



**LOCAL GOVERNMENT SERVICE**



**2021 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 the country.

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

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

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

For the year 2021, Performance Contracts (PCs) based on planned achievement of indicators in Key Performance Areas were signed between Honourable Regional Ministers (RMs) and their Regional Coordinating Directors (RCDs) at the Regional level and Honourable Metropolitan, Municipal and District Chief Executives (MMDCEs) and their Metropolitan, Municipal and District Coordinating Directors (MMDCDs) at the District level. **Even though the Performance Contracts were signed between the RMs and the RCDs as well as the MMDCEs and MMDCDs, it is worth noting that their overall performance mirrors that of their respective Regional Coordinating Councils (RCCs) as well as Metropolitan, Municipal and District Assemblies (MMDAs). This is as a result of the fact that the RCDs & MMDCDs signed the contract on behalf of the entire staff of the RCCs & MMDAs. Hence, the emphasis of the assessment is placed on the overall achievement of the RCC & MMDA under the leadership of the respective RCD & MMDCD.**

The 16 RCCs & 260 MMDAs, conducted their Annual Evaluation on their performance and submitted reports to the Office of the Head of the Local Government Service (OHLGS) in January 2021 for decision making. To be able to make objective and informed decisions, the OHLGS sought the services of Directors and some support staff of the OHLGS to

conduct an independent verification exercise on the RCCs and MMDAs on the actual performance of the RCCs & MMDAs in June to August, 2022.

The assessment of the Performance Contracts across the 16 RCCs and 260 MMDAs was funded by the Government of Ghana with support from the United States through the United States Agency for International Development (USAID) and UNICEF. The content of this assessment review report is the sole responsibility of the Government of Ghana and do not reflect the views of USAID, UKAID, GLOBAL Affairs Canada and their respective Governments.

The Office of the Head of the Local Government Service is grateful to the Directors and support staff of the OHLGS for their time and expertise in supporting the OHLGS to carry out the Review, Monitoring and Verification of implementation of the 2021 Performance Contracts.

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

The OHLGS is further appreciative of the cooperation, responses and useful suggestions offered by RCDs & MMDCs, and their staff during the whole process of the implementation of the 2021 Performance Contract and is looking forward to more collaboration and mutual support among all officers of the Service in the subsequent years.



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

## LIST OF ACRONYMS

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

WR            Western Region

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## EXECUTIVE SUMMARY

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

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

### Objectives of the M&V Exercise

The main objectives of the exercise were to:

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

For the assessment of the 2021 RCC and MMDA performance contracts, the OHLGS received funding support from UNICEF. The teams also monitored and took data on ISS for 100 implementing MMDAs across the country. A pre-designed data collection sheet which was developed in consultation with UNICEF was used in collecting the set of data which was aimed at measuring the extent to which the ISS was being implemented and any identifiable challenges or bottlenecks to implementation.

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

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

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

**Phase three (End of Year Evaluation):** All RCCs and MMDAs conducted their Annual Evaluation on their performance and submitted reports to the HoS through RCCs in January 2022 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 June to August 2022.

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

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

No	REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
1	Ahafo Region	0	2	2	2	0	6
2	Ashanti Region	5	14	16	7	1	43
3	Bono East Region	2	5	2	2	0	11
4	Bono Region	0	1	4	4	3	12
5	Central Region	0	1	5	9	7	22
6	Eastern Region	5	13	10	5	0	33
7	Greater Accra Region	6	15	5	3	0	29
8	North East Region	0	0	1	3	2	6
9	Northern Region	0	2	3	5	6	16
10	Oti Region	0	3	4	1	0	8
11	Savannah Region	0	0	4	1	2	7
12	Upper East Region	1	2	4	5	3	15
13	Upper West Region	0	0	2	4	5	11
14	Volta Region	2	3	8	5	0	18
15	Western North Region	2	3	1	3	0	9
16	Western Region	1	4	3	2	4	14
<b>Total</b>							260

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

The performance of the RCCs in the 2021 assessment is presented below:

No	Name of RCC	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
1	VRCC	96.63	1 <sup>st</sup>	Excellent
2	ERCC	96.25	2 <sup>nd</sup>	Excellent
3	BERCC	94.23	3 <sup>rd</sup>	Excellent
4	GARCC	91.78	4 <sup>th</sup>	Excellent
5	ORCC	83.58	5 <sup>th</sup>	Excellent
6	AHRCC	83.50	6 <sup>th</sup>	Excellent
7	CRCC	75.63	7 <sup>th</sup>	Very Good
8	WRCC	71.60	8 <sup>th</sup>	Very Good
9	WNRCC	71.50	9 <sup>th</sup>	Very Good
10	NRCC	67.25	10 <sup>th</sup>	Good
11	SRCC	67.13	11 <sup>th</sup>	Good
12	UERCC	67.13	11 <sup>th</sup>	Good
13	BRCC	63.50	13 <sup>th</sup>	Good
14	ARCC	62.38	14 <sup>th</sup>	Good
15	UWRCC	54.73	15 <sup>th</sup>	Satisfactory
16	NERCC	42.68	16 <sup>th</sup>	Unsatisfactory

The performance of the MMDAs in the 2021 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	GAR	La Dade-Kotopon	90.81	1 <sup>st</sup>	Excellent
2	GAR	Tema West	89.38	2 <sup>nd</sup>	Excellent
3	WR	Effia Kwesimintsim	88.00	3 <sup>rd</sup>	Excellent
4	ER	Kwahu West	88.00	3 <sup>rd</sup>	Excellent
5	AR	Mampong	87.44	5 <sup>th</sup>	Excellent
6	AR	Afigya Kwabre North	86.50	6 <sup>th</sup>	Excellent
7	AR	Oforikrom	86.31	7 <sup>th</sup>	Excellent
8	AR	Asokwa	86.13	8 <sup>th</sup>	Excellent
9	BER	Sene West	86.13	8 <sup>th</sup>	Excellent
10	GAR	Tema Metro	85.75	10 <sup>th</sup>	Excellent
11	GAR	Adenta	85.38	11 <sup>th</sup>	Excellent
12	BER	Nkoranza North	85.19	12 <sup>th</sup>	Excellent
13	ER	Abuakwa South	84.56	13 <sup>th</sup>	Excellent
14	GAR	Ayawaso West	83.69	14 <sup>th</sup>	Excellent
15	VR	Keta Mun	82.69	15 <sup>th</sup>	Excellent
16	ER	Achiase	82.06	16 <sup>th</sup>	Excellent
17	ER	Lower Manya Krobo	81.56	17 <sup>th</sup>	Excellent
18	AR	Old Tafo	80.31	18 <sup>th</sup>	Excellent

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
19	VR	Hohoe Mun	79.50	19 <sup>th</sup>	Excellent
20	UER	Bawku	79.19	20 <sup>th</sup>	Excellent
21	WNR	Sefwi Wiawso Municipal	79.06	21 <sup>st</sup>	Excellent
22	WNR	Juaboso	79.06	21 <sup>st</sup>	Excellent
23	ER	Birim South	78.81	23 <sup>rd</sup>	Excellent
24	GAR	La-Nkwantanang	78.75	24 <sup>th</sup>	Excellent
25	VR	Ho Mun	78.69	25 <sup>th</sup>	Very Good
26	AR	Ejura Sekyredumasi	78.63	26 <sup>th</sup>	Very Good
27	ER	Asene-Manso-Akroso	78.56	27 <sup>th</sup>	Very Good
28	AR	Suame	78.44	28 <sup>th</sup>	Very Good
29	ER	Asuogyaman	78.44	28 <sup>th</sup>	Very Good
30	GAR	Ayawaso Central	78.31	30 <sup>th</sup>	Very Good
31	GAR	Ga South	77.56	31 <sup>st</sup>	Very Good
32	ER	West Akim	77.50	32 <sup>nd</sup>	Very Good
33	GAR	Weija-Gbawe	77.38	33 <sup>rd</sup>	Very Good
34	AR	Sekyere Kumawu	77.31	34 <sup>th</sup>	Very Good
35	BER	Kintampo South	77.13	35 <sup>th</sup>	Very Good
36	WNR	Aowin	77.00	36 <sup>th</sup>	Very Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
37	BER	Techiman North	76.94	37 <sup>th</sup>	Very Good
38	UER	Kassena Nankana West	76.94	37 <sup>th</sup>	Very Good
39	WNR	Bia East	76.69	39 <sup>th</sup>	Very Good
40	GAR	Ga North	76.63	40 <sup>th</sup>	Very Good
41	ER	Denkyembuor	76.63	40 <sup>th</sup>	Very Good
42	BER	Kintampo North Municipal	76.56	42 <sup>nd</sup>	Very Good
43	VR	Ketu South	76.50	43 <sup>rd</sup>	Very Good
44	GAR	Ga Central	76.06	44 <sup>th</sup>	Very Good
45	AR	Kumasi	75.63	45 <sup>th</sup>	Very Good
46	GAR	Ga West	75.50	46 <sup>th</sup>	Very Good
47	NR	Tolon	74.94	47 <sup>th</sup>	Very Good
48	BR	Sunyani Municipal	74.94	47 <sup>th</sup>	Very Good
49	ER	Birim Central	74.81	49 <sup>th</sup>	Very Good
50	OR	Nkwanta North	74.75	50 <sup>th</sup>	Very Good
51	BER	Techiman Municipal	74.31	51 <sup>st</sup>	Very Good
52	ER	Akyemansa	74.25	52 <sup>nd</sup>	Very Good
53	ER	Birim North	73.81	53 <sup>rd</sup>	Very Good
54	AR	Afigya Kwabre South	73.75	54 <sup>th</sup>	Very Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
55	GAR	Ga East	73.75	54 <sup>th</sup>	Very Good
56	GAR	Korle Klottey	73.75	54 <sup>th</sup>	Very Good
57	ER	Nsawam Adoagyiri Mun	73.69	57 <sup>th</sup>	Very Good
58	GAR	Ada East	73.56	58 <sup>th</sup>	Very Good
59	GAR	Ashiaman Mun	73.38	59 <sup>th</sup>	Very Good
60	GAR	Shai-Osudoku	73.38	59 <sup>th</sup>	Very Good
61	AR	Bekwai Municipal	73.25	61 <sup>st</sup>	Very Good
62	ER	Kwaebibirem	73.25	61 <sup>st</sup>	Very Good
63	GAR	Ablekuma North	73.25	61 <sup>st</sup>	Very Good
64	BER	Pru West	73.19	64 <sup>th</sup>	Very Good
65	WR	Shama	73.19	64 <sup>th</sup>	Very Good
66	AR	Amansie West	73.13	66 <sup>th</sup>	Very Good
67	CR	Agona West	73.06	67 <sup>th</sup>	Very Good
68	OR	Krachi East	72.50	68 <sup>th</sup>	Very Good
69	AR	Atwima Kwanwoma	72.50	68 <sup>th</sup>	Very Good
70	ER	Atiwa East	72.31	70 <sup>th</sup>	Very Good
71	NR	Nanumba South	72.31	70 <sup>th</sup>	Very Good
72	AHR	Tano North	72.25	72 <sup>nd</sup>	Very Good



No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
73	AR	Asante Akim Central Mun	72.25	72 <sup>nd</sup>	Very Good
74	AR	Sekyere Central	72.25	72 <sup>nd</sup>	Very Good
75	AR	Adansi Asokwa	72.13	74 <sup>th</sup>	Very Good
76	UER	Bolgatanga	72.06	75 <sup>th</sup>	Very Good
77	ER	Akwapim North	71.94	76 <sup>th</sup>	Very Good
78	AR	Atwima Mponua	71.88	77 <sup>th</sup>	Very Good
79	VR	Kpando Mun	71.56	78 <sup>th</sup>	Very Good
80	WR	Prestea-Huni-Valley	71.38	79 <sup>th</sup>	Very Good
81	ER	Kwahu Afram Plains North	71.25	80 <sup>th</sup>	Very Good
82	WR	Wassa East	71.13	81 <sup>st</sup>	Very Good
83	AR	Bosomtwe	71.06	82 <sup>nd</sup>	Very Good
84	GAR	Accra Metro	71.06	82 <sup>nd</sup>	Very Good
85	ER	Yilo Krobo	70.75	84 <sup>th</sup>	Very Good
86	GAR	Krowor	70.56	85 <sup>th</sup>	Very Good
87	AHR	Asunafo South	70.31	86 <sup>th</sup>	Very Good
88	WNR	Bibiani Anhwiaso Bekwai	70.31	86 <sup>th</sup>	Very Good
89	AR	Akrofuom	70.25	88 <sup>th</sup>	Very Good
90	GAR	Ningo-Prampram	70.25	88 <sup>th</sup>	Very Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
91	OR	Kadjebi	70.25	88 <sup>th</sup>	Very Good
92	WR	Tarkwa Nsuaem Municipal	70.19	91 <sup>st</sup>	Very Good
93	AR	Ahafo Ano North	69.75	92 <sup>nd</sup>	Good
94	GAR	Kpone Katamanso	69.50	93 <sup>rd</sup>	Good
95	AR	Adansi South	69.19	94 <sup>th</sup>	Good
96	ER	Atiwa West	69.19	94 <sup>th</sup>	Good
97	NER	West Mamprusi	69.13	96 <sup>th</sup>	Good
98	AR	Asante Akim South	69.06	97 <sup>th</sup>	Good
99	WR	Ahanta West	68.94	98 <sup>th</sup>	Good
100	ER	New Juaben North	68.81	99 <sup>th</sup>	Good
101	AR	Ejisu	68.69	100 <sup>th</sup>	Good
102	ER	Upper Manya Krobo	68.69	100 <sup>th</sup>	Good
103	GAR	Ada West	68.69	100 <sup>th</sup>	Good
104	NR	Tamale Metropolis	68.69	100 <sup>th</sup>	Good
105	GAR	Ledzokuku	68.50	104 <sup>th</sup>	Good
106	AR	Obuasi	68.25	105 <sup>th</sup>	Good
107	AHR	Asunafo North Municipal	68.00	106 <sup>th</sup>	Good
108	AR	Ahafo Ano South West	67.94	107 <sup>th</sup>	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
109	BR	Wechi Municipal	67.94	107 <sup>th</sup>	Good
110	ER	Abuakwa North	67.81	109 <sup>th</sup>	Good
111	WR	Sekondi Takoradi Metro	67.63	110 <sup>th</sup>	Good
112	AR	Kwabre East	67.56	111 <sup>th</sup>	Good
113	VR	Afadzato South	67.25	112 <sup>th</sup>	Good
114	WNR	Bodi	67.19	113 <sup>th</sup>	Good
115	AR	Atwima Nwabiagya	66.94	114 <sup>th</sup>	Good
116	WR	Jomoro	66.44	115 <sup>th</sup>	Good
117	ER	New Juaben South	66.31	116 <sup>th</sup>	Good
118	GAR	Ablekuma West	66.31	116 <sup>th</sup>	Good
119	VR	North Tongu	66.31	116 <sup>th</sup>	Good
120	OR	Nkwanta South	66.13	119 <sup>th</sup>	Good
121	BER	Pru East	66.00	120 <sup>th</sup>	Good
122	ER	Upper West Akim	65.69	121 <sup>st</sup>	Good
123	ER	Kwahu South	65.56	122 <sup>nd</sup>	Good
124	NR	Nanumba North	65.56	122 <sup>nd</sup>	Good
125	CR	Upper Denkyira West	65.50	125 <sup>th</sup>	Good
126	VR	Akatsi North	65.19	126 <sup>th</sup>	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
127	AR	Obuasi East	64.69	126 <sup>th</sup>	Good
128	AR	Offinso Municipal	64.38	128 <sup>th</sup>	Good
129	CR	Gomoa Central	64.31	129 <sup>th</sup>	Good
130	VR	South Tongu	64.25	130 <sup>th</sup>	Good
131	CR	Komenda-Edina-Eguafo- Abrim	64.19	131 <sup>st</sup>	Good
132	VR	Central Tongu	64.06	132 <sup>nd</sup>	Good
133	SR	Central Gonja	63.81	133 <sup>rd</sup>	Good
134	UER	Talensi	63.81	134 <sup>th</sup>	Good
135	VR	Ho West	63.63	135 <sup>th</sup>	Good
136	AR	Adansi North	63.50	136 <sup>th</sup>	Good
137	UWR	Nandom	63.50	136 <sup>th</sup>	Good
138	ER	Fanteakwa South	63.25	138 <sup>th</sup>	Good
139	ER	Kwahu East	63.06	139 <sup>th</sup>	Good
140	AR	Asokore Mampong	62.88	139 <sup>th</sup>	Good
141	VR	Anloga	62.81	141 <sup>st</sup>	Good
142	OR	Krachi Nchumuru	62.69	142 <sup>nd</sup>	Good
143	AHR	Asutifi South	62.38	143 <sup>rd</sup>	Good
144	AR	Sekyere East	62.31	144 <sup>th</sup>	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
145	UER	Bawku West	62.31	145 <sup>th</sup>	Good
146	VR	South Dayi	62.19	146 <sup>th</sup>	Good
147	GAR	Okaikwei North	61.94	147 <sup>th</sup>	Good
148	UER	Bolgatanga East	61.75	148 <sup>th</sup>	Good
149	UER	Kassena Nankana East	61.63	149 <sup>th</sup>	Good
150	BER	Nkoranza South Municipal	61.44	150 <sup>th</sup>	Good
151	BR	Berekum East	61.44	151 <sup>st</sup>	Good
152	BR	Dormaa Central Municipal	61.31	152 <sup>nd</sup>	Good
153	UWR	Sissala East	61.06	152 <sup>nd</sup>	Good
154	OR	Jasikan	60.88	154 <sup>th</sup>	Good
155	CR	Upper Denkyira East	60.81	155 <sup>th</sup>	Good
156	AR	Bosome Freho	60.75	156 <sup>th</sup>	Good
157	BR	Sunyani West	60.69	157 <sup>th</sup>	Good
158	OR	Krachi West	60.69	158 <sup>th</sup>	Good
159	AR	Asante Akim North	60.63	159 <sup>th</sup>	Good
160	CR	Agona East	60.63	160 <sup>th</sup>	Good
161	ER	Akuapem South	60.56	161 <sup>st</sup>	Good
162	NR	Sagnerigu	60.56	162 <sup>nd</sup>	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
163	AR	Amansie Central	60.00	162 <sup>nd</sup>	Good
164	NR	Yendi Municipal	59.88	164 <sup>th</sup>	Satisfactory
165	NR	Zabzugu	59.88	165 <sup>th</sup>	Satisfactory
166	CR	Twifu Ati Morkwa	59.88	166 <sup>th</sup>	Satisfactory
167	VR	Akatsi South	59.69	167 <sup>th</sup>	Satisfactory
168	AR	Amansie South	59.56	168 <sup>th</sup>	Satisfactory
169	AR	Offinso North	59.56	168 <sup>th</sup>	Satisfactory
170	NR	Gushiegu	59.56	168 <sup>th</sup>	Satisfactory
171	VR	North Dayi	59.56	171 <sup>st</sup>	Satisfactory
172	AHR	Tano South	59.31	172 <sup>nd</sup>	Satisfactory
173	ER	Okere	59.31	172 <sup>nd</sup>	Satisfactory
174	AR	Kwadaso	59.19	174 <sup>th</sup>	Satisfactory
175	VR	Ketu North	59.19	174 <sup>th</sup>	Satisfactory
176	WNR	Bia West	59.06	176 <sup>th</sup>	Satisfactory
177	SR	East Gonja	59.00	177 <sup>th</sup>	Satisfactory
178	UER	Bongo	58.75	178 <sup>th</sup>	Satisfactory
179	CR	Abura/ Asebu/ Kwamankese	58.44	179 <sup>th</sup>	Satisfactory
180	CR	Awutu Senya East	58.44	179 <sup>th</sup>	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
181	GAR	Ablekuma Central	58.44	179 <sup>th</sup>	Satisfactory
182	BR	Dormaa West	58.44	179 <sup>th</sup>	Satisfactory
183	CR	Ajumako/Enyan/Esiam	58.38	183 <sup>rd</sup>	Satisfactory
184	WNR	Suaman	58.25	184 <sup>th</sup>	Satisfactory
185	UWR	Wa	58.13	185 <sup>th</sup>	Satisfactory
186	AR	Atwima Nwabiagya North	58.06	186 <sup>th</sup>	Satisfactory
187	GAR	Ayawaso East	58.06	186 <sup>th</sup>	Satisfactory
188	AR	Juaben	58.00	188 <sup>th</sup>	Satisfactory
189	SR	Bole	58.00	188 <sup>th</sup>	Satisfactory
190	AHR	Asutifi North	57.94	190 <sup>th</sup>	Satisfactory
191	NER	Chereponi	57.69	191 <sup>st</sup>	Satisfactory
192	GAR	Ayawaso North	57.50	192 <sup>nd</sup>	Satisfactory
193	SR	North Gonja	57.25	193 <sup>rd</sup>	Satisfactory
194	UWR	Lambusie Karni	57.25	193 <sup>rd</sup>	Satisfactory
195	UER	Garu	57.25	193 <sup>rd</sup>	Satisfactory
196	ER	Ayensuano	57.13	196 <sup>th</sup>	Satisfactory
197	NR	Tatale Sanguli	57.13	196 <sup>th</sup>	Satisfactory
198	UER	Tempane	56.50	198 <sup>th</sup>	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
199	ER	Suhum	56.13	199 <sup>th</sup>	Satisfactory
200	ER	Fanteakwa North	56.00	200 <sup>th</sup>	Satisfactory
201	UWR	Wa West	55.75	201 <sup>st</sup>	Satisfactory
202	SR	West Gonja	55.63	202 <sup>nd</sup>	Satisfactory
203	CR	Assin Fosu	55.19	203 <sup>rd</sup>	Satisfactory
204	NR	Kpandai	55.06	204 <sup>th</sup>	Satisfactory
205	BR	Jaman South	54.63	205 <sup>th</sup>	Satisfactory
206	ER	Kwahu Afram Plains South	54.50	206 <sup>th</sup>	Satisfactory
207	UER	Nabdam	54.44	207 <sup>th</sup>	Satisfactory
208	WR	Ellembele	54.38	208 <sup>th</sup>	Satisfactory
209	NER	East Mamprusi	53.94	209 <sup>th</sup>	Satisfactory
210	BER	Atebubu Amantin	53.75	210 <sup>th</sup>	Satisfactory
211	NER	Mamprugu Moagduri	53.69	211 <sup>th</sup>	Satisfactory
212	BER	Sene East	53.50	212 <sup>th</sup>	Satisfactory
213	AR	Sekyere South	53.13	213 <sup>th</sup>	Satisfactory
214	UWR	Sissala West	52.63	214 <sup>th</sup>	Satisfactory
215	BR	Berekum West	52.25	215 <sup>th</sup>	Satisfactory
216	CR	Gomoa East	52.19	216 <sup>th</sup>	Satisfactory



No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
217	CR	Hemang Lower Denkyira	52.19	216 <sup>th</sup>	Satisfactory
218	VR	Agortime Ziope	52.13	218 <sup>th</sup>	Satisfactory
219	CR	Cape Coast	52.06	219 <sup>th</sup>	Satisfactory
220	WR	Amenfi Central	52.06	219 <sup>th</sup>	Satisfactory
221	VR	Adaklu	51.88	221 <sup>st</sup>	Satisfactory
222	OR	Biakoye	51.88	221 <sup>st</sup>	Satisfactory
223	UER	Pusiga	51.63	223 <sup>rd</sup>	Satisfactory
224	WNR	Sefwi Akontombra	51.56	224 <sup>th</sup>	Satisfactory
225	BR	Banda	51.25	225 <sup>th</sup>	Satisfactory
226	CR	Assin South	50.56	226 <sup>th</sup>	Satisfactory
227	AR	Ahafo Ano South East	50.06	227 <sup>th</sup>	Satisfactory
228	CR	Awutu Senya	49.75	228 <sup>th</sup>	Unsatisfactory
229	UWR	Nadowli Kaleo	49.38	229 <sup>th</sup>	Unsatisfactory
230	SR	North East Gonja	49.19	230 <sup>th</sup>	Unsatisfactory
231	WR	Wassa Amenfi East	48.94	231 <sup>st</sup>	Unsatisfactory
232	CR	Effutu	48.69	232 <sup>nd</sup>	Unsatisfactory
233	BR	Dormaa East	48.50	233 <sup>rd</sup>	Unsatisfactory
234	UWR	Lawra	47.81	234 <sup>th</sup>	Unsatisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
235	UWR	Jirapa	47.13	235 <sup>th</sup>	Unsatisfactory
236	SR	Sawla Tuna Kalba	46.75	236 <sup>th</sup>	Unsatisfactory
237	WR	Mpohor	46.25	237 <sup>th</sup>	Unsatisfactory
238	WR	Nzema East Municipal	45.88	238 <sup>th</sup>	Unsatisfactory
239	CR	Gomoa West	45.75	239 <sup>th</sup>	Unsatisfactory
240	CR	Asikuma-Odoben-Brakwa-Breman	45.69	240 <sup>th</sup>	Unsatisfactory
241	AR	Sekyere Afram Plains	44.25	241 <sup>st</sup>	Unsatisfactory
242	NR	Mion	43.44	242 <sup>nd</sup>	Unsatisfactory
243	NER	Bunkpurugu Nakpanduri	42.50	243 <sup>rd</sup>	Unsatisfactory
244	NR	Kumbungu	42.00	244 <sup>th</sup>	Unsatisfactory
245	NR	Savelugu	41.88	245 <sup>th</sup>	Unsatisfactory
246	NR	Saboba	41.50	246 <sup>th</sup>	Unsatisfactory
247	UER	Builsa South	41.19	247 <sup>th</sup>	Unsatisfactory
248	NER	Yunyoo Nasuan	40.44	248 <sup>th</sup>	Unsatisfactory
249	WR	Wassa Amenfi West	40.13	249 <sup>th</sup>	Unsatisfactory
250	BR	Tain	39.94	250 <sup>th</sup>	Unsatisfactory
251	UER	Binduri	38.13	251 <sup>st</sup>	Unsatisfactory
252	NR	Nanton	36.88	252 <sup>nd</sup>	Unsatisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
253	CR	Assin North	36.69	253 <sup>rd</sup>	Unsatisfactory
254	CR	Ekumfi	33.31	254 <sup>th</sup>	Unsatisfactory
255	NR	Karaga	31.88	255 <sup>th</sup>	Unsatisfactory
256	CR	Mfantsiman Mun	31.44	256 <sup>th</sup>	Unsatisfactory
257	UWR	Dafiama Bussie Issa	30.69	257 <sup>th</sup>	Unsatisfactory
258	BR	Jaman North	29.94	258 <sup>th</sup>	Unsatisfactory
259	UER	Builsa North	27.06	259 <sup>th</sup>	Unsatisfactory
260	UWR	Wa East	11.88	260 <sup>th</sup>	Unsatisfactory

### General Issues and Observations from the 2021 PC of the MMDAs

- i. Failure of most MMDCDs to share contents of the Performance Contracts with their Staff.
- ii. Low commitment with some MMDAs with new MMDCDs and MMDCEs.
- iii. Lack of Appreciation for the Scoring Methodology.
- iv. Lack of clarity with timelines in submitting Documents.
- v. Poor Records Keeping.
- vi. Poor Records Management.
- vii. Lack of commitment of some MMDCEs to the PMS/PC.
- viii. Irregular and Inadequate Statutory Fund Flows.
- ix. Low Internally Generated Funds (IGF) inflows.
- x. Competencies and Capacity Building Needs.
- xi. Monitoring of MMDAs PMS by RCCs.
- xii. Electronic storage of correspondence was poor in most MMDAs (no registry software and/or functional scanner).
- xiii. Washrooms for both staff and visitors were in deplorable states i.e no running water and soap. In some MMDAs, the washrooms were unroofed urinals with no toilet facility.

- xiv. There were inadequate staff such as **Physical Planning officers, MIS officers, HR Managers, Records officers and Auxiliary staff** in most MMDAs.
- xv. In some MMDAs, some staff were not present at the time of visiting and with no official reasons for their absence or unavailability.
- xvi. Poor leadership and coordination in MMDAs. Some MMDAs failed to adequately coordinate and organize their staff to be fully prepared with their files and reports in some areas.
- xvii. Functionality of the Client Service Unit was an overall challenge with issues such as poorly trained staff, no staff, lack of logistics; lack of complaint log books, scanners, printers etc.
- xviii. Staff unprofessionalism/apathy in some MMDAs affected productivity.
- xix. Websites were poorly managed in MMDAs in the Northern and North East Regions.
- xx. Some MMDAs have inadequate office space, especially the newly created ones
- xxi. Unsigned minutes of meeting in most MMDAs.
- xxii. Most MMDAs have issues with the HRMIS software and compliance with staff appraisal instrument as well.
- xxiii. Most MMDAs had local plans but no Structural Plans and District Spatial Development Framework.
- xxiv. Most MMDAs performed poorly in the planning and implementation of gender-based interventions; Some MMDAs have Gender Desk Officers while others rely on Development planning or SWCD thus cases are handled differently across different MMDAs.
- xxv. Most MMDAs did not have a Disaster Preparedness Action Plan and implementation report.
- xxvi. Most Audit Committees are functioning but not effective. A few MMDAs do not have the committee set up.
- xxvii. Generally, report writing is a challenge for MMDAs.
- xxviii. Most training workshops had one report written to cover several training activities, which is not the best practice.
- xxix. Landscaping in most of the Assemblies need to be improved.
- xxx. Under staffing in rural MMDAs and overstaffing in urban MMDAs.
- xxxi. Landscaping in most of the Assemblies need to be improved.
- xxxii. Under staffing in rural Assemblies and overstaffing in urban Assemblies

#### **General Issues and Observations from the 2021 PC of the RCCs**

- i. Washrooms of RCCs were fairly managed well with running water and soap.
- ii. Most RCCs have active website but all updates were about the Regional Minister and other political activities and none of activities of Departments of the RCC.

- iii. Departmental monitoring and technical backstopping reports were not sent to OHLGS and the relevant MDAs through the RCC. Most departmental heads forwarded these reports directly from their offices and signed the transmittal letters on behalf of their RCDs.
- iv. Submission of quarterly departmental reports through RCDs is still not done regularly.
- v. Funding remains a problem for the RCCs especially for in depth monitoring.
- vi. Most RCCs had their incoming and outgoing mails computerized but some RCCs do not update timeously.

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

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

Decisions on the 2021 Annual Performance of MMDAs are as follows:

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

Reg	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
GAR	La Dade-Kotopon	90.81	1st	Excellent
GAR	Tema West	89.38	2nd	Excellent
WR	Effia Kwesimintsim	88.00	3rd	Excellent
ER	Kwahu West	88.00	3rd	Excellent
AR	Mampong	87.44	5th	Excellent
AR	Afigya Kwabre North	86.50	6th	Excellent
AR	Oforikrom	86.31	7th	Excellent
AR	Asokwa	86.13	8th	Excellent
BER	Sene West	86.13	8th	Excellent
GAR	Tema Metro	85.75	10th	Excellent

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

Reg	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
CR	Awutu Senya	49.75	228th	Unsatisfactory
UWR	Nadowli Kaleo	49.38	229th	Unsatisfactory
SR	North East Gonja	49.19	230th	Unsatisfactory
WR	Wassa Amenfi East	48.94	231st	Unsatisfactory
CR	Effutu	48.69	232nd	Unsatisfactory
BR	Dormaa East	48.50	233rd	Unsatisfactory
UWR	Lawra	47.81	234th	Unsatisfactory
UWR	Jirapa	47.13	235th	Unsatisfactory
SR	Sawla Tuna Kalba	46.75	236th	Unsatisfactory
WR	Mpohor	46.25	237th	Unsatisfactory
WR	Nzema East Municipal	45.88	238th	Unsatisfactory
CR	Gomoa West	45.75	239th	Unsatisfactory
CR	Asikuma-Odoben-Brakwa-Breman	45.69	240th	Unsatisfactory
AR	Sekyere Afram Plains	44.25	241st	Unsatisfactory
NR	Mion	43.44	242nd	Unsatisfactory
NER	Bunkpurugu Nakpanduri	42.50	243rd	Unsatisfactory
NR	Kumbungu	42.00	244th	Unsatisfactory
NR	Savelugu	41.88	245th	Unsatisfactory
NR	Saboba	41.50	246th	Unsatisfactory
UER	Builsa South	41.19	247th	Unsatisfactory
NER	Yunyoo Nasuan	40.44	248th	Unsatisfactory
WR	Wassa Amenfi West	40.13	249th	Unsatisfactory
BR	Tain	39.94	250th	Unsatisfactory
UER	Binduri	38.13	251st	Unsatisfactory
NR	Nanton	36.88	252nd	Unsatisfactory
CR	Assin North	36.69	253rd	Unsatisfactory

Reg	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
CR	Ekumfi	33.31	254th	Unsatisfactory
NR	Karaga	31.88	255th	Unsatisfactory
CR	Mfantsiman Mun	31.44	256th	Unsatisfactory
UWR	Dafiama Bussie Issa	30.69	257th	Unsatisfactory
BR	Jaman North	29.94	258th	Unsatisfactory
UER	Builsa North	27.06	259th	Unsatisfactory
UWR	Wa East	11.88	260th	Unsatisfactory

Decisions on the 2021 Annual Performance of RCCs are as follows:

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

Name of RCC	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
VRCC	96.63	1 <sup>st</sup>	VRCC
ERCC	96.25	2 <sup>nd</sup>	ERCC
BERCC	94.23	3 <sup>rd</sup>	BERCC



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

Name of RCC	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
NERCC	42.68	16 <sup>th</sup>	NERCC

### General Recommendations and Way Forward

- MMDCDs should share the contents of the contracts with their staff as soon as they are signed. This will ensure that Heads of Departments are aware of, and contribute to the collective achievement of set indicators and targets. The MMDAs must further have a functional platform to measure their progress in the implementation of the PC at various periods and use the feedback to improve on their overall performance at the end of the year;
- Going forward, the only acceptable evidence for the assessment of Performance Contract indicators should be officially submitted documents (reports with transmittal letters, memos etc.). This will reduce the number of fictitiously prepared documents produced for the sake of scoring full marks during the assessment;
- The 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;
- 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.

# **CHAPTER ONE**

## **INTRODUCTION**

## 1. INTRODUCTION

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

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

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

For the year 2021, Performance Contracts (PCs) based on planned achievement of indicators in Key Performance Areas were signed between Honourable Regional Ministers (RMs) and their Regional Coordinating Directors (RCDs) at the Regional level and Honourable Metropolitan, Municipal and District Chief Executives (MMDCEs) and their Metropolitan, Municipal and District Coordinating Directors (MMDCDs) at the District level.

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

As part of the implementation process of the PCs, Mid-year reviews were to be conducted in July 2021. Directors and support staff of the OHLGS conducted the mid year review of the RCCs and selected MMDAs. All RCCs and MMDAs conducted their Annual Evaluation on

their performance and submitted reports to the Head of Service through their respective RCCs in January 2022 for decision making. To be able to make an objective and informed decision, the OHLGS sought the services of Directors and support staff of the OHLGS to conduct an independent Verification exercise on the RCCs and MMDAs on actual performance of the MMDAs in June to August 2022.

This report is an account of the whole process of the implementation of Performance Contracts between Hon. RMs and RCDs and Hon. MMDCEs and MMDCDs for 16 RCCs and 260 MMDAs respective. This process includes Performance Planning, Mid-Year Review, End of Year Evaluation and Decision – Making by Head of Service (HoS).

**The report comprises the following sections:**

Cover sheet

Foreword

List of Acronyms

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

Chapter Three: Monitoring and Verification of 2020 Annual Performance Evaluation of RCCs & MMDAs

Chapter Four: Results for 2020 Annual Performance Evaluation of RCCs & MMDAs

Chapter Five: Decision Making on 2020 Annual Performance Evaluation Results of RCCs & MMDAs

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

Annex 2: Gallery

## **CHAPTER TWO**

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

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

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

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

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

Specific indicators /targets were mutually agreed upon by Honourable RMs and RCDs as well as Honourable MMDCEs and MMDCDs. In this phase, timelines for implementation and reviews/evaluation were also agreed on. Performance Contracts (PCs) between the Honourable RMs and their RCDs as well as Honourable MMDCEs and their MMDCDs in the 16 RCCs and 260 MMDAs respectively were signed effective January 1, 2021 to December 31, 2021. 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 appraises (MMDCDs) on progress of work, and adjustment of indicators /targets if necessary, through the provision of formal feedback. Teams of Directors and support staff of the OHLGS conducted the Mid Year reviews for the RCCS and MMDAs and reports were submitted to the HoS.

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

This phase entailed evaluation of RCCs' and MMDAs' performance at the end of the performance management/contract period. Annual Evaluation of PCs was undertaken by RCCs and MMDAs and reports submitted to the OHLGS through their respective RCCs in January, 2022.

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 June to August 2022 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 2021 Annual Performance Evaluation of RCCs and MMDAs and the [Chapter 6](#) presents the detailed calculation of performance scores.

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

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

Based on the 2021 Annual Performance results (*presented in [Chapter 4](#)*), the OHLGS has prepared the Guiding Principles of decision making on 2021 Performance Evaluation results and the decisions made by the Head of the Service is presented in [Chapter 5](#).

**CHAPTER THREE**

**MONITORING AND VERIFICATION ON  
2021 ANNUAL PERFORMANCE  
EVALUATION OF RCCs & MMDAs**

### 3. MODALITIES FOR THE MONITORING AND VERIFICATION ON 2021 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 7 teams made up of Directors and support staff of the OHLGS to undertake an independent Monitoring and Verification of the Annual Evaluation done by the RCCs and MMDAs from June to August 2022.

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	No. of MMDAs Monitored
1	Lilian Baeka Francis Kankam - Boadu Abdul Jamil Issaka	Oti Volta Parts of Greater Accra	Oti Volta	44
2	Emmanuel Nartey Ing. Baah Tetteh	North East Northern Bono Parts of Greater Accra	North East Northern Bono Greater Accra	46
3	Golda Asante Kenneth Siisi Mayne	Western Central	Western Central	33
4	George Ackah Brian Tsikpor	Bono East Parts of Ashanti	Bono East Ashanti	32
5	Thomas A. Allotey Naiel Quayson	Savannah Upper West Upper East	Savannah Upper West Upper East	33
6	Peter E. Asante Lutfata Mohaideen	Eastern	Eastern	35
7	Prosper Ahalivor Joseph Ankamah	Ahafo Western North Part of Ashanti	Ahafo Western North	38

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

The main objectives of the exercise were to:

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

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

The M&V exercise focused on all Performance Contracts signed between the RMs and their Regional Coordinating Directors/Chief Directors as well as MMDCEs and their Coordinating Directors in the 16 RCCs and 260 MMDAs respectively at the beginning of 2021. Management developed a score criteria for each Key Performance Indicator (KPI) for the field verification and the M&V teams were taken through the criteria. Using evidence - based approach, the methodology adopted for the exercise included desk reviews of all performance contracts, mid -year reviews and of year self assessment reports. This was complemented by field visits to all 16 RCCs and 260 MMDAs for the physical verification of all relevant documentation in support of the scores submitted. The findings, recommendations and feedback on Key Performance Areas (KPAs), Key Performance Indicators (KPIs) and Personal Competency Development of the RCCs and MMDCDs which were discussed with the RCDs and MMDCDs and management were compiled into reports and submitted to the OHLGS.

## **CHAPTER FOUR**

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

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

### 4.1. North East, Northern, Bono and Parts of Greater Accra Regions

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

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

The team was assigned to the North East, Northern, Bono and parts of Greater Accra Regions. The RCCs of North East, Northern, Bono and Greater Accra (9 MMDAs) Regions were also visited and their performance assessed.

#### 4.1.2. *General Outcomes*

The average time taken per MMDA was 2 hours 24 minutes and 2 hours 20 minutes per RCC. In the North East Region the shortest time spent at the MMDAs visited was East Mamprusi MA's 1 hour 31 minutes while the longest time taken for an MMDA in the Region was 3 hours 12 minutes in Bunkprurugu DA. In the Northern region the shortest time spend in an MMDA was 1 hour 48 minutes (Saboba DA) whereas the team spent the longest time in Tolon DA (3 hours 38 minutes). Similarly, the shortest time taken for the assessment of the MMDAs in the Bono Region was 1 hour 47 minutes (Dormaa Central MA) and the longest being 3 hours 2 minutes in the Wenchi MA. The shortest time spent in the 9 MMDAs visited in the Greater Accra region was in 2 hours 14 minutes (Okaikwei North MA) and the longest time spent in Ablekuma Central MA (4 hours). All these recorded times included the entry and exit conferences at each institution visited.

#### 4.1.3. *Specific Observations*

##### *For MMDAs*

##### *Staff Unavailability/Absence*

Client Service Officers were not available at work to be assessed in Gushiegu DA, Nanton DA and Bunkprurugu DA. There were no staff from the NADMO office in Karaga, Zabzugu, Dormaa East MMDAs available at the time of assessment in. No official reasons were given for the absence of these staff by the administrative heads of these MMDAs.

### *Staff Unprofessionalism/Apathy*

Generally, some staff of Bunkprurugu DA were very apathetic towards the monitoring team. They were not cooperative with responses to requests made by the team.

In Tamale Metro, Tolon DA and Ayawaso East MA, there were no staff present at the time the team arrived for the exercise. The team had to wait for over an hour before staff arrived.

### *Poor leadership and coordination*

Poor leadership and coordination was observed in Bunkprurugu, Yunyoo, Okaikwei North, Karaga, Nanton MMDAs. Management of these MMDAs failed to adequately coordinate and organize their staff to be fully prepared with their files and reports. The team reported all these observations to the respective RCCs of these MMDAs.

### *Poor Visitor's Washrooms*

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

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

Those of the Tolon and Berekum West MMDAs were shared by both staff and visitors. This observation was particularly disappointing in these times of COVID - 19 and the need to strictly comply with protocols like hand washing.

### *Website*

It was generally observed that some MMDAs still have not prioritized the development and updating of their websites. The performance of MMDAs in the North East, Northern and Bono Regions was very poor.

### *Impact of the delay in the appointment and confirmation of MMDCEs on MMDAs Activities*

The delay in the appointment and subsequent conformation of MMDCEs in the year 2021 (after the December 2020 general elections) affected a number of MMDAs visited in the achievement of some indicators such as statutory meetings and delay in the approval and release of funds.

*Human Resource Management related issues*

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

The team observed that Client Service and IT staffs require urgent training to improve their efficiency. Training is also needed for all staff on the Performance Appraisal Tool.

*Unsigned minutes of meetings*

It was observed that a fair number of the MMDAs visited had minutes of meetings filed without either being unsigned or signed by recorders or Admin staff. This practice flies in the face of accountability and proper records keeping.

*Misrepresentation of ISCCS meetings*

It was observed that in West Mamprusi, Karaga, Kumbungu, Nanumba North, Nanumba South, Tatali, Zabzugu, Berekum East, Dormaa Central, Jaman North and Sunyani West MMDAs, DPCU meetings were misunderstood to represent ISCCS meetings. The invitation letters and minutes produced as evidence to the verification team were for DPCU meetings.

*Electronic Storage of Correspondence*

The overall performance of MMDAs in Northern, North East & Bono Regions was very poor. All the MMDAs in this Region either did not have a functioning registry software or a functioning scanner or correspondence are not scanned and linked to the registry softwares.

*Functionality of the Client Service Unit*

Over 90% of Client Service Unit (CSU) officers interviewed requested for specialized client service training for improved service delivery. A similar percentage of CSUs visited did not have records of complaints taken, the corresponding actions taken and evidence of communicating the actions taken to the complainants/clients..

It was worryingly observed that the CSU and its functions were being confused with the Public Relations Complaints Committees of some Assemblies. This was observed in Kumbungu, Nanton, Yendi, Mamprugu Moagduri, Ayawaso East and Krowor MMDAs.



*Adequate directional signs to MMDAs*

All MMDAs visited in the four regions did not have directional signs at various locations (including boundary points) and turns with clear information to adequately direct clients and other visitors to the Assembly.

*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 Bunkprurugu, Gushiegu, Nanaton, Zabzugu, Tain, Savelugu, Tain and Tolon.

*Availability of District Spatial Development Framework*

Only 26% of MMDAs visited (Sagnerigu, Savelugu, Tamale, Tema West, Bunkprurugu, East Mamprusi, West Mamprusi, Berekum East, Dormaa Central, Sunyani, Sunyani West and Wenchi) has validly dated Structure plans.

*Poor Reporting on Agric related indicator*

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

On the percentage of subsistence farmers transformed into commercial farmers, about 70% of MMDAs visited did not have data on the type of farming being done by farmers within the jurisdiction of the Assemblies.

*Planning and implementation of Tourism related activities*

No tourism related activity was implemented in the MMDAs in the North East Region and more than half of the MMDAs in the Northern and Greater Accra Regions.

*Availability of Disaster Preparedness Action Plan Implementation report*

The MMDAs visited generally performed very poorly on this indicator. More than 80% of the MMDAs do not have a Disaster Preparedness Action Plan and its implementation report prepared for the year 2021.

*Compliance with Performance Appraisal*

In 50% of MMDAs in the Northern Region, 67% of MMDAs in North East and 42% of MMDAs in the Bono Regions, staff did not undertaken their appraisals in the year 2021.

## **For RCCs**

### *Workplace Environment*

General office space and environment of all the four (4) RCCs were well managed. Washrooms of Greater Accra and North East RCCs were neatly managed with running water, soap and tissue. The Bono RCC however does not have a dedicated washroom for visitors.

### *Website*

Greater Accra and Northern RCCs had functional website in the year 2021 but with very limited information on Local Economic Development (LED), tourism promotion etc. The website of the Bono RCC was redone in the year 2021 and this affected the retrieval of posted news updates in 2021 at the time of the exercise.

### *Electronic Storage of Correspondence*

Scanned documents were not linked to the registry software in the Bono and Northern RCCs. There was no registry software and scanner in place in the North East RCC at the time of the exercise.

### *Audit Committees*

The team found out that, the Northern RCC was not audited for the 2020 audit year.

### *Submission of Reports through the RCC*

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

### *Delay in the Release of Funds*

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

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

##### **For MMDAs**

MMDAs need to;

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

- Take steps to ensure that directional signs with the right information are adequately placed at all vantage points (including boundary points) to comfortably direct clients to the Assemblies.

### **For RCCs**

The following are some recommendations for RCCs;

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

### **For OHLGS**

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

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

**4.1.5. North East, Northern, Bono & Greater Accra RCCs Detailed Analysis /Findings of Indicators**

Table 2: North East, Northern, Bono & Greater Accra RCCs Detail Analysis /Findings of each Indicator

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	At least one monthly REGSEC meeting was held in Bono, Greater Accra and Northern RCCs, however minutes of the meeting were signed by the RCD and a recorder instead of the chairman of the committee in Bono RCC.  Less than 6 monthly REGSEC meeting minutes were found in the North East RCC.	The North East RCC needs to improve on its filing and records keeping.  Minutes of meetings must be signed by the statutory chairman and secretary to committees.
	1.2i	Compliance with Expanded RCC	Only the Greater Accra RCC held two expanded RCC meetings with signed records on file.  The meeting records produced by the Bono and Northern RCCs were of the normal RCC meetings and not expanded in nature.  No records were produced by the North East RCC.	RCC must commit to organizing expanded RCC meetings in fulfillment with the LG Law 936
	1.2ii	Compliance with Expanded RPCU	One expanded RPCU meeting was organized in the Greater Accra and North East RCCs with records available on file.  The RPCU meeting records produced in the Bono and Northern RCCs were not the normal RPCU meetings and expanded in nature.	RCC must commit to organizing expanded RPCU meetings in fulfillment with the LG Law 936
	1.3	Software/system for the electronic storage of correspondence	In Greater Accra, Bono and Northern RCCs have some form of registry software but entries are only linked to scanned documents in only Greater Accra RCC.	RCCs must take seriously and prioritize the implementation of effective Records Management Systems in the various

			<p>Scanned documents are not directly linked to the registry software in the Bono and Northern RCC.</p> <p>The Records Management Unit of the North East RCC has no software and scanner available at the time of assessment.</p>	<p>institutions for efficient flow and management of information.</p>
	1.4	Availability of website and updates	<p>Website available for all the RCCs visited but news updates were largely difficult to retrieve on the Bono RCC website because according to the officer, the website was redone in the year 2021.</p> <p>The website of the North East and Northern RCCs had less than 9 monthly updates of at least 3 different Departments.</p>	<p>RCCs need to resource their IT Units improve on their websites with the aim of to manage effectively the RCC's websites</p>
	1.5	Effectiveness of the Client Service Unit	<p>All RCCs visited had office accommodation and basic logistics for the Client Service Unit but only the officer in the Greater Accra RCC had received specific training on client service operations.</p> <p>The complaint logbook/forms do not show details of the actions taken on the reported complaints.</p>	<p>Client Service Staff require more specialized training on complaints/enquiries handling/management.</p>
	1.6	General office environment	<p>All the RCCs visited have well managed office space and environment.</p> <p>Only the Greater Accra and North East RCCs have well managed, dedicated visitors washrooms with running water, soap and tissue.</p> <p>The Bono RCC does not have a dedicated visitor's washroom.</p>	<p>RCCs must work on continuously improving the general office environment and visitors washrooms.</p>
Human Resource Management	2.1	Compliance with promotion schedule with established vacancies & retirement	<p>All the RCCs visited prepared and submitted their established vacancies and schedules on time except the Northern RCC which submitted the mid-year data</p>	<p>The Northern RCC must work at meeting submission deadlines.</p>

		schedules submission	after the deadline.	
	2.3	Compliance with Salary Validation comprehensive report submission	All RCCs visited complied and on time except the North East RCC which did not have management unit in the year 2021 and the Northern RCC which missed the submission deadline.	The Northern RCC must work at meeting submission deadlines.
	2.4i	Compliance with the preparation and submission of a comprehensive Regional training plan	Only the North East RCC submitted the Regional training plans without the inputs of all MMDAs within the Region.	The North East RCC must take steps to ensure full compliance among all MMDAs in the Region.
	2.4ii	Compliance with the implementation of RCC training plans	All RCCs visited implemented 100% of their training plans except the North East RCC where 0% of the plan was implemented.	The North East RCC needs to prioritize training of staff to help improve their output and productivity.
	2.5	Monitoring of PMS compliance in the Regions	All RCCs visited undertook two monitoring exercises on the compliance of MMDAs on the Performance Contracts and reported except the North East RCC which undertook only one monitoring exercise (mid-year).	The PMS monitoring is key towards ensuring a high performance culture across the RCC and MMDAs hence must be prioritized.
	2.6	Compliance with Staff Performance Appraisal Planning for 2021	All RCCs visited recorded more than 70% of their staff fully complying with the appraisal cycle except the North East RCC.	The North East RCC must take staff performance appraisal serious.
Financial Management & Reporting	3.1	Compliance with Audit Plan preparation and submission	All RCCs visited fully complied with this KPI.	The RCCs must keep this up.
	3.2	Implementation of Auditor Generals Management letter recommendations	Northern RCC was not audited in 2020.  The Bono RCC was sighted in the Auditor Generals Management letter for the year 2020; however there was evidence of some actions taken to address the issue on file.	
	3.3	Implementation of Quarterly Internal Audit recommendations	All the internal audit recommendations for all four (4) quarters were implemented in all four (4) RCCs visited.	The RCCs must keep this up.
	3.4	Preparation and submission of	All the visited RCCs prepared and submitted their	The RCCs must keep this up.

