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Disaster relief emergency fund (DREF) Ghana: Cholera Epidemic

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRGH008
GLIDE n° EP-2013-000009-GHA
1 February, 2013

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 205,309 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support Ghana Red Cross National Society (GRCS) in delivering immediate assistance to some 12,000 households. Unearmarked funds to repay DREF are encouraged.

Summary: Ghana's health authorities officially declared a cholera outbreak in the Ashanti region on 8th of January 2013. As of 21 January, 18 persons had died and over 250 persons are currently being cared for at the hospitals. Currently, 310 cases have been registered. The affected areas include the Obuasi Municipality District and Ejura/Sekyedumase District both in the Ashanti Region. These districts started reporting pockets of cholera cases in December 2012.

With this DREF operation, GRCS intends to reduce the risks for spread of the cholera infection and assist infected persons through cholera prevention awareness activities targeting 12,000 households in the affected districts, and early detection of cases and referral services. Additionally, water, sanitation and hygiene promotion activities will be implemented in the affected communities in order to reduce risks for water borne diseases with focus on cholera. Furthermore, with support of the DREF, the GRCS and affected communities will have increased preparedness for rapid response and effective management to the current and future cholera outbreaks.

This operation is expected to be implemented over three months, and will therefore be completed by 1 May 2013. A final report will be made available three months after the end of the operation (by 1 August, 2013).

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



Hygiene awareness raising done by GRCS volunteers
Photo: GRCS

The situation

On the 8th of January, the Ghana Health Service (GHS) declared a cholera outbreak in the Ashanti region (Ashanti region health directorate). The most affected areas in the region include the Obuasi Municipality in the Obuasi District and Ejura Municipality in the Ejura/Sekyedumase District. These districts started reporting pockets of cases in December 2012.

As of 21 January, 18 persons have died and over 250 persons are currently being cared for at the hospitals. Currently 310 cases have been registered. The majority of the infected persons are women (200 persons), and there is also a high number of children (53 persons) registered as being infected.

Table over registered cholera cases 21/01/13

Municipality	Number of affected communities	Cases	Number of Males	Number of Females	Number of children	Number of deceased
Obuasi	5	166	27	106	33	12
Ejura	5	144	30	94	20	06
Total	10	310	57	200	53	18

Source: Ghana Health Services

The people living in Obuasi Township since their tap water supply was cut off, have, been depending on a river water source for their water consumption which is believed to have caused the cholera epidemic. Poor sanitation is also believed to have worsened the situation. In Ejura, poor sanitation and lack of a water source during the dry season has led to food contamination and diseases.

The Ashanti Region is the third largest of 10 administrative Regions in Ghana, occupying 10.2 per cent of the total land area in the country (24,389 km²). About 47% of the populations are in the rural areas. All of the districts in the region have more than a quarter of households headed by females with the lowest (26.9%) in Ejura/Sekyedumase District, and the highest (40.1%) in the District of Ejisu-Juaben. Children constitute the greater proportion of household members in most of the districts. The estimated population in Obuasi municipal is around 200,000 persons while Ejura Sekyedumasi has an estimated population of around 114,000 (2010 Census).

The usual movement patterns of people includes high mobility between communities due to personal and commercial reasons, which increases the risk for a rapid spread of the epidemic, should immediate measures not be taken.

The GRCS intends to carry out social mobilization activities to complement the Government's efforts in reducing morbidity and mortality due to this cholera outbreak.

Coordination and partnerships

The GRCS has become an important strategic partner to the Health Authorities in preventing diseases and epidemics, responding to health emergencies, and other health related programmes. The cooperation is facilitated through various health sector activities at national as well as district levels. The areas where GRCS in particular is providing support to the government includes health promotion, Community-Based Health and First Aid programmes (CBHFA), Integrated maternal and child health programmes, and HIV/AIDS programmes.

GRCS is taking active part in the health coordination platform with the Ministry of Health (MoH), WHO, United Nation Children's Fund (UNICEF) and other institutions. This platform is used for coordination of health interventions.

