



Final Report

Ghana: Floods



DREF operation	Operation n°. MDRGH016
Date of issue: 16 November 2020	Glide number: FL-2019-000135-GHA
Operation start date: 26 October 2019	Operation end date: 30 March 2020
Host National Societies: Ghana Red Cross Society	Operation budget: CHF 152,657
Number of people affected: 26,083 people	Number of people assisted: 30,060 (5,010 households)
Red Cross Red Crescent Movement partners currently actively involved in the operation: Ghana Red Cross Society, Swiss Red Cross	
Other partner organizations actively involved in the operation: National Disaster Management Organisation (NADMO) Ghana Health Services	

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, Fortive Corporation and other corporate and private donors. The Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and the Canadian Government contributed to replenishing the DREF for this operation. On behalf of Ghana Red Cross Society (GRCS), the IFRC would like to extend gratitude to all for their generous contributions.

<Please click [here](#) for the financial report and [here](#) for the contacts>

A. SITUATION ANALYSIS

Description of the Disaster

From 6 to 9 October 2019, Ghana experienced heavy rains combined with water releases from the Bagre Dam in Burkina Faso which caused serious flooding and extensive damage to farmlands, houses, properties and loss of lives across the country, particularly in the Upper East region. In comparison to the previous floods (2018), the 2019 floods caused more damages in terms of shelters being partially or completely destroyed coupled with the loss of household items.

A joint rapid assessment completed by the National Disaster Management Organization (NADMO) and Ghana Red Cross Society (GRCS) reported that a total of 26,083 people (out of which 10,890 were children) were affected and 19 deaths were reported in the Upper East Region. There were 133 households displaced and sheltered in Manyoro Area Council. A total of 116 communities from 13 districts were negatively affected by the floods. Over 2,218 houses were destroyed with 3,743 others partially affected and their occupants displaced and sheltered in nearby schools, churches, Area council and with relatives.

A [DREF Operation](#) was approved for CHF 152,657 to enable Ghana Red Cross Society (GRCS) meet the urgent needs of the affected communities and aid all affected 4,333 households through shelter household items, water, sanitation and hygiene (WASH) and health interventions. The operation was initially launched for 4 months. However, in February 2020, the operation was extended for one month at no cost through the [Operation Update](#) to allow NS ensure implementation of pending activities which included completion of the rehabilitation of water points as planned in the EPoA and conducting the DREF review and lessons learnt workshop.

Overall the operation ended on 30 March 2020, after five months, having reached 30,060 people (5,010 HH).

Summary of Current Response

Overview of Host National Society

This DREF operation has allowed GRCS to implement the following in the sectors of shelter and water, sanitation and hygiene:

- **Shelter:** The operation supported 600 households or 3630 people with non-food items (NFIs) including blankets, mats, and kitchen sets to mainly vulnerable men and women who had been displaced by the flood water and evacuated and sheltered in schools and or religious institutions (churches and mosques).
- **Water, Sanitation and Hygiene:** A total of 5,010 affected households (30,060 people) were reached with hygiene promotion and awareness activities. Of the 5,010 households, 600 households (3,600 people) benefited from WASH related NFIs. Water treatment tablets (Aqua tabs; 1 tablet for 20L per day per HH, 50 tablets per 6 weeks to support 600 HH) were distributed to households. Six hundred (600) family hygiene kits (1 kit per household, including, sanitary packs, toothbrushes and toothpaste) were also distributed to the affected households. The operation mobilized some communities to promote environmental clean-up campaigns to ensure a decent and hygienic environment. Volunteers conducted at least one clean-up campaign per month covering four communities.

Overview of Red Cross Red Crescent Movement in country

Swiss Red Cross provided support for the flood affected population (outside of this DREF operation). The Swiss Red Cross was in the process of building 100 houses for vulnerable households as part of the rehabilitation interventions.