		Regional Integrated Budget System (RIBS)	RIBS on time except the North East RCC.	
	3.5	Expenditures outside GIFMIS	All sampled expenditures for all RCCs visited were captured in GIFMIS.	The RCCs must keep this up.
Services	4.1	Submission of Departmental monitoring reports through the RCC	It was only in the Greater Accra RCC that four different departmental monitoring reports were prepared and submitted through the RCC to the OHLGS.  Compliance was low in the North East, Northern and Bono RCCs.	The three (3) low performing RCCs must do better with this KPI.
	4.2	Submission of quarterly RPCU monitoring reports	Due to fund flow challenges (delays) the RPCU monitoring exercises were done outside the stipulated timeframe in the Greater Accra and North East RCCs.  RPCU monitoring exercises were funded by the GSCSP in the Northern and Bono RCCs.	
	4.3	Submission of biannual technical backstopping reports	It was only in the North East RCC that no technical backstopping report was produced	The North East RCCs must do better with this KPI.



**4.1.6. North East, Northern, Bono and Greater Accra Regions MMDAs Detailed Analysis/Findings of Indicators**

Table 3: Detail 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 ISCCS meetings	<p>Out of the 6 MMDAs, only Mamprugu Moagduri DA held a mid-year ISCCS review meeting in 2021 with minutes signed and filed.</p> <p>No MMDA in the North East region held joint stakeholder mid- year review sessions (<i>for the year 2021</i>) and planning (<i>for the year 2022</i>) to ensure a co-ordinated approach to development and management of the MMDAs as required by the LG law, Act 936.</p> <p>The ISCCS meeting report produced by Yunyoo Nasuan DA was forged.</p>	The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development
	1.2	Compliance with the organization of sensitization workshops	<p>Out of the 6 MMDAs, only Mamprugu Moagduri DA did not organize a sensitization workshop for staff.</p> <p>Only West Mamprusi MA organized more than 1 sensitization workshop in the Region.</p>	The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.
	1.3	Electronic capturing and storage of correspondence	<p>Only Mamprugu Moagduri and West Mamprusi out of the 6 Assemblies visited had software installed and a scanner available and were storing correspondence in 2021 but not on a regular basis.</p> <p>In the case of Chereponi DA, the Records Office does not even have a computer and scanner.</p>	The RCC must support the MMDAs with IT support services

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Bunkprugu, Chereponi and East Mamprusi MMDAs do not have software and a scanner for the electronic capturing of correspondence. In Yunyoo Nasuan, the software installed is not linked to the scanned document due to some technical challenges and this led to correspondence not stored on a regular basis.	
	1.4	Availability and Update of Website	Across the 6 MMDAs visited in the Region only East Mamprusi and Yunyoo Nasuan had active websites but both with less than 6 monthly updates in 2021.	The RCC must identify MMDAs without IT officers and websites and support with technical assistance
	1.5	i. Establishment of the Client Service Unit  ii. Staffing and training of the Unit  iii. Confusing the Public Relations & Complaint Unit with the Client Service Unit	i. Only Bunkpurugu Nakpanduri DA did not have an active Client Service Unit. The allocated office has been closed down and is currently being used as a store room.  ii. All MMDAs with the exception of Bunkpurugu Nakpanduri DA had Client Service Officers but only the Officer in the West Mamprusi MA had been trained.  iii. It was generally observed that the Client Service Unit staff of the MMDAs in the North East Region will require further training.  i. It was observed that in Yunyoo Nasuan DA that the PRCC is being operated and confused with the CSU.	i. The RCC needs to prioritize the training of CSU officers in their training plans.  i. MMDAs needs to be sensitized on the difference in functions between the PRCU and the CSU

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		iv. Compliant Records Logbook	i. The complaint logbook produced by the MMDAs did not capture properly the complaints and the actions taken by Management to address these complaints.	
	1.6	i. Poorly maintained visitor’s washrooms  ii. Office Accommodation  iii. General office environment/landscape  iv. Office Sign Post & Directional Signs	i. All Assemblies visited had poorly maintained washrooms with no running water, soap, tissue and hand washing facility. ii. The Visitor’s washroom in Chereponi DA was an unroofed urinal with no hand washing facilities, water and soap.  i. The office spaces of Chereponi, East Mamprusi, West Mamprusi and Yunyoo Nasuan MMDAs were poorly managed. ii. Yunyoo Nasuan DA is currently operating from an old Area Council building.  i. The office environment and landscape of only Mamprugu Moagduri and Bunkpurugu Nakpanduri DAs were fairly well maintained. The others were poorly managed.  i. Yunyoo Nasuan DA did not have an office directional sign post. ii. The office sign post of Bunkpurugu Nakpanduri DA had been knocked down at the time of the assessment.	The MMDAs must be impressed upon to see the need to improve on their workplace environment especially visitors washrooms, their general office space and environment.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			iii. The other MMDAs have only sign posts in front of their offices and not directional signs that have adequate information to lead clients to the office location.	
Human Resource Management	2.1	Compliance with promotion schedule with established vacancies submission	Only Mamprugu Moagduri DA did not make their submission on or before the deadline. All other MMDAs visited had a perfect score for this KPI.	The RCC need to insist on this report being submitted and on time.
	2.2	Compliance with Salary Validation comprehensive report submission	All MMDAs visited in the Region fully complied with this submission.	The MMDAs must be encouraged to keep this up.
	2.4	Training of MMDA staff	All MMDAs visited were able to implement more than 80% of their training plans.	MMDAs must be impressed upon to keep investing resources into staff capacity building.
	2.5	Compliance with Staff Performance Appraisal Planning for 2021	Only Bunkpurugu Nakpanduri and Mamprugu Moagduri DAs out of the 6 MMDAs visited in the Region had more than 70% of their staff fully complying with the performance appraisal schedule/cycle with fully signed 2021 appraisals on file.  A fair number of staff admitted to needing more training on how to fill out the Performance Appraisal Tool.	The RCC must intensify training on the Performance Appraisal Tool for staff of MMDAs under their jurisdiction.
Financial Management & Reporting	3.1	Compliance with the preparation and submission of RIAP	All MMDAs visited prepared their RIAP but did not lay them before their respective General Assemblies for approval.	The RCC must ensure strict compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.2	Efforts into Street Naming	Only East and West Mamprusi MAs successfully mounted new signages in the year 2021.  In Yunyoo Nasuan DA only ground trotting was done.	The RCC must increase supervision of the MMDAs and provide any technical support towards assisting the MMDAs in increasing street naming and signage activities.
	3.3	Implementation of the Auditor Generals recommendations	Only Bunkpurugu Nakpanduri DA had not fully implemented recommendations of the Auditor Generals management letter in the ensuing year.	The RCC must step up monitoring of MMDAs.
	3.4	Meetings towards implementation of Internal Audit recommendations	All MMDAs visited have records of implementation of Internal Audit recommendations.	Good practice, must be encouraged to continue.
	3.5	Expending on activities outside the AAP	More than 90% of sampled expenditures from all MMDAs visited were captured in their AAPs.	Good practice, must be encouraged to continue.
	3.6	Availability and updating of data on rateable properties	All MMDAs visited compiled and updated their data on rateable properties however only Chereponi, East Mamprusi, Mamprugu Moagduri and West Mamprusi MMDAs submitted their data to the F&A sub-committees for approval.	The RCC must step up monitoring of MMDAs for compliance.
Infrastructure	4.1	Level of achievement in the implementation of planned road projects	Only Bunkpurugu Nakpanduri DA out of the 6 MMDAs visited was unable to complete more than 80% of their road programmes/projects in their 2021 APR.	The RCC must impress upon MMDAs to capture or roll-over uncompleted projects to the ensuing year's AAP as first priority.
	4.2	Level of achievement in the implementation of planned building projects	Only Mamprugu Moagduri DA out of the 6 MMDAs visited was unable to complete more than 80% of their building programmes/projects in their 2021	The RCC must impress upon MMDAs to capture or roll-over uncompleted projects to the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			APR.	ensuing year's AAP as first priority.
	4.3	Inauguration of Spatial Planning and Technical Sub - Committees	Both committees have been inaugurated and fully functioning in all 6 MMDAs except Mamprugu Moagduri and Bunkpurugu Nakpanduri DAs.	
	4.4	Building Permit applications processing	Only Mamprugu Moagduri DA could not produce any information on building permit application that had been considered within the year 2021.  3 MMDAs (Bunkpurugu Nakpanduri, Chereponi & Yunyoo Nasuan MMDAs) did not have a building permit application register.	The MMDAs must be impressed upon to keep building permit applicant register.
	4.5	Availability of approved spatial plans (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans)	Only Bunkpurugu Nakpanduri, East and West Mamprusi had validly dated structure plan.  All the other MMDAs had only local plans.	The RCC must support the MMDAs in the development of the Spatial Development Framework and Structural Plans.
Social Services	5.1	Compliance with Education Oversight Committee meetings	Only Yunyoo Nasuan and West Mamprusi MMDAs held 4 quarterly meetings with signed minutes and clear evidence of implementation of decisions on file.  In Mamprugu Moagduri DA, none of the 4 minutes produced were signed by both the secretary and chairman.  Bunkpurugu Nakpanduri MA could not produce evidence of even a single meeting held.	The RCC must ensure compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>In East Mamprusi MA, the invitation letters and minutes produced were found to be fictitious.</p>	
	5.2	<p>Compliance with Health Oversight Committee meetings</p>	<p>Only Mamprugu Moagduri, West Mamprusi and Yunyoo Nasuan MMDAs held 4 quarterly meetings with signed minutes and clear evidence of implementation of decisions on file.</p> <p>No evidence of meeting was produced in Bunkpurugu Nakpanduri and Chereponi MMDAs.</p> <p>In East Mamprusi MA, the invitation letters and minutes produced were found to be fictitious.</p>	<p>The RCC must ensure compliance.</p>
	5.3	<p>Updating of Vulnerable groups list</p>	<p>Only 2 MMDAs (Bunkpurugu Nakpanduri &amp; West Mamprusi) have 2 updates with evidence of submission of these updates to the RCC.</p> <p>In East Mamprusi MA, 2 updates were done but none officially submitted to the RCC.</p> <p>2 MMDAs (Mamprugu Moagduri &amp; Yunyoo Nasuan) prepared only one update for the year 2021.</p> <p>There was no evidence produced in Chereponi DA.</p>	<p>MMDAs must take these updates serious as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable groups.</p>
5.4	<p>Implementation of GBV interventions</p>	<p>Only East Mamprusi, West Mamprusi and Yunyoo Nasuan MMDAs successfully implemented more than 80% of planned interventions.</p> <p>No evidence was produced for this indicator in Bunkpurugu Nakpanduri DA.</p>	<p>The RCC must ensure compliance.</p>	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.5	Management of Child Protection cases	<p>Only West Mamprusi (40%) and Yunyoo Nasuan (0%) recorded less than 60% for this indicator.</p> <p>All the other 7 MMDAs recorded more than 60% of reported cases were successfully managed.</p>	
	5.6	Organization of Community Mobilization & Education programmes	<p>Only Yunyoo Nasuan (0%), Mamprugu Moagduri (35.71%) and Chereponi (75%) implemented less than 80% of their Community Mobilization &amp; Education programmes.</p>	
Economic Development	6.1	Increase in yield in selected Agric produce	<p>Only Chereponi and West Mamprusi MMDAs reported more than 10% increase in yield of selected crops in the year 2021.</p> <p>Negative growth in yield was recorded in Bunkpurugu Nakpanduri DA.</p> <p>In East Mamprusi MA the yield figures produced as fictitious and different from what was produced in the Departmental Annual Report for the year 2021.</p> <p>No evidence was produced in Yunyoo Nasuan DA.</p>	<p>The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region.</p>
	6.2	Increment in the percentage of subsistence farmers moved to commercial farming category	<p>In Bunkpurugu Nakpanduri and Yunyoo Nasuan DAs no evidence was produced for this indicator.</p> <p>Only 3 out of the 6 MMDAs (Chereponi, Mamprugu Moagduri &amp; West Mamprusi MMDAs) recorded more than 30% increment in this indicator.</p> <p>The figures produced by East Mamprusi MA were</p>	<p>The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region.</p>



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			found to be fictitious.	
	6.3	Implementation of Tourism related activities	No tourism activity was either planned or implemented in all the 6 MMDAs assessed.	The RCCs must enforce compliance.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness Action plan & Implementation report	<p>None of the 6 MMDAs visited had prepared a Disaster Preparedness Action plan and a detailed implementation report for the year 2021.</p> <p>In West Mamprusi MA, the NADMO plan for the MA's AAPs was produced as evidence.</p> <p>In Mamprugu Moagduri and Yunyoo Nasuan DAs only the Disaster Preparedness Action plans were available without an implementation report.</p>	The RCCs must enforce compliance.
	7.2	Inclusion of Environment enhancement programmes in 2022 AAP	All 6 MMDAs visited had at least one Environment enhancement programmes in their 2022 AAP.	
	7.3	Increase in population with household toilets	<p>Yunyoo Nasuan DA could not show any evidence for this indicator.</p> <p>The data produced by Bunkpurugu Nakpanduri DA was found to be completed different that contained in the Environmental Health Unit's report.</p> <p>All other MMDAs recorded at least 15% increase in Household toilets in 2021.</p>	MMDAs should be admonished to commit more efforts towards ending open defecation in the Region.
	7.4	MMDA sponsorship of Routine Cleansing activities	Only East Mamprusi MA could not provide any evidence of at least one Assembly sponsored routine cleansing carried out in the year 2021.	MMDAs should be admonished to commit more resources and efforts towards

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
				improving sanitation

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

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	<p>Out of the 16 MMDAs visited in the Region, only Tamale MA held both joint mid-year for the year 2021 and planning for the year 2022 with signed invitation letters and minutes showing the inputs of some instead of all stakeholders as required by the LG law, Act 936.</p> <p>Only one meeting (mid-year review) was held in Gushiegu, Mion, Nanton, Saboba, Sagnerigu, Savelugu, and Yendi MMDAs.</p> <p>The meetings held in Karaga, Nanumba North, Nanumba South, Tatali and Zabzugu MMDAs were D/MPCU meetings and not ISCCS meetings in accordance to the provisions of the LG law, Act 936.</p>	The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.
	1.2	Compliance with the organization of sensitization workshops	<p>Out of the 16 MMDAs visited, only Mion, Nanumba South, Saboba, Savelugu and Tatale MMDAs did not organize at least one sensitization workshop for staff.</p> <p>All other MMDAs organized only 1 sensitization workshop for their staff except Tamale MA which organized 2 workshops.</p>	The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.
	1.3	Electronic capturing and storage of correspondence	<p>Only Kpandai DA has a functional registry software that captured incoming and outgoing correspondence on a daily basis without any challenges in the year 2021.</p> <p>Even though Gushiegu, Nanton, Nanumba South, Sagnerigu, Savelugu, Tamale &amp; Tatale MMDAs had</p>	The RCC must support the MMAs with IT support services.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>various forms of registry softwares, scanned documents are not linked to form an integrated system of electronic correspondence capturing.</p> <p>Karaga &amp; Mion DAs do not have a functioning registry software.</p> <p>There was no functional computer in Kumbungu &amp; Nanumba North MMDAs at the time of the assessment.</p> <p>There was no functional scanner in Mion, Saboba &amp; Sagnerigu MMDAs at the time of the assessment.</p> <p>The performance of the MMDAs in the Region in this KPI is generally poor.</p>	
	1.4	Availability and Update of Website	<p>The websites in all 16 MMDAs visited were assessable with the exception of Mion, Nanumba North and Tatale MMDAs.</p> <p>None of the 16 MMDAs visited had a minimum of 9 monthly updates of at least 5 Departments in the year 2021.</p> <p>Only Sagnerigu DA has some information on the mandates and services of Departments and Units of the Assemblies on their website.</p>	The RCC must intensify compliance monitoring in this area.
	1.5	i. Establishment of the Client Service Unit	i. All 16 MMAs visited have established Client Service Units (CSUs) but the CSUs of Karaga, Mion and Nanton MMDAs are not permanently labeled.	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		ii. Staffing and training of the Unit  iii. Compliant Records Logbook  iv. Confusing the Public Relations & Complaint Unit with the Client Service Unit	i. All 16 MMDAs have permanent Client Service Officers except the Officer in the Kpandai DA who is a National Service Personnel. ii. CSU staffs across the MMDAs in the Region have not been trained on Client Service except the officer in Mion & Nanumba South MMDAs.  i. The complaint records of all the 16 MMDAs visited were not well captured and there were no record of actions taken. Most of the complainants called complained of not being updated on actions taken.  i. The Client Service Unit and its functions were being confused with that of the Public Relations & Complaint Unit in Kumbungu, Nanton, Tamale & Yendi MMDAs.	i. The RCC needs to prioritize the training of CSU officers in their training plans.  i. A system of monitoring and measuring client/customer satisfaction after a complaint has been reported and resolved must be prioritized.  MMDAs need to be sensitized on the difference in functions between the PRCC and the CSU.
	1.6	i. Poorly maintained visitor's washrooms	i. The designated visitor's washrooms were locked in Kumbungu, Yendi & Sagnerigu ii. There is no dedicated washroom for visitors of Tolon DA. iii. The visitor's washrooms in Gushiegu & Saboba DAs are poorly maintained and needs to be improved. iv. The visitor's washroom in Nanumba North & Savelugu MMDAs are urinals with no toilet and hand washing facilities.	The MMDAs must be impressed upon to see the need to improve on their workplace environment especially visitor's washrooms, their general office space and environment.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		ii. Office Accommodation  iii. General office environment/landscape  iv. Office Sign Post & Directional Signs	i. The offices of all 16 MMDAs were well managed except Saboba, Zabzugu & Tolon DAs.  i. The office environment and landscape of all 16 MMDAs visited were well maintained except Saboba & Zabzugu DAs.  i. All the 16 MMDAs visited had office sign posts but limited directional signs that can adequately direct/lead clients to the office locations.	
Human Resource Management	2.1	Compliance with promotion schedule with established vacancies submission	Only Karaga, Mion, Nanton, Saboba and Tatale MMDAs out of the 17 visited did not fully comply with the preparation of promotion and retirement schedules with established vacancies as well as the official transmission on or before the deadlines. The other 11 MMDAs visited had a perfect score for this KPI.	The RCC need to insist on this submission being done well and submitted on time.
	2.2	Compliance with Salary Validation comprehensive report submission	All 16 MMDAs visited fully complied with this submission.	The MMDAs must be encouraged to keep this up.
	2.4	Training of MMDA staff	It was only in Nanton, Saboba, Yendi and Tatale MMDAs that less than 80% of DAs training plan was implemented.  All other 12 MMDAs visited implemented 80% or more of their training plans.	The MMDAs must be impressed upon to keep investing resources into staff capacity building.
	2.5	Compliance with Staff Performance Appraisal	50% of the MMDAs in the Northern Region (Gushiegu, Kpandai, Nanumba South, Sagnerigu, Tamale, Tolon,	The RCC must intensify training on the Performance

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		Planning for 2021	Yendi & Zabzugu MMDAs) visited had more than 70% of their staff fully complying with the performance appraisal schedule/cycle with fully signed 2021 appraisals on file.	Appraisal Tool for staff of MMDAs under their jurisdiction.
Financial Management & Reporting	3.1	Compliance with the preparation and submission of RIAP	All 16 MMDAs visited prepared their RIAP but only Karaga, Saboba and Tolon MMDAs did not laid their RIAP before their respective General Assemblies for approval.	The RCC must ensure strict compliance.
	3.2	Efforts into Street Naming	7 out of the 16 MMDAs (Gushiegu, Karaga, Kpandai, Mion, Nanton, Saboba and Yendi) did not undertake any activity on the mounting of new signages in the year 2021.	The RCC should take steps in assisting these MMDAs in this area.
	3.3	Implementation of the Auditor Generals recommendations	Gushiegu, Karaga, Kumbungu, Mion, Nanumba North, Savelugu, Tolon, Yendi and Zabzugu MMDAs had not fully implemented recommendations of the Auditor Generals management letter in the ensuing year.	The RCC must step up monitoring of MMDAs on compliance.
	3.4	Meetings towards implementation of Internal Audit recommendations	All 16 MMDAs visited have records of implementation of Internal Audit recommendations.	This is a good practice, must be encouraged to continue.
	3.5	Expending on activities outside the AAP	90% or more sampled expenditures from all 16 MMDAs visited were captured in their AAPs.	This is a good practice, must be encouraged to continue.
	3.6	Availability and updating of data on rateable properties	All MMDAs visited compiled and updated their data on rateable properties however only Nanton, Nanumba North, Saboba, Sagnerigu and Tolon MMDAs submitted their data to the F&A sub-committees for approval.	The RCC must step up monitoring of MMDAs for compliance.
Infrastructure	4.1	Level of achievement in the	All 16 MMDAs visited successfully implemented 80%	This is a good practice, must be

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		implementation of planned road projects	or more of their road programmes/projects in their 2021 APR with the exception of Savelugu MA which did not produce an APR for verification.	encouraged to continue.
	4.2	Level of achievement in the implementation of planned building projects	All 12 MMDAs visited successfully implemented more than 80% of their building programmes/projects in their 2021 APR except Karaga (57%), Nanton (60%) and Savelugu (did not produce an APR for verification).	The RCC must step in to assist these MMDAs with technical support.
	4.3	Inauguration of Spatial Planning and Technical Sub - Committees	Both committees have been inaugurated and fully functioning in all 16 MMDAs visited.	This is a good practice, must be encouraged to continue.
	4.4	Building Permit applications processing	All 16 MMDAs visited successfully processed 80% or more of building permit applications and communicated decisions to all applicants in the year 2021, however, Kpandai, Gushiegu, Nanton & Nanumba South MMDAs did not have a building permit application register.	This is a good practice, must be encouraged to continue.
	4.5	Availability of approved spatial plans (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans)	Only Sagnerigu, Savelugu and Tamale MMDAs had validly dated structure plan.  All the other MMDAs had only local plans.	The RCC must support the MMDAs in the development of the Spatial Development Framework and Structural Plans.
Social Services	5.1	Compliance with Education Oversight Committee meetings	Only Tatale and Tolon DAs held 4 quarterly meetings with signed invitation letters, minutes and clear evidence of implementation of decisions on file.  In Nanumba North DA, the minutes of the meetings were not signed by the statutory chair and secretary of	The RCC must ensure compliance.



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>the committee but by a Recorder.</p> <p>No DEOC meeting was held in Karaga DA in 2021.</p>	
	5.2	Compliance with Health Oversight Committee meetings	<p>Only Tamale, Yendi, Nanumba South and Tatale MMDAs held 4 quarterly meetings with signed invitation letters, minutes and with some evidence of implementation of decisions on file.</p> <p>In Kpandai, Kumbungu, Mion, Nanumba North &amp; Savelugu MMDAs, the minutes of the meetings were not signed by the chairman and secretaries of the committee but by other participants of the meetings such as recorders and admin officers.</p> <p>No evidence of invitation letters and minutes were produced in Sagnerigu MA for the year 2021.</p>	The RCC must ensure compliance.
	5.3	Updating of Vulnerable groups list	Only Gushiegu, Sagnerigu, Tatale & Tolon MMDAs out of the 16 visited have 2 updates with evidence of submission of these updates to the RCC by the deadlines.	The MMDAs must take these updates serious as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable groups.
	5.4	Implementation of GBV interventions	<p>Out of the 16 MMDAs only Kpandai, Nanton and Tatale MMDAs implemented less than 60% of their GBV interventions in their 2021 AAP.</p> <p>No GBV interventions were planned in Nanton DA.</p>	The RCC must ensure compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.5	Management of Child Protection cases	<p>Only Karaga, Mion, Sagnerigu &amp; Yendi MMDAs did not produce evidence of child protection cases managed in the MMDA's in the Departmental Annual Report for 2021.</p> <p>11 MMDAs recorded more than 60% of reported cases were successfully managed except Kumbungu DA (19.67%).</p>	
	5.6	Organization of Community Mobilization & Education programmes	Only Karaga, Kumbungu, Nanton, Nanumba North & Sagnerigu MMDAs implemented less than 80% of their Community Mobilization & Education programmes.	The RCC must ensure compliance.
Economic Development	6.1	Increase in yield in selected Agric produce	<p>Only Nanumba North, Tamale, Tatale &amp; Tolon MMDAs reported more than 10% increase in yield of selected crops in the year 2021.</p> <p>No evidence was produced in Kumbungu &amp; Saboba MMDAs.</p>	The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region.
	6.2	Increment in the percentage of subsistence farmers moved to commercial farming category	<p>Only Nanumba North, Nanumba South, Tatale, Yendi &amp; Tolon MMDAs recorded more than 30% increase in the year 2021.</p> <p>No clear evidence was produced in Gushiegu, Karaga, Kumbungu, Mion, Saboba, Sagnerigu &amp; Tamale MMDAs.</p> <p>The performance of MMDAs in the region was generally poor.</p>	The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region.
	6.3	Implementation of Tourism	Only Nanumba North, Nanumba South, Sagnerigu,	The RCCs must enforce

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		related activities	Tolon, Yendi & Zabzugu MMDAs successfully implemented more than 80% or more of planned tourism related activities in 2021.	compliance.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness Action plan & Implementation report	<p>Only Mion, Nanumba North, Nanumba South, Sagnerigu and Savelugu MMDAs out of the 16 MMAs visited had prepared a Disaster Preparedness Action plan and implementation report for the year 2021 but the implementation reports need to be improved.</p> <p>No evidence was produced in Karaga &amp; Zabzugu DAs.</p> <p>In Kumbungu and Tolon MMDAs, the NADMO plan for the MMDA's AAPs was what was rather produced as evidence.</p> <p>In Kpandai, Nanton, Saboba &amp; Tamale MMDAS only the Disaster Preparedness Action plans were available without an implementation report for the year 2021.</p>	The RCCs must enforce compliance.
	7.2	Inclusion of Environment enhancement programmes in 2022 AAP	All 12 MMDAs visited had at least one Environment enhancement programmes in their 2022 AAP except Karaga, Kpandai & Savelugu MMDAs.	The RCCs must enforce compliance.
	7.3	Increase in population with household toilets	<p>Only 2 MMDAs (Kpandai &amp; Saboba DAs) out of the 16 visited recorded less than 15% increase of Household Toilets in 2021 over 2020.</p> <p>There was no evidence produced in Nanton &amp; Zabzugu DAs.</p>	The MMDAs should be admonished to commit more efforts towards ending open defecation in the Region.
	7.4	MMDA sponsorship of	There was evidence of Assembly financing of routine	MMDAs should be

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		Routine Cleansing activities	<p>clean up exercise in only Gushiegu, Nanumba South, Saboba, Sagnerigu and Tatale MMDAs in the year 2021.</p> <p>The clean up exercises organized in Karaga, Kpandai, Kumbungu, Mion, Nanumba North, Savelugu, Tamale, Tolon, Yendi &amp; Zabzugu MMDAs were done in collaboration with zoomlion.</p>	admonished to commit more resources and efforts towards improving sanitation

Table 5: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Bono Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	<p>Out of the 12 MMDAs visited, only Sunyani MA held both joint mid-year for the year 2021 and planning for the year 2022 with signed invitation letters and minutes showing the inputs of all stakeholders as required by the LG law, Act 936.</p> <p>Only one meeting (mid-year review) was held in Dormaa East, Dormaa West and Wenchi MMDAs.</p> <p>The minutes of the mid-year review meeting produced by Jaman South was not signed.</p> <p>The meetings held in Banda, Berekum East, Berekum West Dormaa Central, Jaman North, Sunyani West and Tain MMDAs were either D/MPCU, General Assembly or Town hall meetings and not ISCCS meetings in accordance to the provisions of the LG law, Act 936.</p>	The RCC must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.
	1.2	Compliance with the organization of sensitization workshops	<p>Out of the 12 MMDAs visited, only Banda, Jaman North, Jaman South and Tain MMDAs did not organize at least one sensitization workshop for staff.</p> <p>Only Berekum West DA organized more than 1 sensitization workshop.</p>	The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.
	1.3	Electronic capturing and storage of correspondence	Only Dormaa Central, Sunyani West and Wenchi MMDAs have registry software specifically	The RCC must support the MMDAs with IT support

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>developed for electronic records management.</p> <p>Banda and Dormaa East DAs are using Microsoft based software (Access and Excel) for electronic records management.</p> <p>There are no electronic records management application in use in Berekum East, Berekum West, Dormaa West, Jaman North, Jaman South, Sunyani MA and Tain.</p> <p>In Banda, Dormaa East &amp; Sunyani West MMDAs, the scanned documents are not hyperlinked to the software being used.</p> <p>The performance of the MMDAs in the Region in this KPI is generally poor.</p>	<p>services.</p>
	1.4	Availability and Update of Website	<p>All 12 MMDAs visited have websites but none has more than 9 monthly updates of at least 5 Departments.</p> <p>Only Banda, Berekum East, Jaman South and Sunyani MMDAs have some information on the mandates and services of Departments and Units of the Assemblies on their website.</p>	<p>The RCC must intensify compliance monitoring in this area.</p>
	1.5	i. Establishment of the Client Service Unit	<p>i. All 12 MMDAs visited have established Client Service Units (CSUs) but the CSUs of Banda, Jaman North and Wenchi MA are not permanently</p>	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		ii. Staffing and training of the Unit  iii. Compliant Records Logbook	labeled.  i. All 12 MMDAs have permanent Client Service Officers except the Officer in the Jaman North DA. ii. CSU staffs across the MMDAs in the Region have not been trained on Client Service.  i. The complaint records of all the 12 MMDAs visited were not well captured and there were no record of actions taken. Most of the complainants called complained of not being updated on actions taken.	i. The RCC needs to prioritize the training of CSU officers in their training plans.  i. A system of monitoring and measuring client/customer satisfaction after a complaint has been reported and resolved must be prioritized.
	1.6	i. Poorly maintained visitor's washrooms  ii. Office Accommodation	i. Only Dormaa East, Jaman South, Sunyani MA, Sunyani West and Wenchi MMDAs have a dedicated, well managed visitor's washroom with running water, soap and tissue exclusively for use by clients. ii. There is no dedicated washroom for visitors of Berekum West DA. iii. The visitor's washrooms in Dormaa Central and Jaman North MMDAs are poorly managed and needs to be improved. iv. The visitor's washroom in Tain DA is still under construction.  i. The offices of all 12 MMDAs were well managed.	The MMDAs must be impressed upon to see the need to improve on their workplace environment especially visitor's washrooms, their general office space and environment.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		<p>iii. General office environment/landscape</p> <p>iv. Office Sign Post &amp; Directional Signs</p>	<p>i. The office environment and landscape of all 12 MMDAs visited were well maintained except Berekum East and Tain MMDAs who had refuse collection points poorly managed.</p> <p>i. All the 12 MMDAs visited had office sign post but limited directional signs that can adequately direct/lead clients to the office locations.</p>	
Human Resource Management	2.1	Compliance with promotion schedule with established vacancies submission	Only Banda and Jaman North DAs did not include their retirement schedules in their submissions. 11 MMDAs visited had a perfect score for this KPI.	The RCC need to insist on this submission being done well and submitted on time.
	2.2	Compliance with Salary Validation comprehensive report submission	All 12 MMDAs visited fully complied with this submission.	The MMDAs must be encouraged to keep this up.
	2.4	Training of MMDA staff	<p>It was only in Dormaa East DA that less than 80% of DAs training plan was implemented.</p> <p>No evidence was produced in Tain DA.</p> <p>All 10 other MMDAs visited implemented 80% or more of their training plans.</p>	The MMDAs must be impressed upon to keep investing resources into staff capacity building.
	2.5	Compliance with Staff Performance Appraisal Planning for 2021	It was only in Banda, Berekum East, Dormaa Central, Dormaa West, Sunyani MA, Sunyani West & Wenchi MMDAs out of the 12 MMDAs visited had more than 70% of their staff fully complying with the performance appraisal schedule/cycle with fully	The RCC must intensify training on the Performance Appraisal Tool for staff of MMDAs under their jurisdiction.



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			signed 2021 appraisals on file.	
Financial Management & Reporting	3.1	Compliance with the preparation and submission of RIAP	All 12 MMDAs visited prepared their RIAP but only Banda, Berekum East, Dormaa West, Jaman South, Sunyani West and Tain MMDAs laid their RIAP before their respective General Assemblies for approval.	The RCC must ensure strict compliance.
	3.2	Efforts into Street Naming	Only Jaman North, Jaman South and Tain MMDAs did not undertake any activity on the mounting of new signages in the year 2021.	The RCC should take steps in assisting these MMDAs in this area.
	3.3	Implementation of the Auditor Generals recommendations	Only Dormaa Central, Sunyani West and Tain MA had not fully implemented recommendations of the Auditor Generals management letter in the ensuing year.	The RCC must step up monitoring of MMDAs on compliance.
	3.4	Meetings towards implementation of Internal Audit recommendations	All 12 MMDAs visited have records of implementation of Internal Audit recommendations.	This is a good practice, must be encouraged to continue.
	3.5	Expending on activities outside the AAP	More than 90% of sampled expenditures from all 12 MMDAs visited were captured in their AAPs.	This is a good practice, must be encouraged to continue.
	3.6	Availability and updating of data on rateable properties	All MMAs visited compiled and updated their data on rateable properties however only Berekum East, Berekum West, Dormaa Central, Jaman South and Sunyani MA submitted their data to the F&A sub-committees for approval.	The RCC must step up monitoring of MMDAs for compliance.
Infrastructure	4.1	Level of achievement in the implementation of planned road projects	All 12 MMDAs visited successfully implemented 80% or more of their road programmes/projects in their 2021 APR.	This is a good practice, must be encouraged to continue.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.2	Level of achievement in the implementation of planned building projects	All 12 MMDAs visited successfully implemented more than 80% of their building programmes/projects in their 2021 APR except Jaman North and Sunyani West DAs.	This is a good practice, must be encouraged to continue.
	4.3	Inauguration of Spatial Planning and Technical Sub - Committees	Both committees have been inaugurated and fully functioning in all 12 MMDAs visited.	This is a good practice, must be encouraged to continue.
	4.4	Building Permit applications processing	All 12 MMDAs visited successfully processed all building permit applications and communicated decisions to all applicants in the year 2021.	This is a good practice, must be encouraged to continue.
	4.5	Availability of approved spatial plans (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans)	Only Berekum East, Sunyani MA, Sunyani West and Wenchi MMDAs had validly dated structure plan.  All the other MMDAs had only local plans.	The RCC must support the MMDAs in the development of the Spatial Development Framework and Structural Plans.
Social Services	5.1	Compliance with Education Oversight Committee meetings	Only Dormaa East, Sunyani West and Wenchi MMDAs held 4 quarterly meetings with signed invitation letters, minutes and clear evidence of implementation of decisions on file.  In Berekum East and Tain MMDAs, the minutes of the meetings were not signed by the chairman and secretaries of the committee but by other participants of the meetings such as Admin Officers and Recorders.  No DEOC meeting was held in Jaman North DA in 2021.	The RCC must ensure compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.2	Compliance with Health Oversight Committee meetings	<p>Only Wenchi MA held 4 quarterly meetings with signed invitation letters, minutes and clear evidence of implementation of decisions on file.</p> <p>In Banda, Berekum East, Dormaa East, Dormaa West, Sunyani MA and Sunyani West MMDAs, the minutes of the meetings were not signed by the chairman and secretaries of the committee but by other participants of the meetings such as recorders and admin officers.</p> <p>The minutes of the meetings in Jaman North and South MMDAs were not signed.</p> <p>No evidence of invitation letters and minutes were produced in Berekum West DA for the year 2021.</p>	The RCC must ensure compliance.
	5.3	Updating of Vulnerable groups list	<p>Only Banda and Dormaa West DAs have 2 updates with evidence of submission of these updates to the RCC by the deadlines.</p> <p>In Berekum West, Dormaa Central, Dormaa East, Jaman North, Sunyani MA, Sunyani West, Tain and Wenchi MMDAs, updates were done but none officially submitted to the RCC.</p> <p>No evidence was produced in Berekum East MA.</p>	The MMDAs must take these updates serious as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable groups.
	5.4	Implementation of GBV interventions	All 12 MMDAs implemented 60% or more of their GBV interventions in their 2021 AAP except Berekum	The RCC must ensure compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>East and Jaman North MMDAs.</p> <p>No evidence was produced in Dormaa East and West DAs.</p>	
	5.5	Management of Child Protection cases	<p>Only Berekum West DA did not have evidence of child protection cases managed in the DA in the Departmental Annual Report for 2021.</p> <p>All the other 11 MMDAs recorded more than 60% of reported cases were successfully managed.</p>	
	5.6	Organization of Community Mobilization & Education programmes	<p>Only Berekum West, Dormaa West, Sunyani MA and Sunyani West MMDAs implemented more than 80% of their Community Mobilization &amp; Education programmes.</p>	The RCC must ensure compliance.
Economic Development	6.1	Increase in yield in selected Agric produce	<p>Only Dormaa Central Sunyani MA and Wenchi MMDAs reported more than 10% increase in yield of selected crops in the year 2021.</p> <p>No staff from the Agric Department of Dormaa East, Jaman South and Tain MMDAs was available to provide the evidence needed.</p>	The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region.
	6.2	Increment in the percentage of subsistence farmers moved to commercial farming category	<p>Only Berekum East, Sunyani MA, Sunyani West and Wenchi MMDAs recorded more than 30% increase in the year 2021.</p> <p>No evidence was provided all the other MMDAs.</p>	The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMDAs in the Region.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	6.3	Implementation of Tourism related activities	Only Berekum East, Berekum West, Dormaa East, Dormaa West, Jaman South and Wenchi MMDAs successfully implemented more than 80% or more of planned tourism related activities in 2021.	The RCCs must enforce compliance.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness Action plan & Implementation report	<p>Only Wenchi MA out of the 12 MMDAs visited had prepared a Disaster Preparedness Action plan and a detailed implementation report for the year 2021.</p> <p>Jaman South has a Disaster Preparedness Action plan but the implementation report was not well done.</p> <p>In Berekum East, Berekum West, Dormaa Central, Dormaa West, Sunyani MA and Sunyani West MMDAs, the NADMO plan for the MA's AAPs was what was rather produced as evidence.</p> <p>In Tain DA only the Disaster Preparedness Action plans were available without an implementation report.</p>	The RCCs must enforce compliance.
	7.2	Inclusion of Environment enhancement programmes in 2022 AAP	All 12 MMDAs visited had at least one Environment enhancement programmes in their 2022 AAP except Dormaa Central MA.	
	7.3	Increase in population with household toilets	Only 6 MMDAs (Berekum East, Dormaa Central, Dormaa East, Jaman South, Sunyani MA and Sunyani West) out of the 12 visited produced evidence to show more than 15% increase of	The MMDAs should be admonished to commit more efforts towards ending open

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>Household Toilets in 2021 over 2020.</p> <p>There was no evidence produced in Dormaa West and Jaman North DAs.</p> <p>There was 0% increase in Banda, Tain and Wenchi MMDAs.</p>	<p>defecation in the Region.</p>
	7.4	MMDA sponsorship of Routine Cleansing activities	<p>There was evidence of Assembly financing of routine clean up exercise in only Dormaa Central and Sunyani MA in the year 2021.</p> <p>No evidence of Assembly financing of routine clean up exercise was produce in all the other MMDAs.</p>	<p>MMDAs should be admonished to commit more resources and efforts towards improving sanitation</p>

*Tables 6a* below covers detailed observations of the following MMDAs in the Greater Accra Region;

1. Ablekuma Central Municipal Assembly
2. Ablekuma West Municipal Assembly
3. Accra Metropolitan Assembly
4. Ayawaso East Municipal Assembly
5. Ayawaso North Municipal Assembly
6. Ayawaso West Municipal Assembly
7. Krowor Municipal Assembly
8. Okaikwei North Municipal Assembly
9. Tema West Municipal Assembly

Table 6a: Detail Analysis /Findings of each Indicator for the above listed Nine (9) MMDAs in the Greater Accra Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	<p>Out of the 9 MMAs visited, only Ablekuma West and Ayawaso West held both joint mid-year for the year 2021 and planning for the year 2022 with signed invitation letters and minutes showing the inputs of all stakeholders as required by the LG law, Act 936.</p> <p>Only one meeting was held in Ablekuma Central, AMA, Ayawaso East, Ayawaso North and Okaikwei North MAs but not all invited stakeholders made contributions towards the attainment of the ISCCS objective as spelt out in the LG law, Act 936.</p> <p>Only Ayawaso West perfectly executed this indicator.</p>	The RCC must impress on the MMAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.
	1.2	Compliance with the organization of sensitization workshops	<p>Out of the 9 MMAs visited, only Ayawaso North MA did not organize a sensitization workshop for staff.</p> <p>Only Ablekuma Central, AMA, Krowor, Okaikwei North and Tema West MAs organized more than 1 sensitization workshop.</p>	The RCC must impress on the MMAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.
	1.3	Electronic capturing and storage of correspondence	<p>Only Ablekuma Central, Ablekuma West, AMA, Ayawaso North and Krowor MAs have registry softwares specifically developed for electronic records management.</p> <p>Ayawaso West, Okaikwei North &amp; Tema West MAs are using Microsoft based software (Access and Excel)</p>	The RCC must support the MMAs with IT support services.



		<p>for electronic records management.</p> <p>In Ablekuma West, Ayawaso North, Okaikwei North &amp; Tema West MAs, the scanned documents are not hyperlinked to the software being used.</p> <p>Only Ayawaso East does not have functional software for electronic records management.</p> <p>The software of AMA and Krowor had operational challenges which need to be urgently addressed.</p> <p>Out of the 9 MMAs visited, only Ablekuma Central MA has software which is well integrated to the MCD and stored correspondence timeously. The MA is a model of excellence in this area.</p>	
1.4	Availability and Update of Website	All 9 MMAs visited have functional websites but only Ablekuma West, AMA, Ayawaso West, and Tema West MAs regularly (on a monthly basis) updated their websites with news updates and other information on the mandates and services of Departments and Units of the Assemblies on their website.	The RCC must intensify compliance monitoring in this area.
1.5	i. Establishment of the Client Service Unit	<p>i. All 9 MMAs visited have established Client Service Units (CSUs) but the CSUs of AMA and Ayawaso North MA are not well labeled. They are labeled as Protocol office and Reception respectively.</p> <p>ii. The CSUs of Ayawaso East and North MAs do not have chairs for visitors.</p>	

		<ul style="list-style-type: none"> <li>ii. Staffing and training of the Unit</li> <li>iii. Confusing the Public Relations &amp; Complaint Unit with the Client Service Unit</li> <li>iv. Compliant Records Logbook</li> </ul>	<ul style="list-style-type: none"> <li>i. All MMAs have permanent Client Service Officers but only the Officers in the Ayawaso West, Okaikoi North &amp; Tema West MAs had been trained.</li> <li>i. It was observed that in Ayawaso East and Krowor MAs, the CSUs were being operated and confused with the PRCCs.</li> <li>i. All the 9 MMAs visited have records of complaints taken but no clear evidence of actions taken. Most of the complainants called complained of not being updated on actions taken.</li> </ul>	<ul style="list-style-type: none"> <li>i. The RCC needs to prioritize the training of CSU officers in their training plans.</li> <li>i. MMAs need to be sensitized on the difference in functions between the PRCC and the CSU.</li> <li>i. A system of monitoring and measuring client/customer satisfaction after a complaint has been reported and resolved must be prioritized.</li> </ul>
	1.6	<ul style="list-style-type: none"> <li>i. Poorly maintained visitor's washrooms</li> <li>ii. Office Accommodation</li> <li>iii. General office environment/landscape</li> <li>iv. Office Sign Post &amp; Directional Signs</li> </ul>	<ul style="list-style-type: none"> <li>i. Only Ablekuma West, AMA and Tema West have a dedicated, well managed visitor's washroom with running water, soap and tissue exclusively for use by clients.</li> <li>ii. The Visitor's washroom in Ayawaso North and East &amp; Okaikwei MAs needs to be improved.</li> <li>i. The offices of all 9 MMAs were well managed.</li> <li>i. The office environment and landscape of all 9 MMDAs visited were well maintained.</li> <li>i. All the 9 MMDAs visited had office sign post but limited directional signs that can adequately direct/lead clients to the office locations.</li> </ul>	<p>The MMAs must be impressed upon to see the need to improve on their workplace environment especially visitor's washrooms, their general office space and environment.</p>
Human	2.1	Compliance with promotion	Only Okaikwei North MA did not make their	The RCC need to insist on this

Resource Management		schedule with established vacancies submission	submission before the deadline. All other 8 MMAs visited had a perfect score for this KPI.	report being submitted and on time.
	2.2	Compliance with Salary Validation comprehensive report submission	All 9 MMAs visited fully complied with this submission.	The MMAs must be encouraged to keep this up.
	2.4	Training of MMDA staff	All 9 MMAs visited implemented 80% or more of their training plans.	The MMAs must be impressed upon to keep investing resources into staff capacity building.
	2.5	Compliance with Staff Performance Appraisal Planning for 2021	All 9 MMAs visited had more than 70% of their staff fully complying with the performance appraisal schedule/cycle with fully signed 2021 appraisals on file.  In the case of Tema West MA, all staff within the MMA (GoG and IGF staff) fully complied with the Performance Appraisal timelines and completed their performance appraisals for the year 2021. The MA is a model of excellence.	The RCC must intensify training on the Performance Appraisal Tool for staff of MMAs under their jurisdiction.
Financial Management & Reporting	3.1	Compliance with the preparation and submission of RIAP	All 9 MMAs visited prepared their RIAP but only Ablekuma Central, Ablekuma West, Ayawaso West, Krowor and Tema West MAs laid theirs before their respective General Assemblies for approval.	The RCC must ensure strict compliance.
	3.2	Efforts into Street Naming	Only Okaikwei North MA did not undertake any activity on the mounting of new signages in the year 2021.	The RCC must take steps in assisting Okaikwei MA in this area.
	3.3	Implementation of the Auditor Generals recommendations	Only Ayawaso East MA had not fully implemented recommendations of the Auditor Generals management letter in the ensuing year.	The RCC must step up monitoring of MMDAs particularly Okaikwei North MA.

	3.4	Meetings towards implementation of Internal Audit recommendations	All 9 MMAs visited have records of implementation of Internal Audit recommendations.	This is a good practice, must be encouraged to continue.
	3.5	Expending on activities outside the AAP	More than 90% of sampled expenditures from all 9 MMAs visited were captured in their AAPs.	This is a good practice, must be encouraged to continue.
	3.6	Availability and updating of data on rateable properties	All MMAs visited compiled and updated their data on rateable properties however only Ablekuma West, AMA, Ayawaso East, Ayawaso West, Krowor and Tema West MAs submitted their data to the F&A sub-committees for approval.	The RCC must step up monitoring of MMAs for compliance.
Infrastructure	4.1	Level of achievement in the implementation of planned road projects	All 9 MMAs visited successfully implemented 80% or more of their road programmes/projects in their 2021 APR.	This is a good practice, must be encouraged to continue.
	4.2	Level of achievement in the implementation of planned building projects	All 9 MMAs visited successfully implemented more than 80% of their building programmes/projects in their 2021 APR.	This is a good practice, must be encouraged to continue.
	4.3	Inauguration of Spatial Planning and Technical Sub - Committees	Both committees have been inaugurated and fully functioning in all 9 MMAs visited.	This is a good practice, must be encouraged to continue.
	4.4	Building Permit applications processing	All 9 MMAs visited successfully processed all building permit applications and communicated decisions to all applicants in the year 2021.	This is a good practice, must be encouraged to continue.
	4.5	Availability of approved spatial plans (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans)	Only Tema West MA had validly dated structure plan. All the other MMAs had only local plans.	The RCC must support the MMAs in the development of the Spatial Development Framework and Structural Plans.
Social Services	5.1	Compliance with Education Oversight Committee meetings	Only Ablekuma West, Ayawaso West and Tema West MAs held 4 quarterly meetings with signed invitation letters, minutes and clear evidence of implementation	The RCC must ensure compliance.

		<p>of decisions on file.</p> <p>In Ayawaso East and North MAs, the minutes of the meetings were not signed by the chairman and secretaries of the committee but by other participants of the meetings</p>	
5.2	Compliance with Health Oversight Committee meetings	<p>Only Ablekuma West, Ayawaso West and Tema West MAs held 4 quarterly meetings with signed invitation letters, minutes and clear evidence of implementation of decisions on file.</p> <p>In AMA and Krowor MA, the minutes of the meetings were not signed by the chairman and secretaries of the committee but by other participants of the meetings such as recorders and admin officers.</p>	The RCC must ensure compliance.
5.3	Updating of Vulnerable groups list	<p>Only AMA has 2 updates with evidence of submission of these updates to the RCC by the deadlines.</p> <p>In Tema West MA, the updates are done but only included in the quarterly Departmental report.</p> <p>In Ablekuma West, Ayawaso East, Ayawaso North, Ayawaso West, Krowor and Okaikwei North MAs, updates were done but none officially submitted to the RCC.</p>	The MMAs must take these updates serious as these updates serve as basis for the formulation of national level social policies and programmes that affect the vulnerable groups.
5.4	Implementation of GBV interventions	<p>Only Ablekuma Central and Okaikwei North MAs did not have any GBV activity in their 2021 AAP and did not implement any in 2021.</p>	The RCC must ensure compliance.
5.5	Management of Child Protection cases	<p>Only Ablekuma Central MA (56%) recorded less than</p>	

		60% for this indicator.  All the other 8 MMAs recorded more than 60% of reported cases were successfully managed.		
	5.6	Organization of Community Mobilization & Education programmes	Only Ayawaso North (57%) and Okaikwei North (71%) implemented less than 80% of their Community Mobilization & Education programmes.	
Economic Development	6.1	Increase in yield in selected Agric produce	<p>Only Ayawaso West and Tema West MAs reported more than 10% increase in yield of selected crops in the year 2021.</p> <p>No staff from the Agric Department of AMA and Okaikwei North MA was available to provide the evidence needed.</p> <p>No evidence was found in the Departmental annual report in Krowor &amp; Ayawaso North MAs.</p> <p>There were no baseline data in Ablekuma West, Ayawaso East, North and Krowor MAs for the 2021 figures to be compared with.</p>	The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMAs in the Region.
	6.2	Increment in the percentage of subsistence farmers moved to commercial farming category	<p>In Ablekuma Central, Ablekuma West, Ayawaso East and Krowor MAs no evidence was produced in Departmental annual report for this indicator.</p> <p>No staff from the Agric Department of AMA and Okaikwei North MA was available to provide the evidence needed.</p> <p>There were no baseline data in Ayawaso North MA for the 2021 figures to be compared with.</p>	The Regional Department of Agriculture needs to intensify its technical support and oversight duties to Departments under the MMAs in the Region.

