have submitted quarterly reports by deadline.     | All departments submitted their reports before the deadline to the RCCs                                  | Both RCCs should keep it up. |
|          | 4.2 | RPCU quarterly monitoring reports were submitted by deadline. | RPCU quarterly reports seen and submitted before the deadline to the RCCs                                | Both RCCs should keep it up. |
|          | 4.3 | Department technical backstopping report was submitted        | Technical backstopping reports seen on four departmental areas and were submitted within the given time. | Both RCCs should keep it up. |
|          | 4.4 | RIP prepared in accordance with the L.I 2023 and submitted    | RIP prepared in accordance with the L.I 2023 and submitted to OHLGS before deadline.                     | Both RCCs should keep it up. |

**4.5.7. Oti & Volta Regions MMDAs Detailed Analysis/Findings of Indicators**

Table 14: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Volta Region

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|------------------------|-----|--|---|--|
| General Administration | 1.1 | Some of the Assemblies had planned for the meetings but could not hold all the meetings particularly the planning session (for the year 2023). | 12 out of the 18 Assemblies performed fairly well in this indicator. Agotime-Ziope Dis. Assembly performed very poor and the remaining 5 Assemblies performed well in this indicator. | Assemblies should ensure that stakeholders meetings are held for both planning and mid-year review sessions.                             |
|                        | 1.2 | Some of the Assemblies could not produce the relevant documents to support the sensitization forums held for the year.                         | 13 Assemblies out of the 18 Assemblies performed well in this indicator. Only 5 Assemblies performed fairly in this indicator.  | Assemblies are encourage to hold the meetings dully.   |
|                        | 1.3 | Some of the Assemblies had their incoming and outgoing mails computerized but not updated timely.  | 6 out of the 18 Assemblies performed well while 12 Assemblies performed fairly in this indicator.   | Assemblies should update their mails on time.  |
|                        | 1.4 | Most of the Assemblies have their website functioning but with few updated with departmental programmes.                                       | Only Ho MA, Ho West and Hohoe MA performed well in this indicator. The other 15 Assemblies performed fairly.  | The Assemblies should to update their website with departmental functions and programmes, services, activities, reports and site visits. |

| KPA                       | KPI  | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|---------------------------|------|--|---|---|
|                           | 1.5  | Most of the Assemblies had Officers at post, complaint book available but untrained Officers.  | Only Afadzato South D/A, Ketu North and Keta M/A performed well out of the 18 Assemblies  | Assemblies should ensure that Officers are trained as the Client Service Unit is the first point of call at the Assembly. |
|                           | 1.6  | Most of the Assemblies have untidy environment.  | 16 out of the 18 Assemblies performed fairly in this indicator. Only, Kpando Mun. Ass and Akatsi South Mun. Ass performed poorly in this indicator.             | Assemblies should ensure that their washrooms are tidy and have visible sign post.  |
| Human Resource Management | 2.1  | Most of the Assemblies have their promotion and retirement schedules in place and letters dispatched.  | 16 out of the 18 Assemblies performed well in this indicator. Only North Davi Dis. Assembly and Agotime-Ziope Dis. Assembly performed fairly in this indicator. | Assemblies are encouraged to dispatch their letters on timely basis.  |
|                           | 2.2  | Most of the assemblies had their leave roster for the 2022 calendar year submitted on or before deadline but do not quarterly update the leave roster. | Only Akatsi south M/A, Anloga D/A, Ketu North M/A and South Tongu D/A performed well out of the 18 Assemblies.  | Assemblies are encouraged to dispatch their comprehensive reports on timely basis.  |
|                           | 2.3a | All Assemblies had their Comprehensive Training plan prepared and submitted to the RCCs on time.   | All the 18 Assemblies performed well in this indicator.   | All the Assemblies should keep it up.   |

| KPA                              | KPI  | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------------------------|------|---|--|--|
|                                  | 2.3b | Most Assemblies had at least 80% of their Training Plan of MMDA implemented and composite quarterly report submitted on time. | 32 out of the 35 Assemblies performed well in this indicator. Only Jasikan Dis. Assembly and Krachi Nchumuru Dis. Assembly performed fairly in this indicator.   | Assemblies should have their training report prepared and submitted to OHLGS.                                |
|                                  | 2.4  | Most of them do not have their Staff Appraisal Schedule implemented.  | 12 out of the 18 Assemblies performed well with 3 Assemblies performing fairly in this indicator. Only South Tongu Dis. Assembly, North Tongu Dis. Assembly and Ketu South Mun. Assembly performed poorly in this indicator. | Assemblies should ensure that Staff Appraisal Schedule is implemented.                                       |
| Financial Management & Reporting | 3.1  | Some Assemblies could not produce RIAP. Some also prepared it after the deadline.   | Only 6 out of the 18 Assemblies performed well in this indicator. 11 Assemblies performed fairly in this indicator. Only Afadzato South Dis. Assembly performed poorly in this indicator.                                    | Assemblies should ensure that RIAP is prepared before the deadline.  |
|                                  | 3.2  | Most of the Assemblies have their street naming processes seen but no minute was sighted.                                     | 14 out of the 18 Assemblies performed well in this indicator. Ketu North Mun. Assembly, Ketu South Mun. Assembly, North Tongu Dis. Assembly and South Tongu Dis. Assembly performed poorly in this indicator.                | The Assemblies should document their street namings for easy assessment and comparability to previous years. |
|                                  | 3.3  | Most of the Assemblies have their status of implementation but were not implemented.  | 15 out of the 18 Assemblies performed well in this indicator. Kpando Mun. Assembly, Ketu South Mun. Assembly and North Tongu Dis. Assembly performed poorly by   | Assemblies should have an operating Audit Committee.   |

| KPA            | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------|-----|--|--|--|
|                |     |  | scoring zero in this indicator.  |  |
|                | 3.4 | Most the Assemblies have their audit reports but their transmitted letters were not available for verification. Findings were not duly implemented by most Assemblies. | 17 out of the 18 Assemblies performed well in this indicator. Only Kpando Mun. Assembly performed poorly in this indicator.  | Assemblies should ensure that audit plans are implemented.   |
|                | 3.5 | Most of the Assemblies have less than 90% of 2021 actual expenditure covered activities in the approved Annual Action Plan.  | 8 out of the 18 Assemblies performed well in this indicator. 9 Assemblies performed fairly in this indicator. Only Keta Mun. Assembly performed poorly in this indicator.              | Assemblies should ensure that at least 90% of their actual expenditure covers activities in the Approved Annual Action Plan. |
|                | 3.6 | Most Assemblies do not have minutes of F&A meeting and verified consideration of fee fixing.   | Only Adaklu Dis. Assembly, Akatsi South Mun. Assembly, Akatsi North Dis. Assembly and Ketu North Mun Assembly performed well in this indicator. 14 performed fairly in this indicator. | Assemblies should ensure that F&A meetings are held for the consideration of the fee fixing.                                 |
| Infrastructure | 4.1 | Most of them have their annual action plan available with most of the road projects completed and others ongoing.  | All the 18 Assemblies performed well in this indicator.  | All Assemblies should keep it up.  |
|                | 4.2 | Most of them have their annual action plan   | 15 out of the 18 Assemblies performed well in this indicator. Only Keta Mun. Assembly,   | Assemblies should monitor the progress of the building projects.   |

| KPA             | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----------------|-----|--|---|--|
|                 |     | available with some of the Building projects completed and others ongoing.   | South Dayi Dis. Assembly and Kpando Mun. Assembly performed fairly in this indicator.   |  |
|                 | 4.3 | Most of the Assemblies have their committee in place. The rest have inaugurated committees and meetings.                               | 16 out of the 18 Assemblies performed well in this indicator. North Tangu Dis. Assembly and Ketu South Mun. Assembly performing poorly in this indicator.     | The 2 Assemblies should ensure that the committees are inaugurated and also hold meetings.         |
|                 | 4.4 | Most Assemblies received and considered most applications which were recommended by TSC and approved by SPC at their various meetings. | 16 out of the 18 Assemblies performed well in this indicator. North Tongu Dis. Assembly and Ketu South Mun. Assembly performed poorly in this indicator.      | Assemblies should communicate to applicants through letters and their respective Assembly Members. |
|                 | 4.5 | Most Assemblies do have their Local Plans in place.  | 8 out of the 18 Assemblies performed well in this indicator. 10 Assemblies performed fairly in this indicator.  | Assemblies should ensure that local plans are prepared and approved.                               |
| Social Services | 5.1 | Some of them have their meetings held, minutes and invitation letters seen and verified.   | Only North Dayi D. A, Ketu North M. A, Hohoe M. A and Afadzato South D. A performed well in this indicator. 14 Assemblies performed fairly in this indicator. | Assemblies are encouraged to organize quarterly District Education Oversight Committee meetings    |
|                 | 5.2 | Only 8 Assemblies have their invitation letters and signed minutes of  | 6 out of the 18 Assemblies performed well in this indicator with remaining 12 Assemblies performing fairly in this indicator.                                 | Assemblies are encouraged to organize the District Health Committee meetings.                      |

| KPA                  | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------|-----|--|---|---|
|                      |     | meetings seen and verified.  |   |   |
|                      | 5.3 | Most of them have records of the vulnerable groups and pictures attached to the data.                                | Only Akatsi North Dis. Assembly, Ketu South Mun. Assembly and North Tongu Dis. Assembly performed well in this indicator. 15 Assemblies performed fairly in this indicator.                 | Assemblies should update data on vulnerable groups regularly.   |
|                      | 5.4 | Some reports were sighted on Gender Based violence intervention.   | 9 out of the 18 Assemblies performed well in this indicator. 8 Assemblies performed fairly in this indicator. Agotime-Ziope D A performed poorly in this indicator.                         | Assemblies should ensure that interventions on the report are dealt with.                                     |
|                      | 5.5 | Reports on Child Protection cases were seen and action taken.  | 14 Assemblies performed well in this indicator. Agotime-Ziope D. A, Hohoe M.A and South Toungu D.A performed fairly in this indicator. Only Adaklu D. A performed poorly in this indicator. | Assemblies should ensure that reported child protection cases are managed effectively.                        |
|                      | 5.6 | There were Community Mobilization reports on Child Protection and others.  | 6 out of the 18 Assemblies performed well in this indicator. 12 Assemblies performed fairly in this indicator.  | Assemblies should organize more community mobilization and education programmes in the respective Assemblies. |
| Economic Development | 6.1 | Most Assemblies Selected crops and/or livestock and/or fish yield increased by more than 10% by the end of the year. | All the 18 Assemblies performed well in this indicator.   | All the assemblies encouraged to increase crops yield and livestock.  |

| KPA                      | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|--------------------------|-----|--|---|--|
|                          | 6.2 | Most Assemblies had data on FBOs updated and had evidence of signed MoUs/agreement with Agric. Dept. on file. Most Assemblies FBOs registered year on year increased more than 5%. | 12 out of the 18 Assemblies performed well in this indicator. 6 Assembles performed fairly in this indicator.   | Assemblies' should encourage farmers to form FBO and facilitate the process of signing MoUs/agreement.                 |
|                          | 6.3 | Most Assemblies have collaborated with other stakeholders to help improve some tourist site.   | 11 out of the 18 Assemblies performed well in this indicator. 5 performed fairly in this indicator. Only Akatsi South Mun. Assembly and South Tongu Dis. Assembly performed poorly in this indicator. | Assemblies are encourage to collaborate more to help improve tourist attraction in the country.                        |
|                          | 6.4 | Most assemblies had their LED plan prepared for 2023 and the activities included in the AAP.   | 17 out of the 18 Assemblies performed well in this indicator. Only and Agotime-Ziope Dis. Assembly performed poorly in this indicator.  | Assemblies are encourage to include their LED plan activities in their AAP.<br>Agotime-Ziope Dis. Assembly.            |
|                          | 6.5 | Most Assemblies had road safety related activities included in the approved AAP for 2023.  | 17 out of the 18 Assemblies performed well in this indicator. Only and Ketu North Mun. Assembly performed poorly in this indicator.   | Ketu North Mun. Assembly are encourage to include their road safety related activities in their approved AAP for 2023. |
| Environment & Sanitation | 7.1 | Some of the Assemblies have their disaster preparedness action plan in place and some implementation reports   | Only 10 out of the 18 Assemblies performed well in this indicator. While 7 Assemblies performed fairly in this indicator. Only Akatsi North Dis. Assembly performed poorly in this indicator.         | Assemblies should ensure that disaster preparedness plan is implemented duly.  |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|---|---|---|
|     |     | verified.   |   |   |
|     | 7.2 | Most of the Assemblies have their Environment enhancement programmes in their AAP but failed to implement most of them. | 12 out of the 18 Assemblies performed well in this indicator. 6 Assemblies performed fairly in this indicator.  | Assemblies should ensure that environment enhancement programmes are duly implemented.            |
|     | 7.3 | Most of the Assemblies Population with household toilets did not increase more than 15% as at the end of the year.      | 17 out of the 16 Assemblies performed well in this indicator. Only Afadzato South Dis. Assembly performed fairly in this indicator.   | Assemblies should ensure that Population with household toilets increase at least 15% every year. |
|     | 7.4 | Some of the Assemblies have their town and public place cleansed and reports were sighted.                              | 10 out of the 18 Assemblies performed well in this indicator. 5 Assemblies performed fairly in this indicator. Agortime-Ziope Ds. Assembly, Keta Mun. Assembly and Ketu North Mun. Assembly performed poorly in this indicator. |   |

Table 15: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Oti Region

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|------------------------|-----|--|---|--|
| General Administration | 1.1 | Some of the Assemblies had planned for the meetings but could not hold all the meetings particularly the planning session (for the year 2023). | Only Kadjebi Dis.Assembly and Krachi East Mun. Assembly performed well in this indicator. 7 Assemblies performed fairly well in this indicator.   | Assemblies should ensure that stakeholders meetings are held for both planning and mid-year review sessions.                             |
|                        | 1.2 | Some of the Assemblies could not produce the relevant documents to support the sensitization forums held for the year.                         | Only Krachi West Mun.Assembly performed well in this indicator. 8 Assembles performed fairly in this indicator.   | Assemblies are encourage to hold the meetings dully.   |
|                        | 1.3 | Some of the Assemblies had their incoming and outgoing mails computerized but not updated timely.  | Only Guan Dis. Assembly and Krachi Nchumuru Dis. Assembly performed well while 6 Assemblies performed fairly in this indicator. Only Nkwanta North Dis. Assembly performed poorly in this indicator.  | Assemblies should update their mails on time.  |
|                        | 1.4 | Most of the Assemblies have their website functioning but with few updated with departmental programmes.                                       | Out of the 9 Assemblies only Krachi East Mun. Assenbly and Kadjebi Dis. Assembly performed well. Biokye Dis. Assembly, Jasikan Dis. Assembly and Nkwanta South performed fairly. While the other 4 Assemblies performed poorly in this indicator. | The Assemblies should to update their website with departmental functions and programmes, services, activities, reports and site visits. |

| KPA                       | KPI  | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|---------------------------|------|--|--|---|
|                           | 1.5  | Most of the Assemblies had Officers at post, complaint book available but untrained Officers.  | 6 out of the 9 Assemblies performed fairly in this indicator. Only Nkwanta South, Krachi West Mun. Ass and Kadjebi Dis. Assembly performed poorly in this indicator. | Assemblies should ensure that Officers are trained as the Client Service Unit is the first point of call at the Assembly. |
|                           | 1.6  | Most of the Assemblies have untidy environment.  | All 9 of the Assemblies performed fairly in this indicator.  | Assemblies should ensure that their washrooms are tidy and have visible sign post.  |
| Human Resource Management | 2.1  | Most of the Assemblies have their promotion and retirement schedules in place and letters dispatched.  | 8 out of the 9 Assemblies performed well in this indicator. Only Guan Dis. Assembly performed fairly.  | Assemblies are encourage to dispatch their letters on timely basis.   |
|                           | 2.2  | Most of the assemblies had their leave roster for the 2022 calendar year submitted on or before deadline but do not quarterly update the leave roster. | Out of the 9 Assemblies Kadjebi D/A and Jasikan D/A performed well and all the others performed fairly well in this indicator.                                       | Assemblies are encourage to dispatch their comprehensive reports on timely basis.   |
|                           | 2.3a | All Assemblies had their Comprehensive Training plan prepared and submitted to the RCCs on time.   | Guan, Jasikan and Krachi Nchumuru D/As performed fairly, all the Assemblies performed well in this indicator.  | All the Assemblies should keep it up.   |

| KPA                              | KPI  | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------------------------|------|---|--|--|
|                                  | 2.3b | Most Assemblies had at least 80% of their Training Plan of MMDA implemented and composite quarterly report submitted on time. | 5 out of the 9 Assemblies performed well in this indicator.  | Assemblies should have their training report prepared and submitted to OHLGS.                                |
|                                  | 2.4  | Most of them do not have their Staff Appraisal Schedule implemented.  | out of the 9 Assemblies, 7 Assemblies performing well and only two Assemblies performed fairly in this indicator.  | Assemblies should ensure that Staff Appraisal Schedule is implemented.                                       |
| Financial Management & Reporting | 3.1  | Some Assemblies could not produce RIAP. Some also prepared it after the deadline.   | Only 2 out of the 9 Assemblies performed well in this indicator thus Biakoye and Krachi D/As all the other 7 Assemblies performed fairly in this indicator.                              | Assemblies should ensure that RIAP is prepared before the deadline.  |
|                                  | 3.2  | Most of the Assemblies have their street naming processes seen but no minute was sighted.                                     | 6 out of the 9 Assemblies performed well in this indicator. Krachi Nchumuru Dis. Assembly, Krachi West Mun. Assembly and Nkwanta South Dis. Assembly performed poorly in this indicator. | The Assemblies should document their street namings for easy assessment and comparability to previous years. |
|                                  | 3.3  | Most of the Assemblies have their status of implementation but were not implemented.  | 7 out of the 9 Assemblies performed well in this indicator. Only Krachi West Dis. Assembly and Jasikan Dis. Assembly performed poorly by scoring zero in this indicator.                 | Assemblies should have an operating Audit Committee.   |
|                                  | 3.4  | Most the Assemblies have their audit reports but their transmitted letters  | 5 out of the 9 Assemblies performed well in this indicator, the other 4 performed poorly by scoring zero in this indicator.  | Assemblies should ensure that audit plans are implemented.   |

| KPA            | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------|-----|---|--|--|
|                |     | were not available for verification. Findings were not duly implemented by most Assemblies.                                 |  |  |
|                | 3.5 | Most of the Assemblies have less than 90% of 2021 actual expenditure covered activities in the approved Annual Action Plan. | Out of the 9 Assemblies only Biakoye D/A performed well in this indicator, the other 8 Assemblies performed fairly in this indicator.                                      | Assemblies should ensure that at least 90% of their actual expenditure covers activities in the Approved Annual Action Plan. |
|                | 3.6 | Most Assemblies do not have minutes of F&A meeting and verified consideration of fee fixing.                                | Only Biakoye D/A performed well in this indicator. 6 Assemblies performed fairly in this indicator. Jasikan Dis. Assembly and Guan D/A performed poorly in this indicator. | Assemblies should ensure that F&A meetings are held for the consideration of the fee fixing.                                 |
| Infrastructure | 4.1 | Most of them have their annual action plan available with most of the road projects completed and others ongoing.           | 7 out of the 9 Assemblies performed well in this indicator. Guan Dis. Assembly and Krachi Nchumuru Dis. Assembly performed fairly in this indicator.                       | Assemblies should monitor the progress of the road projects.   |
|                | 4.2 | Most of them have their annual action plan available with some of the Building projects completed and others ongoing.       | All the 9 Assemblies performed well in the indicator.  | Assemblies should monitor the progress of the building projects.   |

| KPA             | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|-----------------|-----|--|--|--|
|                 | 4.3 | Most of the Assemblies have their committee in place. The rest have inaugurated committees and meetings.                               | 6 out of the 9 Assemblies performed well in this indicator. Guan Dis. Assembly, performed fairly while Jasikan Dis. Assembly, Nkwanta South Dis. Assembly performed poorly in this indicator by scoring zero.                | The 2 Assemblies should ensure that the committees are inaugurated and also hold meetings.         |
|                 | 4.4 | Most Assemblies received and considered most applications which were recommended by TSC and approved by SPC at their various meetings. | All the 9 Assemblies performed well in this indicator.   | Assemblies should communicate to applicants through letters and their respective Assembly Members. |
|                 | 4.5 | Most Assemblies do have Local Plans in place.  | Out of the 9 Assemblies Krachi East M/A and Nkwanta South D/A performed well in this indicator. 6 Assemblies performed fairly in this indicator. Only Guan Dis. Assembly performed poorly by scoring zero in this indicator. | Assemblies should ensure that District Spatial Development Framework is approved and implemented.  |
| Social Services | 5.1 | Some of them have their meetings held, minutes and invitation letters seen and verified.   | All the 9 Assemblies performed fairly in this indicator.   | Assemblies are encourage to organize quarterly District Education Oversight Committee meetings     |
|                 | 5.2 | Only 8 Assemblies have their invitation letters and signed minutes of meetings seen and verified.                                      | 7 out of the 9 Assemblies performed fairly in this indicator. Only Krachi Nchumuru D/A and Nkwanta South performed poorly in this indicator.   | Assemblies are encouraged to organize the District Health Committee meetings.                      |

| KPA                  | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------|-----|--|---|---|
|                      | 5.3 | Most of them have records of the vulnerable groups and pictures attached to the data.                                | Out of the 9 Assemblies 8 performed fairly in this indicator. Only Kadjebi Dis. Assembly performed poorly in this indicator.  | Assemblies should update data on vulnerable groups regularly.   |
|                      | 5.4 | Some reports were sighted on Gender Based violence intervention.   | Out of the 9 Assemblies only Krachi West M/A performed well in this indicator. All the other 8 Assemblies performed fairly in this indicator.   | Assemblies should ensure that interventions on the report are dealt with.                                     |
|                      | 5.5 | Reports on Child Protection cases were seen and action taken.  | Krachi East M/A and Nkwanta South performed well in this indicator. 6 Assemblies performed fairly in this indicator. Only Krachi West Mun. Assembly performed poorly in this indicator. | Assemblies should ensure that reported child protection cases are managed effectively.                        |
|                      | 5.6 | There were Community Mobilization reports on Child Protection and others.  | 7 out of the 9 Assemblies performed fairly in this indicator. Only Biakoye D/A and Guan D/A performed poorly in this indicator.   | Assemblies should organize more community mobilization and education programmes in the respective Assemblies. |
| Economic Development | 6.1 | Most Assemblies Selected crops and/or livestock and/or fish yield increased by more than 10% by the end of the year. | 7 out of the 9 Assemblies performed well with Biakoye Dis. Assembly performing fairly in this indicator. Only Guan D/A performed poorly in this indicator.                              | Assemblies are encouraged to increase crop yields and livestock.  |
|                      | 6.2 | Most Assemblies had data on FBOs updated and had evidence of signed  | Out of the 9 Assemblies only Krachi East M/A performed well in this indicator. 6 Assembles performed fairly while Biakoye   | Assemblies' should encourage farmers to farm FBO and facilitate the process of signing                        |

| KPA                      | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|--------------------------|-----|--|--|--|
|                          |     | MoUs/agreement with Agric. Dept. on file. Most Assemblies FBOs registered year on year increased more than 5%.         | Dis. Asembly and Guan Dis. Assembly performed poorly in this indicator by scoring zero.  | MoUs/agreement.  |
|                          | 6.3 | Most Assemblies have collaborated with other stakeholders to help improve some tourist site.                           | 7 out of the 9 Assemblies performed well in this indicator. Krachi Nchumuru D/A performed fairly in this indicator. Only Guan D/A performed poorly in this indicator.  | Assemblies are encourage to collaborate more to help improve tourist attraction in the country.  |
|                          | 6.4 | Most assemblies had their LED plan prepared for 2023 and the activities included in the AAP.                           | 6 out of the 9 Assemblies performed well in this indicator. Krachi West M/A performed fairly in this indicator. While Biakoye Dis. Assembly and Guan Dis. Assembly performed poorly in this indicator.       | Assemblies are encourage to include their LED plan activities in their AAP.  |
|                          | 6.5 | Most Assemblies had road safety related activities included in the approved AAP for 2023.                              | 7 out of the 9 Assemblies performed well in this indicator. Only Krachi West Mun. Assembly and Guan D. Assembly poorly in this indicator.  | Krachi West Mun. Assembly and Guan Dis. Assembly are encourage to include their road safety related activities in their approved AAP for 2023. |
| Environment & Sanitation | 7.1 | Some of the Assemblies have their disaster preparedness action plan in place and some implementation reports verified. | Only 5 out of the 9 Assemblies performed well in this indicator. Nkwantan North D/A and Nkwanta South performed fairly in this indicator. While Biakoye D/A and Guan D/A performed poorly in this indicator. | Assemblies should ensure that disaster preparedness plan is implemented duly.  |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|---|--|---|
|     | 7.2 | Most of the Assemblies have their Environment enhancement programmes in their AAP but failed to implement most of them. | Only 5 out of the 9 Assemblies performed well in this indicator. Krachi East Mun. Assembly performed fairly while Biakoye D/A, Guan D/A and Krachi Nchumuru Dis. Assembly performing poorly in this indicator by scoring zero. | Assemblies should ensure that environment enhancement programmes are duly implemented.            |
|     | 7.3 | Most of the Assemblies Population with household toilets did increase more than 15% as at the end of the year.          | 5 out of the 9 Assemblies performed well in this indicator. Biakoye D.A Guan D.A and Krachi East M.A performed poorly in this indicator.   | Assemblies should ensure that Population with household toilets increase at least 15% every year. |
|     | 7.4 | Some of the Assemblies have their town and public place cleansed and reports were sighted.                              | 4 out of the 9 Assemblies performed well in this indicator. Krachi East M/A and Krachi West M/A performed fairly in this indicator. Biakoye D/A, Guan D/A and Krachi Nchumuru performed poorly in this indicator.              | Assemblies are encouraged to do more town cleaning.   |

## 4.6. Savannah, Northern, Upper East and Upper West Regions

### 4.6.1. Scope of the Assignment

The team was assigned to the Savannah, Upper East and Upper West regions. A total of Thirty-two (32) MMDAs and Three (3) Regional Coordinating Councils were assessed. The Savannah Region had seven (7) MMDAs, Upper East had fourteen (14) and Upper West had eleven (11). The team was unable to visit the Bawku Municipal Assembly for the exercise for security concerns.

### 4.6.2. General Outcomes

The team spent an average of 3:40 hours on the MMDAs and 3:10 hours on the RCCs. The Assemblies and the RCCs were generally prepared and cooperative. The leadership of the various Assemblies, especially the Chief Executives attached importance to the exercise.

### 4.6.3. General Observations

#### **For MMDAs**

It is worth noting that the Districts and Regions visited have similar characteristics. There were no striking differences between the districts in terms of capacity, challenges, work and working conditions, staffing, staff demeanor etc. The team, in line with the above, put together these general observations.

#### ***Management Unit not activated.***

Most of the Districts, especially those that were established in or after 2019, do not have their own Management Units. It has been a great concern to the Assemblies.

#### ***Low capacity of staff***

Most rural Districts in Savannah, Upper East and Upper West, have low capacity of staff. Most of them do not have the full complement of some of the professional classes such as Statistics, Physical Planning and Management Information Systems Officers. It is common to have an Assistant Budget Analyst as the head of a district's budget unit. In some cases, one officer takes care of two districts especially Physical Planning Department.

#### ***Poor office accommodation and working conditions***

MMDAs, especially, in Savannah and Upper East Regions have serious challenges with office accommodation and office space. Northeast Gonja for instance, is in dire need of both office and residential accommodation. Other MMDAs have office accommodation

but with serious defects. It was observed that most office accommodations that were constructed from 2012 were soaked with water or have parts sinking.

***Poor capacity building training reporting***

It was observed that MMDAs overly rely on external consultants for capacity building reports and even sensitization on the LGS protocols. Some of these consultants employed by some MMDAs submitted composite capacity building reports at the end of the year. They did not prepare the reports based on quarterly training. Moreover, some of the capacity-building training reports produced by these external consultants were poorly prepared.

***Staff who are Assembly Members***

This issue came up strongly in all the regions. Some Chief Executives and staff wanted to know the position of the act or any enactment. What they sought to know were:

- i. Can a staff of an Assembly be an Assembly Member of same Assembly?
- ii. Can a staff of the Service be elected as an Assembly Member anywhere?

***Roll-over/ uncompleted/ stalled projects***

Almost all the MMDAs have roll-over projects especially those under District Assemblies Common Fund. MMDAs, however, award new contracts without considering the completion of existing projects.

***Building permit applications***

Most MMDA's in the regions visited complied with this indicator. However, this near-perfect compliance can be misleading. Some of them received only one application throughout the year.

It was striking to know that such applications were only commercial in nature. Individuals did not apply for permits when putting up buildings.

***Compliance with ISCCS meetings:***

It was observed that, some MMDAs still misconstrued ISCCS as expanded DPCU. Others also simply could not organize both meetings due to what they termed as "financial constraints." Generally, MMDAs argued that the mid-year meeting could serve as a review and planning meetings.

***The gap between provision of resources and performance***

The achievement of certain indicators especially the organization of meetings and data collection hinges on the provision of logistics to schedule officers. In most MMDAs, such logistics were not provided but leadership expected schedule officers to get the marks. Failure to get the marks were seen as a sabotage. Such officers, to ward themselves of this tag, create documents to satisfy the requirements of assessors.

***Compliance with District Health and Education Oversight Committees***

Generally, most Assemblies do not attach importance to these statutory meetings. Evidence showed that most MMDAs do not organize the meetings. Even where meetings were held, minutes were poorly written. Minutes do not have matters arising and implementation of decisions of previous meetings.

***Compliance with Staff Performance Appraisal Schedule***

About seventy (70) percent of MMDAs visited did not meet the minimum requirement of Staff Performance Appraisal Schedule. It was observed that, compliance rate in the regions were very low. The heads of Departments and Units and even majority of Human Resource Managers seemed not to have fully understood the staff appraisal concept. It could be deduced that the HR Managers and Heads of Departments and Units took the appraisal seriously only for promotion.

***Compliance with proper Records Management***

Most MMDAs do not comply with proper records management procedures. Correspondences on file do not have references and no folio numbers.

***Compliance with GBV interventions:***

A major challenge to the achievement of this indicator is where the Gender Desk Officer is from departments and units other than the Social Welfare and Community Development. Gender issues are core component of SW/CW functions. If the function is performed outside the department, it creates disjointed reporting.

***Coordination between Central Administration and NADMO***

It was observed that the NADMO officers who were responsible for the preparation of Disaster Preparedness Action Plan and its implementation did not see themselves as part of the Assembly. Most of them report to the RCC but not through the Assembly. Generally, there was a clear lack of coordination between the Central Administration and

NADMO. Moreover, NADMO officers misconstrued disaster relief activities as Disaster Preparedness Action Plan implementation.

#### **For RCCs**

It was generally observed that officers responsible for the management of the RCCs websites do not have activities and itinerary of departments and units. They also do not have the required resources to be able to capture departmental activities and update the websites.

It was observed that all the RCCs equate the Client Service Unit to reception. They therefore assumed that anybody at all could man the unit. Savannah for example had what client service unit needs to function but it did not have a trained officer.

#### **4.6.4. Specific Observations**

##### **For MMDAs**

##### **SAVANNAH**

North East Gonja - "A District in a distress". The district does not have even 'a-near-normal' office accommodation, and that is a district that has "office under trees". About 90% of the officers do not have residential accommodation in Kpalbe, the district capital. Lateness is therefore a norm rather than a deviation.

##### **UPPER EAST**

Lateness is endemic especially in districts that are closer to the regional capital. Some officers prefer to stay at and commute from the regional capital.

Compliance with District Education Oversight Committee (DEOC) and District Health Committee statutory meetings were minimal. There were clear indications that minutes were 'cooked' and signatures forged to meet the requirements of the indicators

##### **UPPER WEST**

Like Upper East, lateness is endemic in Districts that are closer to Wa, the regional capital. Some officers prefer to stay at Wa and commute from the regional capital.

Compliance with District Education Oversight Committee (DEOC) and District Health Committee statutory meetings were minimal. There were clear indications that the two oversight committee meetings were not taken seriously by the Assemblies.

## **For RCCs**

### ***Savannah RCC***

Savannah was not audited by the External Auditors during the 2022 audit period.

### ***Upper East RCC***

Upper East had a well-managed workplace environment. It was the only RCC among the three RCCs this team visited that had a clean visitors' washroom.

Upper East RCC could not comply with the minimum criteria on Records Management Unit.

Upper East was audited by the external auditors during the 2022 audit period, but it had not received the Auditor General's management letter at the time of the assessment.

### ***Upper West RCC***

Upper West did not show evidence of passing their expenditure through GIFMIS.

## ***4.6.5. General Recommendations***

### **For MMDAs**

- i. MMDAs must resource their Records Management Units and acquire the right software that will help the unit to capture correspondence electronically.
- ii. The expertise of senior officers in the various MMDAs could be tapped to build the capacity of junior staff. This could help the Assemblies to deal with the financial constraint they cite as the cause for not organizing capacity building for staff.
- iii. MMDAs must make conscious effort to orient and resource MIS officers and link them to departments and units for regular update of website with departmental and unit activities.
- iv. MMDAs must train departmental and unit heads on the LGS staff appraisal instrument for compliance. It should not be seen as a "promotion tool."
- v. MMDAs must attach some importance to M/DEOC and M/D-HOC meetings and ensure that meetings are held, proceedings recorded, and decisions implemented.
- vi. There is an urgent need for the cleaners to be supervised or trained to clean the washrooms. MMDAs must schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms and other areas during the day.
- vii. MMDAs must prioritize completion of existing projects and adopt the DDF style of project selection and execution.

- viii. MMDAs must demand good reports from capacity building consultants they engage. Reports should be produced on training delivered at a time.
- ix. MMDAs must make use of the mid-year review meetings to scale down the activities in their action plans.

### **For RCCs**

The following are recommendations.

- i. RCCs must resource their Records Management Units and acquire the right software that will help the unit to capture correspondence electronically.
- ii. The capacity of RMU officers in the MMDAs must be built to manage correspondence effectively.
- iii. The RCC must sensitize MMDAs within its jurisdiction to appreciate the importance of proper layout and building permits in district, regional and national development.

### **For OHLGS**

- i. OHLGS must work with Common Fund Secretariat to come out with a DACF utilization guide that will help Assemblies to prioritize completion of existing projects under common fund.
- ii. OHLGS must institute Local Government Service week to, among other things, sell the Service to development partners and to showcase the potentials of the regions and the districts.
- iii. OHLGS must use the performance contract to break the “resource and performance” cycle. The assessment must look at concrete evidence of transmission of funds to the departments and units for the implementation of specific activities or programmes.
- iv. Direct all MMDAs and RCCs to erect the “canons of the code of conduct” at the entrances and open spaces within the buildings of the Assemblies to serve as a constant reminder to all officers about what they can do and cannot do.
- v. Certain critical staff (Physical Planning, MIS, and Statistics) must be recruited fill vacancies in the various districts. Alternatively, a rigorous staff rationalization exercise must be pursued.
- vi. OHLGS must facilitate the adoption of a uniform reporting formats for all for SW/CD Department and EH unit.
- vii. There must be a directive for NADMO to send their reports to the regional level through their respective Districts.

**4.6.6. Savannah, Upper East and Upper West RCCs Detailed Analysis/Findings of Indicators**

Table 16: Savannah, Upper East and Upper West RCCs Detail Analysis /Findings of each Indicator

| KPA                    | KPI  | KEY ISSUES                               | OBSERVATIONS  | RECOMMENDATIONS  |
|------------------------|------|--|---|--|
| General Administration | 1.1  | Compliance with monthly REGSEC meetings  | All the three (3) Regions complied fully with this indicator.   | The RCCs must keep this up.  |
|                        | 1.2a | Compliance with Expanded RCC             | All RCCs complied fully to this indicator. All the three (3) RCCs had two (2) expanded RCC meetings.<br><br>Whereas Savannah and Upper West held more than one (1) expanded meeting, Upper East had one (1).  | Upper East RCC must commit to the organization of expanded RPCC meetings   |
|                        | 1.2b | Compliance with Expanded RPCU            |   |  |
|                        | 1.3  | Electronic management of correspondences | Savannah and Upper West showed evidence of storing twelve (12) months incoming and outgoing correspondences electronically.<br><br>None of the two could, however, have their correspondences accessed electronically by any officer.<br><br>Upper East RCC on the other hand could not comply with the minimum criteria of this indicator. | The Upper East RCC must resource its Records Management Units and acquire the right software that will help in fulfilment of this indicator. |
|                        | 1.4  | Functional website and updates           | Both Savannah and Upper East RCCs have functional websites with departmental updates and other vital information.<br><br>Upper West RCC had a functional website, at least 6 departmental updates and vital information but could not show evidence of atleast one activity update per  | The MIS officers must be resourced to be able to capture departmental activities to update the website.                                      |

| KPA   | KPI | KEY ISSUES                               | OBSERVATIONS  | RECOMMENDATIONS  |
|-------|-----|--|---|--|
|       |     |  | <p>each month of atleast 5 departments/units/sectors.</p> <p>It was observed that officers responsible for the management of websites do not have itinerary and activities of Departments and Units.</p>  |  |
|       | 1.5 | Functionality of the Client Service Unit | <p>Only Upper East Region complied fully with this indicator. It had a clearly marked office space, basic logistics, trained staff, and traceable complainants.</p> <p>Savannah had what client service unit needs to function but did not have a trained officer.</p> <p>Upper West had clearly marked office space and basic logistics, but no trained staff and complainants could not be contacted.</p> <p>It was observed that some of the RCCs do not see the difference between the Client Service and the reception. They therefore assumed that anybody at all could man the unit.</p> | The RCCs must put in some effort to make their client service units functional.  |
|       | 1.6 | Well-managed workplace environment       | <p>None of the RCCs fully complied with this KPA.</p> <p>Whilst Savannah and Upper West RCCs had “signpost showing clear directions to the office” Upper East did not have.</p> <p>Only Upper East had a clean visitor’s washroom.</p>  | <p>RCCs must erect more sign posts to direct stakeholders to their offices.</p> <p>There is an urgent need for the cleaners to be supervised or trained to clean the washrooms</p> |
| Human | 2.1 | Compliance with bi-annual                | Upper East and Upper West RCCs fully complied and   | The RCCs must keep this up.  |

| KPA                 | KPI  | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|---------------------|------|---|---|--|
| Resource Management |      | promotion schedules and a retirement schedule             | made the submissions on time.<br><br>Savannah Region on the other hand could not produce evidence of submission of 2023 retirement schedule on time.  |  |
|                     | 2.2  | Leave Management Roaster                                  | Savannah and Upper East RCCs had their leave management roaster prepared before deadline and showed evidence of quarterly report updates.<br><br>Upper West RCC however had their leave roaster prepared and approved but could not show evidence of quarterly reports updates. |  |
|                     | 2.3a | Comprehensive Training Plan                               | All RCCs fully complied with the requirements of this indicator.  | The RCCs must keep this up.  |
|                     | 2.3b | Implementation of composite training Plans and submission | All the three (3) RCCs fully complied with the requirements of this indicator and had more than 80% of their training plans implemented   | The RCCs must keep this up.  |
|                     | 2.4  | Implementation of PMS                                     | All three (3) RCCs fully complied with the requirements of this indicator. They showed evidence of two monitoring reports and submission to the OHLGS before deadline   | The RCCs must keep this up.  |
|                     | 2.5  | Compliance with Staff Performance appraisals              | Only Upper West RCC complied fully with this indicator.<br><br>Upper East had more than 80% compliance but only three (3) staff sampled from four different   | Heads of Departments and Units of the Savannah RCC must have their capacities built to be able to comply with this indicator |

| KPA                              | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|----------------------------------|-----|--|--|---|
|                                  |     |  | <p>departments fully completed their appraisals.</p> <p>Savannah on the other hand did not meet even the minimum requirement of this indicator.</p>  |   |
| Financial Management & Reporting | 3.1 | Compliance with Audit Plan preparation and submission                  | <p>Upper East RCC and Savannah RCC fully complied with this KPA.</p> <p>Upper West RCC however did not meet the minimum condition of this KPA. The plan was prepared but submitted after the deadline.</p>   | Upper West RCC must attach some importance to the Audit plan preparation and submission timelines |
|                                  | 3.2 | Implementation of Auditor Generals Management letter recommendations   | <p>Savannah and Upper East did not have any recommendations.</p> <p>Whilst Savannah was not audited, Upper East did not receive the Auditor General's management letter.</p> <p>Upper West on the other hand has some outstanding recommendations.</p> | OHLGS must take the SRCC and UERCCs issues up and deal with the Auditor Generals department .     |
|                                  | 3.3 | Implementation of Quarterly Internal Audit recommendations             | Whereas Savannah and Upper West implemented 100% of all internal audit recommendations, Upper East had some outstanding issues.  | UECC must take Internal Audit recommendations serious   |
|                                  | 3.4 | Preparation and submission of Regional Integrated Budget System (RIBS) | All three (3) RCCs prepared and submitted their RIBS before deadline.  | The RCCs must keep this up.   |
|                                  | 3.5 | Expenditures processed through   | Savannah and Upper East RCC had all sampled  | UWRCC must take steps to  |

| KPA      | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|----------|-----|---|---|---|
|          |     | GIFMIS  | <p>expenditures processed through the GIFMIS.</p> <p>Upper West did not show evidence of passing their expenditure through GIFMIS.</p>  | pass its expenditure through the GIFMIS.  |
| Services | 4.1 | Submission of Departmental monitoring reports through the RCC | All the three (3) RCCs fully complied with this KPI.  | The RCCs must keep this up.   |
|          | 4.2 | Submission of quarterly RPCU monitoring reports               | <p>Savannah and Upper West RCCs fully complied with this KPI.</p> <p>Upper East RCC could show evidence of only one (1) quarterly monitoring report.</p>  | The RCCs must keep this up.   |
|          | 4.3 | Submission of biannual technical backstopping reports         | <p>Upper West showed evidence of submission of four departments technical backstopping reports.</p> <p>Savannah showed evidence of three departments technical backstopping reports.</p> <p>Upper east showed evidence of two departments technical backstopping reports.</p> | The RCCs must keep this up.   |
|          | 4.4 | Approval of Regional Integrated Plan (RIP)                    | <p>Upper West showed evidence of plan prepared and submitted before deadline.</p> <p>Savannah showed evidence of plan prepared and submitted on deadline.</p> <p>Upper East on the other hand did not produce any document for verification.</p>                              | The UERCC must attach some importance to the preparation and submission timelines |

