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Emergency Plan of Action Operation Update

Ghana: Dam Spillage in Upper East Region

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRGH015/PGH031	GLIDE n° FL-2018-000154-GHA
EPoA update n° X; date of issue	Expected timeframe covered by this update: September – December 2018
Operation start date: 25 September 2018	Operation timeframe: 4 months (31 January 2019)
Overall operation budget: CHF 174,724	
N° of people being assisted: 9,000 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Swiss Red Cross	
Other partner organizations actively involved in the operation: National Disaster Management Organisation (NADMO,) Ghana Health Services, Local Services, World Vision	

Summary of major revisions made to emergency plan of action:

This operations updates seeks a one month no cost timeframe extension up to 31 January 2019 (37 days) to ensure implementation of the following pending activities:

1. Complete distribution of relief items
2. Complete community engagement and social mobilization activities
3. Reporting and lesson learned workshop and documentation.

Delays in these activities were caused by the length of time taken to finalize the Memorandum of understanding, procurement and delivery of relief items and proper identification and registration of target beneficiaries. Extension of this operation will have no budgetary implications.

A. SITUATION ANALYSIS

Description of the disaster

In early August 2018, communities in Northern and Upper East regions of Ghana were affected by heavy and continuous seasonal rainfall, which was exacerbated by the annual opening of the Bagre dam. The Bagre Dam, located in Burkina

Faso, caused unprecedented flooding in many local communities resulting into loss of lives and properties. The Bagre Dam spilled on the 31st of August 2018, when the dam reached its maximum level 235m. However, by the 10th of September, the dam was still spilling, the water level remained at the maximum level of 235m. The continued rise in water levels resulted in flooding which affected farmlands, and posed threat to lives and properties as the spilled water found its way into the Black and White Volta Rivers, which overflowed into the three regions of the north and the Eastern Region. According to an assessment report by the National Disaster Management Organisation (NADMO), about 11,959.6 Hectares of farm land had been affected by the flooding, posing food insecurity risk to the affected communities.

An initial assessment report produced by NADMO highlighted the devastating impact of the floods. Some 23 communities in 2 districts (13 communities in Bakwu West District and 11 communities in Talensi Districts) with a total of 3,556 households (21,336) were affected in the Upper East region, whilst in the Northern region 202 communities in 9 districts, thus 10,567 people, were also affected leading to a total of 31,903 people (5,317 households) affected in both regions.

Several houses and farm crops were destroyed. Furthermore, the Northern region had reported the deaths of 9 people and 12 people injured, whilst the Upper East region reported 6 people dead and 1 missing. In addition, about 487 houses were completely destroyed, whilst about 7,757 houses were partially destroyed by the floods

In view of the above, Ghana Red Cross Society (GRCS) requested for DREF funding amounting to CHF 174,724 to meet the urgent needs of the affected communities focusing on shelter, NFI, WASH and health.

Summary of current response

Overview of Host National Society

GRCS has over 60,000 volunteers, 50 staff, and 10 regional offices across the country. The National Society (NS) currently has 55 trained and established District Disaster Response Teams (DDRTs) members, plus 30 National Disaster Response Team (NDRT) members, eight (8) Regional Emergency Response Teams (RERT) consisting of 135 members, 45 Community Disaster Preparedness and Response Teams (CDPRT) consisting 900 members, 53 National Society staff, and five Partner National Society staff. This demonstrates a relatively strong human resource capacity, which with basic orientation is resulting in effective and efficient implementation of the DREF plan.

With regards to the disaster situation, GRCS has actively worked with NADMO to conduct assessments in the affected communities so as to determine the impact of the floods. The GRCS engaged 100 volunteers who conducted health and hygiene promotion and assisting with data collection during the assessments. With support from the Swiss RC who are the only PNS with in-country presence, the GRCS provided 20 family tents to assist 20 families in Kologu Tor, Kolugo Zuo and Sandema communities in Upper East region who were displaced by the floods. However, due to lack of prepositioned materials, the NS had not been able to give additional support to the affected communities.

With support of the DREF the NS have implemented the following activities:

- Trained 100 volunteers from 23 communities on how to conduct community social mobilisation and promotion of health and hygiene activities and community-based disease surveillance
- Distributed non-food relief items to 500 households
- Conducted health and hygiene promotion activities in 23 communities through community meetings, radio slots and house to house education by trained volunteers

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC), through its WASH delegate based in Ghana and with technical support from the Abuja Country Cluster Support Team (CCST), continues to work closely with the National Society by supporting its staff and volunteers in all activities of the Red Cross. It equally ensures that management and operational issues are directed and implemented in accordance to the Principles and core values of the Red Cross Movement to reach the needs of the most vulnerable. Consultative and Movement coordination meetings are established in country between the NS, IFRC and Swiss Red Cross Society, the only PNS present in Ghana. As mentioned above, the Swiss RC supported the NS in conducting the needs assessments and had also provided 20 tents for 20 displaced households. The NS also received support from technical departments of the IFRC at CCST, Africa Region and Geneva levels.

