

Promoting Public Education on Ebola in Ghana through the Media
MPTF OFFICE GENERIC ANNUAL PROGRAM NARRATIVE REPORT
REPORTING PERIOD: FROM 01.2015 TO 12.2015

<p>Programme Title & Project Number</p> <ul style="list-style-type: none"> Program Title: Joint UN EVD Program Support to Ghana Government Program Number MPTF Office Project Reference Number: 	<p>Country, Locality(s), Priority Area(s) / Strategic Results</p> <p><i>Country/Region</i> Ghana/West Africa</p>
<p>Participating Organization(s)</p> <ul style="list-style-type: none"> Organizations that have received direct funding from the MPTF Office under this program WHO, UNICEF, UNDP, IOM, ILO, UNFPA, WFP, UNAIDS, UNESCO, FAO, UNHCR 	<p><i>Priority area/ strategic results</i></p> <ol style="list-style-type: none"> surveillance, case management, coordination and logistics, supporting adequate preparedness, early diagnosis and rapid containment social mobilization and risk communication, supporting prevention and preparedness measures in partnership with government and NGO actors
<p>Program/Project Cost (US\$)</p> <p>Total approved budget as per project document: US\$9,289,144</p> <p>MPTF /JP Contribution¹:</p> <ul style="list-style-type: none"> FAO US\$270,000 ILO US\$165,000 IOM US\$381,000 UNAIDS US\$ 237,000 UNDP US\$200,878 UNESCO US\$ 100,000 UNFPA US\$ 170,000 UNICEF US\$160,000 WHO US\$ 687,000 <p>Agency Contribution</p> <p>Government Contribution</p> <p>Other Contributions Government of Canada – DFATDUS\$ 2,394,827</p> <p>TOTAL: US\$ 2,394,827</p>	<p>Implementing Partners</p> <p>National counterparts (government, private, NGOs & others) and other International Organizations</p> <p>Ghana Red Cross, NADMO, Ghana Health Service,</p> <p>Program Duration</p> <p>Overall duration: One Year Start Date: 1 January, 2015 Original End Date: Current 12 December, 2015 End Date: 30 June 2016</p>

¹ The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

Programme Assessment/Review/Mid-Term Eval.Assessment/Review - if applicable *please attach* Yes No Date: *dd.mm.yyyy* Yes No Date: *dd.mm.yyyy***Report Submitted By**

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This Consolidated Annual Progress Report under the Joint Program “UN Program on Ebola Virus Disease Preparedness in Ghana: covers the period from 1 January to 31 December, 2015. This report is in fulfillment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded with the Donor. In line with the Memorandum of Understanding (MOU) signed by Participating UN Organizations, the Annual Progress Report is consolidated based on information, data and financial statements submitted by Participating Organizations. It is neither an evaluation of the Joint Program nor an assessment of the performance of the Participating Organizations. The report provides the Steering Committee with a comprehensive overview of achievements and challenges associated with the Joint Program, enabling it to make strategic decisions and take corrective measures, where applicable.

Executive Summary

This joint programme was developed under the leadership of the UN Country Team (UNCT) to ensure coherent and well-coordinated UN system-wide assistance to national EVD preparedness efforts. In this respect, it supported the United Nations Country Team in Ghana to accelerate and strengthen government preparedness for early detection and containment of Ebola Virus Disease (EVD). The United Nations Country Team in Ghana also provided support to the Government of Ghana to fill critical gaps in National EVD Preparedness and Response Plan and dedicated/re-programmed its available resources to that effect. The project was implemented through a "Deliver as One" approach and built on the efforts of the various UN agencies, in line with their respective comparative advantages in the preparedness process and eventual response. Ghana's Emergency Inter-Ministerial Committee, led by the Minister of Health, provided executive oversight over the steering committee for the implementation of the UN EVD Program. The Committee includes the UN Resident Coordinator and the Country Representatives of UNICEF and WHO, the agencies that are leading the UN EVD pillars.

The WHO-led pillar focuses on surveillance, case management, coordination and logistics, supporting adequate preparedness, early diagnosis and rapid containment. The second pillar, led by UNICEF, is built around social mobilization and risk communication, supporting prevention and preparedness measures in partnership with government and NGO actors. Under these pillars, the UN facilitated capacity building interventions for officials at airports, seaports and major land crossings as well as engaging Civil Society Organizations, Public, Private and Informal sector for implementation of Behaviour Change Communication Strategy through occupational safety health program on EVD. High-level advocacy sessions with relevant stakeholders on EVD was also undertaken as elaborated in the matrix below.

It is also worth noting that all strategies were implemented in a gender sensitive manner.

The total budget for the program support was estimated at US\$ 9.3 million. Of this amount, about US\$ 2 million is funded through UN Agencies' own budgets, while US\$ 2.6 million was mobilized from a donor partner and allocated to activities of all 11 participating UN agencies (WHO, UNICEF, UNFPA, UNDP, UNHCR, UNESCO, UNAIDS, WFP, FAO, UNHCR and ILO).

As a phase out strategy MOH/GHS, and Participating UN Organisations agreed to undertake a comprehensive review in all aspects of the Public Health Emergencies (PHE) response and preparedness undertaken so far so that the output would be used to inform the design of the strategy as soon as possible.

The review will determine the level of achievements of planned interventions and ascertain the extent to which the various interventions contributed to strengthening general preparedness and response to PHE in line with the National PHE preparedness and response plan in general while building the preparedness and core capacities for EVD.

I. Purpose

Through the leadership of an Emergency Inter-Ministerial Committee, the Government of Ghana together with its partners developed a preparedness and response plan during the period when Ebola was prevalent in the sub region. However, this plan of government was underfunded. Weak coordination was identified as a major gap in preparedness. Coordination needed to be strengthened. There was also the need to rapidly scale-up training on surveillance, case management and infection prevention and control, as well as widen the reach of social mobilization efforts. The United Nations Agencies, bilateral donors and partners needed to support the strengthening and implementation of the plan.

In this respect, the UN complemented Government's efforts by developing a more comprehensive preparedness and response plan for EVD. This plan was subsequently used to mobilize resources from the donor community for its implementation. A total amount ofwas successfully mobilized and received from the Canadian High Commission to support the implementation of the plan.

The UN EVD program, which was endorsed by the Government of Ghana, was closely aligned with the National Preparedness and Response Plan. Planned interventions were geared towards supporting the Inter-Ministerial Committee, its subcommittees, and the Incident Command Structure in coordination of the national preparedness and response.