**4.6.7. Savannah, Upper West & Upper East Regions MMDAs Detailed Analysis/Findings of Indicators**

Table 17: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Savannah Region

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|------------------------|-----|--|--|--|
| General Administration | 1.1 | Compliance with ISCCS meeting                          | Only North Gonja out of the 7 MMDAs did not hold any of the meetings.  | The RCC must sensitize North Gonja and impress upon it to comply with the indicator.   |
|                        | 1.2 | Compliance with the sensitization on the LGS protocols | <p>North East Gonja and North Gonja did not meet the basic requirements of this indicator.</p> <p>It is also worthy to note that none of the districts complied fully with this indicator.</p> <p>All had maximum of two sensitizations with reports.</p> <p>MMDAs cited lack of funds as the cause of their inability to comply fully with this indicator</p> | MMDAs must tap into the expertise of senior officers for this exercise. This could help them to circumvent the “no money syndrome” |
|                        | 1.3 | Electronic management of correspondences               | <p>Only West Gonja had twelve (12) months correspondences verified as electronically stored. North East Gonja, North Gonja and Sawla Tuna Kalba did not score any mark under this indicator.</p> <p>It is also striking that none of the MMDAs still had their correspondences accessed electronically by even the MMDCD.</p>                                  | The OHLGS must support districts to have one software to ensure uniformity of output and accurate assessments.                     |

| KPA | KPI | KEY ISSUES                               | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--|--|---|
|     | 1.4 | Functional website and updates           | <p>Only North and West Gonja complied fully with this indicator.</p> <p>North East Gonja on the other hand did not meet the minimum requirement of the indicator. The Assembly is in dire need of even basic logistics.</p> <p>The other MMDAs have vital information at their websites but most departmental activities are not updated.</p>    | <p>MIS officers or other officers with required computer knowledge should be oriented and resourced to update the website regularly.</p> <p>Heads of Departments and Units must be sensitized to liaise with MIS officers for continuous update of their activities.</p> <p>OHLGS must look for development partners to help North East Gonja District.</p> |
|     | 1.5 | Functionality of the Client Service Unit | <p>All MMDAs except North East Gonja had a visible dedicated space for Client Service.</p> <p>Only Bole that had a trained staff.</p> <p>Only West Gonja had a verifiable complaint log book.</p> <p>North East Gonja on the other hand, does not have enough office space to accommodate a client service. It has some offices under trees.</p> | <p>OHLGS must employ qualified people to the CS Unit.</p> <p>MMDAs should re-assign and train some of the newly posted staff to handle the CSUs schedule.</p> <p>OHLGS must look for development partners to help North East Gonja District</p>   |
|     | 1.6 | Management of the workplace environment  | All the Districts have at least a signpost at the entrance of their office complex except  | MMDAs must schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms   |

| KPA                       | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|---------------------------|-----|---|---|---|
|                           |     |   | Bole.<br><br>All the Districts have washrooms for visitors but only North Gonja was clean.  | and other areas during the day.   |
| Human Resource Management | 2.1 | Compliance with biannual composite promotion schedule and preparation of 2022 retirement schedule | Five (5) out of the seven (7) districts fully complied with this indicator.<br><br>East Gonja MA had 2 composite promotion schedules but submitted on deadline.<br><br>North Gonja, on the other hand did not meet this indicator.  | The RCC must remind districts of these reports and their submission deadlines.  |
|                           | 2.2 | Compliance with Leave Management Roaster  | Only one Assembly (West Gonja) fully complied with the preparation and update of leave management roster.<br><br>Three of the districts (East Gonja, Central Gonja and Sawla-Tuna-Kalba) prepared the leave management roster but had no update.<br><br>North East Gonja, North Gonja and Bole however did not produce any document | MMDAs must ensure the preparation of and update of Leave Management Roaster.  |
|                           | 2.3 | Preparation and implementation of training plans  | Only two (2) MMDAs (Central and West Gonja) had training plans prepared, implemented and submitted before the deadline.   | MMDAs must demand quality reports from their capacity building consultants.<br><br>Similarly, every capacity building |

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|------------------------|-----|--|--|---|
|                        |     |  | <p>Two Districts (North East Gonja and STK) had the plan but had no evidence of implementation.</p> <p>The rest of the districts had the plan, the implementation reports but submitted on deadline.</p> <p>It was observed that consultants submitted composite capacity building reports at the end of the year. Again, reports produced by some consultants were poorly prepared.</p>   | <p>must have its own report</p>   |
|                        | 2.4 | Compliance with Staff Performance Appraisal schedule | <p>Appraisal of staff was the least complied with indicator. The heads of Departments and Units and even majority of Human Resource Managers seemed not to have fully understood the staff appraisal concept.</p> <p>Five out of the seven MMDAs did not meet the minimum requirement of the indicator.</p> <p>Only North Gonja complied fully with this indicator.</p> <p>Central Gonja had three out of four staff sampled completed their appraisal plans</p> | <p>MMDAs must train departmental and unit heads on the LGS staff appraisal instrument for compliance.</p> |
| Financial Management & | 3.1 | Compliance with the preparation and submission of    | <p>Out of 7 Districts, three (3) MMDAs prepared, approved, and submitted their</p>   | <p>The RCC must ensure strict compliance.</p>   |

| KPA       | KPI | KEY ISSUES                                       | OBSERVATIONS   | RECOMMENDATIONS   |
|-----------|-----|--|--|---|
| Reporting |     | RIAP   | <p>RIAP before deadline.</p> <p>West Gonja had the plan but was not approved nor submitted.</p> <p>The rest of the districts had their plans prepared, approved, and submitted on deadline</p>   |   |
|           | 3.2 | Increment of streets named with signage          | <p>Most of the Assemblies did not have a cumulative data on streets named with signages year-on-year up to 2021. They however showed evidence for 2021 and 2022 and that put most of the district above the 10% threshold. Four districts had more than 10% increase requirement.</p> <p>East Gonja had exactly 10% and North East Gonja 7-9%.</p> <p>It was observed that most of the Assemblies do not have qualified Physical Planning Officers to spearhead the streets naming effort.</p> | <p>OHLGS must respond to the urgent need of Physical Planning Officers at the Districts.</p> <p>MMDAs must commit to implementation of the SNPA exercise.</p> |
|           | 3.3 | Implementation of External Audit recommendations | <p>Three (3) Assemblies (Central Gonja, STK and West Gonja) showed evidence of implementation of all recommendations in the Auditor General's Management letter.</p>   | <p>Management of MMDAs must work together to effectively deal with recommendations in Auditor General's management letter</p>                                 |

| KPA            | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------|-----|---|--|--|
|                |     |   | The rest of Assemblies have outstanding issues.  |  |
|                | 3.4 | Implementation of Internal audit recommendations                      | Four (4) Assemblies fully implemented the internal audit recommendations.<br><br>The rest (N.E. Gonja, STK and West Gonja of Assemblies had outstanding recommendations that had not been implemented.             | Internal Auditors must step up their checks and monitoring role to reduce infractions.                 |
|                | 3.5 | Compliance with expending on the activities in the AAP                | Only two (East Gonja and STK) out of the seven MMDAs have their expenditures not covering more than 100% activities in their Annual Action Plans.<br><br>The rest of the MMDAs complied fully with this indicator. | MMDAs must take advantage of the mid-year review to revise their plans to conform to reality           |
|                | 3.6 | Availability and update of data on ratable properties                 | All the MMDAs apart from <b>North East Gonja</b> fully updated their database and had their fee-fixing based on the updated database.  | MMDAs must keep this up  |
| Infrastructure | 4.1 | Level of achievement in the implementation of planned road programmes | All the MMDAs complied fully with this indicator. It was observed that most of the road projects were funded by other agencies like urban roads and not by the Assembly  | MMDAs must keep it up  |
|                | 4.2 | Level of achievement in the implementation of planned                 | Only North Gonja could not comply with this indicator.   | MMDAs must prioritize completion of existing projects and adopt the DDF style of project selection and |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|---|--|---|
|     |     | building & structures programmes  | The rest of the MMDAs complied but it was observed that almost all the Assemblies have roll-over projects  | execution   |
|     | 4.3 | Organization of Spatial Planning Committee and Technical Committee meetings | <p>Only Bole complied fully with this indicator.</p> <p>Three (3) other MMDAs (North Gonja, STK, North East Gonja and West Gonja) did not show any evidence of meeting at least 3 times in a quarter.</p> <p>East Gonja showed evidence of complying with two quarters while Central Gonja complied with three quarters.</p>   | <p>OHLGS must respond to the urgent need of Physical Planning Officers at the districts.</p> <p>The RCC must engage officers in some district to take oversight responsibility of other districts.</p>  |
|     | 4.4 | Consideration of building permit applications                               | <p>Only North East Gonja did not show evidence of having up to 80% applications considered at Technical Sub-Committee and DSPC meeting and decisions communicated to applicants.</p> <p>It was observed that most MMDA's compliance with this indicator cannot be reliable because of the facts on the ground. Some assemblies received only one application.</p> <p>It was also observed that, in most cases, only buildings considered as commercial apply</p> | <p>OHGLS must post substantive Physical Planning Officers to MMDAs that do not have officers.</p> <p>MMDAs must have constant discussions with land owners, traditional leaders and the general population the need to apply for permits.</p> |

| KPA             | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|-----------------|-----|---|--|---|
|                 |     |   | <p>for permits.</p> <p>More seriously, most MMDAs do not have Physical Planning Officers to spearhead the activities of the department.</p>  |   |
|                 | 4.5 | Availability of approved Structure Plan and Local Plans | <p>Only two (2) MMDAs (Central Gonja and North Gonja) complied with this indicator.</p> <p>Two (2) districts (East Gonja and West Gonja) had at least 2 approved and signed local plans.</p> <p>The other three (3) MMDAs did not score any mark under this indicator.</p> <p>MMDAs cited absence of Physical Planning Officers and lack of funds as the main cause of non-compliance.</p> |   |
| Social Services | 5.1 | Compliance with Education oversight committee meetings  | <p>No MMDA showed evidence of having held four (4) meeting with invitation and minutes signed and implementing all decisions.</p> <p>All of the MMDAs except North East Gonja produced evidence of three meetings and implementation of decisions.</p> <p>It was generally observed that Assemblies do</p>   | MMDAs must ensure that DEOC meetings are held, proceedings recorded properly and decisions implemented. |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|--|--|--|
|     |     |  | <p>not attached importance to this statutory meeting. Even where meetings were held, the minutes were poorly written.</p>  |  |
|     | 5.2 | <p>Compliance with Health oversight committee meetings</p> | <p>Only two (2) MMDAs (STK and West Gonja) held four (4) District Health Committee meetings with invitation letters and signed minutes and evidence of implementation of all decisions.</p> <p>Four other MMDAs (East, North East, North Gonjas and Bole) did not produce any evidence of a meeting.</p> <p>Central Gonja showed evidence of three (3) and implementation of decisions.</p> <p>It was generally observed that Assemblies do not attached importance to this statutory meeting. Even where meetings were held, the minutes were poorly written.</p> | <p>MMDAs must ensure that M/D-HOC meetings are held, proceedings recorded and decisions implemented</p>  |
|     | 5.3 | <p>Data on vulnerable groups</p>                           | <p>Four (4) MMDAs showed evidence of timely update of data of vulnerable groups and submission before deadline.</p> <p>Two (2) MMDAs (Bole and West Gonja) did not meet the minimum requirements of this indicator.</p>  | <p>MMDAs must ensure quarterly and biannual collation and submission of data on vulnerable groups</p> <p>Officers must go beyond LEAP and PWDs and take care of other vulnerabilities.</p> |

| KPA | KPI | KEY ISSUES                           | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--------------------------------------|---|---|
|     |     |                                      | <p>East Gonja on the other have was able to deal with 70 - 75% of its cases.</p> <p>It was observed that officers overly concentrated on LEAP figures and people with disabilities when responding to this indicator.</p>   |   |
|     | 5.4 | Implementation of GBV interventions  | <p>Five Districts scored more than 80%.</p> <p>Central Gonja and STK however had between 76-80%.</p> <p>This was an indication that MMDAs fully complied with this indicator. The challenge was on how the GBV activities were captured in the AAP. This was mostly summarized as a single activity to be implemented in several communities.</p> <p>Another challenge is where Gender Desk Officers are from departments and units other than the social Welfare and community development. Gender issues are core component of SW/CD functions. If the function is performed outside the department, it creates disjointed reporting.</p> | <p>OHLGS must streamline the department or unit to take charge of gender activities.</p> <p>RCCs must ensure standardization of reports from the Assemblies</p> |
|     | 5.5 | Management of child protection cases | All the Seven (7) MMDAs in the region effectively managed over 80% of all reported  | MMDAs to keep this up   |

| KPA                  | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------------|-----|---|---|--|
|                      | 5.6 | Organization of Community mobilization and Education programmes | <p>child protection cases.</p> <p>MMDAs in the region performed well under this KPI. It was observed that the indicator was one of the generic functions of Social Welfare Department.</p> <p>All the seven (7) MMDAs in the region effectively implemented over 80% of all community mobilization and education programmes in the 2022 Annual Action Plan.</p> | OHLGS must begin to phase off this indicator.  |
| Economic Development | 6.1 | Increase yield on selected Agric produce/livestock /fish        | <p>Five (5) MMDAs achieved more than 10% increase in selected crop/livestock/fish yield.</p> <p>Two (2) other MMDAs (North Gonja and STK) recorded less than 10% increase in selected crop/livestock/fish yield.</p>  | MMDAs must resource the Agriculture officers to engage in data collection and data reconciliation. |
|                      | 6.2 | Data on farmer groups/ farm based organizations (FBOs)          | <p>Only West Gonja was able to satisfy the requirements of this KPI.</p> <p>Two (2) districts (North Gonja and Bole) could not meet the requirements of this indicator.</p> <p>The four remaining MMDAs only had their farmer based organizations increased by more than 5% but were without MoU</p>  | MMDAs must keep accurate records on farmer groups and ensure they have properly signed MoU.        |

| KPA                      | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|--------------------------|-----|---|--|--|
|                          | 6.3 | Implementation of Tourism related activities                                | <p>Six (6) out of the 7 MMDAs showed evidence of implementing more than 80% of approved tourism activities.</p> <p>Only Bole could not meet the requirement of this indicator. It did not have any activity in the AAP.</p>            | MMDAs must keep it up.   |
|                          | 6.4 | Local Economic Development  | <p>Four MMDAs had both LED activities in the AAP and a separate plan.</p> <p>Three other MMDAs (East Gonja, North East Gonja and Central Gonja) had the LED activities only in the AAP had only the AAP.</p>                           | MMDAs must keep it up.   |
|                          | 6.5 | Implementation of Road Safety Activities                                    | <p>East Gonja and North East Gonja did not have any road safety activity in their AAP. They therefore did not meet the minimum criteria.</p> <p>The five (5) other MMDAs produced evidence of inclusive of road safety activities.</p> | MMDAs must keep it up  |
| Environment & Sanitation | 7.1 | Availability of a Disaster Preparedness Action plan & Implementation report | <p>Only Central Gonja had DPAP and showed evidence of implementation.</p> <p>STK had the plan, showed evidence of implementation but did not submit implementation report before the deadline.</p>                                     | <p>MMDAs must ensure coordination between the Central Administration and NADMO.</p> <p>There must be a conscious policy for NADMO to send their reports to the</p> |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--|--|---|
|     |     |  | <p>All the rest could show only the plan.</p> <p>It was observed that the NADMO officers who oversaw this plan did not see themselves as part of the Assembly.</p>   | <p>regional level through the MMDAs</p>   |
|     | 7.2 | <p>Inclusion of Environment enhancement programmes in 2022 AAP</p> | <p>Three MMDAs (North East, STK and West Gonja) had more than 60% implementation of their planned interventions.</p> <p>Two MMDAs (East and Central Gonja) could not meet the minimum requirements of the indicator. Whiles Central Gonja has activities in the AAP but no implementation report, East Gonja did not have the plan at all.</p> <p>North Gonja and Bole up to 60% and 55% respectively.</p> | <p>MMDAs must make conscious effort to include environmental enhancement programmes in the activities and implement them.</p> |
|     | 7.3 | <p>Percentage increase in population with household toilets</p>    | <p>The four (4) MMDAs had more than 15% increase with population with household toilets.</p> <p>STK, North and North East Gonja did not meet the minimum requirement of this indicator.</p>  |   |
|     | 7.4 | <p>MMDA sponsorship of Routine</p>                                 | <p>Only West Gonja produced evidence that it had four routine cleansing activities within</p>  | <p>MMDAs must commit resources to the exercise and make efforts</p>   |

| KPA | KPI | KEY ISSUES           | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|----------------------|--|---|
|     |     | Cleansing activities | <p>the year and showed evidence with reports.</p> <p>Central Gonja had evidence for three.</p> <p>North Gonja had one.</p> <p>Bole could not show evidence that it carried out routine cleansing activities.</p> <p>The rest of the MMDAs showed evidence of two exercises.</p> <p>It was observed that, the department/ unit responsible for this activity do not write reports whenever such exercise is carried out. Where there were reports, such reports were badly written.</p> | <p>towards good sanitation.</p> <p>MMDAs must ensure that officers responsible for the exercise produce reports as evidence of implementation</p> |

Table 18: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Upper East Region

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|------------------------|-----|--|--|--|
| General Administration | 1.1 | Compliance with ISCCS meeting                          | <p>Seven out of fifteen MMDAs complied fully with this indicator.</p> <p>Eight had only the mid-year review.</p> <p>It was observed that some MMDAs still misconstrued ISCCS as expanded DPCU. Others also simply could not do it because of what they termed as “financial constraints”</p>   | <p>OHLGS must clarify the law that requires MMDAs to have these meeting and show their relationship with other meetings especially the DPCU.</p> <p>The RCC must sensitize MMDAs and impress upon them to comply with the indicator.</p> |
|                        | 1.2 | Compliance with the sensitization on the LGS protocols | <p>Only Garu had more than two (2) sensitization fora and produced reports.</p> <p>All the other fourteen (14) MMDAs could only manage to organize two (2) sensitization fora and reports.</p>   | MMDAs must keep this up  |
|                        | 1.3 | Electronic management of correspondences               | <p>Only Kassena-Nankana MA had its incoming and outgoing correspondences stored electronically in all twelve (12) months and could be accessed by at least the MCD.</p> <p>Bolga Municipal, Garu, Binduri, and Talensi did not meet the minimum requirement of capturing and storing incoming and outgoing correspondence electronically for</p> | <p>MMDAs must try to make the records unit functional.</p> <p>All Districts must have one software to ensure uniformity of output and accurate assessments.</p>  |

| KPA | KPI | KEY ISSUES                               | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--|--|---|
|     |     |  | <p>at least nine (9) months.</p> <p>It was observed that in Bolga Municipal and Garu the Records Management Unit did not have a scanner.</p> <p>At Binduri, there was no officer at post.</p>  |   |
|     | 1.4 | Functional website and updates           | <p>No district within the region complied fully with this indicator.</p> <p>Three (3) MMDAs Builsa North, Binduri and Nabdam did not comply with even the minimum criteria.</p> <p>It was observed that, most of the MMDAs could not pay their service providers to sustain the website.</p> | <p>OHLGS must initiate a process to engage a service provider at a discount rate for MMDAs.</p> <p>MMDAs must sensitize departments and units on the need to have their activities and updates on the website.</p> <p>MIS officers or other officers with required computer knowledge should be oriented and resourced to update the website regularly.</p> |
|     | 1.5 | Functionality of the Client Service Unit | <p>All the districts had clearly marked office space for Client Service Unit.</p> <p>Only Kassina-Nankana Municipal complied fully with this indicator.</p> <p>Only two MMDAs (Bunsa South and Kassina-Nankana Municipal) had trained</p>  | <p>OHLGS must employ qualified people to the CS Unit.</p> <p>MMDAs should re-assign and train some of the newly posted staff to handle the CSUs schedule.</p>   |

| KPA                       | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|---------------------------|-----|---|---|---|
|                           |     |   | <p>staff.</p> <p>It was observed that generally the MMDAs did not have qualified people to man the Client Service Unit.</p>   |   |
|                           | 1.6 | Management of the workplace environment   | <p>No MMDA in the Region had visible signposts showing clear directions to the office right from the boundary to the MMDA.</p> <p>It was observed that all the MMDAs had visitor's washroom but poorly managed</p>  | <p>The wellbeing of officers must be the utmost importance to the Assemblies.</p> <p>MMDAs must schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms and other areas during the day</p> |
| Human Resource Management | 2.1 | Compliance with biannual composite promotion schedule and preparation of 2022 retirement schedule | <p>Four (4) MMDAs (Kassina-Nankana Municipal, Tinpani, Bolga East and Bawku West) did not comply with even the minimum condition of this indicator.</p> <p>Kassina-Nankana West complied with the preparation and submission of two composite promotion schedules but did not produce and submit the retirement schedule.</p> <p>The rest of the MMDAs complied fully with this indicator.</p> <p>It was observed that HR Managers do not</p> | HRMs of the various districts must be reminded of these reports and their submission deadlines  |

| KPA | KPI | KEY ISSUES                                       | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     |  | <p>take the preparation of promotion schedule with established vacancy and retirement schedule serious.</p>   |   |
|     | 2.2 | Compliance with Leave Management Roaster         | <p>Only Pusiga had a well prepared and updated leave management roaster.</p> <p>Bolga East did not comply with even the minimum criteria.</p> <p>All the other MMDAs had the leave roaster prepared and approved but were not quarterly reported.</p> <p>It was observed that some districts that were created especially from 2019 do not have management units.</p> | <p>The RCC must submit the names of affected district for immediate rectification.</p>  |
|     | 2.3 | Preparation and implementation of training plans | <p>About 96% of the MMDAs had comprehensive training plans and submitted before deadline.</p> <p>Only Tempane, Bolga East, and Pusiga submitted on deadline.</p> <p>On the implementation of the training plans, seven MMDAs implemented more than 80% of their training plans and submitted reports before deadline.</p>   | <p>MMDAs must demand quality reports from their capacity building consultants.</p> <p>MMDAs must also tap on the knowledge of their experienced staff for some of the trainings</p> |

| KPA                              | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------------|-----|--|---|---|
|                                  |     |  | <p>Four of them (Builsa North and South, Kasena-Nankana West and Pusiga showed evidence of submission of quarterly reports before deadline but had 80% implementation of their activities.</p> <p>It was observed that Assemblies overly concentrated on consultants for the training. Reports emanating from these trainings are however poorly written.</p> |   |
|                                  | 2.4 | Compliance with Staff Performance Appraisal schedule   | <p>About 53% did not comply with this indicator.</p> <p>Only Pusiga and Bawku West fully complied with this indicator.</p> <p>It was observed that, the HR Manager and Heads of Departments and Units took the appraisal serious only for promotion.</p>  | MMDAs must train departmental and unit heads on the LGS staff appraisal instrument for compliance |
| Financial Management & Reporting | 3.1 | Compliance with the preparation and submission of RIAP | <p>All the MMDAs except Garu prepared, approved, and submitted their RIAP before deadline.</p> <p>Garu prepared, approved, and submitted its RIAP on the deadline.</p>  | MMDAs must keep it up.  |
|                                  | 3.2 | Increment of streets named with signage                | About 75% of the MMDAs showed evidence of more than 10% increase in streets named   | MMDAs must reignite the implementation of the SNPA exercise.                                      |

| KPA | KPI | KEY ISSUES                                       | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     |  | <p>with signages.</p> <p>Builsa South, Builsa North and Nabdam Bolgatanga East could not comply with this indicator. In the case of Builsa South, the officer was relatively new and seems not to know much about the indicator. Builsa North and Nabdam however did not produce any data. Bolgatanga East on the other hand did not have any baseline data</p> <p>iii. Two (2) districts (Talensi District and Bawku West District) managed about 9% increase whilst (Binduri) increased about 10%.</p> <p>It was observed that the high compliance of the indicator may be misleading. The cumulative figures were so small that any small additions push the percentage above the 10% threshold.</p> |   |
|     | 3.3 | Implementation of External Audit recommendations | <p>Three (3) MMDAs (Kassena-Nankana West, Binduri, and Builsa North) out of the fifteen (15) complied fully showing evidence of implementation of all recommendations in the Auditor Generals Management letter.</p> <p>The rest of Assemblies (twelve) have</p>  | <p>Management of MMDAs must work together to effectively deal with recommendations in Auditor General’s management letter</p> |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     |  | outstanding issues.   |   |
|     | 3.4 | Implementation of Internal audit recommendations       | <p>Eleven (11) MMDAs fully implemented the internal audit recommendations.</p> <p>Three other districts (Builsa South, Builsa North and Bongo District) had outstanding recommendations.</p> <p>It was observed that Audit Committees in some Districts do not report comprehensively on the issues they discuss.</p>   | <p>The RCC must ensure that MMDAs take Internal Audit findings serious and commit to the implementation of the recommendations.</p> <p>Internal Auditors must step up their checks and monitoring role to reduce infractions.</p> |
|     | 3.5 | Compliance with expending on the activities in the AAP | <p>Ten (10) Districts out of fifteen (15) have the 100% expenditure covered activities in their Annual Action Plans.</p> <p>The rest of the MMDAs (Builsa North, Garu, Talensi and Tempene) did not comply fully by having less than 100% of 2022 actual expenditure covered in the Annual Action Plan.</p> <p>At Builsa North, the implementation could not be verified because the action plan and the progress reports did not state award and start dates. Garu and Tempene had 66% and 55% respectively whilst Talensi did not produce the documents for verification.</p> | <p>MMDAs must ensure that they expend on activities in the approved AAP</p> <p>MMDAs must take advantage of the mid-year review to revise their plans to conform to the expected revenues</p>                                     |

| KPA            | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|----------------|-----|---|--|---|
|                |     |   | <p>It was observed that MMDAs load their plans with lots of activities.</p>  |   |
|                | 3.6 | Availability and update of data on ratable properties | <p>Ten (10) MMDAs out of fifteen (15) have fully updated their database and had their fee-fixing based on the updated database.</p> <p>Four (4) districts (Builsa South, Garu, Nabdam and Talensi) did not meet the indicator by not having the database updated.</p> <p>The GIZ and District Local Revenue Software used by Builsa South, according to the Budget Analyst broke done, hence no update of the register. Garu did not have its 2021 data on file whilst Nabdam produced a photocopied 2021 data as the data for 2022. Talensi on the other hand presented an incoherent data.</p> <p>It was observed that most of the data presented were not scientific. Some may have been generated through “desk work.” Similarly, officers do not take time to do proper categorization of the properties.</p> | Data must be properly captured and properties properly categorized. |
| Infrastructure | 4.1 | Level of achievement in the implementation of         | Thirteen (13) MMDAs complied fully with this indicator by having either 80% or more  | MMDAs must make use of the mid-year review to scale down lofty      |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     | planned road programmes  | <p>road programmes implemented.</p> <p>Only (Garu) had less than 80% of the road programmes implemented. It produced evidence of implementing 50%.</p> <p>It was observed that most of the road projects were funded by other agencies like urban roads and not by the Assembly.</p>  | projections.  |
|     | 4.2 | Level of achievement in the implementation of planned building & structures programmes | <p>Eleven (11) districts out of fifteen (15) fully complied with this indicator by having more than 80% of building and structural programmes implemented.</p> <p>The rest of the MMDAs (Talensi, Garu, and Tempani) could not comply with this indicator.</p> <p>It was observed that almost all the Assemblies have roll-over projects.</p> | <p>The OHLGS must revise this indicator to deal with the award of new contracts at the expense of completion of existing projects.</p> <p>MMDAs to prioritize completion of existing projects and adopt the DDF style of project selection and execution.</p> |
|     | 4.3 | Organization of Spatial Planning Committee and Technical Committee meetings            | <p>Ten (10) MMDAs complied fully with this indicator by having their Spatial Planning Sub-committee meeting quarterly.</p> <p>Talensi scored two (2) for organizing six (6) meetings in two (2) quarters.</p> <p>Pusiga and Builsa South scored zero for</p>  | <p>OHLGS must take staff rationalization serious and deal with the shortages of staff in certain districts.</p> <p>The RCC must engage officers in some district to take oversight responsibility of other districts.</p>                                     |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|---|--|--|
|     |     |   | <p>conducting four (4) and (3) meetings in the year respectively. Pusiga attributed its inability to organize all the meeting to security concerns.</p> <p>Majority of the districts have a shortage of Spatial Planning staff.</p>  |  |
|     | 4.4 | Consideration of building permit applications           | <p>All the MMDAs showed evidence of having applications considered at Technical Sub-Committee and DSPC meeting and decisions communicated to applicants.</p> <p>It was observed that the perfect compliance with this indicator cannot be reliable. This is because some assemblies received only one application.</p> <p>More seriously, most MMDAs do not have Spatial Planning Officers to spearhead the activities of the department</p> | <p>OHGLS must post substantive Spatial Planning Officers to MMDAs that do not have officers.</p> <p>The RCC must engage officers in some district to take oversight responsibility of other districts.</p> <p>MMDAs must have constant discussions with land owners, traditional leaders and the general population the need to apply for permits.</p> |
|     | 4.5 | Availability of approved Structure Plan and Local Plans | <p>Nine (9) out of fourteen (14) MMDAs considered complied with this indicator.</p> <p>The other five MMDAs (Builsa South, Garu, Tempane, and Bawku West did not score any mark under this indicator.</p> <p>Similarly, MMDAs cited absence of Spatial</p>   |  |

| KPA             | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----------------|-----|--|--|---|
|                 |     |  | <p>planning officers and lack of funds as the main cause of non-compliance.</p>  |   |
| Social Services | 5.1 | Compliance with Education oversight committee meetings | <p>Seven MMDAs showed evidence of having held four (4) meeting with invitation and minutes signed and implementing all decisions.</p> <p>Binduri and Bolgatanga Municipal showed evidence of four meetings but implementation of three quarterly decisions.</p> <p>Bawku Municipal and Garu did not comply with the minimum requirement of this indicator.</p> <p>It was generally observed that minutes produced by this meeting were poorly written.</p> | MMDAs must ensure that M/DEOC meetings are held, proceedings recorded and decisions implemented.  |
|                 | 5.2 | Compliance with Health oversight committee meetings    | <p>Only four (4) MMDAs (Builsa North, Temapane, Pusiga and Talensi) held four (4) District Health Committee meetings with invitation letters and signed minutes and evidence of implementation of all decisions.</p> <p>Bolgatanga showed evidence of four meetings but showed implementation of</p>   | MMDAs must ensure that M/D-HOC meetings are held, proceedings recorded and decisions implemented. |

| KPA | KPI | KEY ISSUES                | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|---------------------------|--|--|
|     |     |                           | <p>three quarterly decisions.</p> <p>Builsa South and Bawku West had three meetings and evidence of implementation of decisions.</p> <p>The other seven MMDAs did not produce any evidence of a meeting.</p> <p>It was generally observed that the minutes produced by some of the Assemblies were not authentic and they were also poorly written.</p>  |  |
|     | 5.3 | Data on vulnerable groups | <p>Three (3) MMDAs (Builsa South, Kasena-Nankana West and Garu) did not meet the minimum requirements of this indicator. Builsa South did not have 2021 baseline data. Kasena-Nankana had data on file but they are in bits and pieces. It is difficult to establish any update. Garu on the other hand did not produce data for June 2022.</p> <p>Pusiga showed evidence of timely update of data of vulnerable groups but submitted on the deadline.</p> <p>Bawku West only produced evidence of June and December updates with no evidence of</p> | <p>OHLGS must reconcile the biannual update and submission of data on vulnerable groups with the quarterly departmental reporting timelines.</p> <p>Officers must go beyond PWDs and take care of other vulnerabilities. It is clear that “vulnerability is not synonymous to disability”.</p> |

| KPA | KPI | KEY ISSUES                          | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|-------------------------------------|--|--|
|     |     |                                     | <p>submission.</p> <p>The rest of the MMDAs comply fully with the indicator.</p> <p>It was observed that MMDAs vulnerability data is updated and reported quarterly. There was also too much over-concentration on LEAP figures and people with disabilities when responding to this indicator.</p>  |  |
|     | 5.4 | Implementation of GBV interventions | <p>Eleven MMDAs out of the fourteen considered scored more than 80%.</p> <p>Kasena-Nankan Municipal and Nabdam were able to implement up to 80% of their planned activities.</p> <p>Builsa North implemented up to 75%.</p> <p>Only Tempane was unable to produce evidence of planned activities and implementation. The person serving as the Gender desk officer seemed oblivious of Gender Based Violence.</p> <p>It was observed that where Gender Desk Officers are from departments and units other than the social Welfare and community development, there were challenges. Gender</p> | <p>OHLGS must facilitate the adoption of a uniform reporting format for all MMDAs.</p> <p>MMDAs must ensure that Gender Desk office remains with the Social Welfare and Community Department since gender issues are core component of their functions</p> |

| KPA                  | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------------|-----|---|---|--|
|                      |     |   | <p>issues are core component of SW/CW functions. If the function is performed outside the department, it creates disjointed reporting.</p>  |  |
|                      | 5.5 | Management of child protection cases                            | <p>Eleven (11) out of the considered fourteen MMDAs in the region effectively managed over 80% of all reported child protection cases.</p> <p>Three other MMDAs (Kasena-Nankana, Binduri and Nabdam) either did not have case register or the register was not updated. They therefore did not meet the minimum requirement of the indicator.</p> | MMDAs must keep this up.   |
|                      | 5.6 | Organization of Community mobilization and Education programmes | <p>All the fourteen (14) MMDAs in the region effectively implemented over 80% of all community mobilization and education programmes in the 2022 Annual Action Plan.</p> <p>It was observed that the indicator was one of the generic functions of Social Welfare and Community Department.</p>   | Well executed.   |
| Economic Development | 6.1 | Increase yield on selected Agric produce/livestock /fish        | Thirteen (13) MMDAs out of the fourteen (14) considered achieved more than 10% increase in selected crop/livestock/fish   | MMDAs must resource the Agriculture officers to engage in data collection and data reconciliation. |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|--|---|--|
|     |     |  | <p>yield.</p> <p>Only Pusiga scored zero (0). They did not present any data for verification.</p>   | <p>Farmers must be sensitized on the need to keep records</p>  |
|     | 6.2 | Data on farmer groups/ farm based organizations (FBOs) | <p>Three (3) MMDAs (Tinpani, Binduri, and Bolga Muni.) had evidence of farmer-based registration with MoU signed.</p> <p>Eight (8) MMDAs had only their farmer-based organizations increased by more than 5% but were without MoU.</p> <p>Three (3) other districts (Pusiga, Bongo and Bolga East) did not provide any evidence of registered farmer-based organizations.</p> | <p>MMDAs must keep accurate records on farmer groups and ensure they have properly signed MoU.</p>   |
|     | 6.3 | Implementation of Tourism related activities           | <p>Ten (10) out of the fourteen (14) MMDAs showed evidence of implementing more than 80% of approved tourism activities.</p> <p>Two MMDAs (Pusiga and Binduri) could not meet the requirement of this indicator.</p>  | <p>The RCC must pursue regourous and coordinated development of tourism in the region.</p> <p>OHLGS must institute Local Government Service week to, among other things, showcase the potentials of the regions and the districts.</p> |
|     | 6.4 | Local Economic Development                             | <p>Twelve (12) MMDAs out of the fourteen (14) considered had both LED activities in the AAP and a separate plan.</p>  | <p>MMDA must take LED issues seriously to engender local development.</p>  |

| KPA                      | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|--------------------------|-----|---|--|--|
|                          |     |   | <p>Only Bongo District had no plan available. Bawku West District had LED activities in the AAP but no separate LED plan.</p>  |  |
|                          | 6.5 | Implementation of Road Safety Activities                                    | <p>Only Talensi did not have any road safety activity in their AAP. They therefore did not meet the minimum criteria.</p> <p>The thirteen (13) other MMDAs produced evidence of inclusion of road safety activities.</p>   |  |
| Environment & Sanitation | 7.1 | Availability of a Disaster Preparedness Action plan & Implementation report | <p>Only two (2) MMDAs (Kassena-Nankana Muni. and Kassena-Nankana West D.A) showed evidence of implementation report prepared and submitted before deadline.</p> <p>Seven (7) MMDAs had the plan, showed evidence of implementation but did not submit implementation report before the deadline.</p> <p>Three (3) MMDAs (Bunsa South, Garu, and Pusiga) only had the plan but no evidence of implementation.</p> <p>Two (2) MMDAs (Binduri and Bolga East) scored zero (0).</p> <p>It was observed that the NADMO officers</p> | <p>MMDAs must ensure coordination between the Central Administration and NADMO</p> <p>There must be a conscious policy for NADMO to send their reports to the regional level through the MMDAs</p> |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|--|--|--|
|     |     |  | <p>who oversaw this plan did not see themselves as part of the Assembly. Similarly, there was seeming generally lack of coordination between the Central Administration and NADMO.</p>   |  |
|     | 7.2 | <p>Inclusion of Environment enhancement programmes in 2022 AAP</p> | <p>Eight (8) MMDAs implemented more than 60% of environmental enhancement programmes.</p> <p>Builsa South had 56-60% implementation of its planned interventions.</p> <p>iii. Binduri and Nabdam however did not meet the minimum requirement of this indicator.</p>             | <p>The MMDAs could have done better.</p>                             |
|     | 7.3 | <p>Percentage increase in population with household toilets</p>    | <p>The ten (10) MMDAs had more than 15% increase with population with household toilets.</p> <p>Builsa South and Bolga recorded 15% increase in population with household toilets.</p> <p>Binduri and Nabdam however did not meet the minimum requirement of this indicator.</p> | <p>MMDAs must embark on data collection to produce credible data</p> |
|     | 7.4 | <p>MMDA sponsorship of Routine</p>                                 | <p>All MMDAs in the region had at least two (2) routine cleansing activities within the year</p>   | <p>MMDAs must commit resources to the exercise and make efforts</p>  |

| KPA | KPI | KEY ISSUES           | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|----------------------|---|--|
|     |     | Cleansing activities | <p>and showed evidence with reports.</p> <p>It was observed that reports are not produced whenever such an exercise is carried out. Where there were reports, such reports were badly written. It was also clear that without the involvement of Zoomlion, the Assemblies found it difficult to carry out cleansing activities.</p> | <p>towards good sanitation.</p> <p>MMDAs must ensure that officers responsible for the exercise produce reports as evidence of implementation.</p> |

Table 19: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Upper West Region

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|------------------------|-----|--|--|--|
| General Administration | 1.1 | Compliance with ISCCS meeting                          | <p>Six (6) out of eleven (11) MMDAs complied fully with this indicator.</p> <p>The other five (5) (Sisala West, Lawra, Lambusie, Nadowli Kaleo and Wa Mun.) had only the mid-year review.</p> <p>Generally, MMDAs argued that the mid-year meeting could serve as a review and planning meetings. Others also simply could not organize both meetings due to what they termed as “financial constraints”</p> | <p>OHLGS must clarify the law that requires MMDAs to have these meeting and show their relationship with other meetings especially the DPCU.</p> <p>The RCC must sensitize MMDAs and impress upon them to comply with the indicator.</p> |
|                        | 1.2 | Compliance with the sensitization on the LGS protocols | <p>Only one (1) MMDA (Wa Mun.) had more than two (2) sensitization fora and produced reports.</p> <p>All the other nine (9) MMDAs could only manage to organize two (2) sensitization fora and reports.</p> <p>Only Wa East scored zero (0).</p>   | MMDAs must keep this up.   |
|                        | 1.3 | Electronic management of correspondences               | <p>Only two (2) MMDAs (Sissala East, and DBI) had its incoming and outgoing correspondences stored electronically in all twelve (12) months and could be accessed by at least the MCD.</p>   | <p>MMDAs must try to make the records unit functional.</p> <p>All Districts must have one software to ensure uniformity of output and accurate assessments.</p>  |

| KPA | KPI | KEY ISSUES                               | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|--|---|--|
|     |     |  | <p>Sissala West and Lawra did not meet the minimum requirement of capturing and storing incoming and outgoing correspondence electronically for at least nine (9) months.</p> <p>The rest of the districts had twelve months correspondence verified as electronically stored but could not be accessed by any officer electronically.</p>  |  |
|     | 1.4 | Functional website and updates           | <p>Only Nadowli Kaleo complied fully with this indicator.</p> <p>Other three (3) MMDAs (Girapa, Lawra and Wa West) failed to achieve the minimum requirement of this indicator. Whilst Lawra used ghanadistrict.com, Girapa and Wa West could not access their website due to their indebtedness to NITA.</p> <p>It was observed that some of the MMDAs could not pay their service providers to sustain their website.</p> | <p>OHLGS must initiate a process to engage a service provider at a discount rate for MMDAs.</p> <p>MMDAs must sensitize departments and units on the need to have their activities and updates on the website.</p> <p>MIS officers or other officers with required computer knowledge should be oriented and resourced to update the website regularly</p> |
|     | 1.5 | Functionality of the Client Service Unit | <p>Apart from DBI, all the MMDAs had a visible dedicated space for Client Service Unit.</p> <p>Only Sisala East, Jirapa, Lambusie and Wa</p>  | <p>OHLGS must employ qualified people to the CS Unit.</p> <p>MMDAs should re-assign and train some of the newly posted staff to</p>  |

| KPA | KPI | KEY ISSUES                              | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|---|---|--|
|     |     |   | <p>East had basic logistics at the client service. Only Lambusie and DBI had a trained Client Service Unit staff.</p> <p>Three MMDAs Sissala West, Jirapa and Nandom produced complaint logbook where complainant confirmed their interaction with the Assemblies.</p> <p>It was observed that generally the MMDAs did not have qualified people to man the client service unit.</p> <p>Similarly, MMDAs confuse client service concept with reception.</p> | <p>handle the CSUs schedule.</p>   |
|     | 1.6 | Management of the workplace environment | <p>No MMDA in the Region had visible signposts showing clear directions to the office right from the boundary to the MMDA.</p> <p>Only four (4) out of the eleven (11) MMDAs (Lawra, Nadowli Kaleo, BDI and Wa West) had a clean washroom for visitors.</p> <p>With exception of Sissala West, all the other MMDAs generally had well maintained landscape.</p>   | <p>The wellbeing of officers must be the utmost importance to the Assemblies.</p> <p>MMDAs must schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms and other areas during the day.</p> |

| KPA                              | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------------------------|-----|--|--|--|
|                                  |     |  | <p>All the MMDAs except DBI had well maintained office space.</p>  |  |
| <p>Human Resource Management</p> | 2.1 | <p>Compliance with biannual composite promotion schedule and preparation of 2022 retirement schedule</p> | <p>Nine (9) MMDAs complied fully with this indicator.</p> <p>Wa West did not produce composite promotion schedules but had the retirement schedule for 2023 produced and submitted on or before deadline.</p> <p>Sissala West and Nadowli Kaleo neither produced the composite promotion schedule for 2022 nor the retirement schedule for 2023.</p> <p>It was observed that HR Managers do not take the preparation of promotion schedule with established vacancy and retirement schedule serious.</p> | <p>HRMs of the various districts must be reminded of these reports and their submission deadlines.</p>                                   |
|                                  | 2.2 | <p>Compliance with Leave Management Roaster</p>  | <p>Only Lambusei fully complied with this indicator.</p> <p>Sissala East and West, Wa East and DBI did not comply with the minimum criteria of this indicator.</p> <p>The rest had their leave roaster prepared and approved but were not quarterly</p>  | <p>The RCC must remind districts of this report and its submission deadlines.</p> <p>MMDAs must ensure timely submission of reports.</p> |