Overview of non-RCRC actors in country

The major stakeholders in Ghana are National Disaster Management Organisation (NADMO), which is responsible for coordination at all levels, Ghana Health Service, District Assemblies, traditional leadership, UN agencies and other civil society actors.

Unable to cope with the increasing needs resulting from the continuous rains and later the dam spillage, NADMO appealed to corporate bodies and non-governmental organizations and complemented government's efforts to save lives. The government, through NADMO, only supported some limited number of people with food and non-food items from their only remaining contingency stock which will take a while before to be replenished. Although was public appeal from NADMO, no comprehensive assessment was conducted by any agency after the floods, thereby made it difficult to have an appreciation of the magnitude and impact of the floods.

Needs analysis and scenario planning

An in-depth assessment conducted indicated that affected families, especially those whose houses had been completely destroyed, were in urgent need of assistance to ensure that they meet their basic needs and had minimum dignity as they struggled to recover from this disaster. Continued assessments were also conducted, and these were used to update the needs as they emerge. The identified needs were highlighted as below:

- **Shelter:** The assessments so far indicate that about 700 households were completely destroyed, this showed a great need to support the affected families with emergency shelter.
- **Non-Food items:** The floods caused the destruction of property especially when one considers those families whose households had been completely destroyed. There was therefore the need to support affected families with non-food items such as blankets, mattresses and kitchen sets.
- **Health:** The floods posed a risk of the spread of vector and water borne diseases such as cholera, malaria and other diarrheal diseases. The major challenges were stemming from lack of access to safe water as well as proper sanitation facilities in the affected areas. Most of the water sources had been contaminated due to the floods. The sanitation facilities had also been destroyed by the floods in some areas leading to high incidences of open defaecation. There was the need to ensure that families were educated on the health risks and other support such as mosquito nets be provided to the communities. To note, the Upper East region remained

vulnerable to Malaria and cholera with the most recent outbreak in 2014 which resulted in 29,000 cases and 250 deaths.

- **Water and sanitation:** There was the need to ensure that the displaced families had access to safe water and sanitation facilities. Some of these facilities had been affected by the floods, hence the operation therefore also needed to consider this.

Target beneficiaries

According to the results of the assessment, GRCS will mainly put its focus on supporting families whose households have been destroyed. Thus, as part of this operation, GRCS intends to support the following activities, among others:

- Health and WASH promotion activities
- Provision of relief support to assist families
- Volunteers capacity strengthening through refresher trainings to carry out planned activities,
- Prevention of waterborne diseases and orientation training for community engagement.
- Conduct continuous assessment of the needs of affected households to adjust actions undertaken through this operation.

GRCS intends to support at least 500 households (9,000 people) affected by the floods and dam spillage in Talensi and Bawku West Districts (approximately 42 percent of the overall caseload in Upper East Region) with health, WASH and basic shelter provision.

Through this DREF operation, the Ghana Red Cross intends to cover gaps left by government efforts and other stakeholders. A total of 500 households will be assisted by this operation through health and WASH activities. These have been selected from the most vulnerable households depending on their level of vulnerability, with special attention provided to the most vulnerable individuals including the elderly, female headed households with children under six years, lactating and pregnant mothers and people living with disabilities. Of the 500 targeted households, 500 households (3,000 people) whose houses have been totally destroyed will receive shelter and NFIs assistance.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall objective of the operation is to provide immediate life-saving support to 500 households affected by floods focusing on WASH and Health with the 500 most affected households to get additional support through shelter and NFIs. The operation will focus on 23 most affected communities of Talensi and Bawku West Districts (Upper East Region of Ghana) within the next three months.

The operation will have a public health focus, including provision of community-based health and first aid (CBHFA), water, sanitation and hygiene including hygiene promotion, vector control and distribution of non-food items (NFIs) to the target communities. This will be done by implementing activities in the below areas of focus:

- **Shelter:** GRCS has been complementing government efforts to address the immediate shelter needs of **500 households** whose houses have been completely or partially destroyed as a result of the floods and ensuing

dam spillage. The shelter package includes the following items **blankets (2 per family¹), kitchen sets (1 per family) and 2 mats (2 per family), and standard IFRC shelter kits will be provided to 500 families.** The shelter kits include 2 tarpaulins, nails, rope, spade, hammer and other accessories. So far 500 people have been provided with shelter packages and in 23 communities.

