



# REPORT



## GHS/UNDP COVID-19 COMMUNICATION RESPONSE FOR THE VULNERABLE



JANUARY 4, 2021



**GHANA HEALTH SERVICE  
HEALTH PROMOTION DIVISION**

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## ACTIVITY REPORT SUMMARY SHEET

 Republic of Ghana	ACTIVITY REPORT SUMMARY SHEET	
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<b><u>Name of Organization:</u></b> <b><u>GHANA HEALTH SERVICE</u></b>			
<b><u>Title of Activity:</u></b>  Engagement with vulnerable groups on COVID-19		<b><u>Date(s)/:</u></b>  	
		<b><u>Venue:</u></b>  	All 16 regions and Headquarters
<b><u>Name of AWP:</u></b> <b>COVID-19 Risk communication and Community          Engagement Rapid Response Plan</b>		<b><u>Implementation          Period of entire          Project:</u></b>  	June – November, 2020
<b><u>UNDAF Output:</u></b>  			
<b><u>Key Results:</u></b>  <ul style="list-style-type: none"> <li>• 380 prison officers were trained on COVID-19</li> <li>• 6809 visually impaired person were engaged on COVID-19</li> <li>• 11293 physically challenged person were engaged on COVID-19</li> <li>• 3464 hearing impaired person were engaged on COVID-19</li> <li>• 5451 PLWHIV were engaged on COVID-19</li> <li>• 530854 vulnerable persons were reached with information on COVID -19</li> </ul>			
<b><u>Applicable Baselines, Indicators &amp; Targets:</u></b> <b>Target 1.3.2:</b>			
<b>Vulnerable group</b>	<b>Target</b>	<b>Achievement</b>	<b>%</b>
<b>Women</b>	<b>500, 000</b>	290,717	<b>58.1</b>
<b>Men</b>	<b>250,000</b>	255,520	<b>102,2</b>
<b>Districts</b>	<b>160</b>	<b>165</b>	<b>103.1</b>

**Number of Beneficiaries/Participants:**

	Male	Female	Total
Prisons	206	174	380
Visually impaired	3077	3732	6809
Physically challenged	5162	6131	11293
Hearing impaired	1490	1974	3464
HIV+	2079	3372	5451
Estimated population using CIC	255520	275334	530854
Grand total	267534	290717	558251

**Gender Distribution**

<b><u>Female:</u></b>	290,717
<b><u>Male:</u></b>	255,520
<b><u>Total:</u></b>	558,251

**Disable Participation**

<b>Total</b>	

**Number of Dignitaries (If any) who were present:**

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## INTRODUCTION

Ghana confirmed the first case of COVID-19 on 12 March 2020. Since then, the case incidence has risen sharply. As of 13th April 2020, a total of 44,421 persons have been tested with 636 being positive for COVID-19 with 17 recovered and 8 deaths (for updates: <https://ghanahealthservice.org/covid19/>).

The Government of Ghana has taken a series of measures to contain the outbreak, including closure of schools; suspension of public gatherings; travel restrictions; closure of borders; and partial lockdown of hotspots (Accra and Kumasi).

### 1.1 SITUATION ANALYSIS

Timely and regular risk communication is essential in contributing to the reduction of the infection rates of COVID-19. To achieve this, it was prudent to intensify Social and behaviour change activities aimed at demystifying rumours and myths as well as equip the public with required information to make informed choices. Risk communication in Ghana was concentrated in the 3 identified epicenters which represented about 35% of the population leaving behind 65% of Ghanaians especially those living in the rural areas. Of particular concern are the hard-to-reach places and the vulnerable women and men including persons living with disability (PWDs), Prison inmates and Persons Living with HIV (PLWHIV) who were not receiving timely and regular information specific to their needs from credible sources. Additionally, the primary mode of communication used was the traditional ways of communication forgetting of the persons with special needs like deaf and blind. Thus overall, there remains a significant proportion of Ghanaians who are currently not receiving regular credible information to protect themselves and others against COVID-19. The Ghana Health Service, in partnership with UNDP Ghana planned to enhance its risk communication interventions targeting the vulnerable.

### 1.2 GOAL

To empower the vulnerable and at-risk populations with information on COVID-19 to make informed decisions concerning their behaviors to protect themselves and others.

### 1.3 OBJECTIVES

- To engage stakeholders to gain their support in reaching and mobilizing the vulnerable such as PWDs, Prisons inmates and PLWHIV.
- To engage persons with Disability with information on COVID-19 and protective measures
- To engage Person living with HIV with information on COVID-19 and protective measures
- To engage prison service with information on COVID-19 and protective measures
- To assess the process and outputs of the engagements with the vulnerable groups

## 1.4 SELECTED DISTRICTS

<b>Ashanti</b>	<b>GAR</b>	<b>Central</b>	<b>Western</b>
Afigya-Kwabre South	Ablekuma Central	KEEA	Sekondi Tarkoradi
Ahafo-Ano North	Ablekuma North	Cape Coast	Effia Kwesmintsm
Amansie West	Ashiana	AAK	Shama
Asante Akim Central	Ayawaso North	Awutu Senya	Wassa East
Asante Akim North	Ayawaso South	Agona East	Ahanta West
Atwima Nwabiagya	Ga East	Asikuma	Ellembelle
Atwima-Kwanwoma	Ga North	Ekumfi	Jomoro
Bekwai	Ga Central	Assin Central	Tarkwa
Ejisu	Krowor	Ati Mokwa	Pestea Huni Valley
Kumasi	Korley Klottey	Mfantsiman	Wassa Amenfi East
Kwadaso	La Dade Kotopon		
Obuasi	La Nkwantanang Madina		
Obuasi East	Ledzekuku		
Offinso	Tema		
Sekyere East	Adenta		

<b>Western North</b>	<b>Savanna</b>	<b>Bono East</b>	<b>Bono</b>
Sefwei Wiawso	STK	Atebubu	BANDA
Bibiani Ahwiaoso Bekwa	Central Gonja	Nkoranza North	DORMAA WEST
Akontombra	Bole	Nkoranza South	BEREKUM WEST
Juaboso	East Gonja	Pru East	SUNYANI EAST
Bodi	West Gonja	Pru West	DORMAA MUNICIPAL
Suaman	North Gonja	Sene	WENCHI MUNICIPAL
Aowin		Kintampo North	DORMAA EAST
Bia West		Kintampo South	SUNYANI WEST
Bia East		Techiman Municipal	BEREKUM
		Techiman North	MUNICIPAL
		<b>Sene West</b>	JAMAN NORTH
			JAMAN SOUTH
			TAIN

