



## GHANA: CHOLERA

DREF Bulletin no. 05ME069

### FINAL REPORT

26 March 2007

*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 185 countries.*

### In Brief

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

History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- CHF 38,000 was allocated from the Federation's DREF on 30 November 2005 to respond to the needs of this operation. (Refer to the [DREF Bulletin](#) for more information).
- DREF bulletin [Update no.1](#) dated 3 March 2006.
- This operation was implemented over 2 months and was completed by 31 January 2006

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This operation was 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.

### Background and summary

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. During the second week of October 2005, one cholera case was reported in the New Juaben Municipality of the Eastern region. In Accra, most of the reported cases were from Chorkor, Glefe, Mamprobi, Korle-Gonno, James Town, Timber Market, Zongo, Kaneshie, Odorkor, Malam, Nima and Maamobi. By 10 November 2005, 350 cases had been reported at the hospitals. On 13 November 2005, 1,587 cholera cases (with 27 deaths) were reported in the Ashanti region by the head of the Regional Health Directorate. On 14 November 2005, 33 cases (with 9 deaths) were reported in Tamale Metropolis. The worst-hit suburb of Tamale Metropolis was Mohiye-Bihi and its surrounding communities around Agric Ridge.

In late December 2005, cholera cases were reported in several towns and communities in Kommenda, Edina, Eguafu, 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 children aged between 5-9 years, with 17 cases.

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In response to the outbreak, the Ghana Red Cross Society (GRCS) recruited and trained 285 volunteers who organized health education talks on sanitation and hygiene in the affected communities. The volunteers were drawn from communities and suburbs in the affected areas. The content of the one day training workshop included the Red Cross and Red Crescent Movement, the Fundamental Principles and activities in addition to information on cholera. The training focused on causes, signs and symptoms of cholera, management, referral to health facility, prevention, personal and community hygiene and environmental sanitation. The participants were also taken through basic techniques of community entry which was deemed necessary for their house-to-house education.

### Analysis of the operation - objectives, achievements and impact

#### Recruitment and training

The main goal of this programme was to encourage the target groups including food vendors and shopkeepers, bar owners and households to practice proper hygiene by keeping their environment and food clean so as to avoid future cholera outbreaks in their municipalities.

285 Red Cross volunteers were recruited and trained to serve as agents for the dissemination of information on cholera. The volunteers reached a total of 343,442 people as shown in the table below:

**Table 1: Beneficiaries reached during the cholera campaigns.**

Community	Number of volunteers	Beneficiaries reached
Accra Metro	50	96,544
Koforidua Municipality	52	109,588
Kumasi Metro	50	65,854
Tamale Metro	50	24,284
KEEA	83	47,172
<b>Total</b>	<b>285</b>	<b>343,442</b>

The national society, in collaboration with the Information Services Department, carried out public education on the causes and prevention of cholera in target communities in Tamale Metropolis with the use of a public address system and video shows. Prior to this activity, social mobilization was conducted in the form of announcements, using the FM radio stations and meeting with community leaders in the target areas. This went a long way to attract a significant number of people from these communities as well as from other communities. Similar activities were subsequently carried out in the other affected regions.

#### Impact

The Red Cross intervention contributed to the reduction of cholera cases in the affected communities. The programme also 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 household members during their monitoring visits, it was realized that the house-to-house education had a real impact because most of the people were enlightened about the realities and the dangers of the disease. Most of the people had begun adopting positive health attitudes by way of environmental cleanliness.

#### Constraints

A significant number of the population still does not practice good personal or environmental hygiene. Some people still treat cholera using some local traditional substances. Sanitation and waste management continue to pose environmental problems in most towns and cities and the authorities are confronted with problems of waste management. Despite the financial resources spent by metropolitan, municipal and district assemblies on waste management, the problem still persists in most urban areas. With the growing population in the cities and the ever increasing problems of sanitation, particularly improper waste disposal, cholera will continue to be a health hazard.