The thematic areas which were chosen for the program corresponded to the thematic areas in the National Preparedness and Response Plan. Furthermore, the selection of the activities proposed in the UN EVD program was done in close coordination between the lead agencies of the UN in the different thematic areas (UNICEF and WHO) and the government agencies and implementing partners. This ensured the complementarity of the UN EVD programme with the National Plan. The funding received for Ebola preparedness activities ensured that Ghana was adequately prepared for and ready to respond to a possible outbreak of Ebola Virus Disease.

To this end, one of the three planned treatment centers has been completed, 10,000 Personal Protective Equipment (PPE) kits have been procured and pre-positioned, and the capacity of staff of the centers were built on surveillance, case management, and contact tracing, etc. Other preparedness activities which were implemented included training of frontline health workers and the establishment of holding rooms for isolation of suspected cases. Intense risk communication, public information and education on EVD was also carried out in a gender sensitive manner through planned interventions outlined in the program. This function – collection, collation, analysis, consolidation and dissemination of information – served the purpose of keeping the public adequately informed and equipped with skills on EVD prevention; and kept them updated on latest developments concerning the outbreak in the sub region.

Outcomes:

Through UN Joint Program, the following outcomes were attained:

- Improved coordination of preparedness and response activities;
- Enhanced capacity for active surveillance, early investigation, detection, diagnosis and contact tracing;
- Effective case management, infection prevention and control

- Infection control at the source
- Limited spread of an eventual EVD outbreak in Ghana and to other countries
- Low case fatality rate due to EVD

II. Results

Summary of Results

The support provided by the Canadian High Commission enabled UN System in Ghana to further boost Ghana's EVD Preparedness for public health emergencies. Through the contribution of this funding, the following results were achieved:

- Overall, 271 health personnel were trained in various technical areas including data management, usage of contact tracing software, basic field epidemiology, EVD case management, safe and dignified burial, . In addition 398 border officials were also trained to screen and identify suspected EVD cases, while 53 journalists received training on effective reporting on EVD (17% women).
- A training manual on Ebola prevention and preparedness was developed and used to equip pregnant women, queen mothers and young people including adolescents with knowledge and skills (on EVD prevention) in seven regions of Ghana. In all, over 6,567 community opinion leaders were sensitized on EVD to serve as champions of the prevention crusade. These sensitization was done through organizing durbars and stakeholder training sessions in churches and mosques.
- Two simulation exercises took place to test the preparedness level of health care respondents as well as the coordination mechanisms in place. One was organised for staff of 3 EVD treatment centers and the other, took place at strategic border point in Aflao.
- Sponsorship was provided for the airing of a drama documentary on EVD contact tracing to educate the general population of its essence.
- 4 Computers and 38 non-contact infra-red thermometers were provided to enhance the capacity of officials at the entry points
- Pull up banners with EVD messaging were printed and distributed to 210 district hospitals across the country and approved points of entry
- 16,000 sheets of IEC materials and 1500 training of trainers manuals were produced and distributed to CSOs for community education
- 8,000 comics as well as 200 Ebola fact sheets were also produced and distributed as part of the community education exercise
- Nationwide reach with EVD prevention messages through SMS database, print and electronic media coverage including web-based platforms were adopted as strategies of mass communication to the citizens. As a result about 150,000 youth and 372, 425 students i.e. about 57 percent of the total population of Senior High School were reached through SMS database platform
- In addition, 20,906 people received information by calling the Interactive Voice Response (IVR) from August to December 2015.

The summarized results above are elaborated under the following result areas as executed by the various participating UN Agencies and IOM:

A. Surveillance, Situation Monitoring and Assessment Training

An initial assessment of border officials' capacity confirmed the need for more training within 3 key agencies (Port Health, Immigration and Customs/Ghana Revenue Authority). Considering the number of planned trainees, and the time required to implement the training program, a Training of Trainers (ToT) method was adopted. The ToT workshop took place in July 2015, and 21 peer educators (20 men and 1 woman) drawn from the Points of Entry (PoE) agencies and the Ghana Health Service (GHS) regional offices were trained as trainers. Subsequently, UN in collaboration with the Ghana Health Service organized 8 two-day training workshops where a total of 398 officers (332 men and 66 women) from Port Health,

Ghana Immigration and Customs received training on how to screen and identify suspected EVD cases at the four selected land crossings (Sampa bordering with Côte d'Ivoire, Hamile and Paga bordering with Burkina Faso, and Aflao bordering with Togo).

Preliminary analysis conducted on Pre- and Post-Training tests completed by the participants at two out of the four PoEs showed that the average score registered by participants pre-training was around 22%. For the post-training, the average score registered was over 66%, with one in three participants registering scores of 80% or above. This shows that the trainees' knowledge of EVD surveillance, prevention and control increased significantly as a result of the training that they received.

Simulation Exercise

In December 2015, through the UN Joint program, a simulation exercise was conducted at the border with Togo (Aflao) with collaboration with Ghana and Ghana Health Service (GHS). The purpose of the simulation exercise, based on WHO methodology and building on previous experiences in Sierra Leone, was to test and improve the capacity of Ghanaian authorities to detect and respond to an EVD suspected case presenting at the border point. The exercise was successfully conducted and findings were reported to the Government and stakeholders during a debriefing session in Accra on Friday, December 18, 2015.

The main strengths observed at the simulation exercise included high level of staff professionalism; appropriate use of protective and hygiene equipment and coordination between the agencies present. It also demonstrated that border officials felt confident to respond appropriately to sick travelers. The main areas for improvement were in the donning and doffing of Personal Protective Equipment (PPE), and avoiding risks for cross-contamination.

Support with Equipment and Materials

To strengthen the existing disease surveillance practices of the Ghana Health Services, 100,000 Health Declaration Forms for collecting data on travelers passing through the target POEs were provided. In addition, 4 computers and printers were provided for data entry, processing and dissemination. The agencies were also supported with 44 full PPE suits, 38 hand held infra-red thermometers, 17,600 pairs of gloves, 11,200 face masks, 8 knapsack sprayers and 16 veronica bucket systems.

Case Management Holding Units

Infectious disease holding units have been established at Paga, Hamile and Sampa border posts, making a total of three fully equipped holding units. The existing Aflao border holding bay received equipment to bring the unit up to the standard of the other three holding units.