<b>Volta</b>	<b>Oti</b>	<b>Eastern</b>	<b>Upper East</b>	<b>Upper West</b>
Ketu South	Kadjabi	Kwahu West	Bongo	DBI
Ho municipal	Jasikan	Lower Manya Krobo	Bolga municipal	Jirapa

Agortime Ziope	Nkwanta North	Fanteakwa North	Bawku West	Lambissie
Ho West	Nkwanta South	Fanteakwa South	Bawku muinicipal	Lawra
Ketu North	Biokoye	Nsawam Adoagyiri	builsa niorth	nandowli- kaleo
Adaklu	Krachi East	Birim Central	KNW	Nandom
Afadjato South	Krachi Nchumuru	Birim North	Timpani	Sissala East
Akatsi North	Krachi West	Asuogyaman	pusiga	Sissala West
Hohoe		West Akim	Kasenna Nankani Municipal	Wa Municipal
		New Juaben North	Talensi	Wa West
		Akwapem South		

<b>Ahafo</b>	<b>Northern</b>	<b>North East</b>
Asunafo North	ZABZUGU	East Mamprusi
Asunafo South	GUSHIEGU	West Mamprusi
Tano North	KARAGA	Bunkpurugu-Nakpanduri
Tano South	TATALE	Chereponi
Asutifi South	YENDI	Yunyoo-Nasuan
Asutifi North	KPANDAI	Mamprugu-Moaduri
	TAMALE METRO	
	NSD	
	SAGNARIGU	
	NND	

## **STRATEGIES**

A multi-prong approach was used to reach the targeted audience as stated. They strategies included advocacy, use of interpersonal communication (IPC) and Community information centers (CIC). These engagements were done with strict adherence to COVID-19 safety protocols. The specific activities under the strategies included the following; Engagement with relevant leadership, Community entry and engagement: Community entry and engagement is intended to engage the leadership of hard-to-reach communities, Inter-personal Communication (IPC) /Focus Group discussion (FGDs) Education sessions with people living with disability (area to area), Public education using Community Information Center (CIC), Material production and Data collection and coordination.



## 2.1 ENGAGEMENT WITH RELEVANT LEADERSHIP

Various engagements were held with relevant stakeholders such as the leadership of people living with disability, NAP+ and the Ghana Prison Services at the National and regional levels. The engagements were intended to gain leadership support with regards to reaching their members in the context of the associations and inmates on the part of the Prison service.

### Objectives of the meetings

- To share updates on the interventions on COVID-19 targeting the vulnerable
- To agree on the effective methods of engagements especially in the light of COVID-19
- To agree and share roles and responsibilities of stakeholders
- To solicit the best approach to use in organizing the members

This activity was held at the national and regional levels. The National level met with GFDOs, NAP+ and the leadership of the Ghana Prison service. The same was repeated at the regional level with the



exception that regions couldn't meet the leadership of the prisons since the national level engagement had covered for the regions.

During the engagements we shared the interventions with the leadership with much emphasis on the target audience which was their members, the vulnerable and solicited their support in the implementation.

The leadership lauded the idea and added it was the first time that the Ghana Health Service had organized a programme specifically targeting the vulnerable especially the disabled and persons affected by illness and inmates.

However, for the Prison service, based on their protocols to protect inmates and officers from the COVID-19, they mentioned they were not allowing third party interactions with the inmates. Other strategies such as virtual options of reaching the inmates were proposed as options. Considering the lack of virtual resources at the prisons it was not going to be possible. Finally, a consensus was made that the officers be trained so they could in tent educate the inmates.



*A meeting with the National leadership of Ghana Prison service*



## Expected output

In all we were able to meet all leaders in the 16 regions and National level totaling 180 leaders of PWD and the NAP+ as shown in the table with the sex distribution.



*A cross section of regional NAP+ executives*



*A meeting with National NAP+ executives*

Regions	Leadership PWD		Leadership NAP+	
	male	female	male	female
<b>BONO</b>	7	3	2	8
<b>BONO EAST</b>	8	2	3	7
<b>ASHANTI</b>	2	9	4	6
<b>AHAFO</b>	6	4	5	4
<b>EASTERN</b>	9	2	9	1
<b>CENTRAL</b>	7	3	4	7
<b>GAR</b>	9	2	5	6
<b>NORTHERN</b>	6	4	4	6
<b>NORTH EAST</b>	7	3	2	8
<b>SAVANNAH</b>	5	5	4	6
<b>UPPER WEST</b>	8	2	7	3
<b>UPPER EAST</b>	7	3	6	4
<b>WESTERN NORTH</b>	6	4	2	8
<b>OTI</b>	7	4	3	7
<b>VOLTA</b>	6	4	5	5
<b>WESTERN</b>	9	3	5	10
<b>Total</b>	<b>109</b>	<b>57</b>	<b>70</b>	<b>96</b>



