EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID
Regional Support Office for East and Southern Africa (Nairobi)

MISSION REPORT

Subject : Monitoring of IFRC "Ghana - Preparedness and Response to cholera outbreak", Decision Ref 2015 91072, ECHO Contribution : 0.6 M€, From 1st June 2015 to 31st of May 2016. Pilar 3 of 2015 West Africa HIP.

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Date: **From the 15th to the 19th of February 2016**

Actors Met:

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Ministry of Local Governance & Development/ Environmental Health Department

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Visited Sites: Gan South Hospital

Executive summary.

ECHO is supporting the IFRC in the implementation of a one year project located in Greater Accra[1] aiming at preparing a community response for the containment of next cholera outbreaks in Ghana. This action complements ECHO supported UNICEF WCARO Cholera Platform[2].

Terms of reference included the monitoring of the project and advocacy of the strategy to the development donor community.

Since the beginning of the project, only four suspected cholera cases were reported. Although the IFRC has trained 120 volunteers from the Ghana Red Cross, the limited number of cases does not allow to ascertain the expected performance of IFRC' setting in case of greater number of cases.

From what has been observed during the mission, there is a need to improve the monitoring and the reporting capacities of the preparedness.

In the absence of cholera outbreak it is suggested to focus on simulation exercises and production of vulnerability mapping rather than performing public sensitization activities. As their added value is limited since the latest cholera outbreak is quite recent (2014-2015). Assessments show that communities are well aware of its detection and the related prevention measures they should adopt in case of suspect cases of cholera.

As per the development donor review, none of the ones met during the mission (JICA, EU Delegation, Croix Rouge Suisse) expressed a will to resume ECHO promoted strategy as of now.

On the other hand, they have shown interest in the approach. It is suggested that IFRC continue its communication and advocacy efforts and expand it to a wider range of development donors.

There are potential opportunities and interest to institutionalize IFRC' strategy. First step would be to coordinate with the Department of Environmental Health & Sanitation of the Ministry of Local Governance and Development as it presents similar, but yet limited, settings.

The project is to end in June 2016 at the beginning of the rainy season when the risks of cholera outbreaks are the highest. Considering the limited number of cases the project has addressed so far, it recommended that IFRC submit a no cost extension in order to extend the project duration until the end of the rainy season.

[1] 2015 West Africa HIP Ref 2015 91072. ECHO contribution is 600 000 €, 82.2% of total budget cost.

[2] 2014 West Africa HIP Ref 2014 01078. ECHO contribution is 1 800 000 € (93.7% of total budget cost.

