DREF Final Report

Ghana Cholera outbreak 2025

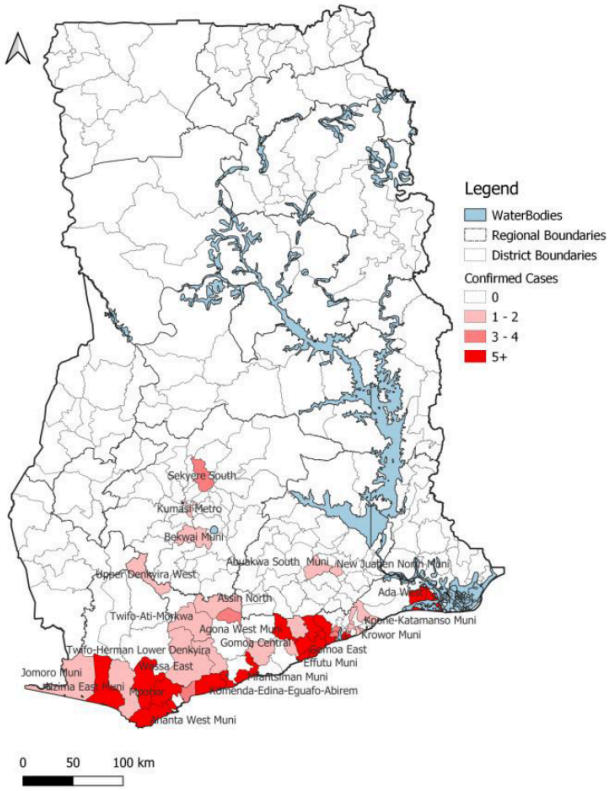
GRCS donating handwashing devices in Jubilee Park Market in Western Region

Appeal: **MDRGH020**	Total DREF Allocation: **CHF 135,759**	Crisis Category: Yellow	Hazard: **Epidemic**
Glide Number: **-**	People Affected: **150,000 people**	People Targeted: **150,000 people**	People Assisted: **427,480 people**
Event Onset: **Slow**	Operation Start Date: **16-01-2025**	Operational End Date: **-**	Total Operating Timeframe: **3 months**

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

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Date when the trigger was met

08-01-2025

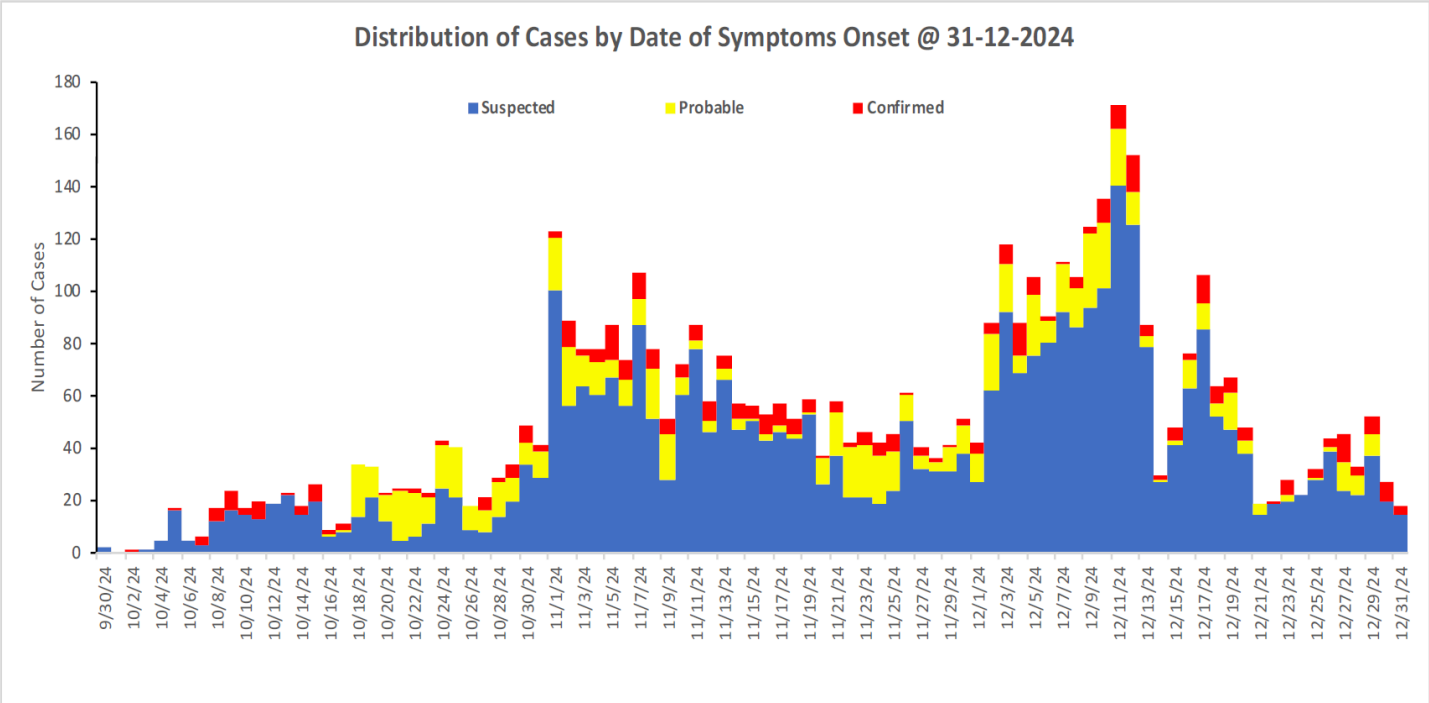
What happened, where and when?

