



LOCAL GOVERNMENT SERVICE



**2023 PERFORMANCE EVALUATION REPORT
OF REGIONAL COORDINATING COUNCILS (RCCs)
& METROPOLITAN, MUNICIPAL AND DISTRICT
ASSEMBLIES (MMDAs)**

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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 Ghana.

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) which are operationalised 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 2023, 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 the overall performance mirrors that of the respective Regional Coordinating Councils (RCCs) and the Metropolitan, Municipal and District Assemblies (MMDAs). RCDs & MMDCDs signed the contracts 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.

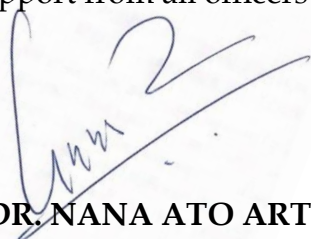
As part of the process, the RCCs & MMDAs had to conduct Annual Evaluation on their performance and submitted reports to the Office of the Head of the Local Government Service (OHLGS) in January 2024 for decision making. To be able to make objective and informed decisions, the OHLGS with the support of Directors and some support staff to conduct an independent verification exercise on the RCCs and MMDAs on the actual performance of the RCCs & MMDAs between March to May, 2024.

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, however, 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 (OHLGS) is grateful to the Directors and support staff of the OHLGS for their time and expertise in supporting the Review, Monitoring and Verification of implementation of the 2023 Performance Contracts.

The OHLGS is particularly thankful to the Honourable Regional Ministers and the Honourable Metropolitan, Municipal and District Chief Executives (MMDCEs) for their commitment and logistical support to their Coordinating Directors.

The OHLGS is further appreciative of the cooperation, responses and useful suggestions offered by the RCDs & the MMDCDs as well as staff during the entire process of the implementation of the 2023 Performance Contract. We look forward to more collaboration and support from 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
BR	Bono 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	Greater 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
NADMO	National Disaster Management Organisation
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
RIAP	Revenue Improvement Action Plan
RMU	Records Management Unit
SDS	Service Delivery Standards
SDF	Spatial Development Framework
SP	Structure Plan
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 Performance Management System (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 because the RCDs and MMDCDs signed the contracts on behalf of the entire staff of the RCC and, for that matter, the Assembly. Thus, the emphasis of the assessment is placed on the overall achievement of the RCC & MMDA under the leadership of the respective RCD and MMDCD.

Objectives of the M&V Exercise

The main objectives of the exercise were to:

- Monitor and verify the performance of RCCs and 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 2023 RCC and MMDA performance contracts, the OHLGS received funding support from USAID through CARE International in Ghana. The teams also monitored and took detailed data on the former District Agricultural Governance Index (DAGI) indicators which have since 2023 been fully integrated into the Performance Contract of the MMDAs as a scoring Key Performance Indicators (KPIs) for all 261 MMDAs across the Country. 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 namely: Planning, Mid-year Review, End of the Year Evaluation and Decision Making.

Phase one (Planning): The first schedule involved 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 teams 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 2024 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 March to May 2023.

The following are the summary of results for the annual performance evaluation of the MMDAs by Region and individual RCCs 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	2	2	0	6
2	Ashanti Region	0	2	5	16	20	43
3	Bono East Region	0	1	3	5	2	11
4	Bono Region	0	0	3	3	6	12
5	Central Region	0	6	12	3	1	22
6	Eastern Region	3	5	14	8	3	33
7	Greater Accra Region	1	5	10	9	4	29
8	North East Region	0	0	0	1	5	6
9	Northern Region	0	0	1	6	9	16
10	Oti Region	0	1	1	4	3	9
11	Savannah Region	0	0	1	4	2	7
12	Upper East Region	0	2	7	5	1	15
13	Upper West Region	0	1	4	5	1	11
14	Volta Region	1	4	5	6	2	18
15	Western North Region	0	0	1	3	5	9
16	Western Region	3	9	2	0	0	14
Total							261

“Excellent” represents the range of the performance scores from 80% to 100%, “Very Good” represents the range of the performance scores from 70% to 79%, “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 2023 assessment is presented below:

No	Name of RCC	Overall Rating %)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
1	Volta	91.50	1 st	Excellent
2	Greater Accra	90.40	2 nd	Excellent
3	Western	89.25	3 rd	Excellent
4	Ahafo	88.38	4 th	Excellent
5	Eastern	86.15	5 th	Excellent
6	Upper East	85.50	6 th	Excellent
7	Central	84.50	7 th	Excellent
8	Bono East	82.40	8 th	Excellent
9	Oti	81.65	9 th	Excellent
10	Savannah	81.38	10 th	Excellent
11	Bono	73.13	11 th	Very Good
12	Ashanti	62.48	12 th	Good
13	Western North	60.50	13 th	Good
14	Upper West	43.48	14 th	Unsatisfactory
15	Northern	41.75	15 th	Unsatisfactory
16	North East	33.20	16 th	Unsatisfactory

The performance of the MMDAs in the 2023 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	ER	Abuakwa South	87.25	1 st	Excellent
2	ER	Atiwa East	85.38	2 nd	Excellent
3	GAR	Adentan	84.25	3 rd	Excellent
4	VR	North Dayi	82.75	4 th	Excellent
5	WR	Mpohor	81.75	5 th	Excellent
6	AHR	Asunafo North Mun.	81.38	6 th	Excellent
7	WR	Sekondi Takoradi Metro.	80.69	7 th	Excellent
8	ER	West Akim	80.44	8 th	Excellent
9	WR	Shama	80.13	9 th	Excellent
10	VR	Ketu North	79.75	10 th	Very Good
11	ER	New Juaben North	79.19	11 th	Very Good
12	CR	Assin Fosu	79.00	12 th	Very Good
13	ER	Achiase	78.94	13 th	Very Good
14	ER	Kwahu West	78.44	14 th	Very Good
15	AHR	Tano North	77.44	15 th	Very Good
16	GAR	Tema West	77.06	16 th	Very Good
17	WR	Wassa Amenfi West	76.94	17 th	Very Good
18	WR	Effia Kwesimintsim	76.75	18 th	Very Good
19	VR	Ketu South	76.56	19 th	Very Good
20	UER	Bolgatanga	76.38	20 th	Very Good
21	CR	Gomoa Central	76.31	21 st	Very Good
22	UER	Kassena Nankana West	75.81	22 nd	Very Good
23	GAR	Kpone Katamanso	75.75	23 rd	Very Good
24	GAR	Krowor	75.31	24 th	Very Good
25	VR	Ho West	75.25	25 th	Very Good
26	GAR	La Dade-Kotopon	74.88	26 th	Very Good
27	GAR	Ga East	74.50	27 th	Very Good
28	CR	Ajumako/Enyan/Esiam	74.13	28 th	Very Good
29	WR	Jomoro	73.38	29 th	Very Good
30	OR	Krachi East	73.31	30 th	Very Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
31	ER	Nsawam Adoagyiri Mun.	73.19	31 st	Very Good
32	WR	Wassa East	72.44	32 nd	Very Good
33	CR	Twifu Ati Morkwa	72.25	33 rd	Very Good
34	AR	Afigya Kwabre North Mun.	72.06	34 th	Very Good
35	ER	Asene-Manso-Akroso	71.94	35 th	Very Good
36	VR	South Dayi	71.69	36 th	Very Good
37	WR	Amenfi Central	71.63	37 th	Very Good
38	AR	Oforikrom Mun.	71.44	38 th	Very Good
39	CR	Komenda-Edina-Eguafo- Abrim	71.31	39 th	Very Good
40	WR	Nzema East Mun.	71.13	40 th	Very Good
41	CR	Agona East	71.06	41 st	Very Good
42	BER	Atebubu Amantin	70.88	42 nd	Very Good
43	UWR	Sissala East	70.56	43 rd	Very Good
44	WR	Prestea-Huni-Valley	70.38	44 th	Very Good
45	WR	Tarkwa Nsuaem Mun.	70.13	45 th	Very Good
46	WR	Ahanta West	70.00	46 th	Very Good
47	WR	Ellembele	69.94	47 th	Good
48	UWR	Lawra	69.44	48 th	Good
49	GAR	Ayawaso West	69.44	48 th	Good
50	AHR	Asunafo South	69.31	50 th	Good
51	GAR	Ledzokuku	69.25	51 st	Good
52	BER	Techiman North	69.06	52 nd	Good
53	CR	Cape Coast Metro.	68.88	53 rd	Good
54	ER	Denkyembuor	68.50	54 th	Good
55	NR	Tamale Metro	68.50	54 th	Good
56	UER	Kassena Nankana East	68.13	56 th	Good
57	AR	Atwima Kwanwoma Dist.	68.06	57 th	Good
58	GAR	Ashaiman Mun.	68.00	58 th	Good
59	UER	Bongo	67.75	59 th	Good
60	ER	Birim South	67.31	60 th	Good
61	CR	Awutu Senya	67.19	61 st	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
62	UWR	Wa West	67.00	62 nd	Good
63	CR	Gomoa West	66.81	63 rd	Good
64	CR	Gomoa East	66.63	64 th	Good
65	UWR	Wa Mun.	66.25	65 th	Good
66	AHR	Tano South	66.25	65 th	Good
67	CR	Effutu	66.19	67 th	Good
68	BR	Dormaa Central Mun.	66.19	67 th	Good
69	UER	Builsa North	66.06	69 th	Good
70	ER	Akuapim South	66.06	69 th	Good
71	UER	Talensi	65.88	71 st	Good
72	UER	Binduri	65.88	71 st	Good
73	CR	Upper Denkyira West	65.88	71 st	Good
74	VR	Afadzato South	65.81	74 th	Good
75	GAR	Ga Central	65.81	74 th	Good
76	GAR	Tema Metro	65.69	76 th	Good
77	CR	Agona West	65.69	76 th	Good
78	ER	Birim Central	65.63	78 th	Good
79	ER	Yilo Krobo	65.44	79 th	Good
80	ER	Abuakwa North	65.13	80 th	Good
81	CR	Assin South	65.13	80 th	Good
82	ER	Atiwa West	64.75	82 nd	Good
83	UWR	Dafiana Bussie Issa	64.50	83 rd	Good
84	ER	Kwahu East	64.38	84 th	Good
85	UER	Pusiga	63.81	85 th	Good
86	VR	Anloga	63.63	86 th	Good
87	ER	New Juaben South	63.56	87 th	Good
88	SR	Sawla Tuna Kalba	63.44	88 th	Good
89	ER	Akyemansa	63.44	88 th	Good
90	UER	Builsa South	63.06	90 th	Good
91	WR	Wassa Amenfi East	63.06	90 th	Good
92	ER	Lower Manya Krobo	63.06	90 th	Good
93	OR	Nkwanta North	62.94	93 rd	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
94	GAR	Ayawaso Central	62.81	94 th	Good
95	VR	Hohoe Mun	62.63	95 th	Good
96	BR	Sunyani Mun.	62.50	96 th	Good
97	GAR	Ga West	62.38	97 th	Good
98	GAR	Okaikwei North	62.31	98 th	Good
99	CR	Upper Denkyira East	61.88	99 th	Good
100	AR	Asokwa Mun.	61.56	100 th	Good
101	CR	Asikuma-Odoben-Brakwa-Breman	61.56	100 th	Good
102	AR	Suame Mun.	61.56	100 th	Good
103	CR	Awutu Senya East	61.56	100 th	Good
104	AR	Asante Akim South Mun.	61.56	100 th	Good
105	WNR	Sefwi Wiawso Mun.	61.56	100 th	Good
106	BER	Techiman Mun.	61.44	106 th	Good
107	BER	Sene West	61.38	107 th	Good
108	ER	Akwapim North	60.69	108 th	Good
109	CR	Hemang Lower Denkyira	60.63	109 th	Good
110	ER	Birim North	60.63	109 th	Good
111	GAR	Shai-Osudoku	60.63	109 th	Good
112	VR	North Tongu	60.50	112 th	Good
113	BR	Jaman South	60.44	113 th	Good
114	VR	Akatsi North	60.25	114 th	Good
115	GAR	Ablekuma North	60.25	114 th	Good
116	ER	Kwahu Afram Plains North	60.25	114 th	Good
117	AR	Juaben Mun.	60.25	114 th	Good
118	GAR	Korle Klottey	59.94	118 th	Satisfactory
119	ER	Asuogyaman	59.88	119 th	Satisfactory
120	UER	Bawku West	59.69	120 th	Satisfactory
121	ER	Kwaebibirem	59.69	120 th	Satisfactory
122	VR	Central Tongu	59.69	120 th	Satisfactory
123	BER	Nkoranza North	59.56	123 rd	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
124	GAR	Ga South	59.19	124 th	Satisfactory
125	AHR	Asutifi North	59.13	125 th	Satisfactory
126	WNR	Bia East	58.94	126 th	Satisfactory
127	UER	Nabdam	58.94	126 th	Satisfactory
128	AR	Amansie Central Dist.	58.88	128 th	Satisfactory
129	WNR	Suaman	58.75	129 th	Satisfactory
130	AR	Adansi South Dist.	58.56	130 th	Satisfactory
131	AR	Sekyere South Dist.	58.56	130 th	Satisfactory
132	UER	Garu	58.50	132 nd	Satisfactory
133	GAR	Accra Metro.	58.38	133 rd	Satisfactory
134	SR	East Gonja	58.38	133 rd	Satisfactory
135	AR	Bosomtwe Dist.	58.25	135 th	Satisfactory
136	OR	Jasikan	58.19	136 th	Satisfactory
137	CR	Ekumfi	58.13	137 th	Satisfactory
138	UWR	Lambusie Karni	57.63	138 th	Satisfactory
139	BER	Pru West	57.63	138 th	Satisfactory
140	AHR	Asutifi South	57.56	140 th	Satisfactory
141	BER	Pru East	57.50	141 st	Satisfactory
142	UWR	Nandom	57.44	142 nd	Satisfactory
143	UWR	Nadowli Kaleo	57.19	143 rd	Satisfactory
144	BER	Kintampo North Mun.	57.19	143 rd	Satisfactory
145	VR	South Tongu	57.19	143 rd	Satisfactory
146	ER	Fanteakwa North	57.00	146 th	Satisfactory
147	VR	Ho Mun.	56.88	147 th	Satisfactory
148	GAR	Ningo-Prampram	56.88	147 th	Satisfactory
149	OR	Krachi West	56.88	147 th	Satisfactory
150	AR	Obuasi East Dist	56.75	150 th	Satisfactory
151	UER	Bolgatanga East	56.50	151 st	Satisfactory
152	OR	Biakoye	56.38	152 nd	Satisfactory
153	SR	Bole	56.25	153 rd	Satisfactory
154	GAR	Ga North	56.13	154 th	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
155	CR	Abura/ Asebu/ Kwamankese	56.13	154 th	Satisfactory
156	AR	Sekyere East Dist.	55.94	156 th	Satisfactory
157	ER	Okere	55.75	157 th	Satisfactory
158	OR	Kadjebi	55.56	158 th	Satisfactory
159	GAR	Ayawaso North	55.56	158 th	Satisfactory
160	AR	Obuasi Mun.	55.50	160 th	Satisfactory
161	ER	Fanteakwa South	55.50	160 th	Satisfactory
162	UER	Bawku	55.19	162 nd	Satisfactory
163	ER	Upper Manya Krobo	55.13	163 rd	Satisfactory
164	GAR	Ada West	54.94	164 th	Satisfactory
165	NR	Kpandai	54.94	164 th	Satisfactory
166	AR	Afigya Kwabre South Dist.	54.63	166 th	Satisfactory
167	WNR	Bodi	54.63	166 th	Satisfactory
168	AR	Atwima Nwabiagya Mun.	54.56	168 th	Satisfactory
169	AR	Mampong Mun.	54.56	168 th	Satisfactory
170	VR	Kpando Mun.	54.44	170 th	Satisfactory
171	GAR	Ada East	54.31	171 st	Satisfactory
172	BR	Dormaa West	54.19	172 nd	Satisfactory
173	CR	Assin North	53.88	173 rd	Satisfactory
174	NR	Zabzugu	53.75	174 th	Satisfactory
175	BR	Sunyani West	53.63	175 th	Satisfactory
176	NR	Nanumba South	53.63	175 th	Satisfactory
177	ER	Kwahu South	53.56	177 th	Satisfactory
178	BR	Berekum East	53.13	178 th	Satisfactory
179	AR	Asante Akim Central Mun.	53.06	179 th	Satisfactory
180	AR	Amansie West District	52.88	180 th	Satisfactory
181	AR	Atwima Nwabiagya North Dist.	51.94	181 st	Satisfactory
182	GAR	Weija-Gbawe	51.88	182 nd	Satisfactory
183	UWR	Sissala West	51.81	183 rd	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
184	SR	West Gonja	51.56	184 th	Satisfactory
185	NR	Sagnerigu	51.50	185 th	Satisfactory
186	AR	Sekyere Central Dist.	51.38	186 th	Satisfactory
187	AR	Old Tafo Mun.	51.06	187 th	Satisfactory
188	BER	Kintampo South	51.00	188 th	Satisfactory
189	NR	Nanumba North	51.00	188 th	Satisfactory
190	NR	Gushiegu	50.94	190 th	Satisfactory
191	NER	West Mamprusi	50.88	191 st	Satisfactory
192	UWR	Jirapa	50.81	192 nd	Satisfactory
193	VR	Keta Mun.	50.69	193 rd	Satisfactory
194	SR	Central Gonja	50.50	194 th	Satisfactory
195	VR	Akatsi South	50.50	194 th	Satisfactory
196	AR	Bosome Freho District	50.38	196 th	Satisfactory
197	ER	Upper West Akim	50.00	197 th	Satisfactory
198	SR	North East Gonja	49.31	198 th	Unsatisfactory
199	WNR	Aowin	49.13	199 th	Unsatisfactory
200	WNR	Bibiani Anhwiaso Bekwai	49.06	200 th	Unsatisfactory
201	BR	Jaman North	48.69	201 st	Unsatisfactory
202	GAR	La-Nkwantanang	48.56	202 nd	Unsatisfactory
203	AR	Kumasi Metro	48.38	203 rd	Unsatisfactory
204	WNR	Sefwi Akontombra	48.25	204 th	Unsatisfactory
205	VR	Adaklu	48.06	205 th	Unsatisfactory
206	ER	Kwahu Afram Plains South	47.81	206 th	Unsatisfactory
207	AR	Amansie South Dist.	47.75	207 th	Unsatisfactory
208	AR	Adansi North Dist.	47.56	208 th	Unsatisfactory
209	NER	Chereponi	47.56	208 th	Unsatisfactory
210	OR	Nkwanta South	47.00	210 th	Unsatisfactory
211	AR	Kwadaso Mun.	46.88	211 th	Unsatisfactory
212	BR	Tain	46.63	212 th	Unsatisfactory
213	GAR	Ablekuma West	46.44	213 th	Unsatisfactory
214	NR	Kumbungu	46.38	214 th	Unsatisfactory
215	ER	Ayensuano	46.31	215 th	Unsatisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
216	AR	Offinso North Dist.	46.19	216 th	Unsatisfactory
217	SR	North Gonja	45.81	217 th	Unsatisfactory
218	AR	Asante Akim North Mun.	45.69	218 th	Unsatisfactory
219	BER	Nkoranza South Mun.	45.63	219 th	Unsatisfactory
220	NR	Yendi Mun.	45.38	220 th	Unsatisfactory
221	VR	Agortime Ziope	45.25	221 st	Unsatisfactory
222	AR	Atwima Mponua Dist.	45.06	222 nd	Unsatisfactory
223	AR	Ahafo Ano South West Dist.	45.06	222 nd	Unsatisfactory
224	AR	Ejura Sekyere-Dumase Mun.	45.00	224 th	Unsatisfactory
225	AR	Ahafo Ano North Mun.	44.88	225 th	Unsatisfactory
226	AR	Bekwai Mun.	44.88	225 th	Unsatisfactory
227	BR	Banda	44.63	227 th	Unsatisfactory
228	BR	Dormaa East	44.44	228 th	Unsatisfactory
229	UER	Tempene	44.44	228 th	Unsatisfactory
230	NER	East Mamprusi	44.13	230 th	Unsatisfactory
231	OR	Krachi Nchumuru	43.63	231 st	Unsatisfactory
232	AR	Adansi Asokwa Dist.	43.38	232 nd	Unsatisfactory
233	UWR	Wa East	43.31	233 rd	Unsatisfactory
234	AR	Sekyere-Kumawu Dist.	43.13	234 th	Unsatisfactory
235	AR	Ahafo Ano South East Dist.	42.94	235 th	Unsatisfactory
236	BR	Wenchi Mun.	42.69	236 th	Unsatisfactory
237	OR	Guan	42.25	237 th	Unsatisfactory
238	NR	Tatale Sanguli	42.19	238 th	Unsatisfactory
239	NR	Savelugu	41.81	239 th	Unsatisfactory
240	ER	Suhum	41.75	240 th	Unsatisfactory
241	CR	Mfantsiman Mun.	41.25	241 st	Unsatisfactory
242	NR	Karaga	41.06	242 nd	Unsatisfactory
243	AR	Asokore Mampong Mun.	39.44	243 rd	Unsatisfactory
244	AR	Kwabre East Mun.	39.31	244 th	Unsatisfactory
245	AR	Akrofuom Dist.	39.19	245 th	Unsatisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
246	GAR	Ablekuma Central	38.63	246 th	Unsatisfactory
247	GAR	Ayawaso East	38.50	247 th	Unsatisfactory
248	NR	Tolon	38.44	248 th	Unsatisfactory
249	NR	Mion	38.38	249 th	Unsatisfactory
250	AR	Ejisu Mun.	38.13	250 th	Unsatisfactory
251	BER	Sene East	37.00	251 st	Unsatisfactory
252	NER	Yunyoo Nasuan	36.56	252 nd	Unsatisfactory
253	NR	Saboba	36.19	253 rd	Unsatisfactory
254	WNR	Juaboso	34.63	254 th	Unsatisfactory
255	BR	Berekum West	32.88	255 th	Unsatisfactory
256	NER	Bunkpurugu Nakpanduri	32.69	256 th	Unsatisfactory
257	AR	Sekyere Afram Plains Dist.	31.69	257 th	Unsatisfactory
258	NR	Nanton	30.63	258 th	Unsatisfactory
259	NER	Mamprugu Moagduri	29.94	259 th	Unsatisfactory
260	AR	Offinso Mun.	29.06	260 th	Unsatisfactory
261	WNR	Bia West	26.63	261 st	Unsatisfactory

General Issues and Observations from the 2023 PC of the MMDAs

- i. Failure of most MMDAs to share contents of the Performance Contracts with their Staff and put in place a system of measuring how well staff are performing towards achieving the expected performance.
- ii. Low commitment by management to supporting the implementation of planned activities.
- iii. Poor Records keeping and management due to slow implementation of the reforms (processes and procedures) in the LGS Records Management Manual such as file migration etc.
- iv. Low commitment/lack of interest from some MMDAs to the PMS/PC.
- v. Irregular and inadequate statutory fund flows.
- vi. Low Internally Generated Funds (IGF).
- vii. Poor implementation of the Revenue Improvement Action Plans (RIAP) of MMDAs.
- viii. Electronic storage of correspondence was still poorly done in some MMDAs (no registry software and/or functional scanner).

- ix. Some washrooms for visitors were in poor states i.e no water, tissue and soap. In some MMDAs, the washrooms were unroofed urinals with no toilet facility.
- x. Staff manning most of the Client Unit Offices visited were non-mechanized staff and some lacked basic logistics such as visitors' book/slips, complaint books/forms etc.
- xi. In some MMDAs, some staff, especially National Disaster Management Organisation (NADMO) officers were not present at the time of visiting and with no official reasons for their absence or unavailability.
- xii. Poor leadership and coordination in some MMDAs affected their performance. Some MMDCDs failed to adequately coordinate and organize their staff to be fully prepared with their files and reports in some areas.
- xiii. Staff unprofessionalism/apathy in some MMDAs affected the exercise.
- xiv. Websites were poorly managed in most MMDAs especially in the five (5) Northern Regions as well as the Oti Region.
- xv. Some MMDAs still have inadequate office space, especially the newly created ones.
- xvi. Minutes of meetings in most MMDAs were either unsigned or signed by recorders instead of the statutory Chairpersons and Secretaries of the committees and others were determined to be forged.
- xvii. Most MMDAs had Local Plans, however a lot more did not have Structure Plans and Spatial Development Frameworks.
- xviii. Most MMDAs performed poorly in the planning and implementation of gender-based violence interventions.
- xix. Most MMDAs did not have a Disaster Preparedness 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.
- xx. Management response to the Internal and External Audit observations was not generally prioritised in some MMDAs.
- xxi. Generally, report writing was a challenge for MMDAs. Most reports produced were without key components such as introduction, methodology, observations, recommendations and conclusions. Some activity reports were also determined to be forged as evidenced by the disconnect between the activities and the reports.
- xxii. Most training workshops had one report written to cover several training activities, -
- xxiii. There was poor office environment and landscaping in most of the Assemblies.
- xxiv. Under staffing in rural MMDAs and overstaffing in urban MMDAs.
- xxv. Inadequate commitment of funds towards implementation of agriculture related activities
- xxvi. Lack of investment and commitment to tourism.

General Issues and Observations from the 2023 PC of the RCCs

- i. Some visitors' washrooms of RCCs were still not well managed with running water, tissue and soap.
- ii. Most RCCs have active websites however updates did not cover extensively the activities of the Departments as well as services rendered by the RCCs. The updates largely focused on the activities of the Regional Ministers.
- iii. Most RCC departmental heads forwarded Departmental reports directly to the respective MDAs without recourse to the RCCs.
- iv. Submission of quarterly departmental reports through RCDs was still not done regularly.
- v. Inadequate and slow release of funds remains a major challenge for the RCCs in the discharge of their mandates.
- vi. Some RCCs were 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 were 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 & 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;
- iii. Any RCC and MMDA whose evaluation score is Unsatisfactory will be cautioned in writing;
- iv. Any RCD and MMDCD who performs unsatisfactorily 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 an officer higher in grade;*
- v. Any RCD and MMDCD who performs unsatisfactorily thrice irrespective of the MMDA he/she is responsible for will be demoted and reposted.

Decisions on the 2023 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. These are:

Reg	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
ER	Abuakwa South	87.25	1 st	Excellent
ER	Atiwa East	85.38	2 nd	Excellent
GAR	Adentan	84.25	3 rd	Excellent
VR	North Dayi	82.75	4 th	Excellent
WR	Mpohor	81.75	5 th	Excellent
AHR	Asunafo North Mun.	81.38	6 th	Excellent
WR	Sekondi Takoradi Metro.	80.69	7 th	Excellent
ER	West Akim	80.44	8 th	Excellent
WR	Shama	80.13	9 th	Excellent
VR	Ketu North	79.75	10 th	Very Good

- 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)
SR	North East Gonja	49.31	198 th	Unsatisfactory
WNR	Aowin	49.13	199 th	Unsatisfactory
WNR	Bibiani Anhwiaso Bekwai	49.06	200 th	Unsatisfactory
BR	Jaman North	48.69	201 st	Unsatisfactory
GAR	La-Nkwantanang	48.56	202 nd	Unsatisfactory
AR	Kumasi Metro	48.38	203 rd	Unsatisfactory
WNR	Sefwi Akontombra	48.25	204 th	Unsatisfactory
VR	Adaklu	48.06	205 th	Unsatisfactory
ER	Kwahu Afram Plains South	47.81	206 th	Unsatisfactory
AR	Amansie South Dist.	47.75	207 th	Unsatisfactory
AR	Adansi North Dist.	47.56	208 th	Unsatisfactory
NER	Chereponi	47.56	208 th	Unsatisfactory
OR	Nkwanta South	47.00	210 th	Unsatisfactory
AR	Kwadaso Mun.	46.88	211 th	Unsatisfactory
BR	Tain	46.63	212 th	Unsatisfactory
GAR	Ablekuma West	46.44	213 th	Unsatisfactory
NR	Kumbungu	46.38	214 th	Unsatisfactory
ER	Ayensuano	46.31	215 th	Unsatisfactory
AR	Offinso North Dist.	46.19	216 th	Unsatisfactory
SR	North Gonja	45.81	217 th	Unsatisfactory
AR	Asante Akim North Mun.	45.69	218 th	Unsatisfactory
BER	Nkoranza South Mun.	45.63	219 th	Unsatisfactory

Reg	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
NR	Yendi Mun.	45.38	220 th	Unsatisfactory
VR	Agortime Ziope	45.25	221 st	Unsatisfactory
AR	Atwima Mponua Dist.	45.06	222 nd	Unsatisfactory
AR	Ahafo Ano South West Dist.	45.06	222 nd	Unsatisfactory
AR	Ejura Sekyere-Dumase Mun.	45.00	224 th	Unsatisfactory
AR	Ahafo Ano North Mun.	44.88	225 th	Unsatisfactory
AR	Bekwai Mun.	44.88	225 th	Unsatisfactory
BR	Banda	44.63	227 th	Unsatisfactory
BR	Dormaa East	44.44	228 th	Unsatisfactory
UER	Tempane	44.44	228 th	Unsatisfactory
NER	East Mamprusi	44.13	230 th	Unsatisfactory
OR	Krachi Nchumuru	43.63	231 st	Unsatisfactory
AR	Adansi Asokwa Dist.	43.38	232 nd	Unsatisfactory
UWR	Wa East	43.31	233 rd	Unsatisfactory
AR	Sekyere-Kumawu Dist.	43.13	234 th	Unsatisfactory
AR	Ahafo Ano South East Dist.	42.94	235 th	Unsatisfactory
BR	Wenchi Mun.	42.69	236 th	Unsatisfactory
OR	Guan	42.25	237 th	Unsatisfactory
NR	Tatale Sanguli	42.19	238 th	Unsatisfactory
NR	Savelugu	41.81	239 th	Unsatisfactory
ER	Suhum	41.75	240 th	Unsatisfactory
CR	Mfantiman Mun.	41.25	241 st	Unsatisfactory
NR	Karaga	41.06	242 nd	Unsatisfactory
AR	Asokore Mampong Mun.	39.44	243 rd	Unsatisfactory
AR	Kwabre East Mun.	39.31	244 th	Unsatisfactory
AR	Akrofuom Dist.	39.19	245 th	Unsatisfactory
GAR	Ablekuma Central	38.63	246 th	Unsatisfactory
GAR	Ayawaso East	38.50	247 th	Unsatisfactory
NR	Tolon	38.44	248 th	Unsatisfactory
NR	Mion	38.38	249 th	Unsatisfactory
AR	Ejisu Mun.	38.13	250 th	Unsatisfactory
BER	Sene East	37.00	251 st	Unsatisfactory
NER	Yunyoo Nasuan	36.56	252 nd	Unsatisfactory
NR	Saboba	36.19	253 rd	Unsatisfactory
WNR	Juaboso	34.63	254 th	Unsatisfactory
BR	Berekum West	32.88	255 th	Unsatisfactory
NER	Bunkpurugu Nakpanduri	32.69	256 th	Unsatisfactory
AR	Sekyere Afram Plains Dist.	31.69	257 th	Unsatisfactory
NR	Nanton	30.63	258 th	Unsatisfactory
NER	Mamprugu Moagduri	29.94	259 th	Unsatisfactory
AR	Offinso Mun.	29.06	260 th	Unsatisfactory
WNR	Bia West	26.63	261 st	Unsatisfactory

Decisions on the 2023 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)
Volta	91.50	1 st	Excellent
Greater Accra	90.40	2 nd	Excellent
Western	89.25	3 rd	Excellent

Integrated District Agriculture Governance Index (DAGI) Indicators

For the performance year 2023, the LGS fully integrated some former DAGI indicators into the Performance Contract of the 261 MMDAs as scoring KPIs under the Local Economic Development KPA with the aim of gauging the Assemblies' commitment into agriculture. The integrated indicators were;

1. At least 5% of MMDA expenditure to agriculture (activities/programmes) excluding National Farmers' Day celebration by the end of the year
2. At least 80% of planned agricultural activities in AAP implemented by the end of the year
3. At least 40% of MMDA annual agricultural expenditure on post-production activities by the end of the year (*Storage, processing, packaging, market linkages, etc*)
4. At least 60% of planned agricultural interventions to address gender gaps implemented by the end of the year

Some of the key findings include;

1. Financial planning and reporting on Agriculture interventions were reported differently across the country
2. The MMDAs financial commitment towards Agriculture mostly goes into Farmers Day Activities
3. Lack of established baseline data especially in the newly created MMDAs
4. Low investment towards post-production activities by MMDAs

The following are some recommendations for improving the performance for 2024;

1. Build capacity in planning and reporting as well as data management towards agriculture interventions.
2. Broaden the collaboration amongst stakeholders of the agriculture value chain.
3. Strengthen the LGS performance management system to enhance the achievement of set targets.
4. Engage donor partners to support LGS for sustainable service delivery at all levels.
5. MMDAs should make conscious efforts to plan, budget and finance mainstream agriculture related interventions beyond the Farmer's Day celebration.

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, can contribute to the collective achievement of set indicators and targets. The MMDAs must further have a functional system in place 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;
- In subsequent years, the only acceptable evidence of documents for the assessment of Performance Contract indicators would 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 assessments;
- The MMDAs and RCCs must facilitate training programmes of staff on the processes and procedures as prescribed in the LGS Records Management and Operational Manual to improve capacity to perform functions effectively. The trainings should be followed by the 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 and the substructures) 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 (LGS) 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 (Contracts & Appraisals) 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 2023, 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 the overall performance mirrors that of the respective Regional Coordinating Councils (RCDs) and Metropolitan, Municipal and District Assemblies (MMDAs) because these are signed on behalf of the entire staff of the RCC & Assembly. Thus, 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 2023. RCCs and MMDAs conducted their Annual Evaluation on their performance and submitted reports to the Head of Service through their respective RCCs in January 2024 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 the actual performance of the MMDAs in March to May 2024.

This report is an account of the whole process of the implementation of the Performance Contracts between Hon. RMs and RCDs and Hon. MMDCEs and MMDCDs for 16 RCCs and 261 MMDAs respectively. 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:

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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' Medium Term Development 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, 2023 to December 31, 2023. 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. The RCCs conducted the Mid-Year reviews for 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, 2024.

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 March to May 2024 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 2023 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, counselling and sanctions are to be made.

Based on the 2023 Annual Performance results (*presented in [Chapter 4](#)*), the OHLGS has prepared the Guiding Principles of decision making on 2023 Performance Evaluation results and the decisions made by the Head of the Service is presented in [Chapter 5](#).

CHAPTER THREE

**MONITORING AND VERIFICATION ON
2023 ANNUAL PERFORMANCE
EVALUATION OF RCCs & MMDAs**

3. MODALITIES FOR THE MONITORING AND VERIFICATION ON 2023 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 6 teams made up of Directors and support staff of the OHLGS to undertake an independent Monitoring and Verification (M&V) of the Annual Evaluation done by the RCCs and MMDAs from March to May 2024.

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 Ing. Baah Tetteh	Oti Eastern	Oti Eastern
2	Thomas A. Allotey Albert Amoah	Ashanti	Ashanti
3	Prosper Ahalivor Nariel Quayson	Upper East Upper West Svannah Ahafo	Upper East Upper West Svannah Ahafo
4	Audrey Smock Amoah, PhD Jamil Abdul Issaka	Bono Volta Western North	Bono Volta Western North
5	Peter E. Asante Francis Kankam - Boadu	Central Western	Central Western
6	Brian Tsikpor Lutfata Mohaideen	North East Northern Bono East 10 MMDAs in Greater Accra	North East Northern Bono East
7	Audrey Smock Amoah, PhD Terry Tetteh Albert Amoah	9 MMDAs in Greater Accra	Greater Accra
8	Prosper Ahalivor Francis Kankam - Boadu	10 MMDAs in 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 the 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 2023. Management of the OHLGS developed score criteria for each Key Performance Indicator (KPI) for the field verification after which the M&V teams were taken through the criteria for assessing the performance of each RCC and MMDA.

The methodology adopted for the exercise was an evidence - based approach which involved visiting each RCC and MMDA to carry out desk reviews and physical verification of all relevant documentation produced in evidence such as Activity Reports, Payment Vouchers (PVs), Audit Reports, Incoming and Outgoing Correspondence Registers among others for each KPI by the respective RCC and MMDA. The observations, findings, recommendations made by each M&V team were discussed with management of each visited RCC and MMDA.

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. Eastern Region

The general observations/findings, key issues and recommendations by the team for 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

This section of the report covers the Eastern Region i.e. the Eastern Regional Coordinating Council (ERCC) and all 33 Municipal and District Assemblies.

4.1.2. General Outcomes

The time spent at the Eastern Regional Coordinating Council (ERCC) for the assessment was 4 hours 38 minutes. The waiting time before the commencement of the exercise at the ERCC was 24 minutes. The average time spent in the MMDAs was about 4 hours 53 minutes. The longest working session of 5 hours and 45 minutes was recorded in Fanteakwa South MA and Akuapem North MA whereas the shortest of 2 hours and 35 minutes was in Kwahu Afram Plains South DA.

The average waiting time before the commencement of the exercise at the MMDAs was 25 minutes. The longest waiting time of 49 minutes was recorded in New Juaben North MA whereas the shortest of 10 minutes was recorded in Kwahu East DA.

The level of cooperation from the Chief Executives and the Coordinating Directors was generally high. A few Chief Executives were present at both the entry and exit conferences. The staff, Heads of Departments and some Heads from the Non-decentralized Departments were available to provide answers relating to their areas.

4.1.3. General Observations

Staff Unavailability/Absence

In most MMDAs visited, key staff were present to provide the needed evidence for assessment by the team. However, it was generally observed that most NADMO Heads were not available for the exercise. And no official reasons were given for the absence of these officers by the Administrative Heads of the MMDAs.

Leadership and Coordination

Effective and efficient leadership and coordination is key to how well RCCs and MMDAs perform during performance assessments. This was observed in the ERCC. The Regional

Coordinating Director (RCD) rallied his staff well and ensured that all the relevant documentation needed for the assessment exercise were readily available.

This was also observed in Atiwa West, Achiase, Lower Manya Krobo, Kwahu West, Asene Manso Akroso, Nsawam, Denkyembour, Kwahu Afram Plains North, New Juaben North, Akuapim South and Yilo Krobo MMDAs. The MMDCDs and some of the MMDCEs in these MMDAs took keen interest in the exercise.

Poor Visitor's Washrooms

It was generally observed that even though there had been some improvement in the management of visitors' washrooms of MMDAs in the Region, the visitors' washrooms of Upper West Akim, Yilo Krobo, New Juaben South, Birim South, Fanteakwa South, Kwahu South, Kwahu East, Kwahu Afram Plains North and Abuakwa North were still poorly managed.

Website

It was generally observed that the website of most MMDAs visited did not have details needed to market the MMDAs and their potentials. Most websites did not have information on the processes for application of services rendered by the MMDAs such as Development Permit, Business Operating Permit, Marriage Registration etc. Other relevant information such as MTDPs, AAPs, APRs, RIAPs as well as tourism potentials of the MMDAs were not available on most websites.

Implementation of the Records Management Reforms

The implementation of the reforms as contained in the newly developed LGS Records Management Manual is still very slow across the MMDAs in the Region. Implementation at the ERCC was observed to be disappointingly being done with flaws. The new way of file and correspondence references, migration of files to the new file classification system, storage for semi closed and closed files among others is fraught with challenges.

Human Resource Management related functions

It was generally observed that most MMDAs forwarded their compiled leave roster and Training Needs Areas (TNAs) to the RCC and OHLGS instead of discussion and approval by management of the respective MMDAs for implementation at the MMDA level.

Appraisal compliance was observed to be still very low in Birim South, Birim North, Kwahu South, Abuakwa North, Ayensuano, Akuapim South, Akuapem North and Akyemansa. Staff still perceive the performance appraisal process as only relevant for promotion.

There is an urgent need for staff rationalization across the MMDAs in the Eastern Region. Staff are overly concentrated in MMDAs such as Akuapim South, Akuapem North, Nsawam, New Juaben North and New Juaben South.

Disaster Preparedness Plans and Implementation Reports

The team observed that only 12% of MMDAs in the Region have developed a comprehensive Disaster Preparedness Plan with an implementation report and officially forwarded through management to the regional level. The team observed that there was little or no financial commitment towards the development of District specific Disaster Preparedness Plans.

Functionality of Sub-District Structures

It was observed that most MMDAs in the Regions have not fully established or operationalised their sub-district structures. The action plans of the sub-district structures produced in evidence by most MMDAs were not officially submitted. Proof of expenditure on activities in the AAPs of the sub-district structures was very limited.

Population with access to Household Toilets

The team observed that only 24% of MMDAs in the Region correctly documented the population with access to household toilets within their respective MMDAs. The focus in all the other MMDAs on the newly developed household toilets. This has adversely affected the number of communities being declared Open Defecation Free (ODF) in the Region.

Revenue database

All the MMDAs visited updated their revenue database on rateable item. However, 21% of the MMDAs did not forward the updated data for consideration by either the Budget Committee or the F&A Sub-Committee before using the database for the preparation of their 2024 revenue estimates. About 32% of MMDAs in the Region have no summary report on the revenue data thereby not linking the data to the revenue estimate.

Preparation and Implementation of RIAP

It was observed that all the MMDAs visited used the approved template to prepare the 2024 Revenue Improvement Action Plan (RIAP). Only 12% of the MMDAs did not forward the prepared RIAP for approval at the General Assembly meeting before sending a copy to the RCC. Also, about 70% of the MMDAs implemented the 2023 RIAP without specific activity reports on file.

Audit Recommendations

It was observed by the team that 52% of the MMDAs did not implement 100% of their audit recommendations and were sighted in the 2022 Auditor General Management Letter. In other instances, the 4th quarter 2022, 1st, 2nd and 3rd quarters of 2023 Internal Audit recommendations were partially implemented by Birim Central MA, Upper West Akim DA, Akuapem North MA, Achiase DA, Okere DA and Suhum MA representing 18% of the MMDAs, while the MMDAs responded to the Internal Audit observations made within the 10 working days with evidence of reports on file.

Availability of Spatial Development Framework and Structure Plan

It was observed that 15% of MMDAs have developed a Spatial Development Framework together with the Structure Plans. While 30% had developed Structure Plans. The inability of most of the Assemblies to prepare the maps was attributed to the high cost of preparing the maps. However, all the 33 MMDAs visited had some local plans developed and copies produced in evidence.

Efforts towards Street Naming and Signages

94% of the MMDAs visited undertook street naming exercise and mounted signages in the year 2023. However, Ayensuano and Kwahu Afram plain North Districts did not mount/plant any signages representing 6% of the MMDAs.

Agric expenditure and programmes

Most of the MMDAs visited spent more than 5% of the Assembly's expenditure on the agriculture department. Except for the following districts (Ayensuano DA, Kwaebibirem MA Asuogyaman DA, Atiwa West DA, Abuakwa north MA, Akuapem North MA and Akyemansa DA) which spent less. While Akwapim South MA, Ayensuano DA, Asuogyaman DA, Birim Central MA, Abuakwa South MA, Kwahu Afram Plains North and Kwaebibirem MA) spent less than 20% of the annual agriculture expenditure on post-production activities. In terms of planned activities and its implementation, all the MMDAs visited implemented more than 80% of their planned activities.

Planning and implementation of Tourism related activities

All the MMDAs visited planned for tourism related activities in the 2023 AAP except Kwahu Afram Plain South which did not capture any activity. However, 69% of the MMDAs planned for only one tourism related activity in 2023 plan and the same was implemented.

Falsification of Document

It was unfortunately observed that some reports, minutes and official letters were forged for the purposes of the assessment. Records of these official letters were not available at the Records Management Units' Outgoing Register and Dispatch Books.

The most forged documents were minutes of ISCCS meetings, training reports, Payment Vouchers (PVs), minutes of Education Oversight Committee and Health Committee meetings among others. MMDAs where most of these were observed include Akuapem North, Fanteakwa South, Atiwa West, Abuakwa North, Asuogyaman, Denkyembour, Okere, Birim North, Fanteakwa North, Upper Manya Krobo, Ayensuano, Birim Central, New Juabeng North and Kwahu Afram Plains South.

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 come up with practical strategies towards achieving this objective. The websites and the information that is put on them, the cleanliness of the visitors' washrooms as well as the effective and efficient management of clients' needs and expectations should serve as good avenues to achieving this objective;
- Apply the required sanctions needed for staff who are failing to perform their functions in an effective and efficient manner. Management should show more interest in the quality of officially prepared documents such as reports and minutes;
- 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 and Units are being followed to avoid collision or conflict of roles. Management must show more commitment in the implementation of reforms as spelt out in the newly developed operational manuals of Records Management and Client Service Units;

- 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;
- Ensure that formats for reporting as well as reporting deadlines are strictly enforced to enhance accountability from the various Departments and Units;
- Ensure that funds are made available for the development and implementation of a District Specific Disaster Preparedness Plan to serve as a broad framework that guides disaster prevention and response to reduce to the minimum the impact on lives and livelihoods;
- Ensure that the sub-district structures are fully established and functional i.e. well-staffed, trained and financially resourced. The AAPs of the sub-district structures should be officially submitted to management and activity reports prepared for every activity undertaken;
- Ensure that more funding is channelled towards Agriculture, Tourism and Environmental Health activities to ensure that Government commitment towards meeting the SDGs can be collectively achieved;
- Ensure that MMDA websites 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 also be regularly updated on the website;
- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to easily direct clients to the Assemblies.

For RCC

The following are some recommendations for ERCC;

- The ERCC must tighten monitoring activities of MMDAs in the Region with the aim of assisting them with technical expertise where needed. Special emphasis should be placed on areas such as the preparation of District Spatial Development Frame (DSDF), Structure and Local Plans, Disaster Preparedness Plans, Report and Minutes Writing for junior and middle level staff, Records Management among others. Retreats can be organised at least twice a year to share best practices amongst MMDAs;

- The ERCC as a matter of urgency, should organize a staff audit with the aim of identifying MMDAs with overstaffing and understaffing challenges and follow this up with a staff rationalization to help improve staff productivity and development;
- The ERCC should take some action against the MMDAs identified in this assessment as producing forged documents and records;
- The ERCC should consider inviting technical officers from the OHLGS to sensitize key technical staff on what the objectives of each KPA and KPI are to assist in improving the understanding of staff and their performance;
- The ERCC are encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation.

4.1.5. Eastern RCC and MMDAs Detailed Analysis /Findings of Indicators

Table 2: Detailed Analysis /Findings of each Indicator for Eastern RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	12 monthly REGSEC meetings were held by the RCC with an additional 4 emergency REGSEC meetings, with all signed invitation letters and minutes well placed on file. Implementation of decisions of each of the REGSEC meetings were all traced.	The RCC should keep up the good work.
	1.2i	Compliance with Expanded RCC	Only one expanded RCC meeting was held by the RCC with signed records of invitation letters and minutes well placed on file.	RCC must commit to organizing more expanded RCC meetings to foster greater collaboration with all other stakeholders of the RCC.
	1.2ii	Compliance with Expanded RPCU	It was observed that all the 3 RPCU meetings organised by the RCC were expanded in nature i.e. external stakeholders were invited and fully participated.	The RCC must keep this up.
	1.3i	Full implementation of the LGS Records Management Manual	Migration of files from the old classification system to the newly developed classification system for all decentralized Departments of the RCC was about 85% complete. A file diary was available at the Records Management Unit.	The RCC must engage the OHLGS to assist in the full implementation of the LGS Records Management reforms to STRICTLY align with/conform to the Records Management Manual.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			All the columns of the Incoming Correspondence Register of the RCC were observed to be fully filled. The Outgoing Correspondence Register which was being used by the RMU of the RCC was observed to be the old format and not the template in the newly developed LGS Records Management Manual. The File Transit Ladder on the sampled files were not fully filled. Incoming correspondences were observed to be received at the Special Care Registry of the RCC first, instead of the RMU of the RCC as prescribed by the LGS Records Management Manual. The team observed that the RCC got the concept of migration wrong eg. REGSEC file was given a file reference number as ERCC/SCR.10/01/01 and ERCC.40/03/02^B	
	1.3ii	Software/system for the electronic storage of correspondence	The RMU of the RCC has a registry software but this had operational challenges within the year 2023. Out of the 12 months sampled, only 8 months correspondence was well scanned and linked to the registry software.	The RCC must commit to the use of a robust electronic Records Management System for efficient flow and management of information.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.4	Availability of website and updates	The RCC had a functional website with more than 1 monthly updates in 2023 which covered more than 6 different Departments/Units. Information on Departments/Units and their functions were available on the website of the RCC. The information on the tourism sites of the Region were only pictures without any write up or narrative of the sites.	RCC needs to fully harness the potential of the website as a tool for marketing the Region and its opportunities for socio-economic development.
	1.5i	Effectiveness of the Client Service Unit	The RCC had a dedicated office accommodation and basic logistics for the Client Service Unit. The newly developed LGS Client Service forms were in use in the RCC. The sampled complainants called confirmed some actions taken on their complaints.	The RCC should be commended for prioritising Clients and impressively implementing the newly developed Client Service management reforms.
	1.5ii	Monitoring and coordination of the sub-district structures of the MMDAs	The RCC undertook monitoring of the sub-structures of their MMDAs and submitted a report to the OHLGS before the deadline.	The RCC must keep this up.
	1.6	General office environment	The office environment and space were observed to be well managed. The visitors' washroom of the RCC was well managed.	The RCC must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies & retirement schedules submission	The biannual composite promotion schedules had established vacancies and were submitted before the deadline.	The RCC must keep this up.
	2.1ii	Implementation of promotion and retirement schedules	The RCC had a copy of memo on file notifying staff on the promotion schedules for them to submit their relevant documents for their promotions. The RCC had copies of letters notifying staff on the Retirement Schedule.	The RCC must keep this up.
	2.2	Compliance with preparation of leave management roster and updates	The RCC had quarterly leave updates on file for 2023. The RCC prepared the 2024 leave roster and forwarded with a memo for management approval before the deadline.	The RCC must keep this up.
	2.3i	Compliance with the preparation a Regional Training Needs Assessment	The RCC prepared a Training Needs Assessment and forwarded with a memo for management approval before the deadline.	The RCC must keep this up.
	2.3ii	Compliance with the Comprehensive Regional training plan	The RCC prepared a harmonised plan and forwarded to the OHLGS before the deadline.	The RCC must keep this up.
	2.4	Compliance with the implementation of RCC Training Plans	There was evidence on file that the 2023 Training Plan of the RCC was revised before the mid-year review deadline. The RCC implemented all 3 activities in the revised Training plan with training reports on file. It was observed that all 4 composite quarterly reports were submitted before the deadline.	The RCC must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.5	Monitoring of PMS implementation at the MMDA level	There were biannual monitoring exercises carried out within the year with evidence of submission of monitoring reports submitted to the OHLGS before the deadlines.	The RCC must keep this up.
	2.6	Compliance with Staff Performance Appraisal Schedule for 2023	The RCC compliance rate for the 2023 staff (including staff of all other Regional Decentralized Departments) performance appraisals schedule was determined as 96%. All sampled Appraisals were well done.	This is very commendable and the RCC must keep it up.
Financial Management & Reporting	3.1	Compliance with Annual Audit Plan preparation and submission	There was evidence on file and in dispatch records of the RCC that the Annual Audit Plan was prepared and submitted to the Principal Spending Officer, Audit Committee Chair, Internal Audit Agency before the deadline.	This is very commendable and the RCC must keep it up.
	3.2	Implementation of Auditor Generals Management letter recommendations	The RCC implemented all the recommendations in the Auditor Generals Management letter.	This is very commendable and the RCC must keep it up.
	3.3i	Prompt response to the Internal Audit observations	All Internal Audit observations were responded to within 10 days of the draft report.	This is very commendable and the RCC must keep it up.
	3.3ii	Implementation of Quarterly Internal Audit recommendations	All the internal audit recommendations for all four (4) quarters were implemented by the RCC.	This is very commendable and the RCC must keep it up.
	3.4	Preparation and submission of approved Regional Integrated Budget System (RIBS)	There was evidence that the RCC prepared and approved RIBS submitted to the OHLGS before the deadline.	The RCC must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.5	Expenditures outside GIFMIS	All sampled expenditures for the RCC were observed to have been processed through the GIFMIS.	The RCC must keep this up.
Services	4.1	Submission of Departmental monitoring reports through the RCC	All 4 sampled Departments submitted 4 quarterly monitoring reports through the RCC to the OHLGS before the submission deadlines with evidence in the dispatch records of the RCC.	This is very commendable and the RCC must keep it up.
	4.2	Quarterly RPCU monitoring reports	The RPCU prepared and submitted all four (4) quarterly monitoring reports to the OHLGS before the deadline with evidence in the dispatch records of the RCC.	The RCC must keep this up.
	4.3	Biannual technical backstopping	It was observed that there is no department-specific technical backstopping report prepared and submitted to the OHLGS as is required of the indicator. However, the technical backstopping reports prepared were extracted from the quarterly reports of the Departments to prepare a consolidated biannual RPCU report which was available on file.	The management of the RCC must impress on all Departments to prepare biannual technical backstopping reports and route them through the appropriate administrative structures to the OHLGS.
	4.4	Preparation and submission of the Regional Integrated Plan	The RCC prepared their Regional Integrated Plans and produced evidence of submission to the OHLGS within the timeline.	The RCC must keep this up.

Table 3: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Eastern Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Out of the 33 MMDAs, only West Akim, Yilo Krobo, Nsawam, New Juaben South, Birim South, Fanteakwa North, Kwahu South, Kwahu Afram Plains North, Achiase, Abuakwa South, Asene Manso Akroso, and Atiwa East produced evidence of the organization of two ISCCS meetings chaired by the MMDCE and moderated by the MMDCD. These MMDAs all had records of properly filed invitation letters, signed minutes with the minutes showing detailed presentations and contributions from invited external stakeholders (SOEs, CSOs, Public Corporations etc.). The meeting records produced in Upper Manya Krobo, New Juaben North, Lower Manya Krobo, Birim Central, Fanteakwa South, Kwahu East, Kwabibirem and Akyemansa MMDAs were that of expanded M/DPCU meetings and not ISCCS. No ISCCS meeting records were produced in Upper West Akim DA. The minutes produced in Birim North DA showed that the Head of the BAC of the DA signed as chair of the meeting even though attendance reports showed	The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform in harmonizing and coordinating development. The structure and organization of the ISCCS meetings should be improved by MMDAs in the Region to achieve the full objective of the meeting.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			that the DCE and DCD were both present at the meeting. The date on the invitation letter of the ISCCS meeting and the meeting date itself were observed to be the same in Denkyembour DA. The ISCCS meeting minutes produced in Akuapem North MA showed that the presentations made at the meeting were only made by MPO and none by the invited external stakeholders. The ISCCS meeting minutes produced by Fanteakwa South DA were signed by the Development Planning Officer as Chair of the meeting and an Administrative Officer as secretary. The meeting records produced in Abuakwa North, Okere, Kwahu Afram Plains South and Ayensuano MMDAs were detected to be forged. In most cases, the invitation letters could not be traced in the outgoing correspondence register or the Dispatch Books.	
	1.2	Compliance with the organization of orientation workshops	It was observed with commendation that the ERCC organized an orientation workshop for newly recruited staff posted to the MMDAs in the Region. This workshop was attended and paid for by all MMDAs with the exception of Upper Manya Krobo,	MMDAs need to consciously develop innovative ways of sensitizing their staff on Local Government law, protocols etc.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			New Juaben North, Asuogyaman, Yilo Krobo and Fanteakwa North MMDAs. Only 7 MMDAs, Okere, Nsawam, Lower Manya Krobo, Kwahu Afram Plains North, Achiase, Asuogyaman and Atiwa East organized more than one orientation workshop for staff on the MMDA by laws, LG Act, LGS Protocols etc. and were well done with detailed presentations and other attachments. Staff in these MDAs also confirmed the organization of the orientation workshops. In 18 MMDAs (New Juaben South, West Akim, Yilo Krobo, New Juaben North, Birim Central, Birim North, Denkyembour, Fanteakwa North, Fanteakwa South, Kwahu East, Kwahu South, Kwahu Afram Plains South, Kwaebibirem, Kwahu West, Abuakwa South, Akyemansa, Asene Manso Akroso and Ayensuano), only one report was produced, which was well done with detailed presentations and other attachments. Staff in these MMDAs also confirmed the organization of the orientation workshops. No orientation workshop was produced in Suhum and Upper Manaya Krobo MMDAs for the year 2023. The orientation workshop produced in Birim South was a post assessment report of the ERCC training	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			workshop. The report from the Regionally organised training produced in New Juaben South was prepared by only one participant out of the many others that attended. In Atiwa West, Akuapem North and South MAs, none of the staff on the attendance sheets of the training reports produced could confirm the organisation of the orientation workshops.	
	1.3i	Implementation of the LGS Records Management Manual	It was observed that the file migration process had only been completed in West Akim and Atiwa East MMDAs. The process was ongoing in all other MMDAs visited in the Region. The Incoming Correspondence Register was properly filled only in Asene Manso Akroso and West Akim MMDAs. In Lower Manya Krobo, Kwahu East, Upper West Akim, Kwahu Afram Plains South DAs, the old correspondence register format was still in use at the Records Management Units. Not all columns in the Outgoing Correspondence Register in all the 33 MMDAs visited were fully filled. In almost all cases, the Mode of Dispatch columns were not all filled.	The Regional RMU Trainers should, as a matter of urgency organise follow up training for the MMDAs with implementation challenges. The MMDAs must commit to resourcing (Personnel and logistics) the RMU in line with the recommendations in the Records Management Manual.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In Achiase, Akuapem North, Ayensuano and Kwahu West, it was observed that not all correspondence forwarded for Management disposal instructions were brought back to the RMU to be placed on the appropriate files before being handed over to action officers. In Achiase DA, the RMU officers made photocopies of incoming correspondence with disposal instructions and forwarded that to the action officer(s) instead. The old incoming and outgoing correspondence register format is still in use in Kwahu Afram Plains South, Kwahu East, Upper Manya Krobo, Akuapem North and Nsawam MMDAs. The RMUs are in urgent need of additional shelves and other office logistics for effective file management. Sampled file ladders were well filled in only Abuakwa South, West Akim, New Juaben South, New Juaben North, Denkyemba, Abuakwa North, Asene Manso Akroso, and Atiwa East MMDAs. There were no trained staff available in Kwahu Afram Plains South DA and this is impacting the implementation of the Records Management Manual. In all, it was observed that the implementation of the newly developed LGS Records Management Manual	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			is facing significant challenges in Upper Manya Krobo, Upper West Akim, Kwahu Afram Plains South MMDAs.	
	1.3ii	Electronic capturing and storage of correspondence	Only 6 (West Akim, New Juaben North, Denkyembour, Kwahu West, Abuakwa North and Asene Manso Akroso) out of the 33 MMDAs in the Region had a functional electronic records management system which stored both incoming and outgoing correspondence consistently throughout 2023. In Okere, Upper Manya Krobo, Nsawam, Birim Central, Kwahu South, Akuapim South, Akyemansa, Asuogyaman, Atiwa West and Atiwa East MMDAs, between 9 - 11 months of the stored correspondence sampled were well scanned and stored and could be retrieved from the electronic registry software. Storage of correspondence on the electronic registry software was however not done on regular basis in these MMDAs. In Suhum MA, the RMU had no functional scanner for the management of correspondence electronically. The electronic registry software at the Achiase, Upper West Akim, Birim South, Birim North and Abuakwa	The RCC must support the MMDAs with IT support services and sensitize the MMDAs on the need for robust electronic registry software for efficient flow and management of correspondence. The MMDAs must commit to securing a software for the management of records electronically.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			South MMDAs had challenges assessing during the verification exercise.	
	1.4	Availability and Update of Website	Only 4 (Suhum, Birim South, Kwahu South and Atiwa West) out of the 33 MMDAs visited did not have a functional website at the time of the assessment. All the other 29 MMDAs in the Region have websites however, only 13 MMDAs (West Akim, Yilo Krobo, New Juaben South, New Juaben North, Lower Manya Krobo, Birim Central, Denkyembour, Kwahu West, Abuakwa South, Akuapem North, Akuapim South, Asene Manso Akroso and Atiwa East) had at least one news update in each month of the year 2023. Information on at least 3 Departments/Units of the MMDAs i.e. functions/services, data etc. was available on the websites of only Nsawam, New Juaben South, New Juaben North, Lower Manya Krobo, Birim Central, Denkyembour, Fanteakwa North, Fanteakwa South, Kwahu East, Kwaebibirem, Kwahu West, Achiase, Abuakwa South, Akuapim South, Akuapem North and Ayensuano MMDAs. Information on services rendered by MMDAs such as Marriage Registration, Business Operating Permit, Development Permit among others were available on	The RCC must identify MMDAs without IT officers and websites and support with technical assistance. MMDAs must be sensitized and supported to upload information on Departments (eg. Functions/services, data, year-on-year achievements etc.) 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.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			the website of only 13 (Upper West Akim, West Akim, Nsawam, New Juaben South, Birim Central, Denkyembour, Fanteakwa North, Kwahu East, Kwaebibirem, Kwahu West, Abuakwa North, Akuapim South and Ayensuano) out of the 33 MMDAs in the Region. Information on tourism sites and other related activities was available in only Yilo Krobo, Atiwa East, Fanteakwa North and Kwahu East MMDAs. Information on data/information such as MMDA AAPs, APR, LED plan, fee fixing, MTDP among others was available on the website of all MMDAs except Abuakwa North MA. The MIS officers in Kwahu East, Denkyembour, Fanteakwa North, Kwahu West and Akuapim South MMDAs were determined to have done an excellent job with the management of the websites of their MMDAs.	
	1.5i	Functionality of the Client Service Unit (CSU)	Out of the 33 MMDAs visited, only the CSU office in Okere, Upper Manya Krobo, New Juaben North, Birim South, Asene Manso Akroso, Asuogyaman and Ayensuano MMDAs were not permanently labelled. The CSU offices of these MMDAs were labelled with A4 sheets.	The RCC must impress on the MMDAs to pursue the reforms in the CSU manual for the effective and efficient management of clients' needs and expectations.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The newly developed CSU forms were in use in all MMDAs except for Atiwa West, Okere, Yilo Krobo, Nsawam, Kwahu East, Lower Manya Krobo and Kwahu Afram Plains North MMDAs for the processing of clients and their needs. Clients sampled and called for verification of actions taken on their issues/complaints, confirmed actions taken in all MMDAs except Suhum, Okere, Upper Manya Krobo, Upper West Akim, Nsawam, Akuapem North and Atiwa West MMDAs. The contact details of complainants were not adequately captured in Birim Central, Kwahu East, Kwahu Afram Plains North, Kwahu Afram Plains South and Asuogyaman MMDAs.	
	1.5ii	Establishment and functionality of the Sub-District Structures	Out of the 33 MMDAs in the Region, only 16 (Suhum, Upper Manya Krobo, West Akim, New Juaben South, Denkyembour, Fanteakwa South, Kwahu South, Kwahu Afram Plains South, Achiase, Abuakwa North, Akuapem North, Akyemansa, Asene Manso Akroso, Atiwa East, Atiwa West and Ayensuano)	The RCC needs to intensify its monitoring visits and technical backstopping functions and responsibilities of the sub-district structures of the MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			provided evidence of the functionality of about 50% or more of their sub-district structures. Evidence (sub-district structures AAPs, activity reports and PVs) of implementation of 50% or more of the established sub-district structures were provided in only West Akim, Atiwa East, Fanteakwa South, Kwahu South and Birim North MMDAs. No evidence was produced in Okere, Kwahu Afram Plains North, Kwaebibirem, Kwahu West, Abuakwa South, Akuapim South and Asuogyaman MMDAs.	The MMDAs must commit to resourcing (personnel, logistics and office space) the sub-district structures in the implementation of planned activities.
	1.6	Workplace environment	Clearly marked office directional signposts mounted at critical turns/junctions to the office were observed in only Birim North, New Juaben North, Denkyembour, Achiase, Abuakwa North, Atiwa East and Ayensuano MMDAs. In Akuapim South MA, the directional signs were only at the last two turns to the Assembly premises. All other MMDAs had office signposts in front of the MMDAs. Only the visitors' washroom at Birim North, Denkyembour, Kwahu West, Achiase, Abuakwa South, Akyemansa, Asene Manso Akroso, Asuogyaman and Atiwa East MMDAs had water, tissue, soap and were well kept.	The MMDAs must be impressed upon to see the need to improve on their workplace environment especially visitors' washrooms. MMDAs are also encouraged to provide enough directional signs to the Assemblies

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The office space and environment of all 33 MMDAs were observed to be fairly well managed at the time of the exercise.	
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies submission	The 2023 promotion schedules with established vacancies and the retirement schedules were prepared and submitted on or before the submission deadline in all MMDAs, however, the date on the letter submitting the first promotion schedule produced at Akuapim South was a Sunday. Similarly, the date on the letter submitting the second promotion schedule produced in Akuapem North and Akyemansa was a Saturday.	The RCC needs to insist on these reports being prepared and submitted on time and take action against those MMDAs who fail to make the submissions on time.
	2.1ii	Implementation of the Promotion and Retirement Schedules	Out of the 33 MMDAs visited, only 10 MMDAs (Yilo Krobo, Kwahu West, New Juaben North, Birim North, Fanteakwa North, Kwahu East, Kwahu Afram Plains North, Abuakwa South, Atiwa East and West) produced evidence of 100% implementation of both the Promotion and Retirement Schedules. Only 8 MMDAs (Suhum, Upper Manya, New Juaben South, Denkyembour, Fanteakwa South, Kwahu South, Asene Manso Akroso and Akyemansa) could not produce evidence of the implementation of their Retirement Schedules.	MMDAs are encouraged to ensure full implementation of both schedules due to its importance in professional development and growth of staff of the Service.
	2.2	Compliance with preparation of leave management roster and updates	The 2023 leave roster was prepared and officially approved by management before the deadline in all MMDAs with the exception of Suhum, Nsawam,	The MMDAs must be encouraged to update their leave management rosters to

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			New Juaben South, Denkyembour, Akyemansa, Asene Manso Akroso and Ayensuano. The 2024 leave management roster was prepared and approved before the deadline in all MMDAs.	ensure the smooth management of staff in the Region.
	2.3i	Compliance with the preparation and approval of Training Needs Assessment (TNA)	Out of the 33 MMDAs visited, only Suhum, Upper West Akim, Denkyembour and Achiase did not prepare their TNA for approval before the deadline. Denkyembour DA prepared a TNA but did not forward it officially to management for approval. In Achiase DA, a TNA was prepared but forwarded for management approval after the deadline.	The TNA is the basis for the development of the Capacity Building Plans of the institutions under the LGS, hence MMDAs are to ensure strict compliance.
	2.3ii	Compliance with the preparation and submission of Training Plan	All 33 MMDAs prepared and forwarded their Training Plan to the RCC on or before the deadline. The Training Plans in Nsawam, New Juaben North and Birim South MMDAs were revised during mid-year.	MMDAs are encouraged to keep this up.
	2.4	Compliance with the implementation of the MMDA's Training Plan	Only 11 MMDAs (Suhum, Upper Manya, West Akim, Yilo Krobo, Birim North, Fanteakwa North, Abuakwa North, Akuapem North, Akyemansa, Atiwa West and Ayensuano) could not produce evidence of implementation of more than 80% of their Training Plan in the year 2023. The attendance sheets attached to the training reports as well as some of the training reports produced in	MMDAs must be impressed upon to keep investing resources into staff capacity building. The RCC must sanction MMDAs who refuse to implement training activities which leads to officers

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Akuapem North MA were determined to be forged. All the staff sampled could not confirm the organization of some of the trainings. In Suhum MA, the team were informed that the training reports for the training activities undertaken in the year 2023 were with external auditors at the time of the exercise. In Upper Manya Krobo DA, none of the activities in the 2023 training plan of the DA was implemented. In Yilo Krobo MA, the team was informed that the training reports covering training programmes organized in 2023 were yet to be officially submitted to management by the consultant that facilitated the training. The quality of training reports produced in Akuapim South MA was poor. The quarterly capacity building reports required to be submitted to the RCC by each MMDA were well done in all MMDAs except Upper West Akim and Nsawam.	unprofessionally forging training reports as was seen in Akuapem North MA. Upper Manya Krobo DA must show commitment to investing in the training of their staff.
	2.5	Compliance with Staff Performance Appraisal Planning for 2023	Compliance of staff with the performance appraisal schedule/cycle was less than 80% in Suhum, Upper West Akim, Yilo Krobo, New Juaben South, Birim	The RCC must intensify training on the Performance Appraisal Tool for staff of

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			South, Birim North, Fanteakwa North, Fanteakwa South, Kwahu South, Kwaebibirem, Kwahu West, Abuakwa North, Akuapim South, Akuapem North, Akyemansa, Asuogyaman and Ayensuano MMDAs for the year 2023. The percentage compliance was however very low in Birim North (39%), Kwahu South (47%), Abuakwa North (47%), Akuapem North (56%) and Ayensuano (58%) MMDAs. Percentage compliance was more than 80% in Okere, Upper Manya, West Akim, Nsawam, New Juabeng North, Lower Manya Krobo, Birim Central, Denkyembour, Kwahu East, Kwahu Afram Plains North and South, Achiase, Abuakwa South, Atiwa West and East MMDAs. The quality of the sampled performance appraisals was very well done in only Lower Manya Krobo, Birim Central, Kwahu East, Kwahu Afram Plains North, Achiase, Abuakwa South, Asene Manso Akroso and Atiwa East. These MMDAs need commendation.	MMDAs under their jurisdiction. Management of the MMDAs must ensure that all staff adhere strictly to the performance appraisal schedule.
Financial Management & Reporting	3.1i	Compliance with the preparation and submission of RIAP	All 33 MMDAs visited prepared their RIAP but only 3 (Suhum, Kwahu South and Kwahu Afram Plains South) did not have them approved by their respective General Assemblies.	MMDAs need to table their RIAP for consideration and approval of their General Assembly.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.1ii	Implementation of the RIAP	Out of the 33 MMDAs visited, only Suhum, Nsawam, Birim South and Akuapim South, implemented less than 80% of their 2023 RIAP. In Birim South MA, there were no official reports on RIAP activities implemented.	The implementation of the RIAP is crucial to the increase in revenue of the MMDA, hence management must fully commit to implementing the plan.
	3.2	Efforts into increasing streets named with signages	Out of the 33 MMDAs visited, only Kwahu South, Kwahu Afram Plains South, Kwahu Afram Plains North and Ayensuano recorded 0% increase in street named with signages in the year 2023. All other MMDAs showed evidence of an increase of 10% and above.	The RCC must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs in increasing street naming and signage activities. The MMDAs must commit to investing in expanding their streets named with signages.
	3.3	Updated database on rateable properties with linkage to final revenue estimates	Database on rateable properties was not updated in only Suhum MA. The updated database prepared in Upper West Akim, West Akim, Yilo Krobo, New Juabeng South, Lower Manya Krobo, Fanteakwa South, Kwahu South, Kwaebibirem, Achiase, Akuapim South, Akuapem North, Atiwa East and Ayensuano MMDAs were not considered at the F&A for approval.	The RCC must intensify monitoring and technical backstopping of the MMDAs on the updating of rateable data and linking to the final revenue estimates.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The database was updated, considered at the F&A for approval and linked to the revenue estimates in Okere, Upper Manya Krobo, Nsawam, New Juabeng North, Birim Central, Birim South, Birim North, Denkyeambour, Fanteakwa North, Kwahu East, Kwahu Afram Plains North, Kwahu West, Achiase, Abuakwa North, Abuakwa South, Akyemansa, Asene Manso Akroso, Asuogyaman and Atiwa West MMDAs.	
	3.4	Expending on activities outside the AAP	All sampled expenditures from all 33 MMDAs visited were captured in their AAPs.	Good practice and must be encouraged to continue.
	3.5i	Prompt response to Internal Audit observations	All internal audit observations were responded to within 10 days in all 33 MMDAs visited.	Good practice and must be encouraged to continue.
	3.5ii	Implementation of Internal Audit recommendations	Out of the 33 MMDAs visited, only Suhum, Okere, Upper West Akim, Birim Central, Achiase and Akuapem North MMDA had not fully implemented all the four quarterly internal audit recommendations by the end of the year.	Audit issues need to be prioritized by management to help reduce the incidence of being cited in the Auditor Generals Management Letter.
	3.6	Implementation of the Auditor Generals recommendations	Out of the 33 MMDAs visited, Suhum, Okere, Upper Manya Krobo, Upper West Akim, Yilo Krobo, Birim Central, Denkyeambour, Fanteakwa South, Kwahu East, Kwahu Afram Plains North, Kwaebibirem, Kwahu West, Abuakwa North, Akuapem South, Akuapem North, Akyemansa, Asene Manso Akroso, Asuogyaman, Atiwa East and Ayensuano MMDAs were cited in the 2022 Auditor Generals Management Letter.	Audit issues need to be prioritized by management to help reduce the incidence of being cited in the Auditor Generals Management Letter.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Infrastructure	4.1	Level of achievement in the implementation of planned road and transport programmes	Out of the 33 MMDAs visited, only Upper West Akim, and Fanteakwa North MMDAs could not implement at least 80% of planned road and transport programmes in the year 2023.	The RCC must impress upon the MMDA to capture or roll-over uncompleted projects to the ensuing year's AAP as priority.
	4.2	Level of achievement in the implementation of planned building projects	Out of the 33 MMDAs visited, only Suhum, Fanteakwa North, Kwahu South, Kwahu Afram Plains North, Abuakwa South, Akuapim South, Akyemansa and Ayensuano MMDAs could not implement at least 80% of planned building programmes in the year 2023.	The RCC must impress upon MMDAs to capture or roll-over uncompleted projects to the ensuing year's AAP as priority.
	4.3	Compliance with the organization of Spatial Planning Committee (SPC) meetings	Only Ayensuano DA were unable to organize at least 3 SPC meetings in each quarter of 2023.	The organization of SPC meetings is important to development control and spatial development in the MMDAs, hence RCCs should ensure these meetings are organized. Management of the MMDAs must commit to resourcing the SPC in the performance of their roles in development planning and management.
	4.4	Processing of Development Permit applications and	There was evidence in all MMDAs visited of development permit applications being considered at both the Technical Sub-committees (TSC) and Spatial	The RCC must support the Akuapem North MA in this regard.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		communicating decisions to applicant	Planning Committees (SPC) and decisions of both committees communicated to applicants except Akuapem North MA which did not show proof of holding all the required meeting and communicating decisions to applicants.	
	4.5	Availability of approved District Spatial Development Framework (SDF), Structure Plans and Local Plans	Only Lower Manya Krobo, New Juabeng South, Birim Central, Abuakwa South and Abuakwa North MMDAs have developed and approved SDF, Structure and Local Plans. 19 MMDAs, namely Suhum, Okere, Upper Manya, Upper West Akim, Nsawam, Birim North, Fanteakwa North, Fanteakwa South, Kwahu East, Kwahu South, Kwahu Afram Plains South, Kwahu Afram Plains North, Kwaebibirem, Akuapim South, Akuapim North, Akyemansa, Asese Manso Akroso, Asuogyaman and Ayensuano MMDAs did not have approved Structure Plans. Only Suhum MA had less than 2 approved and valid Local Plans. All others had 2 or more valid local plans.	The RCC must support the MMDAs in developing their 3-tier plans (SDF, Structure and Local Plans). Management of the MMDAs without the 3-tier plans must commit resources to the development of the plans to help in development planning and management.
Social Services	5.1	Compliance with Education Oversight Committee meetings	Out of the 33 MMDAs, only West Akim, New Juaben South, Birim South, Achiase, Abuakwa South, Akyemansa and Atiwa East held all 4 quarterly meetings with all invitation letters and minutes	The RCC must ensure strict compliance to curb the high levels of forged documentation. The MMDAs must commit to resourcing the committee to

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			properly signed with clear evidence of implementation of decisions. In Suhum, Nsawam, Lower Manya Krobo, Kwahu Afram Plains North, Kwahu West, Akuapim South and Akuapem North MMDAs, implementation of decisions of meetings were not captured in all quarterly meetings minutes. The meeting records produced by Atiwa West, Abuakwa North, Asuogyaman, Denkyemba, Okere, Birim North, Fanteakwa North, Upper Manya Krobo, Fanteakwa South, Ayensuano and Birim Central MMDAs were detected to be forged.	perform its role in improving the quality of education.
	5.2	Compliance with Health Committee meetings	Out of the 33 MMDAs, only Lower Manya Krobo, Birim Central, Abuakwa South, Akuapim South, Akyemansa and Atiwa East held all 4 quarterly meetings with all invitation letters and minutes properly signed with clear evidence of implementation of decisions. In Upper West Akim, West Akim, Yilo Krobo, Kwahu Afram Plains North and Kwahu West MMDAs, implementation of decisions of meetings were not captured in all quarterly meetings minutes.	The RCC must ensure strict compliance to curb the high levels of forged documentation. The MMDAs must commit to resourcing the committee to perform its role in improving health care delivery.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The meeting records produced by Kwaebibirem MA were for the Public Health Emergency Committee. The meeting records produced by Atiwa West, Asuogyaman, New Juaben North, Okere, Kwahu Afram Plains South, Birim North, Fanteakwa North, Fanteakwa South and Ayensuano MMDAs were detected to be forged.	
	5.3i	Updating of Vulnerable groups list	Only 7 MMDAs (New Jauben South, West Akim, Lower Manya Krobo, Fanteakwa North, Fanteakwa South, Kwahu Afram Plains North and Akyemansa) could not officially submit updated data on at least 3 vulnerable groups bi-annually on or before both deadlines. In Lower Manya Krobo, New Juaben South, Fanteakwa North, Fanteakwa South, Kwahu Afram Plains North and Akyemansa MMDAs, updated data on vulnerable groups were submitted only on an annual basis. In West Akim MA, the updates were done but not officially forwarded.	MMDAs must take these updates seriously as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable groups.
	5.3ii	Compliance with quarterly update of the database on registration on births and deaths	Quarterly updates on the database on registration of births and deaths were prepared and officially forwarded for all four quarters in all MMDAs except Suhum, Okere, Upper Manya Krobo, Upper West	The RCC must ensure the full integration (staffing, budgetary allocation, reporting relationship etc.) of the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Akim, New Juaben South, Fanteakwa South, Kwahu Afram Plains South, Kwaebibirem, Kwahu West, Asene Manso Akroso, Asuogyaman and Ayensuano.	Department of Birth and Death into the structure of the MMDAs. MMDAs commit to the full integration and resourcing the Department into the assembly system.
	5.4	Implementation of Gender Based Violence (GBV) interventions	Only Birim Central, Kwahu Afram Plains South, Kwahu Afram Plains North, Kwaebibirem, and Ayensuano MMDAs planned for GBV interventions but were unable to implement more than 80% of the planned interventions. No reports/evidence of implementation were produced in Birim Central, Kwahu Afram Plains South and Kwaebibirem MMDAs. In Suhum MA, a consolidated report of all GBV implemented activities was produced but there was no evidence that the report was forwarded to management. The quality of reports produced in New Juaben South MA was very poor.	MMDAs must be intentional in planning and funding the implementation of the GBV interventions to help curb the incidence of GBV cases from repeatedly happening.
	5.5	Management of reported Child Protection cases	All the MMDAs provided evidence of the successful management of more than 80% of reported child protection cases with the exception of Suhum, Okere,	The Regional Social Welfare Department needs to step in and provide technical

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			West Akim, New Juaben South, Lower Manya Krobo, Fanteakwa North, Kwaebibirem, Achiase, Akyemansa, Atiwa West and Atiwa East.	backstopping to help improve performance.
	5.6	Organization of Community Mobilization & Education programmes	Only Upper Manya Krobo, Yilo Krobo, New Juaben South, Fanteakwa South, Kwahu Afram Plains North, Kwaebibirem, and Atiwa East MMDAs implemented less than 80% of their Community Mobilization & Education programmes.	These MMDAs need to commit more resources into community mobilization and education programmes.
Economic Development	6.1	Level of MMDA expenditure in Agriculture	Only Suhum, Birim North, Denkyembour, Kwahu South, Kwaebibirem, Abuakwa North, Akuapem North, Akyemansa, Asuogyaman and Atiwa West MMDAs expended less than 5% of the total MMDA expenditure on Agriculture. Asuogyman, Kwahu South and Akuapem North recorded more than 4% while Suhum, Denkyembour, Abuakwa North and Atiwa West recorded more than 3%.	MMDAs need to commit more resources to the Agriculture Department.
	6.2	Level of implementation of planned agricultural activities in the AAP	All 33 MMDAs implemented more than 80% of their planned agricultural activities in their AAP in the year 2023.	Good practice and must be encouraged to continue.
	6.3	Level of MMDA Agricultural expenditure on post-production activities	Only West Akim, Yilo Krobo, New Juaben South, Denkyembour, Fanteakwa North, Kwahu West, Achiase, Abuakwa North, Akuapem North, Akyemansa, Asene Manso Akroso and Atiwa East MMDAs produced evidence of expending more than	MMDAs must consciously invest in post-production activities to significantly reduce post-harvest losses.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			40% of their agricultural expenditure on post-production activities. In Upper Manya Krobo, Upper West Akim, Kwahu Afram Plains South and Akuapim South MMDAs, no expenditure was made towards post-production activities in the year 2023.	
	6.4	Level of planned agricultural interventions to addressing gender gaps	All 33 MMDAs implemented more than 60% planned agricultural interventions to addressing gender gaps.	MMDAs are encouraged to keep this up.
	6.5	Level of implementation of planned tourism related activities	Out of the 33 MMDAs, Fanteakwa North, Kwahu East, Kwahu South, Kwahu Afram Plains South and Akuapem North MMDAs implemented less than 80% of their planned tourism related activities in their 2023 AAP. In Fanteakwa North, Kwahu Afram Plains South and Akuapem North MMDAs no tourism related activity in the AAP was implemented.	More tourism related activities need to be planned and more investments committed into the sector.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness Action plan & implementation report	Only West Akim, Nsawam, Akuapim South, Kwahu Afram Plains North, Kwahu West, Abuakwa South, Abuakwa North, and Atiwa East MMDAs have prepared a detailed Disaster Preparedness plan, however only West Akim, Kwahu West, Abuakwa South, Akuapim South and Atiwa East prepared and	The Regional NADMO office needs to coordinate the development of Disaster Preparedness Plans for the MMDAs. The management of the MMDAs should commit to

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			submitted an implementation report on or before the deadline. The evidence produced in New Juaben South MA was a Disaster and Climate Risk Management Plan which was prepared for the year 2019 and not a Disaster Preparedness plan. In Lower Manya Krobo MA, the evidence produced was a Disaster Mapping and Education Plan (2019-2021) and not a Disaster Preparedness Action plan. In Birim Central and New Juaben North MAs, the Disaster Preparedness plan is in the process of being prepared at the time of the exercise. The evidence produced in Suhum, Upper Manya, Upper West Akim, Birim South, Birim North, Fanteakwa South, Achiase, Akyemansa and Atiwa West MMDAs were hurriedly prepared briefs, lacking key details/components of a comprehensive Disaster Preparedness Action plan. The Disaster Preparedness Action plans produced in Fanteakwa North and Asuogyaman MMDAs had expired that is, valid for 2010 - 2014 and 2012 respectively.	setting aside resources for the development of a Disaster Preparedness Plan and report on implementation to the RCC annually.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.2	Implementation of Environment enhancement programmes in 2023 AAP	Only Suhum, Okere, Abuakwa South, New Juaben North and Atiwa East MMDAs were able to produce evidence of implementation (including proof of expenditure) of more than 60% of environment enhancement programmes for the year 2023.	MMDAs need to show more commitment to implementing environment enhancement programmes.
	7.3	Increase in population with access to household toilets	Only Nsawam, West Akim, New Juaben North, Kwaebibirem, Achiase, Akuapim South, Akuapem North and Akyemansa MMDAs were able to produce data on population with access to household toilets. All the MMDAs produced data on only household toilets, with no commensurate data on the actual population with access to those 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 Birim South, new Juaben South, Kwaebibirem, Kwahu West, Achiase, Abuakwa South, Akuapem North, Akyemansa, Asene Manso Akroso, and Atiwa East produced evidence (activity reports and evidence of expenditure) for at least one Assembly sponsored routine cleansing carried out in each quarter in year 2023. In West Akim, Yilo Krobo, Fanteakwa South, Abuakwa North, Asuogyaman and Atiwa West MMDAs, evidence of expenditure was produced Assembly sponsored routine cleansing in at least two quarters in year 2023.	MMDAs should be encouraged to commit more resources and efforts towards improving sanitation.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			No activity report or evidence of expenditure was produced in Suhum, Upper West Akim and Denkyembour MMDAs. All other MMDAs produced some reports of routine cleansing activities but had no evidence of expenditure.	

