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EPoA Operations Update

Ghana: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation no. MDRGH010		GLIDE n° EP-2014-000116-GHA
Operations update no. 1 Requesting for a one-month extension		Timeframe covered by this update: 24 August to 14 November 2014
Emergency Appeal operation start date: 22 August 2014		Timeframe: Four months (New end date: 22 December 2014)
Initial operation budget: CHF 157,324	Appeal coverage: 100%	Total estimated Red Cross and Red Crescent response to date: CHF 157,324
N° of people being assisted: 23,500		
Host National Society(ies) presence (n° of volunteers, staff, and branches): 200 volunteers, 10 staff, 47 communities and 2 Regional Branch.		
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, Swiss Red Cross		
Other partner organizations actively involved in the operation: Ministry of Health (Ghana Health Service (GHS). WHO and UNICEF		

Timeframe revision: Request for a one-month extension to complete remaining activities; including a DREF lessons learnt/operation review, as per the agreed EPoA + Budget.

Summary:

In June 2014, a cholera outbreak was reported in Ghana. The outbreak which started in the region in week 24 with six cases reported saw an upsurge in week 29 with 251 cases and started spreading to other regions. Five regions (Ashanti, Central, Eastern, Greater Accra, and Western) all confirmed cases of cholera across 32 districts. By week 38, 15,034 cases of cholera had been recorded in the Greater Accra Region. Fifteen districts out of sixteen in this region have recorded cases of cholera, with Accra metro and La Nkwatanang the most affected districts in the region, accounting for 87 per cent of cases. On 22 August 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 157,324 from the Disaster Relief & Emergency Fund (DREF) to support the Ghana Red Cross Society (GRCS) respond to the epidemic, over a period of three months.

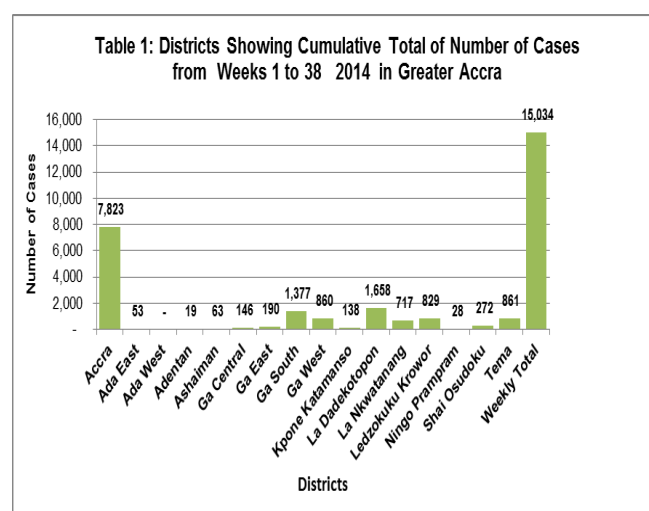


Table 2: Cholera Cases in Ghana by Region by Week, 2014

Region	01/01 - 27/07	03/08	10/08	17/08	24/08	31/08	07/09	14/09	21/09	28/09	05/10	12/10	01/01 - 12/10	14/11	Cumulative Attack Rate Per 100,000
Week	W1-30	W31	W32	W33	W34	W35	W36	W37	W38	W39	W40	W41	W1-41	W46	
Ashanti	0	0	0	0	30	0	0	131	13	1	4	*	179	219	3.4
Brong Ahafo	0	3	4	1	4	19	20	17	27	16	71	202	384	922	15.2
Central	108	22	146	145	160	265	302	484	163	361	242	*	2,398	3,258	96.3

Eastern	66	93	109	155	123	134	190	154	176	272	179	64	1,715	1,863	59.9
Greater Accra	786	947	1,873	1,640	2,188	2,386	2,454	1,745	1,425	1,099	837	538	17,918	19,292	386.4
Northern	0	0	0	0	0	0	0	0	2	0	1	1	4	96	0.1
Upper East	0	0	0	0	0	0	3	0	2	5	22	*	32	294	2.9
Upper West	0	0	0	0	0	0	0	1	1	5	*	*	7	34	0.9
Volta	0	33	6	57	39	69	33	32	16	72	*	*	357	519	15.3
Western	4	2	8	7	13	17	12	47	28	31	2	*	171	361	6.6
Total	964	1,100	2,146	2,005	2,557	2,890	3,014	2,611	1,853	1,862	1,358	805	23,165	26,858	

As of 14 November 2014 (week 46), a cumulative total of 26,858 cases with 214 deaths (CFR 0.8%) had been recorded, which is the highest number of cases ever registered in Ghana (since 1970). It has affected all 10 of the regions of the country, with Greater Accra continuing to be the worst affected, accounting for 75 per cent of cases, and 60 per cent of deaths (World Health Organization, 31 October 2014). It has also spread along the coast, with reported cases in Benin, Cote d'Ivoire and Togo (UNICEF, 20 October 2014).