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|------------------------|-----|--|---|---|
|                        |     |  | <p>reported.</p> <p>Nearly 98% compliance in the Upper West Region.</p> <p>It was observed that districts took advantage of the DPAT capacity building component to train staff. Reports were also produced accordingly.</p>  |   |
|                        | 2.3 | Preparation and implementation of training plans     |   |   |
|                        | 2.4 | Compliance with Staff Performance Appraisal schedule | <p>Only Lambusei and Nadowli Kaleo had a percentage compliance rate of more than 80%.</p> <p>Sissala East obtained one mark for having three staff sample from four different departments fully appraised.</p> <p>The other eight (8) MMDAs did not get even the minimum requirement of this indicator.</p> <p>It was observed that, compliance rate in the region was very low. It could be deduced that the HR Manager and Heads of Departments and Units took the appraisal serious only when there was going to be a promotion.</p> | MMDAs must train departmental and unit heads on the LGS staff appraisal instrument for compliance |
| Financial Management & | 3.1 | Compliance with the preparation and submission of    | Eight (8) MMDAs out of eleven (11) prepared, approved, and submitted their  | The RCC must ensure strict compliance.  |

| KPA       | KPI | KEY ISSUES                                       | OBSERVATIONS   | RECOMMENDATIONS  |
|-----------|-----|--|--|--|
| Reporting |     | RIAP   | <p>RIAP before deadline.</p> <p>DBI produced evidence of preparation, approval and submission but did not submit before the deadline whilst Wa East had an approved plan but did not show evidence of submission.</p> <p>Lawra Municipal did not show any evidence of preparation, approval or submission.</p>   |  |
|           | 3.2 | Increment of streets named with signage          | <p>Six (6) MMDAs out of eleven (11) showed evidence of more than 10% increase in streets named with signages.</p> <p>The other five (5) MMDAs (Jirapa, Lawra, Lambusie, Nadowli Kaleo, and Wa West) could not comply with this indicator.</p> <p>It was observed that about 45% of the MMDAs in the Region did not comply with the indicator. This according to the MMDAs was due to lack of identifiable roads and lack of funds.</p> | MMDAs must commit to implementation of the SNPA exercise.  |
|           | 3.3 | Implementation of External Audit recommendations | Three (3) MMDAs (Sissala East, Sissala West, and Lambusie) out of the eleven (11) complied fully showing evidence of implementation of all recommendations in  | Management of MMDAs must work together to effectively deal with recommendations in Auditor General's management letter |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--|--|---|
|     |     |  | <p>the Auditor Generals Management letter.</p> <p>The rest of Assemblies have outstanding issues.</p> <p>It was observed that, Audit issues are high in the Region.</p> <p>It must be noted that Lawra has its documents with EOCO.</p>  |   |
|     | 3.4 | Implementation of Internal audit recommendations       | <p>Ten (10) MMDAs out of eleven (11) fully implemented the internal audit recommendations.</p> <p>Lawra could not produce any document for verification because it has its documents with EOCO.</p>  | <p>The RCC must ensure that MMDAs take Internal Audit findings serious and commit to the implementation of the recommendations.</p> <p>Internal Auditors must step up their checks and monitoring role to reduce infractions.</p> |
|     | 3.5 | Compliance with expending on the activities in the AAP | <p>Eight (8) MMDAs out of eleven (11) have the 100% expenditure covered activities in their Annual Action Plans.</p> <p>The rest of the MMDAs (Lawra, Wa, and DBI) did not comply fully by having less than 100% of 2022 actual expenditure covered in the Annual Action Plan.</p> <p>Lawra could not produce the contract</p> | <p>MMDAs must ensure that they expend on activities in the approved AAP.</p> <p>MMDAs must take advantage of the mid-year review to revise their plans to conform to the expected revenues.</p>                                   |

| KPA            | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------|-----|--|--|--|
|                |     |  | register for verification because it has the document with EOCO.   |  |
|                | 3.6 | Availability and update of data on ratable properties                                  | Ten (10) MMDAs out of eleven (11) fully updated their database and had their fee-fixing based on the updated database.<br><br>Only Wa Municipal did not meet the indicator. It was noted that, it has certain data available but in a very raw form and no update. | RCC must ensure that MMDAs comply with this indicator  |
| Infrastructure | 4.1 | Level of achievement in the implementation of planned road programmes                  | All MMDAs MMDAs complied fully with this indicator by having either 80% or more.<br><br>It was observed that most of the road projects were funded by other agencies like urban roads and not by the Assembly  | MMDAs must make use of the mid-year review to scale down lofty projections.  |
|                | 4.2 | Level of achievement in the implementation of planned building & structures programmes | Ten (10) MMDAs had at -least 80% of building and structural programmes implemented.<br><br>Only DBI could not comply with this indicator.  | The OHLGS must revise this indicator to deal with the award of new contracts at the expense of completion of existing projects.<br><br>MMDAs to prioritize completion of existing projects and adopt the DDF style of project selection and execution. |
|                | 4.3 | Organization of Spatial Planning Committee and   | Nine (9) MMDAs complied fully with this  | The RCC must sensitize MMDAs within its jurisdiction to appreciate   |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|---|---|---|
|     |     | Technical Committee meetings                            | <p>indicator.</p> <p>The other two (2) MMDAs (Nadowli Kaleo and Wa East) did not meet the requirement of this indicator.</p> <p>Wa East had seven meetings in the year due to what they termed as Inactivity.</p> <p>For Nadowli Kaleo, four (4) meetings were held during the year.</p>  | <p>the importance of spatial planning in national, regional and district's development.</p> <p>MMDAs must be impressed upon to resource the department to perform its mandated duties.</p>  |
|     | 4.4 | Consideration of building permit applications           | <p>All the other MMDAs complied fully with this indicator.</p> <p>It was observed that the perfect compliance with this indicator cannot be reliable. This is because some Assemblies received only one application.</p> <p>More seriously, most MMDAs do not have Spatial Planning Officers to spearhead the activities of the department.</p> | <p>The RCC must furnish OHLGS with MMDAs that do not have Spatial Planning Officers.</p> <p>OHLGS must post substantive Spatial Planning Officers to MMDAs that do not have officers, especially Ho West.</p> <p>The RCC must engage officers in some district to take oversight responsibility of other districts.</p> |
|     | 4.5 | Availability of approved Structure Plan and Local Plans | <p>Six (6) out of the eleven (11) MMDAs had more than two local plans and showed evidence of approval.</p> <p>The other five MMDAs (Sissala West, Lawra,</p>  | <p>MMDAs must be impressed upon to resource the department to perform its mandated duties.</p>  |

| KPA             | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----------------|-----|--|---|---|
|                 |     |  | <p>Nadowli Kaleo, Wa East and BDI) did not score any mark under this indicator.</p> <p>It was observed that, MMDAs cited absence of Spatial planning officers and lack of funds as the main cause of non-compliance.</p>  |   |
| Social Services | 5.1 | Compliance with Education oversight committee meetings | <p>Lambusie, Wa Municipal, Wa East and DBI showed evidence of having held four (4) meeting with invitation and minutes signed and implementing all decisions.</p> <p>Nandom showed evidence of only one legitimate meeting.</p>   | MMDAs must ensure that M/DEOC meetings are held, proceedings recorded, and decisions implemented. |
|                 | 5.2 | Compliance with Health oversight committee meetings    | <p>None of the MMDAs showed evidence of four meetings and implementation of decisions.</p> <p>Sissala East and Wa West produced evidence of having four (4) meetings but showed evidence of implementation of three-quarter decisions.</p> <p>Four (4) MMDAs (Girapa, Lawra, Nandom and DBI) did not meet the minimum requirement of this indicator.</p> <p>It was observed that, districts within the Region do not take this meeting serious.</p> | MMDAs must ensure that M/D-HOC meetings are held, proceedings recorded and decisions implemented. |

| KPA                  | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------------|-----|---|--|--|
|                      |     |   | Minutes presented by some of the Assemblies were not authentic.  |  |
|                      | 5.3 | Data on vulnerable groups                                       | The compliance rate of this indicator is about 96% in the Region.<br><br>It was observed that MMDAs vulnerability data is updated and reported quarterly. There was also too much over-concentration on LEAP figures and people with disabilities when responding to this indicator. | OHLGS must reconcile the biannual update and submission of data on vulnerable groups with the quarterly departmental reporting timelines.<br><br>Officers must go beyond PWDs and take care of other vulnerabilities. It is clear that “vulnerability is not synonymous to disability” |
|                      | 5.4 | Implementation of GBV interventions                             | All the MMDAs had between 70-80%.  | MMDAs to keep this up.   |
|                      | 5.5 | Management of child protection cases                            | This indicator has about 98% compliance rate.  | MMDAs to keep this up  |
|                      | 5.6 | Organization of Community mobilization and Education programmes | Apart from Sissala East and Wa West, all the other MMDAs implemented 60% of their planned interventions.   | MMDAs to keep this up  |
| Economic Development | 6.1 | Increase yield on selected Agric produce/livestock /fish        | Nine (9) MMDAs achieved more than 10% increase in selected crop/livestock/fish yield.<br><br>Nadowli Kaleo and Wa East did not provide any data for verification.  | MMDAs must resource the Agriculture officers to engage in data collection and data reconciliation.<br><br>Farmers must be sensitized on the need to keep records   |
|                      | 6.2 | Data on farmer groups/ farm based organizations                 | Three MMDAs (Nandom, Wa Municipal and Wa West) had evidence of farmer-based  | MMDAs must keep accurate records on farmer groups and ensure they  |

| KPA | KPI | KEY ISSUES                                   | OBSERVATIONS  | RECOMMENDATIONS           |
|-----|-----|--|---|---------------------------|
|     |     | (FBOs)                                       | <p>registration with MoU signed.</p> <p>Five (5) MMDAs had only their farmer-based organizations increased by more than 5% but were without MoU.</p> <p>Two (2) other districts (Lawra and Nadowli Kaleo) did not provide any evidence of registered farmer-based organizations.</p> <p>It was observed that some of the MMDAs had certain number of farmer based organizations but did not see the need to have MoU.</p> | have properly signed MoU. |
|     | 6.3 | Implementation of Tourism related activities | <p>100% compliance.</p> <p>It was observed that the indicator was easy to comply with.</p>  | MMDAs must keep it up.    |
|     | 6.4 | Local Economic Development                   | <p>100% compliance.</p> <p>It was observed that the indicator was easy to comply with.</p>  | MMDAs must keep it up.    |
|     | 6.5 | Implementation of Road Safety Activities     | <p>100% compliance.</p> <p>It was observed that the indicator was easy to comply with.</p>  | MMDAs must keep it up.    |

| KPA                      | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|--------------------------|-----|---|---|---|
| Environment & Sanitation | 7.1 | Availability of a Disaster Preparedness Action plan & Implementation report | <p>Only Nandom MMDA showed evidence of the existence of DPAP and implementation report prepared and submitted before deadline.</p> <p>Wa Municipal and Wa West had the plan and the implementation report but submitted on deadline.</p> <p>Five (5) MMDAs (Sissala East, Sissala West, Girapa, Lawra and Wa Municipal) did not show evidence of compliance with this indicator.</p> <p>The rest of the MMDAs (Lambusie, Wa East and DBI) had the plan but no implementation report.</p> <p>It was observed that the NADMO officers who were in charge of this plan did not see themselves as part of the Assembly. Similarly, there was seeming generally lack of coordination between the Central Administration and NADMO.</p> | <p>MMDAs must ensure coordination between the Central Administration and NADMO.</p> <p>There must be a conscious policy for NADMO to send their reports to the regional level through the MMDAs</p> |
|                          | 7.2 | Inclusion of Environment enhancement programmes in 2022 AAP                 | Nine (9) MMDAs complied fully with this indicator by implementing more than 60% of environmental enhancement  | MMDAs must keep it up   |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--|--|---|
|     |     |  | <p>programmes.</p> <p>Sissala West and Wa Municipal implemented 56-60% of planned interventions.</p>   |   |
|     | 7.3 | Percentage increase in population with household toilets | <p>The eight (8) MMDAs had more than 15% increase with population with household toilets and thus complied fully with this indicator.</p> <p>Nandom had 15% increase in population with household toilets.</p> <p>Sissala West and Lawra however did not meet the minimum condition of this indicator.</p> | MMDAs must embark on data collection to produce credible data   |
|     | 7.4 | MMDA sponsorship of Routine Cleansing activities         | <p>Three (3) MMDAs (Nandom, Wa Municipal and Nadowli Kaleo) had four routine cleansing verifiable by reports.</p> <p>Sissala West, Wa East and Wa West showed evidence of three meetings reports.</p> <p>Only DBI did not show atleast two evidence of cleansing of the CBD.</p>                           | <p>MMDAs must commit resources to the exercise and make efforts towards good sanitation</p> <p>MMDAs must ensure that officers responsible for the exercise produce reports as evidence of implementation</p> |

## **4.7. Ahafo, Western North & Parts of Ashanti Regions**

### **4.7.1. Scope of the Assignment**

The team visited and assessed a total of thirty-eight (38) MMDAs with 6, 9 and 20 MMDAs in the Ahafo, Western North and Ashanti Regions respectively. Additionally, the team also assessed the performance of the Ahafo and Western North Regional Coordinating Councils.

The list of the 20 MMDAs in the Ashanti Region that was covered by this team include:

1. Ahafo Ano North M/A
2. Ahafo Ano South West D/A
3. Atwima Nwabiagya North D/A
4. Ahafo Ano South East D/A
5. Adansi South D/A
6. Adansi Asokwa D/A
7. Obuasi East D/A
8. Akrofuom D/A
9. Obuasi M/A
10. Amansie Central D/A
11. Amansie South D/A
12. Amansie West D/A
13. Bekwai M/A
14. Adansi North D/A
15. Kwadaso M/A
16. Atwima Kwanwoma D/A
17. Bosomtwe D/A
18. Bosome Freho D/A
19. Atwima Mponua D/A &
20. Atwima Nwabiagya M/A

### **4.7.2. General Outcomes**

The following were some general observations from the field assessment. The issues discussed in this section cuts across a number of RCCs and MMDAs which needs urgent attention for redress to ensure the smooth operations of the RCCs and MMDAs.

The verification team spent an average of Three Hours, fifty-five Minutes (3hours, 55minutes) at each DA visited.

## **MMDAs & RCCs**

Generally, all the MMDAs and RCCs verified had made considerable effort to achieve the targets. The following are general outcomes of the verification exercise.

### *Coordination by the MMDAs*

Where the Planning and Human Resource Officers were abreast with issues, the exercise was well coordinated and staff were responsive. Coordinating Directors and in some cases, the Chief Executive exhibited keen interest in the exercise. We were therefore shown files in almost all the MMDAs we visited.

### *Setting of targets in the AAP*

Some of the activities in the AAP did not meet the SMART principle. We observed several instances that especially in relation to planning for programmes the phrase 'municipal wide' or district wide was used. This made it difficult to assess the level of achievement. The Departmental Heads need to work more closely with the Planning Officer to set smart targets in the AAP.

### *General Office Environment*

Some of the MMDAs visited had official premises that was not more than five (5) years old. Though facilities in such places were new, they were mostly left without befitting landscape designs. Some MMDAs were also renovating or rehabilitating their facilities. Cases of office congestion were few in the three regions visited. There was also no clear standard on sanitary facilities, general cleaning and landscaping. There is room for much improvement in these areas in all MMDAs visited.

### *Website and the Electronic Management of Correspondence*

Only a few MMDAs visited did not have a functional website. Some were however using the [www.aaa.com](http://www.aaa.com), [www.bbb.org](http://www.bbb.org) or [www.ccc.com.gh](http://www.ccc.com.gh) domain instead of the approved [www.ddd.gov.gh](http://www.ddd.gov.gh). MMDAs using the other websites did not have as much information as those using the approved domain. They however gave evidence of efforts to migrate to the approved domain. All the MMDAs visited had an MIS officer.

### *Staffing Issues*

Some of the places visited not only had very junior officers heading Departments or Units this was especially so in the Western North Region. They were generally prepared for the exercise.

### *Staff training and Development*

Most MMDAs prioritized training and endeavoured to achieve same. However, it was realized that these were general areas that covered a lot of staff from all professional groups. This may be due the indicator demanding at least two (2) sensitization Laws and LGS protocols. Acting Coordinating Directors should be trained before being posted to ensure the proper cooperation of officers and staff.

### *Client Service*

All the MMDAs visited had a space designated as Client Service. There were exceptional ones with functional dedicated telephone lines, TV/projector that was showing live activities from service providers. The officers were doing well with complaints records keeping. However, some did take the contacts of the complainants to enable us follow-up on actions taken on complaints. There seems to be a general misunderstanding of issues that have to be forwarded to the Public Relations and Complaints Committees (PRCC) and those that should be directly dealt with by officers.

### *Street Naming*

It was noted that this exercise had been truncated in most MMDAs visited. For those who claim to have named streets and mounted signages there was no incremental data to show what was accomplished. It therefore takes some effort to ascertain what has been achieved.

### *Three Tier Planning*

The MMDAs had developed structural plans. This was obvious considering that the LI requiring the 3-tier plan came out in December 2016 and also established the Physical Planning Department which did not yet have the requisite staff across all MMDAs.

### *Meetings of Education and Health Committees*

Minutes of meetings were well done. Apart from showing further discussions of decisions, Sefwi Akontombra and a few DAs has isolated the decisions made and status on separate sheets and filed. This was shared with other MMDAs. Generally, the minutes of meetings were good. Some of the attendance sheets, however, looked like one person wrote all the names of the participants.

Another observation was that discussion of important matters like the use of data on properties to set rates were not well captured.

### *Performance Appraisal*

Whereas some of the MMDAs visited were following the appraisal cycle, most were still not adhering. Some of the indicators were not SMART and instructions on the number of

indicators for each KPA were not being followed. Reports on the appraisal and other HR functions were included in the quarterly reports of the Central Administration Department. And these took forever to be presented if at all.

4.7.3. Ahafo & Western North RCCs Detailed Analysis/Findings of Indicators

Table 20: Ahafo & Western North RCCs Detail Analysis /Findings of each Indicator

| KPA                    | KPI | AHAFO   |   | WESTERN NORTH   |   |
|------------------------|-----|---|---|---|---|
|                        |     | Observation   | Recommendation  | Observation   | Recommendation  |
| General Administration | 1.1 | There were as many as 12 meetings in the year. There were 2 meetings each in March and November 2022. There were letters on some of the issues. Logistics.  | Commendation  | One meeting was held every month averagely.   | Commendation  |
|                        | 1.2 | One meeting on 8/3/2022 at the conference hall. Attendance shows 14 people. Another one on 20/12/2022. There was an RPCU meeting invite 6/9/2022. The meeting was held on 28th September 2022. another one was held on 24th March 2022.                                 | Innovative ways like the use of webiner could be used to organize the meetings                  | Two RCC meetings were held within the year. Two expanded RPCU meetings were also held according to the records on file. | Innovative ways like the use of webiner could be used to organize the meetings                  |
|                        | 1.3 | All incoming and out-going and incoming correspondence are managed with the records management system. I called for some letters (promotion) in 2022 and was show. The system was developed by the MIS officer. The office has the required tools to manage the system. | The RCC could explore the possibility of replicating the system across the MMDAs in the Region. | Microsoft access had been used to design a records management system. This was in use at the RCC.                       | The RCC could explore the possibility of replicating the system across the MMDAs in the Region. |

| KPA                       | KPI | AHAFO  |   | WESTERN NORTH  |   |
|---------------------------|-----|--|---|--|---|
|                           |     | Observation  | Recommendation  | Observation  | Recommendation  |
|                           | 1.4 | www.ahrcc.gov.gh<br>one the average there are 6 post per month in 2022. These cut across several departments. They also have information on the functions of the RCC.  | Updates should be more regular as there are a lot of activities the RCC was engaged in.               | They have an active .gov.gh domain website that has at least one publication every month.  | They were exploring the possibility of changing the host. They were urged to continue.                |
|                           | 1.5 | Client service officer has a desk, chair, computer and is sharing an office with Administrative officers. She has a complaints book that she records. Most of the complaints are handled by the RM.  | Complaints management system should be included.  | There are logistics available in a room allocated for client service activities behind the reception. They were keeping complaints according to a book I was shown.        | The RCC could explore the possibility of replicating the system across the MMDAs in the Region.       |
|                           | 1.6 | The office is much smaller. Officers share the facilities. Even though they were sharing the offices, the arrangements were orderly. Only a few areas need to be given attention. There was a visible sign post in front of the office. The landscape is neat. | RCC must be commended for the beautiful environment. Security could be considered as part of the KPI. | It is a new office block with new facilities. Some part of the space in front had pavement blocks arranged. Some trees had been planted though they were at the beginning. | RCC must be commended for the beautiful environment. Security could be considered as part of the KPI. |
| Human Resource Management | 2.1 | The RCC was complying with the promotion and retirement submissions.   | RCC could be commended for complying with the requirements of the KPI.                                | The promotion and retirement information was sent before deadline.   | RCC could be commended for complying with the requirements of the KPI.                                |

| KPA | KPI | AHAFO  |   | WESTERN NORTH   |   |
|-----|-----|--|---|---|---|
|     |     | Observation  | Recommendation  | Observation   | Recommendation  |
|     | 2.2 | Leave roster was prepared. The update was not comprehensive.   | The RCC was encouraged to endeavour to update and submit the updates.             | Leave roster was prepared and approved. One updated was sighted on the file.  | The RCC was encouraged to endeavour to update and submit the updates.                     |
|     | 2.3 | Training plan was submitted. All the planned interventions were implemented. There were individual reports.                            | RCC could be commended for complying with the requirements of the KPI.            | The comprehensive training plan was prepared for the entire region, as well as one for the RCC only. The three activities in the plan for the RCC were all implemented. | RCC could be commended for complying with the requirements of the KPI.                    |
|     | 2.4 | There were no monitoring reports.  | The regional monitoring team should include the HR unit if that was not the case. | The RCC did not show any evidence that there was monitoring of PMS within the year.   | The regional monitoring team should include the HR unit if that was not the case.         |
|     | 2.5 | There was no report on appraisals at the RCC. About 82% of staff had completed their appraisals. The sampled ones were very well done. | The annual Unit report should capture appraisal completion efforts.               | There was no report on appraisals at the RCC. About 47.06% of staff had completed their appraisals. The sampled appraisals were very well done.                         | Staff and Officers must be sensitized on the need to complete the yearly appraisal cycle. |

| KPA                                | KPI | AHAFO   |  | WESTERN NORTH  |  |
|------------------------------------|-----|---|--|--|--|
|                                    |     | Observation   | Recommendation   | Observation  | Recommendation   |
| Financial management and Reporting | 3.1 | The Plan was prepared and submitted to the Internal Audit Agency on 13th January 2022. There was no Audit Committee in place. Submission letter verified in the dispatch record book            | RCC could be commended for complying with the requirements of the KPI  | Audit plan was prepared and duly submitted to the Audit Committee and Internal Audit Agency. | RCC could be commended for complying with the requirements of the KPI  |
|                                    | 3.2 | From the Auditor Generals Management letter dated 03 March 2023. 8 issues were itemised and all were resolved. Adequate evidence was provided to justify the implementation of recommendations. | RCC could be commended for complying with the requirements of the KPI. | All the 11 issues raised in the Management Letter of the Auditor General were resolved.      | RCC could be commended for complying with the requirements of the KPI. |
|                                    | 3.3 | All internal audit recommendations were implemented.  | RCC could be commended for complying with the requirements of the KPI  | One Issue in the 3rd quarter Internal Audit report was not fully resolved                    | More effort is needed in resolving the issues identified.              |
|                                    | 3.4 | RIBS prepared and submitted on 27th October, 2022. Submission verified in the dispatch book.  | RCC could be commended for complying with the requirements of the KPI. | The 2023 RIBS was prepared and submitted to the OHLGS as required.                           | RCC could be commended for complying with the requirements of the KPI. |
|                                    | 3.5 | 4 PVs under GoG expenditure were on file and all were processed through GIFMIS.   | RCC could be commended for complying with the requirements of the KPI. | All 9 Items identified as expenditure were processed through the GIFMIS.                     | RCC could be commended for complying with the requirements of the KPI. |

| KPA      | KPI | AHAFO  |  | WESTERN NORTH   |  |
|----------|-----|--|--|---|--|
|          |     | Observation  | Recommendation   | Observation   | Recommendation   |
| Services | 4.1 | About 14 Departments of the RCC submitted monitoring reports to relevant MDAs.   | RCC could be commended for complying with the requirements of the KPI  | Several quarterly monitoring activity reports were sighted from several departments.  | RCC could be commended for complying with the requirements of the KPI. |
|          | 4.2 | There were quarterly RPCU reports submissions to the OHLGS before deadline.  | RCC could be commended for complying with the requirements of the KPI. | There were quarterly monitoring reports were prepared but were not submitted on deadline.                                   | RCC could be commended for complying with the requirements of the KPI. |
|          | 4.3 | The RPCU conducted the technical backstopping function during their routine monitoring visit to MMDA. Composite reports were prepared. | RCC could be commended for complying with the requirements of the KPI. | RPCU, Regional HR Unit, Environmental Health and Sanitation Department carried out Technical Backstopping and was reported. | RCC could be commended for complying with the requirements of the KPI. |
|          | 4.4 | The Plan was prepared and submitted on 28th September 2022.  | Efforts at preparing and implementing the plan should be sustained.    | The integrated regional plan was not prepared.  | More attention is needed.  |

**4.7.4. Ahafo, Western North & Ashanti Regions MMDAs Detailed Analysis/Findings of Indicators**

Table 21: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Ahafo, Western North & Part of Ashanti Region

| KPA                    | KPI | Observation/Findings   |  |   | Recommendation  |
|------------------------|-----|--|--|---|---|
|                        |     | AHAFO REGION   | WESTERN NORTH REGION   | ASHANTI REGION  |   |
| General Administration | 1.1 | All the MMDAs assessed organized meetings with wide participation. Tano North, Asutifi South and Asunafo South DAs organized a meeting to plan. The participants from SOEs and public corporations made presentations in the meetings except Asutifi South and Tano South. | Apart from Suaman DA, all the DAs in this region held at least the plan review meeting with the wider stakeholder. Apart from Bibiani-Anhwiaso-Bekwai MA, the stakeholders did not make presentations at the meeting of the other DAs. Moreover, only 4 out of the 9 MMDAs organized a meeting to confirm the action plan with the stakeholders. DAs expressed concern about resources to organize such meetings because some of the organizations did not have representatives in the DA. | 14 out of 20 MMDAs visited in this region organized the planning meeting. Out of this Eight (8) allowed the SOEs and Public corporation attending the meeting to make presentations. Akrofoom MA did not organize either a meeting to review the action plan or to plan for the ensuing year. | Though the financial aspects of the meetings could be high, DAs should continue to organize these meetings and share plans with stakeholders to ensure that development is well co-ordinated and would serve the interest of the people. There should be adequate understanding among the DA functionaries on the importance of the meetings as indicated in Act 936. This could be achieved through sensitizations, reminders in |

| KPA | KPI | Observation/Findings  |  |  | Recommendation  |
|-----|-----|---|--|--|---|
|     |     | AHAFO REGION  | WESTERN NORTH REGION   | ASHANTI REGION   |   |
|     |     |   |  |  | administrative instructions to the DAs among others.  |
|     | 1.2 | All MMDAs visited organized an average of 2 meetings to sensitize staff and other functionaries of the DAs except Tano South DA.  | Bia East, Aowin, Bibiani-Anhwiaso-Bekwai organized at least two sensitization workshops on the protocols and laws for staff and others.  | Ahafo Ano South East, did not organize any sensitization forum on the protocols. Obuasi MA also organized just one (1) sensitization forum. Eleven (11) others organized at least two (2) forums. Seven (7) DAs visited in the region organized more than two (2) forums on the protocols.   | More sensitization programmes should be organized to get the support of all staff in fulfilling the mandates of the DAs and improving the quality of service delivery.  |
|     | 1.3 | All DAs in the Region were keeping outgoing and incoming correspondence in an electronic format. Some were using Tano South, Tano North and Asutifi North were using Microsoft Excel for the purpose. The other DAs in the region were using an application labelled as | Apart from Suaman DA which had blackout during the verification, all other DAs were keeping their correspondence electronically. These DAs were using Microsoft Word, Excel or Acces and specialized application called Electronic Management System (ERMS). Bia West did not have updates for 2022. | Akrofoam informed the team that their system had crushed. Kwadaso MA did not have an electronic mail management system. The Other MMDAs in the region were using Microsoft Excel, Access or a Records Management System that was capable of being connected to the internet. In fact, Obuasi | It's encouraging that DAs are making the necessary efforts in using digital tools in managing activities. The process would not be complete until the Co-ordinating Directors and Chief Executives can access the files remotely. The efforts |

| KPA | KPI | Observation/Findings   |   |  | Recommendation  |
|-----|-----|--|---|--|---|
|     |     | AHAFO REGION   | WESTERN NORTH REGION  | ASHANTI REGION   |   |
|     |     | Records Management System (RMS).   |   | MA had a system that was accessible online.  | should be improved to ensure that DAs really digitize the records system. I however also recommend that the filing system should be improved in line with the new records management system.  |
|     | 1.4 | All DAs in the Region had websites and were updating it regularly with accomplishments of the DAs except Tano North and Asunafo North. They had challenges because they were not on the approved www.aaa.gov.gh domain. More information on the services rendered by the MMDAs should be displayed on the website. | 5 out of 9 DAs in this region were using the www.ddd.com domain. Because that domain gives very limited space for posting information and other things, the DAs were not able to post much on their website. Information on services that the DAs render and the timelines were not much. | Apart from Atwima Nwabiagya MA, Adansi Asokwa DA, Adansi North DA and Atwima Kwanwoma which were using a website with the .com/.org domain, all the other DAs in the region assessed by this team were on the .gov.gh. However, all the DAs had a good number of updates on the website together with the profile. | Those using the www.bbb.com.gh and www.ggg.org domains should expedite action in migrating to the GoG approved www.aaa.gov.gh domains. It is also recommended that DA add information on the Services available at the DA to the website. The information should not be only in the client service charter. It was also |

| KPA | KPI | Observation/Findings   |   |   | Recommendation  |
|-----|-----|--|---|---|---|
|     |     | AHAFO REGION   | WESTERN NORTH REGION  | ASHANTI REGION  |   |
|     |     |  |   |   | encouraging to see the progress in website management with the presence of IT officers in almost all DAs visited. DAs should make good use of the skill set of these officers.  |
|     | 1.5 | The MMDAs had clearly marked client Service units with logistics and an assigned staff. The team could not verify the status of complaints from complainants because contacts were mostly not taken. | Bia East, Bodi, Aowin and Bibiani-Anhwiaso-Bekwai had very good client service unit and arrangements for management client complaints. Apart from that all the DAs in the region had clearly marked offices and normal office logistics for the unit. | All DA visited by this team had resourced the client service unit with the necessary logistics apart from Kwadaso MA, which had just moved into a near completed office accommodation. They were keeping complaints. However, some of the DA did not distinguish between issues that should go to the PRCC and those which should be handled by staff. The MMDAs were not taken the contacts of complainants. | The DAs should continue making efforts in improving client service activities. Contacts of clients should also be taken for follow-up. The DAs should continue making efforts in improving client service activities. Contacts of clients should also be taken for follow-up. The Unit should just not be resourced for the visit of teams. |

| KPA | KPI | Observation/Findings   |   |   | Recommendation  |
|-----|-----|--|---|---|---|
|     |     | AHAFO REGION   | WESTERN NORTH REGION  | ASHANTI REGION  |   |
|     | 1.6 | Three (3) out of the Six (6) DAs in the region were renovating/rehabilitating their office buildings. A new facility was being constructed for Asutifi South DA. | The DAs were keeping the office buildings well even though some needed some renovations. One area that needed attention was the landscape. Bibiani-Anhwiaso-Bekwai MA had a very good landscape in the quadrangle. Bia West and Bodi did not have sign posts. | MMDAs were sedulously managing their office accomodation in terms through renovations/rehabilitation. Some were also getting new structures. The only issue was with landscaping the space around the office to befit its status as a seat of government in the Municipality. Contractors of new structures were yet to design the spaces around the facility in most cases. Amansie West indicated that the space infront of the office was being rented for programmes. | The presence and implementation of a well crafted maintenance plan for every official building would improve the life span and prevent a lot of cost. Moreover, every officer of LGS should be trained on basic care of facilities in the office and sanctioned when he/she for non-compliance. |

| KPA                       | KPI | Observation/Findings   |  |   | Recommendation   |
|---------------------------|-----|--|--|---|--|
|                           |     | AHAFO REGION   | WESTERN NORTH REGION   | ASHANTI REGION  |  |
| Human Resource Management | 2.1 | All the MMDAs assessed claimed to have submitted the promotion schedules and 2023 retirement registers before the deadline. Indeed, at OHLGS the information from these are used for HR management purposes. | Apart from Bodi which had not prepared and submitted the retirement register, All other MMDAs in this region had fully complied with the requirements of this indicator. | All MMDAs in this region gave evidence that they had complied with the requirements of this indicator.                              | Other avenues for collecting the information on promotion and retirement could make it easier to assess this indicator. It is already noted that some of the regions gather the information using WhatsApp. A simple google form could be created to enable the MMDAs to submit such data for real time decision making. |
|                           | 2.2 | All MMDAs visited in the region showed that the leave roster was prepared and implemented within the year. They were using very detailed forms for managing leave applications and approval.                 | The observation was the same as for the Ahafo Region. Only Bodi did not show the roster.   | All the MMDAs visited within this region had prepared their leave roster. Some prepared a semi-annual report on its implementation. | The smart workplace system is making it easier to implement this HR policy.  |

| KPA | KPI | Observation/Findings   |   |   | Recommendation   |
|-----|-----|--|---|---|--|
|     |     | AHAFO REGION   | WESTERN NORTH REGION  | ASHANTI REGION  |  |
|     | 2.3 | The CP plans were being prepared and submitted. Almost all MMDAs had prepared the composite one-page plan and submitted same.  | The CP plans were being prepared and submitted. Almost all MMDAs had prepared the composite one-page plan and submitted same.                     | The CB plans were being prepared and submitted. Almost all MMDAs had prepared the composite one-page plan and submitted same.                 | The results is encouraging. The leadership of the MMDAs should be encouraged to sustain the gains made to ensure that the average staff is clearly aware of what should be done and how it is expected to be done.                 |
|     | 2.4 | MMDAs gave information on CB activities implemented within the year. However, the individual reports from the consultants engaged to executed the programme did not show participants details. The reports actually looked like training manuals. They showed letters that the reports were submitted. | The situation observed in the Ahafo Region was not different from that of the Western North. They showed letters that the reports were submitted. | They situation was not much different from MMDAs in the Ahafo and Western North Regions. They showed letters that the reports were submitted. | Some of the reports were not good. Either the workshops were not held and some MMDAs tried to edit older reports or something else. Agreements with private service providers should include a reporting requirement and template. |

| KPA | KPI | Observation/Findings  |   |  | Recommendation  |
|-----|-----|---|---|--|---|
|     |     | AHAFO REGION  | WESTERN NORTH REGION  | ASHANTI REGION   |   |
|     | 2.5 | Only Asunafo North MA obtained more than 80% compliance rate. No MMDAs showed a report on the appraisal process. The sampled ones also showed that attention was needed target-setting to meet the SMART principle. | Apart from Bia East DA, non of the MMDAs in the Western North Region had prepared a report on the appraisal system. Sefwi Akontombra, Bibiani-Anhwiaso-Bekwai MA and Sefwi Wiawso MA obtained a compliance score of more than 80%. All the MMDAs were following the instructions in completing the appraisal forms, though there were a few issues on setting of targets. | Apart from Akrofoom, Bekwai and Atwima Nwabiagya, no MMDA visited gave evidence of reporting on the appraisal process. Manual counting was used to ascertain the compliance level. The appraisal forms were mostly well completed, except a few places | Almost all the MMDAs visited did not have a report on the performance appraisal. This could mean that they were not aware a comprehensive report was to be prepared or there was negligence. The sensitization on the indicator should highlight the need for a report and perhaps a template could be developed and shared. A simple google form could also be developed and shared to enable all officers and staff within the service to complete. |

| KPA                                | KPI | Observation/Findings   |   |  | Recommendation   |
|------------------------------------|-----|--|---|--|--|
|                                    |     | AHAFO REGION   | WESTERN NORTH REGION  | ASHANTI REGION   |  |
| Financial management and Reporting | 3.1 | Asunafo North and Tano North were able to meet all the demands of this indicator.  | Suaman D/A did not meet the timelines for preparation of the RIAP whilst Aowin M/A did not prepare the RIAP. Sefwi Wiawso M/A and Sefwi Akontombra prepared and submitted before the deadline.                    | Amansie West DA met on a Saturday to prepare the RIAP. The other MMDAs in the region made efforts to prepare the RIAP and submit same.   | MMDAs should be encouraged to continue preparing the RIAP.   |
|                                    | 3.2 | All the MMDAs visited achieved all the requirements of this indicator. They were able to show data that indicated that there was at least 10% increase in streets naming exercise. | Apart from Bodi D/A which did not have data to show that there was up to 5% or more increase in streets named with signages, all the MMDAs in the Region showed that they had increased streets named beyond 10%. | Adansi Asokwa, Adansi North and Atwima Nwabiagya North DAs did not have enough percentage increase in streets named with signages.   | The exercise should be sustained to make movement of people easier. It would also improve public service delivery. |
|                                    | 3.3 | Tano South, Asunafo South and Asutifi North had outstanding audit issues in the Auditor General's Management Letter.   | Aowin D/A, Bia East D/A, Juaboso and Sefwi Wiawso MA had implemented all the recommendations contained in the 2021 Auditor General's Management Letter. The other MMDAs had some outstanding recommendations.     | Adansi North, Ahafo Ano South East, Bekwai, Bosome Freho and Bosomtwe D/As had not implemented fully all the recommendations made in the Auditor General's management letter. The Other MMDAs visited did not have any outstanding issues. | All efforts should be made to comply with the PFM and other policies within the public service.                    |

| KPA | KPI | Observation/Findings   |   |  | Recommendation   |
|-----|-----|--|---|--|--|
|     |     | AHAFO REGION   | WESTERN NORTH REGION  | ASHANTI REGION   |  |
|     | 3.4 | Asunafo South, Asutifi North and Asutifi South had not resolved all the outstanding internal audit issues.   | Bia East, Bia West, Bodi, Juaboso D/As and Sefwi Wiawso M/A had all internal audit reports and that there were not outstanding recommendations. The MMDAs still had outstanding recommendations.  | Amansie South DA, Atwima Nwabiagya MA, Bekwai MA, Bosome Freho DA and Bosomtwe DA had some outstanding recommendations in the internal audit recommendations. The other DAs did not have any outstanding issues. | All efforts should be made to comply with the PFM and other policies within the public service.                                |
|     | 3.5 | Asutifi North and Asutifi North D/As could not show that all expenditure were on activities in the action plan.  | Six MMDAs in the region provided proof that all the activities/programmes implemented were from the Annual Action Plan for 2022. Bibiani-Anhwiaso-Bekwai M/A, Juaboso D/A and Sefwi Wiawso MA did not met the requirements for the indicator. | Out of the 20 MMDAs visited in the Region, 11 could not disburse funds only activities in the AAP. This means that some of the activities funds were spent on were outside those planned for the year.           | MMDAs should be encouraged to prepare plans that encapsulates the needs of all stakeholders and disburse funds based on plans. |
|     | 3.6 | Apart from Asunafo North and Asunafo South which could not show that the database was used to derive revenue estimates, the other D/As met all the requirements of this indicator. | Aowin D/A, Bia East D/A and Suaman D./A showed that the database on ratable properties was available, it was used in preparing revenue estimates. Bia West did not satisfy the indicator at all.  | Ahafo Ano South East, Akrofofum, Amansie Central, Atwima Nwabiagya MA did not have an updated database of ratable properties based on which final revenue estimates are derived. The other MMDAs either had      | There should be thorough sensitization on the need to link the database on ratable properties to revenue estimates.            |

| KPA            | KPI | Observation/Findings   |  |  | Recommendation |
|----------------|-----|--|--|--|----------------|
|                |     | AHAFO REGION   | WESTERN NORTH REGION   | ASHANTI REGION   |                |
|                |     |  |  | the database that was updated or the database was also used for fee fixing.  |                |
| Infrastructure | 4.1 | Apart from Asunafo North and Asutifi North, all the MMDAs in this region were able to implement at least 80% of road programme in the 2022 Annual Action Plan. | Aowin M/A, Bia East, Bodi, Juaboso, Sefwi Akontombra and Suaman D/As was able to execute more than 80% of planned road programmes in 2022.   | Adansi Asokwa DA, Amansie Central DA, Amansie South DA and Atwima Nwabiagya MA could not achieve equal to or more that 80% of its planned road interventions. The other MMDAs visited by this team achieved more than 80%. |                |
|                | 4.2 | With regard to buildings and structures, all the MMDAs achieved the demands of the indicator except Tano South and Asutifi North.                              | Five out of the Nine MMDAs in the region were able to execute more than 80% of planned buildings or structures in 2022. MMDAs that could not meet the requirement were Aowin M/A, Bia West D/A, Juaboso D/A and Sefwi Wiawo M/A. | Eleven (11) out of twenty (20) MMDAs visited in the region were able to implement up to 80% of planned buildings and structures in the 2022 AAP.   |                |

| KPA | KPI | Observation/Findings  |  |   | Recommendation  |
|-----|-----|---|--|---|---|
|     |     | AHAFO REGION  | WESTERN NORTH REGION   | ASHANTI REGION  |   |
|     | 4.3 | MMDAs were supposed to organize at least 3 spatial planning meetings each quarter. Tano South was organize 3 meetings for only one quarter. Asutifi North and Asutifi South were not able to organize the meetings as required. | Only Juaboso D/A did not have the required 3 SPC meetings in any quarter. The other MMDAs were able to organize some of the meetings. Bia East, Bodi and Suaman organized all the required meetings in the year. | Only Adansi South DA was not able to show evidence that at least three (3) spatial planning committee meetings were organized each quarter of 2022. | Some of the MMDAs drew attention that the number of meetings was too much. The Law should be revisited and requirements disaggregated according to the nature of local authorities. The LG Act specifies the population for Metropolitan, Municipal and District Assemblies. This could be used to also indicate how certain functions should be performed. |

| KPA | KPI | Observation/Findings   |   |   | Recommendation   |
|-----|-----|--|---|---|--|
|     |     | AHAFO REGION   | WESTERN NORTH REGION  | ASHANTI REGION  |  |
|     | 4.4 | Tano North D/A could not consider and approve up to 100% of building permit applications as well as formally inform building permit applicants. Asunafo North achieved about 90%. The other D/As achieved the demands of this indicator. | Bia East and Suaman D/A were able to consider 100% of building permit applications and formerly inform the applicants. Bibiani-Anhwiaso-Bekwai M/A, Bodi D/A, Juaboso D/A and Sefwi Wiawo M/A were able to consider up to 90% of the applications received. | Adansi South DA, Akrofofum DA, Amansie West DA and Bekwai MA did not show evidence that all building permit applications were considered at the DSPC meetings and/or decisions were not communicated to the applicants. | There should be disaggregation of some the functions based on the size and context of an area.               |
|     | 4.5 | Apart from Tano South D/A and Asunafo North M/A which did not sign and approve the 3 Local Plans that had been prepared, all the other D/As in the Region were able to prepare, approve and sign at least 2 Local Plans.                 | Only Sefwi Wiawso M/A had their local plans approved and signed. All the other MMDAs in the regions either did not have the minimum required local plans or did not have the plans approved and signed.   | Eleven (11) out of the Twenty (20) MMDAs visited in the region did not have at least two local plans approved by the end of the year.   | All efforts should be prepare local plans to avoid the situation where spatial planning follows development. |