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

By 19 December 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 23 December, the cumulative total suspected cases were 4,155 cases and 35 deaths with majority of the deaths recorded within 24 hours. While the number of cases in the Western Region declined mainly due to the vaccination campaign, there was an increase in geographical spread and a rise in cases in the other regions. Between 24 and 31 December 2024, 29 new cases and one new death were recorded, with a cumulative number of 4,850 suspected cases since the beginning of the epidemic and one new affected district. Those figures indicated that the epidemic continued to spread and there was a need to continue the initial efforts to ensure an efficient response. That resulted in the request for a DREF to support the government efforts.

Historically, during epidemics and crises such as COVID-19, the Red Cross has consistently supported the health authorities 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, mobilizing communities, 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 the epidemic is over partners retrieve while the Red Cross volunteers remain at the community ensuring continuity of messages and providing vital support

services such as referral and first aid among others. Due to limited resources, these volunteers maintain scale services within their respective communities.



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

Scope and Scale

The cholera outbreak began on 4 October 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 which later spread to 36 districts across five regions (Greater Accra, Central, Western, Eastern and Asanti). Total confirmed cases were 602 with 51 recorded deaths given CFR of 7.1%. Most deaths were recorded in the Central and Western regions.
The health authorities indicated that the spread of the current Cholera outbreak in the country was 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 was mostly along the coastal districts of Ghana. The general population was at risk, with the most affected age groups being 11-20 years, followed by 31-40 years, and the 50 years and above, 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. The 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. Just after the peak, the number of reported cases began to decline, offering a momentary respite. Subsequently, the cases began to surge during the Christmas period and after the inaugural ceremony of the President-elect. These celebrations were 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 the cholera bacteria. Large crowds, limited adherence to hygiene practices, and the potential for food and water contamination during these occasions posed a significant public health risk.

Source Information

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

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	During the response, cholera cases surged in the Central region where the health authorities planned and carried out Oral Cholera Vaccination (OCV). The NS had to seek supplementary budget support from the OCV desk at the regional level. An amount of USD 20,000 was approved for the NS to train additional 150 volunteers and deployed them to sensitize and create demand for the vaccine. A total number of 374,826 people were reached with OCV messages.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC country office assisted the National Society to compile the relevant data, information and provided technical support to the NS in the DREF response including supportive monitoring and supervision in all the affected regions. Also, the IFRC finance officer based in Accra conducted spot checks and validation of financial reports. The IFRC deployed surge personnel who support the response at the field level upon request by the NS. The Cluster office based in Abuja provided inputs in the interim and final DREF reports.
Participating National Societies	No PNS is present in Ghana.

