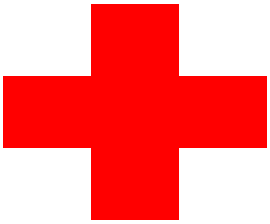
GHANA RED CROSS SOCIETY



2014

ANNUAL REPORT

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SECRETARY GENERAL SUMMARY REPORT

1:0 INTRODUCTIONS

1:1 Reporting Time frame

The Report covers the period January to December 19, 2014. Secretariat will add today's event and other activities that will take place from now till December 31, 2014 to come up with the final comprehensive report for 2014, copies of which will be made available to you.

1:2 Structure of Report

The report is structured to give an over view of the National Society's current operational and administrative structure, activities carried out during this period per thematic or functional areas, resources mobilized both internally and externally, and accompanying capacities developed.

The report under each of these themes further looks at challenges encountered, steps taken to contain the challenge and suggestions to Council for approval to enhance organizational development and efficient services delivery to the vulnerable.

Finally, the general challenge of Core Cost funding is presented and suggestions to address it, is made to Council for endorsement.

2.0 CURRENT ADMINISTRATIVE AND OPERATIONAL STRUCTURE OF THE NATIONAL SOCIETY

2.1 Structure

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. Total paid staff at date is forty five (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.

3:0 ORGANIZATIONAL DEVELOPMENTS

3.1 Amended Ghana Red Cross Act developments

At the 2011 General Assembly in Sunyani, the National Society Constitution was amended and passed. The Honorary Legal Advisor put the amended document together. He is also using that to develop a new draft Ghana Red Cross Act to be sent to Parliament and Cabinet through our Sector Minister for approval. The document would have before this stage, been shared with IFRC and ICRC for inputs.

The new Act we envisage will incorporate Government:

1. Funding Core Costs 100% (Salaries, Administration expenses including utilities, stationery among others)
2. Providing Specified Program funding support
3. Providing Some form of Monopoly guarantees in the area of First Aid Services delivery in the Country

3.2 Strategic Plan development

The current Strategic Plan expires in 2015. The process to develop a new and more focused five (5) year 2016 – 2020 Strategic Plan with the theme " ***Applying Business Models to deliver Humanitarian Services***" has commenced. Council as part of the process has held two workshops on it. Another workshop to advance the process will take place tomorrow. We are having funding and technical support in the development of this document from ICRC, IFRC, our PNSs and Stakeholders.

3.3 Statutory Meetings

3:3a Central Council (meetings and workshops)

Due to funding limitations only two Central Council meetings and workshops are taking place this year. Important deliberations and decisions are taken during this meeting. The first Council meeting and Governance Orientation workshop was on the 10th and 11thJanuary 2014 for all members of governance, (Management Committee, Central Council, Stakeholder Organization representatives and Senior Executive staff). Facilitators were drawn from IFRC, former members of governance, former senior staff and Partner National Society representatives.

The second meeting and workshop for the year is the one we are holding today. It cost over GHS 36,000.00 to hold this meeting and this is borne 100% by headquarters who have to look for the funding. It is my plea that Council looks at new ways to fund this very important Statutory meeting so that we can have it quarterly as per our work plan

Appreciation goes to Finish Red Cross, Swiss Red Cross and ICRC who have provided funding support for this meeting and the strategic plan development work shop and also IFRC for providing technical assistance.

3:3b Management Committee

I am glad to announce that this meeting has been consistent throughout the year. It has been held monthly and when there has been a default it has not gone beyond a quarter. It is at this forum that Management Committee guides Secretariat to carry out its functions.

3.4 Meeting with the Chief Patron (HE the President of the Republic)

A delegation led by the President of the NS and comprising members of governance and executive staff met our Chief Patron in March 2014. He was briefed on the NSs activities and the challenges (especially core cost funding). His Excellency the President and Chief Patron was pleased with the visit. He handed us over formally to the honorable Minister for Health to facilitate the addressing of the issues raised with him. The Hon. Minister has agreed in principle to put our core cost (salaries) on the Ministry of Health budget. Follow ups to this are being pursued.

3.5 Governance Training and Annual Meetings of West and Central Africa National Societies

Ghana Red Cross led by the Vice President and the Secretary General represented the National Society at this meeting in Saly -Senegal. In addition to the Governance training, actions agreed upon at the Pan African congress and which milestone each National Society has reached in terms of the deliverables was deliberated on. Reports from National Society and common challenges were discussed. GRCS supported the Nigeria Red Cross bid (which they won) to chair the West Coast group for the next two years.

3.6 Branch and Volunteer Development

Local Branches development, Volunteer recruitment and Capacity building is an activity carried out by the regions in collaboration with the Organizational Development department. New local

branches have been formed in all the communities where we are having programs. In the Northern and Upper East regions support to develop the capacities of these branches and competencies of the volunteers is provided by the Swiss Red Cross. In the Brong Ahafo and Central region the support is from Finish Red Cross.

Other stakeholders like UNICEF, Delta Airlines, Ernest Peyer Memorial Foundation have helped us develop branches in the areas where they have collaborated with us in Greater Accra, Central and Western region.

Similarly, we have taken advantage of the Disaster Relief Emergency Fund (DREF) support from IFRC to develop branches in the beneficiary communities (Volta and Eastern region)

3:6a Volunteer insurance

The National Society has paid and insured Two hundred (200) Volunteers under a Group Volunteer Scheme with Federation Insurance using part of the proceeds from our Disaster Relief Emergency Fund (DREF) Appeal. Thus at any point in time when Volunteers are in the field offering services we are assured that they are catered for in the unfortunate event of injury.

3:6b Volunteer Program with German Red Cross

This cooperation of human resource technical support is still ongoing. The German Volunteers are currently in Greater Accra, Central and Volta region

3.7 Youth

Youth activities continue to be mainstreamed into programs of the various thematic areas of the National Society.

3:7a International youth camp in Kumasi

The youth held an international Super camp in Kumasi. This was from 10-17 August, 2014. One hundred and twenty delegates attended from all the ten (10) regions. Because of the Ebola scare international attendance was not encouraging. All international delegates who had indicated interest of attending did not turn up. Only one delegate from Spain participated.

3:7b International Youth Supper Camp in Finland

The National Youth Representative represented our National Society at that Youth camp. Our participation was facilitated by Finish Red Cross.

3.8 Mothers Clubs

This unit continued to carry out their activities in the communities. The activities include Public Health campaigns, Community Clean Ups and Community Based Health and first aid activities.

3.9 World Red Cross Day and other International Public Health Related Day Celebrations World Red Cross Day

The National celebration was held in the Western region in collaboration with the regional branch. It was a weeklong celebration and activities held included clean up campaigns, blood donation and keep fit walks. The other regional branches also held activities to mark the day.

3:10 Other International Public Health Related Day Celebrations

Headquarters issued press releases on the world First Aid Day, and participated in Breast cancer and Blood donation week celebrations among others. Some of our Regional Branches also commemorated the World Aids day.

4:0 FUND RAISING AND INCOME GENERATION ACTIVITIES

4.1 Red Cross Cloth

The design which was agreed to at the last Central Council was submitted to Ghana Textile Printing Company (GTP). Headquarters funded 100% of the production cost. The Cloth is now ready and has been distributed to the Regions. The profit made will go to support core costs.

4.2 Presentation of Ghana Red Cross to Corporate executives (Corporate Dinner)

This national event was held at the KAMA Conference Center in May 2014, to present Ghana Red Cross to the corporate world (Corporate Executives). The objective was make the corporate appreciate and own the National Society and support it through direct funding. This will also encourage them to fulfill their Corporate Social Responsibilities through GRCS. One hundred and fifty corporate executives were invited and over one hundred and twenty (120) attended.

The Honorable Minister for Health was the guest of Honor and the event was chaired by the Managing Director of Ndk Financial services. We are following up on their pledges and encouraging them to sign up as corporate members.

4.3 Aqua Red Mineral Water (GRCS labeled water)

The National Society is still partnering the Company in the production of GRCS labeled mineral water. The agreement is for profits to be shared at the end of the year using the Memorandum of Understanding (MoU) agreed profit sharing ratios. We are now twelve (12) months into the cooperation.

To support the operations of the company, the NS has hired its two trucks to the company based on an MOU which makes provision for the payment of a monthly hiring fee.

4.4 Other Income Generating Initiatives

Headquarters currently has donation boxes in some hotels and shopping centers in Accra. A decision has been taking by executive management to open all the donation boxes placed in the hotels and shopping Centers this month. The Regions have been encouraged to approach

organizations and place same on their premises as part of the strategies of raising funds to support core cost and programs

4.5 Regional Branches income generating assets

Central Regional branch has a Guest house in Cape Coast for income generation. Upper East region also has two Guest houses. Unfortunately, its viability is minimal and the National Society as a whole has not experience any remarkable share of profit from this priced asset left behind for us by our PNSs to support core cost financing. A proposal to address this has been made in the financial reporting and core cost financing session of the meeting for approval.

5:0 PROGRAMS IN HEALTH INCLUDING PARTNERSHIP EXECUTED ONES

One of the core mandates of the NS is to reduce morbidity and mortality among mothers and children especially through social and community mobilization for action. Intervention during the year under review included Community Based Health and First Aid (CBHFA), Water and Sanitation (WATSAN), Personal hygiene promotion, Immunization promotion, Malaria control, Non communicable disease management, Cholera prevention activities, Ebola education and Maternal, Neonatal and Child Health (MNCH) promotion.

5.1 Community Based Health and First Aid (CBHFA)

The National Society continued to use this approach to deliver health interventions in the communities. As reported previously, it is being promoted and supported by Finish Red Cross. Finish Red Cross is supporting the use of this methodology in the Brong Ahafo and Central regions. All the other regions are also using this methodology even though they are not formally part of the funding supported regions of Finish Red Cross. The approach seeks to create healthy and resilient communities by empowering communities and their volunteers to take charge of their health. This is done through their mobilizing using Red Cross structures established in the communities to address priority health needs by identifying and using simple locally available resources.

During this reporting period, a lot of activities occurred at the project communities. This includes hand washing during social gatherings (e.g. funerals), household visits, health sensitization at schools and churches including women's fellowship groups, clean up campaigns, construction of one bore hole and 80 latrines, and the usual support monitoring visits conducted by the Regional Managers, District Organizers (DOs) and Mothers Club Facilitators (MCFs).

The total 2014 budget allocated was EUR 150,000.00

Details of the program and budget are given under the health department report and financial reporting

5.2 Communication for Development (C4D) Program supported by UNICEF

The above health delivery methodology is being implemented in partnership with UNICEF. It uses this approach to target and address neonatal, maternal and child health issues in the community. It also covers Sexual and Reproductive health issues, WATSAN related diseases and Hygiene promotion behaviors. The project areas are in Central, Eastern and Upper East region.

5.3 Maternal, Neo Natal and Child Health Program

This is an IFRC sponsored program and is being implemented in the Western region. It involves Volunteer orientation to commence community mobilization to promote Maternal, Neo Natal and Child Health (MNCH).

The Project is focused on the following objectives:

1. To develop the capacity of the GRCS volunteers in MNCH community-based services;
2. To promote personal and environmental hygiene among pregnant and lactating mothers;
3. To increase the numbers of pregnant women accessing safe child delivery services by five per cent;
4. To increase the use of long lasting insecticide treated nets (LLINs) among beneficiary community.

The activities carried out included participation in stakeholders meetings in the various levels on Maternal Child Health (MCH) review meetings, the recruitment and training of volunteers, house to house and community outreach as well as Long Lasting Insecticide Net (LLIN) hang up and keep up.

GRCS trained volunteers, reached **1,623** households with MCH related messages that threatened the lives of pregnant women and children. A total of 9**,738** beneficiaries benefited from the project.

5.4 NON COMMUNICABLE DISEASES (NCDS)

With the growing trend in Non- Communicable Diseases (NCDs) and its effects on health and development, the International Federation of Red Cross and Red Crescent Societies (IFRC) organized a workshop on NCDs for National Societies (NSs) in Malaysia. Ghana was one of the countries that participated in the workshop in Malaysia. One of the Outcomes of the workshop was that NSs should organize a step down orientation for its staff.

It is in this regard that an orientation workshop was organized for Regional Managers, Office Assistants and Head Office staff of Ghana Red Cross Society (GRCS). Participants were to disseminate the knowledge and also plan the way forward for GRCS interventions on NCDs

5.5 Primary Eye Care programs supported by Swiss Red Cross

This is an ongoing collaborative program and is being implemented in the Northern and Upper East Regions.

As part of the program agreement and support Upper East region has been supported with a vehicle as stated earlier by the Swiss Red Cross.

5.6 Optical Services

The National Society's Optical Centers situated in Wa and Sunyani are still functional. The Sunyani Center has now been registered under the National Health Insurance Scheme (NHIS) and this has boosted attendance. This is also reflected in the revenue generation. At the Optical Services Board meeting held in Sunyani in August, it emerged that the Centers currently need capitalization and hence the reason why the board has not approved recommended payment of dividends to the NS. A token of GHS 4500.00 was approved to be paid as share of profit to the National Society by the Sunyani center which was doing well. A salary increment of 15% for the Sunyani Center and 10% for the Wa center was also approved. The books of all the Centers have been audited to date.

5.7 National immunization Day (NID) collaboration with American Red Cross (ARC)

In April 2014, Ghana Red Cross in collaboration with the American Red Cross signed a Memorandum of Understanding (MoU) to provide communication and social mobilization support for routine immunization (Measles Rubella) intake strengthening. Seven (7) Districts in the Greater Accra, three (3) districts in Wa Central and Jirapa districts in the Upper West region and Garu Tempani in the Upper East Region were selected based on data received from Ghana Health Service.

As part of the strategies to achieve the above aim (expanded coverge and intake), the project trained 2000 volunteers to carry out defaulters tracing at the household level. These trained volunteers are expected to reach **688,418** households with total children of 104,000 within the one year project period. I am glad to say we have almost reached the target set for the volunteers.

We have also as part of the program purchased two solar powered Vaccine refrigerators to be donated to Ghana Health Service as part of our support to help them address vaccine storage in rural areas without electricity. The refrigerators have arrived and have been cleared at the port. It will be handed over later this month.

5.8 GRCS and DELTA Airlines Malaria Control Campaign Cooperation

As part of our national strategy of corporate collaboration we joined hands with Delta airline to implement a malaria control program in the Greater Accra and Upper East regions. Over 200 volunteers were trained and resourced for the campaign in the communities.

Four thousand (4,000) Long Lasting Insecticide treated Nets (LLNS) were distributed under this collaboration to pregnant women and children in the Greater Accra and Upper East Regions. Mothers Club Members were trained and they conducted house to house education on LLINs use, hang up and keep up in over 1200 households.

5.9 Hygiene Promotion in Partnership with Ernest Peyer Memorial Foundation

The National Society entered into an MOU with this Switzerland based foundation. The partnership was engineered by the Swiss Red Cross country office in Ghana. The foundation is supporting the NS carry out Environmental protection, WATSAN and Personal hygiene promotion programs in the Eastern region.

The objective of this intervention is to contribute to the reduction of under-five mortality and morbidity; at individual, household and community levels in the region. In achieving this, the intervention duels was on the five key behaviors which include; hand washing with soap; diarrhea prevention, management and treatment; infant and young child feeding, malaria prevention as well as deliveries by skilled attendants.

5.10 Cholera

A severe cholera outbreak hit the country from May 2014. Greater Accra, Ashanti, Central, Eastern, Western and Volta among others reported cases. To help the National Society respond and support governments efforts GRCS lunched a DREF appeal and also received PNS support.

IFRC approved our DREF appeal. Swiss Red Cross also provided us with funding support of USD 50,000 and the Red Cross society of China also supported as with US 50,000 to launch a massive National Anti-Cholera campaign. As part of the campaign we trained volunteers to do house to house and cluster sensitization. Information, Education and Communication materials like flyers and posters to help educate community residents were produced. Sanitation materials like detergents, aqua tabs and Veronica buckets to help improve personal hygiene were also provided under this intervention program. We also mobilized volunteers to take part in community clean ups as part of the campaign.A IFRC Health delegate was deployed to Ghana to support our operations. Details of this operation is provided in the Health section of the report

5.11 Ebola Prevention

The NS has also signed an MoU with the Swiss Red Cross to train 750 volunteers in 48 districts in the 10 region of the country. The MoU was signed in October, 2014 and activities have begun. Trainers of Trainers (ToT) workshop have been held in Accra in October. Step down training is currently ongoing in the regions.

5.12 IFRC Ebola coordination office in Accra Ghana

IFRC has moving its coordination office to Accra. The National Society is supporting them to acquire the Legal status. Meetings have been held with the Hon. Minister of Health and her Deputy at different occasions. The NS supported the IFRC to participate in the ECOWAS Heads of states summit on Ebola in Accra

6.0 DISASTER MANAGEMENT

The Disaster department is implementing a program of establishing and training Emergency Response teams in collaboration with the regions. This activity is mainstreamed into our Ebola preparedness plan and is being supported by Swiss Red Cross.

In the Upper East region the NS implemented Food Security programs including provision of resistant seeds to community members. These were all done with the support of IFRC and Swiss Red Cross. Details of activities are under the section of Disaster Management.

7.0 FIRST AID

7.1 Emergency Response and First Aid Post on the Accra-Tema motorway

Central Council at its meeting held in January, 2014 at the Ghana Atomic Energy commission directed that Headquarters should hand over the Emergency Response and First Aid Post situated on the Accra-Tema Motorway to the Greater Accra Branch to operate.

Headquarters and Greater Accra Regional Branch has held two top level meetings since that Council directive to agree on a road map which ensures that the Post continues to function properly after the full hand over. The first meeting was held in June and the second meeting in November 2014.

Greater Accra Branch team was led by the Regional Chair whilst Headquarters team was led by the Secretary General

7:1a Key decisions at the meetings

1. To ensure lessons learnt has been shared and experience gathered impacted to the Greater Accra Branch, the post is to be in the interim manned by a joint team of the already existing volunteers in addition to the volunteers that Greater Accra was bringing on board.

2. Six (6) Volunteers made up of the present four (4) from Headquarters and two (2) from the regional branch will man the post.

3. Headquarters will during this interim period foot the bill for the Fueling and Servicing of the Ambulance, Utilities and also Support the full payment of the allowance for four (4) volunteers.

4. Greater Accra will pay the allowance for the two remaining volunteers.

5. A team leader selected from the six (6) volunteers manning the post in the person of Mr. Acheampong was agreed upon by both parties.

6. The Team leader, the Greater Accra Regional Manager and the National First Aid Coordinator were immediately constituted into a Management Committee to address and manage the day to day operations of the post.

7. This Management Committee is to refer policy and strategic intervention issues to an "Oversight Committee' who will have the final say and will agree on submissions to be made to Central Council.

8. This Oversight Committee is made up of the Vice President of the National Society (Chair), Greater Accra Regional Chairman and the Secretary General.

9. This operational arrangement will be in place till Greater Accra branch corresponds that it is ready to take over 100%.

7:1b Terms of Reference for the Emergency Response and First Aid Post Management Committee Membership

The Emergency and First Aid Post Management Committee is made up of

1. The National First Aid Coordinator

2. The Greater Accra Regional Manager

3. The Team Leader of the Volunteers at the Post

7:1c Responsibilities

1. Manage and address the day to day issues affecting the operations of the post

2. Development and improvements to the site and Post

3. Submit Monthly reports to the 'Management Oversight Committee" made up of the Vice Chair of the National Society, the Secretary General and the Greater Accra Regional Chair

4. Initiate Fund Raising Drives aimed at mobilizing resources to support the running of the Post and present it to the Oversight Committee for approval

5. Recommend to the Oversight Committee the date for full handover of the post to Greater Accra

6. Suggest or refer matters relating to policy and strategic interventions to the oversight Committee.

7:1d Terms of Reference for the Emergency Response and First Aid Post oversight committee Membership.

1. Vice Chair of the National Society

2. Secretary General

3. Greater Accra Regional Chair

7:1e Responsibilities

1. Makes presentations to Council on the Post.

2. Decides on policy and strategic interventions to be taken to enhance the operations of the post

3. Supervises the official full hand over

7.2 First Aid Certificate

To ensure quality control in the training, enhance monitoring, prevent proliferation, the certificate has been standardized and is issued from headquarters upon official request from only the regional Managers.

7.3 First Aid Kits

Again to ensure that First Aid kits produced by GRCS is standard and of the same quality and guaranteed in terms of content, a team led by the First Aid department has been set up. They terms of Reference was to mass produce it and distribute it to the Regions at a discounted price.

Unfortunately, the team is not able to currently produce en-mass for National distribution. Regions therefore continue to produce to fill in the gap. This situation will continue till the First Aid Department is able to meet the task.

7.4 First Aid Training for students of Tertiary Institutions

The NS has signed an MOU with the School of Pharmacy, University of Ghana to train their students in practical First Aid before they pass out. The first batch training has been done. We intend to expand this cooperation to the other faculties and departments in the University.

Similar MOUs is also being pursued with the School of Social Work, and the Private Nursing Institutions. The target is to get 10,000 students trained. The fees charged will go to support our core cost funding.

7.5 Training of Ghana Police Service in First Aid

Together with Greater Accra regional branch the NS is training the Ghana Police Service in first aid. Discussions are ongoing to have it officially built into the Police Service training curriculum so we can train all Police service personnel recruited.

