UNIVERSITY FOR DEVELOPMENT STUDIES

SOCIAL INFRASTRUCTURE PROVISION AND ITS' CONTRIBUTES TO RURAL LIVELIHOODS IN MPOHOR

BY

JERRY JOHN RAWLINGS OHENE

(UDS/MDM/0397/16)

A TERM PAPER SUBMITTED TO THE DEPARTMENT OF GOVERNANCE AND DEVELOPMENT MANAGEMENT, FACULTY OF PLANNING AND LAND MANAGEMENT, UNIVERSITY FOR DEVELOPMENT STUDIES, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD IN MASTER OF SCIENCE IN DEVELOPMENT MANAGEMENT

FEBRUARY, 2018
DECLARATION

I hereby declare that, this dissertation is the result of my own original work and has not been submitted for a master’s degree award in any University, nor has been submitted as part of requirement for a master’s degree expect as fully acknowledged within the text. I also declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on the supervision of the thesis laid down by University for Development Studies strictly by Mr Bonye Ziem Samuel. In addition, all information and reference cited from books and from the internet have been duly acknowledged. I therefore responsible for all errors in this work and also plead for unintentionally committed errors in the dissertation.

Student Name: Jerry John Rawlings Ohene

Student Signature:…………………………
Date:………/………/2018

SUPERVISOR

I, hereby declare that the preparation and presentation of the thesis was supervised in accordance with the guideline on supervision of thesis laid down by the University for Development Studies.

Supervisor’s Name: Mr Bonye Ziem Samuel

Supervisor’s Signature:…………………………
Date:………/………/2018
DEDICATION

This research work is dedicated to God Almighty, the Lord Jesus Christ and the Holy Spirit for guiding and leading me into all avenues for this beautiful work I can now boast of today and forever. Also to my wonderful Vice Dean of Students Mr Bonye Ziem Samuel and family, my two sisters Vida Ohene and Rita Ohene, my Pastor and his wife Rev. and Mrs Agyemang, the Shaibu family, my Dad and Mum and my course mates who contributed in diverse ways in helping my aim of reaching this level of education come to reality. You have no idea how I love you all for making my dream come to reality.
ACKNOWLEDGEMENT

The writing of this dissertation has been one of the most significant academic challenges I have faced. I have come this far truthful and in a short time with the help of great men and women who have supported me to attain this success in my research.

It is in light of this that we express our profound appreciation and gratitude first to the Almighty God for His guidance and protection throughout this whole journey. I will never forget of the fulfilment of God’s promise that He will let the Holy Spirit come and dwell amongst us and lead us in all truth and teach us all things. Truly, He is really the Alpha and the Omega.

My appreciation is also extended to my able supervisor, Mr Bonye Ziem Samuel the Vice Dean – Faculty of Planning and Land Management for the precious resources spent to guide me to ensure quality and effectiveness of this work in his intellectual and academic competence. Indeed he has been a parent and everything to me. Truly without him, this work would lack focus. Once again, I say God bless you for your massive patience and tolerance exhibited during this research work.

My heartfelt thanks also go to Mr Kaba Simon (Lecturer UDS-Wa), Madam Pleroma Baja (Old Student – UDS) and the Lecturers in the Department of Governance and Development Management, I say God richly bless you for all your help during my stay on campus and this research work.

Again, the love, encouragement and support given to me by my parent and guardians cannot be overemphasized.
ABSTRACT

The study seeks to investigate into social infrastructure and its contribution to rural livelihood in Mpohor District. To achieve the objective, various methods were used to collect data these includes; Questionnaire, Observation and Interviews. The findings of the study were that; social infrastructure contribute to the socio-economical lives of the rural dwellers, it provide employment, it reduces migration and immigration in the rural communities, absent and inadequate leads to poverty and it leads to mortality rate with the rural communities.

This study also recommends as follows: There should be a growing effort by Government and the Ministries to provide and improve on the exiting social infrastructure, there should be the need to sensitizing community members on fund inadequacy, the District should capture development gaps in the district medium development plan so to provide them and inter sectorial linkage that is collaborating with Non-Governmental Organisations, Community Base Organisations and government agencies to help the district bridge the developmental gaps.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECLARATION</td>
<td>ii</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>iii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>iv</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>v</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>vi</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>ix</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>x</td>
</tr>
<tr>
<td>LIST OF APPENDICES</td>
<td>xi</td>
</tr>
</tbody>
</table>

## CHAPTER ONE

1.0 INTRODUCTION ............................................. 1

1.1 Background of the Study .................................. 1

1.2 Statement of Problem .................................... 5

1.3 Research Questions ...................................... 7

1.3.1 General question ........................................ 7

1.3.2 Specific questions ...................................... 7

1.4 Objectives of the Study .................................. 8

1.4.1 General objective ........................................ 8

1.4.2 Specific objectives ...................................... 8

1.5 Relevance of the Study ................................... 8

1.6 Scope of the Study ...................................... 9

1.7 Limitations to the Study .................................... 9

1.8 Organization of the Research .............................. 9

## CHAPTER TWO

2.0 LITERATURE REVIEW ........................................... 10

2.1 Introduction .............................................. 10

2.2 Infrastructure ........................................... 10
4.2.3 Level of Education of Respondents .................................................................32
4.2.4 Occupation of Respondents ........................................................................34
4.3.0 ISSUES ON SOCIAL INFRASTRUCTURE .........................................................35
4.3.1 Social Infrastructure in the District ...............................................................35
4.3.2 Access the Nature of Social Infrastructure ....................................................36
4.3.3 Types of Health Facilities ................................................................................39
4.3.4 Level of Education ..........................................................................................40
4.3.5 Source of Drinking Water ..............................................................................41
4.3.6 Types of Toilet Facility(s) ..............................................................................43
4.3.7 Roads in the District .........................................................................................44
4.3.8 Social Infrastructure Contribution in Livelihood ............................................45
4.3.9 Social Infrastructure Contribution to the development of the District ............49
4.4.0 THE OUTCOME OF THE CONTRIBUTION TO LIVELIHOOD .......................50
4.4.1 Social Infrastructure change Livelihood Totally ..............................................50
4.4.2 Total Contribution of Social Infrastructure in Livelihood .................................52
4.4.3 Social Infrastructure Indicators in the District Development ............................53
4.4.4 The District Assembly view on Social Infrastructure ........................................55

CHAPTER FIVE ...........................................................................................................56
5.0 SUMMARY, CONCLUSION AND RECOMMENDATION ...................................56
5.1 Introduction ..........................................................................................................56
5.2 MAJOR FINDINGS .................................................................................................56
5.2.1 The Existence Social Infrastructure ................................................................56
5.2.2 Social Infrastructure Contribution in Rural Livelihood ..................................56
5.2.3 Indicates of Contribution in Rural Livelihood ..................................................57
5.3 CONCLUSION .......................................................................................................58
5.4 RECOMMENDATIONS .........................................................................................59

REFERENCES ...........................................................................................................61
APPENDICES .............................................................................................................65
LIST OF TABLE

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1: Age-Sex Structure and Type of Locality</td>
<td>24</td>
</tr>
</tbody>
</table>

ix
<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1: A Conceptual Framework On Social Infrastructure Provision And Its’ Contributions To Rural Livelihoods</td>
<td>19</td>
</tr>
<tr>
<td>Figure 2: District Map of Mpohor in Regional Context</td>
<td>22</td>
</tr>
<tr>
<td>Figure 3: District Map of Mpohor</td>
<td>23</td>
</tr>
<tr>
<td>Figure 4: Sex of Respondents</td>
<td>31</td>
</tr>
<tr>
<td>Figure 5: Age of Respondents</td>
<td>32</td>
</tr>
<tr>
<td>Figure 6: Education Level of Respondents</td>
<td>33</td>
</tr>
<tr>
<td>Figure 7: Occupation of Respondents</td>
<td>34</td>
</tr>
<tr>
<td>Figure 8: Social Infrastructure in the District</td>
<td>36</td>
</tr>
<tr>
<td>Figure 9: The Nature of Social Infrastructure</td>
<td>37</td>
</tr>
<tr>
<td>Figure 10: Health Facility(S) in the District</td>
<td>39</td>
</tr>
<tr>
<td>Figure 11: Type/Level of School in the District</td>
<td>41</td>
</tr>
<tr>
<td>Figure 12: Source of Water</td>
<td>42</td>
</tr>
<tr>
<td>Figure 13: Toilet Facilities in the District</td>
<td>43</td>
</tr>
<tr>
<td>Figure 14: Types Of Road in the District</td>
<td>44</td>
</tr>
<tr>
<td>Figure 15: Contribution of Social Infrastructure in Livelihood</td>
<td>47</td>
</tr>
<tr>
<td>Figure 17: Contribution of Social Infrastructure to the District Development</td>
<td>49</td>
</tr>
<tr>
<td>Figure 17: Social Infrastructure Change People’s Livelihood</td>
<td>51</td>
</tr>
<tr>
<td>Figure 18: How Social Infrastructure Contribute to Peoples Livelihood</td>
<td>52</td>
</tr>
<tr>
<td>Figure 19: Social Infrastructure Contribution to the Development of the District</td>
<td>54</td>
</tr>
</tbody>
</table>
# LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPENDIX A</td>
<td>65</td>
</tr>
<tr>
<td>APPENDIX B</td>
<td>71</td>
</tr>
</tbody>
</table>
CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Ghana’s economy is dependent on agro based activities as the rural dwellers dominate in the production of agro products; thus social infrastructure development plays a significant role in the agro based activities. Majority of these families spend over 90% of their earnings on basic needs such as food, shelter and health care (World Bank, 2016). Over 50% of the rural families who are not able to meet these essential needs fall under the category of the poor (World Bank, 2016). Men’s basic physiological needs according to Abraham Maslow (1943) are air, water, food, clothing and shelter. These physiological requirements are for human survival and it shows how important these basic physiological needs are to humans, the government can motivate it citizens to achieve their physiological needs through the provision of better social infrastructural development especially in the rural communities.