ICRC Actions Related To The Current Event

ICRC is not present in Ghana therefore did not contribute to the operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The government of Ghana announced a cholera outbreak in the last quarter of 2024 in the country affecting five regions which included Greater Accra, Central, Western, Eastern and Asanti. The Ghana Health Service led all health interventions of the operations, including vaccination, public education, surveillance and appeals to the District Assemblies to ensures the enforcement of by-laws to reverse the spread of the disease. 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 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. 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. In late November, the health services announced the introduction of the OCV campaign to fight the cholera outbreak. Authorities had enforced sanitation by-laws aimed at improving waste management

	practices and promoting better hygiene across communities. This included strict regulations on waste disposal, which are critical in reducing the risk of contamination. Additionally, widespread disinfection efforts were underway in affected areas to minimize the environmental spread of the disease. In parallel, public sensitization campaigns were carried out to increase awareness about cholera prevention and encourage protective behaviours. These campaigns are using multiple communication channels, including mobile van announcements, Community Information Centres (CIC), 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 were delivered in diverse ways, catering to different community needs and ensuring broader reach. Same approach was used by GRCS on this intervention.
UN or other actors	UNICEF had 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-Agency Coordinating Committee on Health met 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 programmes. 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

Health

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 behaviours, 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 centres and in the communities.

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 individuals 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.

Operational Strategy

Overall objective of the operation

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

Operation strategy rationale

To reach its objective, the GRCS complemented targeted efforts of the MoH through the following actions:
1. Collaboration
Continued work with GHS community health volunteers and health workers at the MOH targeted communities to identify and respond to cholera cases promptly.
Chlorine was distributed by the NS to the 6 most affected, vulnerable local health facilities with little or no chlorine for disinfection with 6 chlorine boxes. This improved local level collaboration between the GRCS and the Ghana Health Service for future emergency preparedness and response activities.

- The NS bought 4 boxes of chlorines for the cholera response activities.
- 50 Knapsack sprayers procured and used for disinfection by volunteers and health facility management. Six health facility received 2 sets of knapsack sprayers (12 sprayers). The five affected regions received 5 knapsack sprayers each and 13 sprayers were put in NS national store to replenish these items used at the onset of the outbreak.

- 50 handwashing stands were procured and placed in health facilities and schools to provide access for hygiene promotion.
- 5 ORP kits procured and administered to hotspots for treatment of mild cholera cases before referral.
- 25 volunteers selected and further trained to carry out disinfection activities at the affected households in collaboration with Health Service and Environmental Protection Agency. The GRCS had this experience in the past outbreaks and leveraged on these experiences in the just concluded response for efficiency. All the volunteers were equipped with visibility and personal protection equipment.

2. Social mobilization
Delivering GHS-targeted "public education on cholera prevention," emphasizing safe drinking water, sanitation, and hygiene practices. This was done through house-to-house engagements, radio programmes, and Community Information Centres.
Enhanced community understanding of cholera prevention and underscored the importance of vaccination as a critical tool in controlling the outbreak.
150 volunteers trained to support GHS-led "vaccination campaigns" in hotspot districts by raising awareness and creating demand for the vaccine.
Educated 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 were done through door-to-door canvassing, mass education at public places, the use of radio and community information canters (CICs) sessions to disseminate cholera key messages using expertise from volunteers and health workers.

3. Case identification and referrals
The NS with the DREF resources collaborated with health facilities at the affected districts to set up ORPs to treat mild cases and referred them to health facilities for further investigations. The management of these ORP points were in collaboration with the health authorities in response to the outbreak. Volunteers were linked up with local health facilities, escorted patients from the ORP to the CTCs.
To guarantee a more effective team, this DREF supported training volunteers and staff to support social mobilization activities, including 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 was targeted by this operation?

This operation targets 150,000 people in five regions, namely Central, Eastern, Grater Accra, Western, and Wester North.

Explain the selection criteria for the targeted population

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

The GRCS ensured priority was 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 were more vulnerable as the disease spread rapidly in the 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 neonatal health.

Communities in impoverished rural areas and urban slums were especially at risk due to limited access to clean water and proper sanitation facilities, making them more susceptible to cholera outbreaks.