7.6 First Aid Training for Drivers: Partnership with Driver Training and Vehicle Licensing Authority (DVLA)

Training at DVLA centers has ceased based on a request by DVLA. Discussions are moving towards the direction that we should do the training through the driving schools who have better facilities (training rooms etc).

DVLA new direction is that all modules involved in Driver training should be delivered by an NVTI Certificated Driver Instructor who is competent in First Aid, Vehicle make up or composition and Road signs. The Instructors would be trained and certified by accredited institutions or organizations on behalf of NVTI before NVTI awards the overall Driver Instructor certificate.

GRCS would deliver the First Aid Training Component in the module for the selected Instructors and certify them as Competent First Aid Instructors in selected topics. Other Institutions have been contracted to teach the other Modules on behalf of NVTI.

GRCS Master Instructors will supervise and support the training of Drivers by the Certified Driver Instructors in the Driving schools. Certificate of competence in First Aid will still be issued by GRCS to Driver Applicants

DVLA has promised to give us all the support needed to make this new arrangement work and will pay us. However meetings to conclude the agreements have not materialized due to the recent reshuffling of staff at DVLA.

7.7First Aid Instructors training

Master and First Aid Instructors were trained with Finish Red Cross support for all the Region.

8.0 COMMUNICATIONS AND MARKETING

To improve visibility and market ourselves as the preferred organization to do humanitarian business with, GRCS has at Headquarters and Regional levels secured airtime with the Radio & TV stations in most of the Ghanaian languages to tell our story. Resource persons used on these programs are drawn from our volunteer base and staff.

8:1a Website

Our website “redcrossghana.org” is still active.

8:1b News Letter & Brochures

We continue to produce brochures which tell our story in addition to the newsletters.

8:1c International humanitarian Law (IHL)

We still teach IHL to the Army, Police and Community Leaders.

9.0 REGIONAL BRANCHES SPECIFIC ACTIVITIES

In addition to the above mentioned activities, regional branches are engaged in regional specific activities. These include trainings in First aid, First aid services at regional events, Fund raising, Youth programs, Environmental sanitation and personal hygiene promotion and Disaster risk reduction activities just to mention a few.

9.1 Movement and other Development Partners Program support for Regional branches.

To ensure that each Regional branch gets some external funded activities that come with some administration cost component to support the branches core cost, Management is pursuing a strategy of going in for collaborations and partnerships in program areas that are aligned to our mandate. The partnership targets Red Cross Movement and Non Movement development oriented organizations. Others are the corporate bodies.

These partnership programs, it is envisaged will together with our traditional Red Cross everyday community based programs keep the regions and volunteers busy throughout the year.

Headquarters is currently looking for development partnership programs for the remaining regions of Upper West, Volta and Ashanti.

9:1a Table showing Donor supported programs

Region	Donor Supported Program	Funded by	NS Income Generating asset /program in the region to support Branch Activity
Central	Community Based Health & First Aid	Finish Red Cross	
	Neo natal, Maternal & Child Health	UNICEF	Guest House
	German Volunteers Technical support	Thru: German Red Cross	
Brong Ahafo	Community Based Health & First Aid	Finish Red Cross	Optical Center

Eastern	Promotion of Environmental & Personal hygiene	Ernest Peyer Memorial Foundation	
Greater Accra	Malaria control program	Delta Airlines	
	Measles Rubella immunization campaign	American Red Cross	Sale of GRCS Labeled Mineral Water produced by Aqua Red
	Health outreaches	Iran Red Crescent	
Northern	Primary Eye care & Disaster Risk Reduction	Swiss Red Cross	
Upper East	Disaster Risk Reduction	Swiss Red Cross	
	Neo natal, Maternal & Child Health	UNICEF	
	Malaria control program	Delta Airlines	
Western	Neo Natal, maternal & Child health program	IFRC	
Upper West			Two Guest houses Optical Center

10.0 SPECIAL MOVEMENT PARTNER PROJECT

10:1 Iran Clinic

This is an Ultra-Modern Health facility built by the Islamic Republic of Iran for the People of Ghana through the Iran Red Crescent Society. Ghana red Cross Society played an important advocacy role to ensue the fruition of this project.

It was commissioned by HE the President of the Republic of Ghana and Chief Patron. In his speech, he recognized his position as Chief Patron of GRCS and acknowledged the good works NS has been doing.

The President of the Red Crescent Society of Iran was here for the commissioning.

11.0 PARTNERSHIPS, COLLABORATIONS' AND ADVOCACY

The NS continues to intensify its efforts in this area. As is seen from the report, aside Movement partners we continue to collaborate and do business with Government Ministries, Departments and Agencies as an auxiliary organization of Government. Mention is made of National Disaster Management Organization (NADMO) where we serve on the Technical Committee as permanent members and also play a major role on the Disaster platforms.

The NS does joint programs and collaborate also with Ministry of Health, Ministry of Education, Ghana Army, Ghana Police Service, National Ambulance Service, Universities, and Media.

In the private sector we now have partners in the Banking sector, Manufacturing and Service sectors

Similarly we have collaborations with the United Nations (UN) family

12.0 SPECIFIC FUTURE GREAT PARTNERSHIP NESTLE COLLABORATION

Through intense advocacy and lobbying supported by Federation an MoU has been signed on our behalf by Federation with Nestle. Nestle will from January 2015 support GRCS with USD 500,000.00/year for five (5) years on Water and Sanitation (WATSAN) related community programs. The concept paper has been written and the detailed proposal is being jointly developed by GRCS and IFRC West Coast office.

Three separate meetings involving GRCS, IFRC West Coast office and Nestle Ghana has already been held. Since it is Nestles Corporate Social Responsibility program being executed through GRCS, the beneficiary communities will mostly be from the regions where they source their raw materials form

13.0 GENERAL ANNOUNCEMENTS

13.1 Bereavements

Funeral of Kasapreko Basayin 11 (Omanhene of Wasa Amenfi Traditional area and Patron Western Regional Branch)

This was held from 06-09 November 2014. Wasa Akropong branch volunteers rendered services at the funeral. Regional and National executives led by the Secretary General represented the National Society at the funeral

NS volunteers from the district provided First Aid and hand washing services. They also helped in the preparation of the grounds for the funeral to take place.

Upper East Regional chair

We also lost the upper east Regional Chair.

Volunteers

We also lost volunteers in our Eastern, Western, and Northern regional branches.

14.0 CHALLENGES AND CRITICAL ISSUES

14.1 Office Infrastructure

Head office

Office space at head office continues to be a challenge. As previously indicated it is made up of seven (7) rooms and a basement. Swiss Red Cross has been allocated one (1) of the rooms. Health Department and the two (2) Finish Red Cross delegates are also sharing one (1) room. The Secretary General is also using one room. The Finance and Administration Manager is also using one (1) room. The remaining three rooms are shared by the rest of the departments while the basement is used as a store.

This situation impacts on the work output of staff. It also makes it difficult bring on board more volunteers to come and support office work.

Actions taken to address this situation

Headquarters approached Finish Red Cross who provided a seed funding of 10,000 Euros. Management Committee decided that in view of the fact that the area is a prime property rate area the original one block extension discussed with Finish Red Cross should be changed to a three storey multipurpose complex. This meant that more fund raising was to be done.

Management Committee supported headquarters to organize a fund raising dinner dubbed "Presentation **of Ghana Red Cross to Corporate Executives" (Corporate Dinner)** to mobilize funds to complete the headquarters office complex.

4. This national event was held at the KAMA Conference Center in May 2014, to present Ghana Red Cross to the corporate world (Corporate Executives). The objective was make the corporate appreciate and own the NS and support it through direct funding. This will also encourage them to fulfill their Corporate Social Responsibilities through GRCS. One hundred and fifty corporate executives were invited and over 120 attended.

5. The Honorable Minister for Health was the guest of Honor and the event was chaired by the Managing Director of Ndk Financial services. We are following up on their pledges and encouraging them to sign up as corporate members.

6. Corporates like Blackwell ltd supported with GHS10, 000.00 and NDK Financial Services GHS2500 just to mention a few.

7. Ghacem also donated one hundred (100) bags of cement. We also received donations of steel etc from other companies, etc has supported

8. Ecobank is the latest partner and has donated USD 50,000

The President and Secretary General visited Iran to sign an MoU which sought to expand the existing scope of cooperation between Iran Red Crescent Society and Ghana Red Cross Society for a period of ten (10) years

GRCS negotiated a Special Agreement Clause of the Joint MOU that Requested for Support to construct an Office complex with First Aid Training & Resource Center and Conferencing facility.

As part of this Iran Red Crescent Society approved a USD150, 000 support towards this project. A first tranche of USD100,000 has been released and we are to collect it from the Iran Red Crescent Society here in Accra to continue with the project execution. Hopefully by next year we would have completed with the construction.

Current View of the Headquarters building


Daily Graphic

Red Crescent supports construction of GRSC office complex

Quick read

Perspective View of the complex to be constructed

14:1 Regional Branch offices

The Regional Branches are located in Government allocated blocks. Central Regional branch is however situated on the NS own property. All these branch offices provided by Government lack adequate space

14.3 Staffing challenges

Having in place the requisite number of full time paid staff to complement the number of volunteers available continues to be a challenge because of funding limitations. Aside the Health department which has a project officer who is specifically responsible for the CBHFA program, and the Finance Department which has three (3) supporting staff, all the other departments in the head office are manned by a head and supported by volunteer staff and persons on attachment or National Service.

14:4 Key steps to address this situation:

14:4aSolution to staffing issues

The full complement of paid staff required to adequately carry out the mandated functions of the NS has again been submitted to the Ministry of Health as part of its budgetary preparations for the 2015 fiscal year.

A Human Resource Audit linked to the best organizational structure that can best deliver services has also been factored into the Strategic Plan currently being developed and for which tomorrow's session has been fully devoted to.

Making reference to the new Constitution which was approved during the 2013 General Assembly the Honorary Legal Advisor is working on the new Act which will make provision for core cost and program funding support among others. What we have to do is to set up time frames for the completion of the Draft Act, Review by ICRC and IFRC, Submission to Parliamentary Committee for Health and the Ministry for Health for submission to Cabinet and then to Parliament for approval

We have also submitted to National Service secretariat a human resource request indicating the various areas of specialization required and the numbers needed.

This together with the local volunteers we are using it is hoped will help us address the situation for now.

14.5 Transport

This continues to be a challenge. Regions like Upper West, Volta and Eastern has no vehicles for operations. Other regions like Greater Accra, Central, Brong Ahafo and Ashanti have vehicles that have aged.

14:5a Strategy for Improvement

Our Strategy is to in improve upon Internal fund raising to purchase new ones.

We are also doing stakeholder including PNS engagement for support. This has yielded some fruits so far. Swiss Red Cross has provided Upper East branch with a Toyota Hilux 4X4 to support its operations. They also purchased a new engine and overhauled the vehicle for the Northern Regional Branch.

Finish Red Cross also donated one 4x4 Toyota vehicle to support the CBHFA operations in Brong Ahafo, Central and Headquarters.

We are in talks with UNICEF and Corporates like Nestle for Vehicle Support. We have also applied to the Confiscated Vehicles committee for consideration in allocations.

14.6 FINANCE

14:6a Audited Accounts

Auditing of the National Society's books of Accounts for the 2013 financial year has been done by the Auditor Generals department. Details of this would be presented during the financial reporting session of the Council meeting. I am however glad to announce that the report shows satisfactory performance in terms of record keeping and financial management.

14:6b Work plans and Budget 2015

The National Society's consolidated work plan and budget for 2014 was also completed and approved by Management Committee to guide our operations and functioning. The plans were aligned to the strategic plan.

Unfortunately, we could not follow through with the plan because of the erratic nature of budgeted funds inflow (especially from the side of Government subventions), expected incomes from first aid and project remittances from regional fund raising initiatives.

Initial documents and data to guide the development of a more realistic 2015 work plan and budget has been gathered. The work plan to be developed will again be aligned to the strategic plan. A workshop has been scheduled immediately after the strategic plan workshop here in Kumasi for all Regional Managers

and senior staff and also including some senior volunteer staff to produce it. It will be submitted to Management Committee early next year for approval.

14:6c Salaries

Monthly gross salaries and allowances to staff and volunteers currently stand at GHC35, 000.00

Payment of monthly salaries and allowances as they fall due continue to be a challenge. Though difficult we have paid all salaries due to date for both headquarters and regional staff up to November.

It is however worthy to note that Salaries has not been increased since 2012. A proposed increment with a fund mobilization plan to back it up will be presented for approval during the financial reporting and Core Cost funding session.

A challenge with this is that though HE the Chief patron approved our being added on to by Ministry of Health pay roll it has not yet materialize.

A report on the issues and agreements reached during the meeting with his Excellency the President of the Republic and Chief patron has been re-submitted to the new Minister and Chief Director. It includes the salaries and statutory debts for further action by the ministry.

These have also been submitted again for data entry during the Ministry's 2015 budget preparations for departments and agencies under it. Indications however are that we may miss out on 2015 unless we are able to firmly commit the Ministry.

Also subventions from government this year was again minimal. This is because though government approved our 2014 budget, we have for the year received through the GIFMIX payment system only GHS 16,000.00This unreleased government approved budgetary support we are told is not limited to only Ghana Red Cross but all other sub vented organizations.

The solutions to this situation are for Headquarters and region to corporate and expandthe scope of activities related to Internally Generated Funds.

14:6d Provident Fund

The Provident fund started in 2010 is still operational. It has been broadened it to include all staff of the two optical services that had been previously left out. Because of the special funding challenges this year we are in areas. The good news is that the subscriptions paid have yielded over 300% interest for each staff member.

14:6e Debts/End of services benefits.

We have managed to complete payment to most of the persons (staff & volunteer) that we owed.

What remains as reported at the former Council meeting was the under listed.

1. Retired Health and social services Coordinator

2. Retired Disaster Manger

3. 19 Guinea Worm Supervisors, 2 Maternal & Child Health Staff

4. Widows of the late Central and Western regional managers

The Current Situation is as below

Description	**Status**
Retired Health and social services Coordinator	All Still pending
Retired Disaster Manger	All Still pending
19 Guinea Worm Supervisors, 2 Maternal & Child Health Staff	Five (5) persons debts fully eliminated
Widows of the late Central and Western regional managers	All still pending

Management Committee and Secretariat has worked closely together to reduce the National Society debts. It has also done well not to contract any new debt for the past two years.

14:7 STATUTORY DEBTS

14:7a Social Security

A summons was served on us for appearance at the SSNIT Court on November 6, 2014. This was due to default in payment as per a contract signed based on a payment plan with SSNIT. An appeal was made to the Chief patron and the Director General of SSNIT to intervene for withdrawal.

Fortunately the case was withdrawn but the cumulative interest rate which was frozen has been applied again retrospectively. The total debt before the signing of the agreement was **GHS*270,084.70***. The balance left on this before SSNIT abrogated the agreement was **GHS 166,084.70**. On abrogation of the agreement and application of a retrospective interest rate, the debt has now shot up to **GHS 244,963.58** on which we have signed a new payment plan of GHS 8000.00. We have paid upfront for the next six months which ends April 2015. This gives us breathing space to again mobilize funds to pay for the next 6 months more details will be provided during the financial reporting.

14:7b Income tax

As indicated to Council at the last meeting, this had also been outstanding for a long time (since the 1980's) and amounted to GHC 160,105.85. Payment has become a challenge.

The decision is to ask government for a complete waiver since we are an auxiliary and yet we receive to salary support a situation which has brought about this.

14:7c2003 Vehicular Accident-Appeal Court ruling

The NS lost the appeal court case of the 2003 Vehicle accident involving one of our vehicles. The Honorary legal advisor has recommended that we should not pursue it further to the Supreme Court. This is because according to his opinion, we do not have a strong case looking at the facts available. The NS is therefore to look for funds to pay the plaintiffs to avoid our properties being attached.

We have written cheques for the two victims as per the court ruling. What is left is the fine or replacement value put on the vehicle.

14:7d Gocrest Security

Gocrest Security company ltd is also threatening Court action for a debt we owe them for services provided between 2004-2009.Management including President has met them for a resolution and payment plan. Details are provided in the financial reporting

14.7e Two Donated Ambulances to Central Regional Branch by Italian Red Cross

The two Ambulances donated to the Central Regional Branch has arrived. We have secured the tax exemptions. The Ambulances have however attracted demurrage of GHS 30,000.00 as at November 15, 2014. We are negotiating for a waiver which has been refused by the Private Company. They have offered only 5% write off.

15.0 WAY FORWARD

Core cost payments especially Salaries and office running (utilities, fuel etc) is still a challenge. With no income remittance coming from the regions in the form of First Aid training or other income generated activities as stipulated by the constitution, funding has become a challenge. Since the beginning of the year 2014, it is only the Greater Accra regional branch that remits' on average GHC300.00 /month. Meanwhile core cost bill (salaries, social security, provident fund, income tax) per month stands at GHC 55,000.00. Subsequently, Salaries, Social security, Income tax, and Provident fund are all in areas as stated.

A workshop to specifically look at this challenge and map up an aggressive Fund Raising program is slated for January 2015. Participants will include Management committee members, Heads of departments, Regional Managers and PNS representatives.

We have also targeted 10,000 students in tertiary institutions to train in basic first aid as part of their course requirements at a fee. The targets include students in the Universities, Nursing and Allied health institutions, Technical schools, Catering and Vocational schools among others. For now we have been able to sign MOUs with the School of Pharmacy (University of Ghana) and the School of Social work for the trainings.

We are also looking at Private Sector Corporate Social Responsibility program implementation through GRCS that has administration costs attached.

To get the desired results we are putting together a special three (3) member technical team to package these initiatives into attractive and marketable proposals, present and sell it on our behalf to the identified corporate organizations and institutions for buy in at a commission since we have human resource limitations at the moment.

16.0 CONCLUSION

The above in conclusion gives a picture of the structure, performance, challenges and limitations of the National Society as at the end of 2014 and glimpse of what may take place in 2015. Council's deliberation and guidance is awaited by Secretariat.

ADMINISTRATIVE

1:1 ADMINISTRATIVE AND OPERATIONAL STRUCTURE

1:1:0 Structures

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.

1:1:1 Staffing Strength

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

Headquarters

POSITION	**NO:**
Secretary General	1
HEADS OF DEPARTMENT/ SENIOR OFFICERS	
Finance & Administration Manager	1
Resource Development Manager	1
Communications & Marketing Manager	1
Disaster Manager	1
Health and Social Services Coordinator	1
First Aid Coordinator	1
Youth Coordinator	1
Middle Level Officers	7
Junior Officers	7
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.

UPPER EAST REGION

1:1a GENAERL INTRODUCTION

1. Regional office is situated at Old Ministry Block, near NCWD and Ministry of Food and Agric.
2. The office is government premise

1:1:1b Office Space

1. The Regional office has two Rooms and one store.

1:1:1c Staff of the Region

Three Paid Staff

a. Regional Manager Mr. Joe Abarike
b. Office Assistant Miss. Josephine Akolga
c. Health Coordinator Madam. Olivia Fletcher

1:1:1d VOLUNTEERS STAFF (NAME AND DESIGNATION)

The Region Has a Total of One Hundred And Eighteen Volunteers As Below

RYO	REC	DCE	RFAC	DO	DMFC	RMCF	DYO	ADYO
1	10	80	1	12	12	1	12	12

RYO - Regional Youth Organizer Mr. Issah Ibrahim
REC - Regional Executive Committee
DEC - District Executive Committee
RFAC - Regional First Aid Coordinator Mr. Issifu Musah
DO - District Organizers
DYO - District Youth Organizer
ADYO - Assistant District Youth Organizer
DMF - District Mother's Club Facilitator
RMCF - Regional Mother's Club Facilitator

1:1:1e. The Following Members Form the Regional Committee

Excellency Donald Adabre - Chairman

Mr. George S. Anaaba	- Vice Chairman (Now Late)
Mr. G.M Bozie	- Member
Madam Victoria Aboore	- Treasurer
Rufina Asoro	- Health Advisor
Mr. Peter Naakpi	- Member
Faustina Alhassen	- Member
Mr. Issah Ibrahim	- Reg. Youth Organizer
Mr. John Abu	- Fire Service Rep.
Mr. A. A. Mbord	- PRO

1: 1:1f Disaster Organizer

No.	NAME	DESIGNATION	CONTACT NO
1.	Bawku East	Aguda B.K Felix	02446900 28
2.	Bawku Wets	Roland Atalinga	0507378898
3.	Bolga	Joseph Aserekam	0246406489
4.	Bongo	Ayine A./ Ferguson	0206932814
5.	Builsa North	Haruna H. Baba	0207245019
6.	Builsa South	Haruna H. Baba	0207245019
7.	Garu Tempane	Alem Isaac	0202188213
8.	K N D East	Anaba Gabriel	0203110493
9.	K N D West	Putunu W.K. Stephen	0209779772
10.	Nabdam	Tambeag Michel	0243625407
11.	Talinsi	Billy Zanlesigu (Now late)	0246030866
12.	Bugbil Cletus	Binduri	0246267274

1:2 CENTRAL REGIONS

1:2:1 Regional Profile

The Regional branch of the Ghana Red Cross Society is located in Aboom a Suburb of Cape Coast, on J.P Brown Street near Catholic Jubilee School. It is situated in a self-proclaimed premise which was built in early 1930s by the British Red Cross the Region has office facility made-up of three rooms and a hall which served as a general office. The Region again has a small conference room facility which is currently under-going some expansion and renovation to be able to accommodate about (60) people.

