

Appeal 2004



GHANA

Appeal no. 01.29/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Click on programme title or figures to go to the text or budget

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	156,781
Organizational Development	100,934
Total	257,715²

¹ Identified by blue in the text.

² USD 193, 552 or EUR 165, 893.

National Context

Ghana achieved a successful transition from military rule to multi-party democracy and a peaceful transfer of power from one civilian administration to another. General elections are due in December 2004 and while there is some potential for political unrest and local clashes, the government has gained a reputation for probity and effective management. It has operated a mixed economy since independence in 1957. A small capital-intensive modern sector involving mining and manufacturing co-exist with an expanding informal sector comprising small-scale businesses and a large traditional agricultural sector. The country's economy is undergoing major reforms with an emphasis on the private sector.



Ghanaians suffer widespread poverty with limited access to health care, clean water and

sanitation, especially in the rural areas. The latest HIV/AIDS sentinel study (2002) among pregnant women, shows an increase of prevalence from 3% to 3.4%. In absolute numbers, more than 330,000 people in Ghana are infected. Tuberculosis infection rates are also on the increase. The populace is afflicted with malaria, upper respiratory tract infections and water-borne diseases. An underlying cause of the persistence of these diseases is the widespread prevalence of poor nutrition, low income, inadequate housing, and inaccessibility to potable water.

Red Cross and Red Crescent Priorities

Movement³ Context

Federation

The Federation's main financial and administrative support for the Ghana Red Cross Society has been towards the HIV/AIDS and organizational development programmes. Since the Federation's Nigeria sub-regional office (Lagos) took responsibility for co-operation with the national society, delegates have made regular liaison visits to the country. The president and the acting secretary general of the national society shared experiences with their peers during the Lagos group meetings and benefited from advice from the other three national societies. Staff from the national society also participated in meetings and training courses, a number of which have been held in Accra. The national society wants to be self-sustaining and develop its programmes to expand outreach through good use of volunteers in addressing priority health needs in the communities.

The Federation and Swiss Red Cross are assisting the national society to develop a draft Cooperation Agreement Strategy (CAS) framework. The Federation, the ICRC, America Red Cross, Swiss Red Cross and German Red Cross supported the management audit held between March and June 2003. Recommendations from the audit will be integrated into the on-going CAS process to consolidate or revise the strategic plan for 2001-2005 and draw up an action plan. The Federation also provides funding for the on-going youth HIV/AIDS peer education project in three regions and six districts.

ICRC

The ICRC supports the national society in dissemination of International Humanitarian Law (IHL), humanitarian values, tracing and training of emergency first aid teams.

³ 'Movement' refers to the International Red Cross and Red Crescent Movement

Partner National Societies

Other partner national societies support the Ghana Red Cross Society in the development of its programmes and capacity building. American Red Cross supports the national society in strengthening the capacities of mothers clubs in implementing the child survival project, guinea worm eradication, mass measles campaign, and distribution of bed nets. The German Red Cross is also involved in a nationwide project: promotion of basic health among women with children. The Swiss Red Cross supports the national society with institutional building programme support focusing on primary eye care and curative eye care in collaboration with the Ministry of Health.

Others

The national society works closely with the government and other UN agencies and NGOs in implementing health and disaster programmes. It also raises funds from private companies from its annual fund raising games. Global 2000, UNICEF and WHO supported the national society in guinea worm eradication activities in fifteen endemic districts. Rotary International donated treated mosquitoes nets to the national society for distribution in Lawra district during the mass measles campaign. Currently, UNICEF and Family Health International support the youth peer education activities.

National Society Strategy/Programme Priorities

The **Ghana Red Cross Society** has a network of volunteers who relieve the situation of the communities' most vulnerable. The national society is present in all ten regions in Ghana and in 86 out of the 110 districts. It is gender sensitive and has a HIV/AIDS programme targeted at the youth and a reproductive health programme for men, women and adolescents.

Since independence in 1957, the Ghanaian government has placed great emphasis on the health of the rural population through improved access to medical facilities and development activities in rural areas. As part of this strategy, the national society in collaboration with communities, is working towards improving basic rural health delivery. The national society has a network of volunteers in ten regions and in 83 out of the 110 districts in the country mainly the youth and mothers clubs. The total population in the 83 districts is 16,850. The national society developed a five-year strategic plan for 2001-2005 and also carried out self-evaluation in collaboration with the Federation and the Swiss Red Cross. The national society's final management audit report has been finalized and is being circulated to stakeholders.

