
DREF operation n° MDRGH005
GLIDE n° EP-2011-000178-GHA
4 July 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 86,464 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 18 December, 2011 to support the National Society in delivering immediate assistance to some 20,000 households (100,000 beneficiaries) affected by the yellow fever outbreak in 8 regions of Ghana for 3 months.

Ghana Red Cross Society mobilized and trained 260 volunteers to carry out social mobilization for the vaccination activities. As the leading organization for social mobilization during emergencies and national immunizations, the Ministry of Health rely heavily on the Red Cross volunteers to mobilize communities for health preventive measures and surveillance in their communities.

These trained volunteers reached 20,000 households with an average family size of 5, i.e. 100,000 populations reached with health messages on yellow fever and its prevention, including environmental cleanliness. Yellow fever related IEC materials were adopted, printed and distributed to 15,500 people. Radio jingles and TV discussions were broadcast in local dialect on the importance of sleeping under long lasting insecticide nets, hygiene and environmental sanitation during the period.

Advocacy visits/meetings were paid to key partners such as Ministry of health, WHO, traditional and religious leaders as well as to heads of school. This approach motivated communities to support the Red Cross work.

ECHO and the Canadian Red Cross replenished this DREF allocation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the



Red Cross volunteers at work/ Photo GRCS

European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the national society, would like to extend thanks to all for their generous contributions.

[<click here for the final financial report, or here to view contact details>](#)

The situation

The index case reported from the Kassena-Nankana-West district was a 12 year-old boy who was going with his father to his farm in a forest bordering Burkina Faso. The symptoms started on 11 October, 2011 and progressively got worse until he died in Sandema Hospital on 18 October 2011. District outbreak teams investigated the affected areas but they did not find any additional cases.

On 20 December 2011, the Ministry of Health of Ghana declared yellow fever (YF) outbreak in the country. The cases were recorded in 3 districts, namely Builsa and Kassena-Nankana-West in the Upper East Region and Kitampo-South in the Brong Ahafo Region located in the mid-western part of the country. This disease spread over to 8 regions out of 10. A total of 3 laboratory-confirmed cases, including 7 deaths had been reported by yellow fever surveillance, with the clinical syndrome of fever and jaundice. In November 2011, the Ministry of Health carried out a preventive vaccination for the phase which targeted 5.8 million people covering 43 districts (8 regions).

In January 2011, the Ghana Red Cross with support from the IFRC embarked on an ambitious house-to-house health education exercise on yellow fever targeting over 20,000 families (100,000 beneficiaries) in the 8 affected regions at risk of contracting the disease. This intervention by the Red Cross was carried out on time to contain the outbreak that was spreading fast amongst a population that mostly ignores the disease, its causes, modes of contamination and prevention. An important part of the vulnerable population have been vaccinated against yellow fever following social mobilization activities of volunteers who have been encouraging people to turn up for vaccination.

The intervention of Red Cross volunteers has significantly increased the reported cases from 20 to 52% in March. It has also helped reduce the number of death to 1 in March. The number of confirmed cases did also drop following the intervention.

Coordination and partnerships

Ghana Red Cross Society is a member of the Emergency Health Committee and also the Epidemic Management Committee set up by the Health Sector Emergency preparedness and response Advisory Committee of the Ministry of Health. The National Society has been assigned the lead role in social mobilization during emergencies. It also collaborates with the Ghana Health services, WHO, UNICEF, UNFPA and the National Disaster Management Organization that are members of the Epidemic Management Committee.

The International Federation, through its delegation in Abidjan, Côte d'Ivoire, continues to work closely with the National Society by supporting its staff and volunteers in all Red Cross activities and ensuring that management as well as operational issues are directed and implemented according the principles and core values of the Red Cross Movement to meet the needs of the most vulnerable. A regional disaster response team (RDRT) member was deployed to assist the National Society to effectively implement the DREF operation as part of the collaboration between the National Society and IFRC.

