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# Final Report

## Ghana: Explosion in Appiatse

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation</b>	<b>Operation n°:</b> MDRGH017
<b>Date of Issue:</b> 28 September 2022	<b>Glide number:</b> <a href="#">OT-2022-000152-GHA</a>
<b>Operation start date:</b> 29 January, 2022	<b>Operation end date:</b> 30 April 2022
<b>Host National Society:</b> Ghana Red Cross Society	<b>Operation budget:</b> CHF 172,246
<b>Number of people affected:</b> 3,300 (660 HH)	<b>Number of people assisted:</b> 2,000 (400 HH)
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC) and Swiss Red Cross.	
<b>Other partner organizations actively involved in the operation:</b> National Disaster Management Organization (NADMO), Ghana Health Service (GHS), National Ambulance Service and Ghana Police Service.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, 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. DG ECHO replenished the DREF on the occasion of this allocation. On behalf of the Ghana Red Cross Society (GRCS), the IFRC would like to extend gratitude to all for their generous contributions.

## A. SITUATION ANALYSIS

### Description of the disaster

On 20 January 2022, a motorbike rider transporting explosives for the gold mine in Bogoso unfortunately went under a truck, causing an explosion in an area at Appiatse community, near the city of Bogoso about 300km (180 miles) west of the capital of Ghana, Accra. After the blast, people in the community rushed down to the scene before a second blast occurred few minutes later, destroying dozens of buildings and injuring many. As of 22 January, a total of 13 people had been confirmed dead, and some 59 injured people rescued and referred to Bogoso Government Hospital where they received treatment. As of 26 January, 3,300 persons (1,122 males and 2,178 females) had been affected by the event, excluding those who were at the various health centers.

The impact of this disaster is described in the DREF Operation emergency plan of action, which was launched on 29 January for CHF 172,246. This operation was to enable Ghana Red Cross Society (GRCS) meet the urgent needs of the affected community and aid 400 affected households through emergency shelter, livelihoods and basic needs, water, sanitation, and hygiene (WASH) and health interventions. The operation was launched for three months. Overall, the operation ended on 30 April 2022, and reached 2,030 people (400 HH).

### Summary of response

#### Overview of Operating National Society

GRCS immediately activated its District Disaster Response Teams (DDRTs) from nearby districts and deployed 52 team members in Tarkwa and Prestea with the team led by Regional Manager. Activities carried out included psychosocial



Figure 1: Affected family receiving a family kit from GRCS

support services to approximately 200 people at the Parish Hall in Bogoso, first aid to 59 injured people, search, rescue, and evacuation.

The National Society (NS) dispatched 20 shelter kits and 20 family tents to cover at least 300 displaced people camped at a relief center at Bogoso town. The volunteers provided psychosocial support to 200 affected people. The operation also provided Cash and Voucher Assistance to 400 households.

Some 20 volunteers were trained and deployed to provide WASH and Health support to the affected communities. The services included provision of 274 dignity kits, 400 hygiene kits, 18,000 aqua tabs and installation of 20 hand washing facilities. These activities were jointly implemented with the National Ambulance Service, Fire Fighters and the NADMO.

### Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) through the Delegation Office in Abuja supported the GRCS with funds from the Disaster Response Emergency Fund (DREF). The Program Coordinator based in Ghana supported the National Society by providing support in the areas of operational coordination and partnerships and resource development.

The Swiss Red Cross, the only PNS present in Ghana, supported GRCS to preposition family tents and shelter kits which were used as emergency shelter for the displaced families at Appiatse Relief Camp.

The International Committee of the Red Cross (ICRC) supported the National Society remotely in Restoration of Family Links (RFL), Tracing and International Humanitarian Law (IHL).

### Overview of other actors' actions in country

The major stakeholders involved in the operation were National Disaster Management Organisation (NADMO), which was 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 explosion. As such, it appealed to corporate bodies and non-governmental organizations to complement government's efforts to save lives through its coordination meetings and media.

The GRCS conducted a rapid assessment in collaboration with District Directors and regional Coordinators of NADMO.

Internally, GRCS was the overall coordinator while weekly Movement coordination was held represented by National Society head of departments, Swiss Red Cross and IFRC. RCS was the only actor who provided cash-based intervention to the affected families.