That is why Dr Jeffrey Delmon, senior infrastructure specialist of the World Bank, begins his book indicating that, “Poor infrastructure impedes a nation’s economic growth and international competitiveness” (World Bank, 2006). Insufficient social infrastructure also represents a major cause of loss of quality of life, illness and death (Willoughby, 2004). This raises social infrastructure services from good investment to a moral and economic imperative.

In order to stimulate growth and reduce poverty, it is essential to improve the supply, quality and affordability of social infrastructure services. The unmet demands are huge, and investments have not matched demand (World Bank 2008). Social infrastructure
development is one basic necessity for human’s survival, growth and development. Infrastructure generally includes; health facilities, basic schools, roads, water and sanitation, markets, electricity, good transportation, and so on and so forth. Without this social infrastructure, many leave the rural areas and flock to the cities for no other reason than the promise of a better future and prosperity (World Habitat Day 2012).

Well planned and functional cities and towns cannot exist without well-developed social infrastructure in these cities and towns. Ban Ki-moon in 2012 did mention of good water, good education, sanitation, energy among others as social infrastructure that need to be developed to enhance human socio-economic development.

It has long been recognized that an adequate supply of social infrastructure services is an essential ingredient for productivity and growth. In recent years, the role of social infrastructure has received increased attention. From the academic perspective, a rapidly growing literature – starting with the seminal work of Aschauer (1989) – has sought to quantify the contribution of social infrastructure into income and growth. A wide debate on the influence of social infrastructure on output levels and growth has led to attempts to quantify this effect and to ask about optimal levels of investment in social infrastructure, particularly over the past two decades. While there is a wide consensus that some basic level of infrastructure is necessary for development, the ranges of estimates of the effects of infrastructure have varied widely (Egert et. al, 2009).

Social infrastructure has often been seen as contributing to increasing productivity and attracting business activity by lowering transport and production costs and facilitating market access.
Physical resources like road, water, market, school, hospital, telecommunication networks, drains and electricity among others are necessary for a society to function: people cannot access health care if there are no health facilities, trade cannot take place if there are no markets and roads on which our foodstuffs and goods will be transported to the market. Infrastructural facilities are the basic necessities of a society that are necessary to transport resources and people, goods, provide security, provide essential services that ultimately reduce poverty.

Many developing countries in the world lack even the most basic social infrastructure. ‘Around the world more than 1 billion people lack access to roads, 1.2 billion do not have safe drinking water, 2.3 billion have no reliable source of energy, 2.4 billion lack sanitation facilities and 4 billion are without modern communication services’(Global Poverty Project, 2012).

Lack of social infrastructure perpetuates poverty; because it denies possibilities, it leads to lack of employment by acting as a disincentive to investment; companies who struggle to produce and sell goods in an area with inadequate roads, water, electricity or market do not set up the factories or businesses that could potentially generate employment, improve living standards and reduce poverty.

In addition, lack of infrastructure can also lead to poor health and high mortality; where there are no clinics or hospitals or where lack of roads or bridges make them inaccessible, people cannot access the health services that they require to be healthy and productive and some may result in death.

Infrastructure is very important, not just for the provision of basic services or for the economy but also allows for the poorest communities in the world to gain access to a
wide array of social services, healthcare and greater possibilities for livelihood and about seven of the Sustainable Development Goal’s (SDGs) depend on some element of social infrastructure. For the African continent, West Africa’s growth performance improved markedly in the 2000s. The overall improvement in per capital growth rates has been estimated at around 2 percent, of which 0.9 percent is improved infrastructure (Foster and Pushak, 2011).

According to Foster and Pushak (2011), social infrastructure contributed just over one percentage point to Ghana’s annual per capital Gross Domestic Product (GDP) growth during the 2003 to 2007 period. Raising the country’s infrastructure endowment to that of the region’s middle income countries could boost the annual growth rate by more than 2.7 percentage points. Ghana has an advanced infrastructure platform when compared with other low-income countries in Africa.

Ghana’s annual infrastructure funding gap is about $0.4 billion per year, chiefly related to power and water. Despite Ghana’s success with increasing access to social infrastructure services, the quality of the service remains low for example water supply, power, ICT, road networks, just to mention a few. Addressing Ghana’s infrastructure challenges will require raising annual expenditures to $2.3 billion; the country already spends about $1.2 billion per year on infrastructure, equivalent to about 7.5 percent of the Gross Domestic Product (GDP).

Looking ahead it is simulating that if Ghana’s infrastructure could be improved, annual per capital growth rates would be 2.7 percentage points higher than they are at present (Foster and Pushak 2011). Ghana’s problem in infrastructure development has trickled down to its regions, districts and communities, as Mpohor District also lacks these social
infrastructure development such as lack of well-built market, IT centre, drainage systems, lack of toilet facilities, lorry park, lack of proper location of refuse dumps, a community library, community centre, first or second class roads and so on so forth.

This is having a negative impact on the socio-economic life of the people in Mpohor District. Investing in infrastructure was the key in achieving some of the Sustainable Development Goals in 2015, to reduce the high increase of urbanization in the country. This is because, all populations need infrastructure development of which Mpohor District is not an exception depends on infrastructure and hence its achievement will reflect on the country’s standard of living. Thus, this research work intends to look at the social infrastructure sector and its contribution to rural livelihoods in Mpohor District Western Region of Ghana.

1.2 Statement of Problem

Ghana’s social infrastructure development is mostly centred on the southern part of the country. The poor nature of or inadequate social infrastructure development in the rural communities is affecting the health, income level, education, job opportunity, and entertainment among others is causing high levels of urbanization in the of the country. It has been estimated in 2011 that, Ghana’s urban population of the total population was 51.9% and the annual rate of change for urbanization is 3.5% that is between 2010-2015, (CIA World Factbook, 2015).

Why and how does social infrastructure contribute to rural livelihoods? It enlarges market, and operates like the lowering of trade barriers. In urban areas, it can be shown that social infrastructure contributes to enlarge the effective size of the labour market and
of the goods or ideas market, thus increasing productivity and output (Prud’homme, 1997).

However, we acknowledge at the outset that increasing domestic spending in any sector or project within the economy will produce an increase in jobs. Investments in infrastructure provide an indispensable resource for the Ghanaian economy. This includes market roads, public transportation systems, accessible water supplies, electrical transmission systems provision, markets, the entertainment centres and grounds, the vehicles and lorry parks or stations, better health facilities, better telecommunication networks, better drainage systems and school buildings (better education) etc. which make fundamental contributions to the economy’s long-term productivity.

Many of these investment areas—such as public transportation, freight rail, and enhanced smart grid electrical transmission systems—will also play central roles in building a clean energy economy in Ghana.

Broadly, infrastructure impacts on human in two ways: first, it supports the processes of growth on which much of poverty reduction depends; and second, it helps the poor access basic services which can improve their lives and income opportunities. At its best, social infrastructure can draw poverty reduction, service provision, and growth into a reinforcing virtuous cycle (Calderon and Serven, 2004).

Although Ghana’s natural conditions for social infrastructure development are advantageous, the country compared to other African countries is better off in terms of social infrastructure development but the country needs to do more in other to achieve the Sustainable Development Goals (SDGs) such as; No Poverty, Zero Hunger, Good Health and Well-being, Quality Education, Clean Water and Sanitation in 2030.
These Goals can be achieved if the government increases social infrastructure in both the Urban and Rural communities and it will reduce the high increase of urbanization which is causing housing deficit, slums, insecurity among others, and also reduce poor health and high mortality, poverty etc. The provision of the social infrastructure will increase agriculture productivity which is the soul of income to the rural communities, increase in health care and education, that increase livelihood of the Ghanaian specifically those in the rural communities.

Access to water, sanitation, electricity, telephones, computers and transport etc. make an immeasurable difference in people’s lives and the absence of some of the social infrastructure services often translates into absence of human development. These forms the major setback Ghana is facing today because there are less social infrastructure development in the country especially the rural communities. Hence the research problem is the inadequate social infrastructure leading to high level of poverty in the rural communities in the Mpohor District.

1.3 Research Questions

1.3.1 General question

What accounts for the inadequate social infrastructural in Mpohor District?

1.3.2 Specific questions

i. What is the nature of this social infrastructure?

ii. How does this social infrastructure contribute to the livelihood of the people in Mpohor District?
iii. What are the outcomes of these contributions on their livelihood?

