

GHANA RED CROSS SOCIETY

2013

ANNUAL REPORT

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ADMINISTRATIVE AND OPERATIONAL STRUCTURE

1:0 NATIONAL HEADQUARTERS

The National Society operated during the year with the following Departments and Units: Finance & Administration, Transport, Logistics, Organizational Development, Communications & Marketing, Health & Social Services, Youth, First Aid and Disaster Management.

We are still active in all the ten (10) Administrative Regions of the country. At the Regions, the offices are still manned by two full time paid staff. These are a Regional manager supported by an Office assistant. However, in the Northern and Upper East regions we have additional two full time paid project staff supporting the office and programs.

Volunteer staff drawn from membership, Persons on attachment and National Service personnel also supports the Regional Offices and headquarters in executing all the functions of the various Departments and Units.

1:0.1 Staff Strength

Total paid staff at date is forty five (45). The breakdown is as below

Headquarters

POSITION	NO:
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Secretary General	1
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HEADS OF DEPARTMENT/ SENIOR OFFICERS

Finance & Administration Manager

Resource Development Manager	1
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Communications & Marketing Manager	1
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Disaster Manager	1
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Health and Social Services Coordinator	1
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First Aid Coordinator	1
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Youth Coordinator	1
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Middle Level Officers	7
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Junior Officers	7
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1:0.2 REGIONAL BRANCHES

Regional managers	10
Office Assistants	11
Project Officers	2
TOTAL	45

Payment of the remunerations of these staff is through a mix bag of Internally Generated funding, Partner National Society (PNS) and ICRC Support. Two Thirds of this number is however paid by the National Society through its Internally Generated Funds.

1.1 GREATER ACCRA REGION

1:1.1 Staff Strength

The Region has sixteen (16) political Districts but operate in nine (9) of them, they are Tema, Adenta, Accra Metro, Ga South, Ga East, Ga West, Ashiaman, Dangme East and Dangme West.

1:1.2 Staff

Eric Asamoah Darko	-	Regional Manager
Nafisah Haruna	-	Office Assistance

1:1.3 Supporting Staffs

Mumuni Sikira	-	DVLA 37 Center
Naa Adoley Allotey	-	DVLA 37 Center
Jessica Akayana	-	DVLA Weija
Mavis Ansu	-	Accounts Office
Vinolia Tamakole	-	Office Assistance

1:1.4 National Service Personnel

Aziz Ziblim
Doris Otsenmah Kai
Asiamah Mavis Opokua
Tetteh Mark Kofi
Ampofo Michael Adjei Anti
Asante Priscilla
Frimpong Abigail
Sakyiama Susan
Amuyaw Emefa
Akondo Selikem Kwame
Ennin Kennedy Kwaku

Takyi Christian
 Duah Kverewaa Ruby
 Abdullah Ayishatu
 Anyim Godwin
 Quarshie Cyrus
 Twum Danso Nana Ama Adutwumwaa
 Zakeria Bashiratu
 Ackon Elizabeth
 Addo Deborah Naa Adoley
 Bonsu Sylverter Osei
 Amarh Samuel Amartey.

1:1.5 Germany Volunteers

Two volunteers from Germany were posted to serve in the region, they were Miss Lea and Christina, due to ill health of Miss Christina, and she left earlier. Lea has completed her work and left for Germany.

However two other volunteers have come to replace them they are Miss Pia Heinrich and Sophie Fetschie. They are working in the Red Cross activities in the schools.

1:1.6 Volunteer Staffs

Regional youth organizers

Catherine Adasu

Seth A. Phylip Aheto

Regional Mothers Club Facilitators	-	2
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Regional First Aid Coordinator	-	1
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Regional EFAT Coordinator	-	1
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Regional First Aid Coordinator	-	1
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Regional Chapter Organiser	-	1
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District Organiser	-	9
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District Mothers club facilitator	-	5
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District chapter	-	8
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District Youth Organiser	-	8
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1:1.7 Management

The Region was managed by 12 elected Committee members. They were:-

Mr. Kwabena Nketsia Addae	-	Chairman
Mrs. Princess Lizzy Gborze	-	Vice-Chairman
Mr. Clement Zormelo	-	Treasure
Mrs. Barbara Mensah Agborkpor	-	Legal Advisor
Mr. Ebenezer K Addae	-	Hon. P R O
Mr. Rahman Tagoe Abdul	-	Health Advisor

Mr. Gabriel Anaba	-	Youth Rep.
Mr. Geroge Ankormah	-	Member
Augusta Yeboah	-	Member
Hajia Asiya Mohammed	-	Member
David Mills	-	Member
Johanson Ezech	-	Member

1:1.8 Regional Committees Meeting

THE REGIONAL COMMITTEE MEETING WAS SCHEDULED AS FOLLOWS:-

COMMITTEE	SCHEDULES	ATTENDANCE	AVERAGE	PERCENTAGE
Management	4	4	11/12	90%
Youth	4	4	5/5	100%
Resource Development	4	Nil	Nil	-
Information	4	Nil	Nil	-
Disaster	4	Nil	NIL	-

1:1.9 Youth

Once again at the beginning of the year 2013 the youth organizers visited all our school links and shared with them our programme and activities and how they will help in the implementation of the youth programme.

On the 7th of March 2013, the region organized a Funfair for some selected schools, in all 95 schools participated with a total number of 4000 at the children park –Accra.

Also an Inter-Schools First Aid competition was organized for school in Gt – Accra, once again 42 schools participated. Mizpa School was awarded with 21 inch Television Set. Global Evangelical school came second and took home a standing Fan.

57 youth members attended the years Regional Youth Camp in August at Osamkrom in the Central Region. The region used it as a platform to train the youth in the change in First Aid delivery.

However only 3 members were able to attend the National Youth Camp at Cape Coast , once again Greater Accra Region donated Television set to the best camper and GH¢500 to support the National youth camp 2013.

In the month of November 2013 the youth were involved in HIV/AIDS awareness creation, however on the 7th of December 2013 the youth were involved in HIV/AIDS Walk , which

started from Presec Staff school through the principle street of Madina and ended at Presec staff school again.

1:2 CENTRAL REGION

1:2.1 Staff Strength

The Regional Secretariat is manned by two (2) paid staff- the Regional Manager Mr. John Ekow Aidoo and the Administrative Assistant, Mr. Jonathan Hope.

1:2.2 Auxiliary Staff:

The Region has three volunteers staff and three service personnel who are both assisting in administrative and operational work at the office.

1:2.3 Regional Committee Members:

The elected Regional committee members are still at post and are working effectively to simulate, assisting and co-coordinating all work of the Society within the region.

Name	Position
Mr. Patrick Awuku Owusu	Reg. Chairman
Mr. Vincent Biney-Amissah	Vice Chairman
Mad. Isabella Arthur-Norman	Hon. Treasurer
Mr. Kingsley K. Prekoh	Hon. Health Adv.
Mr. Lolonyo Agbeyagah	Hon. Legal Advisor
Mr. Nicolas Addo	Hon. PR Advisor
Mr. Maxwell Owusu-Duku	Youth Representative
Mr. J.A Allotey	Council Member
Mad. Veronica Mantey	Council Member
Mad. Hannah Arko	Council Member
Dr. Gladys Ekuban	Council member

1:2.4 Accommodations

The Region has a residential accommodation for the Regional Manager, and office accommodation situated on the Society own acquired land. The Region also has four bed rooms hostel accommodation as a means of income generating venture. All have undergone some innovations during the year under review.

1:2.5 Meetings/Workshops Attended (Collaborative & GRC Meetings)

- ✓ January, 2012 organized by the National headquarters.
- ✓ Meetings organized by the Regional Coordinating Council
- ✓ Regional Road Safety Commission meetings

- ✓ Regional Manager attended both regional and Metro Health Directorates annual Review meetings for the year 2012
- ✓ There were other workshops and meetings related the ongoing CBHFA Program.

1:3 BRONG AHAFO REGION

1:3.1 Staff Strength

1:3.1a Paid Staff

All paid staff in the region are at post and going about their duties. These are;

Mr. Gayoni Gbolo Solomon	Regional Manager
Mrs. Olivia Kwarteng Opuni	Administrative Assiatant
Mrs. Faustina B. Chaahaa	Administrative Assistant (Optical Centre).

1:3.2 Volunteer Staff

All volunteer staff who are mostly District and Municipal Organisers are also at post and going about their respective duties.

1:3.3 Regional Committees and Sub Committees

The region held its elections in July 2013 hence all committees remained the same until after the regional elections.

1:3.4 Regional Structures

As pertain in the National Society, the structures in the region are;

Youth links
Chapters and
Mothers Clubs

1:3.5 Membership

The organization is active in 18 districts and Municipalities out of the then 22 districts and municipalities. Total membership of the various structures as received from the districts is as follows;

• Youth links	3,208
• Chapters	92 with a membership of 7,684
• Mothers Clubs	30 with a membership of 657 which are mostly inactive.

1:4 UPPER WEST REGION

1:4.1 Staff Strength

1:4.1a Paid Staff

Joseph Bog-Yena	Regional Manager
Timothy D. Kayelle	Project Officer
Mariam Balegha	Administrative Assistant

1:4.1b Volunteer Staff and their Positions

Francisca Naawerebagr	Regional Mothers Club Facilitator
Bismarck Erubong	Ag, Regional Youth Organiser
Danso George	Ag. Regional First Aid Instructor
Paul Hemet Sornye	Municipal Organiser- Wa
Yendau Eugene	Ag. District Organiser - Nadowli
Moses Bakagr	Ag. District Organiser - Jirapa
Edward Baagah	District Organiser - Lawra
Mohammed Lulua	Ag. District Organiser - Sissala
Magdalene Maayang	Mothers Club Facilitator - Wa
Margaret Galyoun	Mothers Club Facilitator - Nadowli
Mercy Diedong	Mothers Club Facilitator - Jirapa
Elizabeth Gbeney	Mothers Club Facilitator - Lawra
Rabiatu Mohammed	Mothers Club Facilitator – Sissalla

1:4.2 Executive Committees

There is a 12 member Regional Executive Committee is in place. However, as a result of certain administrative challenges as indicated in the introduction, meetings were not regular as they ought to be.

1:4.3 Sub-Committees

As a result of the Administrative and some financial challenges only two sub-committees are in place and working. They are the Management Sub-committee as well as the Finance/Resource Mobilization Sub-committee

1:4.4 Regional Structures

In the region, the Regional Executive Committee has been the highest management body after the Regional General Assembly which is held every two years. It functions as the BOARD at the regional level and is supported by Subcommittees such as; Management Subcommittee, Finance Subcommittee, Resource Mobilization Subcommittee, Disaster Subcommittee, Health Subcommittee, Youth Subcommittee as well as Women and Children Subcommittee.

These subcommittees meet much regularly to plan activities for implementation for the various wings of the society and report as such to the Executive Committee quarterly except in

emergency situations where meetings are much regularly than quarterly. However, the situation was not as expected.

1:4.5 Memberships

1. Total Membership and breakdown as

OPERATIONAL DIST. BY NAME	NO. OF CHAPTERS IN THE DIST.	TOTAL NO. OF RED CROSS MEMBERS (Ordinary Members + Youth + Mothers Clubs +School Links + etc)
Wa Municipal	6	450
Nadowli	2	45
Jirapa	4	80
Lawra	7	280
Sissala	3	120
Total	22	975

2. Youth

Name of Operational District	Number of School Links	Total Membership of School Links
Wa	5	350
Nadowli	1	20
Jirapa	2	35
Lawra	5	170
Sissala	2	65
Total	15	640

3. Mothers Clubs

Name of Operational District	No. of MC Groups	Total Membership of the Mothers Club
Wa Municipal	16 (8)	521
Nadowli	20 (10)	411
Jirapa	26 (8)	420
Lawra	68(28)	1,360
Sisaala	13 (7)	271
Total:	143 (61), i.e. 61active groups	2,983

1:5 VOLTA REGION

1:5.1 Staff Strength

The period under review was seen to be consolidating the achievements made in the preceding years in strengthening the structures as well as improving on the quality and effectiveness of the society's programmes and services in the region.

Paid Staff

The society is manned by two paid staff and four volunteer staff in the region.

Mr. Larry Yeboah	–	Regional Manager
Miss Margaret Akorta	–	Office Assistant

1:5.3 Volunteer Staff

Mr. Gershon Dzokoto	-	Regional Youth Organiser
Miss Elesi-Dei Tutu	-	Regional Mothers Club Facilitator
Mr. Franklin Daklu- Lawson	-	ERT Coordinator
Mr. Micheal Sittie	-	1 st Aid Training Coordinator

1:5.4 Regional Management Committee

The Regional Management Committee is in place and met three times in the year.

Below are the names of the committee members

Mr. Matthew Atinyo	-	Regional Chairman
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Mr. Hans Gbena	-	Vice Chairman
Miss Gertrude Kukah	-	Hon. Treasurer
Mr. Gregory Amenuvegbe	-	Hon. Health Advisor
Mr. Samuel Kodjo Acquency	-	Hon. PR Advisor
Mr. Wilhelm Gaitu	-	Council Member
Mrs. Bertha Afenya	-	Council Member
Mr. SNK Kove	-	Council Member
Mr. SS Seneagya	-	Council Member

1:5.5 Regional Structures:

The Red Cross is operational in eight (9) political districts in the region.

Below are the names of Districts/Municipalities.

- ✓ Ho Municipality
- ✓ Jasikan district
- ✓ Ketu South District
- ✓ Hohoe Municipality
- ✓ Nkwanta South District
- ✓ Kadjebi District
- ✓ Kpando District
- ✓ Ketu North District
- ✓ North Dayi District

1:5.6 Dormant districts in the process of being reactivated:

An acting District Organisers have been appointed for the under mentioned districts to help activate their activities and identify other volunteer staff who will help in that direction.

1. Krachi West District
2. Akatsi District

1:5.7 Districts where Red Cross Society is being formed:

Volunteers were also identified in Biakoye and Nkwanta North Districts to help in the mobilization of members.

1:5.8 Membership

The society in the region has a total membership 3316 out of which 782 are in good standing.

Category	Total Membership	Members in Good Standing	Old Members	New Members
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Youth	2540	633	396	151
Adults	776	149	107	5
Total	3316	782	503	156

1.6 NORTHERN REGION

1:6.1 Staff Strength

The administration of the Society in the region was smooth. The Regional Committee had assisted in various ways to achieve the successes recorded.