The national society pioneered the concept of mothers clubs with a national network through which information on basic health care is disseminated. It also promotes children's health through the child survival project. Its youth programmes create awareness on first aid, STI⁴ and general health issues. The national society plays a prominent role in immunization campaigns through house-to house and mass social mobilization. The national society is now building up its system to combat emergencies. The national society is a member of the state International Coordinating Committee (ICC), guinea worm, immunization, HIV/AIDS, malaria and disaster committees. Nonetheless, it is faced with a financial and management crisis; the Federation and a number of partner national societies are trying to resolve this. Core costs have not been covered, resulting in substantial indebtedness and partners' loss of confidence. In spite of its successes in a wide range of programmes, firm decisions need to be taken to enable the national society to move forward. A management audit has helped point the way. The Federation is assisting the national society governance and staff to resolve these issues.

The national society's self-assessment in 2000 identified the main priority areas as:

- Mobilizing resources to cater for staff salaries and other core costs.
- Scaling up HIV/AIDS activities to include vulnerable groups such as women, HIV/AIDS orphans and home-based care for PLWHA⁵.
- Improving the quality and access to first aid services through mobilizing resource, and making services attractive and competitive.

The overall goal of this proposal is for the national society to contribute to the reduction and spread of HIV/AIDS, particularly among women and improve on the quality of life of PLWHA in ten districts in four regions by the end of 2007.

⁴ STI - Sexually-transmitted infections

⁵ PLWHA – Persons Living With HIV/AIDS

Strengthening the National Society

Health and Care

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Background and achievements/lessons to date

The national society intends to continue targeting the most vulnerable in communities with a view to improving their health status and quality of life. With the available resources, the national society will tailor its activities to ARCHI⁶ 2010 and the five-year programme of work of the Ministry of Health and GHS, complementing the governments' effort to improving the general health of Ghanaians.

The national society is seeking the Federation's assistance in developing effective project and programme management including reports and marketing of first aid services. These include health programmes to attract membership, increase visibility, recognition and develop valuable partnership in the national health delivery system.

In organizing these activities, the national society has one health coordinator, a youth coordinator, a resource coordinator, and three project officers at the headquarters level. Each of the ten political regions has a regional secretary who is the projects implementer at the regional level assisted by an office clerk. These are salaried staff of the national society with a chain of volunteers from district level to sub-district level. The health department currently has two paid staff members who coordinate health activities. The national society is a member of the International Coordinating Committee (ICC), on guinea worm, immunization, disaster and HIV/AIDS committees.

According to reports from the Ministry of Health's disease control unit, the cumulative HIV/AIDS cases in Ghana by June 1999 indicate a high incidence ratio of HIV/AIDS in women compared to men: 25,753:15,476 that is 62.4% of the total HIV/AIDS cases of 41,229. By October 2001, the number increased to 29,990 for females indicating 61.4% of total cases of 48,771 and 18,781 for males.

Several social studies also indicate that a majority of Ghanaian rural women are faced with socio-cultural practices which subject them to daily male subordination and lack of recognition which makes it difficult for them to take control their own lives. Examples of such practices include widowhood rites, female genital mutilation, wife inheritance, high bride price, and polygamy.

The traditional upbringing of female children in some parts of Ghana has made women vulnerable to HIV/AIDS because they are taught to be passive, submissive and not to question the sexual behaviour of their husbands. Thus most women cannot negotiate for safe sex for fear of violence, mistrust, abandonment and withdrawal of socio and financial support from their partners. At their own risk, they are therefore forced by societal norms to accept their partners' extra-marital affairs. The journal, *Ghanaian Spectator* reported such a story where the husband severely beat his spouse because his infidelity made her demand a HIV/AIDS test from him. Lessons learned from Cambodia showed that in 2002, a working group on HIV/AIDS project estimated that almost half of the new infections in the country that year were transmitted between husbands and wives. Cultural upbringing makes it difficult for women to openly discuss matters relating to sex. Economic dependence of most women on their spouses or male counterparts leaves them with no option to take decisions without their partners' consultation. This is compounded by the high incidence of poverty and illiteracy among rural women in Ghana. In spite of the intense awareness campaigns by different organizations on HIV/AIDS, the current attitudes and beliefs about HIV/AIDS are that the virus can be contracted through sharing of food, utensils and room. Thus the name "*Okoko laa*", in Talensi, which means "your own bowl", implying that a HIV/AIDS patient must eat from his or her bowl and not share it with others. HIV/AIDS is stigmatized in most societies in the country and relatives deny the HIV status if patients are diagnosed. Some believe it is caused by evil spirits or curses from the gods.