1:2:2 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.

1:2:3 Auxiliary Staff

The Region has four auxiliary staff and four National service personnel who are supporting day-to-day running of the secretariat.

1:2:4 Volunteer staff

Name	Designation
Mr. Mohammed Baidoo	Regional Youth Organizer
Mr. Joseph Edmonson	Regional Chapter Organizer
Mad. Gloria Anane	Regional Mothers Facilitator
Mr. Francis Adainoo	Regional Disaster Coordinator

1:2:5 Regional Committee Members

Name	Position
Mr. Patrick Awuku Owusu	Reg. Chairman
Mr. Michael Obeng	Vice Chairman
Mad. Isabella Arthur-Norman	Hon. Treasurer
Mr. Kingsley K. Prekoh	Hon. Health Advisor.
Mr. Lolonyo Agbeyagah	Hon. Legal Advisor
Mr. Nicolas Addo	Hon. PR Advisor
Mr. Maxwell Owusu-Duku	Youth Representative & five elected members

1:3:1 GREATER ACCRA REGION

1:3:2 Regional Profile

The Greater Region is located at Ministries Annex –Accra with 5 office rooms which has sixteen (16) political Districts but the we operate in nine (9) of them , the Districts are: Tema Adenta, Accra Metro, Ga South, Ga East, Ga West, Ashaiman, Dangme East ,Dangme West, Kpone Katamanso, La Dade Kotopon Ledzokuku- Krowor

Averagely each distract has two chapters but only Ashaiman, Ga West and Accra metro has Mothers Club. In all, the Region has 14 Mothers club and 12 chapters. The Districts has its own committees and District Organizers, chapter and Youth organizers and we have 850 School links which are operational which cut across all the Districts.

1:3:3 Staff

Eric Asamoah Darko - Regional Manager

Nafisah Haruna - Office Assistance

1:3:4 Volunteer Staffs

Regional youth organizers

1. Catherine Adasu
2. Seth A. Phylip Aheto

Regional Mothers Club Facilitators	2
Regional First Aid Coordinators	1
Regional EFAT Coordinators	1
Regional First Aid Coordinator	1
Regional Chapter Organizers	1
District Organizers	12
District Mothers club facilitator	5
District chapter organizer	8
District Youth Organizer	8

1:3:5 National Service Personnel

1. Aziz Ziblim
2. Doris Otsenmah Kai
3. Asiamah Mavis Opokua
4. Tetteh Mark Kofi
5. Ampofo Michael Adjei Anti
6. Asante Priscilla
7. Frimpong Abigail
8. Sakyiama Susan
9. Amuyaw Emefa
10. Akondo Selikem Kwame
11. Ennin Kennedy Kwaku
12. Takyi Christian
13. Duah Okyerewaa Ruby
14. Abdullah Ayishatu
15. Anyim Godwin
16. Quarshie Cyrus
17. Zakeria Bashiratu
18. Addo Deborah Naa Adoley
19. Ackon Elizabeth
20. Amarh Samuel Amartey.

1:3:6 Germany Volunteers

Two volunteers from Germany were posted to serve in the region; they were Miss Pia Heinrich and Sophie Fetschie. They worked in the schools on Red Cross activities they have since left for Germany. Currently two more volunteers are in to support our programs.

1:3:7 Management Committee

The Region was managed by 12 elected Committee members as the following persons

Mr. Kwabena Nketia Addae	-	Chairman
Mrs. Princess Lizzy Gborze	-	Vice-Chairman
Mr. Clement Zormelo	-	Treasure
Mrs. Barbara Mensah Agborkpor	-	Legal Advisor
Mr. Ebeneber K Addae	-	Hon. P R O
Mr. Rahman Tagoe Abdul	-	Health Advisor
Mr. Gabriel Anaba	-	Youth Rep.
Mr. George Ankormah	-	Member
Augusta Yeboah	-	Member
Hajia Asiya Mohammed	-	Member
David Mills	-	Member
Johanson Ezeh	-	Member

1:3:8 Regional Committee Meeting

The Regional Committee Meeting Was Scheduled As Follows:-

COMMITTEE	SCHEDULES	ATTENDANCE	AVERAGE	PERCENTAGE
Management	4	4	10/12	90%
Youth	4	4	5/5	100%
Resource Development	4	Nil	Nil	-
Information	4	Nil	Nil	-
Disaster	4	Nil	NIL	-

1:4:1 UPPER WEST REGION

1:4:2 Profile

The Regional Secretariat of the Ghana Red Cross Society is situated within the Ministries Blocks (Ministries Block 'D') of the Upper West Region. The Secretariat has Three (3) office space Rooms, two (2) of which are used as offices and the other room as a store room.

The year 2014 had its own successes and challenges for the Region. However, the region's performance could be described as modest. The absence of an official vehicle to move around for work, including monitoring and supervision, was a major hindrance to smooth work in the region.

The Optical Centre operated optimally, and so were the guest houses. However, Nandom District Assembly's interest in Zenuo Guest House, for which some negotiations has been going on, is not yet concluded, indeed it has been stalled.

1:4:3 Staff Strength

Staff	**Positions**
Joseph Bog-Yena	Regional Manager
Mariam Balegha	Office Assistant

1:4:4 Volunteer Staff

Name	**Position**
Francisca Naawerebagr	Regional Mothers Club Facilitator
Denis Salia	Ag, Regional Youth Organizers
Danso George	Ag. Regional First Aid Instructor
Paul Hemet Sornye	Municipal Organizers - Wa
Yendau Eugene	Ag. District Organizers - Nadwoli
Moses Bakagr	Ag. District Organizers - Jirapa
Edward Baagah	District Organizer - Lawra
Mohammed Lulua	Ag. District Organizer - Sissala
Magdalene Maayang	Mothers Club Facilitator - Wa
Margaret Galyoun	Mothers Club Facilitator - Nadwoli
Mercy Diedong	Mothers Club Facilitator - Jirapa
Elizabeth Gbeney	Mothers Club Facilitator - Lawra
Rabiatu Mohammed	Mothers Club Facilitator – Sissalla

1:4:5 Executive Committee

A 15 member Regional Executive Committee is in place and working effectively. However, as a result of certain challenges, most sub-committees which ought to be formed to support the workings of the Executive committee are still not completed.
Sadly however, we lost one of our executive committee members through death. He got involved in a road traffic accident and unfortunately passed on.

1:4:6 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 Sub-committees such as; Management Sub-committee, Finance Sub-committee, Resource Mobilization Sub-committee, Disaster Sub-committee, Health

Sub-committee, Youth Sub-committee as well as Women, Children and the Aged Sub-committees.

These subcommittees are to 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 as most of these sub-committees are yet to be formed and those in place do not meet regularly for some other reasons.

1:5:1 ASHANTI REGION

1:5:2 Introduction

The Regional office is situated at the Ghana Health Service Building , Adum-Kumasi, room 34, so far we only have one room which serve as an for the regional and his office assistance, and this however poses a lot of challenges for the region.

1:5:3 Staff Strength

Michael Kwame Asante	Regional Manager
Linda Amankwah	Office Assistance

1:5:4 Regional Committee Members

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

1:6:1 VOLTA REGION

1:6:2 Profile

The office is a single all inclusive one situated in the premises of the Volta Regional Health Administration in Ho in the Volta Region.

1:6:3 Staff Strength

The Regional office is manned by two paid staff and a National Service Person as follows:

Mr. Larry Yeboah	-	Regional Manager
Miss Margaret Akorta	-	Office Assistance

National Service Person

Emmanuella Dela Agbaveh	-	National Service Person

1:6:4 Volunteer Staff

Mr. Gershon Dzokoto	-	Regional Youth Organizer
Miss Esther Chomaffo	-	Regional Mothers Club Facilitator
Mr. Dunant Zoglo	-	Regional Chapter Organizer
Mr. Micheal Sittie	-	First Aid Training Coordinator

1:6:5 Regional Management Committee

The Regional Committee Members are as follows:

Mr. Matthew Atinyo	-	Regional Chairman
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
Mr. Thomas Kosi Darkey	-	Youth Representative

1:7 EASTERN REGION

1:7:1 Introduction

The Eastern Regional branch of the Ghana Red Cross Society occupies a single room office. The office is located at the ministries in Koforidua. The twelve feet square office space is situated on the ground floor of the Ministry of Health. The office was given to the Red Cross by the Health Directorate at no cost. The directorate of health also pays for water and electricity used by the office. The single office space is shared by the Regional Manager, the office assistance, six regional volunteer staff, national service persons and any other volunteers and visitors who occasionally visit the office.

1:7:2 Staff and Management of the Region

The region has two [2] paid staffs in the persons of:

1. Theophilus Tackie, Regional Manager and

2. Mary Owusu, Office Assistant

1:7:3 Regional Volunteer Staff

1. Two Regional Youth Organizers-Emmanuel Djan Yeboah and Daniel Konadu
2. Acting Regional Youth Representative-Silas Quarcoo Barawusu
3. Regional Mothers' Club Facilitator-Beatrice Tettey
4. Emergency Response Team Coordinator-Kasewu Nartey
5. Regional chapter organizer-Oduro Amoyaw

1:7:4 Regional Committee Members

NO	NAME	POSITION	PROFESSION	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 Professional	0287234084
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 Dompre	-do-	Media/Radio Presenter EMAK FM	
12	Asare Boateng	YOUTH REP	Student	
	REPRESENTATIVES	**STAKEHOLDERS**		

13	Bernice Oforiwaa	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	

1:7:5 National Service Personnel

The regional office received nine national service persons with the following backgrounds:

Name	**Programme/Course**
Moud Osei Bonsu	Degree in Basic Education
Gloria Biney	Diploma in Marketing
Smart-Agbdoza Charlotte	Degree in Business Administration
Dorothy Addai	Diploma in Education
Zinabu Yakubu	HND in Secretarial and Management
Patrick Amevor	HND in Automobile Engineering
Salamatu Dawuda	Diploma in Basic Education
Gifty Antwi	Degree in Management Studies
Mavis Boateng Annor	Diploma in Education

DISASTER MANAGEMENT

2:0 NATIONAL HEADQUATERS

2:1 Backgrounds

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 as well as the Strategy 2020 of the International Federation of the Red Cross and Red Crescent Societies.

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

2: 1:1 DISASTER RISK REDUCTIONS

2: 1:2 Vulnerability and capacity assessment

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.

In view of this more vulnerability and capacity assessments have been conducted in 25 disaster-prone communities from 5 districts in the Northern region. The districts are West Mamprusi, Gushegu, Nanumba, Bole and Central Gonja. The objective is to strengthen the disaster preparedness and response of the communities involved. The assessments are being carried out through the support of the Swiss Red Cross.

2:1:3 COMMUNITY DISASTER RESPONSE TEAMS

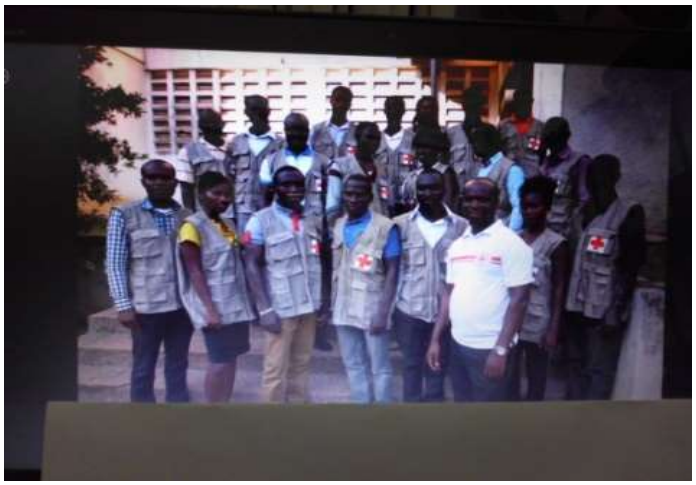
Under the Community-Based Health and First Aid programme which is being supported by the Finnish Red Cross, five(5) Community Disaster Preparedness Teams were trained and

established in 5 communities, namely, Pa Kwasi, Ajalaja no. 1, and Ajalaja no.2 in Brong Ahafo region, the rest are Ofoase, and Brahabekumi-Demoki in the Central region. The capacities of the teams have been built to be able to timely prepare and respond to all emergencies in their respective communities.

2:1:4 REGIONAL EMERGENCY RESPONSE TEAMS

In view of the Red Alert issued on Ghana after the Westgate bombing in Kenya, there was the need for the Red Cross to be in preparedness to respond to similar emergencies should they occur in the country. As a result three (3) Regional Emergency Response Teams were trained and established in Accra, Kumasi and Cape Coast. This is to ensure rapid response to emergencies in the respective cities. The Teams are also equipped with Red Cross branded jackets for visibility as well as first aid kits.

*Greater Accra Region- Accra**Central Region – Cape Coast***



Ashanti Region - Kumasi

2:1:5FOOD SECURITIES

A total of hundred small-scale farmers were supported through DFID funding. The farmers were supported with inputs such as fertilizers, pepper and onion seeds and pesticides. This is to enable the farmers carry out their farming activities during the dry season with the utilization of water from dug-outs.

2:1:6 DISASTER MANAGEMENT WORKSHOP

In collaboration with the Swiss Red Cross a Disaster Management workshop was held in Sunyani from 5th October 2014 to 9th October 2014.There was a total of 30 participants comprising, the Secretary General, Swiss Red Cross staff, Heads of Departments from the National Headquarters, Regional Managers and some selected volunteers from the regions. The workshop was opened by the Vice-President of the Ghana Red Cross Society, Dr. Jacob Abebrese.

2:1:7INTERNATIONAL HUMANITARIAN LAW (IHL) LECTURES

The Red Cross delivered lectures on the International Humanitarian Law (IHL) at the Ghana Armed Forces Command and Staff College. The first was for 40 Junior Staff of the (Junior Division) Course 62. The topics treated were: ICRC Mandate and Role and Activities of the Ghana Red Cross. The second appearance of the Red Cross was for 65 Senior Officers including six International participants. The topic treated was: UN Mandate relating to IHL and the authority of NGO's (ICRC, Amnesty International, etc.).

2: 2 GREATER ACCRA REGION

2:2:1 Disaster Relief and Preparedness

One effective Regional Emergency Response Team has been formed with the support from the National Headquarters. The Region once again collaborated with Ministry of Education to train

600 Teachers from 425 schools across the region this however comprises the public and the private schools.

Also 200 chapter members were trained in First Aid.

2:3 CENTRAL REGION.

2:3:1 Disaster Preparedness & Response

The lives and health of millions of people are affected by emergencies every year. In order to work to reduce illness and death and improve health and maintain human dignity during emergencies, the Region has trained two District Disaster Response Teams and one Regional Emergency Response team.

The trained Volunteers will provide frontline response when emergencies strike. They are positioned to provide immediate assistance for the victims and will be involved in longer-term activities that save lives and improve emergency response.

Aside this, the Red Cross was able to respond to the Cholera outbreak in the Region by supporting some health facilities with (7) tents (2) tarpaulins to serve as Isolation centers in managing the Cholera cases.

2:3:1a DISASTER

Rain Storms

Two- servere rainstorm hit -Garu Tempane and Bongo Districts, during the year Red Cross Volunteers offered Fist Aid Services to victims and helped Nadmo to register the affected.

Bawku Conflict

Has relatively calmed down. Peace has returned to the area. The soldiers and police are still on the peace ground. However there were three shooting incidents which claimed five lives. Most of the incidents are coursed by criminal.

2:4 ASHANTI REGION

2:4:1 Emergency Responses

The Region visited some places of fire outbreaks like the Kumasi central market and the Suame roundabout where a truck loaded with ion rods fell on cars, there were a lot of casualties and it took the help of the Red Cross volunteers and the ambulance service to attend to the victims who were badly injured due to the accident.

This year's World Red Cross Day, in the region was climaxed with a tree planting project at Nfensi a village near Abuakwa on the Kumasi Sunyani road, about 150 trees were planted. This became necessary, when early this year there was a rain storm in the town and about 173 houses were roofing were raided off, as a result families could not find decent shelter the vulnerable in the village. In collaboration of Ghana Red Cross and NADMO had to address the situation by embarking on a tree planting for them to prevent a future occurrence in the village.

2:5 VOLTA REGION

2:5:1 Disaster in the Region.

The only recorded disaster in the region was the river at Kpetoe which over flew its bank into the Kpetoe town. One person died from the disaster. A report was sent to headquarters to that effect.

2:6 EASTERN REGION

2:6:1 Disaster

Eastern region did not experience any major disaster in the year except for two minor flooding incidences at Oda and Suhum. It is noteworthy that, if these had been major disasters, the region could not have coped with it. This is due to lack of existing disaster management teams in all the districts. Additionally, we are constrained by volunteer inactiveness, logistics and finance.

2:6:2 Training:

Plans are far advanced to train and establish four (4) disaster response teams in Oda, West Akim, Kibi and Atiwa. These districts are disaster prone districts which were selected for training in respect to training request from the disaster preparedness department of the Red Cross. The

region plans to generate funds, train and establish additional teams in other districts as the year goes by.

HEALTH DEPARTMENT

3:1 INTRODUCTION

As indicated above, the department within the core mandate of the NS is to reduce morbidity and mortality in the Ghanaian communities especially in the most deprived areas. Within the year under review, 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)
- Measles containing Vaccines 2 Defaulters tracing
- Promotion of Long Lasting Insecticide Bed Nets (LLINs)
- Hygiene promotion
- Communication for Development (C4D)
- Cholera DREF operation
- Maternal , Neonatal and child Health (MNCH)
- Ebola prevention

3:1: 1 COMMUNITY-BASED HEALTH AND FIRST AID (CBHFA)

3:1:2 Project Purpose

The CBHFA approach developed by IFRC and National Societies seeks to create healthy and resilient communities worldwide thus playing a vital part in the Federation Strategy 2020, Strategic Operational Framework (SOF) for Health 2015 and contributing to Millennium Development Goals 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 the local contexts. In line with this approach, the project aims at contributing to healthier and more resilient communities in Central and Brong Ahafo Regions.

3:1:3 Project Summary

During this reporting period, a lot of activities occurred at the project communities. This includes hand washing during social gatherings (e.g. funerals), household visits, health sensitization at schools and churches including women's fellowship groups, clean up campaigns, construction of one bore hole and 80 latrines, and the usual routine monitoring visits conducted by the Regional Managers, District Organizers (DOs) and Mothers Club Facilitators (MCFs).

During the household visits, some of the topics treated were as followed;

- Hand washing
- Disaster mitigation in the community
- Making home based Oral Rehydration Salts (ORS)
- Importance of crush Helmet use
- Benefits of condom use
- How to hang Long Lasting Insecticide Treated Nets (LLITN)
- Importance of blood donation
- Causes and signs of diarrhea

The volunteers during their weekly households visits took house hold members through the above mentioned topics and, some visits were repeated until the volunteers were sure a household member could clearly grab the messages. In Brong Ahafo Region, (Ajalaja No. 1 community) volunteers rendered minor First Aid services to about 57 people, the beneficiaries suffered from minor injuries, suspected malaria and diarrhea.

In Central Region, volunteers mobilized the women with children under 5 and other caretakers in their communities for routine child welfare clinic and as well supported the health workers in their day to day activities.

3:1:4 Financial Situations

The total 2014 budget allocated was EUR 150,000.00 and exchange rate gains of EUR 17, 294. Expenditures as of 31st June 2014 were 80% spend.

3:1:5 No. of households reached

In all, a total number of 1,583 households were reached with behaviour change prevention messages through household visits. This includes 3 new households and 1,208 old households in Brong Ahafo region.

In Central region, 188 new households and 184 old households were reached. The region reached more new households because Ofoase community has a lot of neighbouring communities surrounding it hence; volunteers extended their household education to those communities.

3: 1:6 Our National Society Partner

The project is being supported by the Finnish Red Cross (FRC). Both Regional Program and Financial Support Delegates from FRC continue to offer their support to the project team for the successful implementation of all project activities.

3:1:7 Context

As a developing country, Ghana is faced with a lot of public health and disaster issues that affect the livelihood of its citizens especially the rural dwellers. Perennial cholera outbreak is one of the public health concerns that continue to threaten health of many urban and rural dwellers. Other health of serious concern is maternal death which stands at 350/100,000 live birth (WHO/UNFPA/WORLD BANK trends report 2008 on GHANA'S MMR) and records infants mortality rate of 40.9/1000 live birth as at 2012 (CIA world Facebook; 21/2/13). This is due to poor road network and lack of knowledge for safe delivery. Malaria has been endemic in the country and this account for over 45% of outpatient cases (GDHS, 2008).

The two target districts have inadequate water supply, few health facilities, even though there is a district hospital, they are located in the district capitals which are not accessible to the remote communities due to the poor road network. Approximately, project communities are 30-40 kilometres away from the district capitals with poor road network. Sanitation facilities are not available in these communities and the people practice open defecating which pose public health hazards. These communities are prone to epidemics such as cholera, diarrhoea and other infectious diseases such as measles and woofing cough which occur at least once every year.

Agona East District with its capital at Agona Nsaba is one of the twenty districts in the Central Region of Ghana. The total district population in 2012 was estimated to be 91,330. The total regional population is estimated at 2,201,863 (2010 population census).

With a surface area of 39,558 $km^{2,}$ Brong Ahafo is the second largest region in Ghana with 22 administrative districts/municipalities. The 2010 Population and Housing Census estimated the region's population at 2,282,128.The total district population of Atebubu-Amanten is 65,567 (2010 census provisional results).