Red Cross and Red Crescent action

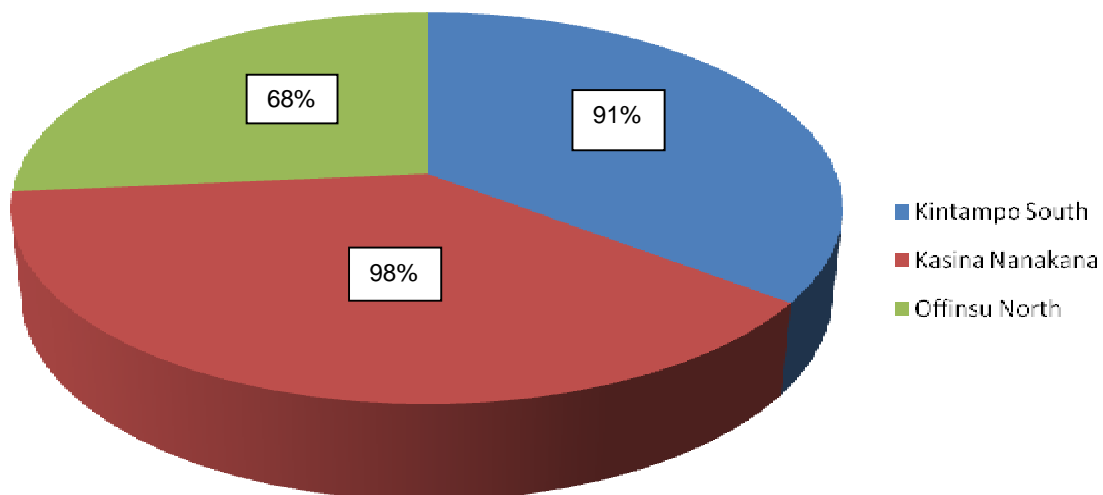
GRCS with support from IFRC responded to the yellow fever outbreak in the Greater Accra, Brong Ahafo, Volta, Asanti, Northern, Eastern, Upper East and Upper West regions. As an auxiliary to the government, and a lead volunteer organization, GRCS supported the effort of the Ghana government by providing assistance to the most vulnerable community members in eight regions in 43 districts.

Some 260 volunteers were trained to reach 20,000 households with yellow fever prevention messages. The operation targets behavioral change and as the largest volunteer based organization in the country, social mobilization which is regarded as being important in addressing the spread of yellow fever. GRCS Volunteers in the selected communities of with support from IFRC carried out health education throughout the period of this operation using IEC materials adopted from the Ghana Health Service and the existing ECV materials on yellow fever for social mobilization. Jingles, TV and Radio messages were also used to mobilize communities for the vaccination. GRCS was represented at the Multi-sectoral Epidemic Preparedness and Response coordination meeting at the national level to indicate the Red Cross support.

There was reactive vaccination in April 2012 in Kintampo South in the Brong Ahafo region, Kasina Nakana districts in the Upper East Region and Offinsu North in the Asanti Region due to increased reported cases in these districts after the first phase of vaccination in November 2011. Kintampo South, Kasina Nakana districts benefited from the DREF training on the ECV. However, Offinsu North district did not benefit from the training. Coverage rate was encouraging in districts where Red Cross mobilizes communities for the vaccination.

The following coverage percentages were recorded during the vaccination campaign:

Percentage of coverage



Ghana Red Cross Society as the lead agency in social mobilization in emergencies mobilized 260 volunteers in the affected districts to assist Ghana health services (GHS) staff to conduct house-to-house health education, case tracing and clean up campaigns. The National Society intensified its humanitarian activities by mobilizing and training her volunteers in the most vulnerable communities. These volunteers trained with the ECV manual were equipped and deployed to carry out house-to-house sensitization activities on good hygiene and sanitation practices, risk factors prevention and control, uptake of yellow fever vaccination, symptoms identification and steps to take if a case is detected as well as early referral to health facilities. Volunteers are equipped and will effectively carry out epidemic outbreak prevention activities in the future.

Achievements against outcomes

Emergency health	
Outcome: 75 most vulnerable communities have increased their resilience to yellow fever outbreaks.	
<p>Outputs Over 90% of the districts visited by the Red Cross have contained the spread of Yellow Fever and the population are aware of the epidemics.</p> <p>All Red Cross activities are implemented in a coordinated way thus avoiding duplication of services with other actors. Red Cross experience is also shared with others at coordination meetings and during surveillance, reporting, response and advocacy activities at national and district levels.</p>	<p>Activities planned</p> <ul style="list-style-type: none"> • Participate actively at coordination meetings at national and local levels to get the relevant statistics; • Train 10 regional managers on hygiene and sanitation case tracing and case referral; • Rapidly mobilize and orientate 260 Red Cross volunteers from 14 districts on hygiene and sanitation, surveillance and case referral using the Epidemic Control for Volunteers tool kit. • Distribute 15,000 assorted IEC materials to targeted communities; • Collaborate with the MoH and GHS, WHO, UNICEF, and other members of the EMC in efforts to engage in community yellow fever prevention activities such as surveillance, referrals, sensitization, education and immunization (vaccination); • Deploy an RDRT health from Sierra-Leone to support the Ghana Red Cross in the management of the epidemic (January-March); • Monitoring team from West Coast regional office and Africa office visited the National Society and affected districts to monitor the DREF implementation and provided technical support to the National Society and volunteers in the field.