⁶ ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. (refer to <http://www.ifrc.org/WHAT/health/archi/>)

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Stigmatization and marginalization of PLWHA and their associates contribute further to the spread of the disease by limiting voluntary testing and access to proper treatment and care. There is also inadequate knowledge on the mother to child transmission of HIV/AIDS among mothers. The high exclusive breast-feeding rates among mothers, makes it imperative to educate them on the possible transmission to the child and equip them with knowledge to make informed choices.

Use of a wide array of HIV/AIDS preventive strategies holds the most promising measure to reduce the spread. Traditionally, efforts to prevent HIV/AIDS infection by promoting condom use have targeted individuals at increased risk of infection. In spite of its importance, men often express dislike for the use of condoms and abandon its use with regular partners they assume are uninfected. Condom use among females is relatively new and culturally unacceptable since it is usually the men who initiate sex and therefore decide whether or not to use a condom. This is confirmed by a study, which was conducted by the society for women and AIDS in Ghana which indicates that from a 2002 baseline survey conducted in five regions in the country, 16 out of 250 respondents (6.5%) had never used a female condom. This is attributed to a lot of misconceptions and beliefs about the female condom even among educated women. These problems have compounded the high incidence of female HIV/AIDS in the country.

Currently, HIV/AIDS youth peer education activities in the country are supported by the Federation and other donor organizations. The national society is building on this and focusing on women who are at greater risk of HIV/AIDS infection and are mainly the heads of their households. Furthermore, the national society hopes to strengthen the programmes of mothers clubs aimed at improving the reproductive health and social conditions of women. The involvement of the mothers clubs in HIV/AIDS education will therefore have to address this social barrier of silence on sex issues and consequently AIDS. The male 'friends of the mothers clubs' will play a vital role in advocacy, partnership and programme communication.

Goal: The national society has contributed to the reduction of the spread of HIV/AIDS, particularly among women and improved on the quality of life of persons living with HIV/AIDS (PLWHA) in ten districts of the four regions targeted by the end of 2007.

Objective: The capacity of the national society has been enhanced to improve knowledge and understanding of HIV/AIDS and sexually transmitted diseases among 48,000 women and community members in ten districts by the end of 2007, with an aim to encourage safe sex.

Expected programme results and related projects for this objective :

1. Peer education for HIV/AIDS/STI

- Baseline survey conducted in eight selected communities (four in control and four in project areas in both rural and urban settings)
- Peer educators manual developed and produced for mothers clubs
- Four regional HIV/AIDS coordinators and twenty peer educator trainers, ten coaches have been trained
- 100 mothers clubs leaders have been trained as peer educators in the region
- 1,000 Mothers club members have been trained
- HIV/AIDS preventive messages have reached 96,000 women and other community members
- Eight types of posters, four types of stickers, two types of badges, T-shirts, Flip charts and caps have been developed and produced in mass quantity
- Volunteer reporting format has been developed
- The incidence of HIV/AIDS has reduced by 5% in women
- Increased condom use by females

2. Home-based care for PLWHA

Projects will be carried out in four regions namely; Greater Accra, Ashanti, Western and the Central regions with a maximum of five districts per region. During the implementation period, the project will have achieved the following results:

- Home based care manuals have been produced for twenty trainers, forty coaches, four regional coordinators, one project coordinator and 400 care facilitators
- First aid kit has been produced for all home-based caregivers.
- Project coordinators and care facilitators have received training in home based care and counseling.
- Regional training of home-based care facilitators has been conducted.
- Home based care facilitators are giving care and counseling to PLWHA and relatives in communities
- Home based care facilitators reporting format has been produced.
- 200 support groups have been formed

Organizational Development

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Background and Achievements/Lessons to date

The national society's organizational development component includes image building, fund raising, advocacy and lobbying, management training as well as strengthening volunteer management capacity. At community level, the 83 districts organize more than 300 chapters, 450 mothers clubs and some 600 youth links. The regional branches do not have their own statutes in addition to those of the national society. However, mechanisms used to monitor the operations and activities of the branches are:

- Regular reports from branches to headquarters
- Financial statements of branches to headquarters
- Regular visits by headquarters and regional staff to review branch operations and activities
- Evaluation reports on branch operations by headquarters staff or external consultants

These mechanisms ensure that branch activities are consistent with the statutes and mission of the national society.

