

DREF Final Report Emergency Plan of Action (EPOA) GHANA: Cholera Outbreak Response

DREF operation	Operation n° :MDRGH010;
	Glide n°: EP-2014-000116-GHA
Date of Issue: 22 August 2014	Date of disaster: June 2014
Operation manager: Daniel Sayi	Point of contact:
Operation start date: 25 August 2014	Operation end date: 22 January 2014
Host National Society(ies): Ghana Red Cross Society	Operation budget: CHF 157,324
Number of people affected: 3,000	Number of people assisted: (indirect) 104,769 (direct) 23,500
N° of National Societies involved in the operation: 200 volunteers, 10 staff, 47 communities and 2 Regional Branch.	
N° of other partner organizations involved in the operation: Ministry of Health (Ghana Health Service (GHS). WHO and UNICEF	

A. Situation analysis

Description of the disaster

In July 2014, the first cholera cases were reported in Accra, Ghana. The outbreak which started in the Greater Accra region in week 24 with six cases reported 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 had recorded cases of cholera, with Accra metro and La Dadekotpon the most affected districts in the region.

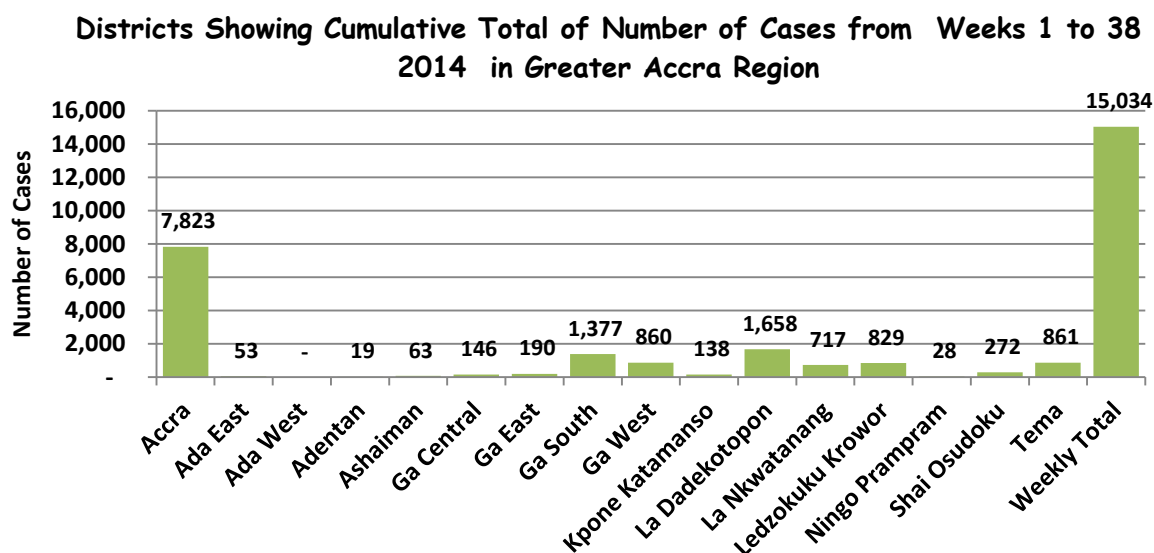


Table 2: Cholera Cases in Ghana by Region by Week, 2014

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 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 deaths¹. It has also spread along the coast, with reported cases in Benin, Cote d'Ivoire and Togo². The Ghana authorities initiated actions to respond to the outbreak, whilst the GRCS carried out social mobilization activities to complement the Governments effort of creating awareness on prevention and control of cholera.

This final report is being issued following an interim final report issued without the financial report. No further activities were carried out after the interim report.

Summary of response

Overview of Host National Society

On 22 August 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 157,324 from the Disaster Relief and Emergency Fund (DREF) to support the Ghana Red Cross Society (GRCS) respond to the epidemic in Greater Accra and Eastern regions, over a period of three months. The operation was extended for one month in order the carry out a DREF operation review.

The DREF operation included interventions in the following sectors:

- Health and care –training of 200 volunteers and social mobilization/mass media activities aimed at sensitizing the population on the prevention, control and treatment of cholera.
- Water, sanitation and hygiene promotion –hygiene promotion activities focused on hand washing, safe use of water, oral rehydration therapy and distribution of hygiene related items (aqua tabs, hand washing kits etc.)

