

Emergency Plan of Action Final Report

Ghana: Floods in Upper East Region

DREF operation	Operation n° MDRGH015
Date of Issue: 04 July 2019	Glide number: FL-2018-000154-GHA
Date of disaster: 10 September 2018	
Operation start date: 25 September 2018	Operation end date: 31 January 2019
Host National Society: Ghana Red Cross Society	Operation budget: CHF 174,724
Number of people affected: 31,903 people (5,317 households ¹) of which: 21,336 people (3,556 households) in Upper East Region and 10,567 people (1,761 households) in Northern Region	Number of people assisted: 9,000 people (1,500 households)
N° of National Societies involved in the operation: One (Swiss Red Cross Society)	
N° of other partner organizations involved in the operation: Four (National Disaster Management Organization (NADMO), Ghana Health Services, Local governments, and World Vision)	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of Ghana Red Cross Society, would like to extend thanks to all for their generous contributions. To note, the Canadian Government through its National Society, contributed to replenishing the DREF for this operation.

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 in 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 Bawku 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

¹ 6 people per household in these regions.

9 districts, thus 10,567 people, were also affected leading to a total of 31,903 people (5,317 households) affected in both regions.



Destroyed house



Temporary shelter for a displaced family



Inundated farmland

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 deaths and 1 missing. About 487 houses were destroyed, whilst about 7,757 houses were partially destroyed by the floods.

In view of the above, Ghana Red Cross Society (GRCS) received funding from the DREF amounting to CHF 174,724 to meet the urgent needs of the affected communities and assisted 1,500 households focusing on shelter, Non-Food Items (NFI), Water, Sanitation and Hygiene (WASH) and health through an [emergency operation](#).

In early December 2018, an [operations update](#) was issued, granting a no-cost one-month timeframe extension to this operation till 31 January 2019. This extension was to enable completion of distribution of relief items, complete community engagement and social mobilization activities, and reporting and lessons 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. The overall timeframe for this operation was four months.

Summary of 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 resulted in effective and efficient implementation of the DREF plan.

With regards to the floods in Upper East region, GRCS actively worked with NADMO to conduct assessments in the affected communities to determine the impact of the floods. The GRCS engaged 100 volunteers who conducted health and hygiene promotion and assisted 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, Kologu Zuo and Sandema communities in Upper East region who were displaced by the floods. However, due to lack of prepositioned materials, the NS was not able to provide additional support to the affected communities.

With support from the DREF, the NS implemented Shelter, Health and WASH activities including training of 100 volunteers from 23 communities on how to conduct community social mobilization and promotion of health and hygiene activities and community-based disease surveillance. A total of 10,000 people were reached with RC health interventions. In addition, NS distributed household items (blankets, mats, plastic buckets, jerry cans, hygiene kits, kitchen sets, and aqua tabs to 500 affected households. NS also 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), worked closely with the National Society by supporting its staff and volunteers in all the planned activities. The IFRC 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 as part of its contribution in this response.. 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. NADMO was unable to cope with the increasing needs resulting from the continuous rains and later the dam spillage. As such, it appealed to corporate bodies and non-governmental organizations to complement 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 to be replenished. Despite a public appeal from NADMO, no comprehensive in-depth assessment was conducted by any agency after the floods, making it difficult to have an appreciation of the magnitude and impact of the floods. The GRCS conducted a detailed assessment in collaboration with District Directors and Zonal Coordinators of NADMO.

Needs analysis and scenario planning

An in-depth assessment was conducted and indicated that affected families, especially those whose houses had been destroyed, were in urgent need of assistance to 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 highlighted in the in-depth assessments were in the areas of shelter and related household items, health and WASH as indicated in the [Operations update](#).

Target beneficiaries

According to the results of the assessment, GRCS focused on supporting families whose households had been destroyed. Thus, as part of this operation, GRCS supported 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 supported 1,500 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 covered the gaps left by government efforts and other stakeholders. A total of 1,500 households were 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 1500 targeted households, 500 households (3,000 people) whose houses have been totally destroyed received NFIs assistance.