The statutes require convening the general assembly every second year. After the 2001 meeting, the next general assembly and elections were held on 18 July 2003.

The national society is beginning a new phase of organizational development. After the 2000 evaluation, the national society embarked on a new five-year strategic planning exercise incorporating a SWOT⁷ analysis that initiated the development of its ten strategic objectives. The 2001-2005 strategic plan therefore seeks to build on the previous ones especially in the areas of social marketing and local fund generation. The organizational changes are expected to address the management and financial crisis confronting the national society. The national society is also seeking assistance from partners to resolve these problems.

Goal: By the year 2007, Ghana Red Cross Society has become a well functioning, visible, independent, and relevant community-based organization mobilizing resources effectively and efficiently to improve the lives of the most vulnerable through strengthened capacity and established partnerships.

Objective: The capacity to deliver and implement programs to assist the most vulnerable in our communities is strengthened.

⁷ SWOT – Strengths, Weaknesses, Opportunities, Threats

Expected results and related projects for this objective are :

1. The management and leadership skills of senior and programming staff at all levels are improved.
 - Good financial management practice is established and improved upon
 - Financial and narrative reporting are improved and submitted on schedule
 - An improved financial resource development, especially a wide range of partnerships and professional skills in fund raising and partnership development are established
 - Cooperation Agreement Strategy (CAS) draft is ready and agreed on with partners
2. The national society leadership has a good orientation and leaders perform their roles and responsibilities credibly.
 - Training programs for governance and management are improved.
 - Separation of governance and management roles is established.
 - Corporate bodies, UN agencies and International NGOs select the national society as their channel for providing assistance to the community.
 - Number of assisted community projects increased.
 - Level of donor satisfaction and confidence improved.
3. The mass media have become partners of the national society.
 - 80% of the media attend all national society media programs.
 - 60 of the 80% give immediacy and currency to national society programs.
 - Advertisement of national society programs and meetings in the media is regular.
 - An increased level of public awareness about the national society is attained.
 - An increased level of public donation is achieved.
4. There has been increase in the income from commercial fund-raisers.
 - A net increase of 30% income raise is achieved.
 - Government subvention to the national society is increased.
 - Resource development committee at all levels trained, effective and functioning
5. Volunteer Management policy drafted, approved and implemented.
 - Ten percent of the public has become active, dues-paying members.
 - Income from membership dues has increased.
 - Eighty percent of volunteers recruited retained.
 - Volunteers trained and working efficiently and effectively
6. The national society advocacy and lobbying skills have been built.
 - Policy and behavioral changes influenced through advocacy programs.
 - Information and communication management enhanced.
 - Twenty five persons trained in advocacy

[<Click here to access the Logical Framework Planning Matrix document for Organizational Development>](#)

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.29/2004

Name: Ghana

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	5,479	0	0	2,774	0	0	8,253
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	5,479	0	0	2,774	0	0	8,253
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	11,720	0	0	0	0	0	11,720
TRANSPORT & STORAGE	11,720	0	0	0	0	0	11,720
Programme Support	10,191	0	0	6,560	0	0	16,751
PROGRAMME SUPPORT	10,191	0	0	6,560	0	0	16,751
Personnel-delegates	0	0	0	0	0	0	0
Personnel-national staff	31,793	0	0	10,199	0	0	41,992
Consultants	11,540	0	0	19,549	0	0	31,089
PERSONNEL	43,333	0	0	29,749	0	0	73,082
W/shops & Training	52,525	0	0	42,450	0	0	94,975
WORKSHOPS & TRAINING	52,525	0	0	42,450	0	0	94,975
Travel & related expenses	15,000	0	0	0	0	0	15,000
Information	0	0	0	0	0	0	0
Other General costs	18,533	0	0	19,400	0	0	37,933
GENERAL EXPENSES	33,533	0	0	19,400	0	0	52,933
TOTAL BUDGET:	156,781	0	0	100,934	0	0	257,715