Project Title/Name: Universal LLIN Distribution Campaign in Greater Accra, Northern and Upper West Regions, Ghana

Contract Number

Date Submitted:
10 /25/2016

For Review by
Against Malaria Foundation (AMF)
http://www.AgainstMalaria.com

Prepared by:
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New York, 10017 NY
USA

&

Anglican Diocesan Development & Relief Organization (ADDRO)
Bolgatanga
Ghana
Episcopal Relief & Development

Activity Report for September, 2016

| Venue of Activity: | Northern, Greater Accra and Upper West Regions |
| Total Number of Districts in the Regions: | Forty three (43) districts for AMF work |
| Implementation period: | September, 2016 |
| Report Date: | October 25, 2016 |
| Activities Organized by: | National Malaria Control Programme (NMCP), Episcopal Relief & Development and ADDRO with support from Against Malaria Foundation (AMF) |

I. Introduction / Background

As a contribution to the fight against malaria in Ghana, Against Malaria Foundation (AMF) is supporting the National Malaria Control Program (NMCP) to distribute a total of 2,686,808 Long Lasting Insecticidal Nets (LLINs) in 43 selected districts from the Northern, Greater Accra and Upper West Regions in 2016. Under the project, Episcopal Relief & Development and its implementing partner – the Anglican Diocesan Development and Relief Organization (ADDRO) monitored the distribution of 1,142,800 LLINs in the Northern region, and approximately 1,157,498 LLINs in the Greater Accra region and 436,694 LLINs in the Upper West Region.

After the distribution, Episcopal Relief & Development and ADDRO continue to work with the NMCP and Ghana Health Service (GHS) for the effective implementation of various post-campaign activities for 2.5 years.

This monthly report highlights activities carried out under the AMF-funded LLIN Campaign Program in September, 2016

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1 Original estimate for Northern Region = 1,092,616 LLINs; database records now show 1,142,800 as the actual number of LLINs distributed in the region. GAR and UWR figures are still estimates.
II. Overview of Key Activities Implemented in September

Within the month of September 2016, Episcopal Relief & Development/Anglican Diocesan Development and Relief Organization (ADDRO) worked in collaboration with the NMCP and Ghana Health Service (GHS) to implement the following major activities:

- Monitoring of LLINs distribution in Upper West Region
- Consultative meeting with Greater Accra Regional Health Directorate
- Meeting with Bainum Family
- Revision of training manual for Sub-district Supervisors, Enumerators and Volunteers
- Monitoring of data entry
- Other planning, coordination and management meetings

A comprehensive update on activities implemented within the reporting period is presented in the table below:
III.  AMF Monthly Activity Report – Table of Activities (September, 2016)

<table>
<thead>
<tr>
<th>№</th>
<th>Date(s)</th>
<th>Location</th>
<th>Activity</th>
<th>Brief Description of Activity</th>
<th>Stakeholders involved</th>
<th>Outcome / Findings / Comments</th>
</tr>
</thead>
</table>
| 1  | September 5 - 10 | Upper West Region   | Monitoring of LLINs Point Distribution exercise in Upper West Region | The LLINs distribution exercise was organized by NMCP/GHS and monitored by staff of ADDRO and Episcopal Relief & Development. The objective of monitoring the LLINs distribution exercise was to observe the distribution process and provide technical support where necessary in all 11 districts of the Upper West Region. The monitoring was also aimed at ensuring that behavior Change Communication (BCC) messages were appropriately given at various distribution points. The series of activities in the LLINs distribution exercise in the Upper West Region included:  
• **Orientation Meeting** was organized by NMCP on September 5, to introduce the data collection tools to be used during the distribution exercise.  
• **Entrance Meetings** were organized by ADDRO teams with District Health Administration (DHA) teams in each of the districts to introduce the monitoring team to the DHA staff, observe the district stores as well as their micro plans for the campaign. This is observed by the monitoring team to check whether plans are adequately put in place.  
ADDRO, Episcopal Relief & Development, GHS, NMCP. | The distribution exercise took place at various prepositioning sites (PPS) and distribution points (DP) concurrently in all communities. Each PPS/DP had at least two attendants (a health worker and a volunteer) in most cases but some PPS had more. The PPS/DP attendants received a household member’s coupon upon arrival, crosschecked with the coupon counterfoil using names, the serial and cell phone numbers to verify authenticity of coupon. When coupon serial number agreed with coupon counterfoil serial number, the PPS attendant indicated on the coupon, number of LLINs received, picked the LLINs, opened the pack, tallied the number of nets issued out on the tally sheet and crossed the coupon with a pen before handing over the net and the coupon to the beneficiary. Distribution points were well organized and had adequate LLINs for the exercise.  
Some highlights on the distribution included:  
• There were on-going radio announcements and discussions by the Regional Health Administration on the LLINs campaign, encouraging community members to redeem their nets with their coupons at various distribution points. |
place in terms of timing and logistics ahead of the LLINs distribution.

