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Emergency Plan of Action (EPoA) Ghana: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRGH012
Date of issue: 8 November 2016	Date of disaster: 26 October 2016
Operation manager: Abel Augustinio	Point of contact: Thomas Appore; National Health Coordinator
Operation start date: 1 November 2016	Expected timeframe: 3 months
Overall operation budget: CHF 171,842	
Number of people affected: 727,928	Number of people to be assisted: 250,000
Host National Society presence: 60,000 of volunteers, 50 staff, 10 branches	
Red Cross Red Crescent Movement partners actively involved in the operation: Ghana Red Cross Society, IFRC	
Other partner organizations actively involved in the operation: Ghana Health Services, Ministry of Local Government, National Disaster Management Organisation (NADMO), Local Government, WHO, UNICEF	

A. Situation analysis

Description of the disaster

The first cases of cholera were detected on 21 October 2016, in the Cape Coast district, Central region when a case-patient presented with acute watery diarrhoea. The next day there were two case-patients with similar symptoms also in Cape Coast district. The number of cases detected in peri-urban communities in Cape Coast Metropolitan have continued to rise from 36 cases on the 26 October, to 117 cases on 30 October. By the 2 November, the total number of cases had risen to 172 with zero deaths. The exponential increase in cases indicates high transmission potential of infections in the peri urban communities.

Central region is made up of 26 districts, six of these districts have reported cholera cases. The districts are Cape Coast Municipal, Abura Asebu Kwamankese, Komenda Edina Eguafo Abrem, Twifo Hermang, Asekuma Odoben Brakwa and Mfantseman districts. The total population of these six districts is 727,928, while the entire region has a total population of 2,201,863 (Source: Ghana Statistical Service, 2016). The Cape Coast Municipal recorded 138 cases representing 80% of the total 172 cases reported as of 2 November 2016. Detailed epidemiological report is being prepared to describe and characterize the outbreak (WHO situation report 2 November 2016).

In response to the outbreak, on the 28 October an emergency National Technical Coordination Committee (NTCC) meeting was held to respond to the cholera outbreak. On 29 October, a multi-disciplinary national rapid response team (RRT) was deployed to the Cape Coast to support the response on the ground. The RRT conducted orientation for the regional and district response teams and established technical sub committees, which has aligned the coordination structures and harmonized cholera control interventions. Five technical sub-committees have been established including surveillance/laboratory, risk communication/social mobilization, WASH, case management/infection prevention and control, and coordination/logistics. The NTCC has developed a Cholera Contingency Plan, which will guide the response in the coming weeks and months.

In response to the outbreak, Ghana Red Cross Society (GRCS) is participating in national and regional level coordination mechanisms. GRCS is a member of the technical subcommittees and is sharing information with other stakeholders and is mentioned specifically in WHO situation reports. GRCS are well positioned to respond to the outbreak, having recently completed a 14-month cholera preparedness project, supported by DG ECHO and Swiss Red Cross in the Greater Accra region. GRCS will use the same field tested training and signature Sword and Shield methodologies in this response.

Summary of the current response

Overview of Host National Society

Ghana Red Cross has recognised capacity in cholera preparedness and response operations. Following the cholera outbreak in 2014/2015, Ghana Red Cross with technical support from IFRC and financial support from ECHO and Swiss Red Cross, successfully implemented a 14-month cholera preparedness and response project in Greater Accra region. While the current outbreak is in a different region, GRCS will adopt and duplicate interventions based on its recent experience.

The Sword and Shield strategy is a holistic approach, covering the whole process from case management, contact tracing, surveillance and social mobilisation activities that are all interlinked through a complementary structure and its timely approach has proven to be one of the most effective and efficient way of combating and containing cholera outbreak. The first level is of trained volunteers attached to health facilities, operating as cholera alert agents (1 per health facility). These volunteers collect real time information on new cases and immediately notify Sword and Shield WASH teams who respond in the households where the cases come from using WhatsApp and Magpi platforms on mobile phones. Once alerted, Sword teams provides direct intervention at household level within three hours of notification of a cholera case. The Shield team then conducts social mobilisation activities in the immediate location where the case was reported. As part of the ECHO/Swiss Red Cross project, some 120 volunteers from eight cholera hot spot districts received training on the Sword and Shield concept. This same strategy will be adopted in this Plan of Action for the Cape Coast outbreak.

