

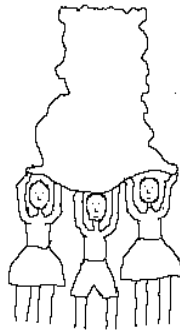
**SUSTAINABLE AID THROUGH VOLUNTARY
ESTABLISHMENT-GHANA**

(SAVE – Ghana)

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STRATEGIC PLAN

2010 – 2014



***Theme: Responding to the Needs of the Poverty-Stricken and the
Vulnerable***

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BMI	Body Mass Index
CSwE	Credit and Savings with Education
FASDEP	Food and Agriculture Sector Development Policy
FGM/C	Female Genital Mutilation/Cutting
GAR	Greater Accra Region
GDHS	Ghana Demographic and Health Survey
GH¢	Ghana Cedi
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ICT	Information, Communication and Technology
Km	Kilometres
MDG	Millennium Development Goal
MOFA	Ministry of Food and Agriculture
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
PLWHA	People Living with HIV/AIDS
SAVE	Sustainable Aid through Voluntary Establishment
SHANET	Sissala HIV/AIDS Network
SMC	School Management Committee
Sq	Square
STI	Sexually Transmitted Infection
UCC	University of Cape Coast
UG	University of Ghana
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Program
US\$	United States of America Dollar
UWR	Upper West Region
VCT	Voluntary Counseling and Testing
VSLA	Village Savings and Loans Association
¢	Cedi
°C	Degrees Celsius

FOREWORD

With a human development index (HDI) of 0.553, according to the 2007/2008 World Human Development Report, Ghana is regarded as a medium human development country with a ranking of 135th among 177 countries worldwide. Though not very impressive in general ranking terms, Ghana's situation is better than the Sub-Sahara African HDI average of 0.493 but still needs to do more to catch up with the medium countries average of 0.698. Ghana's performance is informed by a life expectancy at birth of 59.1 years, an adult literacy of people aged 15 years and above of 57.9%, a combined gross enrolment ratio for primary, secondary and tertiary education of 50.7% and a gross domestic product per capita (purchasing power parity) of US\$2,480.

Documentary evidence portrayed by trends analyses of various documents e.g. the 2003 Ghana Demographic and Health Survey (GDHS) and the 2008 GDHS shows that Ghana is on its way of achieving the Millennium Development Goals (MDGs) set up by the United Nations (UN) by 2015. This strategic plan is written to bring 4 districts in the Upper West Region (UWR) which comparatively are among the lowest in most development indicators along in achieving the MDGs, so as to minimize inequalities in the country to forestall any problem of the region becoming a negative outlier to the rest of the country. The situational analysis in the UWR has been done in comparison with national averages and Greater Accra Regional (GAR) averages. The idea is to achieve parity with the national averages in the medium term while the GAR situation, seen as the best indicator in most cases, is targeted in the long term. Other survey reports by the Ghana Statistical Service and the Food and Agriculture Development Policy (FASDEP II) of the Ministry of Food and Agriculture (MOFA) were consulted extensively to ensure that programs developed were in line with government's medium term plan.

Evolving around a theme of *Responding to the Needs of the Poverty-Stricken and the Vulnerable*, SAVE-Ghana wishes to tackle poverty in its target communities through strategic objectives of promoting food security, minimizing illiteracy, ensuring children's safety, facilitating preventive health and advocating equitable access to productive resources. The needs-based and right-based approaches used here are of strategic importance as the former is an affirmative action to bring the target communities to some minimum take-off level after which the latter will ensure sustainability in tackling the some structural causes of poverty.

The inclusion of school-based programs in this plan is to ensure that the younger generation grows with better programs-oriented attitudes so that they become well informed in problem solving as they take their place as future decision-makers. It is the hope of all stakeholders that the desired budget projected in this document could be realized and with the implementation of the programs prescribed, the target communities can be compared positively with the best situation in Ghana.

**Kofi Adade Debrah,
December, 2009.**

EXECUTIVE SUMMARY

Formed in 2004 and registered as a charity organization in 2008, SAVE-Ghana as a non-governmental organization (NGO) has been much involved in the areas of education, health, agri-business, good governance, gender and advocacy. With a vision of a society of full dignity, justice, peace and hope, the organization's mission is to work with the poverty-stricken and vulnerable people towards the achievement of its vision. This has led to the identification of 3 strategic objectives for food security, literacy and child safety, and health and HIV/AIDS, which has informed the program activities that are being undertaken. Under the leadership of a 7-member Board of Trustees, the organization wants to deepen its activities in the current 2 districts of operation and hopes to expand to additional 2 districts, all in the UWR within 5 years. Institutional and environmental analyses conducted showed that SAVE-Ghana enjoys goodwill among its clientele with a dedicated staff. However, there is a weakness in its financial base which does not allow the implementation of intended programs while posing as a threat of losing staff to more endowed organizations. The presence of electricity, telephone and road (though mostly un-tarred) connectivity in some parts of the target areas offers good opportunity for cottage industry development especially in the areas of agricultural production and processing. The relative peace in the region offers excellent conditions for development interventions.

A situation analysis performed indicated poor conditions in the UWR. The population is almost rural with an agrarian economy where crop farming dominates though the soil is relatively poor. This has resulted in much migration to southern Ghana where the youth among them engage in menial jobs especially the female porter phenomenon termed as *kayayo*. Cotton and shea nuts are the major cash crops while maize complemented by sorghum and millet form the main staple. Apart from access to potable water, the region comes last in almost all the conventional development indicators. Critical among these are food insecurity, poor access to quality education, poor toilet practices and inadequate access to curative health services. Other issues of concern are female genital mutilation/cutting (FGM/C), inadequate access to information and gender disparities in access to productive resources and decision-making. Though HIV/AIDS is not too prevalent in the region, because of its devastating nature, it is necessary to eradicate it, if possible, to ensure a healthy population for economic growth.

SAVE-Ghana wishes to tackle the problems enumerated through 3 thematic areas *viz.* Agriculture and Food Security; Education and Child Protection and Primary Health Care and HIV/AIDS. While gender, good governance, advocacy and lobbying permeates all the programs to ensure that duty-bearers deliver on their responsibilities, the organization's direct interventions are also necessary to complement government efforts in the short term to accelerate poverty reduction. The school components included is to ensure participation by all ages in the population. A budget support of US\$18,198,701 is necessary to execute all the projects enumerated in this document. This will be well supported by the requisite man-power with the necessary monitoring, evaluation, documentation and auditing practices to ensure value for money to safeguard donor and client interests.

CHAPTER ONE

INTRODUCTION

Sustainable Aid through Voluntary Establishment – Ghana (SAVE-Ghana) was founded in 2004 and registered as a charity organization with registration number G-24,859 under the Ghana Companies Code of 1963 (Act 179) limited by guarantee on 8th July, 2008. SAVE-Ghana is a non-political, non-religious, non-ethnic, non-profitable non-governmental organization that works mainly in rural and peri-urban areas to support the needy who are also vulnerable and have their rights trampled upon. To achieve this objective, the organization works in 3 thematic areas viz. Agriculture and Food Security; Education and Child Protection and Primary Health Care and HIV/AIDS.

1.1 Vision, Mission and Strategic Objectives

The vision of SAVE-Ghana is a society of full dignity, justice, peace and hope.

The mission is to work with the poverty-stricken and vulnerable children, their families and communities in their journey to a life full of dignity, justice, peace and hope.

The strategic objectives of the organization are to:

- Promote sustainable agriculture and improved incomes towards food security;
- Minimize illiteracy to the barest minimum and ensure the safety of children;
- Facilitate access to basic health care and minimize the spread of HIV;

1.2 Program Operational Area

Ghana, located between latitudes 4°44'N and 11°11'N and longitudes 1°11'E and 3°11'W within the West African sub-region, has a total land area of 238,539 sq. km. As depicted in figure 1, it shares borders with the Francophone nations of Togo to the East, Burkina Faso to the north and Cote d'Ivoire to the west. It is bonded at the south by a coastline of about 550 km and the Gulf of Guinea (which is part of the Atlantic Ocean) (MOFA, 2006). It is divided into 10 political regions of which the UWR, where SAVE-Ghana operates, was the last to be created in 1983.

SAVE-Ghana currently operates in the Sissala East and Sissala West districts in the UWR. The UWR with a total land mass of 18,480 sq. km. (MOFA, 2006) lies within latitudes 9°35'N and 11°11'N and longitudes 1°25'W and 2°55'W and is further divided into 9 administrative districts. Within the next 5 years, the organization hopes to expand to 2 more districts in the UWR viz. Wa East and Lambussie-Karni districts. These will be designated into 4 program areas which will be coterminous with the districts' political boundaries. Geographically, the operational area is defined by latitudes 9°45'N and 11°00'N and longitudes 1°25'W and 2°45'W.

Figure 1: Map of Ghana showing the position of the UWR.