## Needs analysis and scenario planning

Based on the assessment conducted by National Disaster Management Organization (NADMO) and GRCS, by 26 January 2022, a total of 3,300 people (660 households) at Appiatse in Prestea Huni Valley District (Appiatse Community) were affected by the blast with about 500 houses destroyed, resulting in 13 deaths and 59 injured.

Table 1 below provides some details:

Description	Affected Number
No. of houses destroyed	500
No. of people displaced and camped	660 households
Affected people	3,300
Number of people dead	13
Number of people injured	59



Figure 2: Aerial view of affected area

The immediate needs were psychosocial support, First Aid, emergency shelter, WASH, health and family tracing and reunification. The explosion posed a risk of spread of vector and water borne diseases such as malaria and diarrheal stemming from lack of access to safe water and proper sanitation facilities in the affected areas. Most of the water sources were contaminated due to the explosion. Sanitation facilities were destroyed by the explosion in some areas, leading to high incidences of open defecation.

Water and sanitation infrastructure were affected by the explosion. Further technical assessment was required to determine the extent of damage to WASH facilities.

## Risk Analysis

The operation had anticipated three possible scenarios categorized as best case, most likely and worst scenario. By the end of the operation, the situation was at the best-case scenario category, therefore, the affected population received emergency assistance within a few weeks to one month from the partners and Government.

As a result of the blast, the road leading to the community was destroyed. However, there was an immediate response from the government to restore the road network which enabled the NS to provide timely intervention to the affected population. The telecommunication network was also affected which posed a difficulty in communication between communities and GRCS. However, volunteers were attached to the camp management team to enable discussion on immediate issues affecting the community and were recorded and sent to the NS for immediate action and response.

Volunteers were trained and deployed to promote health awareness to reduce risk of health outbreaks arising from stagnant water and lack of sanitation facilities.

## B. OPERATIONAL STRATEGY

### Proposed strategy

This DREF operation has allowed GRCS to implement activities in the sectors of shelter, livelihood and basic needs, health and water, sanitation and hygiene.

A total of 20 volunteers were sourced from the affected communities and trained to carry out assessment, beneficiaries' identification, and registration and to participate in distribution of cash and non-food items (hygiene, dignity kits, and mosquito net) to 400 affected households.

#### 1. Emergency Shelter

Before the approval of the DREF allocation, the National Society had immediately deployed 20 emergency family tents and 20 shelter repair kits to accommodate 105 displaced persons (21 HH) camped at Appiatse Relief Centre at Bogoso. These kits were already prepositioned in the warehouse which enabled the National Society to swiftly respond and support the affected families. This was done in collaboration with the Swiss RC who is present in-country. Part of the plan of the DREF was to replenish the distributed shelter kits and family tents.

#### 2. Livelihoods and Basic needs – Cash and Voucher Assistance

The intervention provided a multipurpose unconditional cash grant to 2,000 people (400 households) to support their food and household needs, since Government already covered their medical costs.

The use of cash assistance was the preferred modality as markets were open in the nearby community of Bogoso, which is much larger. The NS has experience in using CVA modalities. Targeted families were duly consulted on identification of primary recipient for each household and provided sensitization on the use of the cash following IFRC guidelines for food and basic needs. GRCS has an existing framework agreement with Fidelity Bank to carry out Cash Transfers through Mobile Money. The FSP provided a statement of disbursements at the end of the operation while GRCS confirmed the statement.

To support this operation, 20 volunteers were oriented/trained on Cash and Voucher Assistance and deployed to support cash activities. A two-day post distribution and market monitoring was conducted by the GRCS and NADMO two weeks after the distribution. Some of the findings revealed that most of the beneficiaries used the cash to rejuvenate their livelihoods and expressed their appreciation to the NS for the timely assistance.

The cash grant was calculated at the minimum food basket rate set by the Cash Working Group at 550 Ghana Cedis. In addition, 390 Ghana Cedis was allocated to support procurement of blankets, water collection and storage items for the households. The total amount of cash grant disbursed to each household was 940 Ghana Cedis, which was equivalent to 137.5 Swiss Francs. As such, a total of 400 affected households collectively received 55,000 Swiss Francs (137.50 Swiss Francs per HH).

