



Ghana RC donating handwashing devices in Jubilee Park Market in Western Region

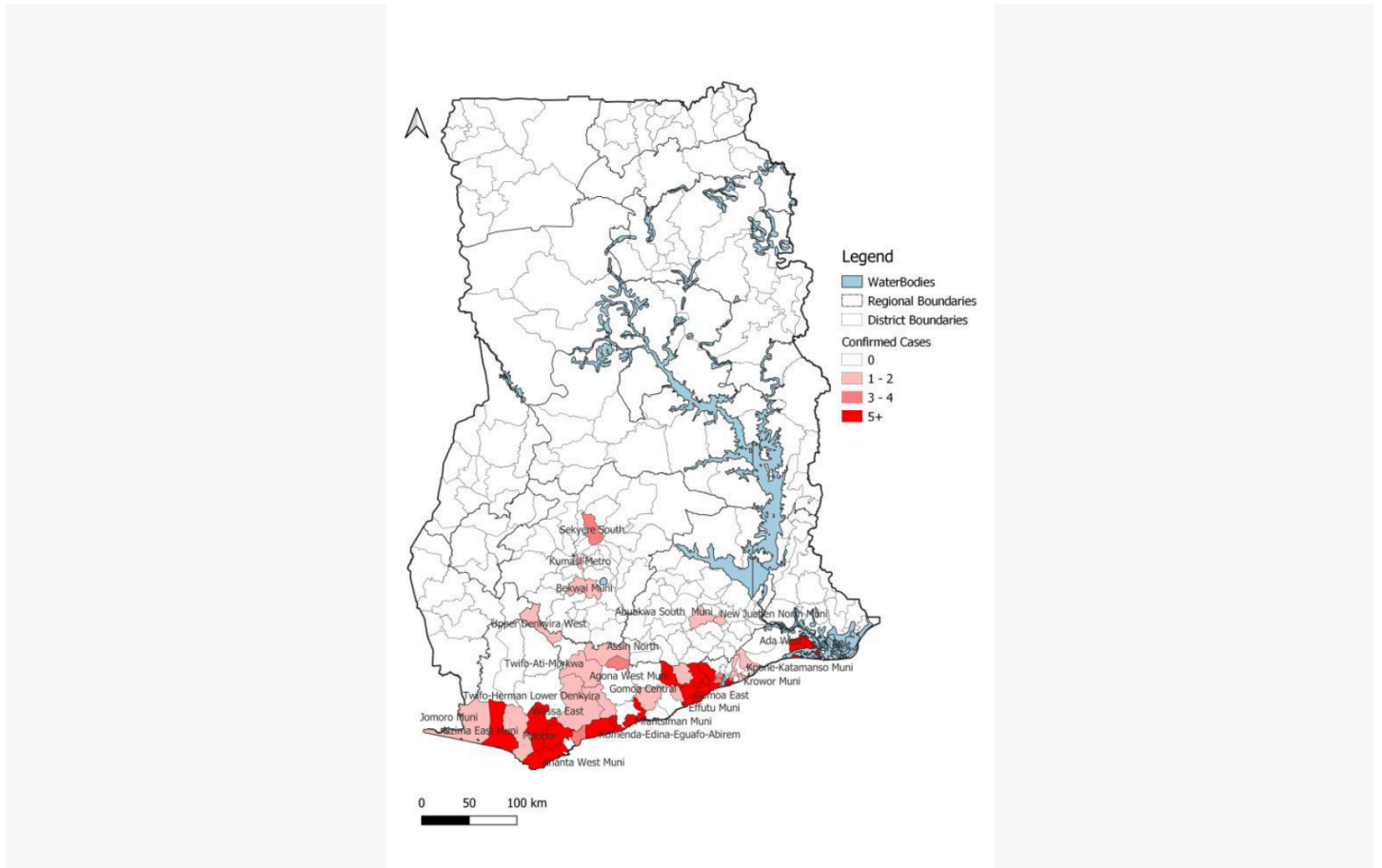
Appeal: MDRGH020	Country: Ghana	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 135,759	
Glide Number: -	People Affected: 150,000 people	People Targeted: 150,000 people	
Operation Start Date: 16-01-2025	Operation Timeframe: 3 months	Operation End Date: 30-04-2025	DREF Published: 17-01-2025

Targeted Areas: **Central, Eastern, Greater Accra, Western, Western North**

Description of the Event

Date when the trigger was met

08-01-2025



What happened, where and when?

