GHANA: CHOLERA

The Federation’s mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world’s largest humanitarian organization and its millions of volunteers are active in over 183 countries.

In Brief

Period covered by this update: 30 November 2005 to 31 January 2006.

History of this Disaster Relief Emergency Fund (DREF)-funded operation:
- CHF 38,000 (USD 29,676 or EUR 24,588) was allocated from the Federation’s DREF on 24 November 2005 to respond to the needs of this operation.
- This operation was expected to be implemented for two months and has been completed; a DREF Bulletin Final Report will be made available three months after the end of the operation (by 31 April 2006).

This operation is aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:
- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable. For longer-term programmes in this or other countries or regions, please refer to the Federation’s Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation’s website at http://www.ifrc.org
Background and current situation

In November 2005, the Ghana Health Service—in conjunction with the Ministry of Health—declared an outbreak of cholera in some communities of Greater Accra, Ashanti, Eastern and Northern regions of Ghana. In Accra, most of the reported cases were from Chorkor, Glefe, Mampobi, Korle-Gonno, James Town, Timber Market, Zongo, Kaneshie, Odorkor, Malam, Nima and Maamobi. 350 cases were reported at the hospitals as at 10 November 2005, with no death.

Nine people died, five at the hospital and four at home, from the cholera outbreak in the Tamale Metropolis. They were part of the 33 cases reported as at 14 November 2005. Some of the remaining 24 cases were admitted at the Tamale Teaching Hospital while others were treated and discharged. The worst hit suburb was Mohiye-Bihi and its surrounding communities.

In the Ashanti region, the head of the Regional Health Directorate confirmed that as of 13 November 2005, the region had recorded 1,587 cases of cholera, with 27 deaths. In the Eastern region, there was one reported case of cholera in the New Juaben Municipality during the second week of October 2005. However, between October and December 2005, the reported cases had risen to 130. In late December 2005, there were reported cases in many towns and communities in Kommenda, Edina, Eguafo, and Abirem (KEEA) district of the Central Region. From 25 December 2005 to 20 January 2006, there were 95 reported cases (48 males and 47 females), with two deaths. The most affected community was Ampenyi with 69 cases and two recorded deaths while the most affected age group was the 5-9 year-old children, with 17 cases.

Red Cross and Red Crescent action

Recruitment of volunteers and training

The Ghana Red Cross Society recruited and trained 250 volunteers who organized health education talks on sanitation and cleanliness in the affected communities. The volunteers were drawn from communities and suburbs in the affected and prone areas. The content of the one-day training centred on the history and structure of the Red Cross/Red Crescent Movement, the Fundamental Principles and activities as well as information on cholera (including causes, signs and symptoms, disease management, referral to health facilities, prevention, personal and community hygiene as well as environmental sanitation).

The participants were also taken through basic techniques of community entry which was deemed necessary for their door-to-door education.

Training objectives:

- To equip the volunteers with the basic knowledge about the causes, signs and symptoms, prevention and effects of cholera;
- To enable the volunteers to reach the target population with the correct information on prevention measures to guide against the cholera outbreak;
- To create individual responsibility to prevent or stop further spread of the cholera outbreak;
- To make the target population conscious of the signs and symptoms of cholera and promptly report cholera cases to health authorities.

Training methodology

Non-formal education techniques were used during the training. They included discussions, brainstorming and role plays. For deeper explanation and understanding of facts and concepts, the local dialect was mainly used during the sessions.

Health education

The main goal of this programme was to encourage the target groups (among them food vendors, chop bar keepers and households) to practice good habits in keeping their environment and food clean so as to avoid future outbreaks of cholera in the municipalities.
House-to-house education
After the training, the participants were divided into groups to undertake door-to-door education in specific communities. Each group member was tasked to visit at least 25 houses per day over a three-day period. The volunteers were given Red Cross aprons. They used pieces of chalk to make inscriptions on the houses they had visited to avoid visiting the same houses twice. The inscriptions also helped Red Cross field officers to identify the households the volunteers had been to during their monitoring visits.

Monitoring forms were given to the school heads to fill, sign and stamp as a proof that the volunteers were there. The volunteers also visited market places, beauty salons, lorry stations, fitting shops, schools, churches and mosques.

Awareness creation on FM radio stations
The regional branches of the Ghana Red Cross Society contacted specific radio stations in their communities to provide some information on cholera to the general public. This was done at least twice a day for three days in the Tamale Metropolis and once in Ashanti and Eastern regions. For Greater Accra, the volunteers’ activities were covered by TV Africa where the regional branch secretary was interviewed. This has enhanced the image of the national society in the regions.