In a bid to increase the membership of the Society in the region, all active districts have been entreated to embark on intensive membership drive which is still ongoing, and efforts are being made to improve on the membership at all levels.

1.6.2 Staff of the Region (Name and designations)

A. Paid staff

- Abdul-Rahamani Yussif - Regional Manager
- Zakaria Adams - Project Officer , Vision First Programme
- Augustina Vaib - Office Assistant
- Musah Wakilu - Project Driver, Vision First Programme

B. Volunteer staff and their positions

- Mr. Jacob Ndego - Regional Youth Organiser
- Mr. Hassan Husein – D. O, Tamale
- Mr. Sumaila Mumuni - D. O, West Gonja
- Mr. Mohammed Anim – D. O, Savelugu/Nanton
- Mr. Shahadu Alhassan – D. O, Yendi
- Braimah Alhassan I. – D. O, Nanumba
- Mr. Alhassan Mahama – D. O, Bole
- Mr. Samuel Agambire – D. O, West Mamprusi
- Mr. Iddrisu Nantogmah – D.O, East Mamprusi

C. Management committee members

1. Regional Chairman - Mr. Wilberforce Shaibu Adam
2. Vice-Chairman – Mr. Suraj-Deen Alhassan
3. Hon. Treasurer – Alhaji Abdul Mumuni. Salifu
4. Hon. Legal Adviser – Alhaji. Dagiah Iddrisu
5. Hon. Public Relation Advisor – Mr. Zakaria Alhassan
6. Regional Youth Representative – Mr. Lucas A. Anao
7. Member – Mr. Nantogmah Fuseini

8. Member – Mr. Labik D. Kombian
9. Member – Mr. Abu Alhassan
10. Member – Mr. Abu Fuseini
11. Member – Mr. Kwabena Anim
12. Department of Social Welfare Representative
13. Ghana Police Service Representative

D. Sub-committee members etc

DISASTER RESPONSE AND RELIEF

- Mr. Fuseini Nantogmah
- Mr. Abu Alhassan
- Mr. Jacob Ndego
- Mr. Zakaria Alhassan
- Police Rep.

FUNDRAISING

- Alhaji A.M. Salifu
- Mr. Alhassan Suraj-Deen
- Mr. Lucas A. Anao
- Mr. Jacob Ndego
- Ms Lamnatu Adam

INFORMATION

- Mr. Zakaria Alhassan
- Lawyer Dajiah Iddrisu
- Mr. Lucas A. Anao
- DSW Rep.
- Mr. Fuseini Nantogmah

HEALTH

- Dr. Akwesi Twumasi
- Mr. Alhassan Suraj-Deen
- GHS Rep.
- Abu Alhassan
- Ms Lamnatu J. Adam

YOUTH

- Mr. Lucas A. Anao
- Mr. Jacob Ndego
- Mr. Abu Alhassan
- DSW Rep.
- GES Rep.

Regional Structures

- A. Districts
 - 1. Bole
 - 2. Central Gonja
 - 3. East Mamprusi
 - 4. Gushegu
 - 5. Nanumba (North and South)
 - 6. Saboba/Chereponi
 - 7. Savelugu/Nanton
 - 8. Tamale
 - 9. West Gonja (North Gonja included)
 - 10. West Mamprusi
 - 11. Yendi
- a. Chapters – 21
- b. Mothers clubs – 62
- c. School links - 61
- d. Various coordinators - 3
- e. District Organizers and chapter organizers etc – 22

1:6.3 Membership

Total membership and breakdown as

- a. Youth - 2,690
- b. Adults – 1,492
- c. Members in good standing - 114

1:7 ASHANTI REGION

1:7:1 Staff Strength

The Regional Secretariat is manned by two (2) paid staff- the Regional Manager and the Office Assistant. None of the staff have taken their leaves within the period under review.

1:7:2 Elections

The region organized its AGM & Elections on 28th July, 2013. Five (5) Districts comprising 59 members were present for the meeting. The elections went on smoothly and most of the former committee members with the exception of the vice chairman and one committee member were re-elected to their post. Below is the list of committee members elected for the year 2013

Emmanuel Arthur	- Chairman
Theophilus Quaye	- Vice Chairman
Felix A. Baidoo	- P.R.O
Konadu Yiadom	- Treasurer
Dr. Asante Mantey	- Health Advisor

Lawyer Eric Oduro Konadu	- Legal Advisor
Derek Agyeman Prempeh	- Reg Youth Rep.
Mohammed Don Abdullah	- Member
Nana Agyei Addo	- Member
Dickson k. Frimpong	- member

1:7:3 Governance Memberships

The elected Regional committee members are still at post and are working effectively to see to it that the activities of the Red Cross in the region are carried out effectively.

1:7:4 Accommodation

The former Regional Manager Mr. Ofosu Boateng has finally vacated from the residence at Suntreso and the current Regional Manager has now moved to occupy the residence.

1:7:5 Land and Property

a) Suntreso

The Suntreso land has still not been able to be put into any usage. Some monies were collected as a rent from the squatters on the property to enable us pay part of the outstanding ground rent to the State Housing Company.

Effort to get a certified true copy of the land document has as prove fatal, because the state housing is saying until we pay all our debt which stands now at Two thousand nine Hundred Ghana Cedis (¢2,900.00) after paying (¢6,500.000) to them.

The Region is still devising means to start a project on the land which can fetch the region some income.

1:7:6 Twedie

Matters are still being settled between the chiefs of Twedie concerning the plot of land donated to us by the former chief.

1:7:7 Transport

The region has still got one vehicle, which is in bad condition therefore needs replacement, because the maintenance cost is very high. This situation has caused the regional manager to use his private vehicle for official duties but for lack of funds the office is not able to foot the maintenance fees. I would therefore wish that a new vehicle is given to us to enhance movement in the region.

1:7:8 Meetings/Workshops

The region organized four (4) committee meetings and three (3) regional meetings for Do's.

1:8 EASTERN REGION

1:8:1 Staff Strength

This report captures events that occurred from April 2013 with the coming of a new regional manager, Mr. Theophilus Tackie. The former manager, Mr. Darko Asumadu had been serving on contract basis since his retirement three [3] years earlier. A handing over ceremony was organised to this effect on Thursday 25th April, 2013.

1:8:2 Office Complex

The office of the Eastern Regional branch of the Ghana Red Cross is a single room within the Health Ministry. The President of the Ghana Red Cross Society, Dr. Agyekum Addo, has contacted the Municipal Chief Executive of New Juaben in Koforidua for an alternative office space. The region has two [2] paid staffs in the persons of:

[i] Theophilus Tackie, the Regional Manager

[ii] Mary Owusu, the Office Assistant

1:8:3 Regional Volunteer Staff

Two (2) Regional Youth Organizers-Emmanuel Djan Yeboah and Daniel Konadu

One Regional Youth Representative

One Regional Mothers' Club Facilitator,

One Emergency Response Team Coordinator

One Regional Resource/ First Aid Instructor

1:8:4 Regional Committee Members

N O	NAME	POSITION	PROFESSIO N	TEL. NO.
1	Mrs. Bridget Boham- Addey	Chairman	Health Professional	0244207359
2	Rev. Richard Yeboah	Vice Chairman	-do-	0244727176
3	Mrs. E. Obeng- Yeboah	Hon. Treasurer	Retired Educationist	0208210565
4	MS. Emilia Okai	Health Advisor	Health Professional	0244884097
5	Rev. George Amoah	Legal Advisor	Court Register	
6	Hon. A. K. Frimpong- Mansoh	PRA	Retired Health	0287234084

			Professional	
7	Mr. K. Darko-Asumadu	Executive Member	Retired- RM, RCER	0243577547
8	Miss Lydia Asante	-do-	NADMO	0208219288
9	Rev. Owusu Ansah	-do-	Rev. Minister	
10	Johnny Wordui	-do-	Health Inspector	0244277305
11	Annor Dompere	--do-	Media/Radio Presenter EMAK 99.7 FM	
12	Asare Boateng	YOUTH REP	Student	
	REPRESENTATIVES	STAKEHOLDERS		
13	Bernice Oforiwa	GES Rep.	SHEP Coord.	
14	Emmanuel Armah	Immigration Services- Rep	Immigration Officer	
15	Gifty Sunu	GHS Rep.	Health Professional	0208934297
16	Manacia Sefekor Amuzu	I S D Rep.	Information Officer	
17	Moses Akuffo Baah	NADMO	NADMO Official	

The management committee of the Eastern Regional Branch of the Ghana Red Cross Society met four (4) times within the year. A meeting was held every quarter at the regional office

1:8:5 Other Volunteers

Presently, the region has only 2 active volunteers namely; Kwesi Appiah and Silas Barawuso Quarcoo. The region also has 2 German volunteers who will work in the region between September 2013 and August 2014.

1:8:6 National Service Persons

Five national service persons were posted to Red Cross of Eastern Region out of which 4 reported. Our request to have NS persons with accounting and secretariat backgrounds were not honored. Those we have, with marketing background, are helping the region to expand its school and community volunteer base. Each NSP is tasked with establishing twenty (20) school links from upper primary Senior high school and at least one community chapter or a mothers club with the help of the assembly members in the various communities where the NSPs reside.

1:8:7 District Volunteers

Eastern Region of Ghana has twenty-six (26) political districts. Currently, the office has established contacts with District Organizers (DOs) from six (6) districts.

1:8:8 Office Renovations

The office has undergone some renovation work. The national headquarters provided a set of computers to the office. This is the only computer the region has so far in addition to dummies, first aid kits, stretchers etc. the region has also acquired a printer and a refrigerator. There has also been some painting and tiling work done in the office

1:9 WESTERN REGION

1:9:1 Staff Strength

On 1st March, 2013, a substantive Regional Manager (RM) in the person of Mr. Matthew Boateng assumed office to steer the affairs of the Society in the Region. In late March, a regional committee meeting was conveyed to have the new RM officially introduced. The RM subsequently presented his vision to the committee.

Soon after meeting with the regional committee, the Regional Manager met all the District Organisers, including the Volunteer Staffs. The RM embarked on visitation exercise at the DVLA First Aid training centres, thus Takoradi and Tarkwa to assess the programme, introduce himself and to build good rapport with DVLA Officials. He also visited the stakeholders to introduce himself to them.

1:9:2 AGM / Central Council / General Assembly:

On 20th July, AGM was conveyed where elections of new regional executives were conducted. Two weeks afterwards 4 delegates together with the RM represented the region at the General Assembly where the elections of the national executives took place.

HEALTH DEPARTMENT

2:0 NATIONAL HEADQUARTERS

2:0:1 Introduction:

One of the care mandates of the Ghana Red Cross Society is to reduce morbidity and mortality among mothers and children in deprived areas, the health department embarked on a number of programmes to achieve this mission. Activities that the department undertook during the year under review included:

- Community-based Health and First Aid (CBHFA)
- National Immunization Day (NID)

2:0:2 Community-based Health and First Aid (CBHFA)

GRCS with MoU with FRC on Bilateralism

In 2013, the Finish Red Cross upon successful completion of the CBHFA pilot phase in 2012 has signed a bilateral MoU with the National Society. The MoU sought to scale up the piloted project activities from Central region to the Brong Ahafo region. In all 5 communities were identified for the second phase of the project. A Project Officer and Accountant were hired.

2:0:3 Needs Assessment and Baseline Survey

In March 2013, the project team conducted need assessment. These needs were identified from the five communities (Berabekome/Domoki and Ofoase in the Central Region and Fakwasi, Ajalaja and Beiposo in the Brong Ahafo Region). These needs identified were prioritized for a baseline to be conducted for implementation. Below were the needs identified?

- Water and sanitation (both soft wares and hard wares needed-household latrines, borehole)
- Malaria and river blindness
- Disasters (flooding, storms, fire outbreak and cholera outbreak)
- First aid (epilepsy, burns, snake bites, and road accidents)
- Maternal and child health (safe motherhood, teenage pregnancies)
- HIV and AIDS including stigma and discrimination

2:0:4 Trainings/workshops/meetings

Volunteers and community leaders were given training as it is mandated by the project to ensure quality house to house health education. The areas volunteers received training on were: first aid, community mobilization in emergency, malaria (hang up and keep up), family planning (use of

contraceptives as a means to space child birth) social mobilization for house to house education, construction and use of household latrines. In all 100 volunteers, 14 chiefs including opinion leaders, 6 districts assemble officers and 8 health workers were trained.

There were stakeholders meetings organized in the two districts that implement the project. These are Agona East District in the Central Region and Atebubu in District in the Brong Ahafo. The essence of the meeting was to present to stakeholders the needs of the communities and to hear from stakeholders how they and the Red Cross together could support the communities to find solutions to the needs identified. Assemblies and District Health Directorates represented made pledges of how they could support the project through the project life and beyond. A Memorandum of Understanding was developed based on the pledges and signed by the District Assemblies and District Health Directorates whose representatives were present at the meeting and involved in the project implementation. The Secretary General signed the MoU on behalf of the National Society.

The health coordinator presented a case study on exist and sustainability during the CBHFA global meeting in Geneva. Participating NSs included Sierra Leone, Malawi, Ghana, Irish, and Quit, Yemen, Liberia, Egypt and Bangladesh. The objective of the meeting was to Share updates, case studies and lessons learnt (on M&E, innovation, integration, scaling-up, sustainability)

2:0:5 Clean Up Exercise

Volunteers in all the five communities carried out market churches sensitization to educate market women on how to prevent communicable diseases and also to clear filth round markets squares. These activities were organized once in every quarter. The exercise was to encourage community participation as CBHFA is about learning by doing.

2:0:6 Monitoring and Reporting

There were monitoring at all levels. District Organizers (DOs) visited all the three communities once in every week to ensure that volunteers were carrying out their community education. The regional managers had conducted monthly monitoring to the project communities. Different PMER tools were used at various levels for the monitoring. There was a joint monitoring by the Health Coordinator and the Health and Care Manager for the West Coast office.

2:0:7 Recruitment

The department had two new officers who were recruited to hand the CBHFA project supported by the Finish Red Cross. These officers were the Project Officer and Project Accountant. A National Service Personnel was allocated to the department to assist in the activities.