In October 2024, the Ghana Health Service has announced a cholera outbreak affecting five regions in the country, notably: Greater Accra, Central, Western, Eastern and Asanti. As part of the interventions strategies to reverse the spread of the disease, Ghana Health Service in collaboration with UNICEF and partners in November 2024 introduced cholera vaccine- Oral cholera vaccine (OCV). The vaccine was rolled out in 3 subdistricts of the Central region, which is the epicenter of the epidemic, and 662,906 out of 792,482 eligible population were successfully vaccinated. Phase 2 subnational OCV campaign successfully completed in 18 subdistricts within 4 hotspot districts of Western Region (Sekondi-Takoradi, Effia Kwesimintsim, Shama and Ahanta West) between 15 to 18 December 2024. A total of 596,205 persons (92.9% of target population) were vaccinated. That said, the unvaccinated gap continues to pose a threat to since the vaccinate region is still reporting pocket of cases, and other affected regions as well. The Ghana RC has been quite active during the initial phases and needs more resources to continue playing its auxiliary role to the government in this response.

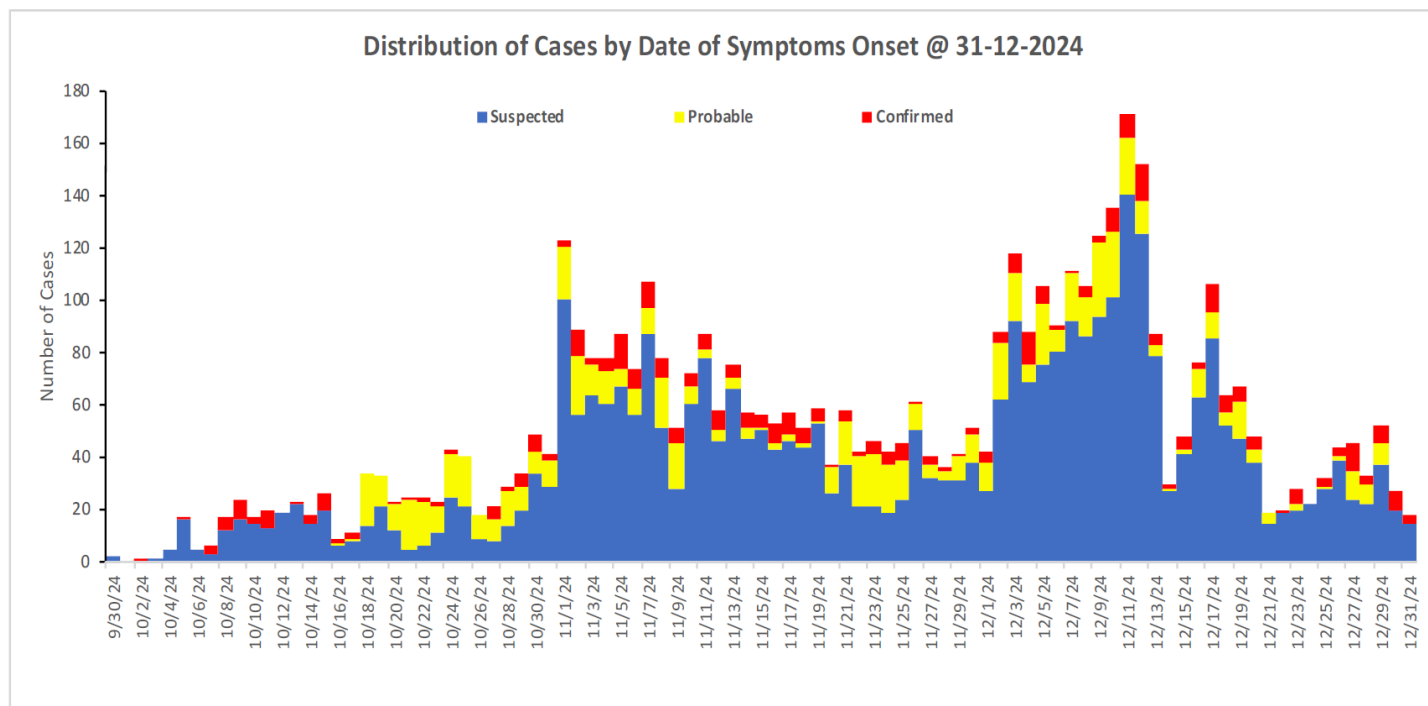
On December 19, 2024, the outbreak had claimed 27 lives and spread across 36 districts in the Greater Accra, Central, Western, and Eastern regions, with a total of 3,292 reported cases. As of December 23, a cumulative total suspected cases were 4,155 cases and 35 deaths with majority of the dead recorded withing 24 hours. While the number of cases in the Western Region is declining mainly due to the vaccination campaign, there is an increase in geographical spread and a rise in cases in the other regions. Between 24 and 31 december 2024, 29 new cases and 1 new death were recorded, with a cumulative number of 4850 suspected cases from the begining of the epidemic and 1 new affected district. These figures indicate that the epidemic continues to spread and there is a need to continue the initial efforts to ensure an efficient response.