From the needs assessment conducted in May 2013, the following were the health needs prioritized and confirmed by the communities during the community dialogues:

- Water and sanitation (both soft wares and hard wares needed)
- 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

3:1:8 Progress towards the expected outcomes & outputs

OUTCOME 1: Increased Knowledge, Attitudes and practices (KAP) as well as strengthen capacities and resources at target communities to address identified health and disaster priorities and risks

During the reporting period (2014), basically house-to-house visits, clean up campaigns, construction of latrines and borehole, hand washing, health sensitization at schools, churches and monitoring activities were carried out. The following outputs were achieved under outcome 1.

Output 1.1: 100 trained resourced and active volunteers at targeted communities (20 per community)

The project had 96 active volunteers in the 5 project communities who had the requisite knowledge to carry out their routine activities. New volunteers will be recruited during the refresher trainings to fill in the gaps.

Output 1.2: Community Action Plan developed based on identified health and disaster priorities and risks in each targeted community

The volunteers with support from the District Organizers drew up monthly action plans which they use for their house hold education and community sensitization. Aside the individual action plans; they have a general action plan for the community which volunteers use to develop their individual action plans on monthly basis.

Output 1.3: RC community preparedness plan on Disaster Risk developed and tested (simulation) in each targeted community

This will be done in August 2014 when the volunteers are having their refresher trainings, sometime will be allotted for this output.

Output 1.4: Regular health promotion carried out at target communities

This included clean-up campaigns (6 clean up campaigns), community education and sensitization, and house to house visits in the 5 target communities. A total number of 1,583 households were reached with health promotion messages. This was achieved through house to house visits and community education by the volunteers. Also volunteers organize hand washing activities during funerals and other social functions where community members were taught how to properly wash hands with soap and running water.Monthly reports were submitted at the end of every month and collated into a regional report which was submitted to GRCS headquarters.

Output 1.5: Functional emergency response teams in place at targeted communities

This will be established during the refresher trainings in August 2014 and the Disaster Manager of GRCS will supervise the formation of these teams.

Output 1.6: Improved WATSAN situation in target communities

6 Clean-up exercises including weeding and sweeping around the refuse dump, draining choked gutters and education on personal and environmental hygiene were carried out. In Ajalaja no. 2 (Brong Ahafo Region), in one of the suburbs called Baya, volunteers mobilized the community folks to de-silt drains along the main street that passes through the community to prevent flooding.

In picture is the de-silted drain in Baya, Brong Ahafo region.

Additionally, the construction of latrines is ongoing as the communities are still digging their pits for the latrines. All materials needed for the construction have been bought and stock cards given to the Regional Managers to take stock of all materials. This will ensure that the materials are not misused by community members.

OUTCOME 2: Increased GRCS organizational capacity at all levels to deliver and manage quality community based programme using CBHFA approach

In Central the construction of borehole for Ofoase community has been completed with evidence of water flowing. The only lapse here is that the procurement process was not properly done as the contract signed between the borehole company and the Regional Manager of GRCS Central region had some loopholes. Hence, in future proper procurement processes has to be followed before funds are transferred to the region.

In picture is the ongoing construction of bore hole in Central region.

Output 2.1: Adequate human and material resources in place at all levels

In Brong Ahafo region, the Mothers Club Facilitator has stepped in as the District Organizer after the death of the District Organizer whiles a new Mothers Club Facilitator has been recruited. Also, in Central region, the Regional Manager laid-off his District Organizer due to non-performance. The District Organizer in the pilot CBHFA project in Edumfa community is currently acting as the District Organizer whiles the Regional Manager finds a suitable person to fill in the gap. Aside this, all other project staff and volunteers are on grounds working.

Output 2.2: Key staff and District volunteers are adequately skilled (CBHFA programme and financial management)

The recruited and core staffs (4) as well as district level volunteers (4) have been trained to deliver project activities as expected. The FRC delegates (Regional Finance and Programme Support delegates) continue to offer their support to the CBHFA Project team in the area of capacity building for quality delivery of reports.

Output 2.3: Effective monitoring, reporting and evaluating systems in place and in active use at all levels

Monitoring of project activities was done weekly (by the district organizers and mother's club facilitators), once a month (by the regional managers) and once quarterly (by the health coordinator and project officer).

The Regional Manager in Central region as part of his monitoring visit went round to assess the progress of project activities especially with regards to the digging of pits and sites for the bore-hole and later met the communities to evaluate their preparation towards the construction of latrines. This was followed by a meeting with the volunteers to assess their monthly activities and to know their challenges and find ways to address them. It was also realized during the monitoring that most of the pits dug for the latrines were engulfed with underground water making the construction of latrines almost impossible.

In Brong Ahafo region, the Regional Manager helped identify latrine beneficiaries, and held a revision exercise on how to fill in the report forms. He also trained volunteers on how to mark out latrine pits for digging to commence and as well interacted with some community members to assess what messages they had learnt from volunteers during house-to-house visits. This included interacting with members of the mothers clubs and community health committees. Also the Regional Manager realized during his subsequent monitoring visits that most of the pits dug were engulfed with underground water. Even though the situation is not as severe as that of Central region, there is the need to find quick solutions to the problem. Per the advice given by the Environmental Health Officers, it is better to line the pits with blocks and water proof cement to curb the situation and this will be an additional cost to the project. *In picture is a community member draining water from his dug pit during the Regional Manager's monthly monitoring visit.*

Additionally, the project team comprising of the Project Accountant, Project Officer and FRC Regional Programme Support Delegate embarked on a 4 day financial monitoring trip to the 2 Project Regional Offices (Cape Coast and Sunyani) in June 2014. The purpose of the visit was to address the loopholes in financial reporting. Some of the issues discussed included late submission of reports, supporting documents for financial reporting, wrong documentation, procurement processes, narrative reporting and stock management issues especially with the ongoing construction of latrines and borehole (Detailed report available*). In picture is the project team in a round table discussion with the Regional Manager and his Office Assistant in Brong Ahafo region.*

In April and May 2014, two project meetings were held respectively in GRCS headquarters to discuss the progress of project implementation and challenges encountered. In participation were the Health

Coordinator, Project Accountant, FRC Regional Programme and Financial Support Delegates, the Finance and Administrative Manager and Project Officer.

Some of the topics discussed included financial reporting, payment of salaries and office running cost, construction of latrines and bore hole, income generation activities for Mothers Clubs, and recruitment of project accountant. (Minute of meeting available). The minutes of the meeting were shared with the implementing regions and the Secretary General of GRCS.

Output 2.4: CBHFA concept and tools adapted and integrated into GRCS community programming

With the exception of posters and leaflets for health promotion messages which haven't been circulated to the regions, all other CBHFA materials are in use at the project communities.

Output 2.5: Sustainable GRCS chapters established and functional in targeted communities

All 5 project communities have established mothers clubs and community health committees who support the volunteers in their work. In Central Region for instance, the women organized 2 clean-up exercises in their communities. Members of the chapters meet at least once every month to discuss health issues and other relevant issues pertaining to the project.

Output 2.6: Regular cooperation and coordination with relevant stakeholders ensured

With the ongoing construction of latrines and borehole, both regions have engaged the services of the Environmental Health Officers in the communities to ensure the successful completion of the construction works. Also the Regional Managers continue to work hand in hand with the GHS staff at the community level which has promoted good working relationship between the two. For instance, in Brong Ahafo region, GHS is using CBHFA volunteers for other health promotion activities (e.g. distribution of water purifiers)

Output 2.7: Strengthened self-sustainability of implementing branches

Following the visit by the Organizational Development and Resource Manager in the project regions in January 2014 to assess the feasibility of income generating activities for the regions, the Resource Manager will develop a business plan to support the regions get some income generating activities to ensure self-sustainability at the implementing regions.

3:1:9 Achievements

A total number of 1,583 households were reached with behaviour change prevention messages through household visits.

The continues collaboration with the local health providers is yielding fruits as CBHFA volunteers are being commended for complementing the effort of the local health providers. This came to light at the 2013 GHS regional annual health review meeting held in Sunyani, Brong Ahafo region where the CBHFA volunteers were commended for their good work.

With the efforts of volunteers in Brong Ahafo region, many community people are beginning to understand why they should entomb their dead relatives in a public cemetery instead of in front of their homes which was previously done.

In Central region, volunteers at Ofoase community have started helping out the nurse at the CHP center every day whilst those at Brahabekum community supports the nurse during her routine visits to the community.

Again in Central region, volunteers in Ofoase community have extended their household education to neighboring communities and this is yielding positive results as these communities are beginning to keep their environs clean.

3:1:10 Lessons Learnt

Per the identified problem relating it to the issue of the Brahabekum/Domoki (Central region) community been waterlog area, it could have been proper to have conducted feasibility study of the community to assess if major portion of their land would be good for latrines construction before the actual project construction commenced.

To avoid delays in the near future due to the rains, it will be prudent to commence the construction of latrines early between February to April or later part of the year, thus August to October.

Latrine beneficiaries contributing part of their resources to the construction of the latrines is leading to project ownership and trust in the national society (Ghana Red Cross).

In future, it will be more ideal for all relevant documentation to be put in place before the procurement of materials/rendering of services including all relevant procurement processes followed accordingly.

3:1:11 Constraints or Challenges

In Central region, most of the pits dig has been engulfed with surface water due to the water logged nature of the land which is creating a big challenge for the speedy construction of the latrines and has call for adoption of new approach to support the construction and will need additional cements and sand since they have to now lay blocks inside the pits as a defense. This will raise the level of the pits since the water did not permit the digging of actual Length of the pits. A similar problem is been experienced in Brong Ahafo region and this calls for extra cost to the project.

The rains are also hindering the construction of latrines and to avoid experiencing these challenges in the near future, especially the second phase, it will be prudent to commence the project activities early between February to April or later part of the year, thus August to October.

The revision of the volunteer report form is continuing to pose challenges as volunteers continue to make mistakes in filling their forms. There is the need for a revision of the forms to make it much simpler and

easier for the volunteers. Also, during the refresher trainings, the volunteers will be taken through their report forms over

3:1: 12working in partnership

There has been a strong relationship between Finnish Red Cross and Ghana Red Cross Society. The FRC Regional Programme Support delegate has been providing technical support to the project team to ensure the successful implementation of all project activities.

GRCS is already working with stakeholders at the community, district and national levels. Stakeholders' are kept updated on project activities undertaken during monitoring visits by the Regional Managers. Also, the collaboration being built between the local health providers (sub district health teams) and CBHFA volunteers in both regions is consolidating volunteers work.

3:1: 13 contributing to longer-term impact

Establishing strong and cordial relationship with relevant stakeholders will go a long way to ensure smooth operations of project activities and sustainability after the project has phased out. Also, community members contributing to the project ensure project ownership as well as continuity.

3: 1: 14 looking ahead

The period under review has been successful as most of the activities planned were carried out. The activities for 2015 include:

- Sign 2015 work plan with FRC
- Continuity of latrines construction
- Conducting stimulation exercises
- House to house education
- Refresher training

3:1:15 MEASLES CONTAINING VACCINES 2 DEFAULTERS TRACING

3:1: 15a Summary of Programme outcome

Ghana's routine immunization programme performance over the past 5 – 6 years shows stagnation in coverage trends. The national immunization coverage (DTP3) for infants increased from 79% in 2001 to 94% in 2007 but has not significantly changed since then.

It is in line with this that in April 2014, the Ghana Red Cross in collaboration with the American Red Cross signed a Memorandum of Understanding (MoU) to provide communication and social mobilization support for routine immunization strengthening in 7 selected Districts in the Greater Accra. These Districts include; **Accra Metro, Ga West Municipal, Ga South Municipal, La dade-kotopon Municipal, Tema, La-Nkwantanang and Ledzokuku-krowor Municipal**.

The project aims to achieve this through social mapping and defaulters tracing of MCV1 and MCV2 defaulters and to provide link between health service facilities that provide immunization services and the

community. The cooperation between the two national societies is to close the gap between MCV1 at 9 months and MCV2 at 18 months.

As part of the strategies to achieve the above aims, the project trained 900 volunteers to carry out defaulters tracing at the household level. These trained volunteers were expected to reach **688,418** households with total children of 104,000 with the one year project period. The first quarter of the defaulter tracing recorded 11,288 children during the defaulters tracing week. The intervention has been a promising event towards changing the current trend of MCV2 vaccination.

3: 1: 16 Financial situation

The total pledge received from the AMCROSS was **$158,913** was approved for the activities. Details of the financial reports would be submitted by the accounts office.

3:1: 17 No. of people we have reached

On 5th to 10th August 2014, volunteers conducted a follow up and defaulter tracing activities (MCV1 missed children and MCV1 to MCV2 drop-outs). During the quarterly five day defaulter tracing campaigns, volunteers registered **14, 855**households with children under 2 years in proposed districts of the operation. Total numbers of 11,288 children were reached with **4,302** children and 6,986 children for first and second measles dose vaccination respectively.

3:1:18 working in partnership

GRCS is a member of the Interagency Coordinating Council (ICC) at the national level and this council cascades down to the district levels in which GRCS Regional and District Managers are members. GRCS takes stakeholders involvement in project implementation as a tool to meeting project target and minimizing duplications of efforts. In selecting the region to implement the project, the ICC committee members were consulted to decide which region would benefit from the project based on public health indicators on the gap between measles first and second doses. The Greater Accra Region was chosen for the project implementation as it records the highest number of MCV2 defaulters (49,731). Dr. William Mbabaze, the African Regional EPI Programme Manager for the American Red Cross participated in all levels of Consultations meetings.

At both the Regional District levels, the Regional Health Directorate was consulted and the seven Districts were selected to benefit from the project. The District Health Directorate and the District EPI Focal Persons were also consulted. While in the Districts, GRCS worked closely with the Ghana Health Service (GHS) right from the beginning of the project.

Collaborating with these GHS enable GRCS to constitute a sustainable health system referral of cases by volunteers both at the District and Sub-District levels. This partnership made it easier for decision making especially on issues of sustainability.

3:1:19 Context

According to 2012 WHO/UNICEF estimates for routine immunization, Ghana is one of the high-performing countries in routine immunization. The 2012 estimates of DTP-3 and MCV1 were put at 92% and 88% respectively. Ghana attained and sustained routine DTP-3 and MCV1 dose above 80% for the last 10 years. In addition, the WHO/UNICEF Joint Reporting Format (JRF) had higher DTP-3 and MCV1 coverage estimates. In a country where measles elimination is a national priority, it is no wonder that the country used its high-performing immunization program to introduce the routine measles second dose in 2012.

In the first year of using the routine measles second dose (2012 JRF), Ghana reported MCV1 at 89% with MCV2 dismally reaching 52%. The country soon realized that introducing the routine measles second dose was taking their program beyond their traditional infants target, needed more communication and innovative delivery strategies to reach a higher MCV2 coverage. In planning the 2013 measles/rubella (MR) introduction campaign that targeted children 9 months to 14 years, the program had clearly defined promotion of MCV2 utilization as one of the major priorities. All partners supporting the 2013 MR vaccination campaign were individually and collectively asked to identify areas of comparative advantage that they would use to support Ghana Health Service in promoting the utilization of MCV2 (reducing MCV1 to MCV2 dropout and in turn increasing MCV2 coverage).

3:1:20 Progress towards outcomes

As part of strategies to ensure smooth project take off, there was a day consultation meeting with relevant stakeholders in Greater Accra Region. These stakeholders were the Greater Accra Regional Director, District Directors, and EPI Programmes Manager and Regional and District EPI Focal Persons of the GHS. Other participants in the workshop were the 10 GRCS Regional Managers, International Association of Lions Club and the Heads of Programmes of GRCS including the Secretary General of the NS. The meeting was held on the 16th of May 2014 at Ange Hill Hotel in Accra. Below were the meeting objectives:

- To provide communication and social mobilization support for routine immunization strengthening in 7 selected districts of Greater Accra Region
- To bring stakeholders on board to discuss the feasibilities of the Red Cross support on tracing defaulters for MCV 2 in the Greater Accra Region
- To discuss possible concerns that will facilitate the volunteers defaulter tracing during house to house canvassing

To get participants acquaint with the steps of measles vaccination and prevention, Dr. William Mbabaze took participants through Global and Africa regional progress in measles and Rubella/CRA elimination. During his presentation he emphasized on the Ten Steps to becoming a Measles Expert. These step were; step one 'know your enemy' step two, 'It takes a (large) village' step three, 'estimate with confidence' step four, 'Give a child the first opportunity to receive measles vaccine, then learn to multiply by 85%, step five, 'Know what to expect' step six,' If at first you don't succeed. . . then give a child a second opportunity to receive measles containing vaccine (MCV)' step seven, 'Know your "ups" step eight, 'Be on time' step nine, 'Love surveillance using Laboratory' and step ten, 'Selecting the target age for SIAs'. The picture showsDr. William presenting on Global and Africa regional progress in measles and Rubella/CRA elimination during stakeholders meeting.

Other key presentations included update on the status of measles and Rubella/CRS elimination in Ghana with emphasis on Greater Accra Region from Dr. Gorge Bonsu, the National EPI Programme Manager. He stated that by the end of 2014, EPI aims to achieve the follow:

- 90% coverage of all eligible children by the end of 2014
- Ensure monthly supply of vaccines and other EPI logistics to Districts
- Ensure 100% timeliness of monthly reports to the national level

The picture shows Dr. Bonsu presenting on the status of measles and Rubella/CRS elimination in Ghana during the meeting. Details of this meeting report are attached to the report.

3:1:21 Achievements

Objectives	Activities	Achievement/outcome	Collaborators	Remarks
To have planning meeting with ARC	Discussion with ACR regarding the financing of GRCS routine measles immunization utilization project for selected Greater Accra Districts	Preparatory discussions held with ARC Representative in Accra	ARC and GHS	There were various discussions with GHS EPI programme Managers and GHS Greater Accra Regional Director in April, 2014

To sign MoU with American Red Cross	Signing contract agreement between GRCS and ARC	MoU signed	ARC	Contract document completed, signed and filed
Hire a consultant to offer technical support to project	Consultant hired	Consultant hired ToR developed and given to consultant	ARC	Consultant started work on 1st May, 2014
To organize Consultative meeting with the District and Regional Immunization focal points	Organize stakeholders meeting for regional consultative (advocacy) meeting	Meeting organized and well participated with all the 7 Districts' Directors including the Regional Director as well as the EPI Programed Manager participating	ARC, GHS and Consultant	Lessons learnt was that since this is the first time Ghana is conducting MCV2 defaulters trace, there will be the need for stronger partnership and collaboration among partners to achieve results The main facilitator was the consultant, the ARC Representative and the GRCS Programme Officer
District Consultation and project initiation meetings with District and selected health facility EPI focal points	Organize District level consultative meeting and ToT for District level EPI officers and DOs	Organized and well participated.	GHS	Main facilitators were the consultant and the Regional Public Health Director
To organize training for 900 community resource persons in routine immunization uptake with a specific focus to measles	To train 900 community volunteers	900 volunteers are trained	GHS	EPI officers and some health facility nurses facilitated the training.

second dose defaulters tracing				
To produce MCV2 reminders stickers and identification materials for volunteers social mobilization	Procure all IEC materials and volunteer registers for supporting house to house canvassing for routine measles second dose immunization.	100 booklets produced for Volunteer registers for defaulters tracing 200,000 reminder stickers for immunization defaulters produced 900 Red Cross Identification T-shirts and/or Caps produced 900 Water proof translucent bags with GRCS and ARC logos produced	GHS and consultant	Volunteer Register still in a draft stage to be completed by 20th July 2014
To Conduct house-to-house routine immunization defaulter tracing visits every quarter targeting 40% every 3 months in the seven selected District	Conduct house to house social mobilization/defaulter tracing visits and register all children under 2 years of age every quarter	House to house social mobilization and defaulters tracing has been conducted with 14% achievement out of the 40% target	GHS, consultant	We had serious whether challenge during the 5 days defaulter training. It rained almost every day and this challenged the volunteers reaching out to the target.
To support GHS with Solar panels	Procure 2 pieces of solar drives	Procured and not handed over to GHS yet	**ARC** Dometice Medical System in Germany	GRCS is pursuing procurement procedures from DMS
To advocate for mass awareness	Organize TV discussion on the MCV2 drop out and	Radio stations such as Peace FM, Adom FM and Obono radious (Greater	Radio station managers	Some households confirmed hearing the

	the role of the Red Cross volunteers to reduce the dropout rate	Accra Regional local dialect radio) announced the volunteers visit		announcement

3:1:22PROMOTION OF LONG LASTING INSECTICIDE BED NETS (LLINS)

In 2014, the NS signed MoU with the Delta airline to promote LLINs in the Greater Accra and Upper East Regions. Below were the objectives of the collaboration:

- To distribute 4,000 LLINs to pregnant women and children in the Greater Accra and Upper East Regions in four districts by the end of 2014.
- To train 80 volunteers (Mothers Club Members) to conduct house to house education on LLINs use, hang up and keep up.

3:1:23 Collaboration

There were preliminary collaboration meetings between the Ghana Red Cross Society and Global Media Foundation; an agent of Delta Airline to discuss the partnership agreements on how to implement the malaria project in the two mentioned regions. This was done between the period of December 2013 and January 2014. The partnership agreements were concluded and an amount of $25,000 was transferred to the Ghana Red Cross Society for the project implementation. The picture shows the Secretary General of the Ghana Red Cross Society signing the Memorandum of understanding with Delta Airlines. On his left is an official from Delta Airline. There was also a high powered delegation of Delta Airline from UK to lunch the partnership.