2:0:8 NIDs

The NS in collaboration supported the Ghana Health Service in the 2013 Measles Rubella and Supplementary activities in November 2013. The project supported nine Districts which could not previously performed above 90 % coverage. Six districts were supported in the Greater

Accra Region while three districts where in Wa Central and Jirapa districts in the Upper West region and Garu Tempani in the Upper East Region. The project recorded success stories. These districts for once since the past years had recorded over 90% coverage in the 2013 campaign and that brought back American Red Cross to sign a one year Measles Containing Vaccine 2 (MCV2) defaulter's project in 2014.

2:0:9 Conclusion

In 2013 volunteers undertook several activities in their various communities to complement the department goals and objectives. The year recorded 95% active volunteers involved in project activities.

2:1 EASTERN REGION

2:1:1 Health and Social Service

Ghana Red Cross partnered with the Ghana Health Service in all its health outreach activities including National Immunization Days on Poliomyelitis, Measles and Rubella. The main duties included supervising district supervisors, monitoring volunteers involved in the exercise and assessing coverage and impact of the immunizations.

Red Cross in Eastern Region sprayed weedicides and agro insecticides at the Koforidua DVLA centre where the First Aid training is done. This was in response to a call by the first aid instructor to clear over grown grasses and prevent the occasional appearance of snakes. This activity was carried out in July 2013. Unfortunately, DVLA activities have been temporarily halted till further notice from November 2013

2:2 ASHANTI REGION.

2.2.1 Health and Social Services

2:2:2 Hand Washing Activities:

The region has on several occasions rendered these services at many funerals.

2:2:3 Blood Donation:

As part of activities marking the world Red Cross day, the region organized blood donation and we mobilized 172 pints of blood for Bekwai and Suntreso Hospitals blood bank **Clean Up**

2:2:4 Exercises

The region also organized various clean up exercises at the various districts

2:3 NORTHERN REGION

2.3.1 Health and Social Services

2:3:2 Blood Donation

A voluntary blood donation was organized on the 6th December, 2013 at the Tamale Teaching Hospital (TTH) blood bank. Three Senior High Schools Red Cross links were mobilized, namely Tamale Institute of Business Studies (TIBS), Tamale Senior High School (TAMASCO) and Kalpohini Senior High School (KASS). Thirty Six (36) members were able to donate 36 pints of blood to the TTH blood bank.



2:3:3 HEALTH WALK

There was a massive Health walk on the 7th December, 2013 with about 500 participants with the theme: Prostrate Cancer, A silent Male Killer. Various Clubs (Samba Keep fit Club, Tamale Stadium Gym Keep fit Club, Kukuo Keep fit Club, Ola Keep fit Club, Navasco Old Students Association-NABIA, Ghana Red Cross Society) participated in the Health walk which started from the Tamale Jubilee Park at 6:00 AM and ended at about 8: 20AM at the point of start (Jubilee Park). Participants were from diverse walks of life. The Health walk was done through the principal streets of Tamale.

The Participants were given a brief talk on Non Communicable Diseases (NCDs) after they had some physical exercises led by representatives of various keep fit club members. Participants were advised to regularly exercise their body, take enough water, eat much fruits and relax when they are exhausted to keep their body and mind fit.



2:3:4 DVLA- No. trained, amount realized, impacts and challenges etc.

A total of 682 drivers have been trained from January to June 2013 and an amount of GHC 4,092.00 realized.

2:3:5 WORLD AIDS DAY CELEBRATION

World AIDS Day is slated on every 1st December annually but the day was celebrated on the 5th December, 2013 at Kumbungu in the Northern Region. The date was fixed by the Regional AIDS Committee (RAC). The Ghana Red Cross Society applied to the Public Health Unit at the Tamale Teaching Hospital and they supported the programme with HIV Test Kits. On the 5th December, 2013 Ghana Red Cross Society transported the Test Kits and four (4) counselors from Ghana Red Cross Society and Esinam Foundation to join three (3) counselors from Kunbubgu District Health Centre to carry out the counseling and testing at Kunbungu D/A Primary School. There was a route march through the main of Kunbungu where the Red Cross Volunteers were there to render first aid services to participants. At the Durbar ground the Red Cross Volunteers mobilised the Public to move to the classroom block for Voluntary Counseling and Testing (VCT).



A Section Of The Crowd During The World Aids Day In Kunbungu-Nr.

2:3:6 Free HIV Screening.

The Testing was conducted at Kumbungu. Two Hundred and thirty six (236) people voluntarily came for the free HIV screening. The oldest was 46 years and the youngest was 9 years. Thirty one percent (31%) of those who voluntarily tested were females and (69%) percent were males. Two people were reactive at first response. These two people were females with their ages 32 years and 28 years. They have been contacted and referred to the public Health for follow up tests. A copy of the data was presented to Kunbungu Health Centre.

MALE	FEMALE	TOTAL	REACTIVE	
161	75	236	2	



SOME RED CROSS MEMBERS IN ACTION ON THE WORLD AIDS DAY.

2:4 VOLTA REGION

2:4:1 Health and Social Services

2:4:2 First Aid Services at Public Functions

Thirty Red Cross volunteers drawn from Ho municipality were at the parade ground on the 6th of March at Ho to render basic first aid to parade casualties.

The volunteers worked in collaboration with the National Ambulance Service and the medical unit of the 66 Artillery Regiment in Ho.

Red Cross volunteers were also present at all other public functions during the period to render basic first aid services.

2:4:3 Collaborative Meetings with National Road Safety Commission

The Regional Manager attended three collaborative meetings of the NRSC during the period under review.

The meetings were aimed at strategizing the education and training of drivers in the region.

The Regional Manager also attended meetings of NGOs in Health in the region to discuss A GAVI project allocated to two NGOs to assist two districts increase their Polio immunization

2:5 UPPER WEST REGION

2:5:1 Health and Care in the Community

Between September October and November 2013, 350 community Red Cross volunteers were trained to undertake a campaign programed on Measles/Rubella. This was a HQ sponsored programed. The understanding was that, American Red Cross Supported this programme

PEC/ VFP (Primary Eye Care/ Vision First Programme)

The PEC/VFP is ongoing. The number of trained volunteers so far is 504

For the period under review, we were basically monitoring and reporting on Volunteer activities.

Red Cross Optical Centre; The Region has an Optical Centre which is operating optimally to provide optical services affordably to the people of the region and beyond. Indeed it is a component of the vision first programme in the region.

2:6 BRONG AHAFO

2:6:1 Health and Care in the Community

Most district and Municipal branches commemorated the 56th Independence Day celebrations by mounting First Aid Post and rendering First Aid services on the parade grounds. In Sunyani the regional capital, the First Aid team was made up of **15 First aiders** drawn from the chapter and the Sunyani Senior High School link. The ceremony registered the highest numbers of casualties in recent times. The combined team of Red Crossers, health staff from the Sunyani Regional Hospital and some members of the St. Johns Ambulance rendered First Aid services **to 35 casualties** who were made up of the security services, school cadet corps and some school children.

To mark this year's World Red Cross Day, the Techiman district organised a three days district youth camp in Korfoso a Red Cross community in the Techiman Municipality. In all, **245 youth** drawn from various youth links participated in the camp. Activities such as talks, quizzes and clean up campaigns were organised in the host community to instil in the community folk the need to keep the environment clean and rid of polythene bags which are currently an environmental nuisance in Ghana.



2:6:2 Optical Services

The Ghana Red Cross Optical Centre has continued to grow from strength to strength with many people from Sunyani and its environs reporting to the centre to access eye care. The centre has also gone on outreaches to many parts of the region carrying the specialised service to the door steps of the people of the region. Some of the outreach points during the period under review are Techiman, Kintampo, Yeji, Atebubu, Amanten to mention a few.

Find in the table below the numbers of people who access eye care services in the Optical centre within the review period.

Period	# of People Seen
Quarter 1	5,219
Quarter 2	2,793
Quarter 3	3,006
Quarter 4	10,242
Total	21,260

Over **195** spectacles were donated to the most vulnerable people who were screened and diagnosed of refractive errors. This was to enable them regain their vision and to facilitate their socio-economic activities hence contributing the Government's poverty reduction effort.

The centre was also invited by a philanthropist in Carpenter who holds biannual health screening programmes in and around the catchment areas of the Carpenter Community in the northern region to do eye screening. The team from the centre spent two weeks in the community

2:6:2 Community Based Health and First Aid (CBHFA) Activities

The CBHFA project is the International Red Cross and Red Crescent Societies approach aimed at contributing to the International Federation of Red Cross and Red Crescent Societies (IFRC) Strategy 2020, Strategic Operational Framework (SOF) for Health for all by 2015 and

contributing to Millennium Development Goals of 4, 5, 6 and 7. The approach empowers communities and their volunteers to take charge of their health through mobilizing them to address priority health needs by using simple tools adapted to local contexts, thereby building the resilience of these communities and instilling in them a sense of project ownership.

The CBHFA project with sponsorship from the Finnish Red Cross was successfully implemented in the Central Region of Ghana from 2009 to 2012. It was scaled up to the Brong Ahafo Region in 2013.

2:6:4 Planning and Start-up workshop

With the commencement of the CBHFA project in the Brong Ahafo region, the Regional Manager, the District Organiser in Atebubu-Amanten and the District Mothers Club

Facilitator took part in the planning and capacity building workshops in Accra from 10th -13th January 2013.

The objective of the workshop was to ensure “a participatory planning process for integrated community health program in Ghana supported by FRC (2013-15) with special emphasis on quality implementation and sustainability”.

2:6:5 Training of Facilitators Workshop

This was followed by Training of Facilitators workshop from 11th – 16th February 2013 also in Accra. The workshop brought together Regional Managers, District Organizers, Mothers Club Facilitators, GRCS headquarters staff and participants from Zimbabwean and Malawian Red Cross Societies. The workshop provided 17 existing trainers and new CBHFA facilitators with the new skills to facilitate the learning by doing approach to CBHFA in Action using the CBHFA learning materials.

2:6:6 Community sensitisations

To begin the role out of the project, the Regional Manager and the DO visited the three beneficiary communities (Fakwasi, Ajalaja nos. 1 and 2) to sensitise the community people about the project and to select 20 volunteers each from each community for training and the implementation of CBHFA activities in their respective villages.

2:6:7 Training of Volunteers

After the community sensitisation, four-day training was organized for community volunteers in the three project communities (Fakwasi, Ajalaja 1 and 2) in Brong Ahafo Region in March 2013 on modules 1-3 of the volunteer’s manual. Modules 4 & 6 trainings were held for the volunteers in July 2013 and lastly, modules 5 & 7 training in December 2013. In all, 60 volunteers were trained on the requisite knowledge and skills needed for house-to-house education, community mobilization, sensitization and education, disaster preparedness,

management and response. This was to prepare them to effectively roll out project activities. Facilitator took part in the planning and capacity building workshops in Accra from 10th -13th January 2013.

The objective of the workshop was to ensure “a participatory planning process for integrated community health program in Ghana supported by FRC (2013-15) with special emphasis on quality implementation and sustainability”.

2:6:8 Community Assessment

Community Assessments were conducted in the implementing communities, during the assessment, volunteers in the Brong Ahafo Region explored their communities to identify community resources, capacities as well as community risks and vulnerabilities using the CBHFA community assessment tools (Direct observation, Transect walk, Community mapping, Seasonal calendar, Focus Group Discussions, Household visits and Secondary Information sources. The assessments were supervised by the Regional Manager, District Organizer and Mothers Club Facilitator.



Volunteers interviewing community members during

2:6:9 Community Dialogues and 6 Baseline Survey

CBHFA volunteers organised and brought together community people and their opinion leaders to dialogue on the findings of the assessments. The prime aim was to prioritize and confirm the needs identified. These were done in May 2013. These dialogues were facilitated by the GRCS National Health Coordinator and supported by the Regional Manager, CBHFA Project Officer, District Organizer and the Mother’s Club Facilitator.

The next activity was a baseline survey which was conducted June 2013 in the three project communities to collect baseline data/information on selected health indicators. This information would be used as the bench mark during the end of project assessment.

2:6:10 Health Promotion and Disease Prevention Activities

Health promotion and Disease Prevention is one of the core activities of the CBHFA project. This activity started in August 2013; volunteers undertook House to House visits, Clean up Campaigns and Community sensitization. Topics volunteers talked about included malaria prevention and control; diarrhoea and dehydration, prevention and management; family planning; HIV and AIDS, causes and prevention of motor traffic accidents, substance abuse, causes and prevention of river blindness, prevention of cholera and First Aid.

The table below shows the number of people reached with health messages.

Month (2013)	Male	Female	Total	# of HH visits
August	570	1,078	1,648	819
September	1,642	1,885	3,527	603
October	2,856	2,932	5,788	845
November	1,111	1,835	2,946	565
December	1,550	1,335	3,230	532
Total	7,729	9,065	16,794	3,364

2:6:11 Stakeholders Orientation Meeting

To enhance effective implementation and community ownership, a one day stakeholders meeting held to rope in other stakeholders. The stakeholders meeting took the form of an orientation of the stakeholders on the 9th of December 2013 in Atebubu in the Brong Ahafo Region.

Participants were drawn from the Ghana Health Service (GHS), Environmental Health Agency (EHA), District Assembly, School Health Education Project (SHEP), District Information Service Department, Community Water and Sanitation Agency (CWSA), Non-Governmental Organizations and traditional authorities (chiefs, queen mothers, opinion leaders) from the various communities. Thirty (30) persons participated in the Stakeholders meeting.

During the meeting, stakeholders made some commitments towards the CBHFA project upon which a Memorandum of Understanding (MoU) was draw to guide form collaborative document between the GRCS and stakeholders.

2:6:12 Achievements

- A total number of **16,794 (9,065 females, 7,729 males) people and 3,364 households** were reached with health promotion and disease prevention messages.
- In all three project communities, volunteers succeeded in siting common refuse dumping sites in the bid to discourage indiscriminate dumping of HH waste.

- Volunteers liaised with their respective environmental health officers which led to an improved environmental sanitation.
- Community Mobilization; Volunteers in Fakwasi organized durbars to educate the community people on bush fires as the harmattan season intensified.
- In Ajalaja No. 1, the number of caretakers and mothers with children under 5 years attending routine Child Welfare Clinic tremendously increased as a result of community mobilisation.