Another fear is that with the recent torrential rains that affected Accra, drainage issues have been exacerbated, raising concerns that if these conditions persist, the situation could worsen significantly.

Historically, during epidemics and crises such as COVID-19, the Red Cross has consistently supported health services by providing social mobilization services. Whether the intervention involves vaccination, awareness campaigns, disease surveillance, or facility-based case



management, the Red Cross is always present, advocating for, assisting, and representing the interests of the beneficiaries and local citizens. The health services highly value the auxiliary role of the Red Cross because, when their teams return to base, Red Cross volunteers remain as their "eyes and ears" on the ground, ensuring continuity of efforts and providing vital support remotely. Due to limited resources, Ghana RC was not able to continue playing its role of major actor in social mobilization and community awareness campaigns properly. It is expected that for the next steps the Red Cross can play a pivot role in contributing to the effectiveness of the national response to the cholera outbreak, leveraging its expertise and network.



Epicurve from October to December 2024 - Credit: Ghana Health Service

Scope and Scale

The cholera outbreak began on October 4, 2024, when the first case was recorded after an individual exhibiting cholera-like symptoms sought medical care following attendance at a funeral in the Ada East District. The epidemic spread to 36 districts across five regions: Greater Accra, Central, Western, Eastern and Asanti. The limited information poses a challenge to evaluate the scope of the outbreak to the National Society. However, the last data from 31 December report 398 confirmed cases and 4850 suspected cases.

The health authorities indicated that the spread of the current Cholera outbreak in the country is closely linked to inadequate access to clean water and sanitation, making peri-urban slums and displacement camps high-risk areas. The pattern of the outbreak is mostly along the coastal districts of Ghana. The general population is at risk with the most affected age groups being 21-30 years, followed by 31-40 years, which represent the active workforce. The Ghana Health Service indicated that unsafe water sources and food vendors were the major sources and transmitters of the outbreak.

According to the Ghana Health Service, the epidemiological pattern of the cholera outbreak revealed a significant surge in cases just a few days before the general elections in Ghana. This surge peaked approximately five days after the elections, likely driven by the increased gatherings, mobility, and lapses in hygiene protocols associated with the electoral period. Following this peak, the number of reported cases began to decline, offering a momentary respite. The NS however remains cautious, hereby raising concerns about the potential for another surge in cases due to the Christmas and New Year festivities. These celebrations are traditionally marked by widespread gatherings, increased patronage of bars and restaurants, and heightened domestic travel, all of which create conditions conducive to the transmission of cholera. Large crowds, limited adherence to hygiene practices, and the potential for food and water contamination during these festivities pose a significant public health risk. Additionally, the swearing-in ceremony of the newly elected government, typically accompanied by widespread jubilation and public celebrations, presents another potential trigger for a resurgence of cases. Events of this nature often involve gatherings in both formal and informal settings, where food and water safety standards may be compromised, further amplifying the risk of cholera transmission. In light of these risks, the NS emphasizes the importance of a DREF that will support proactive measures to prevent and manage the likely spike in cases.



Source Information

Source Name	Source Link
1. Ghana Health Service	https://www.instagram.com/p/DD_WHL3CP_j/?utm_source=ig_web_copy_link

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

Lessons from the previous cholera response, particularly in the Central Region in 2016, highlighted the effectiveness of volunteers communicating health messages within communities. However, it became evident that additional training was needed in household engagement and effective epidemic communication to address fear and panic during outbreaks. These insights have been incorporated into the current plan to train volunteers in Epidemic Control for Volunteers (ECV), Community-Based Surveillance (CBS), Community Engagement and Accountability (CEA), and Oral Cholera Vaccine (OCV) administration.