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1.3 Organizational Structure

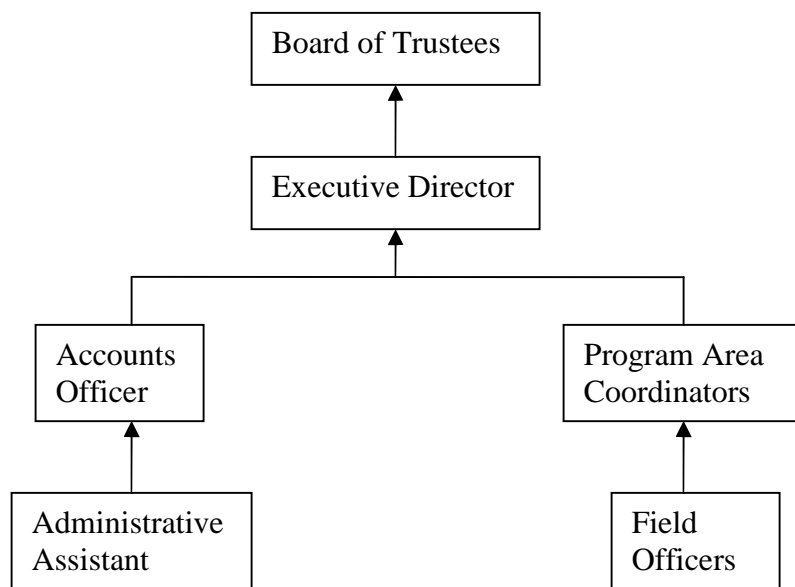
SAVE-Ghana is governed by a seven-member Board of Trustees who are supposed to meet on quarterly basis to examine progress and challenges of the organization, offer strategic advice and consider organizational decisions that are above the authority of the Executive Director. The Board of Trustees and the summary of their curriculum vitae are as follows:

- Mr. Chieminah Abudu Gariba has been the Chairman for the Board of Trustees since 2007. He is the Director of the Non-Formal Education Division of the Ministry of Education in the Sissala East and West Districts of the UWR. His work involves community mobilization and training illiterate adults to read, write and perform calculations for the betterment of their living conditions. He holds a Master of Arts Degree in Development Studies and a Bachelor of Arts Degree in Geography and Resource Development, all from the University of Ghana, Legon. He is also a member of the Board of Trustees for Radio for Development, a community radio station at Tumu and APES, a CBO at Tumu.
- Madam Ayisha Batong Hor, the Vice Chairperson of the Board, is the manageress of Tumu Co-operative Credit Union. Her work involves shares mobilization and granting of loans to members, loan recovery and general portfolio management, all toward increased investment in the Sissala rural economy. She has a Higher National Diploma in Marketing and she is currently pursuing a degree in banking and finance.
- Mr. Kingsley K. Kanton holds a Bachelor of Science (Honours) Degree in Accounting from the Institute of Professional Studies, Legon. He also has a Diploma in Accounting from the Tamale Polytechnic and a certificate from the Chartered Institute of Bankers. He is the Secretary to the Board. He founded SAVE-GHANA and has since been its Executive Director. He was once an elected President of the defunct Tumu Youth Action Club, now Action for Sustainable Development (a registered N.G.O). He was once the Secretary to the Sissala HIV/AIDS Network (SHANET) at Tumu.
- Madam Sophia Dimah, a specialist in home economics, is a teacher at Kanton Senior High School. She holds a Masters of Arts Degree in Adult Education from the University of Ghana and a Bachelor of Science in Social Science from the Kwame Nkrumah University of Science and Technology, Kumasi.
- Madam Alijata Sulemana has a Diploma in Community Development from the Rural Development College, Kwaso, Kumasi. She worked with the Ghana Health Service as a nutrition officer under the National Service Scheme at Tumu. She is also an Assemblywoman for Tumu Zongo Electoral Area and is currently the District Chief Executive for the Sissala East District. She has been a board member of SAVE-Ghana since 2007.

- Mr. Daabu Inusah is a teacher by profession and holds a Bachelor of Education (Economics) degree from the University of Cape Coast. He also has a 3-year post-secondary teacher’s certificate ‘A’ in addition. He has been a board member of SAVE-Ghana since 2007. He is currently a development worker with Plan Ghana in the Tumu program area and has been in this position for the past 5 years.
- Mr. Robert Juah is a professional Public Health Officer. He has worked as a nurse for Tumu hospital for 4 years and went back to the Kintampo Public Health Institute where he pursued a Medical Assistant course for 3 years. From there he served as a Medical Assistant at the Wellembele Health Centre in the Sissala East District until 2008 before he was transferred to the Gwollu Health Centre in the Sissala West District. He has served on the SAVE-Ghana board since 2007.

The power relationships between the Board and other positions in the organization are as shown in figure 2.

Figure 2: Initial organizational structure of SAVE-Ghana



The day-to-day administration of SAVE-Ghana rests with the Executive Director who is assisted with 6 other staff to pursue the objectives of the organization. The other staff are an Accounts Officer and an Administrative Assistant (forming the head office staff); and the field officers comprising 2 Program Area Coordinators and 2 Field Officers (divided equally among the Sissala East and Sissala West Program areas).

1.4 Fixed Assets

Current SAVE-Ghana's fixed assets' strength and their condition are as shown in table 1.1. In assessing the year of purchase of most of the assets, it is quite clear that the organization needs serious re-tooling as a considerable of the assets have either passed or are at the end of their estimated lifespan and the current quantity of the assets are inadequate to support effective program implementation.

Table 1.1: SAVE-Ghana's fixed assets and their condition as at 2009

Asset	Quantity	Year of Purchase	Estimated Life Span (Years)	Present Condition
Royal motor-bike	1	2003	4	Fairly good
TVS motor-bike	1	2004	4	Good
TVS motor-bike	2	2006	4	Good
Bicycle	1	2007	5	Good
IBM flat screen computer	1	2004	3	Good
HP laptop computer	1	2008	3	Good
Compaq laptop computer	1	2007	3	Good but slow
Dell desktop computer	2	2007	3	Good
HP Printer	1	2006	4	Not Good
HP Printer	1	2008	4	Good
UPS	2	2007	4	Good
UPS	1	2006	4	Good
Scanner	1	2006	4	Good
Laminator	1	2006	4	Good
Office furniture	5	2005	5	Good
Ceiling fan	4	2008	6	Good
Office cabinet	2	2005	5	Good
Radio set	3	2009	6	Good

Source: SAVE-Ghana, 2009.

1.5 Development Partners and Financial Sources

Financial and technical support for the organization's activities has come from both governmental and non-governmental organizations (NGOs) of local and international origins. These include SNV in the area of capacity building in strategic planning; Share for More in provision of water facilities for the Wallembelle clinic; and Ghana AIDS Commission in anti-HIV/AIDS campaign especially in the area of behavioural change and encouraging people to undertake voluntary counseling and testing (VCT). Others are Sissala East and Sissala West Districts Assemblies in HIV/AIDS behavioural change and counseling services; and the Coalition of Health NGOs in capacity building in HIV/AIDS, maternal and child health and adolescent reproductive health topics.

1.6 Successes and Challenges

Since its inception in 2004, SAVE-Ghana has implemented some activities and chalked some successes with some accompanying challenges as well. Some successes and their emanating positive changes are as documented in table 1.2.

Table 1.2: Program successes and resulting effects

Program intervention	Positive changes
25 radio discussions on the need to send the girl child to school	More girls enrolled in school
Conducted a study into the factors responsible for pregnant women's choice of delivery place at Wellembelle in the Sissala East District	Reasons accounting for low patronage of Wellembelle clinic identified and factored into reproductive health sensitization sessions
Monitored the 2008 general presidential and parliamentary elections in the Sissala East and Sissala West constituencies	Results of the elections were accepted by all as free and fair leading to peaceful co-existence during and after the elections
Held 10 community interface meetings with duty-bearers of the Ghana School Feeding Program in the Sissala West District	Communities now aware of the need to demand accountability from duty-bearers
Secured 3,000 books for the Tumu community library from the Books for Africa Project	Children have cultivated the habit of reading leading to increased acquisition of knowledge
Sensitized 10 communities on the rights of women in decision-making	Women's participation in decision-making at the household level increased
Formed 10 women advocacy groups	Women advocacy groups now advocate for increased women inclusion in decision-making at the community level
30 communities sensitized on the realities of HIV/AIDS	Stigma against HIV/AIDS infection reduced with people aware of HIV reality
Educated women on improved ways of shea nuts processing for higher profits and increased savings	Savings attitude improved resulting in good enterprise development with increased household incomes

Source: SAVE-Ghana, 2009.

The major challenge of the organization over the years has been inadequate financial mobilization. This has led to inability of the organization to attract enough qualified staff and inadequate equipment to implement programs to the desired scope in terms of geographical area and program intensity. The high illiteracy among the target population has also been a matter of concern as this has made it difficult for the people to be convinced to change some practices, beliefs and values which are quite inimical to their development.

CHAPTER TWO

INSTITUTIONAL AND ENVIRONMENTAL ANALYSES

Analyzing the strengths, weaknesses, opportunities and threats of an organization is necessary to know its current situation to hammer on its strengths and address its weaknesses which will make its internal mechanisms to work better while taking advantage of opportunities available to harness the natural, physical, social, financial and economic capital in its environment for the advancement of the organization. To ensure its sustainability, the organization ought to be wary of factors that threaten its existence and eliminate them where possible, or manage them where it is not easy to do so.

2.1 Institutional Assessment

Internal factors that need to be considered for effective performance are classified under the strengths and weaknesses listed below:

2.1.1 Strengths

- Committed and competent board of trustees in place to steer the affairs of the organization;
- A well-defined vision and mission in place to show a sense of direction;
- Goodwill among communities of operation;
- Motivated and active human resource with good cooperation and team spirit;
- A good sense of urgency towards project delivery;
- Good financial policy in place leading to prudent utilization of scarce resources;
- Good linkages with the NGO fraternity leading to access to information for good program designs and finance;
- Member of nationally recognized coalition of NGOs in health leading to access to good network benefits in health.

2.1.2 Weaknesses

- Irregular board meetings as a result of inadequate funding;
- Unsustainable funding sources;
- Inadequate logistical base;
- Inability to attract high quality permanent staff as a result of inadequate funding;
- Low staff salaries.

2.2 Environmental Analyses

The external positive factors that influence the organization and of which it can take advantage of have been classified under opportunities whereas the threats constitute the negative factors under the following sub-sections:

2.2.1 Opportunities

- Increasing recognition of SAVE-Ghana at the regional and national levels offering opportunity to attract other partners for funding and program implementation;

- SAVE-Ghana's participation in NGO coalitions and networks enhances access to information for improved program implementation and helps in accessing other resources;
- Presence of electricity in some target communities offers potential for agricultural processing and other micro enterprise development;
- Presence of good road and telecommunication network for better business transactions;
- Greater social capital present among the target population to favour the implementation of microfinance;
- Peaceful communities to ensure safer transactions within communities;
- Lesser competition among NGOs in the target areas especially in the area of education, livelihood and good governance;
- Presence of complementary and supportive NGOs to ensure the success of implemented programs;
- Committed rural communities that are willing to work with SAVE-Ghana;
- Availability of and accessibility to land to promote various agro-based enterprises;
- Liberalization of the mass media and freedom of expression in Ghana makes it easier for SAVE-Ghana to implement most of its advocacy programs without hindrance;
- Presence of radio stations which could be used to promote some of SAVE-Ghana's programs;
- Existence of considerable number of basic and second cycle schools through which children and youth targeted programs could easily be implemented;
- Well qualified human resources available in both governmental and other NGOs who could be contracted on short terms as resource persons in SAVE-Ghana's programs capacity building;
- Presence of institutional financial services to facilitate financial transactions with the outside world.