			Tema West MA only recorded only 12.84% increase in 2021.	
	6.3	Implementation of Tourism related activities	Only Ayawaso West, Krowor, Okaikwei North & Tema West MAs successfully implemented more than 70% of planned tourism related activities in 2021.	The RCCs must enforce compliance.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness Action plan & Implementation report	<p>Only Ayawaso West and Tema West MAs out of the 9 MMAs visited had prepared a Disaster Preparedness Action plan and a detailed implementation report for the year 2021, however the implementation report of Tema West MA can be improved.</p> <p>AMA has a Disaster Preparedness Action plan but the implementation report is not detailed and will need to be improved.</p> <p>In Ablekuma Central, Ablekuma West, Ayawaso East and Ayawaso North MAs, the NADMO plan for the MA's AAPs was what was rather produced as evidence.</p> <p>In Krowor MA only the Disaster Preparedness Action plans were available without an implementation report.</p>	The RCCs must enforce compliance.
	7.2	Inclusion of Environment enhancement programmes in 2022 AAP	All 9 MMAs visited had at least one Environment enhancement programmes in their 2022 AAP.	
	7.3	Increase in population with household toilets	Only 4 MMAs (AMA, Ayawaso North, Okaikwei North and Tema West) out of the 9 visited produced evidence to show more than 15% increase of	The MMAs should be admonished to commit more efforts towards ending open

		<p>Household Toilets in 2021 over 2020.</p> <p>There was no baseline data for the 2021 figures to be compared with in Ablekuma Central, Ablekuma West, Ayawaso West and Krowor MAs for this indicator.</p> <p>There was no increase in Household toilet data for the year 2021 when compared with the 2020 figures.</p>	defecation in the Region.
7.4	MMDA sponsorship of Routine Cleansing activities	<p>There was evidence of Assembly financing of routine clean up exercise in Ablekuma West, AMA, Ayawaso North, Ayawaso West, Krowor, Okaikwei North and Tema West MMAs in the year 2021.</p> <p>No evidence was produce in Ablekuma Central and Ayawaso East MAs.</p>	The MMAs should be admonished to commit more resources and efforts towards improving sanitation



Tables 6b below covers detailed observations of the following MMDAs in the Greater Accra Region;

1. Ashiaman
2. Ayawaso Central
3. Ayawaso North
4. Ga South
5. Ga Central
6. Ga East
7. Ga North
8. Ga West
9. Korle Klottey
10. Kpone Katamanso
11. Ada East
12. La Dade-Kotopon
13. La Nkwantanang
14. Ledzokuku
15. Ningo-Prampram
16. Tema Metro
17. Weija-Gbawe
18. Ada West

Table 6b: Detail Analysis /Findings of each Indicator for the above listed Eighteen (18) MMDAs in the Greater Accra Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	<ul style="list-style-type: none"> <li>i. Out of the 18 MMDAs ten (10) of them scored 4, Seven (7) scored 2. on this KPI.</li> <li>ii. One (1) MMDA scored 1(Ledzokuku) had evidence of the meetings but the Minutes were all signed by only the CD.</li> </ul>	The required stakeholders should be invited for the meeting. Town hall meetings should not be a substitute.
	1.2	Compliance with the organization of sensitization workshops	Out of the 18 MMDAs sixteen (16) of them scored 3 as the highest recorded and two (2) scored 4.	Some of the reports have serious deficits though the trainings are organized
	1.3	<ul style="list-style-type: none"> <li>i. Software application in place for Records Management</li> <li>ii. Electronic storage by scan</li> </ul>	<ul style="list-style-type: none"> <li>i. Out of the 18 MMDAs eight (8) of them scored three (3), four (4) scored 0, two (2) scored 4, two (2) scored 1 and two (2) scored 2 on this KPI.</li> <li>ii. Four (6) MMDAs (Ablekuma North, Ada west,Ga Central,Ga East, Korle Klolley &amp; Ningo Prapram) did not meet the requirement</li> </ul>	There should be regular update where applications are available. Also scanners should be provided for records office. System should be networked to enable MCE and MCD to access records captured. Management should take interest in electronic capturing of correspondence.
	1.4	<ul style="list-style-type: none"> <li>i. Availability of a Website</li> <li>ii. Update of website</li> </ul>	<ul style="list-style-type: none"> <li>i. Seven (7) districts (Ablekuma North, Ashiaman Ga North, La-Dade Kotopon, La-Nkwantantanang, Ningo-Prampram &amp; Weija-Gbawe) out of the 18 scored 1, four (4) scored 3, Five Districts (Ada West, Ayawaso Central, Ga South, Ledzokuku, &amp; Tema) Scored 0. Either their Wib site could not be assessed or they did not post enough events.</li> </ul>	There should be regular update of information on website with content from all departments not only MMDCEs programs. Internet should be provided regularly

	1.5	<p>i. Establishment of the Client Service Unit</p> <p>ii. Staffing and training of the Unit</p> <p>iii. Compliant Records Logbook</p>	<p>i. Twelve (12) MMDAs out of the 18 scored 3, five (5) scored 4.</p> <p>ii. One (1) District (Ablekuma North) scored 2.</p> <p>iii. The records at the CS of Ablekuma North was not well organized.</p>	<p>Substantive officers should manage the Client Service Unit not NSP.</p> <p>Feedback on action taken on complains by action officers should be made available to the unit.</p>
	1.6	<p>i. Poorly maintained washrooms</p> <p>ii. Office Accommodation</p> <p>iii. Landscaping</p>	<p>i. Ten (10) MMDAs scored 3, five (5) scored 4 and three (3) scored 2 as the lowest on this KPI.</p> <p>ii. The newly created Districts Ayawaso Central &amp; Korle Klottey had serious office space challenges.</p>	<p>There is the need for regular maintenance and cleaning of offices</p>
Human Resource Management	2.1	Compliance with promotion schedule with established vacancies submission	Out of 18 Districts, sixteen (16) scored 4 and One (1) District (Ashiaman) scored 3 and Ablekuma North scored 1. Ablekuma North did not meet the requirement.	
	2.2	Compliance with Salary Validation comprehensive report submission	Twelve (12) MMDAs out of 18 scored 4, three (3) Districts (Ga West, Ada East & Weija -Gbawe) scored 2, two (2) Districts (Ayawaso Central & Korle Klottey) scored 0 and one (1) scored 3.	Summary of ESPV should be prepared and transmitted timely
	2.4	Training	Out of the 18 MMDAs, fourteen (14) scored 4 as the highest, two (2) scored 3, and two (2) scored between 0 and 1 as the lowest on this KPI. Ada West and Ga North did not meet the requirement.	Training plan should be reviewed if it cannot be implemented

	2.5	Compliance with Staff Performance Appraisal Planning for 2020	Eleven (11) MMDAs out of 18 scored 0, five (5) Districts (Ada West, La Dade Kotopon, Ledzokuku, Tema & Weija ) scored 4 and one (1) District (Ga Central scored between 2 and Ga North Scored 3.	Management and Heads of Departments and units should take the process serious wit their direct reports
Financial Management & Reporting	3.1	Revenue Improvement Action Plan	Out of the 18 MMDAs, sixteen (16) scored 4 as the highest and two (2) scored 3 as the lowest on this KPI. General all the District met this requirement.	
	3.2	Efforts into Street Naming	Out of the 18 MMDAs, ten (10) scored 4, six (6) Districts (Ga South, Ga West, Korle Klottey, La-Nkwantanang, Ningo-Prampram & Weija -Gbawe) scored 0 and two (2) Districts (Ga North & Tema) score 2.	
	3.3	Meetings towards implementation of the Auditor's Generals recommendations	Out of the 18 MMDAs, nine (9) scored 0 and nine (9) scored 4 respectively.  (Ga Central, Ga East, Ga North, Korle Klottey, La Dade Kotopong, Ledzokuku, Ningo-Prampram, Tema & Weija Gbawe) did not meet the requirement.	Management should ensure the meetings are organized
	3.4	Meetings towards implementation of Internal Audit recommendations	Fifteen (15) scored 4 out the 18 MMDAs and three (3) Districts (Ablekuma Cent, Korle Klottey & Tema ) scored 0.	
	3.5	Expending on activities outside the AAP	Out of the 18 MMDAs, nine (9) scored 4, six (6) Districts (Ashiaman, Ga South, GA east, Ga west, La-Nkwantanang, Ledzokuku) scored 0 and three (3).	Management should ensure expenditure is within the AAP

	3.6	Data on properties	Nine (9) out of the 18 MMDAs scored 4 as the highest, eight (8) scored 3 and Kpone Katamanso scored 0.	There is the need to keep improving as it is the major source of revenue
Infrastructure	4.1	Level of achievement in the implementation of planned road projects	Out of the 18 MMDAs, seventeen (17) of them scored 4, (1) scored 3.	
	4.2	Level of achievement in the implementation of planned road projects	Fourteen (14) scored 4, three, (3) scored 3 and Ningo -Prampram scored 0.	
	4.3	Inauguration of Spatial Planning and Technical Sub - Committees	Out of the 18 MMDAs, thirteen (13) of them scored 4, two (2) scored 2 and Ablekuma North, Ada East & Ledzokuku scored 0.	
	4.4	Meetings to consider building Permit applications	Out of the 18 MMDAs, eleven (11) of them scored 4 and seven (7) scored 3. The District performed well.	
	4.5	Spatial Plan	Out of the 18 MMDAs, sixteen (16) of them scored 0. Ningo-Prampram and La Dade Kotopon met this requirement.	There is the need for urgent steps to develop these plans
Social Services	5.1	Compliance with Education Oversight Committee meetings	Nine (9) out of the 18 MMDAs scored 4, four (4) scored 2 and four (4) scored 3 whilst Ada West scored 0.	Even though there were generally evidence of these meetings, the minutes must be properly written to reflect actions decided and implemented and must be consistent.
	5.2	Compliance with Health Oversight Committee meetings	Out of the 18 MMDAs, seven (7) scored 3 and 4 respectively, one (1) Districts (Tema) scored 2 and (Ablekuma North, Ada west & Ga East) scored 0.	Even though there were generally evidence of these meetings, the minutes must be properly written to reflect actions decided and implemented and must be consistent.
	5.3	Updating of Vulnerable	Out of the 18 MMDAs, eleven (11) scored 2,	Transmittal of update to RCC and

		groups list	and seven (7) scored 4 as the lowest.	Regional offices must be done and evidence kept.
	5.4	Actions taken on reported GBVCs	Seventeen (17) out of the 18 MMDAs scored 4 as the highest and Ledzokuku scored 0.	
	5.5	Actions taken towards managing Child Protection cases	All the 18 MMDAs scored 4 on this KPI.	
	5.6	Compliance with the organization of Community Mobilization & Education programmes	Out of the 18 MMDAs, fifteen (15) scored 4, (Ga Cent., Kpone Katamanso & Ledzokuku) scored 0.	
Economic Development	6.1	Selected Crops & livestock	All the 18 MMDAs scored 4 on this KPI.	
	6.2	Transformation of Subsistence farming	Out of the 18 MMDAs, twelve (12) of them scored 4, three (3) scored 3 and Ada West, Kpone Katamanso & Ledzokuku scored 0.	
	6.3	Approved Tourism related activities	11 out of the 18 MMDAs scored 4, five (5) Districts (Ashiaman, Ada East, Ga Cent., Weija Gbawe & Ningo-Prampram ) scored 0 and two (2) scored 3 on this KPI.	MMDAs must identify actual tourism related activities
Environment & Sanitation	7.1	Preparation of Disaster Management Implementation reports	Nine (9) out of the 18 MMDAs scored 0, five (5) scored 4, three (3) scored 1 and only one (1) scored 2 as the lowest in this KPI.	NADMO officers should be introduced and trained on the report as many of them are not aware of it, hence do not prepare it.
	7.2	Environment enhancement programmes	All the 18 MMDAs scored 4 on this KPI.	
	7.3	Population with	Out of the 18 MMDAs, 15 scored 4, one (1)	

	household toilets increased by 15%	scored 3 and Ada west did not have data for 2020 to support this requirement.	
7.4	MMDA sponsorship of Routine Cleansing activities	Out of the 18 MMDAs, 17 scored 4, one (1) scored 3.	Cleaning activities reports must be supported with pictures and dates of activity indicated on the pictures

## **4.2. Central & Western Regions**

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

The team visited and interacted with staff of two (2) Regional Coordinating Councils and thirty six Assemblies.

### **4.2.2. General Outcomes**

The average time spent in each institution was about 2 and half hours. The level of cooperation from the Chief Executives and the Coordinating Directors was high. Most Chief Executives were present in both Entry and Exit meetings.

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

### **4.2.3. General Observations**

- Most of the MMDAs visited did not understand the Key Performance Area (KPA) One very well. Most of them brought reports with the non-decentralised departments not giving a presentation of their plans.
- Most of the MMDAs performed in KPA 2, however some reports were scanty.
- Though some had the records management software it was very difficult to retrieve data that was requested. There are also inconsistencies in the keying of the data which left so many gaps. Also most of the Assemblies complained of system crashes.
- The updates of the websites are still not covering most of the departments. It was also realised that most of the IT officers are not engaged in the activities hence they post stories very late.
- Though most of the Assemblies had Client Service Units, most of the officers were not trained. The Unit is also not well resourced.
- Most of the Assemblies fell short with respect to the office sign post. In general most of the wash rooms were above standard.
- Some Assemblies did not understand the established vacancies.
- A few of the Assemblies did not keep records of the reports. In the case of Mfantseman the Human Resource Manager (HRM) did not have comprehensive reports.
- Most MMDAs in the Central region did not use the approved training templates- they were not aware of the templates.
- Most of the trainings were done by One Time Lobbying Consultancy Limited and Excel Link Consult in the Central Region and Fatahah Consult in the Western Region and their reports were not detailed. Most of the reports did not have transmittal letters, no pictures and no attendance sheets.



- Many of the MMDAs did not appraise their staff and almost all the MMDAs in Central did not have an Appraisal report.
- All MMDAs in the Central Region apart from a few do not send their Revenue Improvement Action Point (RIAC) to General Assembly for approval.
- Most Assemblies did not achieve street naming indicator. The ones that did had help from private companies and GIZ.
- Most of the MMDAs were at fault but at the time of visit, some of the issues were resolved.
- Some MMDAs did not have their Annual Audit Committee Reports .
- Most MMDAs had their rateable properties updated and discussed at F&A Sub Committee
- Most MMDAs had prepared their Spatial Planning Committee and Technical Sub Committee minutes but they were revised to meet the District Performance Assessment Tool (DPAT) requirement.
- Most of the MMDAs are yet to develop their Spatial Development Framework.
- The quality of most of the minutes were not up to standard ie poor formatting and the Recorders signed the minutes for both Chairpersons and Secretaries.
- The minutes were poorly written ie, it did not follow the standard minutes formats, no matters arising and recorders signed the minutes on behalf of the chairpersons and secretaries.
- The data on vulnerable is limited to only PWDs.
- Some of the MMDAs did not disaggregate the data on vulnerable.
- Activities of Gender-based Violence (GBV) should be clearly defined. i.e whether it includes child abuse, sexual abuse, etc
- Some of the SWCD activities were implemented outside the AAP.
- Some Assemblies did not update the status of action taken in the Case Register and the data in the Register were mostly not consistent with their quarterly and Annual reports.
- There was poor documentation of activities carried out by the SWCD officers. Some activities that are captured in the AAP are categorized “District wide” and this makes measurability difficult.
- Most of the Officers had done the plan in a tabular form. They indicated that it is an approved template from the Region
- The performance of the HRMs in the Assemblies was encouraging.
- Most Assemblies need training in records keeping and filing management.
- Most of the Assemblies do not have Physical Planning officers, IT officers, HR Managers, Record officers and Auxiliary staff.

#### **4.2.4. General Recommendations**

##### **For MMDAs**

- MMDAs are to ensure that ISCC meetings are held.
- MMDAs are encouraged to monetize their websites to raise revenue.
- There should be capacity building training for IT Officers and Records Management Unit officers.
- Assemblies should desist from writing one comprehensive report for different training activities.
- Assemblies should also not conduct three (3) to four (4) trainings in just two (2) days. Training programmes should be well structured and beneficiaries of these trainings should come up with individual training reports.
- MMDAs must ensure that the activities on Social Services indicators are properly documented, measurable and aligned with the AAP.

##### **For RCCs**

- RCCs should conduct trainings on the Protocols for their MMDAs.
- Regional Heads of Departments should serve as mentors for their staff at the MMDAs
- Retreats should be held at least twice a year to share best practices amongst Assemblies.
- RCCs are to strengthen monitoring and evaluation of the MMDAs to ensure compliance.

##### **For OHLGS**

- The OHLGS should drive the functionality of the Client Service Unit.
- Recruitment in other classes (Physical Planning officers, IT officers, HR Managers, Record officers and Auxiliary staff) should be highly considered.
- Organize sensitisation programme for the RCCs and MMDAs on the Performance Contract indicators to enhance their knowledge and understanding.

**4.2.5. Central & Western RCCs Detailed Analysis/Findings of Indicators**

Table 7: Central & Western RCCs Detailed Analysis/Findings of each Indicator

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	REGSEC meeting	All REGSEG meetings were held for Western and only 9 meetings were held in Central region.	RCC should keep it up
	1.2	Expanded RCC Meeting	Western RCC held one meeting but there was no evidence of an expanded meeting.  Central RCC held both meetings and evidence produced.	
	1.3	Electronic management of correspondences	In both RCCs most of the files are scanned and stored in the software.	
	1.4	Functional website	Both websites are being updated monthly with activities of Departments.	
	1.5	Functional client service unit	There was a client service office with an officer present.	RCC was encouraged to train a permanent staff to man the unit.
	1.6	Well-managed workplace environment	There was a well managed workplace environment in both RCCs.	RCC should maintain and ensure that the environment and especially the bathrooms are kept clean always.
Human Resource Management	2.1	Promotional Schedule and transmittal letter cited	There were promotion schedules for 12 MMDAs were available out of 15 in the western region.  No transmittal for retirement schedule for 2022 for Central region.	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.3	Salary validation	RCC performed well in this indicator	
	2.4	Comprehensive Training plan available with transmittal letter cited  Quarterly report and transmittal letter cited	For western RCC 13 out of MMDAs submitted their training plan.  For Central 7 out of 22 MMDAs submitted their training plan.  For Western 4/5 = 80% of the training planned were executed.  For Central 4/4= 100% of the RCC trainings in their plan were executed.	Central RCC should try and organize training for RCC staff.
	2.6	Comprehensive appraisal cycle	Both RCCs could not meet this indicator.	
Financial Management & Reporting	3.1	Audit plan available and transmittal letters cited	Both RCCs submitted their plans before the deadline.	The RCCs should adopt strategy to ensure that all staff are appraised.
	3.2	Minutes of Audit committee cited	RCC performed well in this indicator.	
	3.3	Internal audit	Western resolved all their outstanding issues.  Central had 13 out of 22 issues resolved.	Regional Auditor should ensure he follows up with issues and ensure all recommendations are implemented.
	3.5	Only GoG funds are processed through GIFMIS	Both RCCs performed well in this indicator.	RCC is encouraged to keep using the GIFMIS and not spend outside it.
Services	4.1	RCC quarterly monitoring	In western and central none of the RCC performed well in this indicator.	RCC should make available funds.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.2	RPCU Quarterly monitoring	RCC however managed to performed in this indicator.	Priority should be given to monitoring activities so as to ensure timely implementation.
	4.3	Technical Backstopping	Both RCCs performed well in this indicator.	

**4.2.6. Central & Western Regions MMDAs Detailed Analysis/Findings of Indicators**

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

<b>KPA</b>	<b>KPI</b>	<b>KEY ISSUE</b>	<b>OBSERVATIONS</b>	<b>RECOMMENDATIONS</b>
General Administration	1.1	Compliance with ISCCS meetings	<ul style="list-style-type: none"> <li>i. Eight of the MMDAs held review meetings with invitation letters and signed minutes.</li> <li>ii. The majority (12) of the MMDAs had invitation letters and minutes showing only D/MPCU members.</li> <li>iii. Only 2 (Agona West and Ajumako/Enyan/Esiam) out of the MMDAs held a planning meeting with invitation letters and signed minutes showing evidence that all stakeholders invited made presentations.</li> </ul>	The RCCs must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.
	1.2	Compliance with the organization of sensitization workshops	<ul style="list-style-type: none"> <li>i. The majority of the MMDAs had at least 1 sensitization forum report produced.</li> <li>ii. Five MMDAs (Assin South, Awutu Senya, Effutu, Komenda Edina Eguafo Abrim and Mfantseman) did not show at least 1 sensitization comprehensive forum report.</li> </ul>	The RCC must ensure that the MMDAs comply with the organization of sensitization programmes on the Protocol.
	1.3	Software application in place  Electronic storage by scan	<ul style="list-style-type: none"> <li>i. Fourteen MMDAs constituting the majority either had no software/applications or less than less than 9 months for the capturing and storage of incoming and outgoing correspondence at the time of visit.</li> <li>ii. Eight MMDAs had incoming and outgoing correspondence verified as stored electronically over 12 months.</li> </ul>	MMDAs must have software/applications for the capturing and storage of incoming and outgoing correspondence.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	1.4	Functional website	<ul style="list-style-type: none"> <li>i. Fifteen out of the 22 MMDAs had either less than 9-month update or no website.</li> <li>ii. Two (Agona West and Ekumfi) of the MMDAs had their websites more than 9-month updates of at least 5 Departments.</li> <li>iii. Two (Komenda-Edina-Eguafo-Abirim and Twifu Ati Morkwa) of the MMDAs had their websites having at least one update per each month (12 updates) of at least 5 Departments.</li> <li>iv. Three of the MMDAs (Abura/Asebu/Kwamankese, Awutu Senya East and Upper Denkyira East) had their websites having updates of at least 6 Departments of the MMDAs and not just updates of the MMDCE's programme.</li> </ul>	MMDAs must be made to adopt websites and have their websites updated to reflect the activities of every Department.
	1.5	Functional Client Service Unit	<ul style="list-style-type: none"> <li>i. All MMDAs had clearly marked (dedicated) office space for the Client Service Unit with basic logistics such as furniture, and stationery.</li> <li>ii. Most of the staff manning the Unit were not trained or had little on the job training.</li> <li>iii. Most MMDAs had a complaint log book showing complaints lodged by citizens and actions taken by officers of the MMDA.</li> <li>iv. Most of the MMDAs either did not have a complaints book or were using that of the PRCC.</li> </ul>	<p>The RCCs needs to include the training of CSU officers in their training plans.</p> <p>MMDAs need to be sensitized on the difference in functions between the PRCU and the CSU.</p>

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	1.6	Well-managed workplace environment	<ul style="list-style-type: none"> <li>i. Most MMDAs did not have water and soap in the washrooms.</li> <li>ii. Generally office accommodation across the MMDAs was good and well-maintained office accommodation.</li> <li>iii. Most MMDAs did not have visible office signposts showing clear directions to the office.</li> <li>iv. The Landscaping in most of the MMDAs still need to be worked on.</li> </ul>	Management must ensure that the workplace environment is well maintained and pay particular attention to the aesthetics of the assembly.
HR Management	2.1	Compliance with promotion schedule with established vacancies submission	<ul style="list-style-type: none"> <li>i. Four MMDAs (Ajumako/Enyan/Esiam, Assin North, Effutu and Komenda-Edina-Eguafo-Abirim) had composite promotion schedules with established vacancies and retirement schedules.</li> <li>ii. Six MMDAs had composite promotion schedules with established vacancies for 2021 produced.</li> <li>iii. Two MMDAs (Gomoa West and Mfantiman Mun) had retirement schedules for 2022 produced together with composite promotion schedules with established vacancies for 2021.</li> <li>iv. The majority (10) of the MMDAs met all the requirements together with producing evidence of meeting all deadlines (Transmittal letters).</li> </ul>	<p>The RCC must ensure that MMDAs meet measures together with producing evidence of meeting all deadlines.</p> <p>The RCCs must also organize refresher trainings on the templates that are being used for the submission.</p>
	2.2	Compliance with	i. Only Ekumfi had less than 9	The RCC must ensure all MMDAs



KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		Salary Validation comprehensive report submission	<p>comprehensive reports.</p> <p>ii. With Mfantseman there was no Report attached to the transmittals. Even the ESPVs available were nine.</p> <p>iii. Two MMDAs (Ajumako/Enyan/Esiam and Assin South) had 12 comprehensive reports all with Transmittal letters.</p> <p>iv. The majority (18) of the MMDAs had all 12 comprehensive reports submitted by or before the deadline.</p>	Submit comprehensive validation reports.
	2.4	Implementation of training plan	<p>i. Eleven had 4 quarterly MMDA training reports and showed evidence of transmittal.</p> <p>ii. Six MMDAs had 80% of the training plan achieved or implemented.</p> <p>iii. Four MMDAs had more than 80% of the training plan achieved or implemented.</p>	<p>The MMDAs must prioritize Trainings as it is the key motivation in career development in the service.</p> <p>The RCCs must also ensure good reporting standards from the training.</p>
	2.5	Compliance with Staff Performance Appraisal Planning for 2021	<p>i. The majority (18) of the MMDAs had a percentage compliance of less than 70%.</p> <p>ii. Four MMDAs (Awutu Senya, Upper Denkyira West, Agona West and Awutu Senya East) had a percentage compliance of 70% or more.</p>	The RCC must ensure strict adherence to the appraisal process. MMDAs and Heads of Departments must ensure they appraise their staff.
Financial Management & Reporting	3.1	Compliance with the preparation and submission of RIAP	<p>i. Seven MMDAs had RIAP prepared and approved by the deadline (31<sup>st</sup> October 2021).</p> <p>ii. Five MMDAs had RIAP prepared by the deadline (31<sup>st</sup> October 2021) and submitted</p>	The RCC must strictly ensure that MMDAs prepare RIAP on or before the stipulated deadline.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			<p>by the deadline (30<sup>th</sup> November).</p> <p>iii. The majority (10) of the MMDAs had RIAP prepared and submitted before the deadlines (done before both deadlines)</p> <p>iv. Most of the MMDAs in the Region do not submit RIAP to the General Assembly for Approval</p>	
	3.2	Efforts into Street Naming	<p>i. Seventeen MMDAs had less than a 5% of the year-on-year percentage increase between 2020 and 2021.</p> <p>ii. Five MMDAs had more than a 10% of the year-on-year percentage increase between 2020 and 2021 and this was because they had help from external sources</p>	MMDAs must be encouraged to put much effort into street naming; must be made to attain more than 10% of the year-on-year percentage increase starting in 2023.
	3.3	Meetings towards implementation of the Auditor's General's recommendations	<p>i. Twenty MMDAs had less than 100% of the recommendations implemented.</p> <p>ii. Only Assin South and Twifo Hemang Lower Denkyira had 100% of all recommendations implemented.</p>	The RCC must ensure that MMDAs have 100% of the recommendations implemented.
	3.4	Meetings towards implementation of Internal Audit recommendations	<p>i. Thirteen MMDAs had outstanding recommendations not implemented.</p> <p>ii. Nine MMDAs had 100% of all recommendations implemented.</p>	The RCC must ensure that MMDAs implement outstanding recommendations.
	3.5	Expending on activities outside the AAP	All MMDAs had more than 90% of 2021 actual expenditure-covered activities in the approved Annual Action Plan.	
	3.6	Availability and updating of data on	i. Ekumfi had fee fixing based on the old database.	The RCC must consider having an engagement with Ekumfi to fix fees

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		ratable properties	<ul style="list-style-type: none"> <li>ii. With Mfantseman there is an issue with the company that was generating the bills i.e. melchia</li> <li>iii. The majority (20) of the MMDAs had fee fixing based on the updated database.</li> </ul>	based on the updated database.
Infrastructure	4.1	Level of achievement in the implementation of planned road projects	<ul style="list-style-type: none"> <li>i. Two MMDAs (Mfantseman Mun and Upper Denkyira East) had 80% of road programmes implemented.</li> <li>ii. The majority (20) of the MMDAs had more than 80% of road programmes implemented.</li> </ul>	MMDAs must prioritize and plan for projects based on revenue flows
	4.2	Level of achievement in the implementation of planned road projects	<ul style="list-style-type: none"> <li>i. Eight MMDAs had less than 80% of the building and structures programmes implemented.</li> <li>ii. Fourteen MMDAs had more than 80% of the building and structures programmes implemented.</li> </ul>	MMDAs must prioritize and plan for projects based on revenue flows
	4.3	Inauguration of Spatial Planning and Technical Sub-Committees	<ul style="list-style-type: none"> <li>i. The Spatial Planning and Technical Sub-Committees of six MMDAs did not have at least 4 meetings; did not show proof of invitation letters and minutes.</li> <li>ii. Agona East showed evidence of 12 SPC meetings but only 2 Technical Sub committee meetings.</li> <li>iii. The Spatial Planning and Technical Sub-Committees of Fifteen MMDAs showed evidence of meeting with invitation letters and minutes.</li> </ul>	SPC and Technical Subcommittee meetings should be prioritized and be followed through in accordance with the law.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	4.4	Meetings to consider building Permit applications	<ul style="list-style-type: none"> <li>i. Hemang Lower Denkyira dcommunicate decisions to applicants through phone calls</li> <li>ii. Mfantiman did not show any evidence of applications being considered</li> <li>iii. Three MMDAs (Awutu Senya, Ekumfi and Gomoa East) had 80% of applications considered at the Technical Sub-Committee and DSPC meetings and decisions communicated to applicants.</li> <li>iv. The majority (17) of the MMDAs had above 80% of applications considered at Technical Sub-Committee and DSPC meeting and decisions communicated to applicants.</li> </ul>	
	4.5	Availability of approved spatial plans (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans)	<ul style="list-style-type: none"> <li>i. Sixteen MMDAs do not have structural plans.</li> <li>ii. Six MMDAs had a structural plan and more than 2 local plans with the plans being approved.</li> </ul>	The RCC must ensure MMDAs have spatial plans (structural and local plans) available.
Social Services	5.1	Compliance with Education Oversight Committee meetings	<ul style="list-style-type: none"> <li>i. Four MMDAs (Ajumako/Enyan/Esiam Assin South, Ekumfi and Twifu Ati Morkwa) had less than 3 meetings held.</li> <li>ii. Seven MMDAs had at least 3 meetings held with invitation letters and signed minutes.</li> <li>iii. Eight MMDAs had 4 meetings held with</li> </ul>	MMDAs to ensure that M/DEOC meetings are held and accurate proceedings record of proceedings kept.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			<p>invitation letters and signed minutes.</p> <p>iv. Two MMDAs (Mfantsiman Mun and Upper Denkyira West) showed evidence of implementation of decisions in at least 3 quarters of their meetings.</p> <p>v. Only Abura/ Asebu/ Kwamankese showed evidence of implementation of decisions in all 4 quarters of their meetings.</p>	
	5.2	Compliance with Health Oversight Committee meetings	<p>i. No evidence in Mfantstemen</p> <p>ii. Seven MMDAs had less than 3 meetings held</p> <p>iii. Three MMDAs (Agona East, Awutu Senya and Gomoa East) had at least 3 meetings held with invitation letters and signed minutes.</p> <p>iv. Nine MMDAs had 4 meetings held with invitation letters and signed minutes.</p> <p>v. Two MMDAs (Abura/ Asebu/ Kwamankese and Komenda-Edina-Eguafo-Abirim) showed evidence of implementation of decisions in 3 quarters.</p> <p>vi. Only Agona West showed evidence of implementation of decisions in all 4 quarters.</p>	MMDAs to ensure that M/D-HOC meetings are held and accurate record of proceedings kept.
	5.3	Updating of Vulnerable groups list	<p>i. Only Gomoa East had No data for Dec 2020, June and Dec and the data was not disaggregated.</p> <p>ii. Eight MMDAs did not show any update.</p>	MMDAs must be made to provide an update of the vulnerable groups list and send transmittal letters before the deadline.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			<p>iii. Fourteen MMDAs had some level of update and showed evidence of transmittal letters sent before the deadline.</p>	
	5.4	Actions taken on reported GBVCs	<p>i. Nine MMDAs had less than 50% of planned interventions implemented.</p> <p>ii. Three MMDAs (Agona East, Awutu Senya and Effutu) had 50-59% of planned interventions implemented.</p> <p>iii. Seven MMDAs had 60-69% of planned interventions implemented.</p> <p>iv. Three MMDAs (Gomoa Central, Komenda-Edina-Eguafo-Abrim and Upper Denkyira West) had 70-80% of planned interventions implemented.</p>	MMDAs must be tasked to ensure the implementation of planned interventions.
	5.5	Actions taken towards managing Child Protection cases	<p>i. Four MMDAs had less than 30% of cases successfully managed.</p> <p>ii. Two MMDAs (Assin South and Twifu Ati Morkwa) had 30-39% of cases successfully managed.</p> <p>iii. Three MMDAs (Gomoa East, Gomoa West and Upper Denkyira East) had 40-49% of cases successfully managed.</p> <p>iv. Two MMDAs (Agona West and Assin North) had 50-60% of cases successfully managed.</p> <p>v. Eleven MMDAs had over 60% of cases successfully managed.</p>	MMDAs must be tasked to attain a higher rate of managing child protection cases.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
	5.6	Compliance with the organization of Community Mobilization & Education programmes	<ul style="list-style-type: none"> <li>i. Three MMDAs (Assin North, Assin South and Upper Denkyira East) had 50-59% implementation achieved.</li> <li>ii. Five MMDAs had 60-69% implementation achieved.</li> <li>iii. Six MMDAs had 50-60% of cases successfully managed.</li> <li>iv. Seven MMDAs had over 60% of cases successfully managed.</li> </ul>	MMDAs must be tasked to enhance the organization of community mobilization & education programmes and ensure the activities are in the AAP.
Economic Development	6.1	Increase in yield in selected Agric produce	<ul style="list-style-type: none"> <li>i. Eleven MMDAs had less than a 10% increase.</li> <li>ii. Only Effutu had a 10% increase.</li> <li>iii. Ten MMDAs had more than 10% increase.</li> </ul>	MMDAs must be encouraged to increase yield in selected agric produce.
	6.2	Increment in the percentage of subsistence farming moved to the commercial farming category	<ul style="list-style-type: none"> <li>i. Sixteen MMDAs had less than a 30% increase.</li> <li>ii. Only Awutu Senya East had a 30% increase.</li> <li>iii. Five MMDAs had more than a 30% increase.</li> </ul>	MMDAs must be encouraged to increase the rate of commercial farming activities.
	6.3	Implementation of tourism-related activities	<ul style="list-style-type: none"> <li>i. Seven MMDAs had less than 80%.</li> <li>ii. Two MMDAs (Abura/ Asebu/ Kwamankese and Effutu) had 80%.</li> <li>iii. Thirteen MMDAs had more than 80%.</li> </ul>	MMDAs must improve in implementing tourism-related activities.
Environment & sanitation	7.1	Preparation of Disaster Management Implementation reports	<ul style="list-style-type: none"> <li>i. Eight MMDAs had disaster preparedness action plan not available.</li> <li>ii. Two MMDAs (Gomoa Central and Gomoa West) had an implementation report prepared.</li> </ul>	MMDAs are encouraged to submit implementation reports to the RCC before the deadline.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			<p>iii. Two MMDAs (Agona West and Assin North) had an implementation report prepared and submitted to the RCC through MMDA on the deadline.</p> <p>iv. Ten MMDAs had an implementation report prepared and submitted to the RCC before the deadline.</p>	
	7.2	Inclusion of Environment enhancement programmes in AAP	All MMDAs had environmental enhancement programmes included.	
	7.3	Increase in population Household toilets	<p>i. Five MMDAs had less than 15%.</p> <p>ii. Only Effutu had 15%.</p> <p>iii. Sixteen MMDAs had more than 15%.</p>	
	7.4	MMDA sponsorship of Routine Cleansing activities	Three MMDAs (Asikuma-Odoben-Brakwa-Breman, Assin North and Cape Coast) did not show evidence of assembly sponsored clean up exercises.	



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

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	<ul style="list-style-type: none"> <li>i. Four MMDAs (Amenfi Central, Mpohor, Wassa Amenfi West and Wassa East) did not meet this indicator.</li> <li>ii. Four MMDAs (Ahanta West, Effia Kwesimintsim, Sekondi Takoradi Metro, and Shama) held a review meeting with invitation letters and signed minutes.</li> <li>iii. Five MMDAs held a review meeting with invitation letters and signed minutes and all stakeholders invited made presentations.</li> </ul>	The RCCs must impress on the MMDAs to comply with ISCCS provisions in the LG Act 936 and highlight the importance of that platform to harmonized development.
	1.2	Compliance with the organization of sensitization workshops	All the MMDAs attempted at least 1 sensitization forum and had a report to show.	MMDAs must be entreated to comply with the organization of sensitization workshopson the Protocols.
	1.3	Software application in place  Electronic storage by scan	<ul style="list-style-type: none"> <li>i. The majority (12) of the MMDAs either had no software/applications or less than less than 9 months for the capturing and storage of incoming and outgoing correspondence at the time of visit.</li> <li>ii. Only Effia Kwesimintsim had all 12 months verified as stored electronically.</li> </ul>	The RCC must strictly enforce that all MMDAs have software/applications for capturing and storing incoming and outgoing correspondence.
	1.4	Update of website	<ul style="list-style-type: none"> <li>i. Six MMDAs either less than 9-month update or no website.</li> <li>ii. Only Nzema East Municipal had a website updated at least per each month (12 updates) of at least 5 Departments.</li> <li>iii. Four MMDAs (Ahanta West, Prestea-Huni-Valley, Sekondi Takoradi Metro and Shama)</li> </ul>	The RCCs should provide technical backstopping in the creation and management of the websites of MMDAs.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			had website updates of at least 6 Departments of the MMDAs and not just updates of the MMDCE.	
	1.5	Functional Client Service Unit	<ul style="list-style-type: none"> <li>i. All MMDAs have dedicated office space for the Client Service Unit with basic logistics (furniture, stationery).</li> <li>ii. All MMDAs have Client Service Unit staff trained</li> <li>iii. Seven MMDAs have a complaint log book showing complaints lodged by citizens and actions taken by officers of the MMDA.</li> </ul>	<p>The RCCs needs to include the training of CSU officers in their training plans.</p> <p>MMDAs needs to be sensitized on the difference in functions between the PRCU and the CSU.</p>
	1.6	General Office Environment	<ul style="list-style-type: none"> <li>i. Most of the MMDAs visited did not have signpost directing to the Assembly.</li> <li>ii. Generally the washrooms, office Spaces were okay.</li> <li>iii. The Landscaping in general needs a facelifting in most of the MMDAs.</li> </ul>	Management must ensure that the workplace environment is well maintained and pay particular attention to the aesthetics of the assembly
HR Management	2.1	Compliance with promotion schedule with established vacancies submission	<ul style="list-style-type: none"> <li>i. All MMDAs except for Nzema East Municipal had composite promotion schedules with established vacancies for 2021 produced.</li> <li>ii. All MMDAs except for Mpohor and Nzema East Municipal had a retirement schedule for 2022 produced.</li> <li>iii. The majority of the MMDAs produced evidence of meeting all deadlines (Transmittal letters).</li> </ul>	i.
	2.2	Compliance with Salary Validation comprehensive report submission	<ul style="list-style-type: none"> <li>i. Two MMDAs (Ellembele and Jomoro) had 9-12 comprehensive reports.</li> <li>ii. Eleven MMDAs had all 12 comprehensive reports submitted on or before the deadline.</li> </ul>	Positive compliance rate; however, Ellembele and Jomoro must be engaged to address the challenge of not meeting the

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
				submission deadline.
	2.4	Training	<ul style="list-style-type: none"> <li>i. Jomoro and Sekondi Takoradi Metro had 80% of the training plan achieved.</li> <li>ii. Seven MMDAs had more than 80% of the training plan achieved..</li> <li>iii. The following MMDAs; Amenfi Central, Nzema East Municipal, Tarkwa Nsuaem Municipal and Wassa Amenfi West had less than 80% of the training plan achieved.</li> </ul>	<p>The MMDAs must prioritize Trainings as it is the key motivation in career development in the service.</p> <p>The RCCs must also ensure good reporting standards from the training.</p>
	2.5	Compliance with Staff Performance Appraisal Planning for 2021	<ul style="list-style-type: none"> <li>i. Seven MMDAs had a percentage compliance of less than 70%.</li> <li>ii. Four MMDAs had a percentage compliance of 70% or more.</li> <li>iii. Three staff sampled for Effia Kwesimintsim had fully completed (i.e signed appraisal plans, mid-year and end-of-year) report.</li> </ul>	<p>The RCC must ensure strict adherence to the appraisal process.</p> <p>MMDAs and Heads of Departments must ensure they appraise their staff.</p>
Financial Management & Reporting	3.1	Compliance with the preparation and submission of RIAP	The majority (9) of the MMDAs had RIAP prepared and submitted before the deadlines (done before both deadlines.	MMDAs must be encouraged to continue with positive compliance.
	3.2	Efforts into Street Naming	<ul style="list-style-type: none"> <li>i. Seven MMDAs had Less than 5%</li> <li>ii. Six MMDAs had More than 10%.</li> </ul>	MMDAs must be entreated to improve effort in street naming.
	3.3	Meetings towards implementation of the Auditor's Generals recommendations	<ul style="list-style-type: none"> <li>i. The majority (13) of the MMDAs had less than 100% of recommendations implemented.</li> <li>ii. Amenfi Central had 100% of all recommendations implemented.</li> </ul>	The RCC must ensure a high compliance rate for all MMDAs.
	3.4	Meetings towards implementation of Internal Audit	i. Four MMDAs (Ellembele, Nzema East Municipal, Wassa Amenfi West and Wassa East) had outstanding recommendations not	The RCC must engage the following MMDAs; Ellembele, Nzema East Municipal, Wassa

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		recommendations	implemented. ii. The majority (9) of the MMDAs had 100% of all recommendations implemented.	Amenfi West and Wassa East to address the challenge of them not being able to implement outstanding recommendations.
	3.5	Expending on activities outside the AAP	All the MMDAs had more than 90%.	Positive compliance rate.
	3.6	Availability and updating of data on ratable properties	i. Six MMDAs had fee fixing based on the old database. i. Eight MMDAs had fee fixing based on the updated database.	MMDAs must be tasked to fix fees based on the updated database.
Infrastructure	4.1	Level of achievement in the implementation of planned road projects	i. Two MMDAs (Sekondi Takoradi Metro and Shama) had less than 80% of road programmes implemented. ii. Amenfi Central had 80% of road programmes implemented. ii. Eleven MMDAs had more than 80% of road programmes implemented.	MMDAs must prioritize and plan for projects based on revenue flows.
	4.2	Level of achievement in the implementation of planned road projects	i. Four MMDAs (Jomoro, Shama, Wassa Amenfi West and Wassa East) had less than 80% of building and structures programmes implemented. ii. Nzema East Municipal had 80% of building and structures programmes implemented. iii. The majority (9) of the MMDAs had more than 80% of building and structures programmes.	MMDAs must prioritize and plan for projects based on revenue flows.
	4.3	Inauguration of Spatial Planning and Technical Sub-Committees	i. The Spatial Planning Committee and Technical Sub-Committees of Mpohor and Wassa Amenfi West did not hold at least 4 meetings (invitation letters, minutes). ii. The Spatial Planning Committee and	SPC and Technical Subcommittee meetings should be prioritized and be followed through in accordance with the law.

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
			Technical Sub-Committees of the majority (12) of the MMDAs had at least 4 meetings (invitation letters, minutes).	
	4.4	Meetings to consider building Permit applications	<ul style="list-style-type: none"> <li>i. Wassa Amenfi West had less than 80% of applications considered at the Technical Sub-Committee and DSPC meetings.</li> <li>ii. Thirteen MMDAs had above 80% of applications considered at Technical Sub-Committee and DSC meetings and decisions communicated to applicants.</li> </ul>	
	4.5	Availability of approved spatial plans (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans)	<ul style="list-style-type: none"> <li>i. Five MMDAs had no spatial plans (structural and local plans) available.</li> <li>ii. Seven MMDAs had structural plans and more than 2 local plans and the plans were approved.</li> </ul>	
Social Services	5.1	Compliance with Education Oversight Committee meetings	<ul style="list-style-type: none"> <li>i. Four MMDAs (Mpohor, Nzema East Municipal, Tarkwa Nsuaem Municipal and Wassa Amenfi West) had less than 3 meetings held.</li> <li>ii. Ahanta West and Ellembele had 4 meetings held, with invitation letters and signed minutes.</li> <li>iii. Seven MMDAs showed evidence of implementation of decisions in at least 3 quarters.</li> <li>iv. Shama showed evidence of implementation of decisions in all 4 quarters.</li> </ul>	MMDAs to ensure that M/DEOC meetings are held and accurate proceedings record of proceedings kept.
	5.2	Compliance with	i. Mpohor and Wassa Amenfi West held less than	i. RCCs to aid MMDAs without

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		Health Oversight Committee meetings	<p>3 meetings.</p> <p>ii. Amenfi Central had 4 meetings held with invitation letters and signed minutes.</p> <p>iii. Seven MMDAs showed evidence of implementation of decisions in 3 quarters.</p> <p>iv. Effia Kwesimintsim, Prestea-Huni-Valley and Sekondi Takoradi Metro showed evidence of implementation of decisions in all 4 quarters.</p>	<p>M/D-HOC to inaugurate their committees</p> <p>ii. MMDAs to ensure that M/D-HOC meetings are held and accurate record of proceedings kept.</p>
	5.3	Updating of Vulnerable groups list	<p>i. All MMDAs proved that the June 2021 data was an update on the December 2020 data.</p> <p>ii. Seven proved that the December 2021 data was an update on the June 2021 data.</p> <p>iii. Six MMDAs showed evidence of transmittal letters sent before the deadline.</p>	MMDAs must be made to provide an update of the vulnerable groups list and send transmittal letters before the deadline.
	5.4	Actions taken on reported GBVCs	<p>i. Amenfi Central and Tarkwa Nsuaem Municipal had less than 50% of planned interventions implemented.</p> <p>ii. Ellembele, Jomoro and Nzema East Municipal had 50-59% of planned interventions implemented.</p> <p>iii. Mpohor and Shama had 60-69% of planned interventions implemented.</p> <p>iv. Prestea-Huni-Valley, Sekondi Takoradi Metro and Wassa East had 70-80% of planned interventions implemented.</p> <p>v. Ahanta West, Effia Kwesimintsim and Wassa Amenfi West had over 80% of planned interventions implemented</p>	MMDAs must be tasked to ensure the implementation of planned interventions.
	5.5	Actions taken towards managing	i. Amenfi Central had less than 30% of cases successfully managed.	MMDAs must be tasked to attain a higher rate of managing child

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		Child Protection cases	ii. Sekondi Takoradi Metro had 60-69% of planned interventions implemented. iii. Ahanta West had 50-60% of cases were successfully managed The majority (10) of the MMDAs had over 60% cases successfully managed	protection cases.
	5.6	Compliance with the organization of Community Mobilization & Education programmes	i. Wassa Amenfi West had less than 50% implementation achieved. ii. Four MMDAs had 50-59% implementation achieved. iii. Ahanta West, Prestea-Huni-Valley and Sekondi Takoradi Metro 60-69% implementation achieved. iv. Amenfi Central and Mpohor had 70-80% implementation achieved. v. Effia Kwesimintsim, Shama and Wassa East had over 80% implementation achieved.	MMDAs must be tasked to enhance the organization of community mobilization & education programmes.
Economic Development	6.1	Increase in yield in selected Agric produce	i. Three MMDAs (Mpohor, Nzema East Municipal and Wassa Amenfi West) had less than a 10% increase. ii. The majority (11) of the MMDAs had more than 10%.	MMDAs must be encouraged to increase yield in selected agric produce.
	6.2	Increment in the percentage of subsistence farming moved to the commercial farming category	i. Six MMDAs had less than a 30% increase. ii. Seven MMDAs had more than 30%.	MMDAs must be encouraged to increase the rate of commercial farming activities.
	6.3	Implementation of tourism-related	i. Amenfi Central, Mpohor and Wassa East had less than 80% implementation rate.	MMDAs must improve in implementing tourism-related

KPA	KPI	KEY ISSUE	OBSERVATIONS	RECOMMENDATIONS
		activities	ii. Nzema East Municipal and Wassa Amenfi West had an 80% implementation rate. iii. Eight MMDAs had more than 80% implementation rate.	activities and ensure that the implemented activities are in the AAP.
<b>Environment and sanitation</b>	7.1	Preparation of Disaster Management Implementation reports	i. Seven MMDAs had no disaster preparedness action plans available. ii. Ellembele had an implementation report prepared. iii. Five MMDAs had an implementation report prepared and submitted to the RCC before the deadline.	
	7.2	Inclusion of Environment enhancement programmes in AAP	All MMDAs had environment enhancement programmes included in AAP.	
	7.3	Increase in population Household toilets	i. Ahanta West, Ellembele and Nzema East Municipal had less than 15%. ii. Ten MMDAs had more than 15%.	
	7.4	MMDA sponsorship of Routine Cleansing activities	i. Nzema East Municipal had not sponsored at least 1 routine cleansing in a quarter. ii. Fourteen MMDAs had sponsored at least 1 routine cleansing in a quarter.	



## 4.3. Eastern Region

### 4.3.1. Scope of the Assignment

The Team performed the end of year assessment on One RCC and Thirty Four MMDAs in the Eastern and Greater Accra Regions. The exercise was conducted at the Eastern Regional Co-ordinating Councils (ERCC) and Thirty Two MMDAs. Thus, (16) Municipal and (16) District Assemblies in the Eastern Region as well as One Municipal and a District Assembly in the Greater Accra Region..