Social mobilization: In the wake of the outbreak of yellow fever in some districts in the country, 14 districts were selected for public health education. A total of 260 Red Cross volunteers each of the districts with 20 volunteers per district. The topics treated during the orientation sessions included the signs and symptoms, causes, transmission modes, prevention, vaccination, and vector control. The participants were also reminded of health education, social mobilization and counselling techniques in the event that some community members are reluctant to go for vaccination. They were also given a reporting format designed for the campaign. After the training the volunteers were given IEC materials such as yellow fever posters and leaflets to stick up as well as a T-shirt each for the campaign. The orientation was carried out in collaboration with the Ghana Health Service (Disease control unit).

The GRCS trained volunteers collaborated with Community Health Planning Services (CHPS) personals from the Ghana Health Service by educating community members on how to prevent the spread of yellow fever. They also carried out yellow fever response activities by educating farmers to wear protective cloths when going to the farm to prevent the bite of the Anopheles mosquito. Volunteers also carried out clean up exercises, assisted households to hang up treated bed nets and provided psychosocial support to people infected and affected by yellow fever.

Environmental, sanitation and hygiene campaign: Volunteers carried out awareness activities in the affected areas, focusing on the need to sleep under treated bed nets, environmental sanitation and personal hygiene. The theme for the campaign was 'keep your environment clean to avoid the spread of germs'. The trained volunteers in the eight selected regions educated community members on the signs and symptoms of yellow fever; prevention to include personal hygiene; environmental sanitation; sleeping under treated bed net as well as nets hang up and keep up; case detection and early reporting to health facilities.

Strategy: Methods adopted in getting the messages across to the targeted population were:

- House-to-House visits and education using pamphlets and ECV community tools;
- Educating women in markets, farmers, churches, mosques and school children including teachers;
- Use of megaphones;
- Households discussions targeting parents and care takers;
- Advantageous pasting of posters and distribution of hand outs to households, individuals and institutions such as churches, mosques and schools;
- Radio jingles and TV discussions in local dialects.

