

AGREEMENT

Between

The Ghana Health Service

And

The Against Malaria Foundation (AMF)

This Agreement sets out responsibilities for a programme to provide bed nets to a series of communities/Districts/Regions in Ghana during 2016 in line with the strategic plans of the National Malaria Control Programme (NMCP) of the Government of Ghana.

The purpose of the programme is to reduce malaria by distributing 2,700,000 million long-lasting insecticidal nets (“LLINs”).

The responsibilities for delivering the programme are as follows:

Project Funding

- 1) **AMF** will fund 2,700,000 million long-lasting insecticidal nets (LLINs). The final, exact number that will be ordered (either more or less) will be decided when the number of nets required for each district is confirmed by the **NMCP**. The LLINs will be of high standard, and at a minimum, they will satisfy the recommendations of the World Health Organization.
- 2) The non-net costs will be funded by the Ghana Malaria Global Fund Grant. These costs include those for shipping to Ghana, clearance, in-country transport, pre-distribution, distribution

Distribution Locations and Timing

- 3) The nets will be distributed at distribution points identified in the specific regions as agreed by the two parties in line with the LLIN distribution guidelines of Ghana:
 - Greater Accra Region (excluding the Metropolitan District), 1,300,000 LLINs
 - Upper West Region, 400,000 LLINs
 - Northern Region, 700,000 LLINs

The NMCP will send to AMF the population figures and the nets required for the districts in these three regions within the next week.

In Greater Accra Region, Serialised coupons will be distributed to households by volunteers; based on information collected on coupons, household allocations of LLINs will be made by the sub-district/district health officers followed by verification of this data by national/regional monitors before nets are sent to distribution points and distributed to beneficiaries.

In the Upper West, distribution would be through the schools.

Nets

- 4) The LLINs purchased will be those approved by the World Health Organisation Pesticide Evaluation Scheme (WHOPES). AMF will liaise with **The NMCP** as to the specification of the LLINs to be bought.
- 5) AMF will forward to the Global Fund, quotes received from the net manufacturer covering shipping costs and timing. The Global Fund can either a) decide whether to accept one of the quotes, or seek others, and ask AMF to deal directly with the net manufacturer, or b) decide to liaise directly with the shippers to coordinate the movement of nets and all related administrative items. In case of a) AMF will liaise with **The NMCP/ and the GF** to ensure close coordination on logistics.
- 6) AMF will order and pay directly for the nets.

Shipping and transport

- 7) **The NMCP/MOH Procurement** will confirm any movement of nets after receipt in country and always involve a) counting of net quantities, by bale, in and out, to confirm quantities moved; b) signed documentation to attest to the quantities permitted out or received in; and c) copies of all such documentation will be easily accessible for independent verification as required.

Pre-Distribution

- 8) **The NMCP** will ensure the collection and availability, for independent inspection of the data (number of nets provided to each distribution point and the number given out to recipients) for all recipients in the distribution areas identified in section 3. This then allows the data to be accessible for either or both of a) verification purposes or b) when selecting households

for the 6-monthly Post-Distribution Check Ups (see section ‘Post-Distribution’) so it is possible to know how many nets were received by any household selected (selection of exact households can be done from coupons). **The NMCP** also confirms and makes data available, electronically (summary level data by district). Data below this level will be available at the district level in manual forms for verification when necessary. The manual forms will be made available to **AMF’s** local partner NGO and may be put into electronic form, provided that all costs of this are paid by **AMF**. The ownership of the data remains with **The NMCP**. **AMF** may publish summary data in anonymised form with the involvement of **NMCP**.

- 9) **The NMCP** will ensure a summary will be sent in electronic format to **AMF**, for each district, of at least the following information: number of people in the district, the number of nets required to achieve universal coverage, and the number of given out to the population.