The National Society is well placed to respond to this cholera outbreak, with demonstrated experience of Community-Based Health and First (CBHFA) and Beneficiary Communication (BenCom) training and projects in 2010-2015 and 2015-2016 respectively. Although, none of the communities that benefited from the BenCom project are currently affected by current outbreak, the National Society will adopt the same approach in its social mobilisation interventions.

Red Cross response to date

Since the outbreak was announced on the 26 October 2016, the Red Cross has been involved in the response. The regional branch engaged 80 volunteers in sensitisation, supporting cases to the health facilities and sensitizing affected communities on the outbreak. GRCS participated in the emergency National Technical Coordination Committee (NTCC) An emergency meeting on the 28 October, 2016. Recognising the capacity of the Red Cross, built by the ECHO and Swiss Red Cross supported project on Cholera preparedness and response in 2015 using the Sword and Shield strategy, the National Society was recommended to be part of the technical subcommittee for WASH activities, led by the Environmental Health Agency of Ghana. In addition, the GRCS is part of the technical subcommittee for social mobilization and risk communication.

To date, the 80 GRCS volunteers have undertaken work with some 400 affected households, with food vendors and public facilities. This work includes disinfection of contaminated households and public latrines, house-to-house awareness, case investigation and surveillance and referrals. The Red Cross has provided training for regional staff on how to prepare chlorine solution for disinfection and treatment.

On 2 November 2016, Red Cross activated Sword and Shield strategy after engaging and orientating 25 volunteers. Out of the 25, seven volunteers have been placed in seven health facilities as cholera case alert agents and the remaining 18 volunteers are seconded to the already existing WASH action teams, separated into Sword and Shield teams. All volunteers are provided with cell phones through which they produce activity reports using Rapid Mobile Phone-based Surveys (RAMP) on the Magpi system. A WASH WhatsApp platform was created as part of the Sword and Shield strategy for response.

The GRCS is part of the national-level subcommittee for social mobilization and risk communication for the response. The communication group held a meeting to revamp risk communication/social mobilization interventions. The team made a comprehensive plan and formed three groups, focusing on: general health promotion in the community; food safety education; and school-focused interventions. The team launched a WhatsApp platform that started disseminating key health education messages. Three local FM radio stations continue to air cholera prevention and control messages. In addition, WHO and GRCS deployed additional communication experts to bolster risk communication/social mobilization interventions.



Ghana Red Cross Volunteers doing household disinfection and education in Abra community on 2nd October 2016 Photo credit: GRCS

The Red Cross has prepositioned stock from its HQ and Greater Accra warehouse:

- 50 kg of hypo chlorine granules,
- 4 spray cans,
- 4 packs of Aqua-tabs boxes,
- 2 first aid kits,
- 100 pairs of hands gloves,
- 100 masks,
- 10 20 litres buckets with tap for hand washing,
- 50 hygiene kits (including soap, ORS and aqua tabs)
- And a variety of IEC materials on cholera.

Furthermore, the regional branch supported the Central Regional Hospital with two tents for use as cholera treatment centre.

Overview of Red Cross Red Crescent Movement in country

Movement Coordination

The IFRC has a WASH delegate based in Ghana who provides technical support to the National Society and will help to coordinate this response. In addition, technical support is also available from the Regional Cluster in Abuja, Nigeria as well as at the Africa Region. Coordination meetings are regularly held in country between the National Society, IFRC and Swiss Red Cross Society, the only partner national society with presence in Ghana. Similarly, coordination meetings are held through Skype between technical departments of the National Society and IFRC's country cluster, Africa Region and Geneva respectively.

Overview of non-RCRC actors in country

The main partners in the response to this outbreak are the Ghana Health Service and WHO. UNICEF is also present in country and is responding to the cholera outbreak.

Needs analysis, beneficiary selection, risk assessment and scenario planning

In general, Ghana regularly experiences cholera outbreaks. In 2014, Ghana reported one its worst cholera outbreak with over 29,000 cases and 250 deaths, with cases reported in 130 districts from all 10 regions of Ghana. The most affected regions were Greater Accra, Central, Eastern and Brong-Ahafo. Most cases emanated from urban metropolitan communities, normally associated with lack of access to water and sanitation as well as weak and or non-existent waste management systems.

