Boti Epicentre, Ghana

Date: [Nov 2023]

DATE OF SELF-RELIANCE: *Please provide the date (if possible), month and year that the Epicentre reached Self-Reliance.*	*December 2022*
DATE OF LAND DEED: *Please provide the date (if possible), month and year that the Epicentre received the Land Deed.*	*August 2022*
DATE OF LEGAL RECOGNITION: *Please provide the date (if possible), month and year that the Epicentre received Legal Recognition.*	*September 2020*
SELF-RELIANCE SCORE: *Please note the Epicentre Self-Reliance score at the point of the end-line evaluation.*	*85.76*

BRIEF PROFILE:

The Boti epicenter was mobilized in the year 2009 and the epicenter building was constructed in the year 2010. It is now a Self-reliance epicenter which has benefitted from all THPs integrated development programmes. There are eight (8) communities making up the epicenter. These are Osuboi No.1, Osuboi No. 2, Bosotwi, Obusumasua, Akorwu Bana, Ponponse, Kornya and Boti.

The epicenter has a population of 3,274 people comprising 1608 males (49.1%) and 1,666 females (50.9%). Like all other epicenters, Boti is typically made up of rural communities. The Boti epicenter hosts one of Ghana's tourists' destinations, which is the Boti Falls. Boti epicenter is located in the Yilo Krobo Municipal District in the Eastern region of Ghana.

Two major seasons are experienced in the epicenter – the Major Rainy Season (April to July) and the Minor Rainy Season (December to March). The major economic activities in the epicenter includes Agriculture, food processing (gari) and petty trading. The major crops cultivated are tuber crops (cassava), maize, plantain and vegetables. They are also involved in animal husbandry as an alternative source of income generation.

SIGNIFICANT ACHIEVEMENTS:

Establishment of social enterprise project:
One of the key criteria for an epicenter to reach self-reliance is to have a viable running income generation activity which also serves a social purpose. The Boti epicenter has been able to establish a social enterprise project through the funding support from Sweden. Two main income generation sources have been established comprising of a cold store and a bakery. The epicenter also cultivates the epicenter farm which also generates income for the epicenter. These are generating incomes for the epicenter to support maintenance activities, mobilization, development initiatives and leadership and animator activities.

Epicenter land registration:
Another significant achievement towards reaching of self-reliance was the epicenter been able to register the epicenter land to have legal entitlement. The epicenter leadership and the partner communities demonstrated commitment by mobilizing monies themselves through levying each partner community and THP provided an additional support to register the land.

Improved collaboration between the partner communities towards development:
Before THP's intervention, the 8 communities that make up the epicenter were more individualistic pursuing their own development. This was challenging because individual communities did not have the needed strength, skills and resources to solve their developmental needs. The epicenter strategy which creates a family of communities fostered an effective partnership between the communities who were able to mobilize towards the construction of the epicenter building and beyond that ensuring their progress together.

Improved healthcare delivery:
The epicenter building which has the clinic as one of its key components is successfully providing healthcare needs for the community partners within the epicenter environs. Hitherto, community members had to travel long distances, at least 13km to access healthcare. The presence of healthcare delivery system through the epicenter clinic is seen as one of the key achievements by THP as it has improved especially maternal and child healthcare. The endline evaluation results indicated that about 89% of individuals are using clinic/health workers during illness. The study also indicated that 84% of births are attended by licensed healthcare professionals.

Establishment of vocational training center:
Through the Her Choice Project, a vocational training center was established to train young women including out of school-girls and victims of teenage pregnancy in dress making skills and hairdressing. The initiative was supported with the funding from Sweden after the Her Choice project ended in 2020. A total of 11 young women were enrolled in the programme. During the Self-reliance celebration that was held in September 2023, a graduation ceremony was also held for the young women after successfully completing the programme.

TIMELINE TO SELF-RELIANCE:

Please complete the table below with the Epicentre's timeline to Self-Reliance, identifying the years the Epicentre was in each phase.

PHASE	YEAR(S)
Phase 1: Community Mobilisation	**2009**
Phase 2: Epicentre Construction	**2010**
Phase 3: Full program Implementation	**2011**
Phase 4: Transition to Self-Reliance	**2020**
Self-Reliance	**2022**
Post Self-Reliance	**2022-2024**

The Epicenter Leadership Structure

The epicenter is managed by a 7-executive body made up of the chairperson, vice-chairperson, secretary, organizer and treasurer. The 7-member epicenter executive committee (4 males and 3 females) is democratically elected with a 3-year term of office.