Total Assisted Population

Assisted Women	234,176	Rural	20%
Assisted Girls (under 18)	0	Urban	80%
Assisted Men	193,304	People with disabilities (estimated)	8%
Assisted Boys (under 18)	0		
Total Assisted Population	427,480		
Total Targeted Population	150,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

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

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

Implementation

Health

Budget: CHF 45,419
Targeted Persons: 150,000
Assisted Persons: 427,480
Targeted Male: 193,304
Targeted Female: 234,176

Indicators

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

Narrative description of achievements

A two-day training-of-trainers (ToT) workshop was organized at Nyaniba Hotel in the central region. This workshop brought together four regional managers, four regional health focal persons, a representative from the Ghana Health Service, three District Organizers, the IFRC, and staff from the GRCS HQ. The workshop employed presentations, group work, and role plays as training methodologies. Participants were guided through setting up the ORP, understanding the Cholera key messages, and utilizing monitoring and reporting tools, CEA, and OCV. Days after the training of trainers (ToT), branch managers cascaded the training to the district level, where 250 volunteers were recruited from affected communities and trained in risk communication and community engagement (RCCE). The GRCS regional health focal persons, GHS, and regional managers facilitated these trainings across the four implementing regions: Central, Western, Greater Accra, and Ashanti. Monitoring and supervision teams were deployed from the NS HQ to provide technical support and ensure quality assurance.
Two hundred and fifty volunteers were deployed and have since reached 427,480 people, comprising 193,304 males and 234,176 females, through RCCE efforts utilizing CICs, radio talk shows, FGDs, house-to-house visits, and community meetings.

Lessons Learnt

It was observed that deploying volunteers before the cases surged was timely contributing reduction of cases.

Challenges

No challenges reported.

Water, Sanitation And Hygiene

Budget: CHF 44,573
Targeted Persons: 150,000
Assisted Persons: 1,427,480
Targeted Male: 193,304
Targeted Female: 234,176

Indicators

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

Narrative description of achievements

The NS procured 25 knapsack sprayers for disinfection by volunteers and health facility management. Of the 25 sprayers acquired, five were issued to the Ghana Health Service in the central region for distribution to the most affected areas. An additional five were given to the central regional branch of the NS for use in disinfecting schools, markets, public latrines, and more. Two sprayers were provided to each of the other implementing regions, while nine were kept at the GRCS warehouse for repositioning. Although 250 volunteers were trained, 25 were selected and thoroughly educated in Infection Prevention and Control (IPC). They learned to chlorinate water for disinfection and to wear PPE kits.

At the initial stages of the outbreak, the NS deployed 100 handwashing stands and accessories to the two heavily affected areas (western and central regions) from its stock as part of its immediate response strategy. During the DREF response, A total of 50 handwashing stands and accessories were procured and distributed to the implementing regions. Five were delivered each to the Greater Accra and Ashanti regions, with the remaining 40 kept at the NS warehouse as replenishment. These handwashing stands distributed were placed in schools, marketplaces, lorry stations, and, in some instances, at high- profile funerals and mosques. Also, during the operation, 25 knapsack sprayers to were procured to support disinfection of surfaces especially vehicle that conveyed patients, cholera treatment centers and affected households. The Ghana Red Cross was highly commended as environmental health officers relied Soley on the GRCS for this activity. The operation bought 20 boxes of chlorine were procured, with each box containing eight bottles, each holding 100 chlorine tablets. Ten boxes were allocated to the GRCS branch office (5) and the Ghana Health Service Directorate (5) in the central region, which is the epicentre of the outbreak. Six boxes were given to the other implementing regions (2 each), while four boxes were stored at the GRCS warehouse for repositioning. A total of 1,650 pieces of BCC materials (posters, flyers, and leaflets) were procured and distributed. These posters aided in the dissemination of RCCE. The leaflets contained relevant information on cholera and were given to literate households, schools, churches, and similar venues. During the reporting period, the NS had stocked ORP kit. some of the items restocked include chlorine, industrial gloves, buckets, PPEs among others.

Lessons Learnt

Limited PPEs and hand washing facilities at health facility, schools and market centers to promote hygiene and hand washing practices accelerated case surge in central region.

Challenges

Delays in the distribution of handwashing facilities in some communities to help in RCCE activities.