1.4 Objectives of the Study

1.4.1 General objective
To find out what accounts for the inadequate social infrastructural in Mpohor District.

1.4.2 Specific objectives
i. To assess the nature of these social infrastructure.
ii. To examine how this social infrastructure contributes to the livelihood of the people in Mpohor District.
iii. To examine the outcomes of these contribution on their livelihood.

1.5 Relevance of the Study
Social infrastructure connects goods to market, workers to industry, people to services, and the poor in rural areas to urban growth centres. Social infrastructure lowers costs, enlarges markets, and facilitates trade.

This study will improve the public and private sector understanding on the essence of improving social infrastructure in Ghana. It will also help researchers to learn more about the contribution of social infrastructural in the livelihood of the rural dwellers and how it can help reduce poverty. Findings of this research can be useful to development agencies and the state in the implementation of policies towards improving infrastructure.
1.6 Scope of the Study

1.7 Limitations to the Study

Time constraint in getting the respondents especially during their farming seasons. Difficulty in accessing transportation means to the various communities in the District.

1.8 Organization of the Research

The research work is organized around four (4) major interrelated parts (chapters). Chapter one, will be the introductory chapter, will deal with the background of the study, problem statement, research questions, objectives, relevance of the study, research methodology, scope of study, study profile and research limitations. Literature will be reviewed in Chapter Two to give an insight into what the study entails. Data Analysing in Chapter Three, this chapter covers the methods and research procedures used in collecting and analysing data. Chapter Four would be the findings and concluding part of the report consisting of the summary, conclusion and recommendations.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

In this chapter, a discussion of other literary works on the absent or inadequate of social infrastructure, its effect on the lives of rural dwellers will be carried out. The review is important because existing thought and views on the questions this research will seek to answer are; what account for the inadequate social infrastructural, what is the nature of this social infrastructure, how dose these social infrastructure contributes to the livelihood of the people, what are the outcomes of these contributions on their livelihood.

2.2 Infrastructure

Infrastructure can broadly be defined as long-term physical assets that operate in markets with high barriers to entry and enable the provision of goods and services. In July 2002, Centre for Development Economics defined infrastructure as the physical framework of facilities through which goods and services are provided to the public. Its linkages to the economy are multiple and complex, because it affects production and consumption directly and indirectly which creates positive and negative spill over effects.

According Centre for Development Economics, World Development Report (1994) divides infrastructure stock into economic or physical infrastructure and social infrastructure. Former includes services such as electricity, transport, roads, water system, communications, irrigation etc. while latter includes education, health facilities etc.
2.2.1 Ghana’s infrastructure

Ghana’s infrastructure development can be traced back to 1919 at the time Sir Frederick Gordon Guggisberg served as a Governor of the Gold Coast from 1919 to 1927. Guggisberg focused upon building infrastructure (roads, railways, seaport, schools, and hospitals) that would promote growth of the economy and give Ghana a competitive advantage in the world market especially in the area of cocoa trade.

The government of Ghana is currently facing huge challenges in the infrastructure development, which are proving to be a constraint on growth and development. Quite recently it is argued that government investment in infrastructure has been inadequate, uncertain and inefficient and hence commercialization of infrastructure is important for developing economies to compete with the developed world which Ghana is no different.

A study carried out by World Bank team in 2013 at a request by the Ministry of Finance on behalf of the Government of Ghana to address Ghana’s infrastructure deficit shows the country requires sustained spending of at least $1.5bn per annum over the next decade to plug the infrastructure gap that exists (Apenteng, 2013). Nevertheless, infrastructure provision enhances the production and distribution network of key sectors in the economy and promotes overall economic growth. In the process they also tend to affect the cost structure and productivity in these sectors, thereby promoting growth and development in each of these sectors.

2.3 Role of Infrastructure

Development of rural areas is slow due to improper and inadequate provision of infrastructure with compare to urban areas. That’s why rural share in GDP is always less,
infrastructure helps poorer individuals and underdeveloped areas to get connected to core economic activities, thus allowing them to access additional productive opportunities (Estache, 2003). The direct impact of infrastructure was not perceived to be an important means for poverty reduction. But infrastructure has multiple links to poverty reduction, as highlighted in the World Bank’s Annual Report 2001, improved social infrastructure helps create jobs and raise worker productivity. It saves time and human effort in transporting water, crops, wood, and other commodities. It also improves health (by reducing indoor air pollution and emissions in urban areas and making clean water available) and education (by expanding access to schools, computers, and lighting).

Kumar in 2006 also agreed to this report by saying that “Rural social infrastructure is not only a key component of rural development but also an important ingredient in ensuring any sustainable poverty reduction programme. The proper development of infrastructure in rural areas improves rural economy and quality of life. It promotes better productivity, increased agricultural incomes, adequate employment, etc.” this indicate that social infrastructure might not be the only way to fight poverty but plays a bigger role in poverty reduction especially in the rural livelihood.

To sort out the above problems, we need to develop a strong infrastructure at various levels. Apart from mobilising people, infrastructure is also necessary to organise input supply, finance, and post production processing and marketing of the produce. This reduces rural urban migration with its consequences to the economy of Ghana.
2.4. Social Infrastructure

Economic infrastructure is essential for improving the productive capacity of the nation. But infrastructure is also required to improve the quality of human resource. What is that? This consists of services like education, health facilities, sanitation, housing, drinking water supply etc. all these together constitute the social infrastructure of an economy.

These facilities help in the development of human resource in an economy, the last two years have witnessed a heightened interest in infrastructure in both developed and developing countries, with emphasis on the role of infrastructure in mitigating the global financial crisis through stimulus packages in developed countries, and the recurring attention on its impact on growth and poverty reduction in developing countries (Jerome, 2009).

Social infrastructure has both a direct and indirect impact on the quality of life. Directly, it enhances the level of productivity in economic activities, indirectly, it streamlines activities and outcomes such as recreation, education, health and safety. The indirect benefit of improved primary health care, for example, is improved productivity, which in turn leads to higher economic growth and real incomes.

Social infrastructure also facilitates investment in human capital that ensures better utilization by some of the economy’s physical capital stock and thereby raises the productivity of the workforce. It also enhances the quality of life of the populace by empowering them economically, politically and socially, with the attendant positive effects on efficient use of national resources and on poverty alleviation (Clos, 2011).
2.5 Why Social Infrastructure is important for living standards?

The Services sector accounts for almost half of Ghanaian gross domestic product (GDP) and a substantial share of Ghanaian trade, during 2005–13, the services sector share of Ghanaian GDP rose from 32.2% to 48.8%, overtaking agriculture as the largest segment of Ghana’s economy.

The services sector is also an important source of jobs, having accounted for 43.1% of Ghanaian employment in 2010 (World Bank 2015). However, due to the inadequate infrastructure business weaknesses and other issues hinder its activity in these same services industries and limit their contribution to growth in other sectors (World Bank 2015).

From the above statement, service sector has overtaking the agriculture sector which used to be Ghana’s largest segment of the economy which is the main work of the rural dwellers and from a statistical information the World Bank stated that between 2011-2015, over 49-47% of the population living in rural areas depend on agriculture for their livelihood.

The agriculture sector is no more attractive might have come from so many factors which infrastructure cannot be taking out, making it difficult for the next generation to go into the agriculture sector as a full time job. If the cultivated products sometimes don’t get in the market on time or there are no markets for farmers to sell products, as poor nature of road can lead to product not arriving in the market on time and most of the product rot before it gets to the market. The farmers end up losing a lot their investment capital.

In the micro-economic literature, considerable attention has been devoted to roads because of the perception that they will ineluctably lead to poverty reduction and income
generation, especially in rural areas (Gibson and Rozelle, 2003), as those in the rural areas will be able to transport goods and services and trade in the urban while the those in the urban can also easily go to the rural communities and trade.

For this reason we can say that social infrastructure improve rural livelihood by:

i. Individual benefits; individuals can be 4H ‘hired, housed, healthy and happy’ if they have access to social infrastructure. This has positive roll overs for society e.g., lower health and welfare expenditures, and higher tax receipts.

ii. Some of government burdens are reduce; if the people are working, they have means of entertainment, they are healthy and educated, it strengthening their families and communities and encouraging social unity. Rural urban migration is reduce and it will bridge the gap between the rural and the urban growth and development.

iii. Increase social cohesion; which strengthens the economy because it will reduce social disorder (which is bad for the economy) and being peace to the society.

iv. Boosting community resilience and regeneration in times of adversity reduce transaction costs by promoting cooperative behaviour as well as facilitating and diffusing knowledge and innovation (e.g., allows society to function more efficiently, including business and social transactions).

Inadequate levels of social infrastructure can affect rural livelihood by:

i. It limit social and economic opportunities, which cause markets to work less efficiently and marginalise major groups of people in their communities

ii. Strengthen existing inequalities between the urban and the rural communities
iii. Leading to less growth in the level of standards of living among the rural communities.

These three indicators are evidence in most of the rural communities in Africa which Ghana is no exceptional, most of your rural communities see the big gap between them and their urban foes because of inadequate social infrastructure and it was affected their livelihood one way or the other.

2.6. Rural Livelihood

2.6.1 Rural

i. Rural Area: An open piece of land sparsely populated with scattered houses. Rural areas have low population densities and minimal infrastructure compared to cities and urban areas.

ii. Rural Population: Refers to people living in rural areas, as per definition of national statistical offices. Rural population is calculated as the difference between total population and urban population.