### 4.3.2. General Outcomes

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

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

### 4.3.3. General Observations

#### For MMDAs

- Some reports submitted for review seemed to be prepared when the team was expected as the reports (Letters and Minutes) were not signed. Others were just printed for the exercise
- The team again observed that some Assemblies were not taking keen interest in the HRMIS. Thus, the Performance Appraisal Tool.
- In most of the Assemblies, the Chief Executives and Co-ordinating Directors showed active interest in the exercise.

### 4.3.4. Specific Observations

#### For MMDAs:

- Most of the decentralized departments were far from the offices of the District Assembly and thus made it difficult for the officers to reach the office on time. As a result the Team spent quite a long time with the Assembly.

- The Planning Officer at Nsawam Adoagyiri Municipal Assembly, Ms. Sakinatu Adams, A Senior Development Planning Officer's commitment to duty is exceptional. She stood in for the heads of Social Welfare and Community Development and Environmental Health. She acquitted herself credibly and needs commendation and recognition.
- Mr. Samuel Ofosu, Deputy Director of Agriculture at Atiwa East, stood in for the Co-ordinating Director. He exhibited great leadership skills. He was in total control of affairs and needs commendation.
- Suhum Municipal Assembly is a difficult area for our serving officers. The MCE dictates everything and takes no advice from management leaving the office in a very poor state and high attrition rate of staff.
- At the Suhum Municipal Assembly, the Team had to wait for them after 9:30am before a few of them could assemble for the entrance conference.
- Officers of the Suhum Municipal Assembly were not keen on the exercise though they were informed and briefed at the entrance meeting, they were not forthcoming with the necessary documentation and files.

#### **For RCC**

- It was observed that the Human Resource Managers of the RCC understood the exercise better and took it seriously than other Departmental Heads.

#### **4.3.5. General Recommendations**

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

#### **For MMDAs**

- Co-ordinating Directors should ensure that Heads of Departments are involved in the planning of the contract so that they would own the deliverables in the contract rather than assembling them to produce cooked reports and documents during the assessments.

**For OHLGS**

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

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

Table 10: Eastern RCC Detail Analysis /Findings of each Indicator

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Organization of REGSEC meetings.	More than 12 monthly meetings held. Invitation letters, attendance sheets and signed minutes available on file.	ERCC should keep it up.
	1.2	Organization of ISCC meetings.	ERCC organized 3 meetings and has Invitation letters, attendance sheets and signed minutes all on file.	ERCC should ensure that at least one ISCC meeting is held quarterly.
	1.3	Software in place. Storage devices in place. Training of Staff.	ERCC has a dispatch book for incoming and outgoing mails and mails are accessible electronically.	ERCC should train the Staff in the Assembly to be on its structured computerized system.
	1.4	Website updated monthly with information and activities of the Departments of the RCC.	ERCC has a Functional website which is updated regularly with stories and pictures of activities of the various departments and units.	ERCC should keep it up.
	1.5	Functional Client Service Unit. Officer at post. Training of Officer. Well-furnished Office. Complaint book	ERCC has a dedicated client service unit office. Manage by an Executive officer and trained as well. The RCC has a complaint book as well.	ERCC should keep it up and always provide training for the Officer to keep him updated.
	1.6	Good landscape, clean washrooms, visible sign post and well maintained workplace.	ERCC has a well-managed workplace environment including clean washrooms with running water and soap, adequate office space, visible office sign post and a good general landscape.	ERCC should always keep their environment clean especially the washrooms.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Human Resource Management	2.1	Available composite promotion schedules for 2021 and 2022 retirement schedule.	2 composite promotion schedules and one retirement schedule reports on file. They were submitted to the OHLGS before deadline.	RCCs should keep it up.
	2.3	Comprehensive reports with transmittal letters submitted on or before deadline.	ERCC submitted 12 comprehensive reports to OHLGS before deadline.	ERCC should keep it up.
	2.4	RCC has more than 80% of the training plan implemented. Invitation letters and reports.	11 out of 13 activities earmarked were executed. All invitation letters, attendance sheets and reports available on file. Transmittal letters to OHLGS were submitted on time.	ERCC should keep it up.
	2.5	ERCC has the monitoring report submitted to the OHLGS by the end of July 2021 and December 2021. Transmittal letters available.	ERCC has 2 monitoring reports available on file.	ERCC should improve on their Implementation processes.
	2.6	RCC staff appraisal schedule implemented by the end of the year.	ERCC has 75% of Staff appraised.	ERCC should improve on their staff appraisal schedule implementation.
Financial Management & Reporting	3.1	Annual Audit plan has been prepared and submitted to all before deadline.	ERCC Audit plan for 2021 seen and was submitted on the 6th January 2021.	ERCC should keep it up.
	3.2	Recommendations contained in 2020 Auditor General's Management Letter are fully	ERCC Management letter seen and all recommendations were implemented.	ERCC should keep it up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		implemented by the end of the year.		
	3.3	Availability of 4 <sup>th</sup> quarter 2020 and 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> quarter 2021 reports. All recommendations have been implemented.	All 4 quarterly report seen and was submitted and all recommendations were implemented.	ERCC should keep it up.
	3.4	Budget has been prepared and submitted before deadline.	RIBS was submitted before the deadline.	ERCC should keep it up.
	3.5	Sampled expenditure was processed through GIFMIS.	Sampled expenditures were processed through the GIFMIS.	ERCC should always process its expenditures through GIFMIS.
Services	4.1	Departments have submitted quarterly reports by deadline.	All departments submitted their reports before the deadline.	ERCC should keep it up.
	4.2	RPCU quarterly monitoring reports were submitted by deadline.	RPCU quarterly reports seen and submitted before the deadline.	ERCC should keep it up.
	4.3	Department technical backstopping report was submitted	Technical backstopping reports seen on four departmental areas and were submitted within the given time.	ERCC should keep it up.

### 4.3.7. Eastern Region MMDAs Detailed Analysis/Findings of Indicators

Table 11: Detail Analysis /Findings of each Indicator for ALL Eastern Region MMDAs, Adentan and Shai-Osudoku MMDAs

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Some of the Assemblies had planned for the meetings but could not hold all the meetings particularly the planning session (for the year 2022).	3 (Ayensuano, Fanteakwa North, kwaebibirem) out of the 35 Assemblies performed poorly in this indicator while only one performed fairly. The rest performed very well in this indicator.	Assemblies should ensure that stakeholders meetings are held for both planning and mid-year review sessions.
	1.2	Some of the Assemblies could not produce the relevant documents to support the sensitization forums held for the year.	21 out of the 35 Assemblies performed well, while 13 performed fairly in this indicator. Only 1- Atiwa West District Assembly performed poorly in this indicator.	Assemblies are encourage to hold the meetings duly.
	1.3	Some of the Assemblies had their incoming and outgoing mails computerized but not updated timely.	14 of the Assemblies performed well while 11 Assemblies (Abuakwa North, Yilo krobo, New juaben north, Kwahu east etc.) performed poorly in this indicator.	Assemblies should update their mails on time.
	1.4	Most of the Assemblies have their website functioning and updated with departmental programmes.	22 out of the 35 Assemblies performed well in this indicator.	The Assemblies should continue to update their website with departmental programmes and site visits.
	1.5	Most of the Assemblies had Officers at post, complaint book available	19 out of the 35 Assemblies performed poorly in this indicator. Akwapem South, Fanteakwa North, Okere	Assemblies should ensure that Officers are trained as the Client Service Unit is the first point of call at the Assembly.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.6	<p>but untrained Officers.</p> <p>Most of the Assemblies have untidy environment.</p>	<p>and Kwahu afram plains did very poorly.</p> <p>24 out of the 34 Assemblies performed poorly in this indicator.</p>	<p>Assemblies should ensure that their washrooms are tidy and have visible sign post.</p>
Human Resource Management	2.1	<p>Most of the Assemblies have their promotion and retirement schedules in place and letters dispatched.</p>	<p>31 out of the 35 Assemblies performed well in this indicator. Suhum, Asene manso, Akyemansa and Kwahu afram plains north performed poorly.</p>	<p>Assemblies are encourage to dispatch their letters on timely basis.</p>
	2.2	<p>Most of the assemblies had all 12 comprehensive reports submitted on or before deadline.</p>	<p>34 out of the 35 Assemblies performed well in this indicator with the exception of Fanteakwa South District Assembly.</p>	<p>Assemblies are encourage to dispatch their comprehensive reports on timely basis.</p>
	2.4	<p>Most Assemblies had at least 80% of their Training Plan of MMDA implemented and composite quarterly report submitted on time.</p>	<p>31 out of the 35 Assemblies performed well in this indicator.</p>	<p>Assemblies should have their training report prepared and submitted to OHLGS.</p>
	2.5	<p>Most of them do not have their Staff Appraisal Schedule implemented.</p>	<p>12 out of the 35 Assemblies performed fairly with 12 Assemblies performing poorly and Upper Manya krobo, Suhum, Okere, New Juaben South, Kwahu East and South, Kwahu Afram Plains and Fanteakwa North scoring Zero in this indicator.</p>	<p>Assemblies should ensure that Staff Appraisal Schedule is implemented.</p>



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Financial Management & Reporting	3.1	Some Assemblies could not produce RIAP. Some also prepared it after the deadline.	Only 8 out of the 35 Assemblies performed well in this indicator.	Assemblies should ensure that RIAP is prepared before the deadline.
	3.2	Most of the Assemblies have their street naming processes seen but no minute was sighted.	27 out of the 35 Assemblies performed poorly in this indicator.	The Assemblies should document their street naming for easy assessment and comparability to previous years.
	3.3	Most of the Assemblies have their status of implementation but were not implemented.	Only 17 out of the 35 Assemblies performed well in this indicator.	Assemblies should have an operating Audit Committee.
	3.4	Most the Assemblies have their audit reports but their transmitted letters were not available for verification. Findings were not duly implemented by most Assemblies.	Only 20 out of the 35 Assemblies performed well in this indicator.	Assemblies should ensure that audit plans are implemented.
	3.5	Most of the Assemblies have less than 90% of 2021 actual expenditure covered activities in the approved Annual Action Plan.	Only 2 Assemblies performed well in this indicator. 19 Assemblies as well as 14 Assemblies performed fairly and poorly respectively.	Assemblies should ensure that at least 90% of their actual expenditure covers activities in the Approved Annual Action Plan.
	3.6	Most Assemblies do not have minutes of F&A meeting and verified	20 out of the 34 Assemblies performed poorly in this indicator.	Assemblies should ensure that F&A meetings are held for the consideration of the fee fixing.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		consideration of fee fixing.		
Infrastructure	4.1	Most of them have their annual action plan available with most of the road projects completed and others ongoing.	30 out of the 35 Assemblies performed well in this indicator. Only Yilo Krobo, Okere and Abuakwa North performed poorly.	Assemblies should monitor the progress of the road projects.
	4.2	Most of them have their annual action plan available with some of the Building projects completed and others ongoing.	32 out of the 35 Assemblies performed well in this indicator with the exception of Ayensuano and Okere District Assemblies.	Assemblies should monitor the progress of the building projects.
	4.3	Most of the Assemblies have their committee in place. The rest have inaugurated committees and meetings.	33 out of the 35 Assemblies performed well in this indicator with exception of only Suhum Municipal Assembly.	The 2 Assemblies should ensure that the committees are inaugurated and also hold meetings.
	4.4	Most Assemblies received and considered most applications which were recommended by TSC and approved by SPC at their various meetings.	30 out of the 35 Assemblies performed well in this indicator.	Assemblies should communicate to applicants through letters and their respective Assembly Members.
	4.5	Most Assemblies do not have District Spatial Development Framework but have their respective	14 out of the 35 Assemblies performed well in this indicator.	Assemblies should ensure that District Spatial Development Framework is approved and implemented.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		Local Plans.		
Social Services	5.1	Some of them have their meetings held, minutes and invitation letters seen and verified.	6 out of the 35 Assemblies performed well in this indicator. 19 Assemblies performed fairly in this indicator. The rest performed poorly.	Assemblies are encourage to organize quarterly District Education Oversight Committee meetings
	5.2	Only 8 Assemblies have their invitation letters and signed minutes of meetings seen and verified.	9 Assemblies performed poorly as well at 20 other Assemblies which also performed fairly in this indicator.	Assemblies are encourage to organize the District Health Committee meetings.
	5.3	Most of them have records of the vulnerable groups and pictures attached to the data.	14 Assemblies performed fairly in this indicator. Only 1 Assemblies performed well in this indicator. 20 Assemblies performed poorly in this indicator.	Assemblies should update data on vulnerable groups regularly.
	5.4	Some reports were sighted on Gender Based violence intervention.	17 Assemblies performed fairly in this indicator. Only 1 Assemblies performed well in this indicator. 17 Assemblies performed poorly in this indicator.	Assemblies should ensure that interventions on the report are dealt with.
	5.5	Reports on Child Protection cases were seen and action taken.	Only 2 Assemblies performed well in this indicator. 26 Assemblies performed fairly in this indicator. 7 Assemblies performed poorly in this indicator.	Assemblies should ensure that reported child protection cases are managed effectively.
	5.6	There were Community Mobilization reports on Child Protection and others.	Only 2 Assemblies performed well in this indicator. 11 Assemblies performed fairly in this indicator.	Assemblies should organize more community mobilization and education programmes in the respective Assemblies.
Economic	6.1	Most Assemblies Selected	33 out of the 35 Assemblies performed	Assemblies are encouraged to yield

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Development		crops and/or livestock and/or fish yield increased by more than 10% by the end of the year.	well in this indicator with the exception of Akwapem north and Birim North District Assemblies.	more crops and livestock.
	6.2	Most Assemblies transformation from subsistence farming to commercial farming increased more than 30% by the end of the year.	23 out of the 35 Assemblies performed well in this indicator.	Assemblies' should continuously transform from subsistence farming to commercial farming at the end of every year.
	6.3	Most Assemblies have collaborated with other stakeholders to help improve some tourist site.	22 out of the 35 Assemblies performed well in this indicator.	Assemblies are encourage to collaborate more to help improve tourist attraction in the country.
Environment & Sanitation	7.1	Some of the Assemblies have their disaster preparedness action plan in place and some implementation reports verified.	Only Asuogyaman, Atiwa East and Birim Central and Birim South out of the 35 Assemblies performed well in this indicator. While 10 Assemblies performed fairly in this indicator.	Assemblies should ensure that disaster implementation plan is implemented duly.
	7.2	Most of the Assemblies have their Environment enhancement programmes in their AAP but failed to implement most of them.	Only 7 out of the 35 Assemblies performed well in this indicator. 18 Assemblies performed poorly in this indicator.	Assemblies should ensure that environment enhancement programmes are duly implemented.
	7.3	Most of the Assemblies Population with household	8 Assemblies performed well in this indicator. 21 assemblies performed fairly	Assemblies should ensure that Population with household toilets

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		toilets did not increase more than 15% as at the end of the year.	in this indicator.	increase at least 15% every year.
	7.4	Some of the Assemblies have their town and public place cleansed and reports were sighted.	7 out of the 35 Assemblies performed well in this indicator. 20 performed poorly in this indicator.	Assemblies are encourage to do more town cleaning.

## 4.4. Oti and Volta Region

### 4.4.1. Scope of the Assignment

The team was assigned to the Oti and Volta regions. A total of Twenty-six (26) MMDAs and Two (2) Regional Coordinating Councils were assessed. Oti Region comprised of eight (8) MMDAs (Biakoye, Krachi East Municipal, Krachi West, Krachi Nchumuru, Nkwanta North, Nkwanta South Municipal, Kadjebi and Jasikan) and the RCC.

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

### 4.4.2. General Observations

The team spent an average of 2:50 hours on each MMDA and 2:20 hours on each RCC. The RCCs were generally prepared and cooperative when compared with the MMDAs. Majority of Chief Executives at the MMDAs saw the exercise as “the day of reckoning for staff.”

### 4.4.3. General Observations

#### MMDAs

#### *Improvement in output of MMDAs*

Generally, MMDAs have improved in the various indicators when compared to the performance of 2020 assessment.

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

MMDAs, especially, in Oti Region have serious challenges with office accommodation and office space. Biakoye and Krachi East offices, for instance, are heavily congested. Krachi West has scattered office buildings and dilapidated furniture for staff. The state of the office manifests itself in the dispirited demeanor of the officers.

#### *Provision of resources and performance*

The achievement of some indicators hinges on availability or provision of logistics to action officers. In most MMDAs, such logistics were not provided but leadership expected action officers to get the marks. Failure to get the marks was seen as a sabotage. Action officers, to wean themselves of this tag, create documents to satisfy the requirements of the indicators – a serious blot on the true state of the districts.

***ISCCS meeting misconstrued and, or difficult to comply with:***

Most MMDAs misconstrued the DPCU meeting as ISCCS meeting. It was observed that, even, MMDAs that fully complied with this indicator had it through expanded DPCU. The MMDAs argue that having the mid-year review, the planning meeting and the second and third quarter DPCU meetings put financial burden on the Assemblies. Moreso, it is always difficult to get Directors of the various departments to so many meeting within short time.

***Roll-over/ uncompleted/ standstill projects:***

Almost all the Assemblies have roll-over projects with some dating back to 2012. MMDAs, however, award new contracts without considering the completion of existing projects.

***None availability of Spatial Development Framework***

None of the regions has in place Spatial Development Framework to help MMDAs to prepare the structural and local plans.

***Lack of professional staff in some classes***

Most of the MMDAs in the Oti and Volta do not have professional Spatial Planning officers. The departments are being taking care of by technical grade officers. Others are also being supervised by LUPSA officers who do not take the Assembly work serious.

***Over reliance on External Consultants***

MMDAs overly rely on external consultants for capacity building and even sensitization on the LGS protocols.

***Poor Reporting***

Capacity building training reports produced by external consultants for some MMDAs were poorly prepared. They were not fit for purpose. Similarly, most reports produce by Education oversight committees, Health oversight committees and Sanitation were generally poor. The meetings were either not held or proceedings not recorded at the time of the meetings.

***Receipt of official correspondences***

It was observed that, in some MMDAs, incoming correspondences were received at the Chief Executive's office or by other officers other than the records.

### ***Performance appraisal of staff***

About ninety-five (95) percent of MMDAs visited did not meet the seventy percent compliance of staff appraisal schedule.

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

There was generally evidence of little co-ordination between Central Administration and NADMO.

### ***Disaster Preparedness Action Plan and implementation***

It was observed that, NADMO officers misconstrued disaster activities as Disaster Preparedness Action Plan (DPAP). Even MMDAs that could produce a plan did not have implementation reports.

Records produced on agricultural transformation generally were not reliable.

#### ***4.4.4. Specific Observations***

##### ***Oti Region:***

##### ***High child maintenance cases:***

- Eight (8) out of ten (10) child protection cases registered were about child maintenance.

##### ***Volta Region:***

##### ***Unconducive Working environment***

- There is a deep-seated mistrust, as evident in Ho West, between and among political leadership and natives working at the districts. The Ho West Chief Executive, for instance, classifies some officers as “politicians in civil clothing.” Any action by a political leader or a staff therefore is viewed through political lens.
- Some MMDAs approve building permits without recourse to TC&DSPC meetings

##### ***For RCCs:***

- It was observed that officers responsible for the management of websites do not have itinerary and activities of Departments and Units.
- The ORCC was not audited in 2020 and 2021
- The ORCC was not set up in the GIFMIS.



#### **4.4.5. General Recommendations**

##### **For OHLGS**

- OHLGS must use the performance contract to break the “resource and performance” cycle. The assessment must look at concrete evidence of transmission of funds to the departments and units for the implementation of specific activities or programmes.
- OHLGS must institute Local Government Service week to, among other things, showcase the potentials of the regions and the districts.
- OHLGS must facilitate a research into the causes of high child maintenance cases in Oti Region.
- Direct all MMDAs and RCCs to erect the “canons of the code of conduct” at the entrances and open spaces within the buildings of the Assemblies to serve as a constant reminder to all officers about what they can do and cannot do.
- Facilitate continuous orientation of MMDCEs on the legal mandate and the rights of staff of the Assemblies and ensure that there is room for redress.
- OHLGS must facilitate and ensure that ORCC is set up unto the GIFMIS and have their outfit audited
- The OHLGS must revise the indicator on the implementation of approved programmes for buildings and structures to include completion of existing projects.
- OHLGS must post substantive Spatial Planning Officers to MMDAs that do not have officers, especially Ho West
- OHLGS must facilitate the adoption of a uniform reporting formats for all for SW/CD Department and EH unit
- There must be a directive for NADMO to send their reports to the regional level through the MMDAs.

##### **For RCC**

- RCC must impress upon all MMDAs to receive all correspondences at the Records Management Unit.
- The RCC must ensure that MMDAs take Internal Audit findings seriously and commit to the implementation of the recommendations
- Internal Auditors must step up their checks and monitoring role to reduce infractions.
- The RCC must sensitize MMDAs within its jurisdiction to appreciate the importance of spatial planning in national, regional and district’s development.
- The RCCs must have their Spatial Development Framework in place to help the preparation of Structural and Local Plans by MMDAs

- The RCC must pursue rigorous and coordinated development of tourism in their Regions.

**For MMDAs**

- MMDAs must prioritize capacity building of staff. The expertise of senior officers could be tapped to facilitate capacity building and sensitization on LGS protocols to circumvent the financial constraint cited as the reason for not organizing capacity building for staff
- MMDAs must make conscious effort to orient and resource MIS officers and link them to departments and units for regular update of website with departmental and unit activities.
- MMDAs must schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms and other areas during the day. Environmental Health Officers must supervise cleaners to do
- MMDAs must train departmental and unit heads on the LGS staff appraisal instrument for compliance
- Management of MMDAs must work together to effectively deal with recommendations in Auditor General's management letter.
- MMDAs to prioritize completion of existing projects and adopt the DDF style of project selection and execution
- MMDAs must ensure that M/DEOC and M/D-HOC meetings are held, proceedings recorded and decisions implemented
- MMDAs must demand for good reports from consultants
- MMDAs must ensure that they expend on activities in the approved AAP
- MMDAs must make use of the mid-year review to scale down lofty projections
- MMDAs must resource the Agriculture officers to engage in data collection and data reconciliation.

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

Table 12: Oti & Volta RCCs Detail Analysis /Findings of each Indicator

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	VRCC had all the 12 REGSEC monthly meetings and four (4) emergency meetings.  ORCC held 15 REGSEC meetings: 12 monthly meetings and 3 emergency meetings.  VRCC presented neat and well-arranged documents.	The RCCs must keep this up.
	1.2i	Compliance with Expanded RCC	Whereas VRCC held two ISCCS meetings, ORCC held one.  All the two (2) RCCs had 2 expanded RPCU meetings each.	Oti RCC must commit to the organization of expanded RCC meetings.
	1.2ii	Compliance with Expanded RPCU		
	1.3	Electronic management of correspondences	The two RCCs (VRCC and ORCC) properly scanned and stored all incoming and outgoing correspondences.  None of the two could, however, have their correspondences accessed electronically by any officer.	The RCCs must keep this up.  The RCC need to resource their Records Management Units and acquire the right software that will help in fulfilment of this indicator
1.4	Functional website and updates	The two (2) RCCs have functionality websites with vital information about their respective jurisdictions. But whereas VRCC had 5 departmental updates per 12 months, ORCC managed 3 departmental updates per 9 months. None of the RCCs got the full marks	RCDs must establish a working relationship between the MIS officers and HODs.  Similarly, the MIS officers must	

		<p>under this indicator.</p> <p>It was observed that officers responsible for the management of website do not have itinerary and activities of departments and units.</p>	<p>be resourced to be able to capture departmental activities to update the website.</p>	
	1.5	<p>Functionality of the Client Service Unit</p>	<p>The two (2) RCCs visited had basic logistics for CS staff and the staff have been trained. Calls to complainants in the complaint's log books received favourable responses. But unlike the VRCC, ORCC did not get mark for "dedicated office space for the CS Unit."</p> <p>It was observed that the ORCC does not have enough office space. The CS Unit was not an exception.</p>	
	1.6	<p>Well-managed workplace environment</p>	<p>Both VRCC and ORCC did not get the "sign post showing clear directions to the office" mark.</p> <p>However, the surroundings and washrooms of both RCCs were well managed at the time of visit. ORCCs sign post at the entrance and general landscape looked very beautiful</p>	<p>RCCs must erect more sign posts to direct stakeholders to the office.</p>
Human Resource Management	2.1	<p>Compliance with bi-annual promotion schedules and a retirement schedule</p>	<p>Both RCCs fully complied and made the submissions on time.</p>	<p>The RCCs must keep this up.</p>
	2.3	<p>Compliance with comprehensive Salary validation and submission</p>	<p>Both RCCs fully complied with the requirements of this indicator</p>	<p>The RCCs must keep this up.</p>
	2.4	<p>Implementation of composite training Plans and submission</p>	<p>Both RCCs fully complied with the requirements of this indicator and had more than 80% of their training plans implemented</p>	<p>The RCCs must keep this up.</p>
	2.5	<p>Implementation of PMS</p>	<p>Both RCCs fully complied with the requirements of this indicator</p>	<p>The RCCs must keep this up.</p>
	2.6	<p>Compliance with Staff Performance appraisals</p>	<p>Compliance with staff performance appraisal was fairly high in both RCCs.</p>	<p>The RCCs must keep this up.</p>

Financial Management & Reporting	3.1	Compliance with Audit Plan preparation and submission	Both RCCs fully complied with this KPI.	The RCCs must keep this up.
	3.2	Implementation of Auditor Generals Management letter recommendations	VRCC implemented 100% of all recommendations contained in the Auditor General's management letter. The ORCC on the other hand was not audited in 2020 and 2021. A letter to that effect was presented.	OHLGS must take the ORCCs issue up and deal with it.
	3.3	Implementation of Quarterly Internal Audit recommendations	Whereas VRCC has implemented 100% of all internal audit recommendations, ORCC had some outstanding issues	ORCC must take Internal Audit recommendations serious
	3.4	Preparation and submission of Regional Integrated Budget System (RIBS)	Both RCCs prepared and submitted their RIBS before deadline.	The RCCs must keep this up.
	3.5	Expenditures processed through GIFMIS	VRCC had all sampled expenditures processed through the GIFMIS while ORCC is not set up in the GIFMIS.	OHLGS must facilitate the set-up of ORCC into the GIFMIS.
Services	4.1	Submission of Departmental monitoring reports through the RCC	Both RCCs fully complied with this KPI.	The RCCs must keep this up.
	4.2	Submission of quarterly RPCU monitoring reports	Both RCCs fully complied with this KPI.	The RCCs must keep this up.
	4.3	Submission of biannual technical backstopping reports	Both RCCs fully complied with this KPI. VRCC submitted six (6) departmental technical backstopping supports. ORCC on the other hand submitted four (4)	The RCCs must keep this up.

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

Table 13: 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 meeting	<p>Out of eighteen the (18) MMDAs in the region, only two (2) (Central Tongu and Ho Municipal) fully complied with this indicator. They had two meetings each with invitation letters, signed minutes and evidence of stakeholder presentation.</p> <p>Six (6) Districts Agotime Ziope, Akatsi South, Anloga, Ketu North, Ketu South and North Tongu did not show evidence of any meeting.</p> <p>The rest had 1 meeting and all of them were mid-year review meeting.</p>	The RCC must sensitize the six (6) MMDAs and impress upon them to comply with the indicator.
	1.2	Compliance with the sensitization on the LGS protocols	<p>Twelve (12) districts in the region complied fully with this indicator.</p> <p>Four (4) districts Akatsi south, North Tongu, South Dayi and South Tongu carried out only one (1) sensitization.</p> <p>One district (Adaklu) however did not show evidence of any sensitization.</p> <p>It was generally observed that MMDAs overly rely on external consultants for the sensitizations. They therefore cite lack of</p>	<p>MMDAs must delink sensitization on LGS protocols from other capacity building plans.</p> <p>MMDAs must tap on the expertise of senior officers for this exercise.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			funds as the basis for not having more than one sensitization.	
	1.3	Electronic management of correspondences	<p>Eleven (11) districts have their nine (9) months correspondences verified as stored electronically.</p> <p>Six (6) districts (Aloga, Ho, Hohoe, Kpando, North Tongu and South Dayi) have twelve (12) months correspondences verified as stored electronically.</p> <p>Only North Dayi could not satisfy the minimum requirement ( ie 9 months stored electronically) of this indicator.</p> <p>None of the districts, however, have sampled correspondences capable to be assessed electronically by the MMDCD.</p> <p>It was observed in some MMDAs that, incoming correspondences are received at the Chief Executive’s office or by other officers other than the records.</p>	<p>RCC must impress upon all MMDAs to receive all correspondences at the Records Management Unit.</p> <p>All Districts must have one software to ensure uniformity of output and accurate assessments.</p>
	1.4	Functional website and updates	Seven (7) districts, Akatsi North, Akatsi South, Anloga, Central Tongu, Ketu South, North Tongu and South Tongu have nine (9) months update of five (5) Departments.	<p>MMDAs must sensitize departments and units the need to have their activities on the website.</p> <p>MIS officers or other officers with</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>The rest could not show any evidence of the minimum five (5) departmental updates.</p> <p>All the Assemblies however have vital information about their MMDAs on their websites. Prominent information on their website is on Tourism.</p> <p>It was observed that departmental updates were limited to the generic duties of the departments.</p>	<p>required computer knowledge should be oriented and resourced to update the website regularly.</p>
	1.5	Functionality of the Client Service Unit	<p>Anloga, Kpando and North Tongu did not have a dedicated office for CS unit.</p> <p>Only North Tongu did not have basic logistics at the CS unit.</p> <p>Only Afadjato South did not have a trained CS staff.</p> <p>All Assemblies have complaints logbook but eight (8) of them (Adaklu, Afadjato South, Agotime-Ziope, Akatsi North, North Tongu, Ho West, Kpando and South Dayi could not meet the requirement of this indicator.</p> <p>It was observed that the logbooks of</p>	<p>OHLGS must employ qualified people to the CS Unit.</p> <p>MMDAs should re-assign and train some of the newly posted staff to handle the CSUs schedule.</p> <p>OHLGS must sanction MMDAs that forge entries in the complaints' logbook.</p>



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>various MMDAs either do not have contact details of complainants or contacts provided were forged</p>	
	1.6	Management of the workplace environment	<p>None of the Districts in the region had “sign posts showing clear directions to their offices”. They only have signpost at the entrance of their offices.</p> <p>Only four (4) Assemblies (Afadjato South, Hohoe, Ketu South and North Dayi) had clean washrooms for visitors. Others have poorly maintained washrooms with no running water, soap and hand washing facility.</p> <p>All the Districts had well maintained landscape except Kpando.</p> <p>All the districts had well maintained office spaces.</p>	<p>OHLGS must bring a clarity to this “sign post” indicator.</p> <p>MMDAs must schedule cleaners to ensure that some can stay longer or come to work late to tidy washrooms and other areas during the day</p>
Human Resource Management	2.1	Compliance with biannual composite promotion schedule and preparation of 2022 retirement schedule	<p>Fifteen (15) out the Eighteen (18) Assemblies visited fully complied with this indicator.</p> <p>Two (2) districts Afadjato South and Central Tongu had their promotion schedules with established vacancies and retirement schedule but did meet all</p>	The RCC must remind districts of these reports and their submission deadlines.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>deadlines.</p> <p>Ketu South is the only district that did not meet the minimum condition of this indicator.</p>	
	2.2	Compliance with staff Salary Validation and submission	<p>Twelve (12) out of Eighteen (18) MMDAs visited forwarded all 12 monthly comprehensive reports to their RCCs before deadline.</p> <p>Two (2) MMDAs (Adaklu and Ketu North) had all 12 comprehensive reports but did not submit before deadline.</p> <p>Four (4) MMDAs (Afadjato south, Akatsi North, Ho West and Ketu South) had only up to 12 comprehensive reports with no evidence of submission.</p>	<p>The RCC must remind districts of this report and its submission deadlines.</p> <p>MMDAs must ensure timely submission of reports</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.4	Implementation of training plans	<p>Only four (4) MMDAs (Afadjato South, Akatsi North, Akatsi South and Central Tongu) achieve more than 80% of their training plans.</p> <p>Three (3) MMDAs (Agotime Ziope, Ho West and Ketu North) could not achieve the minimum 80% requirement.</p> <p>The Eleven (11) other MMDAs achieved the minimum 80% requirement.</p> <p>It was observed that MMDAs overly concentrated on consultants for capacity building. They therefore cited lack of funds as the cause of their inability to build the capacities of staff.</p> <p>It was also observed that reports prepared by consultants for some MMDAs were poorly prepared. They were not fit for purpose.</p>	<p>MMDAs must prioritize the capacity building of their staff.</p> <p>MMDAs must explore the use of in-house arrangements to facilitate training to circumvent the financial constraint cited as the reason for not achieving this indicator.</p> <p>MMDAs must demand for good reports from consultants.</p>
	2.5	Compliance with Staff Performance Appraisal schedule for 2021	Compliance was very poor in the Region. Only three (3) Assemblies (Ho Municipal, Keta and Ketu South) complied with this indicator.	MMDAs must train departmental and unit heads on the LGS staff appraisal instrument for compliance.
Financial Management &	3.1	Compliance with the preparation and submission of	All the MMDAs in the Region had their RIAP prepared and approved by the	The RCC must ensure strict compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Reporting		RIAP	<p>deadline.</p> <p>Out of 18 districts, thirteen (13) MMDAs submitted their RIAP by the deadline.</p> <p>Eleven (11) of them submitted before the deadline.</p>	
	3.2	Increment of streets named with signage	Seven (7) (Agotime Ziope, Central Tongu, Ketu North, North Dayi, North Tongu, South Dayi and South Tongu) out of the 18 MMDAs did not meet the minimum 10% annual increase in Streets named with signage.	MMDAs must commit to implementation of the SNPA exercise.
	3.3	Implementation of External Audit recommendations	<p>Seven (7) Assemblies (Agotime Ziope, Akatsi North, Alonga, Central Tongu, Hohoe, Keta and Ketu North) showed evidence of implementation of all recommendations in the Auditor Generals Management letter.</p> <p>The rest of Assemblies have outstanding issues.</p>	Management of MMDAs must work together to effectively deal with recommendations in Auditor General's management letter.
	3.4	Implementation of Internal audit recommendations	<p>Six (6) Assemblies (Akatsi North, Akatsi South, Central Tongu, Ho West. Ketu South and South Tongu) fully implemented internal audit recommendations.</p> <p>The rest of Assemblies have outstanding</p>	<p>The RCC must ensure that MMDAs take Internal Audit findings serious and commit to the implementation of the recommendations.</p> <p>Internal Auditors must step up their</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			issues.	checks and monitoring role to reduce infractions.
	3.5	Compliance with expending on the activities in the AAP	<p>Eleven (11) MMDAs out of the eighteen (18) have expenditures covering more than 90% activities in their Annual Action Plans.</p> <p>One Assembly, Agotime Ziope showed evidence of having expenditure covering 90% activities in the AAP.</p> <p>Six (6) MMDAs ( Akatsi North, Akatsi South, Alonga, Central Tongu, Ketu North and South Tongu) did not complied with the minimum requirement.</p>	<p>MMDAs must ensure that they expend on activities in the approved AAP.</p> <p>MMDAs must take advantage of the mid-year review to revise their plans to conform to reality.</p>
	3.6	Availability and update of data on ratable properties	<p>All the MMDAs fully updated their database.</p> <p>Three (3) MMDAs (Afadjato South, Agotime Ziope and Kpando), however, did not have their fee-fixing based on the updated database.</p>	RCC must ensure that MMDAs comply with this indicator.
Infrastructure	4.1	Level of achievement in the implementation of planned road programmes	With exception of Adaklu, North Dayi and South Dayi, all the other MMDAs complied fully with this indicator.	MMDAs must make use of the mid-year review to scale down lofty projections.
	4.2	Level of achievement in the implementation of	Thirteen (13) MMDAs had at least 80% of their building and Structural programmes	The OHLGS must revise this indicator to deal with the award of

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		planned building & structures programmes	<p>implemented.</p> <p>Five (5) MMDAs (Akatsi North, Akatsi South, Alonga, South Tongu and North Tongu) could not comply with this indicator.</p> <p>It was observed that almost all the Assemblies have roll-over projects some dating back to 2016</p>	<p>new contracts at the expense of completion of existing projects.</p> <p>MMDAs to prioritize completion of existing projects and adopt the DDF style of project selection and execution.</p>
	4.3	Organization of Spatial Planning Committee and Technical Committee meetings	<p>Only five (5) Assemblies (Alonga, Hohoe, Keta, Ketu South and South Tongu) had both the Spatial Planning Committee and Technical Sub-Committee.</p> <p>Five (5) other MMDAs (Adaklu, Akatsi South, Central Tongu, North Dayi and South Dayi) did not show any evidence of meeting.</p> <p>iii. the rest of the MMDAs either had the Spatial Planning Committee meeting only or Technical Sub-Committee meeting.</p>	<p>The RCC must sensitize MMDAs within its jurisdiction to appreciate the importance of spatial planning in national, regional and district's development.</p> <p>MMDAs must be impressed upon to resource the department to perform its mandated duties.</p>
	4.4	Consideration of building permit applications	<p>Nine (9) MMDAs had more than 80% applications considered at Technical Sub-Committee and DSPC meeting and decisions communicated to applicants.</p> <p>Five (5) MMDAs had 80% applications considered at Technical Sub-Committee and</p>	<p>The RCC must furnish OHGLS with MMDAs that do not have Spatial Planning Officers.</p> <p>OHGLS must post substantive Spatial Planning Officers to MMDAs that do not have officers, especially</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>DSPC meeting and decisions communicated to applicants.</p> <p>Three MMDAs (Akatsi North, Ho West and North Dayi) did not meet the minimum requirement of the indicator.</p> <p>Some MMDAs do not have Spatial Planning Officers to spearhead the activities of the department</p>	Ho West
	4.5	Availability of approved Structure Plan and Local Plans	<p>Only three (3) MMDAs (Ho Municipal, Hohoe and Ketu South) complied with this indicator.</p> <p>Two (2) districts (Afadjato South and Ho West) had a structural plan and more than two (2) local plans.</p> <p>The other thirteen (13) MMDAs did not score any mark under this indicator.</p> <p>In percentage terms, only 28% of the MMDAs complied with the indicator. The other 72% cited lack of Spatial Development Framework and lack of funds as the main cause of non-compliance.</p>	The RCC must have its Spatial Development Framework prepared so that MMDAs could prepare their Structural and Local Plans.
Social Services	5.1	Compliance with Education oversight	Only four (4) MMDAs (Ho West, Ketu South, Kpando and South Tongu) show	MMDAs must ensure that M/DEOC meetings are held, proceedings

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		committee meetings	<p>evidence of having held four (4) meeting with invitation and minutes signed and implementing all decisions.</p> <p>Five (5) other MMDAs (Adaklu, Agotime Ziope, Akatsi North and Hohoe) could not produce any evidence of a meeting.</p> <p>The rest either had three (3) meetings or four (4) meetings but without showing evidence of implementation of decisions.</p> <p>It was generally observed that even where meetings were held, the minutes were poorly written. Similarly, subsequent meetings do not show the level of implementation of decisions.</p>	recorded and decisions implemented
	5.2	Compliance with Health oversight committee meetings	<p>Only three (3) MMDAs (Agotime Ziope, Keta and South Tongu) held four (4) District Health Committee meetings with invitation letters and signed minutes and evidence of implementation of all decisions.</p> <p>Only Akatsi North did not produce any evidence of a meeting.</p> <p>The rest either had three (3) meetings or four (4) meetings but without showing evidence</p>	MMDAs must ensure that M/D-HOC meetings are held, proceedings recorded and decisions implemented.



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			of implementation of decisions.	
	5.3	Data on vulnerable groups	<p>Nine (9) MMDAs showed evidence of timely update of data of vulnerable groups and submission before deadline.</p> <p>Six (6) MMDAs (Alonga, Central Tongu, Ketu North, Kpando, South Dayi and South Tongu) showed evidence of timely update of data of vulnerable groups but submitted after deadline.</p> <p>Two (2) MMDAs (Akatsi South and Keta) have the updates but no transmittals.</p> <p>It was observed that officers overly concentrated on people with disabilities when responding to this indicator.</p>	<p>MMDAs must ensure quarterly and biannual collation and submission of data on vulnerable groups.</p> <p>Officers must go beyond PWDs and take care of other vulnerabilities. It is clear that “vulnerability is not synonymous to disability”.</p>
	5.4	Implementation of GBV interventions	<p>Sixteen (16) MMDAs successfully implemented more than 80% of planned GBV interventions.</p> <p>Only the two (2) MMDAs (Agotime Ziope and South Tongu) could not meet the minimum indicator.</p>	OHLGS must facilitate the adoption of a uniform reporting format for all MMDAs to ensure standardization of reports by the Assemblies.
	5.5	Management of child protection cases	All the eighteen (18) MMDAs in the region effectively managed over 60% of all reported child protection cases.	MMDAs to keep this up.
	5.6	Organization of	All the eighteen (18) MMDAs in the region	OHLGS must begin to phase off this

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		Community mobilization and Education programmes	<p>effectively implemented over 80% of all community mobilization and education programmes in the 2021 Annual Action Plan.</p> <p>It is observed that the indicator is one of the core generic functions of Social Welfare Department.</p>	indicator
Economic Development	6.1	Increase yield on selected Agric produce/livestock /fish	<p>Twelve (12) MMDAs achieved more than 10% increase in selected crop/livestock/fish yield.</p> <p>Six (6) other MMDAs (Adaklu, Agotime Ziope, Akatsi South, Ho Municipal, Ho west and Ketu South) 3 Assemblies (Ho municipal, Akatsi North and Adaklu) recorded less than 10% increase in selected crop/livestock/fish yield.</p> <p>Generally, the data presented by the Assemblies may not be totally reliable because:</p> <ul style="list-style-type: none"> <li>• Most Assemblies do not have the resources and personnel to cover the district;</li> <li>• Every crop has the threshold yield that can be achieved; and</li> <li>• Some farmers conceal their output for fear of being ask to pay tax</li> </ul>	<p>MMDAs must resource the Agriculture officers to engage in data collection and data reconciliation.</p> <p>Farmers must be sensitized on the need to keep records.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	6.2	Increment in the percentage of subsistence farmers moved to commercial farming	Sixteen (16) districts recorded more than 30% increase in this indicator.  Two (2) MMDAs (Afadjato South and Alonga recorded less than 30% increase in this indicator.	MMDAs must keep accurate records on agricultural transformation in their jurisdictions.
	6.3	Implementation of Tourism related activities	Seventeen (17) out of the 18 MMDAs showed evidence of implementing more than 80% of approved tourism activities.  Only Adaklu could not meet the requirement of this indicator. It had only one (1) activity in the AAP but did not produce implementation report in the APR.  It was observed that the region has huge unexploited tourism potentials.	MMDAs must keep it up.  The RCC must pursue regourous and coordinated development of tourism in the region.  OHLGS must institute Local Government Service week to, among other things, showcase the potentials of the regions and the Districts.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness Action plan & Implementation report	None of the eighteen (18) MMDAs showed evidence of full compliance with this indicator.  Only Afadjato South showed evidence of the existence of DPAP, an implementation report and submission on deadline.  Five (5) MMDAs (Agotime Ziope, Alonga, Hohoe and Keta) showed evidence of the existence of DPAP and implementation	MMDAs must ensure coordination between the Central Administration and NADMO.  There must be a conscious policy for NADMO to send their reports to the regional level through the MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>report but no submission.</p> <p>The other ten (10) MMDAs in the region showed no evidence of the existence of Disaster Preparedness Action Plan.</p> <p>It was observed that the NADMO officers who, per the districts, supposed to be action officers misconstrued DPAP as disaster activities.</p> <p>There is also generally lack of coordination between the Central Administration and NADMO.</p>	
	7.2	Inclusion of Environment enhancement programmes in 2022 AAP	All the eighteen (18) MMDAs have environment enhancement programmes incorporated into the 2022 AAP. Compliance is 100%.	MMDAs must keep it up.
	7.3	Percentage increase in household toilets	<p>Fourteen (14) out of 18 MMDAs recorded more than 15% increase in households with toilets.</p> <p>Akatsi North recorded 15% increase in households with toilets.</p> <p>Three (3) Assemblies (Adaklu, Agotime Ziope and Central Tongu) had less than 15% increase in households with toilets.</p>	<p>MMDAs to build the capacities of the M/DEHOs in report writing.</p> <p>RCCs must facilitate the adoption of uniform reporting formats to ensure standardization of reports.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.4	MMDA sponsorship of Routine Cleansing activities	<p>Four (4) MMDAs (Ho Municipal, Kpando, North Dayi and North Tongu) carried out at least 1 routine cleansing activity per each of all 4 quarters.</p> <p>Five (5) other MMDAs carried out at least 1 routine cleansing activity for 3 quarters.</p> <p>Three (3) MMDAs (Agotime Ziope, Akatsi South and Ho West) carried out at least 1 routine cleansing activity for 2 quarters.</p> <p>Two (2) MMDAs (Adaklu and Keta) had only one cleansing activity.</p> <p>Three (3) MMDAs (Afadjato South, Akatsi North and South Dayi) did not show evidence of sponsoring any cleansing activity.</p> <p>It was observed that officers do not write reports when such exercise is carried out. Where there were reports, such reports were badly written.</p>	<p>MMDAs must commit resources to the exercise and make efforts towards good sanitation.</p> <p>MMDAs must ensure that officers responsible for the exercise produce reports as evidence of implementation.</p>

Table 14: Detail 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 meeting	<p>Only Krachi East and Kadjebi complied fully with this indicator. They had two meetings each with invitation letters, minutes signed and evidence of stakeholder presentation.</p> <p>Krachi West held two meetings but none had stakeholders making presentations.</p> <p>Nkwanta North and South, Jasikan, Krachi and Nchumuru held one meeting each (all mid-year review meeting).</p> <p>Biakoye, like the 2020 assessment, could not provide evidence for both meetings.</p> <p>It was observed that MMDAs that fully complied with this indicator had it through expanded DPCU. The MMDAs argue that having the mid-year review, the planning meeting and the second and third quarter DPCU meetings put financial burden on the Assemblies. Moreso, it is always difficult to get Directors of the various departments to so many meeting within short time.</p>	<p>OHLGS must reconcile the "two-meetings" of this indicator with the second and the third DPCU meeting.</p> <p>The RCC must highlight the importance of this indicator to Biakoye District Assembly and help it to organize the meetings.</p>
	1.2	Compliance with the sensitization on the LGS protocols	Five (5) Assemblies (Biakoye, Krachie West, Nkwanta North and South and Jasikan) organized more than one sensitization meetings on the LGS protocols. This has improved from just one District (Jasikan) in	<p>Expertise of senior officers in the various districts could be tapped for this exercise.</p> <p>RCCs should make it clear to the</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>2020.</p> <p>The other 3 Assemblies however had one sensitization each. Assemblies cited "lack of funds" as the basis for not having more than one sensitization.</p>	<p>districts that sensitization of staff on the protocols does not require contracting external consultant.</p>
	1.3	Electronic management of correspondences	<p>Five (5) Assemblies (Biakoye, Krachi East, Nchumuru, Nkwanta North and Jasikan) could not achieve the 12 months' storage requirement. They captured 9 to 11 months with the reason that they either had a broken down computers or had no scanners.</p> <p>3 Districts, Krachie West, Nkwanta South and Kadjebi had all the 12 months captured.</p> <p>None of the Districts had their correspondence capable to be accessed electronically.</p> <p>All the Districts in the region have electronic database for incoming and outgoing correspondences. Microsoft Excel is the software commonly used by the Districts. Most of them however have difficulty in hyperlinking the scanned documents to the Microsoft Excel software.</p>	<p>All Districts must have one software to ensure uniformity of output and accurate assessments.</p> <p>The Records Management Unit must be provided with computers and scanners.</p>
	1.4	Functional website and updates	None of the Assemblies in Oti Region have the minimum 9-month updates of 5	MMDAs must sensitize departments and units the need to have their

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>Departments.</p> <p>Officers simply say they did not know that the website should be updated with departmental activities.</p> <p>The departmental updates were limited to the generic duties of the departments. All of them however had certain vital information on their respective Assemblies of which tourism was prominent.</p> <p>It was observed that almost all the districts especially Krachi West, Nchumuru, Nkwanta South and Biakoye have erratic internet connectivity.</p> <p>In Krachi West, the person in charge of the website is not a staff.</p>	<p>activities on the website.</p> <p>MIS officers or other officers with required computer knowledge should orient and resourced to update the website regularly.</p>
	1.5	Functionality of the Client Service Unit	<p>All the Assemblies have fully functional client service unit with basic logistics.</p> <p>3 Assemblies (Biakoye, Nkwanta South and Jasikan) did not have their staff trained. Again, they have log books but complaints were either not properly documented or no contact details for verification.</p> <p>The officer manning Biakoye CS is new with no training. Their complaint's logbook had</p>	<p>MMDAs must re-assign and train some of the newly posted staff to handle the CSUs schedule.</p>