#### 3. Health (2,000 people or 400 HH)

First Aid and Psychological first aid (PFA) was provided to families affected by the disaster as well as the volunteers deployed for the operation. These activities were delivered following CBHFA approach and volunteers were trained in

CBHFA using the approach in reaching out to affected population. Volunteers were engaged to support continuity of preventative care at community level, to ensure that access for Antenatal Clinic (ANC) and Post Natal Clinic (PNC), vaccination services (including for COVID-19). Activities conducted include:

- Community health promotion in affected areas for ensuring continuity of access to preventative health services (ANC/ PNC, vaccinations, including for COVID-19).
- Provision of PFA to targeted community and volunteers, once a week in group session (4 sessions) throughout the first month of operation.
- Distribution of two treated mosquito nets per household to control or prevent vector borne diseases. A total of 800 mosquito nets were procured and distributed.
- Health promotion, including COVID-19 awareness was carried out to reduce risk of infection amongst affected population especially those residing in the camp.

All activities were carried out in regular coordination with health authorities to ensure referral of identified health cases to facilities with strengthened capacities.

#### 4. Water, Sanitation and Hygiene – WASH (2,000 people or 400 HH)

Following the explosion, the entire affected area was filled with rubbles. There was need to support sanitation of the area. GRCS conducted the following activities:


- Procurement and distribution of hygiene kits to 400 families. These kits contained bathing soap, toothpaste, toothbrushes, etc for household personal hygiene.
- Provision of dignity kits to 274 women and girls of childbearing age who represented 24% of the targeted females to serve for two months. Each kit contained sanitary pads, panties and bathing soap for women and girls.
- Procurement and distribution of Aquatabs for water purification and safe storage over a period of 45 days. A total of 18,000 tablets of Aqua tabs were procured and distributed.
- Installation of 20 handwashing facilities which were mounted at strategic locations within the Camp.
- Hygiene and sanitation campaigns were carried out by volunteers twice a month for two months to clear the rubbles and remove all signs of the traumatic event. This activity was coupled with health and hygiene promotion, with emphasis on awareness against COVID-19 while also addressing vaccine hesitancy. A total of 20 volunteers were deployed to conduct these activities.
- Continued assessments and monitoring were also integrated in the operation to ensure that the operation was in line with the evolving situation on the ground.

#### 5. Family tracing and Reunification

GRCS provided and supported authorities with family tracing and reunification with technical and financial support from ICRC. This went on for two weeks to ensure no one was left behind. Volunteers were oriented on Restoring Family Links and supported technically from the Headquarters to provide guidance as needed.

Volunteers were involved in tracing community members that had fled and, in some cases, could not find their way back to family or relatives. They were engaged with the Department of Social Welfare and the security operatives to enhance coordination and supported in covering related gaps. Therefore, volunteers were oriented and deployed to work with authorities to ensure that no one was missing and left behind.

## C. DETAILED OPERATIONAL PLAN

	<p><b>Shelter</b></p> <p><b>People reached: 200</b></p> <p>Male: 86</p> <p>Female: 114</p>	
<p><b>Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.</b></p>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of households reached with emergency shelter	40	41
# of family tents replenished	20	0
# of shelter kits replenished	20	0
<p><b>Narrative description of achievements</b></p>		

The operation supported 205 people (41 households) with emergency shelter including 20 family tents and 20 shelter repair kits set to mainly vulnerable households that had been displaced by the explosion, evacuated, and sheltered in religious institutions (church and mosques) and Relief Camp. Beneficiary identification and registration list were developed and used for the tents and kits distribution.

The NFIs distributed included: tents (1 per household), shelter repair kit sets (1 per household). Field monitoring visits were conducted by headquarters, region, and district to ensure people in need received the shelter assistance and to periodically check the status of the setup (to identify if there was need for any reinforcements).



Figure 3: Tents provided to affected families by GRCS with support from Swiss RC in initial hours after the disaster

### Challenges

There were delays in procurement for replenishment of the shelter items (family tents and shelter repair kits). This was partly due to the long procurement process on the part of the GRCS trying to identify local vendors for delivery which yielded no result. However, it was too late to initiate an international procurement process which unfortunately made the replenishment of the used stock impossible.

Weak inter-agency coordination of agencies involved in provision of shelter.