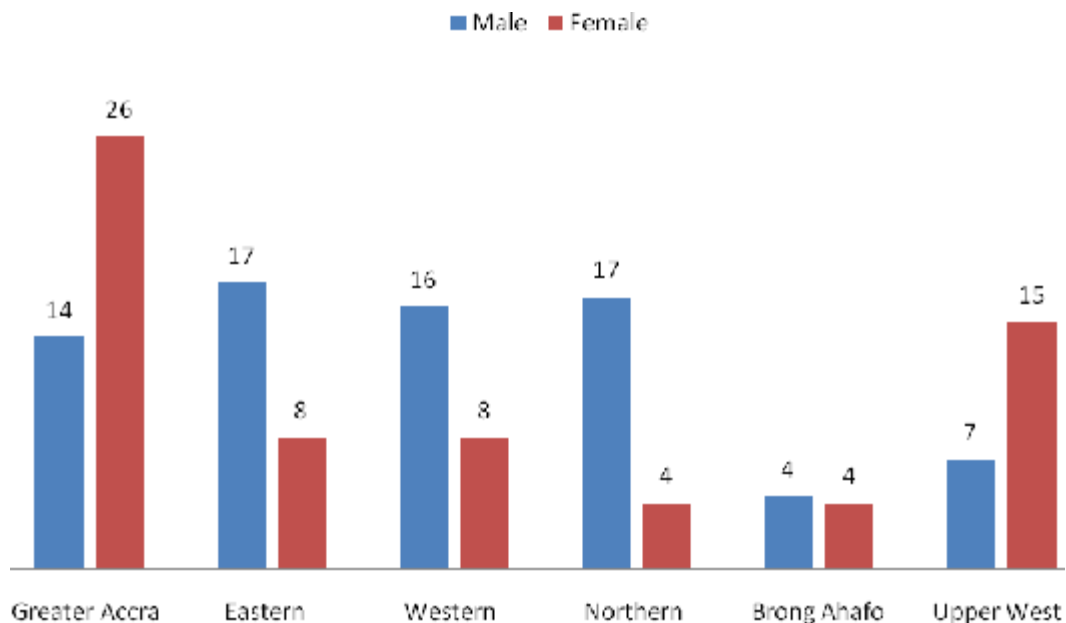
Targeting beneficiary households

Target population included the general public with emphasis on children and pregnant women. The Red Cross also targeted farmers and market women who travel to farms to buy farm products for retailing in city centers. During pre-vaccination campaign, these groups of beneficiaries were registered with house marked with yellow fever (YF) with a circle to indicate that these houses are part of the campaign. This facilitated monitoring and supervision activities. Hundred thousand people benefited from the IEC materials produced with financial and technical support from the IFRC and Ghana Health Service.

The table below reflects summary data for the January-March 2012 period

Regions	House-to-house			Schools			Churches			Mosques			Public gatherings			Funerals			Referrals		
	#Reached	M	F	# Reached	M	F	#Reached	M	F	#Reached	M	F	#Reached	M	F	#Reached	M	F	#Reached	M	F
Greater Accra	4,620	7,079	12,894	83	1,332	1,168	10	1,070	1,409	21	1,162	1,012	2,777	1,307	1,470	1,192	448	744	1,206	400	806
Eastern	1,540	8,753	4,027	34	388	346	7	6,748	4,000	6	918	184	4,521	3,521	1000	4210	150	4,060	96	46	50
Western	1540	8,065	3,745	40	421	667	6	981	1,231	16	3451	192	3,456	1,971	1,485	8,731	3,740	4,991	18	11	7
Northern	3,080	8317	2,045	61	782	259	11	5,081	3,211	30	3,764	1,629	4,732	2641	2091	6745	4320	2,425	105	57	48
Brong Ahafo	1540	2,200	2,047	44	720	314	15	1,037	1,601	7	1,300	96	3,033	1,431	1,602	1,289	473	816	271	110	161
Upper East	1540	3,341	7,312	56	523	221	13	4520	3,103	17	1,931	107	1,528	297	1,231	6,783	2872	3,911	1,560	829	731
Upper West	4,620	7,153	8,914	29	105	923	15	6,610	9,185	20	1,320	230	1,017	767	250	3,599	1,503	2,096	1,237	364	873
Central	1,540	5210	7903	33	256	367	12	683	1,789	18	1,334	77	3410	1753	1,657	2011	995	1,016	63	47	16
Total:	20,020	50,118	48,887	380	4,527	4,265	89	26,730	25,529	135	15,180	3,527	24474	13,688	10,786	34,560	14,501	20,059	4'556	1'864	2'692

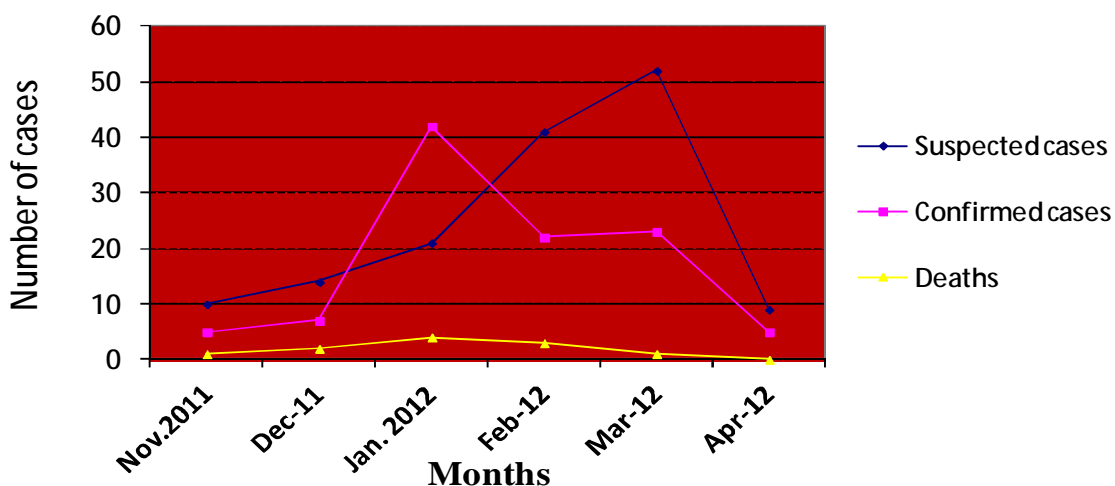
The graph below depicts the percentage of population reached (male and female):