*Regional executives of PWD in the Western North*

*Regional executives of NAP+ in the North East*

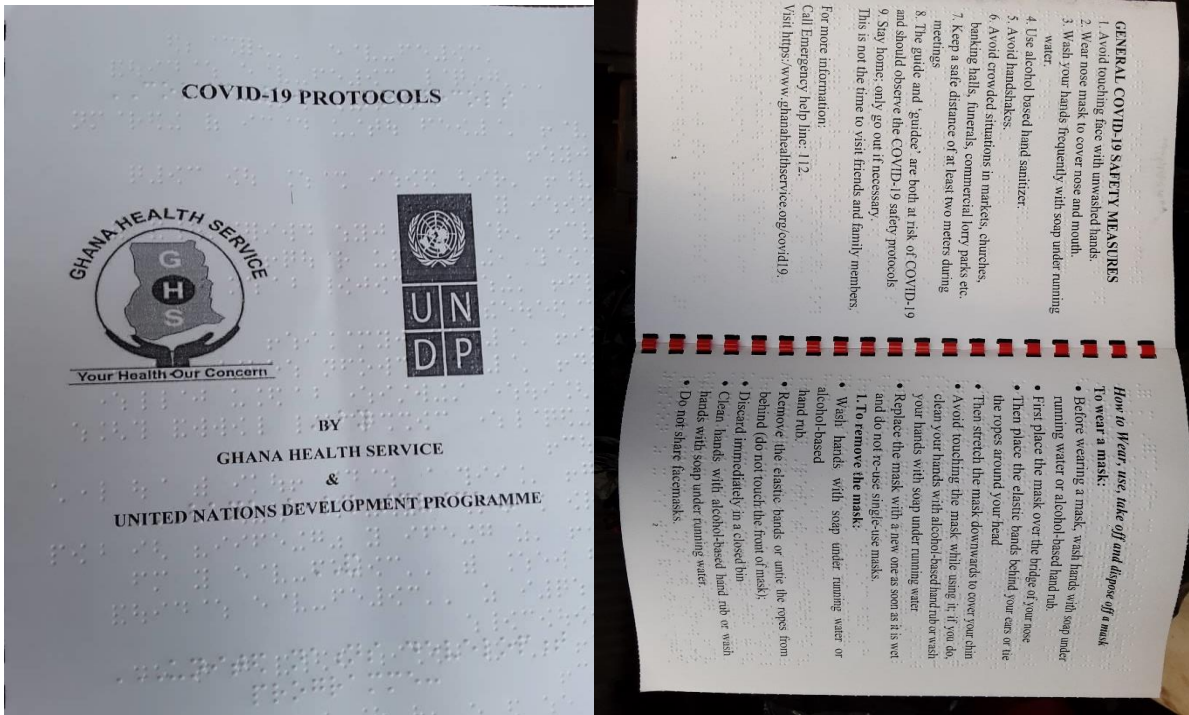
## 2.2 MATERIAL AND LOGISTICS PRODUCTION

To complement the interaction processes among the vulnerable groups and people living with disability and HIV, various materials such as posters and infographics already available were used. In addition, tailored content was converted into accessible formats including braille, audio and sign language for use by other groups of people living with disability. Other logistics such as veronica buckets, hand sanitizers, liquid soap, face masks and megaphones were procured and distributed to the regions and districts to facilitate behaviour change among the vulnerable.

### 2.2.1. Distribution of logistics

ITEMS	QUANTITY PROCURED	QUANTITY DISTRIBUTED
MEGAPHONES	180	180
HAND SANITIZER	180	180
NOSE MASK	9000	9000
BRAILLE BOOKLETs	2000	2000
LIQUID SOAP	180	180
PEN DRIVES	160	160
VERONICA BUCKETS	180	180

## Braille



## Veronica buckets





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## Megaphones



## Face masks



## Hand sanitizers and liquid soap



### 2.3 INTER-PERSONAL COMMUNICATION (IPC) /FOCUS GROUP EDUCATION SESSIONS WITH PEOPLE LIVING WITH DISABILITY (AREA TO AREA)

Following consultation using meetings with the National and regional leadership of the targeted vulnerable groups, (persons living with disability (PLWD), Prisons and NAP+ executives) a strategy was rolled out to reach their members. These included:

- Leveraging on the meeting days of the members of the federation and NAP+
- Conducting house to house education
- Meeting them at the health facilities especially in the context of persons Living with HIV

#### 2.3.1. Community entry and engagement

Based on the strategy of using house to house and group meetings, it was prudent to engage in community entry activities to inform the relevant stakeholders and leadership in communities. These included holding informal and formal meetings with chiefs, assembly members, volunteers etc by the health providers in the selected communities. The intention was to brief community leaders about COVID-19 and the strategies adapted to get the vulnerable groups especially people with disability and underserved border communities well informed with information on COVID-19 as well as seek their support to minimize the COVID-19 spread and stigma. it was envisaged that If communities are properly engaged at the beginning and throughout the project, people will be more receptive to the interventions and information. This activity was implemented in all communities of the 160 districts selected. Most of these communities were in the rural hard to reach, underserved and border communities.



Once the community members and leadership gave consent to the start and support for the activities, implementation begun in the various region and districts.

Interpersonal and group interactions were adopted to allow for face-to-face interaction with the vulnerable groups including people with disability and HIV. It was used to engage Prison officers at the various selected Prisons across the country.

This method allowed persons with disability to express their concerns and challenges about adhering to preventive measures that needs redress. During the interactions,



*A demonstration session in a group session in the Volta region*



*A cross section of PWD during an engagement*

demonstrations on hand washing, wearing and removal of masks were done.



*Group session with PWD in the Northern region*



Relevant SBCC materials such as braille, infographics and sign language videos/interpretations were used to complement the interaction with the targeted audience. This activity was implemented in partnership with the Ghana Federation of Disability Organizations, NAP+ and the Ghana Prison Health Services of the Ghana Prison Services.



The participants were taken through the following areas:

Topics treated by Districts

- Background on COVID-19
  - Mode of transmission
  - Signs and symptoms
  - Prevention
- Stigma