A National Epidemic Coordinating Team (NECPT) coordinates and cascades interventions in the regions and districts. The NECPT is supervised by the Inter agency Coordinating Council (ICC), of which the GRCS is a member and lead agency for social mobilization during epidemics and neglected infectious diseases (NIDs).

For this cholera outbreak the Government, through the MoH, will undertake training of community health nurses and disease control officers, surveillance, and vaccinations. UNICEF and WHO will provide capacity building to GHS.

GRCS will complement the other actors with its community intervention on prevention

Since 2010, GRCS has been actively involved in social mobilization for vaccination and for cholera prevention and response activities. The response has also included DREF operations (2012). The GRCS possibility for rapidly mobilizing volunteers for providing an immediate response to these kinds of outbreaks and spread of epidemics is crucial as a complement to government activities in the health facilities.

Red Cross and Red Crescent action

The GRCS, in collaboration with the Health Authorities, is planning to mobilize 80 volunteers (40 volunteers in each of the two municipalities) to support the social mobilization efforts of the Government.

The 80 volunteers will be trained in Epidemic Control for Volunteers (ECV), Health and hygiene promotion and standard operational procedures (SOP) on disinfection of sanitary facilities.

With the DREF support, the GRCS volunteers will conduct social mobilisation activities and cholera prevention sensitisation in the two affected municipalities. The volunteers will implement WatSan and hygiene promotion activities aiming to reduce the spread of the cholera infection and other waterborne diseases, through provision of water purification tablets, rehabilitating strategic water sources, and rehabilitating and disinfecting sanitary facilities in the affected communities.

In addition, the preparedness of the two involved GRCS branches and affected communities will be strengthened in order to ensure a rapid response and effective management during current and future outbreaks. This will be achieved through setting up branch and community response structures, training of community volunteers and developing a response plan.

The IFRC through its delegation in Abidjan in Cote D'Ivoire, will continue to work closely with the GRCS by supporting staff and volunteers in planning and implementation, and ensure that the operation is managed in an effective and efficient manner.

A Regional Disaster Response Team (RDRT) staff with technical expertise in WatSan and health will be deployed for 2 months to provide technical assistance and support implementation of the DREF operation. Technical support from the logistic section of IFRC will be provided for procurement, transportation and distribution of items. IFRC will strengthen the capacity of the NS for reporting and monitoring of the operation, through provision of a computer, as well as technical support within this area. Furthermore, IFRC will monitor and evaluate the operation, and ensure that it is implemented with the principles and core values of the Red Cross movement to respond to the needs of the most vulnerable.

The needs

Within the two districts 310 persons are already infected, 18 persons have died, and more than 250 being attended to in hospitals. The majority of infected persons are women and children. A large part of the households in the affected districts are female headed households where the women often find themselves as the sole caretakers for families with many children.

With the rapid spread of this infection, currently 10 communities are affected by the cholera outbreak and its population of 12,000 households (60,000 persons) are at high risk for getting infected. With lack of safe water and poor sanitary conditions the cholera infection could easily spread in these communities.

There is also a heightened risk of spread of the epidemic to other areas, considering the mobility of people between communities and districts.

With the recurrent outbreaks of cholera in the country, there is a need for increased preparedness of GRCS, as well as the affected communities to be able to rapidly respond to outbreaks and prevent further spread.

Beneficiary selection:

12,000 households will be targeted with cholera prevention awareness raising and WatSan and hygiene interventions, to decrease risks for cholera and other waterborne diseases.

10 communities in the affected area will be targeted with water and sanitation activities, and supported to increase their preparedness for rapid response in case of any cholera outbreak.

Two GRSC branches will be targeted with support to increase their preparedness for rapid response in case of cholera outbreaks.