- Before leaving each district, the monitoring team held **Exit Meetings** with the DHA staff to share their observations on the field and discuss corrective measures taken.

- **Post mortem meeting / post distribution meeting** was held on the 10th of September to share observations and lessons learnt during the distribution exercise.

- **Distribution Point Activities** took place at various prepositioning sites (PPS) and distribution points (DP) concurrently in all communities.

- **Social Mobilization Activities**. Social mobilization refers to the steps taken to raise awareness in communities on the LLINs campaign. These included radio spots, and sensitization meetings, education, and communication (IEC) and social and behavior change communication (SBCC) materials.

- There were long queues of participants to redeem their LLINs usually in the first three days of the start of the distribution. However, there was a drastic reduction of queues of beneficiaries in subsequent days as most had redeemed their nets by the third day.

- While most beneficiaries interviewed were aware of LLIN usage and care/maintenance, there were still a few who lacked knowledge on how to use and care for the nets. The likely cause was that the PPS/DP attendants provided this education to groups of people in the queue, and not to each individual separately. In some cases, a few individuals did not catch the messages. As such, they were educated on the LLINs use and care at the time of the follow up interview.

- On knowledge on the LLINs distribution, community members, traditional authorities and opinion leaders interviewed had information on the LLINs campaign through awareness creation by volunteers, radio announcements, gong-gong beating, announcements in churches and mosques, friends, relatives or information van.

- In Nandom and Sissala West Districts, the Ghana Police Service supported in the exercise. The involvement of the police personnel was purposely to control crowd and maintain peace and calm especially within the first three days of the distribution.

- The main challenge encountered had to do with beneficiaries not pleased with two persons to
Due to the change in schedule for the LLIN Distribution in the Upper West Region which took place in September, the subsequent dates of the PDCU has been changed to March, 2017 and PDCU reporting to May, 2017.

Beneficiaries wanted one net each. However, this issue was resolved when the staff/monitoring teams explained the universal coverage calculations used in the LLINs distribution.

- One other challenge involved a hard-to-reach community, which was cut off by floods. In this case, the original plan for pre-positioning and distributing nets had to be revised.

In order to deepen community members’ understanding of the Universal Coverage principle, ADDRO recommended to NMCP during post mortem meeting to inform beneficiaries of the Universal Coverage Principle after the household registration during future campaigns.

### 2. Post-Distribution Phase

<table>
<thead>
<tr>
<th>Date</th>
<th>Region</th>
<th>Activity Description</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 15</td>
<td>Regional Health Directorate, Greater Accra</td>
<td>Consultative meeting with Greater Accra Regional Health Directorate. The Greater Accra ADDRO team held consultative meetings with the Regional Director of Health Service, Greater Accra and her team. The purpose of this meeting was to brief the Regional Director and her team about post distribution activities and to seek their continuous cooperation and support for the post campaign activities in the Region.</td>
<td>GHS, ADDRO</td>
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<td>The consultative meeting with the Regional Director of Health Service in Greater Accra was a fruitful one. After taking the regional Director of Health Service through the post distribution activities in Greater Accra region, ADDRO team submitted an official letter to the Regional Director of Health Services to further officially communicate these activities to her teams at the lower levels for their cooperation and assistance. The Director, Dr. Linda Vanotoo was pleased with</td>
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2 Due to the change in schedule for the LLIN Distribution in the Upper West Region which took place in September, the subsequent dates of the PDCU has been changed to March, 2017 and PDCU reporting to May, 2017.
On September 23, 2016, Episcopal Relief & Development/ADDRO hosted the Bainum family from USA (a key partner and donor to AMF), who came to Ghana on a visit. The purpose of the visit was for the family to learn at first hand, the Against Malaria Foundation (AMF)-funded Long Lasting Insecticidal Nets (LLIN) point distribution campaign in Ghana and to understand the partnership among key stakeholders. Key activities of the visit included presentations given by the Episcopal Relief & Development and ADDRO team, Q&A and discussions, and site visits. The family were seven in number and ranged in age from 36 to 91.