Even though, there is no empirical evidence as to the main causative of the current cholera outbreak in Central region, clear hypotheses indicate likely transmission routes to be due to following factors:

- **Lack of access to potable water**, per rapid assessment findings by Red Cross on 2 November 2016, out of 74 public facilities assessed, only 44% of water sources were fully functional (providing water of acceptable quality and quantity with no disruption) 63% of the facilities sourced water from municipal water network.
- **Access to proper sanitation**; 47% of public facilities used flush (water based latrines) the remaining use pit latrine or open defecation, only 47% are found with handwashing stations, though without soap.
- **The lack of access to water and sanitation in public facilities** such as schools, open markets, health and religious institutions present the highest risks to cholera transmission and directly linked to personal and food hygiene.
- Furthermore, challenges related to; limited activities on risk communication/social mobilization interventions, infrastructural inadequacies in all cholera treatment centres e.g. limited beds designated to cholera patients, insufficient IPC acute shortage of personal protective equipment (PPE).

Based on above the transmission routes and risk factors, it could be concluded that the whole population of 727,928 people in affected districts are highly vulnerable to cholera. High risk communities include those living in slums with limited or no access to water and sanitation services, people utilising public facilities including open markets, schools, religious institutions, and people who attend social gatherings such as weddings, funerals and those dining in restaurants are particularly vulnerable.

Risk Assessment

Currently there is no serious security issue with potential to impact on the implementation of the activities. The GRCS headquarters will continue to monitor the situation and provide updates through SMS alert and information report. All visitors will be provided with a security welcome pack and on arrival, a security briefing. An Operational Security Risk Assessment will be made with the support of the IFRC Regional Security Coordinator. Safety and security of the volunteers and staff engaged in the operation will upheld by adhering to the appropriate security rules and procedures measures and provision of personal protective equipment.

B. Operational strategy and plan

Overall objective

Contribute to the reduction of mortality and morbidity linked to cholera disease outbreak within the affected communities of Central region of Ghana, through the provision of health, water, sanitation and hygiene activities.

Proposed strategy

The operation will target 252,000 people (63,000 households). At operational level the Red Cross response to ongoing cholera will be based on the Sword and Shield approach. GRCS aims at containing spread of cholera through timely and targeted response to affected households and communities within a radius of the affected households using a robust complementary team structures consisting of Sword teams targeting intervention at household level, Shield teams targeting intervention at community level, health facility cholera alert teams stationed at health facilities and information management unit.

The Sword teams will reach 1,800 families cholera with household disinfection, distribute household hygiene kits consisting of Oral Rehydration Solution (ORS), 450 g of soap, water purification tablets/sachets enough for 15 litres per person per day for 30 days' cholera awareness sensitization sessions at household level. The Shield teams will promote and demonstrate the use of household water treatment, distribute cholera promotional IEC materials with social mobilization through house to house, public meetings, mass media communication, improvement of WASH services of public facilities within the cholera affected communities.

The GRCS intervention will be embedded in the already established coordination structures and will have counterparts in the coordination and management strategic committee, Social Mobilisation subcommittee, Water, Sanitation and Hygiene (WASH) subcommittee and Health subcommittee.

The Red Cross will establish the following operational surge structures:

- **Allocate seven Cholera Alert volunteers** to be stationed in seven health facilities currently receiving cholera cases, each volunteer will be liaising with the outpatient department (OPD) and disease surveillance departments in each health facilities. Cholera Alert volunteers will alert the Sword and Shield teams immediately on any admitted suspected case through a created WhatsApp platform followed by a detailed case report shared on cell phones on Magpi platform using RAMP.
- **Establish four SWORD Teams with five members each** (a Water, Sanitation and Hygiene (WASH) team) specifically responsible for providing interventions at household level within a period of three hours after receipt of suspected cholera case. Teams will disinfect households where necessary, conduct cholera awareness sensitization sessions at household level; promote and demonstrate the use of household water treatment, distribute cholera promotional IEC materials; distribute household hygiene kit consisting of ORS, 450 g of soap, water purification tablets/sachets enough for 15 litres per person per day for 30 days; collect general assessment of household access to water, sanitation and type of livelihood.
The four Sword teams will be able to respond to 20 cases per day making a total of at least 1,800 cases within the next three months.
- **Establish five Shield teams of seven members each**, Ready for deployment within affected communities, teams will cover a two km radius, conducting social mobilisation using targeted messages through house to house visits, community meetings, school and churches and mass communication through radio using jingles and panel discussions; promotion of risk reduction activities e.g. handwashing stations in public latrines, schools, markets, restaurants and food vendors, public events/functions providing water treatment (bulk or household levels) as well as community profiling for risk identification and assessment (sanitation, water, environmental hygiene)
The Shield should be able to reach at least 4,200 people (1,050 households) per day and or 252,000 (63,000 households) within the next three months.
- **Establish an Information Management Unit**, each team will produce regular updates on each activity carried out, including maps and photos using standard reporting format. The data will be captured on a standard form uploaded using a cell phone which will be uploaded on Magpi using central platform where it is collated and shared to the team leaders in real time.
- **Eighty Red Cross volunteers** will be receiving training in different roles including social mobilisation approaches and how to convey key messages on health and hygiene promotion, different methods of water disinfection and treatment using hypochloride, the administering of oral rehydration, case surveillance and referrals and basic psychosocial support to affected families during house to house canvassing. While 80 volunteers will be trained, not all 80 will be engaged on the operation at all times. By retaining a pool of 80 volunteers, the operation will have guaranteed human resources for the duration of the operation.