2.6.2 Livelihood

Livelihood can be defined as the activities, the assets and the access that jointly determine the living gained by an individual or household (Ellis 1998). When it comes to an individual, a livelihood is the ability of that individual to obtain the basic necessities in life, which are food, water, shelter and clothing which Abraham Maslow in 1943 termed as basic physiological needs of man. Therefore all activities involved in finding food,
searching for water, shelter, clothing and all necessities required for human survival at individual and household level are referred to as a livelihood.

Approximately 90% of rural households are involved in farming activities (Davis et al. 2010a, b). In Africa, 70% of the household income in rural areas is from farming activities, while in Asia and Latin America, 50% of the income is from farming activities (Davis et al. 2010a, b). In these rural populations small-scale farming, fishing, raising livestock and non-farm activities are some of the common livelihoods that these populations survive on as a source of income.

2.6.3 Some of the activities that contribute to rural livelihood include:

The rural community have their source of livelihood, same of these activities are mostly their traditional work and trade makes which is inherited by the future generations. Some of these activities include the following; Agriculture (Cultivation, farming); Livestock farming; Hunting and gathering; Wage labour; Trading and hawking; Artisan work; Fetching and carrying; Bakery; Basket weaving etc.

2.6.4 Livelihood Determinants

There are several factors that determines the livelihoods of the rural communities according to Ellis 2000; Fabusoro et al. 2010; Khatun and Roy 2012, which include;

i. **Unintended birth into a predisposed livelihood**: this designated system defines an individual’s livelihood. As lack of entertainment and education sometimes contribute to unintended birth.
ii. **Gender**: where a livelihood is determined by the gender of an individual, mostly where men are seen as the head of the family and are solely providers of the family's welfare but at other communities it is the mandate of the women to provide livelihood.

iii. **Inherited livelihoods**: the individual inherits a family's livelihood that has been passed on in the family (generational inherited), for example, hunting and gathering, cultivation, fisherman, artisanal work, etc. Sons are mostly those who inherit such.

iv. **Spontaneous livelihoods**: that are taken up due to desperate situations where what an individual does is in principle determined by social, economic, and ecological situation.

v. **Education and migration**: where qualifications determine which field of work an individual can exploit. People move to new areas in search for work and a better life, this migration determines the choice of livelihoods. Again, people migrate from the rural communities to look for quality education in the urban.

### 2.7 Conceptual Framework

The conceptual framework assesses the factors affecting social infrastructure provision and its' contributions to the rural livelihood in figure 1. The figure establishes important linkages in the three stages of improving the rural livelihood and stresses the variables that contribute to the livelihood. The incentives suggested in stage 1 are the social infrastructure provision which enhance the improve livelihood for the rural communities.
through the improvement of their socioeconomic activities. All together gives sustainable livelihood.

**FIGURE 1: A Conceptual Framework on Social Infrastructure Provision and Its’ Contributions to Rural Livelihoods**

Social infrastructure contribute highly to rural livelihood. Rural livelihood is a complex structure comprising of mostly agriculture, with part of the population diversifying into non-farm activities in order to attain a sustainable livelihood. Which enable the individual to prove the basic necessity of life and making the rural life more attractive which of course reduces urban migration.
The provision and adequate social infrastructure proves the rural communities a better lives and develop their livelihood which enables them to be more productive, by have the skills, knowledge, better health and also the provision of roads and market improve their sales and increase the capital which in all gives them a sustainable livelihood.
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

It is acknowledged that several methodological options are available in social research, but the choice of a research methodology is dependent largely on the objective of the study. This section of the study covers the methods and research procedures used in collecting and analysing data which comprises research design, sample size, sampling techniques, source of data to be gathered, data collection techniques and methods of data analysis in the next sub-section.

3.2 Research Design

Both qualitative and quantitative approaches was used for the study to assess the efficiency and effectiveness of the contribution of social infrastructure in Mpohor District. Both qualitative and quantitative approaches enable to obtain the views of all the major stakeholders on inadequate social infrastructure to make a better judgment on the lives of the people. The two are use because qualitative is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the develop ideas while as the quantitative is the systematic empirical investigation of observable phenomena via statistical, mathematical or computational techniques like SPSS (Given et. al, 2008). The study will employ an exploratory and descriptive design with the intention of providing an understanding of the effect of the poor nature and absence of social infrastructure towards the wellbeing of the people.
3.3 Location and Size

The Mpohor District was carved out from the former Mpohor Wassa East District with legislative instrument (L.I) 2019 in line with article 241 of the 1992 Constitution of the Republic of Ghana and section 3 of the Local Government Act, 1993 ACT 462. Mpohor District is located at the south-eastern part of the Western Region covering a land size of 524.534 Square Kilometres with a total population of 42,923 (GSS, 2010 PHC). It is bounded on the North by Tarkwa-Nsueam Municipal Assembly, North East by Wassa East District, south-west by Ahanta West District, South by Sekondi-Takoradi Metropolitan Assembly and South-East by Shama District Assembly. The District capital is Mpohor, which is 19 km off the Takoradi-Aguna Nkanta main road.

Figure 2: District Map of Mpohor in Regional Context

SOURCE: District Assembly Report, 2017
The location of the District enables easy access to the regional capital. Notwithstanding this, the poor nature of the road network delays movement of people to the Regional Capital. The District in terms of trade is strategically located since it is able to transact business with all the five (5) other Districts it shares boundaries with, hence transportation of goods and services to and from the District to the other Districts is done with easy encouraging inter Districts trade.

These features of the location of the District help boost economic activities which in turn lead to an increase in per capita income of people in the District. Poor housing quality and lack of many basic facilities also affect the built up areas. Inadequate toilet facilities for example in many settlements results in people defecating in nearby bushes. Also, erosion exists in many communities such as Mpohor, Ayiem and Adum Banso. Also, there are inadequate approved refuse disposal sites, lack of proper drainage systems in most of the communities.

Figure 3: District Map of Mpohor

SOURCE: District Assembly Report, 2017
3.4 Population.

According to the 2010 Population and Housing Census (PHC), Mpohor District has a total population of 42,923 people consisting of 21,486 males and 21,437 females with greater proportion (74.8%) of the population residing in the rural areas and 25.2 percent in the urban areas. Table 4.5 gives the breakdown of sex, age and residence disaggregation.

Table 1: Age-Sex Structure and Type of Locality

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Both Sexes</th>
<th>Male</th>
<th>Female</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>42,923</td>
<td>21,486</td>
<td>21,437</td>
<td>10,826</td>
<td>32,097</td>
</tr>
<tr>
<td>0-14</td>
<td>17,149</td>
<td>8,759</td>
<td>8,390</td>
<td>4,092</td>
<td>13,057</td>
</tr>
<tr>
<td>15-64</td>
<td>24,004</td>
<td>11,956</td>
<td>12,048</td>
<td>6,311</td>
<td>17,693</td>
</tr>
<tr>
<td>65+</td>
<td>1,770</td>
<td>771</td>
<td>999</td>
<td>423</td>
<td>1,347</td>
</tr>
</tbody>
</table>


It can be deduced from table 4.2 that, 40.0 percent of the total population of the District is aged 0-14 years, whilst the proportion for those aged 65 years and above is 4.1 percent with those within 15-64 years being 55.9 percent. From the data above, it is clear that the district has quite very good proportion of the working age group (15-64 years) as compared with regional average of 88.3%. The District can boast of a low dependency ratio 78.8% as at the year 2010. This means there would be less pressure on persons who take care of their dependents.

The sex ratio of the District is 100.2 males to 100 females. The total fertility rate (TFR) of Mpohor District is 4.3 which are higher than the regional rate of 3.6. Using the Regional growth rate of 2.0% as per the PHC, the population is projected as 49,372 as at
2017. It is expected to increase to 50,370 in 2018, and 53,484 by the end of the planning period (2021).

### 3.4.1 Target Population

The target population for the research work was all those who are eighteen and above who uses and been affected by the selected social infrastructure within Mpohor District.

### 3.4.2 Sampling Frame

The listed population will be cluster into farmers, traders, drivers, teachers, students and health personal. The study will assess the selected social infrastructure available to know which ones are in good and bad shape and those that are not present within Mpohor District and their impact on the community members.

### 3.5 Sampling Size

The sample size is determined using the Yemane (1967) method. Formula below is to ensure good precision and prevent too small a sample size and prevent bias; below is the procedure:

\[
n = \frac{N}{1 + N(\alpha)^2}
\]

Where \( n \) is the sample size, \( N \) is the sample frame (105) and the \( \alpha \) represents the margin of error (0.02) with confidence level of 98%. By substituting 105 and 0.02 into the formula:

\[
n = \frac{105}{1 + 105 (0.02)^2}
\]
\[ n = 100.76 \]

Therefore the sample size for which primary data was collected from for the research was hundred (100) and would ensure a true reflection of responses needed, thus ensuring representativeness, validity, objectivity and reliability of the study since they are all using the same social infrastructure and are at the same geographical location.