#### Lesson learned

In view of these constraints, 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 grow their vegetables and iced-water sellers. GRCS will also appeal to health inspectors to do regular checks on sanitation and

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encourage metropolitan, municipal and district assemblies to organize regular clean-up exercises to keep the environment tidy. In addition, the GRCS decided that the trained 285 volunteers will also serve as disease surveillance focal persons for the national society. The GRCS is to administer and supply oral rehydration salts (ORS) free of charge to the visited communities.

The non-formal education techniques such as discussions, brainstorming and role plays in local dialects used during the training (with lively exchange of questions and answers from participants), were highly useful. The use of the FM radio stations in its awareness campaign was also helpful as a large number of people were reached. The regional Red Cross branches contacted specific radio stations in their communities which disseminated information on cholera to the public. The volunteer's activities were covered by TV Africa, where the regional branch secretaries were interviewed. This has greatly improved the image of the national society in the regions.

The collaboration between the Red Cross and the Metropolitan Health Directorates as well as the Information Services Department during the educational activities was good. The public cooperated very well with the Red Cross volunteers during the house-to-house education and the community sensitization activities.

### Coordination

The Ghana Red Cross Society collaborated with the Ministry of Health, the district assemblies, the Information Services Department, the environmental health officers and the staff of the disease control unit, who assisted in training of 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 municipalities. They also fumigated the kitchens and dining halls of these schools. The district assemblies provided vehicles to the Red Cross branches in some of the affected regions, while the Information Services Department released its vans to be used by the national society.

**Special note:** The unspent balance of CHF 7,489 will be returned to DREF.

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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>

[<Financial report below; click here to return to the title page>](#)

**International Federation of Red Cross and Red Crescent Societies**

M05ME069 - GHANA: CHOLERA

Final financial report

Selected Parameters	
Reporting Timeframe	2005/1-2007/3
Budget Timeframe	2005/1-2007/3
Appeal	M05me069
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		38'000				38'000
B. Opening Balance		0				0
Income						
Reallocations (within appeal or from/to another appeal)						
DREF		38'000				38'000
C3. Reallocations (within appeal)		38'000				38'000
C. Total Income = SUM(C1..C6)		38'000				38'000
D. Total Funding = B + C		38'000				38'000

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		38'000				38'000
E. Expenditure		-30'511				-30'511
F. Closing Balance = (B + C + E)		7'489				7'489

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
<b>BUDGET (C)</b>			38'000			38'000		
Transport & Storage								
Distribution & Monitoring	42		42			42	0	
Transport & Vehicle Costs	2'146		2'146			2'146	0	
<b>Total Transport &amp; Storage</b>	<b>2'188</b>		<b>2'188</b>			<b>2'188</b>	<b>0</b>	
Personnel Expenditures								
National Society Staff	3'780		3'780			3'780	0	
<b>Total Personnel Expenditures</b>	<b>3'780</b>		<b>3'780</b>			<b>3'780</b>	<b>0</b>	
Workshops & Training								
Workshops & Training	13'508		6'506			6'506	7'002	
<b>Total Workshops &amp; Training</b>	<b>13'508</b>		<b>6'506</b>			<b>6'506</b>	<b>7'002</b>	
General Expenditure								
Travel	3'355		3'355			3'355	0	
Information & Public Relation	7'192		7'192			7'192	0	
Office Costs	3'592		3'592			3'592	0	
Communications	242		242			242	0	
Financial Charges	1'672		1'672			1'672	0	
<b>Total General Expenditure</b>	<b>16'053</b>		<b>16'053</b>			<b>16'053</b>	<b>0</b>	
Program Support								
Program Support	2'470		1'983			1'983	487	
<b>Total Program Support</b>	<b>2'470</b>		<b>1'983</b>			<b>1'983</b>	<b>487</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>38'000</b>		<b>30'511</b>			<b>30'511</b>	<b>7'489</b>	
<b>VARIANCE (C - D)</b>			<b>7'489</b>			<b>7'489</b>		