The DREF operation has complied with "SWORD and Shield" cholera response/prevention strategies, which ensured that the areas targeted were those at high risk, as well as enabled value for money through the effective coordination with other agencies. "SWORD and Shield" strategies involve deploying volunteers to both the most affected communities (SWORD) and less affected communities (Shield) in order to respond to the epidemic and ensure that it doesn't spread. Through the DREF operation, in response to the increasing number of cases, the GRCS has made progress in the following areas:

✓ Health and Care

In total, 200 GRCS volunteers (160 from Greater Accra region; and 40 from Eastern Region) have received one-day training on cholera outbreak management using the Epidemic Control for Volunteers (ECV) methodology. As of this Operations Update, the volunteers have reached 104,769 people with social mobilization activities, and distributed 30,000 information, education and communication (IEC) materials on cholera prevention and control. Social mobilization has been complemented by radio awareness campaign broadcasted on numerous TV and radio stations countrywide in Ghana.



GRCS volunteers demonstrate hand washing during social mobilization activities. Photo: GRCS

✓ Water, Sanitation and Hygiene Promotion

In total, 104,769 people have been reached through house-to-house visits for hygiene promotion; received aqua tabs for treatment of water, and instructions on how to use them.

Table 3: Social mobilization activities (Cholera prevention and control/hygiene promotion)

Region	Districts	GRCS volunteers mobilized	Households reached	People reached	
				Male	Female
Greater Accra	Ayawaso (AMA)	15	3,261	5,182	7,144
Greater Accra	Ablekuma	17	16,819	4,178	5,295
Greater Accra	Okiakoi	13	4,661	3,880	5,688
Greater Accra	Osu/Adabraka	15	4,173	2,705	4,292
Greater Accra	Ashieduketeki	14	1,475	2,979	3,988
Greater Accra	Tema	17	6,321	4,240	7,327
Greater Accra	Ashiaman	19	2,780	6,338	8,296
Greater Accra	Ga South	20	8,584	7,727	7,678
Greater Accra	La Nkwantanang	15	1,490	1,200	1,520
Greater Accra	La Dadekutpong	15	4,334	725	906
Eastern	Suhum	8	159	1,482	1,539

Eastern	Nsawam	8	776	1,017	2,085
Eastern	New Juaben	14	818	2,897	4,101
Eastern	Manya Krobo	10	129	156	204
Total		200	55,780	44,706	60,063

The DREF operation through social mobilization activities, specifically house-to-house visits, contributed to a reduction in cases, from when they started on 21 September 2014 (week 38) to 12 October 2014 (week 41). In Greater Accra, cases reduced from 1,425 to 538; and in Eastern region from 176 to 64.

This Operations Update is requesting an extension of timeframe by one month; in order to carry out a DREF operational review/lessons learnt exercise, which was budgeted for, as well as complete remaining activities that not been carried out, specifically the distribution of hand washing materials in the public schools recently re-opened due to teachers strike, and organize a training on disinfection of facilities for 80 volunteers. Members expected for this exercise will include; the GRCS programme team including representatives of staff and volunteers from the regions affected by cholera and governing board members; the West Coast regional representation, the Africa zone office, and if possible a Partner National Society and/or member of the DREF Advisory Group. The DREF operation will end on 22 December 2014, and a final report will be made available on 22 March 2015 (Three months after the end of the operation).

DG ECHO made a replenishment of this allocation. Major donors and partners of the current DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross/Silent Emergencies Fund 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 Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the Ghana Red Cross Society, would like to express its gratitude to all for their generous contributions.

Red Cross/Red Crescent Action in the Country

The IFRC West Coast regional representation has supported the GRCS with the coordination of activities within the DREF operation through the deployment of a Regional Disaster Response Team (RDRT) member. The GRCS with support from the RDRT have provided daily and weekly analysis on the situation, and issued weekly situation reports (shared with the GRCS management and key stakeholders in the IFRC West Coast regional representation), which has enabled the progress of the operation to be monitored in accordance with the agreed EPoA. The RDRT has also attended National Technical Committee on Cholera (NTCC) meetings, carried out over 40 monitoring and supervision visits to the field to ensure the effective implementation of activities in the operation.