The International Federation of Red Cross and Red Crescent Societies (IFRC), through its WASH delegate based in Ghana and with technical support from the Abuja Country Cluster Support Team (CCST), supported the National Society by providing technical support, coordination and resource mobilisation.

Needs analysis and scenario planning

Needs analysis

Based on the assessment conducted by National Disaster Management Organisation (NADMO) and Red Cross by 18th October 2019, a total of 26, 083 people (4,333 households) in 13 districts (116 communities) had been affected by the floods, 2218 houses destroyed, and 3743 houses partially destroyed resulting in 21 deaths and 19 injured. There were 133 households displaced and taking shelter in Manyoro Area Council. Some of the water and sanitation infrastructures were inundated and or contaminated by flood waters as tabulated in Table 1.

Table 1: Number of Persons Affected

	DISTRICTS	NUMBER OF PERSONS AFFECTED							Partially destroyed houses	Completely destroyed houses	Total houses affected
		ADULTS		CHILDREN		Injured	Deaths	Total people affected			
		M	F	M	F						
1	Bolgatanga	176	190	253	258	0	3	877	6	198	204
2	Navrongo	977	1,068	1,418	1,591	3	3	5,054	34	985	1,019
3	Bawku	240	298	70	95	3	1	703	30	120	150
4	Bolgatanga East	6	8	12	9	0	0	35	6	1	7
5	Kassena Nankana West	457	503	608	476	5	4	2,044	230	34	264
6	Builsa North	2,155	2,824	536	461	8	3	5,976	1,478	635	2,113
7	Builsa South	253	362	476	636	0	0	1,727	270	53	323
8	Pusiga	229	304	225	254	0	0	1,012	297	19	316
9	Binduri	240	254	258	245	0	1	997	244	1	245
10	Garu	172	361	149	201		1	883	192	28	220
11	Tempene	206	412	371	628	0	0	1,617	92	13	105
12	Bongo	945	2,183	372	628	0	1	4,128	724	106	830
13	Talensi	167	203	314	346	0	4	1,030	151	25	176

TOTAL	6,223	8,970	5,062	5,828	19	21	26,083	3,743	2,218	5,961
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Health: The floods posed a risk of spread of vector and water borne diseases such as cholera, malaria and other diarrheal diseases stemming from lack of access to safe water as well as proper sanitation facilities in the affected areas. Most of the water sources were contaminated due to the floods. Sanitation facilities were destroyed by the floods in some areas leading to high incidences of open defaecation.

Water and sanitation: Several water and sanitation infrastructure were affected by the floods; hence the operation. Further technical assessment was required to determine the extent of damage to WASH facilities.

Operation Risk Assessment

The operation had anticipated three possible scenarios categorised 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 rains stopped, water levels reduced significantly and associated risks to most of the population significantly reduced.

B. OPERATIONAL STRATEGY

Overall Operational objective:

The overall objective of the operation was to provide rapid life-saving support to 600 households completely displaced out of the 4,333 affected by floods, with a focus on shelter, WASH and Health interventions through social mobilization and household items distribution.

The DREF operation involved the provision of Shelter, Health and WASH activities.

- A total of 100 volunteers were sourced from the affected communities and trained to carry out assessment and beneficiaries registration. A total of 60 volunteers participated in distribution of household items (blankets, mats, plastic buckets, jerry cans, hygiene kits, kitchen sets, and aqua tabs) to 600 affected households. In partnership with health facilities, 13 community based oral rehydration points (ORPs), in each of the affected districts were setup to function as community-based disease surveillance systems (CBS) to monitor any eventual disease outbreak within their geographical areas.
- Awareness on how to hang mosquito nets was carried out by the volunteers and also distributed mosquito nets to households (2 pieces per household) completely destroyed and displaced families. Some 60 out of 100 volunteers were trained to conduct health and hygiene promotion activities in all affected communities through community meetings, radio slots and house to house education.
- To ensure access to safe water supply, GRCS distributed water treatment tablets (Aqua tabs; 1 tablet for 20L, 20L per day per HH, 30 tablets per month to support 600 HH) and each household received a 20 litres' jerry can and 15 litres bucket for safe storage of household water.
- A total of 100 volunteers were trained in hygiene messaging and social mobilization. The operation mobilized communities to promote environmental clean-up campaigns to ensure a decent and hygienic environment, volunteers conducted at least two clean up campaigns per month in each community.

