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Disaster relief emergency fund (DREF) Ghana: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRGH007
GLIDE n° [EP-2012-000069-GHA](#)
7 May 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 122,571 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 300,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: Ghana's health authorities officially declared a cholera outbreak in the country April. According to the country's health service, as of 24 April 2012, over 1,570 cases and 21 deaths have been recorded in the Greater Accra and Eastern regions. This outbreak is linked to poor sanitation conditions and migration from affected regions to other regions. In response to the outbreak, Ghana Red Cross Society (GRCS), with support from IFRC, aims to reach up to 300,000 people through hygiene promotion activities such as information, education and communication materials, radio jingles and house-to-house visits, to help raise awareness and reduce the further transmission of this disease.



Volunteers demonstrating proper and regular hand washing with soap as a means of promoting personal hygiene. Photo: GRCS

This operation is expected to be implemented over three months, and will therefore be completed by 31 July 2012. A Final Report will be made available three months after the end of the operation, by 31 October 2012.

[<click here for the DREF budget;](#) [here for contact details;](#) [here to view the map of the affected areas>](#)

The situation

The Ghana health service declared the presence of a cholera outbreak in the country in April 2012. With

people moving between communities due to personal and commercial reasons, is envisaged that the epidemic will spread very fast if massive intervention measures are not taken within the shortest possible time. According to the Ghana health service, as at the second week of April 2012 there were 684 reported cases of cholera with 17 deaths, which doubled as of 24 April, where over 1,570 cases and 21 deaths were recorded in two regions. In Greater Accra region, a total of 1,270 cases with 20 deaths were reported, while Eastern region had 300 confirmed cases with one death recorded.

The cause of this outbreak is mainly poor sanitary conditions in the affected communities. In Eastern region, the situation is further compounded with irregular piped water supply. Inhabitants in the affected communities are forced to depend on stream water for their daily use.

GRCS intends to carry out social mobilization activities to complement the government's efforts in reducing morbidity and mortality due to the cholera outbreak. The recent DREF allocation to address the yellow fever outbreak¹ has built the capacity of volunteers and staff in GRCS, who subsequently used their recently acquired skills to assess this outbreak and initiated an early response through community-based health and first aid (CBHFA) and epidemic control volunteers (ECV) tools. The assessment results indicated that people were not practicing hand washing, especially after the use of toilet facilities. In addition, water drawn from streams were not purified before consumption.

Coordination and partnerships

GRCS is an important strategic partner to the national health authorities and works with them at national and district levels in health promotion activities. The National Society is an active participant in various health sector coordination activities and provides support to communities through its community-based health and first aid (CBHFA) programme as well as an integrated maternal and child health/ HIV programme. In 2010 and 2011, GRCS was actively involved in social mobilization activities to address cholera in the country, and also played a major role in similar activities for the 2010 measles vaccination exercise.

There is collaboration with the Ministry of Health (MoH), World Health Organization (WHO), UNICEF and other institutions within the health coordination platform, where GRCS is fully involved in the planning and implementation of the response to this outbreak. GRCS is a part of the National Task Force on Cholera and attends meetings organized at national and regional levels.

GRCS is also in contact with the Swiss Red Cross country office in order to coordinate efforts and resources.

Red Cross and Red Crescent action

GRCS, in collaboration with the health authorities and other humanitarian stakeholders, plans to train and mobilize up to 200 volunteers (100 per region x 2 regions) to support the social mobilization efforts of the government. GRCS volunteers will conduct sensitization and social mobilization activities in the affected regions in coordination with the local health authorities. This operation will also help to increase the capacity of the National Society to be able to prepare for and manage possible future outbreaks.

A total of three districts in the Greater Accra region were reached through the yellow fever DREF request in January 2012 in which 60 volunteers were trained on the ECV tool. These districts include Accra Metropolitan, Ga West and East districts, with 20 volunteers per district. However, the cholera outbreak affected Accra Metropolitan and Ashima-Adenta districts in the Greater Region. The Ashima-Adenta district was not a beneficiary district for the ECV training.

¹ Ghana: Yellow fever outbreak (MDRGH005), DREF operation, <http://www.ifrc.org/docs/appeals/11/MDRGH005.pdf>

The 20 volunteers trained in the Accra Metropolitan for the yellow fever were deployed to assist in the distribution of aqua tabs, conduct health education as well as surveillance and referrals to the health facilities. However, the outbreak has increased and spread beyond these districts and the region to the neighbouring Eastern region, with support needed to recruit and train more volunteers to establish additional social mobilization activities. The National Society plans to integrate these trained volunteers into the longer-term CBHFA work such as increasing sensitization on the introduction of new vaccinations for pneumonia and rotavirus after this cholera outbreak has subsided. Volunteers will also be trained on psychosocial support in the process.