### Lessons Learned

- The operation should have conducted stakeholders mapping to determine who was doing what, where, and how to define the response gap.
- Include surge deployments in future operations to support swift procurement processes especially items planned to be procured internationally.
- GRCS should strengthen its country-based surge capacity (NDRT) in both sector-based skills e.g., shelter assessment, response and general emergency coordination.
- GRCS should consider having emergency stock for immediate deployment in the event of disaster and only use the DREF funds for replenishment of deployed items.



### Livelihoods and basic needs

People reached: 2,000

Male: 860

Female: 1,140

### Output 1.1: Households are provided with unconditional/multipurpose cash grants to address their basic needs

Indicators:	Target	Actual
# of volunteers trained on CVA	20	20
# of HHs to receive Multipurpose Cash Transfer	400	400

### Narrative description of achievements

A total of 400 households were supported with multipurpose cash to access basic needs. The amount for basic needs was informed by the National Minimum food basket amount. However, additional amounts were added to enable families procure other non-food items like blankets, water collection and storage containers etc. A total of 940 Ghana Cedis (CHF137.5) was received by each household.



Figure 4: Beneficiary validation meeting for the cash grants received



Figure 5: Beneficiary who has used the cash received to re-establish her business

### Challenges

Some of the families lost their means of identification because of the blast. This posed a big challenge in the disbursement of funds to the Mobile Money wallets of registered beneficiaries. However, the National Society was able to liaise with the Financial Service Provider (Fidelity Bank) to use the cash modality for such families, to ensure they accessed their benefits.

### Lessons Learned

Include contingency plans of using direct cash or voucher as modalities for response in case target population do not have Mobile money wallets.



### Health

People reached: 2,000

Male: 860

Female: 1,140

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

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

Indicators	Target	Actual
# of volunteers trained in CBHFA	20	20
# of people provided with FA services	100	60
# of health awareness sessions conducted	4	4

##### Health Output 4.1: Vector-borne diseases are prevented

Indicators	Target	Actual
# of Mosquito nets procured and distributed	800	800

#### Health Outcome 6: The psychosocial impacts of the emergency are lessened

##### Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff

Indicators	Target	Actual
% of people who acknowledge usefulness of the PSS sessions	50	98
# of people who receive mental health and psychosocial services	Not determined	0

### Narrative description of achievements

Though the explosion posed a high risk associated with public health diseases including cholera and diarrheal diseases, the Western Region did not record an outbreak of cholera and diarrheal during and after the explosion. To reduce associated risks, this DREF operation team advocated for the setting up of community resilience capacities by establishing one community-based health and first-aid post with Municipal Health Service Directorate at Bogoso, which provided case management posts and established a community-based disease surveillance network in all target communities. This health post had a link to the geographical areas.

Through this DREF operation, 20 volunteers were trained and subsequently provided with Red Cross Health Education reaching over 1,980 people (396 HHs). The collaboration between the GRCS and Ghana Health Services has been further strengthened in volunteer training. The operation procured 800 mosquito nets for distribution to (2 per household) to 400 of the most vulnerable households.

The selection criteria for this included lactating and pregnant women, the elderly, female headed households and children under 6 years. Some 800 mosquito nets were procured and distributed. 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

Difficulty in accessing some of the affected community members due to their economic state and the severity of the situation. Most of the family heads go out of the camp for various livelihoods engagement during the day and come back very late in the evening.

### Lessons Learned

- There should be continuous social mobilisation activities linked to ongoing long-term development programmes implemented in the region by GRCS 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 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.



Figure 6: Monitoring visit in the community by GRCS DM on the use of tents and cash grants provided



Figure 7: Health education by GRCS volunteers to new mother



## Water, sanitation and hygiene

People reached: 2,000


Male: 860

Female: 1,140

**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 target population who state they are satisfied with their access to water and sanitation facilities	100	100
% of people who can identify, without prompting, key times to wash hands	100	100
% of household that are found to be using treated water during random water treatment test	100	100
# of volunteers trained in WASH	20	20
# of households who receive water treatment support	400	390