Regional trend of confirmed Yellow Fever cases and death

Months	Before RC intervention		During RC intervention			After intervention
	November	December	January	February	March	April
Suspected cases	10	14	21	41	52	9
Confirmed	5	7	42	22	23	5
Death	1	1	7	3	1	0

Yellow fever cases



Challenges

- The most affected districts lie along the savanna belt;
- Vaccines were inadequate for the campaign; and the delivery systems in these affected communities are weak;

- Settlement pattern affects ventilation that increase the spread of germs;
- Difficulty to distinguish yellow fever symptoms from malaria symptoms increased late referral to health facilities;
- Lack of laboratory facilities in rural communities to early detect and treat yellow fever cases;
- Migration of people from non vaccinated districts to districts where vaccination had been conducted posed a risk to people that were not vaccinated.

Lessons learned

- Prompt intervention in emergencies is vital to ensure stability of the situation;
- A long term intervention is necessary for successful yellow fever control project;
- Extending intervention to the affected neighboring districts will prevent re-introduction of the disease into the already controlled areas;
- Monitoring and supervision of the project is essential;
- The trend of an epidemic could be reversed if volunteers are trained, equipped with requisite messages and materials;
- Collaboration with partners is vital to the control of epidemics.

Recommendations

- There is the need to sustain volunteer interest in the wake of epidemic (e.g. this can be achieved through volunteers insurance and identification);
- Conscious efforts are needed by the IFRC to roll out ECV manual in National Societies in the wake of epidemics;
- Scaling up interventions to respond in the most affected communities.

Contact information

For further information specifically related to this operation please contact:

- **In Ghana:** Kofi Addo, Secretary General, Ghana Red Cross Society, +233 0206983284, Email:kofiaskaddo@hotmail.com / redcrossghana@yahoo.com
- **IFRC Regional Representation:** Daniel Sayi; office phone+225 20 32 00 07 ; mobile phone: +22566775261 email: daniel.sayi@ifrc.org
- **IFRC Zone:** Daniel Bolanos, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489;email: daniel.bolanos@ifrc.org
- **In Geneva:** Christine South, Operations Support; phone: +41.22.730.45.29; email: christine.south@ifrc.org
- **Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

- **West and Central Africa hub:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone: +221 33869 36 60; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

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

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067277; email: robert.ondrusek@ifrc.org

æ

[Click here](#)

1. Click [here](#) to return to the title page

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 Disaster 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:

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.

Selected Parameters	
Reporting Timeframe	2011/12-2012/5
Budget Timeframe	2011/12-2012/2
Appeal	MDRGH005
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	86,464					86,464	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	86,464					86,464	
C4. Other Income	86,464					86,464	
C. Total Income = SUM(C1..C4)	86,464					86,464	
D. Total Funding = B +C	86,464					86,464	
Coverage = D/A	100%					100%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	86,464					86,464	
E. Expenditure	-82,364					-82,364	
F. Closing Balance = (B + C + E)	4,100					4,100	

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
	A					B	A - B	
BUDGET (C)	86,464					86,464		
Logistics, Transport & Storage								
Transport & Vehicles Costs	3,775	3,515				3,515	260	
Total Logistics, Transport & Storage	3,775	3,515				3,515	260	
Personnel								
International Staff	12,300	8,096				8,096	4,204	
National Staff		3,117				3,117	-3,117	
National Society Staff	4,420						4,420	
Volunteers		3,421				3,421	-3,421	
Total Personnel	16,720	14,635				14,635	2,085	
Workshops & Training								
Workshops & Training	12,700	11,041				11,041	1,659	
Total Workshops & Training	12,700	11,041				11,041	1,659	
General Expenditure								
Travel	13,760	8,158				8,158	5,602	
Information & Public Relations	33,279	36,208				36,208	-2,929	
Communications	294	270				270	24	
Financial Charges	59	2,598				2,598	-2,539	
Other General Expenses	600	912				912	-312	
Total General Expenditure	47,992	48,146				48,146	-154	
Indirect Costs								
Programme & Services Support Recov	5,277	5,027				5,027	250	
Total Indirect Costs	5,277	5,027				5,027	250	
TOTAL EXPENDITURE (D)	86,464	82,364				82,364	4,100	
VARIANCE (C - D)		4,100				4,100		