During the development of this DREF, only five regions (Greater Accra, Eastern, Ashanti and Western) had confirmed cases of cholera with cumulative cases of 4,800 including 43 deaths (CFR 0.9%) reported from 32 districts in 5 regions namely:

- **Greater Accra region** - 4,340 cases including 39 deaths (CFR: 0.9%) from 16 districts namely Accra Metro Total, Ada East, Ada West, Adentan, Ashaiman, Ga Central, Ga East, Ga South, Ga West, Kpone Katamanso, La Dadekotopon, La Nkwantanang, Ledzokuku-Krowor, Ningo Prampram. Shai Osudoku and Tema municipality.
- **Eastern region** - 264 cases with no death from 7 districts (Nsawam Adoagyiri, Kwahu West, New Juaben, Akwapim North, West Akim, Fanteakwa and Lower Manya Krobo);

¹ World Health Organization, 31 October 2014

² UNICEF, 20 October 2014

- **Ashanti region** - 10 cases with no death from 3 districts (Adsansi South, Kumasi metro and Asante Akim Central);
- **Western region** - 23 cases with no death from Sekondi, Takoradi metropolis,
- **Central region**

The GRCS is an important strategic partner to the health authorities and it works with them at all levels from national to district levels in health promotion activities. The National Society is also providing support through Community-Based Health and First Aid (CBHFA) approach and integrated maternal and child Health/ (MNCH), and HIV and AIDS programming. During the 2012 and 2013 cholera outbreaks, the GRCS was actively involved and also played a major role in the social mobilization activities and still maintains capacity in this area.

Overview of Red Cross Red Crescent Movement in 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 a 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 within 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.

To complement the IFRC DREF, the GRCS appealed for more support from Swiss Red Cross to respond to cholera outbreak in other regions. 200 community based volunteers were mobilised for the health promotion exercise - 144 volunteers from 54 communities in the Central Region and 56 volunteers from the Ashanti Region. They were trained on cholera (signs and symptoms, mode of transmission, prevention and management), hygiene and sanitation, water treatment (usage of aqua tabs), volunteers in epidemic control, community entry, implementation and reporting format.

Overview of non-RCRC actors in country

Immediately after the outbreak of the disease, the GHS in conjunction with National Emergency Management Agency (NEMA) inaugurated a committee to help address the problem. The committee embarked on a public education campaign through the various FM 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 initiated a major exercise to rid the city of unwholesome food items that led to the arrest and prosecution in court of food vendors for exposing their food items to flies and dust. Heaps of refuse was collected in various parts of the city and public education programmes were intensified.

The Accra Metropolitan Health Directorate organized health education talks in the communities and distributed leaflets on cholera. The Metro Assembly organized a massive clean-up campaign on 25 October 2014 which involved the security services, civil organizations like GRCS and the general public. There was less movement of vehicles that day between 6.00am and 12.00pm. 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. They also fumigated the kitchens and dining halls of these schools.

Needs analysis and scenario planning

Needs Analysis

In 2014, 91,361 cholera cases and 1,583 deaths registered in the West and Central Africa region (CFR=2%) in 11 countries, which was three times more than in 2013. The three most affected countries were Nigeria, Ghana and DRC which counted for 93% of cases and 80% of deaths in the region. Outbreaks in Nigeria and Ghana were directly impacting neighbouring countries in Lake Chad basin and along the gulf of Guinea. Statistical data showed a cumulative total of 20,955 cases with 166 deaths being recorded as at 5 Oct. 2014. This is said to be the highest

number of cases ever registered since the onset of the outbreak of cholera in the country (1970). The outbreak had already spread along the coast to Togo and Benin and suspected cholera cases were registered in Abidjan, Ivory Coast³. In addition, by 19 Oct, a total of 23,622 cases including 190 deaths had also been recorded with the outbreak affecting all the 10 regions of Ghana, Greater Accra being the most affected with 75 per cent of cases and 60 per cent of deaths.

B. Operational strategy and plan

Overall Objective

The overall objective was to support the social mobilization and public education efforts of the Government as the Ghana Health Service appear to be losing the battle against the outbreak. The “Sword and Shield” approach was used during this operation.