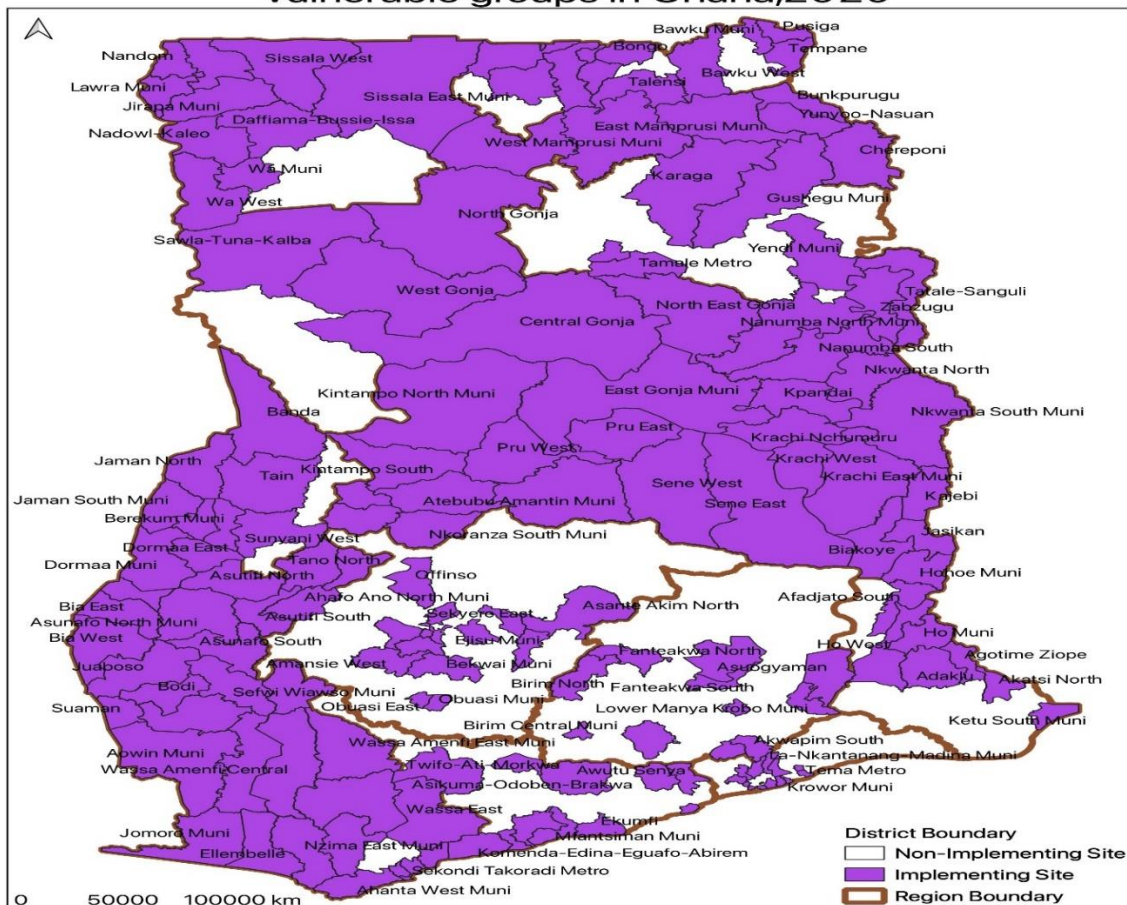
*Group meeting with vulnerable group in the North East region*

Demonstrations were conducted

- on Wearing, removal and caring for washable face mask
- Proper hand hygiene using hand sanitizer and water and soap

The map shows the reach of the targeted vulnerable groups in the 160 districts selected.

**Regional Distribution of Districts sensitized on Covid-19 as vulnerable groups in Ghana,2020**



## Issues discussed PWD

Some of the questions and concerns raised during the meeting were:

- If there is no drug for covid-19 treatment why some infected people are been declared cured?
- Why the message of the WHO is not consistent, it keeps on changing now and then?
- If the disease is not eradicated from the country, why awareness is not going on as it used to be.
- What accounted for low case count and death in Africa as compare to the other part of the world
- What is the update on the development of covid-19 vaccine as going on various social media platforms?
- What sanction is being meted on the politicians who flaunt the covid-19 protocol in the campaign time.

### 2.3.2. Coverage

The graphs show the regional distribution of the total reach per target vulnerable persons.