Highlights of the visit include:

- The team had discussions on brief presentations provided on Episcopal Relief & Development, ADDRO and AMF.
- Key areas of interest included: relationship between NetsforLife® and AMF program, follow up strategies by the two programs, the working relationship between GHS/NMCP, Episcopal Relief & Development, and ADDRO and ways to improve the partnership.
- Other areas of the family’s interest were; ADDRO’s geographic coverage and variations in malaria prevalence in some regions versus others.
- The family was taken to Caesarkope and Hwakpo communities in the Ada West District where they interacted with LLINs beneficiaries, observed nets hung in rooms, asked questions on LLIN possession, usage, care, malaria episodes, socio-economic activities in the communities, etc.

More detailed information on the Bainum family visit is contained in a separate report provided to AMF.
The electronic data entry of the Greater Accra Region registration and distribution began on the 13th September 2016 in earnest, though with some operational and technical challenges.

- At the end of September, the total records were 253,940 out of which 251,101 (representing 99%) were marked as high quality whilst only 2,893 (representing 1%) was rated as low quality. During data entry, all abnormal data values were identified, checked and rectified appropriately by ADDRO’s Data Entry Manager.
- At the end of September, the value of the 6% data entry checks was at 3.3%.
- It was found that some clerks doing the main data entry (100%) also had the 6% data entry check records in their results/output. As soon as this was noticed, the Data Entry Manager deleted all such records and had them re-entered in the appropriate manner.
- In about 2% of cases, there were instances
• Also in about 2% of cases, there were instances where the number of **nets allocated** on a coupon had data whereas the column for number of **nets given** was blank. This would be the case if a HH never redeemed their nets. In these cases, the clerks found this difficult as the database system does not allow one to leave a blank field as it is a required field. This had not been an issue in the Northern Region data entry, as the system at that time had allowed for “unreadable/missing.” As such, in this case, to resolve the problem of blank fields on Number of Nets given, the clerks were advised to enter a zero in that field and the system accepted that.

### 3. Project Planning & Miscellaneous Activities

<table>
<thead>
<tr>
<th>7</th>
<th>September 1-30</th>
<th>ADDRO HQ, Bolgatanga</th>
<th>ADDRO Episcopal Relief &amp; Development GHS</th>
<th>Project Planning &amp; Miscellaneous Activities</th>
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<tbody>
<tr>
<td></td>
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<td>Project Planning &amp; Miscellaneous Activities</td>
<td>Within the reporting period, the ADDRO team developed a strategy/plan for the training of ADDRO regional teams, Subdistrict volunteer supervisors, Enumerators and Volunteers ahead of the first post-distribution check-ups (PDCU) in the Northern Region. The team also revised the data collection tool and a strategy document that can be used for the PDCU in all the three regions. The various documents and tools were shared with Episcopal Relief &amp; Development for their input.</td>
<td>Final copies of the planning documents and training manual will be provided to AMF as soon as they are ready.</td>
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<td>A letter was written to the GHS Regional Health Directors in the three regions seeking their cooperation and support in the PDCU activities to be carried out at their respective districts/communities. Scanned copies of the letters are attached herein.</td>
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</table>
IV. Conclusions on Program Activities

Generally, there are significant pointers to a successful 2016 LLIN Campaign. The recent distribution in the Upper West Region marked the end of the LLIN distribution activities in this year’s campaign. The distribution activities in all 43 districts in the three regions were completed successfully.

The data entry centre has also witnessed significant improvement over time. Data entry errors have been minimized considerably as the data entry clerks and supervisors get a better understanding and become more familiar with various functionalities on the database.

Above all, the success of the implementation of this program so far could be attributed to the strong commitment by the key program partners and collaborators particularly Episcopal Relief & Development/ADDRO, GHS/NMCP and Against Malaria Foundation (AMF). To make this more effective and sustainable, there is the need to continue to strengthen the participatory planning, review and reflection processes through meetings physically and remotely via conference calls.

V. Additional Comments, Questions or Analysis

Expense Report

Please see attached excel documentation organized per activity for a complete review of all expenses to date. The commentary below is linked to the spreadsheet entitled AMF Budget Summary in the adjoining documentation. The inputs that drive that budget are found on the spreadsheet entitled ERD Total Budget Year 1. Episcopal Relief & Development and AMF have already discussed deepening the analysis of these expense reports to include allocations and cost drivers per region, and it is expected that this level of detail on the expenses will follow within this calendar year of 2016, and inform forward planning.