The new holding units established are equipped with toilet facilities, hand wash basins and fresh water tanks to provide enough water to maintain hygienic standards. A separate grey water tank was also installed to collect waste water at each unit. This tank can be emptied after decontamination and disinfection with appropriate chlorine solution. The holding unit is also equipped with PPEs including disposable gloves, disposable face masks, hand sanitizers, disposable aprons as well as laser infra-red thermometers. The units have improved the capacity of Port Health and other key border agencies in the management of sick travelers.

B. Social Mobilization and Risk Communication

Under the UN Joint Program, a study was conducted on knowledge, attitudes and practices on EVD in 17 targeted border communities. Social mobilization activities were developed based on the study findings. The first part of the social mobilization was targeted at opinion leaders, women groups and traditional leaders. A total of 301 people were trained in this group, of which 40% were women. Other social mobilization activities included 17 community durbars, and sensitization activities in 85 schools, 59 churches and 21 mosques. 16,000 IEC materials were produced and distributed, together with 600 training manuals, 8,000 comics, and 400 T-Shirts with EVD prevention messages.

A total of 4,730 people were directly reached through durbars and other public events. Messages were also disseminated through local radio stations. The common theme of all the social mobilization activities was: “*Keeping Ghana Ebola-Free Together*”

Research & Studies

Data collection for study on funeral and burial practices has been finalized with more than 200 people interviewed including traditional Chiefs, family heads, undertakers, nurses, mortuary staff and police officers;

Information & Technology

A mobile phone platform called “AGOO” is operational with voice-voice service, Interactive Voice Response (IVR) and SMS platform, 8 agents and 2 call center supervisors; 20,906 people have received information by calling the Interactive Voice Response (IVR) from August to December 2015.

11,213 people have also called the platform and received information through talking to an agent during the same period.

Education

844 Senior High Schools (SHS) were reached, accounting for 96 per cent of the total number of public and private Senior High Schools in the country; in this respect, 372,425 students were reached representing 57 per cent of the total population of SHS student population.

In existence is a data base of more than 198,224 mobile numbers collected representing 55 per cent of the students reached and 27 per cent of the SHS student population.

Documenting

Interventions documented through two video documentaries and Agoo featured in www.unicefstories.org the global innovation blog of UNICEF.

Material production

‘Wash Wana Hands’, a video-clip and dance <https://www.youtube.com/watch?v=rGjkZPyiD3g> has been broadcasted 756 times on major TV channels and aired 3,122 times on radio stations

757,200 material were developed, produced and distributed. These include 400,000 posters ‘Wash Wana Hands’; 360,000 wristbands with a message on hand washing and the Agoo numbers; 2,000 T-shirts and caps for implementing partners; 1,000 large banners for display in schools and 200 pull up banners to use during the intervention.

Health & Nutrition

Guidelines on nutrition management of Ebola cases were reviewed and adapted for use in Ghana

The funds were also used to develop capacity on integrated management of childhood illnesses, with stronger content on infant and young child feeding, and management of severe acute malnutrition. 41 participants have been trained in this integrated approach which has incorporated the nutrition guidelines on Ebola.

OUTPUTS:

The activities in UN Joint Program for EVD Preparedness and Response Plan were implemented in close collaboration with a wide range of national and international partners. With a primary focus on sustainability and enhancing national capacity, the majority of activities were implemented by, or in collaboration with, the Ministry of Health and the Ghana Health Service, NADMO and NGOs. This modality capitalizes on already existing partnerships and structures to ensure sustainability.

This section provides the major outputs and activities undertaken under the UN EVD Joint Programme.

Objective 1: Support effective coordination of preparedness and response activities

While the impact of coordination is difficult to measure, evidence of the effective implementation of preparedness activities in Ghana can be seen in the rapid progress made on the WHO EVD Preparedness Checklist. For instance, the percentage of activities completed by Ghana more than doubled from 27% in November 2014 to 64% in October 2015.

In order to ensure the effective function of Ghana's public health emergency coordination mechanisms, a functional simulation exercise (simex) on the first two days following confirmation of an EVD case in Ghana was organised under the Joint Program. With technical support from UN, the simulation exercise was conducted followed by a facilitated participant-focused debrief session. Participants reviewed and made recommendations in relation to (i) EOC internal communication, (ii) EOC roles/functions, (iii) emergency response plans, SOPs and tools, and (iv) external communication and coordination. These recommendations have strengthened the Ghana Health Service's coordination mechanisms in the country and currently the national EOC is the first place to go to for data so far as public health emergency is concerned.

Objective 2: Strengthen capacity for active surveillance, early detection, investigation, reporting and contact tracing

Capacity strengthening activities for surveillance engaged both healthcare staff and systems, and the wider community in order to ensure the best possible chance of quickly and effectively identifying and investigating potential EVD cases. Interventions included:

- **Surveillance Training for Health Personnel** – 70 frontline health staff from Western and Volta Regions benefitted from the 3-month basic field epidemiology training run by the School of Public Health, University of Ghana. The training covered field epidemiology and public health surveillance, outbreak investigation and reporting.
- **Equipment for Surveillance Data Collection** – the UN JP supported the Ministry of Health and the Ghana Health Service to develop electronic database for capturing suspected EVD and computer software to enable real-time and coordinated EVD surveillance data collection, including for the tracing and monitoring of contacts. Funding from the Canadian High Commission was used to support this activity through the procurement of equipment, such as hand-held mobile devices, upon which the data collection software was based. Training in the use of this software has commenced.
- **Data management training conducted** – In order to appropriately collect, analyse and report on data for public health action, it is key for surveillance staff to have skills in the use of data management software. 31 disease control and surveillance officers from all 10 regions were trained in various data management applications to improve on the handling and reporting of data to enhance surveillance reporting and facilitate interpretation and timely response to public health events.
- **In-depth study of the suspected EVD cases reported** – More than 150 suspected EVD cases from the 10 regions of Ghana were reported even though none were confirmed. A study was initiated to, among others, assess timeliness, level of reporting and feedback of EVD surveillance system, and describe the capacity of the laboratory system including human resource, logistics and transportation of EVD specimen. When completed, it is expected that gaps particularly in the integrated disease surveillance and reporting system will be identified and appropriate recommendations made to enhance the sensitivity of the system to timely detect events of public health importance such as an EVD outbreak.
- **Surveillance review meeting** – Under the UN JP, the Ghana Health Service was supported to undertake a review of the performance of the national surveillance system and its ability to detect

outbreaks in the view of the Ebola outbreak and other viral haemorrhagic diseases similar in presentation to EVD such as Lassa fever in neighbouring countries as well as emerging diseases in other regions such as Zika virus.