| KPA             | KPI | Observation/Findings  |  |  | Recommendation   |
|-----------------|-----|---|--|--|--|
|                 |     | AHAFO REGION  | WESTERN NORTH REGION   | ASHANTI REGION   |  |
| Social Services | 5.1 | All the MMDAs in this region gave indication that they had organized all the four quarterly meetings of the Education Oversight Committee as well as evidence of implementation of decisions made. The minutes had matters arising sections that gave updates on some of the issues discussed in the previous meetings. | Apart from Bia West D/A which indicated that they had not organized any meetings for the DEOC, all MMDAs in the Region gave evidence of having conducted the meetings and were implementing the decisions made in the meetings. Aowin MA also organized only three meetings. | All the MMDAs in the region had organized the mandatory quarterly meetings of the Committee and were consistent with implementation of the decisions made.       | There is the need for more sensitization on the need to organize these meetings. |
|                 | 5.2 | All the MMDAs in the region had organized the mandatory quarterly meetings of the Committee and were consistent with implementation of the decisions made.  | Bia West D/A did not show evidence of meetings for this committee. Aowin also organized three meetings for the year.   | Apart from Bosomtwe D/A which had organized only three meetings including the inaugural meeting, all D/As in the region had met the dictates for this indicator. | There is the need for more sensitization on the need to organize these meetings. |

| KPA | KPI | Observation/Findings  |  |   | Recommendation  |
|-----|-----|---|--|---|---|
|     |     | AHAFO REGION  | WESTERN NORTH REGION   | ASHANTI REGION  |   |
|     | 5.3 | Asunafo South and Asutifi North D/As did not show evidence to satisfy this indicator. They were submitting only annual data.  | Bia East D/A made only annual submissions of PWD data. Sefwi Akontombra and Bodi D/As could not give evidence of submission of the data that they had updated. Suaman MA did not also meet all the requirements of the indicator.  | All MMDAs in this region gave evidence that they had complied with the requirements of this indicator.  | Sensitization efforts and support is needed to sustain the gains.   |
|     | 5.4 | The issue was that in most cases it was difficult to ascertain the percentage implementation of planned activities because of the use of the phrase 'district wide' or municipal wide used in planning for programmes during the action planning phase. | Apart from Bia East D/A which showed that they implemented about 75% of planned Gender Based Violence preventive interventions, all the other MMDAs in the Region met the requirements of this indicator. The issue was that in most cases it was difficult to ascertain the percentage implementation of planned activities because of the use of the phrase 'district wide'. | The issue was that in most cases it was difficult to ascertain the percentage implementation of planned activities because of the use of the phrase 'district wide' or 'municipal wide' used in the planning phase. | Planning of programmes could be revisited to ensure that MMDAs would be more specific. Municipal wide or district wide can be measured, but its very difficult. |

| KPA | KPI | Observation/Findings   |   |   | Recommendation  |
|-----|-----|--|---|---|---|
|     |     | AHAFO REGION   | WESTERN NORTH REGION  | ASHANTI REGION  |   |
|     | 5.5 | All the MMDAs verified gave evidence that they had resolved or successfully handled more than 80% of the child protection cases that were received in 2022.  | All the MMDAs verified gave evidence that they had resolved or successfully handled more than 80% of the child protection cases that were received in 2022. | All the MMDAs verified gave evidence that they had resolved or successfully handled more than 80% of the child protection cases that were received in 2022. | Efforts at resolving all child protection cases should be sustained.  |
|     | 5.6 | The issue of using the phrase municipal wide or district wide featured prominently under this indicator too. Tano South and Asunafo South which were able to indicate the number of communities and thus made it easier to measure their performance could not achieve the required 80% implementation percentage. All the others achieved the percentage. | Municipal wide or District wide phrase made it difficult to measure. So they all achieve the required percentage implementation.                            | Municipal wide or District wide phrase made it difficult to measure. So they all achieve the required percentage implementation.                            | Planning of programmes could be revisited to ensure that MMDAs would be more specific. Municipal wide or district wide can be measured, but its very difficult. |

| KPA                  | KPI | Observation/Findings   |  |   | Recommendation  |
|----------------------|-----|--|--|---|---|
|                      |     | AHAFO REGION   | WESTERN NORTH REGION   | ASHANTI REGION  |   |
| Economic Development | 6.1 | All MMDAs were able to achieve more than 10% increase in selected crops/livestock apart from Asunafo North and Asutifi North.  | Sefwi Akontombra D/A and Suaman D/A did not have at least 10% increase in selected crops/livestock/fish for the year.  | Adansi South DA, Ahafo Ano North DA, Akrofoam, Amansie South DA, Atwima Nwabiagya MA and Bekwai MA did not achieve at least a 10% yield increase on their selected crop/livestock/fish during the year.   | The efforts at planning and implementing agricultural activities should be sustained to motivate the farmers. |
|                      | 6.2 | All MMDAs in the region met all the requirements of this indicator.  | Only Bia East D/A and Sefwi Wiawso M/A did not have the expected increase in the number of FBOs who signed agreements/MoUs with the farmers. All the other MMDAs exceeded the expected increase. | Five (5) out of Twenty (20) MMDAs visited had less than 5% increase in the farmer/FBO agreement/MoUs in the year. This means that most of the 20 MMDAs were able to increase the agreements by more than 5% and this was facilitated by the Agric Department. | The efforts at planning and implementing agricultural activities should be sustained to motivate the farmers. |
|                      | 6.3 | Apart from Asutifi North which was not able to show that it was able to achieve up to 80% of approved tourism related activities, all the others achieved more than 80%. | Bia West D/A, Bodi D/A, Juaboso D/A and Suaman D/A could not achieve the required 80% implementation of tourism related activities in the year.  | Only Ahafo Ano North, Ahafo Ano South West, Bosome Freho and Bosomtwe DAs were not able to show that at least 80% of approved tourism related activities was achieved by the end of the   | The gains in setting tourism targets and implementing them should be sustained.                               |

| KPA                        | KPI | Observation/Findings  |   |  | Recommendation   |
|----------------------------|-----|---|---|--|--|
|                            |     | AHAFO REGION  | WESTERN NORTH REGION  | ASHANTI REGION   |  |
|                            |     |   |   | year.  |  |
|                            | 6.4 | All MMDAs achieved all the requirements of this indicator.  | Only Bodi D/A did not have a separate LED plan or any activity in the AAP on LED. Bia East and Sefwi Wiawso had LED activities in the AAP but did not have a separate LED plan. | All MMDAs in the Region at least planned for LED activities except Atwima Mponua DA. Some of the MMDAs had actually prepared a separate LED plan for implementation. | More sensitization is needed on planning LED activities. There should also be a more thorough discussion on LED. |
|                            | 6.5 | All MMDAs included road safety related activities in the 2023 AAP.  | Bia West D/A and Sefwi Akontombra D/A did not have any road safety related activities in the 2023 AAP. All the other DAs had activities on road safety.                         | All MMDAs visited by the team had road safety related activities included in the 2023 Annual Action Plan.  | the gains made in this area should be sustained.   |
| Environment and Sanitation | 7.1 | Tano South D/A did not show that the Disaster preparedness action plan and implementation reports were submitted. | All MMDAs in the Region met the requirements for this indicator.  | All MMDAs in the Region met the requirements for this indicator.   | There should be more harmony in planning to prevent disasters among the various public service organizations.    |
|                            | 7.2 | All MMDAs in the Region met the requirements for this indicator.  | All MMDAs in the Region met the requirements for this indicator.  | All MMDAs in the Region met the requirements for this indicator.   | the gains made in this area should be sustained.   |

| KPA | KPI | Observation/Findings  |  |   | Recommendation   |
|-----|-----|---|--|---|--|
|     |     | AHAFO REGION  | WESTERN NORTH REGION   | ASHANTI REGION  |  |
|     | 7.3 | Issues with this was that the D/As should show the population that have access to household toilets and the percentage increase should be equal to or more than 15. Only Tano North D/A met the criteria. Tano South, Tano North and Asutifi South had data on population the rest did not. | Only Juaboso and Sefwi Akontombra did not have data on population who have access to Household toilets. Aowin had the data but could not reach the 15% change in 2022. Bia East had exactly 15% change.  | Obuasi East, Obuasi, Amansie South, Amansie West, Atwima Kwanwoma and Atwima Nwabiagya meet the criteria. The rest did not meet the criteria.   | There should be agreement on what is to be measured. This would inform which data the MMDAs would collect for analysis and decision making.  |
|     | 7.4 | All MMDAs in the Region met the requirements for this indicator except Asunafo North M/A and Asunafo South D/A.   | Sefwi Akontombra did not give any evidence of organizing a clean-up campaign for the period that was sponsored by the D/A. Bodi D/A and Aowin M/A organized only one in the first quarter. Juaboso also organized campaigns in three (3) quarters. All the other MMDAs in the Region met the requirements. | Bosome Freho and Atwima Mponua D/As organized clean up campaigns in two (2) quarters. Amansie Central, Atwima Nwabiagya North and Akrofoam D/As also organized in three (3) quarters. All the others met the requirements of the indicator. | The MMDAs indicated that they essentially pay for the services of Zoomlion. It was therefore not clear that their activities were not counted in the exercise. A more thorough discussion is needed on the requirements of this indicator. |

## 4.8. Bono East Region

### 4.8.1. Scope of the Assignment

The team assessed the Bono East Regional Coordinating Council and the 11 MMDAs in the Region. The findings and observations made with respect to the 11 MMDAs were also discussed at the Office of the Bono East RCC.

### 4.8.2. General Outcomes

Generally, the team spent an average of two (2) hours and 30 minutes in assessing each MMDA. MMDAs where coordination was good, the team spent a maximum of two (2) hours assessing them.

All the MMDAs that were well coordinated had higher senior grade officers like Deputy Directors, Assistant Director 1, Senior Human Resource Managers, Senior Development Planning Officers, as coordinators. In Nkoranza South Municipal, an Assistant Director IIB was the coordinator.

### 4.8.3. Specific Observations

#### For RCC

##### 1. Workplace Environment

The general office space and environment of the Bono East RCC were well managed. The office washrooms were neatly managed with running water, soap, and tissue. However, there was no dedicated washroom for visitors.

##### 2. Staff Professionalism

The RCC staff's level of professionalism was very high. Staff were well dressed and well mannered.

##### 3. Falsification of documents:

This was very low in the RCC.

##### 4. The teamwork among the staff was high.

## **For MMDAs**

### *Punctuality*

Punctuality is still an issue in some of the MMDAs in the Region. In Nkoranza South Municipal and Kintampo South District Assembly, officers were not available for assessment as of 8:30 am. Though some of the MMDAs have clock-in machines, they have not been using the machines and have resorted to the use of the Attendance Book.

### *Records Management*

Record management is still an issue in most MMDAs. Some reports and minutes were presented without transmittal letters or memos. This made it difficult for officers to authenticate the documents. Also, some of the MMDAs did not have shelves, or enough space and many were yet to implement the new Records Management Operational Manual.

### *Staff Unavailability/Absence*

Some departments in the Region are understaffed. A case in point is Physical Planning Department at Pru West. The department has only one officer who was engaged in another exercise at the time of the visit. Atebubu Amantin also has one HR Manager in the HR Department.

### *Staff Unprofessionalism/Apathy*

The level of professionalism of some staff in some MMDAs is not up to standard. In Techiman Municipal, some officers were on social media whiles the assessment was ongoing. However, most of the staff were well-dressed in the MMDA.

### *Leadership and coordination*

Few MMDAs had issues with leadership and coordination, but generally, the level of leadership and coordination was good except for Nkoranza South Municipal Assembly and Pru West District Assembly where the Directors were not available during the assessment.

### *Unsigned minutes of meetings:*

Some MMDAs had their minutes signed. However, in Sene East, the District Education Committee (DEOC) minutes and some of the minutes of the Health Committee were not signed. In Kintampo South and Nkoranza South, Records signed the minutes of DEOC and the District Health Committee minutes with the Chairpersons instead of the substantive Secretary.

*Poor preparation of Plans:*

In some MMDAs, there were inconsistencies between the Annual Action Plan (AAP) and the implemented plans of the departments. Also, the Annual Progress Report (APR) did not capture the implemented activities of many departments.

*Falsification of Documents:*

In some MMDAs, minutes of meetings and reports of activities which did not take place were prevalent. In some instances, the signatures of attendees were inconsistent, and officers could not prove otherwise. Most Minutes of the Spatial Planning Meetings (SPC) were falsified. A case in point is the minutes of SPC meetings of Sene West.

*Revenue estimation/Availability of updated revenue database*

Though all MMDAs have the database on file, only Atebubu Amantin and Nkoranza South with the help of GIZ DLRev were able to use the database for revenue estimation. Most MMDAs use past performance to estimate revenues. Many also use their FFR to only prepare demand notices.

#### **4.8.4. General Recommendations**

##### **For MMDAs**

MMDAs need to:

- include reporting template/outline for training reports in the terms of reference (ToR) prepared for the engagement of consultants for training;
- Also, final payment should be made to the consultant only after they have submitted their final training report.

##### **For RCC**

The RCC should:

- continue to provide technical backstopping to the MMDAs to improve service delivery at the subnational level;
- should provide training in areas that MMDAs had issues, most especially proper reporting, proper conduct of statutory meetings and capturing of minutes;

## **For OHLGS**

The OHLGS should:

- ensure that RCC will undertake staff rationalization to ensure a balance of staff in the districts;
- Consider using the performance of Coordinating Directors in the performance contract to inform posting decisions;
- Source for financial support from development partners to enable the office to give financial awards to top-performing institutions in the service.

**4.8.5. Bono East RCC Detailed Analysis/Findings of Indicators**

Table 22: Bono East RCC Detail Analysis /Findings of each Indicator

| KPA                    | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|------------------------|-----|---|---|--|
| General Administration | 1.1 | Regional Security Council meetings and implementation of decisions of meeting | The RCC was able to organize at least 3 REGSEC meetings per quarter.<br><br>Additional emergency meetings were held during the year.<br><br>However, not all the decisions were implemented. The matters arising did not capture all the decisions. | The RCC should keep this up  |
|                        | 1.2 | Expanded RCC and RPCU meetings  | The RCC organized 2 expanded RCC meetings and 2 RPCU meetings where MMDAs and GEA made presentations but in the RCC meetings, only the District Chief Executives made a presentation  | The RCC must commit to organizing expanded RCC and RPCU meetings in fulfilment with provisions of LG Act 936. Other stakeholders must be given the opportunity to make presentations during the RCC meetings |
|                        | 1.3 | Electronic records management   | There is software for capturing correspondence.<br><br>Correspondences are captured daily   | The MIS office must be resourced to continue the use and update of the records management application.   |
|                        | 1.4 | Website   | There is a website with functions and locations of tourist sites.<br><br>Updates were not done in January,  | The IT officer should be well-resourced to carry on the frequent update of the website.  |

| KPA                       | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|---------------------------|-----|---|--|--|
|                           |     |   | February, September, and November.   |  |
|                           | 1.5 | Functional Client Service Unit  | <p>There was a clearly marked area for CSU and basic logistics were available.</p> <p>The officer in charge had not received orientation/ training.</p> <p>Complaint logbook was available but there were no telephone numbers and the action taken was not properly updated</p> | The RCC should continue to resource the CSU and provide the officers with refresher training on Client Service Management. |
|                           | 1.6 | Workplace environment   | The workplace environment was well managed.  | The RCC should continue with the good work.  |
| Human Resource Management | 2.1 | Establishment of biannual composite promotion   | A Biannual Composite Promotion schedule with established vacancies for all grade levels and retirement schedules for MMDAs and the RCC were prepared and submitted to OHLGS.   | The RCC should keep this up.   |
|                           | 2.2 | Leave management  | The annual leave management Roster was prepared and approved. There was no quarterly update. The Roster was only updated after the end of the year.  | The RCC should ensure that the leave roster approved is updated every quarter.   |
|                           | 2.3 | Preparation and submission and implementation of the Regional Composite Training Plan | <p>The RCC's composite Plan covered only 3 training courses i.e., records, service protocols and Agric.</p> <p>They used the RCC training Plan which</p>   | The RCC should ensure that its composite training plan includes the training plans of the 11 MMDAs.                        |

| KPA                              | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------------|-----|---|---|---|
|                                  |     |   | <p>did not include training of all the MMDAs schedules.</p> <p>The RCCs implemented all the training activities. However, the training reports were scanty.</p> <p>The quarterly reporting template was not the approved one.</p> |   |
|                                  | 2.4 | Monitoring of PMS at the MMDAs                                | <p>The RCCs monitored the implementation of the PMS at MMDAs.</p> <p>The monitoring reports were too general and not comprehensive.</p>   | The RCC should continue to support the monitoring of the PMS at the MMDAs and prepare a comprehensive report of findings of all the indicators in the Performance Contracts implementation. |
|                                  | 2.5 | Compliance with Staff Performance Appraisal Planning for 2022 | <p>The RCC did not prepare any report on appraisal.</p> <p>44 out of the 52 staff of the RCC undertook performance appraisal in 2022 with reports on file. However, 3 of the sampled forms were not well completed.</p>           | The HR Department should write a compliance report which analyzes each stage of the appraisal cycle for management information and decision-making.   |
| Financial Management & Reporting | 3.1 | Preparation and submission of the audit plan                  | The Plan was prepared and submitted to the RCD, the Audit Committee and IAA on 6 <sup>th</sup> January 2022   | The RCC should keep this up   |

| KPA      | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|----------|-----|---|--|--|
|          | 3.2 | Implementation of the recommendation of Auditor General's Management letter | The RCC could not resolve all the issues raised in the management letter before the deadline by Audit Service.   | The RCC should make it a point in resolving all issues contained in the management letter before the deadline for response. This is to ensure no observation is captured in the final report |
|          | 3.3 | Implementation of 2022 Internal Audit Recommendations                       | The Internal audit made 12 observations during the 4 quarter, which bothered on: <ul style="list-style-type: none"> <li>• Composition of Tender Committee and Tender Review Committee</li> <li>• Cash management</li> <li>• Stores management</li> </ul> <p>All these issues have since been resolved.</p> | The RCC should pay very keen attention to the Internal Auditor's report. This is the easiest way of reducing external auditors' observations.  |
|          | 3.4 | Approval and submission of budget (Regional Integrated Budget System)       | The Regional Integrated Budget for the RCC was approved and submitted to OHLGS on 27 <sup>th</sup> October, 2023.  | The RCC should keep this up  |
|          | 3.5 | Use of GIFMIS   | The Region processed their GoG expenditure through the GIFMIS.<br><br>All GoG expenditures on file GIFMIS PVs attached.  | The RCC should continue to process their expenditure through GIFMIS to avoid flouting the PFM Act and Regulations.   |
| Services | 4.1 | Quarterly monitoring reports of Departments of RCCs                         | Monitoring reports for 4 sampled departments were received and all were received before the deadline.  | The RCC should keep this up  |
|          | 4.2 | Quarterly monitoring reports of RPCU  | All 4 quarter reports were available and submitted to OHLGS before the end of  | The RCC should keep this up  |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     |  | the ensuing month per the dispatch book.  |   |
|     | 4.3 | Biannual reports on Technical backstopping support to MMDAs        | Only 2 technical Backstopping reports were on file. However, the reports were not submitted to the OHLGS. | The RCC should ensure that the technical backstopping undertaken by all departments of the RCCs is properly forwarded from the departments to the RCC for onward submission to OHLGS. |
|     | 4.4 | Preparation and submission of 2023 plan (Regional Integrated Plan) | There is RIPS on file which was submitted on OHLGS on 18 <sup>th</sup> October, 2022.                     | The RCC should continue to prepare their Regional Integrated Plans.   |

**4.8.6. Bono East MMDAs Detailed Analysis/Findings of Indicators**

Table 23: Detail Analysis /Findings of each Indicator in ALL MMDAs in the Bono East Region

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|------------------------|-----|--|---|--|
| General Administration | 1.1 | ISCCS Meetings                                     | Except for Pru West, Nkoranza North, Techiman Municipal and Techiman North, most MMDAs did not carry out the inter-service and inter-Sectorial Collaboration and Coordination meetings. Some presented DPCU minutes and reports with no evidence of any presentation from stakeholders as required. | Efforts should be made to organize ISCCS meetings as required to have a coordinated approach to development in MMDAs.  |
|                        | 1.2 | Organization of sensitization workshops            | On average, only one sensitization workshop was organized for LGS Protocols, LGA and bylaws except for Techiman Municipal which did two sensitizations.<br><br>Again, the quality of reports was poor in most instances i.e., scanty reports without attendance lists and presentations.            | MMDAs should use staff durbars to sensitize officers on the Protocols and prepare standard reports as evidence.  |
|                        | 1.3 | Management of incoming and outgoing correspondence | All the MMDAs except Kintampo Municipal and Kintampo South, have software purposely for correspondence management. However, most staff in the Records Management Units are not able to effectively use the systems to query scanned documents they have keyed into the system.                      | The developer of the Records Management Application should be engaged to undertake ToT for some senior staff so that they can train other staff when they join the Unit.<br><br>The MIS unit in Kintampo |

| KPA | KPI | KEY ISSUES                           | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|--------------------------------------|---|--|
|     |     |                                      |   | Municipal should develop an Excel database to capture correspondence while management takes steps to acquire an application.   |
|     | 1.4 | Update of Website                    | <p>All MMDAs except Sene East, have a functional website with their services and functions. However, none of the MMDAs made the 12 monthly updates on all the sectors of the service on their website.</p> <p>The Kintampo Municipal website has been hijacked by the consultant due to a delay in payment and therefore could not make any updates.</p>  | <p>The MIS officers should be supported with the necessary tools to make the needed updates on the sites.</p> <p>Also, MIS officers should be resourced to be able to take on the development and management of the website from external consultants.</p> |
|     | 1.5 | Functionality of Client Service Unit | <p>All MMDAs have an office clearly marked as a client service unit. However, there was no adequate logistics most especially computers in the CSUs.</p> <p>Client Complaints Register in all MMDAs did not have contacts of complainants. In Sene East, for instance, the register also contained complaints from officers of the MMDAs. Most officers do not also capture updates of the actions taken.</p> | <p>Officers should be given refresher training on Client Service Management.</p> <p>Officers should ensure that they follow up on complaints to their logical conclusion and capture updates on their Complaints Register.</p>                             |

| KPA                       | KPI | KEY ISSUES                          | OBSERVATIONS  | RECOMMENDATIONS  |
|---------------------------|-----|-------------------------------------|---|--|
|                           | 1.6 | Management of workplace environment | <p>All MMDAs have directional sign to the office. However, some of the signposts have been ripped off especially in Sene East.</p> <p>Except Nkoranza North, Kintampo Municipal and Techiman Municipal, many MMDAs do not have directional signs from boundaries or town center to the office.</p> <p>There are visitors' washrooms in most of the MMDAs, however, most were in locked and not openly available to visitors. Also, most of the washrooms were not labelled and not gender sensitive.</p> <p>The washrooms at Pru East and Nkoranza North were well managed.</p> | MMDAs should continue to maintain broken down signpost and erect new directional signpost from main entrance to the Districts.   |
| Human Resource Management | 2.1 | Update of Website                   | <p>All MMDAs except Sene East, have a functional website with their services and functions. However, none of the MMDAs made the 12 monthly updates on all the sectors of the service on their website.</p> <p>The Kintampo Municipal website has been hijacked by the consultant due to a delay in payment and therefore could not make any updates.</p>  | <p>The MIS officers should be supported with the necessary tools to make the needed updates on the sites.</p> <p>Also, MIS officers should be resourced to be able to take on the development and management of the website from external consultants.</p> |

| KPA | KPI | KEY ISSUES                                   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|--|---|--|
|     | 2.2 | Functionality of Client Service Unit         | <p>All MMDAs have an office clearly marked as a client service unit. However, there was no adequate logistics most especially computers in the CSUs.</p> <p>Client Complaints Register in all MMDAs did not have contacts of complainants. In Sene East, for instance, the register also contained complaints from officers of the MMDAs. Most officers do not also capture updates of the actions taken.</p> | <p>Officers should be given refresher training on Client Service Management.</p> <p>Officers should ensure that they follow up on complaints to their logical conclusion and capture updates on their Complaints Register.</p>   |
|     | 2.3 | Training Plan Preparation and Implementation | <p>All MMDAs prepared and submitted their training Plans before the deadline.</p> <p>All MMDAs were able to submit their quarterly reports before the deadline. However, most of the training reports presented were not detailed i.e., no attendance, pictures, no date, venue, etc.</p>   | <p>MMDAs should include a template or outline for training reports in their <b>terms of reference</b> for training contracts issued to consultants before training.</p> <p>MMDAs should schedule payment for training in such a way that the final payment to the consultants is only after they have submitted their training report.</p> |
|     | 2.4 | Implementation of staff appraisal schedule   | <p>Except for Techiman North and Techiman Municipal, none of the MMDAs had a Compliance report.</p> <p>Apart from Techiman Municipal, most MMDA performed poorly in the indicators</p>  | <p>Coordinating Directors should make an appraisal of staff a prerequisite when HoU and HODs submit memos for requests for funds.</p>  |

| KPA                                | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|------------------------------------|-----|---|---|---|
| Financial management and Reporting | 3.1 | Preparation and submission of RIAP                    | All the MMDAs assessed had a Revenue Improvement Action Plan on file.<br><br>All the plans were approved on time and submitted to the RCCs before the end of November 2022.               | The revenue performance in most MMDAs is not encouraging. MMDAs must ensure the implementation of the activities in the RIAP to improve their revenue performance.                              |
|                                    | 3.2 | Continuation of Street naming exercise                | All MMDAs except Pru West had the minimum 10% expected growth in street naming.   | MMDAs with the Support of RCCs and LUSPA should continue to erect signages for their named streets.   |
|                                    | 3.3 | Implementation of Auditor General's management letter | Except for Atebubu Amantin, all MMDAs made could not resolve the issues raised by the Audit Service within the allotted time.   | MMDAs should make it a point to respond to audit observations before the allotted to avoid being captured as part of the final report.  |
|                                    | 3.4 | Implementation of Internal Auditors quarterly reports | Except for Atebubu Amantin and Sene East which has an outstanding issue yet to be fully resolved, all MMDAs in the Region were able to resolve the issue raised in the quarterly reports. | Management of MMDAs should pay attention to the quarterly reports of the Internal Audit Unit. Most of the issues in the external audit reports were issues raised by the IA during their audit. |
|                                    | 3.5 | Expenditure on activities in the AAP                  | According to the relevant documents submitted by MMDAs, all expenditures for 2022 are traceable to activities in the AAP for 2022   | MMDAs should keep this up   |
|                                    | 3.6 | Database and revenue estimation                       | Though all MMDAs have a database on file, only Atebubu Amantin and Nkoranza South with the help of GIZ DLRev were   | MMDAs can build the capacity of their revenue collectors to help in collecting data.  |

| KPA            | KPI | KEY ISSUES                       | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------|-----|----------------------------------|---|--|
|                |     |                                  | <p>able to use the database for revenue estimation.</p> <p>There was no update of the database for Sene West in 2022.</p> <p>Most MMDAs use past performance to estimate revenues. Many also use their FFR to only prepare demand notices.</p>                | <p>Statistics and budget staff should be supported to get accurate data for revenue estimation.</p> <p>In the absence of software for revenue estimation, Budget staff should try a prepare IGF justification document to support their estimates.</p> |
| Infrastructure | 4.1 | Implementation of Road Programme | Except for Sene East, Sene West, Pru West all MMDAs executed 80% of their road projects in their 2022 AAP.  | MMDAs should use the midyear review window to reduce the number of projects in their plans to a realistic number.  |
|                | 4.2 | Implementation of structures     | All MMDAs implemented a minimum of 80% of the physical projects in their 2022 AAP, except Atebubu Amantin and Nkoranza South Municipal which only implemented 50% and 35% respectively most of which were DACF projects.                                      | MMDAs should stop the awarding of new projects in DACF so that ongoing projects can be completed.  |
|                | 4.3 | DSPC Meeting                     | <p>All MMDAs were able to organize at least 1 meeting per quarter.</p> <p>Pru East, Pru West, Atebubu Amantin Nkoranza South Municipal, Nkoranza North, Kintampo South, Techiman North and Techiman Municipal had meetings for all the 12 months in 2022.</p> | Management of MMDAs should continue to support the Physical Planning Department to organize these statutory meetings.  |

| KPA             | KPI | KEY ISSUES                                    | OBSERVATIONS  | RECOMMENDATIONS  |
|-----------------|-----|---|---|--|
|                 | 4.4 | Consideration of Permits applications by DSPC | All MMDAs considered all the received building permit applications during 2022. All MMDAs communicated in writing to Applicants of Permits after approval given by DSPC.  | MMDAs should continue to engage their stakeholders who apply for permits. Bulk texting can be used to reach out to applicants.       |
|                 | 4.5 | Local plans                                   | All MMDAs had a minimum of 2 approved local Plans. However, Nkoranza South has signed and stamped the Plans. All others only had approval from the Spatial Planning Committee.  | MMDAs should ensure that their local Plans are signed and stamped.   |
| Social Services | 5.1 | Education Oversight Committee meetings        | Though most MMDAs showed evidence of organizing the meeting, minutes were poorly captured, there were signature issues and inconsistencies and no matters arising in the minutes.   | Minutes recorders should be given refresher training on administrative writing to improve the quality of the minutes of the meeting. |
|                 | 5.2 | District Health Committee meetings            | Though most MMDAs showed evidence of organizing the meeting, the minutes were poorly written- scanty, there were signature issues and decisions were not implemented fully because there no matters arising in some of the minutes. | Minutes recorders should be given refresher training on administrative writing to improve the quality of minutes of the meeting.     |
|                 | 5.3 | Data on vulnerable groups                     | There were inconsistencies in data on vulnerable groups in most districts especially Kintampo North Municipal, Nkoranza South Municipal, etc.<br><br>Most also limited themselves to only vulnerable groups i.e., LEAP and PWD.     | MMDAs can expand their vulnerable groups to include Vulnerable Children , Flood victims and Persons Leaving with HIV if any.         |

| KPA                  | KPI | KEY ISSUES                                | OBSERVATIONS  | RECOMMENDATIONS  |
|----------------------|-----|---|---|--|
|                      | 5.4 | Gender-Based Violence (GBV) interventions | Most MMDAs organized at least one activity on GBV. However, there were inconsistencies in the gender-based intervention activities implemented by social welfare and the AAP, the APR of some MMDAs.                                      | There should be a proper collaboration between the Planning Unit and other departments on the implementation of activities in their work plans.  |
|                      | 5.5 | Management of child protection cases      | There were inconsistencies in data on child protection in most districts especially Kintampo North Municipal, Nkroranza South Municipal, etc.<br><br>Techiman Municipal and Techiman North and Nkoranza North did well in this indicator. | MMDAs should make it a point to validate data on final reports with the source data to ensure consistency.   |
|                      | 5.6 | Community mobilization and education      | Most MMDAs organized at least one activity for the indicator. There were inconsistencies in the activities stated in the AAP, APR, and the Department's activities.   | The Planning Unit should properly engage the departments to prioritize their activities in the AAP and ensure their implemented programs are reported on to avoid leaving out any implemented activity in the APR. |
| Economic Development | 6.1 | Yield Performance                         | Except for Sene West, Pru West and Atebubu Amantin which got a yield growth of approximately 2 % for their top 3 crops, all MMDAs got the minimum 10%.  | MMDAs should keep this up  |

| KPA                        | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|----------------------------|-----|---|--|---|
|                            | 6.2 | Registration of FBO Groups                              | All MMDAs got over 5% growth in their FBO register.<br><br>Also, all MMDAs except Sene East and Kintampo North Municipal provided evidence of MoUs between FBOs and Value chain actors.  | There is a need for training on how to develop MoUs as many of the MoUs cited were not up to the required standard.                               |
|                            | 6.3 | Achievement of tourism activities in AAP                | All MMDAs got the at least 80% of their tourism activities implemented. However, Sene East, Atebubu Amantin, Nkoranza Municipal had difficulty executing their activities and hence did not get the minimum 80%.   | MMDAs should continue to improve their tourism potential and make them a source of revenue.   |
|                            | 6.4 | Local Economic Development                              | Except for Pru West, Kintampo Municipal, all MMDAs have a separate LED Plan and LED activities in the AAP.   | MMDAs should ensure that the activities in the LED Plans are implemented to provide jobs and skills to their citizenry.                           |
|                            | 6.5 | Road Safety programmes                                  | All MMDAs included road safety activities in their 2023 AAP.   | MMDAs should continue to undertake road safety activities   |
| Environment and Sanitation | 7.1 | Disaster Preparedness Action Plan Implementation Report | Most MMDAs have a Disaster Preparedness Plan and implementation Report on file except that some of the Plans were not transmitted through the MMDAs.<br><br>Only Techiman Municipal, Techiman North, and Nkoranza North routed the Implementation Report through the | For the Chief Executive to be well informed of all disaster issues, the Disaster Preparedness Plans should be routed through the MMDAs to the RCC |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS   |
|-----|-----|--|---|---|
|     |     |  | MMDA.   |   |
|     | 7.2 | Environment enhancement programmes   | All MMDAs except Sene East implemented their planned interventions in the environmental enhancement programme.<br><br>Pru West, Nkoranza South and Kintampo Municipal did not provide expenditure evidence to support the implementation of activities in the APR.  | MMDAs should keep this up   |
|     | 7.3 | Population with household toilets  | All MMDAs were able to increase their population with household toilets.  | The Environmental Health Units should always make it a point to include Household Population in the final report. |
|     | 7.4 | Routine cleansing of the Central Business District (CBD), Town centres and other Public Spaces | All MMDAs except Pru West, Nkoranza South, and Kintampo Municipal organized 4 quarterly routine cleansing activities.<br><br>The activity reports for Pru East are not detailed eg no pictures and it's not been formally transmitted.<br><br>Nkoranza South and Kintampo Municipal carried out only two (2) routine cleaning activities. | Environmental officers should ensure complete reporting for all their activities including routine cleansing.     |

## **4.9. Parts of Ashanti Region**

### **4.9.1. Scope of the Assignment**

The team assessed 23 Metropolitan, Municipal and District Assembly (MMDAs) in the Ashanti Region and the Ashanti Regional Coordinating Council. The findings and observations made in the 23 MMDAs were also discussed at the Office of the Ashanti Regional Coordinating Council.

The 23 MMDAs are:

1. Offinso North District Assembly
2. Offinso Municipal Assembly
3. Afigya Kwabre North District Assembly
4. Afigya Kwabre South District Assembly
5. Mampong Municipal Assembly
6. Ejura Sekyere-Dumase Municipal Assembly
7. Sekyere South District Assembly
8. Sekyere Central District Assembly
9. Sekyere Kumawu District Assembly
10. Sekyere Afram Plains District Assembly
11. Sekyere East District Assembly
12. Juaben Municipal Assembly
13. Ejisu Municipal Assembly
14. Asante Akim North Municipal Assembly
15. Asante Akim Central Municipal Assembly
16. Asante Akim South Municipal Assembly
17. Old Tafo Municipal Assembly
18. Kwabre East Municipal Assembly
19. Oforikrom Municipal Assembly
20. Asokore Mampong Municipal Assembly
21. Kumasi Metropolitan Assembly
22. Asokwa Municipal Assembly
23. Suame Municipal Assembly

### **4.9.2. General Outcomes**

Generally, the team spent an average of 2 hours and 30 minutes assessing each MMDA. In MMDAs where coordination was good, the team spent a maximum of 2 hours assessing them.

All the MMDAs that were well coordinated such as Suame, Offino North, Asokwa, Afigya Kwabre South, old Tafo, among others, had higher grade officers like Deputy Directors, Assistant Director 1, Senior Human Resource Managers, Senior Development Planning Officers as coordinators.

#### **4.9.3. Specific Observations**

##### **For RCC**

###### *Workplace Environment*

The general office space and environment of the Ashanti Regional Coordinating Council were well managed. The office washrooms were neatly managed with running water, soap, and tissue.

###### *Staff Professionalism*

The RCC staff' level of professionalism was very high. Staff were well dressed and well mannered.

###### *Falsification of documents*

There was no falsification of reports in the RCC.

Teamwork among staff was good.

##### **For MMDAs**

###### *Punctuality:*

Punctuality is still an issue in some of the MMDAs in the Region. Some of the offices were empty, especially during the morning visits. Though some of the MMDAs have clock-in machines, they have not been using the machines.

###### *Records Management:*

Records management is still an issue in most of the MMDAs. Some did not have office space and basic logistics. Also, MMDAs have not started implementing the new Records Management Manual.

###### *Staff Unavailability/Absence:*

Generally, staff were available in almost all the MMDAs visited.

*Staff Unprofessionalism/Apathy:*

Most of the MMDAs showed a high level of professionalism. However, a few of them were sitting babies in the Client Service Unit and other offices. Most staff were well dressed.

*Leadership and coordination:*

Generally, the level of leadership and coordination was good in the Region. Most Hon. MMDCEs and Coordinating Directors were available throughout the Assessment except for a few MMDAs.

*Unsigned minutes of meetings:*

Some MMDAs had their minutes signed. However, in some MMDAs recorders signed District Education Committee and District Health Committee minutes.

*Poor preparation of Plans:*

In some MMDAs, there were inconsistencies between the Annual Action Plan (AAP) Annual Progress Report (APR) and the implemented Plans of the departments. Some activities implemented by the departments were not captured in the AAPs and APRs.

*Staffing*

In general, the staffing situation was good. However, some MMDAs need staff in the Physical Planning, Statistics Department and RMU. Afigya Kwabre North needs an HR Manager.

*Falsification of Documents:*

In some MMDAs, minutes of meetings and reports of activities which did not take place were prevalent. In some instances, the signatures of attendees were inconsistent, and officers could not prove otherwise. Most Minutes of the Spatial Planning Meeting were falsified.

*Revenue estimation/Availability of updated revenue database*

Most MMDAs base their revenue estimation on past performance without recourse to their revenue database and Fee-Fixing Resolutions. Most MMDAs use the FFR only for generating demand notices.

#### **4.9.4. General Recommendations**

##### **For MMDAs**

MMDAs need to:

- include reporting template/outline for training reports in the terms of reference (ToR) prepared for the engagement of consultants for training.
- Also, final payment should be made to the consultant only after they have submitted their final training report.

##### **For RCC**

The RCC should:

- continue to provide technical backstopping to the MMDAs to improve service delivery at the subnational level.
- Should provide training in areas that MMDAs had issues, most especially proper reporting, proper conduct of statutory meetings and capturing of minutes;
- Use the detailed observations table during the monitoring of the PMS.

##### **For OHLGS**

The OHLGS should:

- Ensures that the RCC undertake staff rationalization to achieve a balance of staff in the Districts;
- Consider using the performance of coordinating directors in the performance contract to inform posting decisions;
- Source of support from the development partners to enable the office to give financial awards to top-performing institutions in the service.