2.2.2 Threats

- Bad nature of roads make movement of staff on motor-bikes to rural areas difficult;
- Stronger NGOs offering better salaries could poach away staff;
- Presence of NGOs using hand-outs approach which could be more attractive than SAVE-Ghana's skill development and empowerment approach thereby leading to lesser community interest in SAVE-Ghana's programs;
- Hostile environmental conditions (hot, dry and cold weather, occurrences of cerebro-spinal meningitis, etc.) discourage the attraction of high level human resource into the UWR.
- Poor soil fertility makes livelihood interventions difficult to implement and discourages youth attraction to agriculture;
- Inadequate and erratic rainfall patterns threaten agricultural investments;
- Annual chronic bushfires threaten long term investments into agricultural production.

2.3 Anticipated Risks and Mitigating Strategies

The threats that the organization need to manage and other internal factors affecting the organization pose some risks for the organization and their corresponding mitigating strategies have been propounded as indicated in table 2.1.

Table 2.1: Anticipated risks and their mitigating strategies

Risk	Mitigating strategies
Over-reliance on donor funds. This is considered a high risk	SAVE-Ghana will embark on supplementary income generating activities e.g. commercial farming, shea butter processing, micro finance, etc.
Higher paying NGOs could attract staff that the organization has spent money to train. This is seen as a medium risk	Embark on good fund-raising strategies to implement good projects and offer competitive remunerative packages to staff
Springing up of bad community-based NGOs whose activities put the credibility of local NGOs into disrepute. This is low risk	Ensure that all projects undertaken are pursued with the highest degree of quality and accountability to win the confidence of target communities and donors
Bad nature of roads hinders movement of staff on motor-bikes to rural areas and also poses risk to their life. This is deemed low risk	Staff setting off for community assignments should leave early to avoid rushing and ride motor-bikes carefully
Presence of NGOs using hand-outs approach which could be more attractive than SAVE-Ghana's skill development and empowerment approach thereby leading to lesser community interest in SAVE-Ghana's programs. This is regarded as a medium risk	The organization should enter into strategic and complementary partnership with "hand-out" NGOs to implement projects together to avoid competition of ideas
Hostile environmental conditions (hot, dry and cold weather, occurrences of cerebro- spinal meningitis, etc.) discourages the attraction of high level human resource into the UWR. This is a medium risk	Consortium of NGOs to advocate for special packages to attract high level staff. They also have to embark on long term environmental improvement campaign e.g. vigorous tree planting
Inadequate and erratic rainfall patterns threaten agricultural investments. This is seen as a medium risk	Farmers should plant early and use short term varieties
Annual chronic bushfires threaten long term investments in agriculture. This is a medium risk	SAVE-Ghana will sensitize people on the causes, effects and prevention of bushfires

Source: Author's own construct, 2009.

CHAPTER THREE

SITUATIONAL ANALYSES

To set the baseline for measuring the performance of SAVE-Ghana over the 5-year period of 2010 to 2014, the following situational analyses are performed in line with the various thematic areas that this strategic plan seeks to address. Secondary data is being used here as it will be too costly to collect primary data and also most of the data available are quite current. Since discrete data for the 4 projected districts are difficult to come by, the target area is being assessed at the regional level of the UWR of which data is available. The UWR situation will be compared to national averages to set objectives that are achievable within the medium term while the long term targets will be projected towards occurrences in the Greater Accra Region (GAR) which has the relatively average best social conditions in Ghana.

3.1 Geographic and Economic Characteristics

The UWR has a mono-modal rainfall pattern usually starting in May/June and ending in September/October, which according to MOFA (2006), has an annual mean of 1,100 mm resulting in a growing crop period of 180 to 200 days giving distinct rainy and dry seasons. Over the years, the rainfall pattern has been erratic thereby sometimes resulting in reduced crop yield or total failure. The Ghana Meteorological Agency indicates annual varying temperatures between 19°C in December/January to as high as 40°C in March/April with its accompanying relative humidity of 20% in the dry season and 70% at the peak of the rainy season. For soil properties, Dickson and Benneh (1988) described them as savanna ochrosols with a thin layer of acid gleisols. They are acidic and averagely poor in organic matter as MOFA (2006) gave their pH as between 6.0 to 6.8 and organic matter content of 0.5% to 1.3% which is far below the optimal content level of 5%. The region falls within the Sudan and Guinea Savanna Transition agro-ecological zone (Nyanteng and Dapaah, 1997) giving it a grassy-shrub mixture interspersed with shea and *dawadawa* (*Parkia clappertoniana*) trees with isolated occurrences of baobab trees.

Bushfires are rampant in the dry season making the soil poorer in organic matter thereby promoting the emergence of witch weed (*Striga hermonthica*), a serious cereal weed parasite, especially in the north-western parts. With the occupation of the people being mainly agriculture, what they produce under these conditions does not generally suffice them for the year. Major crops grown are maize, soyabean, cotton, millet, sorghum, groundnuts and bambara groundnuts. Some vegetables, fruits and rice are grown on a smaller scale. Livestock reared are mainly cattle, sheep, goats, fowls, guinea fowls and pigs with turkey, pigeons, ducks and rabbits being in the minority.

Poverty is usually classified as being absolute or relative. Absolute poverty could be described as per capita expenditure below US\$1 per day. Table 3.1 indicates that while the national average per capita expenditure was above US\$1 per day, the UWR was far below this figure. (Exchange rate at the time the data was collected, June 2006, was US\$1 = GH¢0.92 while as at the time this report was being written, December 2009, it had

fallen to US\$1 = GH¢1.45). The fact that expenditure is higher than income do not augur very well for economic development as it does not promote much savings for investment into the economy.

Table 3.1: Annual per capita income and expenditure and population percentage (7 years and older) in agriculture and forestry in UWR as compared to national and GAR averages

Category	UWR	National	GAR
Income (GH¢)	106	397	544
Expenditure (GH¢)	166	644	1,050
% Population in agriculture and forestry*	73.5	49.2	9.0

Source: Ghana Statistical Service, 2002*, 2008.

In terms of relative poverty i.e. income distribution among the population, table 3.2 shows that in the UWR about 77% of households occur in the lowest quintile. This means that they fall within the lowest 20% of income level in the country indicating that poverty is very strife in the region. This is in sharp contrast with the GAR where those who fall within the lowest category are below 5%, and this could account for the continuous north south migration for unskilled menial jobs with its perpetuating social problems of slums, rape, HIV/AIDS infection, illiteracy, among others. Mostly involved in this migration are young and adolescent girls referred to as *kayayo*, who instead of being in school, are engaged as porters with some giving births with no responsible husbands.

Table 3.2: Distribution of household wealth by quintile in the UWR as compared to national and GAR averages

Quintile	UWR (%)	National (%)	GAR (%)
Lowest	76.7	12.6	4.6
Second	12.5	15.5	9.1
Middle	5.3	18.2	15.5
Fourth	2.4	21.6	24.7
Highest	3.1	32.0	46.1

Source: Ghana Statistical Service, 2008.

According to table 3.3, access to institutional financial services as at 2006 was not very good as much as 42% of the bankable population in the UWR did not have access to any form of financial services. This reduced the people's propensity to save and their access to credit to finance their business ventures. Over the years, with the introduction of the Village Savings and Loans Associations methodology by Plan Ghana in the UWR in 2005, the situation has improved over time.

Table 3.3: Type of financial services available in the program areas as compared to national and GAR situation

Type of financial service	UWR (%)	National (%)	GAR (%)
Banking	29	29	31
“Susu”	22	29	33
Credit union	5	9	11
Informal private vendor	2	3	2
None	42	30	24

Source: NDPC Citizens Assessment Report, 2006 as quoted in 2007 Ghana Human Development Report.

The level of social security of a population could be measured in terms of, among other things, the insurance coverage that they have. Generally, it is quite clear from table 3.4 that the concept of insurance has not caught up well with the Ghanaian population. Though comparatively the UWR is performing well as compared to the national and GAR averages, in terms of economic security which is mostly measured by how much productive assets that a population possess, the UWR is still far below as this is a function of income as portrayed in tables 3.1 and 3.2.

Table 3.4: Percentage distribution of men and women aged 15 to 49 years by type of insurance coverage in the UWR as compared to national and GAR averages

Category	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
National/District health insurance scheme	40.9	47.0	29.7	38.8	19.9	24.6
Health insurance through employer	0.0	0.0	0.2	0.1	0.2	0.1
Mutual health organization / community based insurance	0.0	0.9	1.2	1.1	0.4	0.1
Privately purchased commercial insurance	0.0	0.0	0.0	0.1	0.0	0.0
None of the above	59.1	51.6	69.0	60.1	79.5	75.1

Source: Ghana Statistical Service *et al.*, 2009.

3.2 Political Institutions

With a chequered political history since independence from Great Britain in 1957, the political landscape of Ghana has become stable since 1992 with an executive presidential system where a president is elected into office for 4 years with an additional term’s renewal. The president, assisted by his vice, forms a 19-member cabinet and other ministerial positions government. There is a 230-seater parliament of which legislators are elected every 4 years with unrestricted number of times that a parliamentarian could be re-elected. There is an independent judiciary headed by a chief justice and a liberalized media for freedom of speech by all. At the administrative regional level is the regional minister assisted by a regional coordinating council while the district levels have district chief executives and district assemblies. The district assemblies have 70% of their members elected for 4 years while the remaining 30% are appointed by the ruling

government. The lowest level of political power is the unit committees which function at the community level with members also being elected.

There are also traditional authorities organized as paramount chiefdoms with divisional and sub-chiefs, who form traditional councils and make input into national development issues. With lesser influence are the *magajias*, the women counterparts at the local level. Though they do not have political power, they wield a lot of political influence in corridors of power. Succession to the chiefdoms is limited only to the royal families.

3.3 Population Distribution and Migration

With an inter-censal growth rate of 1.7% between 1984 and 2000, the UWR has the lowest population density in Ghana of 31.2 persons per sq. km. as compared to a national average of 79.3 persons per sq. km. and a highest density of 895.5 persons per sq. km. for the GAR (Ghana Statistical Service, 2002). This has both economic (as described in 3.1) and historical antecedents of slave raid of the UWR in the 19th Century and the north-south migration which is in progress. The Ghana Statistical Service (2005) gives the workable population of 15 to 64 years of 51% and under 15 years population of 43% resulting in a dependency ratio of 98%, which does not augur very well for effective economic growth. The migration pattern includes permanent and seasonal ones of which in both cases, some of the migrants remit their relatives at home. The seasonal migrants mostly leave their homes during the dry season to go and farm or engage in menial jobs and this is of much concern as some could return with certain diseases like HIV infection. According to table 3.5, about 83% of the region is rural whereas females form about 52% and therefore programs designed must take these factors into consideration.