Scenario planning

This DREF operation was based on the scenario that the torrential rains would quell down, reducing the number of people or property at risk of floods and no disease outbreak is declared. In response, the National Society implemented activities as laid out in the [EPoA](#) published at the launch of this operation.

Risk Assessment

The staff and volunteers' risks faced in implementing this DREF, include:

- Some roads, bridges, were destroyed by the rains and posed potential risks during movement of staff and volunteers.
- The walls and foundations of some of the houses were unstable, hence, posed a threat to staff and volunteers when interacting with communities.
- The high level of stagnant water presented potential hazards during the movement of staff and volunteers as they were likely to fall in open pits or get hurt by any obstacles including broken bottles during movement.
- Most of the main water within the affected communities were contaminated or exposed to potential contamination. Similarly, the damaged sewage network and inundated septic tanks and pit latrines posed major health risks which equally affect staff and volunteers during the operation.

The risk mitigation measures that were put in place included:

- Movement of staff and volunteers was coordinated based on clearance of any security threat related to road accessibility, infrastructure and environmental conditions.
- All volunteers were insured for the duration of the operation.
- All operations field teams were provided with safety gears, safe water and food packages and avoided using latrines which were unsafe.
- Volunteers were trained on Epidemic Control by Volunteers to strengthen community surveillance and hygiene promotion. Volunteers received orientation including awareness on safe hygiene measures to prevent food and water borne diseases.
- Regular safety and security briefings were conducted.

B. Operational strategy²

Overall Operational objective:

The overall objective of the operation was 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.

Proposed strategy

This DREF operation aimed to support the NS to provide assistance to a total of 500 households. The operation focused on 23 most affected communities of Bawku Municipality, Talensi and Bawku West Districts (Upper East Region of Ghana) within the four months duration of this operation (25 September to 31 January 2019).

Table 1: Affected Districts and communities

District	Communities	# of families
Bawku Municipal	<ul style="list-style-type: none">MognoriGentiaga no.1&2ZabuguBaribariGozefiKpelwega	190
Bawku West	<ul style="list-style-type: none">SalpiiguGozongoGoogo/SakpareGalakaGbugula-Tari	160
Talensi	<ul style="list-style-type: none">WinkogoYinduriKolpegaGorogoTongoDatokoYamenga	150
Total		500

The operation had 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 was done by implementing activities in the areas of focus below:

- Shelter:** GRCS complemented government efforts and provided immediate shelter needs of **500 households** whose houses were completely or partially destroyed because of the floods and dam spillage. The shelter package included the following items: **blankets (2 per family³), kitchen sets (1 per family) and 2 mats (2 per family)**. Provision of standard IFRC shelter kits provided to 500 families, supposed to include kits include 2 tarpaulins, nails, rope, spade, and hammer, could not be carried out as these needs had already been addressed by other partners at the time of implementation.
- Health:** GRCS, had setup community based oral rehydration posts (ORPs), which functioned as community-based disease surveillance systems (CBS) to monitor any eventual disease outbreak. These health posts had a link to the nearest health facility within their geographical areas. Regarding malaria prevention, the Ministry

³ Because there are 6 people per household in these areas.

of Health had 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 were added to GRCS emergency stock for future use. Nevertheless, community awareness and prevention on malaria continued to take place as part of the community social mobilisation activities. Intensive health and hygiene awareness campaigns through house to house, public meeting and radio slots were carried out.

- **Water, Sanitation and Hygiene (WASH):** To ensure access to safe water supply, GRCS 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, sanitary packs, toothbrushes and toothpaste)** were distributed to the affected households. One hundred volunteers were 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 conducted at least two clean up campaigns per month per community covering 23 communities. 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 had already been addressed by other partners, hence this activity was not part of the operation.

Community Engagement and Accountability

Community engagement and accountability (CEA) was an integral part of this operation, through already existing capacity. 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 (radio, traditional leaders, teachers, youth and women groups) by communities, such as radio health messages were shared with the targets.

A feedback and complaints system was also established in consultation with communities and advertised widely to ensure everyone was aware of the system and was comfortable using it. These feedbacks were critical for identifying at-risk behaviours on cholera and hygiene as well as identifying issues related to integrity in communities during distribution activities.