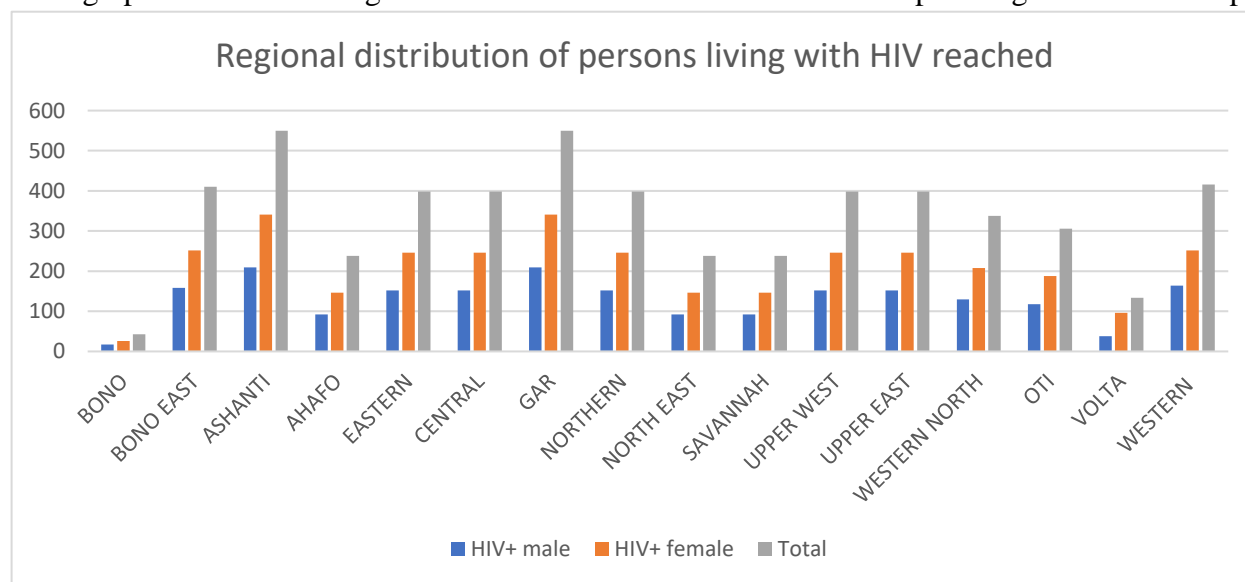


Figure 1 Regional distribution of NAP+ members reached by sex

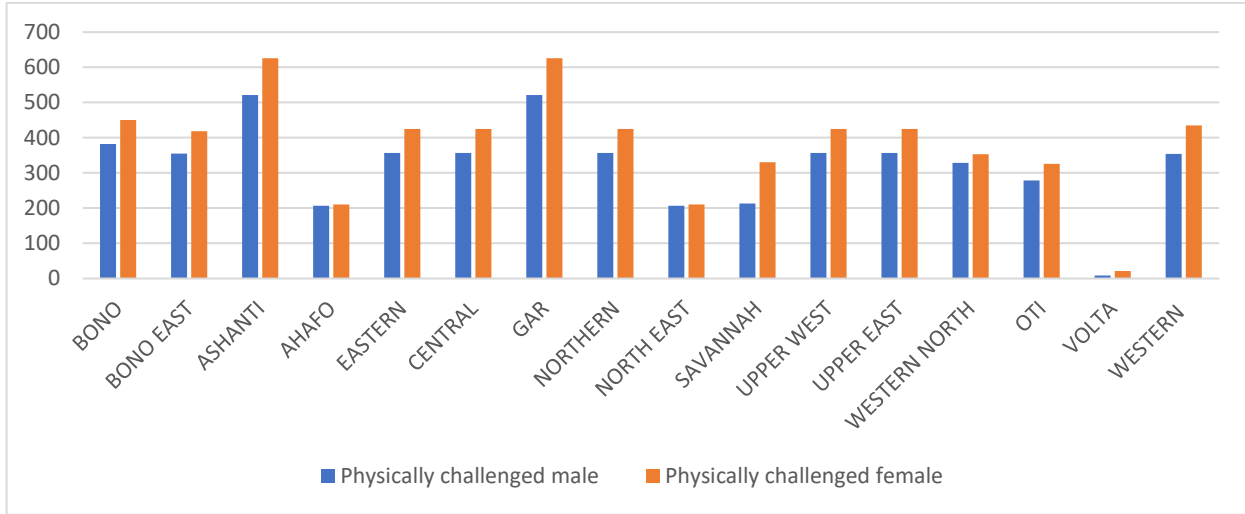


Figure 2 Regional distribution of physically challenged person reached by sex

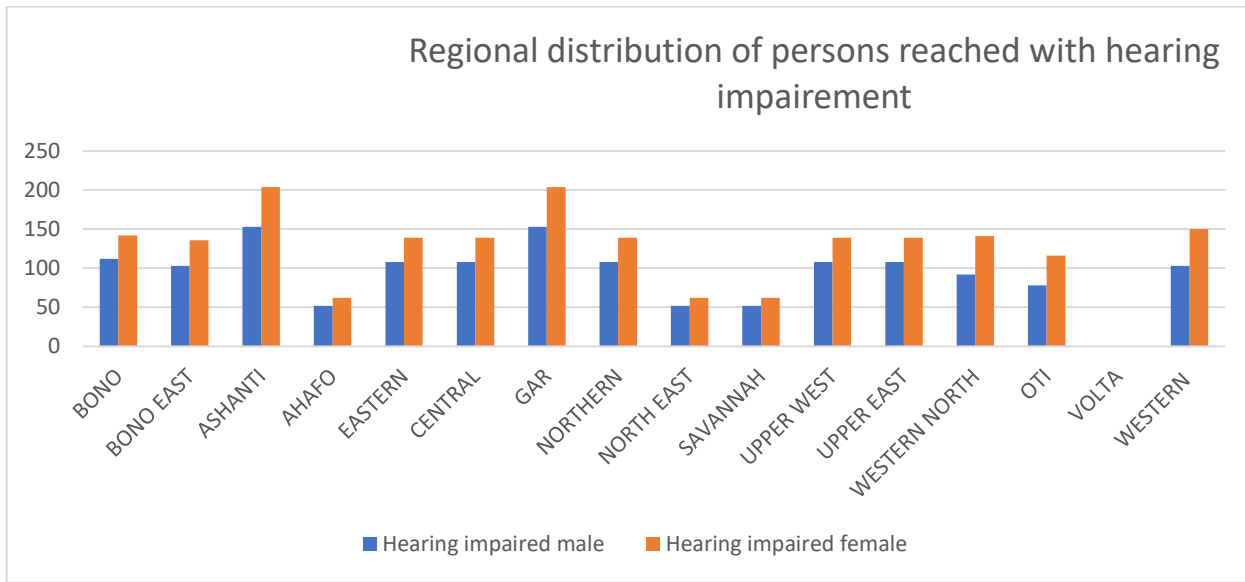


Figure 3 Regional distribution of hearing-impaired persons reached by sex

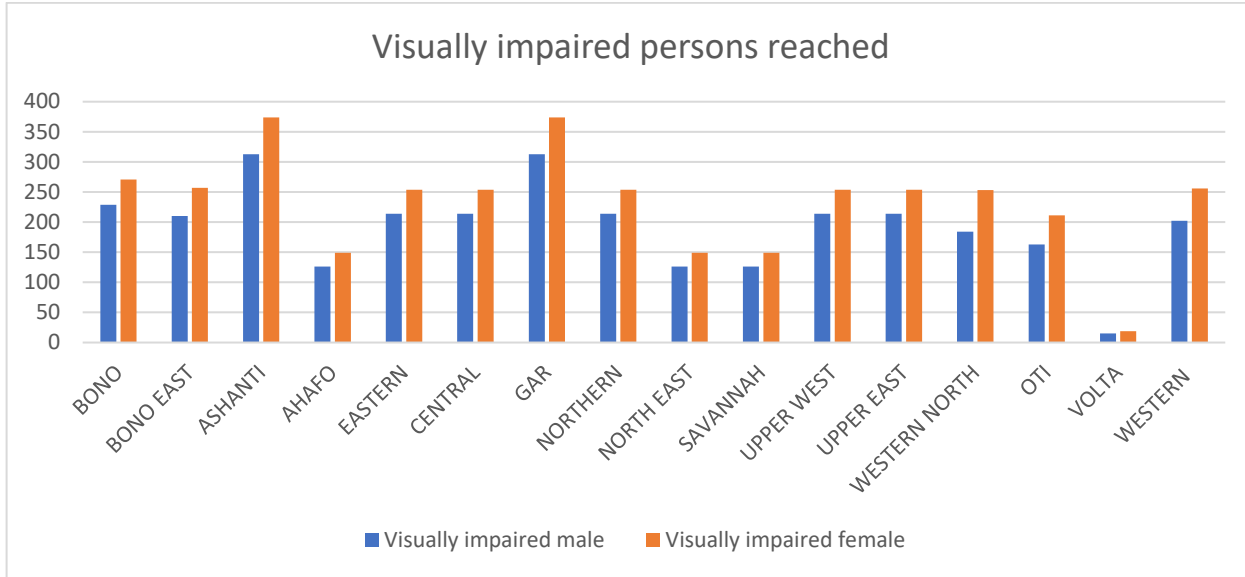


Figure 4 Regional distribution of visually impaired persons reached by sex

#### 2.4. ENGAGEMENT WITH PRISON OFFICERS

The rationale of the activity was to enable the Prisons Officers and the population at risk (prison inmates) to be equipped with reliable and accurate information that will enable them to make informed decisions on their behavior. This will allow them adhere to the COVID-19 preventive measures and help prevent the spread of information.

#### Methodology

The following methods were used to sensitize the participants:

- Presentations on overview of covid-19 and stigmatization
- Demonstrations on handwashing and wearing and removal of masks

In all 25 prisons stations were targeted and trained. Ten (10) Prison officers were selected to be trained from each station making a total of 225 prison officers to be trained. However, a total of 380 Prison officers were trained from all the total 25 stations.