Distribution

- 10) **The NMCP** will provide the needed support to ensure there is ‘independent assessment’ ‘during the distribution’ of the nets. Independent supervision/assessment will be by individuals not associated with the health system or locality. The role of the independent assessor is to assess to determine whether nets are distributed to beneficiaries and in the quantities listed and that all nets not distributed are held securely and accounted for. The independent assessor will be recruited and paid for by **AMF**.
- 11) **The NMCP** will ensure all signed records attesting to the specific quantities of nets distributed will be easily accessible for independent verification as required. Such records will be per districts, sub-districts and community.
- 12) **If fewer** than 2,700,000 LLINs are required to achieve universal coverage in the districts listed in section 3, **The NMCP** will identify further communities in other regions, to be agreed by **AMF**, that could accommodate the remaining nets and in that same regard all sections of this Agreement will apply to the distribution of those nets.
- 13) In the event of a loss of nets passed unto **The NMCP** control and prior to or during the distribution, **The NMCP** in consultation with the responsible health authority at the specific level of loss will source an equivalent

quantity of nets to make good the loss. **AMF** understands that small numbers of nets may be mislaid in the course of any distribution and will not act unreasonably in this event.

- 14) **The NMCP's** distribution schedule is included as an Appendix to this document; this is subject to change especially in the event of any unforeseen activity in the planned area of activity such as flood, competing health activities like National Immunization Day. Any substantial change will be discussed with **AMF** in advance, and the nets purchased by **AMF** will in any event be distributed by the end of 2016.
- 15) **The NMCP** will carry out this distribution in line with Ghana LLIN Distribution Guidelines included as an Appendix to this document. In the event of Material changes to this plan as maybe necessitated as explained in point 14, **AMF** will be duly informed. **AMF's** consent will be needed for any change that affects the accountability for the nets.

Post-Distribution

- 16) **AMF** will be responsible for Post-Distribution Check-Ups (PDCUs) across all of the beneficiary communities with guidance and facilitation from **NMCP**. **AMF** may use an NGO to conduct the post distribution checks. **NMCP** shall advise in the selection of the NGO. This activity will be funded by **AMF**. The details of the post distribution will be as follows:
 - a. After the first 6 months post distribution, the activity will be carried out at the following intervals: 6, 12, 18, 24 and 30 months (this can change depending on the next distribution cycle)
 - b. Communities will be selected from each district
 - c. In each community selected, 5% of households (HHs) will be visited
 - d. Local leaders other interested parties will be informed of the visit programme at the outset and afterwards out of respect and as part of encouraging community involvement. The community as a whole (not identified individual households) will be informed that the visit will be taken place within a 2 or 3 week period. The HHs will be randomly selected.
 - e. **AMF** will liaise with **NMCP** to ensure that data shared will be sent in a format that allows import into **AMF's** PDCU database.
 - f. Data will be passed to **AMF** within eight weeks of the end of the PDCU.
 - g. PDCU data, in anonymized and summary form, will be made public.

- 17) Each PDCU would take place within a one month period with its specific timing falling within a two month window centred on the 6, 12, 18, 24, 30 month points (this can change depending on the next distribution cycle).
- 18) The minimum quantity of data collected will be as shown in the PDCU form shown in Appendix 1.
- 19) **The NMCP** agrees to the following reporting obligations for the entire project:

Pre-distribution

1. A Distribution Proposal (template to follow to facilitate reporting) completed in full and emailed to **AMF** (one for overall project)
2. A Pre-distribution Summary Report (template to follow to facilitate reporting) including, but not limited to, the following information: per district: population, number of households registered number of nets to be given to households LLIN according to the universal coverage policy of Ghana, description of the pre-distribution process carried out, challenges and lessons learned, including dates. The data will be sent to AMF as soon as it is available and the report shall be provided in a timeframe to be agreed by AMF and NMCP.