<b>Wash Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population</b>		
Indicator	Target	Actual
# of Aqua tabs distributed	18,000	18,000
<b>Wash Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
Indicators	Target	Actual
# of handwashing facilities installed	20	15
<b>Wash Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population</b>		
Indicators	Target	Actual
# of family hygiene kits distributed	400	390
# of dignity kits distributed in 2 months	548	540
<b>Wash Output 2.4: Hygiene promotion activities are provided to the entire affected population</b>		
Indicators	Target	Actual
# of hygiene and health awareness sessions conducted	4	4
# of people reached through hygiene promotion activities	2,000	1,980
<b>Narrative description of achievements</b>		
<p>A total of 400 households were reached with hygiene promotion and awareness activities. Of the 400 households, 303 households or 1,515 people benefited from WASH related NFIs. The beneficiary selection criteria included: displaced families (homes damaged) and essential household NFIs damaged/lost, elderly, pregnant and lactating women, female headed households and households with under-fives and people with disabilities.</p> <p>Each household received 50 water purification tablets to be used for 6 weeks. The set targets for distribution of aqua tabs, hygiene kits and the number of people trained to use the hygiene kits were achieved.</p> <p>To ensure access to safe water supply, GRCS distributed water treatment tablets (Aqua tabs: 1 tablet for 20L per day/per HH; 50 tablets for 6 weeks to support 303 HH) for household water treatment. Beneficiary households were educated on the use of aqua tabs as well as the contents of hygiene kits. A total of 390 family hygiene kits and 540 dignity kits (1 hygiene kit and 2 dignity kits per household, including sanitary packs, toothbrushes, and toothpaste) were distributed to the affected households. Twenty (20) volunteers were trained in hygiene messaging and social mobilisation. The operation mobilised some communities to promote environmental clean-up campaigns to ensure a decent and hygienic environment.</p> <p>Indeed, some 1,980 people were directly and indirectly reached with education on safe water storage. The direct beneficiaries were reached through 20 trained volunteers – each volunteer was responsible for 20 households, thereby covering at least 396 HH (1,980 people) in total, as each volunteer worked 2 days a week for two months. During this period, the volunteers provided various health education messages including safe water storage. The direct and indirect population estimated to be a total of 2,000 were reached through public address system health promotion messages, hence the estimate is based on the geographical coverage of the radio stations and the listenership audience.</p>		
 <p><i>Figure 8: Transportation of items to the distribution sites</i></p>		
<b>Challenges</b>		
The beneficiaries were resident in various locations making it difficult and challenging to deploy standard WASH emergency kits (e.g., KIT 5, in position with GRCS to community with damaged water system).		
<b>Lessons Learned</b>		
For such emergency interventions as this to be focused on immediate humanitarian needs such as provision of water rather than activities that seem to be of long-term recovery. Continuous refresher training of volunteers on hygiene promotion outside of emergency setting is essential.		

<b>Strengthen National Society</b>		
<b>Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems and structures, competences, and capacities to plan and perform</b>		
<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
Indicators	Target	Actual
# of volunteers insured	50	20
# of volunteers provided with PSS	20	20
<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>		
<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</b>		
Indicators	Target	Actual
% of feedback received and responded to	70	100
% of people who acknowledge consideration of their complaints	100	100
# of community feedback systems set up	1	1
# of CEA focal point identified and engaged	1	1
<b>Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national, and international levels that affect the most vulnerable.</b>		
<b>Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>		
Indicators	Target	Actual
# of video documentaries produced	1	2
<b>Protection, Gender &amp; Inclusion Outcome 1: Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable.</b>		
<b>Protection, Gender &amp; Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.</b>		
Indicators	Target	Actual
# of people reached by protection, gender, and inclusion services	2,000	1,980
# of PGI assessments conducted	1	1
# of Volunteers Trained on RFL and tracing	20	55
<b>Narrative description of achievements</b>		
<p>PMER activities were rolled out to ensure quality implementation throughout the operation. NS was responsible for the day-to-day monitoring of the operation, primarily at the branch level, supported by National Society and the IFRC team.</p> <p>The National Disaster Response Team at the National Headquarters level was deployed to provide support during the operation. Community engagement and accountability (CEA) was an integral part of this operation, through already existing capacity. CEA focal person from the National Headquarters was responsible for coordinating community engagement and accountability activities and supported by the volunteers.</p> <p>CEA activities included awareness and information sharing mechanisms through community engagement during meetings and personal interactions at household level. Communities were encouraged to use other media such as call-in to designated focal persons, sharing most significant stories and face to face interviews, through trusted and preferred communication channels (traditional leaders, volunteers, helpdesk, and the phone-line). Feedback and complaints system were also established in consultation with the community 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 malaria and hygiene as well as identifying issues related to integrity in communities during distribution activities.</p> <p>Post Distribution Monitoring was carried out and lesson learned workshop conducted at the end of the operation. A PDM report and LLW report are submitted as part of the reporting for this operation. The DREF update meetings and lesson learnt workshop as well as field visits were carried out with support from the IFRC Country Office. There was one video documentary planned but the operation produced two video documentaries, one on beneficiaries' feedback and the other, a full documentary on the entire operation.</p>		
<b>Challenges</b>		
<ul style="list-style-type: none"> <li>Mobile telecommunication network access was a major problem which affected feedback and complaints through mobile phone communication.</li> </ul>		