## Regional Distribution of Vulnerable Groups on Covid-19 in Ghana's Prisons, 2020



### *Issues discussed Prisons officers*

- How will social distance be practiced in the Prisons considering the crowded nature our Prisons
- An issue was raised about why social announcement and education on Covid-19 in the media is on the downward trend.
- Is COVID-19 gone
- Why most people are not observing the COVID-19 protocols in the ongoing political/electioneering campaign.



- The reasons behind why more people died as a result of COVID-19 in Europe, America and Asia than Africa.
- Why can't Ghana and for that matter Africa find a home-grown medicine/antidote to the pandemic instead of relying on the world health organization
- Was COVID-19 invented by the Chinese as a means to take over the world's economy

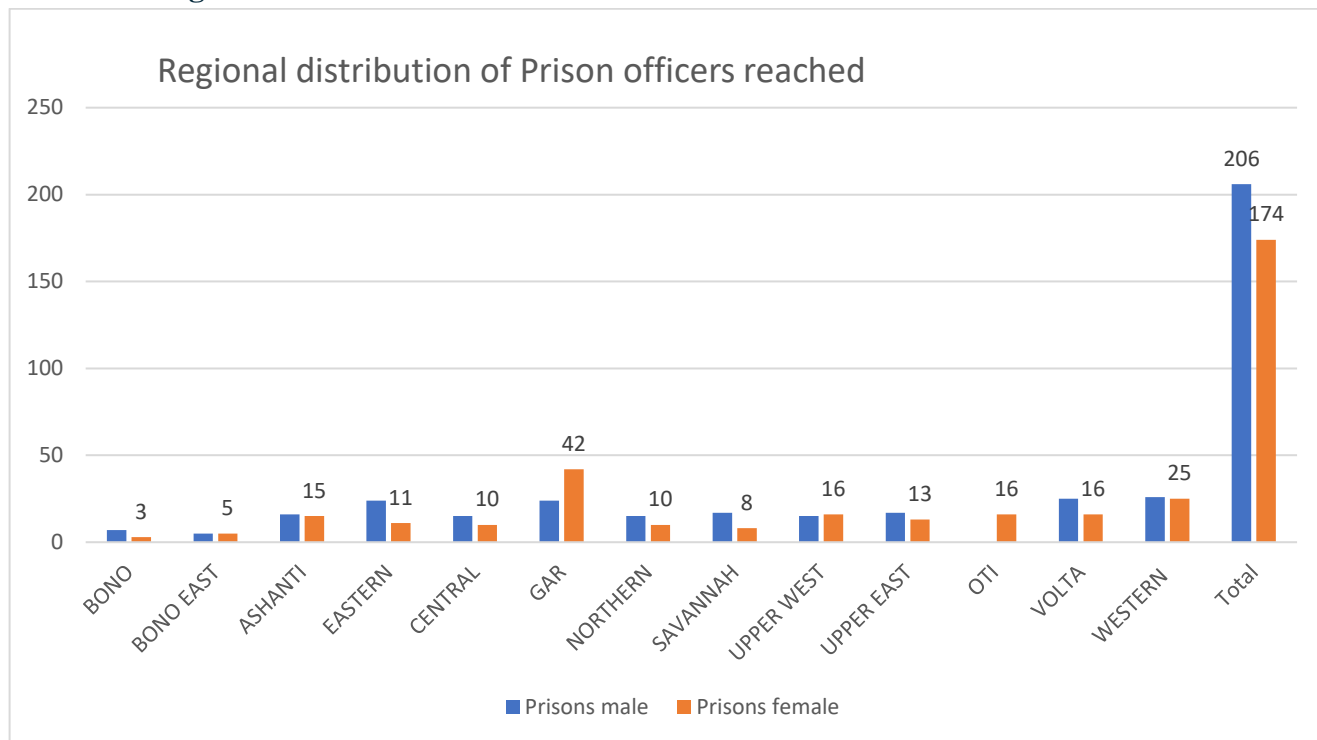


*A section of the Prison officers at the training sessions*



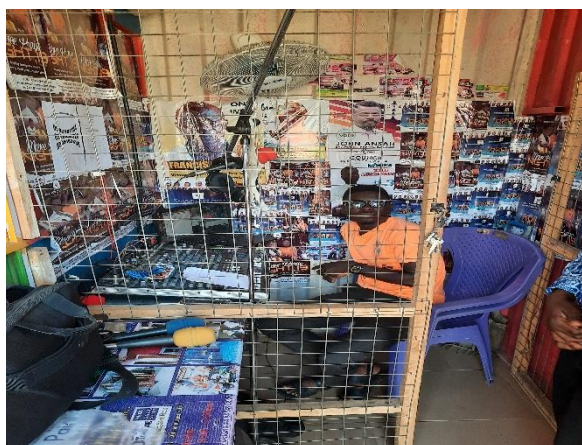


### 2.4.1. Coverage



### 2.5. PUBLIC EDUCATION USING COMMUNITY INFORMATION CENTERS (CIC):

The use of CIC is very popular means of disseminating information to the general public especially in hard-to-reach areas where most of the vulnerable resides. CIC infrastructures were used to provide timely and accurate information on COVID-19 using messages packaged in formats acceptable by people living with disability. Health officers were stationed at the CICs to provide education and respond to concerns about COVID-19 from the vulnerable groups.