**4.9.5. Ashanti RCC Detailed Analysis/Findings of Indicators**

Table 24: Ashanti RCC Detail Analysis /Findings of each Indicator

| KPA                    | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS  |
|------------------------|-----|---|--|--|
| General Administration | 1.1 | Regional Security Council meetings and implementation of decisions of the meeting | The Region organized at least 3 RESEC meetings per quarter.<br><br>Additional emergency meetings were held during the year.<br><br>All the decisions were implemented.   | The RCC should keep this up.   |
|                        | 1.2 | Expanded RCC and RPCU meetings  | The RCC organized 2 expanded RCC meetings and 2 RPCU meetings.<br><br>Other departments in attendance were Agric, Ghana Highways, feeder roads, ECG, GWCL, Education, EPA, CWSA, Judicial Service, and Health. | The RCC must commit to organizing expanded RCC and RPCU meetings in fulfilment with provisions of LG Act 936.  |
|                        | 1.3 | Electronic records management   | The RCC has software for capturing correspondence.<br><br>12 months of records were stored electronically.   | The MIS office must be resourced to continue the use and update of the records management application.   |
|                        | 1.4 | Website   | There is a website with functions and information on all departments of the RCCs. However, the LED and tourism potential of the Region were captured on the website.   | The IT officer should be well-resourced to carry out frequent updates to the website. Also, the LED and tourism potentials of the Region should be captured. |

| KPA                       | KPI | KEY ISSUES                                    | OBSERVATIONS   | RECOMMENDATIONS  |
|---------------------------|-----|---|--|--|
|                           |     |   | Updates were done throughout the year.   |  |
|                           | 1.5 | Functional Client Service Unit                | <p>The RCC has dedicated office space for Client Service Unit.</p> <p>The Client Service Unit has basic logistics furniture, stationery, etc.</p> <p>The Client Service Unit staff has been trained. There is a complaints logbook, but no complaints were recorded.</p> | The RCC should continue to resource the CSU and provide the officers with refresher training on Client Service Management. |
|                           | 1.6 | Workplace environment                         | <p>There is a visible office signpost of the RCC showing clear directions to the office.</p> <p>There are clean washrooms for visitors with water and soap.</p> <p>There is well maintained general landscape.</p> <p>The office space was well maintained.</p>          | The RCC should continue with the good work.  |
| Human Resource Management | 2.1 | Establishment of biannual composite promotion | The RCC prepared and submitted a Biannual Composite Promotion Schedule with established vacancies for all grade levels and retirement schedules for MMDAs and the RCC to OHLGS.  | The RCC should keep this up.   |
|                           | 2.2 | Leave management                              | An annual leave Management Roster was prepared. However, there was no  | The RCC should ensure that the leave Roster approval is updated  |

| KPA                              | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------------|-----|---|---|---|
|                                  |     |   | approval from management.<br><br>No quarterly reports were prepared. However, the Leave update was prepared half yearly.  | every quarter after implementation.   |
|                                  | 2.3 | Preparation and submission and implementation of Regional Composite Training Plan | A Composite Training Plan was prepared and submitted to OHLGS.<br><br>The RCC Training Plan consisted of LGS Protocols, defensive driving, orientation for new staff and ToT for DPs and statistics.<br><br>All the training was implemented. | Attention must be paid to training reports i.e., attendance must be attached to all the training reports. |
|                                  | 2.4 | Monitoring of PMS at the MMDAs  | The RCCs monitored the implementation of the PMS at MMDAs.<br><br>Report was submitted to OHLGS.  | The RCC should keep this up.  |
|                                  | 2.5 | Staff appraisal   | The RCC did not prepare any report on appraisal.<br><br>80% of the staff of the RCC undertook performance appraisal in 2022, however, some of the sampled Appraisal Forms were not well complete.   | The HR Department should analyze the Appraisal cycle for Management information and decision-making.      |
| Financial Management & Reporting | 3.1 | Preparation and submission of Audit Plan  | The Plan was prepared and submitted to the RCD, the Audit Committee and IAA on 24 <sup>th</sup> January 2021.   | The RCC should keep this up   |

| KPA      | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|----------|-----|---|--|---|
|          | 3.2 | Implementation of the recommendation of Auditor General's Management letter | The RCC could not resolve the issues raised in the Management Letter before the Auditor General's deadline.  | The RCC should make it a point in resolving all issues contained in the management letter before the deadline for response. This is to ensure no observation is captured in the final report. |
|          | 3.3 | Implementation of 2022 Internal Audit Recommendations                       | The Internal audit made 6 observations in the following areas: <ul style="list-style-type: none"> <li>• Inventory management</li> <li>• ERM Plan</li> <li>• Default in rent payment</li> <li>• Reporting</li> <li>• Appraisals</li> </ul> AC reports and attached documentation to the status of implementation show all the issues were resolved. | The RCC should pay keen attention to the Internal Auditor's report. This is the easiest way of reducing external auditors' observations.  |
|          | 3.4 | Approval and submission of budget (Regional Integrated Budget System)       | The Regional Integrated Budget for the RCC was approved and submitted to OHLGS on 28 <sup>th</sup> October, 2022.  | The RCC should keep this up.  |
|          | 3.5 | Use of GIFMIS   | The RCC processed the GoG expenditure through GIFMIS.<br><br>All GoG expenditures on file GIFMIS PVs attached.   | The RCC should continue to process their expenditure through GIFMIS to avoid flouting the PFM Act and Regulations.  |
| Services | 4.1 | Quarterly monitoring reports of Departments of                              | 5 departments of the RCC conducted monitoring and submitted their reports to   | The RCC should encourage its departments to keep this up.   |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|--|--|--|
|     |     | RCCs   | the RCC before the deadline.   |  |
|     | 4.2 | Quarterly monitoring reports of RPCU                               | <p>All 4 quarterly monitoring reports were available and submitted to OHLGS before the end of the ensuing month with transmittal letters available.</p> <p>However, the transmittal was not captured in the dispatch book.</p> | The RCC should keep this up.   |
|     | 4.3 | Biannual reports on Technical backstopping support to MMDAs        | Only 2 technical Backstopping reports were submitted to the OHLGS on 15 <sup>th</sup> July 2022 and 16 <sup>th</sup> January 2023.   | The RCC should insist that all departments should prepare and submit their technical backstopping report to the office for onward submission to OHLGS. |
|     | 4.4 | Preparation and submission of 2023 plan (Regional Integrated Plan) | The RCC prepared their Regional Integrated Plan and submitted it on 25 <sup>th</sup> October 2022 to OHLGS.  | The RCC should continue to prepare their Regional Integrated Plans.  |

**4.9.6. Part of Ashanti Region MMDAs Detailed Analysis/Findings of Indicators**

Table 25: Detail Analysis /Findings of each Indicator in 23 MMDAs in the Ashanti Region

| KPA                    | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|------------------------|-----|--|---|--|
| General Administration | 1.1 | ISCCS Meetings                                     | <p>All MMDAs except Sekyere East and Asante Akim North organized 2 ISCCS meetings and invited non-decentralized institutions. However, in some MMDAs the key stakeholders were not given the platform to present activities implemented, as at the mid-year and activities planned for 2023.</p> <p>The few who made presentations only highlighted their operational challenges instead of their planned activities and targets.</p> | Efforts should be made to organize ISCCS meetings. The non-decentralized organizations should be given the opportunity to make a presentation on their midyear performance and planned activities in the ensuing year. |
|                        | 1.2 | Organization of Sensitization Workshops            | Aside from Afigya Kwabre South, Asante Akim Central, Asante Akim South, kwabre East, Suame and Sekyere South which organized the two sensitization fora, most MMDAs in the Region organized one sensitization workshop on the LGS protocols and LGA and bye. Even with that, the MMDAs did not write a detailed report.   | MMDAs can use platforms like staff durbars to sensitize staff on the Protocols. However, the report must be separate, detailed, and comprehensive with an attendance list, pictures, date, and venue for the program.  |
|                        | 1.3 | Management of Incoming and Outgoing Correspondence | All the MMDAs except Sekyere Central and Sekyere Afram Plains, have software purposely for correspondence   | ToT should be conducted for some senior staff so that they can train other staff as and when they  |

| KPA | KPI | KEY ISSUES                           | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|--------------------------------------|--|---|
|     |     |                                      | management. However, some staff in the RMUs of MMDAs needs training on how to effectively use the systems.   | join the Unit.  |
|     | 1.4 | Update of Website                    | All MMDAs except Mampong and Sekyere Central, have a functional website with their services, functions, and documents of the MMDAs. However, only a few of the MMDAs made the 12-month sectorial updates on their website.   | The MIS officers should be supported with the necessary tools to make the needed updates on the websites. |
|     | 1.5 | Functionality of Client Service Unit | <p>All MMDAs have an office clearly marked as Client Service Unit. All the offices have basic logistics like furniture. In Ejisu and Juaben, the office was not labelled. The CSU of Asante Akim North is in the HR office.</p> <p>Aside from CSU officers in Sekyere Afram Plains, Sekyere Kumawu, Sekyere East, Juaben, Offinso South, all officers received some form of training/ orientation.</p> <p>Some Client Complaints Register did not have Contacts of complainants.</p> <p>Except Suame and Efigya Kwaebre North most MMDAs do not follow up on complaints and are unable to capture updates or actions taken properly.</p> | Officers should be given refresher training on Client Service Management.                                 |

| KPA                       | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|---------------------------|-----|---|---|--|
|                           | 1.6 | Management of Workplace Environment                           | <p>All MMDAs have a directional sign to the office.</p> <p>However, many MMDAs do not have directional signs from boundaries or town center to the office.</p> <p>There are visitors' washrooms in most of the MMDAs and were well managed. However, most were in locked and not openly available to visitors. Also, most of the washrooms were not gender sensitive.</p> | MMDAs should erect directional signposts from the town centre.   |
| Human Resource Management | 2.1 | Biannual Composite Promotion Schedule and Retirement Schedule | <p>All the MMDAs have a Biannual Composite Promotion schedule and Retirement Schedules.</p> <p>Composite Promotion schedules with established vacancies were available and submitted to RCC before the deadline. However, a few of them missed the timelines for the submission of the Retirement Schedule.</p>   | The MMDAs should keep this up.   |
|                           | 2.2 | Annual leave Management Roster                                | <p>Aside from Afigya Kwabre South, Oforikrom, Ejisu and Juaben which had approved leave Rosters all had leave rosters were not approved.</p> <p>There was no leave roster in Old Tafo, Kumasi Metro and Offinso South.</p>  | <p>Leave Rosters should be submitted to Management for approval before implementation as outlined in the Protocol.</p> <p>Updates should be captured in the quarterly reports.</p> |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS  | RECOMMENDATIONS  |
|-----|-----|--|---|--|
|     | 2.3 | Preparation and Submission of Training plan                                | All MMDAs prepared and submitted their training Plans before the deadline.  | MMDAs should keep this up  |
|     | 2.4 | Training Plan of MMDA Implemented and Composite Quarterly Report Submitted | <p>All MMDAs presented some reports which indicated that they implement their training plans and submitted their quarterly reports before the deadline. However, most of the training reports presented were very scanty and without attendance lists, venues, dates, pictures, etc.</p> <p>Most of the training reports showed that the training did not take place, or the Consultants did not submit detailed reports.</p> | <p>Management of MMDAs should prioritize training for staff.</p> <p>MMDAs should include a format for training reports in their <b>terms of reference</b> for training contracts issued to Consultants before training.</p> <p>MMDAs should schedule payment for training in such a way that final payment to consultants is only after they have submitted their training report.</p> |
|     | 2.5 | Implementation of Staff Appraisal Schedule                                 | Apart from Offinso North, which has appraised approximately 80% of its total staff, all other MMDAs could not appraise 80% of their staff. The average coverage of staff Appraisal in 2022 was 40% of staff.  | Dist. Coordinating Directors should adopt strategies to get staff appraised. E.g., they should make an appraisal of staff a prerequisite when HoU and HoDs submit memos for requests for funds.  |

| KPA                                | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS  |
|------------------------------------|-----|---|---|--|
| Financial management and Reporting | 3.1 | Preparation and Submission of RIAP                    | All the MMDAs assessed had RIAP on file, which were approved on time and submitted to the RCCs before the end of November 2022. Only Sekyere Afram Plain submitted the RIAP on 22 <sup>nd</sup> March, 2022.  | The revenue performance in most MMDAs is not encouraging. MMDAs must ensure the implementation of the activities in the RIAP to improve their revenue performance. |
|                                    | 3.2 | Continuation of Street Naming Exercise                | All MMDAs except Sekyere Afram Plains and Kwabre East had the 10% expected growth in street naming. Kwabre East had 7.1% growth.<br><br>Sekyere Afram Plains only have street names and yet to mount any signages.  | MMDAs with the support of RCCs and LUSPA should continue to erect signages for their named streets.  |
|                                    | 3.3 | Implementation of Auditor General's Management Letter | All MMDAs made attempts to address the issues raised which ranged from: <ul style="list-style-type: none"> <li>• cash management</li> <li>• usage of GIFMIS</li> <li>• payments without necessary documentation and</li> <li>• internal control weaknesses.</li> </ul> <p>Except Afigya Kwabre North, Ejura Sekyeredumasi, Sekyere South, Asante Akim North, Kwabre East, Oforikrom and Asokwa, all other MMDAs were not able to fully resolve the observations within the allotted time.</p> | MMDAs should make it a point to respond to audit observations before the allotted time to avoid the issues being captured as part of the final report.             |

| KPA | KPI | KEY ISSUES  | OBSERVATIONS   | RECOMMENDATIONS   |
|-----|-----|---|--|---|
|     | 3.4 | Implementation of Internal Auditors Quarterly Reports | <p>Aside from Asante Akim South Municipal which has a few GIFMIS-related observations in the internal auditor's report, which is yet to be fully resolved, MMDAs in the region were able to resolve the issue raised in the quarterly reports.</p> <p>Old Tafo Municipal also had some observations on unaccounted payments of which 15% were yet to be resolved.</p> <p>KMA also had some issues in the IA reports which were not fully resolved.</p> | <p>Management of MMDAs should pay attention to the quarterly reports of the Internal Audit Unit. Most of the issues in the external audit reports were issues raised by the IA during their audit.</p>  |
|     | 3.5 | Expenditure on Activities in the AAP                  | <p>According to the relevant documents submitted by MMDAs, all expenditures for 2022 are traceable to activities in the AAP for 2022.</p>  | <p>MMDAs should keep this up.</p>   |
|     | 3.6 | Database and Revenue Estimation                       | <p>Though all MMDAs have a database on file, only Mampong Municipal, Sekyere Afram Plains, Sekyere East, Ejisu, Asante Akim North, Kwabre East, Oforikrom and KMA were able to use the database and fee fixing for revenue estimation.</p> <p>Most MMDAs use past performance to estimate revenues. Many also only use their Fee fixing resolution to prepare demand notices.</p>  | <p>MMDAs can build the capacity of their revenue collectors to help in collecting revenue data during revenue collection.</p> <p>Statistics and budget staff should be supported to get accurate data for revenue estimation.</p> <p>In the absence of software for revenue estimation, Budget staff should try and prepare IGF</p> |

| KPA            | KPI | KEY ISSUES                                    | OBSERVATIONS   | RECOMMENDATIONS  |
|----------------|-----|---|--|--|
|                |     |   |  | justification document to support their estimates.   |
| Infrastructure | 4.1 | Implementation of Road Programme              | Except Sekyere Afram Plains and Ejisu all MMDAs executed 80% of their road projects in their 2022 AAP.   | MMDAs should use the midyear review window to reduce the number of projects in their plans to a realistic number.              |
|                | 4.2 | Implementation of Structures                  | All MMDAs implemented a minimum of 80% of the physical projects in their 2022 AAP, except KMA which was only able to complete 5 of their 15 activities.  | MMDAs should stop the awarding of new projects in DACF so that ongoing projects can be completed.                              |
|                | 4.3 | DSPC Meeting                                  | All MMDAs were able to organize at least 2 meetings per quarter.   | Management of MMDAs should continue to support the Physical Planning Department to organize these statutory meetings.          |
|                | 4.4 | Consideration of Permits Applications by DSPC | All MMDAs considered all the permits applications that they received.<br><br>They also communicated in writing to applicants for permits after approval was given by Spatial Planning Committees.  | MMDAs should continue to engage their stakeholders who apply for permits. Bulk texting can be used to reach out to applicants. |
|                | 4.5 | Local Plans                                   | All MMDAs had a minimum of 2 approved Local Plans. Except Sekyere Afram Plains which has only 1 Local Plan.<br><br>All MMDAs signed and stamped the Plans except Afigya Kwabre North, Ejura Sekyeredumasi, Sekyere South, Sekyere Central, Sekyere Kumawu, Sekyere Afram | Officers in the Physical Planning Department should ensure that their local Plans are signed and stamped.                      |

| KPA             | KPI | KEY ISSUES                             | OBSERVATIONS  | RECOMMENDATIONS  |
|-----------------|-----|--|---|--|
|                 |     |  | Plains, Ejisu, Asante Akim Central, Tafo and Askowa.  |  |
| Social Services | 5.1 | Education Oversight Committee Meetings | <p>Though most MMDAs showed evidence of organizing the meeting, minutes were poorly captured, there were signature issues and inconsistencies and no matters arising in the minutes. In Sekyere South, the recorder signed the minutes.</p> <p>Only Suame and Offinso South Municipal were able to implement all the decisions of the meetings.</p>     | Minutes recorders should be given refresher training on administrative writing to improve the quality of the minutes of the meeting. |
|                 | 5.2 | District Health Committee Meetings     | <p>Though most MMDAs showed evidence of organizing the meeting, minutes were poorly captured, there were signature issues and inconsistencies and no matters arising in the minutes.</p> <p>Only Sekyere Kumawu, Old Tafo, Kwabre East, Oforikrom, Suame, Asante Akim South, Offinso North and Ejisu implemented all the decisions of the meetings.</p> | Minutes recorders should be given refresher training on administrative writing to improve the quality of the minutes of the meeting. |
|                 | 5.3 | Data on Vulnerable Groups              | All MMDAs had updated data on 3 vulnerable groups except Sekyere Kumawu and Sekyere East which did not update the data.   | MMDAs can expand their vulnerable groups to include Vulnerable Children, Flood victims and Persons living with HIV if any.           |

| KPA                  | KPI | KEY ISSUES                           | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------|-----|--------------------------------------|---|---|
|                      |     |                                      | <p>Sekyere Afram Plains and Sekyere East did not officially transmit or forward the data.</p> <p>Asante Akim Central and Sekyere East had only 2 groups.</p>  |   |
|                      | 5.4 | Gender-Based Violence Interventions  | <p>The MMDAs implemented the GBV interventions except for Sekyere Kumawu where there were no implemented interventions captured in the AAP and APR.</p> <p>In Juaben, Asokwa and Asante Akim South, there was no GBV intervention in the AAP.</p> | There should be a proper collaboration between the Planning Unit and other departments on the implementation of activities in their work plans. |
|                      | 5.5 | Management of Child Protection Cases | <p>Most MMDAs successfully managed reported Child Protection cases.</p> <p>Most MMDAs had different figures in the annual report and the case register.</p>   | MMDAs should make it a point to validate data on final reports with the source data to ensure consistency.                                      |
|                      | 5.6 | Community Mobilization and Education | <p>Community Mobilization and Education were carried out in most MMDAs except In Ejura Sekyeredumasi, Sekyere Kumawu, activities implemented by the department were not captured in the AAP &amp; APR.</p>  | The Planning Unit should involve the departments in their implemented programs to avoid leaving out any implemented activity in the APR.        |
| Economic Development | 6.1 | Yield Performance                    | All MMDAs got the required 10% yield growth for their top 3 crops/livestock   | MMDAs should keep this up.  |

| KPA                        | KPI | KEY ISSUES  | OBSERVATIONS  | RECOMMENDATIONS   |
|----------------------------|-----|---|---|---|
|                            |     |   | except Afigya Kwabre South, Juaben and Sekyere East, Ejisu, Asante Akim North. Asante Akim South, all MMDAs got this indicator.   |   |
|                            | 6.2 | Registration of FBO Groups                              | All MMDAs got over 5% growth in their FBO register. Except for Sekyere Central, Asokore Mampong and Asante Akim South.<br><br>Also, most MMDAs Municipal provided evidence of MoUs between FBOs and Value chain actors. | There is a need for training on how to develop MoUs as many of the MoUs cited were not up to the required standard. The deliverables of the parties involved were not clearly stated. |
|                            | 6.3 | Achievement of Tourism Activities in AAP                | All MMDAs got at least 80% of their tourism activities implemented. Except for Mampong Municipal, Offinso South and Sekyere Afram Plains.   | MMDAs should continue to improve their tourism potential and make them a source of revenue.   |
|                            | 6.4 | Local Economic Development                              | All MMDAs have a separate LED Plan and LED activities in the AAP.   | MMDAs should ensure that the activities in the LED Plans are implemented to provide jobs and skills to their citizenry.   |
|                            | 6.5 | Road Safety programmes                                  | All MMDAs included road safety activities in their 2023 AAP.  | MMDAs should continue to undertake road safety activities.  |
| Environment and Sanitation | 7.1 | Disaster Preparedness Action Plan Implementation Report | All MMDAs except Asante Akim South and Offinso o South had a Disaster Preparedness Plan on file.<br><br>Mampong did not have an   | For the Chief executive to be well informed of all disaster issues, the Disaster Preparedness Plans should be routed through the MMDAs.   |

| KPA | KPI | KEY ISSUES   | OBSERVATIONS   | RECOMMENDATIONS  |
|-----|-----|--|--|--|
|     |     |  | <p>implementation report.</p> <p>All MMDAs except Sekyere South, Sekyere East, Kwabre East and Sekyere Afram Plains submitted the Plan through the Assembly.</p>   |  |
|     | 7.2 | Environment Enhancement Programmes   | <p>All MMDAs implemented their planned interventions except Kumasi Metro which could not show evidence of activity implemented in the environmental enhancement programme.</p> <p>Kumasi Metro, and Kwabre East could not provide any evidence of expenditure on environmental enhancement activities.</p> | MMDAs should keep this up but KMA should document their planned activities.  |
|     | 7.3 | Population with Household Toilets  | <p>All MMDAs had an improvement in the population with household toilets.</p> <p>The annual reports of Old Tafo, Kumasi Metro, Efigya Kwabre North and Asokwa did not record household population.</p>   | The Environmental Health Units should always make it a point to include Household Population in the Annual Report. |
|     | 7.4 | Routine Cleansing of the Central Business District (CBD), Town Centres and Other Public Spaces | <p>All MMDAs organized 4 quarterly routine cleansing activities except Afigya Kwabre South, Sekyere Afram Plains, Ejisu, Offinso South, and Offinso North which organized only 2 quarterly routine cleansings.</p> <p>Kumasi Metro did not show any evidence</p>   | Environmental officers should ensure complete reporting for all their activities including routine cleansing.      |

| KPA | KPI | KEY ISSUES | OBSERVATIONS          | RECOMMENDATIONS |
|-----|-----|------------|-----------------------|-----------------|
|     |     |            | of routine cleansing. |                 |

#### **4.10. General Issues, Impressions, Best Practices, Recommendation and Conclusion**

From the 2022 Monitoring and Verification (M&V) exercise, the following are some of the general observations made, impressions and best practices observed on the conduct and outcomes of the Performance Contracts in the RCCs and MMDAs for the year 2022.

##### **4.10.1. General Issues**

- ***Failure of most MMDCDS to share contents of the Performance Contracts with their Staff***

It was still observed across a number of RCCs and MMDAs that some RCDs and MMDCDs do not share the content of the PCs with their staff especially departmental heads, even though they were aware that achievement of the deliverables was the responsibility of the entire RCC or MMDA and not for the individual RCDs and MMDCDs. Some officers called to provide relevant documentary evidence during the M&V exercise were unable to assist due to their lack or inadequate knowledge and appreciation of the Performance Contract and its indicators.

- ***Evaluation of MMDAs with new MMDCDs***

Some MMDCDs recently posted to new districts shortly before the Monitoring and Verification exercise could not hold themselves as the ones being evaluated. Being new in their districts, these MMDCDs could not and in some extreme cases did not make much effort to provide all the necessary information that the verification exercise demanded.

- ***Timelines in Submitting Documents***

Most MMDAs had problems proving when documents were submitted to the relevant authorities, be it to the RCCs, Head of Service (HoS) or MDAs. Cover/transmittal letters were either misfiled or non-existent. Some MMDAs attempted to hurriedly produce transmittal letters just for the sake of scoring even though these transmittal letters were not sent to the relevant institutions.

- ***Poor Records Management***

The verification exercise required the teams to call for documents, transmittal letters and memos and in most instances most MMDAs and RCCs still had difficulties producing them. Some of these documents and files were reported missing and, in some cases, misfiled. Some other MMDAs and RCCs reported that some former staff took away with them some of the documents and files requested for.

Though all MMDAs and RCCs had Records Management Units in place, most of these units were not well functional in terms of the capacity of personnel, equipment and filing systems. This made it difficult retrieving documents as evidence to confirm some of the MMDAs' and RCCs' scores for some KPIs. A visit to Records Units showed files poorly kept and arranged as well as poorly kept office space.

It was observed that there is still a good number of MMDAs and RCCs that are still not implementing the procedures of the new LGS Records Management Operational and Procedure manual. Some RCCs and MMDAs are still receiving and dispatching correspondence at and from the secretariats of the Regional Ministers (RMs) and MMDCEs rather than the Records Management Units.

File migration and the use of the new file series has still not been implemented in some RCCs and MMDAs.

- ***Commitment of MMDCEs to the PMS/PC***

Most MMDCEs seemed to be fairly committed or interested in the processes of the PCs by fulfilling most of their obligations in the Contracts. Some of these RMs and MMDCEs showed keen interest in the performance of their institutions and provided the needed support in the form of logistics, leadership, resources among others.

During the M&V exercise, some RMs and MMDCEs showed interest by sitting through the entry and exit conference as well as the exercise itself.

- ***Irregular and Inadequate Statutory Fund Flows***

Effective and timely implementation of planned programmes and activities for achievement of most KPIs were adversely affected by unavailability of funds due in part, to the late and inadequate releases of funds to RCCs and MMDAs. This situation is adversely affecting prompt delivery of service to the citizenry.

Social Welfare and Community Development, Statistics, Roads Departments were some of the Departments mostly affected by inadequate funding support towards the implementation of planned activities across most MMDAs.

- ***Internally Generated Funds (IGF)***

Most MMDAs who recorded negative or very small increase in the growth rate of IGF saw a decline in implementation of planned activities and programmes. The projected inflows from the IGF were expected to fill in the funding gap in most MMDAs.

Poor preparation of Revenue Improvement Action Plans (RIAPs) as well as budget estimates also contributed to poor programme implementation.

- ***Monitoring of MMDAs PMS by RCCs***

It was observed that the RCCs' monitoring of the performance of their MMDAs in the Performance Management System (PMS) (Performance Contracts and Performance Appraisal Instruments) will need to be improved. Compliance of staff on the Performance Appraisal cycle was observed to be still low especially in MMDAs in the 5 Northern Regions.

Most MMDAs do not appraise their IGF and non professional staff such as cleaners, security, caterers and drivers.

RCC monitoring of implementation of activities of Departments of the MMDAs were not directly linked to evaluating how well the MMDAs were performing on the KPIs in the Performance Contract.

- ***Competencies and Capacity Building Needs***

It was observed that most RCCs and MMDAs were in need of further capacity building in some areas including Records Management, Organisational Development, Conflict Management, ICT and Monitoring and Evaluation.

The quality of training reports cited during the monitoring and verification exercise needs to be significantly improved especially those conducted by Consultants. Some staff interviewed indicated that the training done particularly by consultants were did to meet their expectation and therefore not beneficial to their professional development.

#### ***4.10.2. General Impressions on the PMS***

General impressions by stakeholders (OHLGS, RCCs & MMDAs) about the PMS/PCs as currently being implemented are as follows:

- It is a useful tool to improve Local Government Administration and achieve effective and efficient service delivery through commitment to attainment of set targets and must be pursued with all seriousness;
- The two formats of the PMS – Performance Contract and Performance Appraisal (PC and PA) are very well-designed appraisal instruments with very relevant elements of assessment in the key functional areas of the LGS (OHLGS, RCCs and MMDAs). However, staff enthusiasm and eagerness in the administration of the two appraisal instruments need to be stepped up;

- The design and implementation of the PCs ensures that Service Delivery Standards are linked to KPAs and must be sustained;
- The political head of the RCCs and MMDCEs must also be held accountable by the application of some form of rewards and sanctions for a collective sense of responsibility.
- The M&V exercise is a very useful tool to help identify gaps in the PMS. It also provides recommendations to support the achievement of the objectives of the Performance Management System and must be sustained.

#### **4.10.3. Best Practices**

The following best practices were identified:

- Some MMDAs after signing their Performance Contract held management meetings and gave out portions to the various Heads of Department and Unit Heads and tasked them to work at achieving them;
- Some MMDAs demonstrated efforts to integrate and realign Decentralised departments; evidenced by quarterly meeting minutes, composite budgets and reports;
- Generally, it was observed that Human Resource Managers were made to perform the functions of Administrators;
- Some MMDAs and RCCs have also improved on their customer service relations through equipping their Client Service Units (CSUs) to attend to complaints;
- Coordination and cooperation levels of some MMDAs and RCCs towards improving their performance in the assessment year were highly commendable. There was an appreciable level of team work in this year's assessment when compared to previous years;
- Some MMDAs and RCCs established a vibrant website and engaged the services of a very qualified ICT Specialist to maintain the website and support MMDAs to establish their websites.

#### **4.10.4. General Recommendations and Way Forward**

In the light of the above general observations, impressions, best practices and the need to further improve the LGS PMS/PC the following are recommended:

- MMDCDs should share the contents of the contracts with their staff as soon as they are signed. This will ensure that Heads of Departments are aware of, and contribute to the collective achievement of set indicators and targets. The MMDAs must further have a functional platform to measure their progress in the implementation

of the PC at various periods and use the feedback to improve on their overall performance at the end of the year;

- Going forward, the only acceptable evidence for the assessment of Performance Contract indicators should be officially submitted documents (reports with transmittal letters, memos etc.). This will reduce the number of fictitiously prepared documents produced for the sake of scoring full marks during the assessment;
- The OHLGS must facilitate the training programmes on Records Management for relevant staff of the RCCs and MMDAs to improve their capacity to perform their functions effectively. The trainings should be followed by provision of necessary equipment and other logistics by the RCCs and the MMDAs;
- The OHLGS should sensitise Hon. MMDCEs on the need to demonstrate greater commitment and interest in the PC process;
- While the Central Government is implored to make prompt releases of statutory funds to MMDAs, the MMDCDs are encouraged to be guided by central Government funds release regimes and be realistic in their IGF projections in defining timelines for their KPIs;
- The OHLGS should carry out detailed analysis on how high performing MMDCDs perform their functions and capture lessons that should be shared with other MMDAs;
- In the management of the PMS/PCs, all actors in the LGS (OHLGS, RCCs and MMDAs) should be guided by best practices observed.

#### **4.10.5. Conclusion**

The Local Government Service Performance Management System as operationalised through the Performance Contract is a useful tool for improving Local Government Administration and ensuring accountability and enhancing performance for effective and efficient service delivery.

The two formats of the PMS (Performance Contract and Performance Appraisal) are well designed Appraisal Instruments with very relevant elements of assessment in all key functional areas of the Local Government Service. The seeming lack of cooperation and interest by Heads of Department and Unit Heads in working towards meeting the KPIs is largely due to the perception that the Performance Contract is solely the responsibility of the MMDCD and MMDCE. The OHLGS must increase sensitization efforts in getting the Performance Contract seen as a shared responsibility of all staff of the MMDA.

## **CHAPTER FIVE**

### **RESULTS FOR THE 2022 ANNUAL PERFORMANCE EVALUATION OF RCCs & MMDAs**

## 5. RESULTS FOR 2022 ANNUAL PERFORMANCE EVALUATION OF RCCs & MMDAs

The following are the rankings of RCCs' and MMDAs' performance scores based on the Monitoring and Verification exercise conducted by the M&V teams and approved by the Head of Service (HoS).

A comparison of RCCs' and MMDAs' performance scores between KPAs (1 - 4) and (1 - 7) respectively, verified and confirmed by the M&V teams during the Monitoring and Verification (M&V) exercise.

### 5.1. Results & Ranking for the 2022 Annual Performance Evaluation of 16 RCCs

| No | Name of RCC | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-------------|--------------------|------------------|--|
| 1  | VRCC        | 97.25              | 1 <sup>st</sup>  | Excellent  |
| 2  | GARCC       | 94.50              | 2 <sup>nd</sup>  | Excellent  |
| 3  | SRCC        | 93.00              | 3 <sup>rd</sup>  | Excellent  |
| 4  | ERCC        | 92.75              | 4 <sup>th</sup>  | Excellent  |
| 5  | WRCC        | 87.00              | 5 <sup>th</sup>  | Excellent  |
| 6  | AHRCC       | 86.75              | 6 <sup>th</sup>  | Excellent  |
| 7  | ARCC        | 78.50              | 7 <sup>th</sup>  | Very Good  |
| 8  | NRCC        | 78.25              | 8 <sup>th</sup>  | Very Good  |
| 9  | UWRCC       | 78.00              | 9 <sup>th</sup>  | Very Good  |
| 10 | CRCC        | 74.25              | 10 <sup>th</sup> | Very Good  |
| 11 | NERCC       | 74.00              | 11 <sup>th</sup> | Very Good  |
| 12 | ORCC        | 72.40              | 12 <sup>th</sup> | Very Good  |
| 13 | UERCC       | 71.35              | 13 <sup>th</sup> | Very Good  |
| 14 | BRCC        | 70.50              | 14 <sup>th</sup> | Very Good  |
| 15 | BERCC       | 70.40              | 15 <sup>th</sup> | Very Good  |
| 16 | WNRCC       | 64.90              | 16 <sup>th</sup> | Good   |

## 5.2. Results & Ranking for the 2022 Annual Performance Evaluation of 260 MMDAs

The performance of the MMDAs in the 2022 assessment is presented below:

| No | REG | Name of MMDA          | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-----------------------|--------------------|------------------|--|
| 0  | 1   | 2                     | 3                  | 4                | 5  |
| 1  | VR  | North Dayi            | 94.13              | 1 <sup>st</sup>  | Excellent  |
| 2  | ER  | New Juaben North      | 93.69              | 2 <sup>nd</sup>  | Excellent  |
| 3  | GAR | Adentan               | 93.13              | 3 <sup>rd</sup>  | Excellent  |
| 4  | AR  | Obuasi East           | 91.63              | 4 <sup>th</sup>  | Excellent  |
| 5  | GAR | La Dade-Kotopon       | 91.00              | 5 <sup>th</sup>  | Excellent  |
| 6  | GAR | Ayawaso West          | 90.88              | 6 <sup>th</sup>  | Excellent  |
| 7  | AR  | Oforikrom             | 90.81              | 7 <sup>th</sup>  | Excellent  |
| 8  | VR  | Ketu North            | 89.50              | 8 <sup>th</sup>  | Excellent  |
| 9  | GAR | Kpone Katamanso       | 89.38              | 9 <sup>th</sup>  | Excellent  |
| 10 | VR  | Ho Mun.               | 88.50              | 10 <sup>th</sup> | Excellent  |
| 11 | VR  | Ho West               | 88.50              | 10 <sup>th</sup> | Excellent  |
| 12 | VR  | Hohoe Mun.            | 88.44              | 12 <sup>th</sup> | Excellent  |
| 13 | GAR | Ashaiman Mun.         | 88.38              | 13 <sup>th</sup> | Excellent  |
| 14 | ER  | Atiwa East            | 88.25              | 14 <sup>th</sup> | Excellent  |
| 15 | GAR | Tema West             | 88.25              | 14 <sup>th</sup> | Excellent  |
| 16 | AR  | Suame                 | 87.88              | 16 <sup>th</sup> | Excellent  |
| 17 | AHR | Tano North            | 87.50              | 17 <sup>th</sup> | Excellent  |
| 18 | AR  | Obuasi                | 87.50              | 17 <sup>th</sup> | Excellent  |
| 19 | ER  | Kwahu West            | 87.50              | 17 <sup>th</sup> | Excellent  |
| 20 | AR  | Atwima Kwanwoma       | 86.56              | 20 <sup>th</sup> | Excellent  |
| 21 | WR  | Shama                 | 86.50              | 21 <sup>st</sup> | Excellent  |
| 22 | VR  | Anloga                | 86.31              | 22 <sup>nd</sup> | Excellent  |
| 23 | GAR | Tema Metro            | 85.75              | 23 <sup>rd</sup> | Excellent  |
| 24 | VR  | Central Tongu         | 85.63              | 24 <sup>th</sup> | Excellent  |
| 25 | GAR | Ledzokuku             | 85.19              | 25 <sup>th</sup> | Excellent  |
| 26 | ER  | Atiwa West            | 84.94              | 26 <sup>th</sup> | Excellent  |
| 27 | BER | Techiman Municipal    | 84.88              | 27 <sup>th</sup> | Excellent  |
| 28 | ER  | Nsawam Adoagyiri Mun. | 84.69              | 28 <sup>th</sup> | Excellent  |
| 29 | AR  | Kwabre East           | 83.25              | 29 <sup>th</sup> | Excellent  |

| No | REG | Name of MMDA           | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory,Unsatisfactory) |
|----|-----|------------------------|--------------------|------------------|---|
| 0  | 1   | 2                      | 3                  | 4                | 5   |
| 30 | AR  | Ejura Sekyredumasi     | 83.19              | 30 <sup>th</sup> | Excellent   |
| 31 | CR  | Agona West             | 83.13              | 31 <sup>st</sup> | Excellent   |
| 32 | UER | Kassena Nankana West   | 83.13              | 32 <sup>nd</sup> | Excellent   |
| 33 | GAR | Ayawaso East           | 83.00              | 33 <sup>rd</sup> | Excellent   |
| 34 | GAR | Ga Central             | 82.75              | 34 <sup>th</sup> | Excellent   |
| 35 | ER  | West Akim              | 82.50              | 35 <sup>th</sup> | Excellent   |
| 36 | BR  | Dormaa West            | 82.50              | 35 <sup>th</sup> | Excellent   |
| 37 | WR  | Sekondi Takoradi Metro | 82.44              | 37 <sup>th</sup> | Excellent   |
| 38 | VR  | Akatsi North           | 82.31              | 38 <sup>th</sup> | Excellent   |
| 39 | VR  | Keta Mun.              | 82.06              | 39 <sup>th</sup> | Excellent   |
| 40 | GAR | La-Nkwantanang Madina  | 82.00              | 39 <sup>th</sup> | Excellent   |
| 41 | UWR | Nandom                 | 81.88              | 41 <sup>st</sup> | Excellent   |
| 42 | ER  | Kwahu South            | 81.81              | 42 <sup>nd</sup> | Excellent   |
| 43 | ER  | Achiase                | 81.69              | 43 <sup>rd</sup> | Excellent   |
| 44 | ER  | Asene-Manso-Akroso     | 81.56              | 44 <sup>th</sup> | Excellent   |
| 45 | VR  | South Dayi             | 81.56              | 44 <sup>th</sup> | Excellent   |
| 46 | UWR | Sissala East           | 80.94              | 46 <sup>th</sup> | Excellent   |
| 47 | UWR | Wa                     | 80.94              | 46 <sup>th</sup> | Excellent   |
| 48 | OR  | Krachi East            | 80.69              | 48 <sup>th</sup> | Excellent   |
| 49 | VR  | Adaklu                 | 80.63              | 49 <sup>th</sup> | Excellent   |
| 50 | OR  | Kadjebi                | 80.56              | 50 <sup>th</sup> | Excellent   |
| 51 | ER  | Denkyembuor            | 80.50              | 51 <sup>st</sup> | Excellent   |
| 52 | ER  | Kwahu East             | 80.44              | 52 <sup>nd</sup> | Excellent   |
| 53 | VR  | Afadzato South         | 80.44              | 52 <sup>nd</sup> | Excellent   |
| 54 | AR  | Asokore Mampong        | 80.31              | 54 <sup>th</sup> | Excellent   |
| 55 | VR  | Akatsi South           | 80.19              | 55 <sup>th</sup> | Excellent   |
| 56 | AR  | Afigya Kwabre South    | 80.06              | 56 <sup>th</sup> | Excellent   |
| 57 | BR  | Sunyani West           | 79.81              | 56 <sup>th</sup> | Very Good   |
| 58 | AR  | Afigya Kwabre North    | 79.75              | 58 <sup>th</sup> | Very Good   |
| 59 | UWR | Lambusie Karni         | 79.75              | 58 <sup>th</sup> | Very Good   |
| 60 | BER | Techiman North         | 79.69              | 60 <sup>th</sup> | Very Good   |
| 61 | WR  | Wassa Amenfi West      | 79.63              | 61 <sup>st</sup> | Very Good   |

| No | REG | Name of MMDA                   | Overall Rating (%) | Position         | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|--------------------------------|--------------------|------------------|--|
| 0  | 1   | 2                              | 3                  | 4                | 5  |
| 62 | WR  | Prestea-Huni-Valley            | 79.56              | 62 <sup>nd</sup> | Very Good  |
| 63 | CR  | Komenda-Edina-Eguafo-<br>Abrim | 79.44              | 63 <sup>rd</sup> | Very Good  |
| 64 | GAR | Ga South                       | 79.44              | 63 <sup>rd</sup> | Very Good  |
| 65 | OR  | Nkwanta North                  | 79.38              | 65 <sup>th</sup> | Very Good  |
| 66 | UER | Bolgatanga                     | 79.38              | 65 <sup>th</sup> | Very Good  |
| 67 | UER | Kassena Nankana East           | 79.31              | 67 <sup>th</sup> | Very Good  |
| 68 | NR  | Yendi Municipal                | 79.06              | 68 <sup>th</sup> | Very Good  |
| 69 | AR  | Offinso North                  | 79.00              | 69 <sup>th</sup> | Very Good  |
| 70 | OR  | Biakoye                        | 78.94              | 69 <sup>th</sup> | Very Good  |
| 71 | AHR | Asutifi South                  | 78.88              | 71 <sup>st</sup> | Very Good  |
| 72 | GAR | Ga West                        | 78.88              | 71 <sup>st</sup> | Very Good  |
| 73 | GAR | Krowor                         | 78.75              | 72 <sup>nd</sup> | Very Good  |
| 74 | WR  | Ellembele                      | 78.63              | 72 <sup>nd</sup> | Very Good  |
| 75 | SR  | Central Gonja                  | 78.38              | 75 <sup>th</sup> | Very Good  |
| 76 | WR  | Effia Kwesimintsim             | 78.00              | 75 <sup>th</sup> | Very Good  |
| 77 | AR  | Atwima Mponua                  | 77.94              | 77 <sup>th</sup> | Very Good  |
| 78 | GAR | Ada West                       | 77.94              | 77 <sup>th</sup> | Very Good  |
| 79 | AR  | Amansie Central                | 77.75              | 79 <sup>th</sup> | Very Good  |
| 80 | AR  | Amansie West                   | 77.56              | 80 <sup>th</sup> | Very Good  |
| 81 | ER  | Abuakwa South                  | 77.38              | 81 <sup>st</sup> | Very Good  |
| 82 | AR  | Asokwa                         | 77.25              | 82 <sup>nd</sup> | Very Good  |
| 83 | AR  | Adansi North                   | 77.19              | 83 <sup>rd</sup> | Very Good  |
| 84 | BER | Nkoranza North                 | 77.19              | 83 <sup>rd</sup> | Very Good  |
| 85 | UWR | Wa West                        | 77.19              | 83 <sup>rd</sup> | Very Good  |
| 86 | ER  | New Juaben South               | 77.13              | 86 <sup>th</sup> | Very Good  |
| 87 | ER  | Birim South                    | 77.00              | 87 <sup>th</sup> | Very Good  |
| 88 | WR  | Tarkwa Nsuaem<br>Municipal     | 77.00              | 87 <sup>th</sup> | Very Good  |
| 89 | ER  | Birim Central                  | 76.81              | 89 <sup>th</sup> | Very Good  |
| 90 | CR  | Upper Denkyira East            | 76.63              | 90 <sup>th</sup> | Very Good  |
| 91 | GAR | Ada East                       | 76.50              | 91 <sup>st</sup> | Very Good  |
| 92 | UER | Bawku West                     | 76.31              | 92 <sup>nd</sup> | Very Good  |

| No  | REG | Name of MMDA            | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|-------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                       | 3                  | 4                 | 5  |
| 93  | ER  | Yilo Krobo              | 76.25              | 93 <sup>rd</sup>  | Very Good  |
| 94  | ER  | Abuakwa North           | 76.25              | 93 <sup>rd</sup>  | Very Good  |
| 95  | WNR | Sefwi Wiawso Municipal  | 76.25              | 93 <sup>rd</sup>  | Very Good  |
| 96  | CR  | Gomoa Central           | 76.06              | 96 <sup>th</sup>  | Very Good  |
| 97  | AR  | Ahafo Ano North         | 76.06              | 96 <sup>th</sup>  | Very Good  |
| 98  | WR  | Amenfi Central          | 76.06              | 96 <sup>th</sup>  | Very Good  |
| 99  | VR  | South Tongu             | 76.00              | 99 <sup>th</sup>  | Very Good  |
| 100 | AR  | Asante Akim Central Mun | 75.44              | 100 <sup>th</sup> | Very Good  |
| 101 | GAR | Shai-Osudoku            | 75.31              | 101 <sup>st</sup> | Very Good  |
| 102 | OR  | Nkwanta South           | 75.31              | 101 <sup>st</sup> | Very Good  |
| 103 | BR  | Wenchi Municipal        | 75.13              | 103 <sup>rd</sup> | Very Good  |
| 104 | ER  | Kwaebibirem             | 75.13              | 103 <sup>rd</sup> | Very Good  |
| 105 | UER | Builsa North            | 75.00              | 105 <sup>th</sup> | Very Good  |
| 106 | VR  | Kpando Mun.             | 75.00              | 105 <sup>th</sup> | Very Good  |
| 107 | WR  | Wassa East              | 74.94              | 107 <sup>th</sup> | Very Good  |
| 108 | SR  | West Gonja              | 74.88              | 108 <sup>th</sup> | Very Good  |
| 109 | BR  | Sunyani Municipal       | 74.81              | 109 <sup>th</sup> | Very Good  |
| 110 | GAR | Ningo-Prampram          | 74.69              | 110 <sup>th</sup> | Very Good  |
| 111 | WR  | Nzema East Municipal    | 74.50              | 111 <sup>th</sup> | Very Good  |
| 112 | OR  | Jasikan                 | 74.44              | 112 <sup>th</sup> | Very Good  |
| 113 | GAR | Ayawaso Central         | 74.38              | 113 <sup>th</sup> | Very Good  |
| 114 | GAR | Ablekuma North          | 74.31              | 114 <sup>th</sup> | Very Good  |
| 115 | AR  | Atwima Nwabiagya North  | 74.19              | 115 <sup>th</sup> | Very Good  |
| 116 | AR  | Kwadaso                 | 73.81              | 116 <sup>th</sup> | Very Good  |
| 117 | WNR | Bia East                | 73.81              | 116 <sup>th</sup> | Very Good  |
| 118 | AR  | Atwima Nwabiagya        | 73.63              | 117 <sup>th</sup> | Very Good  |
| 119 | VR  | Ketu South              | 73.31              | 118 <sup>th</sup> | Very Good  |
| 120 | AR  | Bekwai Municipal        | 73.25              | 119 <sup>th</sup> | Very Good  |
| 121 | AR  | Ahafo Ano South East    | 73.06              | 121 <sup>st</sup> | Very Good  |
| 122 | NR  | Zabzugu                 | 73.06              | 121 <sup>st</sup> | Very Good  |
| 123 | UWR | Jirapa                  | 73.06              | 121 <sup>st</sup> | Very Good  |