In addition, a total of 398 officers of the Ghana Immigration Service, Port Health Unit and Customs, were trained and equipped with a 100,000 health declaration forms, 4 computers and 38 hand held infra-red thermometers, as well as with 44 full PPE suits, 17,600 pairs of gloves, 11,200 pieces of nose masks, 8 knapsack sprayers and 16 veronica bucket systems. The establishment of three border crossings units and upgrading one existing unit was in line with the set target

Objective 3: Build capacity for early diagnosis, case management, contact tracing and infection prevention and control

Under the joint UN EVD program, the capacity of Ghana's medical system was built for effective EVD case management and infection prevention and control. Specific outputs include:

- 98 health workers trained in EVD cases management
- Simulation exercises conducted in 3 EVD treatment centres
- 170 from national and regional levels trained in safe and dignified burial
- Study to identify gaps in Infection prevention and control in health facilities conducted

Prior to the West Africa EVD outbreak, staff in the Ghanaian medical system did not possess the required capacity to safely and effectively manage patients with EVD. Interventions in this area were therefore focused on providing health workers with the information and training necessary to provide appropriate clinical care and conducting them through simulation exercises to have hands on practice on how to handle and manage an EVD case.

- **EVD Case Management Training** – Training in the management of EVD cases was provided to 98 staff of Komfo Anokye Teaching Hospital in Kumasi including clinicians, nurses, pharmacy and laboratory staff, counsellors, environmental health officers, infection prevention and control officers. The sessions covered diagnosis and clinical management of EVD cases, organisation of EVD Treatment Centres, logistics requirements, patient transport, disinfection, waste management, and infection prevention and control.
- **EVD Case Management Simulation Exercise** – Following training in EVD case management it was imperative for simulation sessions to be organised for the teams to sustain their knowledge and practice their skills acquired in readiness for a potential EVD case. Simulation exercises were successfully conducted for case management teams in Tema Treatment Centre, Kumasi South Hospital and the Komfo Anokye Teaching Hospitals. The exercise involved management of a suspected EVD case from screening at the hospital entrance, through isolation and testing at the holding area, to treatment at the ETC. Staff exercised core treatment functions, including infection prevention and control practices such as correct use of personal protective equipment.
- **Infection Prevention Control (IPC) Study** – As part of EVD preparedness and response, the UN joint intervention sought to help strengthen infection control and prevention; health care and worker safety in health facilities. Therefore a study was undertaken to understand behavioural dynamics associated infection prevention and control practices and behaviours among health care workers in sampled health care facilities and regions. This is to assist in identification of the gaps to streamline systematic IPC interventions.
- **Safe & Dignified Burial Guidelines** – Due to the high risk of transmission, EVD corpses should be safely treated and buried with dignity giving due recognition to major cultural, family and community

needs. Following the adaptation of World Health Organisation (WHO) guidelines on safe and dignified burial of patients that die from Ebola Virus Disease, The UN EVD Joint Programme supported the training of 170 burial team members from national level and all 10 Regions in the country.

Objective 4: Undertake effective risk communication, public information and education

Risk communication activities formed a major part of the UN EVD Preparedness and Response Plan. Various means were used to increase awareness and understanding of EVD in health facilities and among the general public. Activities conducted under this output included production of 3000 copies of a high-quality cartoon booklet and distributed to 20 schools and 20 health facilities in 20 districts.

- **Printing and Distribution of Pull-Up Banners** – A series of EVD education banners were designed and printed to raise awareness of EVD transmission and prevention measures. These were distributed to 210 district hospitals around the country.
- **Docu-Drama on Contact Tracing** – A docu-drama on EVD contact tracing designed to educate the general public on the purpose and processes of contact tracing, as well as serve as a teaching tool for students studying applied epidemiology/surveillance in the various health institutions was aired over a period of 6 weeks on TV Africa, GTV and TV3 stations.
- **Technical support** – Technical support was also provided to Government and partners, including through each of the activities mentioned above, on effective communications and advocacy for EVD preparedness.
- The capacities of 53 journalists were built on Effective Ebola Reporting (11 from Accra and 42 from other regions)² through a training workshop. Seventeen percent (17%) of participants were women (9 out of 53). As a result of the training, the 53 journalists are now able to do public education on Ebola while providing pieces of preventive information. The majority of journalists were senior level (at least 42 out of 53 journalists).

A post evaluation survey showed that the journalists had increased knowledge about Ebola and improved skills in public education. 96% of respondents said the training had improved their knowledge on Ebola “*very much*”. When asked about the most important take away, one-third of the journalists mentioned improved skills on how to communicate about Ebola and Communicable diseases, especially through the use of key messages.

The capacity building of journalists also included the hand-out of a training tool for Effective Reporting on Ebola and Communicable Diseases which will help build capacity for participating journalists and their media institutions as a tool of knowledge sharing and skills development

- **Education And Sensitization** - UN’s interventions through the Joint Program was aimed at enhancing social mobilization, communication and reducing risk. Their collaboration with Hope for Future Generations (an NGO), the National Youth Authority, Ghana Health Service and NADMO, reached out to four target groups namely; in-school and out-of-school youth including students at National Youth Authority Leadership Skills Training Institutes, female head porters (kayayei), pregnant women and queen-mothers in seven regions of Ghana. These groups were identified because of their roles in society as traditional and development leaders, mothers and care givers, and future leaders for development respectively; and also identified because of the complex set of risks that impede their health, education and economic opportunities.

² Local station in rural and border districts and regional capitals were prioritized since these districts are at greater risk of contracting Ebola.

The target groups were equipped with knowledge and skills on EVD prevention and preparedness. The training sought to dispel myths and correct misconceptions about the EVD among the target groups which could otherwise have negative impact on preventive measures. Following the training, participants demonstrated a good understanding of the origin of Ebola, modes of transmission and how to prevent the disease. In all, a total number of **1,323** were trained with a breakdown as follows: Queen mothers – 213; Pregnant Women – 261; Kayayei – 186; In and out of school youth – 663. The training facilitated a rippling effect of spread of information to families and communities of the direct beneficiaries.

Participants (pregnant women, queen mothers, youth and kayayei) in target areas had gained knowledge and a better understanding of Ebola disease and how to prevent it. This was evident in comments made by some participants in the post test assessments. Examples of such comments are given below.