Distribution

A Distribution Summary Report (template to follow to facilitate reporting) including, but not limited to, the following information: Per district, actual number of nets distributed; description of the distribution process carried out, challenges and lessons learned, including dates. The report shall be provided within 1 month of the completion of the distribution exercise. The NGO and AMF and the NGO will compile community level data from the paper records and this will be validated by NMCP.

- 20) In the event of a dispute, all parties will make the best efforts to resolve it through negotiations and discussions similar to what is done with partners who work with NMCP like Global Fund and USAID. However if that is not achieved, all claims shall be decided by arbitration by the International Chamber of Commerce. The arbitration will be held in Geneva in the

English language, it shall be final and binding and enforceable by any court having jurisdiction

21) This agreement will take effect when

- a. **AMF** confirms which NGO (or NGOs) will carry out the work identified in the Agreement. As specified above, AMF will liaise with NMCP on selecting any NGO and
- b. **NMCP** confirms the number of nets required for each health area.

Signed on behalf of:

1) Public Health Department-Ghana Health Service

Signature Date

Name, Position (PRINT)

2) Office of the Director General-Ghana Health Service

Signature Date

Name, Position (PRINT)

3) The Against Malaria Foundation (AMF)

Signature Date

Name, Position (PRINT)

Appendix 2



INFORMATION ABOUT PHOTOS/VIDEO FOOTAGE

PHOTOS-----

Photos and videos will be taken by an AMF appointed photographer and paid by AMF.

We require at least 100 pictures from Health Zone showing a variety of activities that make up a distribution. Each 100+ picture set should tell the story of what happened. Photos will ideally cover:

- Pre-distribution activity i.e. briefing of volunteers/community leaders/staff;
- Nets arriving at storage;
- Nets on truck to distribution point; nets being unloaded;
- Photo of village name sign if one exists;
- Bednet demonstration;
- Malaria education talk;
- Photos of list of recipients;
- Any coupons/thumbprint mechanism so people can see process of identifying beneficiaries;
- Lots of shots of nets being handed out to beneficiaries; photos of beneficiaries;
- Photos showing help hanging nets in homes if that is part of the distribution.
- Photos of the condition of the roads etc are good to show people this work is not easy.
- Several general shots of the village/s, houses/huts so people can see environment are good.

Please ensure a variety of photos are provided and not multiple shots of the same thing.

Further guidance:-

- Photos should be in digital format
- No slideshows, just individual images
- Please set the camera so it does not date-stamp the actual image – most digital cameras record the date within the file
- Do not caption the actual image – captions and tags may be added using standard tagging available in most media storage tools if available
- Please put the photos into separate folders for each Health Zone

We will select 20-40 photos for each Health Zone for the website.

VIDEO FOOTAGE-----

20 minutes of footage from each Health Zone is required. The aim of edited video footage is to show donors what happens when nets are distributed.

Ideal footage is a series of 10-15 second clips showing different aspects of the distribution. The video does not have to be professionally filmed or of broadcast quality. Digital hand-held camera footage is fine.

Further guidance:-

- Please set the video camera so the running time and camera controls are not recorded on the actual video
- Please put video files into separate folders for each Health Zone
- Please do not add captions to the footage

It is fine to send us raw video footage. We edit into 90-120 second clips for each Health Zone distribution to make the material highly watchable.

Videos: http://www.againstmalaria.com/Distribution_videos.aspx

Good example: http://www.againstmalaria.com/Distribution_TopLevel.aspx?ProposalID=7

Edited video footage is available free of charge to Distribution Partners to use as they see fit.

SENDING PHOTOS AND VIDEO FOOTAGE TO AMF-----

NGO will provide high resolution photo and video files via Dropbox or other similar file sharing software.

RIGHTS OF USE OF PHOTO/VIDEO -----

XXX retains ownership of all content and is able to use it in future print and web communication.

AMF may use photos and video footage received as it sees fit and without attribution if necessary.

It is VERY important pictures and video sent to us have photos/video footage in labelled folders for each Health Zone so we can match photos/video to each health zone.