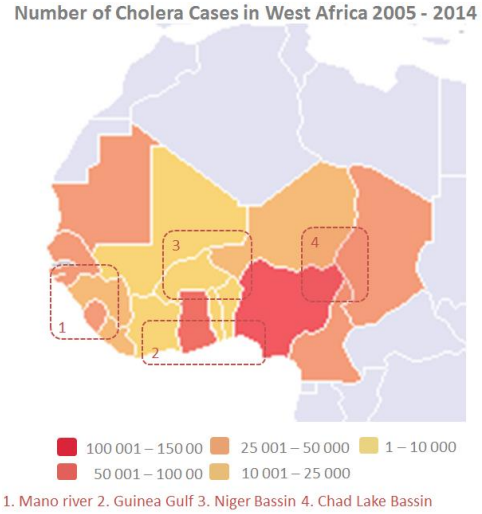
CONTENT TABLE

1 Context

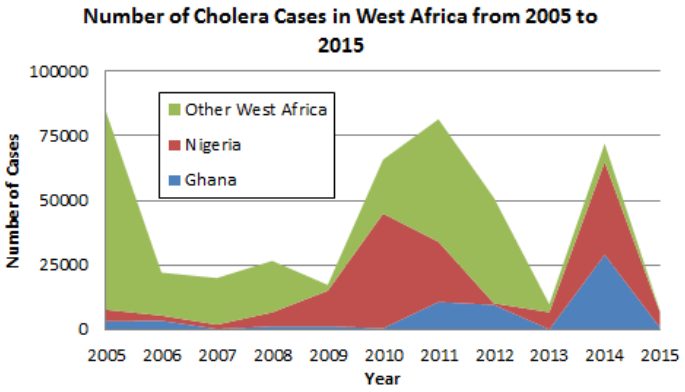
1.1 Cholera overview in Ghana

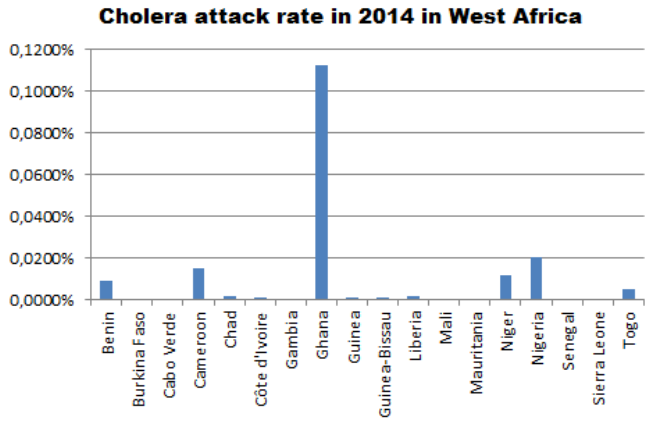
West Africa is hosting four cholera basins affecting 50 000 people on average every year.

Among the latest outbreaks, Ghana has been one of the most affected countries. The Great Accra region has borne the highest caseload.



[Source: UNICEF & WHO]





1.2 ECHO Strategy and support in cholera containment

Since June 2015, ECHO is supporting the IFRC for the implementation of a one year project located in Greater Accra[3] aiming at preparing a community response for the containment of cholera outbreaks in Ghana.

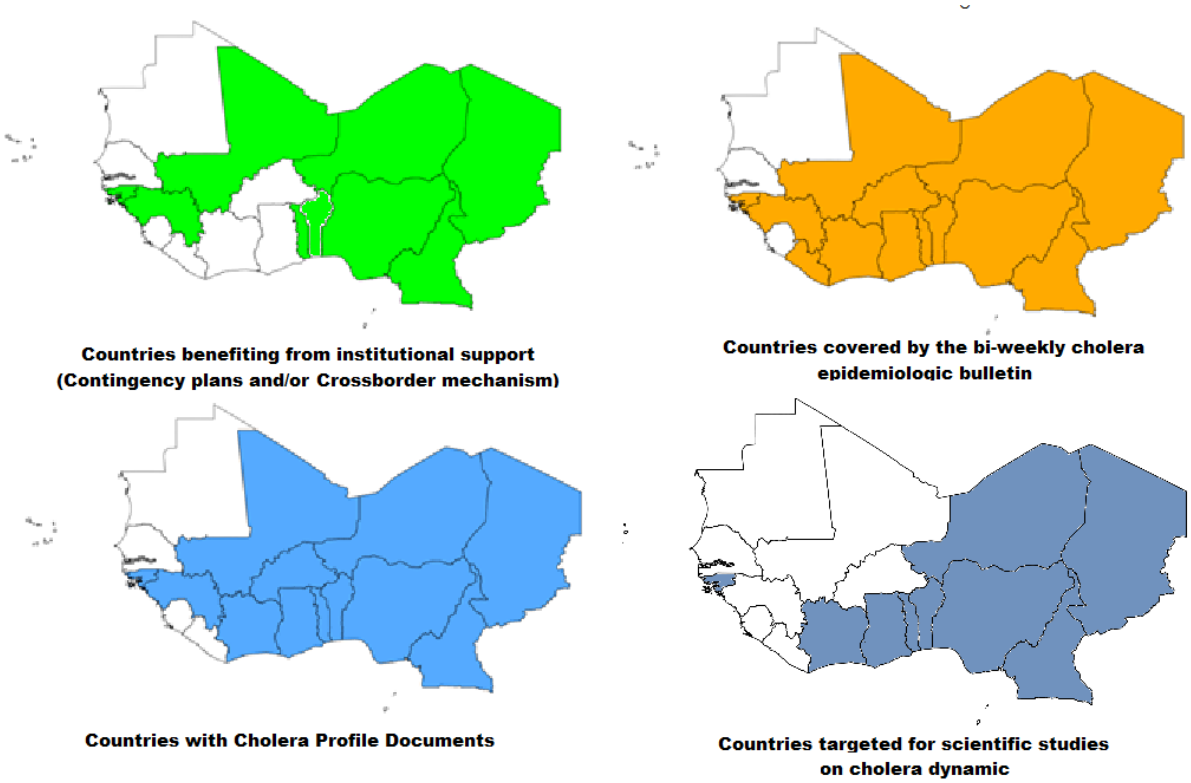
This project is in line with the ECHO Regional Strategy on cholera containment. This strategy is being promoted by UNICEF and supported by DG-ECHO[4]. It relies on four axes:

1. Institutional Support including:
   - Contingency plans, Actions Plans & Feuilles de routes) : 8 countries supported as of February 2016; and
   - Cross border coordination strengthening: 6 countries supported as of February 2016.
2. Early warning system including:
   - Bi-weekly bulletin: 13 countries supported as of February 2016;
   - Surveillance strengthening in hot spot areas : 8 countries supported as of February 2016;
3. Response coordination :
   - Training on sword and shield methodology to contain & document cholera outbreaks;
   - Online toolbox (http://www.unicef.org/cholera/index_74805.html)
4. Data collection & advocacy:
   - Studies to better understand cholera dynamic to enhance preparedness & response: 7 studies scheduled;

[3] 2015 West Africa HIP Ref 2015 91072. ECHO contribution is 600 000 € (82.2% of total budget cost).

[4] 2nd phase on going : 2014 West Africa HIP Ref 2014 01078. ECHO contribution is 1 800 000 € (93.7% of total budget cost).

- Cholera Country Profile in order to better apprehend and sensitize relevant actors in cholera prevention & containment: 12 country profiles produced as of February 2016



Targeted countries in the four pillars of DG ECHO strategy on cholera preparedness & containment [Source: From UNICEF West Africa Office data, 2016].

The action of IFRC is the extension of the 3rd axe. It aims at setting and training volunteers from the Ghana Red Cross to enable them to disinfect cholera affected areas protect and sensitize its populations.

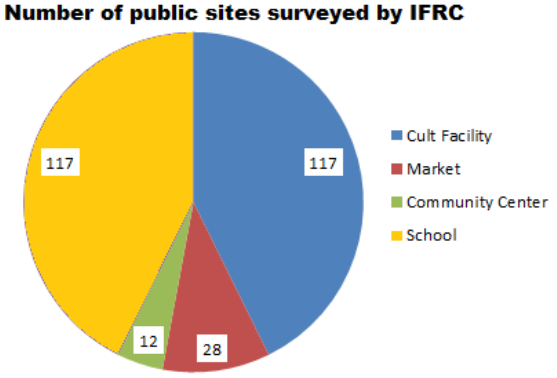
1.3 IFRC Action Progress update

Since the beginning of the action, only 4 cholera cases have been reported, one of which only has been confirmed. Most of the activities of IFRC's action are triggered with the occurrence of a cholera outbreak. With such limited number of cases, it cannot be established that the reactivity and the coverage of IFRC's setting has really been tested.

1.3.1 WASH public sites and public awareness surveys

Nevertheless, in order to better apprehend the context in which they will operate in case of cholera outbreak, IFRC has done two different surveys:

1. One focusing on the coverage of WASH services in public places. It highlighted that most of them had access to water (94%) and latrine (84%) although half of those (43%) did not have any hand washing stations with soap missing in most of mosques & community centres. A total 274 places were monitored none of which included stations (train, buses or taxi); and



2. The other focusing on communities related awareness on WASH and cholera issues. It highlights that cholera is diagnosed as a combination of diarrhoea and vomiting and mentions washing hand with soap as a way to prevent cholera in 76.3% of the