As part of the initial collaboration the project was launched in Movinpic Hotel on February 11, 2014 by Delta Air Lines (NYSE:DAL) to announce the partnership with the Ghana Red Cross Society for the implementation of the year-long malaria prevention campaign in four districts in Ghana. This project complements the National Malaria Control Programme. This brought together official from Delta Airline based in the UK and the Ghana Red Cross as well as Global Media. See officials from the two organizations in a picture after the official lunch.

Volunteers Training

The Ghana Red Cross collaborated with the Ghana Health Service to train the Mothers Club members in the Greater

Accra region, while a Public Health Nurse from the Usher clinic and two other nurses from the Regional Health Directorate trained the volunteers in the Upper East region. These volunteers were taken through the following key topics: LLINs hang up and usage ; sleeping under treated nets to prevent malaria; early signs of malaria and early treatment; completing malaria dosage; regular antenatal attendance and safe delivery at health facility. During the Accra training, Miss. Naomi Nelson from the Global Media Foundation and the National Coordinator participated in the training to observe training procedures.

3:1: 24 Community Mobilization

During the training, participants were taken through the strategies of mobilizing communities for malaria messages, the challenges and how to overcome them. Participants were put into groups to role play community mobilization.

3:1:25 Communications

The trainees were made to understand that, communication is the act of transferring information, ideas and attitudes from one person to another. It is a process by which participants create and share information with one another to reach a mutual understanding. It is also a means of transferring information or message from one person to the other through a medium with the purpose of getting a feedback. The elements of communication such as the message, sender, receiver, feedback, and channel were covered.

3:1: 26 Interpersonal Communication (IPC) Skills:

This skill is key to the delivery of the message to the household level. Explaining to volunteers, the facilitators stressed that IPC involves face to face contact between individuals and is generally more persuasive purposed. Volunteers leaned that IPC is a direct person to person communication using a particular setting and appropriate channel which can be in a form of formal or informal interaction. The picture insert shows a volunteer in Upper East region explaining to participants during a group session how to use IEC materials to support their education at the household level. There was a group role play after the session. The importance of non-verbal messages during IPC was stressed as well as platforms forms for IPC. The use of IPC materials were not left out, its use was extensively applied during role play.

3:1:27 Handing over of LLINs to Mothers Club Members

In February, after the lunch, there was a handing over ceremony; this was organized by the Ghana Red Cross Society in collaboration with Global Media Foundation to hand over the bed nets to beneficiaries communities. The ceremony brought together volunteers and community members including Assembly Men and Leaders of the beneficiaries' communities in Nima and Maamobi in the Greater Accra Region. Some Delta officials from the UK were also present in the handing over ceremony.

During the handing over, the Secretary General, Mr. Samuel Kofi Addo, explained the importance of the collaboration between the Ghana Red Cross and Delta Airlines. He expressed his gratitude to Delta Airline and assured them that he was confident in the Mothers Clubs and that the bed nets given to them would reach the target beneficiaries. He also thanked the Assembly men and Chiefs of the two communities who were present at the handing over ceremony. The National Health Programmes Coordinator, Mr, Aapore Thomas, took participants through the partnership Agreements. He explained the project objectives to the community members and what the partnership expects from them for the success of the project. The agenda of the day was also explained to participants.

The bed nets were then presented to the Mothers Club members in the presence of the community members for distribution during house to house education. Officials from Delta Airlines, Global Media Foundation together with the officials from the Ghana Red Cross Society presented the nets to the Mothers Clubs members. The Mothers Clubs leaders of the district received the nets on behalf of the Club members. See the presentation picture insert.

There was a demonstration exercise on the bed net hang up by volunteers. This was explicitly demonstrated by our experience volunteers who have been engaged in similar exercise for so long. The picture depicts the demonstration session of how bed nets are hanged in the Ghanaian household. These Mothers Club members were used by the National Malaria Control Programme (NMCP) to distribute LLINs during the 2012 universal coverage campaign and so have rich experiences in bed net hang up.

In appreciation of the project, the Community Leader thanked Delta Airlines and the Ghana Red Cross for their support. He stressed that the community is a 'zongo' community (community with diverse sociocultural backgrounds) with chocked and open gutters with so much filth which is a recipe for mosquito breeding. He said malaria is one of the major sicknesses that affect community members and this project is welcomed and would be supported. He explained that the Red Cross volunteers have been doing wonderful jobs in the community and the community revered them for the roles they have been playing in the communities. He assured the Red Cross of the community continues support. The picture shows a community leader interacting with officials.

3:1:28 House to House education

A total of 4,000 LLINs were procured and sent to the regions. So far over 3,000 LLINs were distributed within the reporting period. Volunteers would continue to distribute the remaining 1000 nets till the end of December 2014. Management decided that the regions should not do mass distribution as people who would not get the nets may frustrate the house to house education for hang up and keep up exercise. A total number of 1,200, households were reached with LLINs as well as malaria prevention messages. The Malaria messages delivered at the households were focused on key behaviors which include the following:

1) LLINs hang up and usage
2) Sleeping under treated nets to prevent malaria.
3) Early signs of malaria and early treatment
4) Completing malaria dosage
5) Regular antenatal attendance
6) Deliveries by skilled attendants

During house visit volunteers deliver the malaria messages, observed the household bed nets and replaced if the nets are damaged or they do not have any bed net. The above picture shows volunteers nailing to hang a bed net for a beneficiary during the house to house education.

3:1: 29 Monitoring and Supervision

The National Health Programmes Coordinator and the Secretary General visited the volunteers to monitor their activities in both regions. During the visits, it was observed that the nets were distributed and beneficiaries were using them. As at the time of monitoring, it was observed that, volunteers in the Upper East region did not have enough IEC materials so there were rotating the

few they had from the training during their education sessions, the monitoring team therefore augmented the numbers of IEC materials with what they carried long from Accra It was observed that most of the beneficiaries in the Upper East were sleeping outside during the night due to the hot weather. Unfortunately they left these nets outside during the day under the sun. Mrs Anabila is nursing mother who is a beneficiary of the project; her net was seen hanging on a robe outside in the sun during our visit. We tried to find out why the net was hanging on the robe under sun and she said she hanged it outside during the night. See blue bed net hanging behind the volunteer and Mrs Anabila. We asked her to demonstrate how she hangs it outside during the night. Indeed the demonstration was excellent and we asked her how she was able to do that so easily and she answered that it was Red Cross volunteers who thought them during the 2012 universal coverage campaign.

We also held meeting sessions with volunteer leaders at the communities visited to assess the level of the project implementation. The mothers expressed their enthusiasm for the project; however they complained of long distances they had to cover considering their settlement pattern and suggested that the project support them with bicycles. In the picture is the Secretary General in a design shirt and the Health Programmes Coordinator in Red Cross branded shirt interacting with volunteer leaders in Bongo in the Upper East Region during monitoring visit.

3:1:30 Outcomes of the activity:

GRCS started the implementation of the project in January, 2014 with community entry and volunteer selection. During the period of reporting, the specific objectives achieved in relation to the objective above were as follow.

1. A-days orientation had been organized for 80 Mothers Club members at the district level to roll out the bed net distribution, hang up and keep up education in the four districts.
2. 4,000 LLINs were procured and 3,000 had been distributed so far within 1,200 households.(some households received more than a net depending on the numbers of target groups). These also reached with LLINs and malaria messages on hang up and keep up.

3:1:31 HYGIENE PROMOTIONS

3:1:32a Objective (s) of the Activity:

The NS in further improving lives in vulnerable communities signed MoU with Ernest Payee Memorial Foundation, an NGO base in Ben in Switzerland. The project was implemented in Eastern Region in Adasewase in community. The aimed and achieved the following during the period under consideration.

1. To address water, sanitation and hygiene problems through house to house education
2. To contribute to the reduction of under-five mortality and morbidity; at individual, household and community levels.

In achieving this, **emphases was on the five key behaviors** which include; hand washing with soap; diarrhea prevention, management and treatment; infant and young child feeding, malaria prevention as well as deliveries by skilled attendants.

3:1:33 Volunteer Capacity Building

A three-day training including one day orientation for baseline survey was organized to train 30 volunteers to carry out house to house education on hygiene promotion and maternal and child health. This was done in collaboration with Ghana Health Service at the District and CHPS levels as well as Water and Sanitation at the Regional level. The Regional Director for water and sanitation facilitated the session for the hygiene promotion. The picture shows the Eastern Regional Director of water and Sanitation taking participants through water and sanitation issues. Participants were taken through the importance of Interpersonal Communication Skills (IPCS) using the behavior change materials. Emphases of the volunteer training were focused on influence behavior change in the five key areas which include diarrhea prevention, hand washing with soap/water. Other areas covered included infant and child /;.feeding; sleeping under ITNS and getting pregnant mothers deliver at health facilities. Emphases was on volunteers understanding the five key behaviours and how to use IPC materials in the household and community gathering to deliver messages efficiently. From the picture are two community nurses taking volunteers through maternal and child health issues in the community.

To ensure effective message delivery at the household level, the training covered the following topics;

3:1:34 Community Mobilizations:

Participants were taken through the strategies of mobilizing communities for IPC messages, the challenges such community resistance to hygiene promotion message, households time among others and how to overcome them. Participants were put in groups to role play community mobilization.

3:1:35 Communications:

The trainees were made to understand that, communication is the act of transforming information, ideas and attitude from one person to another. It is a process by which participants create and share information

with one another to reach a mutual understanding, transferring information or message from one person to the other through a medium with the purpose of getting a feedback. The elements of communication such as message, sender, receiver, feedback, and channel were covered.

3:1: 36 Interpersonal Communication Skills

This skill is key to the delivery of the message to the household level. Explaining to volunteers, the Health Programmes Coordinator of the Ghana Red Cross, Mr. Aapore stressed that IPC involves face to face contact between individuals and is generally more persuasive purposed. Volunteers leaned that IPC is a direct person to person communication using a particular setting and appropriate channel which can be in a form of formal and informal interaction. The IPC materials were used to facilitate volunteers understanding as seen in the picture. The importance of non-verbal messages during IPC was stressed as well as platforms for IPC. The use of IPC materials was not left out and its uses were extensively applied during role play.

3:1: 37 Community Simulations

The essence of community mapping was thoroughly discussed with the understanding that volunteers would use community network to receive and pass on IPC messages. Understanding power relations and how it affects vulnerability and IPC messages at the household levels was discussed. The Health programmes Coordinator led participants to a role play session to identify capacity and vulnerability in delivery of IPC messages. Names like teachers, taxi driver, police man/woman, nurses, farmer, single parent, old man/woman, AIDS patient and children among others were written on papers for volunteers to identify who would be vulnerable in the unlikely event of cholera outbreak. The facilitator during the simulation exercise as volunteers were standing up, would mention the name mentioned above and volunteer who bore the name would step forward to indicate the vulnerability level of persons in the community.

3: 1: 38 House to House education

A total of 12 men including young men who have completed Senior High Schools and 18 Mothers Club members and young ladies from Senior High School were involved in the house to house education. In all 30 volunteers were trained and were actively involved in the house to house education within the quarter under review. A total number of 600 households were

reached with hygiene promotion messages. The IPC messages delivered at the households were focused on the following key messages:

1) Diarrhea prevention and management.
2) Hand washing with soap/water.

The other messages will be communicated in the next quarter. This was to drum down the hygiene messages to the community. In the picture is a volunteer who was interacting with a household member during the house to house education.

3: 1: 39 Plan of Action

As part of the partnership strategy to the project implementation, volunteers were taken through how to draw a plan of action with its activity. During this session, participants went into groups plan and draw an action. These plans were presented for discussion and questioning. The essence of this session was to help volunteers to plan for their monthly household education.

3:1: 40 Outcomes of the activity

GRCS started the implementation of the project in May, 2014 with community entry and volunteer recruitment. Under the first quarter, the specific objectives achieved in relation to the objective above are as follow:

1. Three days volunteers training had been organized to train 30 community volunteers to roll out the hygiene project in Adasawase
2. Reached 600 households (3,000 beneficiaries) with water and sanitation messages within the quarter underreview

Printed 33 bags, 1000 leaflets, 100 posters, 33 volunteers home visit record books and 35 Lacoste shirts.

3:1: 41 Key Challenges in the implementation of the activity

1. Supervision is challenged as the Regional Manager is not mobile in terms of vehicles to the district and as such has to join public transport or use mobile phones.

3: 1:42 Recommendations

Regional Manager should be supported to be mobile to enhance supervision as he has to cover long distances to monitor and supervise volunteer's activities

3:1: 43 Key Lessons learnt through the implementation of the activity

1. During the implementation the participation was very effective due to use of materials in the learning process.
2. With the application of IPC skills and knowledge learnt the volunteers have added much to their skills and knowledge in community work.

3.

3:1:44 Acknowledgements

The Ghana Red Cross Society acknowledges EPMF for the financial support and hope to enhance the partnership for future projects. The National Society also acknowledges the support of the GHS especially the Regional Director of Water and Sanitation personally supported the training during volunteers training.

3:1: 45 Way forward

- To sign MoU for extension of the activity for 2015-2016

3:1: 46 COMMUNICATIONS FOR DEVELOPMENT (C4D)

In 2014, the Ghana Red Cross Society signed MoU with UNICEF Ghana to implement the five key behaviors using C4D as an approach and Interpersonal Communication (IPC) as a strategy. The project is implemented in the Central Region, Eastern Region and Upper East Region.

The project aimed at reaching the grass root with C4D messages through household canvassing that focused on essential family practices that a) have the greatest impact on reducing under-five mortality and morbidity; and b) can best address water, sanitation and hygiene behaviors change at individual, household and community levels. In achieving this, an emphasis was on the five key behaviors which include; infant and young child feeding, hand washing with soap, malaria prevention, diarrhea prevention and treatment as well as deliveries by skilled attendants.

3:1:47 TRAINERS OF TRAINERS:

A two-day Interpersonal Communication (IPC) workshop was organized for District level Organizers and Mothers Club Leaders as trainers. The aim was to train these volunteer on IPC skills for them to carry out step down training at the district levels. In all, 18 District Officers (DOs), 18 Mothers Club Facilitators (MCFs), three (3) Regional Managers of Eastern, Central and Upper East Regions and 6 senior staff from headquarters were trained as trainers of trainers.

The training was to cover 3 days but because of funding constraints the training was compressed to 2 day. The agenda covered include the following:

3:1:48 Community Mobilizations:

Participants were taken through the strategies of mobilizing communities for IPC messages, the challenges and how to overcome them. Participants were put in groups to role play community mobilization.

3:1:49 Communications:

The traineeswere made to understand that, communication is the act of transforming information, ideas and attitude from one person to another. It is a process by which participants create and share information

with one another to reach a mutual understanding, transferring information or message from one person to the other through a medium with the purpose of getting a feedback. The elements of communication such as message, sender, receiver, feedback, and channel were covered.

3:1:50 Interpersonal Communication Skills

This skill is key to the delivery of the message to the household level. Explaining to volunteers, the facilitators stressed that IPC involves face to face contact between individuals and is generally more persuasive purposed. Volunteers leaned that IPC is a direct person to person communication using a particular setting and appropriate channel which can be in a form of formal and informal interaction. There was group role play after the session. The importance of non-verbal messages during IPC was stressed as well as platforms forms for IPC. The use of IPC materials was not left out and it use extensively applied during role play.

3:1: 51 Community simulation

The essence of community mapping was thoroughly discussed with the understanding that volunteers would use community network to receive and pass on IPC messages. Understanding power relations and how it affects vulnerability and IPC messages at the household levels was discussed. Facilitators led participants to a role play session to identify capacity and vulnerability in delivery IPC messages. Names like taxi driver, police man/woman, doctor, farmer, single parent, old man/woman, AIDS patient, among others were written on papers for volunteers. The facilitator, during the simulation exercise as volunteers were lined up, would mention a name and they stepped forward thereby identifying the vulnerable persons.

3:1: 52 Plan of Action and budgeting

As part of the partnership strategy to the project implementation, volunteers were taken through how to draw a plan of action with its activity related budget. During this session, participants went into a district specific planning where each district drew a plan of action with a budget. These plans and budgets were presented for discussion and questioning.

3:1: 53a STEP DOWN TRAINING

Soon after the ToT workshop, the Regional Managers together with the DOs and MCFs organized a day's orientation for 450 volunteers in the 18 districts in turns in the 3 regions (Upper East, Eastern and Central). This was done in collaboration with Ghana Health Service at the District and CHPS levels. Participants were taken through the importance of IPC and using the behavior change materials. The focus of the volunteer level training was focused on influence behavior change in the five key areas which include infant and child feeding, diarrheal prevention, hand washing

with soap/water, sleeping under ITNS and getting pregnant mothers deliver at health facilities. Emphases was on volunteers understanding the five key behaviours and how to use IPC materials in the household and community gathering to deliver messages efficiently. From the picture it could be seen that avolunteers was demostrating the use of IPC materials to participants.

3:1:54 House to House education

During the period of reporting volunteers had conducted house to house and community outreach activities with the aim of effecting behavior change through interpersonal communication dubbed, C4D.In Eastern Region,a total of 144 active volunteers in the various districts reached 828 households and 4140 community members with C4D messages on Hand Washing with Soap, Diarrhea Prevention, Use of LLINs and Malaria prevention, Prevention of Cholera, Safe Delivery and Exclusive Breastfeeding among others.

In Central Region, a total of 156 active volunteers including Mothers Club Members who were involved in the house to house education of which 45 were females and 111 males. However, 828households were reached with C4D messages. IPC messages delivered to the households were on the followings;

- Diarrhea prevention and management
- Deliveries by skilled attendants
- Breast feeding/ young and infant feeding
- Sleeping under treated nets to prevent malaria
- Hand washing with soap/ water.

Besides the IPC, volunteers also carried out mass education and public sensitization using the 5 key behaviors during funerals, weddings, at churches and mosques. Each community also gathered the community once in the quarter to sensitize them on cholera and Ebola. The pictures shows one of the community sessions that were proganized by the District Mothers Club Facilitator in Agona East.

In Upper East, a total of 153 active volunteers undertook house to house and other community sensitization. A total number of 3,256 households were reached with C4D messages within the three months period. This gave a cumulative figure of 11,966 community members benefitting from C4Ds messages with 5,129 and 6837 being men and women respectively.

Field visits indicated that some communities covered by the project were showing favorable behaviors changes on their activities though by the volunteers and some changing behaviors were being practiced especially on sanitation and hand washing. The Mother clubs members organized clean up campaigns in their respective communities. They also mobilized church members to give them talks on sanitation and safe delivery. The shows various activities mothers and volunteers organized at their respective communities. Here it could be seen that the member of the Mothers Club using flipchart provided by UNICEF to educate fellow women after church in the Central Region. In the quarter under review, there were 450 active volunteers who carried planned activities. They were able to reach 1,912 households and

given a total of 21,074 community members benefiting from the C4D massagers in Central, Eastern and Central Regions. Refer to page two for districts.

3:1:55 Training Of Trainers

There was a one day Interpersonal Communication workshop organized for selected school health Coordinators. It involved a total of 30 coordinators with 12 men and 18 women respectively. The ultimate aim was to train these health coordinators so as to increase teachers' organizational capacity at our school links. These teachers are our school links facilitators and it was thought that given them this knowledge would increase their facilitation skills in terms of IPC .which would further enhance delivery of C4D messages especially at the household level. The training covered ways of community mobilization using

school children and step to behavior change development. The picture depicts Eastern and Central Regional Managers facilitating sessions.

3:1: 56 SCHOOL LINKS QUIZ

Selected district basic schools quiz competition on behavior change was organized for schools within the selected districts in two Regions (Central and Eastern) after the school link facilitators coordinators of various schools had been trained on IPC messages to be passed unto their pupils and students. Upper East Region did not participate in these activities because they do not have school links. In all 357 students participated in these quiz. In all 10 schools participated in the quiz with six schools from Central Region and 4 from Eastern Region. The school that emerged first was awarded with hand equipment to enhance hand washing in their school. A total of 145 were involved in the quiz; 15 men, 12women, 46girls and 72 boys were engaged in the quiz competition. In Central region one of the quiz sessions was organized to coincide with the join monitoring visit by GRCS and UNICEF. The UNICEF representative, Mrs Charity Nikoi presented the award to the wining school during that session. The pictures depict school children seated and observing the quiz. Sessions and awarding ceremony presented by Mrs Nikoi at the top right corner. The pictures at the left corner were students and pupils from Central Region and the right corner were students and pupils from Eastern Region under this session of the report.

3:1:57 MONITORING

Field monitoring took place in the selected communities undergoing the C4D project. The Project Assistant and the Accounts Officer from the National Headquarters joined UNICEF to monitor volunteers' activities in communities of Eastern, Upper East and Central Regions. The Health Coordinator went to Upper East where he also went for monitoring on the activities.

The Regional Managers on the other hand monitored the communities every month to access volunteer activities and coached the District Organizers and Mothers Club Members. The DOs visited communities twice in one month to ensure that volunteers were delivering messages that were in line with C4D messages that they were trained on. During the monitoring more education was given to the volunteers as

a ‘refresher’; volunteers’ benefits and challenges were also addressed. Below were some pictures taken during the monitoring visit?