“Now I know the Ebola that people have been talking about is. I can now better speak about it and prevent it in my community”.

“I have gained a lot of knowledge through this training. You have given us a lot of information which I need to share with all the women in my community so that they can be aware and prevent Ebola”.

Through the collaboration with NYA in the implementation of the project, over 150,000 young people (aged between 15-24 years) were reached with Ebola prevention messages, through the NYA SMS platform database. The EVD prevention messages were developed for and disseminated to all the contacts on the database. The messages included:

“Help Prevent Ebola
Shine your eye
Know the facts and be alert
Tell a friend about Ebola”

This has resulted in an increased awareness on EVD among the young persons in the said age bracket.

Ebola prevention messages were further disseminated through the distribution of over 2,000 gender appropriate souvenirs branded with Ebola prevention messages including T-shirts, backpacks and caps and tumblers. Additionally, training workshops which were organized for all the target groups received wide media coverage on prominent electronic and print media outlets including the Ghana News Agency (GNA). GNA is a major source of news for all media houses in Ghana. The programs were broadcast by GTV, Viasat1 and TV3 and published by Ghanaian Times and Chronicle newspapers.

As part of the project, a manual was developed for the conduct of Ebola prevention trainings. This manual can also be used for similar trainings for other target groups across the country in the future.

QUALITATIVE ASSESSMENT:

Overall, the joint program contributed to about 2 million Ghanaians, especially people living in rural and border districts, by being better informed about the Ebola Virus Disease and preventive practices.

For instance, the program contributed to some positive changes amongst participating journalists. Interestingly, about 20% of journalists that participated in the training expressed the fact that their most important take-away was the awareness they gained on their social responsibility in educating listeners about good hygiene and other preventative measures. Furthermore, the journalists on their own initiative established a platform on WhatsApp to share ideas and stories on Ebola. The platform is administered by URA Radio and MFWA in the Northern Regions- Upper East and West Regions.

Several partner stations exceeded expectations. Spark FM did a full drama on Ebola for public education and several stations supplemented the short messages with interviews and discussions on morning shows.

The program also served as a good reminder for all involved stakeholders that Ebola is still a relevant issue. When the radio stations initially were contacted and invited for the training, there seemed to be a general perception of Ebola being an outdated issue. This perception had however changed by the end of the project.

The UN intervention for example, through partnership with three local NGOs (GHANET, Ghana Coalition of NGOs in Health [GCNH] and PADDIES) undertook community mobilization and sensitization activities, on Ebola in high burden HIV communities to influence behavior change at individual and community level. The mobilization and awareness creation was done through social community entertainment and religious platforms to ensure all relevant people and opinion leaders in communities get the message about the threat of Ebola. Community Sensitization durbars were held at different times at Bukom Square and Odododiodoo in Accra under the auspices of Unisphere Ghana and Contagion, CBO implementing partners. The durbars drew a large crowd comprising residents, assembly members, traditional and opinion leaders, religious leaders as well as youth and women's groups. The community was exposed to an over 10-hour program that featured different "edutainments" activities which were overlaid with Ebola awareness and messaging and these activities included a football match, community durbar, drama sketch on EVD prevention, education and sensitization as well as speeches by key stakeholders and partners present.

At the end of the program, participants, including market queens, were educated on basic facts on EVD prevention, management as well the behavioral and attitudinal changes required to effectively prepare for and combat the EVD in the community. A one-hour questions and answers session facilitated by Ebola experts from the Health Promotion unit of the Ministry of Health provided opportunity for the opinion leaders gathered to receive in-depth information and education on Ebola prevention.

In addition, through collaboration with the Upper Manya District Assembly, 35 community health volunteers from selected communities (Asesewa, Akotoe, Akateng, Dawatrim, SekesuaAnyesuAnyaboni Quarters, Akohia/ Asikoko, KwabiaAsasehene, Agajajeteh, AkumersuDorhe, Fefe, Adwenso, Djamam, Odometa, Muanu, Sutapong, Sisiamang, Asasehene, Tsrebuanya, Abaosa, Osonson, Prekuamse, Brukum, Ternguanya, Samlesi, Akrusu) were trained on Ebola prevention and awareness creation. The objective of the training was to promote effective education on Ebola at the household level and the participants were observed after the training visiting some households to conduct sensitization activities.

In the Lower Manya Krobo district (a high HIV burden district), a one day training program was held on December 15, 2015 for community health volunteers, community health officers, chiefs, queen mothers and opinion leaders to sensitize them on the Ebola Viral Disease prevention and safe burial practices. The objective of the training was to equip them with knowledge and skills on EVD prevention, case detection and early referrals and how safe burials can be conducted. The use of a "Veronica Bucket" to wash hands under running water was demonstrated. After the training, two Veronica buckets were procured and mounted at the assembly compound by the assembly as an example of a simple way to improve hand hygiene. In all thirty-six (36) persons took part in the training in Lower Manya Krobo. The Queen mother of Lower ManyaKrobo, ManyeAplam II was one of the participants of the program.

IMPLEMENTATION CHALLENGES, LESSONS LEARNED & BEST PRACTICES:

Challenges faced during the implementation of some of the programme activities and measures adopted to deal with them are:

- Tents as holding bays- the initial proposal was to provide holding bays in the form of tents. However, considering that tents have relatively short life spans and the envisioned persistence of the risk of EVD, the tents would provide only a short term solution but not a lasting one. Pre-fabricated containers were procured and installed at POEs that had the need for them. The current structures are much durable and contribute immensely to health system strengthening since its usage can be employed for any disease of public health importance and not limited to only EVD

- Gender issues- Initially, there were challenges with initiating gender equality. For example, of the 24 participants at the initial Training of Trainers (ToT), all except one were men. Officers responsible for selecting their colleagues for subsequent trainings were specifically told to include as many women as possible. There was also increased participation of women in roll out trainings at POE level as well as in social mobilization activities
- While school coverage attained 96 %, 53 % of the total student population was reached due to the fact that some students were writing exams.
- Difficulty of promoting hand washing in schools where there was no running water nor toilet facilities.
- The Agoo platform has experienced a few technical issues during the first few days following its official launch. This resulted in call interruption and sometimes complete interruption of the service for a few hours or a full day. However, this has now been rectified.
- Coordination between implementing partners and Regional Offices of Education was sometimes challenging, especially due to the fact that for some regions, it was the first time that they were collaborating