Community engagement and accountability (CEA) was an integral part of the operation, through already existing capacity. CEA focal persons in each target communities and district were responsible for coordinating community engagement and accountability interventions. A feedback and complaints system were established in consultation with communities and widely promoted to ensure everyone was aware of the system and was comfortable using it.

Protection Gender and Inclusion was integrated in all sectors. Indeed, questions on gender, disability and diversity related were included in all needs and sectoral assessments to ensure protective and inclusive programming.

Through human resource at the HQ level, the National Disaster Manager supervised activities with technical support and contribution from Health, Communication, Business Operations, Finance and Administration. The IFRC WASH delegate based in Ghana provided technical support and liaised with GRCS and Red Cross Movement partners on all matters regarding the operation.

The line of communication was; at the regional level, the district organiser (volunteer) reported to the regional manager and national disaster response team delegate deployed, then reported to National Disaster Manager. At the National level, the management team consisted of secretary general, heads of disaster management, finance and administration, communications, health and business with technical advice from IFRC in-country WASH Delegate.

In terms of security, the following measures were put in place:

- All IFRC and NS personnel in Ghana (incl. volunteers) were encouraged to complete the applicable IFRC e-learning security courses (i.e. Personal Security, Security Management or Volunteer Security).
- All personnel movement (incl. volunteers) closely monitored by either country headquarters or local branch and identification jacket and T-shirts were also given.
- The security situation in the area of operations monitored either at branch level or HQ level and any changes communicated to Red Cross personnel.
- Roadsafety measures such as wearing seatbelts, driving defensively, and vehicle roadworthy test enforced.

Logistics support followed IFRC standard logistic and procurement procedures. All relief items for this operation were sourced locally without any compromise to minimum standards of quality and social appropriateness by the affected communities. GRCS dedicated a logistic focal person supported by warehouse officer and procurement assistant based at headquarters responsible for all procurement supply chain and tracking movement of goods from source to final intended beneficiaries. GRCS seconded a 10-tonnage truck and two hard top land cruisers on lease by the operations and were stationed in the affected regional office.

PMER activities were rolled out to ensure the quality of implementation throughout the operational management cycle. GRCS finance teams worked closely to ensure the transfer of cash to the field in accordance with GRCS Finance and Administration procedures. One month extension was sought and granted during the operation and an update was produced.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter People reached: 3,630 (600 households) Male: 1,930 Female: 1,700</p>									
<p>Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions</p>										
Indicators:	<table border="1"> <thead> <tr> <th></th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td># of households supported with shelter assistance and household items</td> <td style="text-align: center;">600</td> <td style="text-align: center;">600</td> </tr> </tbody> </table>		Target	Actual	# of households supported with shelter assistance and household items	600	600			
	Target	Actual								
# of households supported with shelter assistance and household items	600	600								
<p>Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households</p>										
Indicators:	<table border="1"> <thead> <tr> <th></th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td># of blankets and mats procured and distributed</td> <td style="text-align: center;">1200 mats 1200 blankets</td> <td style="text-align: center;">1200 mats 1200 blankets</td> </tr> <tr> <td># of kitchen sets procured and distributed to households</td> <td style="text-align: center;">600</td> <td style="text-align: center;">600</td> </tr> </tbody> </table>		Target	Actual	# of blankets and mats procured and distributed	1200 mats 1200 blankets	1200 mats 1200 blankets	# of kitchen sets procured and distributed to households	600	600
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# of kitchen sets procured and distributed to households	600	600								
<p>Narrative description of achievements</p> <p>The operation supported 600 households or 3600 people with NFIs including 1,200 blankets, 1,200 mats, and 600 kitchen sets (3 cooking pots 6spoons, 6 forks, 3pairs of plates), to mainly vulnerable households that had been displaced by the flood water, evacuated and sheltered in schools and or religious institutions (churches and mosques). Beneficiary registration and ration cards were developed and used for the distribution of the non-food items. The NFI items distributed include: blankets (2 per household), kitchen sets (1 per household) and 2 mats (2 per household). Monitoring field visits were conducted at headquarter, regional and district level.</p>										
<p>Challenges:</p> <ul style="list-style-type: none"> • There were delays in procurement of relief items due partly to the long procurement process on the part of the GRCS in order to ensure things are done appropriately and partly from some suppliers who couldn't deliver on time. This situation exposed the affected communities to hardship. • Difficulty in accessing some of the affected communities due to bad terrain and the severity of the situation • Weak inter-agency coordination setup by agencies involved in provision of shelter sector. 										
<p>Lessons Learned</p>										