Human resources

The DREF deployed three (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 planned activities in the Upper East region, supported by District organisers stationed in each district. Volunteers were deployed in each affected community and supported all related DREF activities. At HQ level, the National Disaster Management Coordinator oversaw all DREF activities with technical 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 logistic and procurement procedures. Where possible, this DREF operation sourced most relief goods locally whilst ensuring materials met the minimum standards of quality and social appropriateness by the affected communities. GRCS had a dedicated Logistic focal person supported by 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 all the affected regions with Red Cross operations. Staff and volunteers in the field were supported by 3G modems and internet data packages on their smartphones which enabled them to communicate electronically with NHQ, to transmit all kind of data in real time. Continuous assessments were carried out electronically through mobile applications, e.g. Magpie. Onsite and remote IT Telecom support were ensured by the GRCS Information Management Unit.

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 donors and provided regular and consistent updates on the emergency. News stories on the disaster situation and beneficiary profiles were highlighted through national and international 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 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 addressed 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 was; at regional level, the operation officer reports to the regional manager and technical consultations with National Disaster Management Coordinator, at National level the management team consisted of heads of disaster management, finance and administration led by the head of health and care and communication, with technical advice from 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. GRCS and IFRC monitoring teams, including the RDRT, had regular operation sites visit to monitor progress and to provide field support to the teams. As part of information management system, a beneficiary database was developed to avoid duplications and to track support by the GRCS team. The database along with all needs assessment was conducted using mobile based technology; RAMP (rapid assessment using mobile phone). Assessments were carried out by trained volunteers to ensure skills transfer on the use of RAMP. IFRC country office, with support from the various technical units in Cluster office in Abuja, Nigeria and Regional office in Nairobi, provided technical support to GRCS.

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

	<p>Shelter</p> <p>People reached: (2900 people- 500 households)</p> <p>Male: 1,434</p> <p>Female: 1,466</p>	
<p>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</p>		
<p>Output 1.1: Short-term shelter and settlement assistance is provided to affected households</p>		
Indicators:	Target	Actual
# of households supported with shelter kits	500	0
# of blankets and mats procured and distributed	1,000	1,000
# of kitchen sets procured and distributed to households	500	500
# of monitoring field trips conducted	2 HQ, 6 Regional, 6 districts	1 HQ trip, 6 regional trips, 6 district trips
Community briefing on how to safe use of shelter kits before distribution	500 HH	1000 HH
Procurement and distribution of 500 shelter kits	500 HH	500 HH (procurement)
Procurement and distribution of 1,000 blankets (2 per HH) and 1,000 mats (2 per HH)	1,000 blankets, 1000 mats	1,000 blankets, 1,000 mats
Procurement and distribution of 500 kitchen sets	500	500
Monitoring of the use of distributed shelter and household items	500	500
Provided evaluation of the shelter support	500	500
Narrative description of achievements		

The operation supported 500 households with NFIs including blankets, mats, and kitchen sets to mainly vulnerable men and women who had been displaced by the flood water and evacuated and sheltered in schools and or religious institutions (churches and mosques). Beneficiary registration and ration cards were developed and used for the distribution of the non-food items. The NFI items included: blankets (2 per family 4), kitchen sets (1 per family) and 2 mats (2 per family).

Provision of standard IFRC shelter kits were to be provided to 500 families. However, they could not be carried out as these needs had already been addressed by Swiss Red Cross and the government at the time of implementation. These shelter kits were supposed to include 2 tarpaulins, nails, rope, spade, and hammer.

Monitoring field visits were conducted at headquarter, regional and district level. The headquarter monitoring visit was only one compared to the target because the Swiss Red Cross paid for one of the HQ monitoring visits.



Challenges

- There were delays in procurement of relief items therefore exposing the affected communities to hardship.
- Difficulty in accessing some of the affected communities due to bad terrain and the severity of the situation.
- Weak inter-agency coordination setup by agencies involved in provision of shelter sector.
- A call for multi-sector assessment failed as there was no consensus among the various agencies, as NADMO thought the assessment presented was quite authentic enough and therefore no assessment was needed.
- Due to the absence of comprehensive assessment some of the community needs including cultural perceptions, gender based, and disability needs were not fully addressed.
- Additionally, it was realised that the IFRC shelter kits was not applicable to the relevant context and this created implementation challenges.