Aside this, there is a committee made up of 2 representatives (one male and one female) from each of the eight partner communities, making a total of 16 members that provide support to ensure the effective functioning of the epicenter. There is an Association of Chiefs and Queen mothers from the 8 partner communities who also provide the needed support to the epicenter. The epicenter has trained program animators (volunteers) who carry out sensitization and awareness creation on improved agricultural practices, gender issues, education and health. The animators include 2 ToTs, 10 Women Empowerment Project (WEP) Animators, 8 Agric Trainer of Trainees (ToTs), 10 WASH/HIV&AIDS Animators, 10 Nutrition animators and 5 Monitoring and Evaluation volunteers.

A narrative of the Epicentre's journey to Self-Reliance, including key dates, events, milestones, and challenges over the course of the entire journey. Please also identify funding received by the Epicentre including name of funder, time period of funding, and any periods where there were gaps in funding.

The Boti epicenter was part of the epicenters constructed under the Robertson's foundation which supported 38 epicenters in Ghana from 2006-2014. The epicenter therefore benefitted from the foundation from 2009 to 2014. After the funding ended, it took the initiative and support by the communities themselves to continue with some development programs and THP was able to provide very minimal support because there was no funding. In 2016, the epicenter was selected to be part of the 10 epicenters that benefitted from the Her Choice Project with focus on eliminating child marriage. The Her Choice Project was implemented from 2016 to 2020.

Eventually, THP-Sweden came in to support the epicenter towards attaining self-reliance from 2020 to 2022 with additional support of 2 years post self-reliance. The funding support ensured that Boti epicenter implemented all the major programs and projects to prepare the epicenter towards self-reliance. These included; Community mobilization, Women Empowerment and Gender Equality, Crop improvement and Food Security, Microfinance and Livelihoods Improvement, Water and Sanitation, Public Awareness, Advocacy and Partnerships Building.

SELF-RELIANCE CELEBRATION

The epicenter attained self-reliance in 2022 after endline evaluation indicated its qualification. In September 2023, together with investors from Sweden, the epicenter celebrated its self-reliance as a symbol of empowered communities capable of driving their own development. The ceremony was attended by heads and representatives of the key governmental departments within the Yilo Krobo Municipal like the Director of Health, Social Welfare, Ghana Education Service, Agric department, CHRAJ, etc. It was a well organized and attended event marked with joy by the community partners. The people of Boti epicenter also unveiled their symbol of Self-reliance which symbolized unity and the communal spirit needed to forge on with development.

ENDLINE EVALUATION:

For the endline evaluation, a mixed method approach was used in this study to collect the data to allow for triangulation of findings. Both quantitative and qualitative methods of data collection were used, including structured questionnaires, focus group discussions and key informant interviews as well as review of various reports and secondary data. Information was gathered using Samsung tablet device via iFombuilder software package for the household survey. The sampling frame consisted of 6 communities out of a cluster of 8 communities that fall within the epicenter's radius with about 697 households. In all, 203 households were randomly sampled in proportion to the number of households in the epicenter out of the expected sample of 196 households.

The MEL Officer facilitated a training and preparatory workshop for twelve (12) experienced field researchers (enumerators), most of them being university graduates. The training was done over a period of 2 days from the 24th to 25th of November 2022 using participatory approach to review rationale of the endline study, data collection tools (instruments), as well as data collection strategy and methodology. The data collectors were taken through each of the questionnaires and all difficult terminologies used were explained and translated into Krobo and Twi, the main languages spoken in the research areas.
The survey exercise covered two days including from the 30th of November to the 1st of December 2022. The enumerators were supervised by the MEL officer together with the project officer for Boti epicenter. This ensured that data collection was appropriately and professionally done. Also, any challenge encountered in the course of data collection by the enumerators was immediately dealt with by the Supervisors. After data collection, all households data were uploaded onto the iFormbuilder platform for analysis to be carried out.

Some findings from the evaluation studies;

- **Community Mobilization:**
  The epicenter has worked effectively to create a shared understanding of collaboration and community resource mobilization initiatives to promote economic growth and development in the rural communities. We saw 95% of women believe they can change their community which is excellent.