IFRC, through its West Coast regional representation, will support GRCS in the publication of situation reports while GRCS maintains good collaboration with local media to increase its visibility during the operation and keep the community informed of GRCS undertakings. Regular updates will also be posted on DMIS as information becomes available.

The needs

The disease affects people of all ages, with children under fives being the most vulnerable. GRCS aims to support a portion of the total population in the two affected regions, in coordination with the government health authorities and other non-governmental organizations in-country, to ensure that there is no duplication and all households are reached.

Regions	Total Population	Number of households	Number of children under 5	Number of pregnant women
Greater Accra	3,909,764	781,953	195,488	156,391
Eastern	2,596,013	515,203	129,801	103,840
TOTAL	6,505,777	1,297,156	325,289	260,231

Source: Ghana Statistical service; provisional census result, 2010

The proposed operation

GRCS will focus its operation in the two affected regions of Ghana in support of the national health authorities and other stakeholders' effort in responding to the outbreak.

The social mobilization activities will target up to 300,000 people (50,000 households). The National Society aims to create awareness about the disease at community level in four districts using IEC materials, TV/radio discussions and house-to-house visits.

To carry out the above intervention, the National Society will utilize its ECV-trained regional managers to train up to 200 volunteers on the ECV manual and toolkits. The trained volunteers will then conduct health education, hygiene promotion, water purification tablets distribution, case surveillance and referral activities. The table below indicates the regions affected, number of supervisors, number of communities and volunteers involved.

Region	Supervisors	No. of communities	Volunteers
Accra	4	20	100
Eastern	3	20	100
Total	7	40	200

Emergency health	
Outcome: Improved hygiene behaviour and cholera awareness amongst 50,000 households (300,000 beneficiaries) in the affected areas.	
Outputs (expected results)	Activities planned:
<ul style="list-style-type: none"> The affected population 	<ul style="list-style-type: none"> Promote hand washing with soap at critical times to 50,000

<p>are effectively and efficiently sensitized on cholera prevention.</p> <ul style="list-style-type: none"> • Improved early detection and referrals. • Improved awareness on ORS preparation and use among households 	<p>households in the affected regions;</p> <ul style="list-style-type: none"> • Promotion of hygienic food handling in targeted 50, 000 households and market places. • Organize 40 sensitization and demonstration sessions on ORS preparation (1 in each community) during community gatherings. • Organize sensitization and demonstration sessions on Household water treatment methods. • Source and print 10,000 assorted copies of available information, education and communication materials (posters, flyers, etc) on outbreak risk reduction sensitization activities; • Prompt referral of detected cases to health centres within the affected regions; • Production of visibility tools (procurement of 250 t-shirts and 2 banners) • Conduct health sensitization activities to the most affected communities in the 2 regions with dissemination of messages for ten days. • Disseminate messages through sessions of radio and TV discussions for the promotion of Health messages
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Contact information

For further information specifically related to this operation please contact:

- **Ghana Red Cross Society:** Kofi Addo, Secretary General; phone: +233 243071964; email: redcrossghana@yahoo.co.uk
- **IFRC Regional Representation:** Daniel Sayi, West Coast Regional Representative, +225 22 50 13 22; (+225) 66775261 / 45347668, daniel.sayi@ifrc.org
- **IFRC Zone:** Daniel Bolanos, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **In Geneva:** Christine South, Operations Support, Phone: +41.22.730.4529, email: christine.south@ifrc.org
- **Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

IFRC Zone: Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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Click here

1. DREF budget **below**
 2. Click **here** to return to the title page
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How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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DREF OPERATION