DO interacting with MC members during monitoring visit. 10 households were invited to share their experience since the IPC approach started

Regional Manager interacting with households to crosscheck key messages delivered by volunteer during house to house visit

It was realized that over 50 households visited were able to recollect vividly the encounters they had with Volunteer on C4D messages. More especially on hand washing and malaria prevention. The pregnant woman in the above picture was asked how many times the Red Cross Mother visited her and she said three times in a week but she called me to find out how I was feeling. One week before I would go to the clinic she would call me to remind me that my days were getting due for antenatal. ‘‘***I have seen Madam Florence as my Mother. From the advice Madam gives me, I feel secured that I will deliver safely and I know that Madam would be there for me when I deliver***’’. These were the words of Madam Grace Amoako from the central Region.

Volunteers mounted veronica bucket at funeral grounds to promote hand washing using soap in the Eastern region

3:1:58a Outcomes of the activity:

The Ghana Red Cross Society commenced the execution of the C4D project in January, 2014 with community entry and volunteer recruitment. Under the third quarter, the specific objectives achieved in relation to the objective above are as follows:

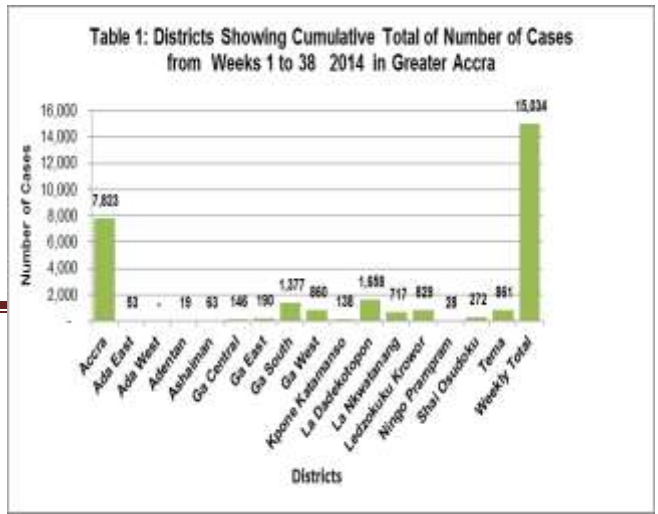
1. A one day ToT has been organized to train 30 Health Coordinators to roll out IPC project in their various schools.
2. School links quiz has been organized in the selected basic schools in the districts and at the end of the Quiz competition, each contestant was given certificate, notebooks and other items from UNICEF, a plaque for the first to third position and Veronica bucket for each contest school.
3. Organized monthly meetings in all the 54 Districts to discuss field challenges and to find possible solutions and review action plans for the next quarter.
4. Reached 1,912 households with IPC messages within the quarter under review

5. Volunteers mounted 43 hand washing points during funerals in all the three region

3: 1: 59 CHOLERA DREF OPERATIONS

3:1:59a Summary:

In June 2014, a cholera outbreak was reported in Ghana. The outbreak which started in the region in week 24 with six cases reported saw an upsurge in week 29 with 251 cases and started spreading to other regions**.** Five regions (Ashanti, Central, Eastern, Greater Accra, and Western) all confirmed cases of cholera across 32 districts. By week 38,



15,034 cases of cholera had been recorded in the Greater Accra Region. Fifteen districts out of sixteen in this region have recorded cases of cholera, with. Accra metro and La Nkwantanang the most affected districts in the region, accounting for 87 per cent of cases. On 22 August 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 157,324 from the Disaster Relief & Emergency Fund (DREF) to support the Ghana Red Cross Society (GRCS) respond to the epidemic, over a period of three months**.**

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

Region	**01/01 – 27/07**	**03/08**	**10/08**	**17/08**	**24/08**	**31/08**	**07/09**	**14/09**	**21/09**	**28/09**	**05/10**	**12/10**	**01/01 – 12/10**	**14/11**	**Cumulative Attack Rate Per 100,000**
Week	**W1-30**	**W31**	**W32**	**W33**	**W34**	**W35**	**W36**	**W37**	**W38**	**W39**	**W40**	**W41**	**W1-41**	**W46**	
Ashanti	0	0	0	0	30	0	0	131	13	1	4	*	179	219	3.4
Brong Ahafo	0	3	4	1	4	19	20	17	27	16	71	202	384	922	15.2
Central	108	22	146	145	160	265	302	484	163	361	242	*	2,398	3,258	96.3
Eastern	66	93	109	155	123	134	190	154	176	272	179	64	1,715	1,863	59.9
Greater Accra	786	947	1,873	1,640	2,188	2,386	2,454	1,745	1,425	1,099	837	538	17,918	19,292	386.4
Northern	0	0	0	0	0	0	0	0	2	0	1	1	4	96	0.1
Upper East	0	0	0	0	0	0	3	0	2	5	22	*	32	294	2.9
Upper West	0	0	0	0	0	0	0	1	1	5	*	*	7	34	0.9

Volta	0	33	6	57	39	69	33	32	16	72		*	357	519	15.3
Western	4	2	8	7	13	17	12	47	28	31	2	*	171	361	6.6
Total	**964**	**1,100**	**2,146**	**2,005**	**2,557**	**2,890**	**3,014**	**2,611**	**1,853**	**1,862**	**1,358**	**805**	**23,165**	**26,858**	

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

The DREF operation has complied with "SWORD and Shield" cholera response/prevention strategies, which has ensure that the areas targeted are those at high risk, as well as enabled value for money through the effective coordination with other agencies. Through the DREF operation, in response to the increasing number of cases, the GRCS has been able to make progress in the following areas:

✓ **Health and Care**

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

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

✓ **Water, Sanitation and Hygiene Promotion**

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

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

Region	Districts	GRCS volunteers mobilized	Households reached	People reached	
				Male	Female
Greater Accra	Ayawaso (AMA)	15	3,261	5,182	7,144
Greater Accra	Ablekuma	17	16,819	4,178	5,295
Greater Accra	Okiakoi	13	4,661	3,880	5,688
Greater Accra	Osu/Adabraka	15	4,173	2,705	4,292
Greater Accra	Ashieduketeke	14	1,475	2,979	3,988
Greater Accra	Tema	17	6,321	4,240	7,327
Greater Accra	Ashiaman	19	2,780	6,338	8,296
Greater Accra	Ga South	20	8,584	7,727	7,678
Greater Accra	La Nkwantanang	15	1,490	1,200	1,520
Greater Accra	La Dadekutupong	15	4,334	725	906
Eastern	Suhum	8	159	1,482	1,539
Eastern	Nsawam	8	776	1,017	2,085
Eastern	New Juaben	14	818	2,897	4,101
Eastern	Manya Krobo	10	129	156	204
Total		**200**	**55,780**	**44,706**	**60,063**

The DREF operation through social mobilization activities, specifically house-to-house visits, contributed to a reduction in cases, from when they started on 21 September 2014 (week 38) to12 October 2014 (week 41). In Greater Accra, cases reduced from 1,425 to 538; and in Eastern region from 176 to 64.

This Operations Update is requesting an extension of timeframe by one month; in order to carry out an DREF operational review/lessons learnt exercise, which was budgeted for, as well as complete remaining activities that not been carried out, specifically Add in. Members expected for this exercise will include;

the GRCS programme team including representatives of staff and volunteers from the regions affected by cholera and governing board members; the West Coast regional representation, the Africa zone office, and if possible a Partner National Society and/or member of the DREF Advisory Group. The DREF operation will end on 22 December 2014, and a final report will be made available on 22 March 2015 (Three months after the end of the operation).

Major donors and partners of the current DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross/Silent Emergencies Fund and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the Ghana Red Cross Society, would like to express its gratitude to all for their generous contributions.

3:1:60 Red Cross/Red Crescent Action in the Country

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

3:1:60a Coordination and partnerships

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

3:1:61Operational implementations

Health and Care

Planned interventions	Implementation (%)
Health and care	**%**
Outcome 1: The immediate risks to the health of affected populations are reduced	
Output 1.1: The Ghana Red Cross volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks.	
Activities planned	**Implementation (%)**
1.1.1 Organize training on cholera outbreak management for 200 volunteers using epidemic control for volunteer's methodology.	1.1.1 In total, 200 GRCS volunteers (160 from Greater Accra region; and 40 from Eastern Region) have received one-day training on cholera outbreak management using the Epidemic Control for Volunteers (ECV) methodology.Please note that this equates to 100 per cent of the intended target (200); and as such the level of implementation is also 100 per cent. The GRC volunteers were recruited from communities and suburbs in areas that were affected or prone to the epidemic. Through the ECV training, volunteers received information on the causes, signs and symptoms, prevention and effects of cholera, prevention, personal and community hygiene, environmental sanitation, and referral process to local health authorities. The GRCS volunteers were also taken through community entry approaches, to equip them with the skills required to carry out social mobilization and sensitization activities. Non-formal education methodologies were used during the training, including: discussions, brainstorming and role plays. For deeper explanation and understanding of facts and concepts, the local dialect was also used during the sessions. 1.1.2 Please report on progress. This activities is not yet carried yet and plans are in place to continue base on DREF revision 1.1.3 GRCS volunteers distributed 30,000 information education and communication (IEC) materials (20,000 in the Greater Accra region; and 10,000 in the Eastern region), which has contributed to increasing the awareness on cholera of two million people in these regions. GRCS volunteers also distributed a further 15,000 IEC materials (leaflets) to drivers, passengers, pedestrians, housewives, school children and hairdressers.

1.1.2 Organize training on disinfection of facilities for 80 volunteers. 1.1.3 Disseminate information, education and communication materials.	
Output 1.2: The affected population are effectively and efficiently sensitized on cholera prevention	
Activities planned	**Implementation (%)**
1.2.1 Undertake social mobilization activities to 4,700 households. 1.2.2 Diffuse cholera messages through sessions, jingles on local radios.	1.2.1 The GRCS volunteers were divided into groups/teams of two to undertake social mobilization activities (door-to-door education, visits to market places, beauty salons, lorry stations, fitting shops, schools, churches and mosques).Each volunteer was tasked to visit at least 10 visits per day per week (Friday, Saturday or Sunday), and issued with a Red Cross t-shirt to ensure visibility. In total, 104,769 people (Male: 44,706, and Female: 60,063) (55,780 households) have been reached through social mobilization activities (household visits), which were carried out by the 200 GRC volunteers. Each GRCS volunteer was issued with a t-shirts to ensure visibility during the social mobilization activities. Please note that this equates to 1,187 per cent of the intended target (4,700 households); and the level of implementation is 100 per cent. 1.2.2 The GRCS branches (Greater Accra and Eastern Region) contacted radio stations in their communities, and provided information on cholera to be broadcast to the public. In Greater Accra, the GRCS volunteer's activities were covered by *"TV Africa"* where the regional branch manager, health coordinator and other key stakeholders were interviewed, which has improved the image of the National Society in this region. Information vans were used to educate populations in Greater Accra and Eastern regions.
Output 1.3: Target population is provided with rapid medical management	
Activities planned	**Implementation (%)**
1.3.1 Deploy, set up and manage Oral Rehydration Points in rural high risk areas.	1.3.1 Please report on progress. This was not done exactly however, it was observed that commercial water tankers were the major source of the outbreak so a meeting was organised to sensitise water tankers

		drivers association for the Red Cross to disinfect all tankers that draws water for sale. This activities were done in all the two regions (Greater Accra Region and Eastern Region) in consultation with Ghana Health Service, Water department and the Association of water takers owners.
1.3.2	Undertake household level sensitization and demonstrations on oral rehydration salts.	1.3.2 Please report on progress. Volunteers carried out house to house education and public place sensitization since the operation began. In all over 55,000 household had received cholera prevention messages and ORS demonstration. An estimate of 73,000 people had been reached through market, Churches and mosques. Each households that reported cholera case received at least three sachets of ORS after demonstration. However volunteers gave some out upon request from the household after the demonstration .
1.3.3	Distribution of oral rehydration salts at oral rehydration points and at the community level.	1.3.3 Please report on progress. 25,000 boxes of ORS had been bought to demonstrate to households during household visits and mass education through public places. Over 3, 561 water points received at least one sachet of ORS after demonstration.

Water, sanitation and hygiene promotion

Planned interventions	Implementation (%)
Water, sanitation and hygiene promotion	**%**
Outcome 1: The risk of waterborne and water related diseases have been reduced through the provision of safe water, basic sanitation and hygiene promotion to 4,700 households.	

Output 1.1: Hygiene promotion activities are provided to the population	
Activities planned	**Implementation (%)**
1.1.1 Hand washing at key times promoted through demonstration at market, schools and other public places.	1.1.1 Please note that the distribution of hand washing materials, and demonstrations in public schools have not taken place as they have only recently re-opened following a teachers strike. It is intended that this activity will be completed following the extension of the timeframe through this Operations Update.
1.1.2 Safe use of water treatments products promoted to 4,700 households through sensitization and demonstration sessions.	1.1.2 In total, 104,769 people (Male: 44,706, and Female: 60,063) (55,780 households); received Aqua tabs, and were taught how to use them for water treatment. Please note that this equates to a 1,186 per cent of the intended target (4,700 households). Please note that aqua tabs procured through the DREF operation was not sufficient for the affected population, and as such an agreement was made with the United Nations Children's Fund (UNICEF) to provide additional tablets. Water tankers drivers were to receive training on how to chlorinate water; however this has not been carried out as it was not possible to bring them all together for this exercise. Please note however that it is hoped that this activity will be carried out following the extension of the timeframe through this Operations Update; and the GRCS health coordinator is making progress in organising the water tanker drivers.
1.1.3 Conduct house to house visits for hygiene promotion.	1.1.3 In total, 104,769 people (Male: 44,706, and Female: 60,063) (55,780 households) have been reached through house-to-house visits for hygiene promotion. In seven of the 16 districts in Greater Accra region mass clean-up exercise were organised.

Output 1.2: Target population is provided with adequate environmental sanitation measures	
Activities planned	**Implementation (%)**
1.2.1 Disinfection of sanitation facilities of the most vulnerable households and 6 health centres. 1.2.2 Establishment of school hygiene promotion clubs. 1.2.3 Undertake hygiene promotion activities at schools, health centres and communities.	1.2.1 Please report on progress; volunteers chlorinated affected household's water during household visits. However, the volunteers were not get access to health facilities for this activities as health staff insisted that they had enough disinfectants to do that work. 1.2.2 30 schools hygiene promotion clubs were established in 14 of the 16 districts of Greater Accra region. 1.2.3 In total, 20 schools received Aqua tabs, and were taught how to use them for water treatment.
Output 1.3: Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population.	
Activities planned	**Implementation (%)**
1.3.1 Distribution of soap and oral rehydration salts. 1.3.2 Local procurement of sanitation and hygiene materials, and emergency health items, including Aqua tabs, soap, buckets, jerry can for demonstrations, high test hypochlorite, backpack sack sprayers, protective goggles, megaphones.	1.12.1 Please report on progress 200,000 pieces of caked soap were procured and distributed to households especially the most affected households. 1.12.2 Please report on progress. These materials were procured for the training and distributed to the volunteers for demonstration and distribution at the household and community levels. During monitoring most households interviewed said they received one item or the other.

3: 1: 62 Ebola Prevention

The NS has also signed MoU with the Swiss Red Cross to train 750 volunteers in 48 districts in the 10 region. The MoU was signed in October, 2014 and activities have just begun. There was Trainers of Trainers (ToT) and step down training which is currently.

Maternal, Neonatal and child Health (MNCH)

3:1: 63 Summary

Ghana's attempt at achieving the Millennium Development Goals 4 & 5 targets of reducing child mortality and improving maternal health has been challenging following the current trends of high maternal and child mortality. It is in line with this that the GRCS aimed to support Government effort through its social mobilization activities and strengthening its chapters at the grass roots. The MoU was signed between the NS and IFRC in June 2014 to implement MNCH activities in Tarkwa Municipal in the Western Region. The Project focused on following objectives:

- To develop the capacity of the GRCS volunteers in MNCH community-based services;
- To promote personal and environmental hygiene among pregnant and lactating mothers;
- To increase the numbers of pregnant women accessing safe child delivery services by five per cent;
- To increase the use of long lasting insecticide treated nets (LLINs) among beneficiary community.

The activities carried out included participation in stakeholders meetings in the various levels on MCH review meetings, the recruitment and training of volunteers, house to house and community outreach as well as Long Lasting Insecticide Net (LLIN) hang up and keep up.

3:1: 64 No. of people we have reached

GRCS trained volunteers, reached **1,623** households with MCH related messages that threatened the lives of pregnant women and children. With an average family size of 6, a total average number of **9, 738** beneficiaries benefited from the project. Pregnant women, non-pregnant mothers and adults who were not direct target however benefited from the project as proxy beneficiaries. Table 3 shows summary of volunteer social mobilization activities that were organized and carried out within the three months period. It also depicts the total beneficiaries reached and referred to health facilities during the period under reporting.

Table 1: Summary of volunteer social mobilization

ACTIVITY	NO. OF HOUSE-HOLD	NO.PEOPLE REACHED	NO.SHOW SIGNS		NO.REFERRED
		MOTHERS	*PREG.*	*CHILD*	*PREG*

SAFE DELIVERY/ANTE -NATAL	251	333	27	-	27
POST NATAL CARE	350	349	54	124	54
MALARIA	336	1,399	138	379	66
STI/AIDS	96	122	37	2	27
DIARRHOEA/CHOLERA	258	259	57	199	35
ARI	128	111	37	36	17
MALNUTRITION	204	155	16	80	9
TOTAL	**1,623**	**2,728**	**563**	**820**	**235**

3:1:65 Contexts

Ghana's attempt at achieving the Millennium Development Goals 4 & 5 targets of reducing child mortality and improving maternal health has been challenging. Among the primary causes of child and maternal mortality are malaria and malnutrition which are conditions that are to a large extent preventable and treatable. The Ministry of Health has adopted the High Impact Rapid Delivery (HIRD) strategy which is aimed at improving maternal and child health. The strategy comprises increase in the coverage of LLIN among children and pregnant women, twice yearly supplementation with Vitamin A supplements, deworming for children, Vaccinating and increasing the proportion of supervised deliveries.

Unlike disaster or an outbreak where rapid assessment is carry out and immediately followed by intervention, the NS adopted the principles of CBHFA to implement the project which emphasis community participation and ownership. To achieve these principles, there was a rapid needs assessment to determine the kind of intervention that would address the community needs. Among the needs identified, the basic ones affecting pregnant women and children under five years, malaria and cost of transporting emergency delivering woman to health facilities. Out of this a project plan of action was drawn to guide the intervention. Four main outcomes were stated to guide the intervention (refer to programme outcome from above).

The political environment was serene which enhanced the project implementation as the District Health Directorate supported the project and actually engaged their staffs on the project implementation right from the beginning.

3:1:66 Progress towards outcomes

As stated earlier, the project sought to improve Knowledge, attitude and practice (KAP) of targeted communities to improve safe delivery and reduced maternal and child mortality and morbidity. The Project also enables GRCS to implement good quality Maternal and Child Health programme using the CBHFA approach. To achieve these outcomes, the project within the three-month period carried out activities such as volunteer capacity building, house to house education, clean up exercise, monitoring as well as supervision visits and collaboration meetings between the Red Cross, the communities and GHS. Reference to table 1 above will give a vivid description of volunteer activities leading to the achievement of the project outcomes.

3:1a UPPER EAST REGION

HEALTH

The Upper East through the support of three Donors, Viz Unicef; Swiss Red Cross and Delta Airlines.
Have carried out the ff. activities. Inter Personal Communication (IPC). Five thematic areas are stressed in this strategy.

a. Breast Feeding
b. Sanitation
c. Teaching pregnant mothers to attend antenatal services and deliver at a health facility.
d. Sleeping under treated bed net.
e. Hand washing with soap and water.

The following Table indicate the state of support and impact made on Health of mothers and children.

DONOR	NO OF WOMEN TRAINED	COMMUNITIES	NO REACHED WITH MESSAGES	
SWISS SUPPORT	80	40	0	No data collection tool yet
UNICEF	150	36	49	
DELTA	20	10		No data collection tool.

3:2: GREATER ACCRA REGION

3:2:1 MEASLES CAMPAIGN

3:2:1a The Measles 2 Defaulters Tracing.

After successfully completion of 2013 social mobilization on measles (MCV1) completion, The American Red Cross supported the Regional to recruit and trained 900 volunteers in 7 districts to make house-to –house visit in their communities, 5 days per quarter to identify MVC2 defaulters. They will register and follow up eligible children to complete their routine measles immunization series.

3:2:2 Selected Districts

Accra Metro (Ayawaso, Ablekuma, Ashiedu Keteke, Osu Klotey, and Okaikoi Sub-Districts),

Ga South, GA West, LA Dade-Kotopon, La –Nkwantanang, Ledzokuku-Krowor and Tema.




Pictures of Measles (Mvc2) Defaulters Tracing Training and House to House

3:2:3 CHOLERA EDUCATION

The current cholera outbreak in Ghana has now been declared as an epidemic, with Greater Accra Region being the hardest hit. Health authorities in the region appear to be losing the battle against the disease. Over 19500 cases have been recorded at various facilities across the region since June, 2014, claiming at least 120 lives as at 20th November 2014

The continuous spread of the disease has been blamed on people's disregard for hygienic practices. People still eat cold food and do not drink treated water. There is indiscriminate disposal of waste everywhere in Accra. The markets of Accra, where many buy their food stuffs are very dirty. Landlords don not make provision for toilets in their homes. Tenants therefore ease themselves anywhere they can find. This bad attitude of Ghanaians causes a lot of health problems such as cholera.