4.2. Oti Region

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

4.2.1. Scope of the Assignment

This section of the report covers the Oti Region i.e. the Oti Regional Coordinating Council (ORCC) and all 9 Municipal and District Assemblies.

4.2.2. General Outcomes

The time spent at the Oti Regional Coordinating Council (ORCC) for the assessment was 5 hours 2 minutes. The waiting time before the commencement of the exercise at the ORCC was 12 minutes. The average time spent in the MMDAs was about 4 hours and 57 minutes. The longest working session of 6 hours 24 minutes was recorded in Krachi East MA whereas the shortest of 3 hours 44 minutes was also recorded in Guan DA. The average waiting time before the commencement of the exercise at the MMDAs was 38 minutes. The longest waiting time of 58 minutes was recorded in Krachi Nchumuru DA whereas the shortest of 9 minutes was recorded in Guan DA.

The level of cooperation from the MMDCDs was relatively high. Only a few Chief Executives (in Biakoye, Krachi West) and a Presiding Member (Krachi West DA) were present at both the entry and exit conferences. The staff, Heads of Departments and some Heads from the Non-decentralized Departments were available to answer areas that needed their response.

4.2.3. General Observations

Staff Unavailability/Absence

In most MMDAs visited, key staff were present to provide the needed evidence for assessment by the team. However, it was generally observed that almost all NADMO heads were not available for the assessment exercise. And no official reasons were given for the absence of these officers by the administrative heads of the MMDAs.

Leadership and Coordination

Effective and efficient leadership and coordination is key to how well RCCs and MMDAs perform during performance assessments. This was observed in the ORCC. The Regional Coordinating Director (RCD) rallied his staff well and ensured that all the relevant documentation needed for the assessment exercise were readily available.

This was also observed in Nkwanta North, Krachi West, Krachi Nchumuru, Krachi East and Jasikan MMDAs. The MMDCDs in these MMDAs took keen interest in the exercise.

Poor Visitor's Washrooms

It was generally observed that the visitors' washrooms of Krachi East, Kadjebi, Nkwanta South, Guan and Nkwanta North were still poorly managed.

Website

It was generally observed that the website of most MMDAs visited still did not have vital details needed to market the MMDAs and their potential. Most websites did not have information on the services rendered by the MMDAs such as Development Permit, Business Operating Permit, Marriage Registration etc. Other relevant information such as MTDPs, AAPs, APRs, RIAPs as well as tourism sites and tourism potentials of the MMDAs were not available on most websites.

Implementation of the Records Management Reforms

The implementation of the reforms as contained in the newly developed LGS Records Management Manual is still very slow across the MMDAs in the Region. Implementation at the ORCC was observed to be disappointingly being done with some flaws. The new way of file and correspondence references, migration of files to the new file classification system, storage for semi closed and closed files among others is fraught with challenges.

Human Resource Management related functions

It was generally observed that most MMDAs did not prepare a comprehensive leave roster and a Training Needs Assessment Reports and in the cases where they were prepared, they were rather mostly to the RCC and OHLGS instead of discussion and approval by management of the respective MMDAs for implementation at the MMDA level.

Appraisal compliance was observed to be still very low in Jasikan, Krachi Nchumuru, Biakoye and Guan. Staff still perceive the performance appraisal process as only relevant during promotion. However, performance appraisal compliance was impressively high in Krachi West, Kadjebi and Krachi East MMDAs.

Disaster Preparedness Plans and Implementation Reports

The team observed that none of the 9 MMDAs in the Region have developed a comprehensive Disaster Preparedness Plan with an implementation report. The team

observed that there was little to no financial commitment towards the development of District specific Disaster Preparedness Plans.

Functionality of Sub-District Structures

It was observed that most MMDAs in the Regions have not fully operationalised their sub-district structures. The action plans of the sub-district structures produced in evidence by most MMDAs were not officially submitted. Proof of expenditure on activities in the AAPs of the sub-district structures was very limited. Most sub-district structures were observed to be poorly staffed.

Population with access to Household Toilets

The team observed that only 2 MMDAs in the Region correctly documented the population with access to household toilets within their respective MMDAs. The focus in all the other MMDAs on the newly developed household toilets. This has adversely affected the number of communities being declared Open Defecation Free (ODF) in the Region.

Revenue database

The revenue database on rateable items was updated by all the MMDAs. However, apart from Krachi East Municipal Assembly, the rest had no summary report on the revenue items. The updated data was not considered by either the Budget Committee or the F&A Sub-Committee at Krachi West, Nkwanta North, Biakoye and Krachi East. Also, it was only Krachi East MA that linked the database to projected revenue.

Preparation and Implementation of RIAP

It was observed that all the MMDAs visited used the approved template to prepare the 2024 Revenue Improvement Action Plan (RIAP). However, 44% of the MMDAs did not forward the prepared RIAP to the General Assembly for approval before sending a copy to the RCC. Also, all the MMDAs visited had some activity or RIAP implementation reports on the implementation of the 2023 RIAP on file.

Poor coordination

The Nkwanta South MPCU did not include the status of implementation reports on the activities implemented by the Agriculture Department in the 2023 annual progress report (APR) although the planned activities were captured in the 2023 annual action plan (AAP).

Impact of Conflict on activity implementation

Conflict in the Nkwanta South Municipality coupled with the imposition of curfew affected the Municipality in the implementation of their planned activities in the year 2023. For

instance, most of the activities scheduled for the 3rd quarter, 2023 could not be implemented because of the curfew imposed on the Municipality.

Audit Recommendations

The team observed that, not all recommendations contained in the Auditor General's Management letter were fully implemented in Nkwanta South MA, Nkwanta North, Jasikan, Kadjebi, Krachi Nchumuru and Krachi West MMDAs and were cited. Also, Jasikan and Krachi Nchumuru MMDAs failed to fully implement all the 4th quarter 2022 and 1st, 2nd and 3rd quarters of 2023 Internal Audit recommendations. Again, Krachi West and Jasikan MMDAs failed to respond to the Internal Audit observations within the 10 working days with evidence of reports on file.

Availability of Spatial Development Framework and Structure Plan

It was observed that out of the 9 MMDAs in the Region, only Krachi East and Krachi West MAs have developed a Spatial Development Framework together with Structure Plans. While Kadjebi DA, Nkwanta North, Biakoye DA and Jasikan MA had developed Structure Plans. The inability of most of the Assemblies to prepare the maps was attributed to the high cost of preparing the plans. However, all the MMDAs visited had some Local Plans developed and copies produced in evidence.

Efforts towards Street Naming and Signages

89% of the MMDAs visited undertook some Street Naming exercise and mounted signages in the year 2023. However, only Guan DA did not mount/plant any signages and this was attributed to lack of funds.

Agric expenditure and programmes

78% representing 7 out of the 9 MMDAs visited in the Region, spent more than 5% of the MMDAs expenditure on the Agriculture Department, while the remaining 2 MMDAs spent between 3% to 4%. Only Nkwanta North and Krachi East MMDAs spent more than 40% of their annual agriculture expenditure on post-production activities. All the MMDAs visited implemented more than 80% of their planned activities with the exception of Nkwanta South MA which did not have any report on the status of implementation report of the agriculture department in the annual progress report (APR).

Planning and implementation of Tourism related activities

All the MMDAs visited planned for tourism related activities in the 2023 Annual Action Plan (AAP) and was implemented. 56% of the MMDAs planned for only one Tourism related activity in 2023 AAP and same was implemented. The remaining 44% had at least two activities and more than 80% were implemented.

Falsification of Document

It was unfortunately observed that some reports, minutes and official letters were forged for the purposes of the assessment. Records of these official letters were not available at the Records Management Units' Outgoing Register and Dispatch Books.

The most forged documents were minutes of ISCCS meetings, training reports, Payment Vouchers (PVs), minutes of Education Oversight Committee and Health Committee meetings among others. MMDAs where most of these were observed include Krachi West, Krachi Nchumuru, Jasikan, Biakoye, Nkwantan South and Guan.

In Krachi Nchumuru and Biakoye DAs, some of the outgoing correspondence (invitation letters for meetings, forwarding letters to the RCC etc.) had dates that fell on weekends.

4.2.4. General Recommendations

For MMDAs

MMDAs need to;

- Start seeing and positioning the MMDAs as corporate organizations that exist to provide services and raise the required revenue for sustained development and come up with practical strategies towards achieving this objective. The websites and the information that is put on them, the cleanliness of the visitors' washrooms as well as the effective and efficient management of clients' needs and expectations should serve as good avenues to achieving this objective;
- Apply the required sanctions needed for staff who are failing to perform their functions in an effective and efficient manner. Management should show more interest in the quality of officially prepared documents such as reports and minutes;
- 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 and Units are being followed to avoid collision or conflict of roles. Management must show more commitment in the implementation of reforms as spelt out in the newly developed operational manuals of Records Management and Client Service Units;
- 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;

- Ensure that formats for reporting as well as reporting deadlines are strictly enforced to enhance accountability from the various Departments and Units;
- Ensure that funds are made available for the development and implementation of a District Specific Disaster Preparedness Plan to serve as a broad framework that guides disaster prevention and response to reduce to the minimum the impact on lives and livelihoods;
- Ensure that the sub-district structures are fully established and functional i.e. well-staffed, trained and financially resourced. The AAPs of the sub-district structures should be officially submitted to management and activity reports prepared for every activity undertaken;
- Ensure that more funding is channeled towards Agriculture, Tourism and Environmental Health activities to ensure that Government commitment towards meeting the SDGs can be collectively achieved;
- 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. Other services such as building permit application, marriage registration, business permit application processes and procedures among others in the MMDA must also be regularly updated on the website;
- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to easily direct clients to the Assemblies.

For RCC

The following are some recommendations for ORCC;

- The ORCC must tighten monitoring activities of MMDAs in the Region with the aim of assisting them with technical expertise where needed. Special emphasis should be placed on areas such as the preparation of leave management roster, Training Needs Assessment, preparation of District Spatial Development Framework (DSDF), Structure and Local Plans, Disaster Preparedness Plans, Report and Minutes Writing for junior and middle level staff, Records Management among others. Retreats can be organised at least twice a year to share best practices amongst MMDAs;
- The ORCC as a matter of urgency, should organise a staff audit with the aim of carrying out a staff rationalisation and where there are still identifiable gaps, request for additional staff from the OHLGS to help improve staff productivity and development;
- The ORCC should take action against the MMDAs identified in this assessment as producing forged documents and records;

- The ORCC should consider inviting technical officers from the OHLGS to sensitize key technical staff on what the objectives of each KPA and KPI are to assist in improving the understanding of staff and their performance;
- The ORCC is encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation.

4.2.5. Oti RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 4: Detailed Analysis /Findings of each Indicator for Oti RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	12 monthly REGSEC meetings were held by the RCC with 1 additional emergency REGSEC meeting, however, the minutes of the 1st and 8 th meetings were signed by the Recorder as Secretary to the Committee. However, evidence of implementation of decisions were found in only 2 out of the 13 REGSEC meetings held.	The RCC must improve the administrative functions on the REGSEC.
	1.2i	Compliance with Expanded RCC	Only one expanded RCC meeting was held by the RCC with signed records of invitation letters and minutes well placed on file.	RCC must commit to organizing more expanded RCC meetings to foster greater collaboration with all other stakeholders of the RCC.
	1.2ii	Compliance with Expanded RPCU	It was observed that all the 2 RPCU meetings organised by the RCC were expanded in nature i.e. external stakeholders were invited and fully participated.	The RCC must keep this up.
	1.3i	Full implementation of the LGS Records Management Manual	Migration of files from the old classification system to the newly development classification system for all decentralized Departments of the RCC was still ongoing.	The RCC must engage the OHLGS to assist in the full implementation of the LGS Records Management reforms to STRICTLY align with/conform to the Records Management Manual.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			All the columns of the Incoming and Outgoing Correspondence Registers of the RCC were observed to not have been fully filled. The File Transit Ladder on the sampled files were not fully filled.	
	1.3ii	Software/system for the electronic storage of correspondence	The RMU of the RCC had challenges with their registry software in the year 2023.	The RCC must commit to the use of a robust electronic Records Management System for efficient flow and management of information.
	1.4	Availability of website and updates	The RCC had a functional website with at least 1 monthly updates in 11 out of 12 months in 2023 which covered about 6 different Departments/Units. On the website of the RCC, information on Departments/Units and their functions were available for a few Departments/Units. There was also information on the tourism sites of the Region, however there were no other relevant information such as the Regional Integrated Plan (RIP) or Regional Integrated Budget (RIB) on the website.	RCC needs to fully harness the business and marketing potential of the website as a tool for marketing the Region and its opportunities for socio-economic development.
	1.5i	Effectiveness of the Client Service Unit	The Client Service Unit (CSU) office of the RCC is labelled with an A4 sheet but had basic office logistics.	The RCC is encouraged to implement the full reforms as

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The newly developed LGS Client Service forms were not in use in the RCC. The sampled complainants called confirmed some actions taken on their complaints.	spelt out in the CSU Operational Manual.
	1.5ii	Monitoring and coordination of the sub-district structures of the MMDAs	The RCC undertook monitoring of the sub-structures of their MMDAs and submitted a report to the OHLGS before the deadline.	The RCC must keep this up.
	1.6	General office environment	The office environment and space were observed to be well managed. The visitors' washroom of the RCC was well managed.	The RCC must keep this up.
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies & retirement schedules submission	The biannual composite promotion schedules had established vacancies and were submitted before the deadline.	The RCC must keep this up.
	2.1ii	Implementation of promotion and retirement schedules	The RCC had a copy of memo on file notifying staff on the promotion schedules for them to submit their relevant documents for their promotions. There was no staff on the RCC's 2023 Retirement Schedule.	The RCC must keep this up.
	2.2	Compliance with preparation of leave management roster and updates	The RCC had quarterly leave updates on file for 2023. The RCC prepared the 2024 leave roster and forwarded to the Head of Service with a letter instead	The Leave Management Roster is a document prepared to be approved by the management of the RCC or MMDA for

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			of to Management of the RCC with a memo for management approval for implementation.	implementation in the RCC or MMDA.
	2.3i	Compliance with the preparation a Regional Training Needs Assessment	The RCC prepared a Training Needs Assessment before the deadline.	Similar to the Leave Management Roster, the Training Needs Assessment of the RCC or MMDA must be prepared and approved by management for the development of the Training Plan of the respective RCC or MMDA.
	2.3ii	Compliance with the Comprehensive Regional training plan	The RCC prepared a harmonised plan and forwarded to the OHLGS before the deadline.	The RCC must keep this up.
	2.4	Compliance with the implementation of RCC Training Plans	The RCC implemented all 4 activities in the Training plan with training reports on file. It was observed that all 4 composite quarterly reports were submitted before the deadline.	The RCC must keep this up.
	2.5	Monitoring of PMS implementation at the MMDA level	There were biannual monitoring exercises carried out within the year with evidence of submission of monitoring reports submitted to the OHLGS before the deadlines.	The RCC must keep this up.
	2.6	Compliance with Staff Performance Appraisal Schedule for 2023	The RCC compliance rate for the 2023 staff (including staff of all other Regional Decentralized Departments) performance appraisal schedule was determined as	The RCC needs to implement a quality control and assurance mechanism to help improve

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			100%, however, a few sampled appraisals were determined to be incompletely filled.	quality of performance appraisal of staff.
Financial Management & Reporting	3.1	Compliance with Annual Audit Plan preparation and submission	There was evidence on file and in dispatch records of RCC that the Annual Audit Plan was prepared and submitted to the Principal Spending Officer, Audit Committee Chair, Internal Audit Agency before the deadline.	This is very commendable and the RCC must keep it up.
	3.2	Implementation of Auditor Generals Management letter recommendations	The RCC implemented all the recommendations in the Auditor Generals Management letter.	This is very commendable and the RCC must keep it up.
	3.3i	Prompt response to the Internal Audit observations	All Internal Audit observations were responded to within 10 days of the draft report.	This is very commendable and the RCC must keep it up.
	3.3ii	Implementation of Quarterly Internal Audit recommendations	Not all the Internal Audit recommendations made in the 1 st , 2 nd , and 3 rd quarter 2023 Internal Audit were fully implemented by the RCC.	The RCC must prioritise the implementation of audit recommendations in accordance with the PFM law.
	3.4	Preparation and submission of approved Regional Integrated Budget System (RIBS)	There was evidence on file of the RCC prepared, approved RIBS, submitted to the OHLGS before the deadline.	The RCC must keep this up.
	3.5	Expenditures outside GIFMIS	All sampled expenditures for the RCC were observed to have been processed through the GIFMIS.	The RCC must keep this up.
Services	4.1	Submission of Departmental monitoring reports through the RCC	All 4 sampled Departments submitted 4 quarterly monitoring reports through the RCC to the OHLGS before the submission deadlines with evidence in the dispatch records of the RCC.	This is very commendable and the RCC must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.2	Quarterly RPCU monitoring reports	The RCC prepared and submitted all four (4) quarterly RPCU monitoring exercises reports to the OHLGS before the deadline with evidence in the dispatch records of the RCC.	The RCC must keep this up.
	4.3	Biannual technical backstopping	The RCC produced biannual reports on technical backstopping for the MMDAs and were submitted by the Departments through the RCC to the OHLGS before the deadline.	The RCC must keep this up.
	4.4	Preparation and submission of the Regional Integrated Plan	The RCC prepared their Regional Integrated Plans and produced evidence of submission to the OHLGS.	The RCC must keep this up.

Table 5: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Oti Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Out of the 9 MMDAs, only Nkwanta North produced evidence of the organisation of two ISCCS meetings chaired by the DCE and moderated by the DCD. There were properly filed invitation letters, signed minutes showing presentations and contributions from invited external stakeholders (SOEs, CSOs, Public Corporations etc.) In Kadjebi and Biakoye DAs, only one ISCCS meeting was well organised chaired by the DCE and moderated by the DCD with minutes showing presentations and contributions by invited external stakeholders. The meeting records produced in Krachi East and Krachi Nchumuru were that of expanded M/DPCU meetings and not ISCCS. The meeting records produced in Krachi West, Jasikan, and Guan were detected to be forged. In most cases, the invitation letters could not be traced in the outgoing correspondence register or the Dispatch Books.	The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform in harmonising and coordinating development. The structure and organisation of the ISCCS meetings should be improved by MMDAs in the Region to achieve the full objective of the meeting.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.2	Compliance with the organization of orientation workshops	Out of the 9 MMDAs, only Krachi East and Kadjebi MMDA organized more than one orientation workshop for staff on the MMDA by laws, LG Act, LGS Protocols etc. In Krachi West, Jasikan, Biakoye, and Nkwanta North only one report was produced and was well done with detailed presentations and other attachments. Staff in these MMDAs also confirmed the organization of the orientation workshops. In Krachi Nchumuru, Nkwanta South and Guan MMDAs, staff on the attendance sheets of the training reports produced could not confirm the organization of the orientation workshops.	The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.
	1.3i	Implementation of the LGS Records Management Manual	It was observed that the file migration process for all the MMDAs visited in the Region was still ongoing. The incoming correspondence register was properly filled in Nkwanta South MA only. The old format was still in use in Guan and Nkwanta North DAs. In the other 7 MMDAs, not all columns in the incoming correspondence register were fully filled. The RMU staff interviewed indicated that not all correspondence forwarded for management disposal instructions were brought back to the RMU to be	The Regional RMU Trainers should, as a matter of urgency organize follow up training for the MMDAs with implementation challenges.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			placed on the appropriate files before being handed over to action officers. All the columns in the outgoing correspondence register for Krachi East, Krachi Nchumuru, Kadjebi, and Nkwanta South MMDAs were observed to be fully and well filled. In Jasikan, the dispatch book was used in place of the outgoing correspondence register. The old form was still in use Guan DA. The newly developed outgoing correspondence register forms were being printed at the time of the assessment exercise in Nkwanta North DA. Not all the columns in the register were fully filled in Krachi West and Biakoye DAs. Sampled file ladders were well filled in Krachi East, Krachi Nchumuru, Kadjebi, Biakoye and Nkwanta South MMDAs only. In all, it was observed that the implementation of the newly developed LGS Records Management Manual is facing challenges in Krachi West, Jasikan, Biakoye, Guan and Nkwanta North MMDAs.	
	1.3ii	Electronic capturing and storage of correspondence	Only Nkwanta South out of the 9 MMDAs in the Region had a functional electronic records management system which stored both incoming and	The RCC must support the MMDAs with IT support services and sensitize the MMDAs on the need for a

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			outgoing correspondence consistently throughout 2023. In Guan, Krachi East and Krachi Nchumuru MMDAs, between 9 - 11 months of the stored correspondence sampled were well scanned and stored and could be retrieved from the electronic registry software. Storage of correspondence on the electronic registry software was however not done on regular basis in these MMDAs. In Kadjebi, Jasikan, Biakoye & Nkwanta North MMDAs, the scanned documents were stored separately and not linked to an electronic registry software. The electronic registry software at the Krachi West DA could not be assessed during the verification exercise due to challenges with the software.	robust electronic registry software for efficient flow and management of correspondence.
	1.4	Availability and Update of Website	Only Krachi Nchumuru DA did not have a functional website at the time of the assessment. All the other 8 MMDAs in the Region have websites however, only 2 MMDAs (Krachi East and Nkwanta South) had at least one news update in each month of the year 2023.	The RCC must identify MMDAs without IT officers and websites and support with technical assistance. MMDAs must be sensitized and supported to upload information on Departments (eg. Functions/services, data,

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Information on at least 3 Departments/Units of the MMDAs i.e. functions/services, data etc. was available on the websites of only Krachi East and Biakoye MMDAs. Information on services rendered by MMDAs such as Marriage Registration, Business Operating Permit, Development Permit among others was available on the website of only Nkwanta North out of the 9 MMDAs in the Region. Information on data/information such as MMDA AAPs, APR, LED plan, fee fixing, MTDP among others was available on the website of 6 out of the 9 MMDAs (Krachi East, Kadjebi, Jasikan, Biakoye, Nkwanta South and Nkwanta North).	year-on-year achievements etc.) 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.
	1.5i	Functionality of the Client Service Unit (CSU)	Out of the 9 MMDAs visited, only the CSU office in Krachi West and Jasikan MMDAs were permanently labelled. All the others were labelled with an A4 sheet. The newly developed CSU forms were in use in only Krachi West, Jasikan and Biakoye MMDAs for the processing of clients and their needs. Clients sampled and called for verification of actions taken on their issues/complaints, confirmed actions	The RCC must impress on the MMDAs to pursue the reforms in the CSU manual for the effective and efficient management of clients' needs and expectations.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			taken in only Krachi West, Krachi Nchumuru, Jasikan and Nkwanta North MMDAs.	
	1.5ii	Establishment and functionality of the Sub-District Structures	Out of the 9 MMDAs in the Region, only 2 MMDAs, Krachi West and Nkwanta North provided evidence of the functionality of about 50% or more of their sub-district structures.	The RCC needs to intensify its monitoring and technical backstopping functions and responsibilities of the sub-district structures of the MMDAs. The MMDAs must also commit to making the sub-structures functional
	1.6	Workplace environment	Clearly marked office directional signposts mounted at critical turns/junctions to the office were observed in only Guan and Krachi Nchumuru DAs. All other MMDAs had office signposts in front of the DAs only. Only the visitors' washroom at Krachi West and Jasikan MMDAs had water, tissue, soap and were well kept. That of Nkwanta North DA was an unroofed urinal with no handwashing facility. Office accommodation challenges were observed in Krachi East, Kadjebi, Biakoye, and Nkwanta North MMDAs.	The MMDAs must be impressed upon by the RCC 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
			The office space and environment of Krachi East was poorly managed and this was mainly due to the fire outbreak incident that affected some offices.	
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies submission	The preparation of the 2023 promotion schedules with established vacancies and the retirement schedules were done before the deadline in only Krachi East, Krachi West, Kadjebi, Jasikan and Nkwanta North MMDAs. The date on the letter submitting the second half-year promotion schedule produced at Krachi Nchumuru was a Saturday. In Biakoye DA, both promotion schedules were prepared and forwarded, however, the retirement schedule was not prepared and forwarded. The promotion schedules prepared at Guan DA were very poorly done.	The RCC needs to insist on these reports being prepared and submitted on time.
	2.1ii	Implementation of the Promotion and Retirement Schedules	Out of the 9 MMDAs visited, only Krachi East and Krachi West produced evidence of 100% implementation of both the Promotion and Retirement Schedules. In Kadjebi and Jasikan, only the Retirement Schedule was fully implemented.	Full implementation of both schedules is critical for the professional development and growth of staff of the Service and MMDAs must pursue same

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.2	Compliance with preparation of leave management roster and updates	There was evidence of an update of the 2023 leave roster in all MMDAs but only that of Nkwanta South was not forwarded for approval. Only Kadjebi and Guan MMDAs did not prepare their 2024 leave management roster.	The MMDAs are encouraged to strictly prepare and update their leave management rosters to ensure the smooth management of staff in the Region.
	2.3i	Compliance with the preparation and approval of Training Needs Assessment (TNA)	Out of the 9 MMDAs visited, only Krachi Nchumuru, Biakoye and Guan did not prepare their TNA. Out of the 6 MMDAs that prepared their TNAs, Nkwanta South and Nkwanta North MMDAs did not forward their TNAs for approval by management.	The TNA forms the basis for the development of the Capacity Building Plans of the institutions under the LGS, hence MMDAs are to ensure strict compliance.
	2.3ii	Compliance with the preparation and submission of Training Plan	All MMDAs prepared and forwarded their Training Plan to the RCC on or before the deadline with the exception of Krachi Nchumuru DA.	These MMDAs must keep this up. The management of Krachi Nchumuru must ensure the timely submission of their Training Plans to the RCC.
	2.4	Compliance with the implementation of the MMDA's Training Plan	Only 3 MMDAs (Krachi East, Krachi West and Biakoye) implemented more than 80% of their Training Plan in the year 2023. The attendance sheets attached to the training reports in Krachi Nchumuru DA were determined to be	MMDAs must be impressed upon to keep investing resources into staff capacity building.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			forged. In Nkwanta South MA some of the training reports produced were determined to be forged. In Kadjebi and Guan MMDAs, none of the trainings in the training plans were implemented.	
	2.5	Compliance with Staff Performance Appraisal Planning for 2023	Compliance of staff with the performance appraisal schedule/cycle was very low in Krachi Nchumuru and Jasikan MMDAs for the year 2023. Percentage compliance was more than 80% in Krachi East, Krachi West and Kadjebi and the sampled appraisals were well done. These MMDAs need commendation.	The RCC must intensify training on the Performance Appraisal Tool for staff of MMDAs under their jurisdiction. Staff must also commit to the appraisal cycle
Financial Management & Reporting	3.1i	Compliance with the preparation and submission of RIAP	All 9 MMDAs visited prepared their RIAP but only 5 (Krachi East, Krachi Nchumuru, Kadjebi, Biakoye and Nkwanta North) approved them by their respective General Assemblies. In Nkwanta South MA, the conflict situation affected the sitting of the General Assembly which led to the RIAP being prepared but not approved.	MMDAs need to table their RIAP for consideration and approval of their General Assembly.
	3.1ii	Implementation of the RIAP	Out of the 9 MMDAs visited, only Krachi Nchumuru, Kadjebi and Nkwanta South implemented less than 80% of their 2023 RIAP.	The implementation of the RIAP is crucial to the increase in revenue of the MMDA, hence management must fully commit to implementing the plan.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.2	Efforts into increasing streets named with signages	Out of the 9 MMDAs visited, only Krachi Nchumuru (8.7%) and Guan (0%) recorded less than 10% increase in street named with signages in the year 2023.	The RCC must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs in increasing street naming and signage activities. The MMDAs must prioritize and provide resources for the implementation of street naming activities.
	3.3	Updated database on rateable properties with linkage to final revenue estimates	Database not updated in Nkwanta South and Guan MMDAs. Updated database not linked to final revenue estimates in Jasikan and Biakoye MMDAs. The updated database prepared in Krachi West, Krachi Nchumuru, Kadjebi, Jasikan and Nkwanta North MMDAs were not considered at the F&A for approval.	The RCC must intensify monitoring and technical backstopping of the MMDAs on the updating of rateable data and linking to the final revenue estimates.
	3.4	Expending on activities outside the AAP	All sampled expenditures from all 9 MMDAs visited were captured in their AAPs.	Good practice and must be encouraged to continue.
	3.5i	Prompt response to Internal Audit observations	All internal audit observations were responded to in all MMDAs visited with the exception of Krachi West and Jasikan.	Audit issues need to be prioritized by management to help reduce the incidence of

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
				being cited in the Auditor General's Management Letter.
	3.5ii	Implementation of Internal Audit recommendations	Out of the 9 MMDAs visited, only Krachi Nchumuru and Jasikan MMDAs had not fully implemented all the four quarterly internal audit recommendations by the end of the year.	Audit issues need to be prioritized by management to help reduce the incidence of being cited in the Auditor General's Management Letter.
	3.6	Implementation of the Auditor General's recommendations	Out of the 9 MMDAs visited, only Krachi East, Biakoye and Guan MMDAs were not cited in the 2022 Auditor General's Management Letter. Recommendations from the 2022 Auditor General's Management Letter were still outstanding in Kadjebe and Nkwanta South.	Audit issues need to be prioritized by management to help reduce the incidence of being cited in the Auditor General's Management Letter.
Infrastructure	4.1	Level of achievement in the implementation of planned road and transport programmes	Out of the 9 MMDAs visited, only Krachi Nchumuru and Guan DAs could not implement at least 80% of planned road and transport programmes in the year 2023.	Management of Krachi Nchumuru and Guan DAs must commit to ensure the implementation of planned activities for the benefit of the citizenry.
	4.2	Level of achievement in the implementation of planned building projects	Out of the 9 MMDAs visited, only Biakoye and Nkwanta South MMDAs could not implement at least 80% of planned building programmes in the year 2023.	Management of Biakoye and Nkwanta South MMDAs must commit to ensure the implementation of planned activities for the benefit of the citizenry.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.3	Compliance with the organization of Spatial Planning Committee (SPC) meetings	Only Nkwanta South MA was unable to organize at least 3 Spatial Planning Committee meetings in each quarter of 2023 and this was due to security instability that led to a curfew being issued in the 4 th quarter of 2023.	The RCC (REGSEC) should strive to promptly address all the security-related issues in Nkwanta South MA as these conflicts are affecting service delivery in areas such as spatial management.
	4.4	Processing of Development Permit applications and communicating decisions to applicant	There was evidence in all 9 MMDAs visited of development permit applications being considered at both the Technical Sub-committees (TSC) and Spatial Planning Committees (SPC) and decisions of both committees communicated to applicants.	The RCC must ensure the MMDAs keep up the good work.
	4.5	Availability of approved District Spatial Development Framework (SDF), Structure Plans and Local Plans	Only Krachi East and Krachi West MMDAs have developed and approved SDF. Krachi Nchumuru, Nkwanta South and Guan MMDAs did not have approved Structure Plans. Only Guan DA have less than 2 Local Plans.	The RCC must support the MMDAs in this regard. MMDAs must commit resources for the development of these plans.
Social Services	5.1	Compliance with Education Oversight Committee meetings	Out of the 9 MMDAs, only Kadjebi and Nkwanta South held all 4 quarterly meetings with all invitation letters and minutes properly signed with clear evidence of implementation of decisions. In Krachi East, Krachi West, Krachi Nchumuru and Nkwantan North, implementation of decisions of	The RCC must ensure strict compliance. MMDAs must commit the needed resources and attention to the organization of this meeting to promptly address

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			meetings was not captured in all quarterly meeting minutes. In Nkwanta North DA, the second quarter invitation letter was written after the actual meeting was held. In Krachi East MA, all the invitation letters produced were without reference numbers. The meeting records produced by Jasikan, Biakoye and Guan MMDAs were detected to be forged.	social protection issues in education.
	5.2	Compliance with Health Committee meetings	Out of the 9 MMDAs, only Krachi East held all 4 quarterly meetings with all invitation letters and minutes properly signed with clear evidence of implementation of decisions. The minutes of the committee meeting produced at Jasikan were all signed by an Administrative Officer at the District Health Directorate as the secretary to the committee even though the District Director of Health was present in all the quarterly meetings. In Krachi Nchumuru, Kadjebi and Nkwanta North, implementation of decisions of meetings were not captured in all quarterly meetings minutes.	The RCC must ensure strict compliance. MMDAs must commit the needed resources and attention to the organization of this meeting to promptly address social protection issues in health.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In Krachi West DA, the two quarterly invitation letters were without reference numbers. The meeting records produced by Krachi West, Biakoye, Nkwanta South and Guan MMDAs were detected to be forged.	
	5.3i	Updating of Vulnerable groups list	Only 2 MMDAs (Jasikan and Guan) submitted updated data on at least 3 vulnerable groups bi-annually on or before both deadlines. In Krachi West and Kadjebi MMDAs, updated data on only 2 vulnerable groups bi-annually was submitted. In Krachi East DA, the updates were done and forwarded annually only. The date on the submission letters for the vulnerable groups data produced in Krachi Nchumuru and Biakoye were Saturday and Sunday respectively.	MMDAs must take these updates seriously as these updates serve as the basis for the formulation of national level social policies and programmes that affect the vulnerable groups.
	5.3ii	Compliance with quarterly update of the database on registration on births and deaths	Quarterly updates on the database on registration on births and deaths were prepared for all four quarters in all MMDAs except Krachi Nchumuru, Kadjebi, Biakoye and Guan.	The RCC must ensure the full integration (staffing, budgetary allocation, reporting relationship etc.) of the Department of Birth and Death into the structure of the MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.4	Implementation of Gender Based Violence (GBV) interventions	Only Krachi West, and Guan MMDAs planned for GBV interventions but were unable to implement more than 80% of the planned interventions. In Krachi West, Kadjebi and Biakoye MMDAs, no clear GBV intervention was captured in the AAP of the MMDA but one GBV intervention was implemented.	MMDAs must be intentional in planning and funding the implementation of the GBV interventions to help curb the incidence of GBV cases from repeatedly happening.
	5.5	Management of reported Child Protection cases	All the MMDAs provided evidence of the successful management of more than 80% of reported child protection cases with the exception of Krachi West DA even though the DA is on the UNICEF-funded Social Welfare Information Management System (SWIMS) intervention. In Krachi West DA, all the reported child protection cases were still in the process of being managed (ongoing).	The Regional Social Welfare Department needs to step in and provide technical backstopping for the Krachi West DA to help improve performance.
	5.6	Organization of Community Mobilization & Education programmes	Only Krachi West (50%), Krachi Nchumuru (67%), Biakoye (50%), Guan (40%) and Nkwanta North (0%) implemented less than 80% of their Community Mobilization & Education programmes.	These MMDAs need to commit more resources into community mobilization and education programmes.
Economic Development	6.1	Level of MMDA expenditure in Agriculture	Only Kadjebi (4.02%) and Guan (3%) MMDAs expended less than 5% of the total MMDA expenditure on Agriculture.	MMDAs need to commit more resources to the Agriculture Department.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	6.2	Level of implementation of planned agricultural activities in the AAP	All MMDAs implemented more than 80% of their planned agricultural activities in their AAP in the year 2023 with the exception of Nkwanta South.	MMDAs should keep this up
	6.3	Level of MMDA Agricultural expenditure on post-production activities	Only Krachi East and Nkwanta North produced evidence of expending more than 40% of their agricultural expenditure on post-production activities. In Jasikan MA, no expenditure was made towards post-production activities in the year 2023.	MMDAs must consciously invest in post-production activities to significantly reduce post-harvest losses.
	6.4	Level of planned agricultural interventions to addressing gender gaps	None of the 9 MMDAs implemented 60% or more of planned agricultural interventions towards addressing gender gaps.	MMDAs must show more commitment towards addressing gender gaps in the Agric sector.
	6.5	Level of implementation of planned tourism related activities	All 9 MMDAs implemented more than 80% of their planned tourism related activities in their 2023 AAP. The highest number of tourism-related activities in the AAPs of the MMDAs in the Region was two. Most MMDAs had only one tourism related activity in their AAPs.	More tourism related activities need to be planned and more investments committed into the sector.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness Action plan & implementation report	All 9 MMDAs do not have a detailed Disaster Preparedness Action Plan.	The Regional NADMO office needs to coordinate the development of Disaster Preparedness Plans for the MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.2	Implementation of Environment enhancement programmes in 2023 AAP	None of the 9 MMDAs was able to produce evidence of implementation (including proof of expenditure) of more than 60% of environment enhancement programmes for the year 2023.	MMDAs need to show more commitment to implementing environment enhancement programmes.
	7.3	Increase in population with access to household toilets	Only Biakoye and Nkwanta North MMDAs were able to produce data on population with access to household toilets. All the other 7 MMDAs only produced data on household toilets with no commensurate data on the actual population with access to those household toilets. However, only Biakoye DA recorded more than 15% increase in the percentage growth of the population with access to 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 Krachi East and Jasikan produced evidence (activity reports and evidence of expenditure) for at least one Assembly sponsored routine cleansing carried out in each quarter in the year 2023. In Biakoye and Krachi West MMDAs, even though there were activity reports produced for 4 quarterly clean up exercises, no evidence of MMDA funding support was produced.	MMDAs should be admonished to commit more resources and efforts towards improving sanitation.

4.3. Ashanti Region

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

4.3.1. Scope of the Assignment

This section of the report covers the Ashanti Region i.e. the Ashanti Regional Coordinating Council (ARCC) and all 43 Metropolitan, Municipal and District Assemblies in the Region.

4.3.2. General Outcomes

The time spent on the RCC was 5 hours 57 minutes and the average per MMDA was 6 hours. The shortest time spent on MMDAs visited was 4 hours 20 minutes in Sekyere Afram Plains District Assembly while the longest time spent was 7 hours 12 minutes in Asante Akim South Municipal Assembly.

4.3.3. General Observations

For MMDAs

Staff cooperation/ Apathy

Staff who were present during the exercise were cooperative. Human Resource Managers, Planning and Records Management Unit Officers in most of the cases were extremely helpful throughout the exercise.

Governance and administration

Ahafo Ano North Municipal Assembly did not have a Municipal Chief Executive (MCE) at the time of the assessment because of the inability to elect a Presiding Member, which is attributed to chieftaincy and political interference. This has made the Assembly handicapped as most decisions and operations that need approval from the General Assembly could not be carried out. The Coordinating Director works directly with the Regional Minister who acting as a caretaker until a substantive MCE is appointed.

Training plan implementation & reporting

All MMDAs in the Region had training plans prepared but only 24 of them (representing 55.81%) showed evidence of submission to the RCC before the deadline. However, 17 MMDAs (Afigya Kwabre South DA, Ahafo Ano North MA, Ahafo Ano South East DA, Ahafo Ano South West DA, Atwima Nwabiagya MA, Bosomtwe DA, Kumasi Metropolitan, Offinso North DA, Old Tafo MA, Adansi North DA, Asokore Mampong MA, Bosome Freho DA, Ejisu MA, Ejura Sekyere-Dumase MA, Kwabre East MA, Sekyere Afram Plains DA and Sekyere Central DA) could not execute at least 80% of their training plans. Financial constraints were given as the reason for the low level of implementation.

Compliance with Staff Performance Appraisal System

In general, the performance in this area was very poor. It was observed that, compliance rate in the region was very low as most staff, including heads of Units/Departments still do not appreciate the relevance of strict compliance to the performance appraisal cycle as well as the quality of the key performance indicators set.

Out of the 43 MMDAs visited, only 14 MMDAs representing 32% had at least 80% of their staff completing the performance appraisals for the year 2023.

It could be deduced that most HR Managers and Heads of Departments and Units and staff filled their appraisals at the end of the year solely for the purposes of the end of year assessment conducted by the team from the Office of the Head of the local Government Service (OHLGS). This led to several errors as were detected during the assessment.

Some of the performance appraisal reports sampled had appraisers or appraisees or both not signing appropriately. There were also errors or inconsistencies with dates for the planning, mid-year review or the end of year assessment sessions. Most staff did not give an exact or appropriate brief description of the performance of the planned indicators.

Staffing

Some MMDAs (especially those in rural areas) had inadequate staff in the following areas:

- Records Management Unit
- Physical Planning Department
- Births and Deaths Department
- Client Service Unit

It was observed that Sekyere Afram Plains DA had the least staff strength of forty-four in the Region.

Other HR related issues

Most MMDAs apart from 13 (Ahafo Ano South East DA, Amansie South DA, Adansi South DA, Asokwa MA, Bosome Freho DA, Bekwai MA, Ejisu MA, Ejura Sekyere-Dumase MA, Kwabre East MA, Kumasi Metropolitan, Offinso MA, Obuasi MA And Sekyere Afram Plains DA) had at least one (1) orientation workshop.

All MMDAs had their biannual promotion schedules prepared. However, only 15 (Atwima Nwabiagya MA, Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Nwabiagya North DA, Asokwa MA, Amansie West DA, Bosome Freho DA, Kumasi Metropolitan, Kwadaso MA, Oforikrom MA, Sekyere Central DA, Sekyere East DA, Sekyere South DA, Obuasi East DA and Sekyere-Kumawu DA) showed evidence of submission to RCC within the timelines. On the other hand, 17 MMDAs (Adansi Asokwa DA, Asante Akim North MA, Ahafo Ano South East DA, Amansie Central DA, Asokore Mampong MA, Amansie South DA, Adansi North DA, Bosomtwe DA, Bekwai MA, Ejisu MA, Juaben MA, Kwabre East MA, Offinso MA, Sekyere Afram Plains DA, Suame MA, Obuasi East DA and Sekyere-Kumawu DA) representing 39.53% could not show evidence of submitting retirement schedules to the RCC before the deadline.

Furthermore, 4 MMDAs (Bekwai MA, Offinso MA, Obuasi MA and Suame MA) could not produce evidence of implementation for both promotion and retirement schedules.

Only 19 MMDAs (representing 44.19%) had both 2023 annual leave management roster updated and 2024 annual leave management roster prepared and all submitted with evidence of approval by management.

It was established that 23 MMDAs representing 53.49% had prepared comprehensive Training Needs Assessment (TNA) reports prepared and officially submitted with memo and evidence of approval given by management on or before deadline.

Compliance with proper Records Management System

Most of MMDAs visited have started with the migration and the implementation of the new records Management Manual classification scheme with few MMDAs (Sekyere Central DA, Afigya Kwabre South DA, Atwima Nwabiagya MA, Atwima Mponua DA and Sekyere East DA) yet to start. However, no MMDA had fully implemented the manual. MMDAs did not consistently complete all the columns for incoming and outgoing correspondence registers, especially columns 1, 7, 8 and 9 for incoming and columns 1, 6 and 8 for outgoing correspondence. Although some MMDAs had file ladders placed on the cover of files, most were not fully filled.

Most of the MMDAs need training to strengthen them on the new filing system.

Some MMDAs (Sekyere Afram Plains DA, Oforikrom MA, Ahafo Ano South East DA, Atwima Mponua DA, Mampong MA, Bosomtwe DA, Ada, Atwima Nwabiagya MA) still have inadequate logistics for the Records Management Unit, hence their inability to fully migrate and implement the new filing system.

All MMDAs except for Sekyere Afram Plains DA, Sekyere Central DA, Kwabre East MA and Kumasi Metropolitan had software applications (Web-based, locally hosted, MS Assess, MS Excel) for managing incoming and outgoing correspondence. However, 15 MMDAs had all the 12 months correspondence captured while 4 had at least 9 months correspondence captured. Only 2 MMDAs (Bekwai and Suame MAs) had their electronic correspondence management system accessible by their MCDs.

Compliance with District Health and Education Oversight Committees

Generally, most MMDAs do not attach importance to these statutory committee meetings. Evidence showed that most MMDAs did not organise the meetings but managed to forge minutes and invitation letters. It was observed that most signed signatures were not consistent even when meetings were held. Most of the invitation letters could not be traced in the Records Management Unit because they did not go through the Unit for necessary protocols before they were dispatched to members. It was also observed that Admin Officers were seen signing most invitation letters instead of the appropriate management members.

Punctuality

Generally, reporting to work on time was very poor. A random check conducted at MMDAs visited in the mornings indicated that most staff report late to work. The lateness to work was attributed to the fact that the staff, including management, reside in Kumasi and work in other MMDAs outside the regional capital.

Leadership and coordination

The team observed good leadership and coordination among management and staff of the some MMDAs.

Some MMDCEs even participated in the process. Notable among these were the MMDCEs of Oforikrom MA, Sekyere-Kumawu DA, Ejura Sekyere-Dumase MA, Juaben MA, Asokwa MA, Afigya Kwabre North MA, Ahafo Ano South East DA.

Visitor's Washrooms

It was generally observed that most visitor's washrooms had water, soaps and tissue available for the hygiene of visitors/clients of the MMDAs. However, some visitors' washrooms were also locked to avoid frequent visits by outsiders.

Website

All MMDAs except two (Adansi North and Sekyere Central DAs) had functional websites hosted on the Government of Ghana domain (.gov.gh) provided by NITA. There was improvement in the update of contents on MMDAs' websites such as information and functions of Departments/ Units, services being rendered by the MMDAs etc.

Preparation of minutes and reports

Most MMDAs had minutes of meetings not properly recorded and signed. Some reports cited were poorly prepared i.e. not comprehensive and not well structured.

Preparation of Plans

Some MMDAs had planned activities without clear or specific indicators and outcomes with timelines which makes it difficult to measure and assess their outcomes or impact. Some also had activities not achievable due to limited funds. Some Departments/Units such as Social Welfare and Community Development, Agriculture and Environmental and Sanitation have implemented activities with reports however, these implemented activities were not captured in the AAP and APR of the MMDA.

ISCCS meetings

Most MMDAs did not have presentations by the various agencies for the Mid-year review and End of year Inter Service – Sectoral Collaboration and Cooperation meetings. Presentations were mainly done by Heads of decentralised and non-decentralized Departments within the MMDA. The meeting records produced were rather mostly expanded DPCU meetings.

The MMDAs, however, highlighted the difficulties faced in getting all invited non-decentralized Departments, SOEs and Public Corporations to participate and share their activities in the meetings.

Functionality of the Client Service Unit

Most MMDAs have dedicated office space for the Client Service Unit (CSU) with basic office logistics. However, a few were sharing offices with other Units/Departments' while others were operating from the corridors of the office buildings due to inadequate office space.

Some MMDAs visited were duly using the new CSU forms. Oforikrom MA must be commended for using all the 7 templates.

Adequate Directional Signs to MMDAs

It was observed that most MMDAs do not have directional signposts at various locations (including boundary points) and turns with clear information to adequately direct clients and other visitors to the MMDA.

Falsification of Documents

Official documents such as minutes, reports, attendance sheets, invitation letters, Payment Vouchers (PVs) among others were determined to have been falsified across some departments in most of the MMDAs visited. The team saw some MMDAs (including Ejura Sekyere-Dumase MA, Afigya Kwabre North MA, Bosomtwe DA, Amansie Central DA, Obuasi MA, Akrofuom DA, Amansie West DA) printing documents for the sole purpose of the assessment exercise. Ejura Sekyere-Dumase MA was seen binding newly prepared AAPs and APRs for the exercise.

Office Accommodation

There were serious office accommodation challenges at some MMDAs including Adansi Asokwa DA, Atwima Nwabiagya MA, Ahafo Ano South East DA, Obuasi East DA, Oforikrom MA and Sekyere-Kumawu DA.

Infrastructural related programmes

22 MMDAs representing 51.16% had fully implemented at least 80% of their approved road and transport programmes.

It was also established that only 5 MMDAs (Asante Akim Central MA, Amansie Central DA, Atwima Nwabiagya MA, Ejura Sekyere-Dumase MA and Sekyere East DA) representing 11.63% fully executed at least 80% of their planned building and structural programmes.

Spatial Planning Activities

39 MMDAs (90.70%) out of the 43 visited provided evidence of organising at least three (3) Spatial Planning Committee meetings each quarter by the end of the year 2023.

All except 8 MMDAs showed evidence of considering all building permit applications at both the Technical Sub-Committee and District Spatial Planning Committee (DSPC) meetings and providing feedback to applicants.

It was also established that 27 MMDAs representing 62.79% did not have any valid Structure and Local Plans and Spatial Development Framework. Most of these MMDAs had only the softcopy of the Structure Plans which are yet to be printed out and duly endorsed.

Agriculture Performance

Generally, the performance of most MMDAs on the agriculture indicators i.e. percentage of MMDA's total annual expenditure on agriculture as well as percentage of MMDA's annual agriculture expenditure on post-production activities were poor. The MMDAs devoted a small percentage of expenditures to agriculture activities including post-production activities.

Sekyere Afram Plains District devoted the highest proportion of the 2023 annual expenditure to agriculture activities (12.92%) as against the regional average of 3% and Asokwa Municipal devoted the least (0.26%).

Planning and implementation of Tourism related activities

Only Asante Akim Central MA, Amansie Central DA, Akrofuom DA, Afigya Kwabre South DA, Amansie South DA, Atwima Nwabiagya MA, Bosomtwe DA, Bekwai MA, Ema, Juaben MA, Kwabre East MA, Kumasi Metropolitan, Mampong MA, Oforikrom MA, Old Tafo MA, Sekyere Central DA and Suame MA representing 39.53% in the region implemented more than 80% of planned tourism related activities in their 2023 AAP.

Some of the MMDAs have activity reports on tourism, but the activities were not supported by expenditure. Additionally, Offinso North District had an activity which was fully executed in 2022 repeated for the year 2023.

Availability of Disaster Preparedness Action Plan Implementation report

It was observed that most MMDAs did not have a comprehensive Disaster Preparedness Plan available.

Only four (4) MMDAs (Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Nwabiagya MA and Suame MA) representing 9.30% prepared and officially submitted their 2023 Disaster Preparedness Plan and implementation reports to the RCC within the timelines.

Fund flow and its impact on the implementation of planned activities

Generally, all MMDAs visited complained of the unavailability, inadequacy, and delay of funds released which contributed to inability or delay in implementation of planned activities. Management of the MMDAs expressed worry on the releases of the District Assemblies Common Fund (DACF) and the funds for DACF Responsive Factor Grant.

For RCC

1. The general office space and environment of the RCC was well managed with the presence of security. The washrooms were neatly managed.
2. Though the RCC is implementing the new records management system, there were issues in all the areas accessed. These include:
 - File Diary not having all information of files correctly captured in accordance with the newly developed LGS RMU Operational Manual
 - Columns 8 and 9 (File Ref. No. and Folio No.) for Incoming Correspondence Register in some cases were not filled
 - Columns 6 (Folio No.) for Outgoing Correspondence Register in most cases were not recorded
 - Files had File Ladder on cover but not being used as prescribed in the newly developed LGS RMU Operational Manual.
3. There was evidence of the existence of software or applications used in capturing correspondence electronically, however the system/application was not accessible by the Regional Minister (RM) or the Regional Coordinating Director (RCD).
4. The RCC had a functional website with activity update done on a monthly basis. There were other vital information on tourism related activities for MMDAs in the region.
5. The delay in the release of funding to the RCC resulted in the delay of implementation of some 2023 planned activities of the RCC. Among the planned activities that could not be implemented fully due to lack of funds were quarterly departmental monitoring exercise, biannual technical backstopping etc.
6. The RCC had 100% of its staff completing their Performance Appraisals.

4.3.4. General Recommendations

For MMDAs

MMDAs need to;

- MMDCDs should ensure that Heads of Departments/Units are involved as soon as the Performance Contract is signed to ensure full ownership of the target/deliverables in the Performance Contract to halt the incidence of the production of forged reports and documents during the assessments.
- MMDAs should ensure the Client Service Unit is well resourced to enhance effective implementation of the new CSU manual for improved customer satisfaction.
- Ensure that staff are continuously given orientation on Local Governance Act, Local Government Service Protocols, MMDA By Laws and all other relevant enactments with the aim of improving staff understanding and compliance with these regulations.
- Improve the workplace environment including office spaces. Office logistics must be made available for staff to improve performance. Visitors Washrooms needs to be constantly kept clean with constant supply of water, soap, tissue etc. throughout the day.
- MMDAs must ensure staff are trained on the LGS staff performance appraisal instrument and ensure strict compliance. It should be taken very seriously to hold staff accountable and not only seen as a tool for promotion. Sanctions should be applied to staff who fail to comply.
- Ensure that formats for reporting as well as reporting timelines are strictly complied with to enhance accountability from the various Departments and Units.
- Ensure that websites of MMDAs are regularly updated with activities including those carried out various sectors/departments/units. Websites should also have comprehensive information and functions of the Departments and Units as well as reports, action plans and other relevant documents. Information and procedures for acquiring services rendered by the MMDAs such as Development Permit, Marriage Registration, Business Operating Permit among others must be available. Tourism sites must also be updated on the websites.
- Take steps to ensure that directional signposts with the right information are adequately placed at all vantage points (including boundary points) to adequately direct clients to the MMDA.
- Improve and provide needed resources to the Records Management Unit (RMU) to fully implement the newly developed Records Management Manual. Also ensuring all correspondence (Incoming and Outgoing) are well captured and scanned into an electronic database management system and linkage created for accessibility by MMDCDs/MMDCEs or other management members.

- MMDAs are encouraged to institutionalise a rewards system to motivate well performing staff and Departments/Units to serve as examples to others. Sanctions should also be applied to staff who fail to perform their functions in an effective and efficient manner.
- The expertise of senior officers in the various MMDAs could be tapped into to build the capacity of junior staff. This could help the MMDAs to deal with the financial constraint cited as the cause of not organising capacity building for staff.
- MMDAs must attach some importance to Metropolitan/Municipal/District Education Oversight Committee and Metropolitan/Municipal/District Health Committee meetings and ensure that meetings are held with invitation letters, proceedings recorded and decisions fully implemented.
- MMDAs must prioritize completion of existing and uncompleted projects in the AAPs to ensure that the benefits are realized before initiating new ones.
- MMDAs must make use of the mid-year review sessions of the DPCU to review the activities in the action plans.
- MMDAs must commit more resources into agricultural activities.
- MMDAs without a valid Spatial Development Framework and Structure Plans must resource the TSC and SPC to develop them for use in development planning and management of space within the MMDAs.
- The MPCU should ensure the active involvement of all heads of departments/units in the composite Action Plan and Annual Progress Report development process.

For RCCs

The following are some recommendations for RCCs;

- The RCC should continue to provide targeted technical backstopping to the MMDAs to improve service delivery at the subnational levels.
- The RCC must tighten monitoring and technical backstopping activities of MMDAs to ensure Departments/Units of the MMDAs are adequately supported to discharge their mandates.
- Continue to put in measures to ensure that management and staff are trained on the Performance Appraisal instrument and pay attention to the performance management system for strict compliance.
- The capacity of RMU officers as well as other staff of the MMDAs must be built to ensure the new records management manual is fully implemented.
- The RCC should provide training in areas where MMDAs had challenges, especially proper reporting, proper conduct of statutory meetings and minutes writing etc.

- The RCC should conduct staff audit and rationalization across the MMDAs within the Region.
- The RCC should use the detailed observations table (below) prepared by the assessment team to identify performance gaps and help MMDAs improve.
- The RCC should ensure MMDAs are using the DPCU platform to properly carry out its mandates such as the active involvement of all heads of Departments/Units in the planning and preparation of the composite action plans, revised plans, monitoring of implementation of activities, preparation of APRs etc.

4.3.5. Ashanti RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 6: Detailed Analysis/Findings of each Indicator for Ashanti RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Regional Security Council (REGSEC) meetings and implementation of decisions	The RCC organized three (3) REGSEC meetings per quarter, making a total of 12. All minutes were prepared and duly signed. 149 out of 163 decisions representing 91.4% recorded during meetings were implemented.	The RCC is encouraged to keep it up.
	1.2i	Organisation of expanded RCC meetings	The RCC organized 2 expanded RCC meetings chaired by the Regional Minister	The RCC must keep this up.
	1.2ii	Organisation of expanded RPCU meetings	The RCC organized only 1 RPCU meeting chaired by the Chief Director.	The RCC must keep this up.
	1.3i	Full migration/use of new Records Management Manual classification scheme	Though the RCC is implementing the new records management system, there were issues in all the areas accessed. These include: - File Diary not having all information of files correctly captured in accordance with the newly developed LGS RMU Operational Manual - Columns 8 and 9 (File Ref. No. and Folio No.) for Incoming Correspondence Register in some cases were not filled - Columns 6 (Folio No.) for Outgoing Correspondence Register in most cases were not recorded	Management of the RCC should commit to equipping the RMU to fully implement the newly developed RMU operational manual. Management should insist all files from various Departments and Units are kept by the RMU.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Files had File Ladder on cover but not being used as prescribed in the newly developed LGS RMU Operational Manual.	
	1.3ii	Electronic storage of correspondence	The RCC had a software for capturing correspondence. All sampled Incoming and Outgoing Correspondence from the electronic correspondence management system was well stored across all the 12 months. However, management is yet to be integrated onto the electronic correspondence management system.	The RCC is encouraged to create access for management members.
	1.4	Website Updates	There is a functional website but have interfaces for some pages disorganized. However, activity updates were done for all 12 months. There is comprehensive information on tourist potential areas within MMDAs in the Region. In addition, there are recent vital documents such as RIBS, AAP and Client Service Charter available. The RCC did not have information on functions of its Departments and Units/Sections on the website.	Information on Tourist potential areas is commendable and encouraged to keep up. The IT Unit should be furnished with information and functions of departments and other relevant details to update the website.
	1.5i	Functional Client Service Unit	The RCC had dedicated office space for Client Service Unit.	The RCC should continue to resource the CSU and encourage the use of the other CSU forms to ensure clients

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			There were basic logistics such as furniture, stationery, phone, etc. The Unit is using only one of the newly developed CSU forms (Visitors form). Complaints logbook was available with reported issues recorded. Calls were made to confirm client's satisfaction of service provided.	issues are well documented and tracked.
	1.5ii	Monitoring and coordination of the setting up and functionality of the sub-structures of all MMDAs	A monitoring report on the setting up and functionality of the sub-structures of all MMDAs in the Region was prepared and submitted within the timeline.	The RCC should continue with the good work.
	1.6	Workplace environment	There were visible signposts of the RCC showing clear directions to the office. The visitors' washrooms were well managed with water and soap. The general landscape and office space were well maintained.	The RCC should continue with the good work.
Human Resource Management	2.1	Compliance of promotion schedule with established vacancies & retirement schedules submission	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 within the timelines.	The RCC should continue with the good work.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			There was evidence of copies of transmittal letters for the implementation of the 2023 promotion and retirement schedules at the RCC level.	
	2.2	Annual Leave management roster	2023 updated annual leave roster and 2024 leave roster were done but there was no evidence of submission officially to management for approval. The rosters were disseminated to the following via memo from the HR: • All Heads of Department/Unit (updated 2023 leave management roster) • All Heads of Department/Unit and Staff (2024 leave management roster).	The RCC must ensure leave rosters are submitted to management for approval before dissemination to Departments/Units.
	2.3i	Preparation and submission of a Training Needs Assessment (TNA) for the RCC	A comprehensive Training Needs Assessment (TNA) for the RCC was prepared and submitted with a memo to Chief Director for approval within the timeline.	The RCC should continue with the good work.
	2.3ii	Preparation and submission of a harmonized regional training plan	A Comprehensive/harmonised Regional (RCC and MMDAs) Training Plan was prepared. However, the RCC could not meet the deadline of submission to OHLGS. It was dispatched with a transmittal letter after the deadline.	RCC must ensure compliance.
	2.4	Implementation of 2023 Training Plan of RCC and submission of composite quarterly report	The RCC implemented all 4 activities in the 2023 Training Plan. Training reports for all were available. All 4 quarterly composite training reports were prepared however only the fourth (4th) quarter report	RCC must ensure compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			was submitted to OHLGS within the timeline. Submission for the other three (3) quarters were done after the deadlines.	
	2.5	Biannual monitoring of the implementation of the PMS at the MMDA level	Two (2) monitoring exercise on the implementation of Performance Contracts & Performance Appraisals (PMS) at the MMDA level were carried out. Two (2) monitoring reports were prepared and submitted to OHLGS; however, the first report was submitted far after the deadline.	RCC must ensure compliance.
	2.6	Compliance with Staff Performance Appraisal for 2023	The RCC performed excellently in this area. Staff Appraisals for all staff (including non-mechanised) of the Decentralized Departments were completed with all 4 sampled well filled.	This is impressive and RCC is encouraged to continue with the good work.
Financial Management & Reporting	3.1	Preparation and submission of the Audit Plan	The 2023 Annual Audit Plan was prepared and submitted to the RCD, the Audit Committee and Internal Audit Agency within the timeline.	The RCC should continue with the good work.
	3.2	Implementation of Auditor Generals Management letter recommendations	There was no issue against the RCC	The RCC should keep this up.
	3.3i	Response to Internal Audit observations	All conditions met accordingly	The RCC should continue with the good work.
	3.3ii	Implementation of 2023 Internal Audit Recommendations	No pending issue was identified on file.	The RCC should continue with the good work.
	3.4	Approval and submission of budget (Regional Integrated Budget System)	The Regional Integrated Budget System (RIBS) for the RCC was approved and submitted to OHLGS before the deadline.	The RCC should keep this up

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.5	Use of GIFMIS	The RCC assessed the GoG inflow on the GIFMIS with ten (10) PVs, but the actual expenses were disbursed from the operation accounts at Bank of Ghana in the name of Regional Co-ordinating Director.	The RCC should continue with the good work.
Services	4.1	Quarterly monitoring reports of Departments of RCCs	Out of the four (4) sampled Departments (Feeder Road, Agric, Social Welfare and Community Development), only Two (2) (Social Welfare and Community) conducted 4 quarterly monitoring exercises, prepared and submitted reports, however, the first quarter reports (for the 2 departments) were forwarded in June i.e after the deadline.	RCC must ensure strict compliance.
	4.2	Quarterly monitoring reports of RPCU	All 4 quarterly monitoring reports were prepared and submitted to OHLGS. However, the third quarter was dispatched after deadline (9 th November 2023).	RCC must ensure strict compliance.
	4.3	Biannual reports on technical backstopping support to MMDAs	Out of the four (4) sampled Departments (Social Welfare, Agric, HR and LUSPA), only HR carried out 2 biannual technical backstopping exercises, prepared and submitted reports (for both) before deadlines. LUSPA carried out only 1 technical backstopping monitoring in the year 2023. All the other 2 sampled Departments could not produce reports.	RCC must ensure strict compliance.
	4.4	Preparation and submission of 2023 plan (Regional Integrated Plan)	Though the RCC prepared their Regional Integrated Plan from the RIP 2022-2025 Template which was submitted on 27/01/2023, it could not produce	RCC must ensure strict compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			evidence for submission of the 2024 RIP to OHLGS (since it could not be traced in the Dispatch book).	

Table 7: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Ashanti Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	The team established from evidence available that only 13 MMDAs (Atwima Nwabiagya MA, Asante Akim South MA, Afigya Kwabre North MA, Afigya Kwabre South DA, Asokwa MA, Ejisu MA, Juaben MA, Offinso North DA, Sekyere Central DA, Sekyere East DA, Atwima Nwabiagya North DA, Sekyere South DA and Suame MA) held both joint stakeholder mid-year review sessions (for the year 2023) and planning sessions (for the year 2024) which is to ensure a co-ordinated approach to development and management of the MMDA (ISCC). The meetings were chaired by their respective MMDCEs and the MMDCDs served as Secretary with minutes duly signed by both. However, in 6 other MMDAs (Asante Akim Central MA, Atwima Kwanwoma MA, Adansi North DA, Adansi South DA, Bosomtwe DA and Bekwai MA), held expanded DPCU meetings (both meetings chaired by MMDCDs and DPOs as secretary). 4 MMDAs (Ahafo Ano South West DA, Amansie Central DA, Kwabre East MA and Offinso MA) organised meeting for only mid-year session while 2 other MMDAs (Mampong MA and Sekyere-Kumawu DA) held meeting for only planning session chaired by MMDCEs and	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. Management especially MMDCEs must prioritize these meetings.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			MMDCDs as Secretaries. Minutes signed by the Chair and Secretary were available. 3 MMDAs (Ahafo Ano South East DA, Asokore Mampong MA and Obuasi MA) organized only the planning session chaired by their MMDCDs with minutes signed. The remaining 15 MMDAs did not organise any ISCCS meeting. A few submitted records (minutes and attendance sheets) that were forged.	
	1.2	Compliance with the organization of orientation workshops	It was observed that only 5 MMDAs (Asante Akim Central MA, Adansi Asokwa DA, Atwima Kwanwoma MA, Obuasi East DA and Suame MA) organized 2 or more orientation workshops for newly recruited, newly posted and other staff on the MMDA Bye Laws, LG Act, LGS Protocols etc. 24 other MMDAs organized only one orientation workshop for staff and had reports submitted. Offinso North District though had evidence of the organisation of one of such workshops but did not submit report officially. The remaining 13 MMDAs (Ahafo Ano South East DA, Amansie South DA, Adansi South DA, Asokwa MA, Bosome Freho DA, Bekwai MA, Ejisu MA, Ejura Sekyere-	The RCC must impress on the MMDAs to develop innovative ways of sensitizing staff on the MMDA By Laws, LG Act, LGS Protocols etc. MMDAs are also encouraged to use their Senior Officers within the MMDAs or RCC as facilitators or trainers for such workshops or forums.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Dumase MA, Kwabre East MA, Kumasi Metropolitan, Offinso MA, Obuasi MA and Sekyere Afram Plains DA) did not organize any orientation workshop.	
	1.3i	Full migration/use of new Records Management Manual classification scheme Details of newly opened files correctly entered in the File Diary Incoming correspondence register Outgoing correspondence register Use of File Transit Ladder on files	It was observed that MMDAs region performed very poorly in this indicator. Only 10 MMDAs (Kumasi Metropolitan, Sekyere South DA, Asante Akim Central MA, Adansi Asokwa DA, Amansie West DA, Bosomtwe DA, Bosome Freho DA, Mampong MA, Old Tafo MA and Suame MA) had details of all 5 sampled files correctly recorded in the File Diary. None of the 43 MMDAs had all 9 columns (especially columns 7, 8 & 9) for Incoming Correspondence Register consistently filled. Only 2 MMDAs (Kumasi Metropolitan and Sekyere South DA) had all 8 columns for outgoing correspondence registers well filled. The other MMDAs which were using the new register did not consistently fill columns 6 and 8 and few instances column 1. All the MMDAs with available File Transit ladder did not consistently or failed to complete them on the file as and when required.	The RCC must organize training, provide support services and monitoring programmes to enforce all MMDAs to adapt to the new classification. MMDAs should provide relevant logistics to enhance the new records management scheme's full operationalization.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			It was observed that a few MMDAs though have migrated were still using the old templates for correspondence registers. 5 MMDAs (Sekyere Central DA, Asekyere-Kumawu DA, Atwima Nwabiagya MA, Atwima Mponua DA and Sekyere East DA) as at the time of the assessment had not yet started with the implementation of the Records Management Manual. Additionally, 3 MMDAs (Juaben Municipal and Asokore Mampong Municipal) which could not migrate last year 2023, had started the migration in 2024.	
	1.3ii	Electronic capturing and storage of correspondence	In general, all MMDAs except Sekyere Afram Plains DA, Sekyere Central DA, Kwabre East MA and Kumasi Metropolitan had software applications (Web-based, locally hosted, MS Assess, MS Excel) for managing incoming and outgoing correspondence electronically. 15 MMDAs (Metropolitan had software applications (Web-based, locally hosted, MS Assess, MS Excel) for managing Incoming and Outgoing correspondence. 15 MMDAs (Bekwai MA, Adansi Asokwa DA, Ahafo Ano South East DA, Adansi South DA, Atwima Kwanwoma MA, Afigya Kwabre North MA, Asokwa MA, Amansie West DA, Bosomtwe DA, Bosome Freho DA, Kwadaso MA, Oforikrom MA, Obuasi MA, Offinso North DA, Old	The RCC must support the MMDAs with IT support services and ensure training is organized for RMU officers and management. The RCC and MMDAs are also encouraged to sign up onto the government Smart Workplace platform (being deployed by NITA and E-Solution) to use the Correspondence Management system component in managing their correspondence.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Tafo MA and Sekyere East DA) had all 12 months sampled correspondence stored and retrievable electronically as verified. However, only Bekwai MA had database system accessible by the MMDCD. 4 MMDAs (Amansie Central DA, Atwima Mponua DA, Atwima Nwabiagya North DA and Obuasi East DA) had at least 9 months sampled correspondence stored and retrievable electronically. The remaining 19 MMDAs did not capture correspondence for at least 9 months. Suame Municipal, which fell within this category, however had their database accessible by management. It was observed that most offices did not have adequate logistics such as scanners, computers, printers, UPS, backup storage device, etc.	
	1.4	Availability and Update of Website	Generally, all MMDAs except Sekyere Central DA (using ghanadistrict.com which is not accepted) and Adansi North DA (using “.com” domain) have functional websites hosted on the official government (“. gov.gh”) domain. Only 8 out of the 43 MMDAs satisfied all the 3 minimum conditions accessed. 14 out of the 43 MMDAs (Sekyere Afram Plains DA, Sekyere-Kumawu DA, Sekyere South DA, Sekyere Central	MMDAs should ensure the websites are updated with departmental functions and programmes, services, activities, reports and site/field visits.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			DA, Kwabre East MA, Old Tafo MA, Asokore Mampong MA, Kumasi Metropolitan, Adansi Asokwa DA, Ahafo Ano South West DA, Atwima Nwabiagya North DA, Atwima Mponua DA, Atwima Nwabiagya MA and Asante Akim North MA) did not have at least one activity update (news) per each month (12 updates) covering at least 6 different Departments/Units/Sectors. The websites of 13 MMDAs (Sekyere-Kumawu DA, Sekyere Central DA, Kwabre East MA, Offinso MA, Akrofuom DA, Adansi South DA, Amansie South DA, Atwima Kwanwoma MA, Kwadaso MA, Atwima Nwabiagya MA, Ahafo Ano South West DA, Atwima Mponua DA and Bosome Freho DA) did not have adequate information on at least 3 areas like functions of Departments, Annual Reports, Composite Budget, Fee Fixing Resolution, LED plan, Tourism sites, data etc. Only 9 MMDAs (Ejura Sekyere-Dumase MA, Oforikrom MA, Afigya Kwabre North MA, Offinso North DA, Asokwa MA, Bekwai MA, Amansie Central DA, Suame MA and Asante Akim North MA) captured vital information about at least 3 services the MMDA renders and procedure for acquiring the services.	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.5i	Clearly marked office space for Client Service Unit (CSU) Availability of basic logistics Use of the newly developed CSU Forms Verification of actions taken on complaints	Apart from Sekyere Afram Plains DA, Adansi North DA, Akrofuom DA, Ahafo Ano South East DA, Atwima Nwabiagya North DA, Juaben MA and Asante Akim South MA, all other MMDAs had a clearly marked and dedicated office for the CSU. All MMDAs had some basic logistics such as furniture, logbooks, files, phone, etc. Only 18 MMDAs had used at least one of the newly developed CSU forms before the end of the year 2023. Only 5 MMDAs (Ejura Sekyere-Dumase MA, Asokore Mampong MA, Amansie Central DA, Atwima Mponua DA and Sekyere Afram Plains DA) did not have either a dedicated complaints logbook, contacts of clients among others.	The RCC must commit to the full implementation of the CSU manual. MMDAs should be urged to communicate the follow up actions taken on complaints to complainants to improve the client customer relations towards realizing the vision of the LGS.
	1.5ii	Functionality of sub-structures	Only 9 MMDAs (Asante Akim North MA, Ahafo Ano South West DA, Atwima Kwanwoma MA, Afigya Kwabre North MA, Asokore Mampong MA, Amansie South DA, Oforikrom MA, Obuasi MA and Suame MA) had at least 50% of the sub-district structures functional with over 60% of planned activities implemented. 3 MMDAs (Asante Akim Central MA, Asante Akim South MA and Amansie West DA) had evidence of functional	MMDAs must ensure sub-structures prepare their approved action plan and officially submit same to the MMDCEs with transmittal memos or letters. RCC must intensify monitoring of the sub-district structures of the MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			sub-structures with between 51 - 60% of planned activities implemented. 29 MMDAs presented files of sub-structures with most not having approved action plans while few had but could not implement at least 40% of planned interventions. Only 2 MMDAs (Amansie Central DA and Akrofuom DA) did not provide information on their sub-structures.	
	1.6	Office Signposts & Directional Signs Clean visitor's washrooms General office environment/landscape Office Accommodation	It was observed that only 26 MMDAs have at least one (1) visible office signposts of the MMDAs located at advantageous location (not only in front of their office buildings). The remaining had only one signpost just in front of their offices. Most MMDAs visited had clean visitors' washrooms with at least water, soap, tissue, etc. Generally, almost all MMDAs visited had well-maintained general landscape and/or had evidence of the presence security officer(s). In general, all MMDAs had well managed office accommodation, though few had office space challenge.	MMDAs should make a deliberate effort to have more visible directional signposts located at the boundaries and advantageous locations within their jurisdictions. MMDAs are encouraged to keep and improve office space and visitor's washrooms and ensure there is presence of security at all material times.
Human Resource Management	2.1i	Compliance with biannual composite promotion	It was deduced that only 13 MMDAs (Atwima Nwabiagya MA, Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Nwabiagya North DA, Asokwa MA, Amansie	Management must ensure the timely preparation and submission of the schedules.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		schedule and preparation of 2024 retirement schedule	West DA, Bosome Freho DA, Kumasi Metropolitan, Kwadaso MA, Oforikrom MA, Sekyere Central DA, Sekyere East DA and Sekyere South DA) had all 2 composite promotion schedules with established vacancies for all grade levels for 2023 and retirement schedule for 2024 were prepared with evidence of submission to RCC on or before deadline. Also, 2 MMDAs (Obuasi East DA and Sekyere-Kumawu DA) had all 2 composite promotion schedules prepared and submitted officially but retirement schedule for 2024 though prepared, could not produce evidence of submission to RCC. 13 MMDAs (Asante Akim Central MA, Asante Akim South MA, Ahafo Ano South West DA, Akrofuom DA, Atwima Kwanwoma MA, Atwima Mponua DA, Atwima Nwabiagya MA, Adansi South DA, Ejura Sekyere-Dumase MA, Mampong MA, Obuasi MA, Offinso North DA and Old Tafo DA) had only the retirement schedule prepared and submitted to RCC. The remaining 15 MMDAs either had both schedules prepared, however there was no evidence of submission to RCC or in some cases, the letters that were produced either did not have reference numbers or had no evidence of submission.	The forwarding letters should be dispatched from the RMU and not from the HR Offices. The RCC needs to ensure strict compliance with the preparation and submission of the schedules.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.1ii	Implementation of the Promotion and Retirement Schedules	19 MMDAs (Asante Akim Central MA, Atwima Nwabiagya MA, Ahafo Ano South East DA, Amansie Central DA, Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Nwabiagya MA, Asokwa MA, Ejura Sekyere-Dumase MA, Kwabre East MA, Kumasi Metropolitan, Kwadaso MA, Mampong MA, Obuasi East DA, Oforikrom MA, Offinso North DA, Sekyere Central DA, Sekyere East DA and Sekyere South DA) showed evidence of 100% implementation of both promotion and retirement schedules. 3 MMDAs (Adansi South DA, Bosomtwe DA and Sekyere Afram Plains DA) produced evidence of implementation of only the promotion schedules. 17 MMDAs showed evidence of implementation of only retirement schedules while the remaining 4 MMDAs (Bekwai MA, Offinso MA, Obuasi MA and Suame MA) could not produce evidence of implementation for both schedules.	Management of the MMDAs must ensure the full implementation of both schedules. RCC must ensure strict compliance.
	2.2	Compliance with preparation of leave management roster and updates	19 MMDAs (Asante Akim Central MA, Asante Akim North MA, Atwima Nwabiagya MA, Asante Akim South MA, Ahafo Ano South East DA, Ahafo Ano South West DA, Amansie Central DA, Akrofuom DA, Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Nwabiagya North DA, Amansie West DA, Bosome Freho DA, Ejisu MA, Juaben MA, Obuasi East DA, Oforikrom MA, Offinso	Management of the MMDAs must ensure the prompt preparation, update and implementation of leave management roster.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			North DA and Suame MA) had their 2023 annual leave management roster updated and 2024 annual leave management roster prepared with evidence of approval by management. Amansie South DA, Asokwa MA and Old Tafo MA prepared and submitted both rosters but only 2023 updated leave roster was approved. Adansi Asokwa DA, Offinso MA and Sekyere Central DA also prepared and submitted both rosters but only 2024 leave roster was approved. Atwima Kwanwoma MA and Bekwai MA had only 2024 leave roster prepared and approved while Atwima Nwabiagya MA, Kwadaso MA and Mampong MA had only 2023 updated roster also prepared approved. Atwima Mponua DA, Ejura Sekyere-Dumase MA, Kwabre East MA, Kumasi Metropolitan, Obuasi MA, Sekyere-Kumawu DA and Kwabre East MA had both rosters prepared and submitted but no management approval. Asokore Mampong MA had only 2023 updated leave roster submitted but not approved while Adansi North DA, Adansi South DA and Sekyere Afram Plains DA	RCC must ensure strict compliance by MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			submitted only the 2024 roster but no evidence of approval by management. Sekyere East DA and Sekyere South DA did not prepare any leave management roster.	
	2.3i	Compliance with the preparation and approval of Training Needs Assessment (TNA)	20 MMDAs (Asante Akim North MA, Atwima Nwabiagya MA, Asante Akim South MA, Ahafo Ano South West DA, Amansie Central DA, Atwima Kwanwoma MA, Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Nwabiagya North DA, Adansi South DA, Asokwa MA, Bosomtwe DA, Bekwai MA, Kwadaso MA, Oforikrom MA, Offinso North DA, Sekyere Central DA, Sekyere East DA, Sekyere South DA and Suame MA) had comprehensive Training Needs Assessment (TNA) reports prepared and officially submitted with memo and evidence of approval by management before deadline. 3 MMDAs (Mampong MA, Obuasi MA and Sekyere-Kumawu DA) prepared TNA reports and officially submitted with memo and evidence of approval given by management on the deadline. However, Ahafo Ano South East DA, Atwima Mponua DA, Ejura Sekyere-Dumase MA, Kwabre East MA and Old Tafo MA had TNA reports prepared and submitted but no evidence of approval by management.	Management should ensure the preparation and approval of the TNA before it is used for the development of the Capacity Building Plan.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In the remaining 15 MMDAs, the HRs either produced a half page write up as a TNA report or prepared a TNA report but did not officially submit to management. A few others prepared and submitted the TNA after the deadline.	
	2.3ii	Compliance with the preparation and submission of Training Plan	24 out of the 43 MMDAs (Atwima Nwabiagya MA, Asante Akim South MA, Ahafo Ano South East DA, Akrofuom DA, Atwima Kwanwoma MA, Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Nwabiagya MA, Adansi South DA, Asokwa MA, Bosome Freho DA, Ejura Sekyere-Dumase MA, Kwabre East MA, Kumasi Metropolitan, Kwadaso MA, Mampong MA, Oforikrom MA, Offinso North DA, Old Tafo MA, Sekyere Afram Plains DA, Sekyere Central DA, Sekyere East DA, Sekyere-Kumawu DA and Sekyere South DA) prepared comprehensive Training Plans and forwarded to RCC within the timeline. However, the remaining 19 MMDAs though had plans, either did not have any evidence of forwarding the plans to the RCC or submission was done after deadline.	Management of the MMDAs should ensure the prompt preparation and submission of the training plans. The RCC must ensure strict compliance.
	2.4	Implementation of Training Plan of MMDA	It was established that only 13 MMDAs (Asante Akim Central MA, Asante Akim South MA, Amansie Central DA, Akrofuom DA, Afigya Kwabre North MA, Atwima Mponua DA, Amansie South DA, Asokwa MA, Amansie West DA, Mampong MA, Obuasi East DA, Sekyere East DA and Sekyere South DA) had more than 80% of their training plans implemented with evidence of all 4	Management of the MMDAs must commit to investing resources into staff capacity building.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			quarterly training reports prepared and submitted on or before deadline. 5 MMDAs (Asante Akim North MA, Atwima Kwanwoma MA, Adansi South DA, Juaben MA and Oforikrom MA) had exactly 80% of their training plans implemented as well as producing evidence of all 4 quarterly training reports prepared and submitted on or before deadline. Even though Adansi Asokwa DA, Atwima Nwabiagya North DA, Bekwai MA, Kwadaso MA, Offinso MA and Suame MA also had more than 80% of their training plans implemented as well as Obuasi MA and Sekyere-Kumawu DA executed exactly 80% of their training plans, all these 8 MMDAs could not show evidence of all 4 quarterly training reports prepared and submitted officially to RCC on or before deadline. Even though Atwima Nwabiagya MA, Ahafo Ano South East DA, Ahafo Ano South West DA, Afigya Kwabre South DA, Atwima Nwabiagya MA, Bosomtwe DA, Kumasi Metropolitan, Offinso North DA and Old Tafo MA prepared and submitted all 4 quarterly training implementation reports within the timelines, they could not executed at least 80% of their training plans.	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.5	Compliance with Staff Performance Appraisal Planning for 2023	Out of the 43 MMDAs visited, only 14 (representing 32%) had at least 80% of the staff fully complying with the performance appraisal reporting timelines for all stages (planning, mid-year review and end of year). Out of the 14 MMDAs, only Asante Akim Central MA, Offinso North DA, Sekyere Central DA and Sekyere South DA had all 4 sampled staff Appraisals reports fully completed (i.e signed appraisal plans, mid-year and end of year). In Adansi Asokwa DA, Asante Akim South MA, Afigya Kwabre North MA, Adansi South DA, Asokwa MA, Amansie West DA, Bekwai MA, Obuasi East DA and Oforikrom MA, only 3 out of the 4 sampled Appraisal Reports sampled were fully completed. In Bosomtwe DA, only only 2 of the sampled Appraisal Reports sampled were fully completed. The other 29 MMDAs had less than 80% of staff fully complying with the performance appraisal reporting timelines for all stages. Some of the common observations include; • Staff, including Heads of Departments/Units failed to fill appraisals reports; • Appraisers and/or Appraisees not signing the appraisal reports appropriately;	Management of the MMDAs should also adopt strategies to ensure all staff (both GoG and IGF) are appraised. E.g., queries and sanctions could be given to officers who fail to comply. The RCC must intensify training and monitoring on the Performance Appraisal Tool for staff of its MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			- Having wrong dates for the plan, mid-year or the end of year assessment; - End of year assessment not appropriately reported and scored per the planned KPAs and KPIs. In general, staff appraisal reporting compliance across the Region was observed to be very low.	
Financial Management & Reporting	3.1i	Compliance with the preparation and submission of RIAP	31 MMDAs prepared their Revenue Improvement Action Plan (RIAP) in line with the approved template, approved by General Assembly/F&A for 2024 and submitted to the RCC before deadline. 2 MMDAs (Ahafo Ano South West DA and Ejura Sekyere-Dumase MA) also had their RIAP prepared in line with the approved template, approved by General Assembly/F&A but submitted to the RCC on deadline. In addition, 7 MMDAs (Adansi North DA, Atwima Nwabiagya MA, Mampong MA, Obuasi MA, Old Tafo MA, Sekyere Afram Plains DA and Sekyere East DA) prepared their RIAP in line with the approved template but there was no evidence of submission. Afigya Kwabre South District had no RIAP prepared while Ahafo Ano South East District and Juaben Municipal had the RIAP prepared but there was no evidence of approval by F&A/General Assembly.	The 12 non-compliant MMDAs must ensure that the RIAP is timely prepared, approved and submitted.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.1ii	Implementation of the RIAP	It was observed that 16 MMDAs (Asante Akim Central MA, Adansi Asokwa DA, Asante Akim South MA, Ahafo Ano South East DA, Atwima Kwanwoma MA, Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Mponua DA, Atwima Nwabiagya North DA, Amansie West DA, Bosome Freho DA, Bekwai MA, Kumasi Metropolitan, Obuasi MA, Sekyere East DA and Suame MA) executed more than 80% of their 2023 RIAP. Oforikrom MA had exactly 80% of their RIAP implemented while Akrofuom DA, Juaben MA and Kwadaso MA implemented 60-69% of their RIAP. Asante Akim North MA, Ahafo Ano South West DA, Atwima Nwabiagya MA, Obuasi East DA, Old Tafo MA, Sekyere Afram Plains DA, Sekyere Central DA and Sekyere South DA implemented 50 - 59% of their RIAP while the remaining 15 MMDAs implemented at less than 50% of their RIAP.	Management of the MMDAs should commit to the full implementation of the RIAP to improve revenue for development. RCC must ensure strict compliance.
	3.2	Annual increase in streets named with signage	Most MMDAs (30) recorded less than 5% increase in street naming with signages. Obuasi MA had a 6.67% increase in street named while 12 MMDAs (Atwima Nwabiagya MA, Amansie Central DA, Akrofuom DA, Atwima Kwanwoma MA, Afigya Kwabre South DA, Atwima Mponua DA, Asokore Mampong MA, Asokwa MA, Bosomtwe DA, Obuasi East DA, Offinso	The RCC must increase supervision of the MMDAs and provide technical support towards assisting the MMDAs in increasing street naming and signage activities.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			North DA and Old Tafo MA) recorded more than 10% increase in their street naming.	The database on signages mounted should be accurately updated and actual cost of work done kept on file.
	3.3	Database on rateable items and Revenue Estimation	All MMDAs had database on rateable items (moveable and immoveable). However, 10 MMDAs (Afigya Kwabre South DA, Asokore Mampong MA, Atwima Nwabiagya MA, Ejisu MA, Kwabre East MA, Mampong MA, Old Tafo MA, Sekyere Afram Plains DA, Sekyere Central DA and Sekyere South DA) did not have evidence showing their database was either updated or the updated database approved by F&A. 27 MMDAs had their database updated and approved by the F&A, however, did not have revenue estimation for items sampled in the approved budget for the year. The remaining 6 MMDAs (Atwima Nwabiagya MA, Ahafo Ano South West DA, Akrofuom DA, Amansie West DA, Oforikrom MA and Sekyere East DA) updated their database, approved by the F&A and had an estimated revenue on the sampled items based on the fee fixing resolution in the approved budget.	The RCC must ensure compliance.
	3.4	Expenditure on Activities in the AAP	8 MMDAs (Asante Akim Central MA, Amansie Central DA, Akrofuom DA, Afigya Kwabre South DA, Atwima Mponua DA, Adansi North DA, Bekwai MA and Kumasi	Management must ensure expenditure is made strictly on activities in the AAP.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Metropolitan) did not have all of the sampled actual expenditure items on activities captured in the AAP.	The RCC must step up monitoring of MMDAs for compliance.
	3.5i	Response to Internal Audit observations	Management of 5 MMDAs (Afigya Kwabre South DA, Bekwai MA, Sekyere Afram Plains DA, Sekyere East DA and Sekyere-Kumawu DA) did not respond to all internal Audit observations within 10 working days of the issuance of draft quarterly reports of the IAUs in the year 2023.	Management should pay attention to the quarterly Internal Audit Unit reports and ensure that appropriate responses are issued to observations within 10 working days of the issuance of the draft reports of the IAUs.
	3.5ii	Implementation of quarterly Internal Audit Recommendations	Only 20 MMDAs (Adansi Asokwa DA, Asante Akim North MA, Atwima Nwabiagya MA, Asante Akim South MA, Amansie Central DA, Atwima Kwanwoma MA, Atwima Mponua DA, Amansie South DA, Atwima Nwabiagya MA, Adansi South DA, Bosomtwe DA, Bosome Freho DA, Ejura Sekyere-Dumase MA, Juaben MA, Kwadaso MA, Oforikrom MA, Old Tafo MA, Sekyere Afram Plains DA, Sekyere East DA and Suame MA) fully implemented recommendations contained in 2023 Internal Audit reports for 4 th Quarter 2022, 1 st , 2 nd & 3 rd Quarters of 2023.	The RCC must step up monitoring of MMDAs to ensure necessary actions are taken on the recommendations made by the internal auditors to reduce the infractions in the Auditor General's Reports. Management of MMDAs should pay attention to the quarterly reports of the Internal Audit Units.
	3.6	Implementation of the Auditor General's recommendations	14 MMDAs (Asante Akim Central MA, Asante Akim South MA, Amansie Central DA, Afigya Kwabre South DA, Amansie South DA, Atwima Nwabiagya North DA, Adansi South DA, Asokwa MA, Amansie West DA,	The RCC must step up monitoring of MMDAs in ensuring that actions on the recommendations in the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Kwabre East MA, Obuasi East DA, Oforikrom MA, Obuasi MA and Sekyere South DA) fully implemented recommendations contained in the 2022 Ghana Audit Service Management Letters.	Management Letters of the Ghana Audit Service are taken within the stipulated timeframe to avoid being cited in the Auditor General's Report.
Infrastructure	4.1	Level of achievement in the implementation of planned road & transport programmes	It was observed that only 19 MMDAs (Adansi Asokwa DA, Ahafo Ano South East DA, Amansie Central DA, Atwima Kwanwoma MA, Atwima Mponua DA, Adansi North DA, Atwima Nwabiagya North DA, Bosomtwe DA, Bosome Freho DA, Juaben MA, Kumasi Metropolitan, Obuasi East DA, Oforikrom MA, Obuasi MA, Old Tafo MA, Sekyere Central DA, Sekyere East DA, Sekyere South DA and Suame MA) fully executed more than 80% of their approved road and transport programmes. 3 MMDAs (Afigya Kwabre North MA, Amansie West DA and Kwadaso MA) had exactly 80% of their programmes fully implemented. The remaining 21 had less than 80% of their planned road programmes fully implemented.	Management of MMDAs must ensure that ongoing projects are completed before initiating new ones and must be realistic in the planning process.
	4.2	Level of achievement in the implementation of planned building & structural programmes	5 MMDAs out of the 43 fully executed at least 80% of their building and structural programmes. 4 of these MMDAs (Asante Akim Central MA, Amansie Central DA, Atwima Nwabiagya MA and Ejura Sekyere-	Management of MMDAs must ensure that ongoing projects are completed before initiating new ones and must be realistic in the planning process.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Dumase MA) had more than 80% of planned programmes implemented while Sekyere East DA had exactly 80%. The remaining 38 MMDAs (representing 88.37%) could not implement at least 80% of the planned building & structural programmes.	
	4.3	Organisation of Spatial Planning Committee and Technical Committee meetings	39 MMDAs organised all the quarterly Spatial Planning Committee meetings. Only 4 MMDAs (Ahafo Ano South East DA, Afigya Kwabre North MA, Amansie West DA and Atwima Nwabiagya North DA) could not organised all the quarterly Spatial Planning Committee (SPC) meetings. • Ahafo Ano South East DA: no minutes was produced for October and December 2023 SPC meetings • Afigya Kwabre North MA: the minutes for September 2023 meetings was not signed. • Amansie West DA: the November minutes not signed. • Atwima Nwabiagya North DA: Eight of the minutes produced were not signed.	Management of the MMDAs should ensure the full functionality of the TSC and SPC to ensure effective spatial planning and management.
	4.4	Consideration and providing of feedback on building permit applications at DSPC meetings	All MMDAs except Asante Akim Central MA, Asante Akim North MA, Atwima Nwabiagya MA, Ahafo Ano South West DA, Asokwa MA, Bosomtwe DA, Ejisu MA and Old Tafo MA showed evidence of having all development permit applications considered at Technical Sub-Committee (TSC) and SPC meetings.	MMDAs should use the appropriate channel to communicate feedback on the decisions of the SPC to applicants.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Offinso MA had feedback on 35 out of the 65 applications considered by the SPC on file, the number of applications was 66 but 68 were considered by the Technical-Subcommittee.	
	4.5	Availability of approved Structure Plan and Local Plans	It was established that 5 MMDAs (Afigya Kwabre North MA, Asokwa MA, Juaben MA, Obuasi MA and Suame MA) had a valid Structure Plans and more than 2 valid Local Plans and a valid Spatial Development Framework. Ahafo Ano South East DA and Atwima Kwanwoma MA had a valid Structure Plan and more than 2 valid Local Plans but no Spatial Development Framework. 4 MMDAs (Asante Akim South MA, Ejura Sekyere-Dumase MA, Oforikrom MA and Old Tafo MA) had a valid Structure Plan and 2 valid Local Plans with no Spatial Development Framework. Ejisu MA, Obuasi East DA and Sekyere-Kumawu DA had only a valid Structure Plan while Kumasi Metropolitan and Sekyere East DA had only a Spatial Development Framework. The remaining 27 MMDAs did not have any valid Structure and Local Plans and Spatial Development Framework. Most of these MMDAs had not printed out their Structure Plans.	MMDAs should commit to the development of the 3-tier spatial development plans in line with the regulations as spelt out in the LUSP Act and regulations to help in development management and control. The Physical Planning Departments and the SPCs of the MMDAs are to be resourced to lead the processes for the development and implementation of the plans.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Social Services	5.1	Compliance with Education Oversight Committee meetings	12 MMDAs (Atwima Nwabiagya MA, Asante Akim South MA, Amansie Central DA, Afigya Kwabre North MA, Afigya Kwabre South DA, Asokwa MA, Bosome Freho DA, Mampong MA, Sekyere South DA and Suame MA) per evidence produced (duly signed minutes, invitation letters, etc) were able to organize all 4 quarterly Education Oversight Committee meetings and implementation of all decisions of previous meetings. 13 MMDAs (Ahafo Ano South West DA, Atwima Kwanwoma MA, Asokore Mampong MA, Amansie South DA, Adansi North DA, Atwima Nwabiagya MA, Amansie West DA, Ejisu MA, Kumasi Metropolitan, Kwadaso MA, Obuasi East DA, Oforikrom MA and Sekyere-Kumawu DA) also held all 4 quarterly meetings but could not implement all decisions of previous meetings. The remaining 20 MMDAs did not have evidence of holding all the 4 meetings. The team observed inconsistencies in the signatures of authorized officers on some minutes and invitation letters. Some of the minutes provided were forged and others had same content as previous minutes and no linkages between/among minutes of meetings. Some minutes had no signatures. Several invitation letters did not go through the RMU while others incorrect referencing. It was also observed	Management of the MMDAs must prioritise these meetings.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			that some invitation letters were signed by the recorders (mostly entry and middle level administrative officers).	
	5.2	Compliance with Health Committee meetings	Only 8 MMDAs (Ahafo Ano South West DA, Amansie Central DA, Asokwa MA, Amansie West DA, Oforikrom MA, Obuasi MA, Sekyere-Kumawu DA and Suame MA) showed evidence (duly signed minutes, invitation letters, etc.) of organizing all 4 quarterly Health Committee meetings and implementing all decisions of previous meetings. Though 11 MMDAs (Adansi Asokwa DA, Atwima Nwabiagya MA, Atwima Kwanwoma MA, Afigya Kwabre North MA, Asokore Mampong MA, Adansi North DA, Adansi South DA, Kumasi Metropolitan, Kwadaso MA, Mampong MA and Obuasi East DA) also held all their 4 quarterly meetings, not all decisions of previous meetings were implemented. The remaining 24 MMDAs did not have evidence of organizing all the 4 meetings. Here, the team also observed inconsistencies in the signatures of authorised officers on some minutes and invitation letters. Some of the minutes provided were forged and others had same content as previous minutes, and no linkages between/among minutes of meetings. Some minutes had no signatures. Several invitation letters	Management of the MMDAs must prioritise these meetings