- 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.

### Lessons Learned

- Strong collaborations between National Society and other actors on the field is essential.
- There is the need to discuss CEA with other stakeholders to share feedback if it concerns them



Figure 8 and 9: Lessons learned workshop with stakeholders

## D. Financial Report

The overall budget allocated for this operation was 172,246 Swiss Francs, out of which 132,383 Swiss Francs (76.86%) was spent. The balance of 39,863 Swiss Francs will be returned to the DREF pot.

### Explanation of variances:

Description	Budget	Expenditure	Variance		Comments
			Variance	%	
Shelter - Relief	6,370		6,370		Procurement of family tents & shelter kits was not done locally as planned because local suppliers did not meet the quality threshold and attempts to procure from alternative sources such as the UNHCR was not possible as IFRC could not provide custom duty exemptions for the stocks held by UNHCR in transit. The country office further sought support from the regional logistics, who identified stocks in Dubai which could be donated to Ghana. However, the delivery and clearance process was going to be beyond the DREF timeframe, so this attempt was dropped.
Clothing & Textiles	5,321	3,654	1,667	31.3	Quantity of mosquito nets procured as planned, however at lower prices than envisaged.
Medical & First Aid	1,774	748	1,026	57.8	Purchase of facemasks and hand sanitizers was undertaken as planned but cost far less than what was provided for in the budget.
Cash Disbursement	56,016	46,684	9,331	16.7	Monitoring costs were low due to less frequency of visits by staff, thereby reducing expenses on fuels and travel and accommodation costs.
Distribution & Monitoring	3,399	3,007	393	11.6	Monitoring costs were low due to lower number of visits by staff, thereby reducing expenses on fuels and travel and accommodation costs.

<b>Transport &amp; Vehicles Costs</b>	4,434	3,835	599	13.5	Low expenditure mainly due to less travel costs by HQ staff to the field. Support to the area hit by the explosion was done by the Regional Office which had low operational costs.
<b>National Society Staff</b>	3,141	2,060	1,080	34.4	Low expenditure attributed to fewer HQ staff involvement due to scale of the operation. Most of the tasks were undertaken by field staff with a smaller number of support staff involvement from the headquarters level.
<b>Volunteers</b>	12,119	8,863	3,257	26.9	Twenty (20) volunteers were engaged as planned, however incentives related to their field activities were low as activities such as CVA beneficiary identification and follow ups, health and hygiene promotion activities were jointly carried out.
<b>Travel</b>	9,755	2,309	7,445	76.3	Travel costs for regional, GRCS and IFRC staff to support the implementation of the DREF operation was lower than planned because the staff combined tasks in their support missions resulting into less people travelling and reduced frequency of travel, specifically for the GRCS Headquarters and IFRC Staff. The GRCS region maintained their planned travel to the field.
<b>Information &amp; Public Relations</b>	2,217	1,636	581	26.2	Media coverage expenses were low. A launch was organised at GRCS HQ and covered by media houses in Ghana. Anticipated media coverage in the field and response was done internally by Ghana RC staff and this created the saving.
<b>Office Costs</b>	443	Nil	443	100	Finance Service Provider's fees anticipated, however no expenditure here as all were consolidated into bank charges.
<b>Communications</b>	1,212	641	571	47.1	Flexi Banners for WASH and communication costs were low, existing IEC materials for WASH were used in the hygiene promotion interventions leading to low expenditure.
<b>Financial Charges</b>	89	Nil	89	100	Finance Service Providers fees anticipated, however no expenditure here as all were consolidated into bank charges.
<b>Other General Expenses</b>	10,440	8,562	1,878	18	Admin costs for Ghana RC charged at 7% of expenditure. Lower than budgeted because of overall budget absorption for costs managed by GRCS.
<b>Programme &amp; Services Support Recover</b>	10,513	8,080	2,433	23.1	This was occasioned by the entire budget not being spent.