- **Gender Equality and Women Empowerment:**
  Despite the many challenges faced by women in the communities due to the entrenched socio-cultural practices, the implementation of WEP and consistent efforts to engage relevant stakeholders helped to ensure a cohesive understanding and support for women's empowerment and active participation in the communities. There is increased women participation in household and community decision making and improved women engagement in businesses.

- **Food Security and Hunger:**
  The Hunger Project agricultural program has enhanced rural farmers' knowledge and capacity to improve yield. The agricultural training improved smallholder farmers' knowledge of resilient agricultural practices. The implementation of these interventions promoted increased yield and increased access to food in the communities.

- Generally, community members' sense of improved wellbeing and livelihoods were associated with the health and nutrition and microfinance and livelihoods interventions implemented by The Hunger Project.

- The community members identified the following activities are having the greatest influence on their memories of The Hunger Project's epicenter programme: The Hunger Project's epicenter programme have influenced the community members greatly which includes

    - Construction and building of the Epicenter.
    - Increased savings culture and access to loans due to the introduction of epicenter bank in the community.
    - Improvement in health care in the community due to the epicenter clinic.

INCOME GENERATING ACTIVITIES:

Please identify and explain the income generating activities that will ensure future financial security and long-term sustainability of the Epicenter.

The epicenter identified a couple of income generation activities through consultations and feasibility studies with community partners. The epicenter has successfully established three income generation activities which serves as social enterprises as well. These include:

1) Cold store
2) Bakery
3) Epicenter farm

These sources of income are expected to provide the finances needed to sustain the activities of the epicenter post self-reliance.

FUTURE PLANNING:

Now that the Epicentre is Self-Reliant, what plans does the community have for the future? Please detail the Epicentre's Sustainability Plan.

Post Self-reliance, the epicenter leadership has discussed and put in place measures to ensure sustainability of the gains made and continue to make progress. Below are some of the key strategies to promote sustainability of the epicenter strategy.

Epicenter leadership/Trainer of Trainers

1. Ensure the organization of and participating in monthly epicenter committee meetings.
2. Monitor and support the work of all components of the epicenter infrastructure.
3. Continue to hold VCA sessions to promote community mobilization in all communities.
4. Form and put a committee in place to oversee the epicenter building and ensure it is maintained continuously to avoid damages and defects.

Community Mobilization

1. Organize quarterly meetings involving chiefs, religious leaders, opinion leaders and other key community members to continuously discuss measures to support epicenter activities.
2. Monitor activities of epicenter committee.
3. Resolve conflicts among partner communities and individuals.
4. Ensure regular accountability by epicenter committee and program animators.

Sustainability of social enterprise project

1. Organize public announcements in and around epicenter communities about the social enterprises and services being rendered to promote market and improve income.
2. Ensure that all incomes generated from the social enterprises are deposited in the bank.
3. Organize monthly committee meetings to discuss measures towards improving income generation in the epicenter.

4. Organize quarterly accountability meetings at the epicenter.
5. Identify potential market places to expand or establish branches of the social enterprise project.
6. Collaborate with partners to support in skills development training for youth within the epicenter.

Sustainability of the epicenter clinic/healthy communities

1. Link up with district health directorate to ensure the continuous postings of nurses and midwife to the epicenter clinic.
2. Work hand in hand with resident nurses and health directorate to ensure regular supply of essential drugs at the clinic.
3. Organize monthly sub-committee meetings with resident nurses to discuss health matters affecting the members of the epicenter.
4. Mobilize members of partner communities to undertake monthly general cleaning in epicenter communities.
5. Collaborate with resident health personnel to educate pregnant women to regularly attend ante-natal, ensure supervised deliveries and attend child weighing clinics.

Literacy and Education

1. Educate parents on importance of sending their children to school.
2. Link up with head teachers to arrange and participate in PTA meetings in epicenter schools each term to discuss measures towards improving education in the epicenter.
3. Link up with district education directorate to ensure the posting of teachers and provision of teaching and learning materials (TLMs).
4. Pay termly visits to epicenter schools to interact with pupils and school authorities to identify and help resolve challenges confronting the schools.
5. Link up with District Education Directorate and other partners for support towards the execution of educational projects such as building classrooms, teachers quarters, provision of recreational facilities, library and computers.
6. Collaborate with girl-child education unit of the Ghana Education Service to promote the enrolment and retention of girls in epicenter schools.
7. Collaborate with the district education directorate, department of social welfare and community development, and other partners to deal with child labor issues affecting education in the epicenter.