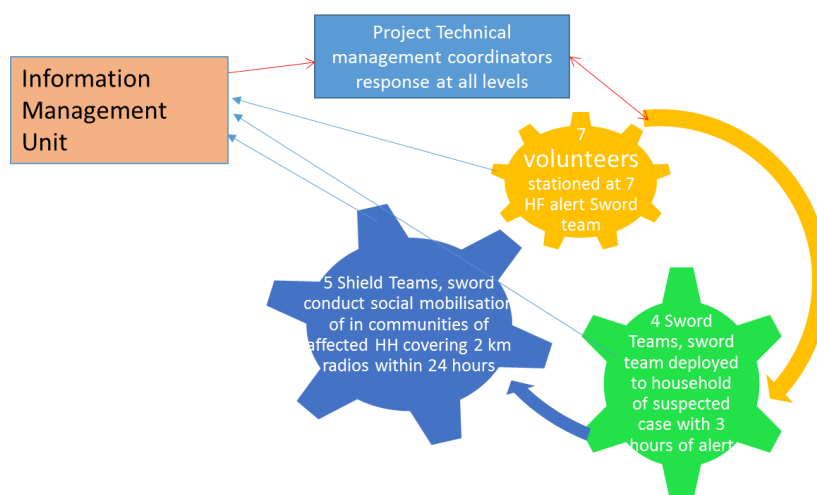


Diagram illustrating Red Cross surge operational strategy for the Ghana Cholera

Operational support services

Human resources

GRCS will use its already trained existing staff and volunteers for the response operation. GRCS has already deployed one National Disaster Response Team (NDRT) member. This NDRT member was the Project Officer for the ECHO/Swiss Red Cross funded cholera response and preparedness project for Greater Accra and will be deployed as DREF coordinator for this operation. The National Head Quarters has deployed the National Health Coordinator to setup the operational structure and led the initial rapid assessment process. The Health Coordinator is supported by the Information Management Officer, who will provide training and setup the RAMP communication structures for the operation. The regional office has deployed 80 youth volunteers, and members of the executive committees are also working closely with regional government authorities, creating an enabling environment for GRCS to carry out activities smoothly.

The IFRC WASH delegate, based in Ghana, is providing technical support and as well as liaison between GRCS and Movement and other partners. The in-country PNS, Swiss Red Cross, is ready to support with human resources, if required.

Logistics and supply chain

Logistics support will be provided following IFRC standard systems and procedures to source and procure required NFIs being supplied by the GRCS/IFRC pre-positioned stock in Accra warehouses. The in-country stock information is already shared with the team in the field. Stock distributed as part of this operation will be replenished through local procurement. In country, the IFRC Delegate is working in close coordination with the Regional Logistic Unit in Nairobi, Kenya. In addition to the distribution of relief items, logistics support is being given in developing standardized forms, papers and documentation in GRCS.

Information technologies (IT)

High speed Wi-Fi internet is available in the regional headquarters. Staff and volunteers in the field will be supported by 3G modems and internet data packages on smartphones, which will enable them to communicate electronically with the national headquarters; enabling sharing of real time information, reports and pictures. Rapid assessments will be carried out electronically through mobile application Magpi. Onsite and remote IT Telecom support will be provided by GRCS's ICT section.

Communications

The GRCS communications team works closely with IFRC Regional Communication Unit in Nairobi, Kenya to ensure the steady flow of information between operations in the field and major stakeholders, including media, Movement partners and donors. News stories on the disaster situation and beneficiary profiles will be highlighted through national

and international media as well as on GRCS online channels, www.redcrossghana.org and IFRC online channels including the official website, www.ifrc.org, and social media platforms.