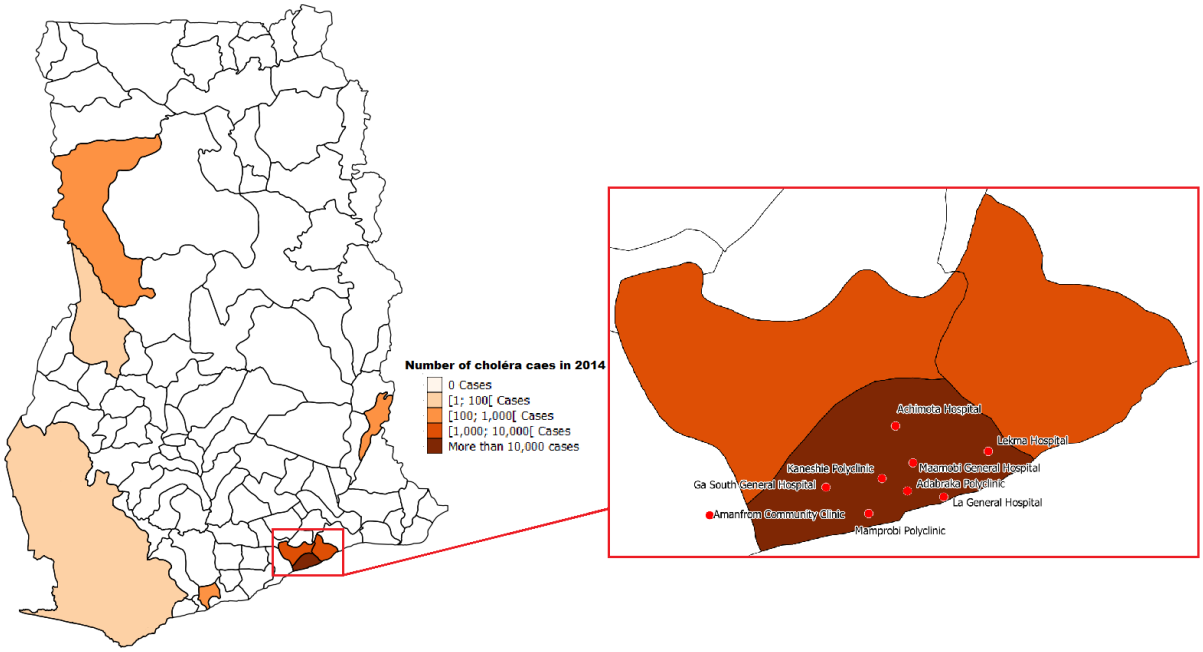
cases. As for cholera management, it is usually sought outside the house at health facility level (93.1% of the respondent). The survey had a rather impressive covereage of 1,100 sampled households in the districts of Ablekumah, Ayawaso, Ga South, LEKMA, Okaikoi, LA, Ashiadu Keteke within Accra Region.

1.3.2 Sword & Shield Setting

1.3.2.1 HUMAN RESOURCE

IFRC's coverage is targeting eight district of Greater Accra. They have trained 120 volunteers in order to conduct social mobilization, demonstrate use of oral rehydration solutions, chlorine preparation, WASH assessments (diagnosis & georeferencing), household disinfection & hand washing station setting.

Sentinels have been deployed in nine health facilities in 2014 cholera most affected areas in order to alert on any occurrence of suspected cases.



Choler affected area in Ghana in 2014 and location of IFRC sentinel in Accra Health facilities

1.3.2.1 SWORD RESPONSE

There are currently 12 Sword teams. They have been able to disinfect the households of three out of the four cholera suspected cases. Delays of intervention seem to vary between three hours and six days, the latter being too long for proper sword response.

Anyhow the number of cases is by far too low to state whether the teams are ready to contain the spread of a cholera outbreak. With greater number of cases, logistic organisation and sites prioritization issues will arise and have not yet been tested.

It is not clear whether the sword teams do a diagnosis of the WASH services when those are shared among different neighbours.

Right: Ongoing household disinfection [Source: IFRC]

1.3.2.2 SHIELD RESPONSE

There are currently 50 Shield teams. With only one cholera case confirmed, shield response had to perform a limited number sensitization sessions (147 households, 1 school of 200 pupils, 2 markets with 100 daily attendances).

They have rescheduled their activities to massive public cholera sensitizations events such as beaches (six of them, in which tents were set and sensitized over 5 200 people over 4 days), religious gathering (10 000 people), disinfection of public latrines (29), setting of public hand washing facilities (24 provided with soap[5]), cleaning campaign (one in Ga South Municipality) and sensitization event (one Health walk gathering 5 500 students and teachers for a 10 km walk within Accra).