Food Security and Agriculture

1. Collaborate with Department of Agriculture to educate members of epicenter communities on the adoption of improved farming methods.
2. Organize monthly committee meetings to review agricultural activities in the epicenter.
3. Collaborate with other organizations to train farmers on value addition.
4. Mobilize farmers and food processing groups to participate in exhibitions shows.

Partnership with the District Assembly

- The Epicenter leadership has a signed MoU with the District Assembly to support activities at the epicenter. The epicenter has also registered with the Assembly as a Community Based Organisation inorder to be recognized as a major stakeholder to make input on major development decisions at the District. There are also strong collaboration with various District Assembly departments, mainly the Ghana Health Services, District Directorate of Agriculture, Ghana Education Service and Department of Social Development to ensure sustainability of all epicenter programs.

DEMONSTRATED SHIFTS IN COMMUNITY CAPACITY AND CONDITIONS AGAINST SELF-RELIANCE INDICATORS, NOTABLE HIGHLIGHTS, CHALLENGES AND IMPACT:

Self-Reliance Indicators	Program Narrative
Indicator 1: Mobilize rural communities to achieve their own development goals. *e.g., our work around vision, commitment and action workshops, effects of mindset shift in the village partners, initiatives from the community which demonstrate taking matters of development in their own hands, initiatives from Community Leadership Committee etc.*	To mobilize rural communities to continuously set and achieve their own development project, epicenter meetings were organized to review progress towards self-reliance and strategies to deal with existing gaps. Among the issues discussed included maintenance of the epicenter building, communities contributing to pay for epicenter land compensation, strengthening partnerships among partner communities and local government authorities, and departments. As a result, the leadership of the epicenter embarked on an exercise to mobilize funds as their contribution towards the payment of the epicenter land and its documentation. The 8 partner communities and the epicenter committee raised an amount of GHC 2000.00 through a levy. Each of the eight epicenter communities was levied GHC 250.00 towards this project. Land compensation duly paid and land deed signed by landlords. Again, communal labor sessions were organized to weed and clean up the epicenter compound. The epicenter committee demonstrated commitment in preparing towards self-reliance. In the process, they embarked on visitation to all partner communities as part of efforts to strengthen partnerships and to discuss plans towards self-reliance. The epicenter committee discussed key measures to ensure continuous and effective functioning of the epicenter strategy. Epicenter therefore has a sustainability plan that spells out the strategies and activities after self-reliance. The ToTs and project officer conducted VCA educational sessions to revive communal spirit among partners and promote their effective participation in epicenter activities. The endline evaluation studies revealed that 94% of the population are positive with their abilities to change their communities.
Indicator 2: Empower women and girls in rural communities	Over the years, the Women Empowerment Program has remained one of the key pillars of THP to promote equal

e.g., notable successes/challenges of Women's Empowerment Program, community initiatives as a result of the Women's Empowerment Program, impact of the Women's Empowerment Program, key cross indicator outcomes as a result of the Women's Empowerment Program etc.	participation of both men and women in development of their society. The WEP animators together with the department of social welfare and community development, Commission on Human Rights and Administrative Justice (CHRAJ) and other partners sensitized epicenter communities on gender, equality and equity, child rights, child abuse, child labor and responsibilities of parents. Women empowerment is at the core of all THP's programs where gender has been mainstreamed in all programming to ensure women are key beneficiaries of all interventions. The educational activities of trained WEP Animators succeeded in changing the status quo where women views were not considered in decision making and neither were women accepted to occupy leadership positions in these communities. Women used to be relegated to the background but the WEP programme has succeeded in changing the narratives and women feel empowered to take up responsibilities as much as men. One can now see women's active participation in community meetings, decision making and involvement in income generation activities. Females are owners of businesses and managing their finances. Women are sharing household responsibilities with their husbands to ease the burdens on the men which used to be the situation. The increased in antenatal care coverage, supervised deliveries and improvement in childrens welfare are all results of women empowerment. THP tracks women empowerment with the use of Women Empowerment Index Score (WEI) measured across five main domains. These domains include Agency, Income, Leadership, Resources and Time. Boti's WEI score was 81% showing women are doing well across the five domains used for the assessment. The WEI target score for an epicenter to transition to self-reliance is 80%.
Indicator 3: Improve access to safe drinking water and sanitation facilities *e.g. development of new water sources, initiatives implemented as a result of WASH program, notable shifts in hygiene behavior/decrease of water borne diseases, possible link between WASH training and other behavioral shift like increase in children attending school etc.*	THP partnered with Ghana Health Service and Environmental Health to promote Water, Sanitation and Hygiene education in the communities. The key agenda was to ensure community members are drinking safe water and using improved toilet facilities as part of ensuring their wellbeing. Rural partners were educated on the need to drink good and clean water due to the health implications associated with drinking polluted water. Access to improved drinking water source has been identified as one of the key challenges in some of the communities under the epicenter due to the drought nature of the landscape. In some cases, partners have therefore adopted