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			did not go through the RMU while others had issues with referencing. It was also observed that some invitation letters were signed by the recorders (mostly entry and middle level administrative officers).	
	5.3i	Updating and submission of Vulnerable groups list	It was observed that, 22 MMDAs out of the 43 had updated data on vulnerable groups of at least 3 thematic areas. However, evidence showed only 3 MMDAs (Afigya Kwabre North MA, Bosomtwe DA and Oforikrom MA) submitted all the updated data officially to the appropriate Regional Department within the timelines. The other 19 MMDAs (Asante Akim Central MA, Adansi Asokwa DA, Asante Akim South MA, Atwima Kwanwoma MA, Afigya Kwabre South DA, Atwima Mponua DA, Asokore Mampong MA, Amansie South DA, Adansi North DA, Amansie West DA, Bosome Freho DA, Ejura Sekyere-Dumase MA, Juaben MA, Kwabre East MA, Mampong MA, Obuasi East DA, Old Tafo MA, Sekyere East DA and Suame MA) though had the updated data, could not produce evidence of submission. The remaining 21 MMDAs had some of their data not updated within the specified timelines while others did update on annual basis while few could not produce the database.	RCC must insist strict compliance by MMDAs. MMDAs should ensure data on vulnerable groups are updated and submitted officially biannually within the timelines.
	5.3ii	Database on registration on births and deaths updated quarterly	It was established that 15 MMDAs (Asante Akim Central MA, Asante Akim North MA, Asante Akim South MA, Ahafo Ano South West DA, Afigya Kwabre North MA,	RCC must organize capacity building programmes for staff

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Afigya Kwabre South DA, Atwima Nwabiagya North DA, Amansie West DA, Bosomtwe DA, Bekwai MA, Kumasi Metropolitan, Kwadaso MA, Oforikrom MA, Sekyere East DA and Suame MA) updated their database on registration on births and deaths quarterly and provided official proof of submission. Sekyere Afram Plains DA had 3 quarterly reports on the updates done and submitted while 4 MMDAs (Bosome Freho DA, Ejura Sekyere-Dumase MA, Obuasi East DA and Offinso MA) had 2 quarterly updates and 3 MMDAs (Ahafo Ano South East DA, Atwima Kwanwoma MA and Sekyere South DA) having only 1 quarter update officially done. Most MMDAs had inadequate or no staff to manage this newly integrated Department and challenges with logistics.	of the Births and Deaths Department. MMDAs should resource the Department to effectively function.
	5.4	Implementation of Gender-Based Violence (GBV) Interventions	9 MMDAs (Atwima Nwabiagya MA, Ahafo Ano South East DA, Amansie Central DA, Akrofuom DA, Bosome Freho DA, Kumasi Metropolitan, Offinso MA, Offinso North DA and Old Tafo MA) executed less than 50% of planned GBV activities. Adansi South DA, Kwabre East MA and Mampong MA had 50-59% of planned interventions implemented while Amansie South DA implemented 66.67 of their activities.	There should be a proper collaboration between the Planning Unit and other departments especially the Department of Social Welfare and Community on the implementation of activities in their work plans.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			5 MMDAs (Asante Akim Central MA, Ahafo Ano South West DA, Atwima Nwabiagya MA, Atwima Nwabiagya North DA and Kwadaso MA) had 70-79% of the GBV activities implementation while the remaining 25 MMDAs implemented at least 80% of GBV activities. Amansie Central and Bosome Freho DAs had no planned GBV activities in both the AAP and APR.	
	5.5	Management of Child Protection cases	34 MMDAs successfully managed at least 80% of reported child protection cases. Atwima Nwabiagya MA, Ahafo Ano South West DA and Sekyere-Kumawu DA implemented between 70 - 79% of the reported cases. Akrofuom DA, Ejisu MA and Old Tafo MA implemented 60 - 69% and Amansie West DA between 50 - 59% cases. Only Afigya Kwabre North MA and Suame MA had less than 50% cases managed successfully.	Management of the MMDAs should commit more towards the efficient management of child protection cases.
	5.6	Implementation of Community Mobilisation & Education programmes	9 MMDAs (Atwima Nwabiagya MA, Ahafo Ano South East DA, Amansie South DA, Asokwa MA, Kwabre East MA, Kumasi Metropolitan, Kwadaso MA, Offinso MA and Offinso North DA) could not execute at least 50% of planned programmes on Community Mobilization and Education targeted at women, children and other vulnerable groups.	MMDAs should make commitment in implementing planned Community mobilization and education programmes. Management should ensure that the SWCD as well as all

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			However, Sekyere-Kumawu DA recorded 50% while 4 MMDAs (Akrofuom DA, Adansi North DA, Amansie West DA and Suame MA) executed 60 - 69% of their planned programmes. Atwima Mponua DA, Bosomtwe DA, Ejisu MA and Sekyere Afram Plains DA also implemented 70 - 79% of the interventions and the remaining 25 MMDAs implementing at least 80% of their planned interventions.	other Department are actively involved in the DPCU activities to ensure the inclusion of the activities of the Department in the planning and review stages.
Economic Development	6.1	Expenditure on agriculture activities	10 MMDAs (Adansi Asokwa DA, Amansie South DA, Asante Akim North MA, Ahafo Ano South West DA, Atwima Kwanwoma MA, Amansie South DA, Juaben MA, Mampong MA, Sekyere Afram Plains DA and Sekyere-Kumawu DA) out of the 43 MMDAs in the Region expended at least 5% of their total MMDA expenditure on agriculture activities. This represents 23.26% of the MMDAs in the region. 2 MMDAs (Amansie West DA and Sekyere South DA) expended between 4% to 4.9% of their total MMDA expenditure on agriculture activities. This represents 4.65% of the MMDAs in the Region. 5 MMDAs (Adansi South DA, Atwima Nwabiagya MA, Ahafo Ano South East DA, Bosomtwe DA and Sekyere East DA) MMDAs also expended between 3 % to 3.9%. This constituted 11.63% of the MMDAs in the region.	RCC should tighten its monitoring exercise in this area to ensure Assemblies in the region resource the agriculture departments to execute planned agriculture interventions. MMDAs must make deliberate effort to allocate funds to execute agriculture activities.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The remaining 26 (60.47%) MMDAs spent less than 3% (with an average 1.67%) of their expenditure on Agriculture activities. Finally, Sekyere Afram Plains DA expended the highest proportion of its 2023 total MMDA expenditure to Agriculture activities (12.92%) as compared to the regional average of 3% and Asokwa MA expended the least (0.26%).	
	6.2	Implementation of planned agricultural activities	It was established that 31 MMDAs representing 72.09% implemented at least 80% of their planned agricultural activities in the 2023 Annual Action Plan (AAP). 2 MMDAs (Adansi Asokwa DA and Sekyere Central DA) implemented 70-79% of planned agricultural activities while another 2 MMDAs (Akrofuom DA and Atwima Mponua DA) implemented 60-69% of planned agricultural activities. 7 MMDAs (Afigya Kwabre South DA, Amansie South DA, Adansi South DA, Bekwai MA, Ejura Sekyere-Dumase MA, Offinso MA and Sekyere Afram Plains DA) implemented 50-59% of planned agricultural activities. However, only Kwabre East MA was not able to implement at least 50% (42.86%)	MMDAs must commit more resources towards implementing Agric related activities for improved local economic development.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Offinso North DA had the highest number (29) of activities in its 2023 AAP as against the regional average of 9.4 activities and Sekyere Afram Plains DA had the least activities (4).	
	6.3	MMDA annual agricultural expenditure on post-production activities.	Only Afigya Kwabre North DA spent at least 40% (40.94%) of agricultural expenditure on post-production activities. 3 MMDAs (Amansie Central DA, Asokwa MA and Obuasi MA) had 20-29% of agricultural expenditure also expended on post-production activities. The remaining 39 MMDAs representing 90.70% spent less than 20% of agricultural expenditure on post-production activities. Six of these MMDAs (Ahafo Ano South East DA, Asante Akim South MA, Atwima Mponua DA, Mampong MA, Offinso MA and Offinso North DA) was due to non-submission of payment vouchers on post-harvest activities or non-inclusion of the post-harvest activities in the AAP and APR.	MMDAs must make deliberate effort to allocate funds for post-production activities to reduce post-harvest losses.
	6.4	Implementation of planned agricultural interventions to address gender gaps	It was revealed that 32 MMDAs (representing 74.42%) implemented at least 60% (with an average of 98.96%) of planned agriculture interventions to address gender gaps. 6 MMDAs (Asante Akim South MA, Akrofuom DA, Atwima Mponua DA, Kwabre East MA, Obuasi East DA and Offinso North DA) implemented 50.00% of planned agricultural interventions to address gender gaps.	MMDAs must ensure intervention addressing gender gaps in the plans of the departments of Agriculture are captured in the AAP and reported in the APR.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			On the other hand, 5 MMDAs (Ahafo Ano South West DA, Asokore Mampong MA, Atwima Nwabiagya North DA, Amansie West DA and Sekyere East DA) recorded 0% implementation status. Ahafo Ano South West DA which had one (1) planned activity could not show evidence of implementation. It was also observed that, the remaining 4 MMDAs did not have any intervention addressing gender gaps in their 2023 AAP and APR.	
	6.5	Implementation of Tourism related activities	Only 17 MMDAs (Asante Akim Central MA, Amansie Central DA, Akrofuom DA, Afigya Kwabre South DA, Amansie South DA, Atwima Nwabiagya MA, Bosomtwe DA, Bekwai MA, Ejisu MA, Juaben MA, Kwabre East MA, Kumasi Metropolitan, Mampong MA, Oforikrom MA, Old Tafo MA, Sekyere Central DA and Suame MA) representing 39.53% implemented more than 80% of their planned tourism related activities in their 2023 AAP.	MMDAs are encouraged to invest in tourism related activities. Expenditure on tourism activities should be duly filed.
Environment & Sanitation	7.1	Preparation and submission of Disaster Preparedness Action Plan Implementation Report for 2023	It was observed that only 4 MMDAs (Afigya Kwabre North MA, Afigya Kwabre South DA, Atwima Nwabiagya MA and Suame MA) representing 9.30% out of the 43 visited, had prepared and submitted disaster preparedness plans as well as implementation report officially submitted to the RCC before deadline. The remaining MMDAs did not have comprehensive Disaster preparedness action plans available.	RCC must ensure that the 39 MMDAs liaise with the Regional NADMO office to develop a comprehensive Disaster preparedness Plans for the MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			All the MMDAs in the Region have annual progress reports on activities implemented by the NADMO offices but the reports were mostly submitted to the Regional NADMO Director.	
	7.2	Implementation of Environment enhancement programmes	34 MMDAs representing 79% had at least 60% of their planned environmental enhancement programmes in the 2023 AAP implemented. Also, 6 MMDAs (Asante Akim South MA, Adansi South DA, Bosomtwe DA, Kwabre East MA, Sekyere-Kumawu DA and Suame MA) implemented 50-59% of programmes with 1 MMDA (Sekyere South DA) having implementation status of 33%. The remaining 2 MMDA (Ejura Sekyere-Dumase MA and Sekyere Afram Plains DA) recorded zero. Ejura Sekyere-Dumase MA did not have evidence of execution of planned activities in the AAP while SAPDA did not have activities captured in both the AAP and APR.	MMDAs must commit to improve on implementing environment enhancement programmes.
	7.3	Increase in population with household toilets	18 MMDAs (Adansi Asokwa DA, Asante Akim South MA, Atwima Kwanwoma MA, Afigya Kwabre North MA, Amansie South DA, Adansi North DA, Atwima Nwabiagya MA, Atwima Nwabiagya North DA, Adansi South DA, Asokwa MA, Bosomtwe DA, Bosome Freho DA, Juaben MA, Kwabre East MA, Kumasi Metropolitan, Mampong MA, Old Tafo MA and Sekyere South DA) recorded more than 15% increase in population with	MMDAs must relate the household toilets with the population with access year on year.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			household toilets while 2 MMDAs (Ejura Sekyere-Dumase MA and Obuasi MA) had exactly 15% increase. 9 MMDAs (Ejisu MA, Asokore Mampong MA, Oforikrom MA, Afigya Kwabre South DA, Offinso North DA, Bekwai MA, Amansie West DA, Atwima Mponua DA and Afigya Kwabre South DA) had a percentage increase of less than 15%. The remaining 14 MMDAs did not have information on the population for the percentage growth to be calculated.	
	7.4	MMDA sponsorship of Routine Cleansing activities	5 MMDAs (Atwima Mponua DA, Asokwa MA, Ejura Sekyere-Dumase MA, Oforikrom MA and Old Tafo MA) organized at least 1 routine cleansing sponsored by the MMDAs in all the 4 quarters of the year 2023. 11 MMDAs (Adansi Asokwa DA, Asante Akim North MA, Ahafo Ano South East DA, Ahafo Ano South West DA, Amansie Central DA, Akrofuom DA, Atwima Kwanwoma MA, Atwima Nwabiagya MA, Obuasi East DA, Offinso MA and Offinso North DA) provided evidence of organising 3 quarterly routine cleansing sponsored by the MMDAs. 13 MMDAs (Asante Akim Central MA, Atwima Nwabiagya MA, Asante Akim South MA, Afigya Kwabre North MA, Afigya Kwabre South DA, Adansi North DA, Atwima Nwabiagya North DA, Bosomtwe DA, Kumasi	Management of the MMDAs should commit more resources and efforts towards improving sanitation in the central business districts, town centres and other public spaces.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Metropolitan, Kwadaso MA, Mampong MA, Sekyere-Kumawu DA and Sekyere South DA) also provided evidence of organising - a 2 quarterly routine cleaning sponsored by the MMDAs. 4 MMDAs (Amansie West DA, Bekwai MA, Kwabre East MA and Suame MA) again provided evidence of carrying out only 1 quarterly MMDA sponsored routine cleansing while the remaining 10 MMDAs could not show evidence of organising at least one.	

4.4. Central Region

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

4.4.1. Scope of the Assignment

The monitoring and evaluation team comprising two (2) officers was assigned to the Central Region (CR). A total of Twenty-two (22) MMDAs and one (1) Regional Coordinating Council were assessed.

4.4.2. General Outcomes

It took the team approximately three weeks to complete the assignment. The average time the team spent in an MMDA during the assessment was 4.43 hours.

4.4.3. General Observations

MMDAs

1. It was generally observed that Performance Contract as signed between the Chief Executives and the Coordinating Directors were not discussed with staff. There were therefore little linkages between the contract signed and the appraisal indicators of Heads of Departments and Units and by extension, their direct reports.
2. The management of some MMDAs over the years, gradually but steadily detaching themselves from the assessment. They see the outcome or marks of indicators as verdict on the action officer's performance. It must be noted that compliance with most indicators is contingent on provision of logistics. In most MMDAs, such logistics were not provided but leadership expected schedule officers to get the marks. Failure to get the marks was seen as sabotage. Unfortunately, approval of funds to execute planned activities, in some cases, was seen as favour to officers.
3. The assessment revealed a high level of falsification of documents especially reports of some statutory meetings presented by MMDAs for verification. In the MMDAs quest to meet the requirements of set indicators, they go to any length to produce minutes and reports full of significant inconsistencies. District Education Oversight Committee (DEOC) and District Health Committee (DHC) meetings were generally observed to be most affected. Most of the evidence presented were not reliable and even where meetings were held, the minutes were poorly written.
4. There were financial and time constraints on Assemblies to organize all the meetings expected to be held.

5. Staff of the Service generally have not imbibed the habit of improvisation. The exercise revealed high dependency on management for logistics even in a situation where an unavailable logistic could serve a different and desired purpose with a slight adaptation.
6. Some MMDAs still misconstrued expanded DPCU as ISCCS meeting. Others also deliberately replaced ISCC meeting with the expanded DPCU or simply, they could not organize both meetings due to what they termed as “financial constraints”.
7. A majority of the MMDAs got the new classification scheme and the migration concept of the new Records Management Manual wrong. It was clear that the staff did not fully understand the concepts recommended in the new Records Management System Manual.
8. The Records Management Unit has very low capacity in terms of qualified staff and training.
9. Birth and Death Department has not been fully integrated.
10. Environmental Health Officers were the least to have received any refresher courses for so many years.
11. National Disaster Management Organization (NADMO) officers in the various MMDAs did not see themselves as part of the Assembly. Most of them report directly to Regional NADMO office without recourse to the management of the MMDAs. Generally, there was a clear lack of coordination between the Central Administration and NADMO.
12. NADMO officers generally misconstrued disaster relief reports as disaster preparedness implementation report.
13. The team interacted with several DCEs who showed interest in the exercise and exhibited leadership during the process. Prominent among them were the DCE Awutu Senya District Assembly. The DCE sat through the exercise.
14. Staff cooperation was very important for the success of the exercise. Largely, staff of the various MMDAs cooperated with the assessors. Staff of Jomoro, Effia Kwesimintsim, Cape Coast Metro, Awutu Senya, Ahanta West and Assin North showed a high level of cooperation. Some staff of Mfantseman Municipal Assembly showed the highest level of apathy. There was a clear lack of interest by some staff in the exercise. Neither the Physical Planning Officer, for instance, nor a representative was available to help with the verification during the visit and there was no explanation.
15. Ms. Charlotte Adjei, the Senior Executive Officer who manages the Client Service Unit of Mfantseman Municipal Assembly performed her duties with alacrity and aplomb. She had passion for the work and does it well.
16. MMDAs in the Central Region generally have a good workplace environment but the Assin South District Assembly was exceptional. It has the neatest, spacious and beautiful office space. The Social welfare Department of Ekumfi District Assembly has dilapidated chairs not suitable for workers and visitors. The main building of Asikuma Odoben

Brakwa seemed not to have been painted for a very long time. It requires major rehabilitation and painting. It was observed that Mfantseman Municipal Assembly was exhibiting the symptoms of “a district in decline”. The condition of the office did not match its clout. Some spaces were stacked with broken chairs and tables. The Records Management Unit in particular, looked like an unkept antique museum with wooden frames of shelves hanging. The condition at the unit was a danger to the safety of staff.

17. Two MMDAs, Upper Denkyira West and Twifo Ati Mokwa have shortage of revenue collectors. UPPER Denkyira West complained that the ‘galamsey’ in the district was more attractive to the people than revenue collection. Twifo Ati Mokwa, on the other hand attributed the shortfall to retirement of revenue collectors.

RCC

The team generally observed that:

1. The RCC performed its backstopping mandates creditably well.
2. There was little or no coordination between departments and officers responsible for the updates of the RCC’s website. The websites, therefore, did not have periodic updates of departmental activities.
3. The Records Management Units did not have the requisite logistics to make it functional.
4. The Client Service Unit had been reduced to a “Letter Distribution Centre.” It was not performing any of the functions nor did it use any of the new forms prescribed by the new manual.

4.4.4. General Recommendations

For MMDAs

1. MMDAs must ensure that the Performance Contract, as signed between the MMDCE and the MMDCD, is given to Heads of Departments and Units and discussed with them for the continuation and completion of the Performance Management System cycle. Similarly, all staff must be trained in the LGS staff appraisal instrument for compliance and accountability. It should not just be seen as a “promotional tool.”
2. MMDAs must tap the expertise of senior officers in the Service to build the capacity of junior staff. This could help the Assemblies to circumvent the “financial constraint” they cite as the cause for not organizing capacity building for staff.
3. Management must uphold the responsibility to implement and maintain sound record practices as recommended in the Records Management Manual of the Local Government Service (LGS). Management must acknowledge that the Unit is the “brain”

of the Assemblies where all information is kept. They must therefore provide logistics such as shelves, the control books, printers etc to make the unit functional.

4. The MMDAs must devise a method through which activities carried out by departments could be sent to the MIS officers or officers who have been tasked to manage the websites for regular updates.
5. MMDAs must set aside a washroom for visitors and schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms and other areas during the day.
6. MMDAs must attach some importance to the District Education Oversight Committee and District Health Committee meetings and ensure that meetings are held, proceedings recorded, and decisions implemented.

For RCC

1. The RCC, as part of their backstopping exercise, must train staff of the MMDAs, especially the Human Resource Managers and Heads of Departments and Units on the Performance Appraisal Tool and monitor its implementation.
2. The RCC monitoring team must visit the offices of the substructures to verify the functionality/existence of the offices.
3. The RCC must institute a peer learning system where non-performing officers will be posted out to under study a high performer in another district for a period.
4. The RCC must champion the establishment of a common user platform where all MMDAs will have a common application to manage their electronic correspondences.
5. The RCCs must sensitize MMDAs on the negative effects of falsification of documents.
6. The RCCs must intensify training of Records Management and Client Service Units' staff to sustain the gains made over the past years.

4.4.5. Central RCC and MMDAs Detailed Analysis /Findings of Indicators

Table 8: Detailed Analysis /Findings of each Indicator for Central RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	The RCC held more than 12 meetings and showed evidence of implementing more than 70% of decisions.	Management must be commended.
	1.2i	Compliance with expanded RCC meetings	The RCC performed well this year compared to 2022. It held 2 meetings and were verified by invitation letters and minutes and lists of attendance.	Management must be commended.
	1.2ii	Compliance with expanded RPCU Meetings	The RCC had 2 expanded RPCU meetings with both having the RCD and REPO as the chair and secretary respectively. It had only one such a meeting last year.	Management must be commended.
	1.3i	Compliance with the migration to the new Records Management Classification Scheme	The RCC had the file diary but wrongly filled. The RCC had both incoming and outgoing correspondence registers, but the format in use is not the same as the new one prescribed in the newly developed RMU manual. The sampled file ladders were well filed. It was observed that the RCC had not procured the basic new control books like file diaries, incoming and outgoing correspondence registers. The RCC therefore did not comply with the filling of the incoming and outgoing correspondence registers.	The Regional trainers must engage the RCD to provide the necessary logistics for the Unit.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.3ii	Electronic management of correspondences	The RCC could not produce any evidence that the incoming and outgoing correspondences registers were scanned and electronically stored. The staff at the Unit indicated that the computer to store the information got crushed about eight months before the exercise. The RCC could also not show evidence that stored correspondences could be accessed electronically by the RCD or any management member.	
	1.4	Functional website and updates	The RCC has a functional website. The RCC could not show an activity update per each month of at least 6 different Departments or Units. The website of the RCC had vital information on the functions of Department, reports, RIPs, RIBs, and other potentials. It was observed that the RCC did not capture and update the activities of departments. It was observed that officers responsible for the management of the website do not receive information from departments to enable them to update the website.	Management must properly coordinate the relationship between departments and officers responsible for the updates of the website. The MIS officers must also be resourced to be able to capture departmental activities to update the website.
	1.5i	Functionality of the Client Service Unit	The RCC had a clearly marked office space for client service.	Management must put in some effort to make the Client Service Unit functional as prescribed in

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The RCC Client Service Unit did not have a computer, scanner, or printer. It has been reduced to “a letter distribution centre”. The Unit still operates like the old-fashioned reception. There is no place confidential to capture complaints. The RCC had not started using the new templates at the time of the visit.	the newly developed LGS Client Service Manual.
	1.5ii	Monitoring of the functionalities of the sub-structures	The RCC produced evidence that monitoring reports were prepared and confirmed to have been submitted before deadline.	Management must be commended.
	1.6	Well-managed workplace environment	Though, there was a signpost at the entrance of the office, there were no signposts of the RCC showing clear directions to the office right from the boundary of the region to the RCC. The RCC had a clean washroom for visitors, well maintain landscape and well-maintained office space	The RCC must mount signposts at the boundaries, intersections and other strategic places to help clients to easily locate the office.
Human Resource Management	2.1i	Compliance with preparation, compilation, and submission of bi-annual promotion schedules and a retirement schedule	The RCC prepared, compiled, and submitted its composite promotion and retirement schedules before deadline.	Management must be commended.
	2.1ii	Implementation of the promotion schedules and retirement schedules	The RCC produced evidence of transmittal letters and other supporting documents forwarded on all staff on promotion register in the year. There was also evidence of retirement notification letters issued to officers due for retirement within the year.	Management must be commended.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.2	Compliance with the preparation and update of the annual leave management roster	Update on the 2023 leave management roster was prepared, officially submitted, and approved by management before deadline. Similarly, 2024 leave management roster was prepared, officially submitted, and approved by management before 30 th November 2023.	Management must be commended.
	2.3i	Preparation of training needs assessments	The Comprehensive Training needs assessment for the RCC was prepared and approved by management before deadline.	Management must be commended.
	2.3ii	Preparation and harmonization of composite training Plans and submission	Comprehensive 2024 Training Plan for the RCC and MMDAs prepared and submitted to OHLGS before deadline.	Management must be commended.
	2.4	Implementation of composite training Plans and submission	The RCC had more than 80% of its training plans implemented and the composite report submitted to the OHLGS before deadline.	Management must be commended.
	2.5	Compliance with the monitoring of the implementation of PMS	There was evidence of only one monitoring report and submission to the OHLGS before deadline.	Management is encouraged to ensure that both monitoring exercises are organised and reported on before deadline.
	2.6	Compliance with Staff Performance Appraisal schedule	The RCC recorded a performance appraisal compliance rate of 83%. The sampled appraisals from 4 different Departments/Units revealed that only 3 staff fully completed their appraisals.	Management must ensure that the staff performance appraisal schedules are strictly adhered to.
	3.1	Compliance with Audit Plan preparation and submission	The RCC had its annual audit plan prepared and submitted to all before the deadline.	Management must be commended.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Financial Management & Reporting	3.2	Implementation of Auditor Generals Management letter recommendations	The RCC was not cited in the Auditor Generals Management letter.	Management must be commended.
	3.3i	Response to Internal Audit observations	The RCC produced evidence that the 1 st , 2 nd and 3 rd quarterly observations were responded to within the required 10 days. However, the dates for the submission and response of 4 th quarter observations were not provided.	Management must ensure prompt response to IAU audit recommendations.
	3.3ii	Implementation of Quarterly Internal Audit recommendations	The RCC showed evidence of 100% implementation of internal audit recommendations.	Management must be commended.
	3.4	Compliance with the approval and submission of Regional Integrated Budget System (RIBS)	The RCC prepared and submitted RIBS before deadline.	Management must be commended.
	3.5	Expenditures processed through GIFMIS	The RCC maintained that the RCC was yet to be rolled onto the GIFMIS. It therefore did not show any evidence of GoG expenditures going through the GIFMIS. Contrary to this assertion, the RCC was able to provide evidence that its expenditures were processed through GIFMIS last year	Expenditures must be processed through GIFMIS.
Services	4.1	Submission of Departmental monitoring reports through the RCC	The RCC fully complied with this indicator. The quarterly monitoring reports of 4 sampled Departments were verified to have been forwarded through the RCC to the OHLGS.	The RCC must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.2	Submission of quarterly RPCU monitoring reports	The RCC conducted all four (4) quarterly RPCU monitoring exercises and submitted reports before the deadline.	The RCC must keep this up.
	4.3	Submission of biannual technical backstopping reports	The RCC produced 2 technical backstopping from 4 sampled Departments of the RCC with evidence of submission before deadline.	The RCC must keep this up.
	4.4	Compliance with the approval and submission of Regional Integrated Plan	The RIP was duly prepared and submitted before deadline.	The RCC must keep this up.

Table 9: Detailed 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	Twelve (12) of 22 MMDAs in the region showed evidence that they organised both midyear review and the planning meetings. Both were chaired by the Chief Executive with invitation letters, signed minutes and evidence of stakeholder presentation. Six (6) other MMDAs (Agona West, Assin North, Effutu, Ekumfi, Twifu Ati-Morkwa and Upper Denkyira East showed evidence that they held only the mid-year review meeting. Four (4) other MMDAs (Abura/Asebu/Kwamankese, Assin South, Cape Coast Metro and Mfantseman) did not show evidence of any meeting.	The RCC, as part of its backstopping exercise, must sensitize all MMDAs, especially the four (Abura/Asebu/Kwamankese, Assin South, Cape Coast Metro and Mfantseman) on the importance of the meeting and impress upon them to organize the meetings.
	1.2	Compliance with the sensitization on the LGS protocols, byelaws, and relevant enactments	Ten (10) MMDAs out of the 22 organized more than one orientation workshop on Local Governance Act, 2016 (Act 936), LGS Protocols, MMDA Bye Laws and all other relevant enactments for newly recruited, newly posted, and other staff. They also showed evidence of workshop reports with detailed presentations, conclusions, and recommendations.	MMDAs can tap onto the expertise of senior officers in the Service for orientation. This may help MMDAs to circumvent the problem of financing.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Four (4) MMDAs (Agona East, Agona West, Ekumfi and Upper Denkyira West) showed evidence of organizing only one (1) orientation workshop. The rest of the MMDAs, eight of them: (Ajumako-Enyan-Essiam (AEE), Assin South, Cape Coast Metro, Effutu, Twifo Hemang Lower Denkyira (THLD), Mfantseman, Twifu Ati Morkwa (TAM) and Upper Denkyira East) however did not show evidence of organization of any orientation. Some MMDAs cited lack of funds as the basis for not having more than one or any orientation.	
	1.3i	Compliance with the migration to the new Records Management Classification Scheme	Only Ajumako-Enyan-Esiam and Heman Lower Denkyira had all the columns of incoming correspondence register consistently filled. Six (6) MMDAs, Ajumako/Enyan/Esiam, Assin North, Cape Coast Metro, Twifo Hemang Lower Denkyira, Twifo Ati-Morkwa, Upper Denkyira East) consistently filled all the columns of outgoing correspondence register. Six (6) MMDAs, Assin North, Awutu Senya, Cape Coast Metro, Effutu, Twifu Atti-Morkwa and Upper Denkyira East, filled the recommended file transit ladders fully.	The Records Management Manual of the Local Government Service (LGS) entrusted the responsibility to implement and maintain sound record practices in the hands of Management of (LGS) entities. Management must therefore uphold this responsibly and provide logistics such as shelves, the control books, printers etc to make the unit functional. The Unit, the “brain” of the Assemblies

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In Fourteen (14) MMDAs the file diaries were wrongly filled, and all the columns of incoming and outgoing correspondence registers were not completed. Again, most of them did not have the recommended file ladders and those who have did not fully fill the columns. None of the MMDAs in the region, however, completed the file diaries correctly. Leadership commitment was identified as a major setback to the functionality of the Records Units. Basic recommended logistics like file folders, file diaries, incoming and outgoing correspondence registers were not procured by management of some Assemblies for the Unit.	where all information is kept must be functional. The RCC must conduct refresher courses for Records staff to build their capacities.
	1.3ii	Electronic management of correspondences	All MMDAs have applications (mostly excel) for capturing and storing incoming and outgoing correspondence registers but only six (6) (Ajumako-Enyan-Esiam, Assin North, Awutu Senya East, Heman Lower Denkyira, Twifo Ati Morkwa and Upper Denkyira East) were able to show that 9 out of 12 months sampled correspondences were stored and could be retrieved electronically. The other sixteen (16) MMDAs in the Central Region were not able to show that at least 9 out of 12 months	The RCC must champion the establishment of a common user platform where all MMDAs will have a common application. RCCs must facilitate training of Records and MIS officers on the new application.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			sampled correspondence were stored, and electronically retrievable. None of the MMDAs could, however, access correspondences electronically by either the MMDCD or any other management member. The team observed that some Assemblies were struggling to work efficiently with the Excel application. Some were unable to capture and store the scanned copies in a way that could easily be retrievable.	
	1.4	Functional website and updates	All MMDAs in the region have functional websites and latest information on progress reports, generic functions of departments and tourism sites. On updates of Departmental/Unit activities, only 5 MMDAs (Agona East, Agona West, Assin Fosu, Awutu Senya East and Cape Coast Metro) could show evidence of 12 months updates of 6 different departments/units. Only seven MMDAs (Agona East, Asikuma-Odoben-Brakwa, Assin South, Cape Coast Metro, Effutu, Komenda-Edina-Eguafo-Abirem and Upper Denkyira West) have vital information on services	The MMDAs must devise a mechanism where activities carried out by departments could be sent to the MIS officers or officers who have been tasked to manage the websites.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			they provide to the public and the procedure for assessing such services on their websites. The team observed that the MIS Officers or officers tasked to manage the websites do not get the activities from the departments and units to update the site.	
	1.5i	Functionality of the Client Service Unit	All MMDAs have clearly marked office space for Client Service Unit and have basic logistics. Seven MMDAs (Agona East, Assin North, Ajumako-Enyan-Esiam, Awutu Senya, Gomoa Central, Gomoa West, and Upper Denkyira West) were either not using the newly developed forms or not filling all the required columns. The “administrative instruction” column on the form was mostly blank. The rest of the districts (15) showed evidence of using the newly developed forms and filling of all columns. Only 7 out of the 15 MMDAs properly filled in the complaint forms, managed the complaints received and communicated decisions to complainants. These were Abura/Asebu/Kwamankese (AAK), Asin Fosu, Awutu Senya, Awutu Senya East, Effutu, KEEA, and Twifu Ati-Morkwa	Management of the MMDAs must commit to the full functionality of the Client Service Unit in line with the newly developed LGS Client Service Manual.
	1.5ii	Functionality of the Sub-structures	12 out of 22 MMDAs in the region showed evidence that at least 50% of their substructures were functioning. The other 10 (Agona East, Effutu,	Management (must have an interest in the functionality of the substructures.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ekumfi, Agona West, Ajumako/Enyan/Esiam, Asikuma Odoben Brakwa, Awutu Senya East, Twifo Heman Lower Denkyira, Mfantseman and Upper Denkyira East) did not show evidence of having more than 50% of their sub-structures functional. Out of the 12 that were functional, only six (6) MMDAs (Awutu Senya, Cape Coast Metro, Gomaa Central, Gomaa East, Twifu Ati Morkwa and Upper Denkyira West) implemented more than 60% of planned activities of the substructures. Three of MMDAs (AAK, KEEA and Assin South) implemented 51-60% of planned interventions. Two, Assin Fosu and Assin North implemented 41-50% of planned interventions. Gomaa West though had more than 50% of its substructures functional, it implemented less than 40% of planned interventions.	The RCC monitoring team must visit the various substructures to verify the existence of the offices.
	1.6	Management of the workplace environment	All the 22 MMDAs have sign posts at the entrance of their offices but none has adequate directional signs from the boundaries of the districts to the office. Ten (10) MMDAs (Abura-Asebu-Kwamankese, Agona East, Ajumako-Enyan-Esiam, Asikuma Odoben Brakwa, Assin Fosu, Assin South, Assin North, Awutu Senya, Gomaa East and Upper Denkyira	MMDAs must set aside a washroom for visitors. MMDAs must also schedule cleaners to ensure that some can stay longer or come to work

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			East), however, had a number of leading signposts within the district capitals. 10 out of the 22 MMDAs visited had clean visitors' washrooms with water, soap, and tissue and with no stench. These were AAK, AEE, KEEA, Assin South, Awutu Senya, Awutu Senya East, Effutu, Ekumfi and Gomoa Central. Other MMDAs had the washrooms under lock to clients at the time of the exercise. All MMDAs had maintained landscapes and a presence of security man. Only two (2) out of the 22 MMDAs visited, (Asikuma Odoben Brakwa and Mfantsiman) did not have well maintained office space.	late to tidy washrooms and other areas during the day. The two MMDAs are encouraged to consciously plan for the maintenance of their offices.
Human Resource Management	2.1i	Compliance with biannual composite promotion and retirement schedules	Only Awutu Senya East MA produced evidence of preparation of composite promotion and retirement schedules, however both were submitted after the deadline. The other 21 MMDAs prepared the composite promotion schedules with established vacancies for 2023 and retirement schedules for 2024. All were submitted before the deadline.	The MMDA must submit reports on time.
	2.1ii	Compliance with the implementation of the	21 out of the 22 MMDAs in the region produced evidence of facilitating the promotions and retirements of staff by forwarding appraisals with all	Management should ensure the prompt implementation of both schedules.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		promotion and retirement schedules	supporting documents to the RCC. Similarly, retirement notification letters were prepared and issued to officers on the retirement schedule. In Assin South evidence provided were signed by an officer who did not have the mandate to do so.	
	2.2	Compliance with the preparation and update of the annual leave management roster	17 MMDAs prepared both 2023 and 2024 leave management rosters, approved by management and submitted them before deadline. Three MMDAs (Agona West Asikuma Odoben Brakwa and Assin South) did not show evidence of the preparation and submission of both 2023 and 2024 annual leave management rosters, approved by management, and submitted before deadline. Awutu Senya District Assembly had only 2023 updated leave management roster but was not approved by management. It did not also show evidence of the preparation and submission of 2024 annual leave management roster. Mfantseman MA on the other hand updated the 2023 leave management roster but did not meet the deadline for the preparation, approval and submission of the 2024 roster.	MMDAs must ensure that leave rosters are approved by management.
	2.3i	Preparation and approval of training needs assessments	All MMDAs except Assin South produced the training needs assessment report and showed	Management of the MMDAs must ensure the prompt

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			evidence of management approval before the deadline. Assin South had the report but was signed by an officer who did not have the mandate to do so. Two MMDAs Ajumako- Enyan -Esiam and Awutu Senya East prepared the training needs assessment report but did not show evidence of management approval. Agona East and Awutu Senya East prepared the report but approved by management on deadline.	preparation and approval of the TNA.
	2.3ii	Submission of training needs assessment	20 out of the 22 MMDAs prepared comprehensive training plans and submitted them to RCC before deadline. Only Assin South produced a report that was signed by an officer who did not have the mandate to do so. Awutu Senya East had the training plan prepared but submitted on the deadline.	Management of the MMDAs must ensure strict compliance.
	2.4	Implementation of training plans	18 MMDAs implemented more than 80% of the training plans and submitted four quarterly reports. Upper Denkyira East submitted the four quarterly reports with 80% implementation of the training plans.	MMDAs must be impressed upon to keep investing resources into staff capacity building. MMDAs could also tap on the knowledge of experienced staff to facilitate some of the trainings.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Effutu and Mfantiman produced quarterly reports but implemented less than 80% of their training plans. Assin South did not produce the four quarterly reports and did not show evidence of implementation of training plans.	
	2.5	Compliance with Staff Performance Appraisal schedule	Only 5 MMDAs (Agona East, Agona West, Assin Fosu, Gomoa Central and Gomoa West) had 80% of the total (mechanized and IGF) staff completing performance appraised reports at the end of the year. Moreso, all 4 staff sampled from 4 different departments have their appraisals well completed. The remaining MMDAs did not appraise 80% of staff. Some MMDAs did not appraise IGF staff. Others too did not complete the planning, revision, and the evaluation stages of the appraisal. It was observed that some Departmental and Unit heads and even Human Resource Managers do not have full understanding of the performance appraisal instrument.	Comprehensive back-up training is required to address the gap. Heads of Departments and Units must be responsible for their direct reports.
Financial Management & Reporting	3.1i	Compliance with the preparation and submission of RIAP	All the 22 MMDAs in the region showed evidence that RIAPs were prepared, approved by their respective General Assemblies, and submitted to RCCs before the deadline.	MMDAs must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.1ii	Compliance with the implementation of RIAP	Eight (8) MMDAs (Abura Asebu Kwamankese, Agona East, Ajuman-Enyan-Esiam, Assin Fosu, Assin South, Awutu Senya East, Ekumfi and Twifo Ati Morkwa) implemented less than 50% of RIAP activities. Gomoa West and Upper Denkyira East implemented between 70 - 80% of RIAP activities. The other twelve MMDAs achieved more than 80% implementation of RIAP activities.	The Budget Analysts of the respective MMDAs must coordinate the preparation and implementation of RIAP to ensure efficiency.
	3.2	Percentage increase of streets named with signage	Only 4 MMDAs, Awutu Senya East, Effutu, Gomoa Central and Heman Lower Denkyira, showed evidence of having more than 10% increase in streets named with signages and evidence of expenditure. Cape Coast Metro replaced corroded signages and showed evidence of expenditure. Assin Fosu and Twifo Ati Morkwa showed evidence of expenditure on streets named with signages. The two districts achieved between 7 - 9% increase in streets named with signages. Komenda-Edina-Eguafo-Abirem achieved between 5-6% increase.	Management must commit to the implementation of the SNPA activities.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The 14 remaining MMDAs either did not provide the 2022 cumulative data on streets named with signages or evidence of expenditure on streets named in 2023. The team observed that management of the MMDAs are committing less resources to Street Naming and Property Addressing System activities.	
	3.3	Update of database on ratable items and linkage to revenue estimates	Eight out of the 22 MMDAs (Agona East, Agona West, Assin Fosu, Assin North, Awutu Senya, Awutu Senya East, Gomoa East and Upper Denkyira East) did not have updated database. Assin North had the updated database approved by F&A but could not link the revenue estimates to the budget. The rest of the Assembly presented a database approved by F&A and revenue estimates linked with the fee fixing.	MMDAs must show commitment and resource officers to collect data. The data collection should be assigned to Budget and Statistics for the sake of propriety. Officers must do proper summary and analysis of data collected to guide the Assembly on its revenue potential. Revenue estimates should be based on accurate data.
	3.4	Compliance with expending on the activities in the AAP	Only 8 MMDAs (Abura Asebu Kwamankes, Agona East, Agona West, Assin Fosu, Assin South, Awutu Senya East, Cape Coast Metro and Upper Denkyira East) showed evidence of expenditure on sampled implemented activities and the activities were traceable in the AAP.	MMDAs must ensure that funds are spent on approved activities only.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The other 14 MMDAs, however, did not spend outside the AAP but they did not provide evidence of expenditure (PVs) on some of the sampled implemented activities.	
	3.5i	Response to Internal audit observations	16 MMDAs responded to the internal auditors' observations within the ten working days. 6 MMDAs, Agona East, Agona West, Asikuma-Odoben-Brakwa, Assin South, Awutu Senya East and Ekumfi, responded to some observations after 10 days. It was observed that some MMDAs distributed the observations to action officers who responded separately from others.	Management must prioritise responses to all observations and submit on time.
	3.5ii	Implementation of Internal audit recommendations	Nine MMDAs (Abura-Asebu-Kwamankese, Agona West, Ajumako-Enyan-Esiam, Asikuma-Odoben-Brakwa, Ekumfi, Heman Lower Denkyira, Mfantsiman, Upper Denkyira East and Upper Denkyira West) could not provide evidence of 100% implementation of Internal Auditors recommendations. The other 13 MMDAs fully implemented the Internal Audit recommendations.	Management should commit to the full implementation of the recommendations of the Internal Auditors.
	3.6	Implementation of External Audit recommendations	12 out of the 29 MMDAs did not fully implement the recommendations of the 2022 Auditor's General	Management should commit to the full implementation of

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Management Letter. They were Abura Asebu Kwamankese, Agona East, Agona West, Ajumako-Enyan-Essiam, Assin South, Effutu, Gomoa Central, Gomoa East, Gomoa West Mfantseman, Upper Denkyira East and Upper Denkyira West. The rest of the MMDAs in the region had no outstanding issues.	the recommendations of the External Auditors.
Infrastructure	4.1	Level of achievement in the implementation of planned road programmes	Only 3 out of the 22 MMDAs, Abura-Asebu-Kwamankese, Assin North and Heman Lower Denkyira, could not implement at least 80% of planned 2023 road programmes.	Management should commit to the implementation of road programmes.
	4.2	Level of achievement in the implementation of planned building & structures programmes	Four MMDAs (Abura-Asebu-Kwamankese, Asikuma-Odoben Brakwa, Assin South and Effutu were unable to implement more than 80% of their building and structure programmes. Assin North, Awutu Senya East, Gomoa Central and Mfantseman were able to achieve exactly 80%. The rest of the MMDAs were able to implement more than 80% of building and structure programmes.	Management should commit to the implementation of building and structures programmes.
	4.3	Organization of Spatial Planning Committee and Technical Committee meetings	Only Mfantseman Municipal Assembly out of the 22 MMDAs was unable to show evidence of having organised any Spatial Planning Committee meeting in 2023.	The RCC must sensitize MMDAs to appreciate the importance of spatial planning in national, regional and district development.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Abura-Asebu-Kwamankese showed evidence of having held 3 meetings in only one quarter. The rest of the MMDAs showed evidence of having held more than 3 meeting for each quarter.	MMDAs must be impressed upon to resource the SPC to perform its mandated duties.
	4.4	Consideration of building permit applications	Two MMDAs (Ekumfi and Mfantsiman) did not produce any evidence of receipt and consideration of building permits by the District Spatial Planning committee. Gomoa West showed evidence of 100% consideration of applications at Technical Sub-Committee and DSPC but did not show evidence that decisions were communicated to applicants. The rest of the MMDAs showed evidence of 100% consideration of applications at Technical Sub-Committee and DSPC and communicated decisions to applicants.	MMDAs must make conscious effort to give feedback on application to applicants.
	4.5	Availability of approved Structure Plan and Local Plans	Two MMDAs (Mfantsiman Municipal and Upper Denkyira West) did not produce any Spatial Development Framework, Structure and Local Plans. Two MMDAs (Agoa East and Gomoa West) produced only the Structure Plan.	Management of the MMDAs must commit to the development and implementation of the 3-tier spatial plans.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Three MMDAs (Ekumfi, Gomoa East, Komenda-Edina-Eguafo-Abirim) were able to produce a valid Structure Plan and at least 2 valid Local Plans. The rest of the MMDAs produced a Spatial Development Framework, valid structure plans and at least 2 local plans.	
Social Services	5.1	Compliance with Education oversight committee meetings	Only four (4) MMDAs (Abura-Asebu-Kwamankese, Agona East, Assin fosu, Effutu) held four (4) meetings with invitation and minutes signed and implemented all decisions. Five (5) other MMDAs (Asikuma-Odoben-Brakwa, Assin North, Ekumfi, Gomoa West and Hemang Lower Denkyira) did not show evidence of a meeting. The rest either held three (3) or four (4) meetings but without evidence of implementation of decisions.	Management must commit to the organization of Education oversight committee meetings and implementation of decision taken at the meetings.
	5.2	Compliance with Health committee meetings	Four MMDAs (Awutu Senya DA, Awutu Senya East, Gomoa East and Twifo Ati Morkwa) held four (4) District Health Committee meetings with invitation letters and signed minutes and evidence of implementation of all decisions. Six MMDAs (Asikuma-Odoben-Brakwa-Breman, Assin North, Ekumfi, Gomoa West, Hemang Lower	Management must commit to the organization Health Committee meetings and implementation of decision taken at the meetings.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Denkyira and Mfantseman Municipal) did not produce evidence of a meeting. The rest either had three (3) meetings or four (4) meetings but without showing evidence of implementation of decisions.	
	5.3i	Data on vulnerable groups	Four MMDAs (Agona East, Agona West, Assin North and Ekumfi did not update data on identified vulnerability groups. Asikuma-Odoben-Brakwa had all the updates but did not show evidence of submission to the RCC. The rest of the MMDAs had all the updates and evidence of transmission to the RCC either before deadline or on deadline.	MMDAs must update data on vulnerable groups. Such data are important for the formulation of district, regional and national policies on vulnerable groups.
	5.3ii	Update of database on registration on births and deaths	Only six (6) MMDAs (Agona East, Assin Fosu, Awutu Senya, Effutu, Gomoe Central and Gomoe West) had four quarterly updates on births and deaths. Ajumako-Enyan-Esiam and Twifo Ati Morkwa showed evidence of three quarterly updates. The 14 other MMDAs either did not have the update. In some districts, the Department did not know it had to submit such report through the MMDA.	MMDAs must ensure that the Department of Birth and Death is well integrated.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.4	Implementation of GBV interventions	20 out of the 22 MMDAs successfully implemented more than 80% of planned GBV interventions. Two MMDAs (Awutu Senya East and Ekumfi) implemented up to 59% of their planned GBV interventions. The high compliance rate could be attributed to the number of GBV activities in the AAP. Most of the MMDAs had just a single activity done in several communities.	Management of the MMDAs must ensure the inclusion and implementation of GBV interventions to help reduce the level of GBV cases reported in the MMDAs.
	5.5	Management of child protection cases	21 out of the 22 MMDAs in the region effectively managed over 80% of all reported child protection cases. Only Gomoa East did not provide any report for verification.	Management of Gomoa East must ensure the prompt management and reporting on reported child protection cases.
	5.6	Organization of Community mobilization and Education programmes	19 out of 22 MMDAs in the region implemented over 80% of all community mobilization and education programmes in the 2023 Annual Action Plan. The other three (3) MMDAs, (Cape Coast Metro, Ekumfi and Upper Denkyira West) implemented 70 – 79% of community mobilization and education programmes.	Management of the MMDAs must ensure the full implementation of Community mobilization and Education programmes to help reduce the level of GBV cases reported in the MMDAs.
	6.1	Expenditure to Agriculture	8 MMDAs (Ajumako-Enyan-Esian, Assin Fosu, Assin South, Cape Coast Metro, Ekumfi, Gomoa Central,	MMDAs must be encouraged to invest in agriculture to

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Economic Development			Hemang Lower Denkyira and Twifu Ati Morkwa) expended more than 5% of their total expenditure on agriculture. Gomoa West spent 4.7% of their total expenditure on agriculture. 3 MMDAs (Abura-Asebu-Kwamankese, Agona West and Assin North) expended 3-3.9% of their total expenditure on agriculture. The rest of the MMDAs spent less than 3% of their expenditure on agriculture. No data on expenditure from Denkyira East Municipal and Upper Denkyira West District Assemblies. The regional average expenditure on Agriculture is below the indicator threshold of 5%. The region had an average of 4.4%. (Note: This excludes data from Upper Denkyira East Municipal and Upper Denkyira West District Assemblies).	engender economic development.
	6.2	Implementation of Agriculture activities	All MMDAs except Gomoa West implemented more than 80% of planned activities in the AAP.	Management must commit to resourcing the Agric Department to improve the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Gomoa West did not produce implementation reports on implemented activities for verification. The team observed most of the activities implemented were under the MAG programme where funding was readily available. The MMDAs contribution in terms of funding were mostly on services e.g. fuel, meetings etc. It was also observed that some MMDAs spent on behalf of Agriculture department.	local economic potential of the MMDAs.
	6.3	Agricultural expenditure on post-production activities	Only two MMDAs (Agona East and Komenda-Edina-Eguafo-Abirim) spent 30-39% of their annual agricultural expenditure on post-production activities. Gomoa Central also spent 26% of their annual agricultural expenditure on post-production activities. The rest of the MMDAs did not spend more than 20% of their annual agricultural expenditure on post-production activities. The team observed that MMDAs did not make conscious efforts to plan and budget for post-production activities.	MMDAs especially those in the urbanised areas must commit more investment into value chain addition of agriculture.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	6.4	Planned Agricultural interventions to address gender gaps	Only 5 MMDAs (Gomoa West, Komenda-Edina-Eguafo-Abirim, Twifu-Ati-Morkwa, Upper Denkyira West and Cape Coast Metro) implemented more than 60% of planned Agricultural interventions to address gender gaps. Cape Coast Metro implemented 56% of planned interventions. Two MMDAs (Twifu-Ati-Morkwa and Upper Denkyira West) implemented 40-49% of planned activities. Gomoa West, Komenda-Edina-Eguafo-Abirim implemented less than 30% of planned interventions.	Management must commit to resourcing the Agric Department to improve the local economic potential of the MMDAs.
	6.5	Implementation of Tourism related activities	All MMDAs except Assin North, Awutu Senya East and Gomoa East implemented more than 80% of planned tourism related activities in the AAP. Whilst Asin North did not provide any information, Awutu Senya East had 3 activities but no implementation reports. Gomoa East on the other hand showed activities that were all road projects with no link to tourism.	Management of the MMDAs must pursue rigorous and coordinated development of tourism sites and promotion of tourism activities in the region.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness plan & Implementation report	Only Agona West, Ajumako Enyan Esiam and Assin Fosu had the Disaster Preparedness Plan, showed	Management must commit to the development of the Disaster Preparedness Action

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			evidence of implementation and submitted before deadline. 3 other MMDAs (Assin South, Effutu and Gomoa East) had the Disaster Preparedness Plan, showed evidence of implementation but officially submitted the implementation report to the RCC on deadline. 7 MMDAs (Abura-Asebu-Kwamankese, Awutu Senya, Ekumfi, Komenda-Edina-Eguafo-Abirim, Twifu Ati-Morkwa, Upper Denkyira East and Upper Denkyira West) had the action plan but did not produce any implementation reports. The 8 other districts did not present any plan or implementation report for verification.	plans and implementation reports and ensure that reports are sent to the regional level through the MMDAs.
	7.2	implementation of Environment enhancement programmes	14 MMDAs were able to implement more than 60% environment enhancement programmes. 5 MMDAs (Assin Fosu, Assin North, Gomoa Central, Twifu Ati-Morkwa and Upper Denkyira East implemented 50-59% of plan activities. The other 3 MMDAs (Awutu Senya, Hemang Lower Denkyira and Mfantseman) did not provide any reports for verification.	Management of the MMDAs must commit to the implementation of environment enhancement programmes.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.3	Percentage increase of population with household toilets	13 MMDAs recorded more than 15% increase in population with household toilets. The other 9 MMDAs (Abura-Asebu-Kwamankese, Agona West, Assin North, Cape Coast Metro, Effutu, Gomoa Central, Hemang Lower Denkyira, Mfantsiman and Upper Denkyira East) recorded less than 15% increase in population with household toilets.	MMDAs must build capacities of staff of Environmental Health officers and provide the needed resources towards data collection on population with access to household toilets.
	7.4	MMDA sponsorship of Routine Cleansing activities	Only Komenda-Edina-Eguafo-Abbrim out of the 22 MMDAs could not provide at least one quarterly routine cleansing reports for verification. It tendered in a composite annual report. Five MMDAs (Assin Fosu, Awutu Senya East, Cape Coast Metro, Gomoa East and Twifu Ati Morkwa provided two quarterly routine cleansing reports. Assin North produced three quarterly reports and the rest of the MMDAs had four quarterly reports with PVs as evidence of implementation.	Management of MMDAs should commit more resources and efforts towards improving sanitation in central business districts, town centres and other public spaces.

4.5. Western Region

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

4.5.1. Scope of the Assignment

The monitoring and evaluation team comprising two (2) officers was assigned to the Western Region (WR). A total of fourteen (14) MMDAs and one (1) Regional Coordinating Council were assessed.

4.5.2. General Outcomes

It took the team approximately three weeks to complete the assignment. The average time the team spent in a district during the assessment was 4.53 hours.

4.5.3. General Observations

MMDAs

1. It was generally observed that Performance Contract as signed between the Chief Executives and the Coordinating Directors were not discussed with staff. There were therefore little linkages between the contract signed and the appraisal indicators of Heads of Departments and Units and by extension, their direct reports.
2. The management of some MMDAs over the years, gradually but steadily detaching themselves from the assessment. They see the outcome or marks of indicators as verdict on the action officer's performance. It must be noted that compliance with most indicators is contingent on provision of logistics. In most MMDAs, such logistics were not provided but leadership expected schedule officers to get the marks. Failure to get the marks was seen as sabotage. Unfortunately, approval of funds to execute planned activities, in some cases, was seen as favour to officers.
3. Falsification of documents is prevalent in the service. It was observed that some reports, especially those on statutory meetings, presented by MMDAs for verification were forged. In the MMDAs quest to meet the requirements of set indicators, they go to any length to produce minutes and reports full of significant inconsistencies. District Education Oversight Committee (DEOC) and District Health Committee (DHC) meetings were generally observed to be most affected. Most of the evidence presented was not reliable and even where meetings were held, the minutes were poorly written.

4. There were financial and time constraints on Assemblies to organize all the meetings expected to be held. It was observed that the average number of meetings for an Assemblies is over hundred (100) in a year.
5. Staff of the Service generally have not imbibed the habit of improvisation. The exercise revealed high dependency on management for logistics even in a situation where an available logistic could serve a different and desired purpose with a slight adaptation.
6. Some MMDAs still misconstrued expanded DPCU as ISCCS meeting. Others also deliberately replaced ISCC meeting with the expanded DPCU or simply, they could not organize both meetings due to what they termed as “financial constraints”.
7. A majority of the MMDAs got the new classification scheme and the migration concept of the new Records Management Manual wrong. It was clear that the staff did not fully understand the concepts recommended in the new Records Management System Manual.
8. The Records Management Unit has very low capacity in terms of qualified staff and training.
9. Birth and Death Department (B&D) has not been fully integrated.
10. Environmental Health Officers were the least to have received any refresher courses for so many years.
11. National Disaster Management Organization (NADMO) officers in the various MMDAs did not see themselves as part of the Assembly. Most of them report directly to Regional NADMO office without recourse to the management of the MMDAs. Generally, there was a clear lack of coordination between the Central Administration and NADMO.
12. NADMO officers generally misconstrued disaster relief reports as disaster preparedness implementation report.
13. The team interacted with several DCEs who showed interest in the exercise and exhibited leadership during the process. Prominent among them were the DCEs for Ahanta West and Jomoro. The Ahanta West DCE sat through the exercise. The DCE and the DCD of Jomoro Municipal Assembly epitomized the 'together we can' maxim. The two top officers inspired and coordinated the staff during the exercise seamlessly. The MCD of Nzema East MA was so passionate about the work that he saw the exercise simply as a tool to improve.
14. Staff cooperation was very important for the success of the exercise. Largely, staff of the various MMDAs cooperated with the assessors. Staff of Jomoro, Effia Kwesimintsim, Ahanta West and Assin North showed a high level of cooperation. Some staff of Mfantseman Municipal Assembly showed the highest level of apathy. There was a clear lack of interest by some staff in the exercise. Neither the Physical Planning Officer, for instance, nor a representative was available to help with the verification during the visit and there was no explanation.

15. Lateness was endemic in the Mpohor District Assembly. Some officers, as the team observed, stay at and commute from Takoradi, the regional capital. The team arrived at the Assembly at 08:16 but the exercise could not start until 08:51 with few staff. Lateness to work was the 'new norm' in the district.
16. Apart from Mpohor, all the other MMDAs in the region generally have a good workplace environment though all the MMDAs have challenges in the provision of suitable washrooms for visitors. For the Mpohor District, the protruding floor tiles of part of the Assembly was a threat to safety.

RCC

The team generally observed that:

1. The RCC were performing their backstopping mandates creditably well.
2. There was little or no coordination between departments and officers responsible for the updates of the RCC's website. The website, therefore, did not have periodic updates of departmental activities.
3. The Records Management Units did not have the requisite logistics to make it functional even after Management Orientation workshops.

4.5.4. General Recommendations

For MMDAs

1. MMDAs must ensure that the Performance Contract, as signed between the DCE and the DCD, is given to Heads of Departments and Units and discussed with them for the continuation and completion of the Performance Management System cycle. Similarly, all staff must be trained in the LGS staff appraisal instrument for compliance and accountability. It should not just be seen as a "promotional tool."
2. MMDAs must tap the expertise of senior officers in the Service to build the capacity of junior staff. This could help the Assemblies to circumvent the "financial constraint" they cite as the cause for not organizing capacity building for staff.
3. Management must uphold the responsibility to implement and maintain sound record practices as recommended in the Records Management Manual of the Local Government Service (LGS). Management must acknowledge that the Unit is the "brain" of the Assemblies where all information is kept. They must therefore provide logistics such as shelves, the control books, printers etc. to make the unit functional.
4. The MMDAs must devise a method through which activities carried out by departments could be sent to the MIS officers or officers who have been tasked to manage the websites for regular updates.

5. MMDAs must set aside a washroom for visitors and schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms and other areas during the day.
6. MMDAs must attach some importance to the District Education Oversight Committee and District Health Committee meetings and ensure that meetings are held, proceedings recorded and decisions implemented.

For RCC

1. The RCC, as part of their backstopping exercise, must train staff of the MMDAs, especially the Human Resource Managers and Heads of Departments and Units on the Performance Appraisal Tool and monitor its implementation.
2. The RCC monitoring team must visit the offices of the substructures to verify the functionality/existence of the offices.
3. The RCC must institute a peer learning system where non-performing officers will be posted out to under study a high performer in another district for a period.
4. The RCC must champion the establishment of a common user platform where all MMDAs will have a common application to manage their electronic correspondences.
5. The RCCs must sensitize MMDAs on the negative effects of falsification of documents.
6. The RCCs must intensify training of Records Management and Client Service Units' staff to sustain the gains made over the past years.

4.5.5. Western RCC and MMDAs Detailed Analysis /Findings of Indicators

Table 10: Detailed Analysis /Findings of each Indicator for Western RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	Western Regional Coordinating Council (WRCC) held at least three meetings per quarter and produced evidence of more than 70% decisions implemented.	The RCC must be commended.
	1.2i	Compliance with expanded RCC meetings	The RCC held 2 meetings that were verified by invitation letters, minutes of the meetings and attendance lists.	The RCC must be commended.
	1.2ii	Compliance with expanded RPCU Meetings	The RCC held 2 expanded RPCU meetings with invitation letters and signed minutes on file.	The RCC must be commended.
	1.3i	Compliance with the migration to the new Records Management Classification Scheme	The RCC had the file diary but was wrongly filled. What the RCC presented for verification was a file list but not a diary. It had both the incoming and outgoing correspondences register consistently filled. The RCC had the recommended file transit ladders fully filled.	The Regional trainers must continuously build the capacity of staff of the Unit. Management must provide logistics such as printers and photocopier, scanners, and computers to improve the efficiency of the Unit.
	1.3ii	Electronic management of correspondences	The RCC was able to show that 9 out of 12 months sampled correspondence were stored and could be retrieved electronically. It, however, did not show evidence that stored correspondences could be accessed electronically by the RCD or any management member.	Management of the RCC must ensure the full functionality of the electronic records management system at the RMU for efficient records management.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.4	Functional website and updates	The RCC had a functional website. It could not show one activity update per month of at least 6 different departments or units. It had vital information on the functions of department, reports, RIPs, RIBs, and other potentials.	RCCs must properly coordinate the relationship between departments and officers responsible for the updates of the website. The MIS officers must also be resourced to be able to capture departmental activities to update the website.
	1.5i	Functionality of the Client Service Unit (CSU)	The RCC had a clearly marked office space for the Client Service Unit. There were basic logistics at the Unit. The RCC showed evidence that the Unit was using the newly developed CSU templates. None of the entries in the complaints book had numbers of complainants to call for verification.	Management must ensure prompt feedback is given to clients on reported complaints.
	1.5ii	Monitoring of the functionalities of the sub-structures	The RCC prepared monitoring reports on substructures in the districts and submitted to the OHLGS before the deadlines.	The RCC must be commended.
	1.6	Well-managed workplace environment	There were no visible signposts of the RCC showing clear directions to the office right from the boundary of the region to the RCC. What was clearly seen was a signpost at the entrance of the regional office.	The RCC must erect more signposts to give clear directions to the office right from the boundary of the region to the RCC.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The RCC however had a clean washroom with soap and water for visitors, well maintain landscape and well-maintained office space.	
Human Resource Management	2.1i	Compliance with preparation, compilation, and submission of bi-annual promotion schedules and a retirement schedule	The biannual composite promotion schedules for the RCC and all 14 MMDAs with established vacancies for 2023 were produced and submitted before the deadline. The retirement schedule was also prepared, compiled, and submitted before the deadline.	The RCC must be commended.
	2.1ii	Implementation of the promotion schedules and retirement schedules	The RCC had evidence of transmittal letters and other supporting documents forwarded on all staff on promotion register in the year. There was also evidence of retirement notification letters of issued to officers due for retirement within the year.	The RCC must be commended.
	2.2	Compliance with the preparation and update of the annual leave management roster	An update on the 2023 leave management roster was prepared, officially submitted, and approved by management before the deadline. similarly, 2024 leave management roster was prepared, officially submitted and approved by management the deadline.	The RCC must be commended.
	2.3i	Preparation of training needs assessments	The Comprehensive Training needs assessment for the RCC was prepared and approved by management before the deadline. It formed the basis of the 2024 training plan.	The RCC must be commended.
	2.3ii	Preparation and harmonization of composite training Plans and submission	Comprehensive 2024 Training Plan for the RCC and MMDAs prepared and submitted to OHLGS before deadline.	The RCC must be commended.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.4	Implementation of composite training Plans and submission	The RCC had more than 80% of its training plans implemented and the composite report was submitted to the OHLGS before deadline.	The RCC must be commended.
	2.5	Compliance with the monitoring of the implementation of PMS	Two monitoring of the implementation of Performance contracts and Performance appraisals were conducted. Letters notifying MMDAs and monitoring reports with evidence of transmittals were on file.	The RCC must be commended.
	2.6	Compliance with Staff Performance Appraisal schedule	94% of staff of the RCC were appraised. 4 staff sampled from 4 different departments revealed that all four fully completed their appraisals.	The RCC must be commended.
Financial Management & Reporting	3.1	Compliance with Audit Plan preparation and submission	The 2023 annual audit plan was prepared and submitted to the Principal Spending Officer, the Audit Committee and the Internal Audit Agency before the deadline.	The RCC must be commended.
	3.2	Implementation of Auditor Generals Management letter recommendations	The RCC was not cited in the Auditor Generals Management letter.	The RCC must be commended.
	3.3i	Response to Internal Audit observations	The RCC did not response to all Internal Audit observations within the stipulated timeframe.	Management of the RCC must ensure the timely response to Internal Audit observations.
	3.3ii	Implementation of Quarterly Internal Audit recommendations	The RCC did not implement all the Internal Auditor's recommendations. It had 11 outstanding issues across 3 quarters.	Internal Audit recommendations must be promptly implemented.
	3.4	Compliance with the approval and submission of Regional	The RCC prepared and submitted RIBS before deadline.	The RCC must be commended.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		Integrated Budget System (RIBS)		
	3.5	Expenditures processed through GIFMIS	All the sampled GoG expenditures were processed through GIFMIS.	The RCC must be commended.
Services	4.1	Submission of Departmental monitoring reports through the RCC	The quarterly monitoring reports of 4 sampled Departments were verified to have been forwarded through the RCC to the OHLGS.	The RCCs must keep this up.
	4.2	Submission of quarterly RPCU monitoring reports	The RCC conducted all four (4) quarterly RPCU monitoring exercises and submitted reports before the deadline	The RCCs must keep this up.
	4.3	Submission of biannual technical backstopping reports	The RCC produced 2 technical backstopping from 4 sampled departments of the RCC with evidence of submission before deadline.	The RCCs must keep this up.
	4.4	Compliance with the approval and submission of Regional Integrated Plan	The RCC prepared and submitted RIBS before deadline.	The RCCs must keep this up.