Greater causes also rest in the nonexistence of proper waste disposal structures and systems in Ghana, especially in the cities. The Greater Accra Regional health directorate said that waste disposal in the capital has becomes a major challenge following the shutdown of the Accra Compost Plant (source). Without a place to send waste, many rubbish from residences and businesses remain unpicked; where picked, they are dumped at unapproved rubbish dumps most of them sighted in or near residential area. When it rains, all these rubbish flood homes and streets of Accra.

The Greater Accra branch of the Ghana Red Cross Society has embarked on social mobilization on Cholera prevention. The Manager attended the trainer's workshop and the Region recruited one hundred and (160) sixty volunteers from Six Districts for the campaign.

The Region recorded cumulative totals of 19588 reported cases with 120 deaths.

One hundred and Sixty (160) Volunteers were trained to embark on education on cholera for the past 3 months

As at now the average reporting rate is 34 and no death. The project was supervised by a delegate from the international federation of Red Cross and Red Crescent (IFRC).

SELECTECTED DISTRICTS

Accra Metro

Ayawaso,

Ablekuma, Ashiedu Keteke

Osu Klotey

Okaikoi Sub-Districts

La Dade Kotopon

La Nkwantanang

Tema

Ashaiman and Ga South

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.

3:2:4 Training of Volunteers

The volunteers from the districts were taken through the overview of the Cholera outbreak in the country and the definition, causes, mode of transmission, signs/symptoms, and its effect by the Disease Control officer from Ghana Health Service.

They were also thought data entry and approach in community entry, water treatment and hand washing technique. The IFRC Delegate took the volunteers through hand washing and water treatment technique and the Mr. Ahmed took the volunteers through the role of volunteers in epidemic control. GRC Rep also talks about data entry and community entry strategies.

3:2:5 House To House Campaigns

The Volunteers did the house to house campaign for the three months period, they were divided into groups at the various communities and allocated areas to be covered, they were assigned leaders for easy supervision by the DO's and Regional officers were involved in the monitoring. The Volunteers distributed Aqua tab tablets and soaps in the most endemic areas.

3:2:6 Blood Donation

As part of the World RED Cross day the region embarked on blood donation exercise which volunteers from all the chapters to donate blood with support from two companies. The blood donation was very successful.

Ghana Red Cross and Delta Airline are collaborating to fight Malaria in the Greater Accra Region, the Ayawaso Sub-Metro Mother Clubs were chosen. They embarked on house to house education and hanging of mosquito net to a household which does not have one.

3:2:7 EBOLA EDUCATION

Due to the Ebola epidemic in Africa, Swiss Red Cross in collaboration with Ghana Red Society is training Volunteers all over the country to prepare the our Volunteers if Ebola detected in the country. The Region has so far trained seventy two (72) Volunteers in two Districts in Accra.

3:2: 8 Awareness Creation on Ebola

Eric Asamoah Darko, Accra Regional Manager, GRCS.

Greater Accra Ghana Red Cross Society has recognized Ebola workshop to create awareness of the deadly disease though it's not in Ghana.

According to the Regional Manager Mr. Eric Asamoah Darko, the Society recruited 80 volunteers to get on Ebola education in the communities on routine education.

Ebola, which has a case fatality rate of up to 90%, is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache, nausea and sore throat. This is followed by vomiting, diarrhea, impaired kidney and liver function, and in some cases, both internal and external bleeding. Laboratory findings frequently include low white blood cell and platelet counts and elevated liver enzymes.

The incubation period, the time interval from infection with the virus to onset of symptoms, is 2 to 21 days. People remain infectious as long as their blood and secretions contain the virus, a period that has been reported to be as long as 61 days after onset of illness. He added.

The volunteers are well trained and they are to move from house to house, church to church, school to school and mosque to mosque.

Ghanaians are fortunate to learn, prepare and protect themselves from Ebola.

3:3 CENTRAL REGION

3:3:1 Community Based Health First Aid

This approach comprises a comprehensive approach to primary health care, first aid and emergency health preparedness at the community level. The CBHFA approach mobilizes communities and their volunteers to use simple tools, adapted to local context to address the priority health needs of a community and to empower them to be in charge of their own development.

This is ongoing health indicator project in three communities within Agona East of the Central Region. The communities are Agona Ofoase, Brahabekum and Domoki. Activities organized within the period under review, includes; refresher training for volunteers, which help to strengthen the volunteers' communities' activities. The volunteers and their communities have been supported with sanitation materials and health promotion materials.

Some of the materials provided to the volunteers and their communities were; wheel barrows, wellington boots, shovels, pick-axes, gloves, rain coats, torch lights, cutlasses and hoes among others.

The project has been able to construct one bore-hole to Agona Ofoase community, whilst the construction of twenty households latrines for the two other communities is on hold as result of the pits been engulfed with underground water making it impossible to complete the construction.

3.3.2 GRCS/UNICEF SUPPORT PROJECT-

3:3:3Communication for Development (C4D)

This is a project in which Ghana Red Cross Society is in partnership with UNICEF to implement health promotion activities with the aim of improving upon basic health indicators with basket of key behaviors change in communities and institutions with the effort of improving health situation of especially children, women and their communities to promote and sustain behavior and social change at community and household level.

The Region was able to organized a step-down training for (144) volunteers from (30) communities in (6) districts after the Regional Manager and the selected district Organizers and Mothers club facilitators have attended similar (TOT) training in Kumasi in February,2014.

Target Behaviors were; delivery by skilled birth attendant, sleeping under an insecticide treated net, frequent hand washing with soap and running water, diarrhea treatment With ORS and Cholera education.

UNICEF has supported the various community volunteers with Mega-phones, Aprons and other IEC materials. As part of activities within the period under review, there was an Inter- District Basic Schools quiz competition on behavior change for some selected schools in the Region.

3:3:4Health in Emergencies

3:3:5 Community-based Outreach

This was done within the peak period of the cholera outbreak in the Region to provide control and help people adapt key live styles and behaviors in order to care for their health with the aim of helping to prevent and to promote good health and to give local communities the information they need to protect themselves in order to help curbed the spread of the cholera.

There were four community based outreach programs within the period under review; two were during the peak period and the other two were part of the Swiss Red Cross Support intervention campaign.

As part of the intervention, the Region supported some health facilities with tents and tarpaulins, these were; Cape Coast Teaching Hospital with (3) tents and tarpaulin, Agona Swedru Govt. Hospital (2) and Twifo Hemang Hospital (2) tents each.


Night Community-Based Outreach @ Moree

Some of the tents donated for the Isolation center @ Regional Hospital

Regional visit to cholera Isolation center with Media team at Regional Hospital

3:3:6 Cholera Intervention Campaign

This is as a result of Partnership Agreement between Ghana Red Cross and Swiss Red Cross which helped the Region to receive a support for three months intensive campaign.

The campaign targeted (9) most affected Districts and (54) communities in the Region with (144) volunteers trained.

As part of the campaign, Swiss Red Cross supplied the Region with **(130) boxes of key soap**, (8**) boxes of Aqua tabs, (1,300**) IEC materials and (2000) IEC flyers among others to be distributed by the volunteers to vulnerable households and the communities at large.

There was also a supply of **(14)** boxes of **ORS** which the Region decided to donate to some selected District Health Directorate for on-ward distribution to some of the health facilities within their catchment areas. The Districts were; Cape Coast, Kemenda Edna Eguafo, Gomoa West, Awutu Senya East and Abura Asebu Kwamankese.

Among the facilitators who facilitated during the training were delegates from Swiss Red Cross, Regional Disease Control Officer and the Regional Manager.

3:3:7 Ebola Preparedness & Response

As the Nation is preparing seriously to be able to contain the Ebola Virus Disease when there is outbreak, the Ghana Red Cross Society once again through the support of Swiss Red Cross has equipped all the (10) Regional Managers through a (TOT) training and it has lead to selection of prone outbreak Districts in each Region.

As a result of this, three identified and allied districts were selected from Central Region and that has lead to training of (72) community volunteers within the selected districts.The Districts were Cape Coast/KEEA, Mfantsiman and Gomoa East/Awutu Senya East.

Aside the training, the volunteers have also been resourced with health promotion materials which was supplied by Swiss Red Cross.

The Swiss Red Cross Supported the Region with (216) Hand sanitizers, (48) Liquid soap, (22) Veronica buckets and (18) Mega phones which were distributed to the volunteers to support their health promotion campaign.

Regional Health Promotion Manager taking volunteers through Risk Communication

3:4 VOLTA REGION

3:4:1 Polio Immunizations

The Regional Manager and six volunteers were invited to take part in the polio immunization and I was the Regional Supervisor for Krachi South, the six volunteers took part in the exercise in Ho District.

3:5 ASHANTI REGION

3:5:1 Cholera Project

58 volunteers were trained to carry on house to house education on the out brake at Kumasi and Ejura. Soaps and Aqua tabs were distributed to the poor but needy families; we also donated three (3) boxes of Aqua tabs to the Ejura Government Hospital. All this actives was financed by the head office.

Cholera education in a mosque at Ejura.

3:5:2 Ebola Training

Forty eight (48) volunteers were also trained to educate the public of this epidemic and this training was organized and financed by the head office.

3:5:3 Hand Washing Activities:

The region has on several occasions rendered hand washing services at many funerals grounds and durbars in the region and has given us a tremendous visibility over the years.

3:6 UPPER WEST REGION

3:6: 1 Health and Care in the Community

Ghana Red Cross Volunteers, particularly those that were trained for the Primary Eye Care, and other program based volunteers such as cholera, yellow fever, and measles/rubella, continue to carry out Health Promotion and Disease Prevention (HPDP) activities within their various communities to support Ghana Health Service. Unfortunately, they complain that they are not recognized and motivated to do their work.

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. There is a separate report from the optical centre attached but some of the activities undertaken within the period are indicated below.

Age Group	GENDER				TOTAL
	1st	2nd	3rd	4th	
0-20	59	50	47	0	156
21-40	160	154	76	0	390
41 - 60	170	143	126	0	439
61-Above	51	62	56	0	169
Total	**440**	**409**	**305**	**0**	**1154**

Category of Spectacles	1st	2nd	3rd	4th	Total
Single Vision	72	86	95		253
Ready Made Spectacles	37	25	28		90
Bifocals	74	100	108		282
Progressive	5	4	3		12
Followups	6	18	29		53
Total	**194**	**233**	**263**	**0**	**690**

Category of Ametropia	1st	2nd	3rd	4th	Total
Presbyopia	136	156	129		
Astigmatism	22	24	10		
M. Astigmatism	26	24	19		
H. Astigmatism	30	54	22		
Myopia	29	27	30		
Hyperopia	59	44	51		

Low Vision	55	28	37		
Total	**357**	**357**	**298**	**0**	**1012**

3:7 EASTERN REGION

3:7:1 Health

The region has carried out some health promotion activities that have impacted behavior change in the communities where the projects were carried out. Below is a summary of the activities carried out, locations, or communities involved, number of volunteers, activities performed and the collaborators.

Health Programmes	Communities involved/locations	No. of volunteers involved	Activities performed	In charge	collaborators
Water/ sanitation	Adasawase	30	House to House education on sanitation, LLINs usage and malaria control; Diarrhea and Cholera prevention; pre and post natal attendance; exclusive breast feeding and proper hand washing with soap and water.	GRCS	Ernst Peyer Memorial Foundation (EPMF)
Cholera	New Juaben, West Akim, Suhum, Kwaebiberim, New Abirim and Yilo Krobo	150	-do -	GRCS	UNICEF
Cholera	New Juaben, Nsawam, Suhum and Manya Krobo	40	House to House education, distribution of IEC materials, aqua tabs, soap and ORS for the prevention of cholera	GRCS	IFRC/RC
Ebola	New Juaben,	36	House to house and Mass Sensitization on Key messages on Ebola	GRCS	Swiss Red Cross

3:7:2 Training

The region carried out training for all volunteers involved in all the health programmes. This was to help volunteers acquire knowledge and skills needed to go about the various health activities. In addition to Red Cross expertise, Resources persons were invited from the Ghana Health Service(GHS) and Regional Directorate of Environmental Health and Sanitation and Disease Surveillance Unit of GHS.




3:7:3 Impacts

The health activities carried out in the region made a lot of positive impact on members of communities at the project areas as far as behavior change is concerned. Success stories that are evidence of the impact of the outreach activities are as follows;

Adasawase is in the Atiwa district. Atiwa recorded high numbers of cholera cases. Due to the health promotion activity that sought to address water, hygiene and sanitation problems, Adasawase did not record a single case of cholera. Prior to this project, hygiene related incidences were recorded.

In the recent cholera outbreak, the volunteers were so active; the municipal surveillance officer attributed the success of curbing the outbreak to efforts put in by the Red Cross.

Community members now call on the Red Cross to mount hand washing stands at their funerals. Pre and post natal clinic attendance, exclusive breastfeeding and use of ILLNs are a few observable behaviors are

witnessed in the communities. These and many more are the impact the Red Cross is making in Eastern Region.

FIRST AID ACTIVITIES

4:0 NATIONAL HEADQUARTERS

4:1:1Introduction

The DVLA Training which is a major source of income is still under suspension. Several meetings have been conducted with DVLA authorities and officers of Driving School Association to settle any misunderstanding in the operation of the programme. A Memorandum of Understanding has been written between Ghana Red Cross and the DVLA and the final stage is for it to be signed for the restart of the project.

The number of first aid instructors has been increased following the training of another 25 persons during the year. Each region presently has 4 trained instructors based on AFAM materials training tools.

4:1:2 First Aid Training

Out of the 3 levels of first aid training, two were conducted; namely, basic first aid training and first aid talks. The first aid talks were given to churches and individuals during the period. , Drivers Training is still on hold and negotiations are far advanced to resume as soon as possible, First aid trainings were done throughout the country. Northern region reported the training of 36 teachers.

The AFAM trained instructors were mostly used in the training. For example, Mr. Sayibu was the main instructor for the training of teachers in the Northern region. Mr Philip Bruce Arhin also trained staff of Barclays Bank in Takoradi while Ms Eleanor Younge, Mr. Ebenezer Attoh and Ms Juliana Kernu have been assisting trainings at the headquarters level.

Mr. Dzokoto and Ms Linda Amankwah were used in training the staff of Barclays Bank in Kumasi. 1,200 persons were trained in first aid at the National level yielding an amount of GH¢64,125.00.

A Memorandum of Understanding has been signed with School of Pharmacy, University of Ghana and school of Social Work to train their students annually on basic first aid. Some regions requested for first aid certificates but they are yet to report on first aid trainings done.

Find below the breakdown of the trainings.

Date	Name of company	No. of people trained	Amount paid
2-1-14	West Africa Gas Pipeline Co_	100	4,700
13-1-14	Ayrton Drugs Mafg. Limited	85	3,200
23-1-14	Coca-Cola Company	10	800
24-1-14	Golden Tulip Hotel	25	2,800
10-2-14	Yutees Security Co_	25	2,500
11-2-14	Air Liquid Ghana Ltd	12	850.
25-2-14	Inter-Com-Security of Gh. Ltd	25	2,500
4-3-14	DHL Services	10	800
8-3-14	Ghana Revenue Authority	250	20,000
18-3-14	TERCARE SYSTEMS	2	240
22-4-14	Tropical cables & Conductor	30	1,500
14-5-14	Ghana Oil Palm Development Co	50	2,500
16-5-14	M.P Infrastructure	60	4,400
22-5-14	Charles Kusi- Manu &Grace Cudjoe	2	240.0
12-5-14	MBA Consult	15	1,200
13-6-14	Barclays Bank Ltd	180	5,400
17-6-14	Agricultural Development Bank	23	1,840
24-6-14	37 Military Hospital	45	660
28-6-14	High Brains	16	1,300.

28-6-14	School of Pharmacy	26	1,300
29-7-14	Richard Mensah & Victoria Ago	2	240
13-8-14	Western Rod	12	600
11-9-14	Ridge Hospital	16	800
	Noguchi Memorial Institute	**23**	**2,300**
	TOTAL	**1200**	**66,425.00**

Practical demonstration on first aid topics like Emergency scene management, Unconsciousness, Choking and Drowning were filmed and telecast on a National Television (TV3) Live discussions on first aid topics were done on several occasions on GBC Television and e-TV (a private television station)

First Aid demonstrations

4:1:3 First Aid Kits.

256 industrial First aid kits were sold to Ghana Revenue Authority, Galaxy Oil Company, JIZ Co. Foreen Electricals Ltd. Noguchi Memorial Institute and Market Association of Kaneshie. The total amount received from the sale of first aid kits amount to GH¢ 34, 960.00.

Negotiations are ongoing between Ghana Red Cross and Motor Transport and Traffic Department (MTTD) of Ghana Police Service to assist in the sale of driver's first aid kit to commercial drivers,

4:1:4First Aid Talks

First Aid Talks were given to 28 persons of Full Gospel Fellowship at Taifa in Accra and Over 350 members of assembly of God Church at Odorkor in Accra were also given first aid talk ,A one-hour First Aid Talk was given to over 50 market women of Kaneshie market in Accra.

The National First Aid Coordinator had 2 sessions of 20 minutes duration each with other panel members from the Trauma Department of Korle Bu Teaching Hospital and the National Ambulance Service on Ghana Broadcasting Television (GTV). The station has audience coverage of over 5 million. Topics discussed included principles of first aid unconsciousness, stroke and CPR demonstration

4:1:5 First aid services

First aid services were rendered throughout the country by first aid volunteers during the national Independence Day celebration at all the regional capitals. Over 150 volunteers participated in the programme and offered first aid management to over 360 school children who sustained various degrees of injuries during the period. For example 123 school children were treated of fainting and wounds at the Koforidua Jubilee Park in Eastern region.

First aid services were rendered at gatherings of Roman Catholic members at Madina 4 Red Cross volunteers offered first aid services at street jams at Teshie Public Park, pool side party for university students at East Legon and workers durbar at the Aviation centre in Accra

4:1:6 First aid Post

Ghana Red Cross continues to operate the first aid post on the Tema Motorway.The post is run from 9.00am to 5.00pm every day except the weekends It is manned by 3volunteers from headquarters and 2 from Greater Accra region and an ambulance driver. There are plans to collaborate with Ghana National Service to operate the facility throughout the week and offer 24-hour services.

There were some road crashes during the period. Some of the accidents occurred close to the Toll Booth. The common injuries which were sustained were mostly unconsciousness, fractures wound and bleeding. Victims were managed and sent to the Tema General Hospital and 37 military Hospital. Most of the accidents were multiple clash vehicles involving all types of vehicles. Majority of the accidents occurred when there was downpour of rain

The volunteers undertook health education to the public and workers at the Toll Booth area. They educated and distributed over 1,500 leaflets on Cholera and Ebola diseases to the people, and they have introduced hand-washing to people who visit the post.

4:1:7 First Aid Instructors Training

The programme was held from 6th-12thApril 2014 at Kumasi.

Facilitators for the training were Niina Hernoven-(Finnish Red Cross) Godfred Etsey Dzokoto – (Ghana Red Cross Society Master Trainer) Francis Obeng (Ghana Red Cross Society, first aid coordinator)

25 participants were trained as First Aid instructors and were taught on lesson planning and presentations. AFAM manuals were distributed to all participants at the end of the training.

It was however agreed by participants that:

1. Refresher training for Instructors should be done annually at the regional level

2. Marketing plan to sell out first aid trainings must be spelt as a policy.

3. All trained First Aid Instructors are recognized as national instructors who can be assigned duties at any convenient part of the country for first aid trainings.

4. The AFAM tool is to be adapted to produce first aid manual for GRCS

5. More training materials must be provided and the mannequins' lungs should be replaced regularly

6. Basic first aid training is based on African First aid Materials (AFAM) and it should be 2-3 days

7. Using the AFAM standard, each instructor trains 12-15 persons at a session and trainings should be 20% theory and 80% practical's

4:1:8 SUB-COMMITTEE MEETINGS

One sub-committee meetings was held during the period. The committee members were tasked to review the AFAM manual and produce a customized manual for Ghana Red Cross Society. They were promised of Finnish Red Cross support which never materialized due to some administrative constraints

4:2:1 GREATER ACCRA REGION

4:2:2 First Aid Training for Instructors.

The Region had a first aid training for four (4) his volunteers to become first aid instructors this training was conducted by the National Headquarters first aid coordinator through the Finnish Red Cross Support delegate.

4:2:3 Training of Police.

The Region has trained over five hundred Police men and women to prepare them for emergencies on the road. The region also donated fifty (50) first aid kits for their cars.

Police in a demonstration stage

4:2:4 Inter-Schools First Aid Competition

An Inter-Schools First Aid competition was organized for schools in Greater Accra, once again 42 schools participated at the Ghana International Trade Fair.


Pictures of First Aid Competition for Schools/Funfair

4:3:1 CENTRAL REGION

4:3:2 Emergency First Aid Post

The Region as part of its effort to replicate the National Society's Emergency First Aid Post initiative, has received a donation of two ambulances together with Radio and other logistics from Milan Branch of Italia Red Cross which is still in custody at Tema Harbour and the region is training its volunteers towards this project of emergency response post in the region.