Previous operations funded through the DREF or with IFRC support has also contributed to build NS expertise on the social mobilization and position the GRCS as a leading partner of the Government. The National Society (NS) has actively supported several critical health campaigns aimed at improving public health outcomes through targeted awareness and social mobilization efforts. These campaigns include the COVID-19 vaccination campaign (2021-2023), the measles vaccination campaign in 2022, and the OCV campaign introduced in November 2024.

Current National Society Actions

Start date of National Society actions

30-10-2024

Health	GRRCS has been at the forefront of these sensitization efforts, providing crucial information and engaging directly with communities to raise awareness about the outbreak and its prevention. In addition to education, volunteers are offering psychosocial support to individuals affected by the outbreak, helping to alleviate anxiety and stress during this challenging time. Their work is instrumental in ensuring that affected individuals receive the emotional and psychological support needed to cope with the crisis. Furthermore, the National Headquarters of the Ghana Red Cross Society has made significant contributions to the response efforts. Essential resources, such as handwashing equipment, have been donated to ensure that communities have access to the tools necessary to maintain proper hygiene. Public address systems have been provided to enhance the effectiveness of public outreach efforts. Additionally, five tents
---------------	---

	have been donated to health facilities in the Western Region to support outpatient department (OPD) activities, ensuring that health services continue to be delivered in a safe and efficient manner.
Water, Sanitation And Hygiene	The National Society in collaboration with the Ghana health service (GHS) with CDC Atlanta financial support through the IFRC trained 45 volunteers in total in OCV and ORP in 2022/2023. 30 of them benefited in both ORP and OCV training in Asanti and Central region in setting up of ORP kits as part of capacity building for ORP set up and management while 15 benefited from only ORP training in Greater Accra region. The CDC Atlanta donated as well 4 ORP kits which 2 kits were used to train volunteers. These trainings were carried out in the GHS premises in collaboration with the health authorities. Based on this experience gained, the GRCS was able to be active in the first months of this crisis. Three volunteers who benefited from the OCV training in 2022/2023 with the support from CDC Atlanta in the central region were deployed to assist the neighboring western region to orientate volunteers who did not benefit from the training to support the health authorities in awareness raising during the OCV campaign in November-December 2024. A total number of 20,559 people reached by the GRCS volunteers with the importance of the vaccines and cholera prevention messages.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC country office is assisting the National Society to compile the relevant data and information and is providing technical support in the DREF application.
Participating National Societies	No PNS is present in Ghana.

ICRC Actions Related To The Current Event

ICRC is present in Ghana, but is not supporting this operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The government of Ghana announced cholera outbreak in the last quarter of 2024 in country affecting five regions which include Greater Accra, Central, Western, Eastern and Asanti. The Ghana Health Service leads all the health interventions of the operations, including vaccination, public education, surveillance and appeals to the District Assemblies to ensure the enforcement of by-laws to reverse the spread of the disease.</p> <p>The Health Authorities activated regional and district public health emergency committees in all affected areas in which the Ghana Red Cross is a member. It also activated the other Emergency Pillars such as surveillance, Laboratory, Risk Communication and social mobilization, coordination and case management. Response strategy was designed and messages developed for the response. The Health Authorities introduced Oral Cholera Vaccine (OCV) targeting the affected cholera hotspots.</p> <p>To counter the disease, health authorities have implemented effective measures such as improving sanitation, ensuring access to safe drinking water, and promoting basic personal hygiene. On late November, the Health services announced the introduction of the OCV campaign to fight the cholera outbreak.</p> <p>- Authorities have enforced sanitation by-laws aimed at improving waste management practices and promoting better hygiene across communities. This includes strict regulations on waste disposal, which are critical in reducing the risk of contamination.</p>



Additionally, widespread disinfection efforts are underway in affected areas to minimize the environmental spread of the disease.

- In parallel, public sensitization campaigns are being carried out to increase awareness about cholera prevention and encourage protective behaviors. These campaigns are using multiple communication channels, including mobile van announcements, Community Information Centers, and door-to-door visits to reach as many people as possible.
- Discussions are also taking place with event planners and religious groups to ensure that large gatherings adhere to necessary health protocols, such as proper sanitation and hygiene practices, to prevent further transmission of cholera.