The proposed operation

GRCS will focus its intervention to support and complement the health authorities in responding to the current cholera outbreak through community social mobilization. The following main components will be part of the DREF operation:

- 1) Cholera prevention awareness promoted among 12,000 households in the affected districts
- 2) Early detection of cases and referrals in the affected districts
- 3) Availability of oral rehydration solutions (ORS) for affected individuals in the targeted areas at ORS information and distribution points and at health facilities.
- 4) Increased access to safe water through rehabilitation of water points and distribution of water treatment products (auqatabs) combined with training, for 12,000 households in the affected area.
- 5) Improved sanitary conditions, through rehabilitation and disinfection activities at health centres and schools.
- 6) Hygiene promotion among 12,000 households in the affected area
- 7) Increased preparedness for rapid cholera response of two GRCS branches and 10 communities.

80 volunteers will be mobilized for the DREF operation. The volunteers will work in teams of two persons (40 teams of two persons) at the household level. It is planned that the volunteers will work 12 days per month and visit approximately six households per day.

80 volunteers will be trained in Epidemic Control for Volunteers (ECV) and the related manuals will guide the intervention. 20 volunteers will be trained in participatory hygiene and sanitation transformation (PHAST) in emergencies. Additionally, 80 volunteers will be trained in hygiene promotion and standard operational procedures (SOP) on disinfection of WatSan facilities.

GRCS will involve 10 regional managers in the operation that have already been trained in ECV with experience from the previous cholera response operations (including the DREF operation epidemics 2012). The Regional Managers will orient the 80 volunteers on the ECV manual and related tool kit.

A WatSan RDRT will be needed for 2 months to support implementation of the DREF operation.

The DREF operation will be implemented with a participatory approach, using established methodology such as participatory hygiene and sanitation transformation (PHAST) to ensure community involvement, participation and ownership. The preparedness component is also aiming for community participation and ownership, to enable fast response by the community members themselves upon cholera alerts.

Emergency health

Outcome: Improved hygiene behaviour and cholera awareness amongst 12,000 households (60,000 beneficiaries with an average of five persons/household) in 10 communities in three months	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none">• The affected population are effectively and efficiently sensitized on cholera prevention.• Improved early detection and referrals.• Improved awareness on ORS preparation and use amongst households	<ul style="list-style-type: none">• Continuous assessment and reporting of the evolving situation and spread of disease• Mobilizing and training of 80 GRCS volunteers on Epidemic Control for volunteers (ECV), and related tools and materials (including early detection and referrals of cholera cases)• 10,000 assorted IEC/BCC materials (posters, fliers) on

	<p>cholera produced, printed and distributed to enhance positive behaviour change</p> <ul style="list-style-type: none"> • Production of visibility material (95 T-shirts) • Cholera prevention awareness promoted amongst 12,000 households. • Diffusion of cholera messages through sessions, jingle on local radios (one in a month) • Orientation training of 100 key community members on the management of ORPs (oral rehydration points) • Set up ORPs information and distribution points in the most affected communities • 20 sensitization and demonstration sessions (two per community/month) in 10 communities on benefits of ORS in the management of cholera using cholera demonstration kits (KMEDKCHO02 KIT - basic materials to administer oral rehydration treatments within a community or through established Oral Rehydration Units.) • Monitoring and reporting on activities
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Water, sanitation, and hygiene promotion	
Outcome 1: The risk of waterborne and water related diseases have been reduced through the provision of safe water, basic sanitation and hygiene promotion to 12,000 families (60,000 beneficiaries) in 10 communities	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • The target population have access to safe water and know how to use water treatment products • Target population is provided with adequate environmental sanitation measures 	<ul style="list-style-type: none"> • Deployment of WatSan RDRT for 2 months to provide technical, coordination and implementation support to the NS both at field level and national level • ToT for 20 volunteers on hygiene promotion sessions and tools (PHAST in emergency) • Orient 80 GRCS volunteers on hygiene promotion and standard operational procedures (SOP) on disinfection of WatSan facilities • Hand washing at key times promoted through demonstration at market, schools and other public places • Safe use of water treatments products promoted in 12,000 households through sensitization and demonstration sessions • Rehabilitation of 10 strategic community or institutional water points. • Disinfection of sanitation facilities in six health centres and 10 schools over two months. • Hygiene promotion activities like personal and environmental sanitation promoted in communities and health centres • Promotion of household latrines in most affected communities • Monitoring and reporting on activities
Outcome 2: Skills and resources in two GRCS district branches established for a rapid and efficient response to cholera and other water-borne diseases.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • The consequences of future cholera outbreaks reduced through capacity of the GRCS branches to provide timely and relevant response. 	<ul style="list-style-type: none"> • Set up community volunteer structures for rapid response and provide training for the community volunteers on early detection and referrals of cases • Establishment of school hygiene clubs in 10 schools in affected areas • Development of GRCS Regional response plan