Proposed strategy

GRCS focused its intervention to support the health authorities efforts in responding to the cholera outbreak through community social mobilization, distribution of water purification tabs (aqua tabs) to households in affected communities; health education on cholera detection, prevention, control, promotion of basic good sanitation practices and the use of the water-bag to purify household drinking water.

Volunteer training was done using the training manual on the management of outbreaks for volunteers to convey key messages on hygiene promotion and the treatment of water at the household level, disinfection of water and sanitation facilities together with the use of ORP Kits. The NS made use of the 10 regional managers who trained volunteers to provide health education, case surveillance and referrals in addition to psychosocial support to affected families during house-to-house canvassing. Two hundred volunteers worked in pairs to conduct awareness creation at the household level with each volunteer working 10 days per month visiting on average 6 households per week.

The following key points of action were identified and implemented:

- Improved hygiene behaviour and cholera awareness amongst 4,700 households (23,500 beneficiaries with an average of 5 persons/household) in 47 communities from Greater Accra and Eastern Region
- Provision of safe water, basic sanitation and hygiene promotion to 4,700 families (23,500 beneficiaries) in 47 communities
- School hygiene clubs establishment and induction training for school teachers
- Diffusion of cholera messages through sessions, jingle on local radios
- Deployment and set up ORP Kits in rural high risks area
- Development of branch and community response plans

Operational support services

Human resources (HR)

Through the DREF operation, 200 volunteers were mobilized (160 from Greater Accra region; and 40 from Eastern Region) to carry out social mobilization activities and hygiene promotion. A relief and disaster management coordinator, health coordinator, and 10 regional managers were deployed supervise the activities of the volunteers. As noted, the IFRC West Coast Regional Representation deployed RDRT member with a WASH profile to support field teams and ensure effective implementation of the operation, specifically Epidemic Control for Volunteers (ECV) training and volunteer mobilization.

Communications

³ UNICEF, 20 Oct 2014

The GRCS established an information system that ensured all Red Cross and Red Crescent (RC/RC) actors were kept aware of the activities carried out within the DREF operation, and in support of the MoH. The visibility of the Red Cross was strengthened by the production of 200 T-shirts and 200 caps, which were distributed to volunteers and the management team. The volunteers used the T-shirts and caps during sensitization sessions.

Planning, monitoring, evaluation, & reporting (PMER)

Continuous monitoring of activities across districts of the two regions proved a challenge at the beginning of the DREF operation; however a follow-up strategy was then established to ensure regular close supervision. The health coordinator support by the relief and DM coordinator regularly monitored activities carried out in the Eastern and Western Regions. In addition the regional manager in each district was also responsible for monitoring the activities. Supervisions of focal points were supported by the RDRT.

As part of the IFRC's efforts to improve the quality of operations and level of accountability to stakeholders, a review was carried out of the MDRGH010 operation from 14 to 19 January 2015; to assess effectiveness and capture lessons learnt that would be used to inform future responses by the IFRC and National Societies. *(Report attached).*

C. DETAILED OPERATIONAL PLAN

The DREF operation has complied with “SWORD and Shield” cholera response/prevention strategies, which has ensure that the areas targeted are 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 the epidemic and ensure that it doesn't spread. Through the DREF operation, in response to the increasing number of cases, the GRCS has been able to make 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 ECV methodology. During the reporting period the volunteers 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.

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.



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

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 Dadekutopong	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.

'Sword and Shield' approach was effective and efficient - The deployment of more volunteers in areas where cholera outbreak was severe demonstrated efficient use of human resources in responding to the outbreak. When more volunteers relocated to a particular community, more people were reached within a short time. The approach had impact on the epidemic and immediately signs of reduction in the incidence were noticed.

Health and Care

Planned interventions	Achievements
Health and care	
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	Achievements
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) have received one-day training on cholera outbreak management using the ECV methodology. 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 The training on disinfection of facilities for volunteers was successfully carried out.
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 has 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	Achievements

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 visit at least 10 visits per day per week (Friday, Saturday or Sunday), and issued with a Red Cross t-shirt to ensure visibility. 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 mobilization activities. Please note that 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	Diffuse cholera messages through sessions, jingles on local radios.	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, which has improved the 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		Achievements	
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 carried out but not as planned; however 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. Please note that 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 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 the reported a cholera case received at least three sachets of ORS after the demonstration, as well as upon request. GRCS volunteers also carried
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 to demonstrate 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	Achievements
Water, sanitation and hygiene promotion	
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	Achievements
1.1.1 Hand washing at key times promoted through demonstration at market, schools and other public places.	1.1.1 The volunteers have conducted school visits and held sessions in church gatherings to show proper hand washing practice. In the schools, the Veronica bucket and soap was distributed as part of the education campaigns.