In the meantime, the program expended year to date 20% of its overall budget - well in line with expectations. While highlights from this reporting period (July-September) are noted below, it is also worth noting that Episcopal Relief & Development/ADDRO have also made a few slight adjustments to the prior periods numbers as we assessed which staff time was accurately allocated to the various pre distribution and distribution activities. In addition, Episcopal Relief & Development’s Accra office received a reimbursement of $571.69 on
expenses from AMF for staff costs incurred by AMF staff and previously reported as an expense in the prior report. These shifts and changes have resulted in $5,097.02 difference to the bottom line from what was reported in the second quarter (with those expenses moving into the third quarter largely). This process of clarifying and smoothing the time allocations of staff per activity (and timing of activity) will continue as timesheets are thoroughly reviewed throughout the system, and are also integrated into the cost driver per region analysis forthcoming.

At a macro level, and on the whole, the analysis of the third quarter financial expenditure and the year to date run rate remains very much similar to the report submitted in July. There are few surprises.

1. The first line item to continue to note– line item 1.6.1- relates to the transport and collection of the counterfoils, that has now burst through the original budget. This was expected as the counterfoil collection and transport activity emerged after the original agreement with AMF, and an understanding remains that a budget adjustment with be forthcoming for that line item. We expect counterfoil management to be detailed for AMF and included in a budget addendum request to AMF after a thorough review of the upcoming PDCU expenses.

2. An analysis of the pre distribution and distribution phases (both largely complete now with the distribution held in the Upper West) shows costs running for this area at about $7,479 above budget when you strictly examine those two activity areas (pre distribution and distribution). Even though this is only 0.4% of the overall budget, we remain watchful, and do continue to expect cost savings in other areas as we move forward through the year into the most intensive activities to largely make up that difference.

3. The third area of commentary relates to line 4.3. As noted earlier in the July report, ERD/ADDRO had to keep up with the slate of NMCP led activities in the January-June period even as the team was hiring and orienting new people. In order to ensure no gaps in program deliverables or outcomes were experienced, key staff members from New York, and Accra did double and triple duty in the first half of the year. This resulted in 48% of the line

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3 The original AMF approved budget includes only the transport of vouchers brought to collection points already catalogued and boxed by the NMCP. Since that budget was approved, new negotiations discussed and undertaken resulted in an MOU between the NMCP and ERD (at the request of AMF) for ERD/ADDRO to take on this activity. We expect a budget addendum will be requested after the first PDCU and will include these additional activities.
item on grants management being expensed by June. The staff level of effort has continued beyond budget in the July-September period with intensive work on the documentation, development of training manuals, consultations on the database, etc in support of the AMF funded activities. As the first year draws to a close further analysis will be made to review how the real time LOE for the technical and management team aligns to the original budget and to review the anticipated run rate for these areas in year two and three of activities. Should the analysis suggest a budget revision, Episcopal Relief & Development will seek discussion with AMF regarding this (alongside the counterfoil issue raised in point 1). We anticipate the timing of this now be in December as the expenses are reviewed, and after the first PDCU is carried out.
REGIONAL DIRECTOR
GHANA HEALTH SERVICES
TAMALE
Dear Sir,
Collaboration between Anglican Diocesan Development and Relief Organization (ADDO) and Ghana Health Service (GHS) for LLIN Campaign Programme

Anglican Diocesan Development and Relief Organization (ADDO) and Episcopal Relief & Development with support from the Against Malaria Foundation (AMF), have been in collaboration with Ghana Health Services (GHS) and National Malaria Control Program (NMCP) to undertake a universal Long Lasting Insecticidal Nets (LLIN) campaign in three regions of Ghana; namely Northern, Upper West and Greater Accra Regions. This year, AMF is supporting the distribution of a total of 2,686,808 LLINs for these three regions out of which Northern Region distributed 1,092,616 nets to benefit an estimated population of 1,966,710 in 20 selected districts.

After this distribution, ADDRO has a lead responsibility for the post campaign activities which include the following:

1. Monthly Sensitisation of households on Malaria, diarrhea and Pneumonia issues.
2. Quarterly follow-up on LLINs and data collection on condition and usage of the LLINs
3. Six monthly Post Distribution Check-Up (PDCU)

Generally, these activities would involve effective coordination, monitoring and supervision at regional, district, subdistrict and community levels. Specifically, it would involve participatory planning with ADDRO and GHS teams in the selection of supervisors, volunteers, enumerators, training of enumerators and supervisors at various levels as well as Data Collection during PDCU and monthly malaria case rate.
Against this background, we would be most grateful if you could request your teams at the various levels to give us the needed cooperation and support to effectively implement these post campaign activities in your region.