2:6:13 Lessons Learnt

- Informing community members about the benefits they would drive from project interventions made them accept volunteers more and actively participated in project activities.
- Constant persuasions from volunteers finally led to difficult community members buying into the ideals of the project.
- The collaboration built between the local health providers (sub district health teams) and CBHFA volunteers is consolidated team work.

2:6:14 Constraints

- The unavailability of community tools hindered effective health promotion and disease prevention on health education.
- Some community people conceived the idea that volunteers were paid some money hence affected volunteer acceptability.
- Monitoring was a challenge for the District Organiser and District Mothers Club Facilitator because they lacked means of transport.

2:7 CENTRAL REGION

2:7:1 CBHFA Activities:

The second phase of the Project commenced in 2013 at Agona East, with training of (40) volunteers in two communities. That is Agona Ofoase and Brahabekum-Domoki.



2:7:2 Community Assessment

Community Assessments were conducted in the 2 target communities immediately after Phase I of the volunteers training in March 2013. During the assessment, the volunteers explored their communities to identify potential resources and capacities as well as risks and vulnerabilities using the CBHFA community assessment tools including direct observation, transect walk, community mapping, seasonal calendar, focus group discussions, household visits and secondary information sources. The assessments were done with support from the Regional Manager, District Organizer, Mothers Club Facilitators, Project Officer and Health Coordinator

2:7:3 Stakeholders Orientation Meeting

The stakeholders meeting is one of the activities designed to implement the CBHFA project. Participants were drawn from the Ghana Health Service (GHS), Environmental Health Agency (EHA), District Assembly, School Health Education Project (SHEP), District Information Service Department, Community Water and Sanitation Agency (CWSA), Non-Governmental Organizations, traditional authorities (chiefs, queen mothers, opinion leaders) from the various communities, among others.

During the meeting, stakeholders made some commitment towards the CBHFA project which will be used to draw a Memorandum of Understanding (MoU) between GRCS and the stakeholders involved.



2:7:4 Health Promotion Activities

This includes House to House visits, Clean up Campaigns and Community sensitization. The trained volunteers after the second set of training given in July, started to carry out some health promotion activities consisting of household visits, clean-up campaigns and community education.

Community volunteers embarked on house-to-house visits (at least 4 times a week) during which household members were sensitized on malaria prevention and control; diarrhea and dehydration, prevention and management; family planning; HIV and AIDS, among others. There were community sensitization activities including community-based outreaches and durbars organized by the volunteers to educate the entire communities on CBHFA activities.

2:7:5 Achievements

A total number of 19,056 (10,395 females, 8,661 males) people and 6,739 households were reached with behaviour change prevention messages through household visits and community education and sensitization for the period of 2013.

2:7:6 Empower II Project

In December 2012, Ghana Red Cross-Central Region went into partnership and received financial support from WEI, Ghana to implement the “Scaling up HIV/AIDS Prevention Activities for persons engaged in high-risk behaviors in Ghana” project which was meant for two years. In this program, also known as “Empower II” (Empowering and Mobilizing People Living with HIV/AIDS). The Project spotlight is on organizational Development, HIV Prevention, stigma reduction and supporting the support groups with IGA grants. The Project spotlight is on organizational Development, HIV Prevention, stigma reduction and supporting the support groups with IGA grants.

2:7:7 Specific objectives

- To reach 250 PLHIV (MSM/FSW) with a minimum package of prevention with PLHIV (PwP) Interventions.
- To reach at least 750 individuals/groups within the Central Region with information on stigma reduction for HIV Prevention;
- To build the capacity of 25 MARP PLHIV Support Group Lead Trainers to mobilize other PLHIV to join the support groups to undertake HIV prevention and stigma reduction activities among fellow PLHIV and other people within their communities through various communication channels and techniques like BCC messages, radio discussions and IE&C materials

2:7:8 Achievements

As part of the project implementation Ghana Red Cross was to form five (5) support groups in the various selected districts.

During the year under review Ghana Red Cross was able to form these support groups made up of two male groups and three female groups.

The selected districts were: Cape Coast, KEEA, Efutu and Agona West and a total of (169) PLHIV were mobilized from the three selected districts

2:7:9 OD & IGA Support

The various identified support groups were provided with rented furnished office accommodations and income generating ventures to support the sustainability of the groups.



2:8 GREATER ACCRA

2:8:1 Report on the Measles/Rubella Campaign

The Greater Accra branch of the Ghana Red Cross Society has embarked on Measles/Rubella Campaign. The Manager and the DO's of the selected districts attended the trainer's workshop and the Region recruited one thousand and six eight (1068) volunteers from Six Districts for the campaign.

2:8:2 SELECTED DISTRICTS

ACCRA METRO – AYAWASO, ABLEKUMA, ASHIEDU KETEKE, OSU KLOTEY, LA
DEKUTUPON AND OKAIKOI SUB-DISTRICTS
ADENTAN
GA WEST
DANGME EAST
LEKMA
ASHAIMAN

Letters were written to the Regional and Districts Health Directors of Ghana Health Service from the selected Districts to inform them about the presence of the Red Cross volunteers. The Region put a strong monitoring team which monitored the whole programmed from the beginning to the end.

2:8:3 TRAINING OF VOLUNTEERS

4th September, 2013

The volunteers from the districts were trained in Measles/Rubella on the 4th and 5th of September, 2013. The volunteers were taken through MEASLES/RUBELLA definition, causes, mode of transmission, signs/symptoms, and effect on children under 9 months to 14years, control (vaccination), data entry and approach in community entry.

2:8:4 HOUSE TO HOUSE CAMPAIGNS

6th To 10th September, 2013:

The Volunteers did the house to house campaign on the 6th to 10th of September 2013, they were divided into groups at the various communities and allocated areas to be covered, they were assigned leaders for easy supervision DO's and Regional officers were involved.

The volunteers did registration of households during the house to house campaign which were compiled by supervisors and brought to the office. Below is the statistics from the Districts

DATA COMPILATION FOR H2H CONVAISSING FOR MR CAMPAIGNS IN GHANA – GREATER ACCRA REGION

No	Name of Village	Contact phone of the Volunteer	Total No of Children in target age range	Total No of Children with routine measles dose	Total No of H/Holds with information about 2013 MR campaign?		Major Sources of Information			
					Yes	No	1	2	3	
1	GA WEST	020543418	25,325	10,493	3,747	5,228	602	192	980	
2	DANGBE EAST	024610252	21,873	10,891	2,802	5,447	0	0	50	
3	ASHAIMAN	024250872	29,194	4,431	3,056	8,360	866	382	592	
4	LEKMA	054668485	18,737	12,804	1,359	6,739	392	78	691	
5	ADENTA	024203211	16,897	13,067	5685	5,209		313	1,812	8
6	ACCRA METRO	0244665445	89,405	54,765	17,523	23,225	2,925	804	3,379	1
	TOTAL		201,431	106,451	34,172	54,208	6,134	1,769	7,504	2

2:8:2 Vaccination Period

Our volunteers were dispatched to join the Ghana Health Service staffs during the immunization period and some went houses to remind parents and caretakers to bring the children for vaccination, some of our volunteers joined the mobile immunization teams to assist them on the point to point vaccination.

2:8:3 Post Campaign

The volunteers went back to the houses to see whether some children missed the immunization, after compilation we realized the following as results for children who missed the immunization and the reason

Name of S/ N o Househ old Head	House to House Coverage Monitoring/Estimation	Reasons For Vaccina

		*1st Age group (<5yr)			*2nd Age Group (5-14 yrs)			If there is a child who missed the caretaker the			
		No. of children in the H/Hold	No. of children immunized According to Caretaker	No. of children immunized with Card	No. of children in the H/Hold	No. of children immunized According to Caretaker	No. of children immunized with Card	Fear of Injection	Fear of Side Effects	Misconception about vaccines	Travelling
1	ASHAIMAN	2430	2003	2201	2050	1977	1962	30	20	18	25

2	ADENTA	1910	1853		2001	1964	1956	25	12	10	20
3	ACCRA METRO	2244	2203	2156	1868	1802	1780	65	51	35	54
4	DANGBE EAST	1278	1276	1336	11186	1166	1170	3	2	3	4
5	LEKMA	2136	2136	2120	1970	1944	1932	11	9	10	3
6	GA WEST	2011	1991	1982	1975	1954	1952	8	12	9	5
	Totals	12009	11452	9595	33715	10810	10789	142	106	85	111

DISTRICT SUMMARISED DATA ON REASON FOR MISSING VACCINATION

DISTRICT	NUMBER	REASONS
ASHAIMAN	116	Fear, Travelled, Sickness, Side Effects.

ADENTA	93	Forgetfulness, Travelled, Misconception, sickness.
ACCRA METROPOLITAN ASSEMBLY (A.M.A)	271	Fear, Travelled, Forgetfulness, Sickness.
ADA	14	Misconception, Sickness, Fear. Travelled
LEKMA	40	Sickness Travelled, Fear, Side Effects.
GA WEST	41	Side Effects Travelled, Fear, Misconception.



2:8:7 Motivations to Volunteers

On the 22nd of September, 2013, 178 Volunteers at Dangme East were given their allowances amounting to GH¢128.00 per person; however the 890 Volunteers were paid on the 23rd Sept. 2013 at the regional Office

2:8:8 PROVISIONAL DATA MR AFTER VACCINATION

DISTRICTS	PREVIOUS	CURRENT	%
ACCRA METRO	76.4	83.2	6.8
ADENTAN	82.3	11.7	29.4
ASHAIMAN	83.9	109.6	25.7
DANGME EAST	83.7	84.5	.8
GA WEST	80.3	100.9	20.6
LEKMA	90.5	95.5	5

2:8:9 Reasons for Low Performance or Not Meeting the Target in Dangme East and Accra Metro.

2:8:10 Accra Metro:

Accra Metro has a vast coastal area; most of the residents are predominantly fisher folks. Volunteers recruited for the were not enough because the Districts have six (6) sub –districts.

Ghana Health Service did not have enough Logistics especially ACCRA METRO. Most parents have travel to the other Districts fishing activities in other Districts and for and take the children along. Ghana Health Service could not set enough vaccination points in the communities.

2:8:11 Dangme East:

Once again the fisher men had travelled to Volta region fishing and they mostly go with their children. Some of the children went on vacation and were returning from vacation. According to Ghana Health Service, the target given to the districts were more than the children population.

2:8:12 Challenges/Observations

- During the immunization period we realized that the vaccination points were very far which were making parents reluctant to send the children for vaccination.
- Some opinion leaders felt they were not involved making community entry difficult at the initial stage for the volunteers.
- People have wrong perception about registration so therefore unwilling to give information to our volunteers.
- Almost all the people our volunteers interacted with have no knowledge of the Rubella disease.
- At the beginning Ghana Health Service felt the Red Cross volunteers were there to monitor their activities.
- There was difficulty in locating the vaccination points by parents.
- Ghana Health Service did not have enough Logistics especially ACCRA METRO.
- Collaboration between the Red Cross Regional office was not good but very strong at the District Offices.
- There were not enough vaccination centers in some of the Districts.
- Many vaccination points were not traceable.
- The ACCRA METRO which have 6 Sub-districts and is a big area thereby the volunteers were not able to cover all.

2:8:13 Conclusions:

The campaign was very successful but there is the need to have volunteers to continue so that Children who attain 9 months are sent for immunization.

DISASTER MANAGEMENT DEPARTMENT

3.0 National Headquarters

3:1 Introduction

The Disaster Management Department is one the core departments of the Ghana Red Cross Society which ensures that the impact of disasters on the victims and the population at large is mitigated. The disaster therefore is focusing on providing humanitarian assistance to vulnerable populations/communities in Ghana through preparedness, response, mitigation and disaster risk reduction. The activities implemented by the department are in line with the Goal and Objective as captured in the Society's Strategic Plan 2011-2015.

Goal: To reduce the number of deaths, injuries and impact from disasters and strengthen recovery from disasters and crisis

Objective: To establish and implement mechanisms that will reduce vulnerabilities and risks and curb the adverse impacts of disasters in the communities

3:1:1 Disaster Risk Reduction

Recent disasters in the Northern region like floods and bush fires and the lessons learned from these recurring events have highlighted the urgent need for strengthening the coping and response capacities as well as practical application of vulnerability reduction to disasters situations at the local levels. Hence the intervention of the Swiss Red Cross in collaboration with Ghana Red Cross Society, in the conduct of vulnerability and capacity assessment, a risk assessment tool and process that provides a better understanding of main risk and hazards to communities which are most at risk from natural and human-made disasters, identification of main vulnerabilities and capacities of people at risk, and recommendation for appropriate community action to reduce risks, better cope with and recover from disasters.

The process has so far been carried in 4 districts, namely, West Mamprusi, West Gonja, Central Gonja, North Gonja, and Gushegu and over 20 flood-prone communities largely living along the White and Black Volta have so far been identified and assessed through the use of tools such as questionnaires, focus group discussions, seasonal calendar, transect walk , and others. The assessments were preceded by a DRR workshop during the year under review.

3:1:2 Relief Distributions

During the year under review the Northern region suffered one of the worst rainstorms in March 2013 that affected 16 districts and displacing over 5000 families with 5 deaths. The initial assessment of this devastating rainstorm was conducted in collaboration with the Swiss Red Cross with the use of volunteers. Five hundred (500) most vulnerable families in twelve communities in three districts, West Mamprusi, Gushegu and Yendi, were identified and assisted with 500 family kits donated by the Swiss Red Cross. Each family received one family kit comprising, Sanitary Pads, Hand Towels, Comb, Disposable razor, Laundry Powder, Tooth Paste, Tooth Brush, Toilet Soap, ITN, 14 Litre Plastic Bucket, 10 Litre Plastic Bucket, 10 Litre Jerry Can, Cooking Set for 5 persons, Blankets, Candle, and Hurricane Lantern.



Beneficiaries of the Swiss Red Cross and IFRC support

3:1:3 Flood/Rainstorm Relief Operations – DREF

Considering the magnitude of the disaster, reports and updates were posted on the DMIS which prompted the intervention of the IFRC and subsequently DREF support and the commencement of a two-month Relief Operation. An RDRT delegate was sent for further assessment and the eventual support of additional 500 families in 9 communities in Gushegu, Yendi and Nanumba North with non-food items as buckets, blankets, mats, ITN, jerry can, laundry soap, bathing soap, and aqua tabs.