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

Recommendation

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



Distribution of NFIs to beneficiaries at Garu



Garu District Chief Executive helping a beneficiary to carry her items



Health

People reached: 28,000 (4666 households)

Male: 16 000

Female: 12,000

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

Indicators:	Target	Actual
# of people reached with RC health education	26,000	28,000
# of vulnerable households provided with mosquito nets to prevent malaria	600	600

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

Indicators:	Target	Actual
# of volunteers and supervisors trained and deployed in target communities	100	100

Output 1.3: Community-based disease prevention and health promotion and early detection (surveillance) or potential disease outbreaks is provided to the target population

Indicators	Target	Actual
# of surveillance teams established and functional by communities	13	13
# of community-based First Aid points established with ORS established	13	13
# of mosquito nets procured and distributed to families	1200	1200

Narrative description of achievements

Although floods pose a high risk associated with public health diseases including cholera and other diarrheal diseases, the Upper East region did not record an outbreak of cholera and diarrhoea during and after the floods. In order to reduce associated risks, this DREF operation set up community resilience capacities by establishing 13 community-based health and first aid posts with Community Health-base and Planning Services(CHPS) and Health Centres which was providing Oral Rehydration Management posts and establishing a community-based disease surveillance network in all target communities. These health posts had a link to their geographical areas.

Through this DREF operation, 100 volunteers were trained and subsequently provided with Red Cross Health Education reaching over 28,000 people (4,666 HHs). The collaboration between the Ghana Red Cross Society and Ghana Health Services has been further strengthened in the area of volunteering training. The performance of the volunteers exceeded the target that was set for them on the hygiene promotion exercise and with all 100 volunteers participating.

The operation procured 1200 mosquito nets for distribution to (2 per household) to 600 of the the most vulnerable households. The selectio criteria for this included lactating and pregnant women, the elderly, female headed households and children under 6years. The targeted quantity of 1200 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.

Challenge

Difficulty in accessing some of the affected communities due to bad terrain and the severity of the situation.

Lessons Learned

- There should be continuous social mobilisation activities linked to ongoing long-term development programmes implemented in the region by Ghana Red Cross Society and other stakeholders.
- It is imperative for GRCS to create country-based funding mechanisms to be at immediate disposal of emergency operations to respond promptly to affected households.
- Weak inter-agency coordination setup could have been addressed or avoided if there was a strong coordination to ensure complimentary planning and implementation strategies by all stakeholders.