- Lessons learnt workshop on the cholera outbreak done

Logistics

Outcome: Timely and effective logistics support provided to the emergency operations

<p>Outputs (expected results): Effective logistical support has enabled rapid assistance to targeted beneficiaries.</p> <p>Local procurement done in line with national procurement guidelines.</p>	<p>activities planned:</p> <ul style="list-style-type: none"> • Coordinating mobilization of goods and reception of incoming shipments • Local procurement of sanitation and hygiene materials, and emergency health items, including 600,000 Aqua tabs, 150,000 Soap, 250L or kg of Soap (1kg powder or liquid), 100 gloves, ice pellets, chlorine bleach, High test hypochlorite (HTH), 25,000 ORS, 50 plastic boots, 500 plastic packet, 2 electronic balance, 25 tape measure, 25 plumb, 25 plumb line). • Transport relief supplies to final distribution site • Coordinating within IFRC logistical structures in the region, for timely and cost-efficient sourcing option for all items required in the operation.
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Monitoring and Evaluation

All components of the intervention will be monitored on an on-going basis by GRCS to ensure that the implementation of the operation will continue smoothly with quality services to the beneficiaries in the targeted communities.

Close monitoring will be done by the IFRC West Coast Region, together with technical input to guide the intervention. The RDRT deployment will support monitoring of the operation. IFRC will strengthen the capacity of the NS for reporting and monitoring of the operation, through provision of a computer, as well as technical support within this area.

A workshop on the lessons learned which will be held at the end of DREF, which will enable constructive recommendations for future interventions.

A final evaluation after the implementation will review the achievements, challenges, and the scope and effectiveness of the actions. This review will be done with full engagement of the National Society, beneficiaries and partners and provide further recommendations for future action.

Contact information

For further information specifically related to this operation please contact:

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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.