Some lessons learned from the program implementation:

- Collaboration with Government partners at the sub national levels enhanced coordination of activities and strengthened ownership of program at these levels.
- Though the program is targeted at EVD, it is important to be flexible on areas where cross-cutting interests are at play and consider similar communicable diseases. The ability to cover other priorities while keeping to specifics of program deliverables adds value to the program, results in greater cooperation with stakeholders and much lasting program outcomes and sustainability. Existing structures in place should be used and strengthened.
- Gender mainstreaming has to be considered at all stages of project implementation.

ii) Indicator Based Performance Assessment:

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
OUTCOME 1³: Strengthen capacity for active surveillance	<ul style="list-style-type: none"> Surveillance Training for Health Personnel; Equipment for Surveillance Data Collection; Data management training conducted; In-depth study of the suspected EVD cases reported; Surveillance review meetings held 	NIL	Project reports, minutes of meetings, Media reportage
Output 1.0 Capacity activities for surveillance strengthened i.e. engaging both healthcare staff and systems, and the wider community in order to ensure the best possible chance of quickly and effectively identifying and investigating potential EVD cases.	<ul style="list-style-type: none"> 70 health staff trained in basic field epidemiology Contact tracing software procured and training conducted on its use 31 Surveillance and disease control officers trained in data management 		
OUTCOME 1.1: Capacity of border officials enhanced with the requisite skills and tools to screen and identify suspected EVD cases;			
Output 1.1: Border officials are better able to conduct EVD surveillance and to protect themselves Indicator: 1. Number of strategic border points supported with trainings 2. Number of strategic border points tested for preparedness: 4 strategic border points tested for preparedness Baseline: None Planned Target: 4 strategic border points supported	<ul style="list-style-type: none"> 4 strategic border points supported with trainings and capacity building Simulation exercise conducted at 1 strategic border point (Aflao) 		Project reports, minutes of meetings, Media reportage Simulation exercise report
Output 1.1.2 Border officials have the skills and tools to screen and identify suspected EVD cases Indicator: Number of border officials trained & computers /provided Baseline: None	<ul style="list-style-type: none"> 398 officials trained 4 Computers provided 38 non-contact infra-red thermometers 	Initial assessment suggested the POEs will need more than was initially targeted	Attendance sheets Pre and Post Test results Deed of donation

³ Note: Outcomes, outputs, indicators and targets should be **as outlines in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

<p>Planned Target: 300 officials, 4 computers, 12 thermometers</p>	<p>provided</p>		
<p>Output 1.1.3 Public sensitization on Ebola through short messages on 20 radio stations undertaken Indicator: Number of basic Personal Protection Equipment provided Baseline: All strategic border points assessed reported that basic Personal Protective Equipment was not provided in sufficient quantities by Government Planned Target: 20 stations broadcast Ebola short messages for two weeks in December</p>	<ul style="list-style-type: none"> • 38 non-contact infra-red thermometers provided 	<p>The target was reached</p>	<p>Recordings of Ebola Short Messages</p>
<p>OUTCOME 2.0: Community mobilized for Ebola preparedness and response efforts</p> <p>Output 2.0: Social mobilisers available at national and regional levels.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. Number of gender sensitive facilitation tools developed and disseminated Baseline: 0 Target: 3 2. Number of communities reached Baseline: 0 Target: 100 	<ul style="list-style-type: none"> • A training manual on Ebola prevention and preparedness developed by UNFPA. Used to equip 1323 women and young people including adolescents with knowledge and skills in seven regions of Ghana. • Cue cards which are a set of pictures and messages on Ebola which facilitate teaching and dissemination were developed and given to queen mothers. • 2000 Ebola fact sheets were printed and disseminated to participants to facilitate awareness creation. • 1323 women and young people directly reached in 118 in 16 towns in the 7 target regions • Nationwide reach with EVD prevention messages through SMS database, print and electronic media coverage including web-based platforms including 2,000 fact sheets printed and distributed; • 150,000 youth reached through SMS database platform 	<p>A total number of 1323 direct beneficiaries were reached through the training workshops instead of 1340. The variance was due to the presence of a reduced number of students at a couple of NYA Youth Leadership Skills Training Institutes at the time of the training.</p>	<p>Project Report and Media</p>
	<ul style="list-style-type: none"> • UNAIDS is using various media platforms including print, electronic, broadcast and web based were used to send gender sensitive EVD information and education to the larger audience in Ghana. 		<p>Main report and media hubs and feedback and recordings from media houses</p>

<p>Output 2.0.1 Informed and empowered communities through mass and traditional media. Indicator: Gender Sensitive Messages disseminated through the different channels Baseline: 0 Planned Target:</p>			
<p>OUTCOME 2.1: border communities sensitized on Ebola Preventive measures Indicators: border communities are better prepared to prevent and respond to EVD Output 2.1.1: Community leaders have the skills and knowledge to conduct awareness raising activities Baseline: Planned Target : 6 communities in 4 border points</p>	<ul style="list-style-type: none"> • 17 communities supported • 301 community leaders trained including traditional leaders, women groups and opinion leaders 	<p>The Queen mothers demonstrated their wiliness to get education on EVD by coming to the training sessions with their sub queen mothers</p>	<p>Social mobilization reports from districts Main report and media reports</p>
<p>OUTCOME 2.2 Communities in refugee camps and host communities sensitized on Ebola</p>	<ul style="list-style-type: none"> • The Camps’ clinics health staff sensitized (prevention and response) on EVD by GHS in all locations hosting refugees -Ampain and Krisan camps (W/R), Buduburam and Egyeikrom camps(C/R), Fetentaa camp (BA Region) and Volta Region; and intensified links and communication between camp clinics and referral clinics. 		<p>Training reports</p>
<p>Output 2.2.1 Refugees in 5 camps sensitized through mass communication on Ebola</p>	<ul style="list-style-type: none"> • Male and Female Volunteers trained and reached camp residents through door to door • Camp residents sensitized through mass communication 		<p>Training reports</p>
<p>OUTCOME 2.3 The capacity of 60 journalists from 60 radio stations across Ghana enhanced and are effectively providing public education on the Ebola Virus Disease Indicator: Number of journalists with improved knowledge on Ebola Baseline: Journalists generally lacks up-to-date information about Ebola Planned Target: 60 journalists have improved knowledge on Ebola</p>	<ul style="list-style-type: none"> • 53 journalists were trained on Effective Ebola reporting (17% women). 96% participants responded that they had increased knowledge about Ebola after the training 	<p>Seven journalists did not show up for the training. One reason could be that Ebola is not perceived a current topic and was thus not prioritised by these stations.</p>	<p>Participant list</p>