	purification methods like boiling, filtering and the purchase of sachet water for drinking. The evaluation studies revealed 43% of households are using an improved drinking water source. Partners have also received education on proper disposal of liquid and solid waste, rehabilitation of old latrines and construction of improved household latrines. Communities have taken the initiative to improve their sanitation facilities as 79% of households are using basic sanitation, an increase from the 65% when the midline was conducted. More rural partners are adopting the improved household toilet facilities which are being recommended throughout the epicenter communities. Promotion of proper handwashing and hygienic practices became very important with the onset of covid-19. Educational campaigns were held in schools, churches, durbars and in smaller groups to demonstrate proper handwashing procedures. During the covid-19 pandemic, THP donated items such as veronica buckets, sanitary towels and liquid soaps to the epicenter. Rural partners were also trained on the construction of tippy-taps and given gallons and ropes to aid households to mount handwashing stations in their homes. Effective handwashing has therefore become a common and regular practice among the people. Though the epicenter has attained self-reliance, one of the key challenges remains access to improved drinking water. By definition, access to improved drinking water must be less than 30 minutes a day. The communities in partnership with the District Assembly are still exploring ways to promote access to improved drinking water sources. The best solution is to connect the communities to nearby pipe water source which the process was started in the past but got halted at some point. Efforts are on-going to get this project completed.
Indicator 4: Improve literacy and education of rural communities *e.g. impact of literacy programs in the community, narrative explanation of link between literacy programs and other overarching goals such as: well-being of children, empower women, stopping child marriages, etc. Adult Functional literacy and its impact (especially on women empowerment), initiatives as result of program intervention etc.*	THP has always prioritized literacy in its engagement with community partners. Through the Vision, Commitment and Action workshops, rural partners have been empowered to understand the need to have a mental shift to create a vision of a better future and take the necessary steps to realise them. Literacy campaigns were also integrated into WEP and VCA educational sessions with a key focus to create equal education opportunity for both boys and girls.

	The endline studies indicated that about 89% of children within the school going age (4-18 years) were enrolled in school with 88% of girls and 90% of boys enrolled in school. This shows most children are in school though the target is to have 100% of school going-aged children in school. The Adult literacy program under which some Adult Functional Literacy classes were established supported many adults to undergo basic literacy and numeracy skills to enhance their capacity and confidence to participate in society. Adults, especially women who benefitted from the adult literacy program were able to improve their businesses due to their ability to include records keeping in their businesses. The Women Empowerment Project is expected to promote women's agency, income, leadership, resources and effective use of time. The literacy program helps to improve the capacity of women to be resourceful and take up leadership positions. One of the contributors to women's inability to take up leadership positions in society has been low literacy rate among women. The literacy initiative has helped to better position women to take up opportunities in society. There is evidence that partners within epicenter has attached much value to their children's education due to awareness creation on the importance of education. There are 5 schools within the epicenter area providing education for all children of school going age, specifically kindergarten, primary and Junior High School levels. Through the Her Choice Project, girls and boys clubs were established in all the schools with the aim of sustaining the interest of school children in school and also dealing with challenges that hinder their progress.
Indicator 5: Reduce the prevalence of hunger and malnutrition, especially for women and children *e.g. narrative on community agricultural practice, notable successes/challenges in Food Security Program, narrative about food program implemented in Epicentre nursery schools, current food bank storage status in consideration to upcoming agricultural growth and harvesting, use of moringa trees/powder in community etc.*	The overall goal of THP is to work with community partners to end hunger and poverty by empowering them to improve their livelihoods. Since the start of the project in Boti epicenter, THP has collaborated with the rural partners to improve their incomes by improving their land productivity, diversifying their income sources, promoting women owned businesses, promoting access to micro loans, business development skills and marketing, etc. Results from the endline evaluation studies recorded 0% of households with severe hunger and only 5.6% of households with moderate hunger. Community members indicated during the focus group discussion that there is availability of food in the community irrespective of the climate change and impact of Covid-19 on agriculture. The prevailing