Table 3.5: Population distribution by district, sex and rural dwelling in the program area¹

District	Male	Female	Total	% Rural
Nadowli	39,375	43,341	82,716	100.0
Sissala (Sissala East & Sissala West)	41,141	44,301	85,442	89.6
Jirapa/Lambussie (Jirapa & Lambussie/Kani)	45,500	51,334	96,834	86.3
Lawra	40,802	46,723	87,525	86.2
Wa (Wa East, Wa West & Wa Municipal)	109,627	114,439	224,066	70.3
Total	276,445	300,138	576,583	82.5

Source: Ghana Statistical Service, 2002.

Affiliation to religion in the region is more Christian with a population of 35.5%, followed closely by Islam with 32.2% occurrence. Traditional religious practices come next with 29.3%, other religions also form 0.6% while 2.4% do not subscribe to any worship (Ghana Statistical Service, 2005).

3.4 Literacy, Access to Information, Gender and Decision-Making

Illiteracy level in the UWR, as shown in table 3.6, is very high and this is a major setback to access to information which is crucial for effective decision-making necessary for development. The gender gap existing has far reaching consequences as females who are

¹ After the 2000 population census, more districts have been created by dividing existing ones as shown with those in parentheses in the table.

educated are more likely to ensure the education of their children than illiterate ones and also affect their choices in reproduction, family nutrition, family health and the general economic conditions of the household.

Table 3.6: Illiteracy level (people 6 years and over who have no education) and education gender gap in UWR as compared to national and GAR averages

Sex	UWR (%)	National (%)	GAR (%)
Male	41.1	22.3	9.2
Female	54.0	31.3	15.7
Total	47.8	27.1	12.7
Gender gap	12.9	9.0	6.5

Source: Ghana Statistical Service *et al*, 2009.

The illiteracy situation in table 3.6 is aggravated by where children do not get the opportunity to go to school or as depicted in table 3.7, they drop out of school for one reason or the other. In the UWR, the drop out situation is more serious in grade 6 as much as over 17% of people who enroll in school drop out at that level.

Table 3.7: Percentage of students in a given grade in the previous school year who are not attending school (Drop out rates for de facto household population aged 5 to 24 years) in the UWR as compared to national and GAR averages

Grade	UWR (%)	National (%)	GAR (%)
1	11.3	3.7	3.1
2	13.5	4.0	4.3
3	12.9	4.9	5.5
4	9.4	3.9	4.6
5	8.8	3.7	4.9
6	17.3	4.2	5.8

Source: Ghana Statistical Service *et al*, 2009.

Table 3.8 shows that not all children of primary school going age do attend school indicating that enrolment levels are still low thereby contributing to the situation in table 3.6. The gender parity at both primary and secondary school in the region shows that the boy child is being left out as for some time now there has been an affirmative action by some NGOs like the Catholic Relief Services and the World University Services of Canada to enroll more girls in the UWR to correct the gender parity problem in table 3.6.

Table 3.8: Percentage of children of primary school age attending primary school and secondary school gender parity in UWR as compared to national and GAR averages

Category	UWR	National	GAR
Male (%)	56.0	75.4	86.9
Female (%)	65.2	75.3	86.8
Total (%)	60.4	75.3	86.8
Primary school gender parity	1.16	1.00	1.00
Secondary school gender parity	1.20	0.99	0.87

Source: Ghana Statistical Service *et al.*, 2006.

Access to the 3 most common forms of information in Ghana, as displayed in table 3.9, is very low in the UWR as about 14% men and 30% women have no access to any of these sources. With the setting up of 2 community, 2 private and 1 government radio stations in the UWR and radio sets becoming cheaper over time, more people are having access to this source of information. However, the low access to newspapers put the people at a disadvantage as this is where most business and job opportunities are advertised. This problem could be attributed to the relatively expensive price of the newspapers for the people to buy. The gender disparity of access to information in the table could also be a result of the lesser disposable time that women have, the relatively expensive nature of the sources, social de-motivation and sheer inadequate interest.

Table 3.9: Percentage of men and women aged 15 to 49 years who are exposed to specific media on a weekly basis in UWR as compared to national and GAR averages

Access to a type of media at least once a week	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
Newspaper	13.6	9.5	25.8	14.8	48.9	27.6
Television	42.0	27.4	61.2	54.0	88.1	80.8
Radio	81.6	63.9	88.3	76.4	90.6	80.5
All three media	10.2	5.0	21.5	11.7	43.2	23.5
None of the above	13.7	29.9	7.9	16.7	2.5	8.0

Source: Ghana Statistical Service *et al.*, 2009.

The distribution in table 3.10 shows that in the UWR more men than women believe that wives are justified in refusing sex with their husbands with the 3 specified reasons. In the case of a woman knowing that her husband has a sexually transmitted disease, though it was not stated whether the woman also has a similar disease and also as to whether the man will put on condom, if these two conditions are not carried then it leaves much to be desired for such a large proportion of about 21% women in the UWR to not agreeing to the question. The occurrence of about 65% of women in the UWR agreeing to justification of a woman refusing sex where she knows that the husband has sex with other women is encouraging in such a polygamous society and this is good for minimizing the risk of HIV transmission.

Table 3.10: Men and women's attitude toward wives' justification in refusing sex with husbands in UWR as compared to national and GAR averages

Reason	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
If she knows husband has a sexually transmitted disease	95.6	78.8	90.8	86.3	88.7	91.5
If she knows husband has sex with other women	85.1	64.9	72.8	75.3	76.1	84.3
If she is tired or not in the mood	90.4	82.6	86.0	82.5	89.9	88.6
Those who agree with all the specified reasons	78.6	53.8	64.3	63.0	67.5	71.8
Those who agree with none of the specified reasons	1.5	7.4	3.3	4.4	3.2	10.9

Source: Ghana Statistical Service *et al.*, 2009.

To a large extent, gender equality in decision making is informed by income and literacy. Table 3.11 shows that about 3 times more men than women occupy the top policy decision-making occupation types of professional/technical/managerial across the country. The only strategic area that more women occupy than men is the sales and services occupation but as to whether the women are the entrepreneurs here was not stated. It is therefore quite obvious that more men control productive assets than women and there is the need for more women to acquire more skills at the tertiary education level to come abreast with their male counterparts in the professional/technical/managerial category for them to be richer and participate actively in decision-making.

Table 3.11: Distribution of people aged 15 to 49 years employed in the last 12 months preceding the survey by occupation in the UWR as compared to national and GAR occurrences

Occupation	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
Professional/technical/managerial	6.3	2.1	12.2	4.6	19.8	6.7
Clerical	2.1	1.4	8.4	1.8	11.7	6.0
Sales and services	6.3	26.6	12.4	51.4	24.9	70.3
Skilled manual	9.8	16.2	20.5	10.7	31.7	12.5
Unskilled manual	0.7	0.0	0.9	0.2	3.1	0.3
Agriculture	71.2	52.0	41.6	29.9	4.3	3.4

Source: Ghana Statistical Service *et al.*, 2009.

The 2008 parliamentary results in Ghana, according to table 3.12, shows a clear case of gender disparity especially in the UWR where only 1 of the 10 parliamentarians is a woman. Nationally, as at December 2009, the women population has reduced by 1 due to the death of a woman parliamentarian who was replaced by a man in a bye-election, resulting in about 8% women representation in the highest legislative body in the land.

Table 3.12: 2008 parliamentary results by sex in UWR as compared to national and GAR averages

Category	UWR		National		GAR	
Constituencies	10		230		27	
Sex	Men	Women	Men	Women	Men	Women
Contestants	46	5	961	98	104	18
% Contestants	90.2	9.8	90.7	9.3	85.2	14.8
Winners	9	1	210	20	23	4
% Winners	90.0	10.0	91.3	9.7	85.2	14.8

Source: Calculated by author from <http://www.ghanadistricts.com/mps/> accessed 3/2/2009; <http://www.ghanaweb.com/GhanaHomePage/election2008> accessed 3/3/2009.

With the Speaker of Parliament, the Chief Justice (the third and fourth most powerful positions in Ghana) and Attorney-General and Minister of Justice being women, it is quite clear that women are making strides in the highest level of power in contemporary times but in terms of absolute numbers, they are still few. There is therefore the need for some affirmative action to correct this power imbalance.

3.5 Child Protection

Twenty years after Ghana has ratified the United Nations (UN) Convention on the Rights of the Child, abuse cases are still rampant as shown in table 3.13, though it is believed that it is not all cases that have been reported to the police. In the UWR, issues of defilement, abduction and non-maintenance raise concern and need to be checked.

Table 3.13: Reported cases at the Domestic Violence and Victim Support Unit of the Ghana Police Service in 2007 in UWR as compared to national and GAR occurrences

Offences	UWR	National	GAR
Defilement	13	1,578	671
Child stealing	2	67	6
Unlawful removal of child	2	239	58
Abduction	14	427	202
Exposing child to harm	5	279	159
Non-maintenance	40	6,297	972
Attempted abortion	1	59	18
Total	77	8,946	2,086

Source: Domestic Violence & Victim Support Unit, Ghana Police Service, Accra, 2009.

3.6 Reproductive Health and HIV/AIDS

Table 3.14 shows data about the respondents' sexually transmitted infections (STIs) condition in the last 12 months preceding the survey. The high occurrence of these diseases in a sexually active population could be used as a proxy of showing how vulnerable people are to HIV infection and this is more serious especially in the case of bad smelling/abnormal genital discharge of women. In the UWR, the composite occurrence of all the 3 diseases shows that women are almost 5 times more at risk than men.