### 3.6 Sampling Techniques

Both probability sampling and non-probability sampling techniques was used to select the respondents. Probability sampling is a quantitative design which every unit of the population has an equal chance of being selected for the sample (Kothari, 2004). It offers a high degree of representativeness. Under this, cluster sampling techniques was used to group farmers, traders, drivers, and health personals; it is based on specific, naturally occurring group (clusters) within a population. The two stage cluster will now be used to select the sample needed from each cluster.

Non-probability sampling is a qualitative design which does not follow the theory of probability in the choice of elements from the sampling population. Non-probability sampling designs are used when the number of elements in a population is either unknown or cannot be individually identified and as the research work will investigate the social infrastructure contributions into the rural livelihood it will be moral to use non-probability.

Under this, purposive sampling techniques was used to collect data, as it will enable get the historical reality, describe a phenomenon or develop something about which only a little is known no the contribution of social infrastructure to the rural livelihood. Again it
is a sampling strategy for qualitative research but can also be used in quantitative research where predetermined number of people will be selected, who are in the best position to provide needed data for the study for example the District Assemble, Opinion leaders, and other organisations (Kumar, 2011).

3.7 Data Collection Tools

In order to achieve the objectives of the research, data was obtained from both primary and secondary data. Primary sources data was obtained directly from selected community members and relevant institutions by the use of questionnaire, interviews and observation (non-participant observation). Secondary data was gathered from information already documented which was obtained from records of the District Assembly, books, journals and so on. Secondary data was used in the study because; it will improve measurement by expanding the scope of variables and definition of variables and concepts.

The tools which shall be employed in gathering data include; Interviews, According to Burns (1997: 329), ‘an interview is a verbal interchange, often face to face, though the telephone may be used, in which an interviewer tries to elicit information, beliefs or opinions from another person’. As both structured and unstructured interviews methods will be use, structured interviews will be used at the District Assemble, Health facility, some opinion leaders and some of the selected members in the cluster for them to answer questions as specified in the interview schedule be open and closed ended.

Unstructured interviews was used to obtain data from the opinion leaders, farmers, traders, drivers, health personals and District Assemble.
Questionnaires was administered in two ways: collective administration, administering a questionnaire through obtaining a captive audience such as farmers, drivers and market women. This ensures a very high response rate as you will find few people refusing to participate in your study and the method is through administration in a public place. Sometimes you can also administer a questionnaire in a public place such as a health centre and District Assemble (Kumar, 2011).

Observation was another tool used where non-participant observation will be use, According to Kothari (2004) these is when the observer observes as a detached emissary without any attempt on his part to experience through participation what others feel, the observation of this type is often termed as non-participant observation. (When the observer is observing in such a manner that his presence may be unknown to the people he is observing, such an observation is described as disguised observation.). These tools was used to obtain data from the nature of these social infrastructure and it’s contributes to the livelihood of the people.

3.8 Data Analysis

Equal importance was given to both qualitative and quantitative methods of data analysis. Qualitative was presented in descriptive form and quantitative data was analysed using tables, percentages and diagrams. The analysis of data gathered from the study will be manually ranging by editing, coding and tabulation. The analysis was done by using Statistical Package for the Social Sciences (SPSS) and the processing of data was done manually.
3.9 Ethical Consideration

Ethical clearance was sought from the ethics committee of Mpohor District Assembly. Also written consent was obtained from the regional or district statistical department before data was collected. At the time of data collection, participation in the study was based on the willingness of the respondents. Informed/verbal consent was obtained from the participants. Privacy, confidentiality was maintained by reporting findings in groups and not mentioning respondent’s identity in the report.
CHAPTER FOUR

4.0 FINDING AND DISCUSSIONS

4.1 Introduction

This chapter presents and analyses the socio-demographic characteristics of the respondents. Relevant aspects of the characteristics that hinge on the social infrastructure provision and its contributions to the livelihood are discussed. These include: issues on social infrastructure in Mpohor and outcome of the contribution to livelihood.

4.2 Socio-Demographic Characteristics

4.2.1 Sex of Respondents

Out of Mpohor’s population of about forty two thousand nine hundred and twenty-three (42,923) people, hundred (100) people were sampled to be interviewed. Out of the hundred (100) interviewed, sixty-two were males representing sixty-two percent (62%) and female were thirty-eight representing thirty-eight (38%) respectively. This comprises of both the youth and the aged who predominantly use the various infrastructure within the district. Below is a pictorial representation of the sex characteristic of the respondent as showed in figure 4.
Figure 4: Sex of Respondents

From the figure above, it illustrate that males are more than the females as it can be seen in the population of the district. This shows how men contribute more to the national development.

4.2.2 Age of Respondents

Out of the total number of 100 respondents, fourth-three (43) respondents were in the age bracket of (18-28) years of age which represented forty-three (43%) percent where thirty-nine (39) respondents’ representing thirty-nine (39%) percent fall within the age bracket of (29-49) years, sixteen (16) of our respondents represented sixteen percent (16%) fall within the age bracket of (50-70) years and two (2) respondents were in the age bracket of (80+) years representing two percent (2%).
From figure above it is clearly see that, the active workforce of the population are more than the dependent population as most of their activities depends on social infrastructure, the 2010 Population and Housing Census confirms that in their report which indicates that between the ages of 15-64 (both sex) are twenty-four thousand four (24,004) and the depended within the ages of 0-14 and 64+ are eighteen thousand nine hundred and nineteen (18,919).

**4.2.3 Level of Education of Respondents**

From the figure below, it can be deduce that, twelve (12) people who were interviewed out of the 100 sampled obtained Primary education representing twelve percent (12) as forty (40) of the respondents who represent forty (40%) percent obtained Junior High School education. Again, twenty-four (24) of the respondents’ representing twenty-four
(24%) percent also obtained Senior High education and sixteen (16) respondent who also represent sixteen (16%) had obtained Tertiary education but eight (8) of the respondent who also represent eight (8%) present had never been to school. This analysis is then present pictorial in figure 5 below.

Figure 6: Education Level of Respondents

According the 2010 PHC, about 21,116 people are in the school going ages. Out of the total population within the age bracket, 15,373 are currently in school consisting of 7,922 males and 7,451 females. From the analysis, one can conclude that about 5,743 children of school going age are currently out of school. This situation is as a result of lack of schools within some communities especially the remote areas of the District. This report is a true picture of figure 5 above as most of them fall below the reference line.
4.2.4 Occupation of Respondents

Data generated from the field indicate that out of the sample size of 100, thirty-six (36) respondents representing thirty-six (36%) were fully engaged in farming, the major economic activity undertaken in the District is farming. It is estimated that about 63.9 percent of the households in the District are into agriculture. Another thirty-six (36) of the respondents are traders who represent thirty-six (36%) percent, six (6) of the respondents are health workers who also represent six percent (6%) while (6) six of the respondents represent (6%) six percent were drivers. Teachers who were interviewed were (12) twelve contributed twelve percent (12%) of the respondents and four (4) respondents representing (4%) four percent were in other occupation like small scale mining (Galamsey) and other were unemployed.
The information which is presented pictorially above indicate that only a few of the respondents are in the formal sector and the major are in the informal sector. According to the 2010 population and housing census, the total population within the working ages (15 years and above) is 25,774 people. Out of this figure, 19,503 people representing 75.7% are economically active. Out of the economically active population, 18,867 representing 96.7% are employed and 636 representing 3.3% are unemployed. The economically inactive population is made up of 6,271 representing 24.3% people.

4.3 Issues on Social Infrastructure

4.3.1 Social Infrastructure in the District

The research seek to investigate into some selected social infrastructure in the district, from the seven selected social infrastructure and with the sample tools used in this research work (questionnaires, interview and observation) it is realized that, School dominated among the seven selected social infrastructure with 34% followed by Health facilities with 33% as both Market and Potable water represent 9% finally Roads, Toilet facilities and Community centre represent 5%.

From the pictorially below, it is seen that the district have a lot of schools facilities and health facilities as both combined to score 67% of the total infrastructure which also means that the District has inadequate potable water, good roads, market, toilet facility and community centre.

From the District report (2017) it was indicate that the District has a poor road network conditions making some of the settlements inaccessible especially during rainy season. For instance, the road linking Kejebir to the District capital is very bad.
Figure 8: Social Infrastructure in the District

The total educational facilities in the District are 128 which comprise of 49 Pre-schools, 49 Primary schools, 29 Junior High Schools (JHS) and 1 Senior High School (SHS). This shows an increment of about sixteen (16) new educational facilities in the District from 2014 to 2017. There are Thirteen (13) health facilities in full operation in the District. This means there has been an increase of 3 from 2014-2017.

The Community Water and Sanitation Agency through its Sustainable Rural Water and Sanitation project has constructed 8 number boreholes and institutional latrines (10 number 3 setter KVIP for boys and girls) in six communities in the District. Markets with well-developed structures can be found in Adum Banso and Mpohor only.

4.3.2 Access the Nature of Social Infrastructure

The school infrastructure situation in the District is very appalling. Schools without infrastructure far outnumbers those with infrastructure. For instance, there are only 6 teachers’ accommodation facilities, 4 schools with Libraries and only 1 ICT laboratory
for the entire district. Again, only seven (7) Head teachers have accommodation facility with two of such facilities in bad condition. These affect teaching and learning hours as well as supervision.