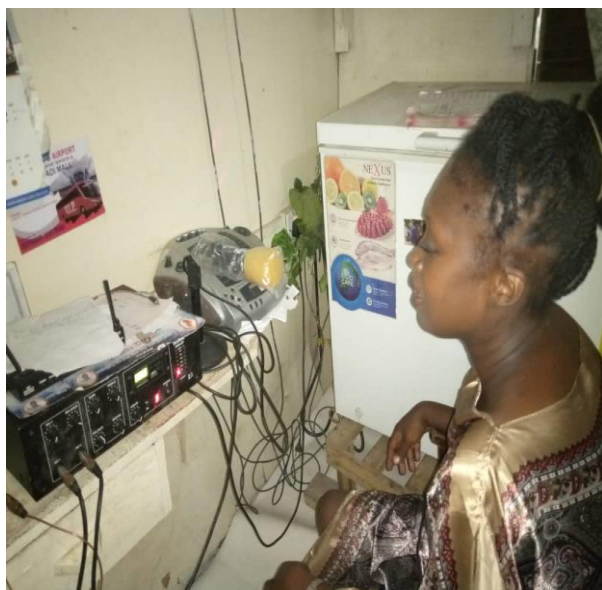


*Education session at a CIC in Moree*



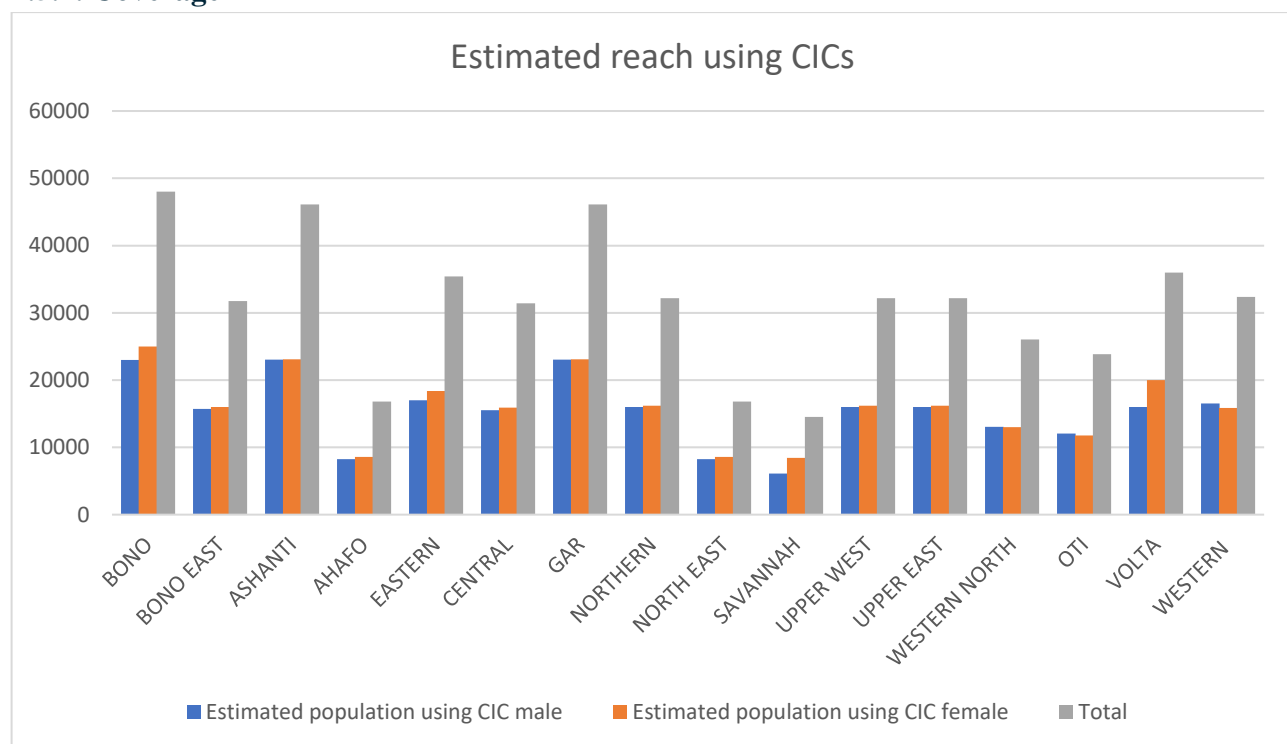
*Education session a CIC*

This was carried out in 160 districts (10 districts per each region) with special focus in underserved border communities.



*Health workers educating and responding to issues on COVID-19 at CICs*

## 2.5.1. Coverage



## 2.6 DATA COLLECTION AND COORDINATION:

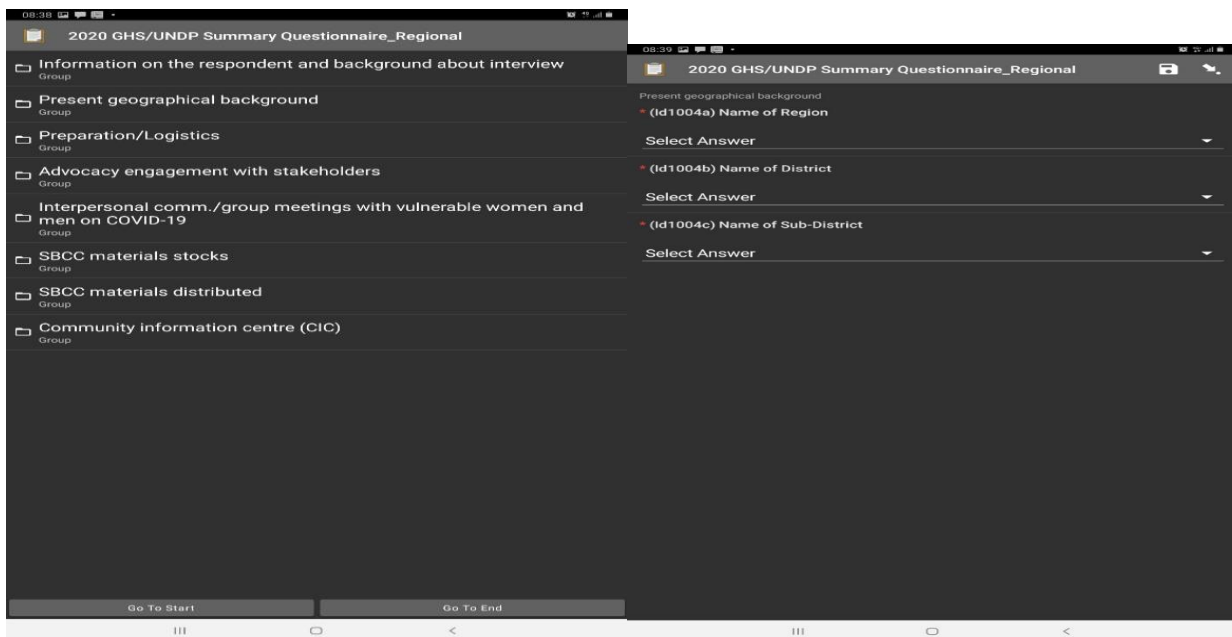
This strategy was used to assess the process and performance of the project. Its goal was to ensure activities were implemented according to plan, identify gaps for re-strategise to improve outputs and outcomes. Under this strategy, three activities were conducted. A checklist was developed and deployed using Open Data Kit (ODK) and field visits were conducted by the National and regional levels.