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>only 2022 entries.</p> <p>The Region in general has serious network problems especially Krachi West, Nchumuru, Nkwanta South and Biakoye.</p>	
	1.6	Management of the workplace environment	<p>Only one out of the 8 Assemblies (Nchumuru) had sign posts that show clearly the directions to the Assembly and it is the only Assembly that got all the marks under this KPI.</p> <p>4 Assemblies (Biakoye, Nchumuru, Nkwanta North and Jasikan) had clean washroom with water, soap and tissues.</p> <p>One (1) Assembly (Krachi East) does not have well maintained general landscape. It is the only Assembly that did not score any mark under this KPI.</p> <p>Two (2) Assemblies, Krachi East and Krachi West, had poorly managed office space.</p> <p>Krachi East Assembly has a serious deficit in terms of office accommodation. The office is congested.</p> <p>Krachi West had its offices scattered. The main office space is not well-cleaned. Tabletops, peeled off. Upholsteries for staff, torn. The state of the office manifests itself in</p>	<p>OHLGS must bring a clarity to this “sign post” indicator.</p> <p>Cleaners must be scheduled to ensure that some stay longer to tidy washrooms and other areas during the day.</p> <p>The RCC must pay special attention to the office accommodation issue of Krachi East Assembly.</p> <p>The RCC must work with the Krachi West Assembly to improve the working conditions of staff.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>the officers. There seem to be no life in the staff.</p> <p>It was observed, and as revealed by the score, the districts disagree with this indicator. Districts rather see directions within their office buildings as an indicator worth considered.</p>	
Human Resource Management	2.1	Compliance with biannual composite promotion schedule and preparation of 2022 retirement schedule	<p>All districts, except Jasikan, met all the indicators under this KPI.</p> <p>Jasikan had the biannual composite promotion schedule and prepared the 2022 retirement schedule but made submission after the deadline.</p>	The RCC must remind districts of these reports and their submission deadlines.
	2.2	Compliance with staff Salary Validation and submission	<p>6 Assemblies met all the requirements and submitted reports before deadline.</p> <p>Two (2) Assemblies, Nkwanta North and Nkwanta South submitted 11 validation reports on deadline date</p>	The RCC must remind districts of this report and its submission deadlines.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.4	Implementation of training plans	<p>Three (3) Assemblies (Krachi West, Nkwanta North and Kajebi) implemented more than 80% of their 2021 training plans and showed evidence of submission within deadline.</p> <p>2 Assembly (Krachi East and Jasikan) implemented 80% of their training plans.</p> <p>Three (3) Assemblies (Biakoye, Nchumuru and Nkwanta South) had 4 quarterly reports but implemented less than 80% of their 2021 training plans.</p> <p>Reports prepared by consultants for some MMDAs were not fit for purpose. They were poorly prepared.</p>	<p>MMDAs must prioritize the capacity building of their staff.</p> <p>MMDAs must request from consultants good reports when money is paid.</p>
	2.5	Compliance with Staff Performance Appraisal schedule for 2021	<p>Only Krachi West had more than 70% compliant requirement of this indicator. It had 77% compliance with 3 out of 4 staff sampled been fully completed.</p> <p>All the other seven (7) districts did not score any mark under this indicator.</p>	MMDAs must train departmental and unit heads on the LGS staff appraisal instrument for compliance.
Financial Management & Reporting	3.1	Compliance with the preparation and submission of RIAP	<p>4 Assemblies (Biakoye, Krachi West, Nkwanta North and Kajebi) prepared and submitted its RIAP before the deadline.</p> <p>Jasikan prepared and submitted its RIAP on the deadline date.</p> <p>Krachi East had its report prepared and approved but not submitted.</p>	The RCC must ensure strict compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Two Assemblies (Nchumuru and Nkwanta South) produced the report but had not been approved.	
	3.2	Increment of streets named with signage	Three (3) districts (Biakoye, Krachi East and Nkwanta North) got more than the 10% minimum required marks. This is an improvement on last year's performance where none of the 8 districts scored any mark.  The five other Assemblies (Krachi West, Nchumuru, Nkwanta South, Kajebi and Jasikan) however, did not get any mark.	MMDAs must commit to implementation of the SNPA exercise.  The RCC must increase supervision of the MMDAs and provide them with technical support towards the achievement of this indicator.
	3.3	Implementation of External Audit recommendations	Only three (3) out of the 8 districts in the region (Krachi East, Nkwanta North and Nkwanta South) showed evidence of having implemented all recommendations in Auditor General's management letter.	Management of MMDAs must work together to effectively deal with recommendations in Auditor General's management letter.
	3.4	Implementation of Internal audit recommendations	Five (5) Assemblies (Krachi East, Nchumuru, Nkwanta North, Nkwanta South and Kadjebi) implemented all the internal audit recommendations. The rest had some issues outstanding.	Internal Auditors must step up their checks and monitoring role to reduce infractions.  MMDAs must prevail on staff to take Internal Auditors checks and recommendations serious.
	3.5	Compliance with expending on the activities in the AAP	Five (5) Assemblies; Biakoye, Krachi East, Nkwanta North, Nkwanta South and Kadjebi had more than 90% of 2021 actual expenditure covering activities in the	MMDAs must ensure that they expend on activities in the approved AAP.  MMDAs must take advantage of the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>approved Annual Action Plan.</p> <p>Nchumuru had 90% of 2021 actual expenditure covering activities in the approved Annual Action Plan.</p> <p>Two (2) districts; Krachi West and Jasikan had less than 90% and thus score no mark.</p>	<p>midyear review to revise their plans to conform to reality</p>
	3.6	Availability and update of data on ratable properties	<p>Four (4) districts; Biakoye, Nkwanta North, Nkwanta South and Kadjebi met all the requirements.</p> <p>The remaining four (4) had their database updated but the fee fixing was not based on the updated database.</p>	<p>RCC must ensure that MMDAs comply with this indicator.</p>
Infrastructure	4.1	Level of achievement in the implementation of planned road programmes	<p>Six (6) Assemblies implemented more than 80% of their planned road programmes.</p> <p>Two (2) Assemblies (Biakoye and Kadjebi) implemented less than 80% of their road programmes.</p> <p>This indicator was generally misunderstood as physical road projects by some Assemblies.</p>	<p>MMDAs must synchronize their road programmes with that of sponsored road programmes to ensure fair distribution of resources.</p>
	4.2	Level of achievement in the implementation of planned building & structures programmes	<p>All Assemblies except Krachi West had 80% and above implementation of approved programmes for building &amp; structures.</p> <p>It was observed that almost all the Assemblies have roll-over projects some</p>	<p>The OHLGS must revise this indicator to deal with the award of new contracts at the expense of completion of existing projects.</p> <p>MMDAs to prioritize completion of</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			dating back to 2012.	existing projects and adopt the DDF style of project selection and execution.
	4.3	Organization of Spatial Planning Committee and Technical Committee meetings	<p>Only Three (3) Assemblies (Nchumuru, Nkwanta North and Kadjebi) met the spatial planning and technical committees meeting requirements.</p> <p>Krachi East organized both meetings as required but did not produce good minutes.</p> <p>The rest of the Assemblies however did not meet the minimum requirements. Nkwanta South for instance had 3 meetings each. Krachi West had just 2 DSPC meetings.</p>	<p>The RCC must sensitize MMDAs within its jurisdiction to appreciate the importance of spatial planning in national, regional and district's development.</p> <p>MMDAs must be impressed upon to resource the department to perform its mandated duties.</p>
	4.4	Consideration of building permit applications	<p>Two (2) Assemblies (Krachi East and Nkwanta North) considered over 80% of applications at TC&amp;DSPC meetings and had the decisions communicated to applicants.</p> <p>Nkwanta South considered more than 80% of applications received but did not communicate to applicants.</p> <p>Three (3) Assemblies, Nchumuru, Kadjebi and Jasikan considered 80% of applications at the TC&amp;DSPC meetings and had the decisions communicated to applicants.</p> <p>Biakoye and Krachi West approved applications but there was no evidence of</p>	<p>MMDAs must ensure that consideration of applications is done at TC meetings before approval.</p> <p>MMDAs must ensure that status of applications considered is communicated to applicants.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			TC&DSPC meetings.	
	4.5	Availability of approved Structure Plan and Local Plans	<p>Only Kadjebi had approved structural plan and 3 local plans.</p> <p>Three (3) Assemblies; Biakoye, Krachi East and Jasikan had structural plan and two (2) local plans.</p> <p>The rest of the Assemblies (Biakoye) did not have structural plans.</p>	<p>RCCs must facilitate the development of Special Development Framework for the MMDAs.</p> <p>MMDAs must see the importance of the structural and the local plans.</p>
Social Services	5.1	Compliance with Education oversight committee meetings	<p>None of the Districts fully satisfied this indicator.</p> <p>Only Nkwanta North held four quarterly meetings with invitation letters and minutes available and showed evidence of implementation of three (3) quarters' decisions.</p> <p>Five (5) other Assemblies held four quarterly meetings with invitation letters and minutes available but no evidence of implementation of decisions.</p> <p>2 Assemblies; Krachi East and Jasikan did not hold any meeting.</p>	MMDAs must ensure that M/DEOC meetings are held, proceedings recorded and decisions implemented.
	5.2	Compliance with Health oversight committee meetings	<p>Only Nkwanta South fully met the requirement of this indicator.</p> <p>Kadjebi had all the quarterly meetings but</p>	MMDAs must ensure that M/D-HOC meetings are held, proceedings recorded and decisions

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>implemented only decisions in 3 quarters.</p> <p>Nchumuru had all the four meetings but no evidence of implementation of decisions.</p> <p>Nkwanta North had three (3) quarters' meetings and showed implementations of all the 3 quarters.</p> <p>Krachi West held three (3) meetings but were signed only by the Secretary. It however implemented all the decisions in the 3 quarters.</p> <p>Biakoye had 3 meetings but no implementation.</p> <p>Krachi East and Jasikan did not have any meeting.</p>	<p>implemented.</p>
	5.3	Data on vulnerable groups	<p>Four (4) Assemblies; Nchumuru, Nkwanta North, Nkwanta South and Jasikan fully complied with this indicator.</p> <p>Biakoye and Krachi East had all the updates but did not submit their reports before the deadline.</p> <p>Kajebi could not show that December 2021 data was an update on the June 2021. That nevertheless, transmitted its data before the</p>	<p>MMDAs must ensure quarterly and biannual collation and submission of data on vulnerable groups.</p> <p>Officers must go beyond PWDs and take care of other vulnerabilities. It is clear that "vulnerability is not synonymous to disability".</p>



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>deadline.</p> <p>Krachi West was the only Assembly that did not produce data for December, 2020.</p> <p>It was observed that officers overly concentrated on people with disabilities when responding to this indicator.</p>	
	5.4	Implementation of GBV interventions	<p>All the Assemblies complied fully with this indicator.</p> <p>It is observed that the indicator is one of the core generic functions of Social Welfare Department.</p>	OHLGS must develop a template for standardization of reports by the Assemblies.
	5.5	Management of child protection cases	<p>All the eight (8) Assemblies effectively managed over 60% of all reported child protection cases.</p> <p>It was observed that about 80% of the child protection cases were on child maintenance.</p>	<p>OHLGS must support the Districts to look for NGOs to help deal with child protection issues.</p> <p>Similarly, activities of NGOs in the child protection area must be coordinated and properly assessed.</p>
	5.6	Organization of Community mobilization and Education programmes	<p>Six (6) Assemblies out of the 8 implemented over 80% of community mobilization and education programmes in AAP.</p> <p>Two Assemblies implemented between 70-80% of planned community mobilization and education programmes in AAP.</p> <p>It was observed that Social Welfare and Community Development Departments all</p>	<p>OHLGS must develop a template for standardization of reports by the Assemblies.</p> <p>The OHLGS must initiate a discussion on acquisition of means of transport for the Department.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>over the districts visited do not have means of transport for their community work.</p>	
<p>Economic Development</p>	6.1	<p>Increase yield on selected Agric produce/livestock /fish</p>	<p>Only Krachi failed to meet this indicator. The data as captured in the APR could not be interpreted.</p> <p>The other seven Assemblies achieved 10% increase in selected crop yield.</p> <p>Generally, the data presented by the Assemblies may not be totally reliable because:</p> <ul style="list-style-type: none"> <li>• Most Assemblies do not have the resources and personnel to cover the district;</li> <li>• Every crop has the threshold yield that can be achieved; and</li> <li>• Some farmers conceal their output for fear of being asked to pay tax.</li> </ul>	<p>MMDAs must resource the Agriculture officers to engage in data collection and data reconciliation.</p> <p>Farmers must be sensitized on the need to keep records.</p>
	6.2	<p>Increment in the percentage of subsistence farmers moved to commercial farming</p>	<p>Only two (2) Assemblies; Krachi East Nchumuru achieved more than 30% increase and got the full marks.</p> <p>The other six (6) Assemblies did not meet the requirements of this indicator. They did not have data.</p>	<p>MMDAs must keep accurate records on agricultural transformation in their jurisdictions.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	6.3	Implementation of Tourism related activities	<p>Seven (7) Assemblies implemented more than 80% of approved tourism activities.</p> <p>Only one (1) Assembly; Nchumuru, did not meet this requirement. It did not show evidence of implementation of any tourism activity.</p>	The RCC must work with MMDAs for coordinated development of tourism in the Regions.
Environment & Sanitation	7.1	Availability of a Disaster Preparedness Action plan & Implementation report	<p>Only Krachi East had the DPAP prepared, implementation report produced and report submitted on the deadline.</p> <p>Nchumuru had the plan but no implementation report and no submission.</p> <p>The rest of the districts did not have the plan at all.</p> <p>It was observed that the NADMO officers who, per the districts, supposed to be action officers misconstrued DPAP as disaster activities.</p> <p>There is also generally lack of coordination between the Central Administration and NADMO.</p>	MMDAs must ensure coordination between the Central Administration and NADMO.
	7.2	Inclusion of Environment enhancement programmes in 2022 AAP	All MMDAs had the full mark for this indicator. About 80% of their activities were on afforestation.	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	7.3	Percentage increase in household toilets	<p>Only Biakoye scored no mark under this indicator.</p> <p>All the other districts met the requirements of this indicator.</p>	
	7.4	MMDA sponsorship of Routine Cleansing activities	<p>None of the districts could produce four evidence of implementation for the (4) quarters.</p> <p>Only Krachi West could produce good reports for 3 quarters clean-up exercises.</p> <p>Nkwanta South and Jasikan had two (2) months each.</p> <p>Biakoye, Nkwanta North and Kadjebi had one (1) implementation reports each while Krachi East and Nchumuru did not show any evidence of implementation.</p> <p>It was observed that officers do not write reports when such exercise is carried out. Where there were reports, such reports were badly written.</p>	MMDAs must commit resources and make efforts towards good sanitation.

## **4.5. Savannah, Northern, Upper East and Upper West Regions**

### **4.5.1. Scope of the Assignment**

The team visited and interacted with staff of the Savannah, Upper West & Upper East Regional Coordinating Councils and thirty-three (33) MMDAs in the three (3) Regions.

### **4.5.2. General Outcomes**

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

### **4.5.3. General Observations**

#### *Coordination by the MMDAs*

Where the Planning and Human Resource Officers were abreast with issues, the exercise was well coordinated and staff were responsive. In most places however, the coordination was poor. The team had to go to some of the offices to get documentary evidence on KPIs. In a few MMDAs, officers were just preparing documents.

#### *Setting of targets in the AAP*

Some of the activities in the AAP did not meet the SMART principle. This made it difficult to assess the level of achievement. The Departmental Heads need to work more closely with the Planning Officer to set smart targets in the AAP.

#### *General Office Environment*

Generally it was observed that office space was inadequate resulting in congestion. There was also no clear standard on sanitary facilities, general cleaning and landscaping. There is room for much improvement in these areas in all MMDAs visited.

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

Even though several MMDAs had made considerable efforts in getting a website and updating the public regularly, the situation is dire at places that did not have an MIS or IT officer. Where the officer is available, the challenge is in getting needed logistics and funds to support to update it regularly.

#### *Staffing Issues*

Some of the places visited not only had very junior officers heading departments or units, but they had just been posted. Moreover, they were not generally prepared for the exercise. This may be due to the number of times the exercise was postponed or to apathy on the part of the DAs.

### *Staff training and Development*

Most MMDAs prioritized training and endeavoured to achieve same. However, it was realized that these were general areas that covered a lot of staff from all professional groups. Efforts are required to manage the career of each MMDA staff to ensure optimum performance. This requires a more elaborate training and development plan that address capacity gaps in both the long and short term.

### *Client Service*

There were efforts to ensure that the client service unit was established in most MMDAs. Some MMDAs had an office clearly marked with the necessary basic logistics. There was also an effort to record and deal with complaints. It was noted that in several MMDAs, complaints received were handled by the Public Relations and Complaints Committees (PRCC).

### *Street Naming*

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

### *Three Tier Planning*

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

### *Meetings of Education and Health Oversight Committees*

Most of the MMDAs visited could not show evidence of having organized meetings such as Education Oversight Committee and Health Committee. There seems to be pressure on the MMDAs to get the scores even though the meetings were not held. This forced some to prepare minutes and other documents to satisfy the verification team. There was even a situation where a DA had prepared four quarterly meeting minutes with invitation letters and put on a file that contained a letter saying that the committee was to be inaugurated in June 2021.

### *Filing and documentation*

In many situations, the staff presented documents which were not on a file. They were keeping documents in their respective offices without recourse to the records office.

#### 4.5.4. General Recommendations

##### For MMDAs

- *Equitable Staff Distribution:* The achievement of some of the key performance areas depends on the availability of dedicated staff. A major example is the IT staff to assist with the website, correspondence management system among others. Whereas some MMDAs had these category staff, others did not have. It is therefore recommended that efforts made to appoint and post such staff to all the MMDAs to support achievement of their mandates.
- *Improvement of Landscape and Sanitary Facilities in the MMDAs:* as a matter of urgency, MMDAs must be enjoined to improve the sanitary facilities and landscaping of their offices. This would improve the health and safety of the staff in the short run and performance in the long run.
- *Continual Improvement of Client Service Units:* the staff who manage this unit should be trained and resourced as they are among the frontline staff at all levels. This would improve the image of the LGS among the publics.
- *Training in Basic Computing for Records Staff:* staff at the records office should be given training in basic computer software applications to be able to manage the software for keeping incoming and outgoing correspondence.
- *Appoint Qualified Staff for the Records Offices:* it was realized that some of the MMDAs had IGF staff or those who had little understanding of records or its importance at the records offices. The records office takes custody of all correspondence of the MMDA. Efforts should be made to appoint personnel with the requisite qualification to manage those offices. These should also be sensitization of staff to respect those who work in those settings.

However, different situations were observed in Kassena Nankana West District Assembly (Paga) and North Gonja Municipal Assembly (Salaga). The files for the HR department were neat. Moreover, all the relevant documents had been flagged for the attention of the verification team. At Lawra Municipal Assembly, the officer in charge of records was the one who presented all the files for the verification. The heads of departments/units were just on hand to answer questions where necessary. These situations deserved commendation.

- *Continue Efforts to Make Newly Created MMDAs Cost Centres:* North East Gonja was still not a cost centre. The staff were receiving their salaries from Salaga (North Gonja). Efforts at making it a cost centre/management unit must be continued.

- *Meetings of Education Oversight and Health Committees:* It is recommended that MMDAs should be sensitized to prioritize the meetings of the Education Oversight committee and Health Committee meetings.

### **For RCCs**

The following are recommendations.

- Statutory Meetings: Innovative approaches should be explored to organize the meetings to ensure continuity in service delivery;
- All the RCCs visited had all the files ready for verification. The substantive officers did not necessary have to be around. All the information was on file. This deserves commendation.
- Improve in monitoring and backstopping activities to the MMDAs to continue the delivery of value for money services;
- Implementation of staff training plan: an enhanced training plan should be Implemented to refresh staff;
- Correspondence management system: the RCC should explore ways of backstopping the MMDAs to implement an electronic correspondence management system.



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

Table 15: Savannah, Upper East and Upper West RCCs Detail Analysis /Findings of each Indicator

KPI	FINDINGS			RECOMMENDATION
	SAVANNAH	UPPER WEST	UPPER EAST	
1.1	More than 12 invitation letters and minutes of REGSEC meeting on file.	Nine meeting invite and minutes were sighted	More than 12 invitation letters and minutes of REGSEC meeting on file.	Commendation
1.2	The RCC meetings and RPCU meetings were being organized by the RCC.	1 RCC and RPCU Meetings were held, with invitation and minutes on the file	Meetings were held, with invitation and minutes on the file	Innovative ways like the use of webinar could be used to organize the meetings
1.3	An exclusive system was used to manage correspondence.	An exclusive system was used to manage correspondence.	A system for managing correspondence was deployed and functional.	The RCC could explore the possibility of replicating the system across the MMDAs in the Region
1.4	RCC has a website with several updates.	RCC has a website with several updates but not to get the full score	RCC has a website with several updates.	Commendation
1.5	Client service was functional.	Client service was functional.	Functional client service unit	The RCC could explore the possibility of replicating the system across the MMDAs in the Region
1.6	The RCC shares office with West Gonja Municipal Assembly. Some more work is needed on the landscaping	Office was nice. Lawns and paved parking area. It was very conspicuous	Office was nice. Lawns and paved parking area. It was very conspicuous	RCC must be commended for the beautiful environment. Security of the environment could be considered as a requirement for this KPI

KPI	FINDINGS			RECOMMENDATION
	SAVANNAH	UPPER WEST	UPPER EAST	
2.1	Composite promotion schedule with justification submitted as well as retirement register.	the RCC had submitted the composite promotion schedule. There was no evidence of retirement schedule submission on file.	Biannual promotion schedule with justifications and 2021 retirement register were all submitted	Submissions of this nature could be done electronically.
2.3	The staff of the RCC were being validated by their former duty posts. They are yet to be assigned as a management unit.	All 12 months PV submissions were done before deadline	ESPV reports submitted monthly before deadline	RCC could be commended for complying with the requirements of the KPI
2.4	All the submissions were on the files	Training plan was submitted. Only 61.52% implementation rate.	Comprehensive training plan submitted. 33.33% of planned trainings implemented.	Webinar could be used to organize training at least for those seeking promotion to senior grades in the region.
2.5	Copies of the monitoring reports and submission letters were on the file.	Copies of the monitoring reports and submission letters were on the file.	2 PMS Monitoring reports on file and submitted to OHLGS	RCC could be commended for complying with the requirements of the KPI
2.6	The RCC was complying with the appraisal cycle. Appraisals sampled were good.	The RCC was complying with the appraisal cycle. Appraisals sampled were good.	Sampled forms were good. The compliance rate was more than 70% according to my count.	RCC could be commended and encouraged to ensure that all the staff are complying with the requirements of the KPI
3.1	Annual Audit Plan was prepared and submitted.	Plan was prepared but not submitted	Annual audit plan submission was sent to all stakeholders	RCC could be commended for complying with the requirements of the KPI

KPI	FINDINGS			RECOMMENDATION
	SAVANNAH	UPPER WEST	UPPER EAST	
3.2	There was no issue against the RCC in the Auditor General's report	There was no issue against the RCC in the Auditor General's report	Management letter on file, implementation reports indicate all the recommendations have received attention	Could be commended and encouraged to continue complying with the PFM regulations
3.3	The RCC had not dealt with all the recommendations by the Internal Auditor	The RCC had not dealt with all the recommendations by the Internal Auditor	All quarters reports submitted and recommendations but not fully implemented	Give attention to the findings and recommendations of the Internal Auditor
3.4	There was no evidence of dispatch of the RIBS.	RIBS was prepared but not submitted	Regional Integrated Budget system (RIBS) was not on file.	This should be given attention by the RCCs
3.5	All payments were made through the GIFMIS system	All payments were made through the GIFMIS system	Expenditure items paid via GIFMIS	RCC could be commended for complying with the requirements of the KPI
4.1	4 regional Departments embarked on monitoring	Two departments submitted reports after the deadline	Only two departments had submitted reports of some quarters. This did not satisfy the requirement of the KPI	Other means could be explored to monitor the activities of MMDAs. The SWIMS system could be replicated in some of these areas. With that system all cases and action taken are entered and another agency could readily access the information entered.

KPI	FINDINGS			RECOMMENDATION
	SAVANNAH	UPPER WEST	UPPER EAST	
4.2	Dispatch book did not show submission of RPCU monitoring reports	Reports were submitted but not on schedule	Monitoring planned but not executed.	Other means could be explored to monitor the activities of MMDAs. The SWIMS system could be replicated in some of these areas. With that system all cases and action taken are entered and another agency could readily access the information entered.
4.3	There were 2 technical backstopping reports on file.	One biannual technical backstopping report by the RPCU was sighted.	There were 3 backstopping activities with reports sighted.	Other means could be explored to monitor the activities of MMDAs. The SWIMS system could be replicated in some of these areas. With that system all cases and action taken are entered and another agency could readily access the information entered.

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

Table 16: Detail Analysis /Findings of each Indicator for ALL MMDAs in the Savannah, Upper West & Upper East Regions

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
General Administration	1.1	<p>There were reports indicating that the review meeting was held for most of the MMDAs.</p> <p>The participation was not as expanded as expected. Some even tried to replace it with townhall meetings or the community engagements of the DCE.</p>	<p>Only 1 out of 11 MMDAs verified had held both meetings. About four were not able to organize the meetings at all, whereas the others had organized just the review meeting.</p> <p>This means that plans were not being prepared with the input of some important stakeholders.</p>	<p>Only 2 out of the 15 MMDAs in this region had organized the meetings and had evidence thereof. 7 MMDAs could not show evidence of ISCC meeting. The others had organized only the review meeting</p>	<p>There should be more sensitization to organize these joint stakeholder meetings to get the input of organizations that also provide services for harmonized planning.</p> <p>There could be another platform to share information of related activities with the organizations to ensure harmonious development.</p>
	1.2	<p>All the MMDAs assessed in indicated that they had organized one orientation except STKDA</p>	<p>2 out of 11 MMDAs verified did not hold any sensitizations on the protocols of the Service.</p>	<p>2 MMDAs out of 15 MMDAs showed that they were able to organize more than one sensitization programme on the Laws, Protocols etc of the Service.</p> <p>3 could not give proof that any sensitization programme was organized. The rest had organized at least one. These were mostly found in the quarterly capacity building report supposedly</p>	<p>This activity should be sustained so newly appointed staff could get acquainted with the Service.</p> <p>To ensure harmony, a suggestion is to make adjoining MMDAs carry out the orientation together and instead of consultants facilitating, use players in the Service.</p> <p>The service can have school of practitioners who</p>

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
				submitted to the RCC and OHLGS.	could be contacted for such programmes.
	1.3	Although the MMDAs were making efforts to use electronic means to manage in-coming and out-going correspondence, there was much to be desired with regard to the KPI. Some places they did not even have a functioning scanner or a computer. The staff who were managing these systems did not have a good working knowledge.	3 out of the 11 MMDAs did not have any systems for managing in-coming and out-going correspondences. These MMDAs did not also have IT officers. Eg was Wa West DA.	5 MMDAs out of the 15 had a records management system, and were updating it with the in-coming and out-going correspondences on a regular basis. 3 MMDAs did not show any evidence. The interest of MMDAs leadership in the records management system had a direct correlation with the efforts being made in this area.  Only 4 MMDAs had actually acquired a system and have a staff managing it. For some of the MMDAs those at the Records Office found it difficult to search for documents requested.	MMDAs should be tasked to make sure that a senior officer with a records, MIS background manages the records office for security and safety reasons.
	1.4	All the MMDAs had a website. It was the update that was lacking. There were some that had not seen any update for the past three months.	All the MMDAs were having website. The issue was with the updates and stable internet connectivity.  Only 2 out of 11 MMDAs were endeavouring to update the website with some news and activities.	Only 2 MMDAs in this region could fully meet the demands of this KPI. 3 did not show any evidence of updates of website.  Nabdram DA had a website but was not accesible at the time of our visit.	A PR or Public Affairs expert should be engaged to help MMDAs identify issues that should go to the website and how these should be captioned.

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
	1.5	Provision for client service units was in place in all MMDAs visited in various forms. The space was mostly provided for at the foyer of the MMDA premises. They had complaints books or forms. The issues were mostly sent to the PRCC for consideration. Some of the MMDAs had computer for keeping information and the staff had been trained. eg. Lambussie and Nadowli.	Almost all the MMDAs verified had demarcated a space to be used for client service activities. However, out of the 11 MMDAs only 3 met all the requirements of this KPI. Just like the Savannah region, MMDAs in Upper West the issues were being considered by the PRCC.	4 MMDAs had a trained officer, basic logistics and furniture at the demarcated client service unit. They were also keeping their complaints and were taking action on complaints.	Processes to set up the client service unit should be sustained.
	1.6	Signposts were mostly not available in town, washrooms were fair for most of the MMDAs with a few not having at all. The Office space was being managed. Mostly there was no landscaping.	The issues were in connection with the signpost, landscape and the toilet facilities for visitors.	Only 2 MMDAs had a good working environment, though not perfect. It seems there is general lack of care in making sure that the working environment was conducive for both the employees and those who visit to transact business.	Sanitary facilities at the various offices should be given more attention. The façade of the office block should be given more attention to make rate payers more inclined to pay in the conviction that the MMDAs would not misuse their rates, fees and fines.

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
Human Resource Management	2.1	Almost all the MMDAs were able to give proof that they had dispatched the promotion and retirement register. In some cases where I searched the dispatch book for evidence of submission, they were not recorded.	All the MMDAs had submitted the schedules except Lawra and Wa East. The claims were that nobody was due for promotion or retirement in the year in question. They were however asked to inform the RCCs that there were no promotions or retirements.	5 out of 15 MMDAs had submitted the promotion and retirement schedule. Pusiga and Binduri which were unable to show any evidence indicated that they had just received substantive HR officers who are even new entrants.	MMDAs were doing well in these areas. There was need for commendation.
	2.2	This was done by all the MMDAs. The dispatch book gave further evidence. In a few cases, the MMDAs claimed that some of the PVs had been taken by the Audit and were not returned.	All the MMDAs were complying with the requirements of the KPI	All the MMDAs were complying with the requirements of the KPI	There was motivation for all the MMDAs to comply with this KPI. Audit was always checking the PVs to be sure the right thing was being done. Lesson is that if checks were consistent, efforts would be made to comply. North East Gonja was still not a management unit. So the staff were being validated by North Gonja (Salaga).
	2.4	The training plans were prepared and submitted as well as the implementation of the plan. The MMDAs seem to be engaging the same consultant.	Only 3 out of 11 MMDAs were unable to comply with the requirements of this KPI.	The region performed very well in submission of the training plans and the quarterly progress reports.  The challenge was that some of the reports looked like they were just printed. Sometimes the dispatch	The planning seemed simplistic, but the process is not. Efforts should be made to do a district wide training plan so that HR would be aware of training being organized by other departments



KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
				book does not show that the reports have been submitted.	
	2.5	Efforts were being made to comply with the appraisal cycle. Some MMDAs were able to show that about 70% of staff completed their appraisal. Quite a number of cases showed that there was need for further training on how to set SMART KPIs.	Only 1 out of 11 MMDAs meet all the requirements and got the full score. The rest could not prove that up to 70% of staff complied with the cycle. There was need to continue sensitization on how to set SMART indicators.	The challenge was with how to set the indicators according to requirement (in some instances)	Sensitization on setting SMART indicators. Heads of departments should be encouraged to prioritize the appraisals to help manage the career of their staff.
Financial Management and Reporting	3.1	Some of the MMDAs in the region were preparing the RIAP. However, they were submitting or where they had submitted it was before the deadline.	Only 1 DA could not meet the requirements. All the other 10 MMDAs had made some efforts. They had prepared the plan and gotten it approved.	It was the evidence of approval and submission that was a problem for 3 of the MMDAs verified. They had all prepared it.	Budget Unit of OHLGS should continue to remind the MMDAs their responsibilities in the preparation and implementation of the Revenue Improvement Action Plan.

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
	3.2	No street had been named in the entire region. The MMDAs were not having a database nor were they updating it. It is suspected they have stopped investing in the street naming exercise. So there were no cumulative data on roads named year-on-year.	Only 1 MMDA (Lambusie) had records showing that some streets had been named.	Only Bawku Municipal showed that they had been continuing with the street naming exercise.	It seems the property addressing system being implemented by the Vice Presidents' office has overtaken the street naming and mounting of signages. I recommend a survey to establish the fact for the way forward. It seems it makes sense for people to just use the plates being embossed on buildings with street names and property numbers to avoid duplication of efforts.
	3.3	Some of the MMDAs visited in this region had issues in the Auditor General's management letter and so did not score anything for this KPI	3 out of 11 MMDAs had implemented 100% of recommendations in the Auditor General's Management letter.	5 MMDA verified had issues in the auditor general's report.	
	3.4	More than 50% of MMDAs in the Region verified had outstanding recommendations that had not been implemented. It has been more than six months since these recommendations were made by the internal auditor.	Only Wa West had no outstanding recommendation from the internal audit.	Only 6 MMDAs verified had fully implemented the recommendations made by the Internal Auditor for 2021.	

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
	3.5	Apart from North East Gonja, all MMDAs verified had more than 90% expenditure items captured in the AAP	Only 3 out of 11 MMDAs did not have at least 90% of actual expenditure covered in the AAP activities. The 8 MMDAs had achieved varied levels of compliance.	8 out of 15 MMDAs could not show that 90% of actual expenditure were from the AAP.	
	3.6	All MMDAs were complying with this indicator. Central Gonja was however not updating their database.	Wa West did not have data on rateable properties based on which final revenue estimates were derived. The rest had managed to comply.	All the MMDAs verified (except 1) showed that they have been updating their database. The issue was with its being considered and approved and whether the updated version was used for fee fixing.	MMDAs should be encouraged to continue to update their database to enhance revenue mobilization.
Infrastructure	4.1	3 out of 7 MMDAs were complying with this KPI. This means that 4 DAs were unable to implement 80% of planned road projects.	4 out of 11 MMDAs in the Region were not able to implement 80% of their road projects for the year.	7 out of 15 were implementing planned road projects in 2021. the rest could not meet the 80% implementation rate threshold.	Some of the MMDAs mentioned that funds for activities were delayed in 2021. The general performance was not good. It is recommended that the weight should be reduced in the overall score.
	4.2	All MMDAs in the region could not meet this KPI. Funding could be the reason. The MMDAs achieved about 50% of planned building projects.	Only 1MMDA was able to implement at least 80% of building and structure in the 2021 AAP.	Only Talensi DA was partially able to show that it had implemented up to 80% of its planned building and structure projects as shown in the 2021 AAP.	

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
	4.3	Spatial Planning and the Technical Committees of the MMDAs in the region were meeting consistently and considering the permit requests at least 4 times in the year.	Almost all MMDAs in this region had their spatial planning committee meeting at least four times in the year. Only Bole DA could not hold at least 4 meetings in the year.	Almost all MMDAs in this region had their spatial planning committee meeting at least four times in the year. Only Bole DA could not hold at least 4 meetings in the year.	
	4.4	Only 3 MMDAs in the Region were communicating decisions on building permit applications to applicants. It also means that only these were considering applications.	Only 2MMDAs SPC out of 11 were not meeting to consider permit applications.	Only 5 MMDAs in this region could not show that the SPC was considering building permit applications.	There should be sensitization to the citizens to get permits before construction. The MMDAs should also find innovative ways to make requesting for permits attractive and easier.
	4.5	MMDAs were doing fairly well with the development of Structural and Local Plans. Almost all MMDAs had some plans. The only challenge was that they were not signing and sealing to authenticate these plans.	Sisala West did not have the approved spatial plans. All the others had either the structural or local plans. The issue was that some were not approved. The plans did not have the stamp and seal.	Kassena Nankana east and West scored highest because they had the structural plan and some local plans. The only challenge was that the SP was not signed and sealed.	The recommendation is that MMDAs should continue preparing and enforcing/implementing the plans, especially for areas that are seeing rapid development.

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
Social Services	5.1	There were invitation letters, attendance sheets and signed minutes in some instances to show the meetings were held. However, there was seldom evidence that decisions were implemented. In most cases the minutes looked like reports of the Director of Education. A revealing finding was that some of the different quarters had minutes that had the same wording.	6 out of 11 MMDAs verified had their Education oversight Committees meeting with minutes, attendance sheets and invitation letters filed. It was also found they had shown some evidence that actions were being taken on decisions made in the meetings.	Only two MMDAs were able to that decisions in the minutes were being implemented. 6 MMDAs could not show any evidence that the meetings were being held. Some actually gave minutes there showed a lot of repetitions.	The finding implies that most of the MMDAs were not organizing these meetings every quarter. They were just presenting documents to get the scores. The recommendation is to engage the key stakeholders of these Committees to fashion a way to discuss pertinent issues.
	5.2	Findings for the Education oversight Committee meetings was the same for the Health Committee. Additionally, some of the MMDAs used the Public Health Emergency Committee in place of the Health Committee.	The Health Committee meetings were also being organized with records to show in 8 MMDAs in this region. There was further evidence in the records also to show that decisions were being implemented.	7MMDAs did not show evidence that the health committee held meetings. In some cases the minutes were just a change of the title. The other details were the same from quarter to quarter.	
	5.3	Though most of the MMDAs in the Region showed that they had data on vulnerable groups. It was difficult to establish the updates as well as submission thereof. It seemed that concentration was on only those benefiting from the LEAP.	Apart from Lambusie, no other MMDA was able to show update of the data on vulnerable groups from 2020 with evidence of submission.	Establishing update of the data on vulnerable group was difficult as MMDAs were not keeping the biannual updates and some were not submitting the data. However, the LEAP updates were very consistent. So, the issue has to do with resources to go	

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
				from community to community. Only 3MMDAs had been updating consistently.	
	5.4	Gender Desk Officers working in collaboration with the other sectors were able to show evidence of implementation of their action plans. The challenge was on how gender activities were captured in the AAP. This was mostly summerized as a single activity to be implemented district-wide.	3 MMDAs could not give evidence that they had implemented up to 80% of their gender based violence interventions planned for 2021.	All MMDAs were showing reports of implementation of gender based violence activities in the AAP.	
	5.5	The cases shown in the child protection case files, or register were being managed. Some had detailed reports of how the cases were managed.	7 out of 11 MMDAs were able to dispose or manage at least 60% child protection cases that came to their attention in 2021. Those using the UNICEF supported SWIMS gave good information from the case files.	Most of the MMDAs in the Region were dealing with the child protection cases. I think the motivation is that they all want to benefit from the UNICEF support or that they were replicating the systems at the respective duty posts.	Efforts at resolving all child protection cases should be sustained.

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
	5.6	The Social Workers were able to show individual reports on activities implemented under this KPI. MMDAs were able to show Social Welfare activities in the AAP and level of implementation in the APR. there were individual reports for the activities implemented.	Only 2 MMDAs could not show evidence that community mobilization and education programmes planned for 2021 were being implemented up to 50%.	All MMDAs were showing reports of implementation of community mobilization and education activities in the AAP.	Efforts at community mobilization and education should be sustained.
Economic Development	6.1	MMDAs performed well with this KPI. Officers were doing well in helping farmers to increase yield. Only East and North East Gonja could not report an increase in yield of at least 10%.	About 50% of MMDAs verified were able to show evidence that they were helping farmers to increase their yield to the rate of 10% from the previous year.	7 MMDAs could not show that they had assisted farmers to increase yield up to 10% in 2021.	
	6.2	Only East and West Gonja were able to satisfy the requirements of this KPI. The argument was that commercial farms should be defined well.	7 out of 11 MMDAs had farmers who had moved from subsistence to commercial.	7 MMDAs could not show that they have been able to assist farmers to move from subsistence farming to commercial.	
	6.3	3/7 of MMDAs had implemented some tourism related activities.	Only 2 out of 11 MMDAs had implemented tourism related activities in the AAP.	7/15 MMDAs had implemented tourism related activities.	A lot more education on how to set targets for tourism related activities is needed.

KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
Environment and Sanitation	7.1	The MMDAs were able to show that the plans were being prepared and implemented. However, the submission was sometimes in the middle of the same year in which the activities were being implemented.	Only 1 MMDA could not show that the plan was prepared and submitted.	All MMDAs were able to prove that they had prepared and submitted the Disaster Plan and implementation report.	
	7.2	The AAPs for 2022 showed programmes on afforestation using the cashew, there were also education on how to farm near water bodies, sensitization on reducing bush burning etc.	The MMDAs had shown in their 2022 AAP that they had environmental enhancement programmes except Wa East.	The MMDAs had planned environmental enhancement activities. These were not only found under Environment, but development (agriculture).	MMDAs should be encouraged to implement the activities planned to enhance the environment.
	7.3	There were programmes to support declaration ODF communities. These activities supported households to build toilets. However, MMDAs which had more households with toilets could not meet the target percent increase.	There were some programmes to support in the construction of household toilets in this region. So only 3 MMDAs were not able to report increase in household toilets for 2021. Some of the reports looked like they were just prepared for the verification exercise.	6 MMDAs could not meet the 15% increase. Some reported very high figures for previous years. So, no matter how much had been achieved, it was difficult to get the expected change.	The KPI should be redefined as most MMDAs may not meet it after some time.



KPA	KPI	FINDINGS			RECOMMENDATIONS
		SAVANNAH	UPPER WEST	UPPER EAST	
	7.4	The MMDEHO's were able to show evidence that there was sponsorship for cleaning of CPDs and other public places. The quantum of sponsorship as reported was however marginal.	MMDAs in the Region were able to show that apart from the normal zoomlion cleaning, the MMDA sponsors clean-up campaigns sometimes monthly. There were reports for each of these.	MMDAs in the Region were able to show that apart from the normal zoomlion cleaning, the MMDA sponsors clean-up campaigns sometimes monthly. There were reports for each of these.	Efforts at cleanliness should be sustained.

## 4.6. Ahafo, Western North & Parts of Ashanti Regions

### 4.6.1. Scope of the Assignment

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

### 4.6.2. General Outcomes

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

#### MMDAs & RCCs

##### *Presentation of Fresh Documents*

Some of the documents presented by RCCs and MMDAs were new. A few of the action plans, meeting minutes, quarterly reports and activity reports were newly printed.

##### *Poor Quality of Reports*

Some of the minutes and reports presented for assessment were of poor quality. Specific mention can be made to minutes of statutory committee (*including Health and Education oversight committees*), as well as that of mid-year review and planning meetings. Reports of departments/units such as Environmental Health, NADMO and Social Welfare & Community Development were in this category. Some departmental reports were not consistent with planned activities. Reports of some consultants who undertook capacity building assignments were of poor quality.

It is recommended that:

- The capacities of schedule officers should be built on minutes and report writing.
- Generic ToRs to guide the engagement and reporting by consultants on CB activities.
- Departments such as SWCD/NADMO/EHD to prepare reports in line with required formats.

### *Poor Records Management*

Records management remains a major challenge. Misfiling, use of correction fluid to change folio numbers and dates, etc and the total loss of documents were some challenges encountered.

It is recommended that the capacities of staff be built and the LGS records management system deployed as quickly as possible to ensure standardization.

### *Weak supervision of staff*

The team also observed that in some MMDAs supervision for the performance of task was weak. The narrative would have been different in a number of MMDAs if leadership was up and doing and there was adequate team work.

The capacities of the leadership of MMDAs needs to be built on leadership strategies, team work and team building to help them perform to their optimum levels.

### *Misunderstanding of Some Indicators*

It was observed that some officers especially agriculture, social welfare and environmental health misread and therefore did not present the needed data required of the indicators which affected their performance.

OHLGS must adequately sensitize key players at the regional and district levels to ensure proper understating and appreciation of the requirements of the indicators.

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### **4.6.3. General Recommendations**

#### **For MMDAs**

To address the gaps that were observed during the assessments, MMDAs should:

- build the capacities of their staff on minutes and report writing
- adhere to ToRs used in the engagement of consultants for Capacity Building activities to among others ensure standard reporting
- Prioritize activities around which assessment indicators were formulated
- make use of senior officers who understand the LGS protocols to sensitize staff on all available platforms
- ensure that NADMO submits implementation reports on their disaster preparedness plans to the RCC through the DCE timeously.

#### **For RCCs**

To address observed gaps in MMDAs during the assessments, RCCs should:

- facilitate the adoption of formats for standard reporting
- Strengthen the capacities of their respective MMDAs in line with planning and reporting systems and arrangements
- organize training sessions for the MMDAs and closely monitor them on the use of the appraisal instrument.

**For OHLGS**

It is recommended that the OHLGS should:

- develop an online portal for submission reports at specified times to curb the incidence of non-submission at times required.
- Ensure adequate sensitization of all stakeholders on the indicators to ensure a common reference frame.

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

Table 17: Ahafo RCC Detail Analysis /Findings of each Indicator

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	REGSEC meeting	All 12 REGSEC monthly meetings held with invites and minutes available.	RCC to keep it up.
	1.2	Expanded RCC Meeting	Two expanded RCC meeting was held.	RCCs to keep it up.
	1.3	Electronic management of correspondences	RCC has a system for the electronic management of correspondences, however, not all the correspondences were captured.	RCC to institute a mechanism to ensure all correspondences are captured.
	1.4	Functional website	RCC has functional website with update for all 12 calendar months available.	RCC to take charge of the management of website.
	1.5	Functional Client Service Unit	RCC has functional Client Service Units with all requirements in place.	RCC to train designated officer.
	1.6	Well-managed workplace environment	Washrooms and surroundings of RCCs well managed.	RCCs to ensure continual maintenance of the facilities.
Human Resource Management	2.1	Biannual composite promotion schedule	RCCs prepared and submitted biannual composite promotion plans and retirement schedules.	RCC to keep it up.
	2.2	Salary validation	RCCs showed evidence of salary validations and reports duly submitted to OHLGS.	RCC to keep it up.
	2.3	Implementation of composite training Plans	RCCs prepared and submitted composite training plans with accompanying quarterly reports.	RCC to keep it up.
	2.4	Implementation of PMS	RCC monitored the implementation of the PSM and reported on it at mid-year and at end of year.	RCC to keep it up.
	2.5	Comprehensive appraisal cycle	All sampled appraisals were fully completed.	RCC to ensure all appraisals are completed.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Financial Management & Reporting	3.1	Annual Audit Plans	RCC prepared and submitted its audit reports to the required institutions and agencies.	RCC to keep it up
	3.2	External Audit	RCC implemented 100% of all recommendations contained in the Auditor General's management letter.	RCC to keep it up.
	3.3	Internal audit	RCC implemented 100% of all internal audit recommendations.	RCC to keep it up.
	3.4	Submission of approved budgets	RCCs prepared and submitted approved budgets before the deadline date.	RCC to keep it up.
	3.5	Expenditures processed through GIFMIS	All sampled expenditures were processed through the GIFMIS.	RCC to keep it up.
Services	4.1	RCC Quarterly monitoring	Only 1of the department submitted reports through the RCC.	RCC to ensure departments submit their reports.
	4.2	RPCU Quarterly monitoring	RPCU carried out 4No. monitoring visits.	RCC to keep it up.
	4.3	Technical Backstopping	All regional department sampled backstopped the MMDAs with reports on file.	RCC to keep it up.

Table 18: Western North RCC Detail Analysis /Findings of each Indicator

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	REGSEC meeting	All 10 REGSEC monthly meetings held with invites and minutes available.	RCC to ensure all REGSEC meetings are held
	1.2	Expanded RCC Meeting	Two expanded RCC meeting was held	RCCs to keep it up
	1.3	Electronic management of correspondences	RCC has no system for the electronic management of correspondences,	RCC to ensure a system is put to electronically manage correspondences
	1.4	Functional website	RCC has a website but update were not up to date.	RCC to ensure the management of website
	1.5	Functional Client Service Unit	RCC has functional Client Service Units with all requirements in place	RCC to keep it up
	1.6	Well-managed workplace environment	Washrooms and surroundings of RCCs well managed.	RCCs to ensure continual maintenance of the facilities
Human Resource Management	2.1	Biannual composite promotion schedule	RCCs prepared and submitted biannual composite promotion plans and retirement schedules.	RCC to keep it up.
	2.2	Salary validation	RCCs showed evidence of salary validations and reports duly submitted to OHLGS.	RCC to keep it up.
	2.3	Implementation of composite training Plans	RCCs implemented 80% of training plan.	RCC to keep it up and do more.
	2.4	Implementation of PMS	RCC did not monitor PC implementation by MMDAs.	RCC to monitor PC implementation by their MMDAs.
	2.5	Comprehensive appraisal cycle	RCC only established compliance.	RCC to ensure all appraisals are completed.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Financial Management & Reporting	3.1	Annual Audit Plans	RCC prepared and submitted its audit reports to the required institutions and agencies.	RCC to keep it up
	3.2	External Audit	RCC implemented 100% of all recommendations contained in the Auditor General's management letter.	RCC to keep it up.
	3.3	Internal audit	RCC implemented 100% of all internal audit recommendations.	RCC to keep it up.
	3.4	Submission of approved budgets	RCCs prepared and submitted approved budgets before the deadline date.	RCC to keep it up.
	3.5	Expenditures processed through GIFMIS	All sampled expenditures were processed through the GIFMIS.	RCC to keep it up.
Services	4.1	RCC Quarterly monitoring	3 department submitted reports through the RCC.	RCC to ensure departments submit their reports.
	4.2	RPCU Quarterly monitoring	RPCU carried out 4No. monitoring visits.	RCC to keep it up.
	4.3	Technical Backstopping	Only 2 department sampled backstopped the MMDAs with reports on file.	RCC to keep that regional departments backstop their MMDAs.