Water, sanitation and hygiene

People reached: 30,060 people (5,010 households)

Male headed households: 2980

Female headed households: 2030

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

Indicators:	Target	Actual
# of households reached with WASH software activities interventions	4,333	5,010
# of vulnerable households provided with WASH related NFI	600	600

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

Indicators:	Target	Actual
# of water, sanitation and hygiene situation assessments conducted	NA	NA
# of coordination meetings held with other WASH actors	NA	NA

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

Indicator	Target	Actual
# of households provided with aquatabs	600	600
# of people trained on safe water storage	26,000	110,000
# of buckets procured and distributed to targeted households	600	600
# of jerrycans procured and distributed to targeted households	600	600

# of water points rehabilitated	13	1 (only 1 water point was destroyed)
# of household surveys and quality tests conducted (Target: 5 % sampled from 600 HH)	5% or 30 households	30 HH
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicator	Target	Actual
# of handwashing, cleansing and menstrual hygiene disposals equipment provided	600	600
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicator	Target	Actual
# of handwashing, cleansing and menstrual hygiene disposals equipment provided	600	600
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicator	Target	Actual
# of volunteers trained on hygiene promotion	100	100
# of households reached with hygiene messaging	4330	5,010
# of TV and radio spots produced to raise awareness	2 radio	2 radio
# of community volunteers trained on social mobilization approaches to promote health and hygiene	100	100
Output 1.5: Hygiene-related goods (Household items) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicator	Target	Actual
# of households provided with soap	600	600
# of households supported with hygiene kits	600	600
Narrative description of achievements		
<p>A total of 5,010 households were reached with hygiene promotion and awareness activities. Of the 5,010 households, 600 households or 3,600 people benefited from WASH related NFIs. The beneficiary selection criteria included: displaced families (homes damaged or submerged) and essential household NFIs damaged/lost, elderly, pregnant and lactating women, female headed households and households with under-fives and people with disabilities.</p> <p>Each household received 15L bucket, 20L jerry can and 50 water purification tablets to be used for 6 weeks. The distribution of aqua tabs, hygiene kits and the number of people trained to use the hygiene kits achieved the set targets.</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 per 6weeks to support 600 HH) for household water treatment. Affected households were educated on the use of aqua tabs as well as the contents of hygiene kits and the number of households reached exceeded the target that was set before the exercise.</p> <p>Each household received a 20-litre jerry can and 15 litres bucket for safe storage of household water. Six hundred (600) family hygiene kits (1 kit per household, including, sanitary packs, toothbrushes and toothpaste) were distributed to the affected households.</p> <p>One hundred (100) 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. Volunteers conducted at least one clean-up campaign per month covering 4 communities.</p> <p>One new borehole was constructed for Woredaa community in Nabdam District. The water source was damaged and contaminated with flood debris. Although, 13 water points was proposed in the plan, only one borehole was constructed because only one water point was destroyed.</p> <p>On the targets that were exceeded, it was due to the great efforts of the volunteers who were able to reach out to more people during their engagement. Indeed, some 110,000 people were directly and indirectly reached with education on safe water storage. The direct beneficiaries were reached through 100 trained volunteers -- each</p>		

volunteer was responsible for 50 households, therefore in total covering about 5000 HH or at least 30,000 people, as each volunteer worked 3 days a week for two months. During this period, they provided various health education messages including safe water storage. The indirect population estimated to a total of 110,000 including the direct beneficiaries were reached through radio health promotion messages, hence the estimate is based on the geographical coverage of the radio stations and the listenership audience.

The only target which was not met was number of water points, which was as a result of only one water point being destroyed by the floods in one community.

Challenges

- 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 Ghana Red Cross Society to community with damaged water system.
- Difficulty in accessing some of the affected communities due to bad terrain and the severity of the situation.

Lessons Learned

It is imperative for intervention to be focused on immediate humanitarian needs such as provision of water rather than activities that seem to be of long-term recovery. In addition, continuous refresher training of volunteers on hygiene promotion outside of emergency setting is essential.