The GRCS national headquarters will continually engage the local media outlets to highlight the Red Cross Red Crescent response. Regular flow of information will also be maintained between beneficiaries and respective GRCS response departments, to maintain transparency and address the immediate needs of the most vulnerable. The relief operation will maintain visibility in the field through appropriate branding such as banners and aprons to enhance awareness about the role of the National Society operations. Best practices will be captured and all efforts made to record case studies as the operation progresses.

Planning, monitoring, evaluation, & reporting (PMER)

PMER activities will be rolled out to ensure the quality of implementation throughout the operational management cycle. GRCS will be responsible for the day-to-day monitoring of the operation, primarily at the branch/unit level, however, GRCS national headquarters and the IFRC team will be supporting the implementation team as and when required.

GRCS and IFRC monitoring teams, including the National Disaster Response Team, will visit operation sites on a regular basis to measure the progress of the implementation and provide support for refinement on an ongoing basis. As a part of information management system, a beneficiary database will be developed to avoid duplication and to track assistance by the GRCS team. The database, along with the rapid needs assessment, will be conducted using mobile based technology; RAMP (Rapid Mobile Phone based Surveys, using mobile phones). IFRC will provide technical support from the Country Office, with support from various technical units in Country Cluster office in Abuja, Nigeria and regional office in Nairobi, Kenya.

A lesson learned workshop will be conducted for those involved in the response operation.

Administration and Finance

GRCS will ensure the use of financial resources in compliance with conditions specified in the Memorandum of Understanding between the National Society and the rules and procedures of the DREF. The operation will rely on existing financial management and administration systems in GRCS and IFRC.

Budget

See attached budget.

C. DETAILED OPERATIONAL PLAN

Quality programming

Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the cholera operation																	
Output 1.1 Initial needs assessment are updated following consultation with beneficiaries																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Training of 80 volunteers in Rapid Assessment Mobile Phones (RAMP) and using standard data collection forms 1 day																	
Conduct rapid assessment reports which provide data on affected population and their vulnerabilities																	
Output 1.2 The emergency plan of action is updated and revised as necessary to reflect needs																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
The emergency plan of action is updated and revised as necessary to reflect prevailing needs																	
Outcome 2 The management of the operation is informed by a comprehensive monitoring and evaluation system																	
Output 2.1 Monitoring information informs revisions of plan of action where appropriate																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Collection and analysis of activities through daily and weekly and monthly situation updates																	
Regular operation review (daily, weekly and monthly) based in accordance to evolvement of situation of out break																	
Procurement of 25 cell phones and airtime																	
Output 2.2 The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Conduct DREF evaluation and lesson learned workshop																	

Health & care

Outcome 1: The immediate risks to the health of cholera affected households are reduced																	
Output 1.1 Community-based disease prevention and health promotion is provided to the target population																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Contact Information

For further information specifically related to this operation please contact:

In the National Society

- **Ghana Red Cross:** Secretary General, Ghana Red Cross; email: redcrossghana@yahoo.com, Tel +233 020 6983284
- **IFRC Contacts:**
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For Resource Mobilization and Pledges:

- **In Africa Region:** Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Nairobi; phone: +254 731 984 117; email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

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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 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.