Table 11: Detailed 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	All MMDAs in the region held at least one of the two meetings. Five (5) MMDAs out of the 14 in the region, (Effia Kwesimintim, Ellembele, Jomoro, Amanfi Central and Wassa East) held both the review and planning meetings and chaired by the Chief Executive with invitation letters, signed minutes and evidence of stakeholder presentations. Six (6) other MMDAs (Mpohor, Nzema East, Preste-Huni Valley, Sekondi Takoradi Metro, Shama and Tarkwa Nsuaem) held the two meetings but the review meeting was not chaired by the DCE. Similarly, Ahanta West, Wassa Amenfi East and Wassa Amenfi West held two meetings, but the planning meeting was not chaired by the DCE	Management of the MMDAs should commit to the organisation of the ISCCS meetings on biannual basis for a coordinated approach to development.
	1.2	Compliance with the sensitization on the LGS protocols, byelaws, and relevant enactments	Five MMDAs (Jomoro, Tarkwa Nsuaem, Amenfi East, Amenfi West and Wassa East) did not produce any evidence that they organization orientation workshop.	MMDAs must tap onto the expertise of senior officers for this exercise.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ahanta West and Prestea-Huni-Valley organized one (1) orientation workshop and showed evidence of presentations, conclusions, and recommendations. The other seven MMDAs held more than than one orientation workshop with detailed reports.	
	1.3i	Compliance with the migration to the new Records Management Classification Scheme	Only Amenfi Central out of the fourteen MMDAs in the Western Region filled the file diary with the newly opened files correctly. Five MMDAs (Effia Kwesimintsim, Nzema East, Prestea-Huni-Valley, Sekondi Takorade Metro and Wassa Amanfi West) excellently and consistently filled the incoming and outgoing correspondence registers. Only six MMDAs (Effia Kwesimintsim, Jomoro, Nzema East, Prestea-Huni-Valley, Amenfi Central and Wassa Amenfi West) had the recommended file transit ladders and fully filled. In Ahanta West, Mpohor, Wassa Amenfi East and Wassa East, the file diaries were wrongly filled, and all the columns of Incoming and Outgoing Correspondence Registers were not completed. Again, most of them did not have the recommended file ladders and those who had the recommended file ladders did not fully fill them.	MMDAs must procure files with required file transit ladders, incoming and outgoing correspondence registers and file diaries for effective operationalization of the Unit.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.3ii	Electronic management of correspondences	Only four (4) MMDAs (Nzema East, Prestea-Huni-Valley, Amenfi Central and Shama) had twelve months correspondence electronically stored and retrievable. Effia Kwesimintsim showed that 9 out of 12 months sampled correspondence were stored and could be retrieved electronically. The rest of the MMDAs in the Region were not able to show that at least 9 out of 12 months sampled correspondence were stored, and electronically retrievable. None of the MMDAs, however, could have their correspondence assessed electronically by either the MMDCD or any other management member.	Management of the MMDAs should commit to the use of an electronic correspondence management system to improve information flow and management.
	1.4	Functional website and updates	Only Mpohor, Amanfi Central and Wassa East showed evidence of 12 months updates of 6 different departments/units. All MMDAs have latest reports, composite budget, fee fixing and generic functions of departments and issues about tourism. Four MMDAs (Ahanta West, Nzema East Municipal, Prestea-Huni Valley and Wasa East) did not have vital information on services they provide to the	The MMDAs must devise a mechanism where activities carried out by departments could be sent to the MIS officers or officers who have been tasked to manage the websites.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			public and the procedure for assessing such services on their websites. The rest of the districts showed the evidence.	
	1.5i	Functionality of the Client Service Unit	All the MMDAs have clearly marked office spaces for client service units and have basic logistics. Three MMDAs (Ellembelle, Jomoro and Amenfi Central) were either not using the newly developed templates or were not filling all the columns. The “Administrative Instruction” column was mostly not filled though action had been taken. The region generally had reception problems. Calls could not go through to verify if complaints were well managed, and decision communicated to clients.	The management of the MMDAs should commit to the full implementation of the CSU manual and provide all the needed logistics needed for full functionality.
	1.5ii	Functionality of the Sub-structures	Five MMDAs (Effia Kwasi, Jomoro, Tarkwa Nsuaem, Wassa Amenfi East and Wassa East) produced evidence that more than 50% of their sub-structures were functional and more than 60% of their activities were implemented. Jomoro and Shama had more than 50% of their sub-structures functional but implemented between 50-60% of their activities. Ahanta West, Mpohor and Amenfi Central had more than 50% of their sub-structures functional and	Management of the MMDAs should commit to the full establishment and functionality of the sub-district structures.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			showed evidence of between 41-50% implementation of their activities. Four MMDAs (Ellembelle, Prestea-Huni-Valley, Sekondi Takoradi and Wassa Amenfi West), however, had less than 40% of their sub-structures functional.	
	1.6	Management of the workplace environment	Only Jomoro and Nzema East out of the 14 MMDAs had adequate directional signs from the boundary of the district to the office. The rest had signposts at the entrance of their office complex and a few leading signposts within the district capitals. All MMDAs have fairly maintained clean washrooms with water and soap, clean office space and well-maintained general landscape.	MMDAs must set aside a washroom for visitors. MMDAs must also schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms and other areas during the day.
Human Resource Management	2.1i	Compliance with biannual composite promotion and retirement schedules	All the 14 MMDAs prepared the composite promotion schedules with established vacancies for 2023 and retirement schedules for 2024. All were submitted before deadline.	MMDAs must be encouraged to keep it up.
	2.1ii	Compliance with the implementation of the promotion and retirement schedules	All the 14 MMDAs facilitated the promotions and retirements of staff by forwarding appraisals with all supporting documents to the RCC. Again, retirement notification letters were prepared and issued to officers on the retirement schedule.	MMDAs must be encouraged to keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.2	Compliance with the preparation and update of the annual leave management roster	All the 14 MMDAs prepared the 2023 and 2024 leave management rosters, approved by management, and submitted them before deadline.	MMDAs must be encouraged to keep it up
	2.3i	Preparation and approval of training needs assessments	All the 14 MMDAs prepared the training needs assessment report and showed evidence of management approval before deadline.	MMDAs must be encouraged to keep it up
	2.3ii	Submission of training needs assessment	All the 14 MMDAs prepared a comprehensive training plans and submitted them to RCC before deadline.	MMDAs must be encouraged to keep it up.
	2.4	Implementation of training plans	All MMDAs produced evidence of quarterly training reports but Ellembelle, Mpohor and Tarkwa Nsuaem had less than 80% of their training plans implemented.	MMDAs must be encouraged to keep it up.
	2.5	Compliance with Staff Performance Appraisal schedule	Five (5) MMDAs (Nzema East, Sekondi Takoradi Metro, Amenfi Central, Amenfi West and Wassa East) appraised more than 80% of the total (mechanized and IGF) staff. Moreso, all 4 staff sampled from 4 different departments have their appraisals fully completed. Ahanta West, Effia Kwesimintsim and Shama appraised more than 80% of the total (mechanized and IGF) staff but had only 3 staff out of 4 sampled from 4 different departments have their appraisals fully completed. The Six (6) other MMDAs (Ellembelle, Jomoro, Mpohor, Prestea-Huni-Valley, Tarkwa Nsuaem and	Comprehensive back up training required to address the shortcoming.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Amenfi East) either did not have staff appraisal report completed or have them but wrongly filled.	
Financial Management & Reporting	3.1i	Compliance with the preparation and submission of RIAP	8 out of 14 MMDAs in the region prepared, approved, and submitted their 2024 RIAP before the deadline. Prestea-Huni-Valley and Sekondi Takoradi had the plans prepared in line with the approved template but no evidence of approval by the General Assembly nor submission to the RCC. Jomoro and Wassa Amenfi West had the RIAP document but submitted them before approval. The rest of the MMDAs, (Ahanta West and Shama) however, did not produce any evidence of having their plans prepared, approved or submitted.	Management of the MMDAs should commit to the preparation and prompt submission of the RIAP to help improve revenue.
	3.1ii	Compliance with the implementation of RIAP	All MMDAs except Shama, Tarkwa Nsuaem, Amenfi Central, and Wassa East implemented more than 80% of 2023 RIAP activities. Amanfi West achieved 70-80% of implementation. Tarkwa Nsuaem and Amenfi Central achieved implemented 60-69% of RIAP activities. Shama and Wassa East did not show evidence of implementing at least 50% of 2023 RIAP activities.	The Budget Analysts of the respective MMDAs must coordinate the preparation and implementation of RIAP to ensure efficiency.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.2	Percentage increase of streets named with signage	8 MMDAs increased streets named with signages by more than 10%. The rest of the MMDAs (Effia Kwesimintsim, Jomoro, Nzema East, Sekondi Takoradi, Wassa Amenfi East and Wassa East) recorded no increase. Whilst some of them did not produce any data for verification, others produce some data but did not provide supporting documents for verification.	The RCC must provide any technical support to MMDAs. MMDAs must commit resources into street naming activities.
	3.3	Update of database on ratable items and linkage to revenue estimates	Six (6) out of the 14 MMDAs (Effia Kwesimintsim, Nzema Eat, Prestea-Huni-Valley, Shama, Wassa Amenfi West and Wassa East) updated and approved the database and showed the link between revenue estimates and the budget. Ellembelle and Jomoro had the updated database approved by F&A but could not establish the link between the revenue estimates and the budget. The rest of the MMDAs have the database but could not establish the updates. Some MMDAs presented raw data with no analysis.	MMDAs must provide officers with the needed resources for data collection. Officers must do proper summary and analysis of data collected to guide the Assembly on its revenue potential. Revenue estimates should be based on accurate data.
	3.4	Compliance with expending on the activities in the AAP	Six (6) out of the 14 MMDAs in the region, (Effia Kwesimintsim, Ellembelle, Jomoro, Mpohor, Wassa Amenfi East and Wassa East) showed evidence that expenditure on sampled implemented activities was captured in the AAP.	MMDAs must give accurate implementation status of projects and programmes in the APR.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The rest could not provide evidence of expenditure on some of the sampled implemented activities in the APR.	
	3.5i	Response to Internal audit observations	Only Ahanta West and Ellembelle did not respond to some of the internal auditors' observations within the ten working days as required by law. The rest of the MMDAs in the region responded to all internal auditors' observations within the ten working days as required by law.	Management must commit to responding to Internal Audit observations within the stipulated timeframe.
	3.5ii	Implementation of Internal audit recommendations	All MMDAs in the region fully implemented the Internal Auditors recommendations.	MMDAs must be encouraged to keep it up.
	3.6	Implementation of External Audit recommendations	9 MMDAs out of the 14 in the region did not fully implement the recommendations of the 2022 Auditor's General Management Letter. They were Amenfi Central, Amenfi West, Effia-Kweisimintsim, Ellembelle, Sekondi-Takoradi Metro, Shama, Tarkwa Nsuaem and Wassa East. The rest of the MMDAs fully implemented all recommendations.	Management of the MMDAs should commit to the prompt implementation of the recommendations of the external auditors.
Infrastructure	4.1	Level of achievement in the implementation of planned road programmes	All 14 MMDAs in the region implemented more than 80% road programmes in the MMDA's AAPs.	MMDAs must be encouraged to keep it up.
	4.2	Level of achievement in the implementation of planned	All MMDAs except Wassa Amenfi East implemented more than 80% of their building plans and structures.	Management of Wassa Amenfi East must commit to the implementation of building

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		building & structures programmes	Wassa Amenfi implemented exactly 80% of its buildings and structure programmes.	and structures programme by providing the needed resources.
	4.3	Organization of Spatial Planning Committee and Technical Committee meetings	All MMDAs apart from Amenfi Central held at least 3 Spatial Planning Committee meetings in each quarter. Amenfi Central held at least 3 Spatial Planning Committee meetings in each quarter except the fourth quarter.	Management of Amenfi Central should commit to the organisation of all SPC meetings.
	4.4	Consideration of building permit applications	All the 14 MMDAs showed evidence of 100% consideration of applications at Technical Sub-Committee and DSPC and communicated decisions to applicants.	MMDAs must be encouraged to keep it up.
	4.5	Availability of approved Structure Plan and Local Plans	Two MMDAs (Amenfi Central and Wassa Amenfi East) had only a valid Structure Plan and 2 valid Local Plans. The rest of the MMDAs had Structure plans, at least 2 local plans and Spatial Development Framework.	Management of the MMDAs must commit to the development and implementation of the 3-tier spatial plans.
Social Services	5.1	Compliance with Education oversight committee meetings	Only Wassa Amenfi Central held four (4) quarterly meetings with evidence of invitation and signed minutes and implemented all decisions.	Management must commit to the organization of Education oversight committee meetings and implementation of decision taken at the meetings.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Two other MMDAs (Wassa Amenfi East and Wassa Amenfi West) did not produce any evidence of a meeting. The rest held four (4) quarterly meetings but did not implement all decisions.	
	5.2	Compliance with Health committee meetings	Only Effia Kwesimintsim and Amenfi Central held four (4) quarterly District Health Committee meetings with invitation letters and signed minutes and evidence of implementation of all decisions. Amenfi East did not produce any evidence of a meeting. The rest held four (4) quarterly meetings but without evidence of implementation of decisions.	Management must commit to the organization Health Committee meetings and implementation of decision taken at the meetings.
	5.3i	Data on vulnerable groups	The other 12 MMDAs updated December 22 and June 2023 vulnerability data and showed evidence of transmission to the RCC before deadline. Amenfi Central produced evidence that December 22 and June 2023 vulnerability data were updated and transmitted but on deadline. Ahanta West updated December 22 and June 2023 vulnerability data but showed no evidence of transmission to the RCC.	RCC must ensure that MMDAs update the vulnerability data within their districts and submit them on time. Similarly, Officers must go beyond PWDs and take care of other vulnerabilities.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.3ii	Update of database on registration on births and deaths	Five MMDAs (Jomoro, Prestea-Huni Valley, Amenfi Central, Wassa Amenfi West and Wassa East) did not produce any data on birth and death for verification. Mpohor and Sekondi Takoradi produced three quarterly updates on births and deaths. Whilst Mpohor did not produce the update during the third quarter, Sekondi Takoradi did not have it for the fourth quarter. The rest of the MMDAs had all quarterly reports on Birth and Death registration for verification. It was observed that though the region in general is making efforts to integrate the birth and death department into the MMDAs, there is still more to be done towards full integration.	MMDAs must ensure that the Department of Birth and Death is well and fully integrated.
	5.4	Implementation of GBV interventions	All MMDAs in the region implemented more than 80% of planned GBV interventions. The high compliance rate could be attributed to the number of GBV activities in the AAP. Most of the MMDAs have just a single activity.	Management of the MMDAs must ensure the inclusion and implementation of more than one GBV interventions to help reduce the level of GBV cases reported in the MMDAs.
	5.5	Management of child protection cases	All MMDAs in the region effectively managed over 80% of all reported child protection cases.	MMDAs must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.6	Organization of Community mobilization and Education programmes	All MMDAs in the region implemented over 80% of all community mobilization and education programmes in the 2023 Annual Action Plan.	MMDAs must keep it up.
Economic Development	6.1	Expenditure to Agriculture	Five MMDAs (Effia Kwesimintsim, Mpohor, Prestea-Huni-Valley, Sekondi Takoradi Metro, Shama and Wassa Amenfi) showed invested more than 5% of their total expenditure on agriculture. The rest of the MMDAs, nine in total, spent less than 3% of their total expenditure on agriculture. Regional average expenditure on Agriculture was 4.14%.	MMDAs must be encouraged to invest in agriculture to engender economic development.
	6.2	Implementation status of Agriculture activities	Five MMDAs (Effia Kwesimintsim, Mpohor, Prestea-Huni-Valley, Sekondi Takoradi Metro, Shama and Wassa Amenfi West) out of the 14 in the region implemented more than 80% of planned activities in their AAPs. The 9 other MMDAs implemented between 60-69% their planned activities.	Management must commit to resourcing the Agric Department to improve the local economic potential of the MMDAs.
	6.3	Agricultural expenditure on post-production activities	Only Jomoro and Sekondi Takoradi and Tarkwa Nsuaem spent more than 40% of their annual agricultural expenditure on post-production activities. Whilst Jomoro spent 40.97% of annual agricultural expenditure on post-production	MMDAs must be encouraged to invest in post-production activities. Those in the cities must concentrate on value chain aspect of agriculture.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			activities, Sekondi Takoradi Metro and Tarkwa Nsuaem spent 45.7% and 41.9% respectively. Wassa East spent 32% of its annual agricultural expenditure on post- production activities. Wassa Amenfi East spent 29% of its annual agricultural expenditure on post- production activities. The rest of the MMDAs spent less than 20% of their annual agricultural expenditure on post- production activities. It was observed that MMDAs did not make conscious efforts to budget for postproduction activities.	
	6.4	Planned Agricultural interventions to address gender gaps	All MMDAs except Sekondi Takoradi Metro. implemented more than 60% of their planned Agricultural interventions to address gender gaps. Sekondi Takoradi Metro presented 10 reports for verification but there was no evidence that such reports were submitted to the MCE through the MCD.	Management of Sekondi Takoradi Metro. should commit to implementing more planned agricultural interventions towards addressing gender gaps.
	6.5	Implementation of Tourism related activities	All MMDAs showed evidence of implementation of at least 80% of the tourism activities in their AAPs.	MMDAs must keep it up.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness plan & Implementation report	Five MMDAs (Shama, Tarkwa Nsuaem and Wassa East, Ahanta West and Sekondi Takoradi Metro prepared the Disaster Preparedness Plan and	Management must commit to the development of the Disaster Preparedness Action

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			showed evidence of submission of implementation reports before deadline. Mpohor and Amenfi Central neither had the plans nor implementation reports. The rest of the MMDAs (7 in number) presented only the action plan but no implementation reports for verification.	plans and implementation reports and ensure that reports are sent to the regional level through the MMDAs.
	7.2	implementation of Environment enhancement programmes	MMDAs in the region were able to implement more than 60% environment enhancement programmes. Amenfi Central, Amenfi East and Amenfi West implemented 50 - 59% of planned interventions. Effia Kwesimintsim implemented 43% of planned interventions. Only Prestea-Huni-Valley was unable to show evidence of implementation of environment enhancement programmes.	Management of the MMDAs must commit to the implementation of environment enhancement programmes.
	7.3	Percentage increase of population with household toilets	7 MMDAs recorded more than 15% increase in population with household toilets. Wassa Amenfi East recorded a 15% increase in population with household toilets.	MMDAs must build capacities of staff of Environmental Health officers and provide the needed resources towards data collection on population with access to household toilets.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Six other MMDAs (Ahanta West, Effia Kwesimintsim, Ellembelle, Nzema East, Tarkwa Nsuaem and Wassa East) recorded less than 15% increase in population with household toilets. It was observed that some MMDAs prepared reports just to satisfy the indicator. Such data was limited in scope. MMDAs that got it right had comprehensive data that could respond to any question.	
	7.4	MMDA sponsorship of Routine Cleansing activities	All MMDAs produced quarterly reports and showed evidence of expenditure for the organization of Assembly sponsored routine cleansing of the Central Business Districts.	MMDAs must keep it up.

4.6. Bono Region

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

4.6.1. Scope of the Assignment

The team was assigned to the Bono Region to assess the performance of the RCC and the MMDAs. The exercise was undertaken from 24th March to 5th April, 2024. Even though the year of assessment was 2023, there were few instances where documents were reviewed for 2022 and 2024. This section of the report reflects the performance of Bono Region.

4.6.2. General Outcomes

In the Bono Region, the average time spent in an MMDA was 4 hours 26 minutes, with the longest time spent in Berekum Municipal Assembly, where the team spent 5 hours, 25 minutes and the shortest time spent of 4 hours 8 minutes in Jaman North, Jaman South and Dormaa East. The average waiting time before commencement of the exercise was 26 minutes. The longest waiting time was spent in Berekum Municipal (55 minutes). The shortest waiting time was 10 minutes in Sunyani Municipal, Sunyani West and Berekum West. The time spent for the exercise in the Bono RCC was 4 hours 15 minutes after waiting for 16 minutes.

4.6.3. General Observations

MMDAs

Generally, the exercise was successful because of the cooperation and support offered by the managements and staff of the Bono RCC and the MMDAs visited.

General lateness to work was a common phenomenon especially with MMDAs close to the regional capitals. Also, where the MMDAs were very remote, the Coordinating Directors complained about staffing and their high rate turn over (especially female staff) which affected work.

There was a general improvement in the number of MMDAs with functional websites and updates done regularly. In the case of Human Resource Management, the indicators that required management approval were generally not done. The integration of the Births and Deaths Department into the MMDAs was observed to be low even though officers were assigned to all the MMDAs in the Region. The MMDAs performed well on the indicators

on social services except the Education Oversight Committee and Health Committee meetings with records in some instances falsified.

In most cases MMDAs presented documentations on their substructures which lacked evidence of functionality. The documents mainly related to minutes of meetings held by the Area or Zonal Councils and in some cases evidence of transfer of funds.

Most MMDAs had started the migration of the file to the new classification scheme, however there is more work to be done in the implementation of other reforms of the LGS Records Management Manual such as the development of the file diary, completion of the incoming and outgoing correspondence register and the file ladder.

The Client Service Unit (CSU) had been established in many MMDAs, however most were either temporarily labelled (with a paper) or combined with the reception. With the exception of the visitors' form, the complaint, enquiry and referral forms were not well understood by most of the staff manning the CSU.

Most MMDAs also performed poorly in some KPIs under the KPA on Financial Management and Reporting. Specifically in the street naming, update on data on ratable items and the linkage of the data with budget estimates, the managements' response to Internal Audit observations and implementation of Audit recommendations and being cited in the Auditor General's Report. Though MMDAs indicated the implementation of activities in the RIAP, most did not produce reports, for some the implementation of the activities in the RIAP was done with PVs.

The performance of the MMDAs in the area of infrastructure was also generally poor. Most MMDAs had many ongoing projects, while new ones were being awarded.

No MMDA prepared a comprehensive Disaster Preparedness Plan. A few had a list of activities for inclusion in the AAPs of the MMDAs. MMDAs also did not perform well on the population with access to household toilets with calculations on the growth in the toilets and not the population with access to the toilets.

Staff cooperation/ Apathy

In all, staff cooperated with the team except in some instances where the NADMO officers were not available, and leadership could not give reasons for their absence. In some instances, such as Dormaa West, neither the Head of the Agric Department nor any of the staff of the Department was available for the assessment which affected access to some records.

In Berekum West, the Head of the Budget Unit displayed poor leadership and coordination skills which affected the performance of the MMDA.

Leadership and Coordination

Most of the DCEs and DCDs were enthusiastic about the exercise, notably the MCD for Sunyani Municipal and DCD for Jaman South District Assembly.

In Banda and Tain DAs, leadership was not in total control of the staff because some of the staff were not around during the assessment.

Human Resource related issues

It was observed that the MMDAs close to the Regional Capital had staff above the required staffing norms, while the others had inadequate staff. Some staff managing the RMU and Client Service are exiting into other classes such as Administration, Human Resource and Procurement. Again, the training meant for RMU and CSU staff was attended by other officers who had returned to post and did not apply the knowledge acquired or even supervise staff managing these Units. There had also been some improvement in the number of staff in the MIS Unit leading to the improvement in the management of the website.

The team observed that the Departments and Units that required permanent staff were the Client Service Unit, Records Management Unit and Physical Planning.

The appraisal compliance level across the Region was generally low. The quality of reports produced by the various capacity building consultants was poorly prepared.

It was observed that most of the Departments and Units were headed by officers with low grades.

External support and interventions

For the MMDAs such as Dormaa Central, with external support such as the Ghana Productive Safety Net Project (GPSNP) and the Ghana Secondary Cities Support Project (GSCSP), the level of implementation of activities were better, especially in the areas of infrastructure and agriculture.

Performance on Social Services KPA

The quality of reports produced by the SWCD was poor. Some of Heads of Departments such as the Social Welfare and Community Development (SWCD) prepared and signed letters transmitting reports and data to external institutions without recourse to the MMDCDs.

The quality of minutes and related records of the Education Oversight Committee and Health Committee meetings with records in some instances falsified.

Understanding of some KPIs

MMDAs are still grappling with the ISCCS meetings except Dormaa Central and Sunyani MA. The rest of the MMDAs did not appreciate the difference between the ISCCS and the DPCU meetings. Again, the data capturing and computation of the population with access to household toilets is one of the misunderstood KPIs across all MMDAs in the Region. It was observed that some MMDCEs and MMDCDs who took part in the orientation exercise on the PC KPIs did not disseminate the knowledge acquired to other staff to help with implementation and reporting.

Overview of some current LGS reforms on Records & Client Service Management

Majority of MMDAs had started the migration of the file onto the newly developed classification scheme, however, there is more work to be done towards the full implementation of the reforms in the newly developed Records Management Manual. Berekum East, Sunyani MA and Wenchi MA all had developed a comprehensive file diary, fully filled both the incoming and outgoing correspondence registers as well as fully filled all sampled file ladders.

Also, the delay of correspondence in the office of the MMDCE and the MMDCD causes a delay in the completion of the last three columns of the incoming correspondence register. It would therefore require management to appreciate their role in this regard to ensure the successful implementation of this system. Also, the existence of confidential registry still poses a threat to the successful implementation of the new records management system.

The Client Service Unit (CSU) of Sunyani MA was well established with basic office logistics, the newly developed Client Service forms were fully in use and the actions taken on clients' complaints could be verified.

Some MMDAs are still struggling to differentiate between the roles of the Client Service Unit (CSU) and the Public Relations and Complaint Committee (PRCC). Most of the trained CSU staff are also converting to other classes of the LGS.

Verification of documents

Official documents such as minutes, reports, attendance sheets, complaints records among others were established to have been falsified across Departments/Units such as Environmental Health, Administration (committee reports), Physical Planning etc. There were inconsistencies regarding the dates, days, list of participants, signatures and

photographs. Implementation of decisions of meetings was not adequately reported in subsequent meeting records. Again, there were internal audit observations that indicated some statutory meetings were not held but minutes were produced for the same meetings within the same period. For instance, in two (2) MMDAs in the Region, the Internal Audit Unit's observations revealed that no Spatial Planning Committee (SPC) meetings were held, meanwhile records produced for verification showed that SPC meetings were held within the same periods.

Performance on Agric Indicators

Almost all the MMDAs in the Region did not perform well on the percentage of total MMDA expenditure on Agriculture and post-harvest related activities. However, the indicator on number of activities implemented and those to address gender gaps performed well.

Staff worthy of commendation and in which areas

Some outstanding officers worthy of commendation include the Head of the MIS Unit in Berekum East Municipal Assembly for his sense of innovation and hard work as well as the Heads of the Physical Planning Departments for Dormaa Central and Sunyani West for standing out in the execution of their roles.

Tourism

Most of the MMDAs could not substantiate the implementation of tourism activities, either there were no activity reports or proof of expenditure.

Staff Performance Appraisal compliance

Only Banda DA had more than 80% of staff complying fully with the 2023 performance appraisal schedule and had signed appraisal reports on file. All other MMDAs achieved less than 80%.

Preparation of Disaster Preparedness Plan

No MMDA in the Region prepared and produced a comprehensive Disaster Preparedness Plan for as at the end of 2023.

Workplace Environment

Only Jaman South, Dormaa West and Dormaa East had some signages at the boundaries of the MMDAs. Most of the other MMDAs had sign posts only in front of the administration block. The visitor's washroom of Sunyani West, Jaman South, Dormaa West and Dormaa East MMDAs were well managed. The general office space and environment in Tain, Jaman North, Jaman South and Wenchi MMDAs need to be improved.

Fund Flow and its Impact on the Implementation of Planned Activities.

The abysmal performance of the MMDAs on the indicators relating to Agriculture, infrastructure and street naming among others can directly be linked to effects of poor fund flow (particularly DACF and DACF/RFG) for the implementation of planned activities. Reference was made to.

For Bono RCC

The performance of the Bono RCC was good except for the migration of files to the new records management file classification scheme, leave roster management, quarterly monitoring and reporting and technical backstopping.

How well RCCs are carrying out their mandates.

The Bono Regional Coordinating Council (BRCC) led by the Hon. Regional Minister and the Chief Director together with the staff demonstrated commitment to duty. During the exercise, it was observed that all staff were actively involved and committed. The indicators involved were all carried out by the RCC notable is that on the sub-structures and the bi-annual monitoring of the contracts. Management assigned the Human Resource Manager to the team from OHLGS to assist in the exercise. The RCC also showed indications of carrying out follow-up trainings on the RMU and Client Service Unit staff in the MMDAs.

Report submission delays/efficiency.

The performance of the RCC on the quarterly monitoring by Departments was not good as only the Department of Community Development submitted reports consistently. Again, the RCC presented no report for technical backstopping and those for the individual departments were not available.

Fund flow and its impact on the implementation of planned activities.

It was observed through the interaction with Management of the RCCs that delay in the release of funds and the inadequate funds had affected and continues to affect the implementation of activities of the RCC.

Specifically, the Hon. Regional Minister of the Bono Region lamented the dilapidated nature of the office which the team inspected after the exit meeting. The floor tiles were weak and fittings in the washrooms were completely warned out. Indeed, the nature of the washroom poses a threat to the staff and visitors.

Cooperation of the non-decentralized departments with the RCC

Generally, it appears that there was a healthy relationship between the RCC and the non-decentralized departments in the regions visited. This was also observed in the active

participation of these departments in the meetings of the RCCs such as the Regional Security Council, the RCC and other related meetings.

4.6.4. General Recommendations

For MMDAs

- MMDAs must prioritize the organisation of ISCCS meetings and ensure wider stakeholder participation as well as prudent records keeping
- MMDAs must ensure that the sub-structures are made functional by ensuring the provision of offices, staff and logistics as well as the implementation and reporting on planned programmes
- MMDAs must commit to the preparation of the full 3-tier spatial plans and Disaster Preparedness Plans and ensure the implementation of activities in the Disaster Preparedness Plans
- Ensure that the Performance Appraisal Instrument is fully understood and timelines are strictly adhered to with strict enforcement by management;
- 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;
- Management of MMDAs must put in place measures to ensure the full implementation of the new Records Management Manual (RMM);
- 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 need 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 (RIAP). The RIAP activities should be directly related to revenue improvement and MMDAs must ensure that all implemented activities are fully substantiated with evidence ie reports, minutes, and physical verification.
- Management should endeavor to meet and discuss Internal and External Audit observation to ensure prompt response to avoid being cited in the Auditor General's Report.
- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to clearly direct clients to the Assemblies.

- Management should explore internal mechanisms for developing the capacity of staff on report and minutes writing.
- Management should prioritize Agricultural activities and also emphasize on post-production activities in particular to enhance Agricultural development and value addition to agriculture produce.

For BRCC

The following are some recommendations for the WRCC

- The BRCC should intensify their monitoring role for the MMDAs in the Region and assist them with technical expertise in areas such as disaster preparedness and environmental sanitation management;
- The BRCC is encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation;
- The BRCC should also conduct staff audit and ensure a fair distribution of staff across the MMDAs in their Region to reduce the number of new entrants heading Departments and also reduce the over concentration of some staff in the urban MMDAs;
- The BRCC must ensure that staff whose actions hamper the efforts of Assemblies they work in are cautioned;
- The BRCC must ensure that only the DCD or in his absence the senior most officer signs documents emanating from the Districts;
- The BRCC must ensure that MMDAs that partake in the Regional programmes such as Volta Fair prepare reports to justify expenditure made;
- The BRCC 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;
- The BRCC is encouraged to intensify their support to the Districts on making the sub-structures functional;
- The BRCC must make a conscious effort to ensure that Agriculture is prioritized since it remains the main stay of the economy.

4.6.5. Bono RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 12: Detailed Analysis/Findings of each Indicator for Bono RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with REGSEC meetings and implementation of decisions	15 REGSEC meetings were held in 2023 across all the 12 months. All decisions in the meeting records were implemented. The meetings were all chaired by the Regional Minister and minutes duly signed.	The RCC must keep it up.
	1.2i	Compliance with expanded RCC meetings	Two expanded RCC meetings were organised. Evidence of presentations by non-decentralised departments in both meetings was captured in the records of the meetings.	The RCC must keep it up.
	1.2ii	Compliance with expanded RPCU meetings	Two expanded RPCU meetings were held. Presentations by non-decentralised departments in both meetings were captured in the records of the meetings.	The RCC must keep it up.
	1.3i	Compliance with implementation of the Records Management Manual	All incoming correspondence are received at the Confidential Registry and not the Records Management Unit (RMU) of the RCC. Consequently, it was observed that not all incoming correspondence received at the Confidential Registry were recorded in the Records Management Unit. Most incoming correspondence are forwarded to actions officers	Management of the RCC should ensure strict implementation of the reforms as captured in the newly developed LGS Records Management Manual for the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			directly after disposal instructions are issued not routed through the RMU to be properly recorded and placed on the appropriate file before being sent to the action officers. Not all sampled file ladders were well filled.	effective and efficient management of records.
	1.3ii	All Incoming and Outgoing Correspondences Stored in a Computerised Database	The RCC had a functional electronic correspondence management system at only the Confidential Registry, however, only a few stored 2023 correspondence were able to be retrieved. Management of the RCC were however not integrated onto the system.	Management of the RCC must ensure a fully functional electronic management system is in place and management fully mainstreamed to improve information flow.
	1.4	Monthly Website Updates with Departmental Activities	The RCC had a functional website with monthly updates on activities of the Departments/Units for the year 2023. Information on tourism and other business potentials in the Region as well as documents such as quarterly reports among others.	The RCC should keep it up and continue to update the website with relevant information on the Region.
	1.5i	Functional Client Service Unit (CSU)	The CSU office was labelled and had basic logistics. The new client service forms were in use. It was observed however that, complaints received at the RCC were mostly through formal letters which were received at the Confidential Registry and taken through the administrative structure.	The RCC should keep the good work and institutionalise an efficient tracking system that ensures that actions taken on all written complaints that are submitted officially through the RMU are well documented.
	1.5ii	Functionality of Sub-Structures	No evidence of monitoring done for 2023. However, the RCC produced records of wireless message	Management of the RCC should undertake monitoring

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			requesting for reports on the status of the operations and functions of sub structures to the MMDAs.	of the functionality of sub-district structures at the MMDAs and coordinate activities towards full functionality.
	1.6	A well-managed Safe and secured workplace environment	The general office space and environment of the RCC was well managed with the visitors' washroom well also well managed with soap, water and tissue.	The RCC is in dire need of support to maintain the structural integrity of the administrative block to ensure a safe and well managed workplace environment.
Human Resource Management	2.1i	Biannual Composite Promotion and Retirement Schedules	The biannual composite promotion and retirement schedules were prepared and submitted to OHLGS before the deadlines.	RCC should keep it up.
	2.1ii	Implementation of the 2023 Schedules	There were records to show 100% implementation of promotion and retirement schedules on file.	RCC should keep it up.
	2.2	Update of 2023 and preparation of the 2024 Annual Leave Management Roster	There were records of the update of the 2023 leave roster and the preparation of the 2024 leave roster before the deadline, however there was no evidence of management approval for both.	Management should ensure that all leave rosters are prepared, updated and submitted for approval by management within the appropriate timelines.
	2.3i	TNA Prepared and Approved by 31 st August, 2023	The RCC prepared TNA before deadline.	RCC should keep this up
	2.3ii	Comprehensive Training Plan prepared and submitted	The RCC prepared and submitted a comprehensive Training Plan before deadline.	RCC should keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.4	Implementation of 2023 training plan and submission of Quarterly Reports	All training activities in the 2023 training plan of the RCC were implemented and all 4 quarterly capacity building reports were submitted within deadline.	RCC should keep it up.
	2.5	Biannual monitoring of the implementation of the PMS	In the midyear, MMDAs were invited to the RCC due to financial constraints but monitoring was done at the end of year and a report was prepared and submitted before the deadline.	RCC should ensure that biannual monitoring of the performance of the MMDAs on the Performance Contract are done and reports submitted promptly.
	2.6	Compliance with Staff Appraisal Schedule	97% of the staff of the RCC (including those from the decentralised departments) fully complied with the performance appraisal schedule for the year 2023 and had the reports placed on personnel files. All the sampled appraisal reports were observed to be well done.	RCC should keep it up.
Financial Management & Reporting	3.1	2023 Annual Audit Plan prepared and submitted	The RCC prepared and submitted the 2023 Audit Plan to within the deadline.	RCC should keep it up.
	3.2	Implementation of the recommendations in 2022 AG's Management Letter	There was evidence of implementation of all recommendations. The RCC was not cited in the Auditor General's report.	RCC should keep it up.
	3.3i	Respond to Internal Audit observations	All identified Internal Audit observations were responded to within the stipulated 10 days.	RCC should keep it up.
	3.3ii	Implementation of quarterly Internal Audit Recommendations	There were no outstanding recommendations in the first, third and fourth quarters Internal Audit yet to be implemented, however, there were some	RCC should commit to implementing all Internal Audit Recommendations.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			outstanding recommendations yet to be implemented.	
	3.4	Approval and submission of the 2024 Regional Integrated Budget (RIB)	The RCC prepared and submitted the RIB before the deadline.	RCC should keep it up.
	3.5	Expenditure through GIFMIS	All sampled expenditure PVs were processed through GIFMIS.	RCC should keep it up.
Services	4.1	Quarterly monitoring reports of RCC Departments	Except for Community Development, no other Department consistently submitted reports for the four quarters	Management of the RCC should ensure that departmental quarterly monitoring is carried out and reports submitted through the RCC within the timelines.
	4.2	Quarterly Monitoring Reports of RPCU	All four monitoring reports were submitted within time	RCC should keep it up.
	4.3	Biannual Reports on Technical Backstopping	There were no technical backstopping reports for the first half and the second half of the year submitted by any of the departments	RCC must ensure that the department provide backstopping to the MMDAs and submit reports as evidence
	4.4	Approved 2024 Plan (Regional Integrated Plan)	RIP for 2024 was submitted before the deadline	RCC should keep it up.

Table 13: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Bono Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCC meetings	Out of the 12 MMDAs, only Sunyani Municipal and Dormaa Central Municipal had the two meetings, chaired by the MCE with minutes signed and within timelines. Jaman South, Dormaa West and Berekum East had one meeting by the DCE. Seven MMDAs had either had no meeting at all or presented DPCU meetings; Wenchi, Tain, Sunyani West, Jaman North, Dormaa East, Berekum West, and Banda.	MMDAs should keep it up. MMDAs are encouraged to organize both meetings. DCEs are encouraged to play the lead role in these meetings as stipulated by law.
	1.2	Compliance with the organisation of sensitisation workshops	Three MMDAs had more than one orientation with participation by new entrants and detailed presentation; Berekum East, Sunyani Municipal and Wenchi. Tain, Jaman South, Sunyani West, Dormaa Central had 1 meeting with detailed presentation. Berekum West and Dormaa West only participated in the regional programme on the protocols but did not present detailed report. Dormaa East participated in the Regional Training.	MMDAs should keep it up. MMDAs should ensure that staff especially. Newly recruits are oriented. MMDAs are encouraged to organise these programmes and ensure that reports are produced with all the details required.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Jaman North had one meeting but minutes not signed while Banda had no meeting at all.	
	1.3i	Full migration/use of new Records Management Manual classification scheme (as prescribed in the new LGS Records Management Manual) by the end of the year;	Four (4) MMDAs Banda, Dormaa Central, Dormaa West and Wenchi had a file diary, and all columns of the incoming and outgoing correspondence registers filled except the completion of the file transit ladder. In Berekum East, the File Transit Ladder & incoming correspondence register was not fully completed. The File Diary and Transit Ladder for Berekum West was not completed. With Sunyani and Tain, incoming correspondence and file transit ladder were not completed. In Dormaa East, new files were opened but not captured in file diary. Jaman North and South file transit ladder were not in used. In Sunyani West there was no evidence of the implementation of LGS Records Management Manual.	MMDAs must commit to the process of the migration of the filing system and use of the provisions of the new RMM. Trainings should be organised for officers of RMU of MMDA that scored below 3.
	1.3ii	All Incoming and Outgoing Correspondences Stored in a Computerised Database	Four (4) MMDAs, Berekum East, Dormaa East, Dormaa West and Sunyani West had all incoming and outgoing correspondences stored in a computerised except failure to create access for DCE and DCD.	MMDAs should endeavour to develop systems to capture records electronically. MMDAs should network their electronic records management

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In Banda the correspondences were stored in Microsoft Word Table and hyperlinked with the soft copies and at least 9 months of storage could be verified. In Tain the list of records was captured in Excel up to 9 months but not linked to soft copies. Six (6) MMDAs; Berekum West, Dormaa Central, Jaman North, Jaman South, Sunyani Municipal and Wenchi did not have correspondences stored in a computerised database.	system to enable the DCE and DCD to access the records. This would unearth to full potential of the system.
	1.4	Availability and update of website	Two (2) MMDAs, Berekum East and Dormaa west had a functional website with updated information from more than 6 departments across the months in the year highlighting the services provided and reports available on the MMDAs. Three (3) MMDAs, Jaman North & South and Sunyani Municipal had a functioning website with information on services being rendered available but could not update the website with news items. With Dormaa East, the website was operational with only some departmental information. With Sunyani West, the website was functional but there were no updates on news, services. With Wenchi, there was functional website and updated monthly but not enough to meet the requirement.	MMDAs should ensure that information on activities of the Department and Units are available to the scheduled officers of the website for regular update.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In the case of Banda, there was no updates on the website. With Berekum West, the website was not operational. With Dormaa Central, the website fields are not populated with information. With Tain, the website is not functional.	
	1.5i	Establishment of Functional Client Service Unit	Out of the 12 MMDAs, only Sunyani Municipal had a fully functional client Service Unit. Two (2) MMDAs, Berekum East and Dormaa West had a clearly marked office space with basic logistics available except the complaints could not be verified as contacts provided could not be contacted. However, in Berekum West, office was labelled with paper and there were no records of complaints. Dormaa Central, there were no evidence of forms being used and no records of complaints. There was no records book for complaints and forms were not being used in Jaman South. With Tain, Client Service Unit was functional, and visitors' forms were being used without records of complaints. With Wenchi, the Client Service Unit is not properly labelled, and the use of forms is yet to begin. Sunyani West CSU labelled and basic logistics available.	MMDAs need to put in effort to designate space or office for CSU and label it appropriately. Except the visitor's form, CSU officers should be trained on the use of the Complaint forms, enquiry/referral forms. Evidence show that some officers have not rightly understood the use of the forms.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In Dormaa East the CSU was not labelled and forms were not in use. The complaints records were not properly completed. In Banda, the reception was being used as the CSU. No information on CSU was available for verification. While in Jaman North, the CSU shared office space with other officers. There was no information on CSU available.	
	1.5ii	At least 60 percent of Activities in the Sub-Structures AAP Achieved	Out of 12 MMDAs, only Dormaa West had a functional substructure with more than 60% of planned activities implemented. Sunyani Municipal had 50% of its substructures functional (2 substructures) with 50% of activities implemented with reports verified. The remaining ten (10) MMDAs either could not provide evidence to proof the functionality of the substructures or they were not functional.	There Must be a deliberate effort by MMDAs to operationalize their substructures and allocate funds for their operations. MMDAs should assign officers to their substructures.
	1.6	A Well-Managed Safe and Secured Workplace Environment	Four (4) out of 12 MMDAs, Dormaa East, Dormaa West, Berekum East and Jaman South had a well-managed safe and secured workplace environment with clean washrooms for visitors. However, Banda did not have proper Landscaping while Dormaa Central and Sunyani Municipal did not	These MMDAs are encouraged to keep it up. All other Assemblies are encouraged to improve on landscaping, maintain clean offices and washrooms as well

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			have a clean Washroom for visitors. Sunyani West does not have water available in the washrooms. In Berekum West, landscape was poorly kept and had unclean washrooms. With Jaman North, there was high constrain in office accommodation and no landscaping. With Tain, office environment was clean, but weak floor tiles pose risk to staff on the first floor and poor landscape. In Wenchi, there was no signpost and direction at the main junction to the office, the office block requires painting and landscape was poorly managed.	as provide signposts for adequate visibility.
Human Resource Management	2.1i	Biannual Promotion and Retirement Schedules Prepared and Submitted to RCC	Ten (10) MMDAs prepared the biannual promotion schedule with established vacancies as well as the 2024 retirement schedule and submitted to the RCC before deadline. Two (2) MMDAs, Dormaa East and Tain prepared the biannual promotion schedule with established vacancies as well as the 2024 retirement schedule but failed to meet the deadline of the retirement schedule.	MMDAs should be encouraged to keep it up. MMDAs should ensure that they meet timelines in the submission retirement schedules.
	2.1ii	100 percent Implementation of the 2023 Schedules	Out of 12, four (4) MMDAs, Berekum East, Jaman South, Sunyani Municipal and Sunyani West implemented promotion and retirement schedules.	MMDAs should be encouraged to keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Seven (7) MMDAs Banda, Berekum West, Dormaa West, Dormaa Central, Tain, Wenchi and Jaman North did not notify retirees due for retirement. Dormaa East, only had evidence of notification to retirees but no evidence transmittal of promotion schedule.	MMDAs should be encouraged to prepare and transmit promotion schedule before deadline and commit to notify staff due for retirement.
	2.2	Update 2023 and Prepare 2024 Annual Leave Management Roster	Two (2) MMDAs, Dormaa Central and Sunyani Municipal had update on the 2023 leave roster and prepared the 2024 leave roster with evidence of submission and approval by management before deadline. 9 Assemblies, Banda, Berekum East, Berekum West, Dormaa West, Jaman North, Jaman South, Sunyani West, Tain and Wenchi updated the 2023 leave roster and prepared 2024 leave roster but there was no evidence of approval by Management. Dormaa East prepared on the 2024 roster but was not approved.	MMDAs should be committed to preparing the annual leave roster and submitting same for approval by management.
	2.3i	TNA Prepared and Approved by 31st August, 2023	Three (3) MMDAs Dormaa West, Sunyani West and Jaman North prepared the Training Needs Assessment (TNA) with evidence of approval by management. Seven (7) MMDAs Banda, Berekum East, Dormaa Central, Jaman South, Sunyani Municipal and Tain	MMDAs should endeavour to prepare and submit TNA approval.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			prepared the TNA but there was no evidence of approval by management. Dormaa East did not have any report on TNA while Wenchi had only 2021 report available.	
	2.3ii	Comprehensive Training Plan Prepared and Submitted to the RCC by the end of January, 2024	All the 12 MMDAs prepared and submitted the Comprehensive Training Plan to the RCC before the deadline.	The MMDAs should keep it up.
	2.4	At least 80 percent of 2023 Training Plan Implemented and Quarterly Reports Submitted to the RCC	Out of the 12 MMDAs, ten (10) implemented more than 80% of the 2023 training plan and submitted quarterly reports to the RCC. Two (2) MMDAs Berekum West and Jaman North either did not achieve 80% or did not prepare and submit quarterly reports to the RCC.	The Assemblies who met the full requirement should keep it up. Management should prioritise training and allocate funds for implementation of planned programmes.
	2.5	Comprehensive Staff Appraisal Schedule Implemented by the end of the year	Only Banda obtained 80.4% of staff going through the appraisal cycle with appraisal forms duly filled Eleven (11) MMDAs; Dormaa East, Dormaa West, Sunyani West, Tain, Berekum East, Berekum West, Dormaa Central, Jaman South, Jaman North, Sunyani Municipal and Wenchi did not comply with this KPI. All the 11 MMDAs, did not obtain 80% for comprehensive MMDA staff appraisal implementation.	While the performing MMDAs are commended, management and staff should commit to ensuring 100 implementations of the appraisals.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Financial Management & Reporting	3.1i	2024 RIAP Prepared and Submitted to the RCC	Out of the 12 MMDAs, eight (8) prepared the RIAP and had them approved. Dormaa East prepared the RIAP and had them approved but submitted after deadline. In Banda, the RIAP was in place but not submitted to the RCC through the approval of the General Assembly. With Berekum West, the RIAP was not approved and dispatched while in Berekum East the RIAP was not discussed at any level.	MMDAs should commit to preparation of their RIAP, and approval ensure submission to the RCC within the agreed timelines.
	3.1ii	At least 80 percent of the 2023 RIAP Implemented	Out of the 12 MMDAs, five (5) namely Dormaa Central and Dormaa West, Jaman South, Jaman North and Tain implemented over 80% of the planned programmes in the RIAP. Sunyani West implemented 77% the planned programmes in the RIAP. Four (4) MMDAs; Berekum East, Sunyani Municipal and Wenchi obtained 50-59% of the RIAP implemented. Three (3), Banda, Berekum West and Dormaa achieved less than 50% implementation of RIAP.	MMDAs should keep it up. The other MMDAs should commit to the implementation of the RIAP activities and ensure that selected activities can impart on their efforts at improving the IGF. Again, the report should be written as evidence of implementation.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.2	At least 10 percent Annual Increase in Streets Named with Signage	Four (4) MMDAs Dormaa Central, Berekum East, Sunyani Municipal and Sunyani West obtained more than 10% increase in signages in 2023. Jaman North obtained 5% increase in signages in 2023. Seven (7) MMDAs; Banda, Berekum West, Dormaa East, Dormaa West, Jaman South, Tain and Wenchi obtained less than 5% increase in signages.	MMDAs should endeavour to implement their street naming activities by naming and installing signages on an annual basis.
	3.3	Database on Rateable Items	Three (3) MMDAs Dormaa Central, Jaman South and Tain had an updated database with evidence of approval by F&A. The revenue estimate was also based on the fee fixing resolution and the updated database. Two (2) MMDAs Dormaa West and Jaman North complied with the KPI but could not get approval by F and A. Five (5) MMDAs; Banda, Berekum East, Sunyani Municipal, Sunyani West and Wenchi did not show a linkage between the data and the budget. Brekum West and Dormaa East had no updated data and no linkage between the data and budget estimates	These MMDAs should keep it up. MMDAs must have a reliable database on revenue items, update their data annually and ensure that the data is approved and used for their budget estimates.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.4	100 percent of 2023 Actual Expenditure in the Approved AAP	All the MMDAs had 100% of the 2023 actual expenditure covering activities in the approved AAP.	MMDAs are encouraged to keep it up
	3.5i	Response to Internal Audit Observations	Out of the 12 MMDAs, three (3) MMDAs responded to all observations within the stipulated timeframe. Nine (9) MMDAs; Dormaa East, Dormaa West, Sunyani West, Tain, Berekum West, Dormaa Central, Jaman South, Banda and Jaman North had some audit observations that were not responded to.	MMDAs must keep it up MMDAs must commit to responding to Internal Audit observations as raised by the Internal Audit Unit in the same numbers.
	3.5ii	4th Quarter 2022, 1st, 2nd and 3rd Quarters 2023 Internal Audit Recommendations	Seven (7) out of the 12 MMDAs fully implemented all Internal Audit recommendations. Five (5) MMDAs; Berekum West, Dormaa Central, Dormaa East, Dormaa West and Sunyani West had outstanding recommendations within some of the quarters.	Assemblies are encouraged to respond to all Internal Audit observations within the required time frame
	3.6	100 percent Recommendations in 2022 AG's Management Letter Implemented	Two (2) out of the 12 MMDAs Berekum West and Jaman North implemented all recommendations in the Auditor General's Report. The remaining ten (10) MMDAs did not implement the recommendations in the Auditor General's Report	MMDAs are encouraged to work in accordance with the laws relating to financial management and audit

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Infrastructure	4.1	At least 80 percent of Approved Road and Transport Programmes in the 2023 AAP Achieved	Seven (7) MMDAs implemented more than 80% of approved road and transport programmes in the AAP. Only Jaman North implemented 80% of approved road and transport programmes in the AAP. Four (4) MMDAs; Berekum East, Dormaa East, Sunyani West and Tain obtained less than 80% of approved road and transport programmes implemented.	MMDAs should keep this up. MMDAs should improve on the implementation of Road and Transport Programmes and ensure that reports and other evidence are available as proof of execution. This is to forestall delayed projects.
	4.2	At least 80 percent of Approved Buildings and Structures Programmes in the 2023 AAP Achieved	Four (4) MMDAs implemented more than 80% of approved buildings and structures programmes in the 2023 AAP. Eight (8) MMDAs; Banda, Berekum East, Berekum West, Dormaa West, Jaman North, Jaman South, Tain and Wenchi, obtained less than 80% of approved buildings and structures programmes in the 2023 AAP. Tain achieved 71% as 10 out of 14 programmes were completed. With Wenchi, 78% was achieved, as 11 out of 14 completed reports were shown.	MMDAs should be encouraged to keep this performance. MMDAs should improve on the implementation of buildings and other structures and ensure that reports and other evidence are available as proof of execution. This is to forestall delayed projects
	4.3	At least three (3) Spatial Planning Committee Meetings Held each Quarter	Out of 12 MMDAs, seven (7) held 3 meetings each quarter with minutes duly signed and on file.	These MMDAs must keep it up

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Jaman North held at least 3 meetings each quarter with minutes duly signed and on file but letters in first quarter were without dates. Wenchi held 3 meetings each quarter, however, some minutes were not available, and September minutes were not signed. In Dormaa East, there were no meetings held in June, September, and November. Dormaa West did not present records of meetings held by the Assembly while Berekum West presented records of meetings though the Internal Audit reports indicated no meetings were held.	MMDAs must comply with the provisions in the LUSPA Act 925
	4.4	100 percent Building Permit Applications Received and Considered at DSPC and Decisions Communicated	Seven (7) MMDAs considered 100% of building permit applications at SPC meetings with evidence of decisions communicated to all applicants. In Wenchi, there was no evidence of decisions communicated. Jaman North had unsigned letters communicating decisions. With Berekum West, notification letters provided to application were approved but decisions were not communicated. With Berekum East and Banda, were decisions communicated to only those whose permit applications have been approved but not those deferred.	MMDAs should keep it up. MMDAs must comply with the provisions in the LUSPA Act 925.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.5	Approved Spatial Plans	Two (2) MMDAs Dormaa Central and Sunyani West had an SDF, a valid Structure Plan and more than 2 Local Plans. Jaman South and Sunyani Municipal had structure plans and local plans but not SDF. Brekum East had SDF and Structure Plans with 1 local plan not stamped or signed Jaman North, Tain, Banda, Berekum West, Dormaa East, Dormaa West and Wenchi, did not meet the requirements of this KPI. With Jaman North, there was no SDF and Spatial plans. With Jaman South, SDF was in progress. With Tain, SDF and spatial plans were in draft form. With Berekum West, there were no SDF and structure plans. With Dormaa East, SDF was in progress. With Dormaa West, there was no SDF. Wenchi had no SDF and structure plans.	The two MMDAs are commended and must keep this up MMDAs must comply with the provisions in the LUSPA Act 925 and allocate resources for the preparation of SDF, SP and LP because this serves as the bases for the physical development of their jurisdictions.
Social Services	5.1	Quarterly District Education Oversight Committee	Out of 12 MMDAs, only Dormaa East held all 4 quarterly meetings with minutes available and duly signed. There was also evidence of implementation of all decisions of previous meetings. In Banda and Jaman North, there was no evidence of issue resolved while in Sunyani, the follow-up on	MMDAs must keep it up MMDAs should ensure these statutory meetings are held quarterly and the decisions of the committee implemented

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			previous issues in minutes was not indicated in subsequent minutes. With Tain and Wenchi, some issues in the minutes were not completely resolved. In Berekum East, the signatures on the letters are suspicious and there was no attendance list. With Berekum West, Dormaa Central and Dormaa West, there were not minutes and reports to verify. With Jaman South and Sunyani West, signatures were inconsistent and did not confirm the meeting were held.	with records taken and kept appropriately.
	5.2	Quarterly District Health Committee	Only Dormaa East held all 4 quarterly meetings with minutes available and duly signed. There was also evidence of implementation of all decisions of previous meetings. In Banda, minutes captured issues resolved but some were inconsistent. With Jaman North, content of minutes does not relate with each other. With Sunyani, follow-up issues were not clearly raised in subsequent meetings. Jaman South had no implementation decisions as Tain and Wenchi's dates were not consistent with the various quarters. 5 MMDAs; Berekum East, Berekum West, Dormaa Central, Sunyani West and Dormaa West, either the	MMDAs must keep it up. MMDAs should ensure these statutory meetings are held quarterly and the decisions of the committee implemented with records taken and kept appropriately.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			meetings were not held or the records available did not suggest the meetings were held.	
	5.3i	Data on Vulnerable Groups of at least three (3) Thematic Areas Updated and Submitted	Out of the 12 MMDAs, six (6) updated data on vulnerable groups in three thematic areas. Four (4) MMDAs Berekum East, Berekum West, Dormaa West and Jaman North, either did not transmit their update or the update was not carried out. In Dormaa East and Sunyani West, there was no evidence of midyear and end of year updates and submissions of same.	MMDAs should keep it up. Management of MMDAs should resource SWCD to carry out regular updates and ensure transmittal of same to the Region.
	5.3ii	Database on Quarterly Births and Deaths Registration	Nine (9) MMDAs had quarterly or monthly updates. Three (3); Berekum West, Banda and Wenchi did not have any updates available. With Banda, there was no office space for the Births and Deaths officer as the office was occupied by Ghana Health Service officer.	The MMDAs should keep it up The management of the Assemblies should integrate the Registry as a department of the Assembly and resource them to function.
	5.4	At least 80 percent of Approved GBV Interventions Achieved	Out of 12 MMDAs, 11 fully implemented 80% or more of the planned (Gender Based Violence) GBV interventions. Only Banda could not show any evidence of the implementation of Gender Based Violence interventions.	All MMDAs are commended, while the management of Banda are encouraged to improve on the management of child protection cases.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.5	At least 80 percent Child Protection Cases Managed Effectively	Out of 12 MMDAs, 11 successfully managed 80% or more of the reported child protection cases. Banda achieved 75% implementation of Child Protection Cases.	All MMDAs are commended, while the management of Banda is encouraged to improve on the management of child protection cases.
	5.6	At least 80 percent Community Mobilisation and Education in the 2023 AAP Achieved	Out of 12 MMDAs, 11 implemented 80% or more of planned community mobilisation activities in the AAP. Only Jaman North implemented 69% of planned community mobilisation activities in the AAP.	Jaman North must commit resources to the implementation of Community Mobilisation and Education
Economic Development	6.1	At least 5 percent of Expenditure to Agriculture excluding National Farmers' Day	Wenchi expended 4.3% of the MMDA's expenditure to agriculture activities which is the highest in this KPI out of the 12 MMDAs. Four (4) MMDAs; Banda, Dormaa East, Jaman North and Tain obtained within the range of 3-3.9% for expenditure to agriculture. Seven (7) MMDAs; Berekum East, Berekum West, Dormaa Central, Dormaa West, Jaman South, Sunyani and Sunyani West obtained less than 3% on agriculture activities.	These Assemblies should keep it up The remaining Assemblies are encouraged to plan and budget adequately on agriculture
	6.2	At least 80 percent of Planned Agricultural Activities in the AAP Achieved	Nine (9) MMDAs implemented 80% or more of planned agriculture activities in the AAP.	MMDAs should allocate funds for the implementation of Agriculture activities in their AAP and ensure that proper

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Only Dormaa East obtained 77% of planned agriculture activities in the AAP. Sunyani Municipal obtained 53.3 % while Berekum West did not show any reports on the activities implemented.	records on implementation are kept.
	6.3	At least 40 percent of Agricultural Expenditure on Post-Production Activities	Only one (1) MMDAs, Banda obtained 23% of expenditure on post-production activities in agriculture being the highest performing on this indicator. The remaining eleven (11) MMDAs; Dormaa East, Dormaa West, Sunyani West, Tain, Berekum East, Berekum West, Dormaa Central, Jaman South, Jaman North, Sunyani Municipal Wenchi obtained less than 20% on annual agriculture expenditure on post-production.	MMDAs must commit to implementing postproduction activities to enhance value addition and improved incomes for farmers
	6.4	At least 60 percent of Planned Agricultural Activities to Address Gender Gaps	Eleven (11) MMDAs, implemented 60% or more of planned agricultural interventions to address gender gaps. Only Berekum West implemented 50% of the planned agric activities to address gender gaps.	Berekum West must prioritise this activity for improved performance.
	6.5	At least 80 percent of Approved Tourism Related Activities Implemented	Out of the 12 MMDAs, Dormaa Central and Jaman South implemented more than 80% of approved tourism related activities.	MMDAs must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The remaining ten (10); Banda, Dormaa East, Dormaa West, Sunyani West, Tain, Berekum East, Berekum West, Jaman North, Sunyani Municipal and Wenchi did not implement any tourism related activity.	MMDAs must adequately report on tourism initiatives and programmes.
Environment & Sanitation	7.1	2023 Disaster Preparedness Action Plan Implementation Report Prepared and Submitted to the RCC by the end of the year	All twelve (12) did not have disaster preparedness plan.	The management of all MMDAs are encouraged to put in place Disaster Preparedness Plan in collaboration with NADMO.
	7.2	At least 60 percent of Environment Enhancement Programmes in the 2023 AAP Implemented	Out of the 12 MMDAs, Seven (7) implemented 60% or more of planned environment enhancement programmes in the 2023 AAP. Two (2) MMDAs, Berekum West and Sunyani West implemented 50% of planned environment enhancement programmes in the 2023 AAP. Three (3) MMDAs Banda, Tain and Wenchi could not implement any planned environment enhancement programmes in the AAP.	The 7 MMDAs must keep it up The remaining are encouraged to undertake more environment enhancement programmes
	7.3	Population with Household Toilets Increased by at least 15 percent by the end of the year	All the 12 MMDAs; were not able to increase access to household toilets by the expected 15%. It was observed that all the MMDAs calculated the growth in the toilets and not the population with access.	All MMDAs must increase education on household latrine construction and ensure that data is kept on the progress recorded

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.4	Routine Cleansing of the CBD, Town Centres and Other Public Spaces	Four (4) MMDAs, Berekum East, Dormaa West, Sunyani and Sunyani West presented four quarterly reports and evidence of expenditure Two (2) MMDAs, Dormaa Central and Tain showed evidence of implementation of routine cleansing activities with 3 quarterly reports Banda and Tain also presented 2 quarterly reports. Three (3) MMDAs, Berekum West, Jaman North & South presented only 1 quarterly report. Wenchi Municipal did not present any reports at all	MMDAs must keep this performance up while improving on the reports generated for this activity. The remaining MMDAs must prioritise quarterly cleansing of their CBDs and report appropriately.

4.7. Volta Region

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

4.7.1. Scope of the Assignment

The team was assigned to the Volta Region to assess the performance of the RCC and the MMDAs. The exercise was undertaken from 8th to 19th April, 2024. Even though the year of assessment was 2023, there were few instances where documents were reviewed for 2022 and 2024. This section of the report reflects the performance of Volta Region.

4.7.2. General Outcomes

In the Volta Region, the average time spent in a District was 3 hours 54 minutes, with the longest time spent in North Dayi District Assembly, where the team spent 6 hours, 13 minutes and the shortest time spent in a District being 3 hours 20 minutes in Akasti North. The average waiting time before commencement was 19 minutes, 56 seconds with the longest waiting time spent in Kpando (55 minutes) and the shortest time spent in Agortime Ziope District. The time spent for the exercise in the Volta RCC was 3 hours 16 minutes after waiting for 15 minutes.

In the Volta Region the team was joined by officers from CARE International in Ghana to observe the processes of the assessment from 16th to 19th April, 2024. The team during their stay in the Region was also joined by the Regional Human Resource Managers of Volta and Bono Regions.

4.7.3. General Observations

For MMDAs

Staff cooperation/ Apathy

In all staff cooperated with the team except in some instances where the NADMO officers were not available, and leadership could not explain. Some level of apathy was observed in leadership in areas where DCDs complained about vehicles.

General lateness to work was a common phenomenon especially with Districts close to the regional capitals. Also, where the districts were very remote the District Coordinating Directors complained about staffing and their high-rate turnover which affected work.

Leadership and coordination

Generally, the MMDCEs in Volta showed keen interest in the exercise notable is the DCE for North Dayi.

Human Resource related issues

It was observed that while the Urban Assemblies and the Regional Capitals had excess staff, those in remote areas had very few staff. It was observed that some staff managing the RMU and Client Service are exiting into other classes such as Administration, Human Resource and Procurement. Also training meant for RMU and CSU staff were attended by administrative officers who had returned to post and did not apply the knowledge acquired or even supervise staff managing these units. There had also been some improvement in the number of staff in the MIS unit leading to the improvement on the management of the website.

The team observed that the departments and units that need permanent staff are Client Service, RMU, Physical Planning and in some districts IT.

Further it was observed that most of the Departments and Units were Headed by relatively junior officers and all staff require training in report writing, minutes and letter writing. Including competency training in their carrier fields.

External support and interventions

For Assemblies that had external support the Ghana Productive Safety Net Project (GPSNP) and the Ghana Secondary Cities Support Project (GSCSPS), the level of implementation of activities were better, especially in the areas of infrastructure and agriculture.

Performance on Social Services KPA

Generally, the performance of the indicators on Social Services are good except quality of reports were low. Again, most of the officers were signing letters emerging from their various departments instead of the DCD signing letters transmitting their report to the region or national level.

The quality of minutes and related records of the oversight committee meetings raised questions on the authenticity of the meetings.

Misrepresentation/misunderstanding of some KPIs

MMDAs are still grappling with the ISCC and D/MPCU review and planning meetings. Also, the data capturing and computation of the population with assess to household toilets is one of the grey areas. It was observed that MMDCEs and MMDCDs who took part in the orientation exercise on the PC KPIs did not disseminate the knowledge acquired to other staff to help with implementation and reporting.

Overview of some current LGS reforms such as Records Management & Client Service Management
Majority of MMDAs had started the migration of the file system but there is more work to be done on the completion of the file diary, incoming correspondence register and the completion of the file ladder.

In respect of the file diary some of the MMDAs appeared not to understand the column in the file diary for the date old file was closed. Hence, they are waiting until the newly opened file is closed before they complete the column. It means that they do not consider the older file closed as the one to indicate in that column.

Also, the delay of correspondence in the office of the MMDCE and the MMDCD causes the delay in the completion of the last three columns of the incoming correspondence register. It would therefore require management to appreciate their role in this regard to ensure the successful implementation of this system. Also, the existence of confidential registry still possess a treat to the successful implementation of the new records management system.

The Client Service Unit (CSU) existed in many cases but was either labelled with a paper or located in the open and or combined with reception or other units. Except the visitor's form, the complaint, enquiry and referral form were not well understood by most of the staff manning the CSU.

Also, the relationship between the CSU and the PRCC is still a challenge for some MMDAs. They are confused on the issues to be handled by these two entities. Also there appears to be a high attrition rate of staff of the CSU.

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. These were detected with the inconsistencies within the dates and the days, including the disconnect between issues in current and previous meetings.

Performance on Agric Indicators

Generally, the MMDAs did not perform well on the expenditure on Agriculture and post-harvest related activities.

Staff worthy of commendation and in which areas

Some outstanding officers worthy of commendation include the Budget Analysts for Akasti North and Ketu North who demonstrated an understanding of the indicators and excellence in the execution of their roles.

Tourism

Most of the MMDAs could not substantiate the implementation of tourism activities, either there were activity reports or proof of expenditure in the form of PVs. Though most of the Assemblies indicated participation in the Volta Fair, most of them could not produce reports to suggest their participation as individual districts.

Staff Performance Appraisal compliance

Though some Assemblies achieved the expected 80% appraisals done, no Assembly had all staff appraised. It was clear that staff deemed it necessary to fill in the appraisals because of promotions and not as a guide to the work to be done.

NADMO reporting

Only Hohoe produced a Disaster Preparedness Plan and Response Plan. All other Districts had either no plans or a list of activities with no profiles relating to disaster. Again, most of the NADMO officers channeled their reports to their Regional Directors and not to the RCCs.

Workplace Environment

This is one of the challenging indicators because the MMDAs visited hardly obtained the entire score. One of the indicators which all the MMDAs hardly scored was the directional signpost. The majority of the Assemblies only had signposts located in front of the office of the District Assembly at the proximate junction to the office. This is particularly important because some residents have no idea where their Assembly is located.

One key observation was the general cleanliness of the Region.

Fund Flow and its Impact on the Implementation of Planned Activities.

The abysmal performance of the MMDAs on the indicators relating to Agriculture expenditure, infrastructure and street naming among others indicates that the poor fund flow affects the implementation of their planned activities. Reference was made to DACF and DACF/RFG.

For Volta RCC

How well RCCs are carrying out their mandates.

The Volta Regional Coordinating Council (VRCC) staff, led by the Chief Director demonstrated commitment to duty. During verifications, it could be observed that all hands were on deck, and they participated effectively in presenting documents and in their effort to explain issues. The monitoring bit of the indicators were all carried out by the RCC notable is that on the sub-structures and the bi-annual monitoring of the contracts. The

Region assigned the Human Resource Manager to assist the team during the exercise. The RCC also showed indications of carrying out follow-up trainings on the RMU and Client Service Units staff in the districts.

Report submission delays/efficiency.

Generally, the performance of the RCCs on the quarterly monitoring and reporting was timely. However, reports on technical backstopping were presented in a composite manner and not as submitted by the departments of the RCC.

Cooperation of the non-decentralized departments with the RCC

Generally, it appears that there was a healthy relationship between the RCC and the non-decentralized departments in the regions visited. This was also observed in the active participation of these departments in the meetings of the RCCs such as the Regional Security Council, RPCU and RCC meetings.

4.7.4. General Recommendations

Recommendations for Volta MMDAs

- MMDAs must prioritize the organisation of intersectoral coordinating committee meetings and be particular on stakeholder participation.
- MMDAs must ensure that the sub-structures are made functional by providing offices, staff and logistics to them and ensure that their planned programmes are implemented.
- MMDAs must commit to the preparation of spatial plans and disaster preparedness plans and ensure that activities therein are implemented and reported on.
- Ensure that the Performance Appraisal Tool is fully understood, and deadlines strictly adhered to, and appraisal of staff should be taken very seriously towards professionally building up staff and holding them accountable for their jobs and not waiting for promotions before appraisals are worked on;
- Management of MMDAs must report staff who do not cooperate with management to the RCC for action to be taken on them
- 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;
- Management of MMDAs must put in place measures to ensure the full implementation of the new Records Management Manual (RMM);
- 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. The RIAP activities should be directly related to revenue improvement and MMDAs must ensure that all implemented activities are fully substantiated with evidence ie reports, minutes, and physical verification.
- Management should endeavour to meet and discuss Internal and External Audit observation to ensure prompt response to avoid being cited in the Auditor General's Report.
- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to clearly direct clients to the Assemblies.
- Management should explore internal mechanisms of developing the capacity of staff on report and minutes writing.
- MMDAs must ensure proper documentation of the participation of the Assemblies in Regionally organized programmes to justify expenditure made.
- Management should prioritize Agricultural activities and emphasize on post-production activities in particular to enhance Agricultural development and value addition to agriculture produce.
- Management must consciously adhere to their AAP in the implementation of the activities and avoid implementing programmes and activities not captured in the AAP.

For VRCC

The following are some recommendations for the VRCC

- The VRCC should intensify their monitoring role for the MMDA in the Region and assist them with technical expertise in particular areas such as disaster preparedness, spatial planning, report writing and minutes writing;
- The VRCC is encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation;
- The VRCC should also conduct staff audit and ensure a fair distribution of staff across the MMDAs in their Region to reduce the number of new entrants heading Departments and also reduce the overconcentration of some staff in the urban MMDAs;
- The VRCC must ensure that only the DCD or in his absence the senior most officer signs documents emanating from the District.
- The VRCC must ensure that MMDAs that participate in the Regional programmes such as Volta Fair prepare reports to justify expenditure made.
- The VRCC 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.

4.7.5. Volta RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 14: Detailed Analysis/Findings of each Indicator for Volta RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with least three REGSEC	12 mandatory Meetings were held in addition to two emergency ones. All decisions were implemented	The RCC should keep it up
	1.2i	Compliance with at least one (1) Expanded RCC Meeting	2 meetings were held with evidence of participation by the non-decentralized departments and other stakeholders	The RCC should keep it up
	1.2ii	Compliance with at least one (1) Expanded RPCU Meeting	2 expanded RPCU meeting were held with Non-Decentralized Departments including LUSPA, Statistics, RCC Nominee, GEA participating	The RCC should keep it up.
	1.3i	Compliance with full Migration/Use of RMU Manual	It was observed that though the migration had commenced incoming register not duly completed. Outgoing correspondence register entered. File dairy was largely entered but some files were left out. the File ladder was completed for some files.	RCC should ensure regular completion of the In-coming Register
	1.3ii	All Incoming and Outgoing Correspondences Stored in a Computerized Database	Though all Incoming and Outgoing Correspondences were stored in a computerized database, the RM and RCD did not have access	RCC must ensure that the software enables the RM and the RCD have remote access
	1.4	Monthly Website Updates with Departmental Activities	The website of the RCC was functional and regularly updated all relevant information	RCC should keep it up
	1.5i	Functional Client Service Unit	It was observed that the Client Service Unit is labelled, had basic logistics available and forms were being used.	RCC should keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.5ii	Functionality of Sub-Structures	Report on monitoring of sub-structures submitted to OHLGS with evidence of correspondences and MMDA on sub-structures verified	RCC should keep it up
	1.6	A Well-Managed Safe and Secured Workplace Environment	It was observed that the RCC had clean office environment, directional signs available with clean washrooms and security and a well-maintained landscaping	RCC should keep it up
Human Resource Management	2.1i	Biannual Composite Promotion and Retirement Schedules Prepared and Submitted to OHLGS	Biannual promotion and retirement schedules submitted to OHLGS before deadlines	RCC should keep it up
	2.1ii	100 percent Implementation of the 2023 Schedules	Implementation of retirement schedule for 2023 officers of the RCC done with evidence of documentations submitted to the OHLGS	RCC should keep it up
	2.2	Update 2023 and Prepare 2024 Annual Leave Management Roster	Leave roster prepared and approved by management	RCC should keep it up
	2.3i	TNA Prepared and Approved	TNA for the RCC Prepared and submitted before the deadline.	RCC should keep it up
	2.3ii	Comprehensive Training Plan Prepared and Submitted to OHLGS	Comprehensive Training Plan harmonized and submitted to OHLGS before deadline	RCC should keep it up
	2.4	At least 80 percent of 2023 Training Plan Implemented and Quarterly Reports Submitted to the OHLGS	All training activities planned and implemented with training reports available.	RCC should keep it up

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.5	Biannual Monitoring of the Implementation PMS	Reports on monitoring done and submitted within time	RCC should keep it up
	2.6	Comprehensive Staff Appraisal Schedule Implemented by the end of the year	A total of 86% of the staff complied fully with the appraisal cycle with sampled appraisals well-filled	RCC should keep it up but ensure total compliance on submission for all staff
Financial Management & Reporting	3.1	2023 Annual Audit Plan Prepared and Submitted	Annual work plan for 2023 in place and submitted before deadline	RCC should keep it up
	3.2	100 percent Recommendations in 2022 AG's Management Letter Implemented	RCC not cited in the Auditor General's Report	RCC should keep it up
	3.3i	Response to Internal Audit Observations	Same number of observations raised, and same number responded to within the stipulated 10 days	RCC should keep it up
	3.3ii	4 th Quarter 2022, 1 st , 2 nd and 3 rd Quarters 2023 Internal Audit Recommendations	No outstanding recommendations to be implemented for all four quarters	RCC should keep it up
	3.4	Approved 2024 Regional Integrated Budget Submitted	2024 RIB in place and submitted electronically submitted with email shown	RCC should keep it up
	3.5	All 2023 GoG Expenditure - GIFMIS	All expenditure sampled were done through GIFMIS	RCC should keep it up
Services	4.1	Quarterly Monitoring Reports of RCC Departments	Departmental Reports fully submitted on a quarterly basis for four sampled departments. Dispatch verified for all the submissions	RCC should keep it up
	4.2	Quarterly Monitoring Reports of RPCU	Dispatch confirmed for all the quarterly submissions All four were submitted within deadlines	RCC should keep it up

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.3	Biannual Reports on Technical Backstopping	The departmental reports on the backstopping were collated together and submitted as one document for the RCC. RCC could not produce all the individual technical backstopping reports as submitted by the departments to them	RCC should forward the technical backstopping reports as submitted by the departments to the OHLGS biannually
	4.4	Approved 2024 Plan (Regional Integrated Plan)	Regional Integrated Plan for 2023 submitted before deadline with dispatch verified	RCC should keep it up

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

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Out of the 18 MMDAs, 11 namely Akatsi South and Akatsi North, Ho Municipal, Anloga, Hohoe, Keta, Ketu South, South Dayi, Afadjato South, North Tongu, North Dayi had the two meetings, chaired by the MCE with minutes signed and within timelines. Only Ketu North and Ho West held two meetings, but the DCE chaired only one. However, 4 MMDAs; Kpando, Agortime Ziope, South Tongu and Central Tongu partially fulfilled the indicator by either holding one meeting chaired by the DCE or two meetings chaired by the DCD. Adaklu did not comply with the indicator at all. It was revealed that DPCU meetings were held instead of ISCC meetings.	MMDAs should keep it up. MMDAs are encouraged to organise both meetings and DCEs are encouraged to play the lead role in these meetings as stipulated by law and sign the minutes or reports appropriately.
	1.2	Compliance with the organisation of sensitisation workshops	11 MMDAs had more than one orientation with participation by new entrants and detailed presentation. However, 7 of the Assemblies; Central Tongu, Ho Municipal, South Tongu, Agortime Ziope, Adaklu and North Tongu held only one training on the various Protocols of the Local Government Service for	MMDAs should keep it up. MMDAs should ensure that staff, especially new recruits are oriented, and reports prepared with details.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			the staff and including the newly posted with well written reports.	
	1.3i	Full migration/use of new Records Management Manual classification scheme (as prescribed in the new LGS Records Management Manual) by the end of the year;	Only Ho Municipal and Afadjato South had a file diary, all columns of the incoming and outgoing correspondence registers filled, and the file transit ladder well filled. File transit ladder was not completed for Agortime, Kpando and Ketu South while South Tongu and Hohoe did not complete their file diaries. 7 of the MMDAs; Anloga, Ho West, North Dayi, Adaklu, South Dayi, Keta Municipal and Central Tongu did not complete their file diaries as well as incoming correspondence. Akatsi North and North Tongu had only incoming correspondence register completed. Ketu North and Akatsi South did not completely fill the incoming and outgoing correspondence registers, the file transit ladder or had a file diary available.	The two MMDAs are commended and encouraged to keep it up. The rest of the MMDAs must commit to the process of the full migration of the RMU in accordance with the RMU Manual The Regional Trainers at the RCC should provide the necessary backstopping for them
	1.3ii	All Incoming and Outgoing Correspondences Stored in a Computerised Database	10 of the MMDAs stored incoming and outgoing correspondences electronically however, the DCE/DCD could not access documents remotely.	MMDAs must commit to the process of capturing records electronically and network the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In 4 MMDAs; Anloga, North Tongu, South Tongu and Ho West, there was no access for management to computerised database and entries made were not all year through. In 4 out of the 18 MMDAs; Akatsi South, Ketu South, South Dayi and Akatsi North incoming and outgoing correspondences were not stored electronically.	system for access by management. The MMDAs must also provide the necessary logistics for this purpose.
	1.4	Availability and Update of Website	13 MMDAs had fully functional websites with updated information from more than 6 departments across the months in the year highlighting the services provided and reports available on the Districts. Afadjato South, Akatsi North and South Tongu did not have news items across the departments. In Adaklu, only information on 2 services were found on the website. Akatsi South did not have a functional website	Even though there has been significant improvement on this KPI and the MMDAs must be congratulated and encouraged to keep it up, there is the need to continue with the update on news items and other relevant information across all the sub-sectors of the district economy.
	1.5i	Establishment of Functional Client Service Unit	4 MMDAs, Keta, Ketu South, Ketu North and North Dayi had a well labelled office with staff and logistics and demonstration of the use of the forms. In Ho West, South Dayi, Agortime Ziope, South Tongu, Hohoe, Ho Municipal, Akatsi South and	MMDAs are encouraged to keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Central Tongu the client service was fully operational; however, the new forms were not in use. In 5 Assemblies; Akatsi North, Afadjato South, Adaklu, Kpando and Anloga the new forms were not in use in 2023 and there were no designated offices. North Tongu, had no officer assigned to the CSU after the training. There was no information on CSU.	The RCC Regional Trainers must step training in the remaining MMDAs. MMDAs must put in more effort towards the establishment and operationalisation of the CSU by assigning staff, providing logistics to the Unit and ensuring that the new forms are used.
	1.5ii	At least 60 percent of Activities in the Sub-Structures AAP Achieved	Out of the 18 MMDAs, only Ketu South had operational sub-structures. Ketu North and North Dayi had over 50% of the sub-structures functional with level of implementation of their plans between 51 and 60%. Four 4 MMDAs; Akatsi North, Hohoe and Ho Municipal; Akatsi South, there was evidence of up to 50% implementation of planned activities. 3 of the MMDAs; Central Tongu, South Dayi and Ho West had some evidence of functional sub-structures, but planned activities were not adequately implemented	Ketu South is commended encouraged to keep it up. They can serve as a model for other MMDAs to emulate. The assemblies are encouraged to implement more of their approved programmes at the sub-structure. There must be a deliberate effort by MMDAs to operationalise their substructures by assigning officers, preparing action plans,

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Eight MMDAs; Keta, South Tongu, Agotime Ziope, Afadjato South, Adaklu, Kpando and Anloga, did not had files opened for the substructure but there were no plans and reports.	allocating resources to them and ensuring implementations of planned activities and reporting adequately. The RCC is encouraged to prioritise the monitoring of the sub-structures to ensure full compliance.
	1.6	A Well-Managed Safe and Secured Workplace Environment	Two MMDAs, Ketu South and North Dayi had well managed and safe workplace environment. 12 MMDAs also had safe and secure workplace environment but there was the absence of water, soap and tissue in the washrooms. In 3 Assemblies; Keta, South Tongu and Kpando, the landscape and office environment were not well managed. In Agotime Ziope, had poor management of washrooms and no signpost.	These Assemblies are encouraged to keep it up. All other Assemblies are encouraged to improve on landscaping, maintain clean offices and washrooms as well as provide signposts for adequate visibility.
Human Resource Management	2.1i	Biannual Promotion and Retirement Schedules Prepared and Submitted to RCC	All 18 MMDAs submitted promotion and 2024 retirement schedules.	MMDAs should keep it up.
	2.1ii	100 percent Implementation of the Promotion schedule and 2023 retirement schedules	16 out of the 18 Assemblies fully implemented the promotion and retirement schedules.	MMDAs should keep it up. MMDAs must fully implement the promotion and retirement

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In Adaklu, some staff did not go for promotion interviews, however those due for retirement were notified. In Afadjato, there was no evidence of transmittal letters and no notice for retirees.	schedules with reports and transmittal letter as evidence.
	2.2	Update 2023 and Prepare 2024 Annual Leave Management Roster	Out of the 18 MMDAs, 7 namely, Ketu South and Ketu North, Ho West, Kpando, Akatsi North, South Dayi and South Tongu had leave rosters prepared for 2023 and 2024. Akatsi South had no approval for the 2024 leave roster. 9 MMDAs; Ho Municipal, Hohoe, Keta, Agotime Ziope, Afadjato, Adaklu, North Tongu, Anloga and Central Tongu, had no evidence of approvals. North Dayi had no evidence of approval for 2023 and 2024 roster was prepared after November	MMDAs are encouraged to keep this up. MMDAs should ensure that leave rosters are prepared and submitted for approval by management within timelines.
	2.3i	TNA Prepared and Approved by 31st August, 2023	11 MMDAs prepared the Training Needs Assessment (TNA) with evidence of approval by management. 4 MMDAs; Ho Municipal, Akatsi South, Agotime and South Dayi prepared TNAs were not approved. Afadjato South and North Tongu had no evidence that TNA was prepared.	These MMDAs must keep it up MMDAs should endeavour to prepare and submit TNA for approval and within timelines

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.3ii	Comprehensive Training Plan Prepared and Submitted to the RCC by the end of January, 2024	All 18 MMDAs submitted Training Plans within the deadline	The MMDAs should keep it up.
	2.4	At least 80 percent of 2023 Training Plan Implemented and Quarterly Reports Submitted to the RCC	16 out of the 18 MMDAs submitted all 4 quarterly reports and implemented over 80% of the training programmes. South Tongu and North Tongu implemented 60% and 62% respectively.	The Assemblies who met the full requirement should keep it up. Management should prioritise training and allocate funds for the implementation of planned programmes.
	2.5	Comprehensive Staff Appraisal Schedule Implemented by the end of the year	Out of the 18 MMDAs, 14 had over 80% of staff going through the appraisal cycle with appraisal forms duly filled On the other hand, in 4 MMDAs; Ho, Hohoe, Agortime Ziope and Adaklu Appraisal reports submitted did not meet the expected percentage.	While the performing MMDAs are commended, management and staff should commit to ensuring 100% implementation of the appraisals.
Financial Management & Reporting	3.1i	2024 RIAP prepared and submitted to the RCC	Out of 18 MMDAs, 15 prepared the RIAP and had them approved. Kpando and Hohoe did not show evidence of approval of the RIAP. Afadjato, presented a RIAP for 2024 which was the same as 2023 except the cover page.	MMDAs should commit to the preparation of their RIAP and ensure they are approved as appropriated. The RIAP must be submitted to the RCC within the agreed timelines. The RCC is encouraged to ensure compliance

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.1ii	At least 80 percent of the 2023 RIAP Implemented	Out of the 18 MMDAs, 8 implemented over 80% of the planned activities with evidence namely Ho West, North Dayi, North Tongu, Keta, Ketu South, South Dayi, Ketu North and Akatsi North. 4 of the MMDAs achieved the following: Central Tongu-68%, Akatsi South-63%, South Tongu-67% and Afadjato-61%. Hohoe implemented 50% of the activities in the RIAP Ho, Agortime Ziope, Adaklu, Kpando and Anloga implemented less than 50%.	These MMDAs must keep this up The other MMDAs should commit to the implementation of the RIAP activities and ensure that selected activities can impart on their efforts at improving the IGF. Again, reports should be written as evidence of implementation of activities
	3.2	At least 10 percent Annual Increase in Streets Named with Signage	Six MMDAs; Anloga, Afadjato South, Ketu North, South Dayi, Ketu South and Central Tongu achieved more than 10% in signages erected. North Dayi had 7.2% while Ho Municipal achieved 5.7%. However, 10 MMDAs, Akatsi South, Hohoe, Keta, South Tongu, Agotime Ziope, Akatsi North, Adaklu, North Tongu, Afadjato and Ho West, could not provide evidence of street named with signages	MMDAs should endeavour to implement their street naming activities by naming and installing signages on an annual basis and ensure that records of expenditure are kept
	3.3	Database on Rateable Items	9 MMDAs had an updated revenue database which had a linkage with the revenue estimates Central	These Assemblies should keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Tongu and South Tongu and North Tongu, Ho, South and North Dayi, Ketu North, Akatsi North and Ho West. 4 MMDAs had databases on revenue updated and linked to revenue estimates that could not provide evidence of approval; Akatsi South, Keta, Ketu South and Adaklu. 3 of the MMDAs; Agotime Ziope Afadjato and Anloga could not establish the linkage between data and budget estimates Hohoe and Kpando did not produce any data at all.	MMDAs must have a reliable database on revenue items, update their data annually and ensure that the data is approved and used for their budget estimates
	3.4	100 percent of 2023 Actual Expenditure in the Approved AAP	Out of the 18 MMDAs, 16 had their plans and expenditure in sync as per the PVs verified. However, 2 of the MMDAs; Keta and Kpando had projects that were not captured in their AAPs but had expenditures on them.	MMDAs should keep this up. Management of MMDAs should ensure that expenditure on projects is in sync with the Annual Action Plans.
	3.5i	Response to Internal Audit Observations	The management of 8 MMDAs responded to all internal audit observations within the stipulated timeframe. These are Central Tongu, Akatsi South, Hohoe, Keta, Ketu North, Akatsi North, North Tongu and Anloga.	MMDAs must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			10 Assemblies; Ho, Ketu South, South Tongu, Agotime, South Dayi, Afadjato, Adaklu, Kpando, North Dayi and Ho West did not respond to all internal Audit observations in some of the four quarters.	MMDAs must commit to responding to all Internal Audit observations as raised by the Internal Audit Unit
	3.5ii	4th Quarter 2022, 1st, 2nd and 3rd Quarters 2023 Internal Audit Recommendations	12 MMDAs did not have any outstanding recommendations to implement. However, 6 Assemblies; Ho Municipal, Keta, South Tongu, Agotime, South Dayi and Akatsi North had outstanding audit recommendations not implemented.	MMDAs must keep it up. MMDAs must commit to implementing observations as raised by the Internal Audit Unit
	3.6	100 percent Recommendations in 2022 AG's Management Letter Implemented	Only 4 MMDAs implemented observations in the Auditor General's management letter namely, Ketu South, South Dayi, Ketu North and Adaklu. 14 MMDAs; Ho Municipal, Hohoe Municipal, Keta Municipal, South Tongu, North Tongu, Central Tongu, Agotime, South Dayi, North Dayi, Afadjato, Kpando, Ho West, Akatsi North and Akatsi South were cited by the AG's report.	MMDAs should keep this up. The management of the MMDAs must ensure strict compliance with the PFM Act and all associated financial regulations.
Infrastructure	4.1	At least 80 percent of Approved Road and Transport Programmes in the 2023 AAP Achieved	Out of the 18 MMDAs, 9 achieved over 80% implementation of road and transport related programmes. 9 MMDAs; Keta Municipal, South Tongu, Central Tongu, Agortime Ziope, Afadjato South, Ketu North	MMDAs should keep this up. MMDAs should improve on the implementation of Road

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			and Akatsi South, Ho Municipal and Hohoe Municipal achieved less than 80% road and transport programmes in the AAP	and Transport Programmes and ensure that reports and other evidence are available as proof of execution. This is to forestall delayed projects.
	4.2	At least 80 percent of Approved Buildings and Structures Programmes in the 2023 AAP Achieved	Out of 18 MMDAs, only Ketu South, Ketu North and Adaklu achieved 80% or more projects in the AAP. However, 15 of the Assemblies; Ho Municipal, Hohoe Municipal, South Tongu, North Tongu, Central Tongu, Agotime Ziope, Anloga, South Dayi, North Dayi, Afadjato South, Kpando, Ho West, Keta Municipal, Akatsi North and Akatsi South achieved less than 80% of buildings and infrastructures in the AAP.	MMDAs should be encouraged to keep this performance. MMDAs should improve on the implementation of building and other structures and ensure that reports and other evidence are available as proof of execution. This is to forestall delayed projects.
	4.3	At least three (3) Spatial Planning Committee Meetings Held each Quarter	12 out of the 18 MMDAs had 3 three meetings every quarter. Ho West, Anloga, Agortime Ziope and South Tongu had three meetings in three quarters. Akatsi North and Adaklu has three meetings in two quarters and one quarter each while Keta held meetings without proper records in all the quarters	MMDAs must keep it up. MMDAs must comply with the provisions in the LUSPA Act 925.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.4	100 percent Building Permit Applications Received and Considered at DSPC and Decisions Communicated	9 Out of the 18 MMDAs considered all building applications and communicated decisions to applicants. 8 of the Assemblies; Akatsi South, Ho Municipal, Agotime Ziope, Akatsi North, Afadjato South, Adaklu, Kpando and North Dayi considered Applications but failed to communicate decisions. Keta presented minutes on approvals, but none was signed, and no decisions were communicated to the applicants.	MMDAs should keep it up. MMDAs must comply with the provisions in the LUSPA Act 925.
	4.5	Approved Spatial Plans	Only Ho Municipal and Ho West had SDF, Structure Plans and Local Plans. 3 of the Assemblies, Ketu North, Ketu South and North Dayi had Structure Plans and local Plans. Hohoe had SDF, Structure Plans but printed only one local plan out of the three prepared Spatial Plans. The remaining 12 had only local plans or none.	MMDAs are commended and must keep this up. MMDAs must comply with the provisions in the LUSPA Act 925 and allocate resources for the preparation of SDF, SP and LP because this serves as the bases for the physical development of their jurisdictions.
Social Services	5.1	Quarterly District Education Oversight Committee	7 out of the 18 MMDAs namely, Hohoe, Ketu South, Agortime, Ketu North, Afadjato South, Kpando and	MMDAs must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			North Dayi held all quarterly meetings and implemented accompanying decisions with evidence. 7 MMDAs; Central, South, North Tongu, Ho, Keta, Adaklu and Ho West held meetings but failed to implemented decisions. In these 4 MMDAs; Akatsi North and South, South Dayi and Anloga either meetings were not held, or records did not suggest the meetings were held.	MMDAs should ensure these statutory meetings are held quarterly and the decisions of the committee implemented with records taken and kept appropriately.
	5.2	Quarterly District Health Committee	8 of the Assemblies; Hohoe, Ketu South and North, South Dayi, Akatsi North, Afadjato and Kpando held all quarterly meetings and implemented accompanying decisions with evidence 8 Assemblies; Ho West, North, Central and South Tongu, Agortime Ziope, Keta, Ho Municipal, Akatsi South. Though meetings were held with records, decisions were not implemented. With Anloga and Adaklu either the meetings were not held, or records did not suggest the meetings were held.	MMDAs must keep it up. MMDAs should ensure these statutory meetings are held quarterly and the decisions of the committee implemented with records taken and kept appropriately.
	5.3i	Data on Vulnerable Groups of at least three (3) Thematic Areas Updated and Submitted	13 out of the 18 MMDAs, updated data on vulnerable groups in three thematic areas.	These MMDAs should keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			However, Kpando and Anloga, did not show evidence of transmittal for the updates. North Tongu, Agortime Ziope and Adaklu had no evidence of thematic areas updated and submitted.	Management of MMDAs should resource SWCD to carry out regular updates and ensure transmittal of same to the Region.
	5.3ii	Database on Quarterly Births and Deaths Registration	Out of the 18 MMDAs, 14 had quarterly or monthly updates. However, 4 of the MMDAs, Adaklu, South Dayi, Keta Municipal and Akatsi South had no records on birth and deaths produced for verification.	The MMDAs should keep it up. The management of the Assemblies should integrate the Registry as a department of the Assembly and resource them to function.
	5.4	At least 80 percent of Approved GBV Interventions Achieved	All MMDAs except Agortime Ziope implemented more than 80% of the planned programmes on GBV.	All MMDAs are commended, while the management of Agortime Ziope is encouraged to improve on the implementation of GBV activities.
	5.5	At least 80 percent Child Protection Cases Managed Effectively	Out of the 18 MMDAs, 16 managed 80% or more of the cases except Afadjato South which managed 75% and Agortime Ziope; 53%.	All MMDAs are commended, while the management of Agortime Ziope and Adaklu are encouraged to improve on the management of child protection cases.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.6	At least 80 percent Community Mobilisation and Education in the 2023 AAP Achieved	17 out of the 18 MMDAs implemented 80% or more of the programmes on community mobilisation except Adaklu which achieved 66%	All MMDAs are commended, while the management of Adaklu are encouraged to improve on the implementation of Community Mobilisation programmes
Economic Development	6.1	At least 5 percent of Expenditure to Agriculture excluding National Farmers' Day	Only three MMDAs had over 5% expenditure towards agriculture South Dayi, Afadjato and North Dayi. Ho West, Kpando, North Tongu, Adaklu, Ketu North and Agortime spent between 4 and 4.9%. South Tongu and Central Tongu spent between 3 to 3.9%. The 7 remaining MMDAs did not expend up to 3% of their total expenditure on agric.	These Assemblies should keep it up The remaining Assemblies are encouraged to plan and budget adequately for agriculture.
	6.2	At least 80 percent of Planned Agricultural Activities in the AAP Achieved	Out of the 18 MMDAs, 14 implemented 80% or more of planned activities in agriculture. 2 of the Assemblies namely Akatsi South and Ketu South implemented between 70% and 79% of planned activities in the AAP. Kpando implemented 64% and Adaklu implemented 56%.	MMDAs should allocate funds for the implementation of Agriculture activities in their AAP and ensure that proper records on implementation are kept.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	6.3	At least 40 percent of Agricultural Expenditure on Post-Production Activities	Only Ketu North spent 30% of the MMDA's agricultural expenditure on post-production. The remaining 17 spent less than 20%.	MMDAs must commit to implementing postproduction activities to enhance value addition and improved incomes for farmers.
	6.4	At least 60 percent of Planned Agricultural Activities to Address Gender Gaps	All the 18 MMDAs implemented over 60% of planned agricultural activities to address Gender gaps.	The MMDAs should keep it up.
	6.5	At least 80 percent of Approved Tourism Related Activities Implemented	Hohoe, Afadjato, North Dayi, Ho West and Anloga implemented tourism-related activities with records as evidence. All the other 13 indicated their participation in the Volta Fair but without enough records.	MMDAs must keep it up. MMDAs must adequately report on tourism initiatives and programmes
Environment & Sanitation	7.1	2023 Disaster Preparedness Action Plan Implementation Report Prepared and Submitted to the RCC by the end of the year	Out of the 18 MMDAs, only Hohoe presented a Emergency Response Plan with implementation report submitted after the deadline.	Hohoe Municipal is encouraged to be reporting within timelines. The management of all MMDAs are encouraged to put in place Disaster Preparedness Plans in collaboration with NADMO.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.2	At least 60 percent of Environment Enhancement Programmes in the 2023 AAP Implemented	15 Assemblies implemented over 60% of their planned activities on environmental enhancement programmes. Adaklu and Hohoe implemented between 50 and 59% Central Tongu, had no evidence of environment enhancement programmes.	MMDAs must keep it up while the remaining are encouraged to undertake more environment enhancement programmes.
	7.3	Population with Household Toilets Increased by at least 15 percent by the end of the year	Out of the 18 MMDAs, only North Dayi obtained 15.8%. The remaining were either below the 15% mark or did the calculation on just the toilets.	MMDAs must intensify education on the construction of household toilets and improve their records on them.
	7.4	Routine Cleansing of the CBD, Town Centres and Other Public Spaces	10 MMDAs had four quarterly reports Ketu South, Keta, Hohoe and Ho presented 3 reports. South Tongu and North Tongu and Kpando presented 2 reports Only Akatsi South presented a half page report for each quarter with no proof expenditure	MMDAs must keep this performance up while improving on the reports generated for this activity.