Strengthen National Society		
Outcome 1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators:	Target	Actual
# of PDM completed	1	1
Output 1.1: Resource generation and related accountability models are developed and improved		
Indicators:	Target	Actual
# of accountability and feedback systems set up	22	30
# of volunteers trained on CEA	100	100
# of lessons learnt workshop conducted	1	1
Progress towards outcomes		
<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. 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 persons in each target district were responsible for coordinating community engagement and accountability intervention.</p> <p>CEA activities included awareness and information sharing mechanisms through community engagement during meetings and personal interactions at household level, facilitated radio call-in sessions moderated by senior Red Cross officials and other stakeholders. 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 (radio, traditional leaders, volunteers, helpdesk and the phone-line).</p> <p>Feedback and complaints system were also established in consultation with all communities and advertised widely to ensure everyone was aware of the system and was comfortable using it. These feedbacks were critical for identifying at-risk behaviours on cholera and hygiene as well as identifying issues related to integrity in communities during distribution activities.</p> <p>Post Distribution Monitoring to the communities was carried out. The lesson learnt workshop and DREF review meetings as well as field visit were carried out with support from the West Coast Cluster Office, Abuja and the DREF review team from IFRC Regional office Nairobi which provided concrete feedback on the way forward for the next probable emergency operation.</p>		
Challenges		

- Mobile telecommunication network access was a major problem which affected feedback and complaints through mobile phone communications.
- Difficulty in accessing some of the affected communities due to bad terrain and the severity of the situation.
- 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.



Help Desk set up in the community



Partially collapsed house in the community



Review Meeting and Lessons Learnt Workshop



Field visit to the one the beneficiary communities

Post Distribution Monitoring

Based on the rapid assessment conducted by GRCS and other stakeholders in the flood-affected districts, there was a need for the provision of HHIs for affected households whose properties had been partially or severely damaged. As part of the strategy, HHIs were delivered to 600 affected households. Post distribution monitoring was carried out to ascertain and measure the impact of the distribution on the beneficiaries.

Out of the 600 households targeted in Nine (9) districts for household items (HHI) distribution under this flood response operation, the Post Distribution Monitoring (PDM) was conducted on 30% of the targeted population (180 HH). The method used for the survey was random sampling as the beneficiaries had returned to their communities. Reference was made to the distribution list in tracing the beneficiaries to their communities and those interviewed are spread across a total of 15 communities across five districts (Nabdram 4, Builsa South 2, Kasena Nankana West 4, Binduri 4, Bolga Municipal 1).

A total of 10 volunteers (3 Female 3, and 7 Male) were trained and deployed during the data collection process. The selection was done considering skills such as the ability to speak in the local languages, good communication skills, and knowledge of community routes. There were a series of role-plays amongst volunteers and field test the tool.

Findings from the PDM conducted shows more female representing 72.77% (131) of the respondents were interviewed. Most households interviewed were females living with their husbands and children. 97.8% (176/180) respondents indicated the items received were in good condition. A broader number of interviewees (148) received enough and timely information about the assistance given to enable them to prepare for themselves appropriately. The findings 167 respondents indicated that there were a series of demonstrations on how to use some items such as Aqua tabs, mosquito nets, and buckets. A few (8) confirmed giving out the items to their neighbors and 15 respondents had forgotten how to use the aqua tabs. 165 respondents said they used their mosquito nets daily, 85 respondents use the buckets to fetch water and 120 used the bucket in washing. 15 respondents were willing to exchange items shared for money if the opportunity was given. Some 97.8% (176/180) of interviewees confirmed they knew how to make a complaint about the program as they recall there was a feedback desk setup during the distribution process. It is worth noting that respondents found it difficult to send feedbacks after the distribution exercise was over due to prolong hours of walk to access public transport in case, they had some concerns.

The PDM was a success and beneficiaries have confidence in the GRCS from feedbacks received from them. Despite the appreciations expressed, it is worth noting that there were delays in distributing NFIs to the targeted beneficiaries. Also, some desired an increase in the quantity of the items distributed to them since they were faced with sharing them with others. They also hoped more interventions will come through GRCS and the IFRC to help alleviate their pertinent needs in the communities.

Lessons Learnt Workshop

Every year, lives in many parts of Ghana, are threatened by disasters. Floods are the most common disasters that occur annually in Ghana, resulting in the displacement of people, psychological trauma, breakdown of communication, loss of livelihoods.