DREF OPERATION

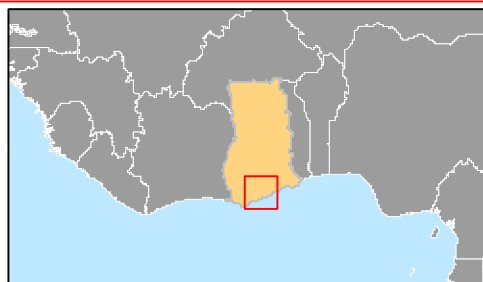
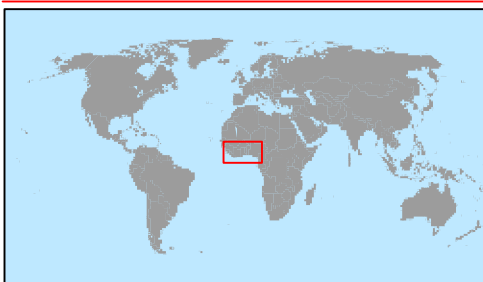
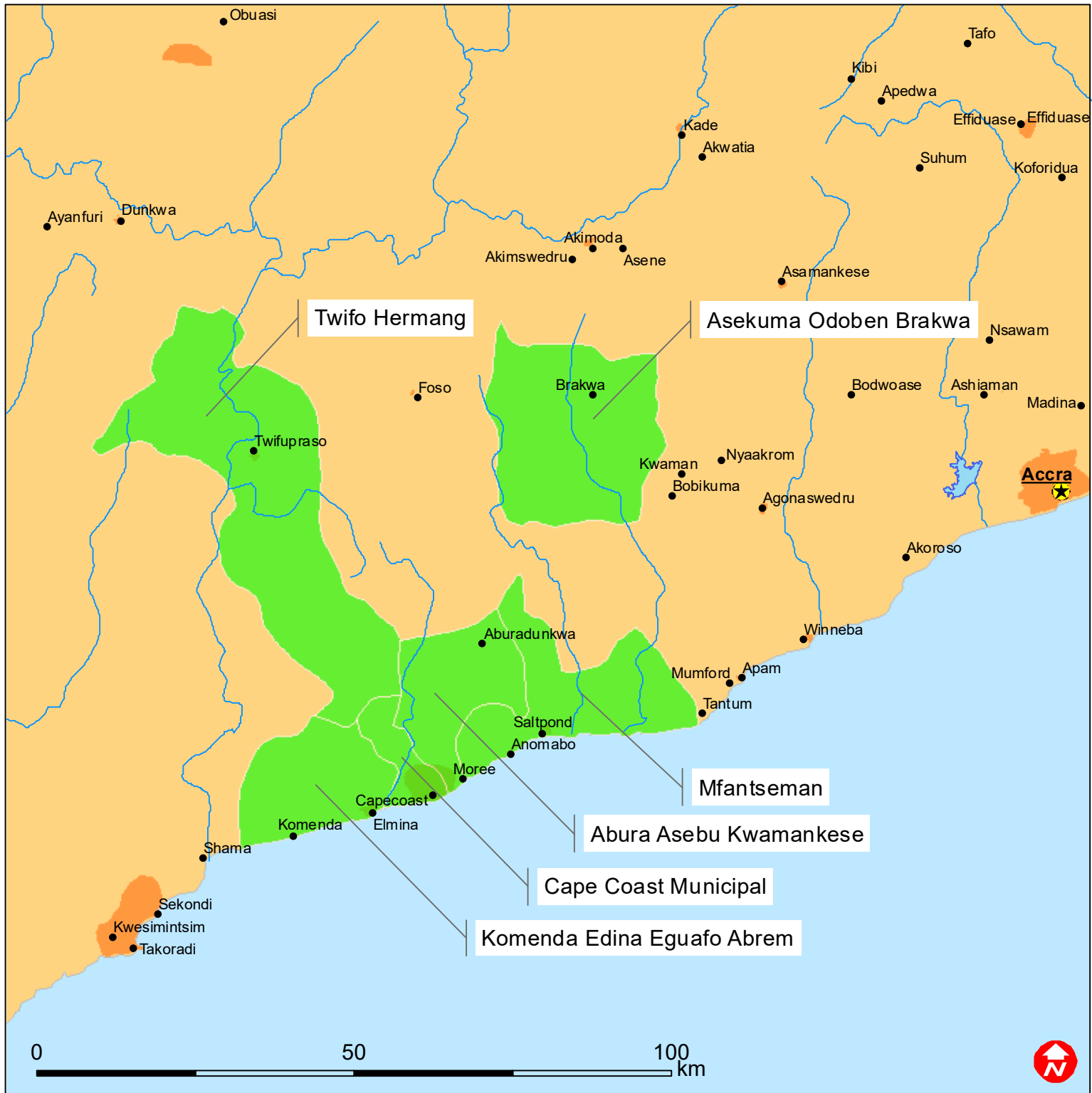
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MDRGH012: Ghana Cholera

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	45,234
Medical & First Aid	31,500
Teaching Materials	15,000
Utensils & Tools	1,250
Other Supplies & Services	3,000
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	95,984
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	2,400
Distribution & Monitoring	1,500
Transport & Vehicle Costs	3,000
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	6,900
International Staff	6,000
National Staff	0
National Society Staff	10,500
Volunteers	3,320
Total PERSONNEL	19,820
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	35,250
Total WORKSHOP & TRAINING	35,250
Travel	0
Information & Public Relations	1,000
Office Costs	0
Communications	900
Financial Charges	1,500
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	3,400
Programme and Supplementary Services Recovery	10,488
Total INDIRECT COSTS	10,488
TOTAL BUDGET	171,842



Ghana: Cholera



- Affected Districts
- Urban area