Coordination and partnerships

The Ghana Health Service in conjunction with National Emergency Management Agency has established the NTCC to help address the epidemic. The committee has embarked on a public education campaign through the various radio stations to sensitize people on ways to manage the situation and to prevent the spread of the disease. The Accra Metropolitan Assembly environmental health authorities also initiated a major exercise to rid the city of food vendors selling items that could present a risk. The Accra Metropolitan Health Directorate organized health education talks in the communities and distributed leaflets on cholera. On 25 October 2014, the Metro Assembly organized a clean-up campaign which involved the security services, civil organizations (including the GRC) and the general public. The Koforidua Municipal health management team, in collaboration with the Disease Control Unit, organized health education talks in some senior secondary schools within the municipality; and also fumigated the kitchens and dining halls of these schools.

Operational implementation

Health and Care

Planned interventions	Implementation (90%)
Health and care	90%
Outcome 1: The immediate risks to the health of affected populations are reduced	
Output 1.1: The Ghana Red Cross volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks.	
Activities planned	Implementation (80%)
1.1.1 Organize training on cholera outbreak management for 200 volunteers using epidemic control for volunteer's methodology.	1.1.1 In total, 200 GRCS volunteers (160 from Greater Accra region; and 40 from Eastern Region) received one-day training on cholera outbreak management using the Epidemic Control for Volunteers (ECV) methodology. Note that this equates to 100 per cent of the intended target (200); and as such the level of implementation is also 100 per cent. The GRC volunteers were recruited from communities and suburbs in areas that were affected or prone to the epidemic. Through the ECV training, volunteers received information on the causes, signs and symptoms, prevention and effects of cholera, prevention, personal and community hygiene, environmental sanitation, and referral process to local health authorities. The GRCS volunteers were also taken through community entry approaches, to equip them with the skills required to carry out social mobilization and sensitization activities. Non-formal education methodologies were used during the training, including: discussions, brainstorming and role plays. For deeper explanation and understanding of facts and concepts, the local dialect was also used during the sessions.
1.1.2 Organize training on disinfection of facilities for 80 volunteers.	1.1.2 Note that the training on disinfection of facilities for volunteers has not been carried out; but are planned for following extension of operation time frame through this Operations Update.
1.1.3 Disseminate information, education and communication materials.	1.1.3 GRCS volunteers distributed 30,000 information education and communication (IEC) materials (20,000 in the Greater Accra region; and 10,000 in the Eastern region), which contributed to increasing the awareness on cholera of two million people in these regions. GRCS volunteers also distributed a further 15,000 IEC materials (leaflets) to drivers, passengers, pedestrians, housewives, school children and hairdressers.
Output 1.2: The affected population are effectively and efficiently sensitized on cholera prevention	
Activities planned	Implementation (100%)
1.2.1 Undertake social mobilization activities to 4,700 households.	1.2.1 The GRCS volunteers were divided into groups/teams of two to undertake social mobilization activities (door-to-door education, visits to market places, beauty salons, lorry stations, fitting shops, schools, churches and mosques). Each volunteer was tasked to make at least 10 visits per day per week (Friday, Saturday or Sunday). In total, 104,769 people (Male: 44,706, and Female: 60,063) (55,780 households) have been reached through social mobilization activities (household visits), which were carried out by the 200 GRC volunteers. Each GRCS volunteer was issued with a t-shirts to ensure visibility during the social