Table 3.14: Self-reported prevalence of sexually transmitted infections symptoms among adults aged 15 to 49 years who ever had sexual intercourse in the UWR as compared to national and GAR occurrences

Category	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
Sexually transmitted infection (STI)	1.7	2.6	3.1	3.4	2.1	2.7
Bad smelling/abnormal genital discharge	4.1	20.4	4.5	16.0	2.0	13.6
Genital sore or ulcer	3.2	9.3	2.6	6.5	1.5	3.0
STI/genital discharge/sore or ulcer	5.0	23.6	2.8	18.1	4.9	15.8

Source: Ghana Statistical Service *et al.*, 2009.

High teenage pregnancy rates among a population shows a lower use of condoms among that category of the population. According to table 3.15, though the occurrence in the UWR is lower than that of the national average, a population of about 13% beginning child bearing do not augur well for anti-HIV campaign as most females in that category were not likely to have married by then and pregnancy would not have been by choice. The high pregnancy rates may also confirm the high occurrences of the STIs as shown in table 3.14 as people are not engaging in protective sex especially among female teenagers.

Table 3.15: Proportion of teenage females (aged 15 – 19 years) who were mothers and/or pregnant in UWR as compared to national and GAR averages

Category	UWR (%)	National (%)	GAR (%)
Have had a live birth	9.4	9.9	5.9
Pregnant with first child	3.1	3.4	0.8
Percentage who have began child bearing	12.5	13.3	6.6

Source: Ghana Statistical Service *et al.*, 2009.

Table 3.16 examines higher risk sexual intercourse among the youth, i.e. sex with a non-marital and non co-habiting partner, and it could be seen that indulging in such acts without condom constitutes escapades which need to be addressed. Special attention is being paid to the youth as they are the most sexually active and HIV infection within such age cohort will seriously affect labour productivity and population stability. While the males were more promiscuous than the females, condom use among females was lower.

Table 3.16: Condom use among youth aged 15 – 24 years at their last higher risk sex in the past 12 months in the UWR as compared to national and GAR averages

Category	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
% who had higher risk intercourse	(81.8)	44.8	86.4	52.3	90.6	60.0
% who used condom at higher risk intercourse	(45.6)	(30.3)	46.4	28.2	52.9	46.1

Source: Ghana Statistical Service *et al.*, 2009. *Figures in parenthesis are based on 25 – 49 unweighted cases.*

The comparatively astronomically higher occurrence of female genital mutilation/cutting (FGM/C) in the UWR, as shown in table 3.17, suggests it to be more of a cultural than religious issue. This is because the UWR does not have the highest population of any particular religion for it to be linked to the practice while the next highest region is the Upper East Region with a figure of 12.5%. Apart from depriving females of sexual pleasure, the practice is a serious reproductive health issue and could also be the source of infection of HIV and other diseases where the tools used are not properly sterilized. Though it is a criminal offence in Ghana, the perpetrators do it under cover with the belief that women who are “uncircumcised” are unclean.

Table 3.17: Percentage of females aged 15 – 49 years who have had FGM/C and perpetuation of the practice in UWR as compared to national and GAR averages

Category	UWR (%)	National (%)	GAR (%)
Had any form of FGM/C	56.1	3.8	1.0
Belief in practice continuity	6.7	2.3	0.8
Belief in practice eradication	88.7	92.5	97.2
Depends on situation	0.8	1.2	0.1
Do not know	3.8	4.0	1.8

Source: Ghana Statistical Service *et al.*, 2006.

HIV prevalence rates in 2008 were 1.6% in the UWR, 1.7% at the national level and 3.0% for the GAR (<http://ghanabusinessnews.com/2009/06/03/ghana> accessed on 29/11/2009). According to the Ghana Statistical Service *et al* (2009), male circumcision among adults aged 15 to 49 years in Ghana is 91.4% with the UWR and GAR having occurrences of 78.5% and 83.7% respectively. It is believed that the high practice of male circumcision is among the factors which are preventing high HIV transmission. As depicted in table 3.18, there is still more work to be done in information dissemination about transmission of the disease especially among the women in the UWR.

Table 3.18: Percentage of people aged 15 to 49 years who know the main ways of preventing HIV transmission in UWR as compared to national and GAR averages

Prevention Method	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
Using condom every time	89.1	59.7	82.4	75.9	85.0	75.8
Limiting sex to 1 HIV-negative partner	91.7	76.8	88.4	85.2	88.6	88.3
Condom use & limiting sex to 1 HIV-negative partner	83.5	54.6	76.8	68.6	79.3	71.1
Abstaining from sex	82.8	66.5	81.2	80.1	86.9	84.3

Source: Ghana Statistical Service *et al.*, 2009.

Comprehensive knowledge about the spread of HIV, the prevention of infection and misconceptions about the disease is necessary for people to protect themselves from being infected and for those having the disease to make sure they do not spread the disease unconsciously among the population. Table 3.19 indicates that overall, comprehensive knowledge among the Ghanaian population is low with the UWR still lagging behind. The situation is more serious among the women in the UWR with women's occurrence being about half that of men and this is also underpinned by higher illiteracy rates and lower access to information as discussed earlier.

Table 3.19: Percentage of people aged 15 to 49 years who have comprehensive knowledge of HIV/AIDS in UWR as compared to national and GAR averages

Category	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
A healthy looking person can have HIV	82.7	60.7	85.9	81.9	94.6	87.4
AIDS cannot be transmitted by mosquito bites	54.3	43.7	67.0	65.1	79.8	80.3
AIDS cannot be transmitted by supernatural means	69.3	51.9	59.9	48.2	69.3	62.3
AIDS cannot be transmitted by sharing food with infected person	73.9	58.0	78.2	73.6	88.7	85.5
% who say a healthy looking person can have HIV and who reject the two most common local misconceptions ²	39.8	24.8	40.7	33.3	57.7	49.4
Comprehensive knowledge about HIV/AIDS ³	34.6	17.1	33.2	25.4	47.4	36.1

Source: Ghana Statistical Service *et al.*, 2009.

Stigmatization has been one of the problems that current anti-HIV campaigns have to deal with. Because communities frown at people living with HIV/AIDS (PLWHA), most HIV infected will not like to disclose their status and this could be dangerous as such people could spread the virus among the population. In table 3.20, people are quite willing to care for an infected family member at home probably because of family ties and the health integrity of the family. This is buttressed by the fact that most family members will want to keep such information secret within the family. People not patronizing the sales of PLWHA is also a source of worry as the patients are likely to lose their livelihood and as such will want to keep their HIV status a secret. The overall low percentages of people accepting all the four conditions shows that the population need to be more sensitized for them to eschew the misconceptions about HIV/AIDS for the patients to lead normal lives and live in harmony with all which will eventually minimize the spread of the disease and prolong their lives.

² Two most common local misconceptions are “AIDS can be transmitted by mosquito bites” and “AIDS can be transmitted through supernatural means”.

³ Comprehensive knowledge means knowing that consistent use of condoms during sex and having one HIV-negative and faithful partner can reduce the chances of getting HIV, knowing that a healthy looking person can have HIV and rejecting the two most common local misconception about HIV transmission or prevention.

Table 3.20: People's (aged 15 to 49 years) acceptance attitude towards those living with HIV/AIDS in UWR as compared to national and GAR averages

Percentage who	UWR (%)		National (%)		GAR (%)	
	Men	Women	Men	Women	Men	Women
Are willing to care for a family member with HIV in the respondent's home	93.6	85.7	78.5	74.5	76.9	77.3
Would buy fresh vegetables from HIV infected person	30.7	31.1	42.9	32.4	50.5	40.1
Say that a female teacher with HIV who is not sick should be allowed to continue teaching	79.9	73.1	66.1	61.9	73.1	70.3
Would not want to keep secret that a family member has HIV	47.8	41.5	57.5	49.4	51.3	44.6
Accept all four indicators	12.7	10.8	18.8	11.4	17.6	14.3

Source: Ghana Statistical Service *et al.*, 2009.

3.7 General Health and Nutrition

As quoted by UNDP (2007), the Ghana Statistical Service reported in 2003 that households' access to health facility within 30 minutes of reach in the UWR was 30.4% as compared to a national average of 57.7% and 81.2% for the GAR. Therefore preventive health alternative is the best option for communities in the UWR. Two proxies for preventive health is access to good drinking water and good toilet facilities.

Household access to improved sources of drinking water in the UWR is 94.9% as compared to a national average of 78.0% and 88.2% for the GAR (Ghana Statistical Service *et al.*, 2006). The situation is good in the rural areas of the UWR but not much accessible in the urban areas especially in the Wa municipality. Efforts should be made to make it accessible to all.

Inappropriate toilet disposal is a serious sanitation problem in the UWR and this is a threat to the health of the people. As shown in table 3.21, about 79% of households in the UWR do not have access to toilet facilities and use the bush or the field which among other things, facilitate the completion of the life cycle of tape worms with cattle and pigs, which graze on the fields, as the secondary hosts. Inaccessibility to improved toilet facilities is therefore being used here as a proxy for general health condition of the area.

Table 3.21: Type of toilet facility used by households in UWR as compared to national and GAR situation

Category	UWR (%)	National (%)	GAR (%)
Use of improved sanitary facility	17.2	60.7	85.5
Use of unimproved sanitary facility	3.4	14.8	6.2
No facility or bush or field	78.7	24.4	8.1

Source: Ghana Statistical Service *et al.*, 2006.

Using malaria as a proxy for all diseases as it can lead to anaemia which could easily kill children and pregnant women and it is also reported in most health centres, according to table 3.22, the general situation about treatment of malaria in the country in terms of advice from health providers and children who took anti-malarial drugs are not encouraging. Using fever as proxy for malaria, the lower prevalence of the disease could be attributed to the campaigns on the use of insecticide treated mosquito nets but more needs to be done in terms of breaking the life cycle of mosquitoes by preventing them from establishing their breeding habitats.

Table 3.22: Prevalence and prompt treatment of fever in UWR as compared to national and GAR averages

Category	UWR (%)	National (%)	GAR (%)
Children who had fever in the last 2 weeks	20.3	19.9	12.5
Children for whom advice or treatment was sought from a health provider	44.3	50.7	53.8
Children who took anti-malarial drug	41.1	43.0	43.6
Children who took anti-biotic drugs	22.3	25.2	22.3

Source: Ghana Statistical Service *et al.*, 2009.