The questionnaire was synched into the ODK and installed on 3 tablets procured under this project. Regional and district officers had their phones configured with ODK for collecting data. Regular feedback was received on activities implemented and compiled into a data management system. Reports were generated and shared.

## Facilitator during the training on ODK



*Interface of the questionnaire on ODK*



*Questions on ODK*

### 2.6.1. Monitoring

In order to ascertain that activities planned under the GHS/UNDP project to ensure that the vulnerable in our society benefits from the sensitization on the fight against Coronavirus are accomplished in quantity and quality as planned, the Health Promotion Division embarked on a week-long monitoring and supervisory visit to the Northern, Upper East and North East Regions. During the visits, monitoring was carried out at the Regional, District Health Directorates, health facilities and communities through direct contact with health workers, community members and through the examination of activity reports and observation of on-going activities.



## Objectives

- To ascertain receipt of funds and logistics for the implementation of planned activities at the Regional, District and community levels
- To monitor and partake in on-going activities at the District and community levels

To achieve the objectives and ensuring effectiveness, three rounds of monitoring was conducted by the National level and one round by the regional level to the districts. The schedule and objective of each round is as per table below.

## Monitoring schedule

Round	Date	Objective	Level of implementation
1 <sup>st</sup> round	June	To support regions to mobilize and engage regional leadership of PWDs, NAP+ and Prisons	National
2nd round	August – September, 2020	To monitor implementation of engagement activities	National
3rd round	October – November, 2020	To support engagements with vulnerable groups and gather data	National and Regional





**2.6.1.1. OUTPUT (S) ACHIEVED:**

<b>Vulnerable group</b>	<b>Target</b>	<b>Achievement</b>	<b>%</b>
<b>Women</b>	<b>500, 000</b>	290,717	<b>58.1</b>
<b>Men</b>	<b>250,000</b>	255,520	<b>102,2</b>
<b>Districts</b>	<b>160</b>	<b>165</b>	<b>103.1</b>

**LESSONS LEARNT:**

- Activities and programmes should not be planned to compete with National programmes
- Stakeholder involvement is key to successful mobilization of target groups
- Helpers in the context of persons with disability should be factored in budgeting of programmes that are targeted at persons with disability



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## **OPPORTUNITIES AND CHALLENGES:**

### ***CHALLENGES***

#### **PWDs**

- Target audience complained of being left out in the society without proper care though they formed part of the segment of the population in the district and the nation at large.
- It was challenging finding qualified sign language interpreters in some of rural areas especially in the Northern region
- Those who use wheel chairs find it difficult to reach some of the health facilities to access health care because the health facilities are not disability friendly.
- Long queuing at health facilities in the name of accessing health care should be avoided for persons living with disabilities.
- Stigmatization on the part of PLHIV and persons with disabilities.
- Lack of livelihood to support PLWHV and persons with disabilities
- It was difficult to reach to PWD and PLWHIV who did not belong to any of the groups

#### **Prisons**

- Prison COVID-19 prevention policy of not allowing third party contact created a challenge in having direct interaction with the inmates
- The crowded nature of Ghana's Prisons creates a challenge to adhere to some of the COVID-19 safety protocols

### **NEXT STEPS/FOLLOW UP ACTION**

- Update database of PWD, PLWHIV and distribute to regional and district health Promotion officers for further engagements
- Finalize draft training manual for Prison inmates on infectious diseases including COVID-19
- Develop a communication strategy targeting persons with special needs including person with disability
- Continue to engage national and regional leadership of person with disability (PWD), NAP+ and Prisons for continuous support and joint programme planning

**ANNEX 1: PICTURE GALLERY**







*Photo gallery of engagements with PWD in communities*



*Photo gallery of engagements with PLWHIV*



## ANNEX 2: DISTRIBUTION OF REGIONAL COVERAGE

Regions	Leadership PWD		Leadership NAP+		Prisons		Visually impaired		Physically challenged		Hearing impaired		PWD	HIV+		Total	Estimated population using CIC		Total
	male	female	male	female	male	female	male	female	male	female	male	female		male	female		male	female	
	BONO	7	3	2	8	7	3	229	271	382	450	112		142	1586		17	26	
BONO EAST	8	2	3	7	5	5	210	257	355	419	103	136	1490	158	252	410	15740	15990	31730
ASHANTI	2	9	4	6	16	15	313	374	521	626	153	204	2222	209	341	550	45080	51880	96960
AHAFO	6	4	5	4	0	0	126	149	207	210	52	62	806	92	146	238	8240	8590	16830
EASTERN	9	2	9	1	24	11	214	254	357	425	108	139	1532	152	246	398	17010	18390	35400
CENTRAL	7	3	4	7	15	10	214	254	357	425	108	139	1522	152	246	398	15510	15890	31400
GAR	9	2	5	6	24	42	313	374	521	626	153	204	2257	209	341	550	23050	23080	46130
NORTHERN	6	4	4	6	15	10	214	254	357	425	108	139	1522	152	246	398	16010	16190	32200
NORTH EAST	7	3	2	8	0	0	126	149	207	210	52	62	806	92	146	238	8240	8590	16830
SAVANNAH	5	5	4	6	17	8	126	149	213	330	52	62	957	92	146	238	6100	8434	14534
UPPER WEST	8	2	7	3	15	16	214	254	357	425	108	139	1528	152	246	398	16010	16190	32200
UPPER EAST	7	3	6	4	17	13	214	254	357	425	108	139	1527	152	246	398	16010	16190	32200
WESTERN NORTH	6	4	2	8	0	0	184	253	329	353	92	141	1352	130	208	338	13040	12990	26030
OTI	7	4	3	7	0	0	163	211	279	326	78	116	1173	118	188	306	12040	11790	23830
VOLTA	6	4	5	5	25	16	15	19	9	21	0	0	105	38	96	134	25800	34400	60200
WESTERN	9	3	5	10	26	25	202	256	354	435	103	150	1551	164	252	416	16540	15840	32380
<b>Total</b>	<b>109</b>	<b>57</b>	<b>70</b>	<b>96</b>	<b>206</b>	<b>174</b>	<b>3077</b>	<b>3732</b>	<b>5162</b>	<b>6131</b>	<b>1490</b>	<b>1974</b>	<b>21936</b>	<b>2079</b>	<b>3372</b>	<b>5451</b>	<b>255620</b>	<b>275334</b>	<b>530954</b>