- **Health:** GRCS, will set up community based oral rehydration posts (ORPs), which will also function as community-based disease surveillance systems (CBS) to monitor any eventual disease outbreak. These health posts will have a link to the nearest health facility within their geographical areas. In regard to malaria prevention the Ministry of Health has distributed mosquito nets to all flood affected areas including those targeted under this DREF operation, as such the mosquito nets procured under this DREF operation could not be distributed and will be added to GRCS emergency stock for future use. Nevertheless, community awareness and prevention on malaria continue to take place as part of the community social mobilisation activities.
- **Water, Sanitation and Hygiene (WASH):** To ensure access to safe water supply, GRCS has distributed water treatment tablets (**Aqua tabs; 1 tablet for 20L, 20L per day per HH, 30 tablets per month to support 500 HH**) for household water treatment. Each household received **a 20 litres' jerry can and 15 litres** bucket for safe storage of household water. Some **500 family hygiene kits (1 kit per household, including towels, soap bars, sanitary packs, toothbrushes and toothpaste)** had been distributed to the affected households. One hundred volunteers have been trained in hygiene messaging and social mobilization. The operation mobilized communities to promote environmental clean-up campaigns to ensure a decent and hygienic environment volunteers will conduct at least two clean up campaigns per month per community covering 23 communities.
- Intensive health and hygiene awareness campaigns through house to house, public meeting and radio slots are ongoing. At the time of implementation of this DREF operation the need for rehabilitation of 30 and disinfection of 30 water points and desludging of 30 institutional latrines have already been addressed by other partners, hence this activity is not part of the operation.

Community Engagement and Accountability

Community engagement and accountability has been an integral part of this operation, through already existing capacity in CEA. Focal persons in each target communities and district were responsible for coordinating community engagement and accountability intervention. These included awareness and information sharing mechanisms through community engagement during meetings and personal interactions at household level, facilitated radio call in sessions moderated by senior Red Cross and other stakeholders. Communities were encouraged to use other medium such as call in to designated focal persons, sharing most significant stories and face to face interviews. Thus, through trusted and preferred communication channels by communities, health messages were shared with the targets by using innovative communication channels such as radio and mobile cinema.

Human resources

The DREF deployed 3 National Disaster Response Teams (NDRT) members. The NS mobilised, trained and strategically positioned 100 volunteers in the communities within 2 target districts. The volunteers worked for an accumulated 24 days (2 days per week for 3 months) in the targeted communities. At Country regional level, two DREF focal persons were assigned to oversee the DREF activities in the Upper East region, supported by District organisers stationed in each district. Volunteers were deployed in each affected community who supported all related DREF activities. At HQ level, the National Disaster Management Coordinator coordinated all DREF activities with technical

¹ Because there are 6 people per household in these areas.

support and contribution from Health and Care, Communication, Resource Mobilisation, Finance and Administration. Due to the already established capacity of GRCS and the magnitude of the operation it was felt there was no need for deployment of IFRC Regional Disaster Response Team member as initially planned. The IFRC WASH delegate, based in Ghana, provided technical support and liaised with GRCS and Red Cross Movement partners on all matters regarding this operation. He was equally responsible for ensuring proper monitoring and reporting of the operation to the IFRC.

Logistics and supply chain

Logistics support followed IFRC standard logistics and procurement procedures. Most of relief materials for this DREF operation were sourced locally, all materials met the minimum standards of quality and social appropriateness by the affected communities. GRCS have a dedicated Logistics focal person supported by a warehouse officer and procurement assistant based at headquarters responsible for all procurement supply chain and tracking movement of goods from source to final intended beneficiaries.

GRCS seconded a 10 tonnage truck and two hard top land cruisers on lease by the operations and stationed in the affected regional offices.

Information technologies (IT)

To ensure information technology capacity, high speed WIFI internet was provided in the affected region with Red Cross operations.

Communications

The GRCS communications team, which worked closely with IFRC Regional Communication unit in Nairobi, ensured the steady flow of information between operations in the field and major stakeholders including media, Movement partners and provided regular and consistent updates on the emergency. News stories on the disaster situation and beneficiary profiles were highlighted through national media as well as on GRCS online channels, www.redcrossghana.org or IFRC online channels such as the official website, www.ifrc.org, and social media platforms.

The GRCS national level was continually engaged the local media outlets to highlight the Red Cross Red Crescent response. Regular flow of information was maintained between beneficiaries and respective GRCS response departments to maintain transparency and address the immediate needs of the most vulnerable communities. The relief operation maintained visibility in the field through appropriate branding such as banners and GRCS aprons to enhance awareness about the role of the NS operations. GRCS took initiatives to document all media releases and videos on this operation. Best practices were captured and all efforts made to record case studies as the operation progresses. The line of communication at regional level, the operation officer reported to the regional manager and technical consultations with National Disaster Management Coordinator, at National level the management team comprised of heads of disaster management, finance and administration led by the head of health and care and communication, with technical advice by IFRC in-country WASH Delegate.