| No  | REG | Name of MMDA                 | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|------------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                            | 3                  | 4                 | 5  |
| 124 | AR  | Amansie South                | 72.88              | 124 <sup>th</sup> | Very Good  |
| 125 | AR  | Sekyere South                | 72.88              | 124 <sup>th</sup> | Very Good  |
| 126 | ER  | Akwapim North                | 72.88              | 124 <sup>th</sup> | Very Good  |
| 127 | GAR | Ayawaso North                | 72.88              | 124 <sup>th</sup> | Very Good  |
| 128 | WR  | Wassa Amenfi East            | 72.88              | 124 <sup>th</sup> | Very Good  |
| 129 | VR  | North Tongu                  | 72.81              | 129 <sup>th</sup> | Very Good  |
| 130 | CR  | Effutu                       | 72.69              | 130 <sup>th</sup> | Very Good  |
| 131 | GAR | Ablekuma West                | 72.63              | 131 <sup>st</sup> | Very Good  |
| 132 | CR  | Asikuma-Odoben-Brakwa-Breman | 72.56              | 132 <sup>nd</sup> | Very Good  |
| 133 | NR  | Tamale Metro                 | 72.50              | 133 <sup>rd</sup> | Very Good  |
| 134 | ER  | Ayensuano                    | 72.38              | 134 <sup>th</sup> | Very Good  |
| 135 | CR  | Ajumako/Enyan/Essiam         | 72.31              | 135 <sup>th</sup> | Very Good  |
| 136 | GAR | Ga North                     | 72.25              | 136 <sup>th</sup> | Very Good  |
| 137 | AR  | Sekyere East                 | 72.13              | 137 <sup>th</sup> | Very Good  |
| 138 | ER  | Okere                        | 72.00              | 138 <sup>th</sup> | Very Good  |
| 139 | GAR | Ablekuma Central             | 72.00              | 138 <sup>th</sup> | Very Good  |
| 140 | NER | West Mamprusi                | 71.75              | 140 <sup>th</sup> | Very Good  |
| 141 | WR  | Ahanta West                  | 71.75              | 140 <sup>th</sup> | Very Good  |
| 142 | BR  | Berekum East                 | 71.69              | 142 <sup>nd</sup> | Very Good  |
| 143 | CR  | Cape Coast                   | 71.56              | 143 <sup>rd</sup> | Very Good  |
| 144 | UER | Bongo                        | 71.56              | 143 <sup>rd</sup> | Very Good  |
| 145 | AR  | Old Tafo                     | 71.38              | 145 <sup>th</sup> | Very Good  |
| 146 | AR  | Ahafo Ano South West         | 71.19              | 146 <sup>th</sup> | Very Good  |
| 147 | ER  | Asuogyaman                   | 71.19              | 146 <sup>th</sup> | Very Good  |
| 148 | ER  | Fanteakwa South              | 71.13              | 148 <sup>th</sup> | Very Good  |
| 149 | BR  | Dormaa Central Municipal     | 71.00              | 149 <sup>th</sup> | Very Good  |
| 150 | GAR | Weija-Gbawe                  | 70.81              | 150 <sup>th</sup> | Very Good  |
| 151 | OR  | Krachi Nchumuru              | 70.81              | 150 <sup>th</sup> | Very Good  |
| 152 | ER  | Suhum                        | 70.75              | 152 <sup>nd</sup> | Very Good  |
| 153 | GAR | Accra Metro                  | 70.63              | 153 <sup>rd</sup> | Very Good  |

| No  | REG | Name of MMDA             | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|--------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                        | 3                  | 4                 | 5  |
| 154 | AR  | Asante Akim North        | 70.50              | 154 <sup>th</sup> | Very Good  |
| 155 | NR  | Kumbungu                 | 70.50              | 154 <sup>th</sup> | Very Good  |
| 156 | VR  | Agortime Ziope           | 70.50              | 154 <sup>th</sup> | Very Good  |
| 157 | UER | Bolgatanga East          | 70.38              | 157 <sup>th</sup> | Very Good  |
| 158 | GAR | Korle Klottey            | 70.25              | 158 <sup>th</sup> | Very Good  |
| 159 | BER | Pru East                 | 70.13              | 159 <sup>th</sup> | Very Good  |
| 160 | CR  | Twifu Atti Morkwa        | 70.00              | 160 <sup>th</sup> | Very Good  |
| 161 | AR  | Adansi Asokwa            | 69.94              | 161 <sup>st</sup> | Good   |
| 162 | AR  | Juaben                   | 69.88              | 162 <sup>nd</sup> | Good   |
| 163 | UER | Pusiga                   | 69.81              | 163 <sup>rd</sup> | Good   |
| 164 | BR  | Jaman North              | 69.75              | 164 <sup>th</sup> | Good   |
| 165 | CR  | Agona East               | 69.50              | 165 <sup>th</sup> | Good   |
| 166 | UWR | Nadowli Kaleo            | 69.38              | 166 <sup>th</sup> | Good   |
| 167 | AHR | Asunafo South            | 69.19              | 167 <sup>th</sup> | Good   |
| 168 | CR  | Awutu Senya East         | 69.06              | 168 <sup>th</sup> | Good   |
| 169 | CR  | Upper Denkyira West      | 68.94              | 169 <sup>th</sup> | Good   |
| 170 | OR  | Guan                     | 68.81              | 170 <sup>th</sup> | Good   |
| 171 | BR  | Banda                    | 68.75              | 171 <sup>st</sup> | Good   |
| 172 | CR  | Assin South              | 68.38              | 172 <sup>nd</sup> | Good   |
| 173 | UER | Talensi                  | 68.31              | 173 <sup>rd</sup> | Good   |
| 174 | NR  | Sagnerigu                | 68.25              | 174 <sup>th</sup> | Good   |
| 175 | NR  | Mion                     | 68.13              | 175 <sup>th</sup> | Good   |
| 176 | UER | Tempane                  | 67.94              | 176 <sup>th</sup> | Good   |
| 177 | UWR | Wa East                  | 67.94              | 176 <sup>th</sup> | Good   |
| 178 | NR  | Savelugu                 | 67.81              | 178 <sup>th</sup> | Good   |
| 179 | AR  | Adansi South             | 67.81              | 178 <sup>th</sup> | Good   |
| 180 | NR  | Kpandai                  | 67.69              | 180 <sup>th</sup> | Good   |
| 181 | AR  | Mampong                  | 67.69              | 180 <sup>th</sup> | Good   |
| 182 | ER  | Kwahu Afram Plains North | 67.63              | 182 <sup>nd</sup> | Good   |
| 183 | UWR | Dafiama Bussie Issa      | 67.63              | 182 <sup>nd</sup> | Good   |
| 184 | WNR | Aowin                    | 67.63              | 182 <sup>nd</sup> | Good   |

| No  | REG | Name of MMDA             | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|--------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                        | 3                  | 4                 | 5  |
| 185 | BR  | Jaman South              | 67.38              | 185 <sup>th</sup> | Good   |
| 186 | ER  | Upper Manya Krobo        | 67.31              | 186 <sup>th</sup> | Good   |
| 187 | NER | Mamprugu Moagduri        | 67.25              | 187 <sup>th</sup> | Good   |
| 188 | AR  | Asante Akim South        | 67.06              | 188 <sup>th</sup> | Good   |
| 189 | AHR | Asunafo North Municipal  | 66.94              | 189 <sup>th</sup> | Good   |
| 190 | GAR | Okaikwei North           | 66.94              | 189 <sup>th</sup> | Good   |
| 191 | AR  | Bosome Freho             | 66.88              | 191 <sup>st</sup> | Good   |
| 192 | BER | Kintampo North Municipal | 66.81              | 192 <sup>nd</sup> | Good   |
| 193 | AHR | Tano South               | 66.69              | 193 <sup>rd</sup> | Good   |
| 194 | AR  | Bosomtwe                 | 66.69              | 193 <sup>rd</sup> | Good   |
| 195 | AR  | Sekyere Central          | 66.44              | 195 <sup>th</sup> | Good   |
| 196 | NER | Yunyoo Nasuan            | 66.13              | 196 <sup>th</sup> | Good   |
| 197 | BER | Atebubu Amantin          | 65.88              | 197 <sup>th</sup> | Good   |
| 198 | ER  | Lower Manya Krobo        | 65.88              | 197 <sup>th</sup> | Good   |
| 199 | OR  | Krachi West              | 65.88              | 197 <sup>th</sup> | Good   |
| 200 | AR  | Offinso Municipal        | 65.81              | 200 <sup>th</sup> | Good   |
| 201 | AR  | Akrofuom                 | 65.56              | 201 <sup>st</sup> | Good   |
| 202 | WR  | Mpohor                   | 65.56              | 201 <sup>st</sup> | Good   |
| 203 | ER  | Kwahu Afram Plains South | 65.44              | 203 <sup>rd</sup> | Good   |
| 204 | WNR | Juaboso                  | 65.38              | 204 <sup>th</sup> | Good   |
| 205 | AR  | Sekyere Kumawu           | 65.25              | 205 <sup>th</sup> | Good   |
| 206 | CR  | Abura/ Asebu/ Kwamankese | 65.25              | 205 <sup>th</sup> | Good   |
| 207 | AR  | Ejisu                    | 65.00              | 207 <sup>th</sup> | Good   |
| 208 | UER | Binduri                  | 65.00              | 207 <sup>th</sup> | Good   |
| 209 | ER  | Akyemansa                | 64.63              | 209 <sup>th</sup> | Good   |
| 210 | NR  | Nanton                   | 64.63              | 209 <sup>th</sup> | Good   |
| 211 | WR  | Jomoro                   | 64.38              | 211 <sup>th</sup> | Good   |
| 212 | BR  | Berekum West             | 64.13              | 212 <sup>th</sup> | Good   |
| 213 | BR  | Dormaa East              | 64.06              | 213 <sup>th</sup> | Good   |

| No  | REG | Name of MMDA             | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|--------------------------|--------------------|-------------------|--|
| 0   | 1   | 2                        | 3                  | 4                 | 5  |
| 214 | UWR | Sissala West             | 64.00              | 214 <sup>th</sup> | Good   |
| 215 | SR  | Bole                     | 63.94              | 215 <sup>th</sup> | Good   |
| 216 | UER | Nabdum                   | 63.94              | 215 <sup>th</sup> | Good   |
| 217 | ER  | Birim North              | 63.31              | 217 <sup>th</sup> | Good   |
| 218 | ER  | Akuapem South            | 63.13              | 218 <sup>th</sup> | Good   |
| 219 | BR  | Tain                     | 62.94              | 219 <sup>th</sup> | Good   |
| 220 | UER | Builsa South             | 62.63              | 220 <sup>th</sup> | Good   |
| 221 | NR  | Tolon                    | 62.31              | 221 <sup>st</sup> | Good   |
| 222 | SR  | Sawla Tuna Kalba         | 61.88              | 222 <sup>nd</sup> | Good   |
| 223 | ER  | Upper West Akim          | 61.81              | 223 <sup>rd</sup> | Good   |
| 224 | WNR | Suaman                   | 61.63              | 224 <sup>th</sup> | Good   |
| 225 | SR  | East Gonja               | 61.56              | 225 <sup>th</sup> | Good   |
| 226 | BER | Sene West                | 61.50              | 226 <sup>th</sup> | Good   |
| 227 | BER | Nkoranza South Municipal | 61.25              | 227 <sup>th</sup> | Good   |
| 228 | UER | Garu                     | 61.25              | 227 <sup>th</sup> | Good   |
| 229 | NR  | Karaga                   | 61.19              | 229 <sup>th</sup> | Good   |
| 230 | CR  | Awutu Senya              | 60.94              | 230 <sup>th</sup> | Good   |
| 231 | WNR | Bibiani Anhwiaso Bekwai  | 60.69              | 231 <sup>st</sup> | Good   |
| 232 | CR  | Hemang Lower Denkyira    | 60.56              | 232 <sup>nd</sup> | Good   |
| 233 | CR  | Gomoa West               | 60.44              | 233 <sup>rd</sup> | Good   |
| 234 | AR  | Kumasi Metro             | 60.38              | 234 <sup>th</sup> | Good   |
| 235 | BER | Kintampo South           | 59.81              | 235 <sup>th</sup> | Satisfactory   |
| 236 | NR  | Gushiegu                 | 59.56              | 236 <sup>th</sup> | Satisfactory   |
| 237 | ER  | Fanteakwa North          | 59.38              | 237 <sup>th</sup> | Satisfactory   |
| 238 | CR  | Assin Fosu               | 58.63              | 238 <sup>th</sup> | Satisfactory   |
| 239 | AHR | Asutifi North            | 57.88              | 238 <sup>th</sup> | Satisfactory   |
| 240 | WNR | Bodi                     | 57.56              | 240 <sup>th</sup> | Satisfactory   |
| 241 | GAR | Ga East                  | 57.44              | 241 <sup>st</sup> | Satisfactory   |
| 242 | WNR | Sefwi Akontombra         | 56.63              | 242 <sup>nd</sup> | Satisfactory   |
| 243 | NER | Bunkpurugu Nakpanduri    | 56.38              | 243 <sup>rd</sup> | Satisfactory   |

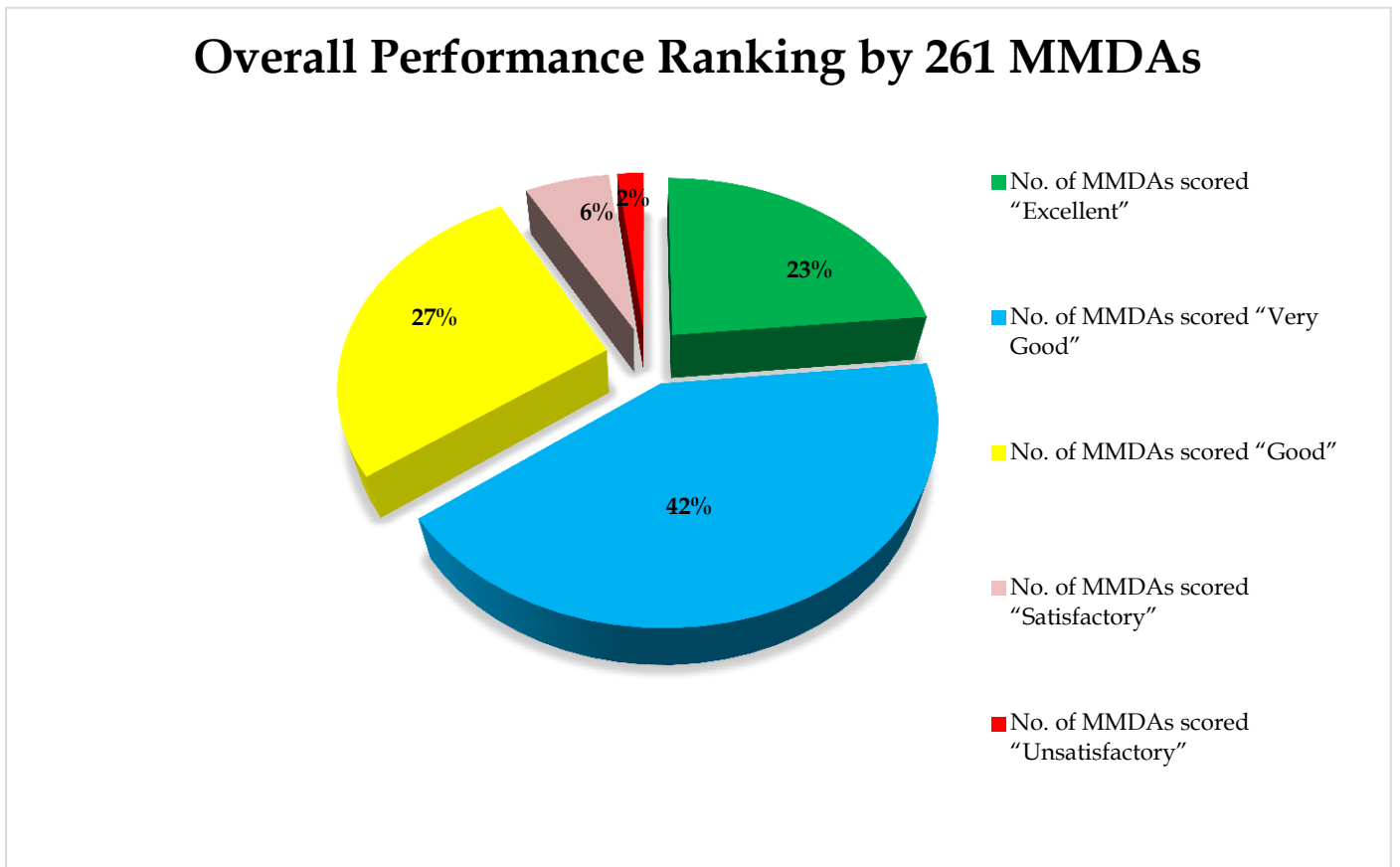
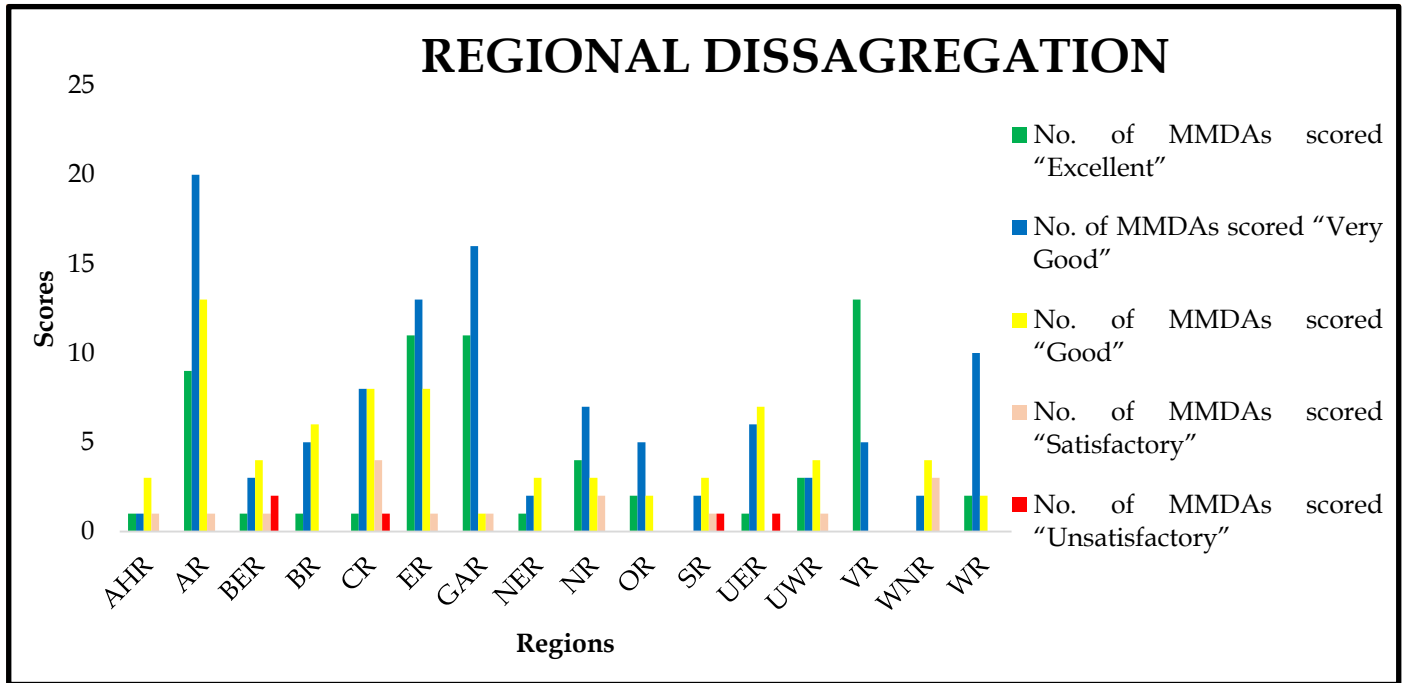
| No  | REG | Name of MMDA         | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|-----|----------------------|--------------------|-------------------|--|
| 0   | 1   | 2                    | 3                  | 4                 | 5  |
| 244 | AR  | Sekyere Afram Plains | 56.25              | 244 <sup>th</sup> | Satisfactory   |
| 245 | NER | Chereponi            | 56.00              | 245 <sup>th</sup> | Satisfactory   |
| 246 | CR  | Mfantiman Mun.       | 55.88              | 246 <sup>th</sup> | Satisfactory   |
| 247 | NR  | Tatale Sanguli       | 55.81              | 247 <sup>th</sup> | Satisfactory   |
| 248 | NER | East Mamprusi        | 55.63              | 248 <sup>th</sup> | Satisfactory   |
| 249 | UWR | Lawra                | 55.44              | 249 <sup>th</sup> | Satisfactory   |
| 250 | SR  | North Gonja          | 55.00              | 250 <sup>th</sup> | Satisfactory   |
| 251 | CR  | Assin North          | 54.25              | 251 <sup>st</sup> | Satisfactory   |
| 252 | NR  | Saboba               | 53.19              | 252 <sup>nd</sup> | Satisfactory   |
| 253 | CR  | Gomoa East           | 51.63              | 253 <sup>rd</sup> | Satisfactory   |
| 254 | WNR | Bia West             | 50.94              | 254 <sup>th</sup> | Satisfactory   |
| 255 | BER | Sene East            | 48.38              | 255 <sup>th</sup> | Unsatisfactory   |
| 256 | BER | Pru West             | 43.50              | 256 <sup>th</sup> | Unsatisfactory   |
| 257 | SR  | North East Gonja     | 42.75              | 257 <sup>th</sup> | Unsatisfactory   |
| 258 | CR  | Ekumfi               | 37.31              | 258 <sup>th</sup> | Unsatisfactory   |
| 259 | NR  | Nanumba North        | 36.13              | 259 <sup>th</sup> | Unsatisfactory   |
| 260 | NR  | Nanumba South        | 29.94              | 260 <sup>th</sup> | Unsatisfactory   |
| 261 | UER | Bawku*               | 0                  | 261 <sup>st</sup> | Unsatisfactory   |

\*Bawku was not assessed due to security concerns during the monitoring and verification exercise

|                    |                   |              |                      |                               |
|--------------------|-------------------|--------------|----------------------|-------------------------------|
| Excellent: 80-100% | Very Good: 70-79% | Good: 60-69% | Satisfactory: 50-59% | Unsatisfactory: Less than 50% |
|--------------------|-------------------|--------------|----------------------|-------------------------------|

### 5.3. Statistics for Performance Evaluation Rating of MMDAs by Region

| No    | REGION               | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | No. of MMDAs scored "Unsatisfactory" | TOTAL |
|-------|----------------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|--------------------------------------|-------|
| 1     | Ahafo Region         | 1                               | 1                               | 3                          | 1                                  | 0                                    | 6     |
| 2     | Ashanti Region       | 9                               | 20                              | 13                         | 1                                  | 0                                    | 43    |
| 3     | Bono East Region     | 1                               | 3                               | 4                          | 1                                  | 2                                    | 11    |
| 4     | Bono Region          | 1                               | 5                               | 6                          | 0                                  | 0                                    | 12    |
| 5     | Central Region       | 1                               | 8                               | 8                          | 4                                  | 1                                    | 22    |
| 6     | Eastern Region       | 11                              | 13                              | 8                          | 1                                  | 0                                    | 33    |
| 7     | Greater Accra Region | 11                              | 16                              | 1                          | 1                                  | 0                                    | 29    |
| 8     | North East Region    | 0                               | 1                               | 2                          | 3                                  | 0                                    | 6     |
| 9     | Northern Region      | 0                               | 4                               | 7                          | 3                                  | 2                                    | 16    |
| 10    | Oti Region           | 2                               | 5                               | 2                          | 0                                  | 0                                    | 9     |
| 11    | Savannah Region      | 0                               | 2                               | 3                          | 1                                  | 1                                    | 7     |
| 12    | Upper East Region    | 1                               | 6                               | 7                          | 0                                  | 1                                    | 15    |
| 13    | Upper West Region    | 3                               | 3                               | 4                          | 1                                  | 0                                    | 11    |
| 14    | Volta Region         | 13                              | 5                               | 0                          | 0                                  | 0                                    | 18    |
| 15    | Western North Region | 0                               | 2                               | 4                          | 3                                  | 0                                    | 9     |
| 16    | Western Region       | 2                               | 10                              | 2                          | 0                                  | 0                                    | 14    |
| Total |                      |                                 |                                 |                            |                                    |                                      | 261   |



## 5.4. Performance Evaluation Results of MMDAs by Region

### 5.4.1. Performance Evaluation Results of MMDAs - Ahafo Region (AHR)

| No | REG | Name of MMDA            | Overall Rating (%) | National Position | Reg Position    | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-------------------------|--------------------|-------------------|-----------------|--|
| 0  | 1   | 2                       | 3                  | 4                 | 5               | 6  |
| 1  | AHR | Tano North              | 87.50              | 17 <sup>th</sup>  | 1 <sup>st</sup> | Excellent  |
| 2  | AHR | Asutifi South           | 78.88              | 71 <sup>st</sup>  | 2 <sup>nd</sup> | Very Good  |
| 3  | AHR | Asunafo South           | 69.19              | 167 <sup>th</sup> | 3 <sup>rd</sup> | Good   |
| 4  | AHR | Asunafo North Municipal | 66.94              | 189 <sup>th</sup> | 4 <sup>th</sup> | Good   |
| 5  | AHR | Tano South              | 66.69              | 193 <sup>rd</sup> | 5 <sup>th</sup> | Good   |
| 6  | AHR | Asutifi North           | 57.88              | 238 <sup>th</sup> | 6 <sup>th</sup> | Satisfactory   |

| REGION       | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | TOTAL |
|--------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|-------|
| Ahafo Region | 1                               | 1                               | 3                          | 1                                  | 6     |

**5.4.2. Performance Evaluation Results of MMDAs - Ashanti Region (AR)**

| No | REG | Name of MMDA            | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-------------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                       | 3                  | 4                 | 5                | 6  |
| 1  | AR  | Obuasi East             | 91.63              | 4 <sup>th</sup>   | 1 <sup>st</sup>  | Excellent  |
| 2  | AR  | Oforikrom               | 90.81              | 7 <sup>th</sup>   | 2 <sup>nd</sup>  | Excellent  |
| 3  | AR  | Suame                   | 87.88              | 16 <sup>th</sup>  | 3 <sup>rd</sup>  | Excellent  |
| 4  | AR  | Obuasi                  | 87.50              | 17 <sup>th</sup>  | 4 <sup>th</sup>  | Excellent  |
| 5  | AR  | Atwima Kwanwoma         | 86.56              | 20 <sup>th</sup>  | 5 <sup>th</sup>  | Excellent  |
| 6  | AR  | Kwabre East             | 83.25              | 29 <sup>th</sup>  | 6 <sup>th</sup>  | Excellent  |
| 7  | AR  | Ejura Sekyredumasi      | 83.19              | 30 <sup>th</sup>  | 7 <sup>th</sup>  | Excellent  |
| 8  | AR  | Asokore Mampong         | 80.31              | 54 <sup>th</sup>  | 8 <sup>th</sup>  | Excellent  |
| 9  | AR  | Afigya Kwabre South     | 80.06              | 56 <sup>th</sup>  | 9 <sup>th</sup>  | Excellent  |
| 10 | AR  | Afigya Kwabre North     | 79.75              | 58 <sup>th</sup>  | 10 <sup>th</sup> | Very Good  |
| 11 | AR  | Offinso North           | 79.00              | 69 <sup>th</sup>  | 11 <sup>th</sup> | Very Good  |
| 12 | AR  | Atwima Mponua           | 77.94              | 77 <sup>th</sup>  | 12 <sup>th</sup> | Very Good  |
| 13 | AR  | Amansie Central         | 77.75              | 79 <sup>th</sup>  | 13 <sup>th</sup> | Very Good  |
| 14 | AR  | Amansie West            | 77.56              | 80 <sup>th</sup>  | 14 <sup>th</sup> | Very Good  |
| 15 | AR  | Asokwa                  | 77.25              | 82 <sup>nd</sup>  | 15 <sup>th</sup> | Very Good  |
| 16 | AR  | Adansi North            | 77.19              | 83 <sup>rd</sup>  | 16 <sup>th</sup> | Very Good  |
| 17 | AR  | Ahafo Ano North         | 76.06              | 96 <sup>th</sup>  | 17 <sup>th</sup> | Very Good  |
| 18 | AR  | Asante Akim Central Mun | 75.44              | 100 <sup>th</sup> | 18 <sup>th</sup> | Very Good  |
| 19 | AR  | Atwima Nwabiagya North  | 74.19              | 115 <sup>th</sup> | 19 <sup>th</sup> | Very Good  |
| 20 | AR  | Kwadaso                 | 73.81              | 116 <sup>th</sup> | 20 <sup>th</sup> | Very Good  |
| 21 | AR  | Atwima Nwabiagya        | 73.63              | 117 <sup>th</sup> | 21 <sup>st</sup> | Very Good  |
| 22 | AR  | Bekwai Municipal        | 73.25              | 119 <sup>th</sup> | 22 <sup>nd</sup> | Very Good  |
| 23 | AR  | Ahafo Ano South East    | 73.06              | 121 <sup>st</sup> | 23 <sup>rd</sup> | Very Good  |

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| No | REG | Name of MMDA         | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|----------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                    | 3                  | 4                 | 5                | 6  |
| 24 | AR  | Amansie South        | 72.88              | 124 <sup>th</sup> | 24 <sup>th</sup> | Very Good  |
| 25 | AR  | Sekyere South        | 72.88              | 124 <sup>th</sup> | 25 <sup>th</sup> | Very Good  |
| 26 | AR  | Sekyere East         | 72.13              | 137 <sup>th</sup> | 26 <sup>th</sup> | Very Good  |
| 27 | AR  | Old Tafo             | 71.38              | 145 <sup>th</sup> | 27 <sup>th</sup> | Very Good  |
| 28 | AR  | Ahafo Ano South West | 71.19              | 146 <sup>th</sup> | 28 <sup>th</sup> | Very Good  |
| 29 | AR  | Asante Akim North    | 70.50              | 154 <sup>th</sup> | 29 <sup>th</sup> | Very Good  |
| 30 | AR  | Adansi Asokwa        | 69.94              | 161 <sup>st</sup> | 30 <sup>th</sup> | Good   |
| 31 | AR  | Juaben               | 69.88              | 162 <sup>nd</sup> | 31 <sup>st</sup> | Good   |
| 32 | AR  | Adansi South         | 67.81              | 178 <sup>th</sup> | 32 <sup>nd</sup> | Good   |
| 33 | AR  | Mampong              | 67.69              | 180 <sup>th</sup> | 33 <sup>rd</sup> | Good   |
| 34 | AR  | Asante Akim South    | 67.06              | 188 <sup>th</sup> | 34 <sup>th</sup> | Good   |
| 35 | AR  | Bosome Freho         | 66.88              | 191 <sup>st</sup> | 35 <sup>th</sup> | Good   |
| 36 | AR  | Bosomtwe             | 66.69              | 193 <sup>rd</sup> | 36 <sup>th</sup> | Good   |
| 37 | AR  | Sekyere Central      | 66.44              | 195 <sup>th</sup> | 37 <sup>th</sup> | Good   |
| 38 | AR  | Offinso Municipal    | 65.81              | 200 <sup>th</sup> | 38 <sup>th</sup> | Good   |
| 39 | AR  | Akrofuom             | 65.56              | 201 <sup>st</sup> | 39 <sup>th</sup> | Good   |
| 40 | AR  | Sekyere Kumawu       | 65.25              | 205 <sup>th</sup> | 40 <sup>th</sup> | Good   |
| 41 | AR  | Ejisu                | 65.00              | 207 <sup>th</sup> | 41 <sup>st</sup> | Good   |
| 42 | AR  | Kumasi Metro         | 60.38              | 234 <sup>th</sup> | 42 <sup>nd</sup> | Good   |
| 43 | AR  | Sekyere Afram Plains | 56.25              | 244 <sup>th</sup> | 43 <sup>rd</sup> | Satisfactory   |

| REGION         | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | TOTAL |
|----------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|-------|
| Ashanti Region | 9                               | 20                              | 13                         | 1                                  | 43    |

### 5.4.3. Performance Evaluation Results of MMDAs - Bono East Region (BER)

| No | REG | Name of MMDA             | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|--------------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                        | 3                  | 4                 | 5                | 6  |
| 1  | BER | Techiman Municipal       | 84.88              | 27 <sup>th</sup>  | 1 <sup>st</sup>  | Excellent  |
| 2  | BER | Techiman North           | 79.69              | 60 <sup>th</sup>  | 2 <sup>nd</sup>  | Very Good  |
| 3  | BER | Nkoranza North           | 77.19              | 83 <sup>rd</sup>  | 3 <sup>rd</sup>  | Very Good  |
| 4  | BER | Pru East                 | 70.13              | 159 <sup>th</sup> | 4 <sup>th</sup>  | Very Good  |
| 5  | BER | Kintampo North Municipal | 66.81              | 192 <sup>nd</sup> | 5 <sup>th</sup>  | Good   |
| 6  | BER | Atebubu Amantin          | 65.88              | 197 <sup>th</sup> | 6 <sup>th</sup>  | Good   |
| 7  | BER | Sene West                | 61.50              | 226 <sup>th</sup> | 7 <sup>th</sup>  | Good   |
| 8  | BER | Nkoranza South Municipal | 61.25              | 227 <sup>th</sup> | 8 <sup>th</sup>  | Good   |
| 9  | BER | Kintampo South           | 59.81              | 235 <sup>th</sup> | 9 <sup>th</sup>  | Satisfactory   |
| 10 | BER | Sene East                | 48.38              | 255 <sup>th</sup> | 10 <sup>th</sup> | Unsatisfactory   |
| 11 | BER | Pru West                 | 43.50              | 256 <sup>th</sup> | 11 <sup>th</sup> | Unsatisfactory   |

| REGION           | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | No. of MMDAs scored "Unsatisfactory" | TOTAL |
|------------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|--------------------------------------|-------|
| Bono East Region | 1                               | 3                               | 4                          | 1                                  | 2                                    | 11    |

#### 5.4.4. Performance Evaluation Results of MMDAs - Bono Region (BR)

| No | REG | Name of MMDA             | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|--------------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                        | 3                  | 4                 | 5                | 6  |
| 1  | BR  | Dormaa West              | 82.50              | 35 <sup>th</sup>  | 1 <sup>st</sup>  | Excellent  |
| 2  | BR  | Sunyani West             | 79.81              | 56 <sup>th</sup>  | 2 <sup>nd</sup>  | Very Good  |
| 3  | BR  | Wenchi Municipal         | 75.13              | 103 <sup>rd</sup> | 3 <sup>rd</sup>  | Very Good  |
| 4  | BR  | Sunyani Municipal        | 74.81              | 109 <sup>th</sup> | 4 <sup>th</sup>  | Very Good  |
| 5  | BR  | Berekum East             | 71.69              | 142 <sup>nd</sup> | 5 <sup>th</sup>  | Very Good  |
| 6  | BR  | Dormaa Central Municipal | 71.00              | 149 <sup>th</sup> | 6 <sup>th</sup>  | Very Good  |
| 7  | BR  | Jaman North              | 69.75              | 164 <sup>th</sup> | 7 <sup>th</sup>  | Good   |
| 8  | BR  | Banda                    | 68.75              | 171 <sup>st</sup> | 8 <sup>th</sup>  | Good   |
| 9  | BR  | Jaman South              | 67.38              | 185 <sup>th</sup> | 9 <sup>th</sup>  | Good   |
| 10 | BR  | Berekum West             | 64.13              | 212 <sup>th</sup> | 10 <sup>th</sup> | Good   |
| 11 | BR  | Dormaa East              | 64.06              | 213 <sup>th</sup> | 11 <sup>th</sup> | Good   |
| 12 | BR  | Tain                     | 62.94              | 219 <sup>th</sup> | 12 <sup>th</sup> | Good   |

| REGION      | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | TOTAL |
|-------------|---------------------------------|---------------------------------|----------------------------|-------|
| Bono Region | 1                               | 5                               | 6                          | 12    |

### 5.4.5. Performance Evaluation Results of MMDAs - Central Region (CR)

| No | REG | Name of MMDCD                | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|------------------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                            | 3                  | 4                 | 5                | 6  |
| 1  | CR  | Agona West                   | 83.13              | 31 <sup>st</sup>  | 1 <sup>st</sup>  | Excellent  |
| 2  | CR  | Komenda-Edina-Eguafo-Abirim  | 79.44              | 63 <sup>rd</sup>  | 2 <sup>nd</sup>  | Very Good  |
| 3  | CR  | Upper Denkyira East          | 76.63              | 90 <sup>th</sup>  | 3 <sup>rd</sup>  | Very Good  |
| 4  | CR  | Gomoa Central                | 76.06              | 96 <sup>th</sup>  | 4 <sup>th</sup>  | Very Good  |
| 5  | CR  | Effutu                       | 72.69              | 130 <sup>th</sup> | 5 <sup>th</sup>  | Very Good  |
| 6  | CR  | Asikuma-Odoben-Brakwa-Breman | 72.56              | 132 <sup>nd</sup> | 6 <sup>th</sup>  | Very Good  |
| 7  | CR  | Ajumako/Enyan/Essiam         | 72.31              | 135 <sup>th</sup> | 7 <sup>th</sup>  | Very Good  |
| 8  | CR  | Cape Coast                   | 71.56              | 143 <sup>rd</sup> | 8 <sup>th</sup>  | Very Good  |
| 9  | CR  | Twifu Atti Morkwa            | 70.00              | 160 <sup>th</sup> | 9 <sup>th</sup>  | Very Good  |
| 10 | CR  | Agona East                   | 69.50              | 165 <sup>th</sup> | 10 <sup>th</sup> | Good   |
| 11 | CR  | Awutu Senya East             | 69.06              | 168 <sup>th</sup> | 11 <sup>th</sup> | Good   |
| 12 | CR  | Upper Denkyira West          | 68.94              | 169 <sup>th</sup> | 12 <sup>th</sup> | Good   |
| 13 | CR  | Assin South                  | 68.38              | 172 <sup>nd</sup> | 13 <sup>th</sup> | Good   |
| 14 | CR  | Abura/ Asebu/ Kwamankese     | 65.25              | 205 <sup>th</sup> | 14 <sup>th</sup> | Good   |
| 15 | CR  | Awutu Senya                  | 60.94              | 230 <sup>th</sup> | 15 <sup>th</sup> | Good   |
| 16 | CR  | Hemang Lower Denkyira        | 60.56              | 232 <sup>nd</sup> | 16 <sup>th</sup> | Good   |
| 17 | CR  | Gomoa West                   | 60.44              | 233 <sup>rd</sup> | 17 <sup>th</sup> | Good   |
| 18 | CR  | Assin Fosu                   | 58.63              | 238 <sup>th</sup> | 18 <sup>th</sup> | Satisfactory   |
| 19 | CR  | Mfantiman Mun.               | 55.88              | 246 <sup>th</sup> | 19 <sup>th</sup> | Satisfactory   |
| 20 | CR  | Assin North                  | 54.25              | 251 <sup>st</sup> | 20 <sup>th</sup> | Satisfactory   |
| 21 | CR  | Gomoa East                   | 51.63              | 253 <sup>rd</sup> | 21 <sup>st</sup> | Satisfactory   |
| 22 | CR  | Ekumfi                       | 37.31              | 258 <sup>th</sup> | 22 <sup>nd</sup> | Unsatisfactory   |

| REGION         | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | No. of MMDAs scored "Unsatisfactory" | TOTAL |
|----------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|--------------------------------------|-------|
| Central Region | 1                               | 8                               | 8                          | 4                                  | 1                                    | 22    |

**5.4.6. Performance Evaluation Results of MMDAs - Eastern Region (ER)**

| No | REG | Name of MMDA         | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|----------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                    | 3                  | 4                 | 5                | 6  |
| 1  | ER  | New Juaben North     | 93.69              | 2 <sup>nd</sup>   | 1 <sup>st</sup>  | Excellent  |
| 2  | ER  | Atiwa East           | 88.25              | 14 <sup>th</sup>  | 2 <sup>nd</sup>  | Excellent  |
| 3  | ER  | Kwahu West           | 87.50              | 17 <sup>th</sup>  | 3 <sup>rd</sup>  | Excellent  |
| 4  | ER  | Atiwa West           | 84.94              | 26 <sup>th</sup>  | 4 <sup>th</sup>  | Excellent  |
| 5  | ER  | Nsawam Adoagyiri Mun | 84.69              | 28 <sup>th</sup>  | 5 <sup>th</sup>  | Excellent  |
| 6  | ER  | West Akim            | 82.50              | 35 <sup>th</sup>  | 6 <sup>th</sup>  | Excellent  |
| 7  | ER  | Kwahu South          | 81.81              | 42 <sup>nd</sup>  | 7 <sup>th</sup>  | Excellent  |
| 8  | ER  | Achiase              | 81.69              | 43 <sup>rd</sup>  | 8 <sup>th</sup>  | Excellent  |
| 9  | ER  | Asene-Manso-Akroso   | 81.56              | 44 <sup>th</sup>  | 9 <sup>th</sup>  | Excellent  |
| 10 | ER  | Denkyembuor          | 80.50              | 51 <sup>st</sup>  | 10 <sup>th</sup> | Excellent  |
| 11 | ER  | Kwahu East           | 80.44              | 52 <sup>nd</sup>  | 11 <sup>th</sup> | Excellent  |
| 12 | ER  | Abuakwa South        | 77.38              | 81 <sup>st</sup>  | 12 <sup>th</sup> | Very Good  |
| 13 | ER  | New Juaben South     | 77.13              | 86 <sup>th</sup>  | 13 <sup>th</sup> | Very Good  |
| 14 | ER  | Birim South          | 77.00              | 87 <sup>th</sup>  | 14 <sup>th</sup> | Very Good  |
| 15 | ER  | Birim Central        | 76.81              | 89 <sup>th</sup>  | 15 <sup>th</sup> | Very Good  |
| 16 | ER  | Yilo Krobo           | 76.25              | 93 <sup>rd</sup>  | 16 <sup>th</sup> | Very Good  |
| 17 | ER  | Abuakwa North        | 76.25              | 93 <sup>rd</sup>  | 17 <sup>th</sup> | Very Good  |
| 18 | ER  | Kwaebibirem          | 75.13              | 103 <sup>rd</sup> | 18 <sup>th</sup> | Very Good  |
| 19 | ER  | Akwapim North        | 72.88              | 124 <sup>th</sup> | 19 <sup>th</sup> | Very Good  |
| 20 | ER  | Ayensuano            | 72.38              | 134 <sup>th</sup> | 20 <sup>th</sup> | Very Good  |
| 21 | ER  | Okere                | 72.00              | 138 <sup>th</sup> | 21 <sup>st</sup> | Very Good  |

| No | REG | Name of MMDA             | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|--------------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                        | 3                  | 4                 | 5                | 6  |
| 22 | ER  | Asuogyaman               | 71.19              | 146 <sup>th</sup> | 22 <sup>nd</sup> | Very Good  |
| 23 | ER  | Fanteakwa South          | 71.13              | 148 <sup>th</sup> | 23 <sup>rd</sup> | Very Good  |
| 24 | ER  | Suhum                    | 70.75              | 152 <sup>nd</sup> | 24 <sup>th</sup> | Very Good  |
| 25 | ER  | Kwahu Afram Plains North | 67.63              | 182 <sup>nd</sup> | 25 <sup>th</sup> | Good   |
| 26 | ER  | Upper Manya Krobo        | 67.31              | 186 <sup>th</sup> | 26 <sup>th</sup> | Good   |
| 27 | ER  | Lower Manya Krobo        | 65.88              | 197 <sup>th</sup> | 27 <sup>th</sup> | Good   |
| 28 | ER  | Kwahu Afram Plains South | 65.44              | 203 <sup>rd</sup> | 28 <sup>th</sup> | Good   |
| 29 | ER  | Akyemansa                | 64.63              | 209 <sup>th</sup> | 29 <sup>th</sup> | Good   |
| 30 | ER  | Birim North              | 63.31              | 217 <sup>th</sup> | 30 <sup>th</sup> | Good   |
| 31 | ER  | Akuapem South            | 63.13              | 218 <sup>th</sup> | 31 <sup>st</sup> | Good   |
| 32 | ER  | Upper West Akim          | 61.81              | 223 <sup>rd</sup> | 32 <sup>nd</sup> | Good   |
| 33 | ER  | Fanteakwa North          | 59.38              | 237 <sup>th</sup> | 33 <sup>rd</sup> | Satisfactory   |

| REGION         | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | TOTAL |
|----------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|-------|
| Eastern Region | 11                              | 13                              | 8                          | 1                                  | 33    |