Lessons Learned

Some of the challenges outlined above could have been addressed or avoided if there was strong inter-agency coordination to ensure complimentary planning and implementation strategies by all stakeholders. The operation should have conducted stakeholders mapping to determine who is doing what, where, and how to define a response gap.

Ghana Red Cross should consider having emergency stock for immediate deployments in case of disaster and only use the DREF funds for replenishment of deployed items. In addition, Ghana Red Cross should strengthen its country-based surge capacity (NDRT) in both sector-based skills e.g. shelter assessment, response and general emergency coordination.



Health

People reached: 10,000 people (1666 households)

Male: 3,600

Female: 5,400

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

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

Indicators:	Target	Actual
# of people reached with RC health interventions	9,000	10,000
# of volunteers trained and deployed in target communities	100	100
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	23	23
# of community-based First Aid points with ORS established	22	22
# of mosquito nets procured and distributed to families	1,000	1,000

Narrative description of achievements

Because of the floods, there was a high risk associated with public health diseases including cholera and other diarrheal diseases which were already prevalent in the affected region. To reduce associated risks, this DREF operation setup community resilience capacities by establishing 22 community-based health and first aid posts, which was providing Oral Rehydration Management posts and establishing a community-based disease surveillance network in all target communities. These health posts had a link to the nearest health facility within their geographical areas.

Through this DREF operation, one hundred volunteers were trained and subsequently provided with health hygiene promotion services reaching over 10,000 people(1,666 HHs). The collaboration between the Ghana Red Cross Society and Ghana Health Services has been further strengthened in the area of volunteering training. The performance of the volunteers exceeded the target that was set for them on the hygiene promotion exercise and with all 100 volunteers participating.

The operation procured 1,000 mosquito nets intended for distribution to benefit most vulnerable including lactating and pregnant women, the elderly, female headed households and children under 6 years. However, it was later found that the Ministry of Health had already distributed mosquito nets to all the target beneficiaries through the government's Roll Back Malaria programme. The procured mosquito nets (1,000 pieces) have been reserved as contingency stock for future eventualities. The targeted quantity of mosquito nets procured was achieved. Nevertheless, community awareness and prevention on malaria continued to take place as part of the community social mobilisation activities. Intensive health and hygiene awareness campaigns through house to house, public meeting and radio slots were carried out.

Challenges

- Training volunteers and deployment of volunteers was delayed due to long process and disbursement of funds from IFRC to NS and from NS headquarters to the affected region in-country.
- There was no follow-up to determine quality and effectiveness and impact of social mobilisation activities conducted by volunteers.
- Weak inter-agency coordination setup by agencies involved in provision of health sector.

Lessons Learned

There should be continuous social mobilisation activities linked to ongoing long-term development programmes implemented in the region by Ghana Red Cross Society and other stakeholders.

It is imperative for GRCS to create country-based funding mechanisms to be at immediate disposal of emergency operations to respond promptly to the affected households.

Weak inter-agency coordination setup could have been addressed or avoided if there was a strong coordination to ensure complimentary planning and implementation strategies by all stakeholders.



Water, sanitation and hygiene

People reached: 10,002 people (1,667 households)

Male: 3,600

Female: 6,402

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

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of households reached with WASH Interventions	500	500
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 and 500 jerry cans
Repair and disinfect of 30 water points include flushing of 6 hours, disinfection with chlorine and minor repairs	30	0
# of handwashing, anal cleansing and menstrual hygiene disposals equipment provided	30	500 (menstrual hygiene disposal equipment) 0 (handwashing and anal cleansing equipment)
% of household latrines rehabilitated	70%	0
# of public institutional latrines dislodged	30	0
Train volunteers in health hygiene promotion	100	100
Households reached with hygiene messaging through house to house	500	1,667
Conduct public awareness through mass media, radio and television (slots)	8	4
Distribute hygiene kits to vulnerable households	500	500
Train beneficiaries on the content of supplied kits distributed	900	900