This multi-channel approach ensures that key messages are delivered in diverse ways, catering to different community needs and ensuring broader reach. Same approach is used by GRCS on this intervention.

UN or other actors

UNICEF has partnered with the Ghana Health Service to launch a house-to-house vaccination campaign targeting individuals aged one and older. The initiative administered a single-dose cholera vaccine in the hardest-hit areas.

Are there major coordination mechanism in place?

Inter Inter-Agency Coordinating Committee on Health meets on the epidemic. the National Cholera Taskforce and cholera responses committee were activated at the district levels.

As a member of the Inter-Agency Coordination Committee and an active participant in the Risk Communication Sub-Committee, the NS plays a crucial role in outlining and implementing its activities within these coordination platforms at both the national and regional levels. These platforms ensure that the NS's efforts are aligned with broader public health strategies and that its contributions are integrated into the overall response framework.

At the local level, the NS works closely with District Health Management Teams (DHMTs) to coordinate and implement its volunteer training programs. This collaboration strengthens the capacity of the NS and enhances the quality of its interventions.

Once trained, NS volunteers collaborate with Community Health Workers (CHWs) and other health volunteers at the community level to detect and respond to cases promptly. These volunteers serve as vital links between the community and health facilities, identifying potential cases and ensuring they are reported and referred for appropriate care. This partnership fosters a more comprehensive and efficient community-based surveillance system, crucial for early detection and intervention during outbreaks. Infections within households are addressed through joint efforts by CHWs and Red Cross volunteers, who conduct targeted outreach and engage directly with affected families. These teams provide health education, promote preventive measures, and facilitate access to necessary resources and psychosocial support.

Through its coordination at multiple levels and its strong collaboration with health authorities and local stakeholders, the NS ensures that its activities contribute meaningfully to the overall health response.

Needs (Gaps) Identified



The general population is at risk with the most affected age groups being 21-30 years, followed by 31-40 years, which represent the active workforce. However, this same group recorded the least coverage during the vaccination campaign.

Ghana has a robust surveillance system, capable of detecting cases for timely response. This system has been instrumental in identifying outbreaks and coordinating interventions to mitigate public health risks. However, significant gaps remain, particularly in hard-to-reach and underserved communities where the availability of healthcare staff is limited. Many of these areas face challenges such as the refusal of health personnel to accept postings, insufficient staffing, and logistical difficulties. These factors often result in delays in the timely detection and escalation of cases, thereby compromising the effectiveness of the overall response. The presence of trained Red Cross volunteers equipped with basic community-based surveillance (CBS) skills presents a viable solution to bridge this gap. Red Cross volunteers are embedded within these communities, providing them with an intimate understanding of local dynamics and fostering trust among residents. By leveraging this community presence, trained volunteers can act as the frontline in disease surveillance, promptly identifying and reporting suspected cases to the appropriate health authorities. Through CBS, these volunteers can monitor



health trends, engage with households, and detect potential outbreaks early. Their presence ensures that even in areas with limited health staff, critical health information is collected and transmitted without delay, enabling faster escalation and response. Additionally, their role extends beyond surveillance to include educating community members about preventive measures and health-seeking behaviors, further enhancing resilience and reducing the spread of infections.



Water, Sanitation And Hygiene

The source of the cholera outbreak has been reported by the Ghana Health Services to be of multiple interconnected factors contributing to its spread, one of the most important being poor hygiene practices at food preparation and sales sites. Many vendors operate in environments lacking basic sanitation facilities, increasing the risk of food contamination. The vendors have limited access to clean water for washing hands, utensils, and food items, making such sites hotspots for the transmission of waterborne diseases like cholera. In addition to food hygiene issues, indiscriminate refuse dumping and inadequate waste management systems have been reported by the Ghana Health Service as significantly heightening the risk of environmental contamination.

Poorly maintained drainage systems especially in the Takoradi and Sekondi areas further aggravate the problem, allowing stagnant water to mix with refuse, creating a hazardous environment conducive to the transmission. Another critical factor fueling the outbreak is the widespread practice of open defecation, particularly in areas with limited or no access to proper sanitation facilities.

There is a need to address this by carrying out disinfection activities in health centers and in the community.