<p>OUTCOME 2.4 To do public sensitization on Ebola through cartoons in public schools and health facilities</p> <p>Indicator: Number of carton booklets produced / number of schools / health facilities receiving booklet</p> <p>Baseline: No up-to-date cartoons on Ebola exist in Ghana</p> <p>Planned Target: 3000 copies of a high-quality cartoon booklet are produced and distributed among 20 schools, 20 health facilities</p>	<ul style="list-style-type: none"> • 3000 cartoon booklets were produced and distributed by NYA. 		<p>Copies of Cartoon booklets</p> <p>Report from NYA</p>
<p>Outcome 2.1 Community leaders have the skills and knowledge to conduct awareness raising activities</p> <p>Indicator: Number of community leaders trained</p> <p>Baseline: 0</p> <p>Planned Target: 240 community leaders</p>	<ul style="list-style-type: none"> • 17 community durbars organised, • 8 stakeholder training sessions conducted and sensitization activities carried out in 85 schools, 59 churches and 21 mosques • 16,000 sheets of IEC materials produced and distributed, 1500 training manuals and 600 EVD branded T-Shirts distributed • 8,000 comics produced and distributed 		<p>Social mobilization reports from districts</p>
<p>Outcome 2.1: High-level advocacy</p> <p>Output 2.1 Advocacy with decision makers and opinion leaders</p> <p>Indicator. Sessions with Chiefs, Queen mothers, religious leaders, armed forces and parliamentarians on Ebola</p> <p>Baseline: 0</p> <p>Planned Target: 210 reached , 7 sessions held</p>	<ul style="list-style-type: none"> • 7 advocacy and educational sessions held with 213 Queen mothers across all seven regions on EVD awareness creation, prevention and preparedness response. Queen mothers pledged to conduct Ebola prevention sessions at the community level and avoid high risk traditional practices. 	<p>Instead of 210 targeted queen mothers, a total of 213 attended the sessions. This was because the Queen mothers demonstrated their willingness to get education on the EVD by coming to the training sessions with their sub Queen mothers.</p>	<p>Participant list</p> <p>Meeting report</p>
<p>OUTCOME 3.0: Strengthened management of suspected cases at Points of Entry</p> <p>Output: 4 holding units set up at entry/exit sites.</p> <p>Baseline: 0</p> <p>Planned Target: 3</p>	<ul style="list-style-type: none"> • Disease holding unit established at Paga, Hamile and Sampa border posts, making a total of three fully equipped holding units. The existing Aflao border holding bay received equipment from IOM to bring the unit up to the standard of the other three holding units. 		

<p>OUTCOME 3.1: Increased gender sensitive capacity of health workers for effective case management, infection prevention and control and safe and dignified burials</p> <p>Output: 3.1 Training conducted for regional and district burial teams on how to safely provide dignified burials for EVD corpses.</p> <p>Baseline: 0 Planned Target: 170 staff to be trained in the country on dignified burial of EVD dead</p>	<ul style="list-style-type: none"> • 170 burial team members from national level and all 10 Regions trained to safely treat EVD corpses with dignity giving due recognition to major cultural, family and community needs 		
<p>OUTCOME 3.2 Infection prevention and control supplies procured for case management</p> <p>Output 3.2 Staff of Ghanaian health facilities' capacities was built for effective EVD case management and infection prevention and control.</p> <p>Baseline: 0 Planned Target: 98 Health workers trained on EVD Management</p>	<p>:</p> <ul style="list-style-type: none"> • 98 health workers trained in EVD cases management • Simulation exercises conducted in 3 EVD treatment centers • Study to identify gaps in Infection prevention and control in health facilities conducted • Anthropometric material and nutritional supplements supplied for screening and management of malnourished children and breast milk substitutes for EVD affected babies in affected communities (CBS, including therapeutic milk, plumpy nut, RUIF, etc.) procured 		
<p>OUTCOME 4.0 : Technical assistance (data management), equipment (computers, printers, software), and operations of Emergency Operations Center</p> <p>Baseline: 0 Planned Target: 30 surveillance staff</p>	<ul style="list-style-type: none"> • In order to appropriately collect, analyse and report on data for public health action, it is key for surveillance staff to have skills in the use of data management software. To this end, 31 disease control and surveillance officers from all 10 regions were trained in various data management applications to improve on the handling and reporting of data to enhance surveillance reporting and facilitate interpretation and timely response to public health events. 		

<p>OUTCOME 4.1: Adequate and reliable logistics system in place Baseline: 0 Planned Target:</p>	<ul style="list-style-type: none"> • The logistics and emergency telecommunication cluster, held logistics coordination meetings. • Information management services including creation of information sharing platforms for collation and dissemination of data established. • Systems in place for, temporary storage services will include consolidation of supplies and tracking systems using the relief items tracking application. • In addition, needed logistics engineering support for infrastructure and communications centers [Inter-agency emergency telecommunication systems and centers (COMCEN) in which quick deployment kits will be prepositioned to support field hospitals with data/internet services were put on the alert. 		<p>Minutes of meetings</p>
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iv) A Specific Story

Often, cartoons are used as a simple way of communicating messages. But often the cartoons produced as part of projects on public education tend to be plain and uninspiring.

Under this project a young cartoonist was contracted to develop a cartoon for public education on Ebola. He managed to describe the Ebola disease through science fiction and included humor in his drawings about preventative measures. This significantly added extra value to the project, by making a very serious and frightening topic easier to deal with for the recipients (youth across the country). See a sample picture (attached as Appendix B).

The young cartoonist also expressed sincere interest in the project and subsequently came back with more ideas on how to use cartoons and humor to change behavior in areas such as protecting the environment and promoting good hygiene.

In future programing, the MFWA will aim at including more of such tools to make public education more interesting and fun. Furthermore, the MFWA will continue to work with and support him in his efforts to drive societal change in Ghana.

IMPLEMENTATION CHALLENGES, LESSONS LEARNED & BEST PRACTICES:

Partnership with Ghana Health Service: In the first phase of the project, trainings for officials of Port Health Unit, Ghana Immigration Service and Customs were conducted in collaboration with GHS. The Deputy Director for Public Health Division and the Head of Port Health Unit of GHS provided technical input to the development of training materials and acted as lead trainers. IOM managed the logistics and media coverage of all events.