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

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

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	ISCCS meeting	<p>1 MMDA (<i>Asunafo North</i>) showed evidence (invites &amp; minutes) of the mid-year review and planning meetings.</p> <p>2 MMDAs (<i>Asutifi North and Tano North</i>) had invites and minutes for either mid-year review or planning meeting.</p> <p>3 MMDAs (<i>Tano South, Asutifi South and Asunafo South</i>) did not provide evidence for either of the two meetings.</p>	MMDAs must strive to improve on the quality of minutes and reports.
	1.2	Sensitization on the LGS protocols	<p>5 MMDAs carried out 1No. training on the LGS protocols.</p> <p>1 MMDA (<i>Tano South</i>) did not carry out any training on the LGS protocols.</p>	MMDAs should use senior officers who understand the protocols to sensitize staff on them.
	1.3	Electronic management of correspondences	<p>3 MMDAs (<i>Tano North, Asunafo South and Asutifi South</i>) have electronic systems with evidence of 12 months correspondences stored.</p> <p>3 MMDAs (<i>Asunafo North, Asutifi North and Tano South</i>) have no systems for electronic management of correspondences.</p>	MMDAs without the electronic applications must ensure they acquire one.
	1.4	Functional website	With the exception of <i>Asutifi South</i> that have updates for 9 months, all the other MMDAs either did not have a functional	MMDAs with either no or nonfunctional websites should ensure they activate their sites.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			website or could not provide evidence of updates.	
	1.5	Functional client service unit	<p>2 MMDAs (<i>Asutifi South and Asunafo South</i>) have fully functional client service unit with all requirements in place.</p> <p>3 MMDAs (<i>Asunafo North, Tano South and Tano North</i>) were unable to provide evidence of actions taken on complaints lodged by clients.</p> <p>1 MMDAs (<i>Asutifi South</i>) is yet to train the designated officer and have no evidence on complaints lodged.</p>	MMDAs must train staff assigned to the CSUs and ensure the maintenance of a complaint logbook.
	1.6	Well-managed workplace environment	With the exception of <i>Tano North</i> that met all the requirements, the washrooms and surroundings of the MMDAs need to be worked on.	MMDAs must ensure the proper cleaning and maintenance of their washrooms and surroundings.
Human Resource Management	2.1	Biannual composite promotion schedule	With the exception of <i>Asutifi North and Tano South</i> all the other MMDAs provided the needed requirements to obtain full score.	MMDAs must comply with requirement for submission of promotion and retirement schedules.
	2.2	Staff salary validation	With the exception of <i>Tano South</i> , the remaining MMDA met all the requirements and submitted reports before deadline.	
	2.4	Implementation of training plan	With the exception of <i>Tano South</i> , all the remaining MMDAs implemented more than 80% of their 2021 training plans.	<i>Tano South</i> should prioritize training of their staff.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	2.5	Comprehensive appraisal cycle	With the exception of <i>Asutifi North</i> that established the 70% compliance, all the remaining MMDAs were unable to do same.	MMDAs must ensure staff complete the appraisal forms.
Financial Management & Reporting	3.1	RIAP preparation	2 MMDAs ( <i>Asunafo North and Tano North</i> ) prepared and submitted their RIAPs before the deadline.  2 MMDAs ( <i>Tano South and Asutifi South</i> ) submitted their RIAP on deadline date.  2 MMDAs ( <i>Tano North and Asunafo South</i> ) prepared their RIAPs and had it approved on deadline date.	MMDAs must ensure the timely preparation and submission of their RIAP and its use in fee fixing.
	3.2	Street Naming	All 6 MMDAs achieved more than 5% increase in the number of streets named.	
	3.3	External Audit recommendation	With the exception of 2 MMDAs ( <i>Asutifi South and Asunafo South</i> ) all the other MMDAs implemented 100% of recommendations in the Auditor General's management letter.	
	3.4	Internal audit recommendations	With the exception of 1 MMDA ( <i>Asutifi South</i> ) all other MMDAs implemented 100% of internal audit recommendations.	
	3.5	Expenditure on planned activities	All 6 MMDAs had expenditures covering more than 90% activities in their annual action plans.	
	3.6	Data on ratable properties	All 6 MMDAs updated their data on rateables properties and used same for the fee fixing.	
	Infrastructure	4.1	Road programmes	With the exception of <i>Asutifi South</i> that

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			implemented less 80% of their road programmes, all 5 MMDAs implemented more than 80% of their planned road programmes.	
	4.2	Approved programme for building & structures	All 6 MMDAs implemented over 80% of their programmes for building and structures.	
	4.3	Inauguration of DSPC	With the exception of <i>Tano North</i> that had evidence of only a functional spatial planning committee, all other MMDAs showed evidence of both spatial and technical subcommittees being functional.	
	4.4	Consideration of permit applications	All 6 MMDAs considered over 80% of permit application.	
	4.5	Spatial and local plans	<p>2 MMDAs (<i>Asunafo North and Asutifi North</i>) have structural and more 2 approved local plans.</p> <p>1 MMDA (<i>Asunafo South</i>) have a structural plan and 2 local plans.</p> <p>3 MMDAs (<i>Tano South, Tano North and Asutifi South</i>) have no structural.</p>	RCCs to facilitate the development of SDF and structural plan for their MMDAs.
Social Services	5.1	Education oversight committee meetings	<p>3 MMDAs (<i>Asutifi North, Asutifi South and Asunafo South</i>) meet all requirements.</p> <p>1 MMDA (<i>Asunafo North</i>) showed evidence of 4 meetings with no evidence of actions taken on agreed decisions for 3 meetings.</p>	MMDAs to ensure the conduct of meetings and the accurate recording of proceedings of the meetings.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			2 MMDAs ( <i>Tano South and Tano North</i> ) held 3 meetings and produced the required documentations.	
	5.2	Health oversight committee meetings	With the exception of <i>Tano South</i> that did not hold the minimum of 3 meetings and <i>Asutifi North</i> that held 2 meetings, all the 4 other MMDAs met all requirements.	
	5.3	Data on vulnerable groups	All 6 MMDAs either showed no evidence or presented their data sets in a manner not consistent with the assessment requirements.	MMDAs to ensure quarterly and bi-annual collation and submission of data on vulnerable groups.
	5.4	GBV interventions	2 MMDAs ( <i>Asutifi South and Asunafo South</i> ) implemented 80% of their GBV programmes.  3 MMDAs ( <i>Asunafo North, Asutifi North and Tano South</i> ) implemented 70-79% of their GBV programmes.  1 MMDA ( <i>Tano North</i> ) implemented 60-69% of their GBV programmes.	RCCs should strengthen the capacities of their MMDAs in reporting requirements.
	5.5	Management of child protection cases	2 MMDAs ( <i>Asunafo North and Tano North</i> ) managed 50-60% of reported child protection cases,  All the others (4 MMDAs) managed over 60% of child protection cases received.	
	5.6	Community mobilization and Education	5 MMDAs implemented over 80% of their community mobilization activities.  1 MMDA ( <i>Asutifi North</i> ) that implemented 70 - 80% of their	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			community mobilization activities.	
Economic Development	6.1	Increase on crop/ livestock/ fish	<p>2 MMDAs (<i>Asutifi North and Tano South</i>) achieved more than 10% increase in selected crop/livestock/fish yield.</p> <p>3 MMDAs achieved 10% increase in selected crop/livestock/fish yield.</p> <p>1 MMDA (<i>Asunafo North</i>) achieved less than 10% increase in selected crop/livestock/fish yield.</p>	MMDAs to keep accurate records on plant and crop production.
	6.2	Agricultural transformation	<p>3 MMDAs (<i>Asutifi North, Asunafo South and Tano South</i>) achieved 30% increase in transformation from subsistence to commercial farming.</p> <p>The remaining 3 MMDAs Assemblies achieved less than 30% increase in transformation from subsistence to commercial farming.</p>	MMDAs to keep accurate records on agricultural transformation in their jurisdictions.
	6.3	Tourism	<p>4 MMDAs implemented more than 80% of their approved tourism activities.</p> <p>1 MMDA (<i>Asunafo South</i>) implemented 80% of their approved tourism activities.</p> <p>1 MMDA (<i>Asutifi South</i>) implemented less than 80% of their approved tourism activities.</p>	MMDAs pay attention to tourism development within their jurisdictions.
Environment &	7.1	Disaster preparedness	1 MMDA ( <i>Asunafo North</i> ) submitted an implementation report on their disaster	MMDAs should ensure that NADMO submits implementation

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Sanitation			<p>preparedness action plan on deadline date.</p> <p>2 MMDAs (<i>Asutifi North and Asunafo South</i>) have implementation report on their disaster preparedness plan.</p> <p>2 MMDAs (<i>Tano South and Tano North</i>) only have disaster preparedness action plan.</p> <p>1 MMDA (<i>Asutifi South</i>) showed no evidence on the availability of a disaster preparedness action plan.</p>	reports on their disaster preparedness plans to the RCC through the DCE timeously.
	7.2	Environment enhancement	All 6 MMDAs have their 2021 AAP incorporated with environmental enhancement activities.	
	7.3	Household latrines	All 6 MMDAs recorded more than 15% increase in households with toilets.	
	7.4	Routine community cleansing	<p>1 MMDA (<i>Asutifi South</i>) carried out at least 1 routine cleansing of the CBD for 2 quarters.</p> <p>5 MMDAs failed to produce evidence on routine cleansing report of their CBD on quarterly basis.</p>	

Table 20: Detail Analysis /Findings of each Indicator in ALL MMDAs in the Western North Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	ISCCS meeting	<p>1 MMDA (<i>Juaboso</i>) showed evidence (invites &amp; minutes) of the mid-year review and planning meetings.</p> <p>With the exception of <i>Sefwi Akontombra</i> that could not provide evidence (invites and minutes) for any of the two meetings, all other 7 MMDAs had evidence (invites and minutes) for either the mid-year review or the planning meeting.</p>	MMDAs must strive to improve on the quality of minutes and reports.
	1.2	Sensitization on the LGS protocols	With the exception of <i>Bia East</i> that carried out more than 1No. training on the LGS protocols, all others implemented only 1No. training.	
	1.3	Electronic management of correspondences	<p>3 MMDAs (<i>Aowin, Bibiani and Juaboso</i>) have electronic systems with evidence of 12 months correspondences stored.</p> <p>5 MMDAs have electronic systems with evidence of 9 months correspondences stored.</p> <p>1 MMDA (<i>Sefwi Akontombra</i>) have no systems for electronic management of correspondences.</p>	MMDAs without the electronic applications must ensure they acquire one.
	1.4	Functional website	With the exception of <i>Aowin</i> that have updates for 9 months, all the other MMDAs either did not have a functional website or could not provide evidence of updates.	MMDAs with either no or nonfunctional websites should ensure they activate their sites.



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.5	Functional client service unit	<p>3 MMDAs (<i>Aowin, Bibiani and Sefwi Wiawso</i>) have fully functional client service unit with all requirements in place.</p> <p>2 MMDAs (<i>Juaboso and Bia East</i>) were unable to provide evidence of actions taken on complaints lodged by clients.</p> <p>3 MMDAs (<i>Bia West, Sefwi Akontombra and Bodi</i>) are yet to train their client service officers and have no complaints logbooks.</p> <p>1 MMDA (<i>Suaman</i>) has a designated office but did not meet all the other requirements.</p>	
	1.6	Well-managed workplace environment	<p>2 MMDAs (<i>Aowin and Bia East</i>) met all requirements.</p> <p>2 MMDAs (<i>Sefwi Akonbombra and Juaboso</i>) met 3 of the requirements with the exception of one.</p> <p>The remaining 4 MMDAs needs to work on their washrooms and surroundings.</p>	MMDAs must ensure the proper cleaning and maintenance of their washrooms and surroundings.
Human Resource Management	2.1	Biannual composite promotion schedule	With the exception of 2 MMDAs ( <i>Sefwi Akontombra and Suaman</i> ) all the other MMDAs met the needed requirements to obtain full score.	
	2.2	Staff salary validation	With the exception of 2 MMDAs ( <i>Sefwi Akontombra and Bia West</i> ), all other	MMDAs that did not obtain the full score must ensure that salaries

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			MMDAs met all requirements and submitted reports before deadline.	are validated timeously.
	2.4	Implementation of training plan	<p>4 MMDAs (<i>Juaboso, Sefwi Wiawso, Bia West and Bia East</i>) have 4No. quarterly reports and implemented more than 80% of their 2021 training plans.</p> <p>5 MMDAs (<i>Aowin, Bibiani, Sefwi Akontombra, Suaman and Bodi</i>) have 4No. quarterly reports and implemented 80% of their training plans.</p>	<p>MMDAs to prioritize training.</p> <p>MMDAs should adhere to ToRs used in the engagement of consultants for CB activities.</p>
	2.5	Comprehensive appraisal cycle	<p>3 MMDAs (<i>Sefwi Wiawso, Bia West and Bia East</i>) met the 70% compliance level with 3 out of the 4 sampled appraisals fully completed.</p> <p>4 MMDAs (<i>Aowin, Bibiani, Juaboso and Suaman</i>) met the 70% compliance level.</p> <p>2 MMDAs (<i>Sefwi Akotombra and Bodi</i>) were unable to establish the 70% compliance level.</p>	<p>MMDAs must ensure staff complete the appraisal forms.</p> <p>RCCs must train the MMDAs and closely monitor them on the use of the appraisal instrument.</p>
Financial Management & Reporting	3.1	RIAP preparation	<p>4 MMDAs (<i>Aowin, Juaboso, Sefwi Wiawso, and Bodi</i>) prepared and submitted their RIAPs before deadline date.</p> <p>3 MMDAs (<i>Bibiani, Bia West and Bia East</i>) prepared and submitted their RIAPs on deadline date.</p> <p>2 MMDAs (<i>Sefwi Akontombra and Suaman</i>)</p>	MMDAs must ensure the timely preparation, approval and submission of their RIAPs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			prepared RIAP by deadline date.	
	3.2	Street Naming	<p>5 MMDAs (<i>Aowin, Juaboso, Sefwi Wiawso, Bia East and Bodi</i>) achieved more than 10% increase in the number of streets named.</p> <p>1 MMDA (<i>Sefwi Akontombra</i>) achieved 10% increase in the number of streets named.</p> <p>3 MMDAs (<i>Bibiani, Bia West and Suaman</i>) achieved less than 10% increase in the number of streets named.</p>	
	3.3	External recommendation	Audit With the exception of 2 MMDAs ( <i>Sefwi Akontombra and Suaman</i> ) that implemented less than 100% of recommendations, all the other MMDAs implemented 100% of recommendations contained in the Auditor General's Management Letter.	
	3.4	Internal audit recommendations	All 9 MMDAs implemented 100% of internal audit recommendations.	
	3.5	Expenditure on planned activities	All 9 MMDAs had expenditures covering more than 90% activities in their annual action plans.	
	3.6	Data on ratable properties	<p>7 MMDAs updated their data on rateables properties and business and had their fee fixing resolutions approved.</p> <p>1 MMDA (<i>Sefwi Akontombra</i>) used old data for the fee fixing resolution and</p>	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			budget estimates. 1 MMDA ( <i>Bia West</i> ) did not update ratable data.	
Infrastructure	4.1	Road programmes	All 9 MMDAs implemented more than 80% of their planned road programmes.	
	4.2	Approved programme for building & structures	All 9 MMDAs implemented over 80% of their programmes for buildings and structures.	
	4.3	Inauguration of DSPC	3 MMDAs ( <i>Aowin, Juaboso and Sefwi Wiawso</i> ) showed evidence of functional spatial and technical sub committees.  5 MMDAs had evidence of a functioning spatial planning committee.  1 MMDA ( <i>Sefwi Akontombra</i> ) have no evidence of a functional spatial planning or technical subcommittee.	
	4.4	Consideration of permit applications	With the exception of <i>Suaman</i> that considered less than 80% of permit applications received, all the other 8 MMDAs considered over 80% of permit applications received.	
	4.5	Spatial and local plans	1 MMDA ( <i>Sefwi Wiawso</i> ) have a structure and more than 2 approved local plans.  1 MMDA ( <i>Aowin</i> ) has a structural plan and 2 local plans.  The remaining 7 MMDAs have no	RCCs to facilitate the development of structural plan for their MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			structural plans.	
Social Services	5.1	Education oversight committee meetings	<p>2 MMDAs (<i>Bibiani and Suaman</i>) met all requirements.</p> <p>4 MMDAs (<i>Juaboso, Sefwi Wiawso, Sefwi Akontombra and Bodi</i>) showed evidence of 4 meetings and took action on agreed decisions of 3 meetings.</p> <p>2 MMDAs (<i>Aowin and Bia East</i>) held 4 meetings and produced the required documentations.</p> <p>1 MMDA (<i>Bia West</i>) did not hold the required number of meetings.</p>	MMDAs should conduct meetings and ensure that actions are taken on decisions reached during proceedings.
	5.2	Health oversight committee meetings	<p>1 MMDA (<i>Suaman</i>) met all requirements.</p> <p>3 MMDAs (<i>Juaboso, Sefwi Wiawso and Bodi</i>) held 4 meetings with evidence of actions taken on agreed decisions of 3 meetings.</p> <p>3 MMDAs (<i>Aowin, Bibiani and Bia East</i>) held 4 meetings but no evidence of actions taken on agreed decisions.</p> <p>Sefwi Akontombra held 3 meetings while Bia West did not hold the minimum number of meetings.</p>	
	5.3	Data on vulnerable groups	2 MMDAs ( <i>Bia West and Bia East</i> ) have the	MMDAs should ensure the quarterly and bi-annual collation

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>required data and met all requirements.</p> <p>2 MMDAs (<i>Juaboso and Bodi</i>) presented two sets of data for analysis.</p> <p>2 MMDAs (<i>Aowin and Suaman</i>) presented one set of data for assessment.</p> <p>3 MMDAs (<i>Biabiani, Sefwi Wiawso and Sefwi Akontombra</i>) either did not have or presented their data set in a manner not consistent with the assessment requirements.</p>	<p>and submission of data on vulnerable groups.</p>
	5.4	GBV interventions	<p>7 MMDAs implemented more than 80% of their GBV programmes.</p> <p>2 MMDAs (<i>Bia West and Sefwi Akontombra</i>) implemented 60-69% of their GBV programmes.</p>	
	5.5	Management of child protection cases	<p>With the exception of <i>Bia West</i> that managed less than 30% of reported child protection cases, all the other 8 MMDAs managed over 60% of child protection cases received.</p>	
	5.6	Community mobilization and Education	<p>1 MMDA (<i>Sefwi Akontombra</i>) implemented 80% of their community mobilization activities.</p> <p>2 MMDAs (<i>Aowin and Bia East</i>) implemented 70 - 80% of their</p>	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			community mobilization activities. 6 MMDAs implemented 60-69% of their community mobilization activities.	
Economic Development	6.1	Increase on crop/ livestock/ fish	2 MMDAs ( <i>Juaboso and Bodi</i> ) achieved more than 10% increase in selected crop/livestock/fish yield. 7 MMDAs achieved 10% increase in selected crop/livestock/fish yield.	MMDAs to keep accurate records on plant and crop production.
	6.2	Agricultural transformation	1 MMDA ( <i>Sefwi Wiawso</i> ) achieved more than 30% increase in transformation from subsistence to commercial farming. 2 MMDAs ( <i>Bibiani and Bia West</i> ) achieved 30% increase in transformation from subsistence to commercial farming. 6 MMDAs achieved less than 30% increase in transformation from subsistence to commercial farming.	MMDAs to keep accurate records on agricultural transformation in their jurisdictions.
	6.3	Tourism	7 MMDAs implemented more than 80% of their approved tourism activities. 1 MMDA ( <i>Bodi</i> ) implemented 80% of their approved tourism activities, 1 MMDA ( <i>Bia West</i> ) showed no evidence of implementation.	MMDAs should commit to tourism development with their jurisdictions.
Environment &	7.1	Disaster preparedness	3 MMDAs ( <i>Aowin, Juaboso and Sefwi Wiawso</i> ) submitted implementation	

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Sanitation			<p>reports on their disaster preparedness action plans on deadline date.</p> <p>4 MMDAs (<i>Bibiani, Bia West, Sefwi Akontombra and Bia East</i>) had disaster preparedness action plan with implementation report.</p> <p>1 MMDA (<i>Bodi</i>) have only disaster preparedness action plan.</p> <p>1 MMDA (<i>Suaman</i>) could not produce neither the plan nor the report.</p>	
	7.2	Environment enhancement	All 9 MMDAs have their 2021 AAP incorporated with environmental enhancement activities.	
	7.3	Household latrines	All 9 MMDAs recorded more than 15% increase in households with toilets.	
	7.4	Routine community cleansing	<p>2 MMDAs (<i>Juaboso and Bia East</i>) carried out at least 1 routine cleansing of the CBD in 2 quarters.</p> <p>4 MMDAs (<i>Aowin, Sefwi Waiwso, Suaman and Bodi</i>) carried out at least 1 routine cleansing of the CBD for 1 quarter.</p> <p>3 MMDAs (<i>Bibiani, Bia West and Sefwi Akontombra</i>) failed to produce evidence of routine cleansing of the CBD.</p>	



Tables 21 below covers detailed observations of the following MMDAs in the Ashanti Region;

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

Table 21: Detail Analysis /Findings of each Indicator for the above listed Twenty (20) MMDAs in the Ashanti Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	ISCCS meeting	<p>7 MMDAs (<i>Adansi Asokwa, Amansie South, Amansie West, Atwima Kwanwoma, Atwima Nwabiagya, Bosometwi and Obuasi</i>) showed evidence with invites and minutes of the mid-year review and planning meetings.</p> <p>12 MMDAs had invites and minutes for either mid-year review or the planning meeting.</p> <p>1 MMDA (<i>Adansi South</i>) could not provide invites and minutes for either of the two meetings.</p>	MMDAs must strive to improve on the quality of their minutes and reports.
	1.2	Sensitization on the LGS protocols	All 20 MMDAs carried out 1No. training on the LGS protocols and therefore could not obtain the maximum score.	MMDAs can use senior officers who understand the protocols to sensitize their apart from what is planned CB plans.
	1.3	Electronic management of correspondences	<p>Only <i>Amansie Central</i> obtained the full score on this indicator.</p> <p>2 MMDAs (<i>Ahafo Ano North and Atwima Kwanwoma</i>) have electronic systems with evidence of 12 months correspondences stored.</p> <p>14 MMDAs have electronic systems with evidence of 9 months correspondences stored.</p> <p>3 MMDAs (<i>Kwadaso, Atwima Nwabiagya &amp;</i></p>	<p>MMDAs without the electronic applications must ensure they acquire one.</p> <p>An officer should be made to have the responsibility for the capture of correspondences onto the electronic system.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<i>Amansie West</i> ) have no systems for electronic management of correspondences.	
	1.4	Functional website	<p>2 MMDAs (<i>Obuasi East and Ahafo Ano North</i>) obtained full score on this indicator.</p> <p>2 MMDAs (<i>Bosomtwi and Bosome Freho</i>) have 12 months updates but no critical information about their MMDAs.</p> <p>1 MMDA (<i>Akrofuom</i>) have 9-month updates on website.</p> <p>15 MMDAs obtained no score either due to non-functional websites or inadequate update.</p>	<p>MMDAs with either no websites or non-functional websites should ensure a restoration of their websites.</p> <p>It must be an officer's KPA and KPI to ensure the continuous update of the websites.</p>
	1.5	Functional client service unit	<p>1 MMDA (<i>Obuasi</i>) have fully functional client service unit with all requirements in place.</p> <p>8 MMDAs (<i>Adansi Asokwa, Amansie Central, Amansie South, Atwima Kwanwoma, Atwima Nwabiagya, Atwima Nwabiagya North, Bekwai, Bosome Freho and Kwadaso</i>) had all requirements in place except evidence of actions taken to complaints lodged.</p> <p>11 MMDAs have designated desk/officers and logistics but have no complaints logbook and officers not trained.</p>	MMDAs must train assigned staff of CSUs and ensure that their complaints logbooks are properly maintained.
	1.6	Well-managed workplace environment	2 MMDAs ( <i>Amansie West &amp; Atwima</i>	MMDAs must ensure the proper cleaning and maintenance of their

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p><i>Kwanwoma</i>) met all requirements.</p> <p>10 MMDAs missed out on either the washroom or landscaping of their offices.</p> <p>7 MMDAs (<i>Adansi South, Adansi Asokwa, Ahafo Ano South East, Ahafo Ano South West, Atwima Nwabaigya, Bekwai and Obuasi East</i>) missed out on the washrooms and landscaping of their office premises.</p> <p>1 MMDA (<i>Kwadaso</i>) was unable to score due to current office condition.</p>	offices.
Human Resource Management	2.1	Biannual composite promotion schedule	With the exception of <i>Adansi Asokwa, Kwadaso and Obuasi</i> all the other MMDAs provided the needed requirements to obtain full score.	MMDAs must ensure they comply with the requirement for submission of promotion and retirement schedules.
	2.2	Staff salary validation	<p>16 MMDA met all the requirements and submitted reports before deadline.</p> <p>4 MMDAs (<i>Adansi North, Ahafo Ano South West, Bosome Freho and Obuasi</i>) could not provide all the requirements to obtain the maximum score.</p>	MMDAs that did not obtain the full score must ensure that salaries are validated timeously with update forwarded to the OHLGS.
	2.4	Implementation of training plan	<p>11 MMDAs implemented more than 80% of their 2021 training plans.</p> <p>8 MMDAs executed 80% of their 2021 training plan.</p>	<p>MMDAs to prioritize training even if it is in-house.</p> <p>RCC to provide MMDAs with standard ToR to guide preparation of training reports.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			1 MMDA (Kwadaso) had 4 quarterly reports but implemented less than 80% of their 2021 training plans.	
	2.5	Comprehensive appraisal cycle	8 MMDAs could not establish the 70% compliance level.  5 MMDAs met only the compliance condition.  7 MMDAs met the 70% compliance level but not all sampled appraisals were fully completed.	MMDAs must ensure staff complete the appraisal forms.  RCCs must organize training sessions for the MMDAs on the appraisal instrument.
Financial Management & Reporting	3.1	RIAP preparation	8 MMDAs prepared and submitted their RIAPs before the deadline.  6 MMDAs ( <i>Adansi Asokwa, Amansie Central, Amansie South, Amansie West, Kwadaso and Obasi East</i> ) prepared and submitted their RIAP on deadline date.  4 MMDAs ( <i>Adansi South, Ahafo Ano South East, Akrofuom and Atwima Kwanwoma</i> ) had RIAPs prepared and approved on deadline date.  2 MMDAs ( <i>Adansi North and Bosome Freho</i> ) had RIAP prepared on deadline date with no evidence of approval.	MMDAs must ensure the timely preparation, approval and submission of their RIAPs for implementation.
	3.2	Street Naming	4 MMDAs ( <i>Adansi North, Ahafo Ano North, Atwima Nwabiagya North and Bosome Freho</i> ) achieved less than 5% increase in the	MMDAs to commit to implementing the SNPA exercise.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>number of streets named.</p> <p>3 MMDAs (<i>Akrofuom, Amansie Central and Amansie West</i>) achieved 5% increase in the number of streets named.</p> <p>13 MMDAs achieved more than 5% increase in the number of streets named.</p>	
	3.3	External Audit recommendation	All MMDAs implemented 100% of recommendations in Auditor General's management letter.	
	3.4	Internal audit recommendations	All MMDAs implemented 100% of internal audit recommendations.	
	3.5	Expenditure on planned activities	All MMDAs have expenditures covering more than 90% activities in their annual action plans.	
	3.6	Data on properties	All the MMDAs performed well on this KPI.	
Infrastructure	4.1	Road programmes	With the exception of <i>Ahafo Ano South East</i> that implemented less than 80% of their road projects, all the other 19 MMDAs implemented more than 80% of their planned road programmes.	<i>Ahafo Ano South East</i> must prioritize road programmes in the ensuing years.
	4.2	Approved programme for building & structures	<p><i>Atwima Nwabiagya North</i> implemented less than 80% of their programme for building structures.</p> <p>2 MMDAs (<i>Ahafo Ano South East and Atwima Mponua</i>) implemented 80% of their</p>	MMDAs to priorities their programme for buildings and structures.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			programme for building structures. 17 MMDAs implemented over 80% of their programme for building structures.	
	4.3	Inauguration of DSPC	1 MMDA ( <i>Atwima Nwabiagya North</i> ) showed no evidence of functional spatial planning committee.  1 MMDA ( <i>Ahafo Ano South East</i> ) showed evidence of some spatial planning committee meetings.  2 MMDAs ( <i>Ahafo Ano South West and Adansi North</i> ) showed evidence of functional spatial planning committee and partial evidence for the technical subcommittee.  16 MMDAs showed evidence of functional spatial and technical sub committees.	MMDAs should prioritise the meetings of their spatial planning and technical subcommittees.
	4.4	Consideration of permit applications	17 MMDAs considered over 80% of permit application.  1 MMDA ( <i>Obuasi</i> ) considered 80% of permit application.  2 MMDAs ( <i>Amansie Central and Atwima Nwabuagya North</i> ) considered less than 80% of applications.	MMDAs should ensure that all permit applications are considered
	4.5	Spatial and local plans	13 MMDAs have no structural plans.  1 MMDAs ( <i>Bosome Freho</i> ) have structural	RCCs to facilitate the development of SDF for their MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>and 2 local plans.</p> <p>6 MMDAs (<i>Kwadaso, Obuasi, Amansie West, Ahafo Ano North, Adansi North and Adansi Asokwa</i>) have structural and more than 2 approved local plans.</p>	
Social Services	5.1	Education oversight committee meetings	<p>1 MMDA (<i>Kwadaso</i>) did not hold the required number of meetings to obtain the score.</p> <p>2 MMDAs (<i>Bosome Freho and Atwima Nwabiagya</i>) held 3 meetings and produced the required documentations.</p> <p>6 MMDAs (<i>Adansi South, Amansie Central, Amansie West, Atwima Mponua, Bekwai and Obuasi East</i>) held 4 meetings and produced the required documentations.</p> <p>7 MMDAs (<i>Adansi Asokwa, Akrofuom, Amansie South, Atwima Kwanwoma, Atwima Nwabiagya North, Bosomtwi and Obuasi</i>) held 4 meetings and with evidence of actions taken on agreed decisions for 3 meetings.</p> <p>4 MMDAs meet all requirements.</p>	MMDAs to ensure the conduct of meetings and accurate recording of proceedings of meetings.
	5.2	Health oversight committee meetings	<p>2 MMDAs (<i>Kwadaso and Bosome Freho</i>) did not hold the required number of meetings to obtain the score.</p> <p>2 MMDAs (<i>Atwima Nwabiagya North and</i></p>	MMDAs to ensure that meetings are held and accurate record of proceedings kept.



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p><i>Atwima Nwabiagya</i>) held 3 meetings with minutes.</p> <p>7 MMDAs (<i>Adansi Asokwa, Amansie Central, Amansie South, Amansie West, Atwima Mponua, Bosomtwi and Obuasi East</i>) held 4 meetings and produced the required documentations.</p> <p>4 MMDAs (<i>Adansi South, Ahafo Ano South East, Akrofuom, and Obuasi</i>) held 4 meetings and with evidence of actions taken on agreed decisions for 3 meetings.</p> <p>5 MMDAs meet all requirements.</p>	
	5.3	Data on vulnerable groups	<p>10 MMDAs (<i>Kwadaso, Amansie Central, Amansie South, Ahafo Ano South East, Atwima Nwabiagya North, Akrofuom, Atwima Nwabiagya, Atwima Kwanwoma, Bosome Freho, and Obuasi</i>) either did not have or did present their data set in a manner consistent with the assessment requirements.</p> <p>2 MMDAs (<i>Adansi North and Ahafo Ano North</i>) presented data set of vulnerable groups that allowed for 1 phase analysis.</p> <p>6 MMDAs (<i>Adansi Asokwa, Ahafo Ano South West, Bekwai, Bosomtwi, Obuasi East, and Atwima Mponua</i>) presented data set of</p>	MMDAs to ensure quarterly and bi-annual collation and submission of data on vulnerable groups

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>vulnerable groups that allowed for 2 phase analysis.</p> <p>2 MMDA (<i>Adansi North and Amansie West</i>) showed evidence of transmittal for the sets of data presented.</p>	
	5.4	GBV interventions	<p>3 MMDAs (<i>Bekwai, Ahafo Ano South East &amp; Amansie Central</i>) implemented less than 50% of their GBV plans.</p> <p>9 MMDAs (<i>Adansi South, Ahafo Ano North, Amansie South, Amansie West, Atwima Kwanwomaa, Atwima Mponua, Bosome Freho, Kwadaso and Obuasi East</i>) implemented 60-69% of their GBV programmes.</p> <p>5 MMDAs implemented 70-79% of their GBV programmes.</p> <p>3 MMDAs (<i>Atwima Nwabiagya, Bosomtwi and Obuasi</i>) implemented 80% of their GBV programmes.</p>	MMDAs should prioritize the implementation of their GBV plans.
	5.5	Management of child protection cases	<p>17 MMDAs managed over 60% of child protection cases received.</p> <p>2 MMDAs (<i>Akrofuom and Amansie Central</i>) managed 50-60% of child protection cases.</p> <p>1 MMDA (<i>Bosomtwi</i>) managed less than 30% of received child protection cases.</p>	RCCs should strengthen the capacities of MMDAs for reporting in line with standard formats.
	5.6	Community mobilization	13 MMDA implemented over 80% of their	MMDAs should prioritize the

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		and Education	<p>community mobilization activities.</p> <p>6 MMDAs (<i>Atwima Nwabiagya, Ahafo Ano North, Ahafo Ano South East, Amansie South, Amansie West and Obuasi East</i>) implemented 60-69% of their community mobilization activities.</p> <p>1 MMDA (<i>Obuasi</i>) implemented less than 50% of their community mobilization activities.</p>	<p>implementation of their community mobilization activities.</p> <p>RCCs to facilitate the adoption of a uniform reporting format by all MMDAs.</p>
Economic Development	6.1	Increase on crop/ livestock/ fish	<p>3 MMDAs (<i>Ahafo Ano South West, Atwima Nwabiagya and Amansie West</i>) achieved more than 10% increase in selected crop/livestock/fish yield.</p> <p>14 MMDAs achieved 10% increase in selected crop/livestock/fish yield.</p> <p>3 MMDAs (<i>Obuasi East, Adansi Asokwa and Ahafo Ano South East</i>) either showed no evidence or achieved less than 10% increase in selected crop/livestock/fish yield.</p>	<p>MMDAs to keep accurate records on crop and animal production.</p> <p>MMDAs should compile yield data on key crops/livestock/fish.</p>
	6.2	Agricultural transformation	<p>1 MMDA (<i>Amansie West</i>) achieved more than 30% increase in transformation from subsistence to commercial farming.</p> <p>9 MMDAs (<i>Adansi South, Adansi Asokwa, Ahafo Ano North, Ahafo Ano South East, Akrofuom, Atwima Mponua, Bekwai, Kwadaso and Obuasi</i>) achieved 30% increase in</p>	<p>MMDAs to keep accurate records on agricultural transformation through year-on-year tracking.</p> <p>DDAs should strengthen monitoring of their FBOs.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>transformation from subsistence to commercial farming.</p> <p>10 MMDAs either showed no evidence or achieved less than 30% increase in transformation from subsistence to commercial farming.</p>	
	6.3	Tourism	<p>15 MMDAs implemented more than 80% of their approved tourism activities.</p> <p>2 MMDAs (<i>Ahafo Ano South East and Bosomtwi</i>) implement 80% of their tourism activities.</p> <p>3 MMDAs (<i>Ahafo Ano North, Amansie South and Kwadaso</i>) either showed no evidence or implemented less than 80% of their approved tourism activities.</p>	MMDAs should pay attention to tourism development within their jurisdictions.
Environment & Sanitation	7.1	Disaster preparedness	<p>7 MMDAs (<i>Adansi Asokwa, Adansi North, Amansie South, Atwima Kwanwoma, Atwima Nwabiagya North, Bekwai and Kwadaso</i>) have implementation report submitted on their disaster preparedness plans on deadline date.</p> <p>10 MMDAs had implementation report on their disaster preparedness action.</p> <p>2 MMDAs (<i>Ahafo Ano South West and Atwima Mponua</i>) only have disaster</p>	<p>MMDAs to ensure that departments such as NADMO/SWCD/etc report to the regional level through the MMDA.</p> <p>RCCs to collaborate with MMDAs and OHLGS to train the MMDAs on the channels of communication.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>preparedness action plan.</p> <p>1 MMDA (Akrofuom) did not have a disaster preparedness plan.</p>	
	7.2	Environment enhancement	All 20 MMDAs have their 2021 AAP incorporated with environmental enhancement activities.	
	7.3	Household latrines	All 20 MMDAs recorded more than 15% increase in households with toilets.	
	7.4	Routine community cleansing	<p>1 MMDA (<i>Atwima Nwabiagya North</i>) carried out at least 1 routine cleansing activity for each quarter.</p> <p>6 MMDAs (<i>Ahafo Ano South East, Amansie West, Atwima Nwabiagya, Bekwai, Kwadaso and Obuasi East</i>) carried out at least 1 routine cleansing activity for 3 quarters.</p> <p>7 MMDAs (<i>Adansi Asokwa, Ahafo Ano North, Ahafo Ano South West, Atwima Kwanwoma, Atwima Mponua, Obuasi and Bosomtwi</i>) carried out at least 1 routine cleansing activity for 2 quarters.</p> <p>1 MMDA (<i>Akrofuom</i>) carried out at least 1 routine cleansing activity for 1 quarter.</p> <p>5 MMDAs (<i>Adansi South, Adansi North, Amansie Central, Amansie South and Bosome Freho</i>) did not provide evidence of routine cleansing of their CBD.</p>	MMDAs should ensure that activity reports are generated on their routine cleansing exercises.

## **4.7. Bono East & Parts of Ashanti Regions**

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

The team was assigned to all 10 Municipals and Districts and the Regional Coordinating Council in Bono East Region and selected MMDA (23) in Ashanti Region and the Ashanti Regional Coordinating Council. In all Thirty-Four (34) Local Government Institutions comprising Thirty-Two MMDAs and Two RCCs were assessed.

The objective of the assignment was to conduct an end of year assessment of performance of MMDAs and RCCs based on the indicators of the 2021 Performance Contracts signed between Regional Coordinating Directors and their Regional Ministers and MMDA's Coordinating Directors and their respective Chief Executives at the MMDA level.

Measuring criteria were developed and approved at the Office of the Head of the Local Government Service in consultation with key stakeholders.

### **4.7.2. General Observations**

The assignment was conducted from 15th July 2022 to 18th August 2022. The team completed the assignment using 20 days; there were holidays and a short break to make way for the DPAT assessment to be completed.

An average of 3 hours was spent to complete the assessment in a District and 2 hours 45 minutes at the Regional Coordinating Council in Bono East Region. Similarly, an average of 3 hours 10 minutes was used in assessing MMDAs and RCC in Ashanti Region. The average travel time between districts in both Bono East and Ashanti was 45 minutes.

### **4.7.3. Specific Observations**

#### **For RCCs**

##### *RESEC Meetings*

Both RCCs are committed to the issues relating to security. This was evidence in the number of meetings organized by RESEC. More than 12 meeting were organized by both RCCs. This culture is encouraged and should be extended to other statutory meetings such as RPCU meetings.

##### *Compliance with Expanded RCC and RPCU*

The Ashanti Regional Coordinating Council could not organize any meeting of RPCU and expanded RCC. This was largely due to inadequate funds.

Bono East RCC however managed to organize 2 meetings with minutes duly prepared and signed. RCCs are encouraged to prioritize the meetings of RPCU and expanded RCC since it serves as a key platform for planning, review and feedback gathering.

*Availability of software for managing records*

BERCC has in place a functional software for managing incoming and outgoing mails. On the other hand, the software for ARCC is not functional. The software requires attention and training of the records management unit on its use.

*Client Service Unit*

ARCC has a dedicated and a well-furnished and equipped client service unit. The unit however lacks a trained staff and a logbook. This made it difficult to track the satisfaction level of client at the services of the RCC.

The BERCC was using a shared space for client service with the receptionist for the Regional Minister and Regional Coordinating Director. It is expected that a dedicated space would be assigned the unit when the RCC moves into its new office premises.

**For MMDAs**

*General Administration*

Even though about 85% of MMDAs responded to have organized a forum with non-decentralized departments, SOEs and Public Corporations etc., most of the invited institutions did not make presentations statement about their activities in the district. The situation was noticed in Atebubu Amantin, Kintampo North, Kintampo South, Nkoransa south, Pru East, Sene East and Techiman Municipal for Bono region. In Ashanti region, all except Juaben Municipal, Mampong Municipal and Sekyere Kumawu fully met the criteria.

None of the MMDAs assessed had their records management software accessible to DCD/DCE etc. Most of the Assemblies complained of crashed software applications. Atebubu Amantin, Kintampo North, Kintampo South, Sene East, Techniman, Kwabre East, Oforikrom, Sekyere Central, Sekyere Afram Plains, Sekyere East, Sekyere Kumawu, Sekyere South and Suame Assemblies did not have a functioning records management software.

Websites found in most of the MMDAs did not have enough monthly updates and most issues centered on MCE. Kintampo South, Afigya Kwabre South, Afigya Kwabre North, Sekyere East, Kwabre East, Ejura Sekyere Dumase and Ejisu Assemblies did not meet the standard for 12 months updates.

All MMDAs assessed had a desk dedicated to client service. A larger percentage were shared with the reception. Most of the assigned staff of the client service were National Service Personnel, NAPCO or Casual staff which pose a threat to sustainability. About 90% of logbooks did not capture the contact details of clients and meant that there was no follow-up mechanism available.

It was observed that most MMDAs had either completed a new office building or in an advance stage of completion. This resulted in most of them having a clean, well maintain and good washrooms. However their signages were not adequate enough except Kintampo North, Sene West, Offinso North).

#### *Human Resource Management*

The key challenge with HR across MMDAs had to do with the implementation of Appraisal system. 11 MMDAs assessed fell below the 70% target for staff completing the appraisal tool. It was observed that most officers only complete their forms when there are pending promotion interviews.

A few MMDAs assessed could not implement all planned training programmes because of funding. They are advised to review their plans to match available funding.

#### *Financial Management and Reporting*

All of the MMDAs assessed prepared their RIAP but a few of them did not submit to the RCC, some of the officers claimed that they were not aware that the reports are to be approved and submitted to the RCC. RCC are advised to remind MMDAs on their statutory reporting obligations to prevent this and other similar challenges.

Issues in some of the internal Audit report were too many and unnecessary. Internal Auditors are encouraged to support management to address audit issues. Kintampo South Kwabre East, Oforikrom and Suame Assemblies had no outstanding issues on the 2021 Audit Report of the Ghana Audit Service.



*Database on Ratable Properties*

Some of the MMDAs assessed presented cumulative databases which were not segregated on dated updated were carried out. This situation resulted in the difficulty on identifying where the cutoff point for data was made for each year. MMDAs were advised to save the files on annual basis and continue updating from that point on.

*Review of plans*

Most MMDAs do not review their plans at midyear to realistically match plan to expected cash flow which in turn increase the percentage of achievement of plan implementation.

*Preparation of Spatial Development Framework*

Very few districts had spatial development frameworks done due to the high cost and complexity of preparing such a plan exercise. RCC and LUSPA are encouraged to support MMDAs to prepare and review plans for a well-coordinated development.

*Minutes not prepared to standard*

Minutes produced by the Health and Education Oversight committees were short of standard for writing meeting in the Ghana Public Services. The phenomenon was observed in about 60% of MMDAs in the two regions. MMDAs are advised to organized training programmes in minutes and report writing to avert the issue in future assessments.

*Difficulty in reporting on transformation from subsistence to commercial*

Most districts do not report on Transformation of farmers from subsistence to commercial farming. However other variables like support to farmers was used as proxy.

*Tourism*

Some MMDAs do not invest enough in tourism development as observed in AAP and APR. MMDAs are advised to scan the social, cultural and natural environment to identify opportunities for tourism development. This will present multiple areas that can be captured to receive support in the area of tourism.

#### *Uneven distribution of staff in MMDAs*

The quality, quantity and capacity of staff observed from MMDAs in rural and urban areas are unevenly distributed favoring urban MMDAs.

Also, most staff were newly posted to their current stations and found it difficult in responding to some of the issues raised.

#### **4.7.4. General Recommendations**

##### **For MMDAs**

- The Coordinating Directors should encourage all heads of departments to prepare detailed schedule of meetings and statutory activities expected of each department with timelines. Heads of Departments should be reminded of the activities when due.
- Letters of invitation to non-decentralized departments, SOEs and any other stakeholder should clearly request them to make presentation about their programmes and activities.
- Restructure websites to be relevant to local stakeholders and make the district attractive to the outside world. This will require that the website is well-designed to share relevant information, Services, Events, Plans, Resource Potentials and Investment Opportunities etc.
- Deliberately create space within MMDA to serve as a client service unit with qualified and well trained staff and promptly provide feedback to clients on the status of their complaints.
- Prepare and implement a comprehensive maintenance plan for the office building and premises and ensure clean washrooms (especially guest washrooms) and a well maintained landscape.
- Coordinating Directors should ensure that all heads of decentralized departments get the appraisals of all staff in their respective departments completed based on the appraisal schedule prepared by the Human Resource Department.
- The Coordinating Directors should facilitate addressing issues raised in the Internal Audit Unit and Ghana Audit Service reports promptly.

##### **For RCCs**

- Ensure the prompt submission of statutory reports, records and other transmittal letters by MMDAs.

- Conduct regular technical backstopping visits to MMDAs involving all relevant regional departments. Backstopping support conducted through all other means should be recorded and reported on.
- RCCs should embark on staff rationalization to ensure equitable distribution of staff across all MMDAs and its departments within the Region.
- Collaborate with LUSPA to support MMDAs to prepare required spatial plans for a well-coordinated land use planning for development.

**For OHLGS**

- Conduct staff rationalization to ensure that staff are evenly posted to equip Assemblies with the minimum personnel required for quality service delivery.
- Newly recruited staff must be provided with a comprehensive orientation to equip them with the necessary skills and tools required for quality work.
- Seek for clearance for the recruitment and posting of staff for department with fewer staff i.e., Physical Planning, Environmental Health, Works, Client Service etc.

**4.7.5. Ashanti & Bono East RCCs Detailed Analysis/Findings of Indicators**

Table 22: Ashanti & Bono East RCCs Detail Analysis /Findings of each Indicator

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with monthly REGSEC meetings	There was evidence of REGSEC meeting in all 12 months of the year for both ARCC and BERCC.  In 5 of the months, additional emergency meetings were held for Ashanti RCC.	The RCCs must keep this up.
	1.2	Compliance with Expanded RCC and RPCU	ARCC could not produce any evidence of meeting held in the year due to internal challenges which has since been resolved.  Bono East RCC on the other have organized 2 meetings with minutes duly prepared and signed.	RCC must commit to organizing expanded RCC and RPCU meetings in fulfillment with the LG Law 936.
	1.3	Software/system for the electronic storage of correspondence	ARCC has in place a software for the management of records but it is defective and not able to facilitate retrieval of records easily. Also, all incoming and outgoing mails are therefore stored and saved in well labeled folders for 2022. Records for 2021 could not be retrieved electronically.  There is an application available for managing incoming and outgoing mails at the BERCC. Records were retrieved for all 12 months of the year in review	The RCC need to resource their IT officers to manage records management software.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	1.4	Availability of website and updates	<p>The ARCC has an active website, stories on 7 departments/sectors were spotted for 9 months of update.</p> <p>The BERCC had updates for 10 months. They however have information about the BERCC and its functions (Tourism and local economic development). News on 16 Sectors and Departments were identified.</p>	The RCC need to resource their IT officers to manage effectively the RCC's websites.
	1.5	Effectiveness of the Client Service Unit	<p>The ARCC has a dedicated and well-furnished Client Service Unit.</p> <p>ARCC is yet to find a replacement for the last office who has been posted. (There was a trained officer at post for the year of review). The logbook could not be found during the assessment.</p> <p>The Bono East RCC had a well labelled client service unit with adequate logistics, space shared with the receptionist of the RCD and RM. Logbook available without phone records for feedback.</p>	BERCCs should assign a dedicated space and staff for the Client Service. Client Service Staff require more specialized training. ARCC should assign a staff to manage the Unit.
	1.6	Poorly maintained washrooms	ARCC has an excellent and clean environment and well landscaped. Sign post spotted at vantage location to the RCC. Washrooms were available and clean, had running water and soap. A visible signpost in place.	The RCCs must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Available clean washroom with running water and soap observed at the BERCC. The environment of the RCC well cleaned and maintained (the RCC shares the same building with the Techiman Municipal Assembly).	
Human Resource Management	2.1	Compliance with promotion schedule with established vacancies & retirement schedules submission	Composite promotion and retirement schedules were available and submitted by both RCCs.	The RCCs must keep this up.
	2.2	Compliance with HRMIS data update and submission	The HRMIS at the ARCC is functional and reports are submitted to OHLGS timeously.  The BERCC is not using the HRMIS because of technical challenges.  Both RCCs received and transmit reports from MMDAs within their respective Regions.	The RCCs must ensure the system is functional.
	2.3	Compliance with Salary Validation comprehensive report submission	Evidence of staff validation report available and submitted on time except for 2 months report which delayed at ARCC.  BERCC provided evidence of submitting report before deadline.	The RCCs must keep this up and ARCC must ensure timely submission of reports.
	2.4	Compliance with Training	ARCC prepared a comprehensive	The ARCCs must plan based on

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
		Reports submission	<p>training plan and submitted. Only one out of the 8 training activities were implemented, and report prepared.</p> <p>Training plan prepared and submitted on time by BERCC. They also implemented all 4 programmes prepared reports.</p>	expected resources or review plan during midterm review to reduce number of planned programmes.
	2.5	Implementation of the PMS at the MMDA level monitored	<p>At the ARCC, the report for the mid-term review was prepared. The annual evaluation report was not done because the RCC assumed that it was to be done by the OHLGS.</p> <p>BERCC conducted the Mid-year review and End of year assessment and reports duly prepared.</p>	RCC should plan and implement the schedule for the PMS as relating to the monitoring of the process at the MMDA level.
	2.6	Compliance with Staff Performance Appraisal Planning for 2021	<p>For BERCC out of a staff strength of 51 only 49 officers had fully completed their Appraisal and filed. Representing 96%.</p> <p>Appraisal prepared for about 72% of staff at ARCC.</p>	The RCCs must keep this up.
Financial Management & Reporting	3.1	Compliance with Audit Plan preparation and submission	Both Bono East and Ashanti Regional Coordinating Councils Presented their 2021 Annual Audit Plan.	The RCCs must keep this up.
	3.2	Implementation of Auditor Generals Management letter recommendations	2020 management letter provided and all issues identified adequately cleared for both BERCC and ARCC.	The RCCs must keep this up.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.3	Implementation of Quarterly Internal Audit recommendations	2021 Annual Audit committee report provided. All identified issues implemented by both RCCs.	The RCCs must keep this up and work at reducing the number of findings in the report.
	3.4	Preparation and submission of Regional Integrated Budget System (RIBS)	Both BERCC and ARCC prepared the 2022 Budget and submitted provided submitted.	The RCCs must keep this up.
	3.5	Expenditures outside GIFMIS	All sampled expenditures were processed through the GIFMIS platform for both BERCC and ARCC.	The RCCs must keep this up.
Services	4.1	Submission of Departmental monitoring reports through the RCC	BERCC provided evidence of submission of departmental report for the sampled Departments. However, ARCC could not show any evidence of the submission of report by Departments of the RCC.	ARCC should encourage its regional Departments to prepare and submit reports. The leadership should get involved.
	4.2	Submission of quarterly RPCU monitoring reports	Only 3 <sup>rd</sup> Quarter report was submitted, all other reports not done. BERCC also conducted 1 monitoring activity and duly prepared the report.	RCCs are encouraged to plan, budget and implement monitoring activities since it is a mandate of their institution.
	4.3	Submission of biannual technical backstopping reports	The ARCC and BERCC both produced 2 backstopping reports.	The RCCs must plan and conduct technical backstopping session alongside with monitoring visits.