Narrative description of achievements

A total of 1,667 affected households were provided with hygiene promotion and awareness activities. Of the 1,667 households, 500 households or 3,000 people benefited from WASH related NFIs. The beneficiary selection criteria included the following criteria: displaced families (homes damaged or submerged) and essential household NFIs damaged/lost, elderly, pregnant and lactating women, female headed households and households with under-fives and

people with disabilities. Each household received 1 20L bucket, 1 20L jerry can and 30 water purification tablets to be used for one month to be used for one . The distribution of aqua tabs, hygiene kits and the number of people trained to use the hygiene reached all the set targets.

To ensure access to safe water supply, GRCS 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. Affected households were educated on the use of aqua tabs as well as the contents of hygiene kits and the number of households reached exceeded the target that was set before the exercise. 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, sanitary packs, toothbrushes and toothpaste) were distributed to the affected households.

One hundred volunteers were 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 conducted at least two clean up campaigns per month per community covering 23 communities. At the time of implementation of this DREF operation the need for rehabilitation of 30 water points and disinfection of 30 water points and desludging of 30 institutional latrines, and 30 handwashing and anal cleansing had already been addressed by other partners. In addition, at the time of the DREF implementation the plan was 70% of household latrines are rehabilitated, however, this was covered by other partners.



Challenges

- The beneficiaries were scattered in various locations making difficult and challenging to deploy standard WASH emergency kits e.g. KIT 5, in position with Ghana Red Cross Society.
- After further assessment, the need for rehabilitation of boreholes and desludging of latrines was no more a prevailing need. Furthermore, there was limited progress on households who were able to rehabilitate or reconstruct their private latrines, priority was shifted to recovery of overall shelter needs, livelihood and food security.

Lessons Learned

It is imperative for priority to be focus on immediate humanitarian needs rather such as emergency latrines, provision of water rather than activities that seem to be of long-term recovery. In addition, continue refresher training of volunteers on health and hygiene promotion outside of emergency setting.

D. THE BUDGET

The overall budget for this DREF operation amounts to CHF 174,724 of which CHF 92,783 (53.10%) was utilized. A balance of CHF 81,941 will be returned to the DREF.

An explanation of the variances (Above or less than 10% of budgeted lines) are addressed in the table below.

Description	Budget in CHF	Expenditure in CHF	Variance Explanation
Relief items, Construction, Supplies			
Shelter – Relief	25,000	0	This budget line item was unspent because the need was already addressed by other stakeholders at the time of implementation.
Water, Sanitation & Hygiene	48,450	14,751	This budget line item was underspent by CHF 33,699 because some activities like desludging of latrines and rehabilitation of water points could not be implemented as it was no longer needed at the time of implementation.
Medical & First Aid	100	4,791	This budget line item was overspent by CHF 4,691 because procurement of ORS was part of the content for Hygiene Kits spent under budget line Hygiene Kits supply account code 5703, activity AP026.
Teaching Materials	2,460	0	This budget line item was not used because the teaching materials were used from the contingency stock.
Logistics, Transport & Storage			
Transport & Vehicles Costs	1,800	5,419	This budget line was overspent by CHF 3,619 because transport costs were underestimated due to distance to implementation areas to conduct key activities such as community engagement, beneficiary registration and distribution.
Personnel			
International Staff	16,000		This budget line was not spent because the planned deployment of surge capacity was cancelled after realising the local level capacity.
National Staff		1,258	This budget line was overspent by CHF 1,258 because of the deployment of support from the cluster, which was not budgeted during planning..
National Society Staff	4,000	6,054	This budget line was overspent by CHF 2,054 because of wrong posting of none related expenses including identification, registration, distribution of relief items which were budgeted under account 667.
Workshops & Training			
Workshops & Training	12,000		This budget line item remained unspent because funds used to train 100 volunteers was pre-financed by Swiss Red Cross prior to DREF release. .
General Expenditure			
Travel		1,700	This budget line item was overspent by CHF 1700 because of Cluster support mission that was unforeseen, but travel required for monitoring of this DREF operation.
Information & Public Relations	1,000	1,284	This budget line item was overspent by CHF 284 because of the costs for health and hygiene education and mass media radio education contracts which was higher than what was budgeted for.
Office Costs	600	830	This budget line item was overspent by CHF 230 because of the one-month extension resulted in increased office costs.
Communications	900	16	This budget line item was underspent by CHF 884 because of the one-month extension which incurred additional communication costs not foreseen in the initial plan.