Planning, monitoring, evaluation, and reporting (PMER)

PMER activities were rolled out to ensure the quality of implementation throughout the operational management cycle. GRCS was responsible for the day-to-day monitoring of the operation, primarily at the branch/unit level, supported by NHQ and the IFRC team. As part of information management system, a beneficiary database was developed to avoid duplications and to track support by the GRCS team. With support from PMER from the CCST one lessons learned workshops will be organised at regional towards the end of January 2019.

Administration and Finance

This operation had a working advance-based options that required smooth mobility of cash from IFRC to GRCS HQ up to the regional offices. GRCS programme and finance teams worked closely to ensure the transfer of cash to the field in accordance with GRCS Finance and Administration procedures.

C. DETAILED OPERATIONAL PLAN

Note: Include the outputs included into the (revised) EPOA;

Shelter		
	People reached: 3,000 people (500 households) Male: 1,434 Female: 1,566	
Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer term recovery through shelter and settlement solutions		
Indicators:	Target	Actual
# of households supported with shelter assistance and NFIs to 500HH	500HH	3,000 people reached
#of blankets procured and distributed	1,000	1,000
# of kitchen sets procured and distributed to households	500	1,000
# of monitoring field trips conducted	2 HQ, 6 regional, 6 district	1 HQ trip, 6 regional trips, 6 district trips
Output 1.1: Short, medium and long –term shelter and settlement assistance is provided to affected households		
Indicators:	Target	Actual
Community briefing on how to safe use of shelter kits before distribution	500 HH	1,000
Procurement and distribution of 500 shelter kits	500 HH	500
Procurement and distribution of 1,000 blankets (2 per HH) and 1,000 mats (2 per HH)	1,000 blankets, 1,000 mats	2,000 blankets, 2,000 mats
Procurement and distribution of 500 kitchen sets	500	500
Monitoring of the use of distributed shelter and household items	500	500 monitored
Provided Evaluation of the shelter support	500	500 evaluated
Progress towards outcomes		
NFIs have duly been procured and the distribution of items to target beneficiaries/households is in progress Population consisting of men, women and children who have been displaced by the floods have been provided non-food items and shelter provisions to address their immediate shelter and none food basic needs.		



Health

People reached: 6,000 people 500)

Male:

Female:

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
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Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
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# of people reached with RC health interventions (Target: 9,000 people)	9,000	9,500
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# of volunteers trained and deployed in target communities (Target: 100 volunteers and supervisors)	100	100
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Health Output 1.3: Community-based disease prevention and health promotion and early detection (surveillance) or potential disease outbreaks is provided to the target population

# of surveillance teams established and functional by community (Target: 23)	23	23
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# of community-based First Aid points with ORS established (Target: 22)	22	22
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# of mosquito nets procured and distributed to families (Target: 1,000 mosquito nets)	1,000	1,000 items all procured but not distributed
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Progress towards outcomes

Surveillance, preparedness and response teams and ORS points have been established and have been functional. Health promotion in target communities is currently ongoing. Distribution of NFIs is in progress.

Water, sanitation and hygiene



People reached:

Male:

Female:

WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
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# of households reached with WASH interventions	500	500
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WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
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WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	9000 people	6000
Procure and distribute 45,000 household chlorine tablets for household water treatment sufficient for 30 days	45,000	45,000
Procure and distribute 500 buckets and 500 jerry cans	500	500 buckets 500 jerry cans
Repair and disinfect of 30 water points include flushing of 6 hours, disinfection with chlorine and minor repairs	30	0

WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
	Target	Actual
# of handwashing, anal cleansing and menstrual hygiene disposals equipment provided (Target: 30)	30	0
% of household latrines rehabilitated (Target: 70% of targeted Households)	70%	0
# of public institutional latrines dislodged (Target: 30 latrines)	30	0

WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
	Target	Actual
Train volunteers in health hygiene promotion	100	100
households reached with hygiene messaging through house to house	500	700
Conduct public awareness through mass media, radio and television (slots)	8	4

WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population		
	Target	Actual
<ul style="list-style-type: none"> Distribute hygiene kits to vulnerable households 	500	500
<ul style="list-style-type: none"> Train beneficiaries on the content of supplied hygiene kits distributed 	900	500
Progress towards outcomes Twenty-three communities within the affected district continue to benefit from health and hygiene promotion and awareness activities. 500 households, about 3,000 people who lost essential assets due the floods including elderly, pregnant and people with disabilities received WASH related NFIs. Each household received 1- 20L bucket, 1- 20L jerry can and 1500 water purification tablets to be used for one month.		

D. BUDGET

No changes have been made to the initially allocated budget of CHF 174,724.

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.