Please do not hesitate to get back to us via the following contacts: 0200767647 / 0203214314.

Counting on your maximum cooperation in this regard.

Yours faithfully,

[Signature]

Rt. Rev. Dr. Jacob Kofi Ayeebo

Executive Director – ADDRO
THE MUNICIPAL DIRECTOR OF HEALTH SERVICES
- ASHAIMAN MUNICIPAL HEALTH DIRECTORATE
- GA CENTRAL MUNICIPAL HEALTH DIRECTORATE
- GA EAST MUNICIPAL HEALTH DIRECTORATE
- GA SOUTH MUNICIPAL HEALTH DIRECTORATE
- GA WEST MUNICIPAL HEALTH DIRECTORATE
- LA DADEKOTOPON MUNICIPAL HEALTH DIRECTORATE
- LA NKWANTANANG MADINA MUNICIPAL HEALTH DIRECTORATE

THE DISTRICT DIRECTOR OF HEALTH SERVICES
- ADA EAST DISTRICT HEALTH DIRECTORATE
- ADA WEST DISTRICT HEALTH DIRECTORATE
- Kpone Katamanso District Health Directorate
- Ningo Prampram District Health Directorate
- Shai Osudoku District Health Directorate

RE: COLLABORATION BETWEEN ANGLICAN DIOCESAN DEVELOPMENT AND RELIEF ORGANISATION (ADDMRO) AND GHANA HEALTH SERVICE (GHS) FOR LLIN CAMPAIGN PROGRAMME

Kindly find attached dated 30th August 2016 from the Executive Director, Anglican Diocesan Development and Relief Organisation (ADDMRO) Diocese of Tamale in connection with the above subject matter which is being forwarded for your attention and support.

Thank you,

DR. LINDA A. VANOTOO
REGIONAL DIRECTOR OF HEALTH SERVICES
GREATER ACCRA

cc: The Executive Director, ADDRO
ANGLICAN DIOCESAN DEVELOPMENT AND RELIEF ORGANISATION (ADDR0)
Diocese of Tamale

THE REGIONAL DIRECTOR,
GHANA HEALTH SERVICES,
ACCRA.

Dear Sir,

Collaboration between Anglican Diocesan Development and Relief Organization (ADDR0) and Ghana Health Service (GHS) for LLIN Campaign Programme

Anglican Diocesan Development and Relief Organization (ADDR0) and Episcopal Relief & Development with support from the Against Malaria Foundation (AMF), have been in collaboration with Ghana Health Services (GHS) and National Malaria Control Program (NMCP) to undertake a universal Long Lasting Insecticidal Nets (LLINs) campaign in three regions of Ghana; namely Northern, Upper West and Greater Accra Regions. This year, AMF is supporting the distribution of a total of 2,686,808 LLINs for these three regions out of which Greater Accra Region distributed about 1,157,500 nets to benefit an estimated population of 2,083,496 in 12 selected districts.

After this distribution, ADDR0 has a lead responsibility for the post campaign activities which include:

1. Monthly Sensitisation of households on Malaria, diarrhoea and Pneumonia issues.
2. Quarterly follow-up and data collection on condition and usage of the LLINs
3. Six-monthly Post Distribution Check-Up (PDCU)

Generally, these activities would involve effective coordination, monitoring and supervision at regional, district, sub-district and community levels. Specifically, it would involve participatory planning with ADDR0 and GHS teams in the selection of supervisors, volunteers, enumerators, training of enumerators and supervisors at various levels as well as Data Collection during PDCU and monthly malaria case rate.

[Signature]

Date: 30/08/2016
Against this background, we would be most grateful if you could request your teams at the various levels to give us the needed cooperation and support to effectively implement these post campaign activities in your region.

Enclosed herewith, is our proposed strategy for the post campaign activities.

Please do not hesitate to get back to us via the following contacts for any clarification: 0200767647 / 0203243314 or email ayebojacobs@gmail.com or georgedami@addro.org.

Counting on your maximum cooperation in this regard.

Yours faithfully,

Rt. Rev. Dr. Jacob Kofi Ayebo

Executive Director – ADDRO
AMF SUPPORTED DISTRICTS IN GREATER ACCRA REGION

1. Ashaiman
2. Ada East
3. Ada West
4. Ga Central
5. Ga East
6. Ga South
7. Ga West
8. Kpone Katamanso
9. La Dadekotopon
10. La Nkwantanang Madina
11. Ningo Prampram
12. Shai Osudoku