The challenges facing the education directorate in the District are enormous, notably amongst them are high number of non-professional teachers especially in private schools, the delay in release of capitation grant, inadequate social amenities in remote areas also hampering teachers motivation to be posted to rural area, accommodation for staff as well as teachers, inadequate office space for the directorate which consequently affects the delivery of quality of service as most of them are demotivated to give up their best.

**Figure 9: The Nature of Social Infrastructure**

The three (3) new additional health facility are Wiredukrom, K9, and Botodwina. However, it is worthy of note that, K9 and Botodwina facilities are uncompleted. It can
be concluded majority of the facilities are government owned except BOPP clinic which is operated privately.

The Doctor patient ratio in the District is 1:42923 which is very high. The health sector is not only faced with inadequate health facilities and personnel but is logistically challenged. These difficulties make it impossible for the directorate to execute most programmes aimed at bringing health care to the door step of citizens. Also clients with ailments which could have been treated in the health centres are referred to other facilities outside the District.

The importance of water cannot be overemphasized. It is therefore not surprising that, ensuring availability and sustainable management of water for all is the 6th goal of the Sustainable Development Goals. Over the years, access to potable water in the District has improved considerably through the efforts of the District Assembly and other partner organization.

Adansi community benefitted from 10 seated Public toilet during the planned period but Inadequate and bad nature of toilet facilities for example in many settlements results in people defecating in nearby bushes.

There are numerous market links by which products reach the various markets in their fresh and quality state, making these crops affordable but still there are inadequate and bad market facilities in most of the communities. Because of that during the year under review, one of the achievements of the district was the upgrading of Mpohor market which included extension, filling and landscaping of the market, construction of Market shed toilet and urinal at Adansi.
4.3.3 Types of Health Facilities

Currently there are more CHPS compound in district than any other health facility as many of the responded believe that these health facilities are in bad shape, this can be referred from Figure 8 above. According to District Health Directorate report 2017, There are Thirteen (13) health facilities in full operation in the District, which three (3) are Clinic at Manso, Adansi and the last one is a private clinic at BOPP, the District has only one (1) Health Centre at Mpohor the District capital and the rest of the nine (9) are all CHPS compounds.

Figure 10: Health Facility(s) in the District

Figure 9 above indicate that out of the 100 respondent fifty-six (56) representing fifty-six percent (56%) had CHPS as their health facility, forty respondent (40) represented forty (40%) percent had clinic while four (4) for the respondent who also represent four (4%)
percent had Hospital (Health Centre). This is a true picture that the people in the District access CHPS compound more than any other health facility in the District.

4.3.4 Level of Education

Education is undoubtedly the main fundamental factor which enhances the quality of human resource of a nation and this is depended on the availability of educational facilities. According to Ghana Education Service and Municipal District Assembly report 2017, the total educational facilities in the District are 128 which comprise of 49 Pre-schools, 49 Primary schools, 29 Junior High Schools (JHS) and 1 Senior High School (SHS).

This shows an increment of about sixteen (16) new educational facilities in the District from 2014 to 2017. The District is divided into five circuits, an addition of 2 more circuits during the years under review. The five circuits are Mpohor, Manso A, Manso B, Dominase/Ayiem and Adum Banso circuits. With regards to education, the District was able to construct 2 No. 6unit classroom block with ancillary facilities at Adum Banso and Akotrom with that of Adum Banso completed and handed over whiles that of Akotrom is about 49% completed. Also, a nursery school block has been put up in Mpohor.

The total enrolment for pupils attending school from nursery through to Senior High is Sixteen Thousand, One Hundred and Twenty-Six. Out of these, 51.2% are boys with 48.80% girls. The school infrastructure situation in the District is very appalling. Schools without infrastructure far outnumbers those with infrastructure. For instance, there are only 6 teachers’ accommodation facilities, 4 schools with Libraries and only 1 ICT laboratory for the entire district.
Figure 11: Type/Level of School in the District

Again, only 7 Head teachers have accommodation facility with two of such facilities in bad condition. These affect teaching and learning hours as well as supervision (GES, MDA, 2017).

4.3.5 Source of Drinking Water

The main sources of water for the people in the District are pipe borne water, bore holes, hand dug wells, and rivers. Figure 11 below show the source of drinking water by respondents. Out of the 100 respondents, fifty-four (54) respondents representing fifty-four percent (54%) water from borehole, twenty-seven (27) of the respondents have pipe as their source of drinking water which represent twenty-seven percent (27%) of the sample size, fifteen (15) of the respondents also drink from mechanise borehole which represent (15%) fifteen percent and four (4) for the respondents still drink from the rivers in the community representing four percent (4%) of the total simple size.

This is known surpluses because data from the District Assembly Report 2017 indicate that, the district have seven (7) Pipe system, thirty-three (33) Boreholes been mechanise
or non-mechanise and thirty-three (33) also been Hand Dug well. A total of seventy-three (73) water source is what the district total population of 42,923 depends on.

Figure 12: Source of Water

More than 70% of the total population has access to safe water sources which are pipe borne water and boreholes. However, illegal mining activities have become a serious canker nationwide and the district is not an exemption. These possess major threat to water bodies due to the high rate of pollution of these water bodies. This situation likely to affect the future water security in the district and hinder the achievement of the sustainable development goal 6 of ensuring availability and sustainable management of water and sanitation for all.
4.3.6 Types of Toilet Facility(s)

From the data gathered during our field survey as shown in figure 12 below, it was realized that fifty-four (54%) percent of the respondents use KVIP, eighteen (18%) percent use Water closet while fourteen (14%) percent resort to open defecation and the remaining fourteen percent (14%) use other means like the Pit latrine. According to Environmental Health Unit, 2017 report of the district, the district can boast of only nineteen (19) toilet facilities and the break downs are Pour flash toilet is nine (9), Water Closet toilet nine (9) and Local toilet one (1).

Figure 13: Toilet Facilities in the District

From the table above, it can be seen that more than half of the population in the District still resort to open defecation due to the bad nurture and inadequate toilet facilities as seen in Figure 8 and also use of the crude dumping method of waste disposal. These have
serious environmental and health consequences because, poor hygienic conditions easily make people vulnerable to diseases such as diarrhoea, cholera and malaria.

An organization called Global Communities through their Community Led Total Sanitation (CLTS) project aimed at inspiring and empowering local communities to stop Open Defecation (OD) by constructing cheap and affordable household toilet facilities. The first ten communities for the first phase of the project are; Alhaji Akura, Oseikrom, Tsimtsimhwe, Obeyeyie, Sankrom, Obrayebona, T-Junction, Bosompra, Abudukrom and Memunakrom. Aside these, it is also supporting five (5) schools namely, Mpohor Methodist JHS, Mpohor DA JHS, Manso St. John’s Methodist Basic and JHS, Angu Anglican Primary/All Saints Anglican KG and Primary and Adum Dominase St James Anglican Primary with 4 seat KVIP each.

4.3.7 Roads in the District

**Figure 14: Types of Road in the District**

The major means of transportation in the district is by road, the research seek to look at the type of road been use in the district. From the hundred (100) respondents fifty-eight
(58) representing fifty-eight percent (58%) of the respondents access a dirt road, twenty-three (23) of the respondents which represent twenty-three percent (23%) use access road while seventeen (17) of the total respondent representing seventeen percent (17%) have street and the rest of the two percent (2%) which represent two (2) respondent from the total hundred (100).

In spite of this, the District has a poor road network conditions as it can be seen in figure 8 above, making some of the settlements inaccessible especially during rainy season. Generally, accessibility to facilities or services, interaction within the communities in the district and with other Districts is very poor. The bad nature of most of the roads affects productivity and also impedes the implementation of developments projects. Examples are the Mpohor-Kejibril road and the Wiredukrom road.

4.3.8 Social Infrastructure Contribution in Livelihood

Data generated from the field indicate that, out of the sample size of 100, fifty-nine (59) of the respondents which represent fifty-nine percent (59%) believes that existence of the various social infrastructure has contributed to their livelihood significantly. According to the respondents, children’s ability to read has increase, people are living better live now because they have better jobs doing, while a lot of literates and noble people now live in the district.

Wards do not travel to far communities as there is easy access to basic education and because of the free secondary education policy parents now save money for other activities, it has also created jobs are some parents sale in the school, other are teachers and non-teaching staff who receives income. The health facilities has also improve
quality of life, easy access health centres has it has reduce mortality, morbidity and outbreak of disease are controlled easy in the in the district. Access to affordable and portable water has reduce water born disease such as diarrhoea, acute eye infection etc.

The roads has made it more easier for people to move from one community to another, low accident rate and easy transportation of farm products and other general goods from one community to the another and from the district capital to the other communities, which make buying and selling easy as income generation increases. Again, it makes communication easier when CHPS refers a patient to the district health facility the patient get there on time.

The present of market in the communities able the local farmers sell the farm product if ease and has people also travel from the district capital to the other communities to buy goods whiles others travel from different communities to the district market to also trade, which is a source of employment to people and by the end of the day, they earn some income.

The toilet facilities are not much and some in their bad state but it has help reduce the open defecation in the community which has improve sanitation issues in the communities and also reduce their vulnerability for diseases outbreak in the communities.