3:1:4 Hygiene promotions

In the area of hygiene promotion 30 volunteers were trained in PHAST (Participatory Hygiene and Sanitation Transformation) using the ECV toolkit and other IEC materials that were then engaged in house to house education in the affected communities. The volunteers were also trained on the construction of pit latrine slabs and the volunteers also assisted in the construction of 10 emergency latrines in 7 affected communities to improve on the sanitation situation. One institutional latrine was renovated at Kpalsi L/A Primary School, Bimbilla in the Nanumba North district.



Renovated latrine

Emergency latrine

3:1:5 Capacity building

In all a total of 84 volunteers were trained to build their capacity in needs assessment, relief distribution, and hygiene promotion activities during the Ghana Flood/Rainstorm Relief Operation which ended in July 2013.

In spite of challenges the department is leaving no stone unturned to ensure that more volunteers acquire the requisite skills in disaster management and to become the first on the scene of emergencies at all levels.

3:1:2 Food Security Support in Upper East Region

The weather

The uneven rainfall distribution coupled with the long dry spell in certain areas in May and June 2013 affected crop production and other agricultural interventions in the region. As a result of this trend only 22.20% of the targeted cropping area in the region had been achieved with no acreage planted under the Block Farm Programme (a Ministry of Food and Agriculture intervention) due to the long drought.

The weather during the 2nd quarter 2013 as compared to 2012 was generally very dry, sunny and warm with occasional light rain showers. The poor rainfall pattern had affected the growth and development of the early millet and subsequently affected its yield. Crop performance on the average was very poor. The physical crop appearance on most of the fields looked stunted and wilting. Most of the crops especially the early millet was stunted with slender stems due to the long dry spell. This condition had adverse effect on the already planted crops and subsequently poor harvest.

3:1:7 Interventions

In view of this drought a food security pilot project was implemented in the Upper East region. The objective of the pilot project was to provide alternative sources of food production and revenue generation for farmers who were affected by the drought in order to improve their food security. The project was implemented in three communities, namely, Megogo, Nyankpade, and Kuka in Bawku East after an assessment of the situation. A total of 100 farmers were supported to cultivate pepper and onion during the dry season with the use of water from dugouts in watering the crops. The Ministry of Food and Agriculture has been the main collaborator in this pilot project.

The inputs were sourced from the accredited agricultural inputs supplier through the technical advice from the Ministry of Food and Agriculture. The inputs supplied to the farmers were: fertilizer, seed (pepper and onion), insecticides and hosepipe for watering the crops from the dugouts.

The beneficiaries were also trained on planting techniques, application of fertilizer and insecticides.



A beneficiary watering her crops an onion garden and a pepper garden

3:1:8 Meeting

During the implementation a meeting was held in the field with the Chairman of the Gardeners' Association and some of the beneficiaries at Nyanpande.The.



A meeting with some of the beneficiary farmers Hosepipe that is used to distribute water into the wells

The Chairman made an appeal for the expansion of the dam which was constructed in 1962, water pumping machines, as well as the creation of canals to the dam to enable them easily water the crops, as they are currently using hosepipes to draw from the dam into wells to water the crops.

3:1:9 Monitoring and Supervision

The monitoring and supervision of the activities of the project were carried out at the Regional and National levels to ensure the achievement of the set objectives and outcome. The project was sponsored by DFID through the IFRC based on an established MOU.

3:1:10 Psychological First Aid

A total of 40 CBHFA volunteers in Ofoase, Brahabeekumi and Demoki were trained in psychological first aid. The volunteers were taken through how to recognize the need for psychological first aid, how to recognize signs of shock and emotional distress, how to recognize signs of stress, among others.

3:1:11 International workshops& meetings

4th Disaster Risk Reduction Forum, Arusha, Tanzania-13-15 February 2013

The 4th Africa Regional Platform was held back to back with the 5th Drought Adaption Forum (ADAF5): Reducing Drought Risk in Africa: Measuring Impact Strategizing for the Future, which focused on methodologies and indicators to measure resilience at the community level.

The 4th Africa Regional Platform (AfRP) reviewed achievements and challenges in implementing the Africa Regional Strategy for Disaster Risk Reduction and its Extended Programme of Action and identified measures for fulfilling shared commitments by 2015. Looking ahead, the AfRP considered the changing character of vulnerability and the government leadership required to lead on an inclusive process of consultations to meet ongoing and emerging challenges.

Over 250 participants from 45 African countries and partners gathered in Arusha, United Republic of Tanzania, for the 4th Africa Regional Platform for Disaster Risk Reduction (DRR). Stakeholders from governments, intergovernmental regional organizations, bilateral and multilateral donors, United Nations, academic and technical institutions, the International Red Cross and Red Crescent Movement and Non-Government Organizations were joined by mayors and local governments, community leaders, parliamentarians, youth, media and the private sector – all sharing a common commitment to build the resilience of African communities and nations to disaster risk and adapt to a changing climate.

At the end of the workshop the 4th African Regional Platform called for a commitment to focus on the following issues: disaster risk reduction at the Regional Level; disaster risk reduction at the Sub-Regional Level; increased political commitment and disaster risk reduction investment; risk identification, monitoring and early warning; among others.

The Global Disaster Preparedness Centre in Washington also held a one day workshop on urban risk. Participants from Uganda, Namibia and Kenya shared their experiences in urban risk reduction with other participants.

Consultative meeting on Disability Inclusion in the RCRC Movement

The Disaster Management Coordinator attended a consultative meeting on Disability Inclusion in the Red Cross and Red Crescent Movement in Tehran, Iran from 30th September, 2014 to 2nd October, 2014. The objectives of the meeting was to

- Share experiences, suggestions, and examples of projects implemented by the Movement partners in favour of People with Disabilities
- Enhance understanding on the barriers faced by persons with disabilities for inclusion and participation in society
- Find ways to mobilise, energise and support the Movement to make an effective contribution towards promoting full inclusion in society of People with Disabilities
- Explore mechanisms for a network to share good practice, resource base and problem solve across the Movement

All participants from 16 NS's plus the IFRC and ICRC agree and are convinced that more must be done for persons with disabilities, notably by further promoting disability inclusiveness within the Movement and its programs.

Some of the main recommendations made at the meeting are summarized as follows:

- Propose a Movement Campaign on disability inclusion, possibly linked to the 50th anniversary of Fundamental Principles in 2015;
- Establish a Movement network on disability inclusion to share / disseminate documents and good practice on disability inclusion (e.g. develop a community of practice on existing networks such as Fednet and other mechanisms);
- Establish focal points on disability inclusion within National Societies;
- Establish a working group to draft a Movement Strategic Framework on Disability Inclusion, with a timeline to report (and ideally submit) at the 2015 International Conference;
- Ensure the principle of “Nothing about us without us” is embedded in this work - that is involving persons with disabilities as central to all discussions, decisions and at all levels;
- Changing the attitudes, mind-sets, and behaviours internally and externally to break myths and stereotypes: pro-actively involve the youth and youth networks for awareness training. (IFRC can assist with tools for this and supporting behavioural change initiatives to further expand within National Societies);
- Ensure the needs of women with disabilities and gender equality, including in decision-making, are key considerations throughout the process.

3:1:12 Meeting on First Aid Training

The Disaster Management Coordinators of Burkina Faso, Togo, Cote D'Ivoire, Benin, and Ghana met in Koundougou in Burkina Faso in November at the instance of the ICRC. The objective of the meeting was to deliberate on the existing contents of a First Aid Box, so as to come out with a standard one. The Coordinators did presentations. The DMC for Ghana Red Cross Society did a presentation on the current first aid training and the contents of first aid boxes, and further elaborated on the training of drivers in first aid in collaboration with the DVLA. A consensus was reached by participants on the basic contents of a first aid box. The other participants' also expressed their interests in the GRCS/DVLA drivers training program and wish to emulate the programme.

3:1:13 Regional Roundtable on the Humanitarian Impact of Nuclear Weapons and the Prospects for a Ban

On 13-14 November, 2013, ILPI's Nuclear Weapons Project (NWP) organized its 4th regional roundtable meeting on nuclear weapons, in Lagos, Nigeria, in collaboration with ICAN, as well as three Nigerian NGOs (Churches in Action for Peace and Development – CAPAD, Women's International League for Peace and Freedom – WILPF, and International Action Network on Small Arms (IANSA).

The aim of the roundtable meeting was to bring together key individuals from West Africa, including government officials, academics and civil society actors, in order to share thoughts and ideas on how West African states can contribute to strengthening the humanitarian discourse on nuclear weapons and towards the negotiation of comprehensive ban on nuclear weapons. The

roundtable took place at Best Western the Island Hotel in Lagos, and included a total of 20 participants. Among these were seven government officials (from Nigeria, Liberia, Ghana, Niger, Sierra Leone and Togo) and the rest were NGOs from around the region (i.e. ICAN partners, Church leaders, and Red Cross).

The focus of the discussions was on the humanitarian initiative on nuclear weapons and the idea of a ban on nuclear weapons as the way forward.

During the meeting the Disaster Management Coordinator, GRCS, did a brief presentation on the immediate humanitarian consequence of nuclear weapons and on response capacity to deal with a nuclear detonation from the perspectives of a humanitarian organization.

3:2 ASHANTI REGION

3:2:1 Emergency Response

The region was able to visit some of the places of fire outbreaks like the central market and Suame magazine. Fortunately no casualties were found in any of these cases

3:2:2 Disaster Response Capacity Building:

The region has collaborated with the regional educational directorate; to give free basic first aid training for selected teachers in all the districts and so far only three districts has been trained with total number of (120).

3:2:3 Disaster and Emergency Contingency Planning:

3:2:4 First Aid Services:

The Region was able to provide First Aid services during the 6th March parade, the premier League, world cup qualifier and other social gathering.

3:3 EATERN REGION

3:2:1 Disaster Preparedness and Response

Building upon a previous exercise, NADMO engaged the services of the Disease Control Unit section of the Ghana Health Service (GHS), Environmental Health and Sanitation Directorate, Ghana Red Cross, and an Assembly Man in the New Juaben Municipality and together with some members from the NADMO Secretariat carried out a ten (10) week radio discussion on Cholera prevention which started from 7th June 2013 with regular playing of Cholera prevention adverts on two (2) FM stations-Emak FM and Eastern FM.

3:3:2 Communication and Information Dissemination on International Humanitarian Law (IHL), Principles and Health

During the ten week radio discussions organized by NADMO, Red Cross used the opportunity to disseminate information on its role in the health sector and also the principles of the Red Cross. The Regional Youth Organizer, Emmanuel Djan Yeboah is a radio presenter and occasionally offers tit bits of Red Cross activities to the pub.

3:4 GREATER ACCRA

3:4:1 Disaster Relief and Preparedness

3:4:2 DVLA Report at Gt Accra DVLA Centres:

Greater Accra has three training centers, namely Tema, Weija and 37. each center has 3 Volunteer staffs' one administrator and two instructors.

3:4:3 Logistics.

Each center has a full Dummy and first aid training materials also we have built a structure at both Weija and 37 centers but a tent at Tema center with chairs and table.

3:4:4 Operations

The new drivers after picking their learner's form is made to pay for first aid training fee and an appointment is made to train him/her a week after. This gives the drivers enough time to prepare for the training. Averagely 800 drivers are trained every month.

The Region is in celebration with the National Association of driving schools, as a result Red Cross instructors go to their schools to train the students before they come to the DVLA center's. Also the Region has offered free first aid train to directors of the driving schools including their association President and the secretary.

The year started with high expectation but performance was not good because of the following reasons, the new directors posted to the Regions seem not to have idea of any MOU between Red Cross and DVLA. Also the introduction of the computer exams discourages people from acquiring their license from Accra. Finally, people are able to get their license without going through first aid training.

On the 18th November 2013 the DVLA directors asked us to stop operations from their premises.

FIRST AID DEPARTMENT

4:0 NATIONAL HEADQUARTERS

4:1:1 Introduction

The creation of First Aid Department was officially proposed at the beginning of 2013. Series of concepts papers were prepared and adopted by the Management Board at the end of February 2013 with Mr. Francis Obeng as the substantive Coordinator of First Aid.

The objective of the department is to train at least 10% (2.5 million) of the country's population and meet 40% of the core cost of Ghana Red Cross Society.



The first aid department has been very active since its creation. The First Aid instructors workshop which was supported by Finnish Red Cross has up-dated the knowledge and skills of the instructors. Though we are yet to embark on aggressive marketing for clients, a lot of companies and institutions are seeking the services of the department for training of their staff in first aid. Some institutions like Decent Look International wants to partner the department on first aid training for teachers throughout the country.

4:0:2 Sub –Committee

The First Aid sub-committee was inaugurated in March 2013.

The members of the Sub-Committee are,

1. Dr. Cecilia Esi Benstsi --Chairperson
2. Dr. George Puplampu- Member
3. Mr. Foster Ansong Bridjan- Member (Representing. National Ambulance Service)
4. Mr. Kwame Asumadu-Darko-Member

5. Inspector. Tenku-member (Representing. Ghana Police Service)

The Committee met three times during the year.

The sub-committee members for the department have been provided with soft copies of the AFAM tools to study through to make suggestion for the production of a Ghana First Aid manual based on AFAM.

4:1:1 First Aid Instructors Workshop

The workshop was carried out from 12th-20th May 2013 in Kumasi.

It was sponsored financially and technically by the Finish Red Cross and facilitated by Mrs. Niina Hernoven (Finish Red Cross) and Mr. Auwal Mohammad (Belgian Red Cross- Flanders).

25 participants were trained to constitute the up-dated First Aid Instructors for Ghana Red Cross. 9 Master Trainers were identified and recruited. The criteria for their selection were based on their knowledge and skills to deliver first aid instruction. The workshop was based on Africa First Aid Materials (AFAM) donated by the Belgian Red Cross.

The Department as part of its plan of action planned to organize another first aid instructor's workshop in October 2013. However, due to financial constraints, this activity could not come off.

4:1:4 First Aid Training



Three levels of First Aid Training were conducted during the period throughout the country. They are, Drivers Training, Basic First Aid and First Aid talks to teachers, churches and other organizations.

Find below Summary of the training. .