Following the trainings, an MOU to facilitate the disbursement of funds and monitoring of the social mobilization activities was signed between IOM and GHS. This posed a challenge as the process of MOU development halted project implementation activities for a considerable period of time which resulted in delays in completing project activities according to the work plan. After the signing of the MOU, there was increased national ownership of the programme and the activities were successfully completed. This ownership should lead to future sustainability of activities implemented under the MOU.

Other challenges faced during the implementation of some of the programme activities and measures adopted to deal with them include:

- Late arrival of funds – as most agencies received their funding quite late in the programme, they have made adjustments to the scale and nature of their activities, impacting on costs. Many implementing partners are currently reporting that activities will be completed on time. However the late arrival of funding has left little room for possible delays.
- Tents as holding bays- the initial proposal was to provide holding bays in the form of tents. However, considering that tents have relatively short life spans and the envisioned persistence of the risk of EVD, the tents would provide only a short term solution but not a lasting one. Pre-fabricated containers were procured and installed at POEs that had the need for them. The current structures are

much durable and contribute immensely to health system strengthening since its usage can be employed for any disease of public health importance and not limited to only EVD

- Gender issues- Initially, there were challenges with initiating gender equality. For example, of the 24 participants at the initial ToT, all except one were men. Officers responsible for selecting their colleagues for subsequent trainings were specifically told to include as many women as possible. There was also increased participation of women in roll out trainings at POE level as well as in social mobilization activities
- Prior to conduct of the training and education sessions for beneficiaries, participants had limited knowledge of EVD, causes and prevention as revealed by pre-training assessments. Following the trainings, participants had significant increased knowledge which was evident in post-tests that were conducted and statements from participants.
- The Port Health officials as well as the District Health Management Team are more confident in dealing with travelers who may be sick because they feel better equipped and resourced.

Some lessons learned from the programme implementation include the following:

- MOUs should be developed and signed at the early stages of any programme to avoid delays of programme implementation. This should be reflected as an activity on the work plan and appropriate time should be allocated during the first phase of the programme.
- Collaboration with Government partners at the sub national levels enhanced coordination of activities and strengthened ownership of programmes at these levels.
- Though the programme is targeted at EVD, it is important to be flexible on areas where cross-cutting interests are at play and consider similar communicable diseases. The ability to cover other priorities while keeping to specifics of programme deliverables adds value to the programme, results in greater cooperation with stakeholders and much lasting programme outcomes and sustainability. Existing structures in place should be used and strengthened.

III. Other Assessments or Evaluations

Ghana UN Joint Programme on EVD is undertaking an assessment to determine the level of achievements of planned interventions and ascertain the extent to which the various interventions contributed to strengthening national preparedness and response to EVD emergency nationwide.

Appendix A

Districts Receiving Public Education on Ebola through Short Messages on Air

Station	Listenership (districts)		
1. RADFORD FM	Sissala East District Sissala West District	Wa East District	Lambussie Karni District
2. Radio FREED	Nandom District Lawra District	Iambusie District Nandowli District	Jirapa District
3. Quality FM	Garu-Tempene District Pusiga District	Bawku Municipal Bawku West District	Binduri District
4. Radio Builsa	Builsa North District Builsa South District	Kassena-Nakana East Kassena-Nankana Municipal	West Mamprusi District
5. Gurune FM	Bolgatanga Municipal Bongo District	Talensi-Nabdam District Bawku West District	Kassena-Nankana Municipal
6. Yagbon FM	Bole district	Sawla-Tuna-Kalba District	
7. Radio Gaaki	Nanumba North District Yendi Municipal Bunkpurugu Yonyo District East Mamprusi District	Karaga District Gushiegu District Zabzugu – Tatale District	Saboba District Chereponi District Mion District
8. Gmantanbu Radio	Nanumba North District Nanumba South District	Kpasa District Zabzugu District	Mion District Yendi Municipal
9. Kiss FM	Jaman North District Tain District	Dormaa Municipal Dormaa East District	Dormaa West District Berekum Municipal
10. AHENFO FM	Jaman North District Jaman South District Dormaa Municipal	Kintampo North District Kintampo South District Dormaa East District Dormaa West District	Nkoranza North District Nkoranza South District Sunyani West District Sunyani Municipal
11. Beyond FM	Nkwanta South District Nkwanta North District	Krachi East District Krachi North District	<u>Krachi Nchumuru District</u>
12. Holy FM	Keta Municipal Akatsi South District	Akatsi North District Ketu South Municipal	Agotime Ziope District Ketu North District
13. Jubilee FM	Ketu South Municipal Ketu North District	Keta Municipal, Akatsi South District Ho Municipal	Akatsi North District Tongue North District Tongue South District
14. Ankobra FM	Nzema East Municipal, Ellembelle District	Jomoro District	Ahanta West District Tarkwa Nsuaem

			Municipal
15. Radio Rainbow	Wenchi Municipal Suaman District Sefwi Akontombra District Bodie District	Bia West District Bibiani-Anhwiaso- Bekwai District Atwima Mponua District	Bia East District Sefwi-Wiawso district Asunafo North Municipal District
16. Royal FM	Wassa Anafi East District, Wassa Anafi West District Aowin District	Wassa Amenfi Central Tarkwa-Nsuaem Municipal Obuasi Municipal	Atwima Nwabiagya District Sefwi Akontombra District Sefwi Wiawso District Prestea-Huni Valley District
17. Radio Peace	Efutu Municipal Gomoa East District Mfantchimam Municipal	Gomoa West District Agona East District Agona West District	Ekumfi District Awutu-Senya District
18. Spark FM ⁴			
19. Obuoba FM ⁵	100 districts in Eastern Region, Ashanti Region, Volta Region, Greater Accra Region and Central Region.		
20. Asempa Radio	Asante Akim North District Asante Akim Central Municipal Ejisu-Juaben Municipal	Sekyere Plains District Sekyere District Asante Akim South District Mampong Municipal	Ejura Sekyeredumase District Nsuta Kwaman District Sekyere East District

⁴ Spark FM was not able to provide the requested information.

⁵ Obuoba FM was not able to provide reliable information on which districts they have the widest coverage. The statement in the table is their best estimate. The 100 districts have not been included in the total count of districts.

Appendix B

EVD Cartoon