According to Biederlack and Rivers (2009), the UWR is the most food insecure region with about 34% of households affected as compared to a national average of 5% and GAR occurrence of 1%. This calls for better agricultural productivity strategies and improvement in incomes to arrest the situation. As depicted in table 3.23, though the UWR is doing better than the national averages in the children under 5 years nutritional indicators, more needs to be done as good health which is needed for higher labour productivity is a function of good nutrition. Since life starts in the womb, maternal nutrition is also very important to give children a good start in life and the prevalence of about 10% maternal malnutrition in the UWR is unacceptable.

Table 3.23: Percentage of children under 5 years and maternal nutritional situation in UWR as compared to national and GAR averages

Indicator	UWR (%)	National (%)	GAR (%)
Wasting (temporary)	13.9	8.5	5.9
Stunting (chronic)	24.6	28.0	14.2
Underweight (composite)	13.1	13.9	6.5
Maternal body mass index < 18.5	9.8	8.6	4.5

Source: Ghana Statistical Service *et al.*, 2009.

Children under 5 years mortality ratio in the UWR, as displayed in table 3.24, is far above the national average and this is a serious child health concern. Though the maternal mortality ratio in the region is lower than the national and GAR averages, the zero tolerance for maternal deaths should be the target for the Ghana Health Service and communities at large. With government's latest concept of community-based health planning services (CHPS) compounds, health services are being made more accessible to the people but the challenge still remain of inadequate health personnel to supervise ante-natal clinics and handling of complications during child birth to arrest the situation.

Table 3.24: Children under 5 mortality rate and maternal mortality ratio of UWR as compared to national and GAR averages.

Category	UWR	National	GAR
*Under 5 mortality (per 1,000 births)	142	80	50
**Maternal mortality ratio (per 100,000 live births)	107.7	186.0	183.0

Source: *Ghana Statistical Service *et al.*, 2009. **Policy Planning, Monitoring and Evaluation – Ghana Health Service 2004 as quoted in 2007 Ghana Human Development Report

3.8 Social Exclusion

According to UNDP (2007) social exclusion often involves economic, political and spatial exclusion. Social exclusion could be consciously or unconsciously perpetuated by a section or individuals of a society either in a subtle or plain manner to the benefit of the oppressors as a result of inequalities in incomes, physical and intellectual abilities and/or ascribed traditional or spiritual authority. This usually leads to inequitable access to productive resources, inequitable exercise of power and unequal participation in decision-making and general social networks at the detriment of the oppressed. The situation is not good in the UWR as revealed in table 3.25 and if not checked, could perpetuate poverty and sometimes lead to social unrest.

Table 3.25: The poor who felt socially excluded in 2004 and social exclusion index for 2005/2006 in UWR as compared to national and GAR averages

Category	UWR (%)	National (%)	GAR (%)
Yes	65.4	60.6	58.1
No	34.6	39.4	41.9
Social exclusion index	53.8	17.4	7.2

Source: UNDP, 2007.

CHAPTER FOUR

PROGRAMS TO ADDRESS DEVELOPMENT ISSUES

The situational analysis in chapter 3 sets the stage to propose interventions that will help ameliorate the socio-economic problems in the target communities. These will evolve round SAVE-Ghana's central theme of *Responding to the Needs of the Poverty-Stricken and the Vulnerable* with a two-pronged strategy along a continuum of needs approach and rights-based approach. This will ensure that communities which are deprived will get some direct support from SAVE Ghana while at the same time being coached and supported to claim their rights from duty-bearers, mostly governmental bodies.

4.1 Program Goal

By this strategic plan, SAVE-Ghana seeks to achieve 10% improvement in the socio-economic situation especially in incomes and nutrition of the target communities by the end of 2014. The major indicators here will be incomes, nutrition and school performance.

4.2 Objectives and Activities

In line with the strategic objectives stated earlier, all activities undertaken will be within the framework of the UN Millennium Development Goals (MDGs), which are to be achieved by 2015. The main thematic areas to be considered are Agriculture and Food Security; Education and Child Protection and Primary Health Care and HIV/AIDS. Gender, good governance, advocacy and lobbying will be mainstreamed in all activities to build the target population's capacity to claim their rights from their duty-bearers and also be responsible citizens for the sustainable development of their communities.

4.2.1 Agriculture and Food Security

Programs to be pursued here will contribute to the achievement of the first and eighth MDGs viz. *Eradicate Extreme Poverty and Hunger* and *Develop a Global Partnership for Development*. Also, with the target communities' economy being mainly agrarian in nature, it will be in line with the Ghana Government's second Food and Agriculture Sector Development Policy (FASDEP II) vision which reads *a modernized agriculture culminating in a structurally transformed economy and evident in food security, employment opportunities and reduced poverty*.

General Objective:

Target communities have increased profits and improved access to nutritious food.

Specific Objectives:

- By 2015, 20% more of farmers in target communities will report at least 50% increase in crop productivity;
- By 2015, 20% more of farmers in target communities will report at least 50% increase in livestock productivity;
- By 2015, 20% more of economically active people in target communities will report at least 50% increase in incomes;

- By 2015, 20% more farmers in target communities will have to have been linked to at least one bulk purchaser;
- By 2015, 20% more of children under 5 years and mothers would have had their nutrition improved by at least 5%.

To achieve the stated objectives, the following activities will be pursued:

4.2.1.1 Crop and Livestock Production

The general strategy to support increased crop and livestock productivity will be increased farmer-extension officer contact hours, training in modern agricultural practices, improved crop and livestock genetic material and support for improved cultural practices. Farmers will be supported with a one-off seed-capital in strategically selected crops and livestock that have comparatively least input cost, high production turn-over, comparative and competitive production advantage to act as a take-off to assist in lifting target households from their poverty.

Soyabean production will be promoted as it has a good market in the region, helps to improve soil fertility and also acts as a good source of protein to help reduce the malnutrition problem of the target areas. Women farmers will be supported with ploughing and improved seed for an acre of land each. Moringa, which according to Price (2000) has many nutritional properties for human, livestock and crop nutrition, and pigeon pea will be promoted by supporting farmers with planting material. Fruit trees will also be supported e.g. mango, cashew and pawpaw, by subsidizing interested farmers to produce for the market and household consumption.

The demand for small-ruminants in the UWR and elsewhere in southern Ghana is not yet satisfied (Debrah, 2003). Farmers will be supported in acquiring good genetic small-ruminant parent stock, training in modern general livestock husbandry, housing, sanitation, nutrition and breeding techniques. People will also be trained in modern apiculture and supported to set up their own apiaries. Looking at the poor soil fertility and the high cost of inorganic fertilizers, composting will be introduced to augment the inadequate inorganic fertilizer application and also help to correct the organic matter content of the soil which is being depleted all the time and causing *Striga* infestation elsewhere mostly because of annual bushfires.

4.2.1.2 Processing, Storage, Marketing and Nutrition Promotion

Value addition through processing and appropriate marketing improves upon farm profit. Farmers will be introduced to processing and packaging of moringa and mango for supermarkets. Household kitchen processing of soyabean and moringa for the fortification of existing carbohydrate formula as well as diversification of soya recipe will be pursued to help correct household nutrition problems. The importance of meat and fish products in the household diet especially for under 5 years children, adolescent girls and pregnant and post-partum women will also be emphasized. Farmers will also be introduced to appropriate and simple storage techniques to help increase the shelf-life of crop products. Farmers will be organized into groups who will perform produce aggregate functions to mobilize their produce into bulk economic quantities with

premium produce quality to take advantage of existing food marketing business like the Ghana School Feeding Program, Nestle Ghana, TechnoServe West African Sorghum Project, senior high schools with boarding facilities and shea nut marketing chains.

4.2.1.3 Microfinance

To help finance rural enterprise development especially in the area of agricultural production and marketing, the organization shall undertake microfinance activities. Both the Village Savings and Loans Associations (VSLA) model and Credit and Savings with Education (CSwE) model will be used depending on the market turn-over of specific target areas. Where communities have existing microfinance programs which need further capital investment, SAVE-Ghana will either grant them loans directly or link them to existing microfinance institutions for commission.

4.2.1.4 Entrepreneurial Skill Development

The principle of cost minimization and revenue maximization for profit maximization, while at the same time churning out quality products and services, will be employed in training people in their business activities in agriculture, manufacturing and services. Mostly, farmers will be trained in crop and livestock budgeting for them to see agriculture as a business rather than a social pastime while the manufacturing and services target will be people involved in agricultural processing and marketing (e.g. shea nuts) who are also members of microfinance groups.

4.2.1.5 School Agricultural Program

To inculcate sustainable agricultural production practices in children to safeguard future agricultural productivity, best agricultural practices will be introduced into schools. This will be done through the introduction of school gardens which uses crops-livestock integration models which will recycle by-products from each side with minimum outside input. That is, by-products from the gardens will be used to feed livestock while the animal droppings and other crop garbage will be introduced into compost to fertilize the gardens. Children will be supplied with small-ruminant and rabbit parent stock of which they will give out some of the offspring to other children when the animals litter.

4.2.1.6 Advocacy for Improved Agricultural Development

SAVE-Ghana is already a member of the Ghana Trades and Livelihood Coalition which is an advocacy group that is, among other things, pushing for fair trade for and promoting the consumption of Ghanaian agricultural products especially rice and poultry. To ensure good government policies in food security, the organization will join the Food Security Policy Analysis Network to guarantee food security for all.

4.2.2 Education and Child Protection

Programs in this section will be set within the framework of the second and fourth MDGs to *Achieve Universal Primary Education* and *Reduce Child Mortality*. They will also be implemented in line with government's policy of free compulsory universal basic education, the Ghana Children's Act, 1998 (Act 560) and UN Convention on the Rights of the Child (UNCRC), all calling on duty-bearers to take action in the best interest of the child.

General Objective:

Over 90% of children enrolled in school learn without fear and complete basic education.

Specific Objectives:

- By 2015, basic school drop-out rate in target communities will be below 8%;
- By 2015, illiteracy rate in target communities will fall by 10%;
- By 2015, over 95% of children enrolled in junior high schools in target communities will complete their basic education;
- By 2015, 50% more of schools in target communities will have functioning rights of the child clubs;
- By 2015, 50% of children in schools with rights of the child clubs will know and apply the UNCRC and Ghana Children's Act 1998 (Act 560).