**4.7.6. Bono East & Part of Ashanti Regions MMDAs Detailed Analysis/Findings of Indicators**

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

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Nkoranza North, Sene West and Techiman North organized their ISCCS forum with invited institutions delivering a presentation on their operation. In the forums of the other Assemblies, most of the invited institutions did not make a presentation.	The RCC should ensure that MMDAs comply with ISCCS provisions in the LG Act 936 and that all invited institution makes presentation about their plans and operations in the MMDAs.
	1.2	Compliance with the organization of sensitization workshops	Kintampo South, Nkoranza North and Techiman North organized more than one orientation programme to sensitize staff on the LGS protocols and laws.	The RCC must encourage MMDAs to continuously sensitize its staff on the LGS protocols and laws.
	1.3	Incoming and outgoing correspondence stored in a computerized database	Atebubu Amantin, Kintampo North, Kintampo South, Sene East and Techiman Municipal did not have the minimum 9 months of updates in their records management software.  None of the MMDAs had developed a system that facilitates the access of the information to DCD/MCE.	The RCC must support MMDAs to secure their software and implement the system.
	1.4	Availability and Update of Website	Kintampo South had an excellent website with updates in 12 months covering more than 9 departments and sectors.  Pru West, Sene West and Techiman North Had a functional website but could not update all 12 months of the year.  Remaining Districts either did not have a	MMDAs must prioritize the development and management of website by seeking external and RCC IT support.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			website or a poorly managed site.	
	1.5	Establishment of the Client Service Unit with staffing, training, furniture and functional log booking	<p>Nkoranza North and Sene West had fully functional Client Service Units.</p> <p>All other Assemblies did not capture adequate contact details for effective feedback mechanism.</p> <p>Most of the staff available were either NSS, NAPCO or Casual staff.</p>	<p>MMDAs must capture contacts of clients to facilitate easy follow-up.</p> <p>The OHLGS must create the occupational class for Client Service Unit and post staff to manage the Unit.</p>
	1.6	Maintenance of washrooms and office environment, placement of sign post and landscaping	<p>Atebubu Amantin Municipal had all aspects of their workplace environment poorly managed.</p> <p>Directional sign to MMDAs across the region was inadequate, and what existed was a sign board in front of the main Assembly office.</p> <p>Washrooms were generally good in the region except Atebubu and Kintampo North where wash rooms were not clean and lacked water and soap.</p>	<p>MMDAs must improve on their workplace environment especially visitors washrooms and directional signs to the MMDAs.</p>
Human Resource Management	2.1	Compliance with promotion schedule with established vacancies submission	<p>Almost all Districts complied with exception of Kintampo South, Pru East and Pru West who delayed in their submissions.</p>	<p>RCC should prompt MMDAs of their reporting responsibilities.</p>
	2.2	Compliance with Salary Validation comprehensive report submission	<p>Atebubu Amanten could not trace the where about of the salary validation file. Nkoranza south and Pru East also could not deliver on the submission of all 12 months reports before the 15<sup>th</sup> of ensuing</p>	<p>The RCC need to insist on timely submission of the report.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			month.	
	2.3	Compliance with HRMIS data update and submission	Most MMDAs are still using the application and continued to submit monthly report on compact disk (CD) to the RCC.	RCC should assist defaulting MMDAs to secure a workable system.
	2.4	Training of MMDA staff	All (except Kintampo North and Pru East) were able to implement more than 80% of their 2021 training plans.	RCC should support MMDAs to implement training plans.
	2.5	Compliance with Staff Performance Appraisal Planning for 2021	Kintampo North and Sene West were able to meet the 70% minimum compliance level for the completion of appraisal tool by staff	The Management of MMDAs should ensure that all staff complete their appraisal tool as scheduled by the HR Department.
Financial management and Reporting	3.1	Compliance with the preparation and submission of RIAP	Evidence of approval could not be identified for Pru East, Kintampo North, Nkoranza North, Nkoranza South and Techiman Municipal. All other District complied with the requirement for preparation and submission of reports.	The RCC follow-up with expected directives to ensure compliance.
	3.2	Efforts into Street Naming	Only 4 MMDAs (Kintampo South, Pru East, Techiman North, Nkoranza North) have successfully mounted new (10%) signage in the year 2021.	The RCCs with support from LUSPA should support MMDAs to implement the street naming and property address system.
	3.3	Meetings towards implementation of the Auditor General's recommendations	Only Kintampo South had no Audit issue in the Auditor General's Report, all other MMDAs had pending issues which were either resolved at the time of this assessment or still unresolved.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.4	Meetings towards implementation of Internal Audit recommendations	Atebubu Amanten, Nkoranza South, Pru East and Pru West Assemblies had unresolved issues in their internal Audit reports.	The MMDAs with challenges are advised to promptly resolve internal audit recommendations to avert future failures.
	3.5	Expending on activities outside the AAP	Kintampo South, Techiman North could not produce evidence that expenditure was based on plan and budget of the Assembly.	The assemblies should be supported to report based on approved formats.
	3.6	Availability and updating of data on rateable properties	Data on rateable properties not approved at F&A meeting in Kintampo South, Sene East and Techiman Municipal. All other Assemblies updated and approved their rateable at the F&A and General Assembly.	MMDA are advised to present the information on rateable properties during the approval of budget.
Infrastructure	4.1	Level of achievement in the implementation of planned road projects	Only 2 (Sene East, Techiman North & Pru West) out of the 11 MMDAs visited were unable to implement at least 80% of their road programmes/projects in their 2021 APR.	MMDAs must review their plans at mid-year to reduce the rate of uncompleted projects.
	4.2	Level of achievement in the implementation of planned building projects	Kintampo North, Pru East, Pru West and Sene West MMDAs achieved the 80% minimum for implementation of planned building and structures projects. The remaining MMDAs failed to implement more than 80% the building and structural projects.	MMDAs must review their plans at mid-year to reduce the rate of uncompleted projects.
	4.3	Inauguration of Spatial Planning and Technical Sub - Committees	There was no documentation on SPC and TSC for Atebubu Amanten. Sene East had only one SPC meeting for the year. All other MMDAs met the required condition	RCC should further support Atebubu Amanten to fix the recurring problem in the PPD.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.4	Building Permit applications processing	Atebubu Amanten fell below the expected 80% of permit application received were considered.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	4.5	Availability of approved spatial plans (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans)	Atebubu Amanten did not provided any plans for verification.	RCC should further support Atebubu Amanten to fix the recurring problem in the PPD.
Social Services	5.1	Compliance with Education Oversight Committee meetings	All MMDAs in the region organized quarterly meetings but Pru west organize only 3 meetings. Implementation of decision could not be linked between minutes for Atebubu, Kintampo South and Techiman Municipal.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs
	5.2	Compliance with Health Oversight Committee meetings	It was only in Pru West DA that no meeting was organized out of the 11 MMDAs.  Implementation of decisions in the minutes were also not completely done for Atebubu Amanten, Kintampo South, Techiman Municipal and Techiman North DA.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	5.3	Updating of Vulnerable groups list	Sene east could not provide information on 2020 database to serve as a baseline. Nkoranza South did not submit information on the updated data to the RCC.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	5.4	Implementation of GBV interventions	Nkoranza South and Sene East Did not show any evidence of planned Gender based violence intervention in the 2021 AAP and APR.	The RCCs must ensure compliance.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	5.5	Management of Child Protection cases	All MMDAs in the region met the minimum requirement for child protection case management	MMDAs must keep up the good effort.
	5.6	Organization of Community Mobilization & Education programmes	All MMDAs implemented their community mobilization interventions as required.	MMDAs must keep up the good effort.
Economic Development	6.1	Increase in yield in selected Agric produce	All MMDA recorded more than 10% increase in yield.	MMDAs must keep up the good effort.
	6.2	Increment in the percentage of subsistence farmers moved to commercial farming category	Even though it was initially difficult to identify the information many MMDAs were able to meet the requirement except Nkoranza (25.2%), Pru East (No data) and Techiman North (negative growth on 10.5%).	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	6.3	Implementation of Tourism related activities	In 5 MMDAs (Pru West, Nkoranza North, Techiman MA, Techiman North & Kintampo South) implemented at least 80% of their Tourism Related activities.  The remaining Assemblies either did not plan for any tourism related activity in their plans or could not implement 80% of the activities.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
Environment and Sanitation	7.1	Availability of a Disaster Preparedness Action plan & Implementation report	Only 7 out of the 11 MMDAs visited had their Disaster Preparedness Action plan & Implementation report available showing the level of implementation of interventions.  Three (Pru East, Sene East, Sene West) of the remaining 4 did not prepare and submit a report on the implementation of	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			the plan.  In Atebubu Amantin MA, could not produce an evidence of plan preparation.	
	7.2	Inclusion of Environment enhancement programmes in 2021 AAP	All 11 MMDAs have at least one Environment enhancement programme in their 2021 AAP.	The good effort of the MMDAs must be encouraged.
	7.3	Increase in population with household toilets	All MMDAs in the region was able to increase their household toilet coverage in their respective districts by at least 15%.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	7.4	MMDA sponsorship of Routine Cleansing activities	There was no evidence produced on the implementation of Routine cleansing activities for Sene East Atebubu Amantin.  All other Assemblies produced reports for each quarter of 2021.	MMDAs should be admonished to commit more resources and efforts towards routine cleansing activities.

Tables 24 below covers detailed observations of the following MMDAs in the Ashanti Region;

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



Table 24: Detail Analysis /Findings of each Indicator for the above listed Twenty - Three (23) MMDAs in the Ashanti Region

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
General Administration	1.1	Compliance with ISCCS meetings	Asokwa, Juaben, Mampong and Sekyere Kumawu all successfully organized an ISCC forum with all stakeholders making presentations.  The remaining MMDAs had issues with organizing the meeting and most of the participating institutions did not make presentations.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	1.2	Compliance with the organization of sensitization workshops	4 MMDAs (Asante Akim Central, Sekyere Afram Plains, Sekyere Central and Sekyere Kumawu) organized more than 1 sensitization on LGS protocols, laws etc.  Juaben could not show an evidence of any sensitization conducted.  Remaining MMDAs organized 1 forum as part of planned training programme of HR Department.	The RCC must impress on the MMDAs to develop innovative ways of sensitizing their entire staff on Local Government law, protocols etc.
	1.3	Incoming and outgoing correspondence stored in a computerized database	10 (Afigya Kwabre North, Asante Akim Central, Asokwa, Ejisu, Kumasi, Ejura Sekyere-Dumasi, Mampong, Offinso Mun, Offinso North and Old Tafo) of 23 MMDAs in Ashanti Region had functional software with 12 months of correspondence captured.	The RCC must support the MMDAs with IT support services.
	1.4	Availability and Update of Website	6 (Afigya Kwabre North, Afigya Kwabre South, Ejisu, Ejura Sekyere Dumasi, Kwabre East, Sekyere East) MMDAs had a fully functional website with 12 months of	The RCCs must enforce compliance during their routing monitoring visits to MMDAs. IT officers at the RCCs should

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			<p>update covering more than 9 sectors.</p> <p>All Other MMDA did not have website or could not provide adequate update on the website for the year 2021 to cover enough sectors and months to meet the minimum condition.</p>	<p>support defaulting Departments.</p>
	1.5	<p>Establishment of the Client Service Unit with staffing, training, furniture and functional log booking</p>	<p>4 MMDAs (Asante Akim South, Kwabre East, Oforikrom, Sekyere South) had established a functional client service unit with logistics, trained officers and a logbook that correctly capture records of complaints and complainants.</p> <p>All other MMDAs had challenges with lack of contact details captured in logbook and untrained staff. Also most of the staff were not permanent staff.</p>	<p>The RCCs must enforce compliance during their routing monitoring visits to MMDAs.</p>
	1.6	<p>Maintenance of washrooms and office environment, placement of sign post and landscaping</p>	<p>The washrooms, general office environment and landscape were well maintained at Kwabre East, Sekyere Afram plains, Ejura Sekyere Dumase and Ejisu.</p> <p>The general environment washrooms and landscape of Suame, Old Tafo, Oforikrom, Offinso North, Offinso MA, Mampong, Kumasi, Asanti Akim Central and Afigya Kwabre South were well maintained</p> <p>All MMDAs did not have adequate signage to direct clients and stakeholders to their offices.</p>	<p>The RCCs must enforce compliance during their routing monitoring visits to MMDAs.</p>

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Human Resource Management	2.1	Compliance with promotion schedule with established vacancies submission	7 MMDAs (Asante Akim Central, Asante Akim North, Asokore Mampong, Juaben, Kwabre East, Sekyere Afram Plains, Sekyere East) could not meet the full requirement for the preparation and submission of promotion and retirement schedule.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	2.2	Compliance with Salary Validation comprehensive report submission	4 MMDAs (Kwabre East, Sekyere Afram Plains, Sekyere Kumawu, Suame) delayed in some of the submission of staff salary validated. All the other MMDAs submitted all 12 month report.	The practice is commendable and needs to be continued.
	2.3	Compliance with HRMIS data update and submission	60% of MMDAs still use their system and submitted reports on it.	The RCC must provide IT support services to the poor performing MMDAs in this area.
	2.4	Training of MMDA staff	All MMDAs prepared and implemented more than 80% of the training plan.	This is a good practice, must be encouraged to continue.
	2.5	Compliance with Staff Performance Appraisal Planning for 2021	Only 9 MMDAs (Afigya Kwabre North, Ejura Sekyere Dumase, Kumasi, Mampong, Oforikrom, Sekyere Central, Sekyere East, Sekyere Kumawu, Suame) achieved more than 70% staff completing their appraisals.	The RCCs must intensify training on the Performance Appraisal Tool for staff of MMDAs under their jurisdiction.
Financial management and Reporting	3.1	Compliance with the preparation and submission of RIAP	8 MMDAs (Asante Central, Asante Akim North, Asokore Mampong, Juabeng, Offinso Mun, Sekyere East, Sekyere South, Suame) could not flow evidence of approval and submission of their RIAP.  All other MMDA successfully prepared and submitted their RIAP on time.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.2	Efforts into Street Naming	<p>Report of Ejura Sekyere-Dumase was not well prepared and therefore could not clearly indicate the actual date of implementation.</p> <p>Report from Juaben did not clearly state specific streets named with signage for 2020 and 2021.</p> <p>Sekyere South could not provide a baseline for 2020 on streets named with signage.</p> <p>All other MMDAs had well prepared report and achieved at least 10% increase in streets named with signage.</p>	The RCCs with support from LUSPA must enforce compliance during their routing monitoring visits to MMDAs.
	3.3	Meetings towards implementation of the Auditor General's recommendations	<p>5 (Afigya Kwabre North, Asokwa, Kwabre East, Oforikrom and Suame) out of the 23 MMDAs assessed had no issues in the the Auditor Genrals report.</p> <p>All other MMDAs had at least one issue in the Auditor Generals report for 2020. Some of the issues were resolved at the time of assessment.</p>	The RCCs must provide any support to MMDAs in need to help reduce audit infractions.
	3.4	Meetings towards implementation of Internal Audit recommendations	11 (Afigya Kwabre South, Asante Akim Central, Asante Akim South, Asokore Mampong, Ejisu, Juaben, Kumasi, Offinso MA, Offinso North, Sekyere Afram Plains, Sekyere Central) MMDA considered less than 80% of applications at the Technical Sub-Committee and DSPC meetings.	Defaulting MMDA are advised to take the implementation of recommendations serious.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	3.5	Expending on activities outside the AAP	All except Sekyere South had at least 90% of 2021 actual expenditure covered activities in the approved Annual Action Plan (7 out of 8 activities of Sekyere south was covered in the AAP).	This is a good practice, must be encouraged to continue.
	3.6	Availability and updating of data on rateable properties	No approval on fee fixing for only Juaben Municipal.  All other Assemblies had their property data base updated and approved for the preparation of fee fixing and budget.	This is a good practice, must be encouraged to continue.
Infrastructure	4.1	Level of achievement in the implementation of planned road projects	7 MMDAs (Asanta Akim North, Kumasi Metro, Kwabre East, Offinso Mun, Offinso North, Skyere Afram Plains, Sekyere South) could not implement 80% of approved road projects in the AAP as reported in the APR. All other MMDAs were able to meet implement more than the required 80%.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	4.2	Level of achievement in the implementation of planned building projects	9 MMDAs (Afigya Kwabre North, Afigya Kwabre South, Asante Akim Central, Asokwa, Ejisu, Mampong, Offinso Mun, Oforikrom, Old Tafo) successfully implement at least 80% of their planned building projects. All other MMDAs implemented less than 80% of their building projects as reported in the APR.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	4.3	Inauguration of Spatial Planning and Technical Sub - Committees	Only Offinso North and Sekyere Afram Plains could not organize all 12 SPC and TSC meeting in 2021 as required.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
	4.4	Building Permit applications processing	Only Sekyere Afram plains could not show any evidence of received applications and communication.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs especially by LUSPA.
	4.5	Availability of approved spatial plans (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans)	Sekyere Afram Plans could not produce any evidence of plans prepared.  Asante Akim Central, Asante Akim North, Offinso MA, and Offinso North did not prepare structural plans.	The RCC must support the MMDAs in the development of the Spatial Development Framework and Structural Plans.
Social Services	5.1	Compliance with Education Oversight Committee meetings	Asokore Mampong, Sekyere Afram plains could not produce any evidence of organizing any meeting.  Asante Akim Central Municipal, Asante Akim North, Ejisu, Ejura Sekyere Dumasi, KMA, Kwabre East, Offinso Mun, Sekyere Kumawu could not implement more than 3 decisions in the minutes of meetings organized.  The remaining MMDAs were able to organize all 4 quarterly committee meetings and decisions implemented.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	5.2	Compliance with Health Oversight Committee meetings	Asante Akim Central, Juaben, Sekyere Afram plains could not organize up to 3 meetings.  7 MMDAs (Asante Akim South, Asokore Mampong, Asokwa, Ejura Sekyere Dumase, Kumasi, Offinso Municipal, Offinso North) had issues in the	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			implementation of decision in the minutes. iii. Most of the MMDAs had problems with writing minutes.	
	5.3	Updating of Vulnerable groups list	Asante Akim North, Juaben, Offinso Mun, Sekyere Afram Plain could not fully update and submit vulnerability data to RCC.  All the remaining MMDAs produce evidence of updates and timely submission of data to RCC.	Defaulting MMDAs must be supported to update their database timely.
	5.4	Implementation of GBV interventions	All MMDAs in the Region implemented their planned Gender base violence intervention and reported on in the 2021 APR.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	5.5	Management of Child Protection cases	Sekyere Afram Plains could not produce any data on child protection.  Asante Akim Central, Asante Akim North could not manage more than 60% of cases received.  All other MMDAs managed more the 60% of case with less than 40% pending.	The RCCs through the Regional Departments of Social Welfare and Community Development must enforce compliance during their routing monitoring visits to MMDAs.
	5.6	Organization of Community Mobilization & Education programmes	Only Offinso North implemented less than 50% of the 3 programmes planned in 2021.  All other MMDAs implemented more than 80% of planned community mobilization and education programmes.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
Economic	6.1	Increase in yield in selected Agric produce	Sekyere South and Asante Akim South could not provide credible evidence of	The Regional Agric Department should step up support to

KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
Development			yield for both crops and livestock to justify a 10% growth in production.	MMDAs in achieving this KPI.
	6.2	Increment in the percentage of subsistence farmers moved to commercial farming category	Asante Akim North, Ejisu, Sekyere Central, Sekyere East and Sekyere South could not record at least 30% of increase from Subsistence to Commercial farmers.  All other MMDA assessed increased the number of farmers from subsistence to commercial farming.	The Regional Agric Department should step up support to MMDAs in achieving this KPI.
	6.3	Implementation of Tourism related activities	7 MMDAs (Asokore Mampong, Ejisu, Juaben, Kwabre East, Offinso Mun, Offinso North, Sekyere Afram Plains) could not implement at least 80% of tourism related activities planned in 2021 AAP.  All other MMDAs implemented 80% or more of their planned tourism related programmes.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
Environment and Sanitation	7.1	Availability of a Disaster Preparedness Action plan & Implementation report	Offinso North, Sekyere Afram Plains and Sekyere Kumawu failed to produce a properly prepared Disaster Preparedness Action Plan Implementation report for 2021 within the agreed timelines.	The RCCs must enforce compliance during their routing monitoring visits to MMDAs.
	7.2	Inclusion of Environment enhancement programmes in 2021 AAP	All MMDAs assessed had at least one Environment enhancement programme in their 2021 AAP.	MMDAs should keep it up.
	7.3	Increase in population with household toilets	Apart from Afigya Kwabre South who failed to achieve at least 15% increase in population with household toilets, all other MMDAs assessed in the Ashanti	The defaulting MMDAs should prioritize the need to increase the number of household with access to toilet in their plans and



KPA	KPI	KEY ISSUES	OBSERVATIONS	RECOMMENDATIONS
			Region recorded more than 15% increase in population with household toilet.	resource allocation.
	7.4	MMDA sponsorship of Routine Cleansing activities	Asante Akim Central, Offinso MA, Sekyere Afram Plains, Sekyere East could not provide adequate evidence of implementing and reporting on at least 1 quarterly routine cleansing of the CBD, Town centers and other public spaces.	MMDAs should commit more resources towards improving sanitation.

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

From the 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 MMDAs.

##### **4.8.1. General Issues**

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

It was still observed across a number of RCCs and MMDAs that some MMDCDs and RCDs do not share the content of the PCs with their staff especially departmental heads, even though they were very much aware that achievement of the deliverables was for the responsibility of the entire RCC or Assembly and not for the individual RCDs and MMDCDs. Some officers called to provide documentary evidence during the M&V exercise could not be of much help as they did not know what the Performance Contracts and the M&V exercise were entirely about.

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

Some MMDCDs were recently posted to the districts shortly before the Monitoring and Verification exercise and therefore could not hold themselves as the ones being evaluated. Being new in their districts, these MMDCDs could not provide all the necessary information that the verification exercise demanded.

Similarly, a number of MMDCEs were newly appointed in 2021 and in some cases the confirmation took longer than required and this adversely affected the start of programme implementation in some of the affected MMDAs.

- ***Lack of Appreciation for the Scoring Methodology***

In some instances, some MMDAs underscored themselves when there was even clear evidence that all the requirements of a KPI had been met. This may be attributed to improper computation, lack of due diligence, laxity or absence of precision in some of the performance indicator variables. In other instances, some Assemblies over scored themselves in some KPIs most probably due to lack of rigorousness in the performance scoring process, the desire to present impressive performance, the need to avoid sanctions for non-performance, over application of discretion and failure of parties to go by the standards guiding the performance contract management process.

- ***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.

- ***Poor Records Keeping***

The verification exercise required the teams to call for documents, transmittal letters and memos and in most instances most MMDAs and RCCs still had difficulties producing them. Some of these documents and files were reported missing and, in some cases, misfiled. Some other MMDAs and RCCs reported that some former staff took away with them some of the documents and files requested for. This was observed mostly in the MMDAs and RCCs out of which new ones have been created from.

In most MMDAs and RCCs that have new ones created out off, records transfer was poorly managed.

- ***Records Management***

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

- ***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.

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

Effective and timely implementation of planned programmes and activities for achievement of most KPIs as set by some of the KPIs were adversely affected by unavailability of funds due in part, to the late and inadequate releases of funds to MMDAs and RCCs.

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

Most MMDAs who recorded negative growth rate in the 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.

- ***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.

Monitoring of Departments of the RCC at the MMDA level were not directly linked to evaluating how well the MMDAs were performing on the KPIs in the Performance Contract.

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

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

#### ***4.8.2. 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 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.

#### ***4.8.3. Best Practices***

The following best practices were identified:

- Some MMDAs after signing their Performance Contract held management meetings and gave out portions to the various Heads of Department and Unit Heads and tasked them to work at achieving them;

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

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

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

- MMDCDs should share the contents of the contracts with their staff as soon as they are signed. This will ensure that Heads of Departments are aware of, and contribute to the collective achievement of set indicators and targets. The MMDAs must further have a functional platform to measure their progress in the implementation of the PC at various periods and use the feedback to improve on their overall performance at the end of the year;
- Going forward, the only acceptable evidence for the assessment of Performance Contract indicators should be officially submitted documents (reports with transmittal letters, memos etc.). This will reduce the number of fictitiously prepared documents produced for the sake of scoring full marks during the assessment;
- The OHLGS must facilitate the training programmes on Records Management for relevant staff of the RCCs and MMDAs to improve their capacity to perform their functions effectively. The trainings should be followed by provision of necessary equipment and other logistics;
- 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.

#### **4.8.5. Conclusion**

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

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

**CHAPTER FIVE**

**RESULTS FOR**

**2021 ANNUAL PERFORMANCE**

**EVALUATION OF RCCs & MMDAs**

## 5. RESULTS FOR 2021 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 MMDAs' performance scores between KPAs (1 - 7) verified and confirmed by the M&V teams during the Monitoring and Verification (M&V) exercise.

### 5.1. Results & Ranking for the 2021 Annual Performance Evaluation of 16 RCCs

No	Name of RCC	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
1	VRCC	96.63	1 <sup>st</sup>	Excellent
2	ERCC	96.25	2 <sup>nd</sup>	Excellent
3	BERCC	94.23	3 <sup>rd</sup>	Excellent
4	GARCC	91.78	4 <sup>th</sup>	Excellent
5	ORCC	83.58	5 <sup>th</sup>	Excellent
6	AHRCC	83.50	6 <sup>th</sup>	Excellent
7	CRCC	75.63	7 <sup>th</sup>	Very Good
8	WRCC	71.60	8 <sup>th</sup>	Very Good
9	WNRCC	71.50	9 <sup>th</sup>	Very Good
10	NRCC	67.25	10 <sup>th</sup>	Good
11	SRCC	67.13	11 <sup>th</sup>	Good
12	UERCC	67.13	11 <sup>th</sup>	Good
13	BRCC	63.50	13 <sup>th</sup>	Good
14	ARCC	62.38	14 <sup>th</sup>	Good
15	UWRCC	54.73	15 <sup>th</sup>	Satisfactory
16	NERCC	42.68	16 <sup>th</sup>	Unsatisfactory



## 5.2. Results & Ranking for the 2021 Annual Performance Evaluation of 260 MMDAs

The performance of the MMDAs in the 2021 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	GAR	La Dade-Kotopon	90.81	1st	Excellent
2	GAR	Tema West	89.38	2nd	Excellent
3	WR	Effia Kwesimintsim	88.00	3rd	Excellent
4	ER	Kwahu West	88.00	3rd	Excellent
5	AR	Mampong	87.44	5th	Excellent
6	AR	Afigya Kwabre North	86.50	6th	Excellent
7	AR	Oforikrom	86.31	7th	Excellent
8	AR	Asokwa	86.13	8th	Excellent
9	BER	Sene West	86.13	8th	Excellent
10	GAR	Tema Metro	85.75	10th	Excellent
11	GAR	Adenta	85.38	10th	Excellent
12	BER	Nkoranza North	85.19	12th	Excellent
13	ER	Abuakwa South	84.56	13th	Excellent
14	GAR	Ayawaso West	83.69	14th	Excellent
15	VR	Keta Mun	82.69	15th	Excellent
16	ER	Achiase	82.06	16th	Excellent
17	ER	Lower Manya Krobo	81.56	17th	Excellent
18	AR	Old Tafo	80.31	18th	Excellent
19	VR	Hohoe Mun	79.50	19th	Excellent
20	UER	Bawku	79.19	20th	Excellent
21	WNR	Sefwi Wiawso Municipal	79.06	21st	Excellent
22	WNR	Juaboso	79.06	21st	Excellent
23	ER	Birim South	78.81	23rd	Excellent
24	GAR	La-Nkwantanang	78.75	24th	Excellent
25	VR	Ho Mun	78.69	25th	Very Good
26	AR	Ejura Sekyredumasi	78.63	26th	Very Good
27	ER	Asene-Manso-Akroso	78.56	27th	Very Good
28	AR	Suame	78.44	28th	Very Good
29	ER	Asuogyaman	78.44	28th	Very Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
30	GAR	Ayawaso Central	78.31	30th	Very Good
31	GAR	Ga South	77.56	31st	Very Good
32	ER	West Akim	77.50	32nd	Very Good
33	GAR	Weija-Gbawe	77.38	33rd	Very Good
34	AR	Sekyere Kumawu	77.31	34th	Very Good
35	BER	Kintampo South	77.13	35th	Very Good
36	WNR	Aowin	77.00	36th	Very Good
37	BER	Techiman North	76.94	37th	Very Good
38	UER	Kassena Nankana West	76.94	37th	Very Good
39	WNR	Bia East	76.69	39th	Very Good
40	GAR	Ga North	76.63	40th	Very Good
41	ER	Denkyembuor	76.63	40th	Very Good
42	BER	Kintampo North Municipal	76.56	42nd	Very Good
43	VR	Ketu South	76.50	43rd	Very Good
44	GAR	Ga Central	76.06	44th	Very Good
45	AR	Kumasi	75.63	45th	Very Good
46	GAR	Ga West	75.50	46th	Very Good
47	NR	Tolon	74.94	47th	Very Good
48	BR	Sunyani Municipal	74.94	47th	Very Good
49	ER	Birim Central	74.81	49th	Very Good
50	OR	Nkwanta North	74.75	50th	Very Good
51	BER	Techiman Municipal	74.31	51st	Very Good
52	ER	Akyemansa	74.25	52nd	Very Good
53	ER	Birim North	73.81	53rd	Very Good
54	AR	Afigya Kwabre South	73.75	54th	Very Good
55	GAR	Ga East	73.75	54th	Very Good
56	GAR	Korle Klottey	73.75	54th	Very Good
57	ER	Nsawam Adoagyiri Mun	73.69	57th	Very Good
58	GAR	Ada East	73.56	58th	Very Good
59	GAR	Ashiaman Mun	73.38	59th	Very Good
60	GAR	Shai-Osudoku	73.38	59th	Very Good
61	AR	Bekwai Municipal	73.25	61st	Very Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
62	ER	Kwaebibirem	73.25	61st	Very Good
63	GAR	Ablekuma North	73.25	61st	Very Good
64	BER	Pru West	73.19	64th	Very Good
65	WR	Shama	73.19	64th	Very Good
66	AR	Amansie West	73.13	66th	Very Good
67	CR	Agona West	73.06	67th	Very Good
68	OR	Krachi East	72.50	68th	Very Good
69	AR	Atwima Kwanwoma	72.50	68th	Very Good
70	ER	Atiwa East	72.31	70th	Very Good
71	NR	Nanumba South	72.31	70th	Very Good
72	AR	Asante Akim Central Mun	72.25	72nd	Very Good
73	AHR	Tano North	72.25	72nd	Very Good
74	AR	Sekyere Central	72.25	72nd	Very Good
75	AR	Adansi Asokwa	72.13	74th	Very Good
76	UER	Bolgatanga	72.06	75th	Very Good
77	ER	Akwapim North	71.94	76th	Very Good
78	AR	Atwima Mponua	71.88	77th	Very Good
79	VR	Kpando Mun	71.56	78th	Very Good
80	WR	Prestea-Huni-Valley	71.38	79th	Very Good
81	ER	Kwahu Afram Plains North	71.25	80th	Very Good
82	WR	Wassa East	71.13	81st	Very Good
83	AR	Bosomtwe	71.06	82nd	Very Good
84	GAR	Accra Metro	71.06	82nd	Very Good
85	ER	Yilo Krobo	70.75	84th	Very Good
86	GAR	Krowor	70.56	85th	Very Good
87	AHR	Asunafo South	70.31	86th	Very Good
88	WNR	Bibiani Anhwiaso Bekwai	70.31	86th	Very Good
89	AR	Akrofuom	70.25	88th	Very Good
90	GAR	Ningo-Prampram	70.25	88th	Very Good
91	OR	Kadjebi	70.25	88th	Very Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
92	WR	Tarkwa Nsuaem Municipal	70.19	91st	Very Good
93	AR	Ahafo Ano North	69.75	92nd	Good
94	GAR	Kpone Katamanso	69.50	93rd	Good
95	AR	Adansi South	69.19	94th	Good
96	ER	Atiwa West	69.19	94th	Good
97	NER	West Mamprusi	69.13	96th	Good
98	AR	Asante Akim South	69.06	97th	Good
99	WR	Ahanta West	68.94	98th	Good
100	ER	New Juaben North	68.81	99th	Good
101	AR	Ejisu	68.69	100th	Good
102	ER	Upper Manya Krobo	68.69	100th	Good
103	GAR	Ada West	68.69	100th	Good
104	NR	Tamale Metropolis	68.69	100th	Good
105	GAR	Ledzokuku	68.50	104th	Good
106	AR	Obuasi	68.25	105th	Good
107	AHR	Asunafo North Municipal	68.00	106th	Good
108	AR	Ahafo Ano South West	67.94	107th	Good
109	BR	Wechi Municipal	67.94	107th	Good
110	ER	Abuakwa North	67.81	109th	Good
111	WR	Sekondi Takoradi Metro	67.63	110th	Good
112	AR	Kwabre East	67.56	111th	Good
113	VR	Afadzato South	67.25	112th	Good
114	WNR	Bodi	67.19	113th	Good
115	AR	Atwima Nwabiagya	66.94	114th	Good
116	WR	Jomoro	66.44	115th	Good
117	ER	New Juaben South	66.31	116th	Good
118	GAR	Ablekuma West	66.31	116th	Good
119	VR	North Tongu	66.31	116th	Good
120	OR	Nkwanta South	66.13	119th	Good
121	BER	Pru East	66.00	120th	Good
122	ER	Upper West Akim	65.69	121st	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
123	ER	Kwahu South	65.56	122nd	Good
124	NR	Nanumba North	65.56	122nd	Good
125	CR	Upper Denkyira West	65.50	125th	Good
126	VR	Akatsi North	65.19	126th	Good
127	AR	Obuasi East	64.69	126th	Good
128	AR	Offinso Municipal	64.38	128th	Good
129	CR	Gomoa Central	64.31	129th	Good
130	VR	South Tongu	64.25	130th	Good
131	CR	Komenda-Edina-Eguafo- Abrim	64.19	131st	Good
132	VR	Central Tongu	64.06	132nd	Good
133	SR	Central Gonja	63.81	133rd	Good
134	UER	Talensi	63.81	134th	Good
135	VR	Ho West	63.63	135th	Good
136	AR	Adansi North	63.50	136th	Good
137	UWR	Nandom	63.50	136th	Good
138	ER	Fanteakwa South	63.25	138th	Good
139	ER	Kwahu East	63.06	139th	Good
140	AR	Asokore Mampong	62.88	139th	Good
141	VR	Anloga	62.81	141st	Good
142	OR	Krachi Nchumuru	62.69	142nd	Good
143	AHR	Asutifi South	62.38	143rd	Good
144	AR	Sekyere East	62.31	144th	Good
145	UER	Bawku West	62.31	145th	Good
146	VR	South Dayi	62.19	146th	Good
147	GAR	Okaikwei North	61.94	147th	Good
148	UER	Bolgatanga East	61.75	148th	Good
149	UER	Kassena Nankana East	61.63	149th	Good
150	BER	Nkoranza South Municipal	61.44	150th	Good
151	BR	Berekum East	61.44	151st	Good
152	BR	Dormaa Central Municipal	61.31	152nd	Good

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
153	UWR	Sissala East	61.06	152nd	Good
154	OR	Jasikan	60.88	154th	Good
155	CR	Upper Denkyira East	60.81	155th	Good
156	AR	Bosome Freho	60.75	156th	Good
157	BR	Sunyani West	60.69	157th	Good
158	OR	Krachi West	60.69	158th	Good
159	AR	Asante Akim North	60.63	159th	Good
160	CR	Agona East	60.63	160th	Good
161	ER	Akuapem South	60.56	161st	Good
162	NR	Sagnerigu	60.56	162nd	Good
163	AR	Amansie Central	60.00	162nd	Good
164	NR	Yendi Municipal	59.88	164th	Satisfactory
165	NR	Zabzugu	59.88	165th	Satisfactory
166	CR	Twifu Ati Morkwa	59.88	166th	Satisfactory
167	VR	Akatsi South	59.69	167th	Satisfactory
168	AR	Amansie South	59.56	168th	Satisfactory
169	AR	Offinso North	59.56	168th	Satisfactory
170	NR	Gushiegu	59.56	168th	Satisfactory
171	VR	North Dayi	59.56	171st	Satisfactory
172	AHR	Tano South	59.31	172nd	Satisfactory
173	ER	Okere	59.31	172nd	Satisfactory
174	AR	Kwadaso	59.19	174th	Satisfactory
175	VR	Ketu North	59.19	174th	Satisfactory
176	WNR	Bia West	59.06	176th	Satisfactory
177	SR	East Gonja	59.00	177th	Satisfactory
178	UER	Bongo	58.75	178th	Satisfactory
179	CR	Abura/ Asebu/ Kwamankese	58.44	179th	Satisfactory
180	CR	Awutu Senya East	58.44	179th	Satisfactory
181	GAR	Ablekuma Central	58.44	179th	Satisfactory
182	BR	Dormaa West	58.44	179th	Satisfactory
183	CR	Ajumako/Enyan/Esiam	58.38	183rd	Satisfactory
184	WNR	Suaman	58.25	184th	Satisfactory

No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
185	UWR	Wa	58.13	185th	Satisfactory
186	AR	Atwima Nwabiagya North	58.06	186th	Satisfactory
187	GAR	Ayawaso East	58.06	186th	Satisfactory
188	AR	Juaben	58.00	188th	Satisfactory
189	SR	Bole	58.00	188th	Satisfactory
190	AHR	Asutifi North	57.94	190th	Satisfactory
191	NER	Chereponi	57.69	191st	Satisfactory
192	GAR	Ayawaso North	57.50	192nd	Satisfactory
193	SR	North Gonja	57.25	193rd	Satisfactory
194	UWR	Lambusie Karni	57.25	193rd	Satisfactory
195	UER	Garu	57.25	193rd	Satisfactory
196	ER	Ayensuano	57.13	196th	Satisfactory
197	NR	Tatale Sanguli	57.13	196th	Satisfactory
198	UER	Tempane	56.50	198th	Satisfactory
199	ER	Suhum	56.13	199th	Satisfactory
200	ER	Fanteakwa North	56.00	200th	Satisfactory
201	UWR	Wa West	55.75	201st	Satisfactory
202	SR	West Gonja	55.63	202nd	Satisfactory
203	CR	Assin Fosu	55.19	203rd	Satisfactory
204	NR	Kpandai	55.06	204th	Satisfactory
205	BR	Jaman South	54.63	205th	Satisfactory
206	ER	Kwahu Afram Plains South	54.50	206th	Satisfactory
207	UER	Nabdam	54.44	207th	Satisfactory
208	WR	Ellembele	54.38	208th	Satisfactory
209	NER	East Mamprusi	53.94	209th	Satisfactory
210	BER	Atebubu Amantin	53.75	210th	Satisfactory
211	NER	Mamprugu Moagduri	53.69	211th	Satisfactory
212	BER	Sene East	53.50	212th	Satisfactory
213	AR	Sekyere South	53.13	213th	Satisfactory
214	UWR	Sissala West	52.63	214th	Satisfactory
215	BR	Berekum West	52.25	215th	Satisfactory



No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
216	CR	Gomoa East	52.19	216th	Satisfactory
217	CR	Hemang Lower Denkyira	52.19	216th	Satisfactory
218	VR	Agortime Ziope	52.13	218th	Satisfactory
219	CR	Cape Coast	52.06	219th	Satisfactory
220	WR	Amenfi Central	52.06	219th	Satisfactory
221	VR	Adaklu	51.88	221st	Satisfactory
222	OR	Biakoye	51.88	221st	Satisfactory
223	UER	Pusiga	51.63	223rd	Satisfactory
224	WNR	Sefwi Akontombra	51.56	224th	Satisfactory
225	BR	Banda	51.25	225th	Satisfactory
226	CR	Assin South	50.56	226th	Satisfactory
227	AR	Ahafo Ano South East	50.06	227th	Satisfactory
228	CR	Awutu Senya	49.75	228th	Unsatisfactory
229	UWR	Nadowli Kaleo	49.38	229th	Unsatisfactory
230	SR	North East Gonja	49.19	230th	Unsatisfactory
231	WR	Wassa Amenfi East	48.94	231st	Unsatisfactory
232	CR	Effutu	48.69	232nd	Unsatisfactory
233	BR	Dormaa East	48.50	233rd	Unsatisfactory
234	UWR	Lawra	47.81	234th	Unsatisfactory
235	UWR	Jirapa	47.13	235th	Unsatisfactory
236	SR	Sawla Tuna Kalba	46.75	236th	Unsatisfactory
237	WR	Mpohor	46.25	237th	Unsatisfactory
238	WR	Nzema East Municipal	45.88	238th	Unsatisfactory
239	CR	Gomoa West	45.75	239th	Unsatisfactory
240	CR	Asikuma-Odoben-Brakwa-Breman	45.69	240th	Unsatisfactory
241	AR	Sekyere Afram Plains	44.25	241st	Unsatisfactory
242	NR	Mion	43.44	242nd	Unsatisfactory
243	NER	Bunkpurugu Nakpanduri	42.50	243rd	Unsatisfactory
244	NR	Kumbungu	42.00	244th	Unsatisfactory
245	NR	Savelugu	41.88	245th	Unsatisfactory
246	NR	Saboba	41.50	246th	Unsatisfactory

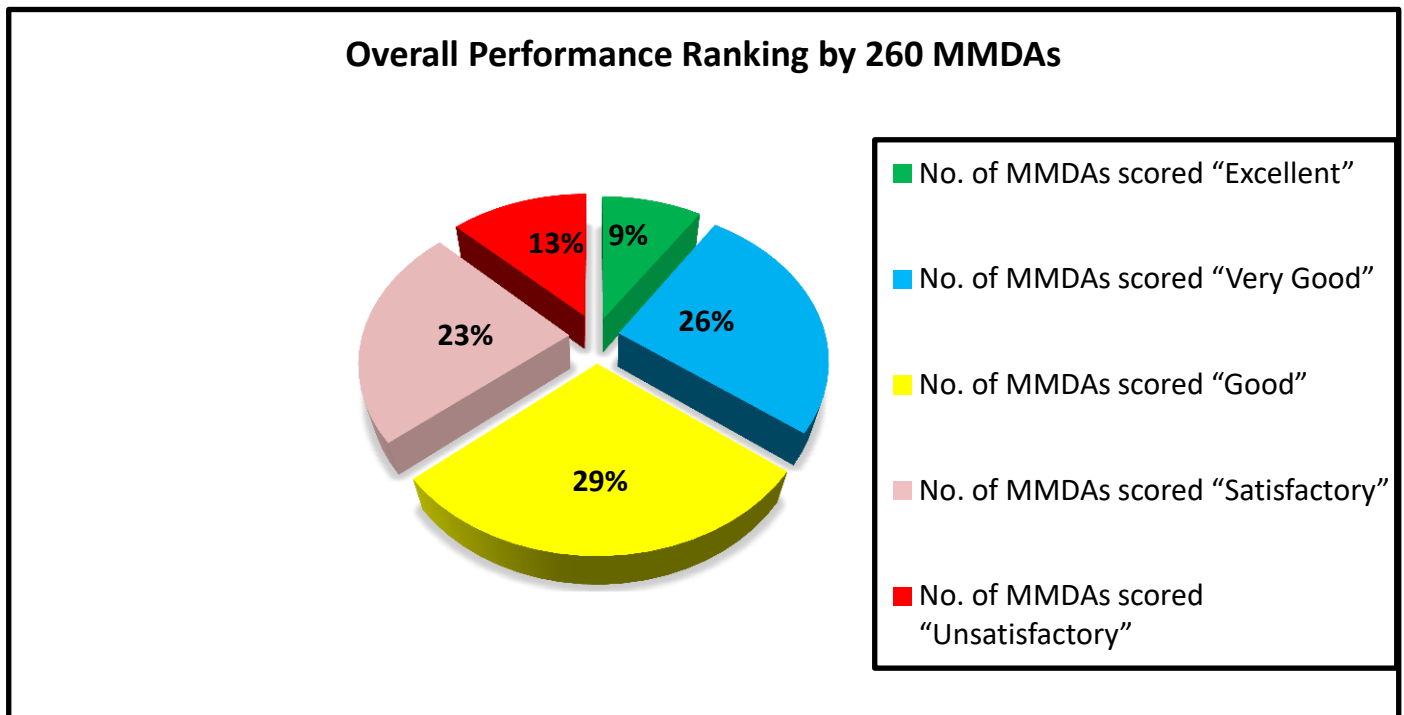
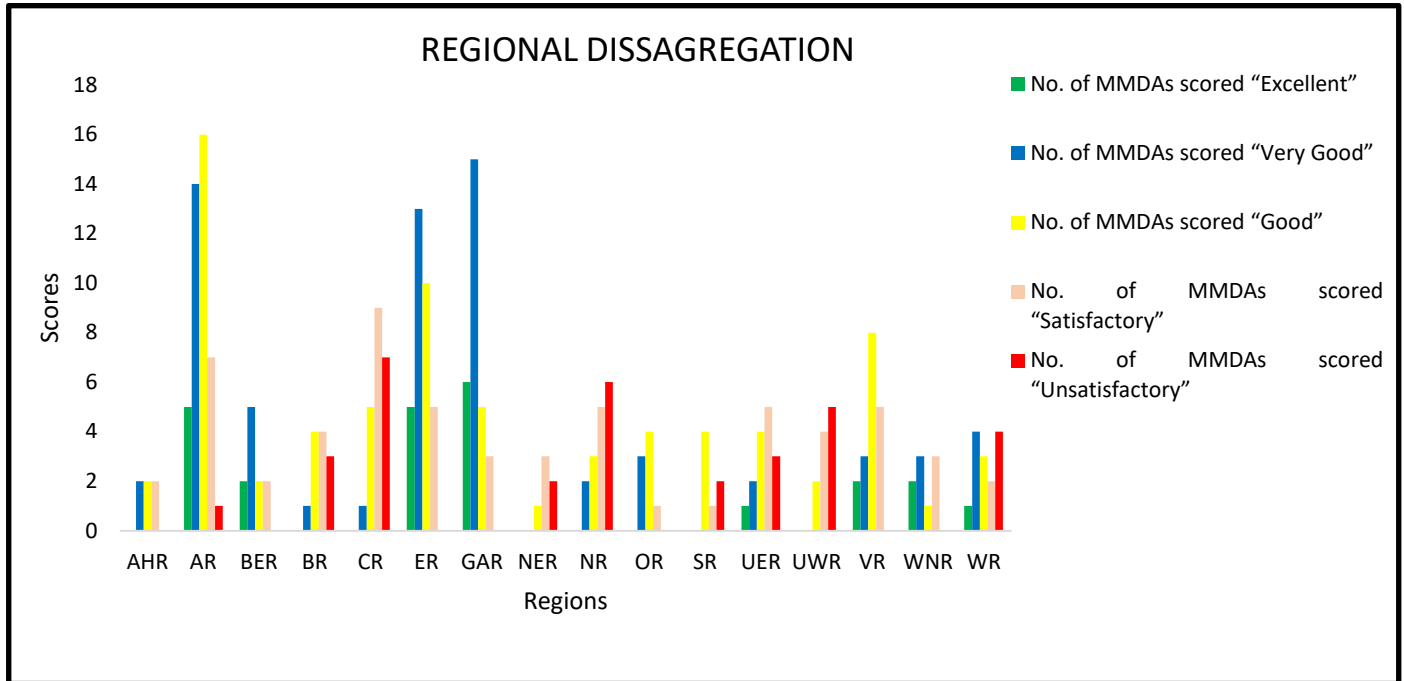


No	REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5
247	UER	Builsa South	41.19	247th	Unsatisfactory
248	NER	Yunyoo Nasuan	40.44	248th	Unsatisfactory
249	WR	Wassa Amenfi West	40.13	249th	Unsatisfactory
250	BR	Tain	39.94	250th	Unsatisfactory
251	UER	Binduri	38.13	251st	Unsatisfactory
252	NR	Nanton	36.88	252nd	Unsatisfactory
253	CR	Assin North	36.69	253rd	Unsatisfactory
254	CR	Ekumfi	33.31	254th	Unsatisfactory
255	NR	Karaga	31.88	255th	Unsatisfactory
256	CR	Mfantsiman Mun	31.44	256th	Unsatisfactory
257	UWR	Dafiama Bussie Issa	30.69	257th	Unsatisfactory
258	BR	Jaman North	29.94	258th	Unsatisfactory
259	UER	Builsa North	27.06	259th	Unsatisfactory
260	UWR	Wa East	11.88	260th	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	0	2	2	2	0	6
2	Ashanti Region	5	14	16	7	1	43
3	Bono East Region	2	5	2	2	0	11
4	Bono Region	0	1	4	4	3	12
5	Central Region	0	1	5	9	7	22
6	Eastern Region	5	13	10	5	0	33
7	Greater Accra Region	6	15	5	3	0	29
8	North East Region	0	0	1	3	2	6
9	Northern Region	0	2	3	5	6	16
10	Oti Region	0	3	4	1	0	8
11	Savannah Region	0	0	4	1	2	7
12	Upper East Region	1	2	4	5	3	15
13	Upper West Region	0	0	2	4	5	11
14	Volta Region	2	3	8	5	0	18
15	Western North Region	2	3	1	3	0	9
16	Western Region	1	4	3	2	4	14
<b>Total</b>							260



## 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 %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	AHR	Tano North	72.25	1st	72nd	Very Good
2	AHR	Asunafo South	70.31	2nd	86th	Very Good
3	AHR	Asunafo North Municipal	68.00	3rd	106th	Good
4	AHR	Asutifi South	62.38	4th	143rd	Good
5	AHR	Tano South	59.31	5th	172nd	Satisfactory
6	AHR	Asutifi North	57.94	6th	190th	Satisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	TOTAL
Ahafo Region	2	2	2	6

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

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	AR	Mampong	87.44	1st	5 <sup>th</sup>	Excellent
2	AR	Afigya Kwabre North	86.50	2nd	6 <sup>th</sup>	Excellent
3	AR	Oforikrom	86.31	3rd	7 <sup>th</sup>	Excellent
4	AR	Asokwa	86.13	4th	8 <sup>th</sup>	Excellent
5	AR	Old Tafo	80.31	5th	18 <sup>th</sup>	Excellent
6	AR	Ejura Sekyredumasi	78.63	6th	26 <sup>th</sup>	Very Good
7	AR	Suame	78.44	7th	28 <sup>th</sup>	Very Good
8	AR	Sekyere Kumawu	77.31	8th	34 <sup>th</sup>	Very Good
9	AR	Kumasi	75.63	9th	45 <sup>th</sup>	Very Good
10	AR	Afigya Kwabre South	73.75	10th	54 <sup>th</sup>	Very Good
11	AR	Bekwai Municipal	73.25	11th	61 <sup>st</sup>	Very Good
12	AR	Amansie West	73.13	12th	66 <sup>th</sup>	Very Good
13	AR	Atwima Kwanwoma	72.50	13th	68 <sup>th</sup>	Very Good
14	AR	Asante Akim Central Mun	72.25	14th	72 <sup>nd</sup>	Very Good
15	AR	Sekyere Central	72.25	14th	72 <sup>nd</sup>	Very Good
16	AR	Adansi Asokwa	72.13	16th	74 <sup>th</sup>	Very Good
17	AR	Atwima Mponua	71.88	17th	77 <sup>th</sup>	Very Good
18	AR	Bosomtwe	71.06	18th	82 <sup>nd</sup>	Very Good
19	AR	Akrofuom	70.25	19th	88 <sup>th</sup>	Very Good
20	AR	Ahafo Ano North	69.75	20th	92 <sup>nd</sup>	Good
21	AR	Adansi South	69.19	21st	94 <sup>th</sup>	Good
22	AR	Asante Akim South	69.06	22nd	97 <sup>th</sup>	Good
23	AR	Ejisu	68.69	23rd	100 <sup>th</sup>	Good
24	AR	Obuasi	68.25	24th	105 <sup>th</sup>	Good