**5.4.7. Performance Evaluation Results of MMDAs - Greater Accra Region (GAR)**

| No | REG | Name of MMDA          | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-----------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                     | 3                  | 4                 | 5                | 6  |
| 1  | GAR | Adentan               | 93.13              | 3 <sup>rd</sup>   | 1 <sup>st</sup>  | Excellent  |
| 2  | GAR | La Dade-Kotopon       | 91.00              | 5 <sup>th</sup>   | 2 <sup>nd</sup>  | Excellent  |
| 3  | GAR | Ayawaso West          | 90.88              | 6 <sup>th</sup>   | 3 <sup>rd</sup>  | Excellent  |
| 4  | GAR | Kpone Katamanso       | 89.38              | 9 <sup>th</sup>   | 4 <sup>th</sup>  | Excellent  |
| 5  | GAR | Ashaiman Mun          | 88.38              | 13 <sup>th</sup>  | 5 <sup>th</sup>  | Excellent  |
| 6  | GAR | Tema West             | 88.25              | 14 <sup>th</sup>  | 6 <sup>th</sup>  | Excellent  |
| 7  | GAR | Tema Metro            | 85.75              | 23 <sup>rd</sup>  | 7 <sup>th</sup>  | Excellent  |
| 8  | GAR | Ledzokuku             | 85.19              | 25 <sup>th</sup>  | 8 <sup>th</sup>  | Excellent  |
| 9  | GAR | Ayawaso East          | 83.00              | 33 <sup>rd</sup>  | 9 <sup>th</sup>  | Excellent  |
| 10 | GAR | Ga Central            | 82.75              | 34 <sup>th</sup>  | 10 <sup>th</sup> | Excellent  |
| 11 | GAR | La-Nkwantanang Madina | 82.00              | 39 <sup>th</sup>  | 11 <sup>th</sup> | Excellent  |
| 12 | GAR | Ga South              | 79.44              | 63 <sup>rd</sup>  | 12 <sup>th</sup> | Very Good  |
| 13 | GAR | Ga West               | 78.88              | 71 <sup>st</sup>  | 13 <sup>th</sup> | Very Good  |
| 14 | GAR | Krowor                | 78.75              | 72 <sup>nd</sup>  | 14 <sup>th</sup> | Very Good  |
| 15 | GAR | Ada West              | 77.94              | 77 <sup>th</sup>  | 15 <sup>th</sup> | Very Good  |
| 16 | GAR | Ada East              | 76.50              | 91 <sup>st</sup>  | 16 <sup>th</sup> | Very Good  |
| 17 | GAR | Shai-Osudoku          | 75.31              | 101 <sup>st</sup> | 17 <sup>th</sup> | Very Good  |
| 18 | GAR | Ningo-Prampram        | 74.69              | 110 <sup>th</sup> | 18 <sup>th</sup> | Very Good  |
| 19 | GAR | Ayawaso Central       | 74.38              | 113 <sup>th</sup> | 19 <sup>th</sup> | Very Good  |
| 20 | GAR | Ablekuma North        | 74.31              | 114 <sup>th</sup> | 20 <sup>th</sup> | Very Good  |
| 21 | GAR | Ayawaso North         | 72.88              | 124 <sup>th</sup> | 21 <sup>st</sup> | Very Good  |
| 22 | GAR | Ablekuma West         | 72.63              | 131 <sup>st</sup> | 22 <sup>nd</sup> | Very Good  |
| 23 | GAR | Ga North              | 72.25              | 136 <sup>th</sup> | 23 <sup>rd</sup> | Very Good  |
| 24 | GAR | Ablekuma Central      | 72.00              | 138 <sup>th</sup> | 24 <sup>th</sup> | Very Good  |
| 25 | GAR | Weija-Gbawe           | 70.81              | 150 <sup>th</sup> | 25 <sup>th</sup> | Very Good  |
| 26 | GAR | Accra Metro           | 70.63              | 153 <sup>rd</sup> | 26 <sup>th</sup> | Very Good  |
| 27 | GAR | Korle Klottey         | 70.25              | 158 <sup>th</sup> | 27 <sup>th</sup> | Very Good  |
| 28 | GAR | Okaikei North         | 66.94              | 189 <sup>th</sup> | 28 <sup>th</sup> | Good   |

| No | REG | Name of MMDA | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|--------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2            | 3                  | 4                 | 5                | 6  |
| 29 | GAR | Ga East      | 57.44              | 241 <sup>st</sup> | 29 <sup>th</sup> | Satisfactory   |

| REGION               | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | TOTAL |
|----------------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|-------|
| Greater Accra Region | 11                              | 16                              | 1                          | 1                                  | 29    |

### 5.4.8. Performance Evaluation Results of MMDAs - North East Region (NER)

| No | REG | Name of MMDA          | Overall Rating (%) | National Position | Reg Position    | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-----------------------|--------------------|-------------------|-----------------|--|
| 0  | 1   | 2                     | 3                  | 4                 | 5               | 6  |
| 1  | NER | West Mamprusi         | 71.75              | 140 <sup>th</sup> | 1 <sup>st</sup> | Very Good  |
| 2  | NER | Mamprugu Moagduri     | 67.25              | 187 <sup>th</sup> | 2 <sup>nd</sup> | Good   |
| 3  | NER | Yunyoo Nasuan         | 66.13              | 196 <sup>th</sup> | 3 <sup>rd</sup> | Good   |
| 4  | NER | Bunkpurugu Nakpanduri | 56.38              | 243 <sup>rd</sup> | 4 <sup>th</sup> | Satisfactory   |
| 5  | NER | Chereponi             | 56.00              | 245 <sup>th</sup> | 5 <sup>th</sup> | Satisfactory   |
| 6  | NER | East Mamprusi         | 55.63              | 248 <sup>th</sup> | 6 <sup>th</sup> | Satisfactory   |

| REGION            | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | TOTAL |
|-------------------|---------------------------------|----------------------------|------------------------------------|-------|
| North East Region | 1                               | 2                          | 3                                  | 6     |

### 5.4.9. Performance Evaluation Results of MMDAs – Northern Region (NR)

| No | REG | Name of MMDA      | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                 | 3                  | 4                 | 5                | 6  |
| 1  | NR  | Yendi Municipal   | 79.06              | 68 <sup>th</sup>  | 1 <sup>st</sup>  | Very Good  |
| 2  | NR  | Zabzugu           | 73.06              | 121 <sup>st</sup> | 2 <sup>nd</sup>  | Very Good  |
| 3  | NR  | Tamale Metropolis | 72.50              | 133 <sup>rd</sup> | 3 <sup>rd</sup>  | Very Good  |
| 4  | NR  | Kumbungu          | 70.50              | 154 <sup>th</sup> | 4 <sup>th</sup>  | Very Good  |
| 5  | NR  | Sagnerigu         | 68.25              | 174 <sup>th</sup> | 5 <sup>th</sup>  | Good   |
| 6  | NR  | Mion              | 68.13              | 175 <sup>th</sup> | 6 <sup>th</sup>  | Good   |
| 7  | NR  | Savelugu          | 67.81              | 178 <sup>th</sup> | 7 <sup>th</sup>  | Good   |
| 8  | NR  | Kpandai           | 67.69              | 180 <sup>th</sup> | 8 <sup>th</sup>  | Good   |
| 9  | NR  | Nanton            | 64.63              | 209 <sup>th</sup> | 9 <sup>th</sup>  | Good   |
| 10 | NR  | Tolon             | 62.31              | 221 <sup>st</sup> | 10 <sup>th</sup> | Good   |
| 11 | NR  | Karaga            | 61.19              | 229 <sup>th</sup> | 11 <sup>th</sup> | Good   |
| 12 | NR  | Gushiegu          | 59.56              | 236 <sup>th</sup> | 12 <sup>th</sup> | Satisfactory   |
| 13 | NR  | Tatale Sanguli    | 55.81              | 247 <sup>th</sup> | 13 <sup>th</sup> | Satisfactory   |
| 14 | NR  | Saboba            | 53.19              | 252 <sup>nd</sup> | 14 <sup>th</sup> | Satisfactory   |
| 15 | NR  | Nanumba North     | 36.13              | 259 <sup>th</sup> | 15 <sup>th</sup> | Unsatisfactory   |
| 16 | NR  | Nanumba South     | 29.94              | 260 <sup>th</sup> | 16 <sup>th</sup> | Unsatisfactory   |

| REGION          | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | No. of MMDAs scored "Unsatisfactory" | TOTAL |
|-----------------|---------------------------------|----------------------------|------------------------------------|--------------------------------------|-------|
| Northern Region | 4                               | 7                          | 3                                  | 2                                    | 16    |

### 5.4.10. Performance Evaluation Results of MMDAs - Oti Region (OR)

| No | REG | Name of MMDA    | Overall Rating (%) | National Position | Reg Position    | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-----------------|--------------------|-------------------|-----------------|--|
| 0  | 1   | 2               | 3                  | 4                 | 5               | 6  |
| 1  | OR  | Krachi East     | 80.69              | 48 <sup>th</sup>  | 1 <sup>st</sup> | Excellent  |
| 2  | OR  | Kadjebi         | 80.56              | 50 <sup>th</sup>  | 2 <sup>nd</sup> | Excellent  |
| 3  | OR  | Nkwanta North   | 79.38              | 65 <sup>th</sup>  | 3 <sup>rd</sup> | Very Good  |
| 4  | OR  | Biakoye         | 78.94              | 69 <sup>th</sup>  | 4 <sup>th</sup> | Very Good  |
| 5  | OR  | Nkwanta South   | 75.31              | 101 <sup>st</sup> | 5 <sup>th</sup> | Very Good  |
| 6  | OR  | Jasikan         | 74.44              | 112 <sup>th</sup> | 6 <sup>th</sup> | Very Good  |
| 7  | OR  | Krachi Nchumuru | 70.81              | 150 <sup>th</sup> | 7 <sup>th</sup> | Very Good  |
| 8  | OR  | Guan            | 68.81              | 170 <sup>th</sup> | 8 <sup>th</sup> | Good   |
| 9  | OR  | Krachi West     | 65.88              | 197 <sup>th</sup> | 9 <sup>th</sup> | Good   |

| REGION     | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | TOTAL |
|------------|---------------------------------|---------------------------------|----------------------------|-------|
| Oti Region | 2                               | 5                               | 2                          | 9     |

### 5.4.11. Performance Evaluation Results of MMDAs – Savannah Region (SR)

| No | REG | Name of MMDA     | Overall Rating (%) | National Position | Reg Position    | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|------------------|--------------------|-------------------|-----------------|--|
| 0  | 1   | 2                | 3                  | 4                 | 5               | 6  |
| 1  | SR  | Central Gonja    | 78.38              | 75 <sup>th</sup>  | 1 <sup>st</sup> | Very Good  |
| 2  | SR  | West Gonja       | 74.88              | 108 <sup>th</sup> | 2 <sup>nd</sup> | Very Good  |
| 3  | SR  | Bole             | 63.94              | 215 <sup>th</sup> | 3 <sup>rd</sup> | Good   |
| 4  | SR  | Sawla Tuna Kalba | 61.88              | 222 <sup>nd</sup> | 4 <sup>th</sup> | Good   |
| 5  | SR  | East Gonja       | 61.56              | 225 <sup>th</sup> | 5 <sup>th</sup> | Good   |
| 6  | SR  | North Gonja      | 55.00              | 250 <sup>th</sup> | 6 <sup>th</sup> | Satisfactory   |
| 7  | SR  | North East Gonja | 42.75              | 257 <sup>th</sup> | 7 <sup>th</sup> | Unsatisfactory   |

| REGION          | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | No. of MMDAs scored "Unsatisfactory" | TOTAL |
|-----------------|---------------------------------|----------------------------|------------------------------------|--------------------------------------|-------|
| Savannah Region | 2                               | 3                          | 1                                  | 1                                    | 7     |

### 5.4.12. Performance Evaluation Results of MMDAs – Upper East Region (UER)

| No | REG | Name of MMDA         | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|----------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                    | 3                  | 4                 | 5                | 6  |
| 1  | UER | Kassena Nankana West | 83.13              | 32 <sup>nd</sup>  | 1 <sup>st</sup>  | Excellent  |
| 2  | UER | Bolgatanga           | 79.38              | 65 <sup>th</sup>  | 2 <sup>nd</sup>  | Very Good  |
| 3  | UER | Kassena Nankana East | 79.31              | 67 <sup>th</sup>  | 3 <sup>rd</sup>  | Very Good  |
| 4  | UER | Bawku West           | 76.31              | 92 <sup>nd</sup>  | 4 <sup>th</sup>  | Very Good  |
| 5  | UER | Builsa North         | 75.00              | 105 <sup>th</sup> | 5 <sup>th</sup>  | Very Good  |
| 6  | UER | Bongo                | 71.56              | 143 <sup>rd</sup> | 6 <sup>th</sup>  | Very Good  |
| 7  | UER | Bolgatanga East      | 70.38              | 157 <sup>th</sup> | 7 <sup>th</sup>  | Very Good  |
| 8  | UER | Pusiga               | 69.81              | 163 <sup>rd</sup> | 8 <sup>th</sup>  | Good   |
| 9  | UER | Talensi              | 68.31              | 173 <sup>rd</sup> | 9 <sup>th</sup>  | Good   |
| 10 | UER | Tempane              | 67.94              | 176 <sup>th</sup> | 10 <sup>th</sup> | Good   |
| 11 | UER | Binduri              | 65.00              | 207 <sup>th</sup> | 11 <sup>th</sup> | Good   |
| 12 | UER | Nabdam               | 63.94              | 215 <sup>th</sup> | 12 <sup>th</sup> | Good   |
| 13 | UER | Builsa South         | 62.63              | 220 <sup>th</sup> | 13 <sup>th</sup> | Good   |
| 14 | UER | Garu                 | 61.25              | 227 <sup>th</sup> | 14 <sup>th</sup> | Good   |
| 15 | UER | Bawku*               | 0                  | 261 <sup>st</sup> | 15 <sup>th</sup> | Unsatisfactory   |

\*Bawku was not assessed due to security concerns during the monitoring and verification exercise

| REGION            | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Unsatisfactory" | TOTAL |
|-------------------|---------------------------------|---------------------------------|----------------------------|--------------------------------------|-------|
| Upper East Region | 1                               | 6                               | 7                          | 1                                    | 15    |

### 5.4.13. Performance Evaluation Results of MMDAs – Upper West Region (UWR)

| No | REG | Name of MMDA        | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|---------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                   | 3                  | 4                 | 5                | 6  |
| 1  | UWR | Nandom              | 81.88              | 41 <sup>st</sup>  | 1 <sup>st</sup>  | Excellent  |
| 2  | UWR | Sissala East        | 80.94              | 46 <sup>th</sup>  | 2 <sup>nd</sup>  | Excellent  |
| 3  | UWR | Wa                  | 80.94              | 46 <sup>th</sup>  | 3 <sup>rd</sup>  | Excellent  |
| 4  | UWR | Lambusie Karni      | 79.75              | 58 <sup>th</sup>  | 4 <sup>th</sup>  | Very Good  |
| 5  | UWR | Wa West             | 77.19              | 83 <sup>rd</sup>  | 5 <sup>th</sup>  | Very Good  |
| 6  | UWR | Jirapa              | 73.06              | 121 <sup>st</sup> | 6 <sup>th</sup>  | Very Good  |
| 7  | UWR | Nadowli Kaleo       | 69.38              | 166 <sup>th</sup> | 7 <sup>th</sup>  | Good   |
| 8  | UWR | Wa East             | 67.94              | 176 <sup>th</sup> | 8 <sup>th</sup>  | Good   |
| 9  | UWR | Dafiama Bussie Issa | 67.63              | 182 <sup>nd</sup> | 9 <sup>th</sup>  | Good   |
| 10 | UWR | Sissala West        | 64.00              | 214 <sup>th</sup> | 10 <sup>th</sup> | Good   |
| 11 | UWR | Lawra               | 55.44              | 249 <sup>th</sup> | 11 <sup>th</sup> | Satisfactory   |

| REGION            | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | TOTAL |
|-------------------|---------------------------------|---------------------------------|----------------------------|------------------------------------|-------|
| Upper West Region | 3                               | 3                               | 4                          | 1                                  | 11    |

**5.4.14. Performance Evaluation Results of MMDAs - Volta Region (VR)**

| No | REG | Name of MMDA    | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-----------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2               | 3                  | 4                 | 5                | 6  |
| 1  | VR  | North Dayi      | 94.13              | 1 <sup>st</sup>   | 1 <sup>st</sup>  | Excellent  |
| 2  | VR  | Ketu North      | 89.50              | 8 <sup>th</sup>   | 2 <sup>nd</sup>  | Excellent  |
| 3  | VR  | Ho Mun.         | 88.50              | 10 <sup>th</sup>  | 3 <sup>rd</sup>  | Excellent  |
| 4  | VR  | Ho West         | 88.50              | 10 <sup>th</sup>  | 4 <sup>th</sup>  | Excellent  |
| 5  | VR  | Hohoe Mun       | 88.44              | 12 <sup>th</sup>  | 5 <sup>th</sup>  | Excellent  |
| 6  | VR  | Anloga          | 86.31              | 22 <sup>nd</sup>  | 6 <sup>th</sup>  | Excellent  |
| 7  | VR  | Central Tongu   | 85.63              | 24 <sup>th</sup>  | 7 <sup>th</sup>  | Excellent  |
| 8  | VR  | Akatsi North    | 82.31              | 38 <sup>th</sup>  | 8 <sup>th</sup>  | Excellent  |
| 9  | VR  | Keta Mun.       | 82.06              | 39 <sup>th</sup>  | 9 <sup>th</sup>  | Excellent  |
| 10 | VR  | South Dayi      | 81.56              | 44 <sup>th</sup>  | 10 <sup>th</sup> | Excellent  |
| 11 | VR  | Adaklu          | 80.63              | 49 <sup>th</sup>  | 11 <sup>th</sup> | Excellent  |
| 12 | VR  | Afadzato South  | 80.44              | 52 <sup>nd</sup>  | 12 <sup>th</sup> | Excellent  |
| 13 | VR  | Akatsi South    | 80.19              | 55 <sup>th</sup>  | 13 <sup>th</sup> | Excellent  |
| 14 | VR  | South Tongu     | 76.00              | 99 <sup>th</sup>  | 14 <sup>th</sup> | Very Good  |
| 15 | VR  | Kpando Mun      | 75.00              | 105 <sup>th</sup> | 15 <sup>th</sup> | Very Good  |
| 16 | VR  | Ketu South      | 73.31              | 118 <sup>th</sup> | 16 <sup>th</sup> | Very Good  |
| 17 | VR  | North Tongu     | 72.81              | 129 <sup>th</sup> | 17 <sup>th</sup> | Very Good  |
| 18 | VR  | Agortime Ziophe | 70.50              | 154 <sup>th</sup> | 18 <sup>th</sup> | Very Good  |

| REGION       | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | TOTAL |
|--------------|---------------------------------|---------------------------------|-------|
| Volta Region | 13                              | 5                               | 18    |

### 5.4.15. Performance Evaluation Results of MMDAs - Western North Region (WNR)

| No | REG | Name of MMDA            | Overall Rating (%) | National Position | Reg Position    | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-------------------------|--------------------|-------------------|-----------------|--|
| 0  | 1   | 2                       | 3                  | 4                 | 5               | 6  |
| 1  | WNR | Sefwi Wiawso Municipal  | 76.25              | 93 <sup>rd</sup>  | 1 <sup>st</sup> | Very Good  |
| 2  | WNR | Bia East                | 73.81              | 116 <sup>th</sup> | 2 <sup>nd</sup> | Very Good  |
| 3  | WNR | Aowin                   | 67.63              | 182 <sup>nd</sup> | 3 <sup>rd</sup> | Good   |
| 4  | WNR | Juaboso                 | 65.38              | 204 <sup>th</sup> | 4 <sup>th</sup> | Good   |
| 5  | WNR | Suaman                  | 61.63              | 224 <sup>th</sup> | 5 <sup>th</sup> | Good   |
| 6  | WNR | Bibiani Anhwiaso Bekwai | 60.69              | 231 <sup>st</sup> | 6 <sup>th</sup> | Good   |
| 7  | WNR | Bodi                    | 57.56              | 240 <sup>th</sup> | 7 <sup>th</sup> | Satisfactory   |
| 8  | WNR | Sefwi Akontombra        | 56.63              | 242 <sup>nd</sup> | 8 <sup>th</sup> | Satisfactory   |
| 9  | WNR | Bia West                | 50.94              | 254 <sup>th</sup> | 9 <sup>th</sup> | Satisfactory   |

| REGION               | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | No. of MMDAs scored "Satisfactory" | TOTAL |
|----------------------|---------------------------------|----------------------------|------------------------------------|-------|
| Western North Region | 2                               | 4                          | 3                                  | 9     |

### 5.4.16. Performance Evaluation Results of MMDAs - Western Region (WR)

| No | REG | Name of MMDA            | Overall Rating (%) | National Position | Reg Position     | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|----|-----|-------------------------|--------------------|-------------------|------------------|--|
| 0  | 1   | 2                       | 3                  | 4                 | 5                | 6  |
| 1  | WR  | Shama                   | 86.50              | 21 <sup>st</sup>  | 1 <sup>st</sup>  | Excellent  |
| 2  | WR  | Sekondi Takoradi Metro  | 82.44              | 37 <sup>th</sup>  | 2 <sup>nd</sup>  | Excellent  |
| 3  | WR  | Wassa Amenfi West       | 79.63              | 61 <sup>st</sup>  | 3 <sup>rd</sup>  | Very Good  |
| 4  | WR  | Prestea-Huni-Valley     | 79.56              | 62 <sup>nd</sup>  | 4 <sup>th</sup>  | Very Good  |
| 5  | WR  | Ellembele               | 78.63              | 72 <sup>nd</sup>  | 5 <sup>th</sup>  | Very Good  |
| 6  | WR  | Effia Kwesimintsim      | 78.00              | 75 <sup>th</sup>  | 6 <sup>th</sup>  | Very Good  |
| 7  | WR  | Tarkwa Nsuaem Municipal | 77.00              | 87 <sup>th</sup>  | 7 <sup>th</sup>  | Very Good  |
| 8  | WR  | Amenfi Central          | 76.06              | 96 <sup>th</sup>  | 8 <sup>th</sup>  | Very Good  |
| 9  | WR  | Wassa East              | 74.94              | 107 <sup>th</sup> | 9 <sup>th</sup>  | Very Good  |
| 10 | WR  | Nzema East Municipal    | 74.50              | 111 <sup>th</sup> | 10 <sup>th</sup> | Very Good  |
| 11 | WR  | Wassa Amenfi East       | 72.88              | 124 <sup>th</sup> | 11 <sup>th</sup> | Very Good  |
| 12 | WR  | Ahanta West             | 71.75              | 140 <sup>th</sup> | 12 <sup>th</sup> | Very Good  |
| 13 | WR  | Mpohor                  | 65.56              | 201 <sup>st</sup> | 13 <sup>th</sup> | Good   |
| 14 | WR  | Jomoro                  | 64.38              | 211 <sup>th</sup> | 14 <sup>th</sup> | Good   |

| REGION         | No. of MMDAs scored "Excellent" | No. of MMDAs scored "Very Good" | No. of MMDAs scored "Good" | TOTAL |
|----------------|---------------------------------|---------------------------------|----------------------------|-------|
| Western Region | 2                               | 10                              | 2                          | 14    |

## **CHAPTER SIX**

# **DECISION MAKING ON 2022 ANNUAL PERFORMANCE EVALUATION RESULTS OF RCCs & MMDAs**

## 6. DECISION MAKING ON 2022 ANNUAL PERFORMANCE EVALUATION RESULTS OF RCCs AND MMDAs

Even though the Performance Contracts were signed between the Honourable Regional Ministers and Regional Coordinating Directors at the Regional level and the Honourable MMDCs and MMDCDs at the MMDA level, it is worth noting that the overall Annual Performance Evaluation Results mirrors that of their respective RCCs & MMDAs.

### 6.1. Guiding Principles for Decision Making

The following are the guiding principles for decision making (rewards and sanctions) on the results of the Annual Performance Evaluation:

- i. RCCs & MMDAs will be acknowledged based on their Performance;
- ii. The best 3 RCCs & 10 MMDAs that obtain the highest scores will be given special acknowledgement and award;
- iii. Any RCC & MMDA whose evaluation score is Unsatisfactory would be cautioned;
- iv. Any RCD & MMDCD who fails twice irrespective of the MMDA he/she is responsible for:
  - a. *will not be considered for contract after his / her retirement age;*
  - b. *will not be considered for appointment as Chief Director;*
  - c. *will be posted out to work under a senior officer;*
- v. Any RCD & MMDCD who fails thrice irrespective of the RCC or MMDA he/she is responsible for would be demoted and reposted.

## 6.2. Decision on 2022 Annual Performance Evaluation Results of RCCs & MMDAs

### 6.2.1. RCCs & MMDAs to be acknowledged based on Performance

RCCs & MMDAs will be acknowledged based on their Performance; (Refer to **Section 3.1.**)

### 6.2.2. The selected RCCs which obtain the highest scores

The following 3 Regional Coordinating Councils (RCCs) out of 16 RCCs are to be given special acknowledgement and award:

| Name of RCC | Overall Rating (%) | Position        | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-------------|--------------------|-----------------|--|
| VRCC        | 97.25              | 1 <sup>st</sup> | Excellent  |
| GARCC       | 94.50              | 2 <sup>nd</sup> | Excellent  |
| SRCC        | 93.00              | 3 <sup>rd</sup> | Excellent  |

### 6.2.3. The selected MMDAs which obtain the highest scores

The following Metropolitan, Municipal and District Assemblies (MMDAs) out of 261 MMDAs are to be given special acknowledgement and award:

| REG | Name of MMDA     | Overall Rating (%) | Position | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|------------------|--------------------|----------|--|
| 1   | 2                | 3                  | 4        | 5  |
| VR  | North Dayi       | 94.13              | 1st      | Excellent  |
| ER  | New Juaben North | 93.69              | 2nd      | Excellent  |
| GAR | Adentan          | 93.13              | 3rd      | Excellent  |
| AR  | Obuasi East      | 91.63              | 4th      | Excellent  |
| GAR | La Dade-Kotopon  | 91.00              | 5th      | Excellent  |
| GAR | Ayawaso West     | 90.88              | 6th      | Excellent  |
| AR  | Oforikrom        | 90.81              | 7th      | Excellent  |
| VR  | Ketu North       | 89.50              | 8th      | Excellent  |
| GAR | Kpone Katamanso  | 89.38              | 9th      | Excellent  |
| VR  | Ho Mun.          | 88.50              | 10th     | Excellent  |
| VR  | Ho West          | 88.50              | 10th     | Excellent  |

The MMDAs whose evaluation scores are Unsatisfactory are to be given written caution by the HoS. These are as follows:

| REG | Name of MMDA     | Overall Rating (%) | Position          | Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory) |
|-----|------------------|--------------------|-------------------|--|
| 1   | 2                | 3                  | 4                 | 5  |
| BER | Sene East        | 48.38              | 255 <sup>th</sup> | Unsatisfactory   |
| BER | Pru West         | 43.50              | 256 <sup>th</sup> | Unsatisfactory   |
| SR  | North East Gonja | 42.75              | 257 <sup>th</sup> | Unsatisfactory   |
| CR  | Ekumfi           | 37.31              | 258 <sup>th</sup> | Unsatisfactory   |
| NR  | Nanumba North    | 36.13              | 259 <sup>th</sup> | Unsatisfactory   |
| NR  | Nanumba South    | 29.94              | 260 <sup>th</sup> | Unsatisfactory   |
| UER | Bawku*           | 0                  | 261 <sup>st</sup> | Unsatisfactory   |

*\*Bawku was not assessed due to security concerns during the monitoring and verification exercise*

**ANNEX 1**  
**SAMPLE 2022 RCCs & MMDAs**  
**PERFORMANCE CONTRACTS**

## ANNEX 1. SAMPLE PERFORMANCE CONTRACT & PROCESS OF MMDA

### SCHEDULE 1: KEY PERFORMANCE AREAS

The MMDCD shall deliver the following generic key operational and administrative outputs as per the timelines indicated:

#### **KEY PERFORMANCE AREA (KPA) 1: GENERAL ADMINISTRATION**

**(15% OVERALL WEIGHT OUT OF OVERALL KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs) |  | WEIGHT<br>% | SERVICE<br>DELIVERY<br>STANDARDS<br>(SDS)   | *RATING<br>SCALE<br>(1 to 4)<br>"For<br>annual<br>evaluation" | OVERALL<br>RATING<br>"For<br>annual<br>evaluation" |
|-----------------------------------|--|-------------|---|---|--|
| <i>a</i>                          |  | <i>b</i>    | <i>c</i>  | <i>d</i>  | <i>e = b*d</i>                                     |
| 1.1                               | Departments of MMDA, non-decentralized Departments, SOEs and Public Corporations etc undertake joint stakeholder mid- year review sessions (for the year 2022) and planning (for the year 2023) to ensure a co-ordinated approach to development and management of the MMDA (ISCC) | 20          | Participation<br>Professionalism<br>Transparency<br>Accountability<br>E&E use of<br>Resources Client<br>Focus |   |  |
| 1.2                               | At least two sensitization forums organized for staff on Local Governance Act, 2016 (Act 936), Local Government Service Protocols, MMDA Bye Laws and all other relevant enactments by the end of the year  | 10          | Participation<br>Professionalism<br>Transparency<br>Accountability  |   |  |
| 1.3                               | All incoming and outgoing correspondences stored in a computerized database on daily basis   | 20          | Professionalism<br>Transparency   |   |  |
| 1.4                               | Website updated at least once in a month with information and activities of the Departments of the Assembly  | 15          | Professionalism<br>Transparency   |   |  |

|   |   |    |   |  |  |
|---|---|----|---|--|--|
|   |   |    | Accountability<br>Client Focus                                    |  |  |
| 1.5   | **Functional Client Service Unit  | 15 | Client Focus<br>Professionalism<br>Transparency<br>Accountability |  |  |
| 1.6   | A well-managed safe and secured*** workplace environment including clean washrooms, office space, office sign post****, general landscaping and general office amenities by the end of the year | 20 | Client Focus<br>E&E use of<br>Resources<br>Professionalism        |  |  |
| <b>OVERALL RATING for KPA 1 (Sum of Column e) "For annual evaluation"</b> |   |    |   |  |  |

\*Rating scale is indicated in Annex 3.

\*Functional refers to a dedicated office with basic office logistics, trained staff, records of complaints received and actions taken

\*\*\* Office Sign Post should be visible and with all the relevant information (eg. Directional signs) required to direct clients and the general public to the MMDA

**KEY PERFORMANCE AREA (KPA) 2: HUMAN RESOURCE (HR) MANAGEMENT****(15% OVERALL WEIGHT OUT OF OVERALL KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs)   |   | WEIGHT<br>% | SERVICE<br>DELIVERY<br>STANDARDS<br>(SDS)         | *RATING<br>SCALE<br>(1 to 4)<br>"For annual<br>evaluation" | OVERALL<br>RATING<br>"For annual<br>evaluation" |
|---|---|-------------|---|--|---|
| <i>a</i>  |   | <i>b</i>    | <i>c</i>  | <i>d</i>   | <i>e = b*d</i>                                  |
| 2.1   | Biannual composite promotion schedule with established vacancies for all grade levels by the end of January & mid-July 2022 and 2023 retirement schedule prepared by 31 <sup>st</sup> December, 2022 and submitted to RCC | <b>20</b>   | Professionalism<br>Transparency                   |  |   |
| 2.2   | Prepare and update annual leave management roster for the 2022 calendar year.   | <b>20</b>   | Professionalism<br>Transparency<br>Accountability |  |   |
| 2.3   | Comprehensive training plan prepared and submitted to the RCC by the end of January 2022;   | <b>10</b>   | Professionalism<br>Transparency                   |  |   |
|   | At least 80% of Training Plan of MMDA implemented and composite quarterly report submitted to the RCC within the 2 <sup>nd</sup> week of the ensuing month  | <b>20</b>   | Professionalism<br>Transparency<br>Participation  |  |   |
| 2.4   | Comprehensive (appraisal cycle) MMDA staff appraisal schedule implemented for all staff by the end of the year  | <b>30</b>   | Professionalism<br>Transparency<br>Participation  |  |   |
| <b>OVERALL RATING for KPA 2 (Sum of Column e) "For annual evaluation"</b> |   |             |   |  |   |

\*Rating scale is indicated in Annex 3A.

**KEY PERFORMANCE AREA (KPA) 3: FINANCIAL MANAGEMENT AND REPORTING****(15 % OVERALL WEIGHT OUT OF OVERALL KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs)   |  | WEIGHT<br>% | SERVICE<br>DELIVERY<br>STANDARDS<br>(SDS)                                    | *RATING<br>SCALE<br>(1 to 4)<br>"For annual<br>evaluation" | OVERALL<br>RATING<br>"For annual<br>evaluation" |
|---|--|-------------|--|--|---|
| <i>a</i>  |  | <i>b</i>    | <i>c</i>   | <i>d</i>   | <i>e = b*d</i>                                  |
| 3.1   | Revenue Improvement Action Plan for 2023 prepared and submitted to the RCC by the end of October 2022 in conformity with the approved template                       | 20          | Professionalism<br>Transparency<br>Accountability                            |  |   |
| 3.2   | At least 10% annual increase in Streets named with signage   | 15          | Professionalism<br>Transparency<br>Participation<br>Client Focus             |  |   |
| 3.3   | 100% of recommendations contained in 2021 Auditor General's Management Letter implemented by the end of the year   | 20          | Professionalism<br>Transparency<br>Accountability<br>E&E use of<br>Resources |  |   |
| 3.4   | 4 <sup>th</sup> Quarter 2021, 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> Quarters of 2022 Internal Audit Recommendations implemented by the end of the year | 10          | Professionalism<br>Transparency<br>Accountability<br>E&E use of<br>Resources |  |   |
| 3.5   | 100% of 2022 actual expenditure covered activities in the approved Annual Action Plan  | 15          | Professionalism<br>Transparency<br>Accountability<br>E&E use of<br>Resources |  |   |
| 3.6   | Database on rateable properties (moveable & immoveable) updated and linked with final revenue estimates for the ensuing year   | 20          | Professionalism<br>Transparency<br>Accountability                            |  |   |
| <b>OVERALL RATING for KPA 3 (Sum of Column e) "For annual evaluation"</b> |  |             |  |  |   |

**KEY PERFORMANCE AREA (KPA) 4: INFRASTRUCTURE****(15 % OVERALL WEIGHT OUT OF OVERALL KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs) |  | WEIGHT<br>% | SERVICE<br>DELIVERY<br>STANDARDS (SDS)   | *RATING<br>SCALE<br>(1 to 4)<br>"For<br>annual<br>evaluation" | OVERALL<br>RATING<br>"For<br>annual<br>evaluation" |
|-----------------------------------|--|-------------|--|---|--|
| <i>a</i>                          |  | <i>b</i>    | <i>c</i>   | <i>d</i>  | <i>e = b*d</i>                                     |
| 4.1                               | At least 80% of approved road programme in the 2022 Annual Action Plan achieved by the end of the year   | 20          | Professionalism<br>Transparency<br>Accountability<br>E&E use of<br>Resources       |   |  |
| 4.2                               | At least 80% of approved programme for buildings and structures (new/ rehabilitated/maintained) in the 2022 Annual Action Plan achieved by the end of the year   | 20          | Professionalism<br>Transparency<br>Accountability<br>E&E use of<br>Resources       |   |  |
| 4.3                               | At least three (3) Spatial Planning Committee meetings held each quarter by the end of the year  | 20          | Professionalism<br>Transparency<br>Accountability<br>Participation<br>Client focus |   |  |
| 4.4                               | 100% of building permit applications received are considered at the District Spatial Planning Committee (DSPC) meetings and decisions communicated to Applicants | 20          | Client Focus<br>Professionalism<br>Transparency<br>Accountability<br>Participation |   |  |
| 4.5                               | At least two Local Plans (including the CBD) prepared/revised and approved by Spatial Planning Committee by the end of year                                      | 20          | Professionalism<br>Transparency<br>Accountability<br>Participation                 |   |  |

|   |  |  |              |  |  |
|---|--|--|--------------|--|--|
|   |  |  | Client focus |  |  |
| <b>OVERALL RATING for KPA 4 (Sum of Column e) "For annual evaluation"</b> |  |  |              |  |  |

*\*Rating scale is indicated in Annex 3A.*

**KEY PERFORMANCE AREA (KPA) 5: SOCIAL SERVICES****(15 % OVERALL WEIGHT OUT OF OVERALL KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs) |  | WEIGHT<br>% | SERVICE<br>DELIVERY<br>STANDARDS<br>(SDS)                                   | *RATING<br>SCALE<br>(1 to 4)<br>"For annual<br>evaluation" | OVERALL<br>RATING<br>"For annual<br>evaluation" |
|-----------------------------------|--|-------------|---|--|---|
| <i>a</i>                          |  | <i>b</i>    | <i>c</i>  | <i>d</i>   | <i>e = b*d</i>                                  |
| 5.1                               | Organize quarterly District Education Oversight Committee meetings   | <b>10</b>   | Professionalism<br>Participation<br>Transparency<br>Accountability          |  |   |
| 5.2                               | Organize quarterly District Health Committee meetings  | <b>10</b>   | Professionalism<br>Participation<br>Transparency<br>Accountability          |  |   |
| 5.3                               | Data on vulnerable groups of at least three thematic areas (HIV-AIDS/Persons in Flood Prone Areas/LEAP/PWD/Vulnerable Children etc.) updated and submitted to the Regional Department by the end of June and December 2022 | <b>20</b>   | Transparency<br>Accountability<br>Participation<br>Client Focus             |  |   |
| 5.4                               | At least 80% of approved Gender Based Violence interventions (preventive) implemented and reported on by the end of the year   | <b>20</b>   | Professionalism<br>Participation<br>E&E use of<br>Resources<br>Client Focus |  |   |
| 5.5                               | At least 80% of reported child protection cases managed effectively by the end of the year   | <b>20</b>   | Professionalism<br>Transparency<br>Participation<br>Client Focus            |  |   |
| 5.6                               | At least 80% of community mobilization and education programmes (targeted at Women, Children and other Vulnerable Groups) in the 2022 Annual Action Plan   | <b>20</b>   | Professionalism<br>Transparency<br>Participation                            |  |   |

|   |  |  |              |  |  |
|---|--|--|--------------|--|--|
|   | executed and reported by the end of the year |  | Client Focus |  |  |
| <b>OVERALL RATING for KPA 5 (Sum of Column e) "For annual evaluation"</b> |  |  |              |  |  |

**KEY PERFORMANCE AREA (KPA) 6: ECONOMIC DEVELOPMENT****(15 % OVERALL WEIGHT OUT OF OVERALL KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs)   |   | WEIGHT<br>% | SERVICE<br>DELIVERY<br>STANDARDS<br>(SDS)   | *RATING<br>SCALE<br>(1 to 4)<br>"For annual<br>evaluation" | OVERALL<br>RATING<br>"For annual<br>evaluation" |
|---|---|-------------|---|--|---|
| <i>a</i>  |   | <i>b</i>    | <i>c</i>  | <i>d</i>   | <i>e = b*d</i>                                  |
| 6.1   | Selected crops and/or livestock and/or fish yield (e.g. mt/ha) increased by at least 10% by the end of the year   | 20          | Professionalism<br>Participation<br>Client Focus<br>Accountability<br>E&E use of<br>Resources |  |   |
| 6.2   | Data on farmer groups/farmer-based organisations (FBOs) updated quarterly and signed MoUs/agreements with agricultural value chain actors (agricultural commodity buyers/aggregators, exporters, processors) facilitated by Agric Department by the end of the year | 20          | Professionalism<br>Participation<br>Client Focus<br>Accountability                            |  |   |
| 6.3   | At least 80% of approved tourism related activities achieved by the end of the year   | 20          | Professionalism<br>Participation<br>Client Focus<br>E&E use of<br>Resources<br>Accountability |  |   |
| 6.4   | Local Economic Development (LED) plan developed for 2023 by November, 2022  | 20          | Participation<br>Professionalism  |  |   |
| 6.5   | Road Safety related activities included in the 2023 Annual Action Plan  | 20          | Participation<br>Professionalism  |  |   |
| <b>OVERALL RATING for KPA 6 (Sum of Column e) "For annual evaluation"</b> |   |             |   |  |   |

\*Rating scale is indicated in Annex 3A.