To achieve the stated objectives, the following activities will be pursued:

4.2.2.1 Campaign for Quality Universal Basic Education

The campaign strategy is to sensitize and train community school management committees (SMCs) to ensure that children get access to quality education at the community level. Their core function is to assist the school authorities to get maximum cooperation from the communities in terms of augmenting government provision for the smooth running of the schools. The SMCs will act as watchdogs in communities to ensure that all children are enrolled, while upon receiving reports of truancy and absenteeism, they will make follow-ups at home to get the children back to school. To ensure that children are attracted to school, communities will be organized to start their own school-feeding programs while they wait for the government assisted one.

4.2.2.2 Needy Students Scholarship

Communities will be encouraged to set up their own scholarship schemes by organizing local fund-raising at the community and district levels. SAVE-Ghana will institute matching grants to augment the district scholarship scheme and set up committees which will screen applications and award scholarships to needy but brilliant students to pursue higher education especially for courses in medicine to help correct the current high patient to medical doctor ratio in local health facilities.

4.2.2.3 Rights of the Child Activities

To ensure the realization of the provisions of the Ghana Children's Act, 1998 (Act 560) and the UNCRC, children rights clubs will be established in communities where there are none and strengthen existing ones with capacity building. The clubs will engage duty-bearers in discussions for the operationalization of the enshrined provisions and become peer educators to ensure that all children are enrolled in school and attend school regularly. They will assist the SMCs to ensure smooth running of the schools by giving them information at both community and school level for them to take action. They will undertake clean-up campaigns, plant and nurture trees, organize quizzes and debates, celebrate important national and international children's days among other activities.

4.2.2.4 Advocacy for Child Education and Protection

For advocacy and lobbying, SAVE-Ghana will join the Ghana National Education Coalition Campaign and together with other members, pursue the implementation of the provisions of the Ghana Children's Act, 1998 (Act 560) and the UNCRC. The campaign will also be interested in the stability of government educational policies which have suffered so many changes within the last 2 decades. At the district and regional levels, SAVE-Ghana in collaboration with other civil society organizations, will press home for more qualified teachers for target communities while ensuring the welfare of the teachers for them to stay longer to teach the children. The organization will also advocate with the children rights clubs to look more into issues of defilement, abduction and child non-maintenance which are the commonest child abuse problems in the UWR.

4.2.3 Primary Health Care and HIV/AIDS

Because of the lower access to health care facilities, fewer numbers of health personnel and low income levels in the UWR, the strategy here will be geared towards preventive health rather than curative health and health insurance where it becomes necessary for one to seek medical attention. The fifth and sixth MDGs of *Improve Maternal Health and Combat HIV/AIDS, Malaria and Other Diseases* will be in focus in this direction.

General Objective:

Well informed and health-insured communities that utilize preventive health and anti-HIV information.

Specific Objectives:

- By 2015, over 95% of people in target communities will be covered by the national health insurance scheme;
- By 2015, over 50% of people 15 years and older in target communities will have comprehensive knowledge about HIV/AIDS;
- By 2015, over 50% of target communities will be living normally with PLWHA;
- By 2015, over 50% of households in target communities will be taking actions to minimize malaria transmission;
- By 2015, over 50% of all households in target communities will have access to improved toilet facilities;

To achieve the stated objectives, the following activities will be pursued:

4.2.3.1 Community Water, Sanitation and Health Insurance Campaigns

Preventive health and surety of access to health services lie in access to improved source of water, good sanitation and reliable health insurance schemes. Water and sanitation committees shall be set up in communities where they are not existent while older ones shall be strengthened by refresher trainings for them to lead in maintaining existing water facilities and champion programs to improve upon the sanitation situation. Household cleanliness shall be encouraged while monthly general cleaning days will be set up to clean the surroundings through communal labour. Prizes will be set up to award best communities. Households without toilets will be encouraged to build some.

Community sensitizations will also be held about malaria prevention through the breaking of the life cycle of the mosquito and the use of insecticide treated mosquito nets to minimize contact. Pregnant and post-partum women as well as households with children under 5 years will be supplied with treated mosquito nets at subsidized prices. Families will be sensitized on the importance of NHIS for them to register and renew their membership on time. This will be linked to the VSLA program so that people who cannot afford could acquire loans to settle the registration fees.

4.2.3.2 Anti-HIV/AIDS Campaign

The strategy here will be to intensify community education for them to have comprehensive knowledge about HIV/AIDS so as to minimize misconceptions about its transmission and stigmatization of PLWHAs. In line with this, all SAVE-Ghana community meetings shall begin with an HIV/AIDS message to remind the people all the time. People will also be encouraged to undertake VCT for them to know their HIV status to enable them fashion their lives better for them to live longer. Adolescent reproductive health centres will also be set up for the youth to have easier access to reproductive health information as well as condoms to minimize STIs among them.

4.2.3.3 School Reproductive Health Clubs

Reproductive health clubs will be formed in schools for them to discuss issues on reproductive health. They will invite resource persons to give talks on current topics on reproductive health, as well as organize debates, quizzes and community campaigns on HIV/AIDS. During vacations, they will spearhead activities at the adolescent reproductive health centres to engage the youth in productive ventures to occupy their minds for them to think lesser about engaging in sex.

4.2.3.4 Advocacy for Improved General Health and HIV/AIDS Education

SAVE-Ghana is already a member of the Ghana Coalition of NGOs in Health and SHANET which advocate on health and HIV/AIDS issues. In addition, the organization will join the Coalition of NGOs in Water and Sanitation to look into issues of sanitation which is a problem in the UWR. Issues to be looked at will include the strengthening of the job of environmental health officers, improving upon the access to anti-natal and post natal facilities for women and making anti-retroviral drugs more accessible to PLWHAs.

CHAPTER FIVE

HUMAN AND FINANCIAL RESOURCE IMPLICATIONS

The program consolidation in the current 2 districts and its further expansion into 2 additional ones within the next 5 years has its accompanying human and financial resource needs.

5.1 Human Resource Needs

There will be the need for identifying existing staff with the various specialized program officer positions, performing some capacity gap analysis and giving some training for them to become abreast with current trends in the various domains. Non existing specialists will be recruited through advertisement and other due hiring processes followed as at when the expansion comes into effect over the 5 year period. Staff who perform very well may be promoted to fill in higher positions when situations become vacant.

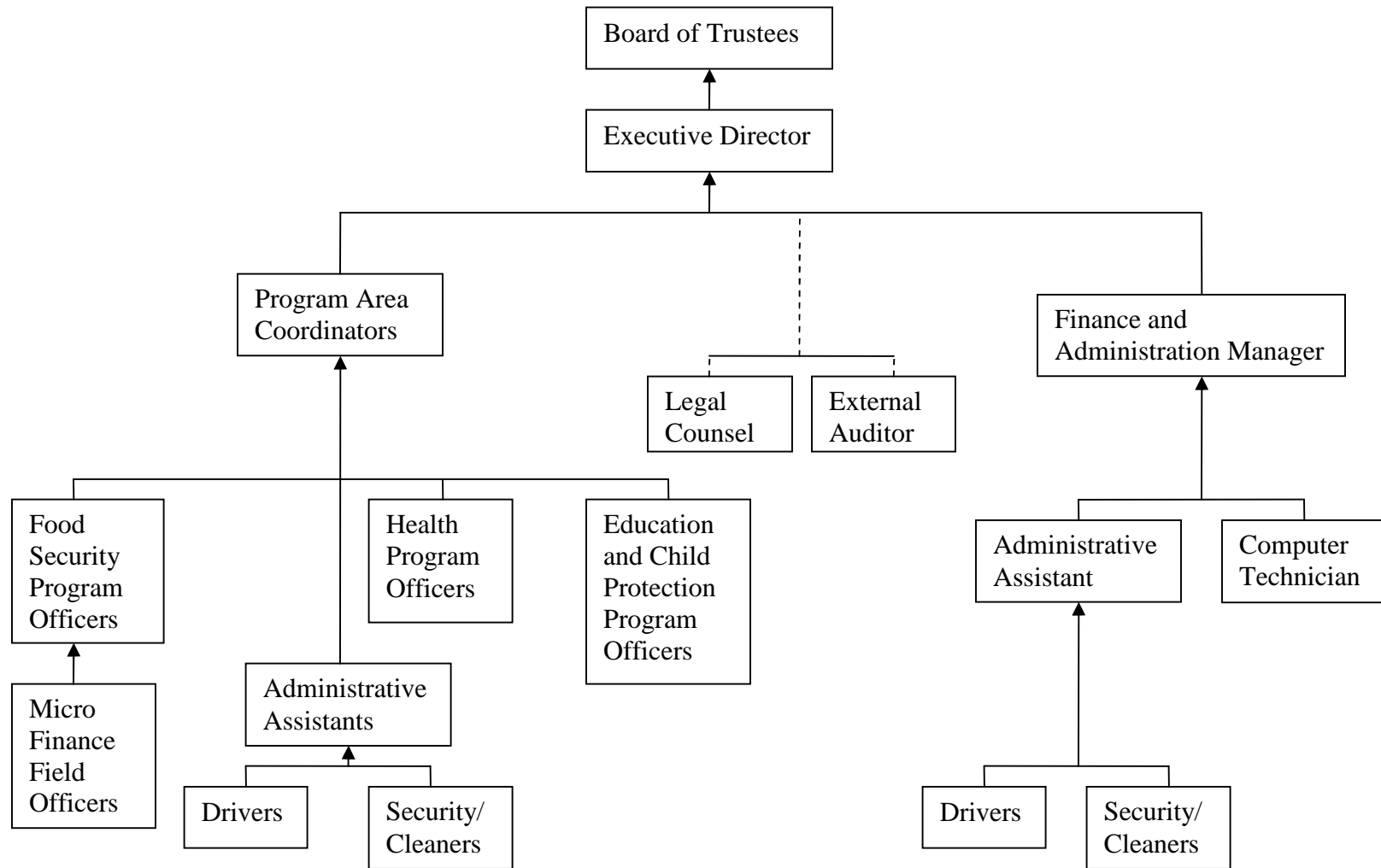
5.1.1 Management and Staff Structure

Figure 3 shows the re-constituted organogram after considering the enormity of programs to be executed as described in chapter 4. The vertical height level of each box in the organogram indicates the level of authority of that position within the organization's power hierarchy. The Board of Trustees is the highest decision-making body and as indicated in section 1.3, they come from diverse backgrounds and quite gender balanced to handle the affairs of the organization.