4.8. Western North Region

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

4.8.1. Scope of the Assignment

The team was assigned to the Western North Region to assess the performance of the RCC and the MMDAs. The exercise was undertaken from 22nd to 26th April, 2024. Even though the year of assessment was 2023, there were few instances where documents were reviewed for 2022 and 2024. This section of the report reflects the performance of Western North Region

4.8.2. General Outcomes

In the Western North Region, the average time spent in a District was 4 hours 17 minutes, with the longest time spent in Bia East District Assembly, where the team spent 5 hours, minutes and the shortest time spent in a District being 4 hours 16 minutes in Aowin and Bia West. The average waiting time before commencement was 22 minutes, 12 seconds with the longest waiting time spent in Sefwi Wiawso (31 minutes) and the shortest time spent in Suaman District (11 minutes). The time spent for the exercise in the Western North RCC was 3 hours 5 minutes after waiting for 15 minutes.

The average time taken in MMDA was 4 hours and 3 hours in RCC. Generally, due to the detailed nature of the indicators and the approach towards the verification the team adapted the average time spent at a district increased considerably compared to previous years. Also, the entire schedule of the group was quite complicated, leading to more travel time. One of the longest distances the team had to cover within a day was in the Western North Region from **Aowin Municipal Assembly** to **Bibiani Anhwiaso Bekwai Municipal Assembly** which was over 3 hours.

4.8.3. General Observations

For MMDAs

Staff cooperation/ Apathy

In all staff cooperated with the team except in some instances where the NADMO officers were not available, and leadership could not explain. Some level of apathy was observed in leadership in areas where DCDs were about to retire. In some few instances, Heads of Departments in Agric and Finance were not available, which affected access to some records. Bibiani is the Assembly that had most staff not available during the assessment, notable were Budget, Audit, Finance etc.

Also, in Sefwi Akontombra there was no cooperation between the Head of the Physical Planning Unit and management, and this is weighing heavily on the performance of the Department and the district at large.

General lateness to work was a common phenomenon especially with Districts close to the regional capitals. Also, where the districts were very remote the Coordinating Directors complained about staffing and their high-rate turnover which affected work.

Leadership and coordination

Poor leadership and coordination were observed in Bia West and the attitude and response of some staff corroborated it, especially in response to failure in some indicators and the non-submission of documents especially around Finance.

Human Resource related issues

It was observed that there is an urgent need for staff rationalization across the regions visited. It was observed that the staff managing the RMU and Client Service are exiting into other classes such as Administration, Human Resource and Procurement. Also training meant for RMU and CSU staff was attended by Admin officers who had returned to post and did not apply the knowledge acquired or even supervise staff managing these areas. There had also been an improvement in the number of staff in the IT unit leading to the improvement on the website.

The team observed that the departments and units that need permanent staff are Client Service, RMU, Physical Planning and in some districts IT.

Further it was observed that most of the Departments and Units were Headed by relatively junior officers and all staff require training in report writing, minutes and letter writing. Including competency training in their carrier fields.

External support and interventions

For Assemblies that had external support such as the Ghana Production Safety Net Project (GPSNP) and the Ghana Secondary Cities Support Program (GSCSPS), the level of implementation of activities were better, especially in the areas of infrastructure and agriculture.

Performance on Social Services KPA

Generally, the performance of the indicators on Social Services are good except quality of reports were low. Again, most of the officers were signing letters emerging from their

various departments instead of the DCD signing letters transmitting their report to the region or national level.

The quality of minutes and related records of the oversight committee meetings raised questions on the authenticity of the meetings.

Misrepresentation/misunderstanding of some KPIs

MMDAs are still grappling with the ISCC and D/MPCU review and planning meetings. Also, the data capturing and computation of the population with assess to household toilets is one of the grey areas. It was observed that MMDCEs and MMDCDs who took part in the orientation exercise on the PC KPIs did not disseminate the knowledge acquired to other staff to help with implementation and reporting.

Overview of some current LGS reforms such as Records Management & Client Service Management

The majority of MMDAs have started the migration of the file system but there is more work to be done on the completion of the file diary, incoming correspondence register and the completion of the file ladder.

In respect of the file diary some of the MMDAs appeared not to understand the column in the file diary for the date old file was closed. Hence, they are waiting until the newly opened file is closed before they complete the column. It means that they do not consider the older file closed as the one to indicate in that column.

Also, the delay of correspondence in the office of the MMDCE and the MMDCD causes the delay in the completion of the last three columns of the incoming correspondence register. It would therefore require management to appreciate their role in this regard to ensure the successful implementation of this system. Also, the existence of confidential registry still poses as a threat to the successful implementation of the new records management system.

The Client Service Unit (CSU) existed in many cases but was either labelled with a paper or located in the open and or combined with reception or other units. Except the visitor's form, the complaint, enquiry and referral form were not well understood by most of the staff manning the CSU.

Also, the relationship between the CSU and the PRCC is still a challenge for some MMDAs. They are confused on the issues to be handled by these two entities. Also there appears to be a high attrition rate of staff of the CSU.

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. These were detected with the inconsistencies between the dates and the days, including the disconnect between issues in current and previous meetings.

Performance on Agric Indicators

Generally, the MMDAs did not fare well on the expenditure on Agriculture and post-harvest related activities

Staff worthy of commendation and in which areas

Some outstanding officers worthy of commendation include the Physical Planning Officer for Aowin who had a dispatch book purposely for distributing letters for communicating the decisions of the SPC on applications. Again, the Budget Analyst in Sefwi Wiawso demonstrated an understanding of all the indicators on the RIAP and its implementation with excellently prepared reports on all the activities executed. The HR Manger for Bia East is also commended on her coordinating roles as well as excelling in the indicators relating to HR. The Agric Director is also commended on the quality of farmers day report prepared and submitted on 7th December, 2023.

Tourism

Most of the MMDAs could not substantiate the implementation of tourism activities, either there were no activity reports or proof of expenditure in the form of PVs.

Staff Performance Appraisal compliance

Bia East DA is commended for getting staff to complete the appraisal report appropriately.

NADMO reporting

No MMDA produced a satisfactory Disaster Preparedness Plan for their Districts. Again, the NADMO officers were submitting the Plans and the implementation reports to the Regional Offices of NADMO and not the RCC.

Workplace Environment

This is one of the challenging indicators because the MMDAs visited hardly obtained the entire score. One of the indicators which all the MMDAs hardly scored was the directional signpost. The majority had the signpost which is mostly located in front of the office of the District Assembly at the proximate junction to the office. This is particularly important because some residents have no idea where their Assembly is located. Bia West had the worse workplace environment with very poor washrooms and no landscaping.

Fund Flow and its Impact on the Implementation of Planned Activities.

The abysmal performance of the MMDAs on the indicators relating to Agriculture expenditure, infrastructure and street naming among others indicates that the poor fund flow effects for the implementation of their planned activities. Reference was made to DACF and DACF/RFG.

For Western North RCC

The performance of the Western North RCC was good except for the migration of files to the new records management file classification scheme, leave roster management, quarterly monitoring and reporting and technical backstopping

How well RCCs are carrying out their mandates.

The Western North Regional Coordinating Council (WNRCC), led by the Chief Director and its staff demonstrated commitment to duty as staff were seen working together at the time of the assessment.

Report submission delays/efficiency.

Generally, the performance of the RCCs on the quarterly monitoring, reporting and technical backstopping was weak. It is either the documents were not prepared or prepared and submitted after the deadlines. This was in respect of the administration of the RCC and even the departments as well.

Cooperation of the non-decentralized departments with the RCC

Generally, it appears that there was a healthy relationship between the RCC and the non-decentralized departments in the regions visited. This was also observed in the active participation of these departments in the meetings of the RCCs.

4.8.4. General Recommendations

FOR MMDAs

- MMDAs must prioritize the organisation of intersectoral coordinating committee meetings and be particular on stakeholder participation.
- MMDAs must ensure that the sub-structures are made functional by providing offices, staff and logistics to them and ensure that their planned programmes are implemented.
- MMDAs must commit to the preparation of spatial plans and disaster preparedness plans and ensure that activities therein are implemented and reported on.
- Ensure that the Performance Appraisal Tool is fully understood, and deadlines strictly adhered to, and appraisal of staff should be taken very seriously towards professionally building up staff and holding them accountable for their jobs and not waiting for promotions before appraisals are worked on;

- Management of MMDAs must report staff who do not cooperate with management to the RCC for action to be taken on them
- 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;
- Management of MMDAs must put in place measures to ensure the full implementation of the new Records Management Manual (RMM);
- 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 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 (RIAP). The RIAP activities should be directly related to revenue improvement and MMDAs must ensure that all implemented activities are fully substantiated with evidence ie reports, minutes, and physical verification.
- Management should endeavor to meet and discuss Internal and External Audit observation to ensure prompt response to avoid being cited in the Auditor General's Report.
- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to clearly direct clients to the Assemblies.
- Management should explore internal mechanisms of developing the capacity of staff on report and minutes writing.
- Management should prioritize Agricultural activities and also emphasize post-production activities in particular to enhance Agricultural development and value addition to agriculture produce.

For WNRCC

The following are some recommendations for the WNRCC

- The WNRCC should intensify their monitoring role for the MMDAs in the Region and assist them with technical expertise in areas such as disaster preparedness and environmental sanitation management, financial management and spatial planning;
- The WNRCC is encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation;

- The WNRCC should also conduct staff audit and ensure a fair distribution of staff across the MMDAs in their Region to reduce the number of new entrants heading Departments and also reduce the over concentration of some staff in the urban MMDAs;
- The WNRCC must ensure that staff whose actions hamper the efforts of Assemblies they work in are cautioned;
- The WNRCC must ensure that only the DCD or in his absence the senior most officer signs documents emanating from the Districts;
- The WNRCC must ensure that MMDAs that participate in the regional programmes such as Volta Fair prepare reports to justify expenditure made;
- The WNRCC 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;
- The WNRCC is encouraged to intensify their support to the Districts on making the sub-structures functional;
- The WNRCC must make a conscious effort to ensure that Agriculture is prioritized since it remains the main stay of the economy.

4.8.5. Western North RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 16: Detailed Analysis /Findings of each Indicator for Western North RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with least three REGSEC and 70 percent of Decisions Implemented	Though 13 meetings were held, minutes were signed by the RCD and a Secretary	The RCC is encouraged to ensure that minutes are signed as appropriate and all decisions implemented duly reflected in the matters arising of the next meeting.
	1.2i	Compliance with at least one Expanded RCC Meeting	One expanded RCC meeting held with minutes duly recorded.	RCC should commit to organising more expanded RCC meetings and ensure stakeholder participation.
	1.2ii	Compliance with at least one Expanded RPCU Meeting	One expanded RPCU meeting held with the participation of non-decentralized departments.	RCC should commit to organising more expanded RPCU meetings and ensure stakeholder participation.
	1.3i	Compliance with full Migration/Use of RMU Manual	Though migration had started, the incoming and outgoing correspondences were not duly captured. The transit ladder and File Diary were not well kept	RCC must comply with the use of the new records management system.
	1.3ii	Compliance with all Incoming and Outgoing Correspondences Stored in a Computerised Database	Incoming and out-going correspondence register not fully captured for 2023 and could not be remotely accessed.	RCC is encouraged to comply with the use of an electronic management system.
	1.4	Monthly Website Updates with Departmental Activities	Website is not functional. It was not responding at the time of the assessment	The RCC is encouraged to make the website active by

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
				resourcing the MIS unit to regularly update the website.
	1.5i	Functional Client Service Unit	The Client Service Unit was fully functional and the new forms were being used	RCC should keep it up.
	1.5ii	Functionality of Sub-Structures	Monitoring of substructures in the districts carried out by the RCC. Report submitted.	RCC should keep it up.
	1.6	A Well-Managed Safe and Secured Workplace Environment	Clean and good office environment including washroom. Signages were available	RCC must keep it up.
Human Resource Management	2.1i	Biannual Composite Promotion and Retirement Schedules Prepared and Submitted to OHLGS by 14th January 2024	All required documents on promotions and retirements duly submitted within time	RCC should keep it up.
	2.1ii	100 percent Implementation of the 2023 Schedules	There was transmittal of letters to OHLGS for promotion. Notice of retirement schedule not produced	RCC must ensure that both promotion and retirement schedules are prepared within the required timelines
	2.2	Update 2023 and Prepare 2024 Annual Leave Management Roster	Though 2023 roster updated and 2024 roster prepared and submitted, there was no evidence of management approval	The RCC must ensure management approval before implementation.
	2.3i	TNA Prepared and Approved by 31st August, 2023	TNA was prepared and submitted with no evidence of management approval.	The RCC must ensure management approval before implementation.
	2.3ii	Comprehensive Training Plan Prepared and Submitted to	Comprehensive training plan harmonised and transmitted to OHLGS before deadline.	RCC should keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		OHLGS by the end of February, 2024		
	2.4	At least 80 percent of 2023 Training Plan Implemented and Quarterly Reports Submitted to the OHLGS	Training plan prepared with four training programmes implemented.	The RCC should keep it up.
	2.5	Biannual Monitoring of the Implementation PMS	Midyear monitoring undertaken. End of year monitoring undertaken. Reports submitted	RCC should keep up
	2.6	Comprehensive Staff Appraisal Schedule Implemented by the end of the year	A total of 86% compliance was recorded in respect of appraisals for staff including those from the decentralised departments. Samples appraisals were duly completed.	RCC must ensure 100% compliance.
Financial Management & Reporting	3.1	2023 Annual Audit Plan Prepared and Submitted	Annual Audit Plan duly submitted within deadline	RCC must keep it up.
	3.2	100 percent Recommendations in 2022 AG's Management Letter Implemented	Not Cited in the Auditor General's Report. All recommendations implemented.	RCC must keep it up.
	3.3i	Respond to Internal Audit Observations	All observations responded to within the stipulated 10 days	RCC must keep it up.
	3.3ii	4th Quarter 2022, 1st, 2nd and 3rd Quarters 2023 Internal Audit Recommendations	All recommendations in the four quarters implemented.	RCC must keep it up.
	3.4	Approved 2024 Regional Integrated Budget Submitted	RIB Submitted before deadline	RCC must keep it up.
	3.5	All 2023 GoG Expenditure - GIFMIS	All PVs were GIFMIS generated.	RCC must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Services	4.1	Quarterly Monitoring Reports of RCC Departments	No reports submitted by the RCC within the stipulated periods.	RCC must ensure that all Departments submit their quarterly reports and same forwarded as appropriate on quarterly basis.
	4.2	Quarterly Monitoring Reports of RPCU	Only the second and fourth quarters were submitted by the end of the ensuing months.	RCC must ensure that quarterly monitoring reports are submitted by the end of the ensuing month after a given quarter.
	4.3	Biannual Reports on Technical Backstopping	Two reports were prepared as composite from the departments but not submitted. Departmental technical backstopping reports were not available.	RCC should forward the technical backstopping reports as submitted by the departments to the OHLGS biannually.
	4.4	Approved 2024 Plan (Regional Integrated Plan)	The RIP (2022 -2025) was submitted 9th October 2023. No RIP was prepared and submitted in 2023 for 2024	RCC must ensure that Annual Action Plans are prepared out of the plan on annual basis.

Table 17: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Western North Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCC meetings	Out of the 9 MMDAs, only Sefwi Akontombra held two meetings, chaired by the MCE with minutes signed and within timelines. Bibiani and Bodi held 2 meetings and 1 chaired by the DCE and the other by the DCD. Suaman held 1 review meeting and the minutes signed by the DCE. Aowin, Juabeso & Sefwi Wiawso held 1 review meeting and the minutes signed by the DCDs and secretary. Bia West held 1 DPCU meeting and Bia East did not indicate the type of meeting held.	Sefwi Akontombra District Assembly should keep it up. MMDAs are encouraged to organise both meetings and sign their records appropriately. DCEs are encouraged to play the lead role in these meetings as stipulated by law.
	1.2	Compliance with the organisation of sensitisation workshops on protocol for staff and newly posted staff in particular	Only Bia East organised 2 trainings with detailed reports. 5 MMDAs, Aowin, Bibiani, Sefwi Wiawso, Sefwi Akontombra, & Suaman organised 1 training with detailed reports. 1 MMDA, Bodi organized 1 training, but the report was not detailed with recommendations.	Assemblies should keep it up MMDAs should ensure that staff, especially newly recruited are oriented and reports duly prepared.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Juabeso and Bia West did not organise any training on protocols.	
	1.3i	Full migration/use of new Records Management Manual classification scheme (as prescribed in the new LGS Records Management Manual) by the end of the year;	Out of the 9 MMDAs only 1, Bia East had fully migrated. Bia West did not complete incoming correspondence register and file transit ladder. Sefwi Akontobra only completed fully the outgoing correspondence. The remaining 6 MMDAs did not complete file transit ladder, file diary, incoming and outgoing correspondence.	The Assembly should keep this up. All MMDAs are encouraged to fully comply with the provisions in the new records manual.
	1.3ii	Electronic capturing of all Incoming and Outgoing Correspondences Stored in a Computerised Database	Seven MMDAs satisfied the requirements of the indicator, however, the DCE and DCD could not access the records from their office. 2 of the MMDAs; Sefwi Akontombra and Suaman had only the outgoing correspondence duly completed.	All Assemblies are encouraged to fully comply with the provisions in the new records manual and ensure that correspondences are electronically captured.
	1.4	Availability and update of website	Out of the 9, 4 MMDAs had fully functional websites. These are Juaboso, Sefwi Wiawso, Akontonbra and Suaman. In Bibiani, had information on the website but with limited news update.	These MMDAs should keep it up. MMDAs should develop Websites to enhance their visibility while resourcing the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Though Bia East information on services, news updates and some reports were not uploaded. In Aowin, Bia West & Bodi, either the websites were under construction or were hacked.	IT staff and providing them with with information to update their website.
	1.5i	Establishment of Functional Client Service Unit	No MMDAs had a fully functional Client Service Unit. Out of the 9 MMDAs, Sefwi Wiawso, Bibiani and Aowin had no records on complains for verification, though designated offices, staff and logistics existed. In Juaboso, CSU is combined with the reception and labelled with paper. There was no record on complaints to be verified. The remaining 5 MMDAs; Bia West, Suaman, Bodi, Bia East, and Sefwi Akontombra did not have functional CSUs. In Bia West the office was locked and could not be assessed. In Suaman a table was designated as the CSU with no documentation to proof functionality. In Bodi there was no office designated as CSU and no records either. In Bia East, the CSU was not located at the main entrance, it was part of a general office, and the forms were not in use. In Sefwi Akontombra, the CSU was designated at the reception.	MMDAs provide staff, dedicated offices with logistics and ensure that all the forms are used.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.5ii	At least 60 percent of Activities in the Sub-Structures AAP Achieved	Out of the 9 MMDAs, only Sefwi Akontombra had a fully functional sub-structure. In Bia East and Juaboso implemented between 50% to 60% of their planned programmes. Though Sefwi Wiawso has established some of their sub-structures, there was no evidence of implementation. Bia West, Suaman, Bodi, Aowin & Bibiani had files opened for their substructures and had minutes of meeting held by the zonal of area councils but there was no evidence of approval and transmitted AAP and reports on implementation of activities.	The Assembly should keep it up. There Must be a deliberate effort by MMDAs to operationalise their substructures. The RCC must intensify the monitoring of the sub-structures to ensure functionality.
	1.6	A Well-Managed Safe and Secured Workplace Environment	No MMDA had a well-managed safe and secure workplace environment. Bodi, Bia East, Sefwi Akontonbra and Sefwi Wiawso had no signages to the office. Bibiani did not have water flowing at the washrooms. Suaman had no running water and no tissue at the washrooms. The signpost had also faded. Juaboso had weedy office environment, faded signpost, no washroom for visitors-it was at the time of visit a place supposed to be washroom for visitors	MMDAs must take cleanliness of the office environment especially the washrooms serious. Again, all MMDAs must provide directional signs to the offices

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			was being cleaned. It appeared to have been abandoned. In Bia West, there was sign post, weedy office environment, and no washroom for visitors. Some parts of the office were under construction.	
Human Resource Management	2.1i	Biannual Promotion and Retirement Schedules Prepared and Submitted to RCC	All MMDAs had promotion and retirement schedules prepared	All MMDAs should keep it up.
	2.1ii	100 percent Implementation of the 2023 Schedules	All MMDAs implemented promotion and retirement schedules	All MMDAs should keep it up.
	2.2	Update 2023 and Prepare 2024 Annual Leave Management Roster	Only Suaman and Bia East updated the 2023 annual leave roster and prepared the 2024 annual leave roster with management approval before the deadlines. In the case of Sefwi Akontonbra, the 2023 leave roster was updated before the deadline but not approved. In 2024, the leave roster was prepared and approved before the deadline. In Bodi, Sefwi Wiawso and Juaboso, the leave roster for 2023 and 2024 were prepared but not approved. In Bia West, only new mid-year leave roster was available but not submitted to management for approval.	The MMDAs should keep it up. MMDAs should endeavour to prepare their leave roster and submit to management for approval accordingly within the timelines.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			In the case of Aowin, the 2023 leave roster was updated in December 2023 instead of July. Also, the 2024 leave roster was not prepared. In Bibiani, the 2024 leave roster was prepared but not submitted for approval and there was no evidence of midyear update of the 2023 leave roster.	
	2.3i	TNA Prepared and Approved by 31st August, 2023	Out of the nine, five MMDAs fully prepared the TNA reports before the deadline. In Sefwi Wiawso, there was no approval of the TNA reports. Aowin, Juaboso and Bibiani prepared and submitted the TNA after the deadline.	These MMDAs should keep it up. There is the need to take the preparation of the TNA serious since it guides the preparation of the capacity building plan.
	2.3ii	Comprehensive Training Plan Prepared and Submitted to the RCC by the end of January, 2024	All the MMDAs prepared and submitted a comprehensive training plan to the RCC before the deadline.	MMDAs are encouraged to keep it up.
	2.4	At least 80 percent of 2023 Training Plan Implemented and Quarterly Reports Submitted to the RCC	Six MMDAs implemented more than 80% of the 2023 training plan with all four quarterly reports and submitted Bibiani, Juaboso and Bia West implemented less than 80% of the training plans. Bibiani implemented 1 training out of 4 planned; Juaboso planned for 3 training, but none was implemented; Bia West planned for 4 training but there was no implementation report.	MMDAs should find alternative way of training staff by using in-house consultants or senior officers.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.5	Comprehensive Staff Appraisal Schedule Implemented by the end of the year	Out of the Nine MMDA, only Bia East had 89% of staff going through the appraisal cycle with appraisal forms duly filled The remaining Eight (8) MMDAs had less than 80% of staff going through the appraisal cycle with appraisal forms duly filled.	Management and staff of the MMDAs should take the staff appraisal process seriously and commit to its implementation.
Financial Management & Reporting	3.1i	2024 RIAP Prepared and Submitted to the RCC	Out of the Nine (9) MMDAs, five (5) prepared the RIAP, and had them approved. Bia East, Bia West, and Bibiani did not provide evidence of approval of the RIAP and Aowin submitted the 2024 RIAP after the deadline.	MMDAs must keep it up MMDAs should endeavour to submit their RIAP within the time.
	3.1ii	At least 80 percent of the 2023 RIAP Implemented	Only Sefwi Wiawso implemented over 80% of the RIAP activities. Bia East implemented 78% of the RIAP activities. Suaman and Bia West implemented between 60 and 69%. Juaboso and Sefwi Akontombra did between 50 and 59% Three (3) MMDAs Aowin, Bibiani and Bodi implemented less than 50% of the RIAP. None of the RIAP activities for Bibiani were done. Aowin had too many activities and only 29% was implemented. Bodi	MMDAs must keep it up MMDAs should identify activities that directly impact on revenue and implement same with evidence in reports etc.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			did not implement most of its activities, as only 33% was done.	
	3.2	At least 10 percent Annual Increase in Streets Named with Signage	Bia East and Sefwi Wiawso achieved 26.5% and 10.6% increase in streets named with signage respectively. Bodi implemented 8.5% of streets named with signage. The remaining six (6) MMDAs achieved less than 5% increase.	These MMDAs should keep their performance up. The remaining MMDAs must commit to implementing the street naming programme.
	3.3	Database on Rateable Items	Out of the Nine (9) MMDAs, 3 namely Aowin, Sefwi Wiawso & Suaman had updated revenue database which had a linkage with the revenue estimates In Bia West, data on revenue was presented for only 2023. Bodi & Bia East had updated revenue database, but the data was not used in budgeting. In Bibiani, the data was with the Director of Finance who was not available at the time of the assessment; Juaboso did not use the data, and 2023 data was not available, and with Sefwi Akontombra, there was no data for 2023 except market data.	MMDAs should endeavour to update their data on rateable items regularly and link it to fee fixing and subsequently preparation of budget estimates.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.4	100 percent of 2023 Actual Expenditure in the Approved AAP	All the MMDAs had their plans and expenditure in sync as per the PVs verified except Bia West which could not provide PVs for verification.	MMDAs should keep this up. Management of MMDAs must ensure that expenditure on projects is in sync with the Annual Action Plans
	3.5i	Response to Internal Audit Observations	In three (3) MMDAs, Sefwi Wiawso, Bia West and Bodi all internal audit observations were responded to within the stipulated timeframe. The remaining six (6) MMDAs did not respond to all internal Audit observations in some of the four quarters.	MMDAs must keep it up. MMDAs must commit to responding to Internal Audit observations as raised by the Internal Audit Unit in the same numbers and within the stipulated 10 working days.
	3.5ii	4 th Quarter 2022, 1 st , 2 nd and 3 rd Quarters 2023 Internal Audit Recommendations	Seven (7) MMDAs implemented all recommendations for all four quarters. Two MMDAs, Sefwi Wiawso and Bibiani could not satisfy the requirement for implementing Internal Audit recommendations.	MMDAs should keep this up. The management of the MMDAs must ensure strict compliance with the PFM Act and all associated financial regulations.
	3.6	100 percent Recommendations in 2022 AG's Management Letter Implemented	All the MMDAs failed to implement the recommendations in the Auditor Generals Reports within the stipulated time and were therefore cited	The management of the MMDAs must ensure strict compliance with the PFM Act and all associated financial regulations.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Infrastructure	4.1	At least 80 percent of Approved Road and Transport Programmes in the 2023 AAP Achieved	Two (2) MMDAs; Suaman and Bibiani achieved over 80% implementation of road and transport related programmes. The remaining seven (7) MMDAs could not obtain the 80% implementation of roads and transport programmes in the 2023 AAP. This implies 78% of the MMDAs failed this indicator.	MMDAs should keep this up. MMDAs should improve on the implementation of Road and Transport Programmes and ensure that reports and other evidence are available as proof of execution. This is to forestall delayed projects.
	4.2	At least 80 percent of Approved Buildings and Structures Programmes in the 2023 AAP Achieved	All nine (9) MMDAs implemented less than 80% of approved buildings and structures programmes in the 2023 AAP.	MMDAs should improve on the implementation of building and other structures and ensure that reports and other evidence are available as proof of execution. This is to forestall delayed projects.
	4.3	At least three (3) Spatial Planning Committee Meetings Held each Quarter	Out of the 9 MMDAs, only Aowin, Bodi and Sefwi Wiawso had 3 three meetings every quarter. Bibiani, had 3 three meetings every quarter however, the December minutes were not signed. In Bia East, some minutes were signed. In Suaman, some minutes in some months in the 2nd & 3rd were not signed.	MMDAs must keep it up. MMDAs must comply fully with the provisions in the LUSPA Act 925.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Only one meeting was held in Akontombra with no minutes to show. Bia West had no signed minutes. In Juaboso, all minutes not signed and SPC and TSC minutes were combined.	
	4.4	100 percent Building Permit Applications Received and Considered at DSPC and Decisions Communicated	Three MMDAs, Sefwi Wiawso, Aowin and Bia East considered all applications received and decisions communicated to applicants. Aowin, proved with the dispatch books decisions on applications. Bibiani, Suaman and Bodi did not communicate decision to all applicants. Sefwi Akontobra had no approval in 2023, Bia West and Juabeso had no signed minutes and decisions were not communicated to applicants.	The MMDAs should keep it up MMDAs must comply with the provisions in the LUSPA Act 925
	4.5	Approved Spatial Plans	Out of the nine (9) MMDAs only Sefwi Wiawso had an SDF was in progress and there were SPs and LPs in place. Aowin had a Structure Plan with a report but the local plans were not signed, dated or stamped. All the remaining had no SDF, Structure Plans and presented only local plans.	Sefwi Wiawso is encouraged to complete the SDF which had been in progress for many years. All the MMDAs must comply with the provisions in the LUSPA Act 925 and allocate resources for the preparation of SDF, SP and LP because this serves as the bases for the physical development of their jurisdictions.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Social Services	5.1	Quarterly District Education Oversight Committee	Three (3) MMDAs, Sefwi Wiawso, Suaman & Bodi held all quarterly meetings and implemented decisions. Bibiani showed records of having all the meetings but could not implement the decisions. In Sefwi Ankontombra, Bibiani, Juaboso and Aowin decisions not fully implemented, or some minutes were not signed or signed by other officers. Two (2) MMDAs, Bia East and Bia West did not produce any record of meetings	MMDAs must keep it up. MMDAs should ensure these statutory meetings are held quarterly and the decisions of the committee implemented with records taken and kept appropriately.
	5.2	Quarterly District Health Committee	Three (3) MMDAs Bodi, Suaman and Sefwi Wiawso held all quarterly meetings and implemented decisions. In Sefwi Akontombra, Bibiani and Aowin, either decisions were not fully implemented, or some minutes were not signed at all or were not signed by authorized officers. In Bia East all minutes presented were signed by the recorder instead of the secretary; in Bia West only 2 minutes were presented and signed by the recorder. In Juaboso, all the minutes presented were not signed.	MMDAs must keep it up. MMDAs should ensure these statutory meeting is held quarterly, and the decisions of the committee implemented with records taken and kept appropriately.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.3i	Data on Vulnerable Groups of at least three (3) Thematic Areas Updated and Submitted	Eight (8) MMDAs had data on the vulnerable updated and submitted within the stipulated time period. In Sefwi Wiawso, the records of the SWCD on vulnerable group was not organised and well kept making it difficult to identify updated data and transmittal to that effect.	All MMDAs are encouraged to keep it up. Management of MMDAs should train officers of the SWCD on data management.
	5.3ii	Database on Quarterly Births and Deaths Registration	In all the MMDAs there were officers for Birth and Deaths Registration except Aowin which could not provide a report on Birth and Deaths Registration.	The MMDAs should keep it up. The management of the Assemblies should integrate the Registry as a department of the Assembly and resource them to function.
	5.4	At least 80 percent of Approved GBV Interventions Achieved	All MMDAs implemented GBV interventions except Bia West.	All MMDAs are commended, while the management of Bia West is encouraged to improve on the implementation of GBV activities.
	5.5	At least 80 percent Child Protection Cases Managed Effectively	All MMDAs fully managed child protection cases except Sefwi Wiawso.	All MMDAs are commended, while the management of Sefwi Wiawso is encouraged to improve on the implementation of Child Protection activities.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.6	At least 80 percent Community Mobilisation and Education in the 2023 AAP Achieved	All the MMDAs implemented over 80% of community mobilisation programmes.	MMDAs should be encouraged
Economic Development	6.1	At least 5 percent of Expenditure to Agriculture excluding National Farmers' Day	Only Sefwi Akontobra, Bia East and Bodi spent more than 5% of the total expenditure of the Assembly on agriculture. The remaining six (6) MMDAs spent less than 5% of the total expenditure on agriculture.	MMDAs are encouraged to keep this up. MMDAs must increase expenditure on Agriculture.
	6.2	At least 80 percent of Planned Agricultural Activities in the AAP Achieved	Bodi, Bia East and Sefwi Akontonbra fully implemented more than 80% of planned agriculture programmes in the AAP. Sefwi Wiawso and Suaman partially implemented 71% and 72% respectively Aowin and Juaboso achieved 60% and 63% respectively. Bibiani implemented 53% and Bia West 42%.	MMDAs should allocate funds for the implementation of Agriculture activities in their AAP and ensure that proper records on implementation are kept.
	6.3	At least 40 percent of Agricultural Expenditure on Post-Production Activities	Aowin and Bia East spent 33% and 32% respectively of agriculture expenditure on postproduction. The remaining seven (7) MMDAs spent less than 20% of their total agric expenditure on postproduction.	MMDAs must commit to implementing postproduction activities to enhance value addition and improved incomes for farmers.
	6.4	At least 60 percent of Planned Agricultural Activities to Address Gender Gaps	Seven (7) MMDAs implemented 60% or more on planned agric activities to address gender gaps. Bibiani achieved 57% while Juaboso had 25%.	MMDAs should keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
				The two (2) MMDAs are encouraged to implement programmes to address Gender Gaps.
	6.5	At least 80 percent of Approved Tourism Related Activities Implemented	Only three MMDAs Bibiani, Sefwi Wiawso and Aowin implemented 80% of planned activities in tourism. The remaining six MMDAs achieved less than 80%.	MMDAs must keep it up. MMDAs must adequately report on tourism initiatives and programmes potentials.
Environment & Sanitation	7.1	2023 Disaster Preparedness Action Plan Implementation Report Prepared and Submitted to the RCC by the end of the year	None of the MMDAs in the region had Disaster Preparedness Plan.	The management of all MMDAs are encouraged to put in place Disaster Preparedness Plan in collaboration with NADMO.
	7.2	At least 60 percent of Environment Enhancement Programmes in the 2023 AAP Implemented	Seven (7) of the MMDAs implemented environment enhancement programmes. Bibiani and Bia West implemented 50% of their planned programmes.	The 7 MMDAs must keep it up while the remaining are encouraged to undertake more environment enhancement programmes.
	7.3	Population with Household Toilets Increased by at least 15 percent by the end of the year	Only Suaman produced evidence of an increase in population with access to household toilets by 15.3%. The remaining eight (8) MMDAs only indicated the growth in number of household toilets without recourse to the population.	MMDAs must intensify education on the construction of household toilets and improve their records on them.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.4	Routine Cleansing of the CBD, Town Centres and Other Public Spaces	Four (4) MMDAs, Suaman, Bodi, Sefwi Wiawso and Bibiani produced four quarterly reports on routine cleansing of the CBD with evidence of expenditure. The remaining five (5) MMDAs either did not produce reports or failed to provide evidence of expenditure.	MMDAs must keep this performance up. The remaining five (5) MMDAs must allocate resources for routine cleaning of the CBD and ensure that reports on implementation are prepared.

4.9. North East, Northern & Bono East Regions

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

4.9.1. Scope of the Assignment

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

4.9.2. General Outcomes

The average time spent in each institution was about 4.5 hours. The level of cooperation from the Chief Executives and the Coordinating Directors was high. About 80% of Chief Executives were present at the entry/exit conferences.

The staff, Heads of Departments and few Heads from the Non-decentralized Departments were available to answer questions relating to specific areas that needed their response. Some of the non-decentralised department present included Information Service, NADMO, Centre for Culture Officers and NCCE.

4.9.3. General Observations

- In most of the MMDAs visited the Heads of Departments did not understand some of the Key Performance Indicators.
- For Indicator 1.1, most of the reports and minutes produced and presented as evidence were on expanded MPCU/DPCU meetings with presentations from the decentralised department of the Assemblies. Only few had the ISCC meetings with the non-decentralised departments, SOEs etc in attendance and made presentations on their planned activities and achievements.
- Most MMDAs had a records management application but was not efficient and was difficult to retrieve scanned correspondence from the application. None of the MMDCDs/MMDCEs was able to access the electronic records management system for information management on their personal laptops and mobile phones.
- Most of the MMDAs did not capture information of other Departments/Units activities on the websites. Information on website usually were on the activities of MMDCEs and sometimes activities of units under the central administration department. It was also observed that most of the IT officers were not aware of the activities of the other departments of the MMDAs and therefore were not captured as post on the website. Some of these sectors usually ignored are Agriculture, Environmental Health, Physical

Planning, Works and Social Welfare and Community Development. The websites of most of the district did not have the details of the services rendered such as development permit, business operating permit, marriage registration etc. In some cases, the district listed the services rendered but did not specify how to access the service.

- Some of the substructures of the MMDAs are functioning but did not have the requisite staff posted to perform the functions. Workplans and implementation reports were mostly not available.
- Most of the Assemblies had issues of keeping the visitor's washroom clean with soap, water, tissue and T-rolls. Most of the MMDAs office environment were not clean.
- Though most of the Assemblies had Client Service Units with logistics, most of the officers were not using the new complaints/enquiry and visitor's form.
- It was observed that most MMDAs Departmental/Units activity reports were not officially submitted to MMDCDs for Management decision.
- Most of the trainings of the MMDAs were done by consultants and the quality of reports produced were very low without much details and the reports usually were not have transmit officially to the District, no pictures and some cases no attendance sheets available.
- Appraisal compliance was observed to be low across all the Regions.
- In all the MMDAs, IGF staff were not appraised.
- Most of the MMDAs have data on properties and businesses but could not established updates on the individual business during updates.
- Most minutes produced were poorly written i.e., it did not follow the standard minutes formats and in some cases no matters arising to update the meeting on status of previous meetings. Poor formatting and wrong officers signing were also observed in some MMDAs (the Recorders signed the minutes as well as Chairpersons and Secretaries). Most of the minutes were freshly/newly printed.
- 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. Most of the updated data submitted to the RCCs were not accompanied by transmittal letters.
- It was observed that MMDAs commitment to supporting of Gender-based Violence (GBV) interventions were low especially in the non-ISS implementing districts.
- 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 online databases (for MMDAs on the ISS programme).
- 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 especially for social services, tourism and gender activities of Agric department.

- MMDA did not perform well in the Agric indicators. This is particularly in MMDAs around the Regional capitals and is due to lack of innovation in the face of the increasing urbanization/loss of arable land for agriculture.
- Poor leadership and coordination were observed in some MMDAs who failed to adequately coordinate and organize their staff to be fully prepared with their files and reports.
- Delay in the release of funding to the RCCs and MMDAs resulted in the delay of implementation of a number of activities. This affected the projects achievement level for roads and building infrastructure projects.
- The KPI on population with access to household toilets was observed to be widely misunderstood and reporting poorly done in most MMDAs. Most of the data seen were on number of household toilets and not population with household toilets.

4.9.4. General Recommendations

For MMDAs

- Start seeing and positioning the Assemblies as corporate organisations 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 in line with the code of conduct and other protocols of the Local Government Service;
- 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, progression of staff shall depend on it;
- 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 accommodation and logistics must be made available for all 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 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. MMDAs should be encouraged to look at means of improving client experience on their websites 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. All signage should be maintained by ensuring that the inscription are visible.

4.9.5. Specific Observations (For North East Region)

- Most of the ISCC meetings were not held for both review and planning, MMDA's still confuse the difference between M/DPCU meeting and ISCC meetings.
- All the MMDAs were not fully migrated into the new Records Management System.
- Most of the MMDAs were using an excel spreadsheet for the register with scanned documents not linked to the excel database.
- None of the MMDCDs and MMDCEs were able to access the electronic records management system for information management on their phones or laptops of the MDCE and MDCDs.
- It was observed that most of the IT officers were not aware of the implementation of activities of the departments of the MMDA to be able to facilitate the capturing of the activity to post on the website. Most websites did not have the details of the services rendered by MMDAs such as development permit, business operating permit, marriage registration etc.
- Some of the sub-structures were not functional. However, the functional sub-structures did not have action plans and implementation reports were also not officially submitted to Management.
- Though most of Assemblies had Client Service Units, there were inadequate logistics, the new complaints/enquiry and visitor's form were not in use in a majority of the MMDAs.
- Most of the Washrooms and environment were not well manage.
- Lack of internal communication for the implementation of the promotion schedule.
- Leave roster and TNA were mostly not approved by management.
- Most of the MMDAs were not reporting on the implementation of RIAP activities.

- Some of the MMDAs did not organise trainings for newly posted or new recruited staff on the LGS protocol and Assembly byelaws.
- Compliance with the Staff appraisal system was low in most of the MMDAs.
- poor records keeping across all departments and units of the MMDAs.
- Most of the MMDAs have data on properties and businesses but couldn't establish updates on the individual businesses and linkage with the budget.
- The quality of most of the minutes was not up to standard i.e. poor formatting and the Recorders signed the minutes as well as Chairpersons and Secretaries. Most of the minutes were freshly or newly printed,
- Most minutes produced were poorly written i.e., it did not follow the standard minutes formats and in some cases no matters arising to update the meeting on status of previous meetings.
- The updated data 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. Data submitted to RCCs did not have transmittal letters accompanying them.
- It was observed that MMDAs commitment to supporting of Gender-based Violence (GBV) interventions were low especially in the non-ISS districts where funds were provided by UNICEF for activities;
- Some of the Social Welfare and Community Development (SWCD) Department's activities were not fully funded resulting in low achievement levels.
- 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 in some MMDAs. Some activities that are captured in the AAP are categorized "District wide" and this makes measurability difficult.
- MMDAs activities on agriculture was based on the support from MAG. This resulted in low achievement of the percentage of MMDAs expenditure going into Agriculture;
- It was observed that some of the Agric Directors did not fully appreciate how much of the MMDAs expenditure went into Agriculture and therefore mostly understated the total expenditure especially from other sources apart from MAG;
- Delay in the release of funds to the RCC and MMDAs especially from DACF resulted in the delay of implementation of activities.
- The KPI on population with access to household toilets was observed to be widely misunderstood and reporting poorly done in most MMDAs. MMDAs mostly reported on Number of household toilets and not population with access to household toilets.

4.9.6. General Recommendations (For North East Region)

- Apply the required sanctions needed for staff who are failing to perform their functions in an effective and efficient manner in line with the code of conduct and other protocols of the Local Government Service;
- 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, progression of staff shall depend on it;
- 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 accommodation and logistics must be made available for all 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 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. MMDAs should be encouraged to look at means of improving client experience on their websites 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. All signage should be maintain by ensuring that the inscription are visible.

For North East RCC

- The RCC 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 RCC is 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 to address disparities in staffing challenges across the Region.

4.9.7. North East RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 18: Detailed Analysis/Findings of each Indicator for North East RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	Twelve monthly REGSEC meetings were held by the RCC with all signed invitation letters and minutes on file. Implementation report of actions taken were not seen.	The RCC must ensure that implementation on decisions of meetings is well documented.
	1.2i	Compliance with Expanded RCC	Two expanded RCC meetings were held by the RCC with signed records of invitation letters and minutes on file.	RCC should keep this up to strengthen their collaboration with the stakeholders of the RCC.
	1.2ii	Compliance with Expanded RPCU	Two expanded RPCU meetings were organised by the RCC with external stakeholders invited and fully participated.	The RCC must keep this up.
	1.3i	Full implementation of the LGS Records Management Manual	The RCC were yet to fully migrate files onto the newly developed LGS file classification scheme. There was no file diary at the RMU. The new inwards and outgoing correspondence registers were not in use at the RMU. The RCC was still using the old system for recording correspondence.	The RCC must engage the OHLGS to assist in the full implementation of the LGS Records Management reforms to conform to the Records Management Manual.
	1.3ii	Software/system for the electronic storage of correspondence	The RCC has an electronic correspondence management system in place and all the	The RCC must ensure the mainstreaming of management onto the electronic correspondence

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			sampled correspondence captured in the year 2023 were retrievable. However, the RM, RCD or other management members were not mainstreamed onto the system.	management system for efficient flow and management of information.
	1.4	Availability of website and updates	The RCC did not have a functional website.	The management of the RCC must ensure the development of a functional website to fully harness the business and marketing potential of the website as a tool for marketing the Region and its opportunities for socio-economic development.
	1.5i	Effectiveness of the Client Service Unit	The RCC had a dedicated office accommodation, well labelled with basic logistics such as furniture. The newly developed LGS client forms were not in use at the time of the exercise.	The RCC must ensure that the recommendations in the newly developed LGS Client Service Manual for the management of clients' needs and expectations are fully in use.
	1.5ii	Monitoring and coordination of the sub-district structures of the MMDAs	The RCC prepared a monitoring report, however there was no evidence of submission to the OHLGS.	The RCC must ensure the continuous monitoring of the functionality of the sub-structures and reports duly forwarded to the OHLGS before the deadline.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.6	General office environment	The office had adequate directional signposts to lead visitors to the office premises as well as a well-managed office environment and landscaping. However, the visitors' washroom was not managed well with no soap and tissue.	The RCC must commit to ensuring that the visitor's washrooms are always well managed.
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies & retirement schedules submission	Only the second batch of the biannual composite promotion schedules and retirement schedule were submitted but there was no evidence of dispatch to the OHLGS.	The RCC must ensure that promotion and retirement schedules are prepared and forwarded to the OHLGS before the deadline.
	2.1ii	Implementation of promotion and retirement schedules	The RCC had no records on the implementation of both the promotion and retirement schedules on file.	The RCC must keep records of the implementation of both promotion and retirement schedules on file.
	2.2	Compliance with preparation of leave management roster and updates	The RCC did not produce any leave updates for 2023. The HR Department prepared the 2024 leave roster but did not forward it for management approval.	The RCC must ensure the preparation and update as well as management approval of the RCC leave roster.
	2.3i	Compliance with the preparation a Regional Training Needs Assessment	The RCC did not have a Training Needs Assessment on file.	The RCC should ensure that a comprehensive training needs is compiled and an assessment report produced before the deadline.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.3ii	Compliance with the Comprehensive Regional training plan	The RCC did not prepare a harmonised Regional Training Plan.	The RCC must ensure that all training plans are harmonised into the regional plan and submitted before the deadline.
	2.4	Compliance with the implementation of RCC Training Plans	There was no evidence on file of the implementation of the 2023 Training Plan of the RCC.	The RCC must ensure the full implementation of the training plan and the proper filing of training reports.
	2.5	Monitoring of PMS implementation at the MMDA level	The RCC did not prepare a monitoring report on the implementation of the PMS.	The RCC should prioritise the monitoring of the PMS activities to increase compliance among MMDAs.
	2.6	Compliance with Staff Performance Appraisal Schedule for 2023	The compliance of the RCC staff in the 2023 performance appraisal was very low.	The management of the RCC should ensure the strict compliance of all staff in the performance appraisal cycle.
Financial Management & Reporting	3.1	Compliance with Annual Audit Plan preparation and submission	The RCC prepared the 2023 Annual Audit Plan but there were no records of submission to the Principal Spending Officer, Audit Committee Chair, Internal Audit Agency before the deadline.	The RCC should ensure the preparation and timely submission of the Audit Plan.
	3.2	Implementation of Auditor Generals Management letter recommendations	The RCC had their Auditor Generals' Management Letter for 2022 and responses to the management letter on file.	This is very commendable and the RCC must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.3i	Prompt response to the Internal Audit observations	Only the second and third quarter Internal Audit observations were responded to within 10 days of the issuance of the draft report. There were no records of response to the first and fourth quarters on file.	The RCC should ensure the prompt response to Internal Audit observations and proper documentation of records.
	3.3ii	Implementation of Quarterly Internal Audit recommendations	Only 3 out of 20 recommendations in the Internal Auditor's quarter reports were not implemented.	The RCC must ensure full implementation of Internal Audit recommendations and properly documented.
	3.4	Preparation and submission of approved Regional Integrated Budget System (RIBS)	There was evidence on file that showed that the RCC prepared approved RIBS and submitted to the OHLGS before the deadline.	The RCC must keep this up.
	3.5	Expenditures outside GIFMIS	All sampled expenditures of the RCC were observed to have been processed through the GIFMIS.	The RCC must keep this up.
Services	4.1	Submission of Departmental monitoring reports through the RCC	Two of the 4 sampled Departments submitted 4 quarterly monitoring reports were submitted through the RCC to the OHLGS before the deadlines with evidence in the dispatch records of the RCC.	The RCC should ensure that all departmental quarterly reports are submitted on time.
	4.2	Quarterly RPCU monitoring reports	The RCC prepared four (4) quarterly RPCU monitoring reports, however there was no evidence of submission before the deadline.	The RCC must ensure that quarterly monitoring reports are submitted to OHLGS with evidence of dispatched.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.3	Biannual technical backstopping	There were technical backstopping reports on SNAPS and spatial plans submitted to the RCC, however, there was no evidence of submission to OHLGS.	The management of the RCC must impress on all Departments to prepare biannual technical backstopping reports and route them through the RCC to the OHLGS.
	4.4	Preparation and submission of the Regional Integrated Plan	The RCC prepared the 2024 Regional Integrated Plan, however there was no evidence of submission to the OHLGS.	The management of the RCC must ensure the submission of the RIAP to the OHLGS before the deadline.

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

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCC meetings	Chereponi and Yunyoo produced records (invitation letters and signed minutes) for 2023 mid-year review meetings, however there were no records of 2024 ISCCS planning meeting on file. In Bunkprugu Nakpanduri, West and East Mamprusi MMDAs no records were produced for both meetings. Mamprugu Moagdori produced an ISCCS report, however there were no evidence of presentations and contributions made by external stakeholders.	MMDAs should ensure organisation of both ISCCS meetings and active participation and contribution of the external stakeholders.
	1.2	Compliance with the organisation of sensitisation workshops	Chereponi, Yunyoo and West Mamprusi MMDAs conducted one (1) training each on the LGS protocols with staff list attached to the reports. Bunkprugu DA prepared one (1) training report on the LGS protocol, however, there was no staff list attached. No sensitization workshop report was produced in East Mamprusi MA.	MMDAs are encouraged to invest in the organisation of sensitization workshops for especially newly posted or recruited staff.
	1.3i	Full migration to the new records management system	None of the six (6) MMDAs had a file diary. None of the MMDAs in the Region was using the newly developed Incoming and Outgoing	The MMDAs are in need of urgent training on the procedures and processes as spelt out in the newly

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Correspondence Register format as well as the filling of the sampled file ladders. The implementation of the procedures and processes in the newly developed LGS Records Management Manual was disappointingly very low.	developed Records Management Manual. The management of the MMDAs should commit to the full implementation of the LGS Records Management Manual.
	1.3ii	Electronic capturing and storage of correspondence	Only Chereponi and West Mamprusi MMDAs out of the 6 MMDAs had an electronic correspondence management system with sampled correspondence all retrieved. However, management of these MMDAs were not mainstreamed onto the system. The other 4 MMDAs were using the Microsoft Software Excel application to capture correspondence, however, scanned copies of the captured documents could not be retrieved.	Management of the MMDAs should commit to investing in a functional electronic records management system to help improve efficient records management.
	1.4	Availability and update of website	All the 6 MMDAs had functional websites, however, none had all the monthly news updates, departmental activities/information as well as information such as tourist sites, AAPs, RIAPs etc.	The management MMDAs should commit to investing in continuous update of the websites to promote the MMDAs.
	1.5i	Functionality of the Client Service Unit	All 6 MMDAs had a dedicated office for the Client Service Units. The CSU office of West Mamprusi MA had no basic logistics.	The management of the MMDAs must commit to the full implementation of the recommendations of the LGS Client Service Manual.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Yunyoo, Bunkprugu, East Mamprusi and Mamprugu Moagduri MMDAs were not using the new developed Client Service Forms.	
	1.5ii	Implementation of the activities in the approved action plans of the sub-district structures	All the 6 districts have functional sub-district structures however, none of the MMDAs were able to implement 60% or more of the Action Plans of the sub-district structures. Only Bunkprugu, Mamprugu Moagduri and Chereponi were able to implement between 41% to 50% of planned activities of the sub-district structures.	The management of the MMDAs must ensure the implementation of the planned activities of the sub-district structures and proper reporting of implemented activities.
	1.6	Well managed workplace environment	All the 6 MMDAs had some directional signpost to the offices. All the 6 MMDAs had poorly maintained workplace environment. The visitor's washrooms of all the 6 MMDAs were poorly managed. Yunyoo Nasuan and Chereponi MMDAs had poorly maintained office landscaping.	The management of the MMDAs should commit to improving the workplace environment especially visitor's washrooms and the general office environment.
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies submission	Yunyoo DA prepared the first batch of promotion schedule but did not submit to the RCC.	MMDAs should ensure the preparation of promotion and retirement schedules and

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Mumprugu Moagduri prepared the second batch of promotion schedule but did not submit to the RCC. All the other MMDAs prepared and submitted both promotion schedules to the RCC before the deadline. All the 6 MMDAs prepared and submitted the Retirement Schedules before the deadline.	submission to the RCC before the deadlines.
	2.1ii	Implementation of 2023 promotion and retirement schedule	5 out of the 6 MMDA produced records of the implementation of the Retirement Schedules except for Yunyoo Nasuan DA. All 6 MMDAs showed evidence of facilitation of the promotion of staff were done using Whatsapp Application as a means of communication to the staff. There was no evidence of memos or official letters written to staff.	Management of the MMDAs should ensure the facilitation of staff promotions and retirements are done through official means and are properly documented.
	2.2	Compliance with preparation of leave management roster and updates	All the 6 MMDAs prepared the 2024 leave roster. Out of the 6 MMDAs, West Mamprusi, Mamprugu Moagduri and Yunyoo Nasuan updated their 2023 leave roster, however, there was no evidence of management approval of the updated roster on file.	Management of the MMDAs are to ensure the prompt preparation and updates of the leave roster for the effective management of staff.
	2.3i	Preparation and approval of Training Needs Assessment	5 out of 6 MMDAs prepared TNA with the exception of West Mamprusi MA.	The management of the MMDAs should ensure the preparation and approval of TNAs before the deadline.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Yunyoo Nasuan and Mamprugu Moagduri MMDAs prepared TNA, however, there was no management approval of the TNAs.	
	2.3ii	Compliance with the preparation and submission of MMDA training plan	All the MMDAs with the exception of Mamprugu Moagduri DA prepared and submitted training plans to the RCC on the deadline.	The management of Mamprugu Moagduri DA should ensure the preparation and submission of the training plan before the deadline.
	2.4	80% of Training Plan of MMDA Implemented and Quarterly Report Submitted	All the 6 MMDAs prepared and submitted their quarterly capacity building implementation reports. Only East Mamprusi, Yunyoo and West Mamprusi MMDAs implemented 80% or more of their capacity building plan.	The management of the MMDAs must the implementation of the capacity building plans.
	2.5	MMDA Staff Performance Appraisal Implemented for 2023	None of the 6 MMDAs visited recorded the 80% or more of the staff fully complying with the staff performance appraisal in 2023. The highest was Bunkprugu DA with 65% and the lowest was Yunyoo with only 16%. In West Mamprusi MA, the staff appraisals submitted were all tempered with.	The management of the MMDAs should ensure that staff strictly comply with the Appraisal Schedule.
Financial Management & Reporting	3.1i	Compliance with the preparation and submission of RIAP	All the 6 MMDAs prepared the RIAP were approved by the either the F&A or General Assembly on or before the deadline.	MMDAs are to keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.1ii	At least 80% of the 2023 RIAP of the MMDA implemented by the end of the year	Only East Mamprusi and Yunyoo Nasuan MMDAs implemented more than 80% of the 2023 RIAP with implementation reports on file. All the other MMDAs did not have detailed implementation reports to measure actual level of implementation of the RIAP.	The management of the MMDAs must ensure the full implementation and reporting of activities in the RIAP to help improve revenue.
	3.2	10% annual increase in street naming with signage	Only West Mamprusi and Chereponi MMDAs reported an increase of more than 10% in the number of new streets named with signages in 2023. East Mamprusi and Yunyoo MMDAs have no records on new streets named with signages in 2023.	The management of the MMDAs must commit to the implementation of SNPA activities to help improve revenue mobilisation.
	3.3	Database on rateable items (moveable & immoveable) and linked with final revenue estimates for the ensuing year	5 out of the 6 MMDAs updated the data on rateable properties and businesses and linked the updated data to the revenue estimates. Only West Mamprusi MA did provide updated data on rateable properties and businesses.	The management of the MMDAs should ensure that the database is updated yearly and linked to the revenue estimates.
	3.4	100% of 2023 actual expenditure covered activities in the approved AAP	5 out of the 6 MMDAs had all sampled PVs linked to the AAP and APR and were processed through GIFMIS with warrant. Only Yunyoo Nasuan DA had some of the sampled PVs manually prepared without processing through the GIFMIS platform.	Management of the MMDAs should ensure that all expenditures were captured in the AAPs and processed through the GIFMIS platform to help curb audit infractions.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.5i	Response to Internal Audit observations within 10 working days of the issuance of draft report	5 out of the 6 MMDAs issued management responses to Internal Audit observations within the 10 working days. Only Mamprugu Moagduri did not have the draft report that was submitted on file to ascertain the dates the responses were issued on file.	Management of the MMDAs should ensure that audit observations are responded to promptly and well documented.
	3.5ii	Quarterly Internal Audit Report Recommendations Implemented	4 out of the 6 MMDAs had all the recommendations implemented. Only Mamprugu Moagduri and Bunkprugu Nakpanduri did not have all the recommendations implemented.	Management of the MMDAs should ensure that all audit recommendations are implemented promptly and well documented.
	3.6	100% of recommendations contained in 2022 Auditor General's Management Letter (including Accounts, *DACF-RFG and **MAG) implemented by the end of the year	4 out of 6 MMDAs have all the Auditor Generals' Management Letter recommendations fully implemented. Only Mamprugu Moagduri and Bunkprugu Nakpanduri did not have all the recommendations fully implemented.	Management of the MMDAs should ensure 100% implementation of audit recommendation of external audit.
Infrastructure	4.1	80% of approved road and transport programmes in 2023 AAP achieved	Only 2 MMDAs namely Bunkpurugu Nakpanduri and East Mamprusi MMDAs were not able to implement at least 80% of their road programmes/projects in their 2023 APR.	The management of the MMDAs should ensure that ongoing projects are fully implemented before the commencement of new projects.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.2	80% of approved programme for buildinmgs and structures in 2023 AAP achieved	All the 6 MMDAs could not implement at least 80% of their approved programmes for buildings and structures.	The management of the MMDAs should ensure that ongoing projects are fully implemented before the commencement of new projects.
	4.3	Quarterly Spatial Planning Committee Meetings	Only 2 MMDAs (Bunkpurugu Nakpanduri & Chereponi) were able to organize at least 3 Spatial Planning Committee meetings with PVs, signed invitation letters and minutes in each quarter of 2023. Mamprugu Moagduri and Yunyoo held only 6 meetings with PVs, signed invitation letters and minutes.	Management of the MMDAs should commit to the organisation of the SPC meetings to lead the development of the MMDAs.
	4.4	100% building permit applications received and considered at the DSPC meetings and decisions communicated to applicants	Only Mamprugu Moagduri considered all building permit applications and communicated decisions to all applicants. 4 MMDAs (East Mamprusi, West Mamprusi, Chereponi and Bunkpurugu Nakpanduri) processed and approved building permit applications but with no evidence of communication of decisions to applicants.	Management of the MMDAs should ensure that the SPCs and TSCs are resourced to fully perform their functions and ensure communication of decisions to applicants.
	4.5	Availability of apprpoved Spatial Plans.	None of the 6 MMDAs had a Spatial Development Framework.	Management of the MMDAs should commit to the development of the 3-tier plans

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			None of the 6 MMDAs visited had a valid structure plan. Only 3 MMDAs (Yunyoo, East Mamprusi & West Mamprusi) had at least 2 valid local plans.	to coordinate development activities.
Social Services	5.1	Quarterly District Education Oversight Committee (DEOC) Meetings	Only Bunkpurugu Nakpanduri & West Mamprusi produced records of all quarterly meetings held and decisions fully implemented. Only East Mamprusi & Chereponi MMDAs did not hold all 4 quarterly DEOC meetings. The other MMDAs had all the invitation letters and signed minutes for all four quarters on file, however not all minutes captured the implementation of decisions.	MMDAs are encouraged to organize quarterly District Education Oversight Committee meetings and ensure that records of implementation of decisions are properly captured and documented.
	5.2	Quarterly District Health Committee Meetings	4 out of 6 MMDAs had records (invitation letters and signed minutes) for all four quarters on file with the exception of Chereponi and East Mamprusi MMDAs. However, not all minutes captured the implementation of decisions of the meeting.	MMDAs are encouraged to organize quarterly District Health Committee meetings and ensure that records of implementation of decisions are properly captured and documented.
	5.3i	Data on vulnerable groups of at least three thematic areas	None of the 6 MMDAs provided records of the submission of updated vulnerable groups data biannually before the deadline.	The management of the MMDAs should ensure that updated data on vulnerable groups are submitted on bi-

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
				annual basis before the deadline.
	5.3ii	Database on registration on births and deaths updated quarterly	All the 6 MMDAs visited had no records of database on registration on birth and deaths and their quarterly updates.	The management of the MMDAs must ensure the full integration of the Birth and Death Department and ensure the compliance of the Department to meeting reporting timelines.
	5.4	Gender Based violence intervention.	Only 3 MMDAs (Yunyoo, Chereponi and West Mamprusi) implemented at least 80% of its planned Gender Based Violence interventions in the 2023 AAPs.	The management of the MMDAs should commit to implementing GBV interventions.
	5.5	Child Protection cases managed effectively	3 MMDAs (East Mamprusi, West Mamprusi and Bunkpurugu Nakpanduri) produced reports to show that 80% and more of reported child protection cases were successfully managed.	The management of the MMDAs should ensure that reported child protection cases are managed effectively.
	5.6	Community Mobilization and Education Programmes	Only East Mamprusi implemented less than 80% of their Community Mobilization & Education programme in the 2023 AAP.	The management of the MMDAs should ensure the implementation of all community mobilization and education programmes.
Economic Development	6.1	5% of MMDA expenditure to agriculture excluding farmer's Day celebration	None of the 6 MMDAs was able to expend 5% of more of the total expenditure on Agric related activities.	The management of the MMDAs should commit to investing more in Agric related

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The highest in the Region recorded in Chereponi and Yunyoo Nasuan DAs (3.9%) and the least is West Mamprusi MA (1.6%).	programmes and activities in the AAPs.
	6.2	80% of planned agriculture activities in AAP implemented	None of the 6 MMDAs was able to implement at least 80% of the 2023 planned agricultural activities in AAP, however 3 MMDAs (East Mamprusi, West Mamprusi and Yunyoo) planned and implemented between 70% to 79% and were verified in the APR and departmental progress report.	The management of the MMDAs should commit to investing more in Agric related programmes and activities in the AAPs.
	6.3	40% of MMDA annual agriculture expenditure on post-production	None of the 6 MMDAs were able to commit at least 40% of annual agricultural expenditure on post-production. East Mamprusi had 34% which is the highest in the Region.	The MMDAs should commit to investing in post-production activities to add value and increase storage capacity of the Agric produce.
	6.4	Agricultural Interventions to address gender gaps	West Mamprusi and East Mamprusi implemented 100% and 60% of activities to bridging the gender gaps respectively. The remaining MMDAs did not present any implementation reports to ascertain the percentage achieved.	The management of the MMDAs should consciously plan and implement interventions to address gender gaps to ensure inclusion in the Agric sector.
	6.5	80% of approved tourism related activities implemented	Only Chereponi and East Mamprusi MMDAs implemented more than 80% of their planned tourism related activities in the 2023 AAP.	The management of the MMDAs should explore external opportunities to attract investment through tourism.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Environment & Sanitation	7.1	Preparation and Submission of Disaster preparedness action plan	None of the 6 MMDAs visited prepared and submitted Disaster Preparedness Action plan and report.	The management of the MMDAs should commit to the preparation of the District Disaster Preparedness Plan and report and submit implementation reports before the deadline.
	7.2	Implementation of Environment Enhancement Programmes	East Mamprusi, West Mamprusi and Chereponi MMDAs were able to implement more than 60% Environment Enhancement Programmes in their 2023 AAP. Mamprugu Moagduri and Yunyoo Nasuan recorded no implementation.	The management of the MMDAs should ensure that environment enhancement programmes are duly implemented.
	7.3	Population with household toilets increased by 15%	Only 2 districts (East Mamprusi and West Mamprusi) out of the 6 MMDAs recorded more than 15% increase in population with access to household toilets.	The management of the MMDAs should ensure that population with household toilets are increased to reduce open defaecation.
	7.4	Routine cleansing of the CBD, Town centres and other public spaces	3 MMDAs (East Mamprusi, Mamprugu Moagduri and Bunkpurugu Nyakpanduri) could not provide any evidence of at least one Assembly sponsored routine cleansing carried out in each quarter in year.	The management of the MMDAs should commit to investing in routine cleansing activities of the CBD and in other public places.

4.9.8. Specific Observations (For Bono East Region)

- The Heads of Departments of most of the MMDAs visited did not understand the Key Performance Indicators.
- Most of the ISCC meetings were not held for both review and planning.
- All the MMDAs were not fully migrated into the new Records Management System.
- Most MMDAs had some form of records management application in soft but difficult to retrieve linked correspondence on the interface of the soft applications. None of the MMDAs were able to access the electronic records management system for information management on their phones and laptops.
- Most of the MMDAs were still not covering most of the Departments/Units activities on the websites. It was also observed that most of the IT officers were not aware of the activities of the MMDAs to be able to facilitate the capturing of the activity and post on the website. The websites did not have the details of the services rendered such as development permit, business operating permit, marriage registration etc.
- Some of the sub-structures were not functional and those functioning were not having action plan and implementation report submitted to the DCD.
- Though most of MMDAs had Client Service Units with no logistics, most of the officers were not using the new complaints/enquiry and visitor's form.
- Most of the Washroom and environment were not well manage.
- No internal communication for the implementation of the promotion schedule.
- Leave roster and TNA were mostly not approved by management.
- Most of the MMDAs were not reporting on the implementation of RIAP activities.
- Some of the MMDAs did not organised training of newly posted or newly recruited staff on protocol and byelaws.
- Compliance with the Staff appraisal system was very low in most of the MMDAs.
- poor records keeping across all units and departments in the MMDAs.
- Most of the MMDAs have data on properties and businesses but cannot established updates on the individual business types and link it to the budget.
- The quality of most of the minutes were not up to standard i.e. poor formatting and the Recorders signed the minutes as well as Chairpersons and Secretaries. Most of the minutes were newly printed,
- Most minutes produced were poorly written i.e., it did not follow the standard minutes formats and in some cases no matters arising to update the meeting on status of previous meetings.
- Most of the MMDAs were not having a well-managed general landscaping on the compound.
- Some of the MMDAs had been trained by BERCC but yet to receive the required training reports.

- Few of the MMDAs were not having desktop computer to enter their incoming and outgoing mails.
- The data update on vulnerable groups forwarded to the Regional Department were restricted to mostly LEAP and PWDs. These updates sent to the RCCs are mostly not transmitted through official channels but through social media platforms.
- It was observed that MMDA's commitment to supporting of Gender-based Violence (GBV) interventions were low.
- Some Assemblies did not update the status of action taken in the Child Protection Case Register and the data in the Register were mostly different from data in the Annual reports.
- MMDA were still not well performing well in the Agric indicators. This is particularly in due to MMDAs with MAG as the only source of funds.
- Delay in the release of funding to the RCCs and MMDAs resulted in the delay of implementation of a number of activities especially roads and other infrastructure projects.
- Compliance on street naming and property addressing is low.
- Spatial Planning committee meeting are organised but records keeping and communication of outcomes of the meetings to members and applicants is poor.
- Most of the MMDAs planned for environmental enhancement programmes but its implementation was generally hampered by lack of funding.
- The KPI on population with access to household toilets was observed to be widely misunderstood and reporting poorly done in most MMDAs.

4.9.9. General Recommendations

For MMDAs

- MMDAs should build strong teams to be able to position the MMDAs as corporate organizations that exist to provide services to improve the living standards of the citizens;
- 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 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. 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 RCC

- The RCC 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 MMDAs
- 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 RCC 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.

4.9.10. Bono East RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 20: Detailed Analysis/Findings of each Indicator for Bono East RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	Twelve monthly REGSEC meetings were held by the RCC with all signed invitation letters and minutes well placed on file. Implementation of decisions of each of the REGSEC meetings were all traced.	The RCC must keep this up.
	1.2i	Compliance with Expanded RCC	Only one expanded RCC meeting was held by the RCC with signed records of invitation letters and minutes well placed on file.	RCC must commit to organizing more expanded RCC meetings to foster greater collaboration with all other stakeholders of the RCC.
	1.2ii	Compliance with Expanded RPCU	Only one RPCU meeting was organised by the RCC and was determined to be expanded in nature i.e. external stakeholders were invited and participated.	The RCC must keep this up and ensure that more than one expanded RPCU meeting is held.
	1.3i	Full implementation of the LGS Records Management Manual	The RCC has migrated onto the newly developed LGS file classification scheme. Not all columns in the incoming and outgoing registers were fully filed. The File Transit Ladder on the sampled files were also not fully filled.	Management must commit to the full implementation of the newly developed LGS RMU manual.
	1.3ii	Software/system for the electronic storage of correspondence	The RCC registry had software application for the electronic management of correspondence.	The RCC must enhance in the use of a robust electronic Records Management System for efficient

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Out of the 12 months sampled, only 6 months correspondence were well scanned and linked to the registry software.	flow and management of information.
	1.4	Availability of website and updates	The RCC had a functional website with more than one monthly updates in 2023 which covered more than 8 different Departments/Units. Information on Departments/Units and functions were available on the website.	RCC needs to fully harness the business and marketing potential of the website as a tool for marketing the Region and its opportunities for socio-economic development.
	1.5i	Effectiveness of the Client Service Unit	There was no dedicated office for the Client Service Unit (CSU). The reception of the Regional Minister is used as the CSU due to space constraint. The CSU did not use the newly developed client forms in the year 2023.	The RCC should ensure a dedicated office for Client Service and commit to the full implementation of the newly developed Client Service management reforms.
	1.5ii	Monitoring and coordination of the sub-district structures of the MMDAs	The RCC undertook monitoring of the sub-district structures of the MMDAs and submitted a report to the OHLGS before the deadline.	The RCC must keep this up.
	1.6	General office environment	The office environment and the landscaping were observed to be well managed. The visitors' washroom of the RCC was well managed with water, soap and tissue for visitors.	The RCC must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies & retirement schedules submission	The RCC had both composite promotion schedule prepared with established vacancies and both submitted on deadline. The retirement schedule was also submitted before the deadline.	The RCC must keep this up.
	2.1ii	Implementation of promotion and retirement schedules	The RCC produced records of full implementation of both schedules.	The RCC must keep this up.
	2.2	Compliance with preparation of leave management roster and updates	The RCC had both the revised/updated 2023 and 2024 leave rosters available and submitted to RCD, but no approval was cited.	The RCC must ensure leave roster are approved by management.
	2.3i	Compliance with the preparation a Regional Training Needs Assessment	The RCC had evidence of memo submitting training needs assessment to RCD and approved by management.	The RCC must keep this up.
	2.3ii	Compliance with the Comprehensive Regional training plan	The RCC had a comprehensive training plan prepared and submitted to OHLGS on before deadline.	The RCC must keep this up.
	2.4	Compliance with the implementation of RCC Training Plans	The RCC submitted all 4 quarterly capacity building reports to the OHLGS before deadline.	The RCC must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			4 out of 5 training programmes planned were implemented with reports available representing 80% implementation.	
	2.5	Monitoring of PMS implementation at the MMDA level	The RCC prepared and submitted both mid-year and end of year reports before the deadlines.	The RCC must keep this up.
	2.6	Compliance with Staff Performance Appraisal Schedule for 2023	The RCC had all staff of the Departments/Units fully preparing and submitting performance appraisal reports representing 100% compliance.	This is very commendable and the RCC must keep it up.
Financial Management & Reporting	3.1	Compliance with Annual Audit Plan preparation and submission	There was evidence on file that, the Annual Audit Plan was prepared and submitted to the Principal Spending Officer, Audit Committee Chair, Internal Audit Agency before the deadline however, no evidence of submission was found in the dispatch records of the RCC.	This RCC must keep records of dispatched for future referencing.
	3.2	Implementation of Auditor Generals Management letter recommendations	The RCC implemented all the recommendations in the Auditor Generals Management letter.	This is very commendable and the RCC must keep it up.
	3.3i	Prompt response to the Internal Audit observations	All Internal Audit observations were responded to within 10 days of the draft report.	This is very commendable and the RCC must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.3ii	Implementation of Quarterly Internal Audit recommendations	All the Internal Audit recommendations for all four (4) quarters were implemented by the RCC. However, the status of implementation sheet was not signed or submitted to Audit Chair.	This is very commendable and the RCC must keep it up.
	3.4	Preparation and submission of approved Regional Integrated Budget System (RIBS)	There was evidence on file showing the RCC prepared, approved RIBS and submitted to the OHLGS before the deadline with dispatched records.	The RCC must keep this up.
	3.5	Expenditures outside GIFMIS	All sampled expenditures from the RCC cashbook were observed to have been processed through the GIFMIS.	The RCC must keep this up.
Services	4.1	Submission of Departmental monitoring reports through the RCC	Monitoring reports of all the 4 sampled Departments were prepared with evidence of submission available from the RCC dispatch records.	This is very commendable and the RCC must keep it up.
	4.2	Quarterly RPCU monitoring reports	All the quarterly RPCU monitoring reports were prepared with evidence of submission available from the RCC dispatch records.	The RCC must keep this up.
	4.3	Biannual technical backstopping	4 technical backstopping reports were available on file with evidence of submission available from the RCC dispatch records.	The RCC must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.4	Preparation and submission of the Regional Integrated Plan	The RCC prepared and submitted the RIP before the deadline with evidence of submission available from the RCC dispatch records.	The RCC must keep this up.