TYPE OF TRAINING			
Region	Basic First Aid No. Trained	Drivers Training No Trained	First Aid Talk No. Reached
HQ	648		406
Greater Accra	-	8,011	-
Ashanti	-	1400	64
Brong Ahafo	5	101	-
Western	110	2500	98
Central	-	683	-
Volta	14	501	91
Eastern	14	594	-
Northern	-	73	-
Upper West	-	426	-
Upper East	-	32	-
Total	791	13,716	659

Basic First Aid trainings were conducted to teachers, students, mining and gas companies, factory workers, fishing company workers, civil servants and Red Cross volunteers during the period. These training were done by the Instructors who were trained in Kumasi in June this year.

4:1:5 Income from First Aid Training and Other Activities

During the period under review, first aid training, sale of first aid kits, training of drivers going for driver's license at Divers Vehicle and License Authority (DVLA) and sale of first aid certificates yielded an amount of **GH¢ 70.676 or \$32,142.4..**

Find below the breakdown of income from.

Category	January	February	March	April	May	June	Total
First Aid training	1,960	1,950.0	150.0	-	-	1,160.0	5,220.00
sale of certificates	50	-	-	130.0	300.00	480.00	960
sale of First aid kits	340.0	160.00	1,600.0	-	3,000.00	-	5,100.0
DVLA training.	3,160.0	4,160.0	5,422.0	1,696.0	6,589.0	7,712.0	26,739.0
Category	July	August	September	October	Nov	Dec	
First Aid Training	300.0	160	600	7,435	3,800	4,700	17,995
DVLA Training	5,401.0	2,784.0	2563	-	-	-	10,748
Sale of first aid kits	800	-	-	-	-	-	800.0
Sale of certificates	1,584	-	-	140	370	-	2,094.0
TOTAL	13,595	9,214	10,335	9,401	14,059	14,052	70,676

4:1:2 DVLA ACTIVITIES FOR 2013 (REGIONAL BREAKDOWN)

	JAN		FEB		MAR		APRIL		MAY		JUNE		JULY		AUG		SEPT	
	No trained	amt	No trained	amt	No trained	amt	No trained	amt	No trained	amt	No trained	amt	No trained	amt	No trained	amt	No trained	amt
ASHANTI			700	2,240.00							700	2,240.00						
BONGO AHAF O			22	70.40														
CENTRAL					328	1,049.60			260	832.00			295	944.00				
EASTERN											594	190.80						
GT. ACCRA	515	1,339.00	840	2,184.00	1050	3,360.00	530	1,696.00	800	2,560	710	2,272	800	2,560.00	870	2,784.00	801	2563.25
NORT					73	233.												

HERN						60												
UPPER EAST	32	102.0																
UPPER WEST	204	408.00							222	577.00								
VOLTA	125	400											188	601.60				
WESTERN			500	1,300.00					1000	2,600.00	500	1,300.00	500	1,300.00				
TOTAL		3i60		5794		5422		1696		6569		7712		5401		2784		2563

4:1:7 TOTAL AMOUNT GHc 37,487

NB. The programme has been suspended since October 2013 due to administrative problems. Meanwhile, the President of Ghana Red Cross, the Secretary-General, the Regional Manager of Greater Accra and the first Aid Coordinator have met management of DVLA to resolve the problem. The final solution to the problem rests with meeting executives of the National Driving School Association to enter into agreement with them about training their students on first aid since it is mandatory for all prospective drivers to undergo training through Driving Schools in the country.

First Aid Kits.



50 domestic and 24 industrial First aid kits were sold during the period.

The kits were sold to companies like Galaxy Oil, UNICEF, Nestle West & Central Africa and some individuals

4:1:8 First Aid Talks:

First Aid Talks were given at the headquarters level to staff of Coca Cola Company when they were celebrating their safety week.

First aid talks were held for teachers in Shama district in the Western region. Staff of Stella Logistics and Mobi Crane in Takoradi also had some 2-hour first aid talk

First Aid Talks were given to 659 persons during the period. The participants for the talks were church members, teachers, nurses and some individuals.

Breakdown of the talks held;

1. Headquarters	406
2. Ashanti	64
3. Volta	91
4. Western	98
Total	659

4:1:2 Community First Aid Training

60 community volunteers were trained in first aid in 3 communities under the Community-Based Health and First Aid (CBHFA) project in Brong Ahafo region. Central region also trained 40 volunteers under the community-based first aid project. Refresher training was also done for Refugees Neighbourhood Watchdog Team (NEWAT) at Fentataa Refugee camp in Brong Ahafo region

4:1:10 Simulation Exercise

A simulation exercise was undertaken at the Driving and Vehicle Licensing Authority (DVLA) centre in Sunyani in Brong Ahafo region to whip up drivers and the general public interest in first aid. The Regional Director of DVLA expressed interest in the exercise and wished for more of such exercises.

4:1:11 First Aid Services

First aid services were rendered at Kundum festival in Discover and Essikado in the Western region. 5 Red Cross volunteers rendered services at a breast cancer awareness walk organized by That Sayest the Lord Ministries in Accra.

4:1:12 Achievements

- ❖ 25 First Aid Instructors and 9 master Trainers have been trained
- ❖ A new First Aid Drivers Training Manual has been developed.
- ❖ A sub-committee on First Aid had been inaugurated.
- ❖ Ghana Red Cross Society (GRCS) has registered with the Belgian Red Cross for AFAM. Tools
- ❖ GRCS received modern training materials worth \$200,000 from the Chinese Red Cross

4:1:13 The Way Forward.

- ❖ Trainer of trainers' workshop will be conducted next year to train more instructors to achieve the objective of the department under its strategic plan if we get the necessary financial support.
- ❖ To improve and standardize First Aid Training throughout the country and agree on sharing of money earned from commercial first aid trainings between headquarters and the regional branches.
- ❖ 8 First Aid Posts will be established throughout the country. .
- ❖ Monthly First Aid Training school will start as soon as the Resource and Training Centre is completed
- ❖ Canvassers for First Aid training will be given commission for number of trainings they contract.
- ❖ District First Aid Coordinators will be recruited and appointed.
- ❖ GRCS will produce its own First Aid manual based on AFAM tools.

4:1:14 Conclusions

- ❖ The department needs a complement of at least 3 staff and vehicle to enable it to operate effectively.
- ❖ It also needs a training and store rooms for First Aid Materials.

It is realized that the regions are not doing any first aid training. It is realized that, because there is no agreement between headquarters and the regions on the sharing of income earned from first aid activities, the regions are not reporting on commercial first aid training. This problem can be resolved if an agreement is established about how much a region could keep for itself after conducting commercial first aid

4:2 BRONG AHAFO

4:2:1 World First Aid Day

To commemorate this day in the region, the Regional First Aid Instructor organised a simulation exercise on the premises of DVLA to demonstrate to staff of the DVLA and other clients how to effectively transport casualties during motor traffic crashes.

The Regional Officer at the DVLA commended the Red Cross for organising the activity and asked that it should be done more frequently.

4:2:2 First Aid Training

The RM and the Regional First Aid Instructor participated in master trainers First Aid Training in Kumasi. The facilitators of the training were from the Finnish and Bulgarian Red Cross.



A facilitator demonstrating how to manage a casualty of frost in the master training session

The Regional First Aid Instructor took the Neighbourhood Watch Team (NEWAT) through a three days refresher First Aid Training at the refugee camp in Fetenta in the Berekum municipality. The training was organised by the security department of the UNCHR.

4:2:3 Blood Donation

As part of the activities marking the 56th Independence activities in the Techiman Municipality, a blood donation campaign was organised by Adepa FM; a local radio station in Techiman and

Red Cross volunteers donated 40 pints of blood which was donated to the Holy Family Hospital in Techiman to save the lives of vulnerable people particularly pregnant women and children.

4:2:2 Hand washing at Social Gatherings.

This activity has gained popularity in the Berekum Municipality and no big funeral is done without the Red Cross Hand washing team present. A philanthropist who was very happy about the initiative bought a veronica bucket fitted with a tap for the Red Cross local chapter to boost their morale.

4:2:5 Conclusions

Though the year 2013 was a very difficult year for the Brong Ahafo region as a result of poor funding, the Regional branch still managed to organise a good number of Red Cross core activities as stated above. The CBHFA project occupied much of the year and has really uplifted the image of the Red Cross in the region and Atebubu-Amanten district in particular.

4:3 VOLTA REGION

4:3:1 First Aid Services at Public Functions

Thirty Red Cross volunteers drawn from Ho municipality were at the parade ground on the 6th of March at Ho to render basic first aid to parade casualties.

The volunteers worked in collaboration with the National Ambulance Service and the medical unit of the 66 Artillery Regiment in Ho.

Red Cross volunteers were also present at all other public functions during the period to render basic first aid services.

4:3:2 Collaborative Meetings with National Road Safety Commission

The Regional Manager attended three collaborative meetings of the NRSC during the period under review.

The meetings were aimed at strategizing the education and training of drivers in the region. The Regional Manager also attended meetings of NGOs in Health in the region to discuss a GAVI project allocated to two NGOs to assist two districts increase their Polio immunization

4:3:3 Disaster Preparedness & Relief

There has not been any major disaster during the period under review.

4:3:4 DVLA Training

The programmed is helping the society to have access to drivers to be trained in basic first aid.

Apart from the awareness creation and of visibility, the region is raising funds to meet our administrative expenditure.

About four hundred thirteen (413) drivers were trained during the period.

At a point in the year the training of drivers was stopped by DVLA and headquarters is negotiating with them to enable us start the training in 2014.

4:3:5 Trainings and Workshops

The Regional Manager and the Regional Youth Organizer took part in an eight day training in First Aid in Kumasi.

The funding and technical support for the workshop were sourced from the Belgium and Finland Red Cross Societies, which also sent down two experts to train the first aiders in the various fields and categories of disasters and how to manage them effectively.

4:4 NORTHERN REGION

4:4:1 First Aid Training

A total of 37 persons were trained in Standard First Aid, 20 from Northern School of Business (NOBISCO), 7 from Zone 'D' in Tamale and 10 from Central Gonja. The trained First Aiders were given certificates after the training.



SOME TRAINEES DEMONSTRATING THEIR FIRST AID SKILLS

4:5 EASTERN REGION

4:5:1 First Aid Services

The Eastern Regional branch of the Ghana Red Cross Society has not organised any major first aid training except for the following.

Free first aid training was organised for drivers of the Ministry of Health in Koforidua. It involved 56 drivers. This was done as our partnership package for the ministry for providing the regional office with free accommodation, electricity, water and internet services.

First Aid talks were given to twenty-three students from the Eastern Regional branch of the Nyaniba Health Assistants Nursing Institute.

Currently, about 750 drivers have been trained from the DVLA centres in Koforidua and Oda. The Nkawkaw branch of the DVLA has not yet recorded any figures. Sadly, the DVLA training has been suspended.

Eleven (11) teachers from the newly established school links were trained in basic First Aid to enable them handle the Red Cross members in the schools.

The National Service Persons posted to Red Cross and the German volunteers were also involved in First Aid training. The idea was to build their capacity to enable them support the drivers training at the DVLA centres.

4:6 WESTERN REGION

4:6:1 First Aid Training:

About 6000 **drivers** were trained at the DVLA centers in Takoradi and Tarkwa from January – December, 2013

About **1,130 teachers** were trained in Basic First Aid to attend to emergencies in their schools. Letters were given to them to form Red Cross School Links in their schools. **Eight (8) districts**, Juaboso, Aowin-Suaman, Tarkwa and Jomoro were the beneficiaries. Others include Ahanta West, Shama, Sefwi Wiawso and Sefwi Akontombra.

180others which include staffs of companies, Day Care *Attendants* and individuals were also taken through first aid training.

4:6:2 First Aid Talk: The Society in collaboration with National Road Safety Commission gave a **first aid talk** to some companies. Beneficiaries include Stella Logistics, Mobi Crane, teachers and some drivers' associations.

4:6:3 3 First Aid instructors were trained to beef up the staff strength at the DVLA Drivers First Aid Training Centre'

4:6:4 First Aid Training



Other First Aid Activities:

4:6:2 First Aid and Hand-Washing activities were rendered at festivals (Kuntum festival at Dixcove and Essikado), funerals, and at the football stadia in the region. First Aiders were sent to provide first aid during the premier league matches, soccer competitions and public events across the length and breadth of the region.

4:7 CENTRAL REGION

4:7:1 First Aid Services

The Region was able to provide First Aid services during the 6th March parade, National Farmers Day, World AIDS Day Celebration, the premier League, and other social gathering.

4:7:2 First Aid Training

The Region was able to provide First Aid training to organizations, institutions and the public during the period under review with a total number of eighty (240) people so far trained. During the year under review, the Region was able to train 745 drivers as part of DVLA Road Safety collaboration.

4:8 GREATER ACCRA

4:8:1 First Aid training For Teachers

The Region once again collaborated with Ministry of Education to trained Teachers in the Public schools in all 850 Teachers from 425 schools were trained. Also 40 chapter members were trained in First Aid.

RESOURCE AND ORGANISATIOANL DEVELOPMENT

5:0 NATIONAL HEADQUARTERS

5:1:1 Background

Ghana Red Cross Society (GRCS) is established by an Act of Parliament (Act 10, 1958) as an auxiliary to Government Ministries, Departments and Agencies in the provision of Humanitarian and Relief services to the vulnerable people in Ghana. Currently, GRCS is the largest Volunteer and Community Based Organization in the country with over 56,000 volunteers. It has offices in all the ten (10) regions of the country and active in over 90 districts.

5:1:2 The **key operational areas of the GRCS** include the following:

- Disaster management (preparedness, response, restoration of families etc);
- Public Health Emergencies;
- Community based health and first aid (CBHFA);
- Hand washing services during funerals;
- Drop in center for female sex workers and non-paying partners;
- International Humanitarian Law (IHL) and dissemination of principles & values;
- Youth development;
- First aid training and services.

In delivering these activities GRCS is guided by the strengthening of the following areas:

- Organizational development
- Institutional development (equipment's, tools, logistics)
- Human resource development (governance, staff, volunteers' development)
- GRCS Chapters development. The chapters are made up of *Mothers clubs, Youth, School links, General Volunteers etc*)
- Strategic partnerships
- Qualitative programs delivery through efficient PMER systems in place

GRCS started to organize first aid (FA) trainings in 1957 already, and has a key role as the first aid training provider in Ghana. With its network of regional and district branches, staff and volunteers, GRCS is particularly well-placed to provide first aid activities including provision of FA trainings and interventions when needed. Provision of first aid training for volunteers, operational community members, and general public is a core mandate, a principal activity and key competence area for the GRCS.