1.1.2	Safe use of water treatments 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. Please note that this equates to a 1,186 per cent of the intended target (4,700 households). Please note that aqua tabs procured through the DREF operation was not sufficient for the affected population, and as such an agreement was made with the United Nations Children’s Fund (UNICEF) to provide additional tablets.
1.1.3	Conduct house to house visits for hygiene promotion.	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.
Output 1.2: Target population is provided with adequate environmental sanitation measures			
Activities planned		Achievements	
1.2.1	Disinfection of sanitation facilities of the most vulnerable households and 6 health centres.	1.2.4	GRC volunteers chlorinated affected household’s water points during household visits. Please note that volunteers were not able to access health facilities, as health staff insisted that they had enough disinfectants to do these themselves.
1.2.2	Establishment of school hygiene promotion clubs.	1.2.5	30 schools hygiene promotion clubs were established in 14 of the 16 districts of Greater Accra region.
1.2.3	Undertake hygiene promotion activities at schools, health centres and communities.	1.2.6	In total, 20 schools received Aqua tabs, and were taught how to use them for water treatment.
Output 1.3: Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population.			
Activities planned		Achievements	
1.3.1	Distribution of soap and oral rehydration salts.	1.12.1	In total, 200,000 pieces of caked soap were procured and distributed to households especially in the most affected communities.
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.	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.

D. Budget

In this section the discrepancies on expenditure are explained:

- “Clothing and Textiles” was underspent by CHF 200 (CHF 0 against CHF 200); due to mask vapour and dust protection didn’t buy for the operation.
- “Water, sanitation and hygiene” was underspent by CHF 2,619 (CHF 30,093 against CHF 32,713), equating to 8.00 per cent; and was due to the low costs of some WatSan items purchase in the country and also buy including “ the shield and sword strategy” during doing water sanitation and hygiene activities.
- “Medical and First Aid” was overspent by CHF 6,254 (CHF 12,004 against CHF 5,750), equating to 108 per cent due to the procurement/pre-positioning chlorine, which was not budgeted at the onset of the DREF operation, but the decision to purchase was agreed following report from field and agreement of monitoring team at West Coast Region
- “Utensils and Tools” was underspent by CHF 650 (CHF 0 against CHF 650), because jerry cans and buckets have not been purchased.

- “Teaching materials” was overspent by CHF 166 (CHF 1,366 against CHF 1,200), equating to 13.83 per cent and was due to the cost of tools for awareness camp again that became a little bit higher than cost planned at DREF writing moment.
- “Distribution and monitoring” was overspent by CHF 689 (CHF 689 against CHF 0), and was due to cost recovery related to logistics services that was coded at logistics level for the air fret of WatSan materials to the regional office, which is due to integration of “Shield and Sword Strategy in the DREF operation.
- “Transport and Vehicles Costs” was underspent by CHF 1,459 (CHF 7,791 against CHF 9,250), equating to 15.77 per cent; and is due to the fact that the maintenance costs of the vehicles used during the operation returned less than expected.
- “Logistics Services” was overspent by CHF 500 (CHF 500 against CHF 0), and was due to cost recovery related to procurement service fee of WatSan items, these cost was not budgeted at the onset of the DREF operation.
- “International Staff” was underspent by CHF 8,229 (CHF against CHF 12,000), equating to 68.59 per cent; and was due to budgeting on RDRT all cost were under a/c 600 where travels fall under a/c 700.
- “National Society Staff” was overspent by CHF 1,957 (CHF 5,557 against CHF 3,600), due to costs for National Society supervisor to monitor social mobilization activities carried out by volunteers. The use of “Shield and Sword Strategy” increased the number of monitoring days.
- “Volunteers” was overspent by CHF 566 (CHF 40,866 against CHF 40,300), equating to 1.40 per cent and was due to volunteers incentives days.
- “Workshop and training” was underspent by CHF 97 (CHF 11,703 against CHF 11,800), equating to 0.82 per cent was due to field cost.
- “Travel” was underspent by CHF 603 (CHF 15,297 against CHF 16,000), equating to 3.76 per cent was due to field cost.
- “Information and Public Relations” was overspent by CHF 2,757 (10,117 against CHF 7,360), equating to 37.45 per cent and was due to the costs for printing of IEC materials that became higher than cost planned at the onset of the DREF operation.
- “Office Costs” was overspent by CHF 47 (CHF 1,047 against CHF 1,000), equating to 4.7 per cent and was due to office costs
- “Communication” was underspent by CHF 519 (CHF 881 against CHF 1,400), equating to 37.07 per cent and was due to cost plan for zone office and regional office that have not been charge on the budget
- “Other General Expenses” was overspent by CHF 616 (CHF 1,541 against CHF 925), equating to 66.59 per cent and was due to lowest of admin and support cost used by the national society