Table 21: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Bono East Region

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	9 out of the 11 MMDAs did not hold the ISCC meeting, but rather presented expanded MPCU/DPCU meetings. Sene East had an invitation letter which showed it was an ISCC meeting, but the minutes taken revealed it was the DAs Departmental presentation and action plan. In the case of Nkoranza North invitation letters for both review and planning were available and the presentation for the review and planning meetings did not include all the invited external stakeholders. Only Techiman North had the ISCC meeting for both the reviews and the planning with presentations from the invited external stakeholders.	Management of the MMDAs should ensure that stakeholders meetings are held for both planning and mid-year review sessions.
	1.2	Compliance with the organization of sensitization workshops	8 out of 11 MMDAs had staff orientation workshop on the Local Government Protocols with reports on file and staff confirming the training programmes. Sene East had the training report, but no staff attendance list attached and Kintampo South and Nkoranza MA did not have any training on the Local Government Protocols and bye laws.	Management should commit to the continuous training of staff.
	1.3i	Full migration to the new records management system	6 out the 11 MMDAs had not fully migrated onto the new LGS file classification scheme,	The MMDAs need more training on the migration on to the new records management system.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			had no file dairy, incoming and outgoing registers as well as the file ladder entries. Sene East & West, Pru East & West and Nkoranza North have migrated but entries into the various books were not fully done.	
	1.3ii	Electronic records management system	8 out of 11 MMDAs had electronic system for the storage of incoming and outgoing correspondence. In the case of Techiman North and Kintampo South, the computer at the RMU was not functional at the time of the assessment hence the system could not be assessed. In Kintampo MA the stored documents could not be retrieved. The system used was Microsoft Excel.	Management of the MMDAs must commit to the use of an effective electronic records management system.
	1.4	Availability and Update of Website	All MMDAs had websites however, not all the websites had updates and information on all Departments/Units as well as vital information such as services rendered by the MMDAs, AAPs, APRs, RIAPs, tourism potentials among others.	Management must commit to resourcing the websites with all the relevant information to improve information flow and market the MMDAs adequately.
	1.5i	Functional Client Service Unit (CSU)	8 out of the 11 MMDAs had dedicated CSU offices with logistics but the new client forms were not being used. In the case of Kintampo and Sene East, the office was shared with	Management of the MMDAs should ensure that the CSU is well equipped to lead in the management of client related issues reported to the MMDA.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			other officers however the new forms were being used. Pru West has a dedicated office where the new CSU forms are also being used.	
	1.5ii	Functional Client Service Unit	All the 11 MMDAs showed functionality of the sub-structures. They organised quarterly meetings however none produced no action plans or reports on the implementation of activities.	Management of the MMDAs should commit to the full functionality of the sub-district structures to improve service delivery.
	1.6	Safe and secure workplace environment	The general environment of all the MMDAs were not well managed. The visitor's washrooms either did not have water, soap or tissue. Some directional signposts were available in all districts. General Landscaping for Kintampo MA, Sene West DA and Pru West DA were not well managed.	Management must commit to a well-managed workplace environment to improve the corporate image of the MMDAs.
HR Management	2.1i	Compliance with promotion schedule with established vacancies submission	All 11 MMDAs prepared promotion and retirement schedules and provided evidence of submission to the RCC before the deadline.	MMDAs to keep it up.
	2.1ii	Implementation of 2023 promotion and retirement schedule	All 11 MMDAs were implementing the retirement schedule with evidence of letters on file but in the case of the promotion	Management of the MMDAs must commit to full implementation of

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			schedules all the HR officers in the MMDAs depend largely on the use of Whatsapp platform as a means of communicating to staff on ongoing promotions.	both schedules through official means.
	2.2	Compliance with preparation of leave management roster and updates	8 out of the 11 MMDAs had updated the 2023 leave roster and the 2024 leave roster and had them approved. Pru West had both the 2023 update and the 2024 roster submitted to the DCD, however the DCD minuted to the HR to file. In Pru East, the DCD minuted to the HR - "to be discussed at management meeting". Nkoranza MA had both the 2023 update and the leave roster submitted but was not approved by the MCD.	Management must commit to the preparation of the leave rosters and ensure prompt approval for implementation.
	2.3i	Preparation and Approval of Training Needs Assessment	7 out of the 11 MMDAs prepared Training Needs Assessment and were approved by management. Kintampo, Techiman, Sene West, and Nkoranza MMDAs were all submitted but the MCD/DCD just minuted - "seen, file".	Management should commit to the prompt preparation and approval of Training Needs Assessments.
	2.3ii	Compliance with the preparation and submission of MMDA training plan	All the 11 MMDAs prepared comprehensive training plans and submitted to the RCC before the deadline.	The MMDAs should keep this up.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	2.4	80% of Training Plan of MMDA Implemented and Quarterly Report Submitted	9 out of the 11 MMDAs implemented at least 80% their training plans. In Kintampo MA, the training was done by the RCC, and the report was yet to be submitted. Kintampo South did not have any training.	Management should commit to building the capacities of staff to improve service delivery.
	2.5	MMDA Staff Performance Appraisal Implemented for 2023	6 out of the 11 MMDAs had more than 80% of staff fully complying with the performance appraisal cycle for the year 2023. Kintampo South, Nkoranza Municipal, Sene West and Sene East had between 77.5% and 25% of the staff complying.	Management of the MMDAs should ensure the strict compliance of staff to the performance appraisal cycle.
Financial Management & Reporting	3.1i	Compliance with the preparation and submission of RIAP	9 out of the 11 MMDAs prepared and submitted their RIAP before the deadline. The RIAP was approved by the General Assembly. Only Pru West and Nkoranza North prepared RIAP and submitted to the RCC, however, there was no evidence of minutes to show the approval by the General Assembly.	Management should ensure that RIAP is prepared, approved and submitted before the deadline.
	3.1ii	At least 80% of the 2023 RIAP of the MMDA implemented by the end of the year	8 out of the 11 MMDAs implemented between 80 to 100 percent of their 2023 RIAP. Pru East, Kintampo and Nkoranza Municipal had implementation of 70%, 66.7%, and 62% respectively of their 2023 RIAP.	Management should commit to the full implementation of the RIAP to ensure improved revenue mobilisation.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	3.2	Annual increase in street naming with signage	Kintampo MA, Pru West, Sene East and Nkoranza South did not achieve 10% annual increase in the street naming with signages. The rest of the seven MMDAs achieved at least 10% increase in annual street naming with signages.	Management should commit to reviving the street naming and property addressing activities by providing the needed funds.
	3.3	Database on rateable items (moveable & immoveable) and linked with final revenue estimates for the ensuing year	Kintampo South, Atebubu Amantin and Techiman North had data on rateable properties and businesses with updates from 2022 and 2023 which is linked to the fees. 6 of the 11 MMDAs had data on rateable properties and businesses but cannot establish updates. Nkoranza MA had bills printed as data and Pru West DA did not have any data on file.	Management should ensure that data on rateable item are updated and link to the revenue estimates.
	3.4	100% of 2023 actual expenditure covered activities in the approved AAP	8 out of the 11 MMDAs have the sampled payment vouchers linked to the AAP and APR and also have warrants attached. Nkoranza Municipal had only 8 PVs out of the 10 requested linked to the AAP and APR. In the case of Pru East and Sene West, the MMDAs did not present the PVs for the assessment.	Management of the MMDAs should ensure that all actual expenditure covers activities in the Approved Annual Action Plan.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	3.5i	Respond to Internal Audit observations were within 10 working days of the issuance of draft report	All the MMDAs complied with the statutory 10-workings days response of management to audit observations.	Management of the MMDAs should ensure that audit issues are responded to promptly.
	3.5ii	Quarterly Internal Audit Report Recommendations Implemented	7 out of the 11 MMDAs have all 4 quarterly audit recommendations implemented. Techiman North, Kintampo South, Sene East and Nkoranza municipal still had some of the recommendations outstanding.	Management of the MMDAs should ensure that audit recommendations are implemented.
	3.6	100% of recommendations contained in 2022 Auditor General's Management Letter (including Accounts, *DACF-RFG and **MAG) implemented by the end of the year	8 out of the 11 MMDAs have their management letters fully implemented. Techiman North and Nkoranza MAs stil have some of the recommendations outstanding. Techiman Municipal did not present the audit committee file for the assessment.	Management of the MMDAs should ensure that all implementation of the audit recommendation of External audit.
Infrastructure	4.1	80% of approved road and transport programmes in 2023 AAP achieved	Five MMDAs, namely Techiman MA, Techiman North, Pru East, Atebubu Amantin and Kintampo MA implemented and reported on at least 80% of all approved road and transport programs in the 2023 Annual Action Plan.	Management of the MMDAs should commit to the implementation of road and transport programmes.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			The rest of the 6 MMDAs did not achieve at least 80% implementation of the planned activities.	
	4.2	80% of approved programme for buildings and structures in 2023 AAP achieved	Only 3 MMDAs (Kintampo MA, Kintampo South and Atebubu Amantin) out of the 11 MMDAs provided reports and verification documents proving at least 80% achievement of approved building and structure programmes in the 2023 Annual Action Plan. The remaining 8 MMDAs achieved less than 80%.	Management of the MMDAs should commit to the implementation of buildings and structures programmes.
	4.3	Quartely Spatial Committee Meetings	Techiman MA, Techiman North and Atebubu Amantin had all the four quarterly or 12 monthly SPC meetings with minutes signed and well filed. Sene West had two quarterly SPC meetings. The remaining 7 MMDAs did not have all the 12 monthly meetings.	Management of the non-compliant MMDAs should commit to supporting the full functionality of the SPC.
	4.4	100% building permit applications received and considered at the DSPC meetings and decisions communicated to applicants	Four MMDAs (Atububu Amanten, Techiman MA, Pru West and Pru East) out of the eleven had 100% of received development permit applications approved by SPC and communicated decisions to all applicants. The remaining 7 MMDAs lacked evidence of official communication to applicants.	Management should invest in a system to promptly communicate to applicants' decisions of the SPCs.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	4.5	Availability of approved Spatial Plans.	Only Techiman MA had a valid structure plan and at least two local plans approved duly signed by both the secretary and the chairman. The rest of the 10 MMDAs had only local plans available.	Management should commit to the development of the 3-tier spatial plans to help manage the spread of development.
Social Services	5.1	Quarterly District Education Oversight Committee Meetings	9 out of the 11 MMDAs had all the 4 quarterly meetings with invitations and minutes on file and minutes duly signed by MCEs/DCEs as chairs and the District Directors of Education as Secretaries. In Pru East and Kintampo South DAs, the minutes produced were signed by MCE/DCE as chair and the recorder.	Management of the MMDAs should commit to the full functionality of the District Education Oversight Committees and the proper documentation of records of the meetings.
	5.2	Quarterly District Health Committee Meetings	9 out of the 11 MMDAs had all invitations and minutes on file and signed by the MCEs/DCEs as chair and the District Directors of health as Secretaries. Nkoranza MA had only 2 meetings and Kintampo South DA had matters arising in one out of the four meeting minutes.	Management of the MMDAs should commit to the full functionality of the District Health Committees and the proper documentation of records of the meetings.
	5.3i	Data on vulnerable groups of at least three thematic areas	Techiman North, Kintampo MA and Sene West provided updated reports on at least 3 vulnerable groups and submitted officially to the appropriate Regional Department within the given timeframe.	Management of the MMDAs should ensure the prompt update and submission of data on vulnerable groups to the Regional Departments.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			The rest of the 8 MMDAs failed to provide data on vulnerable groups.	
	5.3ii	Database on registration on births and deaths updated quarterly	Techiman North, Kintampo South, Nkoranza North and Pru West officially submitted updated quarterly reports. The remaining 6 MMDAs did not submit reports officially.	Management of the MMDAs should ensure the full integration of the Department into the Assembly system.
	5.4	Gender Based violence intervention.	Atebubu Amanten, Nkoranza North and Sene West implemented and reported on at least 80% of their approved gender-based violence interventions by the end of 2023. All rest of 8 MMDAs did not able to submit reports officially.	Management of the MMDAs should commit to the full implementation of GBV interventions to reduce the severity of the reported GBV cases.
	5.5	Child Protection cases managed effectively	Only Nkoranza South DA failed to manage and report officially on time. The rest of the 10 MMDAs had 80% and more cases managed successfully.	Management of the MMDAs should commit to the prompt and effective management of reported child protection cases.
	5.6	Community Mobilization and Education Programmes	Pru West, Nkoranza South and Pru East failed to submit reports on community mobilization and education programmes. The remaining 8 MMDAs executed and reported on at least 80% of community mobilization and education programs.	Management of the MMDAs should commit to the organisation of more community mobilization and education programmes in the respective MMDAs.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
Economic Development	6.1	MMDA expenditure to agriculture excluding farmer's Day celebration	Pru West had the highest expenditure on Agric of the total MMDA expenditure which was 19%. Nkoranza, Techiman and Kintampo MAs had the least percentage between 3.4% to 1.5%. The rest of the MMDA all recorded more than 5%.	Management is encouraged to commit more expenditure to the development of Agriculture
	6.2	Implementation of agriculture activities in AAP implemented	Only Kintampo South, Sene East, Pru West and Atebubu Amantin failed to implement planned activities. The rest of the 7 MMDAs implemented and reported on at least 80% of planned agricultural activities in the Annual Action Plan by the end of 2023.	Management is encouraged to commit to the implementation of programmes and projects planned in Agriculture
	6.3	MMDA annual agriculture expenditure on post-production	Pru East, Techiman North and Sene West were able to expend between 40% to 68% of annual agricultural expenditure on postproduction. The remaining 8 MMDAs expended between 0% to 18% of the annual agricultural expenditure on postproduction	Management is encouraged to commit to implementing programmes relating to postproduction.
	6.4	Agricultural Interventions to address gender gaps	Pru East, Nkoranza South, Pru West and Sene East did not submit activity reports detailing	Management should ensure there is a deliberate effort to bridge the gender gap in Agric through the

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			interventions aimed at addressing gender gaps officially. The rest of the seven MDAs had their activity report submitted officially.	implementation of these interventions.
	6.5	80% of approved tourism related activities implemented	Pru West, Atebubu Amantin, Nkoranza North and South, Techiman North and Pru East had all tourism related activities in the AAP implemented. The rest of the 5 MMDAs have not fully implemented the tourism related activities in the AAP.	Management of the MMDAs should prioritise the implementation of tourism related activities to improve the socio-economic potential of the MMDAs.
Environment & sanitation	7.1	Preparation and Submission of Disaster preparedness action plan	Kintampo MA, Pru West and Sene East had disaster preparedness plan prepared as well as implementation reports and submitted before the deadline. The rest of the MMDAs did not prepare and submit disaster preparedness plans and implementation reports officially.	Management of the MMDAs must commit to the development of Disaster Preparedness Plans to serve as a blueprint to disaster prevention and management in the MMDAs.
	7.2	60% of Environment Enhancement Programmes	Sene East, Kintampo South, Nkoranza North and Pru East MMDAs did not submit activity reports on environment enhancement programmes officially. The rest of the 7 MMDAs implemented at least 60% of environment enhancement	Management should ensure that environment enhancement programmes are duly implemented.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			programmes and submitted activity reports officially.	
	7.3	Increase in Population with household toilets	Only Pru West, Techiman MA, Kintampo South and Pru East could not increase the population with access to household toilets by at least 15% at the end of 2023. They had between 0% to 8%. The seven MDAs had between 15% to 35% increase.	Management should resource the Environmental Health Unit to collect data to determine the level of access of the population with access to Household Toilets.
	7.4	Routine cleansing of the CBD, Town centres and other public spaces	Only Pru West and Nkoranza South did not produce all the 4 quarterly routine cleansing reports with evidence of expenditure. The rest of the MMDAs produced reports with evidence of expenditure on file.	Management should ensure that activity reports on routine cleansing exercises are duly prepared and submitted and evidence of expenditure properly documented.

4.9.11. General Observations (For Northern Region)

1. In most of the MMDAs visited the heads of departments did not understand the Key Performance Indicators and confused them with previous years PC indicators and DPAT indicators.
2. Most of the ISCC meetings were not held for both review and planning.
3. All the MMDAs were not fully migrated into the new Records Management System.
4. Most of the MMDAs were using an excel application for the register but document was not linked to the excel.
5. Most MMDAs had some form of records management application in soft but difficult to scanned and link correspondence on the interface of the soft applications. None of the MMDCDs/s were able to access the electronic records management system for information management.
6. Most of the MMDAs were still not covering most of the Departments/Units activities on the websites. It was also observed that most of the IT officers were not aware of the activities of the MMDAs to be able to facilitate the capturing of the activity and post on the website. The websites did not have the details of the services rendered such as development permit, business operating permit, marriage registration etc.
7. Some of the sub-structures were not functional and those functioning were not having action plan and implementation report submitted to the DCD.
8. Though most of Assemblies had Client Service Units with no logistics, most of the officers were not using the new complaints/enquiry and visitor's form.
9. Most of the Washroom and environment were not well manage.
10. No internal communication for the implementation of the promotion schedule.
11. Leave roaster and TNA were mostly not approved by management.
12. Most of the MMDAs were not reporting on the implementation of RIAP activities.
13. Some of the MMDAs did not organised training of new posted or new recruited staff on protocol and byelaws.
14. Compliance with the Staff appraisal system was very low in most of the MMDAs.
15. poor records keeping across all officer/staff at the MMDAs.
16. Most of the MMDAs have data on properties and businesses but cannot established updates on the individual business and linkage into the budget.
17. The quality of most of the minutes were not up to standard i.e. poor formatting and the Records signed the minutes as well as Chairpersons and Secretaries. Most of the minutes were printed new,
18. Most minutes produced were poorly written i.e., it did not follow the standard minutes formats and in some cases no matters arising to update the meeting on status of previous meetings.
19. Most of the MMDAs were not having flowers and well demarcated General land scaping on the environment.

20. .
21. Few of the MMDAs were not having Desk Top Computer to enter their Incoming and outgoing mails.
22. Some of the MMDAs had Dedicated office but shared with other staff.
23. Few of the MMDAs had Health oversight committee meeting without invitation letters and minutes were newly printed with no names to the signatures.
24. The data update on vulnerable groups forwarded to the Regional Department were restricted to mostly LEAP and PWDs. These updates sent to the RCCs are mostly not transmitted through official channels but through social media platforms.
25. It was observed that MMDA's commitment to supporting of Gender-based Violence (GBV) interventions were low.
26. Some Assemblies did not update the status of action taken in the Child Protection Case Register and the data in the Register were mostly different from data in the Annual reports.
27. MMDA were still not well performing well in the Agric indicators. This is particularly in due to MMDAs with MAG as the only source of funds.
28. Delay in the release of funding to the RCCs and MMDAs resulted in the delay of implementation of a number of activities especially roads and other infrastructure projects.
29. Compliance on street naming and property addressing is low.
30. Spatial Planning committee meeting are organised but records keeping and communication of outcomes of the meetings to members and applicants is poor.
31. Most of the assemblies planned for environmental enhancement programmes but its implementation was generally hampered by lack of funding.
32. The KPI on population with access to household toilets was observed to be widely misunderstood and reporting poorly done in most MMDAs.

4.9.12. General Recommendations

For MMDAs

1. 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.
2. Apply the required sanctions needed for staff who are failing to perform their functions in an effective and efficient manner.
3. 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.

4. 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.
5. 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.
6. 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.
7. Ensure that formats for reporting as well as reporting deadlines are strictly enforced to enhance accountability from the various Departments and Units;
8. Ensure that MMDA websites 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 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;
9. 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

1. The RCC 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 MMDAs;
2. 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;
3. The RCC are encouraged to intensify training for staff of the MMDAs on the Performance Appraisal Tool and monitor strictly its implementation;
4. The RCC should also assist in staff audit and rationalization across the MMDAs in their Region.
5. Facilitate the transfer of more IT and statistician to support the departments in organising records and reports
6. Organise regular review meetings to track progress of programmes and activities.

4.9.13. Northern RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 22: Detailed Analysis/Findings of each Indicator for Northern RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	Twelve monthly REGSEC meetings were held by the RCC with all signed invitation letters and minutes well placed on file. Implementation of decisions of each of the REGSEC meetings were all well documented.	The RCC must keep this up.
	1.2i	Compliance with Expanded RCC	Only one expanded RCC meeting was held by the RCC with signed records of invitation letters and minutes well documented.	RCC must commit to organizing more expanded RCC meetings to foster greater collaboration with all other stakeholders of the RCC.
	1.2ii	Compliance with Expanded RPCU	One RPCU meetings organised by the RCC with external stakeholders, all were invited and fully participated. Minutes of expanded RPCU meetings signed and filed.	The RCC must continue to engage more external stakeholders.
	1.3i	Full implementation of the LGS Records Management Manual	Migration of files from the old classification system to the newly development classification system was done. Not all the columns of the Incoming Correspondence Register of the RCC were filled.	Management of the RCC should commit to the full implementation of the Records Management Manual. The RCC must engage the OHLGS to assist in the full implementation

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Not all the columns in the Outgoing Correspondence Register were filled.	of the LGS Records Management reforms.
	1.3ii	Software/system for the electronic storage of correspondence	The electronic records management system of the RCC could not be accessed due to power outage.	The RCC must commit to the use of a robust electronic Records Management System for efficient flow and management of information.
	1.4	Availability of website and updates	The RCC had a functional website with more than one monthly updates in 2023 except the month of February and these covered more than 7 different Departments/Units. Information on Departments/Units and their functions were available on the website of the RCC. The information on the tourism sites/potentials of the RCC were not available on site.	RCC needs to fully harness the business and marketing potential of the website as a tool for marketing the Region and its opportunities for socio-economic development. RCC should also ensure that updates and new are posted regularly.
	1.5i	Effectiveness of the Client Service Unit	Dedicated office for CSU with basic logistics were available. The RCC is not using the new CSU forms. Complaints are usually made at the reception.	The RCC should prioritizing Clients and implementing the newly developed Client Service management reforms.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.5ii	Monitoring and coordination of the sub-district structures of the MMDAs	The RCC had only first quarter monitoring report that captured the sub-structures of their MMDAs but was not detailed.	The RCC must intensify the monitoring and reporting on the sub-district structures of the MMDAs.
	1.6	General office environment	The office environment and space were observed to be well managed. The visitors' washroom of the RCCs had no tissue and soap. Directional signs to the RCC were seen at most turns to the RCC office.	The RCC must commit to the management improving on the visitor's washroom.
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies & retirement schedules submission	The RCC had prepared and submitted a composite promotion schedule with established vacancies on deadline. The retirement schedule was also submitted on time.	The RCC must keep this up.
	2.1ii	Implementation of promotion and retirement schedules	The RCC had letter available inviting staff for promotion and evidence of implementation of retirement schedule seen on file.	The RCC must keep this up.
	2.2	Compliance with preparation of leave management roster and updates	The RCC had approved 2023 updated. The 2024 Annual leave roster was also available and on file.	The RCC must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.3i	Compliance with the preparation a Regional Training Needs Assessment	The RCC did not provide any report on the Training Needs Assessment (no TNA report available).	Management of the RCC should ensure that TNA are carried out to inform the capacity building plan of the RCC.
	2.3ii	Compliance with the Comprehensive Regional training plan	The RCC had a harmonised training plan available and covered only 10 out of the 16 MMDAs and that of the RCC submitted and well documented.	The RCC must ensure the prompt and strict submission of the training plans of all MMDAs.
	2.4	Compliance with the implementation of RCC Training Plans	The RCC had all the quarterly reports on the Training plan submitted with evidence of dispatch well documented.	The RCC must keep this up.
	2.5	Monitoring of PMS implementation at the MMDA level	The RCC had both Comprehensive monitoring reports prepared and submitted before deadline.	The RCC must keep this up.
	2.6	Compliance with Staff Performance Appraisal Schedule for 2023	The RCC total staff strength (217), and 104 of them appraised. 4 out of 16 appraisal reports sampled were not fully well completed.	The management of the RCC must ensure strict compliance of all staff to the performance appraisal timelines.
Financial Management & Reporting	3.1	Compliance with Annual Audit Plan preparation and submission	The RCC had evidence on file of RCC that the Annual Audit Plan was prepared and submitted to the Principal Spending Officer, Audit Committee Chair, Internal Audit Agency but dispatched records were not seen.	The RCC must ensure that Annual Audit Plans are prepared and submitted on time.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.2	Implementation of Auditor Generals Management letter recommendations	The RCC implemented all the recommendations in the Auditor Generals Management letter.	This is very commendable and the RCC must keep it up.
	3.3i	Prompt response to the Internal Audit observations	Only three of the Internal Audit observations were responded to within 10 days of the draft report.	The RCC must ensure that all observations are responded to within the 10 working days.
	3.3ii	Implementation of Quarterly Internal Audit recommendations	All the internal audit recommendations for all four (4) quarters were implemented in the RCC. However, implementation was in status sheet which is not signed by or submitted to Audit Committee.	The RCC must improve on the implementation of audit recommendation and proper documentation of same.
	3.4	Preparation and submission of approved Regional Integrated Budget System (RIBS)	There was evidence on file of the RCC prepared, approved RIBS and submitted to the OHLGS before the deadline.	The RCC must keep this up.
	3.5	Expenditures outside GIFMIS	All sampled expenditures for the RCC were observed to have been processed through the GIFMIS.	The RCC must keep this up.
Services	4.1	Submission of Departmental monitoring reports through the RCC	Only 2 Departments out of the sampled, prepared all 4 quarterly reports but no dispatch records available.	Management should ensure that all Departmental monitoring reports are prepared and submitted through the RCC before deadline.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.2	Quarterly RPCU monitoring reports	4 RPCU quarterly M&E reports were prepared but no evidence of submission in dispatch records available.	The RCC should ensure that reports are prepared and submitted before deadline.
	4.3	Biannual technical backstopping	No Department of the RCC prepared and submitted all 2 biannual technical backstopping reports.	The management of the RCC must impress on all Departments to prepare biannual technical backstopping reports and route them through the appropriate administrative structures to the OHLGS.
	4.4	Preparation and submission of the Regional Integrated Plan	2024 RIP was prepared but no evidence of submission to the OHLGS before the deadline.	The RCC must ensure the RIP is prepared and submitted before the deadline.

Table 23: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Northern Region

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	12 out of 16 MMDAs did not have the ISCCS meetings. Expanded MPCU/DPCU meetings are used as the ISCC meetings. Mion, Tamale Metro and Kpandai MMDAs have their invitation letters, minutes/reports of both the review and the planning on file. The minutes/reports contained presentations of the external non-decentralised departments.	Management of the MMDAs must commit more ISCCS meetings for coordinated development.
	1.2	Compliance with the organization of sensitization workshops	Only Kumbungu and Kpandai MMDAs did not have any orientation workshop organised for staff and newly posted staff. The other of the assemblies organised orientation workshops on the Local Government Protocols and bye - laws for staff	Management of the MMDAs should commit to building the capacity of staff in the LG law, bye laws and other enactments.
	1.3i	Full migration to the new records management system	Nanumba South and Karaga DAs had migrated with entries on file diary, incoming and outgoing registers completed and some entries in the file ladders well done. Kpandai, Tamale Metro and Nanumba North had completed their incoming and outgoing records. The rest of the 11 MMDAs had no file dairy, incoming/outgoing registers and no entries on the file ladder.	Management of the MMDAs must commit to the full implementation of the LGS Records Management Manual.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	1.3ii	Electronic capturing and storage of correspondence	12 out of the 16 MMDAs had their incoming and outgoing correspondence on electronic application and documents scanned and attached to the register and all sampled were well stored. Gushiegu, Nanumba North and Saboba MMDAs were using the Microsoft Excel application however, scanned correspondence were not linked to the excel application. The electronic records management system in Savelugu MA was not functional at the time of the assessment due to faulty computer.	Management of the MMDAs should commit to the implementation of an efficient electronic records management system.
	1.4	Availability and Update of Website	2 Tamale Metro and Saboba had monthly updates and 3 departmental reports on the website. Yendi, Nanton and Nanumba North had only departmental reports on their websites. The rest of the MMDAs had functional websites but no updates and relevant information on the website.	Management should commit to the development and the update of websites with relevant information to market the MMDA.
	1.5i	Functionality of the Client Service Unit	7 out of the 16 MMDAs had dedicated offices with logistics.	Management should commit to the full implementation of Client Service manual.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Zabzugu, Saboba, Sagnerirugu, Nanton, Tolon and Kumbungu MMDAs had a dedicated office without logistics. Mion, Yendi, and Tatale-Sangule MMDAs did not have a dedicated office for the Client Service Unit. Only Zabzugu and Nanumba South DAs Client Service Units were using the new CSU forms.	
	1.5ii	Implementation of activities in the approved action plans of sub-district structures	Only Yendi, Mion & Tatali Sanguli did not produce records of the sub-district structures.	Mgt should commit to strengthen the sub-district structures and insist on prompt reporting.
	1.6	Safe and secure workplace environment	Tamale Metro, Mion, Kpandai and Zabzuga DAs were the only MMDAs with clean visitor's washroom. The other MMDAs had unsanitary visitor's washrooms. Tamale Metro, Gushiegu, Kpandai, Nanumba South, Nanumba North, Kumbungu and Tatale-Sanguli DAs had clean workplace environments. All the MMDAs in the region had some directional signages.	Management of the MMDAs should ensure that visitor's washrooms are well management with basic essentials such as water, tissue and soap.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
HR Management	2.1i	Compliance with promotion schedule with established vacancies submission	Only Mion, Zabzugu, Tolon, Saboba and Kumbungu did not produce record of both submissions before deadlines. All the rest of the MMDAs have their first and second batch of promotion schedule and retirement schedule forwarded to the RCC.	Management should ensure strict compliance.
	2.1ii	Implementation of 2023 promotion and retirement schedule	Karaga District Assembly, Kumbugu District Assembly and Tatale-Sunguli District Assembly did not have evidence of implementation of both the promotion and retirement schedule on file. The rest of the 13 MMDAs had only the implementation of the retirement schedule but no implementation of the promotion schedule, the use of verbal communication to staff and whatsapp platforms are use as means of communication to staff going on promotion.	Management should ensure strict implementation of both schedules.
	2.2	Compliance with preparation of leave management roster and updates	Only Gushiegu & Nanumba North produced records of 2023 update and 2024 and had mgt approval for both.	Management should ensure prompt preparation, update and implementation of the leave roster.
	2.3i	Preparation and Approval of Training Needs Assessment	Nanton District Assembly, Mion District Assembly and Yendi did not have TNA on file.	Management of the MMDAs should ensure strict compliance.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	2.3ii	Compliance with the preparation and submission of MMDA training plan	Nanumba North and Mion DAs did not have a Training plan from the TNA before deadline. All the 14 MMDAs have their capacity training plan and submitted to the RCC.	Management of the MMDAs should be commit to the timely preparation and submission of Training Plans.
	2.4	80% of Training Plan of MMDA Implemented and Quarterly Report Submitted	Only Gushiegu, Mion and Nanumba South MMDAs implemented 80% or more of the training plans. Nanumba North MA could establish percentage change because the MA did not specify the number of training programme for 2023. In the case of Kumbungu DA, there was no training because the of the directive from the MLGDRD for all capacity building training activities to be implemented by the ILGS. The rest of the MMDAs implemented less than 80% implementation of the capacity plans.	Management should ensure that the training plan is implemented as planned.
	2.5	MMDA Staff Performance Appraisal Implemented for 2023	Only Tamale Metro and Tatale-Sunguli DA had more than 80% of staff complying with the Performance Appraisal cycle. The 14 Assemblies did not meet the 80% and more implementation of staff appraisal.	Management of the MMDAs should ensure strict compliance with the staff performance appraisal cycle timelines.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
Financial Management & Reporting	3.1i	Compliance with the preparation and submission of RIAP	Only Tamale Metro did not have the Revenue Improvement Action Plan available on file. Yendi, Karaga, Gushiegu and Zabzugu MMDAs had their RIAP prepared and submitted, however, there was no evidence of approval by the General Assembly. The rest of the 11 MMDAs have their RAIP prepared, submitted and approved by the General Assembly.	Management should ensure that RIAP is prepared and approved before the deadline.
	3.1ii	At least 80% of the 2023 RIAP of the MMDA implemented by the end of the year	Only Tamale Metro, Yendi, Kpandai, Nanton and Nanumba North had the implemented between 80 – 100% of their 2023 RIAP. Gushiegu, Kumbungu, Nanumba South and Sagnarigu MMDAs have implemented between 60 – 75% of their 2023 RIAP. The rest of the 7 MMDAs did have activity reports or annual implementation reports.	Management of the other MMDAs should adopt the Projects and Programmes Register Template to augment reporting.
	3.2	10% annual increase in street naming with signage	8 MMDAs namely Tamale Metro, Yendi, Zabzugu, Gushiegu, Karaga, Mion, Savelugu and Sagnarigu had at least 10% or more increase in streets named with signages. The remaining 8 achieved less than 10% increase in the streets named with signages.	Management should commit to reviving and resourcing the Street Naming and Property Activities.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	3.3	Database on rateable items (moveable & immovable) and linked with final revenue estimates for the ensuing year	Only Kpandai, Kumbungu & Nanton had updated the database and used them for revenue estimation. Gushiegu and Tamale Metropolitan Assemblies did have the updated data on properties and business on file for 2022 and 2023. The rest of the 8 MMDAs had the data on file but cannot establish updates to link to the budget estimates.	Management should ensure database are updated annually and linked to the revenue estimates.
	3.4	100% of 2023 actual expenditure covered activities in the approved AAP	All the sampled expenditure items from all the MMDAs were on activities in the approved action plans.	Management should keep this up.
	3.5i	Respond to Internal Audit observations were within 10 working days of the issuance of draft report	Only Savelugu and Zabzugu did not have records of response to all Internal Audit observations within the stipulated 10 days on file. All the rest of the 15 MMDAs had their management response to the Internal Audit observation within the 10 working days.	Management of MMDAs are encouraged to respond promptly.
	3.5ii	Quarterly Internal Audit Report Recommendations Implemented	Only Savelugu, Nanton, Tatale-Sunguli and Tolon MMDAs had some of their internal audit recommendations still outstanding.	Management of the MMDAs are encouraged to implement all the Internal Audit recommendations.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			All the other 12 MMDAs had all Internal Audit recommendations implemented.	
	3.6	100% of recommendations contained in 2022 Auditor General's Management Letter (including Accounts, *DACF-RFG and **MAG) implemented by the end of the year	Only Karaga, Gushiegu, Savelugu, Nanton and Tolon MMDAs had some of management letter recommendations still outstanding or yet to be implemented by management. All the other 11 MMDAs had all their management letter recommendation implemented.	Management of MMDAs should commit to implement all the recommendations promptly.
Infrastructure	4.1	80% of approved road and transport programmes in 2023 AAP achieved	Only Tamale Metro, Kumbungu, Nanumba South and Tatale Sanguli MMDAs implemented 80% or more road/transport programmes in 2023. The rest of the 15 MMDAs achieved less than 80%.	Management of the MMDAs should ensure target setting on activities is improved.
	4.2	80% of approved programme for buildings and structures in 2023 AAP achieved	Only Saboba, Kumbungu, Kpandai implemented more than 80% of planned buildings and structures programmes. The remaining 12 MMDAs implemented only between 10% and 55%.	Management of the MMDAs should ensure target setting on activities is improved.
	4.3	Quarterly Spatial Committee Meetings	Only Karaga, Nanton, Nanumba South, Savelugu did not hold at least 3 SPC meetings in a single quarter.	Management should commit to resourcing the Spatial Planning Committees & the Technical Sub-Committees.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Yendi, Sagnarigu, Saboba, Mion, Kumbungu and Nanumba South MMDAs had two or three quarterly SPC meetings. The rest of the MMDAs had all the four quarterly or 12 monthly SPC meetings with minutes signed and well filed.	
	4.4	100% building permit applications received and considered at the DSPC meetings and decisions communicated to applicants	Only Yendi, Gushiegu, Mion Nanumba South, Saboba and Tolon did not provide records of the consideration of all permit applications by the SPC as well as communication of decisions to applicants. Kumbungu, Kpandai, Zabzugu, Tatale Sanguli, Tolon and Karaga MDAs had the applications received approved but no approved by the SPC. The remaining 6 MMDAs had their applications received approved by SPC and evidence of communication to the applicant seen on file.	Management should adopt bulk messaging to communicate decisions of the SPC to the applicants.
	4.5	Availability of approved Spatial Plans.	Only 2 MMDAs (Sagnarigu and Tamale Metro) had in place an approved SDF. Savelugu has an approved structure plan and at least 2 local plans available.	Management of the MMDAs should invest in the preparation of all the three (3) tier plans to ensure harmonious development.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			The rest of the MMDAs had only Local Plans and some were not duly signed.	
Social Services	5.1	Quarterly District Education Oversight Committee Meetings	Only Kpandai DA had three meetings, however all the minutes were signed by the recorder and not the Chair as well as the District Director of Education as the Secretary. Zabzugu and Tolon DAs had minutes for the first and fourth quarters and second quarter minutes respectively not signed. Yendi MA had all the minutes signed by the MCD as chair even though the designated Chair (the MCE) was present in the meeting as well as the District Director of Education as the Secretary. The minutes produced were detected to be newly printed for the purpose of the assessment. All the rest of the 12 MMDAs had their minutes signed by the designated Chair and Secretary.	Management should ensure DEOC meetings are held on quarterly basis and implementation of decisions well documented.
	5.2	Quarterly District Health Committee Meetings	Savelugu Municipal Assembly did not show any records on the health committee meetings. Kpandai DA had no invitation letter on file. Karaga DA had only one invitation letter and two minutes and all were signed. Tamale	Management should ensure DHC meetings are held on quarterly basis and implementation of decisions well documented.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Metro have all the four invitation and minutes, but all the minutes were not signed. Yendi MA and Tolon DA had all invitation and minutes, all were signed but were all unfortunately detected to be newly printed for the purposes of the assessment. Nanton DA had all invitation letters and minutes signed however not matter arising in the previous meeting were reported on. All the rest of the MMDAs had invitation letters and minutes duly signed by MCD/DCD and Secretary.	
	5.3i	Data on vulnerable groups of at least three thematic areas	Only Nanumba South had one update forwarded.	Management must ensure the prompt submission of data.
	5.3ii	Database on registration on births and deaths updated quarterly	Only Karaga DA out of the 16 MMDAs had all four quarterly reports submitted. The rest of the MMDAs had reports but without transmittal letters.	Management should ensure the full integration of the Birth & Death Department.
	5.4	Gender Based violence intervention.	Karaga, Kpandai, Kumbungu, Nanumba North, Sagnerigu, Savelugu, Tamale, Tolon and Zabzugu MMDAs had more than 80% of the Gender Based Violence interventions activities implemented and report submitted officially.	Management should commit to the implementation of planned GBV activities.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			In Karaga DA had no proper official record of the submission of implementation reports. Nanton DA implemented 50% of the interventions and reports submitted officially. All the rest of the MMDAs were not able to submit their implementation reports officially.	
	5.5	Child Protection cases managed effectively	In Nanumba North and Yendi successfully managed only 20% of cases managed and 0% respectively. Tamale Metro and Nanton DA managed 77% of the reported cases. The rest of the 12 MMDAs managed 80% and more cases successfully.	Management should ensure that reported child protection cases are managed effectively.
	5.6	Community Mobilization and Education Programmes	Only Mion DA had no activity report. Sagnarigu, Nanumba North and Tamale Metro implemented between 50% and 66% activities. The rest of the 11 MMDAs implemented 80% or more.	Management should organise more community mobilization and education programmes in the respective MMDAs.
Economic Development	6.1	5% of MMDA expenditure to agriculture excluding	Nanumba South had the highest total MMDA expenditure on Agric which amount to 27.3%.	Management should commit to the development of Agriculture by increasing investment into the sector.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		farmer's Day celebration	Gushiegu, Nanumba North, Kumbungu and Zabzugu MMDAs also had between 6.8% to 5%. The rest of the MMDAs had less than 5% percentage. Sagnerigu, Yendi, Kpandai, Mion, Savelugu, Tatale Sanguli and Tolon achieved less than 3%.	
	6.2	80% of planned agriculture activities in AAP implemented	Kpandai DA and Kumbungu DA did not present any activity report. Nanton DA and Sagnarigu MA implemented 50% of planned activities. The remaining 11 MMDAs had implemented 80% and more of planned agriculture activities.	The Agric Department should adopt the projects and programmes register template to augment reporting.
	6.3	40% of MMDA annual agriculture expenditure on post-production	Only Savelugu and Yendi produced records of more than 40% expenditure on post-production activities. Zabzugu, Tamale Metro, Kpandai, Kumbungu and Mion provided no data on annual agricultural expenditure on post-production.	Management should commit to post-production activities to reduce post-harvest losses & ensure value addition.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			The remaining 8 MMDAs expended between 0.8% to 36% of annual agricultural expenditure on post-production	
	6.4	Agricultural Interventions to address gender gaps	Only Kpandai, Kumbungu, Mion, Nanton and Tamale metro did not implement more than 60% of programmes planned to address gender gaps.	Management needs to commit to addressing gender gaps.
	6.5	Approved tourism related activities implemented	Kumbungu, Mion, Nanton, Saboba, Sagnerigu, Tatale Sanguli and Tolon provided no evidence of implementation of approved tourism related activities. The remaining 9 MMDAs implemented 80% or more of approved tourism related activities.	Management should commit more investment into tourism.
Environment & sanitation	7.1	Preparation and Submission of Disaster preparedness action plan	No MMDA prepared and duly submitted a Disaster Preparedness Plan. Yendi, Nanumba South, Kumbungu, Kpandai, Gushiegu and Sagnarigu only had Disaster Preparedness Plan available but not officially submitted and no implementation report. Karaga DA had report submitted but no plan available. The rest of the 9 MMDAs had no information on Disaster Preparedness Action Plan and implementation.	Management should commit to the development of the plan and implementation report.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	7.2	Implementation of Environment Enhancement Programmes	Karaga, Nanton, Nanumba North, Saboba, Savelugu and Tatale Sanguli were unable to implement at least 80% Environment Enhancement.	Management should commit to the implementation of env. enhancement programmes.
	7.3	Population with household toilets increased by 15%	Only Karaga, Nanton, Nanumba South, Saboba and Savelugu did not achieve more than 15% increase in population with household toilets.	Management must commit more resources into ending open defeacation.
	7.4	Routine cleansing of the CBD, Town centres and other public spaces	Only Yendi, Nanumba North and Nanumba South produced reports with proof of expenditure across all 4 quarters in 2023.	MMDAs must commit to Routine Cleansing activities and ensure comprehensive reporting.

4.10. Upper West, Upper East, Savannah & Ahafo Regions

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

4.10.1. Scope of the Assignment

The team was assigned to the Ahafo, Savannah, Upper West and Upper East Regions. We visited four (4) Regional Coordinating Councils (RCCs) and Thirty-Nine (39) Municipal and District Assemblies.

4.10.2. General Outcomes

The team spent an average of five (5) hours at the MMDAs and three (3) hours at the institutions visited during the exercise.

4.10.3. General Observations

MMDAs & RCCs

The exercise was smooth in all MMDAs and RCCs visited except in Bawku MA where the exercise could not be completed due to security concerns. It was observed that MMDA had prepared for the exercise. Files and relevant documents were presented. The observations made and communicated to the various MMDAs were received positively as a number of the MMDCDs indicated that it was a learning experience.

For MMDAs

Staff cooperation/ Apathy

The MMDAs visited were very cooperative. All the documents and tools needed for the exercise were provided. The Metropolitan, Municipal and District Co-ordinating Directors (MMDCDs) were present for the inception/entry conference at all locations. Where situations did not allow them to be present, the necessary arrangements were made for the team to have a successful exercise.

Leadership and Coordination

The MMDCs in Sissala East, North Gonja, Talensi and Wa West as well as the Regional Ministers of Upper East, Savannah and Ahafo Regions were actively involved in the exercise.

HR Related Issues

All the Regional Co-ordinating Councils visited were consistent in meeting the indicators on Human Resource management. One of the issues that needed further attention was the completion of appraisal of staff working at the various RCCs. This gap was also identified with most of the Municipal and District Assemblies visited within the four (4) regions visited.

It was also expected that the various RCCs and MMDAs would produce reports on the implementation of performance management for the staff which would show how staff were complying with the requirements of the performance management system. A few had innovatively produced very good reports on the activity. It is suggested that a template would be provided for such reports.

External support and interventions

A number of the MMDAs visited were beneficiaries of development Partner support projects. Examples include MMDAs in Upper West, Upper East and Savannah regions benefitting from the Gulf of Guinea Northern Regions Social Cohesive (SOCO) project; UNICEF supported social protection interventions. These interventions enabled MMDAs implement planned programmes and projects.

Performance on Social Services KPA

MMDAs were able to provide evidence for indicators on Gender Based violence interventions, child protection, update of births and deaths database and community mobilization and education activities. However, there were challenges providing evidence of submission of data on vulnerable groups to appropriate regional departments.

A major gap was the functionality of the District Health Committees and District Education Oversight Committees. Some of the minutes presented for the committees showed significant inconsistencies. Others reported frankly that the meetings were not held while others could also not show how the decisions made in the meetings of the committees were implemented.

Misrepresentation/misunderstanding of some KPIs

Some MMDAs lack of understanding of the indicators on Environment. MMDAs were required to provide the Disaster Implementation Action plan and progress reports. Documents presented showed that there was a gap in understanding of the indicator.

Another indicator was the population with access to household toilets increased by at least 15%. There were several discussions with colleagues on the requirements. Some provided the entire population or populations living in areas with adequate toilet facilities or number of toilets available in the District. A further consideration of the indicator brought to their minds what was at stake. Some were able to provide the information whereas most could not.

Overview of some current LGS reforms such as Records Management, Client Service Management

The leadership of the RCCs and MMDAs have bought into the reforms in Records Management. A number of the MMDAs visited had acquired new files to migrate unto the Records management scheme. The new classification system had been developed and file reference numbers had been assigned. Staff were making records of the newly opened files. The gap was with the use of the required books. The file diary and incoming and outgoing correspondence books were not in use in some MMDAs. Some of the staff holding management positions did not understand how to use the file transit ladder. It is recommended that officers at the records management unit be given more training or staff with the right skills mix should be deployed and remunerated/compensated well.

In the case of the client service systems, more than 80% of the MMDAs were not using the newly developed complaints forms. Some places did not even have very convenient spaces for the Client Service Unit as detailed in the operational manual.

Performance on Agric Indicators

Agricultural Officers who assisted with the verification of the indicators presented several reports of activities undertaken. However, because the reports were not summarized using the progress reporting template, it took a lot of time to align them to the planned activities in the approved annual action plan. This was the situation in most MMDAs visited.

Staff worthy of commendation

All staff who were involved in the monitoring and verification exercise in the MMDAs deserve commendation. However, Development Planning officers, physical planning officers and Human Resource Managers need special mention.

Tourism

Most of the tourism interventions planned were achieved in the MMDAs visited. The various MMDAs are to be commended and encouraged to enhance the hospitality aspects of tourism to attract patrons thus improving the local economy.

NADMO reporting

A number of the MMDAs did not prepare the Disaster Preparedness Action Plan. This important document facilitates education of the citizens, especially those who reside in disaster prone areas to prepare adequately and also find ways to mitigate the occurrence of disasters.

Workplace environment

Part of the verification considerations was that an MMDA must have a well-maintained landscape. Areas which had a staff deployed to maintain the lawn had a very good environment. This was the case even in some MMDAs in the Upper East and Upper West Regions. More officers should therefore be recruited and deployed for the parks and gardens section of the physical planning department. This would facilitate the development and maintenance of a good landscape.

Fund flow and its impact on the implementation of planned activities

A number of MMDAs visited could not implement activities related to training and development of staff planned for the year because of non-receipt of expected funds under the Demand-Driven Capacity Building of the DACF-RFG. Building and road projects planned could not be implemented as expected.

For RCC

How well RCCs are carrying out their mandates

The RCCs are generally expected to backstop, monitor and evaluate as well as co-ordinate the plans and activities of the MMDAs in their jurisdiction. The RCCs visited were performing their roles very well. They were able to organize meetings of the various institutions at the regional level, transmit plans and issues needing the attention of national level Ministries, Departments and Agencies (MDAs).

Available monitoring reports also show that the roles were being performed. However, more resources are needed to sustain the gains made in performing their roles.

Staffing situation and rationalisation issues

Several situations affect the distribution of staff to the various MMDAs. MMDAs in more rural staff still lack the right skills mix to deliver on their mandate.

Reporting

A number of departments and MMDAs had challenges with submission of documents and reports to the RCC.

4.10.4. General Recommendations

For MMDAs

- Allocate more funds towards collection, collation and analysis of data to facilitate the preparation and implementation of plans.
- Invest in the website by setting up a team to manage the content that is posted.
- Embrace reforms in the area of client service and records management.
- Invest in spatial planning activities to prepare the grounds for development. Especially for Districts close to the major cities in Ghana.
- Adopt and use forms and templates for planning, implementation and reporting on activities.
- Ensure that the offices are in good condition and safe. This contributes to health and wellbeing of officers to continue giving off their best.
- Spend more on agricultural activities to improve food security.
- Pay attention to the hospitality aspects of tourist facilities to attract more patrons.
- Prioritize the training and development of staff.
- Ensure that the sub structures are functional not only in revenue mobilization but in planning and executing plans and projects.

For RCC

- Continue to provide backstopping to technical areas, especially in areas where recently appointed staff are occupying positions of responsibilities.
- Encourage MMDAs to embrace the reforms in the area of Records Management and Client Service.
- Continue to facilitate the orientation of staff posted into the respective regions on Local Government Service.
- Continue to maintain the office environment to enhance service delivery.
- Commit more resources for monitoring of MMDAs.
- Continue to engage all the organizations operating within the jurisdiction on issues.

4.10.5. Upper West RCC & MMDAs Detailed Analysis/Findings of Indicators

Table 24: Detailed Analysis /Findings of each Indicator for Upper West RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	Even though the RCC had 14 meetings, 3 meetings were held in the 1st quarter with all invitation letters and minutes signed and filed, however, there were no evidence of implementation of the decisions. No meetings were held in the 2nd quarter. The invitation letters for the 3rd and 4th meetings were not available as well as minutes produced not signed.	The management of the RCC must commit to organising the monthly REGSEC meetings and ensure that records are properly documented and well kept.
	1.2i	Compliance with Expanded RCC	Two meetings were held in August and November 2023 involving relevant stakeholders and records were properly filed.	The RCC should continue to engage with all stakeholders to ensure that developmental issues are handled holistically.
	1.2ii	Compliance with Expanded RPCU meetings	One expanded RPCU meeting was held with the signed minutes and invitation letter on the file.	The RCC must ensure that more expanded RPCU meeting are held to foster stakeholder participation in the development process.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.3i	Full migration/use of new Records Management Classification scheme	The migration of files had been completed i.e. the closing of old files and opening of new ones in line with the new file classification scheme, there were issues with how entries were made in the file diary of the RCC. All the sampled file ladders were not completed.	The RCC must commit to the full implementation of the Records Management Manual.
	1.3ii	Electronic management of correspondence	The RCC had an electronic/computerized records management system in place, however there was no record for correspondence for the year 2023.	The RCC must ensure that correspondences are captured and stored electronically.
	1.4	Functional Website	The news updates covered only 4 Departments across 11 months. The post on tourism was limited to only photographs.	The RCC should commit to updating the website with relevant information to market the Region.
	1.5i	Functional Client Service Unit	The office was a dedicated office for the Client Service Unit with basic office logistics. The office was well managed, however, the Unit was yet to commence using the newly developed forms.	The RCC must commit to the full implementation of the reforms in the newly developed Client Service Manual.
	1.5ii	Monitoring and coordination of Sub structure setting up and functionality	There were four quarterly monitoring reports on the sub-structures.	The RCC should continue to monitor the functionality of the sub-structures.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.6	Well-managed, safe and secured workplace environment	The office environment was neat and well kempt with good landscaping. Toilet facilities were fairly managed with water but no soap and tissue. There were renovation works ongoing on the main administration block of the RCC.	The RCC is encouraged to complete the renovation work on time and ensure that visitors washrooms have water, soap and tissue.
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies & retirement schedules submission	The promotion schedule was prepared and had established vacancies and submitted however, not all MMDAs in the Region had submitted their promotion schedules. Retirement was sent through WhatsApp for the 2023. 2024 retirement register would be sent together with the promotion.	The RCC must ensure the timely preparation and submission of promotion and retirement schedules for all MMDAs
	2.1ii	Implementation of promotion and retirement schedules at the RCC level	The files containing copies of the promotion letters and other verifiable indicators were not available for verification.	The RCC should ensure that copies of promotion records and retirement notices are filed and made available.
	2.2	Annual leave management	The 2023 leave roster was available as well as the update, however the 2024 annual leave roster was not completed.	The RCC should ensure the preparation and timely update of the leave roster for the effective management of staff.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.3i	Comprehensive Training Needs Assessment (TNA)	The TNA report was prepared and approved before the deadline.	The RCC is encouraged to keep this up.
	2.3ii	Harmonized Training Plan	The 2024 comprehensive Regional training plan was not prepared.	The RCC should ensure the harmonised training plan is submitted before the deadline specified in the Contract.
	2.4	Implementation of planned Training activities	The reports submitted for the verification were for the year 2020 and 2021 and not for the year under review.	The RCC should commit to the implementation of their training plans.
	2.5	Monitoring of the implementation of the PMS	Only the mid-year review report was prepared and submitted before the deadline.	The RCC should ensure that the end of year monitoring is undertaken.
	2.6	Implementation of RCC staff appraisal schedule	The RCC did not present any staff appraisal reports for verification.	The RCC should seriously take up the implementation of staff appraisal preparation and reporting for all staff of the RCC.
Financial Management & Reporting	3.1	Preparation and submission of 2023 Annual Audit Plan	The 2023 audit plan by the RCC to the Audit Committee Chairman, Director General of IAA and the Regional Auditor before the deadline.	The RCC should keep this up.
	3.2	Implementation of 100% recommendation of 2022 Mgt Letter	The RCC was cited in the 2022 Auditor General's report, however, at the time of the exercise, all 4 issues contained in the	The RCC ensure that response is issued to the Auditor General

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Auditor General's Management Letter were implemented fully.	management letter within the stipulated time.
	3.3i	Response to Draft IA observations within 10 days	There was no evidence of management response to the second and fourth draft Internal Audit recommendations.	The Management of the RCC should pay attention to all draft audit recommendations and respond within the ten stipulated days.
	3.3ii	Implementation of 4 th Quarter 2022, 1 st , 2 nd & 3 rd Quarters of 2023 Internal Audit Recommendations	All the recommendations in the quarterly Internal Audit Reports were implemented fully.	The RCC should keep this up.
	3.4	Submission of 2024 approved budget (Regional Integrated Budget) to the OHLGS	The 2024 RIBS was prepared and submitted to the OHLGS before the deadline.	The RCC should keep this up.
	3.5	2023 GoG expenditure processed through the GIFMIS	All sampled transactions were implemented on the GIFMIS platform.	The RCC should keep this up.
Services	4.1	Submission of quarterly reports of the Departments of the RCC	Only NADMOs consistently submitted all quarterly departmental reports through the RCC before or on the quarterly deadlines.	Departments should be encouraged to submit their quarterly reports by the 15 th day of the ensuing month.
	4.2	Submission of quarterly RPCU monitoring reports to OHLGS	All 4No. quarterly RPCU reports were prepared and submitted after deadline.	The RPCU should ensure the timeliness of the monitoring exercise and reporting.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.3	Submission of report on biannual technical backstopping to OHLGS	No report was cited.	Management of the RCC should pay attention to this reporting requirement.
	4.4	Submission of Approved 2024 plan (RIP) prepared in line with LI2232	RIP was prepared however there was no evidence of submission from the dispatch records.	Management should ensure the preparation and timely submission of the RIP.

Table 25: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Upper West Region

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Three (3) (Daffiama-Bussie-Issa, Sissala East and Wa Municipal) out of the eleven (11) MMDAs produced records of both mid-year and planning meetings with external stakeholders and were chaired by the MMDCE. All other MMDAs with the exception of Jirapa DA produced records of the organisation of only one ISCCS meeting involving external stakeholders.	Management of the MMDAs must commit to ensuring that more ISCCS meetings involving all external stakeholders are held in accordance with the planning cycle to ensure a co-ordinated or harmonious approach for development.
	1.2	Compliance with the organization of sensitization workshops	Only Jirapa, Lambussi, Nandom and Nadowli-Kaleo MMDAs organized more than one orientation workshop on the LGS protocols for newly recruited, posted and other staff. Apart from Daffiama-Bussie-Issa, Sissala West and Wa East, the other MMDAs organized one orientation workshop for staff.	Management of the Daffiama-Bussie-Issa, Sissala West and Wa East should ensure that staff are continuously oriented on the LGS protocols and other relevant legislations.
	1.3i	Implementation of the new LGS Records Management System	Only Lawra, Sissala East, Nandom, Daffiama-Bussie-Issa, Wa MA and Nadowli-Kaleo have fully migrated onto the newly developed LGS file classification system.	The Regional Records Management trainers must be equipped and tasked to carrying out training for MMDA staff on the new Records Management Manual. The management of the MMDAs should provide funding for the

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Wa East, Sissala West and Lambussie DAs had created the new file reference series but yet to fully migrate. Jirapa DA is yet to commence any of the file migration processes. Lawra, Sissala East, Nandom and Daffiama-Bussie-Issa MMDAs had been using the new incoming and outgoing correspondence register as well as file diary, however, the sampled file transit ladders were not fully filled. Wa MA and Nadowli-Kaleo DA have fully implemented all the recommendations of the newly developed Records Management Manual.	implementation of the procedures and processes as outlined in the LGS Records Management Manual.
	1.3ii	Electronic capturing and storage of correspondence	Sissala West, Jirapa and Wa West MMDAs did not have a functional electronic correspondence management system in the year 2023. The remaining eight (8) MMDAs had either a Microsoft Excel or other applications to manage their correspondence electronically, however, none of the MMDCEs or MMDCDs could access the stored correspondence remotely.	MMDAs should ensure that there is a fully functional electronic management system in place and is networked for management access remotely to help improve information flow.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	1.4	Fully functional website for the MMDA	The websites of Sissala West and Daffiama-Bussie-Issa did not have information on the various services rendered as well as monthly news updates on programmes and projects implemented within 2023 across Departments/Units. All other MMDAs did not have a functional website at the time of the monitoring and verification exercise.	The MMDAs in the Region should commit to the development, maintenance and the update of the website with relevant information to market the potential of the Districts.
	1.5i	Functional Client Service Unit	Lawra, Wa and Nadowli Kaleo MMDAs had functional Client Service Units with visible offices and basic equipment to serve clients. The newly developed forms were in use. Actions taken on reported complaints could be verified. Wa MA were using a web-based complaints system that could be accessed by the Chief Executive and Co-ordinating Director. Only Jirapa MA did not have a Client Service Unit nor showed that there was a system in place to attend to the complaints of Clients. Nandom and Sissala East MAs had information on clients' complaints with	Management of the MMDAs must commit to the full implementation of the reforms in the newly developed Client Service Manual.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			actions taken that could be verified even though the new forms were not in use. The remaining MMDAs were not fully implementing the recommendations of the newly developed Client Service Manual. The actions taken on complaints could also not be verified.	
	1.5ii	Functional Sub structures	Lambussie, Wa East and Wa West could not give any evidence on the functionality of the the sub-structures. Sissala East and Daffiama-Bussie-Issa MMDAs showed that the Sub-structures were functional. Lawra, Sissala West, Wa, Nandom and Nadowli-Kaleo MMDAs could not produce actions plans for the sub-strutures as well as implementation reports.	The L.I did not indicate the sub structures to be established by each MMDA. An avenue should be explored to show specific areas.
	1.6	Safe and secure workplace environment	All MMDAs had sign posts at some locations within the District. Washrooms for visitors were available and resourced with handwashing facilities. Some had outdoor urinals only.	Management of the MMDAs must commit to improving the workplace environment and the proper maintenance of washrooms especially for visitors.
HR Management	2.1i	Compliance with promotion schedule	All 11 MMDAs produced records of the preparation of promotion and retirement	The MMDAs deserve commendation.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		with established vacancies submission	schedules as well as submitted to the RCC before the deadline.	
	2.1ii	Implementation of 2023 promotion and retirement schedule	The MMDAs produced correspondence to show the implementation of the promotion schedule. However, the implementation of the Retirement Schedule was not done in accordance with the Human Resource Operational Manual.	The management of the MMDAs should ensure the full implementation of both the promotion and retirement schedules as spelt out in the LGS Human Resource Management Operational Manual.
	2.2	Compliance with preparation of leave management roster and updates	Six (6) MMDAs prepared and updated the 2023 annual leave rosters as well as prepared the 2024 and had management approval before the deadline. Wa MA and Wa East DA did not produce an approved 2024 leave roster. Jirapa and Sissala East MAs had the leave rosters approved after the deadline. Sissala West DA did not prepare the update of the annual leave roster for 2023.	Management of the MMDAs should commit to the preparation, update and approval of leave roster as well as full implementation for the efficient management of staff.
	2.3i	Preparation and Approval of Training Needs Assessment	All MMDAs in the Region had prepared the Training Needs Assessment (TNA), however, six (6) MMDAs (Daffiama-Bussie-Issa, Jirapa, Sissala East, Wa MA, Wa East and Nandom) did not have management approval.	Management of the MMDAs should ensure that the TNA is prepared and approved before the deadline for the preparation of the training plans.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	2.3ii	Preparation of Training Plan based on the TNA	All the MMDAs prepared and submitted their training plans on or before the deadline.	MMDAs are to keep this up.
	2.4	Implementation of Planned Training activities	Lawra, Sissala East and Wa MMDAs produced records of the implementation all training activities and submitted quarterly reports to the RCC before the deadlines. The other MMDAs were either did not produce evidence of implementation of more than 80% of training plans or did not produce reports of any training activities.	Management of the MMDAs should invest in the implementation of training activities for the enhancement of staff performance.
	2.5	Implementation of appraisal schedule	The appraisal compliance in the MMDAs in the Region were generally below 80%.	The management of the MMDAs should seriously take up the implementation of staff appraisal preparation and reporting for all staff.
Financial Management & Reporting	3.1i	Preparation and submission of Revenue Improvement Action Plan	All the MMDAs in the region prepared and transmitted their RIAP before deadline except Wa East and Nandom MMDAs.	The management of Wa East and Nandom MMDAs must ensure the preparation and timely submission the RIAP to help improve revenue mobilization.
	3.1ii	Implementation of 80% RIAP.	Apart from Nadowli DA, Sissala East MA and Nandom, all the other DAs in the region implemented either 80% or more of the activities in the 2023 RIAP.	Management of the MMDAs should ensure the adoption of the Projects and Programmes Register Template to augment reporting.
	3.2	Increase in Street named with signage.	Five (Jirapa, Nadowli, Wa East, Sissala West, Nandom) out of the Eleven MMDAs did not	Management of the MMDAs should revive the street naming and

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			provide evidence of any increase in the percentage of streets named with signages in the year 2023.	property addressing activities towards supporting revenue generation.
	3.3	Updating of Database on ratable items.	More than 72% of MMDAs in the region had updated their database of rateable items and linked to their revenue estimates. Wa East, Lambussie and Nandom MMDAs showed incomplete database.	The RCC should ensure that the database of MMDAs are updated annually and linked to the revenue estimates.
	3.4	All expenditure from activities in the approved Annual Action Plan	All the MMDAs in the region disbursed funds based on activities in the approved action plans.	MMDAs in the region commended and encouraged to keep this up.
	3.5i	Management to Respond to Internal Audit Observations	Managements of Jirapa, Wa East and Daffiama Bussie Issa MMDAs did not respond to all internal audit observations within the stipulated 10 days.	Management of MMDAs are encouraged to respond to audit observations on timely basis.
	3.5ii	Implementation of Internal Audit recommendations	Six (6) MMDAs (Lawra, Nadowli, Sissala East, Wa East, Nandom and Daffiama Bussie Issa) implemented all the recommendations in the quaterly Internal Auditor reports.	Management of MMDAs in the Region are encouraged to implement all the Internal Audit recommendations.
	3.6	Implementation of Auditor General's recommendations	Nadowli, Sissala West and Wa East did not implement all the recommendations contained in the 2022 Auditor General's Management Letter.	Management of MMDAs are encouraged to implement all the recommendations in the Auditor General's Management Letter on timely basis.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
Infrastructure	4.1	80% achievement of approved road programmes.	Apart from Sissala West DA, all the other MMDAs fully implemented either 80% or more of the approved road & transport programmes for the year 2023.	Funds for the planned projects must be released by the duty bearers to enable MMDAs fully implement.
	4.2	80% achievement of planned buildings and structures planned.	Only Wa Municipal Assembly was able to present evidence of full implementation of all planned buildings and structures. All other MMDAs implemented less than 80% of planned buildings and structures.	Funds for the planned projects must be released by the duty bearers to enable MMDAs fully implement.
	4.3	Spatial Planning Committee (SPC) meetings	Eight (8) Districts in the Region provided records of at least three Spatial Planning Committee (SPC) meetings in each quarter. Jirapa, Sissala West and Wa East MMDAs held less than 3 SPC meetings per quarter.	Management of the MMDAs should ensure that the monthly SPC meetings are held for the effective settlement planning.
	4.4	Consideration of development permit applications by the SPC	Seven (7) out of eleven (11) MMDAs in the region provided records of the consideration of all permit applications by the SPC. Information of decisions to applicants were also provided. Four (4) MMDAs, Jirapa, Wa Municipal, Nandom and Lambusie could not produce records of all permit applications consideration by the SPC.	Management of the MMDAs should resource the SPCs to execute their functions and ensure that decisions on permit applications are all communicated to applicants in writing and augmented with bulk SMS.
	4.5	Availability of approved 3-tier plans of the Districts	No MMDA had an approved Spatial Development Framework (SDF) in the Region.	The management of the MMDAs should invest in the preparation of

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Six (6) out of the eleven (11) MMDAs in the region had approved developed Structure Plans. All MMDAs apart from Jirapa MA produced approved Local Plans.	all the three (3) tier plans to ensure harmonious development.
Social Services	5.1	Organizing of Quarterly DEOC meetings and implementation of decisions.	Only Lambussie, Lawra, Wa Municipal, Wa West and Nandom MMDAs produced records of all quarterly meetings held and decisions fully implemented.	Management of the MMDAs should ensure that the DEOC meetings are held on quarterly basis and the statutory chairpersons and secretaries sign the minutes. Implementation of decisions should be tracked and well documented.
	5.2	Organization of quarterly Health Committee meetings and implementation of decisions.	Daffiama-Bussie-Issa, Lawra, Nandom and Sissala East MMDAs produced records of District Health Committee (DHC) meetings held and decisions fully implemented. Wa West DA also presented produced records of District Health Committee (DHC) meetings, however, the level of implementation of decisions could not be ascertained. The other MMDAs (representing 54.54%) either did not have all four (4) quarterly meetings in the year 2023.	Management of the MMDAs should ensure that the DHC meetings are held on quarterly basis and the statutory chairpersons and secretaries sign the minutes. Implementation of decisions should be tracked and well documented.
	5.3i	Submission of data on vulnerable groups	Only Wa West, Sissala West, Wa Municipal and Nadowli-Kaleo MMDAs compiled and	Management of the MMDAs should support the SWCD department in

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			submitted data on more than three (3) vulnerable groups before the deadlines in 2023.	the collection and submission of updated data on vulnerable groups.
	5.3ii	Update of Database on registration of births and deaths	More than 50% of MMDAs produced records of updated Births and Deaths data. Lambussie DA produced updated data for two (2) quarters whilst Daffiama-Bussie-Issa and Nandom MMDAs produced data for only one quarter. Lawra and Wa East MMDAs did not produce any register of births and deaths for all quarters of 2023.	The management of the MMDAs must ensure the full integration of the Birth and Death Department into the MMDA and ensure that reporting requirement are strictly enforced.
	5.4	Implementation of Gender Based Violence interventions	Jirapa, Wa East, Wa West and Nadowli-Kaleo MMDAs implemented less than 80% of planned Gender Based Violence (GBV) interventions for 2023. All the other MMDAs in the Region produced records of implementation of 80% or more of planned GBV interventions.	Management of the MMDAs should commit to the implementation of planned GBV activities.
	5.5	Effective management of child protection cases	Apart from Wa West DA, all the other MMDAs managed more than 80% of reported child protection cases.	The management of Wa West DA should pay more attention to the management of child protection cases.
	5.6	Implementation of community mobilization and	Eight (8) out of the eleven (11) MMDAs in the Region implemented more than 80% of	MMDAs should strengthen their support towards the implementation

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		education programmes	planned community mobilization and education programmes for 2023.	of community mobilisation and education programmes.
Economic Development	6.1	Expenditure on Agriculture should be more than 5%.	Six (6) MMDA achieved 5% or more of the total expenditure on Agriculture. Wa West, Wa East and Daffiama Bussie Issa DAs achieved between 3 - 4.6%.	The management of MMDAs should commit to the development of Agriculture by increasing investment into the sector and ensure a comprehensive capture of post-production expenditure.
	6.2	Implementation of planned agriculture activities.	Jirapa, Wa West, Wa East and Sissala West MMDAs implemented all planned agriculture activities in the 2023 AAPs. Nadowli-Kaleo, Sissala East and Nandom MMDAs had at least 80% of planned agriculture activities implemented. The other MMDAs in the Region implemented less than 80% of planned agriculture activities.	Management of the MMDAs must ensure the implementation of planned activities in Agric. The Agric Department should adopt the projects and programmes register template to augment reporting.
	6.3	At least 40% of MMDA annual agricultural expenditure on post-production activities	Only Lambussie and Nadowli MMDAs achieved more than 40% expenditure on post-production activities. Daffiama Bussie Issa achieved 20.02% expenditure on post- production activities. The remaining MMDAs achieved less than 20%.	The management of MMDAs should commit to post-production activities to reduce post-harvest losses and ensure value addition.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	6.4	Gender based agricultural activities	All MMDAs in the Upper West Region implemented more than 60% of planned agricultural interventions to address gender gaps except Lambussie DA.	Management of the MMDAs should continue the integration of gender issues in their plans.
	6.5	Implementation of planned tourism activities.	Seven (7) out of the Eleven MMDAs implemented more than 80%. Lawra MA and Daffiama Bussie Issa DA implemented 75% and 50% respectively. Wa East DA and Jirapa MA did not implement any tourism related activities.	Management of the MMDAs are encouraged to invest more in tourism and report adequately on the activities implemented.
Environment & sanitation	7.1	Disaster Preparedness Action Plan Implementation Report	Only Lawra MA had a Disaster Preparedness Plan and implementation report which was submitted to the RCC on time. Nadowli/Kaleo, Jirapa and Wa Municipal Mas had a Disaster Preparedness Plans and implementation reports, but the implementation reports were submitted after deadline. Sissala West DA had both the Disaster Preparedness Plan and implementation report but could not produce records of submission of the implementation report to the RCC. Nandom MA had both the Disaster Preparedness Plan and implementation report, however, the report was submitted	The RCC should facilitate the training on the preparation of Disaster Preparedness Plan and effective reporting including the use of programmes & projects register.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			directly to the Regional NADMO office without recourse to the MMDA.	
	7.2	Environment enhancement programmes	All the MMDAs implemented more than 60% of environmental Enhancement programmes in the approved annual action plan for 2023.	The MMDAs must keep this up.
	7.3	Population with household toilets	Jirapa, Wa West and Wa East were the only MMDAs which achieved 15% or more of population with access to household toilets.	The RCC should assist the MMDAs to understand the demands of the indicator.
	7.4	Routine cleansing of the Central Business District (CBD)	Jirapa, Sissala East, Wa Municipal had reports for 3 quarters while Lawra, Nadowli Kaleo and Wa West, Nandom and Dafiama Bussie Issa had reports for 2 quarters. Sissala West presented report for one quarter. Lambussie D/A and Wa East did not have reports for implementing routine cleansing of the central business district in 2023.	MMDAs must commit to Routine Cleansing activities and ensure comprehensive reporting including the aspect of mobilisation for the activity.

4.10.6. Upper East RCC & MMDAs Detailed Analysis/Findings of Indicators

Table 26: Detailed Analysis /Findings of each Indicator for Upper East RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	Thirty (30) Regional Security Council Meetings were held across all four (4) quarters with invitation letters and minutes properly signed and filed. Implementation of decisions were very well documented. Some of the meetings were virtual and minutes was prepared accordingly.	The RCC deserves commendation.
	1.2i	Compliance with Expanded RCC meeting	One expanded RCC meeting was held with extensive participation from institutions such as PURCC, NEDCo, GWCL, DVLA, GBC, NCCE, Legal Aid and National Road Safety Commission, Development Partners, National Refugee Board, NGOs and the Security Services.	The RCC is encouraged to organize more of such meetings in a year.
	1.2ii	Compliance with Expanded RPCU meetings	One expanded RPCU meeting was held with extensive participation from institutions such as GWCL, National Health Insurance, CHRAJ, GIDA, EPA, CWSA, NCCE, Ghana Metrological Agency, Ghana Highway Authority, GNFS, GPSNP, NEDCo, CNC.	The RCC is encouraged to organize more of such meetings in a year.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Records of the meeting were signed and properly filed.	
	1.3i	Full migration/use of new Records Management Classification scheme	The RCC started the migration process in January 2023. The new file classification system is in use. The RCC has a well-developed file diary and is using the newly developed incoming and outgoing correspondence register. However, not all the sampled file transit ladders were fully filled. Incoming correspondences are received first at the Regional Minister's office first.	The management of the RCC must commit to the full implementation of the recommendations of the Records Management Manual.
	1.3ii	Electronic management of correspondence	A web-based electronic correspondence management system was in use at the RCC. The sampled incoming and outgoing correspondence were retrieved. The RM and RCD were not connected to the electronic correspondence management system.	The RCC Management needs to be mainstreamed into the electronic correspondence management system to enhance information flow.
	1.4	Functional Website	The RCC has a functional website with news updates for the months in the year 2023 covering a number of Departments.	The RCC should commit to updating the website with relevant information to market the Region.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.5i	Functional Client Service Unit	The Unit had a dedicated office with basic office logistics such as furniture, desktop computer, TV, Telephone and visitors logbook. The Unit was yet to commence the use of the newly developed Client Service Forms. The Unit produced reports which captured some complaints received and actions taken in addressing them.	The Management of the RCC should commit to fully implementing the recommendations in the newly developed LGS Client Service Manual.
	1.5ii	Monitoring and coordination of Sub structure setting up and functionality	The RCC prepared and submitted before the deadline a report on the monitoring of the sub-structures of the MMDAs in the Region.	The RCC should continue to monitor the functionality of the sub-structures at the MMDAs.
	1.6	Well-managed, safe and secured workplace environment	The RCC had sign posts at the main entry points into the Region. The landscape of the RCC was well managed. The office complex is well managed, however, there is a need for some renovation works to preserve the administrative block.	The RCC must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			There was evidence of adequate security at the RCC. The washroom had water, soap and tissue and was well maintained.	
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies & retirement schedules submission	The RCC prepared and submitted both composite promotion (February and July) and retirement schedules before the deadlines.	The RCC must be commended.
	2.1ii	Implementation of promotion and retirement schedules at the RCC level	There was evidence of implementation of both the promotion and retirement schedules on file.	The RCC must be commended for the good work.
	2.2	Annual leave management	The RCC updated the 2023 annual leave roster on quarterly basis. 2024 leave roster was also prepared and approved by the Chief Director and placed on file.	The RCC must be commended for the good work.
	2.3i	Comprehensive Training Needs Assessment (TNA)	The RCC prepared and approved the TNA before the deadline.	The RCC must be commended for the good work
	2.3ii	Harmonized Training Plan	The RCC prepared and submitted the composite Capacity Building plan before the deadline.	The RCC must be commended for the good work.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.4	Implementation of planned Training activities	The RCC implemented all the planned training activities for the year 2023.	The RCC must be commended for the good work.
	2.5	Monitoring of the implementation of the PMS	The RCC prepared biannual PMS monitoring reports which were all submitted before the deadline.	The RCC must be commended for the good work.
	2.6	RCC staff appraisal schedule implementation	All staff had completed their appraisals. There was a report on the implementation of the appraisal cycle. The sampled appraisals were well done.	The RCC must be commended for the good work.
Financial Management & Reporting	3.1	Preparation and submission of 2023 Annual Audit Plan	The 2023 Annual Audit Plan for the RCC was submitted to the Chief Director - UERCC, Audit Committee Chairman & the Director-General, Internal Audit Agency before the deadline.	The RCC should keep up with the timely submission.
	3.2	Implementation of 100% recommendation of 2022 Management Letter	All the 13 issues in the Auditor General's Management letter were completely implemented.	RCCs Audit Committee should be commended for the swift implementation of the recommendations although it was received late.
	3.3i	Response to Draft Internal Audit observations within 10 days	The first and second quarter management responses to the Internal Audit observations were not available.	The RCC should pay attention to these draft recommendations and response promptly.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.3ii	Implementation of 4 th Quarter 2022, 1 st , 2 nd & 3 rd Quarters of 2023 Internal Audit Recommendations	All the recommendations in the four quarterly were implemented fully.	The RCC should keep this up.
	3.4	Submission of 2024 approved budget (Regional Integrated Budget) to the OHLGS	The 2024 RIBS was prepared and submitted to the Chief Director, MoF & HoS – LGS before the deadline.	The RCC should keep this up.
	3.5	2023 GoG expenditure processed through the GIFMIS	From the Cash book, all sampled transactions made were processed on the GIFMIS platform.	The RCC should keep this up.
Services	4.1	Submission of quarterly reports of the Departments of the RCC	Three departments prepared and submitted all their 4 quarterly reports on or before deadline.	Departments of the RCC should be encouraged to comply with reporting requirements.
	4.2	Submission of quarterly RPCU monitoring reports to OHLGS	The 4 RPCU quarterly M&E reports were prepared and submitted before each deadline.	The RCC should keep this up.
	4.3	Submission of report on biannual technical backstopping to OHLGS	Three departments prepared and submitted their biannual backstopping reports before the deadlines.	Departments of the RCC should be encouraged to comply with reporting requirements.
	4.4	Submission of Approved 2024 plan (RIPS) prepared in line with LI2232	The 2024 RIP was prepared and submitted to the HoS before the deadline.	The RCC should keep this up.