Community Engagement And Accountability

In each of the past campaigns supported by the NS, the GRCS has identified the main challenges being vaccine hesitancy, dispelling misinformation, and gaps on information and encouragement messages directly delivered to the communities, especially the hard to reach usually exposed to bad practices. The Red Cross volunteers activities have been vital in encouraging community participation in vaccination campaigns and overcoming skepticism that often surrounds new vaccines. Though the OCV campaign is over for now, the epidemic is still raging, and there is a need to continue raising awareness in the communities to avoid the spreading of fake information around the disease.

Since the introduction of OCV in November, the government has successfully vaccinated 584,188 individual with the support of Red Cross volunteers and other partners. This achievement is a testament to the collective efforts of volunteers, health workers, and partners who have worked tirelessly to ensure that the OCV reaches those in need. However, a key challenge remains: the volunteers currently supporting the OCV campaign have not received formal training in Community Engagement and Accountability (CEA). Given the critical role that community engagement plays, it is imperative that volunteers are trained in CEA strategies. Proper training will equip them with the tools and methodologies to effectively address community concerns, foster trust, and engage populations in ways that align with the broader Red Cross Red Crescent (RCRC) approach to community engagement.

Any identified gaps/limitations in the assessment

The Ghana Health Service has planned post-OCV evaluation activities to be kick off on the 9th of December 2024 to 13th of January 2025 (WHO: Ghana CHOLERA SITREP No: 34 26th December 2024). One is not certain what the evaluation campaign will recommend, as cases are still recorded in some of the affected regions as a result the risk factor still persist given the need for the National Society to continue the community engagement and sensitization activities which requires the support of a DREF.

Operational Strategy

Overall objective of the operation

The operation aims to support and enhance the efforts of the Government of Ghana to effectively address the cholera outbreak, by reaching 150,000 people in Greater Accra, Central, Western, Eastern and Asanti regions through social mobilization and public education initiatives within three months.



Operation strategy rationale

To reach its objective, the GRCS will complement targeted efforts of the MOH through the following actions:

1- Continue to work with GHS community health volunteers and health workers at the MOH targeted communities to identify and respond to cholera cases promptly.

- Chlorine will be distributed by the NS targeting 6 most affected vulnerable local health facilities that have little or no chlorines for disinfection with 6 chlorine boxes. This will improve local level collaboration between the GRCS and the Ghana Health Service for future emergency preparedness and response activities.

- Additionally, the NS will keep 4 boxes of chlorines for its cholera response activities.

- 50 Knapsack sprayers will also be used for disinfection by volunteers and health facility management. Each 6-health facility will receive 2 sets of knapsack sprayers (12sprayers). The five affected regions will receive 5 knapsack sprayers each and 13 sprayers will be prepositioned at the headquarters for future response.

- 50 Handwashing stands will be placed in health facilities and schools.

- Procurement of 5 ORP kits to administer at hotspots to treat mild cholera cases before referral.

- Selected 25 volunteers will be further trained to carry out disinfection activities at the affected households in collaboration with Ghana health service and environmental protection agency. The GRCS has this experience in the past outbreaks and will leverage on these experiences. All the volunteers will be equipped with visibility and personal protection equipment.

2 - Conduct social mobilization by:

- Delivering GHS-targeted "public education on cholera prevention," emphasizing safe drinking water, sanitation, and hygiene practices. This will be done through house-to-house engagements, radio programs, and Community Information Centers.

- Enhancing community understanding of cholera prevention and underscore the importance of vaccination as a critical tool in controlling the outbreak. If necessary, support GHS-led "vaccination campaigns" in hotspot districts by raising awareness and encouraging participation.

- Educating community members on the MOH targeted "strict infection prevention and control practices" in healthcare facilities, reinforcing the understanding of the population on the importance and acceptance of these measures in curbing the outbreak. These will be done through door-to-door canvassing, mass education at public places, the use of radio and community information centers (CICs) sessions to disseminated cholera key messages using expertise from volunteers and health workers.

3- Case identification and referrals: The NS with the DREF resources will collaborate with health facilities at the affected districts to set up ORPs to treat mild cases and refer them to health facilities for further investigations. The management of these ORP points will be done in collaboration with the health authorities in respond to the outbreak. Volunteers will link up with local health facilities or escort patients, if necessary, from the ORP to the health facilities or contact the referral facility for the cases referred from Red Cross ORP for attention as part of collaboration.