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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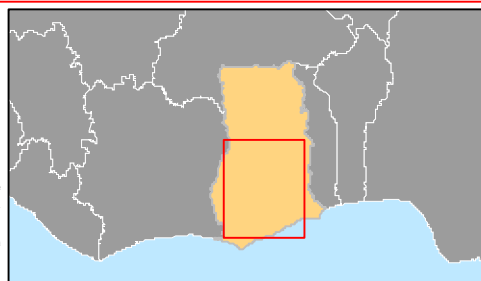
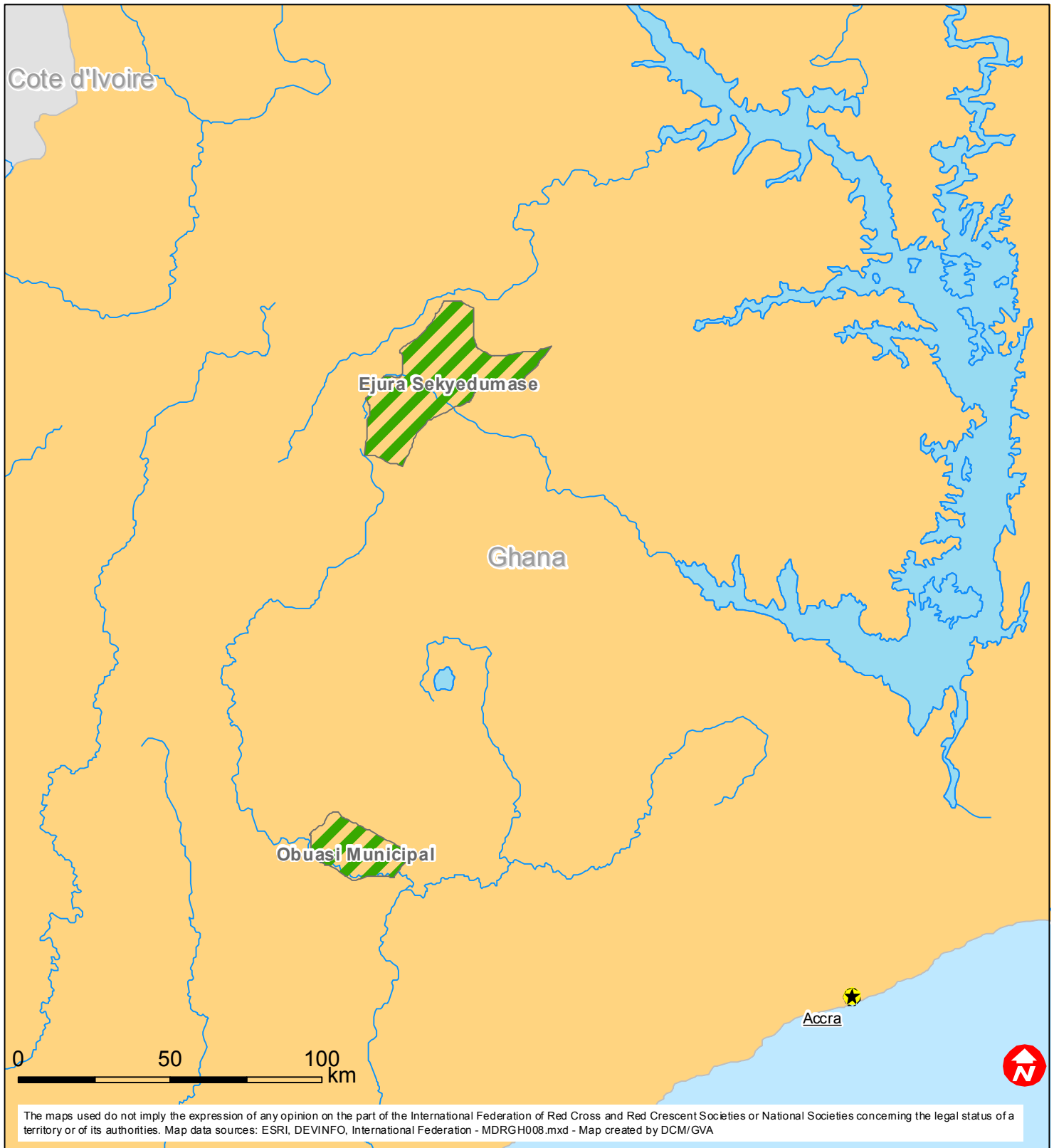
DREF OPERATION

01-02-13

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	100
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	48,899
Medical & First Aid	15,750
Teaching Materials	3,300
Ustensils & Tools	650
Other Supplies & Services	30,500
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	99,199
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	1,500
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	1,500
Storage, Warehousing	0
Distribution & Monitoring	10,000
Transport & Vehicle Costs	6,000
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	16,000
International Staff	10,000
National Staff	0
National Society Staff	10,520
Volunteers	29,000
Total PERSONNEL	49,520
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	9,000
Total WORKSHOP & TRAINING	9,000
Travel	8,000
Information & Public Relations	6,160
Office Costs	1,500
Communications	900
Financial Charges	1,000
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	17,560
Programme and Supplementary Services Recovery	12,531
Total INDIRECT COSTS	12,531
TOTAL BUDGET	205,309



Ghana: Epidemic



 Affected districts