The commercial first aid training component guarantees steady income which can be used to support the implementation of the key project areas and services of the National Society. Commercial First Aid (CFA) training could be divided into three categories in Ghana: 1)

Drivers' FA training, 2) Basic FA training for organizations/businesses/schools, and 3) Basic FA training for individuals. The market has a variety of opportunities to sell CFA trainings widely to different organizations/companies and individuals. Currently, FA trainings are sold based on requests, not through active marketing; therefore, there is scope to extend the CFA activities enormously. In this regard, GRCS has enshrined in its strategic plan to train at least ten percent of the national population in basic first aid, each household should have at least one trained first aider.

Besides contributing to minimizing the loss of lives and property during emergencies in the communities, homes workplaces and institutions in Ghana, GRCS aims at advancing a strong and sustainable commercialization of first aid that will generate income for the NS to cover at least 40% of its core costs.

To achieve this goal, the NS has identified a variety of necessary strategies:

1. Strengthening GRCS First Aid Department in terms of building the capacity of FA instructors and provision of logistics and materials;
2. Developing a GRCS Business and Marketing plan for commercialization of FA;
3. Increasing the capacity and number of first aid instructors;
4. Developing standardized training and reference materials;
5. Ensuring that trained instructors receive regular refresher training to keep their skills and knowledge level up-to-date.

The GRCS First Aid Department was created in January 2013 and it consists of a FA Coordinator and a FA trainer. Previously first aid activities had been integrated in the resource and development as well as disaster management departments.

5:1:1 Partnerships between the GRCS and FRC

The Finnish Red Cross (FRC) and GRCS initiated a partnership in 2010 when GRCS started a pilot project using the CBHFA approach in the Central Region in the district of Abura Asebu Kwamankese District in 3 communities from 2010-2012. The project was funded by the Finnish Red Cross (FRC) through the International Federation of Red Cross and Red Crescent Societies (IFRC). After this successful pilot project, FRC committed to supporting the scale up of this approach from 2013-2015 in the Central Region to cover two new communities in Agona East District and three communities in Atiebubu-Amanten District in Brong Ahafo Region. Besides the support for the health project, FRC is committed to supporting the organizational development of the National Society. Based on the discussions initiated late 2012, GRCS and FRC had identified financial development and commercialization of the first aid/resource development as priority areas for funding support/technical assistance in 2013-2015.

A feasibility study for a sustainable commercial first aid training in Ghana was conducted by the Finnish Red Cross (FRC) delegate on 29.4-23.5.2013. The mission included also training of new FA instructors that was conducted in collaboration with the Belgium Red Cross Flanders

(BeRCf) that also supported the training through provision of a FA delegate to co-facilitate the training. The report of the FRC FA delegate included a variety of recommendations for creation of a sustainable CFA in line with the strategies set by GRCS above. The report also pointed out that GRCS HQ does not have a training venue, which makes the organization of the trainings challenging and expensive. Currently, trainings are either held in hired venues or at customers' offices.

In order to be able to organize FA trainings in a cost-effective and sustainable way and to be able to increase the volume of trainings, GRCS will establish a training and resource centre within its premises. While functioning as a training centre, the new premises would also include some office space for the GRCS staff. Further, as there is a high demand for training venues in Accra, the training venue would be rented out for other users, when it is not being used for GRCS trainings. Therefore, the new training and resource centre would help generate income for the NS in two ways, namely by contributing to commercialization of FA by ensuring access to a quality training venue and through creation of an asset that generates income.

The exact support areas for the organizational development will be reviewed on yearly basis at the end of each year. For 2013, GRCS and FRC have agreed that the priority support areas will be as follows:

1. Financial development:

- Installation of accounting software (QuickBooks) for FRC supported projects and training of the finance staff in its use;

2. Commercialization of first aid:

- Conduct a feasibility study in 2013 to assess and plan the FRC support to GRCS CFA programme 2013-2015;
 - a. Train FA instructors/FA master trainers;

3. Resource Development:

- b. Construct a training and resource centre.

5:1:4 PROJECT GOAL, OBJECTIVES and EXPECTED OUTPUTS

The overall goal of this project is to enhance the capacity of the GRCS to carry out its activities and services within its core operational areas in an efficient and sustainable way.

The **expected outcomes** and **outputs** of this project are as follows:

5:1:5 OUTCOME 1: Improved GRCS financial management system through introduction of an accounting software;

Output 1: A new accounting software (QuickBooks) procured for GRCS by FRC to be used effectively for their supported projects;

Output 2: GRCS finance staff trained in the use of the accounting software to upgrade themselves in the accounting reporting standards that are currently been used by donors both internally and externally.

Since its establishment in Ghana by (Act 10) 1958 of Parliament, the Ghana Red Cross Society has over the years been preparing its financial books by the use of manual means thus the finance department does not use any of the accounting software in preparing their financial records either internal or external donor, only excel is used in preparing these books of accounts in the department and this does not make the flow of accounts very easy for the department hence many queries in the preparation of the books of accounts there is therefore the need to have the following:

5:1:6 OUTCOME 2: A strong and sustainable commercialization of first aid advanced through a quality FA training programme in line with the African First Aid Materials (AFAM), and through establishment of a cost-effective, functional and easily accessible training.

Output 1: Feasibility study conducted on the development of CFA by FRC;

Output 2: Training curricular adapted (drivers, businesses, and individuals) to be in line with AFAM and used in all GRCS FA trainings this will however be done in 2014.

Output 3: Twenty - Five (25) FA instructors trained by using AFAM, out of which nine (9) will be master trainers;

The Ghana Red Cross Society will embark on becoming a well self sustainable national society, by conducting a Commercial First Aid training for corporate organisations, individuals and drivers, because this has become one of the very good venture areas that management has identified over the years as a means to raise funds to help meet core cost for the society.

5:1:7 OUTCOME 3: Construction of a Conference and Resource center purposely for first aid training and rental to the public for sustainable developments.

Output 1: A training and resource centre building constructed and is functional;

- a. Conference room can accommodate up to 50 participants comfortably;
- b. Resource centre with relevant materials and books established including also an internet “cafe” with 10 desk top computers (donation made by the Chinese Red Cross).
- c. Four offices established for the use of the National Society staff and delegates. One of these offices can be used as a GRCS meeting room.
- d. FA trainings for the new drivers organized twice a week (2x2h);
- e. Commercial FA trainings for companies and organizations arranged once a month (16hrs);

- f. Three one week's FA trainings organized a year during holidays.

Output 2: The conference room rented out for companies and organizations for 12 days a month.

A foundation and cement/iron pillars of the building already exist, which reduces the building costs significantly. The foundation was constructed with the support of the Swiss Red Cross support in 2001, however the construction could not be completed due to problems with the constructor and meanwhile SWRC re-allocated these funds for some other activities. The estimated construction costs to be funded through this project would be GHS 44,000.00 (EUR15,300). Additional funding needs for furnishing and equipping the training centre, developing and implementing a marketing plan and for running the training centre will be covered by GRCS from other funding sources.

5:1:8 Sustainability of the Project

This income generated through the hiring of the venue and organization of FA trainings will provide the revenue needed for facility maintenance such as payment of the electricity and water bills and internet services, but above all the income will contribute to the core costs of the National Society and its activities and operations.

5:1:9 QuickBooks software training:

After a successful Community Based Health and First Aid program in the central region with financial support from the Finnish Red Cross through IFRC in 2012, it became necessary that the Finnish Red Cross entered into the bilateral corporation with the Ghana Red Cross Society in order to scale up the program and ensures direct involvement of the Finnish Red Cross in the implementation process and also how accurately the project reports in term of financial activities could be done appropriately to the back donor without queries. Hence Finnish Red Cross supported Ghana Red Cross Society with a QuickBooks accounting software and training as well for the accounting staff

5:1:10 Programmes

Purpose:

As a result of this process, the Financial Controller of the Finnish Red Cross, Salla Makela visited the Ghana Red Cross Society from November 18, 2012 to November 23, 2012 to assess the finance policies and procedures of Ghana Red Cross and the need for capacity building if necessary. Her recommendation after the assessment included the introduction of accountancy software. After detail discussions by the Finnish Red Cross and Ghana Red Cross it was agreed to introduce Quick Books software.

The Finnish Red Cross then went ahead to purchase the QuickBooks software and also identify a trainer in the person of Satu Seppala who came to Ghana Red Cross to conduct the training and her task was to ensure that she train staff in the following areas.

1. Installation of QuickBooks
2. Training of Ghana Red Cross finance team on QuickBooks

3. Develop Chart of Accounts
4. Follow up of Finance Controllers recommendations

5:1:11 Programme Summary:

It was a five day training workshop organized for four accounts personals and three program officers on how to use the quick books, the training cost and the software (quick books) were all financed by the Finnish Red Cross. The facilitator of the training was Satu Sappala from Finnish Red Cross who did her work very diligently.

Participants were taken through basic quick books topics include:

1. How the quick books systems operate
2. Chart of Accounts - With a list of asset, liability, equity, income and expense accounts to which you assign your daily transactions.
3. Training Planner: Summary sheet covering all expenses made in connection with a particular training program
4. Payment voucher: It records the payment details of expenditure made
5. Exchange Rate voucher: This records the transfers details and including exchange rate differences
6. Quick books tips: Notes and guidelines governing QuickBooks reports
7. Exports of reports from quick books
8. Budgeting

5:1:12 Generating Report

Profit and Loss: this also shows funds received and expenses made during a reporting period.

1. Transaction details by accounts: This shows the details of transactions book into the QuickBooks system by summarizing all payments from bank accounts, working advances and the justifications received.
2. Uk Standard Balance sheet: It shows the financial position regarding assets, liabilities and shareholders' fund.

At the end of the five days training participants were able to generate the following reports, Journal, Profit and Loss, Transaction details by accounts and Uk Standard Balance sheet

After the training Ghana Red Cross was given a laptop and it was presented to the programme accountant (Mrs Patience Abekah,) and the laptop contains the QuickBooks software to be used to prepare all financial report on behalf of Ghana Red Cross Society to the Finnish Red Cross projects.

Even though the programme was very successful and beneficial to participants it is good to also note that some few concerns were also noted.

1. That the training period was short and could not provide time for practical demonstration from participants.
2. The operation of the Quick Books systems involves a lot of generation of manual vouchers and entries resulting in time consuming.

3. The training programme however did not take into consideration to train all the project officers; they are Organizational Coordinator, the CBHFA project coordinator and the Health Coordinator on the QuickBooks for them to be abreast with the application.
4. The QuickBooks software is only on one laptop used by the project accountant alone without the finance and administrative manager having access to its usage this at least should have been installed on every desk office computer at the accounts department to be abreast with its use after the training.

Currently the quick book software is what the programmes accountant is using in all her financial reporting to the donor (Finish Red Cross).

5:1:13 First aid Training for Trainer of Trainers

Commercial First Aid training for cooperate organisations, individuals and drivers has become one of the very good venture area that management has identified over the years as a means to raise funds to help meet core cost for the society.

For this reason the first aid department was support with **8,000** Euros from the Finnish Red Cross to organise a trainer of trainers workshop for some selected volunteers to become first aid instructors for the national society, who will also be used to go and do a step down training for other volunteers in their communities since most of the old instructors we had some years back had for one reason or the other left the society and there is the need to fill in the gaps as soon as possible to embark on these sustainable action for the national society to stand on its feet when it comes to first aid training in Ghana.



Trainers at the workshop



Demonstration by a participants

5:1:14 The programme purpose:

Ghana Red Cross Society in partnership with the Finnish Red Cross organized the first aid trainer of trainer's workshop for its volunteers in Ashanti Region to become instructors; two volunteers were selected each from the 10 regions of Ghana to attend the workshop.

The number that attended the workshop was 24 volunteers and they were taken through all the first aid training skills that they need to know and practice very well to become first aid instructors, there were four (4) additional trainers who were supported by Ghana Red Cross society to attend the training.

The training objective was:

1. To increase the knowledge and skills of First Aid Instructors
2. To standardize and harmonize first training and service throughout the country
3. To discuss and adopt Africa First Aid Materials (AFAM) as the working tool for first aid trainings.

5:1:15 Programme summary:

Finish Red Cross as part of their support in the area of Organizational Development to make Ghana Red Cross become self-sustainable gave first aid department an amount **8,000 Euros** to train instructors who will be used at our DVLA centers and also how we can develop the commercialization of our first aid activities in the country.

The participants were taken through the following first aid topics that is Basic Red Cross Information, Principles of first aid, Psycho-social support, Anatomy and Physiology, Foreign Bodies, Unconsciousness, CPR, Severe Bleeding, Shock, Non-communicable diseases, Wounds, Burns, Injuries to bones and muscles, Poisoning, Bites and stings, heat Injuries, Medical Emergencies, Mass casualties, Transportation methods.

5 days were devoted to training of these instructors from which master trainers could be identified. All participants gave 30-45 presentations on selected first aid topics. Facilitations were done by the following persons: 1. Niina Hirvonen- Finnish Red Cross 2. Auwal Muhammad –Belgian Red Cross, 3. Francis Obeng - Ghana Red Cross Society.

1. 24 participants are trained as First Aid instructors and 9 are selected as Master Trainers
2. The selection of master trainers was based on the participants knowledge in first aid and skills in imparting the knowledge
3. It is essential to organize another first aid trainer of trainers' workshop before the close of the year.

5:1:16 Progress on First Activities:

The First Aid Department became officially functional from March 2013 to date. There has been tremendous performance after the Trainer of Trainers workshop in May 2013.

Find below performance of Commercial First Aid in 2013 as compared to 2012

ACTIVITY	2012	2013	% INCREASE /DECREASE
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	No Sales/Trained	Amt Receive d	No sales/trained	Amt Received	Varia nce	
Sale of FA certificates	-	6,812.20	-	8,970.0	-	+26
Commercial First Aid Training	-	4,539.0	791	20,295.0	-	+347
DVLA Training	-	94,864.0	13,716	54,381.70	-	-43
First Aid Kits(Domestic & industrial)			50 Domestic 24 Industrial	5,900.0	-	-
TOTAL		106,215	14,507	89,546.70	-	-15.7

NB: It could be seen therefore that there was tremendous improvement in commercial first aid training but there was decrease in the sale of DVLA trainings due to the fact that the programme was suspended during the course of the year.