To mitigate the impact of the flooding, the Ghana Red Cross Society (GRCS) has taken a leading role in providing disaster response and has been undertaking relief response in times of floods and health epidemics in all disaster-prone areas in the country.

It is against this background that the DREF 2019 lessons learned workshop was held to review strategies that can be employed in managing these disasters. The objective of the lessons learned workshop was to reflect on the DREF and IFRC funded flood operations which took place in Upper East regions in 2019 and assess their impact on beneficiaries within the targeted communities within the regions. The discussions focused on a post-mortem of the successes and challenges encountered during the operation to identify lessons that can inform the planning for future operations. The workshop was attended by key stakeholders such as Ghana Health Services, National Disaster Management Organisation (NADMO), 2 selected beneficiaries from the communities, Representative from Local media, District Assemblies, Swiss Red Cross, Ghana Red Cross Society staff and volunteer leaders. The outcome of this learning exercise has been summarized under each sector, where lessons learned are highlighted.

DREF Review

As part of IFRC's efforts to improve the quality of operations and level of accountability to all stakeholders, at the time of the allocation approval it was recommended that a review of the DREF operation be carried out to look into the recurrent floods situation and check avenues for DRR/long-term plans and partnerships for NS in this area. Additionally, the review was aimed to capture the beneficiary's opinions on the assistance received by them under this DREF Operation. The review was also to capitalize on lessons learned through implementation of the operation.

The DREF review was carried out in the Upper East region, in Bolgatanga and considered the criteria established in the IFRC Framework for Evaluation, but was focused specifically on:

1- Use of DREF for floods

- Identify and recommend the flood funding options available for GRCS in-country
- Identify what is hindering GRCS to tap into these funds (if available)
- Identify what resources they would need to tap into these funding options

2- Strengthening GRCS flood preparedness:

- Understand the current level of flood preparedness

- Identify and recommend what additional flood preparedness measures are required for GRCS.

Based on key findings, the review identified the following key recommendations:

1. Strengthening GRCS flood preparedness

1.1 Capacity strengthening: Ghana Red Cross is always among the first responders to the disasters, working alongside NADMO during early warning and emergency response. Capacity strengthening in disaster preparedness is required for field staff, disaster response teams and volunteers.

1.2 Community preparedness: In community preparedness, the GRCS will have to take advantage of the low-lying fruits such as, the trust of the community members, large network of the volunteers and community trust and explore activities such as training of community disaster response teams early warning early action information, strengthening capacity of the community disaster response teams for grassroots sensitization and to utilise existing indigenous community knowledge on disasters tailored to early warning and early action information.

1.3 Coordination: GRCS to engage and work more closely key stakeholders in disaster preparedness including Meteorological services, during preparedness and early warning phases, this partnership could include developing of developing MoUs for Contingency Planning & SOPs.

2. Alternative financing

2.1 Government resources: Ghana Red Cross ongoing review of the Act parliament present a great opportunity to source funding from the government to carry out its humanitarian mandate through an annual budgetary allocations, these will greatly enable GRCS complement other fundraising avenues such as DREF to do more and better, it is therefore recommended that all efforts should be made to ensure the Act is passed.

2.2 Movement partners: Swiss Red Cross is the only Movement partner supporting the National Society. Though there is an ongoing DRR program, the Upper East region is vast, and it is not possible for Ghana Red Cross to reach all communities in the region, through one partner, it is therefore recommended for IFRC to lobby for more support from movement partners to support the National Society in the areas of operational and strategic development as well as capacity building in DRR.

2.3 Private sector partnerships: GRCS efforts create a national disaster fund as part of its strategic goals towards financial self-sustainability through local private partnerships through its already established business unit is positive direction towards reducing reliance on DREF. In this regard, IFRC could provide technical support through development of resource mobilisation and local income generating strategies as part of IFRC West Coast Cluster NS support plans.