1.2.2 Diffuse cholera messages through sessions, jingles on local radios.	mobilization activities. This equates to 1,187 per cent of the intended target (4,700 households); and the level of implementation is 100 per cent. 1.2.2 The GRCS branches (Greater Accra and Eastern Region) contacted radio stations in their communities, and provided information on cholera to be broadcast to the public. In Greater Accra, the GRCS volunteer's activities were covered by "TV Africa" where the regional branch manager, health coordinator and other key stakeholders were interviewed leading to improved image of the National Society in this region. Information vans were used to educate populations in Greater Accra and Eastern regions.
Output 1.3: Target population is provided with rapid medical management	
Activities planned	Implementation (80%)
1.3.1 Deploy, set up and manage Oral Rehydration Points in rural high risk areas.	1.3.1 Deployment and set up of Oral Rehydration Points was not carried out; however, it was observed that commercial water tankers were the major source of the outbreak, and as such a meeting was organised to sensitize the Water Tankers Drivers Association; and enable the GRCS to disinfect all tankers that draw water for sale. This was carried out in both the Greater Accra and Eastern regions in consultation with the Ghana Health Service.
1.3.2 Undertake household level sensitization and demonstrations on oral rehydration salts.	1.3.2 As noted, 104,769 people (Male: 44,706, and Female: 60,063) (55,780 households) were reached through social mobilization activities, which comprised of household level sensitization and demonstrations on oral rehydration salts (ORS), as well as mass education in public places (market places, churches and mosques). Each household that reported a cholera case received at least three sachets of ORS after the demonstration, as well as upon request.
1.3.3 Distribution of oral rehydration salts at oral rehydration points and at the community level.	1.3.3 In total, 25,000 boxes of ORS were procured for demonstration to households and during mass education in public places. Over 3,561 water points received at least one sachet of ORS after demonstration.

Water, sanitation and hygiene promotion

Planned interventions	Implementation (90%)
Water, sanitation and hygiene promotion	90%
Outcome 1: The risk of waterborne and water related diseases have been reduced through the provision of safe water, basic sanitation and hygiene promotion to 4,700 households.	
Output 1.1: Hygiene promotion activities are provided to the population	
Activities planned	Implementation (90%)
1.1.1 Hand washing at key times promoted through demonstration at market, schools and other public places.	1.1.1 The distribution of hand washing materials, and demonstrations in public schools has not taken place as the schools have only recently re-opened following a teachers strike. It is intended that this activity will be completed following the extension of the timeframe through this Operations Update.
1.1.2 Safe use of water treatment products promoted to 4,700 households through sensitization and demonstration sessions.	1.1.2 In total, 104,769 people (Male: 44,706, and Female: 60,063) (55,780 households); received Aqua tabs, and were taught how to use them for water treatment. The aqua tabs procured through the DREF operation were not sufficient for the affected population, and as such an agreement was made

<p>1.1.3 Conduct house-to-house visits for hygiene promotion.</p>	<p>with the United Nations Children’s Fund (UNICEF) to provide additional tablets.</p> <p>Water tanker drivers were to receive training on how to chlorinate water; however this has not been carried out as it was not possible to bring them all together for this exercise. However. It is hoped that this activity will be carried out following the extension of the timeframe through this Operations Update; and the GRCS health coordinator is making progress in organising the water tanker drivers.</p> <p>1.1.3 In total, 104,769 people (Male: 44,706, and Female: 60,063) (55,780 households) have been reached through house-to-house visits for hygiene promotion. In seven of the 16 districts in Greater Accra region mass clean-up exercise were organised.</p>
<p>Output 1.2: Target population is provided with adequate environmental sanitation measures</p>	
<p>Activities planned</p>	<p>Implementation (100%)</p>
<p>1.2.1 Disinfection of sanitation facilities of the most vulnerable households and 6 health centres.</p> <p>1.2.2 Establishment of school hygiene promotion clubs.</p> <p>1.2.3 Undertake hygiene promotion activities at schools, health centres and communities.</p>	<p>1.2.4 GRC volunteers chlorinated affected household’s water points during household visits. The volunteers were not able to access health facilities, as health staff insisted that they had enough disinfectants to do this themselves.</p> <p>1.2.5 30 schools hygiene promotion clubs were established in 14 of the 16 districts of Greater Accra region.</p> <p>1.2.6 In total, 20 schools received Aqua tabs, and were taught how to use them for water treatment.</p>
<p>Output 1.3: Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population.</p>	
<p>Activities planned</p>	<p>Implementation (100%)</p>
<p>1.3.1 Distribution of soap and oral rehydration salts.</p> <p>1.3.2 Local procurement of sanitation and hygiene materials, and emergency health items, including Aqua tabs, soap, buckets, jerry can for demonstrations, high test hypochlorite, backpack sack sprayers, protective goggles, megaphones.</p>	<p>1.12.1 In total, 200,000 pieces of caked soap were procured and distributed to households especially in the most affected communities.</p> <p>1.12.2 Sanitation and hygiene materials were procured for the volunteer training and distributed to the volunteers for demonstration and distribution at the household and community levels. During monitoring most households interviewed noted that they received one item or the other.</p>

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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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2. Enable healthy and safe living.
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