GRCS has considered these 3 axes as other cholera response pillars are already covered at the moment by health authorities and partners as outlined previously.

To guarantee a more effective team, this DREF will support training volunteers and staff to support social mobilization activities, including Oral Cholera Vaccination (OCV) acceptance, Epidemic Control for Volunteers (ECV), Community Engagement and Accountability, to effectively provide health and WASH education and CEA to the affected and at-risk communities though the OCV campaign has just ended.

All deployed volunteers are already covered under an insurance policy established through the recently implemented Election Readiness and Response DREF, ensuring their protection as they carry out their duties.

Targeting Strategy

Who will be targeted through this operation?

This operation targets 150.000 people in five regions.

Explain the selection criteria for the targeted population

With nature of the outbreak, the GRCS will focus on mobilizing vulnerable populations, particularly children, and their caregivers, traditional healers and religious leaders to ensure high coverage rates in regions prone to outbreaks.



Based on the current approach that have been in place so far, the GRCS will also ensure priority is put on sensitizing the event planners, religious groups and organizers of events to ensure that large gatherings adhere to necessary health protocols, such as proper sanitation and hygiene practices, to prevent further transmission of cholera.

Unvaccinated children are particularly vulnerable, as the disease can spread rapidly if introduced into educational settings. Other at-risk groups include older adults with weakened immune systems and pregnant women, who face heightened risks of complications that may affect both maternal and fetal health. Communities in impoverished rural areas and urban slums are especially at risk due to limited access to clean water and proper sanitation facilities, making them more susceptible to cholera outbreaks.

Total Targeted Population

Women	25,000	Rural	20%
Girls (under 18)	55,000	Urban	80%
Men	20,000	People with disabilities (estimated)	8%
Boys (under 18)	50,000		
Total targeted population	150,000		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Volunteer could be infected with cholera in the line of duty.	Provide PPEs for volunteers and ensure that all volunteers engaged are insured.
There could be some isolated safety and protection challenges like accidents of volunteers and staff involved in the operation.	Volunteers will receive weekly debriefings to address any emerging needs and identify gaps in the response. The EOC will be used to monitor volunteers and staff movements and safety in real time.

Please indicate any security and safety concerns for this operation

As the NS frontliners, the major safety and security concern would have been the volunteer's health insurance, but this has been covered on the election readiness and response the insurance that stands for 12 months.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Budget: CHF 45,419

Targeted Persons: 150,000

Indicators

Title	Target
No. of volunteers and program Staff trained in ORP, OCV, ECV and CEA	260
Percentage of volunteers equipped with PPE	100
No. of people reached with Health awareness raising	150,000

Priority Actions

- Awareness-raising of communities to the understanding of cholera prevention and the importance of vaccination as a critical tool in controlling the outbreak.
- Deployment of 250 volunteers (50/region x 5regions) for sensitizations-Incentive- 3 months GHS300/month.
- Training 30 staff and volunteer leaders as ToT to cascade OCV, ORP, CEA and ECV.
- Training of Volunteers and program Staff on ORP, OCV, ECV and CEA.



Water, Sanitation And Hygiene

Budget: CHF 44,573

Targeted Persons: 150,000

Indicators

Title	Target
No. of hand washing Stands provided to health facilities and schools	50
Number of people reached with WASH activities	150,000

Priority Actions

- Distribution of 50 Knapsack sprayers for disinfection by volunteers and health facility management.
- Training of 25 volunteers to carry out disinfection activities at the affected households by fumigating infected surfaces and homes with knapsacks.
- Positioning of hand washing Stands at public places such as schools, markets, Lorry station, churches and mosques.
- Procurement of Chlorine for disinfection of drinking water.
- Printing of BCC materials of Cholera to support volunteers' health promotion activities.
- Procurement of 5 ORP kits to administer at hotspots to treat mild cholera cases before referral.
- The NS will keep 4 boxes of chlorines for its cholera response activities.
- Distribution of Chlorine to 6 most affected vulnerable local health facilities.