Community Engagement And Accountability

Budget: CHF 11,540
Targeted Persons: 150,000
Assisted Persons: 427,480
Targeted Male: 193,304
Targeted Female: 234,176

Indicators

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

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

Narrative description of achievements

Feedback collected from communities affected by the outbreak served as a benchmark to aid decision-making during this response. Feedback was gathered through volunteer WhatsApp groups, Community Information Centres (CICs), stakeholder meetings, and focus group discussions. A total of 150 feedback items were collected and analysed. Most findings emphasised the need for continuous sensitisation, additional PPE, and vaccines to curb the spread of cholera at the epicentre. During the initial phase of implementation, all participating regions utilised radio stations to secure airtime to discuss the outbreak and encourage viewers and listeners to stay safe. However, a follow-up communiqué was released indicating a halt in using the radio stations to communicate cholera key messages to the public in the affected areas. Even though the National Society budgeted for radio, the final approved DREF did not include the use of radio. This led to the communique to halt radio engagement during the response.
During the reporting period, 427,480 people were reached, comprising 193,304 males and 234,176 females, through focus group discussions (FGDs), community meetings, and community information centres (CICs) in the implementing regions. A total of 189 CIC sessions were conducted to deliver cholera RCCE. Five documented most significant change stories and six FGDs were conducted while 15 community meetings were organised. These gatherings brought together community members and school students, raising awareness about the importance of handwashing and key cholera messages.

Lessons Learnt

Feedback collected from the communities informed decision making in leading identification areas severally affected and planned targeted activities to mitigate the impact.

Challenges

Beliefs systems in some communities such as those along the coastal districts led to difficulty in accepting RCCE messages which worsened cases in those communities.
Limited WASH infrastructure in these communities along the coastal district worsened the situation resulting to high number of death cases recorded.

Secretariat Services

Budget: CHF 20,078
Targeted Persons: 150,000
Assisted Persons: 427,480
Targeted Male: 193,304
Targeted Female: 234,176

Indicators

Title	Target	Actual
No. of field trips undertaken by IFRC staff	3	2

Narrative description of achievements

The IFRC country office team conducted two field visits in the affected regions, focusing on the Cape Coast, where cases continue to rise. During these visits, they engaged with the health directorate of Cape Coast, volunteers, and other relevant stakeholders. A member of the surge personnel had been deployed to provide technical support in the response. He was based in the Central Region which was the

epicentre but frequently travels to the other affected areas in the four regions. The IFRC monitored the GRCS DREF operations and provide technical support where needed. Consequently, the NS, with the support of the IFRC, requested additional funding to assist in the rollout of the oral cholera vaccine campaign in the central region to help curb the increasing number of cases. This support from the IFRC technical team contributed significantly to the NS effort of reaching the total number of 142,480 persons during the intervention.

Lessons Learnt

There was a strong collaboration between the Red Cross Society and the health authorities at all levels. the Volunteers were the only support mechanism at the community level to offer support and hope to the affected family. The Director of Public health who presented at the lesion learnt workshop expressed his sincere gratitude to the Ghana Red Cross Society for the support in the response.

Challenges

Coordination meetings at national level were not frequent as it was expected in an emergency possibly because of limited funding or competing task.

National Society Strengthening

Budget: CHF 14,148
Targeted Persons: 150,000
Assisted Persons: 427,480
Targeted Male: 193,304
Targeted Female: 234,176

Indicators

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

Narrative description of achievements

One hundred and fifty volunteer jackets were procured and distributed across the four regions. Although they were insufficient, the NS relied on some existing jackets for the volunteers. This enhanced the Red Cross' visibility during this emergency response and provided reassurance to our dedicated and hardworking volunteers. Most printed jackets (50) were allocated to the central region, 40 to the western region, 25 each to Greater Accra and Ashanti respectively, and 10 to the staff. These jackets featured the Ghana Red Cross logo, prominently displayed on both the back and front of the jacket.

As part of the Ghana Red Cross Society's commitment to accountability, learning, and continuous improvement, a Lessons Learned Workshop (LLW) was successfully conducted in late April 2025 in Winneba, Central Region. The workshop was organized by the project team and served as a platform to assess the implementation and impact of the National Society's Cholera Response, which had been ongoing since the outbreak was declared in October 2024.