Right: Ongoing public latrine disinfection [Source: IFRC]

1.3.2.3 SCIENTIFIC STUDIES

Documenting the dynamic of the cholera outbreak is part of the sword and shield strategy. Such is done through the response with the documentation of cholera affected households (spatial referencing & social data) and with specific scientific studies focused on targeted cholera outbreak dynamics.

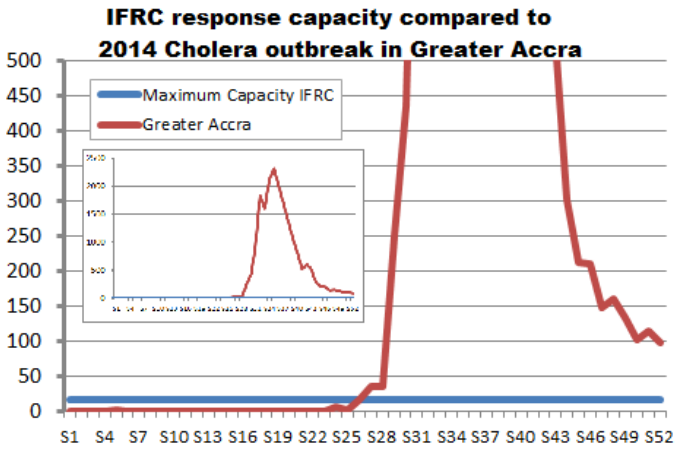
IFRC has submitted terms of reference to the Health Department of Accra University to produce a diagnosis of the institutional capacities to address the containment of cholera outbreaks.

2 Observation & Comments

2.1 IFRC Action Progress update

The report provided on project update (June 2015 to January 2016) needs some clarifications on several issues:

- The number of volunteers trained on household disinfection varies from 150 to 75 (p7) without clearly explaining whether it was additional training, or training to other people;
- It does not elaborate on the capacity of the response with 120 volunteers trained. According to IFRC, two cases per district (8 districts covered) is the average daily capacity of the setting. Such setting would have been able to address the needs of three out of the thirty weeks the 2014 cholera outbreak lasted in Greater Accra[6].



Right: Number of cholera cases in Great Accra in 2014 compared to IFRC setting capacities

- Household bleach is reported to be 30% of active chlorine which is very unlikely (2.6% is the most common active chlorine content for household bleach);
- Reports remain rather unclear with regards to the delays of intervention between the 1st onset of symptoms, the reporting of the case at the health facility, the delay for

[5] 2 bars of soap per facility

[6] FICR reported they could train up to 500 volunteers which could theoretically cover 67 cases per week provided they would have 8 cars (2 at the moment). Such setting would have covered the needs of 6/30 weeks of 2014 cholera outbreak in Greatter Accra;

deployment of the sword team to the household and the delay of deployment of the shield team;

- Among the four alerts, one already showed weaknesses in the alert system (6 days after symptoms);
- It is not clear if clothes disinfection has been processed in any of the 4 cases reported;
- No NTU tubes nor pool tester and related consumables have been scheduled so far which does not allow the team to insure that chlorination is properly processed at household level and that chlorine content of the different disinfection solution (2%, 0.5% & 0.05%) are actually accurate;
- The existing georeferenced system (MAGPI) is reporting cases on a Google Earth type of map. It does not allow any spatial analysis a GIS would and cannot be used as a decision-making tool;
- The community sensitization and events IFRC performed are of limited added value as the results of the KAP survey they processed in 2015 shows that population is well aware of cholera since the previous outbreak (2014-2015); and
- The institutional diagnosis the IFRC schedules to do with the department of health of Accra University is of little operational interest. It is more of development actors mandate if it has not been done already. Moreover, it is not certain that the Ministry of Health would be the most relevant institution to target as its mandate stops where the action of the IFRC starts (at health facility level). At last, The department of health showed little commitment to respond to the terms of reference IFRC produced them. The study they envisaged is limited to a monography of existing document completed by a workshop and a series of recommendations.

The mission included and simulation exercise which revealed to be biased as the targeted household was the one of the last cholera case. All the challenges linked to proper site identification (area and household location) were side-lined from the exercise. Moreover, it was very unlikely that the exercise would have been processed "as if" since it would have required spraying a household with chlorine, including household equipment, utensils and clothes the owner may not be keen to see happening for the sole sake of a simulation exercise.