As compared to the original organizational structure in figure 2, there has been the introduction of the Finance and Administration Manager under the Executive Director, who is responsible for all financial and administrative issues. The Program Area Coordinators will be responsible for all programs and administrative issues in the 4 program areas. Each Program Area Coordinator will have 3 Program Officers reporting to him/her and an Administrative Assistant who will also be in charge of the Driver and Security/Cleaners. The Food Security Program Officers will have Microfinance Field Officers reporting to them.

At the head office, the Finance and Administration Manager will have 2 staff reporting to him/her *viz.* the Administrative Assistant and the Computer Technician. Under the Administrative Officer will be the Drivers and Security/Cleaners. The services of a legal counsel and an auditor shall be engaged as at when their services are needed and they will report directly to the Executive Director. Senior management staff are the Executive Director, the Finance and Administration Manager and the Program Coordinators, who will be the topmost decision-makers at the organizational level below the Board.

Figure 3: Reconstituted Organogram of SAVE-Ghana



5.1.2 Performance Monitoring, Reward and Staff Development

Before the beginning of every fiscal year, targets will be set by supervisors for all staff reporting to them, with such targets being derived from the work plan for the year. At the end of the fiscal year, performance appraisals will be conducted by the supervisors and rated by a performance scale of 0 to 5%, will be recommended to the Executive Director for salary increase. Staff who get rated at 1% or less for 2 consecutive times may be asked to withdraw from the organization. Salaries may also be increased by cost of living allowance which could usually be done across board and/or increase in work-load as a result of more donor inflows. Staff who resign or whose appointments are terminated will receive an end-of-service benefit equivalent to the current gross monthly salary multiplied by the number of years of service, but not exceeding 10 years. The Executive Director, on the recommendations of a supervisor, may give special awards to staff that excel outstandingly. Apart from short courses which may be organized periodically, committed staff who exhibit leadership potentials if they so wish, may be sponsored to undertake further studies of which the organization will fund up to 70% of the cost. The scholarship will be awarded by the Board upon recommendations of the beneficiary's supervisor and the Executive Director. Such staff will be bonded to serve the organization for a period that is not less than the number of years spent on the course.

5.2 Information, Communication and Technology

To minimize transactional costs, SAVE-Ghana will take advantage of modern information, communication and technology (ICT) in terms of giving laptop computers to senior management and making desktops accessible to all junior staff. Staff will also be connected through e-mail, skype and telephone facilities to facilitate effective communication. All program area offices shall be connected to the head office through fax facilities as well. Program staff will also be equipped with digital cameras for them to capture captivating scenes which will be used for program documentaries and for reporting to donors and the general public. The ICT development shall be supported by training for their efficiency operation and longevity of the equipment.

5.3 Fixed Assets Requirements

According to table 1.1, most of the equipment of SAVE-Ghana will exceed their lifespan in a relatively short time. In this line and for the organization's projected expansion, extensive re-tooling will become necessary. Principal among it will be acquisition of pick-up vehicles for all program areas and the head-office and motor-bikes to be used by junior officers for effective program implementation and monitoring. Furniture will also be needed, especially for the 2 new program area offices.

5.4 Financial Mobilization and Budget

To finance the programs projected in this plan with its accompanying administrative costs, SAVE-Ghana will seek for funding from both local and international governmental or non governmental sources. This will be done through the submission of grant proposals to various funding agencies in response to calls for proposals and/or floating of such proposals. In addition, the organization will build its own internally generated funds from the CSwE microfinance model and undertake other consultancies where possible. Table 5.1 with its accompanying spreadsheet shows the budget for the 5 year period.

Table 5.1: Budget

Item	Amount (US\$)					
	2010	2011	2012	2013	2014	Total
Agriculture and food security	497,936	898,263	1,318,607	2,116,649	2,672,158	7,503,614
Education and child protection	270,500	491,563	865,453	1,155,641	1,653,335	4,436,491
Primary health care and HIV/AIDS	425,500	665,363	968,303	1,139,669	1,335,625	4,612,559
Program and administrative support	201,159	333,342	487,958	580,161	597,818	2,200,437
Total costs	1,395,095	2,388,531	3,640,321	4,992,120	6,258,936	18,753,101
Margin from microfinance	9,600	33,600	96,000	172,800	242,400	554,400
Support needed	1,385,495	2,354,931	3,544,321	4,819,320	6,016,536	18,198,701

Source: Author's own construct, 2009.

CHAPTER SIX

MONITORING, EVALUATION AND DOCUMENTATION

Follow-ups to ensure that programs are delivering on their desired outputs to contribute to designed project objectives are necessary for the success of every project. This will ensure quality outcomes when mid-term and final evaluations are carried out. The documentation of best practices and lessons learned helps to complete the project feedback loop for better future project designs and report to donors and other stakeholders.

6.1 Monitoring

Yearly, quarterly and monthly work plans will be prepared on required periodic basis for the timely execution of designed projects. At the end of a stated period, the kind of work plans and their respective reports to be submitted are as depicted in table 6.1. Based on this and on monthly basis, senior management will follow up on activities implemented on the field to verify the use of resources and ensure good value for money.

Table 6.1: Program and financial reporting lines

Report	Source	Destination
Monthly work plan, program and accounting reports	Program Officers, Program Coordinators and Finance and Administration Manager	Executive Director and Donors
Quarterly program and financial report and work plan	Program Officers, Program Coordinators and Finance and Administration Manager	Quarterly Review Meeting, Executive Director, Board of Trustees and Donors
Semi-annual program and financial reports	Program Coordinators and Finance and Administration Manager	Executive Director and Board of Trustees Mid-Year Review Meeting
Annual work plan, program progress and financial reports	Program Coordinators, Finance and Administration Manager and Executive Director	Board of Trustees and Donors

Source: Author's own construct, 2009.

At the program area level, each Program Coordinator will hold monthly meetings with his/her staff to review work done during the month, address issues of staff concern and brief them of decisions and new developments from the senior management team. The Senior Management Team will hold quarterly review meetings to also look mainly at program progress, financial performance, human resource issues and deal with other issues of management concern. There shall also be an annual general meeting for all staff where the general staff body will deliberate on matters of interest and also give opportunity to the senior management to answer questions directly from all staff. The Board will meet twice a year to receive reports from the Executive Director and consider any issues that will be brought to their attention. Emergency board meetings could be called any time the need arises.

6.2 Evaluation and Documentation

Before the implementation of each major project, a baseline study shall be conducted to determine the status of the problem which will form a yardstick for measuring project success. Unless otherwise demanded by donors, projects that have a life span of less than 3 years will not have mid-term evaluation conducted. Final evaluations will be conducted at the end of all projects to determine their success rates and document lessons learned. The methodology to be used for the evaluation will depend on availability of funds, time and donor requirements.

The organization will document its successes in both print and electronic media forms and share with stakeholders and donors. There shall be the publication of fliers, biannual newsletters and annual progress reports to highlight activities, successes and lessons learned by the organization. In addition, where the project budget allows, there shall be a documentary film for each major activity undertaken. These could be condensed on annual basis to show a film of activities pursued during the period. Where the organization is able to make some internal surpluses, calendars, diaries and other souvenirs could be printed to enhance the publicity of the organization.

6.3 Audit Requirements and Fixed Assets Disposal

To ensure value for money and minimize the occurrences of fraud in a timely manner, the Executive Director shall appoint a 3-member rotational internal audit team to look into the affairs of each program area biannually. The team will submit their report and an audit action list a week after the exercise to the Executive Director for actions to be taken. Apart from this, the Board of Trustees shall appoint external auditors on annual basis to look into the books of the organization and advise on actions to be taken for prudent financial and asset management. Where it becomes necessary, an emergency internal or external audit could be conducted to timely avert any damage.

To safeguard the assets of the organization, an asset register shall be maintained at all offices, with a general one managed at the head office. Every year, the Administrative Officer shall conduct an asset audit to ensure the presence of each fixed asset and their condition and submit a report on them to the Executive Director. Any asset that gets missing must first be reported to the immediate supervisor and then to the Finance and Administration Manager for the necessary action to be taken. Where the asset's value is equivalent or more than US\$200, a police report must accompany it.

Assets that are obsolete or non-serviceable, in consultation with the Board, can be donated to charity or auctioned out. In the case of auctioning, a committee of at least 3 people must be set up by the Executive Director to handle the process. The assets to be auctioned will then be valued by an external expert. Workers of the organization will be given the first option to buy the items at a price less 10% of the price quoted by the external expert plus his/her fees. If nobody buys them, they will then be given out in a public auction at the full minimum auction price. If the price is still too high for the general public to buy, then the item will be reverted to the highest bidder within the organization first or an outsider.

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APPENDIX

METHODOLOGY

The methodology followed in developing this strategic plan is as follows:

Desktop Reviews

This examined the following SAVE-Ghana's internal documents:

- Profile
- 2008 Annual Program Report;
- Program progress reports;
- Organization registration documents;

Consultations with Executives and Staff of SAVE-Ghana

SAVE-Ghana management and program personnel were interviewed to look at their perspective of the programs' development. They were also taken through a coaching process for them to participate in making projections for the future.

Literature Review

This looked at external development documents which were related to the organization's operations and for getting secondary data for the situational analysis:

- Review of current global and regional development issues, the Millennium Development Goals and the World Human Development Report.
- Review of Ghana's development planning documents such as the 2008 Ghana Human Development Report, Ghana 2006 Multiple Indicator Cluster Survey, Ghana 2008 Demographic Health Survey, Ghana Living Standards Survey V, 2000 Ghana Population and Housing Census and the FASDEP II.

Community Meetings

Various community consultations in current SAVE-Ghana's operational areas were made to seek communities' input into the development of the strategic plan. Communities were much interested in the areas of education, soil fertility, irrigation and agricultural mechanization.

Agricultural Commodity Bulk Purchasing Potential

This examined the potential for bulk marketing outlets to ensure good markets and better prices for farmers' commodities. A visit was paid to the Upper West Agro-Processing Company at Sombo, school feeding programs and boarding schools in the Sissala East and West Districts to look at the possibility of bulk purchase of farmers' produce. This proved positive and promising for grains and pulses especially soyabean.

Stakeholders' Validation

After writing every chapter of this document, it was subjected to validation by officials and the Board of SAVE-Ghana and officials of the funding body – SNV-Netherlands Development Organization. Clarifications were made during such sessions while they also made useful suggestions for improvement of the whole write-up.