Community Engagement And Accountability

Budget: CHF 11,540

Targeted Persons: 150,000

Indicators

Title	Target
% of community members who feel the intervention of GRCS contributed to the prevention of cholera	90

% of operation complaints and feedback received and responded to by the NS	100
% of community members, including marginalized and at-risk groups, who know how to provide feedback about the operation.	100
Operational decisions or changes made based on community feedback	100

Priority Actions

- Feedback Collection
- Radio Airtime and Jingles
- Engaging communities through FGD, meetings and CIC
- Set up feedback system including stipends for CEA focal point
- Documentation of best practices
- Meeting session with food vendors
- Meeting sessions with key stakeholders (GHS, District Assemblies and Environmental Health)
- Meeting session with Mothers' Club leaders to collect feedback



Secretariat Services

Budget: CHF 20,078

Targeted Persons: 150,000

Indicators

Title	Target
No. of field trips undertaken by IFRC staff	3

Priority Actions

- IFRC staff field visits.
- Recruitment of a surge to support the NS.
- Monitoring of the operation by IFRC technical staff.



National Society Strengthening

Budget: CHF 14,148

Targeted Persons: 150,000

Indicators

Title	Target
Number of lesson learnt workshop	1
No. of field trips carried out by GRCS staff	18

Priority Actions

- Distribution of branded Aprons to volunteers to enhance visibility of volunteers during community activities.
- Distribution of Jackets to volunteer and staff for visibility during community work.
- Organization of a day's lesson learnt workshop with stakeholders to document good practices.
- HQ monitoring oversight of the operation PMER, NSD, SG, CEA, Accounts and PHC supporting Staff monthly mission.



About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

10 staff and 250 volunteers. Staff will be providing services within the responsibilities as follows: CEA for community engagement and accountability; NSD for overall volunteer management and safety; PMER for monitoring evaluation and reporting; COMMS for coordinating all communications within and outside the operations; Accounts Officer to support financial management. The entire operations will be coordinated by the Head of Health, with oversight responsibility of the Secretary General. The volunteer will provide complementary services to the health staff especially during the vaccination campaign, PSS, and health and hygiene promotion. The IFRC Country Office will provide technical support to the NS throughout the operations.

Will surge personnel be deployed? Please provide the role profile needed.

Expertise in WASH in surge deployment with a minimum of two deployments.

If there is procurement, will it be done by National Society or IFRC?

The procurement of logistics will be done locally and distributed to the various areas of operations. This activity will be carried out using the laid-down GRCS procurement policy and systems and carried out in collaboration with the IFRC where necessary. Regional procurements will be encouraged to ensure timely delivery of goods and reduction in transport services.

How will this operation be monitored?

Supervision of the operation will be conducted at all levels of implementation. The project will be coordinated by the National Health Coordinator under the supervision of the Secretary-General. The Health Coordinator, along with the Federation's focal point, will oversee and monitor the project's implementation in collaboration with the Ministry of Health and other stakeholders. Regular progress reports will be produced and shared to ensure effective monitoring and transparency.

Please briefly explain the National Societies communication strategy for this operation

The Ghana Red Cross will collaborate closely with the Ministry of Health's structures and services, sharing information and coordinating efforts with partner authorities and the media. The Secretary-General will oversee communication with external stakeholders. The national headquarters will ensure that the work of Red Cross volunteers is visible through local and international media, as well as through materials, social media platforms, and online publications.

Budget Overview



DREF OPERATION

- Ghana Red Cross
Ghana Cholera Response

Operating Budget

Planned Operations	101 532
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	45 419
Water, Sanitation & Hygiene	44 573
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	11 540
Environmental Sustainability	0
Enabling Approaches	34 227
Coordination and Partnerships	0
Secretariat Services	20 078
National Society Strengthening	14 148
TOTAL BUDGET	135 759

all amounts in Swiss Francs (CHF)



Contact Information

For further information, specifically related to this operation please contact:

National Society contact: Solomon Gbolo GAYONI, Secretary General, solomon.gayoni@redcrossghana.org, +233244972601

IFRC Appeal Manager: Bhupinder Tomar, Head of Country Cluster Delegation,, bhupinder.tomar@ifrc.org

IFRC Project Manager: Thomas Aapore, Programme Officer, Thomas.AAPORE@ifrc.org

IFRC focal point for the emergency: Noor PWANI, Country Programmes Coordinator, noor.pwani@ifrc.org, +233552570163

Media Contact: Aduratomy Stephen BOLADE, Communication Senior officer, Aduratomy.Bolade@ifrc.org, +234 803 389 6862

[Click here for the reference](#)