Contact information

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (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.

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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

Disaster Response Financial Report

MDRGH010 - Ghana - Cholera

Timeframe: 22 août 14 to 22 janv. 15

Appeal Launch Date: 22 août 14

Final Report

Selected Parameters

Reporting Timeframe	2014/8-2015/3	Programme	MDRGH010
Budget Timeframe	2014/8-2015/1	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		157 324				157 324	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		157 324				157 324	
C4. Other Income		157 324				157 324	
C. Total Income = SUM(C1..C4)		157 324				157 324	
D. Total Funding = B +C		157 324				157 324	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		157 324				157 324	
E. Expenditure		-153 701				-153 701	
F. Closing Balance = (B + C + E)		3 623				3 623	

Disaster Response Financial Report

MDRGH010 - Ghana - Cholera

Timeframe: 22 août 14 to 22 janv. 15

Appeal Launch Date: 22 août 14

Final Report

Selected Parameters

Reporting Timeframe	2014/8-2015/3	Programme	MDRGH010
Budget Timeframe	2014/8-2015/1	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			157 324			157 324		
Relief items, Construction, Supplies								
Clothing & Textiles	200						200	
Water, Sanitation & Hygiene	32 713		30 093			30 093	2 619	
Medical & First Aid	5 750		12 004			12 004	-6 254	
Teaching Materials	1 200		1 366			1 366	-166	
Utensils & Tools	650						650	
Total Relief items, Construction, Sup	40 513		43 463			43 463	-2 951	
Logistics, Transport & Storage								
Distribution & Monitoring			689			689	-689	
Transport & Vehicles Costs	9 250		7 791			7 791	1 459	
Logistics Services			500			500	-500	
Total Logistics, Transport & Storage	9 250		8 979			8 979	271	
Personnel								
International Staff	12 000		3 771			3 771	8 229	
National Society Staff	3 600		5 557			5 557	-1 957	
Volunteers	40 300		40 866			40 866	-566	
Total Personnel	55 900		50 194			50 194	5 706	
Workshops & Training								
Workshops & Training	13 800		11 703			11 703	2 097	
Total Workshops & Training	13 800		11 703			11 703	2 097	
General Expenditure								
Travel	16 000		15 397			15 397	603	
Information & Public Relations	7 360		10 117			10 117	-2 757	
Office Costs	1 000		1 047			1 047	-47	
Communications	1 400		881			881	519	
Financial Charges	1 000		998			998	2	
Other General Expenses	1 500		1 541			1 541	-41	
Total General Expenditure	28 260		29 981			29 981	-1 721	
Indirect Costs								
Programme & Services Support Recove	9 602		9 381			9 381	221	
Total Indirect Costs	9 602		9 381			9 381	221	
TOTAL EXPENDITURE (D)	157 324		153 701			153 701	3 624	
VARIANCE (C - D)			3 624			3 624		

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Reporting Timeframe	2014/8-2015/3	Programme	MDRGH010
Budget Timeframe	2014/8-2015/1	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	157 324		157 324	157 324	153 701	3 623	
Subtotal BL2	157 324		157 324	157 324	153 701	3 623	
GRAND TOTAL	157 324		157 324	157 324	153 701	3 623	