2.2 Overview of actors met during the mission

2.2.1 The IFRC

The IFRC is not yet registered in Ghana (ongoing process). So far, they are hosted by the Ghana Red Cross.

They are completing a project initially dedicated to Ebola preparedness. The project ends in February 2016 (650 000 USD funded by the Japanese Embassy) located in Western Region consisting in capacity strengthening (warehouse, cars);

They submitted a 4 to 5 years project to Nestlé & the OPEC focused on natural disaster and WASH disease prevention (including cholera) and monitoring of water quality. Estimated amount is 4 to 5 MUSD. Funds are not secured yet. They consider the replication of their Sword & Shield approach activities in other project and areas, based on the lessons learnt of this action.

2.2.2 La Croix Rouge Suisse

The Suiss red Cross supports the present action as co-donor[7] and consider to extend it to other regions in Ghana in collaboration with the IFRC. No funds have been secured at the moment and Accra may not be their primary target.

2.2.3 Other Donors

The World Bank is scheduling a 160 MUSD program focusing in sanitation. They could target the areas based on the mapping of the hot spots UNICEF regional platform on Cholera has

[7] The other donor contribution in this project is 129 773€. It is not certain that is only the Suiss Red Cross. The amount would suggest Suiss Francs amount though (for an approx. 120 000 FS).

produced. UNICEF is scheduling to do some advocacy on that issue.

The European Delegation does not have any infrastructure program in Ghana in their XIth EDF. As far as health is concern, they focused on budget support (50 M€).

Among the Member States, The Netherlands have WASH project located in Cape Coast and West of Greater Accra.

JICA is supporting the health sector mainly to maternal care and laboratory analysis. They have financed the 1st level 3 laboratory in Ghana and intend to support a second one.

2.3 Institutional Actor

2.3.1 Ministry of Health

The Ministry of Health does not have the institutional capacities to operate in the communities themselves. Their modus operandi requires the population to go to their service while the Shield & Sword strategy is the opposite with related services (household disinfection, targeted sensitization) going to the communities.

Nevertheless, the Ministry has acknowledged the added value of the IFRC sword and shield approach and facilitated the hosting of sentinels in targeted health facilities of Greater Accra (cf. §1.3.2.1).

2.3.2 Ministry of Local Governance & Development, Department of Environmental Health & Sanitation

The Department of Environmental Health & Sanitation has a field network of theoretically one environmental Officer for every 700 people (between 10 & 200 per district). This ratio is closer to 1/8,000 in reality. Although with limited capacities, it has been able to door-to-door monitor 300 to 350 cases in Accra during 2014 outbreak (1.8% of the total caseload in Greater Accra[8]).

UNICEF envisages targeting them as their institutional entry point for the promotion of their cholera containment regional strategy.

3 Expert recommendations

3.1 IFRC Action Progress update

Based on the observations made during the mission and the information provided through IFRC latest activities updates, it is recommended to:

- Document the existing setting of IFRC and its potential capacities, identifying main bottlenecks in terms of deployment capacities (human resources, operational & logistic equipment);
- Clarify the number of volunteers trained on household disinfection;
- Correct the effective active chlorine content of household bleach;
- Introduce and systematize the analysis of turbidity (with NTU tubes), pH and Free Residual Content (FRC) to monitor the use of chlorine tabs at household level and proper preparation of disinfection solutions;
- Extend further assessments and mappings to public transports stations;
- Establish a proper monitoring of the reactivity of the sword & shield teams, documenting for each cases:
  - The delay between the 1st onset of suspected cholera symptoms and referral to health services (alert);
  - The delay between the referral and the deployment of the Sword team; and
  - The delays between the referral and the deployment of the Shield teams;
- The MAGPI georeferenced system has a limited illustrative goal when a proper GIS system is required to allow a combined analysis of geographic and site-collected data. The project should be strengthened GIS skilled capacities[9];
- The community sensitization in the absence of cholera case is of limited added value.

[8] Total caseload in Greater Accra was 19,715 for 2014

[9] Using QGIS, for instance, an open source GIS used as well by UNICEF.