Table 27: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Upper East Region

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Bolgatanga MA, Kassena Nankana MA and Kassena Nankana West DA provided records of two meetings held to review and discuss plans for the ensuing year.	MMDA should specifically include ISCCS meetings in their action plans and budgets.
	1.2	Compliance with the organization of sensitization workshops	Only Kassena Nankana MA records to show that more than one sensitization programme was organized to orient both old and new staff on the local Governance Act and Protocols. Six (6) MMDAs had a report for all such programmes on file. The others could not provide records of staff oriented on the protocols of the Service.	Management of MMDAs should prioritise sensitization of staff with the relevant enactments governing their operations.
	1.3i	Full migration to the new records management system	Only Builsa North DA provided evidence of full migration onto the new records management system i.e. the full and proper filling of the correspondence register, the file diary as well as the sampled file transit ladders. Bawku West, Bolgatanga MA, Bongo, Garu, Nabdam, Pusiga, Talensi and Tempene MMDAs had initiated the migration process. For these Assemblies, the incoming and outgoing correspondence registers and file diary were in use.	Management must ensure that staff are well resourced and sensitized further on the reforms in records management.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			The others had not commenced the process of migrating to the new records management system.	
	1.3ii	Electronic capturing and storage of correspondence	Twelve out of the fifteen MMDAs in the region had a functional electronic system for capturing incoming and outgoing correspondence. However, the MMDCEs and MMDCDs are yet to access the data remotely. Bulsa South, Tempane, Bawku MA and Bolgatanga East MMDAs do not have a functional system.	Management of MMDAs should pay attention and ensure that IT officers to develop a system.
	1.4	Fully functional website for the MMDA	Bawku West, Bolgatanga MA, Bolgatanga East, Bongo and Kassena Nankana West DA had functional website with updated relevant information on services and news.	Management should ensure that documentations and items to be placed on the website are promptly validated.
	1.5i	Functional Client Service Unit	All MMDAs had a clearly labelled office for Client Service Unit with office logistics such as furniture. Only Kassena Nankana West DA gave evidence of using the newly developed CSU forms with actions taken carefully documented. The Client Service Unit at the Bawku MA was closed at the time of the visit.	The RCC should do sensitization and advocacy on the full implementation of the CSU Manual.
	1.5ii	Functional Sub structures	All MMDAs gave evidence that the substructures were established, and meetings were being organized.	Management of the MMDAs should commit to resources the substructures to perform their functions.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Pusiga DA gave evidence that the substructures were mobilizing revenues and the 50% was being ceded. However, no MMDAs could provide records of action plans developed by these substructures for implementation.	
	1.6	Safe and secure workplace environment	Bolgatanga MA, Nabdam and Bolgatanga East MMDAs had well-maintained office environment. The Builsa North MA office building needs to be rehabilitated while Talensi DA had commenced the face-lifting of the office.	Management of the MMDAs should ensure the office spaces and environment are well managed.
HR Management	2.1i	Compliance with promotion schedule with established vacancies submission	Tempene and Garu DAs provided no evidence of the submission of promotion and retirement schedules to the RCC. All the other MMDAs in the Region provided evidence of the preparation and submission of promotion and retirement schedules before the deadline.	Management of Tempene and Garu DAs need to take interest in their promotion and retirement schedules.
	2.1ii	Implementation of 2023 promotion and retirement schedule	Apart from Tempene DA which gave evidence of implementation of only retirement schedule for the year, all other MMDAs had fully implemented both schedules.	Management of Tempene DA is encouraged to ensure the implementation and timely submission of reports on promotion and retirement schedules.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	2.2	Compliance with preparation of leave management roster and updates	Tempane DA did not present records of the preparation and update of leave roster for the year 2023 and the 2024 roster had not been prepared and approved before deadline. The 2024 leave rosters of Bawku MA, Garu and Bolgatanga East DAs were approved for implementation. Talensi DA did not update the leave roster for 2023.	Management should show interest in the preparation and approval of leave roster for implementation.
	2.3i	Preparation and Approval of Training Needs Assessment (TNA)	The TNAs prepared in Bawku MA, Bawku West and Builsa South DAs were approved after deadline. There was no evidence of management approval of the TNAs prepared at Bolgatanga East DA and Garu DA. All the other MMDAs showed that the TNA was prepared and approved before deadline.	The Management need to commit to the timely preparation and approval of TNAs to inform the preparation of the Capacity Building plans.
	2.3ii	Preparation of Training Plan based on the TNA	All the MMDAs in Upper East provided records that the 2023 training plan was prepared and submitted to the RCCs before the deadline.	The MMDAs are commended.
	2.4	Implementation of Planned Training activities	Only Bolgatanga MA and Builsa South DA gave evidence of implementation of all their	Management of the MMDAs are encouraged to prioritize staff training.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			planned training activities and quarterly reports duly submitted to the RCC.	
	2.5	Implementation of appraisal schedule	Only Bolgatanga MA, Kassena Nankana MA, Kassena Nankana West DA and Bawku West DA had more than 80% of their staff appraisal reports well prepared for the year 2023. The sampled appraisals were very well done. The others 12 MMDAs less than 80% of staff complying with performance appraisal in the year 2023.	The management of MMDAs in the region must commit to strict compliance of staff with the performance appraisal timelines.
Financial Management & Reporting	3.1i	Preparation and submission of Revenue Improvement Action Plan (RIAP)	Four MMDAs namely Bawku Municipal, Bawku West, Nabdam and Tempane DAs prepared the 2024 RIAP in line with approved template but could not provide evidence of submission before deadline. All the other eleven had their 2024 RIAPs prepared, approved by the General Assembly and submitted to the RCC before the deadline.	Management of MMDAs should commit to the preparation of the RIAP and prompt submission.
	3.1ii	Implementation of the RIAP	Three MMDAs; Bawku West, Garu and Kasena Nankana West achieved less than 50% implementation of their 2023 RIAP while Bongo and Bulsa South DAs achieved between 50-59%.	The template for the projects and programmes register should be used by MMDAs to augment RIAP implementation reports.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Talensi achieved 66.67% implementation and Binduri together with Nabdam had between 70-80%. The seven remaining MMDAs achieved above 80% implementation of the 2023 RIAP by the close of the year.	
	3.2	Increase in streets named with signages	Seven (7) out of the 15 MMDAs achieved at least a 10% annual increase in streets named with signages. These MMDAs were Bawku Bolga & Bulsa North MAs; Garu, Kasena Nankana West, Binduri and Pusiga DAs. Bawku West, Bongo, Kasena Nankana Mun., Talensi, Nabdam, Bulsa South, Bolga East and Tempane could not achieve 10% annual increase in streets named with signages.	MMDAs should be encouraged to implement Street Naming and Property Addressing (SNPA) activities not only to show direction but also to facilitate revenue mobilisation.
	3.3	Updating of Database on ratable items.	Almost all MMDAs except Nabdam had database on ratable items (moveable & immovable) updated with Fee fixing Resolution approved and linked with final revenue estimates for the ensuing year. The Fee fixing Resolution for Nabdam was not sighted.	Managements of Nabdam DA is encouraged to use updates and summaries for improved decision making as far as revenue mobilisation is concerned.
	3.4	All expenditure from activities in the approved Annual Action Plan	All PVs sampled from the MMDAs were traced to the AAP. These gave the indication that 100% of 2023 actual expenditure of the MMDAs in the Upper East Region covered	The strict adherence to the 100% of actual expenditure covered activities in the approved Annual Action Plan should always be encouraged.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			activities in the approved Annual Action Plans.	
	3.5i	Management to Respond to Internal Audit Observations	The Management Bulsa North, Talensi, Garu and Tempane DAs delayed in responding to either one or all Internal Audit observations within 10 working days of the issuance of draft report.	Management of MMDAs should commit to timely and proper documentation of responses to audit observations.
	3.5ii	Implementation of Internal Audit recommendations	Bolga MA, Bongo, Kasena Nankana MA, Talensi, Kasena Nankana West, Binduri, Nabdam and Bolga East DAs implemented all quarterly Internal Audit recommendations.	Leaving initial responses of Management at the time of audits on file is not good enough. Status of Implementation Reports should be updated when follow-up actions have been taken.
	3.6	Implementation of Auditor General's recommendations	Binduri, Talensi and Tempane did not implement all the recommendations in the Auditor General's Management Letter. All the others provided information on the status of implementation. The volatile situation in Bawku MA did not permit the team to verify.	Management should commit to the implementation of all recommendations in the Auditor General's Management Letter.
Infrastructure	4.1	80% achievement of approved road programmes.	Only four MMDAs (Bawku West, Bawku MA, Kassena Nankana MA, and Garu achieved less than 80% implementation of approved road & transport programmes.	Management of these MMDAs should commit to the implementation of road programmes.
	4.2	80% achievement of planned buildings and structures planned.	Only four MMDAs (Bolgatanga East, Kassena Nankana MA, Bawku West and Bawku MA) achieved 80% of approved programme for	Indicating phases of planned activities that could be achieved within the planned period is critical.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			buildings and structures in the 2023 Annual Action Plan.	
	4.3	Spatial Planning Committee (SPC) meetings	All MMDAs but Garu DA held all SPC meetings within a quarter. Garu DA did not hold any meeting in the month of January 2023.	This level of performance should be upheld.
	4.4	Consideration of development permit applications by the SPC	All the MMDAs in the Region considered all the development permit applications received at both the TSC and SPC.	Management of the MMDAs should institute a rigorous campaign to rake-in a lot of permit applications. Peace should be pursued vigorously especially in the case Bawku MA to help improve socio-economic development for the benefit of the citizenry.
	4.5	Development of the 3-tier Spatial Plans	Only Bawku Municipal has an SDF. Only seven (7) MMDAs i.e. Bawku MA, Bawku West, Bolga MA, Kassena Nankana MA, Garu, Kassena Nankana West and Pusiga have Structure Plans.	The RCC should assist MMDAs in the region to develop of the 3-tier spatial plans.
Social Services	5.1	Organization of quarterly District Education Oversight Committee meetings and implementation of decisions.	Bolgatanga MA, Kassena Nankana MA, Kassena Nankana West DA, Garu DA and Talensi DA representing 33.33% of MMDAs in the Region were able to hold four meetings. There was evidence in the minutes of the implementation of decisions. This was not the	Management should commit to organising this meeting to prioritise education related issues in the MMDAs.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			same for the other Districts. Some were able to hold two meetings while others organized three (3). Some of the meetings minutes presented were poorly written.	
	5.2	Organization of quarterly Health Committee meetings and implementation of decisions.	Kassena Nankana MA and Kassena Nankana West DA held four meetings. They were also able to show that decisions made at the meetings were implemented. Other MMDAs organized three (3) meetings. Some of the meetings minutes presented were of poor quality.	Management must ensure the proper constitution of Committee.
	5.3i	Submission of data on vulnerable groups	Seven (7) MMDAs did not have record of submission of data of at least 3 vulnerable groups to the respective Regional Department before the deadlines. Most of the MMDAs were able to forward the data for only two vulnerable groups. Builsa North MA submitted updated report for June and December 2023.	Management of MMDAs should show interest and commit to the prompt submission of the data.
	5.3ii	Update of Database on registration on births and deaths	Apart from Bolgatanga East, Builsa South and Tempane, all the other MMDAs had their Births and Deaths register updated and submitted before deadline.	Management of Bolgatanga East, Builsa South and Tempane DAs should prioritise this intervention.
	5.4	Implementation of Gender Based Violence interventions	Apart from Bawku and Bolgatanga MAs, all the other MMDAs were able to implement more than 80% of planned interventions.	Efforts at implementing planned interventions in this area must be sustained to safeguard lives.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	5.5	Effective management of child protection cases	Only Kassena Nankana West DA implemented less than 80% of child protection cases received in 2023. The case registers and annual reports show that all the other MMDAs were able to implement more than 80% on cases received.	Management of Kassena Nankana West DA should commit to the prompt management of reported child protection cases.
	5.6	Implementation of community mobilization and education programmes	All the MMDAs in the Region except Tempane DA implemented 80% or more of planned Community Mobilization and Education interventions.	The Management of Tempane DA should make all the efforts to ensure implementation of planned interventions.
Economic Development	6.1	Expenditure on Agriculture should be more than 5%.	Only Kassena Nankana MA achieved less than 3% of MMDA expenditure to agriculture (activities/ programmes) excluding National Farmers' Day celebration by the end of the year.	Comprehensive capture of agricultural expenditure should be pursued by MMDAs. Matching funds and others used in supporting the implementation of activities were not properly recorded.
	6.2	Implementation of planned agriculture activities.	Bulsa North is the only MMDA in the Region that achieved less than 60% implementation of planned agricultural activities in AAP.	The Department of Agriculture should be assisted to improved reporting on the implementation of Annual Action Plans.
	6.3	At least 40% of MMDA annual agricultural expenditure on post-production activities	Only Bulsa North and Pusiga DAs achieved up to 20% annual agricultural expenditure on post-production activities by the end of the year (Storage, processing, packaging, market linkages, etc). The rest achieved less than 20%.	Proper capturing of projects and programmes that constitute post-production activities should be done.
	6.4	Gender based agricultural activities	All the fourteen (14) MMDAs in Upper East Region achieved at least 60% of planned	Thes level of achievement should maintained.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			agricultural interventions to address gender gaps implemented by the end of the year	
	6.5	Implementation of planned tourism activities.	Bolgatanga East and Tempane DAs did not implement any of their planned tourism activities. Bawku MA, Bawku West and Kassena Nankana MA planned 3No. and implemented 2No. each. The rest achieved the 80% of complete implementation.	The RCC should institute a peer review session for the assessment of the level of implementation of AAPs. This could facilitate a balanced implementation of AAPs.
Environment & sanitation	7.1	Disaster Preparedness Action Plan Implementation Report	Only Kassena Nankana MA had a Disaster Preparedness Plan as well as an implementation report submitted to the Regional Minister by the end of the year. Five other MMDAs including Bawku West, Bolga MA, Talensi, Kassena Nankana West and Nabdam had Disaster Preparedness Plans only. All the other MMDAs either had no plan or provided no information.	Management should commit to providing the funding for the development of a comprehensive Disaster Preparedness Plans. An orientation session should be organised for NADMO staff on the development of the Disaster Preparedness Plans.
	7.2	Environment enhancement programmes	Only Bolga East DA had no reports on the implementation of environment enhancement programmes. All other MMDAs achieved at least 50%.	Management of the MMDAs commit more resources towards the implementation of tourism related activities.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	7.3	Population with household toilets	Five MMDAs namely Bolga East, Nabdam, Pusiga, Kasena Nankana MA and Bawku West did not provide data on population that had access to household toilets. The rest achieved beyond the 15% annual increase by the end of the year.	An orientation session required for the Environmental Health Staff on the compilation of the appropriate data for the calculation accessibility.
	7.4	Routine cleansing of the Central Business District (CBD)	Apart from Tempane DA that had no quarterly report to show on routine cleansing activities. Nabdam provided one, Bawku West, Kasena Nankana MA, Talensi, Bulsa South and Bolga East presented two reports each. The rest had three reports each on routine cleansing of the CBD & Town centres and Public Spaces for the year 2023.	Most the reports were not detailed on issues of mobilisation as well as participation.

4.10.7. Savannah RCC & MMDAs Detailed Analysis/Findings of Indicators

Table 28: Detailed Analysis /Findings of each Indicator for Savannah RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	Thirteen (13) Security Council Meeting across all the four (4) quarters with signed invitation letters and minutes on file.	The RCC must be commended.
	1.2i	Compliance with Expanded RCC	The RCC held two expanded RCC meetings with invitation letters and minutes on file.	The RCC must be commended.
	1.2ii	Compliance with Expanded RPCU meetings	The RCC held two expanded RPCU meetings with invitation letters and minutes on file.	The RCC must be commended.
	1.3i	Full migration/use of new Records Management Classification scheme	The RCC had a file diary. Not all columns in the incoming and outgoing correspondence register were filled. Not all the sampled file transit ladder were filled.	The management of the RCC must commit to the full implementation of the recommendations of the newly developed Records Management Manual.
	1.3ii	Electronic management of correspondence	The RCC had an electronic correspondence management system and all the sampled correspondence were retrievable.	The Management of the RCC should be mainstreamed onto the electronic correspondence management system.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The RM and RCD were not connected to the electronic correspondence management system.	
	1.4	Functional Website	The website of the RCC is wordpress and not fully functional.	The RCC must commit to the development of a secure website.
	1.5i	Functional Client Service Unit	The RCC had a dedicated and well labelled office for the Client Service Unit. The office had basic logistics and equipment.	The RCC must commit to the full implementation of the recommendations in the newly developed Client Service Operational Manual.
	1.5ii	Monitoring and coordination of Sub structure setting up and functionality	There was a comprehensive monitoring report on the sub-structures which was submitted before the deadline.	The RCC must be commended.
	1.6	Well-managed, safe and secured workplace environment	The RCC had adequate directional signs to the office premises. The office environment and landscape were well managed. The visitor's washroom was well managed with water, soap and tissue.	The RCC must be commended.
Human Resource Management	2.1i	Compliance with promotion schedule with established vacancies &	The RCC had prepared and transmitted the composite promotion and retirement schedules before deadline.	The RCC must be commended.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		retirement schedules submission		
	2.1ii	Implementation of promotion and retirement schedules at the RCC level	The RCC fully implemented the promotion and retirement schedules.	The RCC must be commended.
	2.2	Annual leave management	Annual leave management roster was prepared, updated and approved by management before deadline.	The RCC must be commended.
	2.3i	Comprehensive Training Needs Assessment (TNA)	The RCC prepared and approved a TNA before the deadline.	The RCC must be commended.
	2.3ii	Harmonized Training Plan	The RCC prepared a composite training plan for the Region and submitted before deadline.	The RCC must be commended.
	2.4	Implementation of planned Training activities	All the planned training activities by the RCC were implemented with reports on file.	The RCC must be commended.
	2.5	Monitoring of the implementation of the PMS	The RCC prepared and submitted both biannual PMS monitoring reports before the deadlines.	The RCC must be commended.
	2.6	RCC staff appraisal schedule implementation	Less than 80% of staff of the RCC fully implemented staff appraisal for the year 2023.	The RCC must ensure full compliance of staff in the performance appraisal schedule.
Financial Management & Reporting	3.1	Preparation and submission of 2023 Annual Audit Plan	2023 Annual Audit Plan submitted to the Regional Minister and the SRCC Audit Committee Chair before the deadline.	The RCC should keep up with the timely submission.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.2	Implementation of 100% recommendation of 2022 Management Letter	The RCC did not receive Auditor Generals' Management Letter for 2022. The audit was carried-out in February 2024.	As much as possible the audit on RCCs should be conducted on annual basis.
	3.3i	Response to draft Internal Audit observations within 10 days	The management of the RCC responded to all Internal Audit draft observations within the stipulated time.	The RCC should keep up with the performance.
	3.3ii	Implementation of 4 th Quarter 2022, 1 st , 2 nd & 3 rd Quarters of 2023 Internal Audit Recommendations	The management of the RCC implemented all the recommendations in the quarterly Internal Audit reports fully.	The RCC should keep up with the performance.
	3.4	Submission of 2024 approved budget (Regional Integrated Budget) to the OHLGS by 31 st December, 2023	The RCC prepared and submitted their 2024 RIBS to Ministers of Finance, MLGDRD & HoS before the deadline.	The RCC should keep up with the performance.
	3.5	2023 GoG expenditure processed through the GIFMIS	From the Cashbook, all sampled expenditures were processed on the GIFMIS platform.	The RCC should keep up with the performance.
Services	4.1	Submission of quarterly reports of the Departments of the RCC	Three out of the four sampled departments prepared and submitted all four quarterly departmental reports before deadline.	Departments should be encouraged to submit their quarterly reports by the 15 th of the ensuing month.
	4.2	Submission of quarterly RPCU monitoring reports to OHLGS	Four quarterly RPCU monitoring reports were all submitted before the deadline.	The RCC should keep up with the performance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.3	Submission of report on biannual technical backstopping to OHLGS	Three Departments submitted two biannual reports each to the RCC.	The RCC should ensure that biannual technical backstopping reports are forwarded to the OHLGS before the deadline.
	4.4	Submission of Approved 2024 plan (RIP) prepared in line with LI2232	The RCC presented the RIP 2022-2025 & 2024 AAP which was submitted to Director-General NDPC, HoS & MLGDRD before the deadline.	The RCC should keep up with the performance.

Table 29: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Savannah Region

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Only Central Gonja DA organized all the two meetings which were attended by several stakeholders chaired by the MMDCes. Bole, East Gonja, West Gonja and North-East Gonja had evidence of One (1) meeting held chaired by the Chief Executive. Sawla-Tuna-Kalba and North Gonja did not give evidence of any meeting was organized. Some MMDAs had public engagements and townhall meetings but these did not satisfy the requirements.	MMDAs should make efforts in engaging all organizations operating in their jurisdiction to ensure smooth and coordinated approach to development.
	1.2	Compliance with the organization of sensitization workshops	West Gonja, Sawla-Tuna-Kalba, Central Gonja and North Gonja MMDAs had an orientation session on protocols of the LGS with reports on the implementation on file. Bole, East Gonja and North East Gonja had no evidence of orientation workshop for staff on the protocols.	The management of Bole, East Gonja and North East Gonja MMDAs are encouraged to organize orientation programmes for staff.
	1.3i	Full migration to the new records management system	Bole DA is yet to commence the processes of migration onto the new Records Management Manual Classification scheme. All other MMDAs in the Region have commenced the migration process.	The Management of MMDAs should organise refresher training for staff on the provisions of the new Records Management manual.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	1.3ii	Electronic capturing and storage of correspondence	Bole, Sawla-Tuna-Kalba and West Gonja MMDAs could not show any evidence of system for electronic correspondence management. Sawla-Tuna-Kalba, North Gonja, and North East Gonja MMDAs did not consistently capture incoming and outgoing correspondences electronically. All other MMDAs were consistent in the capture of correspondences electronically however, management could not access the system remotely.	Managements of MMDAs should make efforts to secure electronic correspondence management system to enhance efficiency.
	1.4	Fully functional website for the MMDA	All MMDAs in the region had the website with the .gov.gh domain. However, East Gonja MA and Central Gonja DA had the websites expired. West Gonja, Sawla-Tuna-Kalba and East Gonja had limited news updates for the year 2023.	Management of MMDAs should make efforts to strengthen their websites for marketing of their respective MMDAs.
	1.5i	Functional Client Service Unit	All MMDAs verified had a space which had been marked as Client Service Unit. There was also basic office logistics such as table/counter, chairs, visitors chair to facilitate work.	Management of the MMDAs must commit to supporting the implementation of the Client Service management reforms as provided for in the newly developed LGS CSU operational manual

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			All the MMDAs in the region were not using the newly developed forms except Central Gonja and North East Gonja DAs. It was also observed that Sawla-Tuna-Kalba DA has used the foyer of the assembly block as the Client Service Office.	
	1.5ii	Functional structures Sub	North Gonja and North-East Gonja did not provide records on the functionality of sub structures. Central Gonja D/A did not present any PVs and showed that the substructures held only one meeting in 2023. Sawla-Tuna-Kalba DA and West Gonja MA presented action plans, implementation reports and minutes of meetings held. Bole DA provided records of two out of the five Area Councils were functional.	Management of MMDAs need to make efforts to improve on the functionality of the sub-structures to improve service delivery.
	1.6	Safe and secure workplace environment	Sign-post and directional signs were cited for along the main road for MMDAs close to these roads and all MMDAs have adequate security especially in the night. Only the visitor's washroom in Sawla-Tuna-Kalba DA was well managed.	Management of the MMDAs must commit to enhancing the workplace environment as well as adequate directional signs.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
HR Management	2.1i	Compliance with promotion schedule with established vacancies submission	All MMDAs except West Gonja MA in the Region prepared their promotion and retirement schedules as well as provided records of transmittal before the deadline.	All the MMDAs except West Gonja are commended.
	2.1ii	Implementation of 2023 promotion and retirement schedule	All MMDAs provided records of implementation of the promotion and retirement schedule prepared. Promotion letters notification of the dates to proceed on statutory on retirement were made available to staff.	MMDAs are commended.
	2.2	Compliance with preparation of leave management roster and updates	Only East Gonja MA prepared, updated and had management approval of the 2023 and 2024 leave roster before deadline. West Gonja, Central Gonja, North Gonja and North East Gonja MMDAs also prepared the leave rosters for 2023 and 2024 with the necessary updates, but did not have management approval. Sawla-Tuna-Kalba prepared and had management approval of the 2024 leave only. Bole DA however did not provide records of update or management approved of the leave rosters.	Management of MMDAs should ensure that compliance timelines in the preparation updates and approval of leave roster are strictly adhered to.
	2.3i	Preparation and Approval of Training	Four (4) MMDAs namely East Gonja MA, Sawla-Tuna-Kalba DA, Central Gonja DA and	MMDAs should jointly be responsible for the preparation and

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		Needs Assessment (TNA)	North Gonja DA prepared and approved their TNAs before the deadline. Bole DA did not have report of approval of TNA before deadline; and West Gonja MA and North-East Gonja DA did not provide records of approval of the TNA report.	approval of Training Needs Assessment
	2.3ii	Preparation and submission of CB Plans	All the MMDAs within the Region were able to provide reports on preparation and submission of Training plans before deadline.	MMDAs are commended.
	2.4	Implementation of Planned Training activities	All the MMDAs provided reports on training plan implementation and submission for all four (4) quarters of 2023, however, no MMDA implemented 80% or more of activities in the training plan.	Management of MMDAs should prioritize training and development of staff.
	2.5	Implementation of appraisal schedule	The sampled forms showed that there were gaps in completion the performance appraisal form except East Gonja, Central Gonja, North Gonja and North East Gonja.	Management of MMDAs are encouraged to pay attention to the implementation of staff appraisal system.
Financial Management & Reporting	3.1i	Preparation and submission of Revenue Improvement Action Plan	Apart from Bole DA which did not transmit their RIAP to the RCC, all the other MMDAs in the Region prepared and submitted the RIAP before the deadline except West Gonja MA and Sawla-Tuna-Kalba DAs who transmitted after the deadline.	The MMDAs in the Region must commit to the timely preparation of the RIAP and prompt submission to the RCC.
	3.1ii	Preparation and submission of Revenue	Only North Gonja and Bole DAs could not implement up to 80% of activities in the RIAP.	The Management of North Gonja and Bole DAs should be committed

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		Improvement Action Plan	All the other MMDAs in Region implemented more than 80% of their RIAP.	to the implementation of the RIAP for improved revenue generation.
	3.2	Implementation of Street Naming activities	North Gonja, North East Gonja, West Gonja and East Gonja MMDAs could not show evidence of increased in the number of streets named with signages by at least 10%. The other MMDAs increase more than 10%.	MMDAs must commit to investing resources towards the implementation of Street Naming and Property Addressing (SNPA) activities and the preparation of comprehensive annual reports on SNPA activities.
	3.3	Updating of Database on ratable items.	Bole, West Gonja, Central Gonja, Sawla Tuna Kalba and North East Gonja MMDAs updated their database and showed that it was used in estimating revenues for the ensuing year. The remaining MMDAs could not give evidence that the database was complete and updated.	The Budget Officers should lead the revenue data collection in collaboration with other Departments. The Budget Officer should summarize the revenue data with updates and submit through MMDCD before budget preparation begins. The Fee Fixing Resolution (FFR) should always be signed by PM & MMDCDs upon approval by Assembly.
	3.4	All expenditure from activities in the approved Annual Action Plan	All the MMDAs gave evidence of implementation and spending on activities in the Approved Annual Action Plan.	MMDAs need to be commended for the achievement.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	3.5i	Management to Respond to Internal Audit Observations	North East Gonja DA could not give information on management responses to internal audit observations. Bole DA showed management responses however the draft recommendations from the Internal Audit Unit was not available. The other MMDAs produced evidence of response to Internal Audit observations within the stipulated time.	Management of North East and Bole must commit to prompt response to Internal Audit observations.
	3.5ii	Implementation of Internal Audit recommendations	Bole DA did not show evidence of implementation of the recommendations. North East Gonja DA did not even show the Internal Audit Unit's reports for the period. All the other MMDAs gave evidence that the recommendations of the Internal Audit Unit were fully implemented.	Management of Bole and North East Gonja should commit to prompt implementation of Internal Audit Unit recommendations.
	3.6	Implementation of Auditor General's recommendations	North East Gonja DA did not have reports. The other MMDAs gave evidence that the recommendations were implemented.	Management of the compliant MMDAs in the Region should be commended.
Infrastructure	4.1	80% achievement of approved road programmes.	Only two (West Gonja MA and Sawla Tuna Kalba DA) were able to implement more than 80% of the approved road & transport programmes in the 2023 Annual Action Plan. Central Gonja DA achieved exactly 80%. The other DAs achieved less than 80%.	Management of MMDAs should commit to the timely release of funds for planned projects.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	4.2	80% achievement of planned buildings and structures planned.	None of the MMDAs in the Region was able to implement at least 80% of the approved programmes for buildings and structures in the 2023 AAP.	Management of MMDAs should commit to the timely release of funds for planned projects.
	4.3	Spatial Planning Committee (SPC) meetings	The Spatial Planning Committees of the MMDAs in the Region held at least three (3) meetings each quarter of 2023.	MMDAs must be commended for holding the meetings.
	4.4	Consideration of development permit applications by the Spatial Planning Committee (SPC)	All the MMDAs SPCs considered all the building permit applications received and communicated the decisions to the applicants.	The secretariat should be given resources to use messaging ups to inform building permit applicants of the status of their applications.
	4.5	Consideration of development permit applications by the SPC	Only Bole DA had the Structure Plan and three (3) local plans which were approved. The other MMDAs did not have the Structure Plan. North East Gonja DA also had three (3) Local Plans.	MMDAs should invest in preparation of the three tier spatial plans to ensure harmonious development.
Social Services	5.1	Organization of quarterly District Education Oversight Committee meetings and implementation of decisions.	West Gonja MA and Sawla-Tuna-Kalba DA provided records of meetings held for all the four quarters and implementation of decisions. East Gonja MA, Bole, Central Gonja, North Gonja and North East Gonja DA had all the four meetings, could however not provide records on the implementation of decisions made.	Management should commit to organising this meeting to prioritise education related issues in the MMDAs.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	5.2	Organization of quarterly Health Committee meetings and implementation of decisions.	Only East Gonja MA produced records of all quarterly meetings with clear evidence of implementation of decisions. Bole DA presented minutes for four meeting held but no records on the implementation of decisions made while the records on implementation of decisions of West Gonja, Central Gonja and Sawla Tuna Kalba were not conclusive. North Gonja and North-East Gonja DAs did not show evidence of existence of the committee in 2023.	Management of MMDAs should adhere to the regulations guiding the formation and functionality of the committee.
	5.3i	Submission of data on vulnerable groups	Apart from Sawla Tuna Kalba and Central Gonja MMDAs, all others in the region did not submit data on vulnerable groups to relevant regional departments nor updated the data on bi-annual basis.	Management of MMDAs should commit to the prompt compilation, disaggregation and summarization data on vulnerable groups and submission before the deadlines.
	5.3ii	Update of Database on registration on births and deaths	4 out of 7 MMDAs provided records on the submission of updates of data on Births and Deaths on quarterly basis. Bole DA was able to show submission for three (3) quarters, whilst East Gonja MA showed for two (2) quarters. North Gonja DA data was seen in the Annual Progress Report.	The Births and Deaths Department should be sensitized on proper reporting requirements.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	5.4	Implementation of Gender Based Violence interventions	East Gonja MA, West Gonja DA and North Gonja DA implemented 75%, 50% and 66% respectively of planned Gender Based Violence (GBV) interventions. All the other MMDAs were able to implement 80% more of approved GBV interventions for 2023.	MMDAs should strengthened the implementation and reporting on GBV activities.
	5.5	Effective management of child protection cases	All MMDAs provided records of the effective management of child protection cases received within 2023.	The MMDAs should be commended.
	5.6	Implementation of community mobilization and education programmes	Only West Gonja MA and North East Gonja DA (55% and 72.72% respectively) implemented less than 80% of planned Community Mobilization and Education activities within 2023.	Management of the two MMDAs should prioritise the implementation of community mobilization and education programmes
Economic Development	6.1	Expenditure on Agriculture should be more than 5%.	42.86% of MMDAs in the region (three out of seven) were spent more than 5% of total expenditure on agriculture activities (excluding farmers' day celebrations).	To improve agricultural activities in the DAs, more resources must be committed by management.
	6.2	Implementation of planned agriculture activities.	Central Gonja DA did not have information on the percentage agricultural activities in the AAP implemented. 57.14% of the MMDAs (Bole, West Gonja, North Gonja and North East Gonja) implemented more than 80% of planned agricultural activities. Sawla Tuna Kalba and East Gonja achieved 78.6%.	Das must improve information management systems and processes.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	6.3	At least 40% of MMDA annual agricultural expenditure on post-production activities	No MMDA in the region expended more than 40% of agriculture expenditure on post-production activities.	MMDAs are encouraged to improve on expenditure in the agriculture sector especially in post-production activities.
	6.4	Gender based agricultural activities	Only Central Gonja DA could not produce any evidence of implementation of gender based agricultural activities.	Training should be done on the detailed reporting including the use of the projects & programmes register to enable dimensions such as all other funding sources, timelines, etc.
	6.5	Implementation of planned tourism activities.	All the MMDAs achieved 80% or more of planned tourism related activities in 2023.	Contents of the reports generated should be improved with participants numbers (where applicable), costs & timelines, and some account on the process.
Environment & sanitation	7.1	Disaster Preparedness Action Plan Implementation Report	Only Bole, East Gonja and North East Gonja MMDAs had a Disaster Preparedness Plan but could not produce an implementation report.	Training should be organised for MMDAs on the preparation of Disaster Preparedness Plan and effective reporting including the use of programmes & projects register
	7.2	Environment enhancement programmes	All MMDAs implemented more than 60% of the environment enhancement programmes in the 2023 AAP.	MMDAs must be commended.
	7.3	Population with household toilets	Apart from East Gonja, all the MMDAs in the region could not produce evidence on an increase in population with access to	MMDAs must commit to effective data collection and sensitization of the citizenry for effective measurement of achievement.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			household toilets. Data collection for this indicator was limited and poorly done.	
	7.4	Routine cleansing of the Central Business District (CBD)	Only West Gonja, Central and North East Gonja MMDAs produced reports and proof of expenditure on routine cleansing activities for three quarters. All other MMDAs produced reports for only 2 quarters.	Management of MMDAs should commit more resources towards this activity.

4.10.8. Ahafo RCC & MMDAs Detailed Analysis/Findings of Indicators

Table 30: Detailed Analysis /Findings of each Indicator for Ahafo RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	The RCC held three (3) REGSEC meetings in each quarter with copies of invitation letters and the minutes on file. More than 80% of the decisions made at these meetings were implemented.	The RCC must be commended.
	1.2i	Compliance with Expanded RCC	An expanded RCC meeting was held with invitation letter and minutes on file.	The RCC must be commended.
	1.2ii	Compliance with Expanded RC meetings	One expanded RPCU meeting was held with invitation letter and minutes on file. This was attended by several organizations.	The RCC must be commended.
	1.3i	Full migration/use of new Records Management Classification scheme	The RCC has fully migrated onto the new Records Management Classification System. The Incoming and Outgoing Correspondence Registers were also being used. The file diary was accurately completed and file transit ladder was also being used.	The RCC must be commended.
	1.3ii	Electronic management of correspondence	All correspondences were captured on daily basis in the computerized database. Management, however, cannot access it remotely.	The RCC should improve the system to allow remote access to the correspondences.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.4	Functional Website	Even though the website had Six (6) monthly updates, the security has expired. The news updates were few i.e. 6 news items for the entire year.	Management of the RCC should retain an MIS officer to assist with the management of the website and other ICT resources.
	1.5i	Functional Client Service Unit	The office is shared with other units. However, the Officer has been trained and has the necessary equipment and facilities. The RCC did not receive any complaint during the entire period. They were using the visitor's form.	The Client Service Unit (CSU) needs a dedicated office space. The management of the RCC must provide an office space for the Unit.
	1.5ii	Monitoring and coordination of Sub structure setting up and functionality	Monitoring conducted on Sub-district structures and report prepared and submitted on their functionality to the OHLGS on schedule.	The RCC must be commended.
	1.6	Well-managed, safe and secured workplace environment	Even though the Office block was a rented facility, the office environment is well maintained. There was however congestion in some of the offices. The sign post given direction was also good. Washroom was in good condition with the necessary handwashing facilities.	The gains must be sustained.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Human Resource Management	2.1i	Biannual composite promotion schedule prepared, compiled and submitted to OHLGS	Both composite schedules were compiled and transmitted to the OHLGS before the deadline.	The RCC must be commended.
	2.1ii	100% implementation of promotion and retirement schedules at the RCC level.	The RCC implemented all the promotion and retirement schedules received from all levels. All requests for approval to conduct promotion interviews for qualified staff and file copies of promotion letters issued to these staff were available. Copies of notification to staff proceeding on retirement were also available.	The RCC must be commended.
	2.2	Update of 2023 and the preparation of 2024 Annual leave management roster.	The 2023 annual leave management roster was updated and the annual 2024 was prepared and approved before deadline.	The RCC must be commended.
	2.3i	Preparation and submission of Comprehensive Training Needs Assessment (TNA)	The TNA was prepared approved and submitted to the OHLGS before deadline.	The RCC must be commended.
	2.3ii	Harmonized Training Plan prepared and submitted	The RCC prepared a comprehensive and harmonized training plan for all the MMDAs and the RCC itself. This was submitted to the OHLGS before deadline.	The RCC must be commended.
	2.4	Implementation of Training plan activities.	All the four training plan activities were implemented. The reports for the individual activities were on the file.	The RCC must be commended.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.5	Bi-annual monitoring of the implementation of the PMS	The RCC conducted bi-annual monitoring visits on the implementation of the PMS and submitted reports before deadlines.	The RCC must be commended.
	2.6	RCC staff appraisal schedule implemented by the end of the year.	Staff of the RCC complied with the appraisal schedule. The sampled appraisal showed that staff completed all three (3) stages of the appraisal cycle.	The RCC must be commended.
Financial Management & Reporting	3.1	Preparation and submission of 2023 Annual Audit Plan	The 2023 Annual Audit Plan was prepared and submitted to the RCD & Audit Committee before the deadline.	The RCC must be commended.
	3.2	Implementation of 100% recommendations of 2022 Management Letter	All audit recommendations in the 2022 Management Letter were implemented fully.	The RCC should keep up with this level of performance.
	3.3i	Response to Draft Internal Audit observations within 10 days	Management responded to all draft audit recommendations within the stipulated time.	Management should keep this level of performance up.
	3.3ii	Implementation of 4 th Quarter 2022, 1 st , 2 nd & 3 rd Quarters of 2023 Internal Audit Recommendations	Management implemented all the quarterly recommendations in the Internal Audit reports fully.	The RCC should keep up with this level of performance.
	3.4	Submission of 2024 approved budget (Regional Integrated Budget) to the OHLGS	The 2024 Budget (RIBS) was prepared, approved by the RPCU and then submitted to MoF & HoS before the deadline.	The RCC should keep up with the performance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.5	2023 GoG expenditure processed through the GIFMIS	All sampled payments made from GoG allocation were processed through the GIFMIS platform.	The RCC should keep up with the performance.
Services	4.1	Submission of quarterly reports of the Departments of the RCC	Three Departments submitted all 4 quarterly reports before the deadline.	Departments of the RCC should be encouraged to comply with reporting requirements.
	4.2	Submission of quarterly RPCU monitoring reports to OHLGS	The RPCU prepared and submitted all 4 quarterly monitoring reports before the deadline.	The RCC should keep up with the performance.
	4.3	Submission of report on biannual technical backstopping to OHLGS	Only RPCU reports were prepared, however the reports were submitted within the period.	All RCC departments should be encouraged to comply with reporting requirements
	4.4	Submission of Approved 2024 plan (RIPS) prepared in line with LI2232	The 2024 RIPS was prepared and submitted HoS and the Director-General, NDPC before the deadline.	The RCC should keep up with the performance.

Table 31: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Ahafo Region

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Apart from Tano North MA and Asutifi North DA which had organized two review sessions and plan for the ensuing year, all the other MMDAs in this region held only one meeting. There were representatives of non-decentralised organisations and these made presentations	Efforts should be made in engaging all organizations operating in the MMDAs to ensure smooth development.
	1.2	Compliance with the organization of sensitization workshops	All MMDAs in Ahafo organized more than one orientation workshops for their staff on the Local Government Protocols and reported accordingly. The staff were able to answer one or two questions on the topics discussed at these orientation workshops.	The MMDAs should be commended for organizing such programmes.
	1.3i	Full migration to the new records management system	Tano North, Tano South and Asunafo North had started using the file diary, incoming and outgoing correspondence registers. The others had not started using these tools.	There should be a refresher training on the new records management system for staff. Management of MMDAs should provide the needed resources for the migration to be done.
	1.3ii	Electronic capturing and storage of correspondence	All the MMDAs in the Region were using Microsoft excel or another software to manage their incoming and outgoing correspondence. However, the Chief Executive and the Co-ordinating Director could not access the correspondence remotely.	MMDAs should make efforts to ensure that Management have access to the records virtually.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	1.4	Fully functional website for the MMDA	Asutifi North and Tano North had websites that met all the requirements. Asunafo South did not have information on services and their departments on their respective websites. The websites of the other MMDAs could not be accessed.	MMDAs should attach importance to the maintenance of their websites.
	1.5i	Functional Client Service Unit	Asunafo North and Tano South MAs functional client service units. Their offices had the basic logistics, use the recently developed forms for visitor's complaints among others. Tano North, Asutifi North and Asutifi South were either not using the newly developed forms.	The Asunafo North Client Service Unit can be used as a model of a good client service unit.
	1.5ii	Functional Sub structures	Tano North, Asutifi North, and Asunafo North had fully functional Sub District Structures. They had the required staff and basic logistics at these offices. They were also able to show that plans were prepared in 2023 and implementation reports prepared and submitted to the Assembly. Tano South had one Zonal Council that was not fully functional. Asutifi South DA sub district structures were found to be	The management of MMDAs should resource the sub district structures to make them functional.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			implementing approximately 50% of planned activities.	
	1.6	Safe and secure workplace environment	Tano South MA had a well-managed office environment with clean washroom for visitors. Asutifi North and Asunafo North offices were undergoing renovation. Asutifi South DA office block had cracks on the wall and Asunafo South had run-off entering the veranda of the recently constructed office block.	Asutifi South DA office premises needed renovation with machines parked at the frontage. The landscape for the recently constructed office for Asunafo South should be designed to improve the beauty of the office.
HR Management	2.1i	Biannual promotion schedule with established vacancies prepared and submitted to the RCC	All the MMDAs in the Ahafo Region prepared and submitted their biannual promotion schedules with established vacancies to the RCC according to the approved timelines.	MMDAs are to be commended.
	2.1ii	Implementation of 2023 promotion and retirement schedule	All MMDAs in the region fully implemented their 2023 promotion and retirement schedules. Invitation letters for promotion interviews for officers and staff were on file. Officers due for retirement were notified three (3) months to the date of retirement for the purpose of taking their terminal leave.	MMDAs should ensure that notification for statutory retirement should be given six (6) months to the due date.
	2.2	Update of the 2023 leave management roster and the	Tano South updated the 2023 and prepared the 2024 annual leave rosters. These rosters were approved.	MMDAs should be sensitized on the LGS leave policy and the templates for preparation of the leave roster

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		preparation of 2024 roster.	Even though Asutifi North and Asunafo South updated their 2023 leave roster, they had not prepared that of 2024. Asunafo North did not update the 2023 roster but had prepared that of 2024. Asutifi North and Asutifi South D/A leave rosters were not approved by management.	should be developed and disseminated.
	2.3i	Preparation and Approval of Training Needs Assessment	Apart from Asutifi North which did not have management approval for the Training Needs Assessment (TNA), all the other MMDAs had prepared and had management approval for the TNA. What is of concern is the content of the TNA and how it was used in the preparation of the Training Plan for the ensuing year.	MMDAs are to ensure that the content of the TNA is aligned with their training plan.
	2.3ii	Preparation and submission of Training Plan to the RCC.	All the MMDAs in the Ahafo region prepared and submitted training plan for 2023 to the RCC before deadline.	The MMDAs should be commended.
	2.4	Implementation of Planned Training activities	All the MMDAs in the Region apart from Asutifi South and Asunafo South implemented over 80% of their planned training activities and submitted quarterly reports to the RCC.	Asutifi South and Asunafo South should prioritize training and development of staff.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	2.5	Implementation of staff performance appraisal schedule	Only Tano North MA implemented the comprehensive appraisal schedule for more than 80% of staff. All the five other MMDAs could not implement the appraisal schedule. Staff did not fully understand how to complete the end of year appraisal and evaluation. Other issues include non-signing of all the phases by both appraisee and appraiser. Some mid-year review comment was “in progress” without any other detail.	Management of the Five (5) MMDAs should organize training on staff performance appraisal.
Financial Management & Reporting	3.1i	Preparation and submission of Revenue Improvement Action Plan	All the 6 MMDAs prepared, approved and submitted their 2024 RIAP on schedule.	Attention should be paid to the Minutes of approval of these important Assembly documents. Minutes should be conclusive in the approval.
	3.1ii	At least 80% of 2023 RIAP implementation achieved	Asutifi North, Tano South and Asunafo South achieved over 80% implementation of their 2023 RIAP while the rest between 70% and 80% performance.	The projects & programmes register should be adopted to augment reporting on RIAP implementation in addition whatever is being done currently.
	3.2	At least 10% annual increase in Streets named with signages	Three MMDAs, Asutifi North, Tano South and Tano North achieved over 10% annual increase in streets named with signages while the rest achieved less than 5%.	MMDAs should be encouraged to be preparing comprehensive annual reports SNPA activities
	3.3	Updating of Database on ratable items.	All the MMDAs in the Region had updated Database and FFRs were approved. Also,	The Budget Officers should take custody of revenue data and all

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			linkages between databases and annual revenue estimates were established in the Budget.	other officer could support in the management of the database. The Budget Officer should provide summaries of the revenue data and submit same through MMDCD before budget preparation begins. FFR should always be signed by PM & MMDCDs upon approval by Assembly.
	3.4	All expenditure from activities in the approved Annual Action Plan	All the Assemblies except Asunafo South DA were able to trace all their 2023 expenditure to the approved AAP	Management should ensure that all officers to take interest in the action plan preparation and also the contents.
	3.5i	Management to Respond to Internal Audit Observations	Apart from Asunafo South District that issued their 1st quarter response after 12 working days, all the other MMDAs were prompt on their responses.	Management of Aunafo South is entreated to take charge and pay attention of this responsibility.
	3.5ii	Implementation of Internal Audit recommendations	Apart from Asunafo South DA, all MMDAs in the region implemented their quarterly internal audit recommendations completely.	The Management of Asunafo South should take up the responsibility seriously to minimize audit infractions.
	3.6	Implementation of Auditor General's recommendations	Apart from Asunafo South DA, all MMDAs in the region implemented all the issues in the Auditor General's Management Letter completely.	This responsibility should be taken seriously by Management to minimize audit infractions.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
Infrastructure	4.1	80% achievement of approved road programmes.	All the MMDAs in the Region achieved above 80% except Tano South achieve slightly below the 80%.	The 5 MMDAs should be commended for implementing planned projects.
	4.2	80% achievement of planned buildings and structures planned.	None of the MMDAs in the Region was able to achieve the 80% minimum of approved buildings & structures	This activity should be strengthened reduce the incidence of uncompleted projects or those completed but not in use.
	4.3	Spatial Planning Committee (SPC) meetings	Only Asutifi South DA was not able to hold 3No. SPC meetings in each of the quarters of 2023	MMDAs are to be commended.
	4.4	Consideration of development permit applications by the SPC	Only Asutifi South DA did not consider all permit applications at TSC & SPC compared to what was received.	MMDAs should consider the use of bulk SMS to augment feedback to applicants.
	4.5	Consideration of development permit applications by the SPC	Only Asunafo South DA has an approved structure plan in the Region.	Asunafo South D/A should be commended. The other MMDAs in the region should emulate their example in this area.
Social Services	5.1	Quarterly District Education Oversight Committee meetings	Three MMDAs (Asutifi North, Asunafo South and Asunafo North) held all the four quarterly meetings of DEOC. Asutifi North, Asunafo South and Asunafo North provided evidence of implementation of decisions taken.	Education needs to be prioritized so the MMDA Department of Education should collaborate more with the leadership of the MMDAs.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Tano North also had all the four quarterly meetings but one of the minutes of meetings was signed. Asutifi South and Tano South did not organize all the meetings for the Committee.	
	5.2	Organization of quarterly Health Committee meetings and implementation of decisions.	All the MMDAs in the region meetings for all the four quarters of 2023. The in the case of Tano North and Asunafo South, the committee meetings were not chaired by the Chief Executive.	The Chief Executives of Tano North and Asunafo South MMDAs are encouraged to prioritize the Health Committee meetings of their respective Assemblies.
	5.3i	Submission of data on vulnerable groups	Asunafo North and Tano North had updated and submitted data on at least three vulnerable groups to respective regional department. Asunafo South DA and Asutifi South DA submitted annual data only. Tano South submitted data for only two (2) vulnerable groups (PWDs and LEAP).	The RCC should ensure MMDAs comply with this requirement.
	5.3ii	Update of Database on registration on births and deaths	Apart from Tano North MA, all MMDAs in the region provided evidence of update on the database.	The RCC should strengthen the capacity of Tano North Births & Death Department.
	5.4	Implementation of Gender Based Violence interventions	All the MMDAs achieved more than 80% of planned interventions.	Capacity of MMDAs should be strengthened in some of the MMDAs had only one or two interventions in the composite annual action plan.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	5.5	Effective management of child protection cases	All MMDAs in the Ahafo Region managed at least 80% of their child protection cases effectively.	MMDAs should be commended.
	5.6	Implementation of community mobilization and education programmes	Apart from Tano South M/A which could not achieve 80% of community mobilization and education programmes contained their 2023 AAP, all other MMDAs in the Ahafo Region achieved more than 80%.	MMDAs should be commended.
Economic Development	6.1	Expenditure on Agriculture should be more than 5%.	Apart from Tano South MA, all other MMDAs in the Ahafo Region achieved more than 5% expenditure on Agriculture.	MMDAs are to be commended.
	6.2	Implementation of planned agriculture activities.	All the MMDAs in the Region achieved at least 80% implementation of their Agric AWP&B	MMDAs should keep-up with this level of performance.
	6.3	At least 40% of MMDA annual agricultural expenditure on post-production activities	The post-production expenditure performance of all MMDAs in the Region were below 20%	Comprehensive reporting on all expenditure incurred during implementation of should be ensured by the department.
	6.4	Gender based agricultural activities	All the Assemblies in the region implemented at least 60% of their planned agricultural interventions to aimed to address gender gaps by the end of the year	Training on detailed reporting including the use of the projects & programmes register should be undertaken to enable dimensions such as all funding sources, timelines, etc. to be captured.
	6.5	Implementation of planned tourism activities.	All the MMDAs in the regions except Asutifi South DA achieved 80% implementation of approved tourism related activities by the end of year	Contents of the reports generated should be improved with data on participants numbers (where

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
				applicable), costs & timelines, and some account on the process.
Environment & sanitation	7.1	Disaster Preparedness Action Plan Implementation Report	Two MMDAs, namely Asunafo North & Asutifi North achieved the highest score of 4 followed by Tano North MA which had 3 marks due to late submission. Disaster Preparedness Plans of Tano South, Asutifi South and Asunafo South were not sighted.	A training is required on preparation of Disaster Preparedness Plan and also on effective reporting including the use of programmes & projects register
	7.2	Environment enhancement programmes	All MMDAs in the region achieved at least 60% implementation of Environment enhancement programmes in their 2023 Annual Action plan	MMDAs should be commended for their efforts.
	7.3	Population with household toilets	Three MMDAs namely Asunafo North, Asunafo South and Tano North achieved an increase of 15% and above of population with access to household toilets. The others had data on only toilet facilities.	Recommends the RCC has the MMDA thorough discussion of indicator with officers. Reliance on the primary data collected during house-to-house visits by officers.
	7.4	Routine cleansing of the Central Business District (CBD)	Apart from Tano South MA, the rest had three reports each	Support should be provided for a comprehensive reporting on this activity. These reports should include the mobilization activities undertaken before the actual clean-up.

4.11. Greater Accra Region

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

4.11.1. Scope of the Assignment

For the Greater Accra Region, three (3) teams were constituted to assess the RCC and 29 MMDAs as per the table below;

Table 32: Detail of Teams for the Greater Accra Region M&V

TEAM	TEAM MEMBERS	INSTITUTIONS VISITED
1	Prosper Ahalivor Francis Kankam-Boadu	Ada East District Assembly
		Ada West District Assembly
		Ningo-Prampram District Assembly
		Kpone Katamanso Municipal Assembly
		Tema Metro. Assembly
		Ashaiman Municipal Assembly
		Tema West Municipal Assembly
		Krowor Municipal Assembly
		Ledzokuku Municipal Assembly
		La Dade-Kotopon Municipal Assembly
2	Brian Tsikpor Lutfata Mohaideen	Ga South Municipal Assembly
		Weija-Gbawe Municipal Assembly
		Ga North Municipal Assembly
		Ga West Municipal Assembly
		Ablekuma West Municipal Assembly
		Ablekuma North Municipal Assembly
		Ga Central Municipal Assembly
		Okaikwei North Municipal Assembly
		Korle Klottey Municipal Assembly
		Ablekuma Central Municipal Assembly
3	Audrey Smock Amoah, PhD Albert Amoah	Shai-Osudoku District Assembly
		Ga East Municipal Assembly
		Adentan Municipal Assembly
		La Nkwantanang-Madina Municipal Assembly
		Ayawaso West Municipal Assembly
		Ayawaso North Municipal Assembly

TEAM	TEAM MEMBERS	INSTITUTIONS VISITED
		Ayawaso East Municipal Assembly
		Ayawaso Central Municipal Assembly
		Accra Metro. Assembly
		Greater Accra RCC

4.11.2. General Observations

MMDAs

The exercise revealed a growing apathy towards the assessment by management and staff. There was a common question at the MMDAs that “where does the assessment lead to?” Having known parallel assessments and rewards associated with them, the LGS M&V exercise did not seem so appealing to most MMDAs.

- Some MMDAs misconstrued expanded DPCU meeting as ISCC
- All MMDAs performed well on Client Service indicators though most MMDAs were not using the newly developed templates according to the manual.
- It was generally observed that MMDAs have not fully understood the new classification scheme and the migration concept as recommended in the new Records Management Manual.
- Most substructures did not have the requisite staff. The activities of the substructures were also not aligned with the MMDAs as required by law.
- Minutes produced by MMDAs especially those on DEOCs and Health Committees were poorly written.
- NADMO officers generally misconstrued disaster relief reports as disaster preparedness implementation report.
- The Ledzokuku Municipal Director of Education sat through the M&V exercise and responded to issues concerning Education Oversight Committee meetings. That was the only place where a director of either Education or Health took active interest in the exercise.

4.11.3. General Recommendations

For MMDAs

- The management of the various MMDAs should prioritize the organization of the ISCC meetings.
- MMDAs can tap into the expertise of senior officers in the Service to reduce the cost of organizing orientation workshops.

- Management of MMDAs must ensure full implementation of the new Records Management Manual
- The functionality of the substructures must be prioritized to enhance decentralization.
- MMDAs must provide adequate space for staff and maintain office furniture.
- MMDAs must properly clean visitors' washrooms and schedule cleaners throughout the day to ensure constant cleaning.
- MMDAs must appraise all staff including the IGF staff.
- MMDAs must collaborate with other bodies such local media platforms to sensitize the citizens on road safety issues.
- MMDAs are encouraged to prepare and update data on vulnerable groups to help policy formulation.
- MMDAs must ensure that the Department of Birth and Death is well integrated.

For RCC

The RCC:

- must ensure that full implementation of the new records management system
- must conduct refresher courses for Records staff to build capacities.
- must regularly monitor the substructures to enable them to become more functional.
- must give technical backstopping to MMDAs that have difficulty updating their database.
- must work with all the MMDAs to develop Spatial Development Framework for the region to enable the MMDAs to develop structure and local plans.

4.11.4. Greater Accra RCC and MMDAs Detailed Analysis/Findings of Indicators

Table 33: Detailed Analysis /Findings of each Indicator for Greater Accra RCC

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings.	16 Regional Security Council meetings were organized. All decisions,implemented.	The RCC must keep it up.
	1.2i	Compliance with Expanded RCC.	1 expanded meeting held with invitation letters. RM chaired and RCD as Secretary.	The RCC is encouraged to organise more expanded RCC meetings to enable stakeholders contribute to the development process.
	1.2ii	Compliance with Expanded RPCU.	4 Expanded RPCU meetings held.	The RCC must keep it up.
	1.3i	Full implementation of the LGS Records Management Manual.	File Diary available in soft copy (MS Excel). For incoming correspondence: columns 1 – 8 filled (9 was not filled). Outgoing correspondence: Register has no Columns 6 (Folio numbers). File Transit Ladder not fully filled.	The RCC must comply fully with the new records management system and ensure full migration.
	1.3ii	Software/system for the electronic storage of Correspondences.	Electronic database management application available and all correspondence captured. Accessible by RCD	The RCC must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.4	Availability of website and updates.	All 12 monthly activity updates done. Information and functions on Depts provided.	The RCC must keep it up.
	1.5i	Effectiveness of the Client Service Unit.	Clearly marked (dedicated) office space for CSU. Basic Logistics available. Using new CSU form (since August 2023). Complaint forms available.	The RCC must keep it up.
	1.5ii	Monitoring and coordination of sub-district structures of the MMDAs.	Monitoring carried out in June 2023 after a comprehensive assessment in 2022.	The RCC must keep it up and regularly monitor the substructures to enable them to become more functional.
	1.6	General office environment.	Excellent work place environment.	The RCC must keep it up.
Human Resource Management	2.1i	Compliance with promotion and schedule with established vacancies and retirement schedules submission.	First batch and second batches submitted. The RCC had evidence of notification of retirees.	The RCC must keep it up.
	2.1ii	Implementation of promotion and retirement schedules.	Evidence of implementation available for both.	The RCC must keep it up.
	2.2	Compliance with preparation of leave management roster and updates.	2023 annual leave management roster updated quarterly with memos with management decisions. 2024 leave prepared with management decisions.	The RCC must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.3i	Compliance with the preparation of a Regional Training Needs Assessment.	TNA prepared and submitted before the deadline Memo with management decision.	The RCC must keep it up.
	2.3ii	Compliance with the comprehensive regional training plan.	Prepared and submitted before deadline.	The RCC must keep it up.
	2.4	Compliance with the implementation of RCC Training Plans	Training plans prepared. All programmes implemented. All reports prepared and submitted before deadlines.	The RCC must keep it up.
	2.5	Monitoring of PMS implementation at the MMDA level	Mid-year and end of year monitoring done.	The RCC must keep it up.
	2.6	Compliance with staff Performance Appraisal schedule for 2023.	Staff Performance Appraisal Reports produced were for only Central Administration staff.	The RCC must ensure total compliance on staff appraisals from all decentralised departments.
Financial Management & Reporting	3.1	Compliance with Annual Audit Plan preparation and submission	Audit Plan prepared and submitted before deadline	The RCC must keep it up.
	3.2	Implementation of Auditor General's Management letter recommendations.	RCC was not cited in the Auditor General's Report	RCC must keep it up.
	3.3i	Prompt response to the Internal Audit observations.	All observations by the Internal Audit Unit for all the quarter were responded to within the stipulated timeframe.	RCC must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.3i	Implementation of Quarterly Internal Audit recommendations.	All 4 Quarterly Reports had no outstanding recommendations to be implemented.	RCC must keep it up
	3.4	Preparation and submission of approved Regional Integrated Budget System (RIBS).	RIB in place and submitted within timeline.	RCC must keep it up.
	3.5	Expenditures outside GIFMIS.	Sampled PVs were processed through GIFMIS.	RCC must keep it up.
Services	4.1	Submission of departmental monitoring reports through the RCC.	Departmental reports submitted and within the expected periods. There was an average of 21 submissions every quarter.	RCC is commended on the number of submissions per quarter and encouraged to keep it up.
	4.2	Quarterly RPCU monitoring reports.	RPCU Monitoring Reports submitted in accordance with timelines for the second and fourth quarters.	RCC is encouraged to ensure preparation and timely submission of monitoring reports.
	4.3	Biannual technical backstopping.	Only reports for LUSPA, Health and Central Administration submitted bi-annually.	RCC should forward the technical backstopping reports as submitted by the departments to the OHLGS biannually.
	4.4	Preparation and submission of Regional Integrated Plan.	RIP prepared and submitted before deadline.	RCC must keep it up.

Table 34: Detailed Analysis /Findings of each Indicator for ALL MMDAs in the Greater Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meeting	Fourteen (14) out of 29 MMDAs in the region showed evidence that they organized both midyear review and the planning meetings. They also showed evidence that both meetings were chaired by the District Chief Executive (DCE) with invitation letters, signed minutes and evidence of stakeholder presentation. Ten (10) MMDAs (Ablekuma West, Ada East, Ashiaman, Ayawaso Central, Ayawaso West, Ga North, La Dadekotopon, La-Nkwantanang Madina, Tema West and Weija Gbawe) showed evidence of having held one meeting with the DCE as the Chairman. There were invitation letters, signed minutes and stakeholder presentations for verification. In Ablekuma Central, one meeting was held but was chaired by the MCD. In (4) MMDAs, (Accra Metro, Ada West, Ayawaso East and Ningo Prampram did not meet the minimum requirements. Accra Metro showed that two meetings were held	The 14 MMDAs must keep it up. The management of the various MMDAs should prioritize the organization of the ISCC meetings in accordance with provisions in law. MMDAs must also ensure stakeholders commit to presentations during the meetings. MMDCEs are encouraged to chair the ISCC meetings.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			with various stakeholders present and presentations done. However, both meetings were without the MCE or the MCD. Director of Administration chaired both meetings and the Chief Planning Officer signed as the Secretary. Ada West produced reports for two meetings, but they were combined with Town Hall Meetings. Whilst Ayawaso East provided a report on mid-year review though signed by Development Planning Officer, Ningo Prampram did not produce any report for verification.	
	1.2	Compliance with the sensitization on the LGS protocols, byelaws, and relevant enactments	Nine (9) out of the 29 MMDAs (Accra Metro, Adentan, Ga East, Kpong Katamanso, Krowor, La Dade-Kotopon, Ledzokuku, Tema Metro and Tema West) organized more than one orientation workshop on Local Governance Act, 2016 (Act 936), LGS Protocols, MMDA Bye Laws and all other relevant enactments for newly recruited, newly posted, and other staff. The MMDAs also showed evidence of workshop reports produced with detailed presentations, conclusions, and recommendations.	The 9 MMDAs must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Fifteen (15) MMDAs showed evidence of organizing one (1) orientation workshop with detailed reports. La Nkwantanang, Ga South and Ayawaso North held one orientation workshop without detailed report. Ayawaso East and Ningo Prampram did not show evidence orientation any orientation.	MMDAs can tap into the expertise of senior officers in the Service to reduce the cost of organizing these sensitization workshops especially to the newly posted staff.
	1.3i	Compliance with the migration to the new Records Management Classification Scheme	Nine (9) MMDAs (Ablekuma Central, Ablekuma West, Ayawaso Central, Ayawaso East, Ayawaso North, Ayawaso West, Ga Central, Ga North and Ningo Prampram did not comply with any of the requirements under the new records management classification scheme. The file diaries were wrongly filled, and all the columns of incoming and outgoing correspondence registers were not completed. Again, most of them did not have the recommended file ladders and those who had the recommended file ladders did not fully fill them.	The RCC must conduct refresher courses for Records staff to build their capacities. Management of MMDAs must implement and maintain sound record practices in accordance with the Records Management Manual of the LGS

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Only Ablekuma North, Adentan, Ga South and Shai-Osudoku correctly filled the file diaries. 23 out of the 29 MMDAs did not completely fill the incoming correspondence register. Columns 7 - 9 were mostly not filled, an indication that correspondence did not return to the Records Unit when they are taken to the DCE's office. Only Ashaiman, Ga East, Ga West, La Dadekotopon, La-Nkwantanang Madina and Weija Gbawe filled the incoming correspondence register. Similarly, only Seven (7) MMDAs, (Ashaiman, Ga West, Korle Klottey, Krowor, La Dade-Kotopon, Okaikwei North and Weija-Gbawe) consistently filled all the columns of outgoing correspondence register. Sixteen (16) MMDAs filled the file ladder correctly.	
	1.3ii	Electronic management of correspondences	16 MMDAs were able to show that all the 12 months sampled correspondences were stored and could be retrieved electronically.	MMDAs should commit to capturing their correspondence electronically.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			7 MMDAs showed that at least 9 out of 12 months correspondence sampled were stored and could be retrieved electronically. 6 MMDAs (Tema West, Tema Metro, Ningo Prampram, Ledzokuku, Ayawaso North) and Ada East either did not have computerized database system or did not capture correspondences. Only Ayawaso East, Ga East and La-Nkwantanang Madina could however, accessed correspondences electronically by either the MMDCD or any other management member.	MMDAs must also ensure provision of logistics for electronic records management system. RCCs must also facilitate training of Records and MIS officers on the new application.
	1.4	Functional website and updates	All MMDAs in the region have functional websites updated with functions of departments and latest information on composite budget and progress reports. Eleven (11) MMDAs (Accra Metro, Adenta, Ayawaso Central, Ga South, Ga Central, Ga East, Ga West, Korle Klottey, La-Nkwantanang, Shai-Osudoku and Weija-Gbawe) showed evidence of 12 months updates of 6 different departments/units.	MMDAs must ensure greater collaboration between Departments /Units and MIS for periodic updates of activities.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Eight (8) MMDAs (Accra Metro, Adenta, Ayawaso West, Ga South, Ga East, Ga West, Ledzokuku and Shai-Osudoku) have vital information on services they provide to the public and the procedure for assessing such services on their websites. Only 6 MMDAs (Accra Metro, Adenta, Ga South, Ga East, Ga West and Shai-Osudoku) had a functional website updated at least once in a month with information and activities of the departments of the Assembly as well as information on services being rendered to the public.	
	1.5i	Functionality of the Client Service Unit	13 MMDAs properly filled the complaint forms, managed the complaints received and communicated decisions to complainants. These were Ada East, Adentan, Ashaiman, Ayawaso West, Kpone Katamanso, Krowor, La Dadekotopon, La-Nkwantanang Madina, Ledzokuku, Ningo-Prampram, Shai-Osudoku, Tema Metro and Tema West. Eleven MMDAs (Ablekuma Central, Ablekuma North, Ablekuma West, Ada West, Ayawaso East, Ayawaso North, Ga South, Ga North, Korle Klottey, Okaikwei	These MMDAs must keep this up MMDAs must implement the new client service manual.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			North and Weija-Gbawe) were either not using the newly developed forms or not filling all the required columns. Ayawaso East did not have clearly marked office space for client service unit. The CSU shares the same office with the Presiding Member. Only Korle Klotey had no dedicated office space and did not show evidence of the use of the new CSU forms.	
	1.5ii	Functionality of the Sub-structures	25 MMDAs showed evidence that at least 50% of substructures were functioning. Only 8 MMDAs out of the 25 implemented more than 60% of planned activities. These are Ada East, Adentan, Kpone Katamanso, Krowor, La Dade-kotopon, Ningo Prampram, Shai- Osudoku and Tema Metro. Six MMDAs (Ashaiman, Ayawaso West, Ga East, Ga West, Korle Klottey, and Tema West) implemented between 51%-60% of planned activities. In 8 MMDAs, Ada West, Ablekuma Central, Ablekuma North, Accra Metro, Ga	The management of MMDAs must make the substructures functional by assigning officers and providing the needed resources for the implementation of activities.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			South, Ga Central, Ga North and Ledzokuku, between 41-50% of planned activities were implemented. 4 MMDAs (Ablekuma West, Ayawaso Central, La-Nkwantanang Madina and Weija-Gbawe) did not have up to 50% of sub-structures functioning.	
	1.6	Management of the workplace environment	Only 11 MMDAs had sign posts giving directional signs from the boundaries of the districts to the office. These are Accra Metro, Ada East, Adentan, Ayawaso Central, Ayawaso East, Ayawaso West, Ga North, Korle Klottey, La-Nkwantanang Madina, Shai Osudoku and Weija-Gbawe. 8 MMDAs (Ablekuma Central, Ablekuma West, Ada East, Ashaiman, Ga South, Ga North, Ga West, and Okaikwei North did not have clean visitors' washrooms with water, soap and tissue. All MMDAs except Ashaiman, Korle Klottey and Weija-Gbawe have well-maintained landscapes.	MMDAs must ensure that visitors' washrooms clean and schedule cleaners to ensure constant cleaning throughout the day. MMDAs must provide adequate space for staff and maintain office furniture.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ashaiman, Ga North, Korle Klottey and Weija-Gbawe did not have a well-maintained office space.	
Human Resource Management	2.1i	Compliance with biannual composite promotion and retirement schedules	26 MMDAs prepared the composite promotion schedules with established vacancies for 2023 and retirement schedules for 2024 and submitted the documents before the deadline. 3 MMDAs Shai-Osudoku, Ga South and Okaikwei North produced evidence of preparation and submission of the composite promotion schedules but did not comply but did not submit in accordance with timelines. Ga south did not provide established vacancies for promotion schedule. Ayawaso East had the biannual composite promotion and retirement schedules but did not show evidence of submission.	MMDAs must keep this up. MMDAs must prepare and submit the composite promotion and retirement schedules on time
	2.1ii	Compliance with the implementation of the promotion and retirement schedules	16 MMDAs forwarded appraisals with all supporting documents on behalf staff on promotion to the RCC. Similarly, retirement notification letters were prepared and issued to officers who were due for retirement.	MMDAs must prioritise the preparation and submission of promotion and retirement schedules.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Weija Gbawe, Okaikwei North, Kpone Katamanso, Ga Central, Ga West, Ayawaso East, Ada East and Ablekuma North did not prepare and issue retirement notification to officers. Korle Klottey did not show any appraisals prepared and transmitted. Shai-Osudoku did not have any documents on staff promotions and retirements. Ablekuma Central did not have any implementation document on file. Ablekuma West produced some documents but not officially submitted.	
	2.2	Compliance with the preparation and update of the annual leave management roster	11 MMDAs (Ada West, Ashaiman, Ayawaso North, Kpone Katatmanso, Krowo, La-Dadekotopon, Ledzokuku, Ningo Prampram, Okaikwei North, Tema Metro and Tema West) updated 2023 and prepared 2024 leave management rosters, submitted and approved by management before deadline. Ayawaso East had the updated 2023 and the prepared 2024 leave management rosters on	These 11 MMDAs should keep this performance up

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			file but they were submitted after the deadlines and not approved by management. The remaining MMDAs either had only 2023 updated leave roster without evidence of management approval or have both the updated 2023 and 2024 leave management rosters but submitted after deadline.	MMDAs must ensure that leave rosters are prepared, updated and approved by management within timelines.
	2.3i	Preparation and approval of training needs assessments	16 MMDAs prepared their reports and were approved by management before the deadline. Ablekuma Central, Ayawaso Central and Ayawaso East did not produce any training needs assessment report for verification. Two MMDAs; Korle Klottey and La-Nkwantana prepared the training needs assessment report but did not show evidence of management approval. Eight MMDAs (Ablekuma North, Ablekuma West, Ada West, Ashaiman, Ga South, Ga West, Okaikwei North and Tema West) prepared the reports but were approved by management on deadline.	MMDAs should ensure that training needs assessment are conducted and reports prepared for management approval.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.3ii	Submission of training needs assessment	22 MMDAs prepared comprehensive training plans and submitted to RCC before deadline. 5 MMDAs (Ablekuma Central, Ga Central, Korley Klottey, Okaikwei North and Weija-Gbawe) had the training plans prepared but submitted on the deadline. Ablekuma West and La-Dadekotopon presented a training plan for verification, but submitted after the deadline	MMDAs should keep this up MMDAs should be encouraged to prepare comprehensive training plans and submit on time
	2.4	Implementation of training plans	21 MMDAs implemented more than 80% of the training plans. 15 MMDAs out of the 21 prepared and submitted all the quarterly reports before deadline. Six MMDAs (Ablekuma North, Ablekuma West, Ashaiman, Ga South, Korle Klottey and Weija-Gbawe) prepared and submitted the four quarterly reports but achieved 80% implementation of the training plans. Ablekuma Central, Ada West, Ledzokuku and Okaikwei North submitted all the	These MMDAs should keep this up The remaining MMDAs should ensure that training plans are prepared and submitted within the stipulated time.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			quarterly reports but implemented less than 80% of training plan. Ada East did not submit any report and implemented less than 80% of training plan.	
	2.5	Compliance with Staff Performance Appraisal schedule	15 MMDAs appraised at least 80% of the total (mechanized and IGF) staff and all sampled appraisals were fully completed. Ayawaso West and Ga South appraised at least 80% but not all sampled appraisals were fully completed 12 MMDAs (Accra Metro, Ada East, Ashaiman, Ayawaso Central, Ayawaso East, Ayawaso North, Ga East, Korle Klottey, La-Nkwantanang Madina, Ningo Prampram and Tema Metro) districts did not appraise IGF staff.	MMDAs must ensure full compliance with the appraisal cycle for all staff including IGF.
Financial Management & Reporting	3.1i	Compliance with the preparation submission and of RIAP	All the 29 MMDAs prepared RIAP in line with the approved template. Twenty-one (21) MMDAs prepared and approved the RIAP and submitted to RCCs before deadline. The remaining 8 MMDAs (Ablekuma Central, Ga South, Ga Central, Ga North, Ga	MMDAs must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			West, Korle Klottey, Kpone Katamanso and Okaikoi North) prepared and approved RIAP but submitted to RCCs on or after the deadline.	
	3.1ii	Compliance with the implementation of RIAP	19 MMDAs implemented more than 80% of 2023 RIAP activities. Five (5) MMDAs (Ablekuma North, Ga South, Ga Central, Korle Klottey, and Weija-Gbawe) implemented between 70% -80% of RIAP activities. Four (4) MMDAs (Accra Metro, Ablekuma West, Ayawaso Central and Shai-Osudokoku) implemented between 60% - 69% of their RIAP activities. Ablekuma Central implemented less than 50% of 2023 RIAP activities.	MMDAs are encouraged to select activities that are related to improving IGF and ensure full implementation of the RIAP.
	3.2	Percentage increase of streets named with signage	11 MMDAs (Ayawaso West, Ga South, Ga Central, Ga East, Kpone Katamanso, La Dade-Kotopon, Ledzokuku, Ningo Prampram, Okaikwei North, Tema Metro and Tema West) had more than 10% increase of streets named with signages and showed evidence of expenditure.	The 11 MMDAs should keep this up

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ga North and Ga West achieved 8% increase of streets named with signages. Adenta, Ada West and Ashaiman achieved 6% increase of streets named with signages. Korle Klottey maintained existing infrastructure (change of poles, fixing of broken wings, tilted or obstructed signs and re-lettering). The remaining 12 MMDAs either did not take any action or could not provide evidence to substantiate achievement.	MMDAs should provide resources for street naming
	3.3	Update of database on ratable items and linkage to revenue estimates	11 MMDAs had the database approved by F&A and revenue estimates linked with the Budget. Ayawaso East, Ga Central, Ga East, Korle Klottey, Krowor, Tema Metro and Tema West had the updated database approved by F&A but could not link the revenue estimates to the budget. Eleven (11) MMDAs (Ablekuma Central, Ablekuma north, Ablekuma West, Ada East, Ada West, Ga North, Ga West, La-Nkwantanang Madina, Ningo Prampram,	MMDAs must provide the needed logistics to officers responsible for the updates. MMDAs should ensure that the database is the basis for the revenue estimates in the budget. Budget officers should have custody of the revenue database and others can assist in the management of the data.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Okaikoi North and Weija-Gbawe) did not have updated database.	
	3.4	Compliance with expending on the activities in the AAP	25 MMDAs showed evidence that expenditure on sampled implemented activities were traceable to the AAP. Ablekuma Central, Ga West, La Nkwantanang and Weija-Gbawe did not provide evidence that 2023 actual expenditure covered activities in the Annual Action Plan. Ablekuma Central had a PV of a project that was not in the AAP. Ga West and Weija-Gbawe had some PVs that did not go through GIFMIS. La-Nkwantanang also had two projects but without warrants.	MMDAs must ensure that expenditure made are in sync with activities in the AAP.
	3.5i	Response to Internal audit observations	27 MMDAs in the region responded to internal audit observations within the ten working days as required by law. In Ablekuma West there was no draft reports. Ada West did not have report for the fourth quarter.	MMDAs must keep this up. MMDAs must respond to internal audit observations within the stipulated time.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.5ii	Implementation of Internal audit recommendations	Twenty (20) MMDAs fully implemented the Internal Auditors recommendations. Nine (9) MMDAs did not provide evidence of 100% implementation of Internal Auditors recommendations. The MMDAs were Ablekuma Central, Ablekuma West, Ada East, Ada West, Ga East, Ga North, Ledzokuku, Shai-Osukudoku and Weija-Gbawe.	Management of MMDAs should ensure that all internal audit recommendations are implemented.
	3.6	Implementation of External Audit recommendations	Twenty (20) MMDAs fully implemented the External Auditors recommendations. Nine (9) MMDAs did not implement all the recommendations of the 2022 Auditor's General Management Letter. They were Ablekuma Central, Accra Metro, Ada East, Adenta, La Nkwantanang Madina, Ningo Prampram, Ga East, and Shai Osudoku.	MMDAs must ensure implementation of all recommendations of the Auditor General's Management Letter.
Infrastructure	4.1	Level of achievement in the implementation of planned road programmes	18 MMDAs implemented more than 80% of the approved road and transport programmes. Ga South, Ablekuma West, Shai-Osudoku and Weija-Gbawe implement exactly 80% of road and transport programmes.	The 18 MMDAs should keep this up

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Seven (7) MMDAs Ablekuma Central, Ashaiman, Ayawaso East, Ayawaso West, Ga North, Ledzokuku and Ningo Prampram implemented less than 80% of road and transport.	MMDAs must collaborate with other bodies such local media platforms to sensitize the citizen on road safety issues.
	4.2	Level of achievement in the implementation of planned building & structures programmes	Only eight (8) MMDAs, Ablekuma North, Ablekuma West, Ayawaso Central, Ga East, Ga North, Korle Klottey, La Dade-Kotopon and Tema West implemented more than 80% of 2023 building and structure programmes. Ga Central implemented 80% of approved 2023 building and structure programmes. The remaining MMDAs implemented less than 80% of building and structure programmes.	MMDAs must review their plans during the midyear review sessions to reflect actual budget releases.
	4.3	Organization of Spatial Planning Committee and Technical Committee meetings	21 MMDAs held more than 3 Spatial Planning Committee meetings in each quarter. Ga Central and Tema Metro held at least three Spatial Planning Committee meetings in three quarters.	MMDAs must ensure that the SPC meetings are held regularly as stipulated by law

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ablekuma Central, Ga West and Korle Klottey held at least three Spatial Planning Committee meetings in two quarters. Three MMDAs, Ablekuma West, Ga North and Weija-Gbawe did not hold three Spatial Planning Committee meetings in each quarter.	
	4.4	Consideration of building permit applications	19 MMDAs showed evidence of 100% consideration of applications at Technical Sub-Committee and DSPC and communicated decisions to applicants. Six (6) MMDAs, Ablekuma Central, Ablekuma West, Ga South, Ga North, La-Nkwantanang Madina and Okaikwei North considered all applications received at SPC from TSC but did not communicate decisions to all applicants. Four MMDAs, Ga West, Krowor, Shai-Osudoku and Tema Metro, considered less than 100% application at the TSC and SPC meetings.	These 19 MMDAs must keep this up MMDAs must ensure approval of building permits and communicate same to applicants on time
	4.5	Availability of approved Structure Plan and Local Plans	Only Ningo Prampram had valid Spatial Development Framework, structure plans and more than two local plans.	The RCC must work together with all the MMDAs to develop Spatial

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			La Dade-Kotopon and Tema West had valid structure plans and more than two local plans but no Spatial Development Framework. Shai-Osudoku has a valid Structure Plan and 2 valid Local Plans. Ashaiman Municipal Assembly had only the Spatial Development Framework. The remaining MMDAs did not have the Spatial Development Framework, the structure plans or local plans.	Development Framework for the region and the districts. MMDAs should develop structure and local plans to guide spatial planning.
Social Services	5.1	Compliance with Education oversight committee meetings	Eleven (11) MMDAs held four (4) meetings each with invitation and minutes signed and implemented all decisions. Ablekuma Central, Ablekuma West, Ga East Ayawaso North, Ga Central, Ga North, Ga West, Korle Klottey, Ningo Prampram, Okaikwei North, Shai-Osudoku, Tema Metro, Tema West and Weija-Gbawe held four (4) meetings but did not implement all decisions. Ayawaso Central showed evidence of 4 quarterly meetings but the last 2 quarterly	MMDAs must be encouraged to organize the quarterly Education Oversight Committee meetings.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			minutes were not signed by the Chairperson (MCE). Again, not all decisions were implemented. Ayawaso East had minutes of 3 quarterly meetings produced and duly signed but not all previous decisions were implemented and the 4th quarter minutes was not available. In La-Nkwantanang Madina, the MCE signed as the Chairman in first, second and fourth quarters though absent with permission.	
	5.2	Compliance with Health committee meetings	Only 9 MMDAs held four (4) District Health Committee meetings with invitation letters and signed minutes and evidence of implementation of all decisions. These are Accra Metro, Ablekuma North, Ada East, Adentan, Ayawaso North, Ayawaso West, Krowor, La Dadekotopon and Shai-Osudoku. Ayawaso Central showed evidence of all quarterly meetings but the last two quarter minutes were not signed by the MCE and not all decisions were implemented.	MMDAs must be encouraged to organize the quarterly Health committee meetings

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ayawaso East did not produce a report for the fourth quarter. Tema Metro had no attendance sheets for the meetings. Ningo Prampram had four minutes on file, but the list of the attendees showed that only two were held. Ledzokuku produced minutes of four quarterly meetings but there was no evidence that the meetings were held. The remaining MMDAs held four (4) meetings each but did not show evidence of implementation of all decision.	
	5.3i	Data on vulnerable groups	The 12 MMDAs had data updates on vulnerable groups and evidence of transmission the update reports to the RCC before deadline. Ada west, Ga South and Weija-Gbawe had all the updates and evidence of transmission update reports to the RCC but on deadline. Ablekuma Central, Ayawaso North, Ga south, Ayawaso West, Ga North, La-	These 12 MMDAs must be commended MMDAs are encouraged to prepare and update data on vulnerable groups to help policy formulation.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Nkwantanang Madina, Ledzokuku, Ningo Prampram and Shai-Osudoku had all the updates but did not show evidence of submission update reports to the RCC. Eight MMDAs (Accra Metro, Asa East, Ayawason East, Ga West, La-Nkwantanang Madina, Ledzokuku, Ningo Prampram, and Shai-Osudoku did not update the vulnerability data and did not submit any report to the RCC.	
	5.3ii	Update of database on registration on births and deaths	18 MMDAs produced quarterly data updates on registration of births and deaths. Ablekuma Central, Ada East, Ada West, Ayawaso East, Ayawaso North, Ga North, Korle Klottey, Ledzokuku, Okaikwei North, Shai-Osudoku and Tema Metro have any data on births and deaths.	These 18 MMDAs must keep this up MMDAs must ensure that the Department of Birth and Death is well integrated into the LGS system.
	5.4	Implementation of GBV interventions	16 MMDAs successfully implemented more than 80% of planned Gender Based Violence (GBV) interventions. Four MMDAs (Ga Central, Korle Klottey, Ablekuma Central and Ablekuma West) implemented 60% - 69% of planned GBV interventions.	These MMDAs must keep this up MMDAs must state clearly their GBV intervention activities and how they intend to implement them for better reporting.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The remaining 9 MMDAs Ablekuma North, Ada East, Ayawaso East, Ga South, Ga North, Krowor, Okaikwei North, Tema West and Weija-Gbawe did not show evidence of implementation of at least 50% of planned GBV interventions.	
	5.5	Management of child protection cases	26 MMDAs in the region successfully managed over 80% of all reported child protection cases. Ablekuma West, Ayawaso East and Shai-Osudoky did not show evidence of managing up to 80% of all reported child protection cases.	MMDAs must keep this up.
	5.6	Organization of Community mobilization and Education programmes	18 MMDAs implemented over 80% of all community mobilization and education programmes. Ayawaso West and Ga Central implemented 60 – 69% of community mobilization and education programmes. Ablekuma Central, Ablekuma North, Ayawaso East and Weija-Gbawe implemented 50 – 59% of community mobilization and education programmes.	The Social Welfare, and Community Development Departments at the regional level must collaborate during monitoring and backstopping activities at the MMDAs. This could help to eliminate the duplication of functions or non-performance of certain function at the MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			The five remaining MMDAs, Ada East, Korle Klottey, Kpone Katamanso, La Dadekotopon and Ningo Prampram, did not show evidence of implementing at least 50% of their planned community mobilization and education programmes.	
Economic Development	6.1	Expenditure to Agriculture	Only Ada East, Ashaiman and La Dade-Kotopon expended more than 5% of their total expenditure on agriculture. The remaining 27 MMDAs spent less than 3% of their expenditure on agriculture. The regional average expenditure on Agriculture was 1.33%.	MMDAs must commit resources into agriculture.
	6.2	Implementation status of Agriculture activities	20 MMDAs implemented more than 80% of planned Agricultural activities in the AAP. Four MMDAs, Ablekuma North, Ablekuma West, La-Nkwantanang Madina and Tema Metro implemented 70-79% of planned Agricultural activities in the AAP. Four MMDAs, Weija Gbawe, Ablekuma Central, Ga Central and Okaikwei North implemented 60-69% of planned Agricultural activities.	MMDAs must keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ayawaso North implemented 52% of planned Agricultural activities.	
	6.3	Agricultural expenditure on post-production activities	Seven MMDAs, Ga West, Korle Klottey, Kpone Katamanso, Krowor, Ledzokuku, Ningo Prampram and Tema Metro, spent more than 40% of annual agricultural expenditure on post- production activities. Ayawaso Central spent 37.3% of annual agricultural expenditure on post- production activities. Ablekuma North and Ga South spent 22.7% and 25% of annual agricultural expenditure on post- production activities respectively. The remaining MMDAs spent less than 20% of annual agricultural expenditure on post-production activities.	Urban MMDAs must invest in the agriculture value chain.
	6.4	Planned Agricultural interventions to address gender gaps	27 MMDAs implemented more than 60% of planned Agricultural interventions to address gender gaps. Ningo Prampram implemented 58.3% of planned interventions.	These MMDAs must keep this up

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ayawaso North implemented 21% of planned activities to address gender gaps.	Ayawaso North should be encouraged to develop plans to address gender gaps in Agriculture
	6.5	Implementation of Tourism related activities	16 MMDAs implemented more than 80% of tourism related activities Ga North implemented exactly 80% of planned tourism related activities. 12 MMDAs did not show evidence implementing up to 80% of planned tourism related activities. These are Ablekuma Central, Ablekuma North, Ada West, Ayawaso Central, Ayawaso East, Ayawaso North, Ayawaso West, Ga South, Ga Central, La-Nkwintanang, Shai-Osudoku and Weija-Gbawe.	MMDAs should identify tourism areas they have comparative advantage in. They must also prepare to collaborate with other MMDAs to benefit from economies of scale.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness plan & Implementation report	8 MMDAs, Ada West, Adenta, Ayawaso West, Kpone Katamanso, Krowor, Ledzokuku, Tema West and Weija-Gbawe, prepared the Disaster Preparedness Plan, showed evidence of implementation and submitted reports before deadline. Ada East, Ningo Prapram, Ashaiman, LaDade Kotopon, Ga East and Ga West	MMDAs must build the capacities of NADMO Officers in the preparation of Disaster Preparedness Plans. NADMO officers must be oriented to recognize that they are part of the Assembly.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			prepared the Disaster Preparedness Plan but did not have implementation Reports. The remaining MMDAs either did not have the Plan and the implementation report or did not submit them.	
	7.2	Implementation of Environment enhancement programmes	23 MMDAs implemented more than 60% of Environmental enhancement programmes. Ablekuma Central and Weija-Gbawe implemented 50-59% of Environmental enhancement programmes. Ablekuma North produced implementation reports on 5 programmes but there were no dates on the transmittal letters. Ga South submitted the January to June report on 5th July 2023, but the report had no details on location and content of the enhancement programme. Accra Metro planned 2 sensitization activities on environmental enhancement, but none was implemented. Ada West did not have any activity on environmental enhancement.	These MMDAs must be commended MMDAs must commit to the implementation of environmental enhancement programmes.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.3	Percentage increase of population with household toilets	11 MMDAs, Ablekuma Central, Ablekuma North, Adentan, Ga South, Ga Central, Ga East, Ga North, Krowor, Okaikoi North, Shai-Osudoku and Weija-Gbawe, recorded more than 15% increase in population with household toilets. The remaining 18 MMDAs recorded less than 15% increase in population with household toilets.	MMDAs must commit to data collection on population with access to household toilet and give accurate reports.
	7.4	MMDA sponsorship of Routine Cleansing activities	21 MMDAs produced four quarterly Assembly sponsored routine cleansing reports and showed PVs as evidence of expenditure. Ada East, Ayawaso West, Ga Central, Korle Klottey and La Dade-Kotopon provided two quarters routine cleansing reports and showed evidence of expenditure. Ga West submitted four quarters' reports for verification but only one PV was identified as expenditure on one quarter activities. Ablekuma North produced unsigned activity reports for verification.	These MMDAs must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Ablekuma West did not provide any information on routine cleansing activities.	