Contact information

For further information, specifically related to this operation please contact:

National Society

- **Ghana Red Cross Society:** Secretary General, Ghana Red Cross; email: redcrossghana@yahoo.com, phone: +233 020 6983284

In the IFRC

- **IFRC Country Representation Office:** Abel Augustino, WASH delegate in Ghana; Accra; Phone: +233 56 025 0163; email: abel.augustinio@ifrc.org
- **IFRC Head of Cluster, West Coast:** Ruben Cano, Head of Cluster, West Coast Region; Abuja, Nigeria; phone: +2348186730823; email: ruben.cano@ifrc.org
- **FRC Africa Region:** Adesh Tripathee, Head of DCPRR Unit; Nairobi; Kenya phone: +254 202835000; email: adesh.tripathee@ifrc.org
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

In IFRC Geneva :

- Karla Morizzo, DREF Senior Officer, DCPRR Unit Geneva; email: karla.morizzo@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Franciscah Cherotich Kilel, Senior Officer Partnership and Resource Development, Nairobi, email: franciscah.kilel@ifrc.org;

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Africa Regional Office:** Fiona Gatere; PMER Coordinator; email: fiona.gatere@ifrc.org;

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.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2019/05	Operation	MDRGH015
Budget Timeframe	2018/09-2019/1	Budget	APPROVED

Prepared on 20/Jun/2019

All figures are in Swiss Francs (CHF)

MDRGH015 - Ghana - Dam Spillage in Upper East Region

Operating Timeframe: 25 Sep 2018 to 31 Jan 2019

I. Summary

Opening Balance	0
Funds & Other Income	174,724
DREF Allocations	174,724
Expenditure	-92,783
Closing Balance	81,941

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	69,225	15,029	54,196
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	9,692	2,101	7,590
AOF5 - Water, sanitation and hygiene	66,147	70,875	-4,728
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	145,064	88,005	57,059
SFI1 - Strengthen National Societies	9,106	2,839	6,267
SFI2 - Effective international disaster management	17,360	1,194	16,165
SFI3 - Influence others as leading strategic partners	3,195	519	2,677
SFI4 - Ensure a strong IFRC		226	-226
Strategy for implementation Total	29,660	4,778	24,882
Grand Total	174,724	92,783	81,941

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2019/05	Operation	MDRGRH015
Budget Timeframe	2018/09-2019/1	Budget	APPROVED

Prepared on 20/Jun/2019

All figures are in Swiss Francs (CHF)

MDRGRH015 - Ghana - Dam Spillage in Upper East Region

Operating Timeframe: 25 Sep 2018 to 31 Jan 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	115,010	57,713	57,297
Shelter - Relief	25,000		25,000
Clothing & Textiles	34,000	33,486	514
Water, Sanitation & Hygiene	48,450	14,751	33,699
Medical & First Aid	100	4,791	-4,691
Teaching Materials	2,460		2,460
Utensils & Tools	5,000	4,685	315
Logistics, Transport & Storage	1,800	5,419	-3,619
Transport & Vehicles Costs	1,800	5,419	-3,619
Personnel	32,350	20,569	11,781
International Staff	16,000		16,000
National Staff		1,258	-1,258
National Society Staff	4,000	6,054	-2,054
Volunteers	12,350	13,257	-907
Workshops & Training	12,000		12,000
Workshops & Training	12,000		12,000
General Expenditure	2,900	3,418	-518
Travel		1,700	-1,700
Information & Public Relations	1,000	1,284	-284
Office Costs	600	830	-230
Communications	900	16	884
Financial Charges	400	-412	812
Indirect Costs	10,664	5,663	5,001
Programme & Services Support Recover	10,664	5,663	5,001
Grand Total	174,724	92,783	81,941