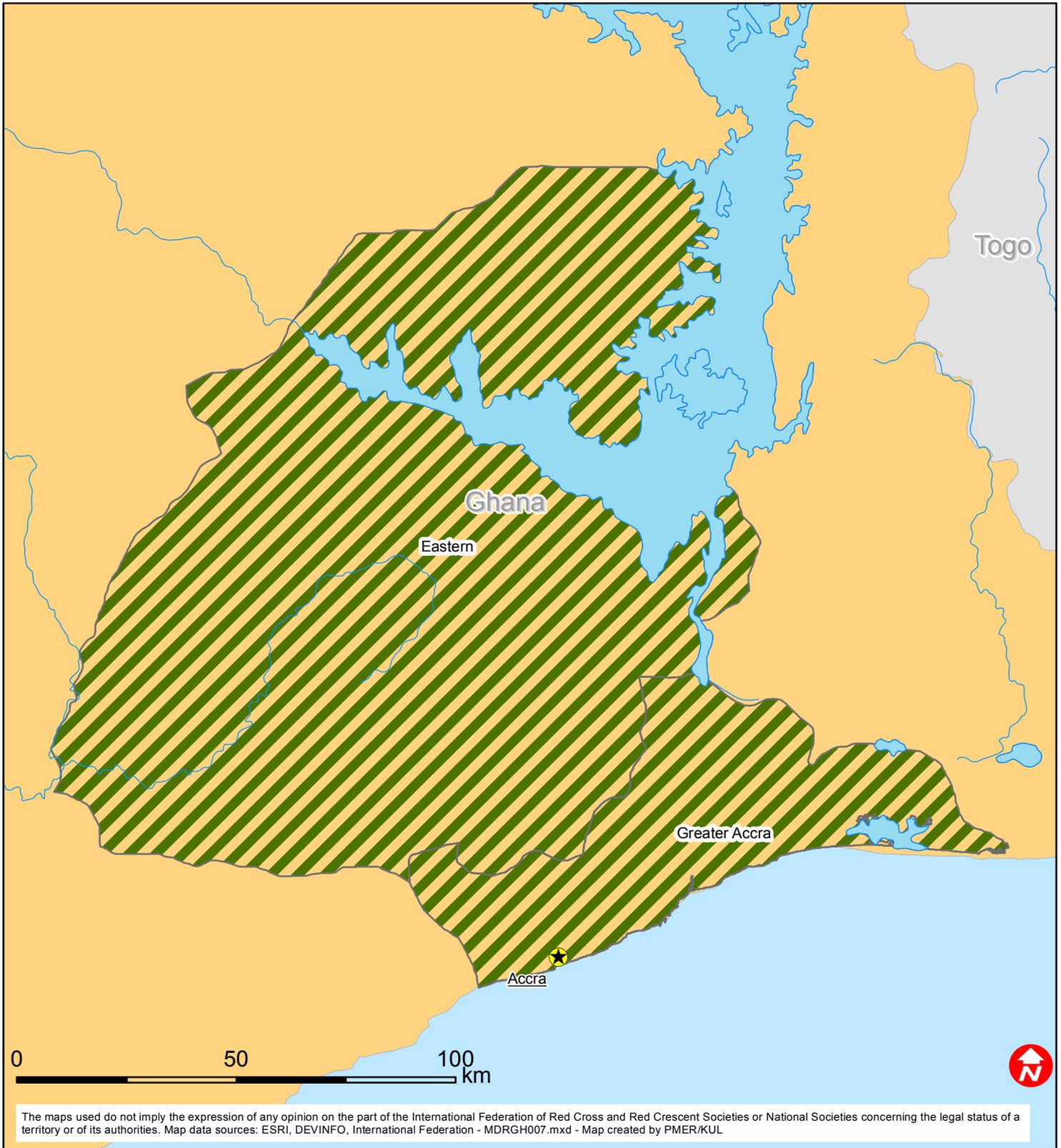
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MDRGGH007 Ghana: Epidemic

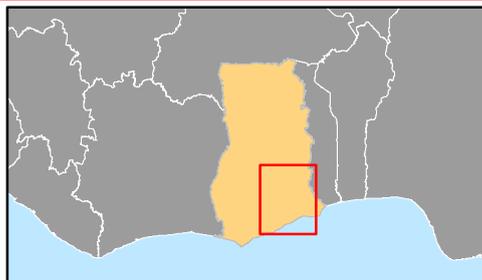
Budget Group	DREF Budget CHF
Water, Sanitation & Hygiene	14,000
Medical & First Aid	13,427
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	27,427
Transport & Vehicle Costs	3,000
Total LOGISTICS, TRANSPORT AND STORAGE	3,000
National Society Staff	4,360
Volunteers	40,200
Total PERSONNEL	44,560
Workshops & Training	15,100
Total WORKSHOP & TRAINING	15,100
Information & Public Relations	20,279
Communications	294
Financial Charges	1,000
Other General Expenses	3,430
Total GENERAL EXPENDITURES	25,003
Programme and Supplementary Services Recovery	7,481
Total INDIRECT COSTS	7,481
TOTAL BUDGET	122,571



Ghana: Epidemic



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: ESRI, DEVINFO, International Federation - MDRGH007.mxd - Map created by PMER/KUL



 Affected regions