## Contact information

Reference documents



Click [here](#) for:

- [Emergency Plan of Action \(EPoA\)](#)

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### IFRC in Geneva

- Rena Igarashi, Operations Coordination, Senior Officer, DCPRR Unit Geneva; email: [rena.igarashi@ifrc.org](mailto:rena.igarashi@ifrc.org)
- Eszter Matyeka, Senior DREF Officer, DCPRR Geneva Unit; email: [eszter.matyeka@ifrc.org](mailto:eszter.matyeka@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Louise Daintrey-Hall, Head of Partnership and Resource Development, phone: +254 110 843 978; email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@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](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

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

- IFRC Africa Regional Office: IFRC Africa Regional Office: Regional Head, PMER and Quality Assurance Planning and Monitoring Unit; email: [philip.kahuho@ifrc.org](mailto:philip.kahuho@ifrc.org); phone: +254 732 203 081

## 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.

[www.ifrc.org](http://www.ifrc.org)

Saving lives, changing minds.



# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/1-8	Operation	MDRGH017
Budget Timeframe	2022	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 28/Sep/2022

All figures are in Swiss Francs (CHF)

### MDRGH017 - Ghana - Explosions

Operating Timeframe: 29 Jan 2022 to 30 Apr 2022

## I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>172,246</b>
DREF Allocations	172,246
<b>Expenditure</b>	<b>-132,383</b>
<b>Closing Balance</b>	<b>39,863</b>

## II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	10,405		10,405
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	62,490	51,449	11,041
PO04 - Health	10,074	11,407	-1,333
PO05 - Water, Sanitation & Hygiene	42,500	34,716	7,784
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		952	-952
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>125,468</b>	<b>98,523</b>	<b>26,945</b>
EA01 - Coordination and Partnerships	3,620	593	3,027
EA02 - Secretariat Services	94		94
EA03 - National Society Strengthening	43,064	33,267	9,797
<b>Enabling Approaches Total</b>	<b>46,778</b>	<b>33,860</b>	<b>12,919</b>
<b>Grand Total</b>	<b>172,246</b>	<b>132,383</b>	<b>39,863</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/1-8	Operation	MDRGH017
Budget Timeframe	2022	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 28/Sep/2022

All figures are in Swiss Francs (CHF)

### MDRGH017 - Ghana - Explosions

Operating Timeframe: 29 Jan 2022 to 30 Apr 2022

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>108,203</b>	<b>87,379</b>	<b>20,825</b>
Shelter - Relief	6,370		6,370
Clothing & Textiles	5,321	3,654	1,667
Water, Sanitation & Hygiene	38,723	36,292	2,431
Medical & First Aid	1,774	748	1,026
Cash Disbursement	56,016	46,684	9,331
<b>Logistics, Transport &amp; Storage</b>	<b>7,833</b>	<b>6,841</b>	<b>992</b>
Distribution & Monitoring	3,399	3,007	393
Transport & Vehicles Costs	4,434	3,835	599
<b>Personnel</b>	<b>15,260</b>	<b>10,923</b>	<b>4,337</b>
National Society Staff	3,141	2,060	1,080
Volunteers	12,119	8,863	3,257
<b>Workshops &amp; Training</b>	<b>6,281</b>	<b>6,013</b>	<b>268</b>
Workshops & Training	6,281	6,013	268
<b>General Expenditure</b>	<b>24,155</b>	<b>13,147</b>	<b>11,008</b>
Travel	9,755	2,309	7,445
Information & Public Relations	2,217	1,636	581
Office Costs	443		443
Communications	1,212	641	571
Financial Charges	89		89
Other General Expenses	10,440	8,562	1,878
<b>Indirect Costs</b>	<b>10,513</b>	<b>8,080</b>	<b>2,433</b>
Programme & Services Support Recover	10,513	8,080	2,433
<b>Grand Total</b>	<b>172,246</b>	<b>132,383</b>	<b>39,863</b>