As long as there is no outbreak, IFRC team should dedicate themselves to:

- Simulation exercise: the one observed during the mission revealed that the team apprehended such exercise as the testing of routine conditions. Simulation exercises should not only test routine situation but focus on challenging ones. For instances when the number of alert is overwhelming, when the locations remain unclear, when the community is hostile (or unfriendly), when the targeted people are gone, etc. It requires an environment designed and controlled by the supervisors in charge of the exercise followed by a proper debriefing of the weaknesses (organizational, logistic, reporting, tools & consumables wise) and lessons learnt throughout its performance;
- Setting a vulnerability map of the eight health district they targeted. This mapping should combine different layers of information such as the spotting of areas of gathering (public and private), the existing WASH services and their related performance, the related number of users, the number of cholera cases in 2014-2015 it bare, the existence of health services and number of beds for cholera treatments. It should include layers of the water and sewage networks completed with their effective service performance. The overarching goal of this mapping exercise is to be able to lay it on a table if a cholera outbreak occurs and to gather the actors involved in the response in order to highlight the most at risk areas, disease spreading wise, and the prioritization of activities among the actors according to their capacities;

- The study IFRC schedules to do with the department of health of Accra University should be cancelled considering its extremely limited added value. Funds targeted should document more operational issues. IFRC could link with UNICEF's cholera regional platform to seek for complementarities in this sector; and
- Considering the limited operational inputs so far due to the limited number of cholera cases, it is suggested to consider a no cost extension of the action which would extending its duration over the rainy season when the risk of cholera outbreaks is the highest.

3.2 Overview of actors met during the mission

None of the donors met during the mission had a strategy in which the objective of IFRC' Sword & Shield Strategy would perfectly. On the other hand, the IFRC's promoted approach is capturing their interest as it presents a structured and systematic response for the containment of cholera outbreaks.

One of the milestones of the strategy is to have development donors taking over the support ECHO is currently providing to IFRC. IFRC should continue to communicate and advocate to the donor community beyond the sole portfolio of their current donor and expand it to Country Donors Agencies such as European or American National Agencies (USAID, CIDA, DFID, AFD, Dev-Lux, DANIDA, SIDA, etc.), UN and international Agencies (UNDP, World Bank, etc.), Foundations and Middle East Donors (Bill & Melinda Gates, FSD, BID, etc.).

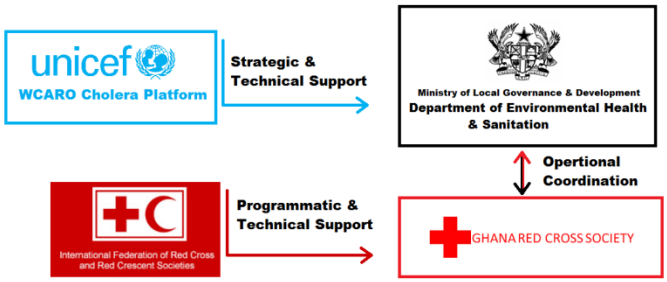
3.3 Institutional Actors

Among the institutional actors met, the Department of Environmental Health and Sanitation (DEHS) seems to be the most relevant body to link with in order to introduce the Sword & Shield strategy in an institutional framework.

As of now, it not recommended to put the project resources directly under the DEHS management although it could be a strategy in the long term provided institutional strengthening which goes beyond the scope of ECHO support.

Nevertheless, the writing of a Memorandum of Understanding (MoU) between the DEHS and the IFRC is recommended to clarify the commitments and responsibilities of each party in order to preserve the independence of the IFRC.

This MoU should focus on the operational coordination and linkages between the two. The institutional support and capacity strengthening should not be the prior target of this MoU as the UNICEF regional cholera platform would be more relevant to provide it.



Right: Suggested Institutional Setting

4 Sector policy compliance

The project is in line the DG-ECHO WASH policy as part of a WASH project entailing a minimal WASH package in a disaster preparedness project (option 2, Annex I: Indicative Decision Tree of DG Thematic Policy Document n°2 : Water Sanitation & Hygiene).

It is a seldom case when the WASH sector is a self-standing sector in the response as cholera containment activities are linked to WASH problematic.

Feed-back Request Box

None