The community centre is use as an entertainment grounds and also a ground for meetings for funerals and community gathering.
The rest of the forty-one (41) who represent forty-one percent (41%) of the respondent also disagree to the fact that, social infrastructure has not contributed to their livelihood. According to them, because there are no schools or bad school facilities and students also travel to other communities to seek for education in their communities has cause high rate of drop out cases in their communities. Leading to high rate of illiteracy, increase of social vices, majority of the youth have gone into galamsey operation to make ends meet. Again luck of health facilities is causing their lives as some communities do not have health facility, those who also have health facilities lack health equipment which is leading to high rate of mortality in the communities as most of the patients who are referred to the hospital die on their way and the ratio of health workers to the community is high as there are few health workers in the communities (community members overshadow the health workers).
There are no better hospital in the communities, all emergency cases are referred to the district health facility as that is causing a lot of lives.

The source of water for people in some of the communities in today’s world is unbelievable as some of the people in the communities drank directly from the rivers, rain water and hand dug well which is causing a lot of water borne diseases like diarrhoea, typhoid among the people in the communities. People die because of these water borne diseases as some of these rivers are contaminated by the galamsey activities whiles others who had the pipes and boreholes in the communities saw the location of the pipes or the boreholes to be far from the township.

Which negatively affect them, it is time consuming as one needs to walk a distance for the water.

The bad nature of the most of the roads in the district causes motor accident, transportation of goods from the rural communities to the urban becomes very difficult especially during the raining season, it is not only about the transportation of goods but also referral of patients has become difficult, also some eventually die on the way. Unfair charges from drivers, breaking down of car are all negative effect on the people.

The inadequate or no market facilities in some communities in the district trader are force to roam within the communities to sell their goods. And they only make some few sales, women and children are the most vulnerable ones, as they move to the road side to sell. Again some of the farm product get rotten because they are not sold in time and others walk to other communities to buy needed items.

The lack of and inadequate toilet facilities in the district is leaving the people with no option but to do open defecation, from men to women to children. Sanitation is one of the
district Assembly major problem, as the people have use their refuse dump as their toilet facility. Beside that, the bushes and the road side are all use as toilet site. That is why Malaria is confirmed topping (1st) in all OPD cases and Diarrhea is the fourth (4th) in the district according to District Health Directorate report 2017.

The absent of community centre in some of the communities has deprive them from entertainment, which has led to high birth rate especially among the youth. Again there is no proper place for community gathering for example funerals gathering.

4.3.9 Social Infrastructure Contribution to the development of the District

Figure 17: Contribution of Social Infrastructure to the District Development

The figure above, indicate that fifty-nine (59) of the respondent representing fifty-nine percent (59%) of the total sample of hundred (100) indicate that, social infrastructure has contributed to the development of the district and the respondents have seen significant changes in the district.

The availability of school and health facilities has brought about employment as some of the youth in the district are employed as teachers and health workers respectively. Some women also sell in the schools as it has become a source of employment to them. There
are improvement in the social and economic condition of the people which reflect in the development of the district.

The reduction of the mortality and improvement in the sanitation is also a factor where people migrate from other district to Mpohor District to work which gives revenue to the district. This revenues are used for developmental activities which improve the development of the district.

Productivity has also increase because there is an improvement in road network and the accessibility of market place is easy as farmers can transport their products from the farm to the market place, and traders are able to sell their goods and services.

Another forty-one (41) of the respondent representing forty-one percent (41%) of the total sample disagree to that fact because the inadequate social infrastructure has not contributed to the development of the district. There is high rate of school dropouts which has led to increase in social vices, high rate of teenage pregnancy and migration from the district to other district as these factors leads to deprivation of development in the district.

4.4.0 The Outcome of the Contribution to Livelihood

4.4.1 Social Infrastructure change Livelihood Totally

Out of the 100 simple size, seventy-four (74) of the respondents who represent (74%) seventy-four percent did indicate that social infrastructure has change their livelihoods totally, twenty-six (26) respondents represent twenty-six (26%) percent have not seen any change in their livelihoods according to the seventy-four of the respondents, there has been improvement in their health because there has been improvement in drinking water.
Again, the existence of the social infrastructure has created jobs for them which has also increase income, wages and sales.

**Figure 17: Social Infrastructure Change People’s Livelihood**

Transportation of farm products to the nearest market is easy, the literacy rate in the district has increase which has reduce school dropout rate and the district is benefiting from the free education policy because of their secondary high school which has motivated the children to study and enjoy this policy. In total, social infrastructure has change the socio-economic development of their lives.

The other twenty-six (26) respondent sees no change in their livelihood, poor sanitation increase outbreak of diseases in the district which lead to high mortality rate and there is high dropout rate in the schools leading to high illiteracy rate and social vices in most of
4.4.2 Total Contribution of Social Infrastructure in Livelihood

From the data gathering during the field survey as showed in figure 17 below, it was realized that seventy percent (70%) of the respondent livelihood have improve positively as a result of the availability of the social infrastructure within district. Thirty (30) percent of the respondents livelihood have not improve, their livelihood have not change it is the same even with the existence of social infrastructure within the district.

Figure 18: How Social Infrastructure Contribute to Peoples Livelihood

In average, the contribution of social infrastructure has brought positive change to the livelihood of the people in the district which can be noted in figure 16 above. From the
improvement of water, additional schools, reconstruction of toilet facilities, improvement in the health facilities indicates the positive change in the lives of the people. And these has play a part in their socio-economical living condition.

From observation the negative result indicate there is a room for improvement as the District Assembly must reach out to the rural communities’ in the district with newly build or reconstruct the exiting social infrastructure to meet the needs of the populate.

4.4.3 Social Infrastructure Indicators in the District Development

From the investigation social infrastructure has play a major role in the District development, has the respondents testify in the figure 18 below indicating that social infrastructure plays a positive role in the development of the district and its communities. Seventy-two (72%) percent of the respondent reorganize positive change in the district, the positive indicates include; there has been high standard of living within the district, reduction in social vices also because there are more school in the district than before and most of the youth are enrolled in school as some of them are working to make ends meet, again maternal death in the District has reduce due to the additional and improvement in some of the health facilities.

The district is doing everything possible in the area of water and sanitation. Due to this, there has been a high standard of healthy living among the people, the farmers are out lift out of this they seen high productivity and sells of farm products because of accessibility of market and road from the District capital to the other communities. Child labour has reduce in the District and there has been increment in the enrolment of student, as access to education is easier now because there are more schools in the District.
In health, the District Assembly continuously build Community-Based Health Planning and Service (CHPS) within the communities to enhance community involvement and ownership of primary health care interventions towards achieving universal health coverage, finally their commercial activities has also increase which is generating income for the people.

Figure 19: Social Infrastructure Contribution to the Development of the District

The rest of the twenty-eight (28%) of the respondents felt the inadequate social infrastructure has led to negative changes in the District, these negative indication includes; high mortality rate in the district due to inadequate health workers, facilities and the doctor patient ratio in the district is 1:42923 which is very high. The health sector is not only faced with inadequate health facilities and personnel but is logistically challenged. Sanitation has not improve as people still do open defecation, their source of water is bad because some communities source of drinking water is the hand dug well as
there has been high rate of disease in the community especially those in the rural communities.

The rate of school dropout has increase which is leading to high social vices in some of the rural communities, again some of the student go into galamsey business. This is because, the District has one Secondary school and some of the rural communities do not have better educational facilities and quality teachers making children dropout from school. Payment of school fees is difficult as some of the parents in the rural communities do not have any proper work to do.

4.4.4 The District Assembly view on Social Infrastructure

From the interview conducted at the district assembly level, toilet, refuse damp, market and community centre were the main social infrastructures which were inadequate in the rural communities, those which are in bad conditions are the toilet facilities, water and roads.

What is accounting for this inadequate social infrastructure are inadequate funds from both the central government and internal generated funds to meet the demand for the provision of these social infrastructures especially within the rural settings in the districts as they suffer most, again political influence accounts for these inadequate infrastructures.
CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter is a presentation of the conclusion drawn from the analysis made in the previous chapter. It aims at presenting major findings, drawing conclusions and making recommendations with regards to the study area. The first part looks at the major findings obtained from the data analysed.

5.2 Major Findings

5.2.1 The Existence Social Infrastructure

With reference from the data analysis on the issues on social infrastructure, the district is a new district which is lacking and has inadequate social infrastructure. The few once they have are roads, electricity, toilet, market, community centre, school, health facilities, water and sanitation.

In reference to figure 8 most of these social infrastructure are in bad shape and condition especially those in the rural communities within the district, they have 128 educational facilities, 13 health facilities, 8 boreholes and 10 setter KVIP.

Most of the rural communities are not beneficially in these infrastructure, as the District Assembly is looking forward to expend there infrastructure.

5.2.2 Social Infrastructure Contribution in Rural Livelihood

Some of the causes of poverty in the district according to the District Poverty Mapping are: low level of education, poor road network, inadequate health facilities, lack of
potable water and inadequate school infrastructure. However, the District is prone to social vices such as teenage pregnancy, school drop-out and the spread of diseases such as HIV among others.

These are major challenges within the rural communities in the district as those communities in the district with most of the social infrastructure have seen their socio-economic live improve even those with the inadequate have also seen such a change in the livelihood also.