The workshop brought together a diverse group of 41 participants, comprising 34 males and 7 females from across the four regions. These included regional representatives, programme implementers, community volunteers, and sector partners. A representative from the IFRC country office attended the LLW and reaffirmed IFRC's support to the NS. Notably, the Director of Public Health from the Ghana Health Service (GHS) was also in attendance, thanks to GRCS's ongoing and strategic partnership with the Ministry of Health and GHS.

The workshop consisted of a series of structured presentations and interactive discussions designed to evaluate the performance of cholera response interventions. Each regional representative provided a comprehensive overview of their respective operations, focusing on:
Impact achieved through activities including hygiene promotion, vaccine deployment, and community sensitization. Challenges encountered ranged from logistical constraints to community hesitancy. Innovative solutions implemented at the local level to mitigate delays and strengthen outreach. Identification of key strengths, weaknesses, and opportunities that emerged during the response. The workshop facilitated critical reflection on the coordination, effectiveness, and sustainability of the interventions.

Lessons Learnt

A significant highlight of the workshop was the sharing of testimonies from selected beneficiaries. These accounts conveyed satisfaction and appreciation for GRCS's support. Beneficiaries noted improvements in hygiene and awareness following the disinfection of sanitation and health facilities, the provision of hand-washing stations, and the targeted distribution of Oral Cholera Vaccines (OCV) to hard-to-reach and high-risk communities. These interventions significantly reduced the spread of cholera and strengthened public trust in health messaging and services.
Some of the lessons learned included that strong inter-agency collaboration, particularly with GHS and local authorities was crucial to the successful rollout of health interventions, community-based volunteer engagement greatly enhanced access to remote areas and helped to dispel misinformation. Real-time data collection and feedback mechanisms improved response agility and decision-making. Resource mobilization challenges and delayed logistics affected timely delivery in some regions, underscoring the need for pre-positioned supplies and contingency planning.

Challenges

- Challenges encountered ranged from logistical constraints such delays in the supply of volunteer's jackets, PPEs and supplies of ORP Kit consumable items among other.
- Refusal in taken the Oral Cholera Vaccines.
- Volunteers' attrition due to low incentives

Financial Report

Selected Parameters			
Reporting Timeframe	2025/01-2025/09	Operation	MDRGH020
Budget Timeframe	2025/01-2025/04	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 03/Nov/2025

All figures are in Swiss Francs (CHF)

MDRGH020 - Ghana - Cholera Outbreak

Operating Timeframe: 16 Jan 2025 to 30 Apr 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**135,759**
DREF Response Pillar	135,759
Expenditure	**-106,002**
Closing Balance	**29,757**

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	15,386	496	**14,890**
AOF2 - Shelter			**0**
AOF3 - Livelihoods and basic needs			**0**
AOF4 - Health	42,647	26,252	**16,395**
AOF5 - Water, sanitation and hygiene	41,853	44,573	**-2,720**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration			**0**
Area of focus Total	**99,886**	**71,321**	**28,565**
SFI1 - Strenghten National Societies	22,883	17,391	**5,493**
SFI2 - Effective international disaster management			**0**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC	12,990	17,290	**-4,300**
Strategy for implementation Total	**35,873**	**34,681**	**1,192**
Grand Total	**135,759**	**106,002**	**29,757**

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Please explain variances (if any)

AOF1- Disaster risk reduction-The variance of CHF 14890 was CEA cost which should have been posted to CEA but was put under disaster risk reduction. The CEA had a budget of CHF 10,835.29 but no expenditure recorded against it in the financial report.

AOF4-Health- There was an under spending of CHF 26,252 budget for a budget of CHF 42,647 given a variance of 16,395 due to underspending on training, PPE and unjustified expenditures on workshop training costs that was rejected by the IFRC country office, and the regional Head of Finance Office, hence the variances.

FSI1 -Strengthening National Society (NSS). Under the NSS, the NS under spent a budget CHF 22,883 of an amount of CHF 17,391 given a variance of CHF 5,493 due to reduced NS admin cost and rejected unjustified receipts.

FS14 -Secretariat Service- The approved budget is CHF 18,835.29 and CHF 12,990 was posted therefore creating the variances.

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