5:1:17 Projections:

It is our expectation that the resources center and the conference Room will be completed as quickly as possible so that more trainings can be done especially at the conference room, conduct sandwich training for nursing institution in the country as well as when so school are on vacation we conduct training for students.

We will also be looking at an opportunity to train other instructors to beef up the number of first aid instructors that we have in the country

5:1:18 National Training and Resource Centre under construction.





As a partner, Ghana Red Cross Society (GRCS) received the funding support from the Finish Red Cross (FRC) of **15,300.00** Euros to build the capacity of the National Society, in 2013; this fund was to use to construct a National Training and Resource Center.

The proposed funding support to build the National Resource Center however was received by GRCS somewhere in November 2013 to commence the building project as part of Organizational Development and capacity building support from FRC.

The building project has fully started as at 23rd of December 2013, with some directives from the newly elected President of the Ghana Red Cross Society (**Dr Michael Agyekum Addo**) He has more interest in the project that he has made decisions to change the plan that we had sent to you from the beginning from the initial ground building to a two storey building.

He had wanted to turn the whole building plan to a conferencing hall without any office attached, but with some stiff opposition he changed his mind and agreed to our objection, at a point in time Niina has to be invited to the meeting to explained things to him about the agreed proposal we had already sent to you.

Notwithstanding these challenges the project is still ongoing but at a slow paste because the changes that he has made should be dealt with by the Architect before the project can go on, and to quote a few.

1. He has directed that the building should go for a two storey instead of the original plan of ground building but in the main time we should build the ground floor with the support we have gotten from Finish Red Cross.
2. That the conference room should be bigger than the original plan that was made and this has made some of the office rooms smaller.
3. We have also hired a Structural Engineer and Architect to do the consultancy work for us, this however has caused us to pay off the first contractor we hired in the name of **Dihene Construction Ltd** an amount of Gh¢ 1,000.00 (324 Euros) for breach of contractor after all the preparatory work that they did.
4. It has actually brought some additional expenditure which indeed was not part of the budget sent, but we have to attend to those expenses if indeed we want to build the two storeys as directed by the president.
5. He has also directed that the workers be paid on daily basis, and not to award it as contractor to any contractor.

5:1:19 Project Committee

A committee of five Members has been put in place by the Secretary General to supervise the building works and within the committee we also have the procurement committee of three members. The role of this members are also to ensure that due diligent is done before making procurements to site for the construction.

We have met on two occasions to make input and suggestion to the workers as an when the need arises, even though the President directs major affairs of the project.

5:1:20 Sponsorship

Sponsorship letters were written to companies seeking for their support with building material to make our financial burden lesser and we got support from these Companies who gave us the following item to support the project.

1. Ferro Fabric Ltd gave us 16mm and 10mm Iron Rods of 80 and 60 qty respectively

2. Ghacem Ltd also gave us 300 bags of Cements to support the project.

However, these materials will not be able to complete the project, so we had to purchase an additional material to support it.

5:1:21 Building Site

So far the committee has made available the following materials needed on site for the building to continue, also materials are purchased based on the workers request and specifications

1. **Stones (types 5/8 , 3/4)**
2. **Blocks (5 inches)**
3. **Iron Rods (16mm, 10mm, binding wires, etc)**
4. **Woods (Wawa boards, 2 x 4 wood, Bamboos,)**
5. **Pick axes**
6. **Cements (Ghacem type)**
7. **Sands (Smooth and Rough)**
8. **Nails. (3 inches and 4 inches Concrete nails) Etc**

Looking at the current paste of the work I envisage that the building will not be ready at the proposed date as we indicated, also President has made me aware that he has spoken to Niina Hernoven and assured her that it will be ready by June 2014.

Now when completed we are going to get the Resource Center, the Conference room (This time bigger than the initial plan), Four Toilets rooms, a kitchen room and Four Offices this is the current proposed plan and I will furnish you with a copy as soon as the architect makes it available to me.

5:2 EASTERN REGION

5:2:1 Resource Development

The region's main source of resource generation is financial gains from the DVLA centres, membership registrations, the recent HIV/AIDS Walk and the time of our volunteers.

5:2:2 Finance and Administration

The region made an income of Twelve Thousand, One Hundred and Twelve Ghana Cedis (GH¢ 12,112) from DVLA training, HIV/AIDS Walk and donations. The region is yet to account for youth and adult membership registrations. An estimated amount of about Eleven Thousand, Five Hundred Ghana Cedis (GH¢ 10,500) was expended.

5:2:3 Challenges

The most important challenge facing the region is mobility. Due to the bad nature of the roads in nearly every part of the eastern region, it is difficult to access most districts. The only vehicle capable of running the rough terrain- the four wheel Nissan Patrol- has been broken down since 3 years ago.

Currently, the regional office does not have even one motorcycle for its operations. The challenges are further constrained by the fact that, our volunteer strength in the region is weak. Presently, the region has only 3 active volunteers.

5:2:4 Conclusion

The year has brought its successes and challenges to the region. It has been characterized by volunteer management issues, challenges at DVLA centres and difficulties in accessing and possessing the potentials of the whole region. The region is doing its best to remedy the situation. The secretariat is doing its best to establish more school links, youth groups, chapters and mothers clubs as a way of strengthening the region.

5:4 ASHANTI REGION

5:4:1 Operational Districts:

The Region is currently operating in ten (10) out of the twenty eight (28) political districts in the region.

5:4:1 Memberships

The Region has total registered membership of **(670)** out of which 56 was new registration for the year 2013. Below is the breakdown:

- Youth Membership: 510
- Adults (chapter): 160

5:4:2 Media

The Region continues to collaborate with media stations in the region, for our programs and activities especially during this year's world Red Cross day.

The region has an ongoing health talk on Sundays with one of the FM station (fox's FM) from 8pm to 8.30pm every Sunday, also Tuesdays 7:15 to 7:30am on ultimate radio.

5:4:4 DVLA TRAINING

The region trained 3,267 in first aid, of which (GH¢19,602.00) has been raised from this.

A training centre was developed at the DVLA premises due to the evacuation of our people from the conference room of the DVLA this cost us about Five Thousand Two Hundred Ghana cedis (¢5,200.00).

5:4:5 REGISTRATION AND DUES

Membership dues amounting to (GH¢248.00) and registration fees amounting to (GH¢168.00) was realized for the year 2013.

5:5 VOLTA REGION

5:5:1 Resource Development

During the period under review, an amount of GH¢332.00 was raised through membership dues while GH¢ 1000.00 was raised through DVLA training.

Efforts are being made to improve on our resource mobilization.

5:5:2 Challenges

Volta Region is the longest region in Ghana sharing boundaries with Gt. Accra, Eastern, Brong Ahafo and Northern regions with its challenges of bad road network, and various types of disasters and conflicts. The region is without a vehicle to manage these challenges.

5:5:3 Recommendations and Conclusion

- Efforts should be made to provide vehicle to the region to assist in the rejuvenation of district committees, Mothers clubs, Youth Links and chapters

The region has two building plots which could be used to build a hostel or Youth training centre.

Efforts should be made to identify an investor to

5:6 UPPER WEST REGION

5:6:1 Challenges

Mobility continues to be a major challenge for the region. This has limited the movement of the Regional Manager and therefore the region is not able to organize and implement some programmes.

Fund raising is also another challenge as the populace in the region sees Red Cross to be a charitable organization and sees no reason why it should be supported since it has been perceived

to be a rich organization. The case has been compounded with the numerous community and faith based organizations competing for the very few generous people and corporate bodies in the region.

5:6:2 Recommendations and conclusions

Head office should assist regions with some of the basic resources needed to effectively work e.g. Vehicles, Cameras etc.

5:7 BRONG AHAFO REGION

5:7:1 Finance and Administration

The finance delegate and project finance officer from the Finnish Red Cross (FRC) and the Ghana Red Cross Society (GRCS) visited the Brong Ahafo region and took regional project staff through project financial mechanisms and systems.



See Finance Delegate and regional staff in a working session.

5:7:1 Hand washing at Social Gatherings

This activity has gained popularity in the Berekum Municipality and no big funeral is done without the Red Cross Hand washing team present. A philanthropist who was very happy about the initiative bought a veronica bucket fitted with a tap for the Red Cross local chapter to boost their morale.

5:7:3 Conclusion

Though the year 2013 was a very difficult year for the Brong Ahafo region as a result of poor funding, the Regional branch still managed to organise a good number of Red Cross core activities as stated above.

The CBHFA project occupied much of the year and has really uplifted the image of the Red Cross in the region and Atebubu-Amanten district in particular.

5:8 CENTRAL REGION

5:8:1 Operational Districts:

The Region is currently operating in ten (13) Districts out of the twenty (20) political districts and is nurturing three new districts.

5:8:2 The operative districts are as follows:

No	OPERATIVE DISTRICT	NURTURING DISTRICT	
1	Abura/Asebu/Kwamankese	Gomoa East	
2	Agona East	Ekumfi	
3	Agona West Municipal	Awutu Senya East	
4	Ajumako/Enyan/Essiam	Gomoa East	
5	Assin North Municipal		
6	Cape Coast Metropolitan		
7	Gomoa West		
8	Mfantiman Municipal		
9	Twifo-Ati Mokwa		
10	Twifo/Heman/Lower Denkyira		
11	Effutu Municipal		
12	KEEA		

5:8:1 Memberships

The Region has total registered membership of **(2,553)** as part of innovative membership drive with the following breakdown:

General Membership /Volunteer Breakdown

Categories	Total NO. of Chapters	Total Membership	Paid-up members
School links			

	34	2346	360
Out of school links	3	54	
Chapters	6	108	108
Mothers club	3	45	
Total	46	2,553	468

5:8:4 Media Programs

The Region continues to collaborate with media partners in propagating programs and activities of the Society at the Region.

During the year under review, the Regional Manager and some of its stakeholders have been engaged on TV and radio discussions on issues pertaining to Red Cross activities, Public Health Emergencies, HIV/AIDS Stigma Reduction among others.

5:8:5 Publicity & Souvenirs produced:

The region was able to produce some souvenirs for public awareness creation and image building. There was creation of a new sign posts to project the image of the Society.

5:9 GREATER REGION

5:9:1 Resource Development

GROUP	AS AT 31 ST DECEMBER,2013	31 ST DECEMBER,2013	GOOD STANDING
Chapters	6,439	6,939	978
Youth	26,623	27,403	1,433
Life members	Nil	Nil	NIL
Patrons	Nil	Nil	Nil
Corporate	Nil	Nil	Nil

5:9:2 Fundraising

ACTIVITY	INDICATORS	PERFORMANCE	REMARK
Registration/Dues	20,000	1,195.00	
First Aid Training	20,000	6,300.00	
First Aid Kits	11,980.00	6,316.50	
Donations	10,000.00	1,000.00	
First Aid services	3,600.00	1,100.00	
HIV/AIDS WALK	4,000.00	3,344.00	
Youth Program	14,800.00	1,000.00	
Tent	200.00	150.00	
DVLA	100,800.00	69,285.00	

5:10 WESTERN REGION

5:10:1 Assets / Properties:

- (1) Documents for the Agona Nkwanta land and that of Hiawa Project have been traced. It was realized that both documents were incomplete and that fresh documentations have to be done. The RM together with the Vice Chairman and 3 others have visited the Agona Nkwanta land and the Chief's Palace several times to discuss on proper documentation of the land. Discussions have been successful. The Chief and the Abusuapenin are prepared to sign the documents covering the land when they are ready. With respect to the Hiawa project, it has become evident that it doesn't belong to the Ghana Red Cross anymore.
- (2) The Konfeku Corn mill has been visited by a team from the region. Discussions are been done with the Men's Fellowship of the Presby Church in Takoradi who negotiated with the Society to manage the asset sometime past.
- (3) Vehicle: There was no vehicle to run the office from 1st March 2013 until the middle of November, 2013 due to the breakdown of the one vehicle (Land Cruiser). This made mobility very hectic and challenging.
- (4) Sign Posts and Banners have been erected to give direction and to inform the public about Red Cross Activities. A bigger and more sign boards are to be mounted next year.
- (5) Concrete Platforms have been built at the DVLA Drivers First Aid Training Centers to ensure the comfort of the participants.
- (6) Tents, dummies, stretchers and one desktop computer have been received from Headquarters.
- (7) One Toshiba Laptop Computer has been bought by the region to facilitate office work, especially first aid training and electronic communication.

5:10:2 Success Stories

1. **Meeting with the Regional Minister:** a delegation from the Regional Committee paid a courtesy call on the Regional Minister on 7th October, 2013 to discuss on the challenges and way forward of the Society.
2. **The Chief of Agona Nkwanta** has been made the Patron for the Agona Nkwanta District branch of the Society.
3. **The Vehicle** is now in good condition making mobility easier than before.
4. **An old Clinic Structure** has been obtained at Elubo and plans are far advanced to have a Ghana Red Cross Society Clinic there.
5. The Regional Commander of the Ghana Police Service, DCOP Kofi Boakye and the Regional MTTU Commander agreed with the RM that the Ghana Red Cross should train

all the Police Personnel in the region in First Aid in order to help save the victims of disaster and accident.

5:10:3 CHALLENGES

1. An amount of **GHC 7,000** is to be paid to Kwansa Automobile Company as outstanding debt for the Land Cruiser engine repairs and for other maintenance.
2. An amount of **GHC 5,000** is needed to buy new spare parts to replace the old ones which are in a dilapidated condition, and for bodyworks.
3. Due to lack of funds to run programmes, the willingness of the volunteers in the districts is on the decline.
4. Apart from Sekondi-Takoradi Metro, all the other districts level elections have not been done due to lack of funds.
5. Payment of dues is very appalling.

5:10:4 WayForward

The region has prepared adequately to set up a FUND dubbed “**GOOD SAMARITAN EMERGENCY RESPONSE FUND**” to be launched on 7th March, 2013.

Purpose:

- To build **Emergency First Aid Posts** along the major highways at accident prone areas in Western Region(to rescue road crash victims)
- To train community-based volunteers to attend to emergencies (eg. road crashes, disasters in their community)
- To purchase and render ambulance services (to swiftly attend to and save the lives of disaster and accident victims)

REPORTING: MANAGEMENT