D. BUDGET

The budget allocated to this operation was CHF 152,657 out of which CHF 145,013 (95%) was expended. The balance of CHF 7,644 (5%) will be returned to the DREF pot.

Explanation of variances:

- Medical First Aid was overspent by CHF 841 (8%) because the actual purchase prices as offered by the suppliers was above the budget estimates.
- Utensils and Tools was underspent by CHF 4,897 (40%) because the actual was over estimated compared the actual purchase prices as per suppliers offers.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2020/7	Operation	MDRGH016
Budget Timeframe	2019/10-2020/3	Budget	APPROVED

Prepared on 20/Aug/2020

All figures are in Swiss Francs (CHF)

MDRGH016 - Ghana - Floods

Operating Timeframe: 26 Oct 2019 to 30 Mar 2020

I. Summary

Opening Balance	0
Funds & Other Income	152,657
DREF Allocations	152,657
Expenditure	-145,013
Closing Balance	7,644

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	52,185	47,540	4,645
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	10,575	8,653	1,922
AOF5 - Water, sanitation and hygiene	59,810	53,955	5,855
AOF6 - Protection, Gender & Inclusion		160	-160
AOF7 - Migration			0
Area of focus Total	122,571	110,308	12,263
SFI1 - Strengthen National Societies	13,792	24,578	-10,787
SFI2 - Effective international disaster management	16,295	10,127	6,168
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	30,086	34,705	-4,619
Grand Total	152,657	145,013	7,644

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2020/7	Operation	MDRGRH016
Budget Timeframe	2019/10-2020/3	Budget	APPROVED

Prepared on 20/Aug/2020

All figures are in Swiss Francs (CHF)

MDRGRH016 - Ghana - Floods

Operating Timeframe: 26 Oct 2019 to 30 Mar 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	96,890	91,385	5,505
Clothing & Textiles	40,800	39,880	920
Water, Sanitation & Hygiene	33,900	33,372	528
Medical & First Aid	10,190	11,031	-841
Utensils & Tools	12,000	7,103	4,897
Logistics, Transport & Storage	1,800	1,768	32
Transport & Vehicles Costs	1,800	1,768	32
Personnel	12,350	12,035	315
National Society Staff	4,000	3,769	231
Volunteers	8,350	8,267	83
Workshops & Training	17,000	16,936	64
Workshops & Training	17,000	16,936	64
General Expenditure	15,300	14,038	1,262
Travel	12,200	11,965	235
Information & Public Relations	1,200	974	226
Office Costs	600	503	97
Communications	900	551	349
Financial Charges	400	44	356
Indirect Costs	9,317	8,851	467
Programme & Services Support Recover	9,317	8,851	467
Grand Total	152,657	145,013	7,644

Reference documents



Click here for:

- [Operation Update 1](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

National Society

- **Ghana Red Cross Society:** Samuel Kofi Addo, Secretary General; email: redcrossghana@yahoo.com, phone: +233 020 6983284
- Jonathan Hope, Disaster Manager(Ag), email: jonathan.hope@redcrossghana.org phone: +233 246469484

In the IFRC West Africa

- Alberto Bocanegra, Head of West Africa Cluster a.i., phone: [+227 20 73 83 34](tel:+22720738334); email: alberto.bocanegra@ifrc.org
- Abel Augustinio, WASH Delegate, Ghana, phone: +233 552570125 email: abel.augustinio@ifrc.org

IFRC Africa Region:

- Adesh Tripathee, Head of DCPRR Unit, Kenya; phone: +254 731 067 489; email: adesh.tripathee@ifrc.org,

In IFRC Geneva

- Karla Morizzo, DREF Senior Officer, DCPRR; Email: karla.morizzo@ifrc.org
- Nicolas Boyrie, Operations Coordination, Senior Operations Coordinator, DCPRR; email: nicolas.boyrie@ifrc.org

For Performance and Accountability support

- IFRC Africa Regional Office: Philip Kahuho, PMER Manager, email: philip.kahuho@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace.**