	global crisis has impacted on agriculture due to the rising cost of agricultural inputs. To curb the prevalence of hunger and malnutrition, especially for women and children, sensitization sessions were carried out in the communities. Topics discussed included importance of exclusive breastfeeding, infant and young child feeding, and 4-star diet using locally grown food stuffs. In addition, nutrition and food demonstration sensitization and education were also organized to show mothers, lactating mothers, care givers and fathers, practical way of preparing 4-star diet using locally grown food stuffs. Among the variety of foods prepared includes; Iris stew, palava sauce, mashed fruits, banku, rice, porridge with fish powder, agushie stew, etc. Mothers testified that the sessions have been very beneficial and that they lacked knowledge in some of the nutritional ways of preparing meals. They were excited about the exposition they had received and their willingness to put them into practice. Mothers have also become knowledgeable in exclusive breastfeeding practice and more have demonstrated commitment by practicing it. In terms of knowledge of the practice, 74% of households had accurate knowledge of exclusive breastfeeding practices.
Indicator 6: Improve access to and use of health resources in rural communities *e.g. local partnerships established with health organisations (Government and non-Government), mechanisms in place to support health clinic long term, main services health clinic provides, what it means for the community to have children vaccinated etc.*	The clinic continues to provide critical health services for the people of Boti epicenter and its environs throughout their journey to self-reliance. Since the construction of the health facility, Ghana Health Service has been in charge of the operations of the facility and has ensured there are always health staff manning the place. The epicenter has a total of 6 health workers including a midwife. The epicenter clinic provides services such as OPD services, antenatal, postnatal, child welfare clinics, basic labs, deliveries, etc. Pregnant women do not have to travel on motor bike to further health facilities at Somanya or Adukrom before delivering or receiving good maternal healthcare. Child Welfare Clinic sessions are held at the epicenter clinic to weigh and immunize children to ensure their healthy growth. Child and maternal nutrition education is held at both clinic and communities to eradicate malnutrition related diseases among children and pregnant women in the epicenter. The endline evaluation studies revealed that 89% of individuals were using clinic or health workers during illness. About 96% of pregnant women attended antenatal sessions with 88% having at least 4 visits. Proportion of births attended by licensed healthcare professionals was at 84%.

	Also, the HIV and AIDS animators conducted community sensitization and education. Partners were educated on *know your status, proper use of condom, ABCD principles and stigmatization.* A- means abstinence, B- be faithful to your partner, C- use of condom and D- delay sex.
Indicator 7: Reduce incidence of poverty in rural communities *e.g. what financial services training involves, access to financial services, activities of the microfinance program, examples of initiatives that village partners have adopted to combat poverty etc.*	As the vision of THP is to work in partnership with rural communities to eradicate hunger and poverty, efforts were made on all fronts to improve the livelihoods of the people of Boti epicenter. THP's programs like agricultural trainings, VCA workshops, microfinance and livelihood, women empowerment trainings are all geared towards improving incomes of rural partners. The microfinance and livelihood program has supported community members with skills development trainings in areas such as gari processing, vocational skills and animal rearing to help diversify their income sources. Financial literacy campaigns have been carried out to sensitize partners on healthy financial practices inorder to maximize income and minimize cost. The topics handled included proper bookkeeping, marketing strategies, accessing loans and cultivating the habit of savings. As a result of the financial empowerment sessions, rural community members have diversified by cultivating different crops within the same year. Also, more households are engaging in non-farm businesses as the endline studies indicated that 54% of rural households are into non-farm businesses to reduce the reliance on farming and improve their resilience. Households are embarking on businesses like buying and selling, processing, provision shops, etc. to ensure sustainable income sources. The epicenter rural bank concept (now known as EPICLIS) has provided rural partners access to loans to either start a business, expand their businesses or promote their agricultural activities. With the financial literacy education, partners are now saving towards their future projects and as an emergency response. Using the Poverty Probability Index survey to assess proportion of households below the poverty line, the endline survey revealed about 3.8% were living below the poverty line compared to a midline result of 9.8%. This shows the positive result in terms of reducing the proportion of population below the poverty line.