In average with the poor and inadequate social infrastructure within the district has contributed to the livelihood of the rural dwellers as most of the responded have seen great change in their livelihood.

5.2.3 Indicates of Contribution in Rural Livelihood

School enrolment figures for the District for the 2016/2017 academic year for pupils attending school from nursery through to Senior High is Sixteen Thousand, One Hundred and Twenty-Six. The 2010 PHC also revealed that majority of the Districts population aged 15 years and older are self-employed without employees (58.9%) followed by those who are employees (21.4%). Females who are Self- employed without employee(s) are more than their male counterpart in the same category.

The higher percentage of rural areas makes it difficult for the District to plan and the proved social and technical infrastructure such as Boreholes and other facilities due to the lower threshold. Most of the communities in this vein have their basic needs unmet and as such low living standards. However, practices such as co-habitation and child labour
which can aptly be described as either a national or continental problem persists in the District, especially in the “galamsey operating communities.

5.3 Conclusion

The study draws its conclusion based on both qualitative and quantitative data generated from Mpohor District. Inadequate social infrastructure has not received the needed attention from government and other policy makers. And key stakeholders in the infrastructure sector in Mpohor District. The research work explored in a wider context social infrastructure contribution in the livelihood of the rural dwellers.

There are evidence from the research that, social infrastructure contributes to the livelihood of the rural dwellers, it improve the socio-economic living condition of the people as majority of the population are farmers who transport their products to the market and sell easily. Traders at the market centre and in the various schools generate income through their sells.

The study also reveals that, unintended birth especially among the youth has reduce within some of the rural communities because they have means of entertainment and education which sometimes contribute to the reduction of unintended birth.

From the study it was also notice that, people also migrate from different District to Mpohor District to look for jobs at the educational, health sector and most especially in the galamsey operation. Again people migration from the rural communities to look for quality education and health care in the District capital.

Furthermore the inadequate and bad nature of water and sanitation (toilet facilities) led to up OPD cases (Malaria and Diarrhoea) which increase the mortality rate in the
communities. If these facilities including the health facilities are improve, it will reduce the mortality rate.

In the nutshell, the investigation can also reveal that absents of social infrastructure led to social vices in same of the communities. Absent of schools, led to high dropout rate. And because they do not get any income by any means (job), they involve themselves in social vices.

5.4 Recommendations

There is the need to improve social infrastructure to promote and enhance the overall development of the rural dwellers. This improvement can lead to their enhancement and increase their socio-economic activities, and not only them but the community as well.

The study suggested four (4) major recommendations in improving social infrastructure.

- There should be a growing effort by Government and the Ministries to improve on the exiting social infrastructure and proved more of these services in the rural communities.

- There should be the need to sensitizing community members on fund inadequacy and urge them to pay levies to add up to what the central government brings or sends for development.

- The District should capture development gaps in the district medium development plan so to provide them.

- Inter sectorial linkage that is collaborating with Non-Governmental Organisations, Community Base Organisations and government agencies to help
the district bridge the developmental gaps in the rural communities that lack such amenities.
REFERENCES


Ban Ki-moon. (2012), “UN Secretary-General's message on World Habitat Day”, 1 October 2012. UN Web Services Section, Department of Public Information, United Nations © 2012


Centre for Development Economics, “Impact of Infrastructure on Productivity:

CIA World Factbook June 30, 2015


Jirapa District Health Administration, (2013). “Community Profile of Mpohor District Assembly” Health Information Department, 2013.


Rémy Prud’homme. 1997. “*Infrastructure and Development*” University of Paris

Springer (2016) “*Infections Diseases and Rural Livelihood in Developing Countries*”. Mphande, F.A. XV, 187 p. 21 illus. in color, Hardcover.
http://www.springer.com/978-981-10-0426-1


World Habitat Day. (2012), “*Changing Cities, Building Opportunities*” 1 October 2012. UN Web Services Section, Department of Public Information, United Nations © 2012.
APPENDICES

APPENDIX A

RESEARCH QUESTIONNAIRE

This questionnaire is geared towards seeking information on your social infrastructure and its contribution to the rural livelihood and again your opinion on its negative effect on the community. This study is for the award for master’s degree (MSc).

I will be very much grateful for your kind contribution.

Dear respondent, please your confidentiality is guaranteed.

SECTION A: GENERAL INFORMATION

Time started ………………………….. Time ended…………………………

Date of interview……./……./2017 Questionnaire No. …………………

Name of interviewer………………………………………………………………………

Name of interviewee………………………………………………………………………

District …………………………………………………………………………………

Community…………………………………………………………………………………

SECTION B; SOCIO-DEMOCRATIC CHARACTERISTICS

(Please tick where applicable and fill spaces provided)

1. Which religion do you belong to?
   a. Christianity {   }   b. Islam {   }   c. Traditional {   }   d. Other (s),
   Specify………………
2. Sex of respondent
   a. Male {    } b. Female {    }

3. Age of respondent
   a. 18-28 {    } b. 29-49 {    } c. 50-70 {    } d. 80+ {    }

4. What is your educational level?
   a. Primary {    } b. Junior High/Middle {    } c. Senior High {    } d. Tertiary {    } e. Never {    }

5. What is your main occupation?
   a. Farming {    } b. Trader {    } c. Health worker {    } d. Driver {    } e. Teacher {    } f. Other (s), specify..........................

SECTION C: ISSUES ON SOCIAL INFRASTRUCTURE

6. Which of the following social infrastructure do the community have?
   a. School(s) {    } b. Road {    } c. Health facility {    } d. Market {    } e. Potable water {    } f. Toilet facility {    } g. Community centre

7. Access the nature of the following social infrastructure

<table>
<thead>
<tr>
<th>No.</th>
<th>Social Infrastructure</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Very Bad</td>
</tr>
<tr>
<td>a.</td>
<td>School</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Road</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Health facility</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Market</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Portable water</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Toilet facility</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Community centre</td>
<td></td>
</tr>
</tbody>
</table>
8. What type of health facility is/are in the community?
   a. CHAP compound { }  b. Clinic { }  c. Hospital { }  d. Teaching Hospital { }

9. What type/level of school is /are there in the community?
   a. Cache { }  b. Nursery { }  c. Primary { }  d. Secondary { }
   e. Tertiary { }

10. What is the source of your water?
    a. Borehole (s) { }  b. Pipe (s) { }  c. Mechanise borehole { }  d. River { }

11. What kind of toilet facility is/are there in the community?
    a. Water closet { }  b. KVIP { }  c. No toilet { }  d. Others specify…………………

12. What type of road is/are there in the community?
    a. Street { }  b. Frontage/Access road { }  c. Dirt road { }  d. Arterial road { }

SECTION D: SOCIAL INFRASTRUCTURE CONTRIBUTES TO LIVELIHOOD

13. Those social infrastructure contribute to your livelihood?
    Yes { }/ No { } (if Yes move to question 14 and if No move to 15)

14. How do the following social infrastructure contributes to your livelihood

   a. School:..........................................................................................................
      ...............................................................................................................

67
b. Health facility:...........................................................................................................
........................................................................................................................................
c. Portable water:...................................................................................................................
........................................................................................................................................
c. Road:...............................................................................................................................  
........................................................................................................................................
d. Market:............................................................................................................................ 
........................................................................................................................................
e. Toilet facility:......................................................................................................................
........................................................................................................................................
f. Community centre:............................................................................................................
........................................................................................................................................

15. How do the absent/inadequate social infrastructure affect your livelihood?

a. School:.............................................................................................................................
........................................................................................................................................
b. Health facility:...................................................................................................................
........................................................................................................................................
c. Portable water:..................................................................................................................
........................................................................................................................................
d. Road:............................................................................................................................... 
........................................................................................................................................
e. Market:............................................................................................................................ 
........................................................................................................................................
f. Toilet facility: .................................................................

..................................................................................

g. Community centre: ......................................................

..................................................................................

16. Has it also contributed to the development/growth of the community?

Yes {   }/No {   } (if No, please move to question 18)

17. How has it contributed to the development/growth of the community?

..................................................................................

..................................................................................

18. Why has it not contributed to the development/growth of the community?

..................................................................................

..................................................................................

SECTION E: THE OUTCOME OF THE CONTRIBUTION TO LIVELIHOOD

19. In total, has these social infrastructure change your livelihood?

Yes {   }/No {   } (if No answer question 23)

20. How has it contributed to your livelihood?

Positive {   }/ Negative {   } (if Negative answer question 22)

21. Indicate how it has improve your livelihood

..................................................................................

..................................................................................

..................................................................................
22. Why has it not change your livelihood?

…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

23. What needs to be done before it can change your livelihood?

…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

24. In total how has it contributed to the development/growth of your community?

Positive {   }/ Negative {   } (if Positive answer question 25 and if Negative 26-27)

25. If positive what are the indicators?

…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

26. If negative what are the indicators?

…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

THANK YOU FOR YOUR ATTENTION, TIME AND CONTRIBUTION
APPENDIX B

INTERVIEW GUILD FOR THE DISTRICT ASSEMBLY

1. What social infrastructure are not in Mpohor District?

2. Which social infrastructure do Mpohor District have but are poor in nature?

3. What is or are accounting for the inadequate or absent of this social infrastructure in Mpohor District?

4. What has the District Assembly done or doing about it?