Other activities
- Over 15,000 leaflets have been distributed to drivers, passengers, pedestrians, housewives, school children and hairdressers.
- Information vans were used to educate populations in the Tamale Metropolis.

Action taken by the government/Ghana Health Service
Immediately after the outbreak of the disease, the Tamale Metropolitan Assembly inaugurated a seven-member committee to help address the problem. The committee embarked on a public education campaign through the various FM stations to sensitize people on ways to manage the situation and to prevent the spread of the disease. The Assembly also disinfected homes of affected people, public toilets and drainage systems.

The Kumasi Metropolitan environmental health authorities initiated a major exercise to rid the city of unwholesome food items that led to the arrest and prosecution in court of over 250 food vendors for exposing their food items to flies and dust. The authorities disinfected public toilet facilities and, as at 20 December 2005, 312 toilets had been covered. Heaps of refuse collected in various parts of the city were also and public education programmes were intensified.

The Koforidua Municipal health management team, in collaboration with the Disease Control Unit, organized health education talks in some senior secondary schools within the municipality. They also fumigated the kitchens and dinning halls of these schools.

The Accra Metropolitan Health Directorate organized health education talks in the communities and distributed leaflets on cholera. The Metro Assembly organized a massive clean-up campaign on 28 January 2006 which involved the security services and the general public. There was no movement of vehicles that day between 6.00am and 12.00pm. Health education talks were also organized in the affected communities in KEEA district of Central Region.

Coordination
The Ghana Red Cross Society collaborated with the Ministry of Health. The environmental health officers and the staff of the Disease Control Unit assisted in training the Red Cross volunteers. The Regional Directorate of Health Services provided vehicles and motor bikes to be used by the volunteers.

The Municipal health management team, in collaboration with the Disease Control Unit, organized health education talks in some senior secondary schools in the affected municipalities. They also fumigated the kitchens and dinning halls of these schools.
Progress/Achievements

- At the end of the exercise, 250 volunteers had been recruited and trained while 343,442 people were reached. The table below provides a summary of the status.

<table>
<thead>
<tr>
<th>Name of Community</th>
<th>No of Volunteers</th>
<th>Number Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accra Metro</td>
<td>50</td>
<td>96,544</td>
</tr>
<tr>
<td>Koforidua Municipality</td>
<td>52</td>
<td>109,588</td>
</tr>
<tr>
<td>Kumasi Metro</td>
<td>50</td>
<td>65,854</td>
</tr>
<tr>
<td>Tamale Metro</td>
<td>50</td>
<td>24,284</td>
</tr>
<tr>
<td>KEEA</td>
<td>48</td>
<td>47,172</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>250</strong></td>
<td><strong>343,442</strong></td>
</tr>
</tbody>
</table>

- At the end of the one-day training session, participants gained additional knowledge about cholera and more importantly about the Red Cross. Some non-Red Cross members who were recruited for the training voluntarily decided to join the national society to complement its effort in rendering services to mankind.

- One interesting thing about the health education sessions was that the days for the volunteers’ work were strategically planned to fit into the weekend. This helped to boost the number of people reached because the probability of meeting many people at home was rather high.

- The Ghana Red Cross Society will continue to intensify regular cholera education throughout the country. The target groups are food vendors, vegetable farmers who use unclean water to cultivate vegetable and iced-water sellers. The national society will also appeal to health inspectors to conduct regular checks on sanitation and encourage metropolitan, municipal and district assemblies to organize regular clean-up exercises to keep the environment tidy.

Impact

- The programme received a wide coverage from the electronic media. This has enhanced the image of the national society in the affected regions.

- From the field officers interaction with some members of the households during their monitoring visits, it was realized that the door-to-door education had a great impact because most of the people were enlightened about the realities and especially the dangers of the disease. Most of the people begun adopting positive health attitudes by way of environmental cleanliness.

- The incidence of cholera case has reduced drastically in the affected communities. For example, in the Kumasi Metropolis, it dropped from 1,009 cases in November 2005 to five cases in January 2006. In other communities there have not been any cases as at the time of writing this report.

Constraints

- A greater number of people do not undertake good personal hygiene or environmental practices at home.

- Sanitation and waste management continue to pose environmental problems in most towns and cities since the authorities are always confronted with waste management problems. Despite the huge financial resources expended by metropolitan, municipal and district assemblies on waste management, the problem is recurring in most urban areas.

- With increasing population in the cities and the ever increasing problems of sanitation- especially improper disposal of waste, cholera will continue to be a health hazard.

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