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
25	AR	Ahafo Ano South West	67.94	25th	107 <sup>th</sup>	Good
26	AR	Kwabre East	67.56	26th	111 <sup>th</sup>	Good
27	AR	Atwima Nwabiagya	66.94	27th	114 <sup>th</sup>	Good
28	AR	Obuasi East	64.69	28th	126 <sup>th</sup>	Good
29	AR	Offinso Municipal	64.38	29th	128 <sup>th</sup>	Good
30	AR	Adansi North	63.50	30th	136 <sup>th</sup>	Good
31	AR	Asokore Mampong	62.88	31st	139 <sup>th</sup>	Good
32	AR	Sekyere East	62.31	32nd	144 <sup>th</sup>	Good
33	AR	Bosome Freho	60.75	33rd	156 <sup>th</sup>	Good
34	AR	Asante Akim North	60.63	34th	159 <sup>th</sup>	Good
35	AR	Amansie Central	60.00	35th	162 <sup>nd</sup>	Good
36	AR	Amansie South	59.56	36th	168 <sup>th</sup>	Satisfactory
37	AR	Offinso North	59.56	36th	168 <sup>th</sup>	Satisfactory
38	AR	Kwadaso	59.19	38th	174 <sup>th</sup>	Satisfactory
39	AR	Atwima Nwabiagya North	58.06	39th	186 <sup>th</sup>	Satisfactory
40	AR	Juaben	58.00	40th	188 <sup>th</sup>	Satisfactory
41	AR	Sekyere South	53.13	41st	213 <sup>th</sup>	Satisfactory
42	AR	Ahafo Ano South East	50.06	42nd	227 <sup>th</sup>	Satisfactory
43	AR	Sekyere Afram Plains	44.25	43rd	241 <sup>st</sup>	Unsatisfactory

REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Ashanti Region	5	14	16	7	1	43

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

No	REG	Name of MMDA	Overall Rating (%)	Reg Position	Overall Performance (Excellent, Very Good, Good, Unsatisfactory)	Colour Records (Green, Blue, Yellow, Red)
0	1	2	3	4	5	6
1	BER	Sene West	86.13	1st	8 <sup>th</sup>	Excellent
2	BER	Nkoranza North	85.19	2nd	12 <sup>th</sup>	Excellent
3	BER	Kintampo South	77.13	3rd	35 <sup>th</sup>	Very Good
4	BER	Techiman North	76.94	4th	37 <sup>th</sup>	Very Good
5	BER	Kintampo North Municipal	76.56	5th	42 <sup>nd</sup>	Very Good
6	BER	Techiman Municipal	74.31	6th	51 <sup>st</sup>	Very Good
7	BER	Pru West	73.19	7th	64 <sup>th</sup>	Very Good
8	BER	Pru East	66.00	8th	120 <sup>th</sup>	Good
9	BER	Nkoranza South Municipal	61.44	9th	150 <sup>th</sup>	Good
10	BER	Atebubu Amantin	53.75	10th	210 <sup>th</sup>	Satisfactory
11	BER	Sene East	53.50	11th	212 <sup>th</sup>	Satisfactory

REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	TOTAL
Bono East Region	2	5	2	2	11



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

No	REG	Name of MMDA	Overall Rating (%)	Reg Position	Overall Performance (Excellent, Very Good, Good, Unsatisfactory)	Colour Records (Green, Blue, Yellow, Red)
0	1	2	3	4	5	6
1	BR	Sunyani Municipal	74.94	1st	47 <sup>th</sup>	Very Good
2	BR	Wechi Municipal	67.94	2nd	107 <sup>th</sup>	Good
3	BR	Berekum East	61.44	3rd	151 <sup>st</sup>	Good
4	BR	Dormaa Central Municipal	61.31	4th	152 <sup>nd</sup>	Good
5	BR	Sunyani West	60.69	5th	157 <sup>th</sup>	Good
6	BR	Dormaa West	58.44	6th	179 <sup>th</sup>	Satisfactory
7	BR	Jaman South	54.63	7th	205 <sup>th</sup>	Satisfactory
8	BR	Berekum West	52.25	8th	215 <sup>th</sup>	Satisfactory
9	BR	Banda	51.25	9th	225 <sup>th</sup>	Satisfactory
10	BR	Dormaa East	48.50	10th	233 <sup>rd</sup>	Unsatisfactory
11	BR	Tain	39.94	11th	250 <sup>th</sup>	Unsatisfactory
12	BR	Jaman North	29.94	12th	258 <sup>th</sup>	Unsatisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Bono Region	1	4	4	3	12

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

No	REG	Name of MMDCD	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	CR	Agona West	73.06	1st	67 <sup>th</sup>	Very Good
2	CR	Upper Denkyira West	65.50	2nd	125 <sup>th</sup>	Good
3	CR	Gomoa Central	64.31	3rd	129 <sup>th</sup>	Good
4	CR	Komenda-Edina-Eguafo-Abirim	64.19	4th	131 <sup>st</sup>	Good
5	CR	Upper Denkyira East	60.81	5th	155 <sup>th</sup>	Good
6	CR	Agona East	60.63	6th	160 <sup>th</sup>	Good
7	CR	Twifu Ati Morkwa	59.88	7th	166 <sup>th</sup>	Satisfactory
8	CR	Abura/ Asebu/ Kwamankese	58.44	8th	179 <sup>th</sup>	Satisfactory
9	CR	Awutu Senya East	58.44	9th	179 <sup>th</sup>	Satisfactory
10	CR	Ajumako/Enyan/Esiam	58.38	10th	183 <sup>rd</sup>	Satisfactory
11	CR	Assin Fosu	55.19	11th	203 <sup>rd</sup>	Satisfactory
12	CR	Gomoa East	52.19	12th	216 <sup>th</sup>	Satisfactory
13	CR	Hemang Lower Denkyira	52.19	13th	216 <sup>th</sup>	Satisfactory
14	CR	Cape Coast	52.06	14th	219 <sup>th</sup>	Satisfactory
15	CR	Assin South	50.56	15th	226 <sup>th</sup>	Satisfactory
16	CR	Awutu Senya	49.75	16th	228 <sup>th</sup>	Unsatisfactory
17	CR	Effutu	48.69	17th	232 <sup>nd</sup>	Unsatisfactory
18	CR	Gomoa West	45.75	18th	239 <sup>th</sup>	Unsatisfactory
19	CR	Asikuma-Odoben-Brakwa-Breman	45.69	19th	240 <sup>th</sup>	Unsatisfactory
20	CR	Assin North	36.69	20th	253 <sup>rd</sup>	Unsatisfactory
21	CR	Ekumfi	33.31	21st	254 <sup>th</sup>	Unsatisfactory
22	CR	Mfantiman Mun	31.44	22nd	256 <sup>th</sup>	Unsatisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Central Region	1	5	9	7	22

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

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	ER	Kwahu West	88.00	1st	3 <sup>rd</sup>	Excellent
2	ER	Abuakwa South	84.56	2nd	13 <sup>th</sup>	Excellent
3	ER	Achiase	82.06	3rd	16 <sup>th</sup>	Excellent
4	ER	Lower Manya Krobo	81.56	4th	17 <sup>th</sup>	Excellent
5	ER	Birim South	78.81	5th	23 <sup>rd</sup>	Excellent
6	ER	Asene-Manso-Akroso	78.56	6th	27 <sup>th</sup>	Very Good
7	ER	Asuogyaman	78.44	7th	28 <sup>th</sup>	Very Good
8	ER	West Akim	77.50	8th	32 <sup>nd</sup>	Very Good
9	ER	Denkyembuor	76.63	9th	40 <sup>th</sup>	Very Good
10	ER	Birim Central	74.81	10th	49 <sup>th</sup>	Very Good
11	ER	Akyemansa	74.25	11th	52 <sup>nd</sup>	Very Good
12	ER	Birim North	73.81	12th	53 <sup>rd</sup>	Very Good
13	ER	Nsawam Adoagyiri Mun	73.69	13th	57 <sup>th</sup>	Very Good
14	ER	Kwaebibirem	73.25	14th	61 <sup>st</sup>	Very Good
15	ER	Atiwa East	72.31	15th	70 <sup>th</sup>	Very Good
16	ER	Akwapim North	71.94	16th	76 <sup>th</sup>	Very Good
17	ER	Kwahu Afram Plains North	71.25	17th	80 <sup>th</sup>	Very Good
18	ER	Yilo Krobo	70.75	18th	84 <sup>th</sup>	Very Good
19	ER	Atiwa West	69.19	19th	94 <sup>th</sup>	Good
20	ER	New Juaben North	68.81	20th	99 <sup>th</sup>	Good
21	ER	Upper Manya Krobo	68.69	21st	100 <sup>th</sup>	Good

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
22	ER	Abuakwa North	67.81	22nd	109 <sup>th</sup>	Good
23	ER	New Juaben South	66.31	23rd	116 <sup>th</sup>	Good
24	ER	Upper West Akim	65.69	24th	121 <sup>st</sup>	Good
25	ER	Kwahu South	65.56	25th	122 <sup>nd</sup>	Good
26	ER	Fanteakwa South	63.25	26th	138 <sup>th</sup>	Good
27	ER	Kwahu East	63.06	27th	139 <sup>th</sup>	Good
28	ER	Akuapem South	60.56	28th	161 <sup>st</sup>	Good
29	ER	Okere	59.31	29th	172 <sup>nd</sup>	Satisfactory
30	ER	Ayensuano	57.13	30th	196 <sup>th</sup>	Satisfactory
31	ER	Suhum	56.13	31 <sup>st</sup>	199 <sup>th</sup>	Satisfactory
32	ER	Fanteakwa North	56.00	32 <sup>nd</sup>	200 <sup>th</sup>	Satisfactory
33	ER	Kwahu Afram Plains South	54.50	33 <sup>rd</sup>	206 <sup>th</sup>	Satisfactory

REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	TOTAL
Eastern Region	5	13	10	5	33

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

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	GAR	La Dade-Kotopon	90.81	1st	1 <sup>st</sup>	Excellent
2	GAR	Tema West	89.38	2nd	2 <sup>nd</sup>	Excellent
3	GAR	Tema Metro	85.75	3rd	10 <sup>th</sup>	Excellent
4	GAR	Adenta	85.38	4th	11 <sup>th</sup>	Excellent
5	GAR	Ayawaso West	83.69	5th	14 <sup>th</sup>	Excellent
6	GAR	La-Nkwantanang	78.75	6th	24 <sup>th</sup>	Excellent
7	GAR	Ayawaso Central	78.31	7th	30 <sup>th</sup>	Very Good
8	GAR	Ga South	77.56	8th	31 <sup>st</sup>	Very Good
9	GAR	Weija-Gbawe	77.38	9th	33 <sup>rd</sup>	Very Good
10	GAR	Ga North	76.63	10th	40 <sup>th</sup>	Very Good
11	GAR	Ga Central	76.06	11th	44 <sup>th</sup>	Very Good
12	GAR	Ga West	75.50	12th	46 <sup>th</sup>	Very Good
13	GAR	Ga East	73.75	13th	54 <sup>th</sup>	Very Good
14	GAR	Korle Klottey	73.75	13th	54 <sup>th</sup>	Very Good
15	GAR	Ada East	73.56	15th	58 <sup>th</sup>	Very Good
16	GAR	Ashiaman Mun	73.38	16th	59 <sup>th</sup>	Very Good
17	GAR	Shai-Osudoku	73.38	17th	59 <sup>th</sup>	Very Good
18	GAR	Ablekuma North	73.25	18th	61 <sup>st</sup>	Very Good
19	GAR	Accra Metro	71.06	19th	82 <sup>nd</sup>	Very Good

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
20	GAR	Krowor	70.56	20th	85 <sup>th</sup>	Very Good
21	GAR	Ningo-Prampram	70.25	21st	88 <sup>th</sup>	Very Good
22	GAR	Kpone Katamanso	69.50	22nd	93 <sup>rd</sup>	Good
23	GAR	Ada West	68.69	23rd	100 <sup>th</sup>	Good
24	GAR	Ledzokuku	68.50	24th	104 <sup>th</sup>	Good
25	GAR	Ablekuma West	66.31	25th	116 <sup>th</sup>	Good
26	GAR	Okaikei North	61.94	26th	147 <sup>th</sup>	Good
27	GAR	Ablekuma Central	58.44	27th	179 <sup>th</sup>	Satisfactory
28	GAR	Ayawaso East	58.06	28th	186 <sup>th</sup>	Satisfactory
29	GAR	Ayawaso North	57.50	29th	192 <sup>nd</sup>	Satisfactory

REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	TOTAL
Greater Accra Region	6	15	5	3	29

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

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	NER	West Mamprusi	69.13	1st	96 <sup>th</sup>	Good
2	NER	Chereponi	57.69	2nd	191 <sup>st</sup>	Satisfactory
3	NER	East Mamprusi	53.94	3rd	209 <sup>th</sup>	Satisfactory
4	NER	Mamprugu Moagduri	53.69	4th	211 <sup>th</sup>	Satisfactory
5	NER	Bunkpurugu Nakpanduri	42.50	5th	243 <sup>rd</sup>	Unsatisfactory
6	NER	Yunyoo Nasuan	40.44	6th	248 <sup>th</sup>	Unsatisfactory

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

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

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	NR	Tolon	74.94	1st	47 <sup>th</sup>	Very Good
2	NR	Nanumba South	72.31	2nd	70 <sup>th</sup>	Very Good
3	NR	Tamale Metropolis	68.69	3rd	100 <sup>th</sup>	Good
4	NR	Nanumba North	65.56	4th	122 <sup>nd</sup>	Good
5	NR	Sagnerigu	60.56	5th	162 <sup>nd</sup>	Good
6	NR	Yendi Municipal	59.88	6th	164 <sup>th</sup>	Satisfactory
7	NR	Zabzugu	59.88	7th	165 <sup>th</sup>	Satisfactory
8	NR	Gushiegu	59.56	8th	168 <sup>th</sup>	Satisfactory
9	NR	Tatale Sanguli	57.13	9th	196 <sup>th</sup>	Satisfactory
10	NR	Kpandai	55.06	10th	204 <sup>th</sup>	Satisfactory
11	NR	Mion	43.44	11th	242 <sup>nd</sup>	Unsatisfactory
12	NR	Kumbungu	42.00	12th	244 <sup>th</sup>	Unsatisfactory
13	NR	Savelugu	41.88	13th	245 <sup>th</sup>	Unsatisfactory
14	NR	Saboba	41.50	14th	246 <sup>th</sup>	Unsatisfactory
15	NR	Nanton	36.88	15th	252 <sup>nd</sup>	Unsatisfactory
16	NR	Karaga	31.88	16th	255 <sup>th</sup>	Unsatisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Northern Region	2	3	5	6	16



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

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	OR	Nkwanta North	74.75	1st	50 <sup>th</sup>	Very Good
2	OR	Krachi East	72.50	2nd	68 <sup>th</sup>	Very Good
3	OR	Kadjebi	70.25	3rd	88 <sup>th</sup>	Very Good
4	OR	Nkwanta South	66.13	4th	119 <sup>th</sup>	Good
5	OR	Krachi Nchumuru	62.69	5th	142 <sup>nd</sup>	Good
6	OR	Jasikan	60.88	6th	154 <sup>th</sup>	Good
7	OR	Krachi West	60.69	7th	158 <sup>th</sup>	Good
8	OR	Biakoye	51.88	8th	221 <sup>st</sup>	Satisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	TOTAL
Oti Region	3	4	1	8

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

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	SR	Central Gonja	63.81	1st	133 <sup>rd</sup>	Good
2	SR	East Gonja	59.00	2nd	177 <sup>th</sup>	Satisfactory
3	SR	Bole	58.00	3rd	188 <sup>th</sup>	Satisfactory
4	SR	North Gonja	57.25	4th	193 <sup>rd</sup>	Satisfactory
5	SR	West Gonja	55.63	5th	202 <sup>nd</sup>	Satisfactory
6	SR	North East Gonja	49.19	6th	230 <sup>th</sup>	Unsatisfactory
7	SR	Sawla Tuna Kalba	46.75	7th	236 <sup>th</sup>	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 %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	UER	Bawku	79.19	1st	20 <sup>th</sup>	Excellent
2	UER	Kassena Nankana West	76.94	2nd	37 <sup>th</sup>	Very Good
3	UER	Bolgatanga	72.06	3rd	75 <sup>th</sup>	Very Good
4	UER	Talensi	63.81	4th	134 <sup>th</sup>	Good
5	UER	Bawku West	62.31	5th	145 <sup>th</sup>	Good
6	UER	Bolgatanga East	61.75	6th	148 <sup>th</sup>	Good
7	UER	Kassena Nankana East	61.63	7th	149 <sup>th</sup>	Good
8	UER	Bongo	58.75	8th	178 <sup>th</sup>	Satisfactory
9	UER	Garu	57.25	9th	193 <sup>rd</sup>	Satisfactory
10	UER	Tempane	56.50	10th	198 <sup>th</sup>	Satisfactory
11	UER	Nabdam	54.44	11th	207 <sup>th</sup>	Satisfactory
12	UER	Pusiga	51.63	12th	223 <sup>rd</sup>	Satisfactory
13	UER	Builsa South	41.19	13th	247 <sup>th</sup>	Unsatisfactory
14	UER	Binduri	38.13	14th	251 <sup>st</sup>	Unsatisfactory
15	UER	Builsa North	27.06	15th	259 <sup>th</sup>	Unsatisfactory

REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Upper East Region	1	2	4	5	3	15

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

No	REG	Name of MMDA	Overall Rating %	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	UWR	Nandom	63.50	1st	136 <sup>th</sup>	Good
2	UWR	Sissala East	61.06	2nd	152 <sup>nd</sup>	Good
3	UWR	Wa	58.13	3rd	185 <sup>th</sup>	Satisfactory
4	UWR	Lambusie Karni	57.25	4th	193 <sup>rd</sup>	Satisfactory
5	UWR	Wa West	55.75	5th	201 <sup>st</sup>	Satisfactory
6	UWR	Sissala West	52.63	6th	214 <sup>th</sup>	Satisfactory
7	UWR	Nadowli Kaleo	49.38	7th	229 <sup>th</sup>	Unsatisfactory
8	UWR	Lawra	47.81	8th	234 <sup>th</sup>	Unsatisfactory
9	UWR	Jirapa	47.13	9th	235 <sup>th</sup>	Unsatisfactory
10	UWR	Dafiama Bussie Issa	30.69	10th	257 <sup>th</sup>	Unsatisfactory
11	UWR	Wa East	11.88	11th	260 <sup>th</sup>	Unsatisfactory

REGION	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Upper West Region	2	4	5	11

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

No	REG	Name of MMDA	Overall Rating (%)	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	VR	Keta Mun	82.69	1st	15 <sup>th</sup>	Excellent
2	VR	Hohoe Mun	79.50	2nd	19 <sup>th</sup>	Excellent
3	VR	Ho Mun	78.69	3rd	25 <sup>th</sup>	Very Good
4	VR	Ketu South	76.50	4th	43 <sup>rd</sup>	Very Good
5	VR	Kpando Mun	71.56	5th	78 <sup>th</sup>	Very Good
6	VR	Afadzato South	67.25	6th	112 <sup>th</sup>	Good
7	VR	North Tongu	66.31	7th	116 <sup>th</sup>	Good
8	VR	Akatsi North	65.19	8th	126 <sup>th</sup>	Good
9	VR	South Tongu	64.25	9th	130 <sup>th</sup>	Good
10	VR	Central Tongu	64.06	10th	132 <sup>nd</sup>	Good
11	VR	Ho West	63.63	11th	135 <sup>th</sup>	Good
12	VR	Anloga	62.81	12th	141 <sup>st</sup>	Good
13	VR	South Dayi	62.19	13th	146 <sup>th</sup>	Good
14	VR	Akatsi South	59.69	14th	167 <sup>th</sup>	Satisfactory
15	VR	North Dayi	59.56	15th	171 <sup>st</sup>	Satisfactory
16	VR	Ketu North	59.19	16th	174 <sup>th</sup>	Satisfactory
17	VR	Agortime Ziope	52.13	17th	218 <sup>th</sup>	Satisfactory
18	VR	Adaklu	51.88	18th	221 <sup>st</sup>	Satisfactory

REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	TOTAL
Volta Region	2	3	8	5	18

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

No	REG	Name of MMDA	Overall Rating (%)	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	WNR	Sefwi Wiawso Municipal	79.06	1st	21 <sup>st</sup>	Very Good
2	WNR	Juaboso	79.06	2nd	21 <sup>st</sup>	Very Good
3	WNR	Aowin	77.00	3rd	36 <sup>th</sup>	Very Good
4	WNR	Bia East	76.69	4th	39 <sup>th</sup>	Very Good
5	WNR	Bibiani Anhwiaso Bekwai	70.31	5th	86 <sup>th</sup>	Very Good
6	WNR	Bodi	67.19	6th	113 <sup>th</sup>	Good
7	WNR	Bia West	59.06	7th	176 <sup>th</sup>	Satisfactory
8	WNR	Suaman	58.25	8th	184 <sup>th</sup>	Satisfactory
9	WNR	Sefwi Akontombra	51.56	9th	224 <sup>th</sup>	Satisfactory

REGION	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	TOTAL
Western North Region	5	1	3	9

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

No	REG	Name of MMDA	Overall Rating (%)	Reg Position	National Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
0	1	2	3	4	5	6
1	WR	Effia Kwesimintsim	88.00	1st	3 <sup>rd</sup>	Excellent
2	WR	Shama	73.19	2nd	64 <sup>th</sup>	Very Good
3	WR	Prestea-Huni-Valley	71.38	3rd	79 <sup>th</sup>	Very Good
4	WR	Wassa East	71.13	4th	81 <sup>st</sup>	Very Good
5	WR	Tarkwa Nsuaem Municipal	70.19	5th	91 <sup>st</sup>	Very Good
6	WR	Ahanta West	68.94	6th	98 <sup>th</sup>	Good
7	WR	Sekondi Takoradi Metro	67.63	7th	110 <sup>th</sup>	Good
8	WR	Jomoro	66.44	8th	115 <sup>th</sup>	Good
9	WR	Ellembele	54.38	9th	208 <sup>th</sup>	Satisfactory
10	WR	Amenfi Central	52.06	10th	219 <sup>th</sup>	Satisfactory
11	WR	Wassa Amenfi East	48.94	11th	231 <sup>st</sup>	Unsatisfactory
12	WR	Mpohor	46.25	12th	237 <sup>th</sup>	Unsatisfactory
13	WR	Nzema East Municipal	45.88	13th	238 <sup>th</sup>	Unsatisfactory
14	WR	Wassa Amenfi West	40.13	14th	249 <sup>th</sup>	Unsatisfactory

REGION	No. of MMDAs scored "Excellent"	No. of MMDAs scored "Very Good"	No. of MMDAs scored "Good"	No. of MMDAs scored "Satisfactory"	No. of MMDAs scored "Unsatisfactory"	TOTAL
Western Region	1	4	3	2	4	14

## **CHAPTER SIX**

# **DECISION MAKING ON 2021 ANNUAL PERFORMANCE EVALUATION RESULTS OF RCCs & MMDAs**



## 6. DECISION MAKING ON 2021 ANNUAL PERFORMANCE EVALUATION RESULTS OF RCCs AND MMDAs

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

### 6.1. Guiding Principles for Decision Making

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

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

## 6.2. Decision on 2021 Annual Performance Evaluation Results of RCCs & MMDAs

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

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

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

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

Name of RCC	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
VRCC	96.63	1 <sup>st</sup>	Excellent
ERCC	96.25	2 <sup>nd</sup>	Excellent
BERCC	94.23	3 <sup>rd</sup>	Excellent

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

The following 10 Metropolitan, Municipal and District Assemblies (MMDAs) out of 261 MMDAs are to be given special acknowledgement and award:

REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
1	2	3	4	5
GAR	La Dade-Kotopon	90.81	1 <sup>st</sup>	Excellent
GAR	Tema West	89.38	2 <sup>nd</sup>	Excellent
WR	Effia Kwesimintsim	88.00	3 <sup>rd</sup>	Excellent
ER	Kwahu West	88.00	3 <sup>rd</sup>	Excellent
AR	Mampong	87.44	5 <sup>th</sup>	Excellent
AR	Afigya Kwabre North	86.50	6 <sup>th</sup>	Excellent
AR	Oforikrom	86.31	7 <sup>th</sup>	Excellent
AR	Asokwa	86.13	8 <sup>th</sup>	Excellent
BER	Sene West	86.13	8 <sup>th</sup>	Excellent
GAR	Tema Metro	85.75	10 <sup>th</sup>	Excellent

### 6.2.4. Unsatisfactory Performance

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

Name of RCC	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
NERCC	42.68	16 <sup>th</sup>	Unsatisfactory

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

REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
1	2	3	4	5
CR	Awutu Senya	49.75	228 <sup>th</sup>	Unsatisfactory
UWR	Nadowli Kaleo	49.38	229 <sup>th</sup>	Unsatisfactory
SR	North East Gonja	49.19	230 <sup>th</sup>	Unsatisfactory
WR	Wassa Amenfi East	48.94	231 <sup>st</sup>	Unsatisfactory
CR	Effutu	48.69	232 <sup>nd</sup>	Unsatisfactory
BR	Dormaa East	48.50	233 <sup>rd</sup>	Unsatisfactory
UWR	Lawra	47.81	234 <sup>th</sup>	Unsatisfactory
UWR	Jirapa	47.13	235 <sup>th</sup>	Unsatisfactory
SR	Sawla Tuna Kalba	46.75	236 <sup>th</sup>	Unsatisfactory
WR	Mpohor	46.25	237 <sup>th</sup>	Unsatisfactory
WR	Nzema East Municipal	45.88	238 <sup>th</sup>	Unsatisfactory
CR	Gomoa West	45.75	239 <sup>th</sup>	Unsatisfactory
CR	Asikuma-Odoben-Brakwa-Breman	45.69	240 <sup>th</sup>	Unsatisfactory
AR	Sekyere Afram Plains	44.25	241 <sup>st</sup>	Unsatisfactory
NR	Mion	43.44	242 <sup>nd</sup>	Unsatisfactory
NER	Bunkpurugu Nakpanduri	42.50	243 <sup>rd</sup>	Unsatisfactory
NR	Kumbungu	42.00	244 <sup>th</sup>	Unsatisfactory
NR	Savelugu	41.88	245 <sup>th</sup>	Unsatisfactory
NR	Saboba	41.50	246 <sup>th</sup>	Unsatisfactory
UER	Builsa South	41.19	247 <sup>th</sup>	Unsatisfactory
NER	Yunyoo Nasuan	40.44	248 <sup>th</sup>	Unsatisfactory
WR	Wassa Amenfi West	40.13	249 <sup>th</sup>	Unsatisfactory
BR	Tain	39.94	250 <sup>th</sup>	Unsatisfactory
UER	Binduri	38.13	251 <sup>st</sup>	Unsatisfactory

REG	Name of MMDA	Overall Rating (%)	Position	Overall Performance (Excellent, Very Good, Good, Satisfactory, Unsatisfactory)
1	2	3	4	5
NR	Nanton	36.88	252 <sup>nd</sup>	Unsatisfactory
CR	Assin North	36.69	253 <sup>rd</sup>	Unsatisfactory
CR	Ekumfi	33.31	254 <sup>th</sup>	Unsatisfactory
NR	Karaga	31.88	255 <sup>th</sup>	Unsatisfactory
CR	Mfantsiman Mun	31.44	256 <sup>th</sup>	Unsatisfactory
UWR	Dafiama Bussie Issa	30.69	257 <sup>th</sup>	Unsatisfactory
BR	Jaman North	29.94	258 <sup>th</sup>	Unsatisfactory
UER	Builsa North	27.06	259 <sup>th</sup>	Unsatisfactory
UWR	Wa East	11.88	260 <sup>th</sup>	Unsatisfactory

**ANNEX 1**  
**SAMPLE 2021 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 2021</i> ) and planning ( <i>for the year 2022</i> ) to ensure a co-ordinated approach to development and management of the MMDA (ISCC)	<b>20</b>	Participation Professionalism Transparency Accountability E&E use of Resources Client Focus		
1.2	At least one sensitization forum organized for staff on Local Governance Act, 2016 (Act 936), Local Government Service Protocols, MMDA Bye Laws and all other relevant enactments by the end of the year	<b>15</b>	Participation Professionalism Transparency Accountability		
1.3	All incoming and outgoing correspondences stored in a computerized database on daily basis	<b>20</b>	Professionalism Transparency		
1.4	Website updated monthly with information and activities of the Departments of the Assembly	<b>15</b>	Professionalism Transparency		

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

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

\*Rating scale is indicated in Annex 3.

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

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

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

KEY PERFORMANCE INDICATORS (KPIs)		WEIGHT %	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	Biannual composite promotion schedule with established vacancies for all grade levels by the end of January & mid July 2021 and 2022 retirement schedule prepared by 31 <sup>st</sup> December 2021 and submitted to RCC	<b>10</b>	Professionalism Transparency		
2.2	Staff salary validated timeously and accurately, and a comprehensive report submitted to RCC by 15th day of the ensuing month	<b>10</b>	Professionalism Transparency Accountability		
2.3	HRMIS updated and data submitted to the RCC by the end of every month	<b>30</b>	Professionalism Transparency		
2.4	At least 80% of Training Plan of MMDA implemented and composite quarterly report submitted to the RCC within the 2nd week of the ensuing month	<b>20</b>	Professionalism Transparency Participation		
2.5	Comprehensive (appraisal cycle) MMDA staff appraisal schedule implemented by the end of the year	<b>30</b>	Professionalism Transparency Participation		
<b>OVERALL RATING for KPA 2 (Sum of Column e) "For annual evaluation"</b>					

\*Rating scale is indicated in Annex 3A.



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

KEY PERFORMANCE INDICATORS (KPIs)		WEIGHT %	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	Revenue Improvement Action Plan for 2022 prepared by the end of October 2021 in conformity with the approved template	<b>20</b>	Professionalism Transparency Accountability		
3.2	At least 10% annual increase in Streets named with signage	<b>15</b>	Professionalism Transparency Participation Client Focus		
3.3	100% of recommendations contained in 2020 Auditor General's Management Letter implemented by the end of the year	<b>10</b>	Professionalism Transparency Accountability E&E use of Resources		
3.4	4 <sup>th</sup> Quarter 2020, 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> Quarters of 2021 Internal Audit Recommendations implemented by the end of the year	<b>15</b>	Professionalism Transparency Accountability E&E use of Resources		
3.5	At least 90% of 2021 actual expenditure covered activities in the approved Annual Action Plan	<b>20</b>	Professionalism Transparency Accountability E&E use of Resources		
3.6	Data on rateable properties (moveable & immovable) based on which final revenue estimates are derived is available and updated by the end of the year	<b>20</b>	Professionalism Participation Transparency Accountability		

**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 programme in the 2021 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 (new/ rehabilitated/maintained) in the 2021 Annual Action Plan achieved by the end of the year	20	Professionalism Transparency Accountability E&E use of Resources		
4.3	Inaugurate MMDA Spatial Planning Committee and Technical Sub-Committee in accordance with L.I 2384 by the end of the year	20	Professionalism Transparency Accountability Participation Client focus		
4.4	At least 80% 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 (District Spatial Development Framework, Structure Plan for the District Capital and Local Plans) available by end of December 2021	20	Professionalism Transparency Accountability Participation		

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

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

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

KEY PERFORMANCE INDICATORS (KPIs)		WEIGHT %	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 Client Focus		
5.2	Organize quarterly District Health Committee meetings	10	Professionalism Participation Client Focus		
5.3	Data on vulnerable groups in MMDA updated by the end of June and December 2021	20	Transparency Accountability Participation Client Focus		
5.4	At least 80% of approved Gender Based Violence interventions implemented and reported on by the end of the year	20	Professionalism Participation Transparency E&E use of Resources Client Focus		
5.5	At least 60% 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 in the 2021 Annual Action Plan executed by the end of the year	20	Professionalism Transparency Participation Client Focus		
<b>OVERALL RATING for KPA 5 (Sum of Column e) "For annual evaluation"</b>					

\*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	Selected crops and/or livestock and/or fish yield increased by 10% by the end of the year	40	Professionalism Participation Client Focus Accountability E&E use of Resources		
6.2	Transformation of subsistence farming to commercial farming increased by 30% by the end of the year	30	Professionalism Participation Client Focus Accountability E&E use of Resources		
6.3	At least 80% of approved Tourism activities achieved by the end of the year	30	Professionalism Participation Client Focus E&E use of Resources Accountability		
<b>OVERALL RATING for KPA 6 (Sum of Column e) "For annual evaluation"</b>					

\*Rating scale is indicated in Annex 3A.

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

KEY PERFORMANCE INDICATORS (KPIs)		WEIGHT %	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 2021 prepared and submitted to RCC by the end of the year	20	Professionalism Participation Client Focus E&E use of Resource		
7.2	Environment enhancement programmes (Air quality control, Noise pollution control, Land restoration/reclamation, environmental education, afforestation etc) included in the 2021 Annual Action plan	20	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	30	Professionalism Participation Accountability E&E use of Resource Client Focus		
<b>OVERALL RATING for KPA 7 (Sum of Column e) "For annual evaluation"</b>					

\*Rating scale is indicated in Annex 3A.

**SCHEDULE 2: PERSONAL DEVELOPMENT PLAN**

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

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

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



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

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

## **ASSUMPTIONS**

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

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

## **OBLIGATIONS OF THE MMDCD**

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

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

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

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

## **PERFORMANCE EVALUATION UNDER THE CONTRACT**

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

The performance evaluation shall be completed not later than the 1<sup>st</sup> quarter of 2021 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 <i>(Sum of Column e from each KPA; Section 5.1)</i>	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>
<b>KPA 1: General Administration</b>					
<b>KPA 2: Human Resource (HR) Management</b>					
<b>KPA 3: Financial Management and Reporting</b>					
<b>KPA 4: Infrastructure</b>					
<b>KPA 5: Social Service</b>					
<b>KPA 6: Economic Development</b>					
<b>KPA 7: Environment and Sanitation</b>					
<b>TOTAL WEIGHTS</b>	<b>100%</b>				
<b>CALCULATED OVERALL RATING (1 to 4)</b> <i>(Sum of Column d)</i>					

<b>CALCULATED OVERALL SCORES</b> <i>(Sum of Column d/4 * 100)</i>	%		
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**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.	<b>ORGANISATION AND MANAGEMENT</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO PLAN, ORGANISE AND MANAGE WORK LOAD</li> <li>▪ ABILITY TO WORK SYSTEMATICALLY AND MAINTAIN QUALITY</li> <li>▪ ABILITY TO MANAGE OTHERS TO ACHIEVE SHARED GOALS</li> </ul>	1 - 2 - 3 - 4		
2.	<b>INNOVATION AND STRATEGIC THINKING</b> <ul style="list-style-type: none"> <li>▪ SUPPORT FOR ORGANISATIONAL CHANGE</li> <li>▪ ABILITY TO THINK BROADLY</li> <li>▪ DEMONSTRATING CREATIVITY IN THINKING</li> </ul>	1 - 2 - 3 - 4		
3.	<b>LEADERSHIP AND DECISION-MAKING</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO INITIATE ACTION AND PROVIDE DIRECTION TO OTHERS</li> <li>▪ ACCEPTANCE OF RESPONSIBILITY AND DECISION-MAKING</li> <li>▪ ABILITY TO EXERCISE GOOD JUDGEMENT</li> </ul>	1 - 2 - 3 - 4		
4.	<b>ORGANISATIONAL DEVELOPMENT AND IMPROVEMENT</b> <ul style="list-style-type: none"> <li>▪ COMMITMENT TO ORGANISATIONAL DEVELOPMENT</li> <li>▪ COMMITMENT TO CUSTOMER SATISFACTION</li> <li>▪ COMMITMENT TO THE DELIVERY OF QUALITY SERVICES AND PRODUCTS</li> </ul>	1 - 2 - 3 - 4		
5.	<b>COMMUNICATION (ORAL, WRITTEN &amp; ELECTRONIC)</b> <ul style="list-style-type: none"> <li>▪ ABILITY TO COMMUNICATE DECISIONS CLEARLY</li> <li>▪ ABILITY TO NEGOTIATE AND MANAGE CONFLICT EFFECTIVELY</li> <li>▪ ABILITY TO RELATE AND NETWORK ACROSS DIFFERENT LEVELS AND DEPARTMENTS</li> </ul>	1 - 2 - 3 - 4		
6.	<b>JOB KNOWLEDGE AND TECHNICAL SKILLS</b> <ul style="list-style-type: none"> <li>▪ DEMONSTRATION OF RELEVANT JOB EXPERTISE</li> <li>▪ DEMONSTRATION OF CROSS-FUNCTIONAL AWARENESS</li> <li>▪ BUILDING, APPLYING AND SHARING OF NECESSARY EXPERTISE AND TECHNOLOGY</li> </ul>	1 - 2 - 3 - 4		

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

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

**COMMENTS ON PERFORMANCE ACHIEVEMENTS**

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

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

*Refer to Annual Performance Evaluation*

**MMDCD's COMMENTS ON PERFORMANCE ACHIEVEMENTS**

*Refer to Section Annual Performance Evaluation*

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

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

*Refer to Section 3.2: Evaluation on Personal Development*

**ASSESSMENT DECISION & CONCLUSION**

*(BY HON. MMDCE & MMDCD)*

**CRITERIA FOR RATING OVERALL PERFORMANCE**

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

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

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

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

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

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

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

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

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

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

**CONCLUDING REMARKS BY HEAD OF SERVICE**

.....  
.....

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

To compute score obtained on Indicator, a scale of One (1) to Four (4) was provided. The following table provides the definitions for the rating scale for assessing the level of achievement of Indicators.

**(REFER TO SCHEDULE 1)**

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

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

**(REFER TO SCHEDULE 2)**

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

### **ANNEX C: WORKING SHEET**

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



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

### SCHEDULE 1: KEY PERFORMANCE AREAS

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

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

(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>
1.1	At least one Regional Security Council meeting organized by the end of each month.	20	Professionalism Participation Accountability Client Focus Transparency E&E use of Resources		
1.2	i. Two expanded RCC meetings (as per LG ACT 936, Section 198 (3) 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	All incoming and outgoing correspondences	15	Professionalism		

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>
	stored in a computerized database on daily basis		Transparency		
1.4	Website updated monthly with information and activities of the Departments of the RCC	15	Professionalism Transparency Accountability Client Focus		
1.5	**Functional Client Service Unit	15	Client Focus Professionalism Transparency Accountability		
1.6	A well-managed workplace environment including clean washrooms, office space, office sign post***, general landscaping and general office amenities by the end of the year	15	Client Focus E&E use of Resources Professionalism		
<b>OVERALL RATING for KPA 1 (Sum of Column e) "For annual evaluation"</b>					

\*Rating scale is indicated in Annex 3A.

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

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

**KEY PERFORMANCE AREA (KPA) 2: HUMAN RESOURCE MANAGEMENT**

**(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>
2.1	Biannual composite promotion schedule with established vacancies for all grade levels and retirement schedules in MMDAs and the RCC prepared and submitted to the OHLGS by end of February & July 2021	10	Professionalism Transparency		
2.2	Regional (RCC & MMDAs) consolidated HRMIS data and reports submitted to the OHLGS by the 15th day of the ensuing month	20	Professionalism Transparency		
2.3	Staff salary validated timeously and accurately and a comprehensive report submitted to the OHLGS by the end of every month	10	Professionalism Transparency Accountability		
2.4	i. Comprehensive Regional (RCC & MMDAs) Training Plan prepared by the end of March 2021 and submitted to OHLGS	10	Professionalism Transparency Participation		
	ii. At least 80% of RCC Training Plan implemented by the end of the year and quarterly report submitted to the OHLGS by the 2 <sup>nd</sup> week following the quarter	10			
2.5	Implementation of the PMS at the MMDA level monitored and report submitted to the OHLGS by the end of July 2021 and December 2021	20	Professionalism		
2.6	Comprehensive (appraisal cycle) RCC staff appraisal schedule implemented by the end of the year	20	Professionalism Transparency Participation		
<b>OVERALL RATING for KPA 2 (Sum of Column e) "For annual evaluation"</b>					

**KEY PERFORMANCE AREA (KPA) 3: FINANCIAL MANAGEMENT AND REPORTING**  
**(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>
3.1	2021 Annual Audit Plan prepared and submitted to the Principal Spending Officer (RCD), Audit Committee and the Internal Audit Agency by the 30 <sup>th</sup> of January of the 2021 financial year	15	Professionalism Transparency Accountability		
3.2	100% of recommendations contained in 2020 Auditor General's Management Letter implemented by the end of the year	15	Professionalism Transparency Accountability E&E use of Resources		
3.3	4 <sup>th</sup> Quarter 2020, 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> Quarters of 2021 Internal Audit Recommendations implemented by the end of the year	15	Professionalism Transparency Accountability E&E use of Resources		
3.4	Approved 2022 budget (Regional Integrated Budget System) submitted to the OHLGS by 31 <sup>st</sup> October, 2021	25	Professionalism Participation Transparency Accountability		
3.5	All 2021 GoG expenditure processed through the GIFMIS	30	Professionalism Transparency Accountability E&E use of Resources		
<b>OVERALL RATING for KPA3 (Sum of Column e) "For annual evaluation"</b>					

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

**KEY PERFORMANCE AREA (KPA) 4: SERVICES**  
**(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>
4.1	Quarterly monitoring reports of Departments of RCCs submitted through the RCC to relevant MDAs and copies to the OHLGS by the 15 <sup>th</sup> day of the first month of the ensuing quarter	30	Professionalism E&E use of resources Accountability		
4.2	Quarterly monitoring reports of RPCU submitted to the OHLGS by the 15 <sup>th</sup> day of the first month of the ensuing quarter	40	Professionalism Participation E&E use of resources Accountability		
4.3	Biannual reports on Technical backstopping support to MMDAs submitted to the OHLGS	30	Professionalism E&E use of resources Accountability		
<b>OVERALL RATING for KPA 4 (Sum of Column e) "For annual evaluation"</b>					

**SCHEDULE 2: PERSONAL DEVELOPMENT PLAN**

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

**(NOT FOR SCORING PURPOSES)**

Please outline the competencies that you would like to develop for the year. These should be relevant to the effective and efficient management of the Service (RCC).

<i>What competencies would you require to improve your performance?</i>		<i>How do you plan to attain these competencies (e.g. through attendance at workshops, conferences, seminars, peer review, executive coaching, studying and readings, etc.)?</i>		
<b>COMPETENCIES</b>		<b>EVALUATION</b>	<b>BY WHEN &amp; HOW WOULD YOU LIKE TO DEVELOP IT</b>	<b>EXPECTED OUTCOMES TO BE ATTAINED</b>
5.	Planning & Organisation	1 - 2 - 3 - 4		
6.	Leadership	1 - 2 - 3 - 4		
7.	Change Management	1 - 2 - 3 - 4		
8.	Decision Making	1 - 2 - 3 - 4		
9.	Entrepreneurial skills	1 - 2 - 3 - 4		
10.	Good verbal and written communication	1 - 2 - 3 - 4		
11.	Negotiation Skills	1 - 2 - 3 - 4		
12.	Interpersonal Skills	1 - 2 - 3 - 4		
13.	Conflict Management	1 - 2 - 3 - 4		
14.	Security consciousness	1 - 2 - 3 - 4		

**Evaluation of core competencies (as in rating scale indicated in Annex 3B)**

## **ASSUMPTIONS**

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

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

## **OBLIGATIONS OF THE CD/RCD TO THE REGIONAL MINISTER**

The CD/RCD accepts responsibility for the overall performance of the RCC as a whole and undertakes to:

- e) Adopt and apply appropriate management techniques in conducting the affairs of the RCC and in supervising its Directorates/Departments/ Units / Sections.
- f) Ensure that Local Government Service's core values (*refer to section 3.4*) and Service Delivery Standards (*refer to section 3.5*) are upheld by the staff of the RCC and the Metropolitan, Municipal and District Assemblies (MMDAs) within the Region.
- g) Ensure that the assets within the RCC are maintained in the most efficient manner and safeguarded against loss or abuse.
- h) Notify the Regional Minister promptly of any conditions, which may interfere with, or threaten the achievement of the performance targets, listed herein.

## **OBLIGATIONS OF THE REGIONAL MINISTER TO THE CD/RCD**

- a) The Regional Minister accepts responsibility to provide effective and efficient administrative and managerial leadership.
- b) The Regional Minister accepts responsibility to provide support (financial, material and logistical) to the CD/RCD to ensure that the RCC achieves the level of performance indicated in this Contract.

## **PERFORMANCE EVALUATION UNDER THE CONTRACT**

An assessment of the performance of the CD/RCD shall be conducted by the OHLGS. The evaluation shall be based on the key performance results / outputs and deliverables established under this Performance Contract between the Regional Minister and the CD/RCD.

The performance evaluation shall be completed not later than the 1<sup>st</sup> quarter of 2022 by using the "Annual Performance Evaluation Reporting Format". Upon the conclusion of the annual evaluation, the HoS shall communicate to the CD/RCD in writing the outcome of the evaluation. The LGSC through the HoS shall thereafter determine the rewards or sanctions as prescribed in [Annex 4](#) of this Contract to be applicable to the CD/RCD.

**REWARDS AND SANCTIONS**

Based on the results of the performance evaluation, the Head of Service shall recommend to the Local Government Service Council that a CD/RCD be rewarded or recognised for excellent performance.

The Local Government Service Council may institute disciplinary action against a CD/RCD in the case of unsatisfactory performance.

The sanctions will be in accordance with LGS Human Resource Operational Manual and Conditions of Service. The details are provided in [Annex 4](#).

**ARBITRATION AND SETTLEMENT OF DISPUTES**

In the event of a disagreement between the parties to this Contract, either party may apply to the Local Government Service Council (LGSC) for settlement. The LGSC shall constitute an arbitration panel which shall consult with both parties and make a ruling within one month of the application. The ruling of the LGSC shall be binding on both parties.

**ANNEX 2: TEMPLATE FOR REPORTING ON PERFORMANCE**

*(Please note that the Annex 2 is to be completed by the Regional Minister & RCD)*

**ANNEX 2A: TEMPLATE FOR REPORTING ON MID-YEAR PERFORMANCE REVIEW**

**KEY PERFORMANCE AREA (KPA) .....**  
*(... .... % OVERALL WEIGHT OUT OF FOUR KPAs)*

KEY PERFORMANCE INDICATORS (KPIs)	WEIGHT %	SERVICE DELIVERY STANDARDS (SDS)	MID-YEAR PROGRESS REVIEW	REMARKS
<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>
1.1				
1.2				
1.3				
1.4				

*Note: apply this format for other KPAs*



**ANNEX 2B: REPORTING ON PERFORMANCE OF COMPETENCIES: MID-YEAR REVIEW AND END OF YEAR EVALUATION)**

<i>What competencies did you require to improve your performance on the job</i>	<i>How have you attained these competencies</i>		<b>OBSERVATION &amp; RECOMMENDATION</b>
<b>COMPETENCIES</b>	<b>EVALUATION (Rating 1-2-3-4)</b>	<b>ACTUAL RESULTS</b>	
1. Planning & Organisation			
2. Leadership			
3. Change Management			
4. Decision Making			
5. Entrepreneurial skills			
6. Good verbal and written communication			
7. Negotiation Skills			
8. Interpersonal Skills			
9. Conflict Management			
10. Security consciousness			
11.			

**Evaluation of core competencies (as in rating scale indicated in Annex 3B)**

**ANNEX 2C: END OF THE YEAR PERFORMANCE EVALUATION TEMPLATE**

**OVERALL PERFORMANCE (to be completed by Reg. Minister & RCD)**

<b>SCHEDULE 1- KEY PERFORMANCE AREAS (1-4)</b>					
<b>KEY *PERFORMANCE AREA</b>	<b>OVERALL WEIGHTING / KPA</b>	<b>ACTUAL RATING / KPA (from each KPA Section)</b>	<b>OVERALLACTUAL RATING FACTOR / KPA</b>	<b>OBSERVATION</b>	<b>RECOMMENDATION</b>
<i>a</i>	<i>b</i>	<i>c</i>	<i>d = b*c</i>	<i>e</i>	<i>f</i>
KPA 1 - General Administration	30%				
KPA 2 - Human Resource	30%				
KPA 3 - Financial Management and Reporting	20%				
KPA 4 - Services	20%				
<b>TOTAL WEIGHTS</b>	100%				
<b>CALCULATED OVERALL RATING (1 to 4)</b> <i>(Sum of Column d)</i>					
<b>CALCULATED OVERALL SCORES</b> <i>Sum of Column d / 4 * 100)</i>					

*(Note: In the formula "Sum of Column d / 4 \* 100", 4 is a constant and represents the maximum rating scale); See Annex 3C for overall Performance Assessment Rating*

## ANNEX 3: RATING SCALES ON ASSESSMENT

### ANNEX 3A: RATING ON THE ASSESSMENT OF KPI

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

The following table provides the definitions for the rating scale for assessing the level of achievement of Indicators. *(Refer To Section 5.1)*

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

### ANNEX 3B: RATING ON THE ASSESSMENT OF COMPETENCY

*(Refer To Section 5.1& Annex 2B)*

RATING SCALE		EXPLANATION (EVALUATION OF COMPETENCY)
4	Excellent	He/she has consistently demonstrated this competency and always encouraged others to do same. Four (4) or more examples can be evidenced to support this rating.
3	Very Good	He/she has frequently demonstrated this competency and sometimes encouraged others to do same. Three (3) examples can be evidenced to support this rating.
2	Good	He/she has demonstrated this competency at least two (2) examples can be evidenced to support this rating. Meets expectation on this competency requirement.
1	Unsatisfactory	He/she has not at all demonstrated this competency and three (3) or more examples can be evidenced to support this rating.

	Demonstration of requirements of this competency was unacceptable and did not meet any expectation.
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**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**