Indicator 8: Improve land productivity and climate resilience of smallholder farmers *e.g. Initiatives implemented at both household and community level as a result of training in food security and agriculture, narrative about possible connection between Women's Empowerment Program and Food Security and Agriculture training, narrative about Revolving Loan Fund etc.*	The Agric. ToTs in collaboration with department of agric collaborated to promote improved farming practices. The main objective was to work together with farmers to improve their yields and ultimately to increase their incomes. It also focused on improving land productivity and climate resilience of smallholder farmers in Boti epicenter. Smallholder farmers were educated on climate smart agriculture, application of fertilizers, agro chemical usage, role planting, use of improved seeds from certified agro inputs dealers and records keeping. The endline survey showed that 97% of smallholders are applying improved farm management practices. Farmers are using improved seeds, planting in rows, applying fertilizer, practicing appropriate planting distances and improved storage practices. The educational activities of Agricultural ToTs working in collaboration with Agric Extension Agents (AEAs) has led to the adoption and use of improved agricultural practices like use of improved seeds, fertilizers, timely planting and harvesting, effective storage mechanism, etc. Farmers are now able to live dignified lives because of their mind set and attitudinal change towards agriculture. Agriculture is now seen as business and smallholder farmers are investing in their farming, resulting in increased yields and income.
Indicator 9: Improved resilience of rural communities *e.g. significant climate events that the community experienced and how the training prepared them to adapt/recover, initiatives implemented at both household and community level as a result of climate adaptation workshops etc.*	Improving climate resilience of communities has become very important component of THP's food security and climate resilience workshops. THP in collaboration with Agric department and environmental health sensitized community members on the reality of climate change and its implications. It was emphasized that there was the need to adopt climate smart agricultural farming practices to respond to the changing climate situation. Smallholder farmers were encouraged to adopt improved farming practices like the use of improved seeds, fertilizer application, ICT for weather information, etc. to create more resilience. Community members adopted some of the measures like tree planting, use of chemicals to prevent infections, erosion checking measures and desist from bush burning practices to protect the forest. In measuring climate resilience across 12 key global climatic themes, the epicenter scored 6 out of 12. About 46% of community members agreed that their communities have the ability to adapt and absorb shock. At the household level, about 57% of households were implementing one or more

	practices for soil conservation. This is an area that the Agric Department and Environmental Health are collaborating with the epicenter to improve their climate resilience.

CHALLENGES FACED AND OVERCOME:

Did the Epicentre community experience any challenges on the pathway to Self-Reliance? Were there instances where the community came together to overcome these challenges?

The epicenter identified the cold store to be a viable social enterprise project that will provide services to community partners and also generate income for the epicenter. It was identified that the whole Boti area did not have access to fresh fish and meat due to the lack of an operating cold store in the area. People had to travel to the next biggest town to be able to purchase fresh fish and meat. The venture started very well and doing very well but another cold store sprang up in the community and because the epicenter is sited a bit far from town, people started visiting the cold store in town. This affected the cold store market at the epicenter. The leadership of the epicenter therefore made a decision to relocate the cold store to another epicenter community, close to where the cold store was established. The cold store is now doing very well since the strategic move by the epicenter leadership.

One major challenge the epicenter continues to face even beyond self-reliance has to do with access to improved drinking water source as indicated in the endline evaluation studies that only 43% of households have access to safe drinking water sources. The epicenter infrastructure which also houses the health clinic does not have an improved water source at site and the clinic relies on rainwater harvesting or water in the community to make use of water. THP has explored the drilling of borehole at the epicenter site but could not have water due to the drought landscape at the area. The best possible solution has to do with the extension of pipe water from a nearby town which will include the laying of underground pipes. This project can be done by the Municipal Assembly in collaboration with the Ghana Water Company. This is still being pursued with the Municipal Assembly to ensure the epicenter has improved access to drinking water.

ADDITIONAL DATA:

Some of the key impact data are indicated below:

- Proportion of households below the poverty line – 3.8%
- Prevalence of households with moderate or severe hunger – 5.6%
- Proportion of women with antenatal care coverage – 96%
- Women's Empowerment Index Score – 81%
- Proportion of births attended by licensed healthcare professional – 84%
- Prevalence of child marriage – 8%
- Proportion of smallholders applying improved farm management practices – 97%