**KEY PERFORMANCE AREA (KPA) 7: ENVIRONMENT AND SANITATION****(10 % OVERALL WEIGHT OUT OF OVERALL KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs)   |   | WEIGHT<br>% | SERVICE DELIVERY<br>STANDARDS (SDS)  | *RATING<br>SCALE<br>(1 to 4)<br>"For<br>annual<br>evaluation" | OVERALL<br>RATING<br>"For annual<br>evaluation" |
|---|---|-------------|--|---|---|
| <i>a</i>  |   | <i>b</i>    | <i>c</i>   | <i>d</i>  | <i>e = b*d</i>                                  |
| 7.1   | Disaster Preparedness Action Plan Implementation Report for 2022 prepared and submitted to RCC by the end of the year   | 20          | Professionalism<br>Participation<br>Client Focus<br>E&E use of<br>Resource |   |   |
| 7.2   | At least 60% of Environment enhancement programmes (Air quality control, Noise pollution control, Land restoration/reclamation, environmental education, afforestation etc.) in 2022 Annual Action plan implemented | 20          | Professionalism<br>Participation<br>E&E use of<br>Resource                 |   |   |
| 7.3   | Population with household toilets increased by at least 15% by the end of the year  | 30          | Professionalism<br>Participation<br>Client Focus                           |   |   |
| 7.4   | Routine cleansing of the Central Business District (CBD), Town centres and other Public Spaces  | 30          | Professionalism<br>Participation<br>E&E use of<br>Resource<br>Client Focus |   |   |
| <b>OVERALL RATING for KPA 7 (Sum of Column e) "For annual evaluation"</b> |   |             |  |   |   |

\*Rating scale is indicated in Annex 3A.

**SCHEDULE 2: PERSONAL DEVELOPMENT PLAN**

**MMDCD’s PERSONAL DEVELOPMENT PLAN  
(NOT FOR SCORING PURPOSES)**

1. Select appropriate competencies (by circling the Serial No. of the Competency) which the staff requires to perform his/her duties based on the staff’s position.
2. Out of the selected competencies, indicate in your plan which competencies need to be improved, stating the expected outcomes to be attained. Also indicate how these competencies are to be improved (e.g. through participation in workshops, conferences, seminars, peer review, coaching, mentoring, on-the-job training, etc.).
3. Evaluation of core competencies (as in rating scale indicated in Annex 3B)

| COMPETENCIES |   | EVALUATION<br>**(Rating 1-2-3-4) | WHEN WOULD YOU LIKE TO DEVELOP IT? | WHAT ARE THE EXPECTED OUTCOMES? | HOW WILL IT BE ATTAINED? |
|--------------|---|----------------------------------|------------------------------------|---------------------------------|--------------------------|
| 1.           | <b>ORGANISATION AND MANAGEMENT</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO PLAN, ORGANISE AND MANAGE WORK LOAD</li> <li>▪ ABILITY TO WORK SYSTEMATICALLY AND MAINTAIN QUALITY</li> <li>▪ ABILITY TO MANAGE OTHERS TO ACHIEVE SHARED GOALS</li> </ul>                                    | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
| 2.           | <b>INNOVATION AND STRATEGIC THINKING</b> <ul style="list-style-type: none"> <li>▪ SUPPORT FOR ORGANISATIONAL CHANGE</li> <li>▪ ABILITY TO THINK BROADLY</li> <li>▪ DEMONSTRATING CREATIVITY IN THINKING</li> </ul>  | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
| 3.           | <b>LEADERSHIP AND DECISION-MAKING</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO INITIATE ACTION AND PROVIDE DIRECTION TO OTHERS</li> <li>▪ ACCEPTANCE OF RESPONSIBILITY AND DECISION-MAKING</li> <li>▪ ABILITY TO EXERCISE GOOD JUDGEMENT</li> </ul>                                      | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
| 4.           | <b>ORGANIZATIONAL DEVELOPMENT AND IMPROVEMENT</b> <ul style="list-style-type: none"> <li>▪ COMMITMENT TO ORGANIZATIONAL DEVELOPMENT</li> <li>▪ COMMITMENT TO CUSTOMER SATISFACTION</li> <li>▪ COMMITMENT TO THE DELIVERY OF QUALITY SERVICES AND PRODUCTS</li> </ul>                                | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
| 5.           | <b>COMMUNICATION (ORAL, WRITTEN &amp; ELECTRONIC)</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO COMMUNICATE DECISIONS CLEARLY</li> <li>▪ ABILITY TO NEGOTIATE AND MANAGE CONFLICT EFFECTIVELY</li> <li>▪ ABILITY TO RELATE AND NETWORK ACROSS DIFFERENT LEVELS AND DEPARTMENTS</li> </ul> | 1 - 2 - 3 - 4                    |                                    |                                 |                          |

| COMPETENCIES |  | EVALUATION<br>**(Rating 1-2-3-4) | WHEN WOULD YOU LIKE TO DEVELOP IT? | WHAT ARE THE EXPECTED OUTCOMES? | HOW WILL IT BE ATTAINED? |
|--------------|--|----------------------------------|------------------------------------|---------------------------------|--------------------------|
| 6.           | <b>JOB KNOWLEDGE AND TECHNICAL SKILLS</b> <ul style="list-style-type: none"> <li>▪ DEMONSTRATION OF RELEVANT JOB EXPERTISE</li> <li>▪ DEMONSTRATION OF CROSS-FUNCTIONAL AWARENESS</li> <li>▪ BUILDING, APPLYING AND SHARING OF NECESSARY EXPERTISE AND TECHNOLOGY</li> </ul>   | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
| 7.           | <b>SUPPORTING AND COOPERATING</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO WORK EFFECTIVELY WITH TEAMS, CLIENTS AND STAFF</li> <li>▪ ABILITY TO SHOW SUPPORT TO OTHERS</li> <li>▪ KEEPING TO LAID DOWN REGULATIONS AND PROCEDURES</li> <li>▪ ABILITY TO ADHERE TO ORGANISATION’S PRINCIPLES, ETHICS AND VALUES</li> </ul> | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
| 8.           | <b>MAXIMISING AND MAINTAINING PRODUCTIVITY</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO MOTIVATE AND INSPIRE OTHERS</li> <li>▪ ABILITY TO ACCEPT CHALLENGES AND MANAGE THEM EFFECTIVELY</li> <li>▪ ABILITY TO MANAGE PRESSURE EFFECTIVELY</li> </ul>  | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
| 9.           | <b>DEVELOPING AND MANAGING BUDGETS</b> <ul style="list-style-type: none"> <li>▪ FIRM AWARENESS OF FINANCIAL ISSUES AND ACCOUNTABILITIES</li> <li>▪ UNDERSTANDING OF BUSINESS PROCESSES AND CUSTOMER PRIORITIES</li> <li>▪ EXECUTING RESULTS-BASED ACTIONS COST-EFFECTIVELY</li> </ul>  | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
| 10.          | <b>ABILITY TO DEVELOP SELF, STAFF AND OTHER STAKEHOLDERS</b> <ul style="list-style-type: none"> <li>▪ DEMONSTRATING INTEREST IN SELF-DEVELOPMENT</li> <li>▪ ABILITY TO DEVELOP STAFF</li> <li>▪ ABILITY TO COACH AND MENTOR STAFF AND OTHER STAKEHOLDERS</li> </ul>  | 1 - 2 - 3 - 4                    |                                    |                                 |                          |
|              | <b>Any other competencies, please specify:</b>   | 1 - 2 - 3 - 4                    |                                    |                                 |                          |

\*\*Rating scale on the assessment of Competency indicated in Annex 3B.

## **ASSUMPTIONS**

The agreed deliverables will only be revised based on the under-listed conditions:

- Issues raised in mid-year review report
- Change in government priorities

## **OBLIGATIONS OF THE MMDCD**

The MMDCD accepts responsibility for the performance of the MMDA and undertakes to:

- a) Adopt and apply appropriate management techniques in conducting the affairs of the MMDA and in supervising its Departments/Sections / Units.
- b) Ensure that Local Government Service core values (refer to section 3.4) and Service Delivery Standards (refer to section 3.5) are upheld by staff of the MMDA.
- c) Ensure that the assets within the MMDA are maintained in the most efficient manner and safeguarded against loss or misuse.
- d) Notify the MMDCE promptly of any conditions, which may interfere with, or threaten the achievement of the performance targets, listed herein.

## **OBLIGATIONS OF THE MMDCE TO THE MMDCD**

The MMDCE, as a representative of the Central Government accepts the responsibility to provide strategic leadership, financial, material and logistical support to the MMDCD to ensure that the MMDA achieves the level of performance indicated in this Contract.

## **PERFORMANCE EVALUATION UNDER THE CONTRACT**

An evaluation of the performance of the MMDCD shall be conducted by the OHLGS through a consultant /regional monitoring team. The RCC will monitor the various stages of the PMS cycle. The evaluation shall be based on the Key Performance Areas established under this Performance Contract between the MMDCE and the MMDCD.

The performance evaluation shall be completed not later than the 1<sup>st</sup> quarter of 2023 by using the “Annual Performance Evaluation Reporting Format”. Upon the completion of the annual evaluation, the HoS shall communicate to the MMDCD in writing the outcome of the evaluation. LGSC through the HoS shall thereafter determine the reward or sanctions as prescribed in Annex 4 of this Agreement to be applicable to the MMDCD.

## **REWARDS AND SANCTIONS**

Based on the results of the performance evaluation, the Head of Service shall report to the Local Government Service Council and recommend remedial action.

The rewards and sanctions will be in accordance with LGS Human Resource Operational Manual and Conditions of Service. The details are provided in Annex 4.

**ARBITRATION**

In the event of a disagreement between the parties to this Contract, either party may apply to the Regional Co-ordinating Council (RCC) and then to the Local Government Service Council (LGSC) for settlement if not resolved at the RCC level.

**OVERALL PERFORMANCE**

| <b>SCHEDULE 1- KEY PERFORMANCE AREAS (1-7)</b>                         |                               |  |   |                    |                       |
|--|-------------------------------|--|---|--------------------|-----------------------|
| <b>KEY PERFORMANCE AREA</b>  | <b>OVERALL WEIGHTING /KPA</b> | <b>ACTUAL RATING / KPA<br/><i>(Sum of Column e from each KPA; Section 5.1)</i></b> | <b>OVERALL ACTUAL RATING FACTOR / KPA</b> | <b>OBSERVATION</b> | <b>RECOMMENDATION</b> |
| <i>a</i>   | <i>b</i>                      | <i>c</i>   | <i>d = b*c</i>                            | <i>e</i>           | <i>f</i>              |
| <b>KPA 1: General Administration</b>                                   |                               |  |   |                    |                       |
| <b>KPA 2: Human Resource (HR) Management</b>                           |                               |  |   |                    |                       |
| <b>KPA 3: Financial Management and Reporting</b>                       |                               |  |   |                    |                       |
| <b>KPA 4: Infrastructure</b>   |                               |  |   |                    |                       |
| <b>KPA 5: Social Service</b>   |                               |  |   |                    |                       |
| <b>KPA 6: Economic Development</b>                                     |                               |  |   |                    |                       |
| <b>KPA 7: Environment and Sanitation</b>                               |                               |  |   |                    |                       |
| <b>TOTAL WEIGHTS</b>   | <b>100%</b>                   |  |   |                    |                       |
| <b>CALCULATED OVERALL RATING (1 to 4)<br/><i>(Sum of Column d)</i></b> |                               |  |   |                    |                       |

|  |   |  |  |
|--|---|--|--|
| <b>CALCULATED OVERALL SCORES</b><br><i>(Sum of Column d/4 * 100)</i> | % |  |  |
|--|---|--|--|

**EVALUATION ON PERSONAL DEVELOPMENT PLAN (NOT FOR SCORING PURPOSES)**

| COMPETENCIES |   | EVALUATION<br>(Rating 1-2-3-4)<br>(By marking circle) | BRIEF ON ACTUAL RESULTS | OBSERVATION AND RECOMMENDATION |
|--------------|---|---|-------------------------|--------------------------------|
| 1.           | <b>ORGANISATION AND MANAGEMENT</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO PLAN, ORGANISE AND MANAGE WORK LOAD</li> <li>▪ ABILITY TO WORK SYSTEMATICALLY AND MAINTAIN QUALITY</li> <li>▪ ABILITY TO MANAGE OTHERS TO ACHIEVE SHARED GOALS</li> </ul>                                    | 1 - 2 - 3 - 4   |                         |                                |
| 2.           | <b>INNOVATION AND STRATEGIC THINKING</b> <ul style="list-style-type: none"> <li>▪ SUPPORT FOR ORGANISATIONAL CHANGE</li> <li>▪ ABILITY TO THINK BROADLY</li> <li>▪ DEMONSTRATING CREATIVITY IN THINKING</li> </ul>  | 1 - 2 - 3 - 4   |                         |                                |
| 3.           | <b>LEADERSHIP AND DECISION-MAKING</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO INITIATE ACTION AND PROVIDE DIRECTION TO OTHERS</li> <li>▪ ACCEPTANCE OF RESPONSIBILITY AND DECISION-MAKING</li> <li>▪ ABILITY TO EXERCISE GOOD JUDGEMENT</li> </ul>                                      | 1 - 2 - 3 - 4   |                         |                                |
| 4.           | <b>ORGANISATIONAL DEVELOPMENT AND IMPROVEMENT</b> <ul style="list-style-type: none"> <li>▪ COMMITMENT TO ORGANISATIONAL DEVELOPMENT</li> <li>▪ COMMITMENT TO CUSTOMER SATISFACTION</li> <li>▪ COMMITMENT TO THE DELIVERY OF QUALITY SERVICES AND PRODUCTS</li> </ul>                                | 1 - 2 - 3 - 4   |                         |                                |
| 5.           | <b>COMMUNICATION (ORAL, WRITTEN &amp; ELECTRONIC)</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO COMMUNICATE DECISIONS CLEARLY</li> <li>▪ ABILITY TO NEGOTIATE AND MANAGE CONFLICT EFFECTIVELY</li> <li>▪ ABILITY TO RELATE AND NETWORK ACROSS DIFFERENT LEVELS AND DEPARTMENTS</li> </ul> | 1 - 2 - 3 - 4   |                         |                                |
| 6.           | <b>JOB KNOWLEDGE AND TECHNICAL SKILLS</b> <ul style="list-style-type: none"> <li>▪ DEMONSTRATION OF RELEVANT JOB EXPERTISE</li> <li>▪ DEMONSTRATION OF CROSS-FUNCTIONAL AWARENESS</li> <li>▪ BUILDING, APPLYING AND SHARING OF NECESSARY EXPERTISE AND TECHNOLOGY</li> </ul>                        | 1 - 2 - 3 - 4   |                         |                                |

| COMPETENCIES |   | EVALUATION<br>(Rating 1-2-3-4)<br>(By marking circle) | BRIEF ON ACTUAL RESULTS | OBSERVATION AND RECOMMENDATION |
|--------------|---|---|-------------------------|--------------------------------|
| 7.           | <p><b>SUPPORTING AND COOPERATING</b></p> <ul style="list-style-type: none"> <li>▪ ABILITY TO WORK EFFECTIVELY WITH TEAMS, CLIENTS AND STAFF</li> <li>▪ ABILITY TO SHOW SUPPORT TO OTHERS</li> <li>▪ KEEPING TO LAID DOWN REGULATIONS AND PROCEDURES</li> <li>▪ ABILITY TO ADHERE TO ORGANISATION'S PRINCIPLES, ETHICS AND VALUES</li> </ul> | 1 - 2 - 3 - 4   |                         |                                |
| 8.           | <p><b>MAXIMISING AND MAINTAINING PRODUCTIVITY</b></p> <ul style="list-style-type: none"> <li>▪ ABILITY TO MOTIVATE AND INSPIRE OTHERS</li> <li>▪ ABILITY TO ACCEPT CHALLENGES AND MANAGE THEM EFFECTIVELY</li> <li>▪ ABILITY TO MANAGE PRESSURE EFFECTIVELY</li> </ul>  | 1 - 2 - 3 - 4   |                         |                                |
| 9.           | <p><b>DEVELOPING AND MANAGING BUDGETS</b></p> <ul style="list-style-type: none"> <li>▪ FIRM AWARENESS OF FINANCIAL ISSUES AND ACCOUNTABILITIES</li> <li>▪ UNDERSTANDING OF BUSINESS PROCESSES AND CUSTOMER PRIORITIES</li> <li>▪ EXECUTING RESULTS-BASED ACTIONS COST-EFFECTIVELY</li> </ul>  | 1 - 2 - 3 - 4   |                         |                                |
| 10.          | <p><b>ABILITY TO DEVELOP SELF, STAFF AND OTHER STAKEHOLDERS</b></p> <ul style="list-style-type: none"> <li>▪ DEMONSTRATING INTEREST IN SELF-DEVELOPMENT</li> <li>▪ ABILITY TO DEVELOP STAFF</li> <li>▪ ABILITY TO COACH AND MENTOR STAFF AND OTHER STAKEHOLDERS</li> </ul>  | 1 - 2 - 3 - 4   |                         |                                |
| 11.          | <p><b>Any other competencies, please specify:</b></p>   | 1 - 2 - 3 - 4   |                         |                                |

Evaluation of core competencies (as in rating scale indicated in Annex B)

**COMMENTS ON PERFORMANCE ACHIEVEMENTS**

*(Comment on Performance achievements and additional contributions made)*

**HON. MMDCE's COMMENTS ON PERFORMANCE ACHIEVEMENTS**

*Refer to Annual Performance Evaluation*

**MMDCD's COMMENTS ON PERFORMANCE ACHIEVEMENTS**

*Refer to Section Annual Performance Evaluation*

**CAREER DEVELOPMENT / CAPACITY BUILDING NEEDS - COMMENTS**

*(To Be Completed by Hon. MMDCE & MMDCD)*

*Refer to Section 3.2: Evaluation on Personal Development*

**ASSESSMENT DECISION & CONCLUSION**

*(BY HON. MMDCE & MMDCD)*

**CRITERIA FOR RATING OVERALL PERFORMANCE**

*(Refer to Calculated Overall Scores (%) from Annual Performance Evaluation)*

**Mark "X" in the appropriate box**

**Excellent (4): 80-100% (Outstanding)**

MMDCD fully met and exceeded the agreed indicators and time lines and produced results of excellent quality. The Officer is a model of excellence in terms of the results achieved and the means by which they were achieved. *(publicize his/her outstanding performance and recommend him/her for appropriate reward)*

**Very Good (3): 70-79% (Exceeded the requirement)**

MMDCD achieved most of the agreed indicators and has produced results of good quality within agreed time lines. *(Recognize his/her very good performance & encourage him/her through Coaching, Mentoring, training, etc.)*

**Good (2): 60-69% (Met the requirement= 60%)**

MMDCD achieved the minimum number of agreed indicators and provided adequate supporting rationale/reasons for not achieving all of the specified targets. *(Encourage him/her through Coaching, Mentoring, training, etc. for further improvement)*

**Unsatisfactory (1): Below 60% (Did not meet the requirement)**

CD/RCD performance did not meet the standard expected for the job i.e. .... did not achieved most of the agreed indicators within the time frame provided and was unable to provide reasons or provided unacceptable reasons for unachieved targets. *(Apply appropriate sanction and necessary counseling)*

**CONCLUDING REMARKS BY HEAD OF SERVICE**

.....  
.....

**ANNEX A: RATING SCALES ON THE ASSESSMENT OF KEY PERFORMANCE INDICATOR (KPI)**

To compute score obtained on Indicator, a scale of One (1) to Four (4) was provided.

The following table provides the definitions for the rating scale for assessing the level of achievement of Indicators.

**(REFER TO SCHEDULE 1)**

| RATING |                 | DEFINITION OF ACHIEVEMENT ON KEY PERFORMANCE INDICATOR (KPI)   |
|--------|-----------------|--|
| 4      | Excellent:      | He/ She fully met and exceeded the agreed indicators and time lines and has produced results of excellent quality. The Officer is a model of excellence in terms of the results achieved and the means by which they were achieved.                      |
| 3      | Very good:      | He/ She achieved most of the agreed indicators and indicators and has produced results of good quality within agreed time lines.   |
| 2      | Good:           | He/ She achieved the minimum number of agreed indicators and provided adequate supporting rationale/reasons for not achieving all of the specified targets.  |
| 1      | Unsatisfactory: | His/ Her performance did not meet the standard expected for the job i.e. He/ She has not achieved most of the agreed indicators within the time frame provided and is unable to provide reasons or provides unacceptable reasons for unachieved targets. |

**ANNEX B: RATING SCALES ON THE ASSESSMENT OF COMPETENCY**

**(REFER TO SCHEDULE 2)**

| RATING |                | EXPLANATION (EVALUATION OF COMPETENCY)  |
|--------|----------------|---|
| 4      | Excellent      | Consistently demonstrated this competency and always encouraged others to do same. Four (4) or more examples can be evidenced to support this rating.   |
| 3      | Very Good      | Frequently demonstrated this competency and sometimes encouraged others to do same. Three (3) examples can be evidenced to support this rating.   |
| 2      | Good           | Demonstrated this competency at least two (2) examples can be evidenced to support this rating. Meets expectation on this competency requirement.   |
| 1      | Unsatisfactory | Not at all demonstrated this behaviour competency and three (3) or more examples can be evidenced to support this rating. Demonstration of requirements of this behavioural competency was unacceptable and did not meet any expectation. |

**ANNEX C: WORKING SHEET**

| Reference (No. of KPA, KPI, etc.) | Topic / Issue (Brief Reference) | Information / Justification/ Verification on Scoring (1- 2 - 3 - 4) | Remarks |
|-----------------------------------|---------------------------------|---|---------|
|                                   |                                 |   |         |
|                                   |                                 |   |         |

## ANNEX 2. SAMPLE PERFORMANCE CONTRACT & PROCESS OF RCC

### SCHEDULE 1: KEY PERFORMANCE AREAS

The Chief Director / Regional Co-ordinating Director shall deliver the following generic key operational and administrative outputs as per the timelines indicated:

#### KEY PERFORMANCE AREA (KPA) 1: GENERAL ADMINISTRATION

(20 % OVERALL WEIGHT OUT OF FOUR KPAs)

| KEY PERFORMANCE INDICATORS (KPIs) |   | WEIGHT % | SERVICE DELIVERY STANDARDS (SDS)   | *RATING SCALE (1 to 4)<br>"For annual evaluation" | OVERALL RATING<br>"For annual evaluation" |
|-----------------------------------|---|----------|--|---|---|
| <i>a</i>                          |   | <i>b</i> | <i>c</i>   | <i>d</i>  | <i>e = b*d</i>                            |
| 1.1                               | At least three (3) Regional Security Council meetings organized per quarter and at least 70% of decisions implemented from previous meeting by the end of the year. | 10       | Professionalism<br>Participation<br>Accountability<br>Client Focus<br>Transparency<br>E&E use of Resources |   |   |
| 1.2                               | i. At least one (1) expanded RCC meetings (as per LG ACT 936, Section 198 (3) (6) (ISCC) organized by the end of the year.  | 12       | Professionalism<br>Participation<br>Accountability<br>Transparency<br>E&E use of Resources                 |   |   |
|                                   | ii. At least one expanded RPCU meeting (as per LG ACT 936, Section 198 (3) (ISCC) organized by the end of the year.   | 8        | E&E use of Resources<br>Client Focus   |   |   |

| KEY PERFORMANCE INDICATORS (KPIs)   |  | WEIGHT % | SERVICE DELIVERY STANDARDS (SDS)                                  | *RATING SCALE (1 to 4)<br>"For annual evaluation" | OVERALL RATING<br>"For annual evaluation" |
|---|--|----------|---|---|---|
| <i>a</i>  |  | <i>b</i> | <i>c</i>  | <i>d</i>  | <i>e = b*d</i>                            |
| 1.3   | All incoming and outgoing correspondences stored in a computerized database on daily basis   | 15       | Professionalism<br>Transparency                                   |   |   |
| 1.4   | Website updated monthly with information and activities of the Departments of the RCC  | 15       | Professionalism<br>Transparency<br>Accountability<br>Client Focus |   |   |
| 1.5   | **Functional Client Service Unit   | 20       | Client Focus<br>Professionalism<br>Transparency<br>Accountability |   |   |
| 1.6   | A well-managed workplace environment including clean washrooms, office space, office sign post***, general landscaping and general office amenities by the end of the year | 20       | Client Focus<br>E&E use of Resources<br>Professionalism           |   |   |
| <b>OVERALL RATING for KPA 1 (Sum of Column e) "For annual evaluation"</b> |  |          |   |   |   |

\*Rating scale is indicated in Annex 3A.

\*\*Functional refers to a dedicated office with basic office logistics, trained staff, records of complaints received and actions taken

\*\*\* Office Sign Post should be visible and with all the relevant information (eg. Directional signs) required to direct clients and the general public to the RCC

**KEY PERFORMANCE AREA (KPA) 2: HUMAN RESOURCE MANAGEMENT**  
**(20 % OVERALL WEIGHT OUT OF FOUR KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs)   |  | WEIGHT<br>% | SERVICE<br>DELIVERY<br>STANDARDS<br>(SDS)         | *RATING<br>SCALE<br>(1 to 4)<br>"For annual<br>evaluation" | OVERALL<br>RATING<br>"For annual<br>evaluation" |
|---|--|-------------|---|--|---|
| <i>a</i>  |  | <i>b</i>    | <i>c</i>  | <i>d</i>   | <i>e = b*d</i>                                  |
| 2.1   | Biannual composite promotion schedule with established vacancies for all grade levels and retirement schedules in MMDAs and the RCC prepared and submitted to the OHLGS by end of February & July 2022 | 10          | Professionalism<br>Transparency                   |  |   |
| 2.2   | Prepare and update annual leave management roster for the 2022 calendar year.  | 20          | Professionalism<br>Transparency<br>Accountability |  |   |
| 2.3   | i. Comprehensive Regional (RCC & MMDAs) Training Plan prepared and submitted to OHLGS by the end of March 2022   | 15          | Professionalism<br>Transparency<br>Participation  |  |   |
|   | ii. At least 80% of RCC Training Plan implemented by the end of the year and quarterly report submitted to the OHLGS by the 2 <sup>nd</sup> week following the quarter                                 | 15          |   |  |   |
| 2.4   | Implementation of the PMS at the MMDA level monitored and a comprehensive report submitted to the OHLGS by the end of July 2022 and January 2023   | 20          | Professionalism<br>Transparency                   |  |   |
| 2.5   | Comprehensive (appraisal cycle) RCC staff appraisal schedule implemented by the end of the year  | 20          | Professionalism<br>Transparency<br>Participation  |  |   |
| <b>OVERALL RATING for KPA 2 (Sum of Column e) "For annual evaluation"</b> |  |             |   |  |   |

**KEY PERFORMANCE AREA (KPA) 3: FINANCIAL MANAGEMENT AND REPORTING**

**(30 % OVERALL WEIGHT OUT OF FOUR KPAs)**

| <b>KEY PERFORMANCE INDICATORS (KPIs)</b>                                 |  | <b>WEIGHT<br/>%</b> | <b>SERVICE<br/>DELIVERY<br/>STANDARDS<br/>(SDS)</b>                       | <b>*RATING<br/>SCALE<br/>(1 to 4)<br/>"For annual<br/>evaluation"</b> | <b>OVERALL<br/>RATING<br/>"For<br/>annual<br/>evaluation"</b> |
|--|--|---------------------|---|---|---|
| <i>a</i>   |  | <i>b</i>            | <i>c</i>  | <i>d</i>  | <i>e = b*d</i>  |
| 3.1  | 2022 Annual Audit Plan prepared and submitted to the Principal Spending Officer (RCD), Audit Committee and the Internal Audit Agency by the 30 <sup>th</sup> of January of the 2022 financial year | 10                  | Professionalism<br>Transparency<br>Accountability                         |   |   |
| 3.2  | 100% of recommendations contained in 2021 Auditor General's Management Letter implemented by the end of the year   | 30                  | Professionalism<br>Transparency<br>Accountability<br>E&E use of Resources |   |   |
| 3.3  | Fourth Quarter 2021, 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> Quarters of 2022 Internal Audit Recommendations implemented by the end of the year  | 15                  | Professionalism<br>Transparency<br>Accountability<br>E&E use of Resources |   |   |
| 3.4  | Approved 2023 budget (Regional Integrated Budget) submitted to the OHLGS by 31 <sup>st</sup> October, 2022   | 30                  | Professionalism<br>Participation<br>Transparency<br>Accountability        |   |   |
| 3.5  | All 2022 GoG expenditure processed through the GIFMIS  | 15                  | Professionalism<br>Transparency<br>Accountability<br>E&E use of Resources |   |   |
| <b>OVERALL RATING for KPA3 (Sum of Column e) "For annual evaluation"</b> |  |                     |   |   |   |

\*Rating scale is indicated in Annex 3A.

**KEY PERFORMANCE AREA (KPA) 4: SERVICES**  
**(30 % OVERALL WEIGHT OUT OF FOUR KPAs)**

| KEY PERFORMANCE INDICATORS (KPIs)   |   | WEIGHT<br>% | SERVICE DELIVERY<br>STANDARDS (SDS)  | *RATING<br>SCALE<br>(1 to 4)<br>"For annual<br>evaluation" | OVERALL<br>RATING<br>"For annual<br>evaluation" |
|---|---|-------------|--|--|---|
| <i>a</i>  |   | <i>B</i>    | <i>c</i>   | <i>d</i>   | <i>e = b*d</i>                                  |
| 4.1   | Quarterly monitoring reports of Departments of RCCs submitted through the RCC to relevant MDAs and copies to the OHLGS by the end of the first month of the ensuing quarter | 20          | Professionalism<br>E&E use of resources<br>Accountability                  |  |   |
| 4.2   | Quarterly monitoring reports of RPCU submitted to the OHLGS by the end of the first month of the ensuing quarter  | 30          | Professionalism<br>Participation<br>E&E use of resources<br>Accountability |  |   |
| 4.3   | Biannual reports on technical backstopping support to MMDAs submitted to the OHLGS  | 20          | Professionalism<br>E&E use of resources<br>Accountability                  |  |   |
| 4.4   | Approved 2023 plan (Regional Integrated Plan) prepared in accordance to the L.I 2232 and a copy submitted to the OHLGS by 31 <sup>st</sup> October, 2022                    | 30          | Professionalism<br>Participation<br>Transparency<br>Accountability         |  |   |
| <b>OVERALL RATING for KPA 4 (Sum of Column e) "For annual evaluation"</b> |   |             |  |  |   |

**SCHEDULE 2: PERSONAL DEVELOPMENT PLAN**

**CHIEF DIRECTOR'S / REGIONAL CO-ORDINATING DIRECTOR'S PERSONAL DEVELOPMENT PLAN**

**(NOT FOR SCORING PURPOSES)**

Please outline the competencies that you would like to develop for the year. These should be relevant to the effective and efficient management of the Service (RCC).

| <i>What competencies would you require to improve your performance?</i> |                                       | <i>How do you plan to attain these competencies (e.g. through attendance at workshops, conferences, seminars, peer review, executive coaching, studying and readings, etc.)?</i> |   |   |
|---|---------------------------------------|--|---|---|
| <b>COMPETENCIES</b>   |                                       | <b>EVALUATION</b>  | <b>BY WHEN &amp; HOW WOULD YOU LIKE TO DEVELOP IT</b> | <b>EXPECTED OUTCOMES TO BE ATTAINED</b> |
| 5.  | Planning & Organisation               | 1 - 2 - 3 - 4  |   |   |
| 6.  | Leadership                            | 1 - 2 - 3 - 4  |   |   |
| 7.  | Change Management                     | 1 - 2 - 3 - 4  |   |   |
| 8.  | Decision Making                       | 1 - 2 - 3 - 4  |   |   |
| 9.  | Entrepreneurial skills                | 1 - 2 - 3 - 4  |   |   |
| 10.   | Good verbal and written communication | 1 - 2 - 3 - 4  |   |   |
| 11.   | Negotiation Skills                    | 1 - 2 - 3 - 4  |   |   |
| 12.   | Interpersonal Skills                  | 1 - 2 - 3 - 4  |   |   |
| 13.   | Conflict Management                   | 1 - 2 - 3 - 4  |   |   |
| 14.   | Security consciousness                | 1 - 2 - 3 - 4  |   |   |

**Evaluation of core competencies (as in rating scale indicated in Annex 3B)**

## **ASSUMPTIONS**

The agreed deliverables will only be revised based on the under-listed conditions:

- Issues raised in mid-year review report
- Change in government priorities

## **OBLIGATIONS OF THE CD/RCD TO THE REGIONAL MINISTER**

The CD/RCD accepts responsibility for the overall performance of the RCC as a whole and undertakes to:

- e) Adopt and apply appropriate management techniques in conducting the affairs of the RCC and in supervising its Directorates/Departments/ Units / Sections.
- f) Ensure that Local Government Service's core values (*refer to section 3.4*) and Service Delivery Standards (*refer to section 3.5*) are upheld by the staff of the RCC and the Metropolitan, Municipal and District Assemblies (MMDAs) within the Region.
- g) Ensure that the assets within the RCC are maintained in the most efficient manner and safeguarded against loss or abuse.
- h) Notify the Regional Minister promptly of any conditions, which may interfere with, or threaten the achievement of the performance targets, listed herein.

## **OBLIGATIONS OF THE REGIONAL MINISTER TO THE CD/RCD**

- a) The Regional Minister accepts responsibility to provide effective and efficient administrative and managerial leadership.
- b) The Regional Minister accepts responsibility to provide support (financial, material and logistical) to the CD/RCD to ensure that the RCC achieves the level of performance indicated in this Contract.

## **PERFORMANCE EVALUATION UNDER THE CONTRACT**

An assessment of the performance of the CD/RCD shall be conducted by the OHLGS. The evaluation shall be based on the key performance results / outputs and deliverables established under this Performance Contract between the Regional Minister and the CD/RCD.

The performance evaluation shall be completed not later than the 1<sup>st</sup> quarter of 2023 by using the "Annual Performance Evaluation Reporting Format". Upon the conclusion of the annual evaluation, the HoS shall communicate to the CD/RCD in writing the outcome of the evaluation. The LGSC through the HoS shall thereafter determine the rewards or sanctions as prescribed in [Annex 4](#) of this Contract to be applicable to the CD/RCD.

## REWARDS AND SANCTIONS

Based on the results of the performance evaluation, the Head of Service shall recommend to the Local Government Service Council that a CD/RCD be rewarded or recognised for excellent performance.

The Local Government Service Council may institute disciplinary action against a CD/RCD in the case of unsatisfactory performance.

The sanctions will be in accordance with LGS Human Resource Operational Manual and Conditions of Service. The details are provided in [Annex 4](#).

## ARBITRATION AND SETTLEMENT OF DISPUTES

In the event of a disagreement between the parties to this Contract, either party may apply to the Local Government Service Council (LGSC) for settlement. The LGSC shall constitute an arbitration panel which shall consult with both parties and make a ruling within one month of the application. The ruling of the LGSC shall be binding on both parties.

## ANNEX 2: TEMPLATE FOR REPORTING ON PERFORMANCE

*(Please note that the Annex 2 is to be completed by the Regional Minister & RCD)*

### ANNEX 2A: TEMPLATE FOR REPORTING ON MID-YEAR PERFORMANCE REVIEW

KEY PERFORMANCE AREA (KPA) ..... :.....

*(... .... % OVERALL WEIGHT OUT OF FOUR KPAs)*

| KEY PERFORMANCE INDICATORS (KPIs) | WEIGHT % | SERVICE DELIVERY STANDARDS (SDS) | MID-YEAR PROGRESS REVIEW | REMARKS  |
|-----------------------------------|----------|----------------------------------|--------------------------|----------|
| <i>a</i>                          | <i>b</i> | <i>c</i>                         | <i>d</i>                 | <i>e</i> |
| 1.1                               |          |                                  |                          |          |
| 1.2                               |          |                                  |                          |          |
| 1.3                               |          |                                  |                          |          |
| 1.4                               |          |                                  |                          |          |
|                                   |          |                                  |                          |          |

*Note: apply this format for other KPAs*

**ANNEX 2B: REPORTING ON PERFORMANCE OF COMPETENCIES: MID-YEAR REVIEW AND END OF YEAR EVALUATION)**

| <i>What competencies did you require to improve your performance on the job</i> | <i>How have you attained these competencies</i> |                       | <b>OBSERVATION &amp; RECOMMENDATION</b> |
|---|---|-----------------------|---|
| <b>COMPETENCIES</b>   | <b>EVALUATION<br/>(Rating 1-2-3-4)</b>          | <b>ACTUAL RESULTS</b> |   |
| 1. Planning & Organisation  |   |                       |   |
| 2. Leadership   |   |                       |   |
| 3. Change Management  |   |                       |   |
| 4. Decision Making  |   |                       |   |
| 5. Entrepreneurial skills   |   |                       |   |
| 6. Good verbal and written communication  |   |                       |   |
| 7. Negotiation Skills   |   |                       |   |
| 8. Interpersonal Skills   |   |                       |   |
| 9. Conflict Management  |   |                       |   |
| 10. Security consciousness  |   |                       |   |
| 11.   |   |                       |   |

**Evaluation of core competencies (as in rating scale indicated in Annex 3B)**

**ANNEX 2C: END OF THE YEAR PERFORMANCE EVALUATION TEMPLATE**

**OVERALL PERFORMANCE (to be completed by Reg. Minister & RCD)**

| <b>SCHEDULE 1- KEY PERFORMANCE AREAS (1-4)</b>                        |                                |  |  |                    |                       |
|---|--------------------------------|--|--|--------------------|-----------------------|
| <b>KEY *PERFORMANCE AREA</b>  | <b>OVERALL WEIGHTING / KPA</b> | <b>ACTUAL RATING / KPA (from each KPA Section)</b> | <b>OVERALLACTUAL RATING FACTOR / KPA</b> | <b>OBSERVATION</b> | <b>RECOMMENDATION</b> |
| <i>a</i>  | <i>b</i>                       | <i>c</i>   | <i>d = b*c</i>                           | <i>e</i>           | <i>f</i>              |
| KPA 1 - General Administration  | 30%                            |  |  |                    |                       |
| KPA 2 - Human Resource  | 30%                            |  |  |                    |                       |
| KPA 3 - Financial Management and Reporting                            | 20%                            |  |  |                    |                       |
| KPA 4 - Services  | 20%                            |  |  |                    |                       |
| <b>TOTAL WEIGHTS</b>  | 100%                           |  |  |                    |                       |
| <b>CALCULATED OVERALL RATING (1 to 4)</b><br><i>(Sum of Column d)</i> |                                |  |  |                    |                       |
| <b>CALCULATED OVERALL SCORES</b><br><i>Sum of Column d / 4 * 100)</i> |                                |  |  |                    |                       |

*(Note: In the formula "Sum of Column d / 4 \* 100", 4 is a constant and represents the maximum rating scale); See Annex 3C for overall Performance Assessment Rating*

## ANNEX 3: RATING SCALES ON ASSESSMENT

### ANNEX 3A: RATING ON THE ASSESSMENT OF KPI

To compute score obtained on Indicator, a scale of One (1) to Four (4) is provided.

The following table provides the definitions for the rating scale for assessing the level of achievement of Indicators. (*Refer To Section 5.1*)

| RATING |                 | DEFINITION OF ACHIEVEMENT ON KEY PERFORMANCE INDICATOR (KPI)  |
|--------|-----------------|---|
| 4      | Excellent :     | He/she has fully met and exceeded the agreed indicators and time lines and has produced results of excellent quality. The Officer is a model of excellence in terms of the results achieved and the means by which they were achieved.                  |
| 3      | Very good:      | He/she has achieved most of the agreed indicators and indicators and has produced results of good quality within agreed time lines.   |
| 2      | Good:           | He/she has achieved the minimum number of agreed indicators and provided adequate supporting rationale/reasons for not achieving all of the specified targets.  |
| 1      | Unsatisfactory: | His/her performance does not meet the standard expected for the job i.e. He/she has not achieved most of the agreed indicators within the time frame provided and is unable to provide reasons or provides unacceptable reasons for unachieved targets. |

### ANNEX 3B: RATING ON THE ASSESSMENT OF COMPETENCY

(*Refer To Section 5.1& Annex 2B*)

| RATING SCALE |                | EXPLANATION (EVALUATION OF COMPETENCY)   |
|--------------|----------------|--|
| 4            | Excellent      | He/she has consistently demonstrated this competency and always encouraged others to do same. Four (4) or more examples can be evidenced to support this rating. |
| 3            | Very Good      | He/she has frequently demonstrated this competency and sometimes encouraged others to do same. Three (3) examples can be evidenced to support this rating.       |
| 2            | Good           | He/she has demonstrated this competency at least two (2) examples can be evidenced to support this rating. Meets expectation on this competency requirement.     |
| 1            | Unsatisfactory | He/she has not at all demonstrated this competency and three (3) or more examples can be evidenced to support this rating.                                       |

|  |  |   |
|--|--|---|
|  |  | Demonstration of requirements of this competency was unacceptable and did not meet any expectation. |
|--|--|---|

**ANNEX 3C: RATING ON THE ASSESSMENT OF OVERALL PERFORMANCE**

The following criteria will be used to rate the overall performance of the Officer:

*Refer to Annex 2C, Calculated Overall Scores*

**EXCELLENT (4): 80-100% (Outstanding)**

He/she has fully met and exceeded the agreed targets and time lines and has produced results of excellent quality. The Officer is a model of excellence in terms of the results achieved and the means by which they were achieved.

*(Rewards, Recognitions and Sanctions: Publicize his/her outstanding performance and recommend him/her for appropriate reward)*

**VERY GOOD (3): 70-79% (Exceeds the requirement)**

He/she has achieved most of the agreed targets and indicators and has produced results of good quality within agreed time lines.

*(Rewards, Recognitions and Sanctions: Recognize his/her very good performance & encourage him/her through Coaching, Mentoring, training, etc.)*

**GOOD (2): 60-69% (Meets the requirement= 60%)**

He/she has achieved the minimum number of agreed targets and provided adequate supporting rationale/reasons for not achieving all of the specified targets.

*(Rewards, Recognitions and Sanctions: Encourage him/her through Coaching, Mentoring, training, etc. for further improvement)*

**UNSATISFACTORY (1): Below 60% (Does not meet the requirement)**

His/her performance does not meet the standard expected for the job i.e. Officer has not achieved most of the agreed targets within the time frame provided and is unable to provide reasons or provides unacceptable reasons for unmet targets.

*(Rewards, Recognitions and Sanctions: Apply appropriate sanction and necessary counselling)*

## **ANNEX 4 - REWARDS, RECOGNITIONS AND SANCTIONS**

### **1) REWARDS**

The rewards for the Chief Director / Regional Co-ordinating Director shall include but not limited to: -

- Renewal of Contract appointment
- Paid trips to professional conferences
- Paid vacation with spouse
- Study tours

### **2) RECOGNITIONS**

Recognitions shall take the following forms: -

- Letter or Certificate of Merit
- Provision of citations, mementos, trophies, badges etc.
- Formal public recognition e.g. publicised captioned photos of the person being recognised in the newsletter/newspaper or hanging up photographs of best performers in public places.

### **3) SANCTIONS - DISCIPLINARY ACTION FOR NON-PERFORMANCE**

Sanctions for the Chief Director / Regional Co-ordinating Director shall include but not be limited to: -

- Reprimand
- Termination (if on contract)
- Reduction in rank/position

**ANNEX 2**  
**GALLERY**