4.12. General Issues, Impressions, Best Practices, Recommendation and Conclusion

From the 2023 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 2023.

4.12.1. General Issues

- *Failure of most RCDs and 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 (KPA and KPIs) with their staff especially Departmental/Unit 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.

- *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. For the assessment this year, every submission was cross-checked from the dispatch records and outgoing correspondence register to ascertain the actual date of submission.

- *Poor Implementation of the Records Management Manual*

Though all MMDAs and RCCs had Records Management Units (RMUs) in place, most of these Units were not fully functional in terms of the capacity of personnel (competency and numbers), equipment/logistics as well as storage and archiving sections. This made it difficult retrieving documents as evidence to confirm some of the MMDAs' and RCCs' scores for some KPIs. A visit to the 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 MMDCs rather than the Records Management Units.

The new way of file and correspondence references, migration of files to the new file classification system, storage for semi closed and closed files among others is fraught with challenges. Some Departments/Units such as Development Planning, Works, Physical Planning among others were operating parallel records/files in their offices without recourse to the main RMU of their institutions.

- ***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 low 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 in some MMDAs. In the case of the RCCs, performance appraisals were mostly limited to the Units under the Central Administration of the RCCs and not for all the twenty-two (22)

Departments are stated in the Schedule Thirteen of the Local Governance Act, 2016 (Act 936).

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.

- *Poor Reporting*

The quality (structure, format and content) of reports such as training, activity, quarterly and annual progress reports was very poor even though a number of RCCs and MMDAs captured and implemented report writing as an activity in their respective capacity building plans. Some staff interviewed indicated that the training done particularly by consultants did not meet their expectation and therefore not beneficial to their professional development.

- *Falsification of Documents*

It was unfortunately observed that some reports, minutes and official letters were forged for the purposes of the assessment. Records of these official letters were not available at the Records Management Units' Outgoing Register and Dispatch Books.

The most forged documents were forwarding transmittal letters, minutes of ISCCS meetings, training reports, Payment Vouchers (PVs), minutes of Education Oversight Committee and Health Committee meetings among others. There were some instances of forged PVs particularly on implementation of activities in the AAPs of the sub-district structures.

- *Low investment into Agriculture*

It was observed that overall investment into agriculture was about 5% relative to their total expenditure for the MMDAs. The national average for agriculture expenditure into post-production related activities was less than 15%. There is an urgent need to improve these figures to help in making Ghana a food basket and for socio-economic development.

- *Low implementation of Street Naming Activities*

It was generally observed that implementation of activities towards naming streets and planting signages was very low. National level institutions should come clear on the mandate and support the MMDAs revamp these activities such as the setting up

of the Street Addressing Teams (SAT) and inclusion of their activities into the AAPs and budgets of the MMDAs.

- ***Low number of MMDAs with the 3-tier plans***

It was observed that less than 15% of MMDAs have valid Spatial Development Plans (SDF). Some of the examined structure and local plans were either in draft form or had expired. The inability of most of the MMDAs to prepare the 3-tier plans was attributed to the high cost of preparing the maps.

- ***Poor level of functionality of the Sub-district Structures***

It was generally observed that most MMDAs have not fully established their sub-district structures. Some were without offices while others were either without the requisite staff (in terms of skills and numbers) to man these offices. The quality of the action plans and activity reports prepared by the few functional ones were observed to be very poor.

- ***Disaster Preparedness Plans***

It was generally observed that less than 20% of MMDAs in Ghana have developed a comprehensive Disaster Preparedness Plan. The lack of this plan is greatly affecting the mitigation and response to disaster at the MMDA level. The teams observed that there was little to no financial commitment towards the development of District specific Disaster Preparedness Plans.

- ***Low commitment to Tourism and Environment Enhancement Related Activities***

It was generally observed that MMDAs are continuously reducing the number of tourism and environment enhancement related activities in their AAPs. In the case of the few captured in the AAP, very low expenditure commitments were made in these.

4.12.2. 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.

4.12.3. 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 some staff in departments/units of some visited RCCs and MMDAs performed exceptionally well and needs to be commended;
- Some MMDAs and RCCs have also improved on their customer service relations through equipping their Client Service Units (CSUs) to attend to complaints as well as the implementation of the strategies for managing client in the CSU Operational Manual;
- 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.

4.12.4. Integrated District Agriculture Governance Index (DAGI) Indicators

For the performance year 2023, the LGS integrated some DAGI indicators into the Performance Contract of the 261 MMDAs as scoring KPIs under the Local Economic

Development KPA with the aim of gauging the Assemblies' commitment into agriculture. The adopted indicators were;

1. At least 5% of MMDA expenditure to agriculture (*activities/programmes*) excluding National Farmers' Day celebration by the end of the year
2. At least 80% of planned agricultural activities in AAP implemented by the end of the year
3. At least 40% of MMDA annual agricultural expenditure on post-production activities by the end of the year (*Storage, processing, packaging, market linkages, etc*)
4. At least 60% of planned agricultural interventions to address gender gaps implemented by the end of the year

Some of the key findings include;

1. Financial planning and reporting on Agriculture interventions are reported differently across the country
2. The MMDAs financial commitment towards Agriculture mostly goes into Farmers Day Activities
3. Low investment towards Post-Production activities by MMDAs
4. The data reflects a relatively high level of investment in agriculture within the Northern Zone

The following are some recommendations to improving the performance for 2024;

1. Build capacity on planning and reporting and data management of agriculture interventions.
2. Broaden the collaboration amongst stakeholders of agriculture value chain
3. Strengthen the LGS performance management system to enhance the achievement of set targets.
4. Engage donor partners to support LGS for sustainable service delivery at all levels.
5. MMDAs should make conscious efforts to plan, budget and finance other agriculture related interventions beyond the Farmer's Day celebration.

4.12.5. General Recommendations for the OHLGS

The OHLGS must:

- undertake a staff audit which will lead to staff rationalization across the Region/Service to ensure a fair distribution of staff.

- organise targeted training for staff of Departments and Units performing below expectation in the KPIs under the Performance Contract. Demand driven training should be prioritized for staff of the Region.
- issue Administrative Instructions to clarify the status of the Records Management Class to attract and retain qualified and competent staff/ to reduce the high level of attrition within the Class.
- expedite action on upgrading and conversion of qualified staff to the Client Service Class.
- carry out targeted training interventions for staff of the RMU and CSU to sustain newly introduced reforms within the Service.
- conduct regular monitoring on integration of Departments and ensure strong harmony among departments and units recently decentralised
- recruit staff for the Agriculture, Works and Physical Planning Departments of MMDAs to augment offices with inadequate staff.
- engage the Office of the Administrator of the DACF to ensure funds are released on time to enable MMDAs to carry out planned activities
- sensitize MMDCs and MMDCDs on the need to share content of the Performance Contract with Staff of the MMDAs.

4.12.6. General Recommendations on the Implementation of the PMS at all levels of the LGS

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.

4.12.7. 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 Service.

CHAPTER FIVE

**RESULTS FOR THE
2023 ANNUAL PERFORMANCE
EVALUATION OF RCCs & MMDAs**

5. RESULTS FOR 2023 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 2023 Annual Performance Evaluation of 16 RCCs

No	Name of RCC	Overall Rating %)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
1	Volta	91.50	1 st	Excellent
2	Greater Accra	90.40	2 nd	Excellent
3	Western	89.25	3 rd	Excellent
4	Ahafo	88.38	4 th	Excellent
5	Eastern	86.15	5 th	Excellent
6	Upper East	85.50	6 th	Excellent
7	Central	84.50	7 th	Excellent
8	Bono East	82.40	8 th	Excellent
9	Oti	81.65	9 th	Excellent
10	Savannah	81.38	10 th	Excellent
11	Bono	73.13	11 th	Very Good
12	Ashanti	62.48	12 th	Good
13	Western North	60.50	13 th	Good
14	Upper West	43.48	14 th	Unsatisfactory
15	Northern	41.75	15 th	Unsatisfactory
16	North East	33.20	16 th	Unsatisfactory

5.2. Results & Ranking for the 2023 Annual Performance Evaluation of 261 MMDAs

The performance of the MMDAs in the 2023 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	ER	Abuakwa South	87.25	1 st	Excellent
2	ER	Atiwa East	85.38	2 nd	Excellent
3	GAR	Adentan	84.25	3 rd	Excellent
4	VR	North Dayi	82.75	4 th	Excellent
5	WR	Mpohor	81.75	5 th	Excellent
6	AHR	Asunafo North Mun.	81.38	6 th	Excellent
7	WR	Sekondi Takoradi Metro.	80.69	7 th	Excellent
8	ER	West Akim	80.44	8 th	Excellent
9	WR	Shama	80.13	9 th	Excellent
10	VR	Ketu North	79.75	10 th	Very Good
11	ER	New Juaben North	79.19	11 th	Very Good
12	CR	Assin Fosu	79.00	12 th	Very Good
13	ER	Achiase	78.94	13 th	Very Good
14	ER	Kwahu West	78.44	14 th	Very Good
15	AHR	Tano North	77.44	15 th	Very Good
16	GAR	Tema West	77.06	16 th	Very Good
17	WR	Wassa Amenfi West	76.94	17 th	Very Good
18	WR	Effia Kwesimintsim	76.75	18 th	Very Good
19	VR	Ketu South	76.56	19 th	Very Good
20	UER	Bolgatanga	76.38	20 th	Very Good
21	CR	Gomoa Central	76.31	21 st	Very Good
22	UER	Kassena Nankana West	75.81	22 nd	Very Good
23	GAR	Kpone Katamanso	75.75	23 rd	Very Good
24	GAR	Krowor	75.31	24 th	Very Good
25	VR	Ho West	75.25	25 th	Very Good
26	GAR	La Dade-Kotopon	74.88	26 th	Very Good
27	GAR	Ga East	74.50	27 th	Very Good
28	CR	Ajumako/Enyan/Esiam	74.13	28 th	Very Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
29	WR	Jomoro	73.38	29 th	Very Good
30	OR	Krachi East	73.31	30 th	Very Good
31	ER	Nsawam Adoagyiri Mun.	73.19	31 st	Very Good
32	WR	Wassa East	72.44	32 nd	Very Good
33	CR	Twifu Ati Morkwa	72.25	33 rd	Very Good
34	AR	Afigya Kwabre North Mun.	72.06	34 th	Very Good
35	ER	Asene-Manso-Akroso	71.94	35 th	Very Good
36	VR	South Dayi	71.69	36 th	Very Good
37	WR	Amenfi Central	71.63	37 th	Very Good
38	AR	Oforikrom Mun.	71.44	38 th	Very Good
39	CR	Komenda-Edina-Eguafo-Abirim	71.31	39 th	Very Good
40	WR	Nzema East Mun.	71.13	40 th	Very Good
41	CR	Agona East	71.06	41 st	Very Good
42	BER	Atebubu Amantin	70.88	42 nd	Very Good
43	UWR	Sissala East	70.56	43 rd	Very Good
44	WR	Prestea-Huni-Valley	70.38	44 th	Very Good
45	WR	Tarkwa Nsuaem Mun.	70.13	45 th	Very Good
46	WR	Ahanta West	70.00	46 th	Very Good
47	WR	Ellembele	69.94	47 th	Good
48	UWR	Lawra	69.44	48 th	Good
49	GAR	Ayawaso West	69.44	48 th	Good
50	AHR	Asunafo South	69.31	50 th	Good
51	GAR	Ledzokuku	69.25	51 st	Good
52	BER	Techiman North	69.06	52 nd	Good
53	CR	Cape Coast Metro.	68.88	53 rd	Good
54	ER	Denkyembuor	68.50	54 th	Good
55	NR	Tamale Metro	68.50	54 th	Good
56	UER	Kassena Nankana East	68.13	56 th	Good
57	AR	Atwima Kwanwoma Dist.	68.06	57 th	Good
58	GAR	Ashaiman Mun.	68.00	58 th	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
59	UER	Bongo	67.75	59 th	Good
60	ER	Birim South	67.31	60 th	Good
61	CR	Awutu Senya	67.19	61 st	Good
62	UWR	Wa West	67.00	62 nd	Good
63	CR	Gomoa West	66.81	63 rd	Good
64	CR	Gomoa East	66.63	64 th	Good
65	UWR	Wa Mun.	66.25	65 th	Good
66	AHR	Tano South	66.25	65 th	Good
67	CR	Effutu	66.19	67 th	Good
68	BR	Dormaa Central Mun.	66.19	67 th	Good
69	UER	Builsa North	66.06	69 th	Good
70	ER	Akuapim South	66.06	69 th	Good
71	UER	Talensi	65.88	71 st	Good
72	UER	Binduri	65.88	71 st	Good
73	CR	Upper Denkyira West	65.88	71 st	Good
74	VR	Afadzato South	65.81	74 th	Good
75	GAR	Ga Central	65.81	74 th	Good
76	GAR	Tema Metro	65.69	76 th	Good
77	CR	Agona West	65.69	76 th	Good
78	ER	Birim Central	65.63	78 th	Good
79	ER	Yilo Krobo	65.44	79 th	Good
80	ER	Abuakwa North	65.13	80 th	Good
81	CR	Assin South	65.13	80 th	Good
82	ER	Atiwa West	64.75	82 nd	Good
83	UWR	Dafiama Bussie Issa	64.50	83 rd	Good
84	ER	Kwahu East	64.38	84 th	Good
85	UER	Pusiga	63.81	85 th	Good
86	VR	Anloga	63.63	86 th	Good
87	ER	New Juaben South	63.56	87 th	Good
88	SR	Sawla Tuna Kalba	63.44	88 th	Good
89	ER	Akyemansa	63.44	88 th	Good
90	UER	Builsa South	63.06	90 th	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
91	WR	Wassa Amenfi East	63.06	90 th	Good
92	ER	Lower Manya Krobo	63.06	90 th	Good
93	OR	Nkwanta North	62.94	93 rd	Good
94	GAR	Ayawaso Central	62.81	94 th	Good
95	VR	Hohoe Mun	62.63	95 th	Good
96	BR	Sunyani Mun.	62.50	96 th	Good
97	GAR	Ga West	62.38	97 th	Good
98	GAR	Okaikwei North	62.31	98 th	Good
99	CR	Upper Denkyira East	61.88	99 th	Good
100	AR	Asokwa Mun.	61.56	100 th	Good
101	CR	Asikuma-Odoben-Brakwa-Breman	61.56	100 th	Good
102	AR	Suame Mun.	61.56	100 th	Good
103	CR	Awutu Senya East	61.56	100 th	Good
104	AR	Asante Akim South Mun.	61.56	100 th	Good
105	WNR	Sefwi Wiawso Mun.	61.56	100 th	Good
106	BER	Techiman Mun.	61.44	106 th	Good
107	BER	Sene West	61.38	107 th	Good
108	ER	Akwapim North	60.69	108 th	Good
109	CR	Hemang Lower Denkyira	60.63	109 th	Good
110	ER	Birim North	60.63	109 th	Good
111	GAR	Shai-Osudoku	60.63	109 th	Good
112	VR	North Tongu	60.50	112 th	Good
113	BR	Jaman South	60.44	113 th	Good
114	VR	Akatsi North	60.25	114 th	Good
115	GAR	Ablekuma North	60.25	114 th	Good
116	ER	Kwahu Afram Plains North	60.25	114 th	Good
117	AR	Juaben Mun.	60.25	114 th	Good
118	GAR	Korle Klottey	59.94	118 th	Satisfactory
119	ER	Asuogyaman	59.88	119 th	Satisfactory
120	UER	Bawku West	59.69	120 th	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
121	ER	Kwaebibirem	59.69	120 th	Satisfactory
122	VR	Central Tongu	59.69	120 th	Satisfactory
123	BER	Nkoranza North	59.56	123 rd	Satisfactory
124	GAR	Ga South	59.19	124 th	Satisfactory
125	AHR	Asutifi North	59.13	125 th	Satisfactory
126	WNR	Bia East	58.94	126 th	Satisfactory
127	UER	Nabdam	58.94	126 th	Satisfactory
128	AR	Amansie Central Dist.	58.88	128 th	Satisfactory
129	WNR	Suaman	58.75	129 th	Satisfactory
130	AR	Adansi South Dist.	58.56	130 th	Satisfactory
131	AR	Sekyere South Dist.	58.56	130 th	Satisfactory
132	UER	Garu	58.50	132 nd	Satisfactory
133	GAR	Accra Metro.	58.38	133 rd	Satisfactory
134	SR	East Gonja	58.38	133 rd	Satisfactory
135	AR	Bosomtwe Dist.	58.25	135 th	Satisfactory
136	OR	Jasikan	58.19	136 th	Satisfactory
137	CR	Ekumfi	58.13	137 th	Satisfactory
138	UWR	Lambusie Karni	57.63	138 th	Satisfactory
139	BER	Pru West	57.63	138 th	Satisfactory
140	AHR	Asutifi South	57.56	140 th	Satisfactory
141	BER	Pru East	57.50	141 st	Satisfactory
142	UWR	Nandom	57.44	142 nd	Satisfactory
143	UWR	Nadowli Kaleo	57.19	143 rd	Satisfactory
144	BER	Kintampo North Mun.	57.19	143 rd	Satisfactory
145	VR	South Tongu	57.19	143 rd	Satisfactory
146	ER	Fanteakwa North	57.00	146 th	Satisfactory
147	VR	Ho Mun.	56.88	147 th	Satisfactory
148	GAR	Ningo-Prampram	56.88	147 th	Satisfactory
149	OR	Krachi West	56.88	147 th	Satisfactory
150	AR	Obuasi East Dist	56.75	150 th	Satisfactory
151	UER	Bolgatanga East	56.50	151 st	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
152	OR	Biakoye	56.38	152 nd	Satisfactory
153	SR	Bole	56.25	153 rd	Satisfactory
154	GAR	Ga North	56.13	154 th	Satisfactory
155	CR	Abura/ Asebu/ Kwamankese	56.13	154 th	Satisfactory
156	AR	Sekyere East Dist.	55.94	156 th	Satisfactory
157	ER	Okere	55.75	157 th	Satisfactory
158	OR	Kadjebi	55.56	158 th	Satisfactory
159	GAR	Ayawaso North	55.56	158 th	Satisfactory
160	AR	Obuasi Mun.	55.50	160 th	Satisfactory
161	ER	Fanteakwa South	55.50	160 th	Satisfactory
162	UER	Bawku	55.19	162 nd	Satisfactory
163	ER	Upper Manya Krobo	55.13	163 rd	Satisfactory
164	GAR	Ada West	54.94	164 th	Satisfactory
165	NR	Kpandai	54.94	164 th	Satisfactory
166	AR	Afigya Kwabre South Dist.	54.63	166 th	Satisfactory
167	WNR	Bodi	54.63	166 th	Satisfactory
168	AR	Atwima Nwabiagya Mun.	54.56	168 th	Satisfactory
169	AR	Mampong Mun.	54.56	168 th	Satisfactory
170	VR	Kpando Mun.	54.44	170 th	Satisfactory
171	GAR	Ada East	54.31	171 st	Satisfactory
172	BR	Dormaa West	54.19	172 nd	Satisfactory
173	CR	Assin North	53.88	173 rd	Satisfactory
174	NR	Zabzugu	53.75	174 th	Satisfactory
175	BR	Sunyani West	53.63	175 th	Satisfactory
176	NR	Nanumba South	53.63	175 th	Satisfactory
177	ER	Kwahu South	53.56	177 th	Satisfactory
178	BR	Berekum East	53.13	178 th	Satisfactory
179	AR	Asante Akim Central Mun.	53.06	179 th	Satisfactory
180	AR	Amansie West District	52.88	180 th	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
181	AR	Atwima Nwabiagya North Dist.	51.94	181 st	Satisfactory
182	GAR	Weija-Gbawe	51.88	182 nd	Satisfactory
183	UWR	Sissala West	51.81	183 rd	Satisfactory
184	SR	West Gonja	51.56	184 th	Satisfactory
185	NR	Sagnerigu	51.50	185 th	Satisfactory
186	AR	Sekyere Central Dist.	51.38	186 th	Satisfactory
187	AR	Old Tafo Mun.	51.06	187 th	Satisfactory
188	BER	Kintampo South	51.00	188 th	Satisfactory
189	NR	Nanumba North	51.00	188 th	Satisfactory
190	NR	Gushiegu	50.94	190 th	Satisfactory
191	NER	West Mamprusi	50.88	191 st	Satisfactory
192	UWR	Jirapa	50.81	192 nd	Satisfactory
193	VR	Keta Mun.	50.69	193 rd	Satisfactory
194	SR	Central Gonja	50.50	194 th	Satisfactory
195	VR	Akatsi South	50.50	194 th	Satisfactory
196	AR	Bosome Freho District	50.38	196 th	Satisfactory
197	ER	Upper West Akim	50.00	197 th	Satisfactory
198	SR	North East Gonja	49.31	198 th	Unsatisfactory
199	WNR	Aowin	49.13	199 th	Unsatisfactory
200	WNR	Bibiani Anhwiaso Bekwai	49.06	200 th	Unsatisfactory
201	BR	Jaman North	48.69	201 st	Unsatisfactory
202	GAR	La-Nkwantanang	48.56	202 nd	Unsatisfactory
203	AR	Kumasi Metro	48.38	203 rd	Unsatisfactory
204	WNR	Sefwi Akontombra	48.25	204 th	Unsatisfactory
205	VR	Adaklu	48.06	205 th	Unsatisfactory
206	ER	Kwahu Afram Plains South	47.81	206 th	Unsatisfactory
207	AR	Amansie South Dist.	47.75	207 th	Unsatisfactory
208	AR	Adansi North Dist.	47.56	208 th	Unsatisfactory
209	NER	Chereponi	47.56	208 th	Unsatisfactory
210	OR	Nkwanta South	47.00	210 th	Unsatisfactory
211	AR	Kwadaso Mun.	46.88	211 th	Unsatisfactory

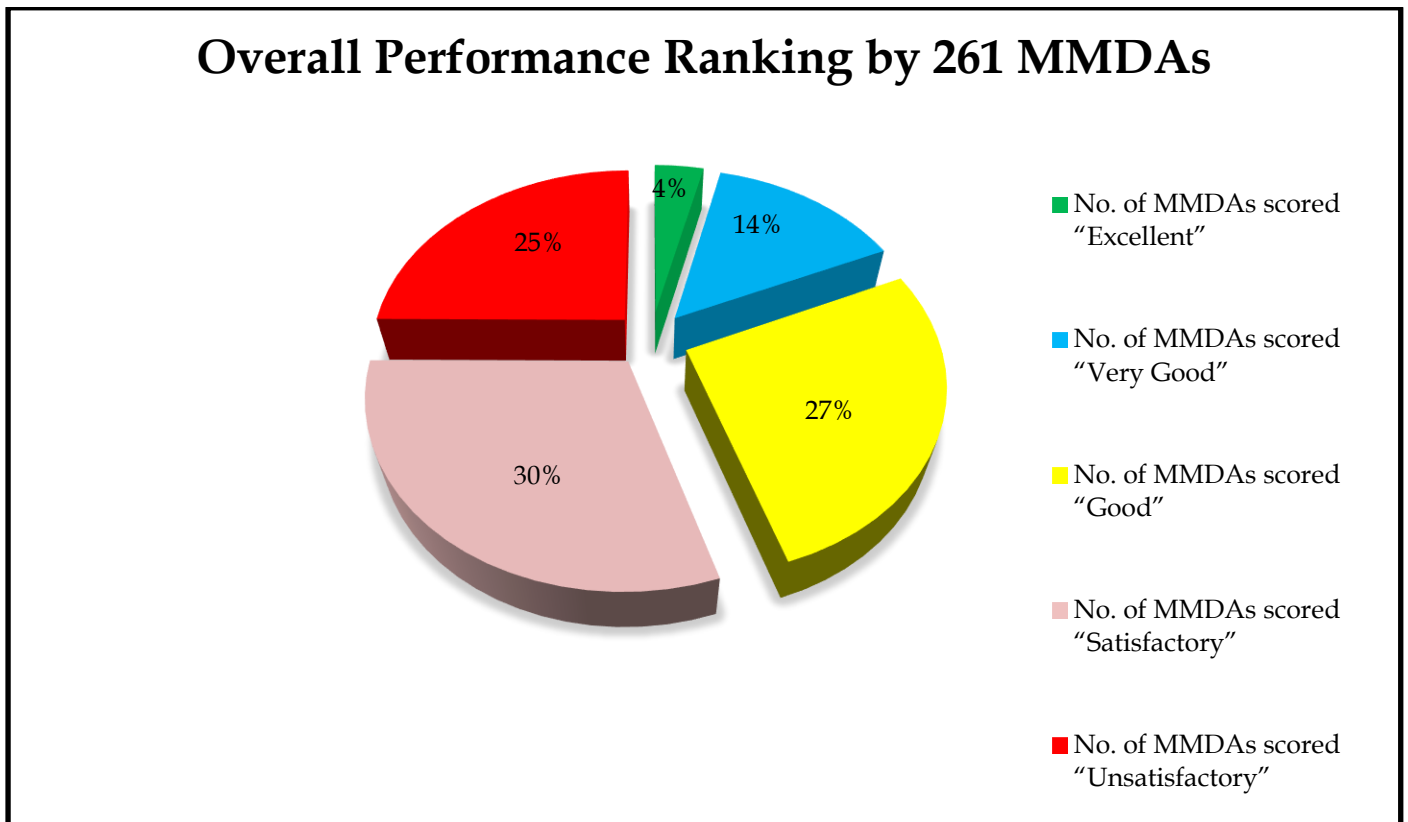
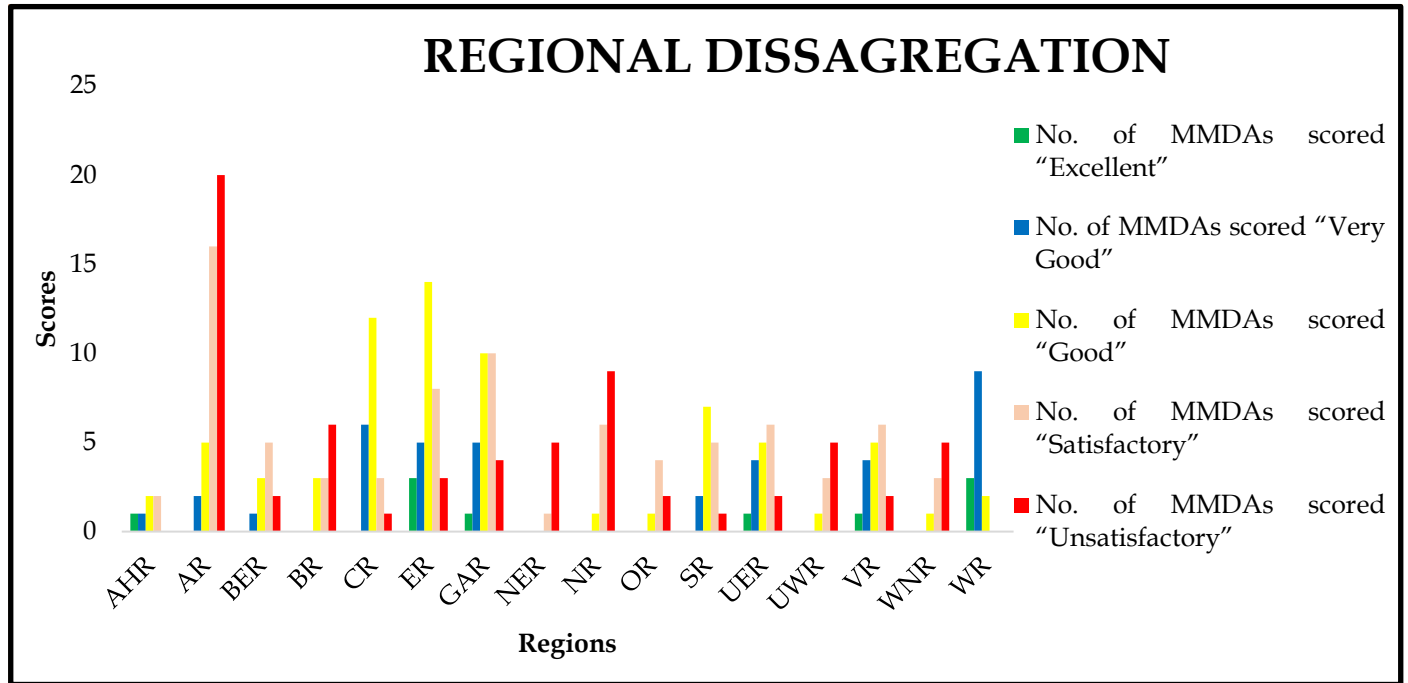
No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
212	BR	Tain	46.63	212 th	Unsatisfactory
213	GAR	Ablekuma West	46.44	213 th	Unsatisfactory
214	NR	Kumbungu	46.38	214 th	Unsatisfactory
215	ER	Ayensuano	46.31	215 th	Unsatisfactory
216	AR	Offinso North Dist.	46.19	216 th	Unsatisfactory
217	SR	North Gonja	45.81	217 th	Unsatisfactory
218	AR	Asante Akim North Mun.	45.69	218 th	Unsatisfactory
219	BER	Nkoranza South Mun.	45.63	219 th	Unsatisfactory
220	NR	Yendi Mun.	45.38	220 th	Unsatisfactory
221	VR	Agortime Ziope	45.25	221 st	Unsatisfactory
222	AR	Atwima Mponua Dist.	45.06	222 nd	Unsatisfactory
223	AR	Ahafo Ano South West Dist.	45.06	222 nd	Unsatisfactory
224	AR	Ejura Sekyere-Dumase Mun.	45.00	224 th	Unsatisfactory
225	AR	Ahafo Ano North Mun.	44.88	225 th	Unsatisfactory
226	AR	Bekwai Mun.	44.88	225 th	Unsatisfactory
227	BR	Banda	44.63	227 th	Unsatisfactory
228	BR	Dormaa East	44.44	228 th	Unsatisfactory
229	UER	Tempene	44.44	228 th	Unsatisfactory
230	NER	East Mamprusi	44.13	230 th	Unsatisfactory
231	OR	Krachi Nchumuru	43.63	231 st	Unsatisfactory
232	AR	Adansi Asokwa Dist.	43.38	232 nd	Unsatisfactory
233	UWR	Wa East	43.31	233 rd	Unsatisfactory
234	AR	Sekyere-Kumawu Dist.	43.13	234 th	Unsatisfactory
235	AR	Ahafo Ano South East Dist.	42.94	235 th	Unsatisfactory
236	BR	Wenchi Mun.	42.69	236 th	Unsatisfactory
237	OR	Guan	42.25	237 th	Unsatisfactory
238	NR	Tatale Sanguli	42.19	238 th	Unsatisfactory
239	NR	Savelugu	41.81	239 th	Unsatisfactory
240	ER	Suhum	41.75	240 th	Unsatisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
241	CR	Mfantsiman Mun.	41.25	241 st	Unsatisfactory
242	NR	Karaga	41.06	242 nd	Unsatisfactory
243	AR	Asokore Mampong Mun.	39.44	243 rd	Unsatisfactory
244	AR	Kwabre East Mun.	39.31	244 th	Unsatisfactory
245	AR	Akrofuom Dist.	39.19	245 th	Unsatisfactory
246	GAR	Ablekuma Central	38.63	246 th	Unsatisfactory
247	GAR	Ayawaso East	38.50	247 th	Unsatisfactory
248	NR	Tolon	38.44	248 th	Unsatisfactory
249	NR	Mion	38.38	249 th	Unsatisfactory
250	AR	Ejisu Mun.	38.13	250 th	Unsatisfactory
251	BER	Sene East	37.00	251 st	Unsatisfactory
252	NER	Yunyoo Nasuan	36.56	252 nd	Unsatisfactory
253	NR	Saboba	36.19	253 rd	Unsatisfactory
254	WNR	Juaboso	34.63	254 th	Unsatisfactory
255	BR	Berekum West	32.88	255 th	Unsatisfactory
256	NER	Bunkpurugu Nakpanduri	32.69	256 th	Unsatisfactory
257	AR	Sekyere Afram Plains Dist.	31.69	257 th	Unsatisfactory
258	NR	Nanton	30.63	258 th	Unsatisfactory
259	NER	Mamprugu Moagduri	29.94	259 th	Unsatisfactory
260	AR	Offinso Mun.	29.06	260 th	Unsatisfactory
261	WNR	Bia West	26.63	261 st	Unsatisfactory

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	2	2	0	6
2	Ashanti Region	0	2	5	16	20	43
3	Bono East Region	0	1	3	5	2	11
4	Bono Region	0	0	3	3	6	12
5	Central Region	0	6	12	3	1	22
6	Eastern Region	3	5	14	8	3	33
7	Greater Accra Region	1	5	10	9	4	29
8	North East Region	0	0	0	1	5	6
9	Northern Region	0	0	1	6	9	16
10	Oti Region	0	1	1	4	3	9
11	Savannah Region	0	0	1	4	2	7
12	Upper East Region	0	2	7	5	1	15
13	Upper West Region	0	1	4	5	1	11
14	Volta Region	1	4	5	6	2	18
15	Western North Region	0	0	1	3	5	9
16	Western Region	3	9	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	Asunafo North Municipal	81.38	6 th	1 st	Excellent
2	AHR	Tano North	77.44	15 th	2 nd	Very Good
3	AHR	Asunafo South	69.31	50 th	3 rd	Good
4	AHR	Tano South	66.25	65 th	4 th	Good
5	AHR	Asutifi North	59.13	125 th	5 th	Satisfactory
6	AHR	Asutifi South	57.56	140 th	6 th	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	2	2	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	Afigya Kwabre North Municipal	72.06	34 th	1 st	Very Good
2	AR	Oforikrom Municipal	71.44	38 th	2 nd	Very Good
3	AR	Atwima Kwanwoma District	68.06	57 th	3 rd	Good
4	AR	Asokwa Municipal	61.56	100 th	4 th	Good
5	AR	Suame Municipal	61.56	102 nd	5 th	Good
6	AR	Asante Akim South Municipal	61.56	102 nd	6 th	Good
7	AR	Juaben Municipal	60.25	117 th	7 th	Good
8	AR	Amansie Central District	58.88	128 th	8 th	Satisfactory
9	AR	Adansi South District	58.56	130 th	9 th	Satisfactory
10	AR	Sekyer South District	58.56	130 th	10 th	Satisfactory
11	AR	Bosomtwe District	58.25	135 th	11 th	Satisfactory
12	AR	Obuasi East District	56.75	150 th	12 th	Satisfactory
13	AR	Sekyer East District	55.94	156 th	13 th	Satisfactory
14	AR	Obuasi Municipal	55.50	160 th	14 th	Satisfactory
15	AR	Afigya Kwabre South District	54.63	166 th	15 th	Satisfactory
16	AR	Atwima Nwabiagya Municipal	54.56	168 th	16 th	Satisfactory
17	AR	Mampong Municipal	54.56	168 th	17 th	Satisfactory
18	AR	Asante Akim Central Municipal	53.06	179 th	18 th	Satisfactory
19	AR	Amansie West District	52.88	180 th	19 th	Satisfactory
20	AR	Atwima Nwabiagya North District	51.94	181 st	20 th	Satisfactory

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
21	AR	Sekyere Central District	51.38	186 th	21 st	Satisfactory
22	AR	Old Tafo Municipal	51.06	187 th	22 nd	Satisfactory
23	AR	Bosome Freho District	50.38	196 th	23 rd	Satisfactory
24	AR	Kumasi Metropolitan	48.38	203 rd	24 th	Unsatisfactory
25	AR	Amansie South District	47.75	207 th	24 th	Unsatisfactory
26	AR	Adansi North District	47.56	208 th	26 th	Unsatisfactory
27	AR	Kwadaso Municipal	46.88	211 th	27 th	Unsatisfactory
28	AR	Offinso North District	46.19	216 th	28 th	Unsatisfactory
29	AR	Asante Akim North Municipal	45.69	218 th	29 th	Unsatisfactory
30	AR	Atwima Mponua District	45.06	222 nd	30 th	Unsatisfactory
31	AR	Ahafo Ano South West District	45.06	222 nd	31 st	Unsatisfactory
32	AR	Ejura Sekyere-Dumase Municipal	45.00	224 th	32 nd	Unsatisfactory
33	AR	Ahafo Ano North Municipal	44.88	225 th	33 rd	Unsatisfactory
34	AR	Bekwai Municipal	44.88	226 th	34 th	Unsatisfactory
35	AR	Adansi Asokwa District	43.38	232 nd	35 th	Unsatisfactory
36	AR	Sekyere-Kumawu District	43.13	234 th	36 th	Unsatisfactory
37	AR	Ahafo Ano South East District	42.94	235 th	37 th	Unsatisfactory
38	AR	Asokore Mampong Municipal	39.44	243 rd	38 th	Unsatisfactory
39	AR	Kwabre East Municipal	39.31	244 th	39 th	Unsatisfactory

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
40	AR	Akrofuom District	39.19	245 th	40 th	Unsatisfactory
41	AR	Ejisu Municipal	38.13	250 th	41 st	Unsatisfactory
42	AR	Sekyere Afram Plains District	31.69	257 th	42 nd	Unsatisfactory
43	AR	Offinso Municipal	29.06	260 th	43 rd	Unsatisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Ashanti Region	2	5	16	20	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	Atebubu Amantin	70.88	42 nd	1 st	Very Good
2	BER	Techiman North	69.06	52 nd	2 nd	Good
3	BER	Techiman Municipal	61.44	106 th	3 rd	Good
4	BER	Sene West	61.38	107 th	4 th	Good
5	BER	Nkoranza North	59.56	123 rd	5 th	Satisfactory
6	BER	Pru West	57.63	139 th	6 th	Satisfactory
7	BER	Pru East	57.50	141 st	7 th	Satisfactory
8	BER	Kintampo North Municipal	57.19	143 rd	8 th	Satisfactory
9	BER	Kintampo South	51.00	188 th	9 th	Satisfactory
10	BER	Nkoranza South Municipal	45.63	219 th	10 th	Unsatisfactory
11	BER	Sene East	37.00	251 st	11 th	Unsatisfactory

REGION	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	5	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 Central Municipal	66.19	67 th	1 st	Good
2	BR	Sunyani Municipal	62.50	96 th	2 nd	Good
3	BR	Jaman South	60.44	113 th	3 rd	Good
4	BR	Dormaa West	54.19	172 nd	4 th	Satisfactory
5	BR	Sunyani West	53.63	175 th	5 th	Satisfactory
6	BR	Berekum East	53.13	178 th	6 th	Satisfactory
7	BR	Jaman North	48.69	201 st	7 th	Unsatisfactory
8	BR	Tain	46.63	212 th	8 th	Unsatisfactory
9	BR	Banda	44.63	227 th	9 th	Unsatisfactory
10	BR	Dormaa East	44.44	228 th	10 th	Unsatisfactory
11	BR	Wenchi Municipal	42.69	236 th	11 th	Unsatisfactory
12	BR	Berekum West	32.88	255 th	12 th	Unsatisfactory

REGION	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Bono Region	3	3	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	Assin Fosu	79.00	12 th	1 st	Very Good
2	CR	Gomoa Central	76.31	21 st	2 nd	Very Good
3	CR	Ajumako/Enyan/Esiam	74.13	28 th	3 rd	Very Good
4	CR	Twifu Ati Morkwa	72.25	33 rd	4 th	Very Good
5	CR	Komenda-Edina-Eguafo-Abirim	71.31	39 th	5 th	Very Good
6	CR	Agona East	71.06	41 st	6 th	Very Good
7	CR	Cape Coast	68.88	53 rd	7 th	Good
8	CR	Awutu Senya	67.19	61 st	8 th	Good
9	CR	Gomoa West	66.81	63 rd	9 th	Good
10	CR	Gomoa East	66.63	64 th	10 th	Good
11	CR	Effutu	66.19	67 th	11 th	Good
12	CR	Upper Denkyira West	65.88	71 st	12 th	Good
13	CR	Agona West	65.69	76 th	13 th	Good
14	CR	Assin South	65.13	80 th	14 th	Good
15	CR	Upper Denkyira East	61.88	99 th	15 th	Good
16	CR	Asikuma-Odoben-Brakwa-Breman	61.56	100 th	16 th	Good
17	CR	Awutu Senya East	61.56	102 nd	17 th	Good
18	CR	Hemang Lower Denkyira	60.63	109 th	18 th	Good
19	CR	Ekumfi	58.13	137 th	19 th	Satisfactory
20	CR	Abura/ Asebu/ Kwamankese	56.13	154 th	20 th	Satisfactory
21	CR	Assin North	53.88	173 rd	21 st	Satisfactory
22	CR	Mfantsiman Mun	41.25	241 st	22 nd	Unsatisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Central Region	6	12	3	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	Abuakwa South	87.25	1 st	1 st	Excellent
2	ER	Atiwa East	85.38	2 nd	2 nd	Excellent
3	ER	West Akim	80.44	8 th	3 rd	Excellent
4	ER	New Juaben North	79.19	11 th	4 th	Very Good
5	ER	Achiase	78.94	13 th	5 th	Very Good
6	ER	Kwahu West	78.44	14 th	6 th	Very Good
7	ER	Nsawam Adoagyiri Mun	73.19	31 st	7 th	Very Good
8	ER	Asene-Manso-Akroso	71.94	35 th	8 th	Very Good
9	ER	Denkyembuor	68.50	54 th	9 th	Good
10	ER	Birim South	67.31	60 th	10 th	Good
11	ER	Akuapem South	66.06	70 th	11 th	Good
12	ER	Birim Central	65.63	78 th	12 th	Good
13	ER	Yilo Krobo	65.44	79 th	13 th	Good
14	ER	Abuakwa North	65.13	80 th	14 th	Good
15	ER	Atiwa West	64.75	82 nd	15 th	Good
16	ER	Kwahu East	64.38	84 th	16 th	Good
17	ER	New Juaben South	63.56	87 th	17 th	Good
18	ER	Akyemansa	63.44	88 th	18 th	Good
19	ER	Lower Manya Krobo	63.06	90 th	19 th	Good
20	ER	Akwapim North	60.69	108 th	20 th	Good
21	ER	Birim North	60.63	109 th	21 st	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	Kwahu Afram Plains North	60.25	114 th	22 nd	Good
23	ER	Asuogyaman	59.88	119 th	23 rd	Satisfactory
24	ER	Kwaebibirem	59.69	120 th	24 th	Satisfactory
25	ER	Fanteakwa North	57.00	146 th	25 th	Satisfactory
26	ER	Okere	55.75	157 th	26 th	Satisfactory
27	ER	Fanteakwa South	55.50	160 th	27 th	Satisfactory
28	ER	Upper Manya Krobo	55.13	163 rd	28 th	Satisfactory
29	ER	Kwahu South	53.56	177 th	29 th	Satisfactory
30	ER	Upper West Akim	50.00	197 th	30 th	Satisfactory
31	ER	Kwahu Afram Plains South	47.81	206 th	31 st	Unsatisfactory
32	ER	Ayensuano	46.31	215 th	32 nd	Unsatisfactory
33	ER	Suhum	41.75	240 th	33 rd	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
Eastern Region	3	5	14	8	3	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	84.25	3 rd	1 st	Excellent
2	GAR	Tema West	77.06	16 th	2 nd	Very Good
3	GAR	Kpone Katamanso	75.75	23 rd	3 rd	Very Good
4	GAR	Krowor	75.31	24 th	4 th	Very Good
5	GAR	La Dade-Kotopon	74.88	26 th	5 th	Very Good
6	GAR	Ga East	74.50	27 th	6 th	Very Good
7	GAR	Ayawaso West	69.44	48 th	7 th	Good
8	GAR	Ledzokuku	69.25	51 st	8 th	Good
9	GAR	Ashiaman Mun	68.00	58 th	9 th	Good
10	GAR	Ga Central	65.81	74 th	10 th	Good
11	GAR	Tema Metro	65.69	76 th	11 th	Good
12	GAR	Ayawaso Central	62.81	94 th	12 th	Good
13	GAR	Ga West	62.38	97 th	13 th	Good
14	GAR	Okaikwei North	62.31	98 th	14 th	Good
15	GAR	Shai-Osudoku	60.63	111 th	15 th	Good
16	GAR	Ablekuma North	60.25	114 th	16 th	Good
17	GAR	Korle Klottey	59.94	118 th	17 th	Satisfactory
18	GAR	Ga South	59.19	124 th	18 th	Satisfactory
19	GAR	Accra Metro	58.38	133 rd	19 th	Satisfactory
20	GAR	Ningo-Prampram	56.88	148 th	20 th	Satisfactory
21	GAR	Ga North	56.13	154 th	21 st	Satisfactory
22	GAR	Ayawaso North	55.56	158 th	22 nd	Satisfactory
23	GAR	Ada West	54.94	164 th	23 rd	Satisfactory
24	GAR	Ada East	54.31	171 st	24 th	Satisfactory
25	GAR	Weija-Gbawe	51.88	182 nd	25 th	Satisfactory
26	GAR	La-Nkwantanang	48.56	202 nd	26 th	Unsatisfactory
27	GAR	Ablekuma West	46.44	213 th	27 th	Unsatisfactory
28	GAR	Ablekuma Central	38.63	246 th	28 th	Unsatisfactory
29	GAR	Ayawaso East	38.50	247 th	29 th	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
Greater Accra Region	1	5	10	9	4	33

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	50.88	191 st	1 st	Satisfactory
2	NER	Chereponi	47.56	208 th	2 nd	Unsatisfactory
3	NER	East Mamprusi	44.13	230 th	3 rd	Unsatisfactory
4	NER	Yunyoo Nasuan	36.56	252 nd	4 th	Unsatisfactory
5	NER	Bunkpurugu Nakpanduri	32.69	256 th	5 th	Unsatisfactory
6	NER	Mamprugu Moagduri	29.94	259 th	6 th	Unsatisfactory

REGION	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
North East Region	1	5	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	Tamale Metropolis	68.50	54 th	1 st	Good
2	NR	Kpandai	54.94	165 th	2 nd	Satisfactory
3	NR	Zabzugu	53.75	174 th	3 rd	Satisfactory
4	NR	Nanumba South	53.63	175 th	4 th	Satisfactory
5	NR	Sagnerigu	51.50	185 th	5 th	Satisfactory
6	NR	Nanumba North	51.00	189 th	6 th	Satisfactory
7	NR	Gushiegu	50.94	190 th	7 th	Satisfactory
8	NR	Kumbungu	46.38	214 th	8 th	Unsatisfactory
9	NR	Yendi Municipal	45.38	220 th	9 th	Unsatisfactory
10	NR	Tatale Sanguli	42.19	238 th	10 th	Unsatisfactory
11	NR	Savelugu	41.81	239 th	11 th	Unsatisfactory
12	NR	Karaga	41.06	242 nd	12 th	Unsatisfactory
13	NR	Tolon	38.44	248 th	13 th	Unsatisfactory
14	NR	Mion	38.38	249 th	14 th	Unsatisfactory
15	NR	Saboba	36.19	253 rd	15 th	Unsatisfactory
16	NR	Nanton	30.63	258 th	16 th	Unsatisfactory

REGION	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Northern Region	1	6	9	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	73.31	30 th	1 st	Very Good
2	OR	Nkwanta North	62.94	93 rd	2 nd	Good
3	OR	Jasikan	58.19	136 th	3 rd	Satisfactory
4	OR	Krachi West	56.88	148 th	4 th	Satisfactory
5	OR	Biakoye	56.38	152 nd	5 th	Satisfactory
6	OR	Kadjebi	55.56	158 th	6 th	Satisfactory
7	OR	Nkwanta South	47.00	210 th	7 th	Unsatisfactory
8	OR	Krachi Nchumuru	43.63	231 st	8 th	Unsatisfactory
9	OR	Guan	42.25	237 th	9 th	Unsatisfactory

REGION	No. of No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Oti Region	1	1	4	3	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	Sawla Tuna Kalba	63.44	88 th	1 st	Good
2	SR	East Gonja	58.38	134 th	2 nd	Satisfactory
3	SR	Bole	56.25	153 rd	3 rd	Satisfactory
4	SR	West Gonja	51.56	184 th	4 th	Satisfactory
5	SR	Central Gonja	50.50	194 th	5 th	Satisfactory
6	SR	North East Gonja	49.31	198 th	6 th	Unsatisfactory
7	SR	North Gonja	45.81	217 th	7 th	Unsatisfactory

REGION	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Savannah Region	1	4	2	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	Bolgatanga	76.38	20 th	1 st	Very Good
2	UER	Kassena Nankana West	75.81	22 nd	2 nd	Very Good
3	UER	Kassena Nankana East	68.13	56 th	3 rd	Good
4	UER	Bongo	67.75	59 th	4 th	Good
5	UER	Builsa North	66.06	69 th	5 th	Good
6	UER	Talensi	65.88	71 st	6 th	Good
7	UER	Binduri	65.88	71 st	7 th	Good
8	UER	Pusiga	63.81	85 th	8 th	Good
9	UER	Builsa South	63.06	90 th	9 th	Good
10	UER	Bawku West	59.69	120 th	10 th	Satisfactory
11	UER	Nabdam	58.94	127 th	11 th	Satisfactory
12	UER	Garu	58.50	132 nd	12 th	Satisfactory
13	UER	Bolgatanga East	56.50	151 st	13 th	Satisfactory
14	UER	Bawku	55.19	162 nd	14 th	Satisfactory
15	UER	Tempene	44.44	229 th	15 th	Unsatisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Upper East Region	2	7	5	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	Sissala East	70.56	43 rd	1 st	Very Good
2	UWR	Lawra	69.44	48 th	2 nd	Good
3	UWR	Wa West	67.00	62 nd	2 nd	Good
4	UWR	Wa	66.25	65 th	4 th	Good
5	UWR	Dafiama Bussie Issa	64.50	83 rd	5 th	Good
6	UWR	Lambusie Karni	57.63	138 th	6 th	Satisfactory
7	UWR	Nandom	57.44	142 nd	7 th	Satisfactory
8	UWR	Nadowli Kaleo	57.19	143 rd	8 th	Satisfactory
9	UWR	Sissala West	51.81	183 rd	9 th	Satisfactory
10	UWR	Jirapa	50.81	192 nd	10 th	Satisfactory
11	UWR	Wa East	43.31	233 rd	11 th	Unsatisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Upper West Region	1	4	5	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	82.75	4 th	1 st	Excellent
2	VR	Ketu North	79.75	10 th	2 nd	Very Good
3	VR	Ketu South	76.56	19 th	3 rd	Very Good
4	VR	Ho West	75.25	25 th	3 rd	Very Good
5	VR	South Dayi	71.69	36 th	5 th	Very Good
6	VR	Afadzato South	65.81	74 th	6 th	Good
7	VR	Anloga	63.63	86 th	7 th	Good
8	VR	Hohoe Mun.	62.63	95 th	8 th	Good
9	VR	North Tongu	60.50	112 th	9 th	Good
10	VR	Akatsi North	60.25	114 th	10 th	Good
11	VR	Central Tongu	59.69	122 nd	11 th	Satisfactory
12	VR	South Tongu	57.19	145 th	12 th	Satisfactory
13	VR	Ho Mun.	56.88	147 th	13 th	Satisfactory
14	VR	Kpando Mun.	54.44	170 th	14 th	Satisfactory
15	VR	Keta Mun.	50.69	193 rd	15 th	Satisfactory
16	VR	Akatsi South	50.50	194 th	16 th	Satisfactory
17	VR	Adaklu	48.06	205 th	17 th	Unsatisfactory
18	VR	Agortime Ziope	45.25	221 st	18 th	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
Volta Region	1	4	5	6	2	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	61.56	102 nd	1 st	Good
2	WNR	Bia East	58.94	126 th	2 nd	Satisfactory
3	WNR	Suaman	58.75	129 th	3 rd	Satisfactory
4	WNR	Bodi	54.63	166 th	4 th	Satisfactory
5	WNR	Aowin	49.13	199 th	5 th	Unsatisfactory
6	WNR	Bibiani Anhwiaso Bekwai	49.06	200 th	6 th	Unsatisfactory
7	WNR	Sefwi Akontombra	48.25	204 th	7 th	Unsatisfactory
8	WNR	Juaboso	34.63	254 th	8 th	Unsatisfactory
9	WNR	Bia West	26.63	261 st	9 th	Unsatisfactory

REGION	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Western North Region	1	3	5	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	Mpohor	81.75	5 th	1 st	Excellent
2	WR	Sekondi Takoradi Metro	80.69	7 th	2 nd	Excellent
3	WR	Shama	80.13	9 th	3 rd	Excellent
4	WR	Wassa Amenfi West	76.94	17 th	4 th	Very Good
5	WR	Effia Kwesimintsim	76.75	18 th	5 th	Very Good
6	WR	Jomoro	73.38	29 th	6 th	Very Good
7	WR	Wassa East	72.44	32 nd	7 th	Very Good
8	WR	Amenfi Central	71.63	37 th	8 th	Very Good
9	WR	Nzema East Municipal	71.13	40 th	9 th	Very Good
10	WR	Prestea-Huni-Valley	70.38	44 th	10 th	Very Good
11	WR	Tarkwa Nsuaem Municipal	70.13	45 th	11 th	Very Good
12	WR	Ahanta West	70.00	46 th	12 th	Very Good
13	WR	Ellembele	69.94	47 th	13 th	Good
14	WR	Wassa Amenfi East	63.06	90 th	14 th	Good

REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	TOTAL
Western Region	3	9	2	14

CHAPTER SIX

DECISION MAKING ON 2023 ANNUAL PERFORMANCE EVALUATION RESULTS OF RCCs & MMDAs

6. DECISION MAKING ON 2023 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;
- 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 2023 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:

Name of RCC	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
Volta	91.50	1 st	Excellent
Greater Accra	90.40	2 nd	Excellent
Western	89.25	3 rd	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:

Reg	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
ER	Abuakwa South	87.25	1 st	Excellent
ER	Atiwa East	85.38	2 nd	Excellent
GAR	Adentan	84.25	3 rd	Excellent
VR	North Dayi	82.75	4 th	Excellent
WR	Mpohor	81.75	5 th	Excellent
AHR	Asunafo North Mun.	81.38	6 th	Excellent
WR	Sekondi Takoradi Metro.	80.69	7 th	Excellent
ER	West Akim	80.44	8 th	Excellent
WR	Shama	80.13	9 th	Excellent
VR	Ketu North	79.75	10 th	Very Good

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)
SR	North East Gonja	49.31	198 th	Unsatisfactory
WNR	Aowin	49.13	199 th	Unsatisfactory
WNR	Bibiani Anhwiaso Bekwai	49.06	200 th	Unsatisfactory
BR	Jaman North	48.69	201 st	Unsatisfactory
GAR	La-Nkwantanang	48.56	202 nd	Unsatisfactory
AR	Kumasi Metro	48.38	203 rd	Unsatisfactory
WNR	Sefwi Akontombra	48.25	204 th	Unsatisfactory
VR	Adaklu	48.06	205 th	Unsatisfactory
ER	Kwahu Afram Plains South	47.81	206 th	Unsatisfactory
AR	Amansie South Dist.	47.75	207 th	Unsatisfactory
AR	Adansi North Dist.	47.56	208 th	Unsatisfactory
NER	Chereponi	47.56	208 th	Unsatisfactory
OR	Nkwanta South	47.00	210 th	Unsatisfactory
AR	Kwadaso Mun.	46.88	211 th	Unsatisfactory
BR	Tain	46.63	212 th	Unsatisfactory
GAR	Ablekuma West	46.44	213 th	Unsatisfactory
NR	Kumbungu	46.38	214 th	Unsatisfactory
ER	Ayensuano	46.31	215 th	Unsatisfactory
AR	Offinso North Dist.	46.19	216 th	Unsatisfactory
SR	North Gonja	45.81	217 th	Unsatisfactory
AR	Asante Akim North Mun.	45.69	218 th	Unsatisfactory
BER	Nkoranza South Mun.	45.63	219 th	Unsatisfactory
NR	Yendi Mun.	45.38	220 th	Unsatisfactory
VR	Agortime Ziope	45.25	221 st	Unsatisfactory
AR	Atwima Mponua Dist.	45.06	222 nd	Unsatisfactory
AR	Ahafo Ano South West Dist.	45.06	222 nd	Unsatisfactory
AR	Ejura Sekyere-Dumase Mun.	45.00	224 th	Unsatisfactory
AR	Ahafo Ano North Mun.	44.88	225 th	Unsatisfactory
AR	Bekwai Mun.	44.88	225 th	Unsatisfactory
BR	Banda	44.63	227 th	Unsatisfactory
BR	Dormaa East	44.44	228 th	Unsatisfactory
UER	Tempane	44.44	228 th	Unsatisfactory
NER	East Mamprusi	44.13	230 th	Unsatisfactory
OR	Krachi Nchumuru	43.63	231 st	Unsatisfactory
AR	Adansi Asokwa Dist.	43.38	232 nd	Unsatisfactory
UWR	Wa East	43.31	233 rd	Unsatisfactory
AR	Sekyere-Kumawu Dist.	43.13	234 th	Unsatisfactory
AR	Ahafo Ano South East Dist.	42.94	235 th	Unsatisfactory
BR	Wenchi Mun.	42.69	236 th	Unsatisfactory

Reg	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
OR	Guan	42.25	237 th	Unsatisfactory
NR	Tatale Sanguli	42.19	238 th	Unsatisfactory
NR	Savelugu	41.81	239 th	Unsatisfactory
ER	Suhum	41.75	240 th	Unsatisfactory
CR	Mfantiman Mun.	41.25	241 st	Unsatisfactory
NR	Karaga	41.06	242 nd	Unsatisfactory
AR	Asokore Mampong Mun.	39.44	243 rd	Unsatisfactory
AR	Kwabre East Mun.	39.31	244 th	Unsatisfactory
AR	Akrofuom Dist.	39.19	245 th	Unsatisfactory
GAR	Ablekuma Central	38.63	246 th	Unsatisfactory
GAR	Ayawaso East	38.50	247 th	Unsatisfactory
NR	Tolon	38.44	248 th	Unsatisfactory
NR	Mion	38.38	249 th	Unsatisfactory
AR	Ejisu Mun.	38.13	250 th	Unsatisfactory
BER	Sene East	37.00	251 st	Unsatisfactory
NER	Yunyoo Nasuan	36.56	252 nd	Unsatisfactory
NR	Saboba	36.19	253 rd	Unsatisfactory
WNR	Juaboso	34.63	254 th	Unsatisfactory
BR	Berekum West	32.88	255 th	Unsatisfactory
NER	Bunkpurugu Nakpanduri	32.69	256 th	Unsatisfactory
AR	Sekyere Afram Plains Dist.	31.69	257 th	Unsatisfactory
NR	Nanton	30.63	258 th	Unsatisfactory
NER	Mamprugu Moagduri	29.94	259 th	Unsatisfactory
AR	Offinso Mun.	29.06	260 th	Unsatisfactory
WNR	Bia West	26.63	261 st	Unsatisfactory

ANNEX 1

SAMPLE 2023 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 %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual 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 (<i>for the year 2023</i>) and planning (<i>for the year 2024</i>) to ensure a co-ordinated approach to development and management of the MMDA (ISCC)	20	Participation Transparency Accountability E&E use of Resources Client Focus		
1.2	At least one orientation workshop (on Local Governance Act, 2016 (Act 936), Local Government Service Protocols, MMDA Bye Laws and all other relevant enactments) for newly recruited, newly posted and other staff in the MMDA by the end of the year	10	Participation Professionalism Transparency E&E use of Resources		
1.3	i. Full migration/use of new Records Management Manual classification scheme (as prescribed in the new LGS Records Management Manual) by the end of the year;	10	Professionalism Participation Transparency Accountability		
	ii. All incoming and outgoing correspondences stored in a computerized database on daily basis	10			

1.4	Website updated at least once in a month with information and activities of the Departments of the Assembly as well as information on services being rendered to the public	15	Professionalism Transparency Accountability Client Focus		
1.5	Strengthen internal institutions/structures i. **Fully functional Client Service Unit; ii. At least 60% of activities in the approved action plans of the sub structures achieved by the end of the year	10 10	Client Focus Professionalism Participation Transparency E&E use of Resources 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	15	Client Focus E&E use of Resources Professionalism		
OVERALL RATING for KPA 1 (Sum of Column e) "For annual evaluation"					

*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

*** Presence of day and night well trained security guards with basic logistics

**** 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 %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual evaluation"
<i>a</i>		<i>b</i>	<i>c</i>	<i>d</i>	<i>e = b*d</i>
2.1	i. Biannual promotion schedule with established vacancies for all grade levels prepared by 31 st January, & 15 th July, 2023 and 2024 retirement schedule prepared by 31 st December, 2023 and submitted to RCC; ii. 100% implementation of the 2023 promotion and retirement schedule by the end of the year.	10 10	Professionalism Participation Transparency E&E use of Resources		
2.2	2023 annual leave management roaster updated by 15 th July and the 2024 annual leave management roaster prepared by 30 th November, 2023	15	Professionalism Transparency Accountability		
2.3	i. A comprehensive Training Needs Assessment (TNA) for the MMDA prepared and approved by 31 st August, 2023 for the preparation of the comprehensive 2023 training plan; ii. Comprehensive 2023 training plan prepared and submitted to the RCC by the end of January 2023	10 15	Professionalism Transparency Participation		
2.4	At least 80% of 2023 Training Plan of MMDA implemented and composite quarterly report submitted to the RCC within the 2 nd week of the ensuing month.	10	Professionalism Transparency Participation		
2.5	Comprehensive (appraisal cycle) MMDA staff appraisal schedule implemented for all staff by the end of the year.	30	Professionalism Transparency Participation		
OVERALL RATING for KPA 2 (Sum of Column e) "For annual evaluation"					

*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 %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual evaluation"
<i>a</i>		<i>b</i>	<i>c</i>	<i>d</i>	<i>e = b*d</i>
3.1	i. Revenue Improvement Action Plan for 2024 prepared and submitted to the RCC by 15 th November, 2023 in conformity with the approved template;	10	Professionalism Transparency Accountability Participation		
	ii. At least 80% of the 2023 RIAP of the MMDA implemented by the end of the year	15	E&E use of Resources		
3.2	At least 10% annual increase in Streets named with signage	15	Professionalism Transparency Participation Client Focus		
3.3	Database on rateable items (<i>moveable & immoveable</i>) updated and linked with final revenue estimates for the ensuing year	15	Professionalism Transparency Accountability		
3.4	100% of 2023 actual expenditure covered activities in the approved Annual Action Plan	15	Professionalism Transparency Accountability E&E use of Resources		
3.5	i. Respond to Internal Audit observations within 10 days of the issuance of draft report;	5	Professionalism Transparency Accountability		
	ii. 4 th Quarter 2022, 1 st , 2 nd & 3 rd Quarters of 2023 Internal Audit Recommendations implemented by the end of the year	10	E&E use of Resources		
3.6	100% of recommendations contained in 2022 Auditor General's Management Letter (<i>including Accounts,</i>	15	Professionalism Transparency Accountability		

	*DACF-RFG and **MAG) implemented by the end of the year				
OVERALL RATING for KPA 3 (Sum of Column e) "For annual evaluation"					

*Rating scale is indicated in Annex 3A.

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

KEY PERFORMANCE INDICATORS (KPIs)		WEIGHT %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual 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 & transport programme (<i>including Road Safety</i>) in the 2023 Annual Action Plan achieved by the end of the year	20	Professionalism Transparency Accountability E&E use of Resources		
4.2	At least 80% of approved programme for buildings and structures (<i>new/ rehabilitated/maintained</i>) in the 2023 Annual Action Plan achieved by the end of the year	20	Professionalism Transparency Accountability E&E use of Resources		
4.3	At least three (3) Spatial Planning Committee meetings held each quarter by the end of the year	20	Professionalism Transparency Accountability Participation 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 Professionalism Transparency Accountability Participation		
4.5	Approved spatial plans (<i>District Spatial Development Framework, Structure Plan for the District Capital and at least two (2) Local Plans</i>) available by end of December 2023.	20	Professionalism Transparency Participation		

			Client focus		
OVERALL RATING for KPA 4 (Sum of Column e) "For annual evaluation"					

*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 %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual 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	10	Professionalism Participation Transparency Accountability		
5.2	Organize quarterly District Health Committee meetings	10	Professionalism Participation Transparency Accountability		
5.3	i. Data on vulnerable groups of at least three thematic areas (HIV-AIDS/Persons in Disaster Prone Areas/LEAP/PWD/Vulnerable Children, Vulnerable aged etc.) updated and submitted to the appropriate Regional Department by 15 th July and 31 st December, 2023;	15	Transparency Accountability Participation Client Focus		
	ii. Database on registration on births and deaths updated quarterly	5			
5.4	At least 80% of approved Gender Based Violence interventions (<i>preventive</i>) implemented and reported on by the end of the year	20	Professionalism Participation E&E use of Resources Client Focus		
5.5	At least 80% of reported child protection cases managed effectively by the end of the year	20	Professionalism Transparency Participation		

			Client Focus		
5.6	At least 80% of community mobilization and education programmes (<i>targeted at Women, Children and other Vulnerable Groups</i>) in the 2023 Annual Action Plan executed and reported by the end of the year	20	Professionalism Transparency Participation Client Focus		
OVERALL RATING for KPA 5 (Sum of Column e) "For annual evaluation"					

*Rating scale is indicated in Annex 3A.

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

KEY PERFORMANCE INDICATORS (KPIs)		WEIGHT %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual evaluation"
<i>a</i>		<i>b</i>	<i>c</i>	<i>d</i>	<i>e = b*d</i>
6.1	At least 5% of MMDA expenditure to agriculture (activities/programmes) excluding National Farmers' Day celebration by the end of the year	25	Professionalism Participation Accountability E&E use of Resources		
6.2	At least 80% of planned agricultural activities in AAP implemented by the end of the year	20	Professionalism Participation E&E use of Resources		
6.3	At least 40% of MMDA annual agricultural expenditure on post-production activities by the end of the year (Storage, processing, packaging, market linkages, etc).	20	Professionalism Participation E&E use of Resources Accountability		
6.4	At least 60% of planned agricultural interventions to address gender gaps implemented by the end of the year	10	Participation Professionalism		
6.5	At least 80% of approved tourism related activities implemented by the end of year.	25	Participation Professionalism Client Focus E&E use of Resources		
OVERALL RATING for KPA 6 (Sum of Column e) "For annual evaluation"					

*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 %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual 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 2023 prepared and submitted to RCC by the end of the year	20	Professionalism Participation Client Focus E&E use of Resource		
7.2	At least 60% of Environment enhancement programmes (<i>Air quality control, Noise pollution control, Land restoration/reclamation, galamsey, sand winning environmental education, afforestation etc.</i>) in 2023 Annual Action plan implemented	30	Professionalism Participation E&E use of Resource		
7.3	Population with household toilets increased by at least 15% by the end of the year	30	Professionalism Participation Client Focus		
7.4	Routine cleansing of the Central Business District (CBD), Town centres and other Public Spaces	20	Professionalism Participation E&E use of Resource Client Focus		
OVERALL RATING for KPA 7 (Sum of Column e) "For annual evaluation"					

*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 **(Rating 1-2-3-4)	WHEN WOULD YOU LIKE TO DEVELOP IT?	WHAT ARE THE EXPECTED OUTCOMES?	HOW WILL IT BE ATTAINED?
1.	ORGANISATION AND MANAGEMENT ▪ ABILITY TO PLAN, ORGANISE AND MANAGE WORK LOAD ▪ ABILITY TO WORK SYSTEMATICALLY AND MAINTAIN QUALITY ▪ ABILITY TO MANAGE OTHERS TO ACHIEVE SHARED GOALS	1 - 2 - 3 - 4			
2.	INNOVATION AND STRATEGIC THINKING ▪ SUPPORT FOR ORGANISATIONAL CHANGE ▪ ABILITY TO THINK BROADLY ▪ DEMONSTRATING CREATIVITY IN THINKING	1 - 2 - 3 - 4			
3.	LEADERSHIP AND DECISION-MAKING ▪ ABILITY TO INITIATE ACTION AND PROVIDE DIRECTION TO OTHERS ▪ ACCEPTANCE OF RESPONSIBILITY AND DECISION-MAKING ▪ ABILITY TO EXERCISE GOOD JUDGEMENT	1 - 2 - 3 - 4			
4.	ORGANIZATIONAL DEVELOPMENT AND IMPROVEMENT ▪ COMMITMENT TO ORGANIZATIONAL DEVELOPMENT ▪ COMMITMENT TO CUSTOMER SATISFACTION ▪ COMMITMENT TO THE DELIVERY OF QUALITY SERVICES AND PRODUCTS	1 - 2 - 3 - 4			
5.	COMMUNICATION (ORAL, WRITTEN & ELECTRONIC) ▪ ABILITY TO COMMUNICATE DECISIONS CLEARLY ▪ ABILITY TO NEGOTIATE AND MANAGE CONFLICT EFFECTIVELY	1 - 2 - 3 - 4			

COMPETENCIES		EVALUATION **(Rating 1-2-3-4)	WHEN WOULD YOU LIKE TO DEVELOP IT?	WHAT ARE THE EXPECTED OUTCOMES?	HOW WILL IT BE ATTAINED?
	ABILITY TO RELATE AND NETWORK ACROSS DIFFERENT LEVELS AND DEPARTMENTS				
6.	JOB KNOWLEDGE AND TECHNICAL SKILLS - DEMONSTRATION OF RELEVANT JOB EXPERTISE - DEMONSTRATION OF CROSS-FUNCTIONAL AWARENESS - BUILDING, APPLYING AND SHARING OF NECESSARY EXPERTISE AND TECHNOLOGY	1 - 2 - 3 - 4			
7.	SUPPORTING AND COOPERATING - ABILITY TO WORK EFFECTIVELY WITH TEAMS, CLIENTS AND STAFF - ABILITY TO SHOW SUPPORT TO OTHERS - KEEPING TO LAID DOWN REGULATIONS AND PROCEDURES - ABILITY TO ADHERE TO ORGANISATION'S PRINCIPLES, ETHICS AND VALUES	1 - 2 - 3 - 4			
8.	MAXIMISING AND MAINTAINING PRODUCTIVITY - ABILITY TO MOTIVATE AND INSPIRE OTHERS - ABILITY TO ACCEPT CHALLENGES AND MANAGE THEM EFFECTIVELY - ABILITY TO MANAGE PRESSURE EFFECTIVELY	1 - 2 - 3 - 4			
9.	DEVELOPING AND MANAGING BUDGETS - FIRM AWARENESS OF FINANCIAL ISSUES AND ACCOUNTABILITIES - UNDERSTANDING OF BUSINESS PROCESSES AND CUSTOMER PRIORITIES - EXECUTING RESULTS-BASED ACTIONS COST-EFFECTIVELY	1 - 2 - 3 - 4			
10.	ABILITY TO DEVELOP SELF, STAFF AND OTHER STAKEHOLDERS - DEMONSTRATING INTEREST IN SELF-DEVELOPMENT - ABILITY TO DEVELOP STAFF - ABILITY TO COACH AND MENTOR STAFF AND OTHER STAKEHOLDERS	1 - 2 - 3 - 4			

COMPETENCIES		EVALUATION **(Rating 1-2-3-4)	WHEN WOULD YOU LIKE TO DEVELOP IT?	WHAT ARE THE EXPECTED OUTCOMES?	HOW WILL IT BE ATTAINED?
	Any other competencies, please specify:	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 1st quarter of 2024 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

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

EVALUATION ON PERSONAL DEVELOPMENT PLAN (NOT FOR SCORING PURPOSES)

COMPETENCIES		EVALUATION (Rating 1-2-3-4) (By marking circle)	BRIEF ON ACTUAL RESULTS	OBSERVATION AND RECOMMENDATION
1.	ORGANISATION AND MANAGEMENT - ABILITY TO PLAN, ORGANISE AND MANAGE WORK LOAD - ABILITY TO WORK SYSTEMATICALLY AND MAINTAIN QUALITY - ABILITY TO MANAGE OTHERS TO ACHIEVE SHARED GOALS	1 - 2 - 3 - 4		
2.	INNOVATION AND STRATEGIC THINKING - SUPPORT FOR ORGANISATIONAL CHANGE - ABILITY TO THINK BROADLY - DEMONSTRATING CREATIVITY IN THINKING	1 - 2 - 3 - 4		
3.	LEADERSHIP AND DECISION-MAKING - ABILITY TO INITIATE ACTION AND PROVIDE DIRECTION TO OTHERS - ACCEPTANCE OF RESPONSIBILITY AND DECISION-MAKING - ABILITY TO EXERCISE GOOD JUDGEMENT	1 - 2 - 3 - 4		
4.	ORGANISATIONAL DEVELOPMENT AND IMPROVEMENT - COMMITMENT TO ORGANISATIONAL DEVELOPMENT - COMMITMENT TO CUSTOMER SATISFACTION - COMMITMENT TO THE DELIVERY OF QUALITY SERVICES AND PRODUCTS	1 - 2 - 3 - 4		
5.	COMMUNICATION (ORAL, WRITTEN & ELECTRONIC) - ABILITY TO COMMUNICATE DECISIONS CLEARLY - ABILITY TO NEGOTIATE AND MANAGE CONFLICT EFFECTIVELY - ABILITY TO RELATE AND NETWORK ACROSS DIFFERENT LEVELS AND DEPARTMENTS	1 - 2 - 3 - 4		
6.	JOB KNOWLEDGE AND TECHNICAL SKILLS - DEMONSTRATION OF RELEVANT JOB EXPERTISE - DEMONSTRATION OF CROSS-FUNCTIONAL AWARENESS - BUILDING, APPLYING AND SHARING OF NECESSARY EXPERTISE AND TECHNOLOGY	1 - 2 - 3 - 4		

COMPETENCIES		EVALUATION (Rating 1-2-3-4) (By marking circle)	BRIEF ON ACTUAL RESULTS	OBSERVATION AND RECOMMENDATION
7.	SUPPORTING AND COOPERATING - ABILITY TO WORK EFFECTIVELY WITH TEAMS, CLIENTS AND STAFF - ABILITY TO SHOW SUPPORT TO OTHERS - KEEPING TO LAID DOWN REGULATIONS AND PROCEDURES - ABILITY TO ADHERE TO ORGANISATION'S PRINCIPLES, ETHICS AND VALUES	1 - 2 - 3 - 4		
8.	MAXIMISING AND MAINTAINING PRODUCTIVITY - ABILITY TO MOTIVATE AND INSPIRE OTHERS - ABILITY TO ACCEPT CHALLENGES AND MANAGE THEM EFFECTIVELY - ABILITY TO MANAGE PRESSURE EFFECTIVELY	1 - 2 - 3 - 4		
9.	DEVELOPING AND MANAGING BUDGETS - FIRM AWARENESS OF FINANCIAL ISSUES AND ACCOUNTABILITIES - UNDERSTANDING OF BUSINESS PROCESSES AND CUSTOMER PRIORITIES - EXECUTING RESULTS-BASED ACTIONS COST-EFFECTIVELY	1 - 2 - 3 - 4		
10.	ABILITY TO DEVELOP SELF, STAFF AND OTHER STAKEHOLDERS - DEMONSTRATING INTEREST IN SELF-DEVELOPMENT - ABILITY TO DEVELOP STAFF - ABILITY TO COACH AND MENTOR STAFF AND OTHER STAKEHOLDERS	1 - 2 - 3 - 4		
11.	Any other competencies, please specify:	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) "For annual evaluation"	OVERALL RATING "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.	15	Professionalism Participation Accountability Client Focus Transparency 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. ii. At least one expanded RPCU meeting (as per LG ACT 936, Section 198 (3) (ISCC) organized by the end of the year.	12 8	Professionalism Participation Accountability Transparency E&E use of Resources Client Focus		
1.3	i. Full migration/use of new Records Management Manual classification scheme (as prescribed in the new LGS	10	Professionalism Participation Transparency Accountability		

KEY PERFORMANCE INDICATORS (KPIs)		WEIGHT %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual evaluation"
<i>a</i>		<i>b</i>	<i>c</i>	<i>d</i>	<i>e = b*d</i>
	Records Management Manual) by the end of the year; ii. All incoming and outgoing correspondences stored in a computerized database on daily basis	10			
1.4	Website updated monthly with information and activities of the Departments of the RCC	15	Professionalism Transparency Accountability Client Focus		
1.5	Strengthen internal institutions/structures i. **Fully functional Client Service Unit ii. Monitor and coordinate the setting up and functionality of the sub structures of all MMDAs in the Region and report to the OHLGS by 31st December, 2023	5 10	Client Focus Professionalism Transparency 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	15	Client Focus E&E use of Resources Professionalism		
OVERALL RATING for KPA 1 (Sum of Column e)"For annual evaluation"					

*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

*** Presence of day and night well trained security guards with basic logistics

**** 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 %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) “For annual evaluation”	OVERALL RATING “For annual evaluation”
<i>a</i>		<i>b</i>	<i>c</i>	<i>d</i>	<i>e = b*d</i>
2.1	i. Biannual composite (for RCC & MMDAs) promotion schedule with established vacancies for all grade levels prepared and compiled by the 14th February and 31st July, 2023 and 2024 composite (for RCC & MMDAs) retirement schedules prepared and compiled and submitted to the OHLGS by 14th January, 2024; ii. 100% implementation of the 2023 promotion and retirement schedule at the RCC level	10 10	Professionalism Participation Transparency		
2.2	2023 annual leave management roster updated by 15th July and the 2024 annual leave management roster prepared by 30th November, 2023	15	Professionalism Transparency Accountability		
2.3	i. A comprehensive Training Needs Assessment (TNA) for the RCC prepared and approved by 31st August, 2023 ii. Comprehensive/harmonised Regional (RCC & MMDAs) training plan prepared and submitted to the OHLGS by the end of February 2024.	10 15	Professionalism Transparency Participation		
2.4	At least 80% of 2023 Training Plan of RCC implemented and composite quarterly report submitted to the OHLGS within the 3rd week of the ensuing month	10	Professionalism Transparency Participation		
2.5	Biannual monitoring of the implementation of the PMS (Performance Contracts & Performance Appraisals) at the MMMA level and a comprehensive report submitted to the OHLGS by the end of July 2023 and January 2024	15	Professionalism Transparency Participation		

2.6	Comprehensive (appraisal cycle) RCC staff appraisal schedule implemented by the end of the year	15	Professionalism Transparency Participation		
OVERALL RATING for KPA 2 (<i>Sum of Column e</i>) "For annual evaluation"					

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

(30 % OVERALL WEIGHT OUT OF FOUR KPAs)

KEY PERFORMANCE INDICATORS (KPIs)		WEIGHT %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual evaluation"
<i>a</i>		<i>b</i>	<i>c</i>	<i>d</i>	<i>e = b*d</i>
3.1	2023 Annual Audit Plan prepared and submitted to the Principal Spending Officer (RCD), Audit Committee and the Internal Audit Agency by the 30 th of January of the 2023 financial year	10	Professionalism Transparency Accountability		
3.2	100% of recommendations contained in 2022 Auditor General's Management Letter implemented by the end of the year	20	Professionalism Transparency Accountability		
3.3	i. Respond to Internal Audit observations within 10 days of the draft report	10	Professionalism Transparency Accountability		
	ii. 4 th Quarter 2021, 1 st , 2 nd & 3 rd Quarters of 2022 Internal Audit Recommendations implemented by the end of the year	15	E&E use of Resources		
3.4	Approved 2024 budget (Regional Integrated Budget) submitted to the OHLGS by 31 st October, 2023	25	Professionalism Participation Transparency Accountability		
3.5	All 2023 GoG expenditure processed through the GIFMIS	20	Professionalism Transparency Accountability E&E use of Resources		
OVERALL RATING for KPA3 (Sum of Column e) "For annual evaluation"					

*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 %	SERVICE DELIVERY STANDARDS (SDS)	*RATING SCALE (1 to 4) "For annual evaluation"	OVERALL RATING "For annual 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	25	Professionalism E&E use of resources 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 Participation E&E use of resources Accountability		
4.3	Biannual reports on technical backstopping support to MMDAs submitted to the OHLGS (<i>including the full migration of MMDAs onto the new Records Management Manual classification scheme</i>)	25	Professionalism E&E use of resources 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 st October, 2022	20	Professionalism Participation Transparency Accountability		
OVERALL RATING for KPA 4 (<i>Sum of Column e</i>) "For annual evaluation"					

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>		
COMPETENCIES		EVALUATION	BY WHEN & HOW WOULD YOU LIKE TO DEVELOP IT	EXPECTED OUTCOMES TO BE ATTAINED
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 1st quarter of 2024 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>		OBSERVATION & RECOMMENDATION
COMPETENCIES	EVALUATION (Rating 1-2-3-4)	ACTUAL RESULTS	
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)

SCHEDULE 1- KEY PERFORMANCE AREAS (1-4)					
KEY PERFORMANCE AREA	OVERALL WEIGHTING / KPA	ACTUAL RATING / KPA (from each KPA Section)	OVERALL ACTUAL RATING FACTOR / KPA	OBSERVATION	RECOMMENDATION
<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%				
TOTAL WEIGHTS	100%				
CALCULATED OVERALL RATING (1 to 4) (Sum of Column d)					
CALCULATED OVERALL SCORES Sum of Column d / 4 * 100)					

(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