4:3:3 First Aid Programs

SN	Activity	Description	Number of People	Amount Raised

			trained	GHC
1	Standard First Aid training	Commercial	28	840
2	Basic First Aid for Police Personnel	Free	30	0
3	Basic First Aid for GES	Free	108	0
4	Basic First Aid for Care givers (Social welfare)	Free	36	0
5	Basic First Aid for Laboratory technicians	Free	20	


First training and services

4: 3:4 First Aid Services

The Regional branch has constantly been involved in almost all Regional events together with the Regional Health Directorate and the National Ambulances Services.

Some of the First Aid rendered during the period under review were; the Independence Anniversary, National Teachers Awards Day, Oguaa Fetu Afahye and the National football Premier League among others.

4:4:1 VOLTA REGION

4:4:2 First Aid Services at Public Places

Twenty two volunteers from the Ho municipality were at the parade ground on the 6th March to render first aid services at Ho.Sixteen volunteers were also at the Ho Asogli Yam festival at Ho in September 2014.The volunteers worked in collaboration with the Ambulance Services and the 66 Artillery Regiment in Ho.

4:4:3 First Aid Training

Two first aid trainings were organized in the region during the period. Twenty five students from Nurses Training College Ho and twenty five students form Ho School of Hygiene. An amount of GHC500 was realized and paid to headquarters accordingly.

UPPER EAST REGION

4:5:41First Aid

During the year the Region gave First Aid talks to one thousand two hundred farmers at two dam sites in the Region.

Topics treated were snake bits, insecticide use Poisson HIV Aids wounds and bleeding.

Our youth members also gave basic first aid services to five foot ball matches played in the region.

4:5:1 ASHANTI REGION

4:5:2 First Aid Activities

The region has not seen much of first aid training this year only members were trained to equip them on the updates of first aid. The volunteer were at the Kumasi Sports stadium to give first aid during local and international matches in the Region.

4:6:1 EASTERN REGION

4:6:2 First Aid Activities

The region trained thirty-six (36) drivers of the ministry of health as the usual annual refresher training organized for drivers of the health ministry. The training was organized at no cost and without certification. Discussions are still on-going to commercialize this training. Care is being taken to avoid a situation where the ministry also makes us pay for utilities consumed.

Efforts being made to train other institution commercially has not yielded any results yet. Our challenge results from the fact that nearly all the institutions we contacted are headquartered in Accra. As a result, we have to wait for them to get approval, which usually doesn't come and this is why it has been difficult to get any training done.


4:6:3 Training for drivers of ministry of health - simulation exercise

Twenty (20) staffs from Ghana Oil Palm Plantation in Kade were also trained. This training was supervised from the headquarters. The region did not receive any percentage from this training. However, the instructors from the region were given their transport fares.

RESOURCE AND ORGANISATIONAL DEVELOPMENT

5.0 Amended Ghana Red Cross Act development

At the 2011 General Assembly in Sunyani, the National Society Constitution was amended and passed. The Honorary Legal Advisor put the amended document together. He is also using that to develop a new draft Ghana Red Cross Act to be sent to Parliament and Cabinet through our Sector Minister for approval. The document would have before this stage, been shared with IFRC and ICRC for inputs.

The new Act we envisage will incorporate Government:

1. Funding Core Costs 100% (Salaries, Administration expenses including utilities, stationery among others)
2. Providing Specified Program funding support
3. Providing Some form of Monopoly guarantees in the area of First Aid Services delivery in the Country

5.1.1 Strategic Plan development

The current Strategic Plan expires in 2015. The process to develop a new and more focused five (5) year 2016 – 2020 Strategic Plan with the theme " ***Applying Business Models to deliver Humanitarian Services***" has commenced. Council as part of the process has held two workshops on it. Another workshop to advance the process will take place tomorrow. We are having funding and technical support in the development of this document from ICRC, IFRC, our PNSs and Stakeholders.

5.1.2 Statutory Meetings

Central Council (meetings and workshops)

Due to funding limitations only two Central Council meetings and workshops are taking place this year. Important deliberations and decisions are taken during this meeting. The first Council meeting and Governance Orientation workshop was on the 10th and 11th January 2014 for all members of governance (Management Committee, Central Council, Stakeholder Organization representatives and Senior Executive staff). Facilitators were drawn from IFRC, former members of governance, former senior staff and Partner National Society representatives.

The second meeting and workshop for the year is the one we are holding today. It cost over GHS 36,000.00 to hold this meeting and this is borne 100% by headquarters who have to look for the funding. It is my plea that Council looks at new ways to fund this very important Statutory meeting so that we can have it quarterly as per our work plan

Appreciation goes to Finish Red Cross, Swiss Red Cross and ICRC who have provided funding support for this meeting and the strategic plan development work shop and also IFRC for providing technical assistance.

5.1.3 Management Committee

I am glad to announce that this meeting has been consistent throughout the year. It has been held monthly and when there has been a default it has not gone beyond a quarter. It is at these fora that Management Committee guides Secretariat to carry out its functions.

5.1.4 Meeting with the Chief Patron (HE the President of the Republic)

A delegation led by the President of the NS and comprising members of governance and executive staff met our Chief Patron in March 2014. He was briefed on the NSs activities and the challenges (especially core cost funding). His Excellency the President and Chief Patron was pleased with the visit. He handed us over formally to the honorable Minister for Health to facilitate the addressing of the issues raised with him. The Hon. Minister has agreed in principle to put our core cost (salaries) on the Ministry of Health budget. Follow ups to this are being pursued.

5.1.5 Governance Training and Annual Meetings of West and Central Africa National Societies

Ghana Red Cross led by the Vice President and the Secretary General represented the National Society at this meeting in Saly -Senegal. In addition to the Governance training, actions agreed upon at the Pan African congress and which milestone each National Society has reached in terms of the deliverables was deliberated on. Reports from National Society and common challenges were discussed. GRCS supported the Nigeria Red Cross bid (which they won) to chair the West Coast group for the next two years.

5.1.6 Branch and Volunteer Development

Local Branches development, Volunteer recruitment and Capacity building is an activity carried out by the regions in collaboration with the Organizational Development department. New local branches have been formed in all the communities where we are having programs. In the Northern and Upper East regions support to develop the capacities of these branches and competencies of the volunteers is provided by the Swiss Red Cross. In the Brong Ahafo and Central region the support is from Finish Red Cross.

Other stakeholders like UNICEF, Delta Airlines, Ernest Peyer Memorial Foundation have helped us develop branches in the areas where they have collaborated with us in Greater Accra, Central and Western region.

Similarly, we have taken advantage of the Disaster Relief Emergency Fund (DREF) support from IFRC to develop branches in the beneficiary communities (Volta and Eastern region)

5.1.7 Volunteer insurance

The National Society has paid and insured Two hundred (200) Volunteers under a Group Volunteer Scheme with Federation Insurance using part of the proceeds from our Disaster Relief Emergency Fund (DREF) Appeal. Thus at any point in time when Volunteers are in the field offering services we are assured that they are catered for in the unfortunate event of injury.

5.1.8.Feasibility Study Support For Ghana Red Cross Society Regional Branches By Finnish Red Cross.

Finnish Red Cross for the past two years has been our collaborator in the Central Region and Brong Ahafo Region of Ghana with a CBHFA project solely to support the Ghana Red Cross society in humaniterian works in the field of health promotion in the area of malaria, cholera and disease infections. Ghana Red Cross operations in these regions is to sensitize the people in the community to help themselve by ensuring that hygiene will be an issue they can tackled as well as first aid activities in times of disaster.

Not only the Finnish Red Cross is supporting Ghana Red Cross in these areas but also supporting the society in organisational development to ensure that, the two regions take steps to becoming self susutainable in the near future when they no long give us any support.

These Regions however have identified a sustainable projects that they will like to do to generate income to meet their core cost, Central Region has an uncompleted hostle in the region for commercial service but the petronage is not encouraging due to poor petronage as a result of the condition of the facility.

Brong Ahafo also came up with a project idea of building a commercial warehouse in the Techiman maket where the women can have their foodstuffs stored in the warehouse, when they close from market for a fee.

To determine whether these projcet will be viable, Finnish Red Cross gave a financial support of an amount of **Gh¢2,140.00** to enable the Organisational and Development Manager travel to these regions to cnduct a feacebility study as well as coming out with a business plan on both projects for a possible funding support for both region.



Hostel building in the Central Region (Groud floor)

The organisational development manager (Mr Louis Anopong Okyere) made a trip to the central region to meet with the regional manger in the person of Mr. John Aidoo. We had a brief discussions on what exactly is required from the trip that is coming out with a business plan explaining how the hostel will be beneficial to the region should Finnish Red Cross support the project.

The Region as I indicaed has a hostel located close to the Regional Office for a commercial puposes and the facility has 4 rooms in it. The building has a drawn plan with the aim of making it a storey building with 9 additional rooms on the first floor of the building.

The observations made was that the facilities in the building has become very obsolent and there is the need to change them. The first floor as it is has not even gotten any funding to construct it, so it is also lying bare. Notwithstanding this, the hostel is always occupied with guests expercially during weekends.

There is however the need to change most of the materials (facilities) in the building e,g (there are three small beds in a room, doors, windows, Beds, Tables ,Chairs and Bedsheets etc.) all these are very old and if these things are not change petronage of the place will always be low.


This is a market day at Techiman a suburb of in the Brong Ahafo Region.

The second trip was from Accra to Brong Ahofa region on the 13th February 2014, I met with the Regional Manager Mr. Solomon Gayoni in is office gave him a brief account of my visit to his region to make a feasibilty study about the project he prosposed for his region, thus to assess wether the project chosen by the region will be more sustainable.

He then made me aware that the market place is at Techieman and it is about two hours drive from Sunyani to the place, we quickly set off on the journey to the market and indeed it was a very big market with a population of about one thousand five hundred people in the market selling.

I had a chance of speaking to some of the women about their activities in the market and their main concern was that they do not have a place to store their produce when they bring them from the interlands and at night they leave the items under the mercy of some caretakers sleeping in the market for a fee, these act they believe is not safe for them but don't have a choice.

The market has a very big stretch of land which has not even been fully occupied by the market women and they are always in the market, but every Thursday the market becomes very busy with about three thousand people in the market. Because during this peak time near by market women come to sell in the market as well.

I saw one such storage facility in the market but it was not a good type that the region envisage to do for these market women and when ever it rains in the market all the perishable items will spoil. So what we need to do is to build a storage facility properly roofed without any leakages to prevent rains from entering the building to distroy items.

The Regional Manager then promised to make possible contacts with all the authorities in his district especially the District Chief Executive to ensure that Ghana Red Cross really gets a space in the market to build a storage facility for a commercial venture for the market women.

In summary the choosing projects by the two regions are something that can be achieved with hard work and determination,

5.1.9 Construction of Resource Center and Conference room.

Pictures of the new site plan under construction.

The amount of **15,300.00 euro's.**received from Finnish Red Cross as part of organization development support to the Ghana Red Cross Society to construct the conference room and a resource centre as well as four additional offices could not be completed in the last quarter of 2013, due to late arrival of the funds and also other internal challenges that came up, as I pointed it out in the 4th quarter report.

Currently the amount of money left in this 1st quarter of 2014 which is in use for the continuation of the building project is **10,313.71Euros.** But looking at the remaining works left to be done these funds will not be able to complete the building anymore.

However a decision has been made by the president **Mr. Michael Agyekum Addo** to turn the original plan of the building to a two storey building upon advice from the architect, his reason was that the location of the building is in a prime area and that in the near future the place will become a hot cake for people to appreciate the kind of facilities we will have. I have already shared a copy of the new building plan with Niina Hirvnenon and she can let you have it.

This has made us to change a lot of things on the plan building to the extent that we had to pull done some parts of the blocks we had already constructed and we are doing further diggings to the ground for reinforcement work before proper block laying work to commence again

Most of the works going on currently was not included in the original budget plan we made in the proposal but due to the directives from the president we do not have any option but to obey his instructions and carry out with the decision he made.

So far, work is in progress steadily,

1. The existing structures were indentified to have been very weak to carry additional floors since we are going to go for a two storey building.
2. The workers are working on the substructures meaning they have done reinforcement to the existing pillars (columns). By digging the ground to put more concrete and iron rod into the ground to support the flooring.
3. It also was detected that for the columns to carry the additional floors we need to add more columns so five additional pillars has been planted to already eight existing columns to give the structure a firm stand to contain the floors.
4. The foundation concrete has been done up to the padding stage for all the thirteen pillars (13columns).
5. In other not to make mistakes during the reinforcement stages of the sub structuring, the structural engineer advised that a site supervisor be hired, so Mr. Patrick was engaged as the supervisor ensure accuracy of all the measurements.
6. It was also observed by committee members that the decision to pay on daily wage basis was becoming more expensive so workers are now paid on task work basis as discussed with the president and he gave the approval.
7. The substructure stage has been completed and the refilling has been done, it is now left with the super structure works to start by the carpenters, to enable the masons also to come in with their concrete works.

5.1.10 Justification for Changing the Original Resource Centre Building Plan for the Construction of a Resource Centre.

5.1.10a History of GRC and FRC Collaboration

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 itself to supporting the scale up of this approach from 2013-2015 in the Central Region to cover two more new communities in Agona East District and three other communities in Atebubu-Amanten District in the Brong Ahafo Region. Besides these supports for the health project, FRC agreed to support the organizational development of the National Society as well.

Based on the discussions initiated late 2012, GRCS and FRC identified three areas for action.

1. Financial development
2. Commercialization of the first aid/resource centre development as priority areas for support/ in 2013-2015.

The exact support for the organizational development will be reviewed on yearly basis starting from the end of 2013.

For 2013, GRCS and FRC agreed that the priority support areas will be as follows:

1. Financial development:

a. Installation of accounting software (QuickBooks) to take care of FRC supported projects and training of the finance staff in its use.

2. Commercialization of first aid training:

a. Conduct a feasibility study in 2013 for GRCS CFA programme 2013-2015;
b. Train FA instructors/FA master trainers;

3. Resource Centre for first aid training:

Construct a training and resource centre with four additional offices in 2013

The projects agreed upon are going on smoothly with the exception of the building project where there has been a change of plan, initially the plan was to build a ground building which has a conference room, resource centre and four additional offices, but has now been changed to a storey building for multi-purpose use.

The initial plan of the building was an agreement signed between Ghana Red Cross and Finish Red Cross by the past board of governors. The programme could not start on time and the Board's term of office expired.

The funds from the FRC also came very late in the year (November 2013)

Even though there was an agreement between the past board members of Ghana Red Cross and Finish Red Cross to support GRCS with an amount of **15,300 Euros**, the new board's vision for GRCS was much bigger. GRCS has to grow and the Head office has to match with the growth accordingly.

Again, with the advice given by an architect that the location of the building in the city of Accra is strategic and prime for future investment, members of the new board took a very critical decision to have the plan changed for better.

Our intention to change the already existing plan agreed upon to a new one was made known to the FRC Representative. The idea was that we don't want to commit monies into the project and later on regret. The plan was critically analyzed and we opted for the three storeys after we were advised professionally.

Photo of Existing Structure

We believe this is the time you will have to bear with us and to support us to build the three storeys once and for all for the national society to serve a good purpose for the future.

5.1.11 GENERATION OF FUNDS TO COMPLETE PROJECT

The management staff is working seriously with the Board to get more corporate organizations to support the initiative. A fund raising committee has been formed to help raise funds for the project.

We are currently looking at raising an amount of 350,000 USD to complete the entire building project.

5.1.12 DONATIONS RECEIVED

1. FRC (15,300 Euro) 44,370.00
2. Backwell Reality Limited 10,000.00
3. Pharmanova Limited 500.00
4. Metro Mass Transport 2,500.00
5. NDK Financial Services 2,500.00
6. Aqua Red 2,500.00

Total 62,370.00

With the FRC country representative's expectation to go on with the initial plan, the new board explained their vision to her, and new drawings with a new budget were organized and copies given to her.

We had only 4 weeks in Dec. 2013 to start the project which we did with the new drawings.

5.1.13 PLEDGES FROM OTHER ORGANIZATIONS

1. Iranian Red Crescent
2. Ecobank Gh Limited
3. Standard Chartered Bank
4. Aqua Red Gh
5. Phastor (Construction firm)
6. Ghacem Limited (Donated 300 bags of Cement)

5.1.14 MEMBERS OF THE FUND RAISING COMMITTEE

1. Lizzy Hayfron Asare
2. Mrs. Lydia Maclean
3. Mr. Michael Agyekum Addo
4. Mr. Louis Anopong Okyere
5. Mr. Emmanuel Ashley Djan
6. Mr. Samuel Kofi Addo
7. Miss Kate Adasu
8. Mr. Ernest P. Nyame Annan

On two occasions Niina your delegate has been invited to the meeting with also good ideas from to support the programme. Target period for this building to be completed is by the end of 2014.

GRCS is being recognized. Serious efforts are now being made to involve the Government and corporate institutions in the NS projects and programmes

Photo with President of Ghana

Active membership drive for more volunteers especially the youth are on course. Our current number of volunteers is 56,000 and we hope to get about 100,000 by end of 2014.

5.1.15aFUND RAISING AND INCOME GENERATION ACTIVITIES

5.1.15a Red Cross Cloth

The design which was agreed to at the last Central Council was submitted to Ghana Textile Printing Company (GTP). Headquarters funded 100% of the production cost. The Cloth is now ready and has been distributed to the Regions.

5.1.16 Presentation of Ghana Red Cross to Corporate executives (Corporate Dinner)

This national event was held at the KAMA Conference Center in May 2014, to present Ghana Red Cross to the corporate world (Corporate Executives). The objective was make the corporate appreciate and own the National Society and support it through direct funding. This will also encourage them to fulfill their Corporate Social Responsibilities through GRCS. One hundred and fifty corporate executives were invited and over one hundred and twenty (120) attended.

The Honorable Minister for Health was the guest of Honor and the event was chaired by the Managing Director of Ndk Financial services. We are following up on their pledges and encouraging them to sign up as corporate members

5.1.17 Aqua Red Mineral Water (GRCS labeled water)

The National Society is still partnering the Company in the production of GRCS labeled mineral water. The agreement is for profits to be shared at the end of the year using the Memorandum of Understanding (MoU) agreed profit sharing ratios. We are now twelve (12) months into the cooperation. To support the operations of the company, the NS has hired its two trucks to the company based on an MOU which makes provision for the payment of a monthly hiring fee.

Photo of Aqua Red brand

A sample of Aqua Red bottled and Sachet water.

5.1.18 Other Income Generating Initiatives

Headquarters currently has donation boxes in some hotels and shopping centers in Accra. A decision has been taking by executive management to open all the donation boxes placed in the hotels and shopping Centers this month. The Regions have been encouraged to approach organizations and place same on their premises as part of the strategies of raising funds to support core cost and programs.

5:2:1 UPPER EAST REGION

5:2:2 ORGANIZATIONAL DEVELOPMENT

a. MEMBERSHIP

- Total membership as at date. 12, 750
- Total membership in good standing out of the total membership 5,250

Total Membership Breakdown Into

- Youth Membership Total – 2050
- Adults Membership Total 10,700
- Other Members 1500

5:1:3 BRACHES, STRUCTURES AND VOLUNTEER DEVELOPMENT

- Districts in the Region – 13
- Districts that GRCS is Operational in – 12
- No. of Chapters in the Region and their locations – 5 in BK West but not active
- No. of Mothers Clubs in the Region and locations – 9, 200 located in all 12 district.
- No. of School links in the Region and locations – 60, youth links, Distributed in all 12 District.

Indicate future plans and strategies for strengthening and expansion of these structures

Region intends to recruit new and committed volunteer to assist.

We shall also form welfare to assist schemes volunteers in need.

5: 1:4 GOVERNANCE

- The Regional Executive was able to hold three statutory meetings and one Emergency meeting, all meetings discussed the implementation of Swiss, Delta, and Unicef Support Programmers.

- The emergency – Commenter look at the outbreak of cholera in Bawku East and KND. The issue of Ebola and role of the Red Cross was discussed at the emergency meeting.
- The District Organizers held two meetings at the Regional Secretariat. They discussed the work of their respective Districts.
- All other committees could not meet.
-

5:1:5 INSTITUTIONAL DEVELOPMENT

REGION'S ASSETS AND PROPERTIES

1. The region has the following assets.

a. **Fixed Assets** One office building – for government. It was renovated by the Swiss Red Cross.

2. Vehicles And Motor Bikes

a. Toyota Pick donated by the Swiss Red Cross is being used by Regional Manager.

b. 28 motor bikes – used by DOs and MCF etc. One in the Regional Office. However 20 motor bikes are old and need to be auctioned out and replaced.

5:1:6 OFFICE EQUIPMENT

Computers - 3
Tables - 5
Chairs - 30
Speakers - 1
Generator -1
Fridge - 2

5:1:7 STORE ITEMS

1.	Roofing Nails	40 Pieces
2.	Roofing Sheers	10 Packets
3.	Water Cans	20 Packets
4.	Saw	50 Pieces
5.	Hoes	100 Pieces
6.	Hand Gloves	120 Pieces
7.	Wellington Boots	30 Pieces
8.	Buckets	150 Pieces
9.	Rain Coats	40 Pieces
10.	Helmet	100 Pieces
11.	Kitchen Set	50 Pieces
12.	Stretcher	3 Pieces
13.	Hammer	25 Pieces
14.	Alcohol	20 Pieces

15. Surgical Gloves 31 Pieces
16. Nose Mask 80 Pieces
17. Rain Coats 20 Pieces

5.2 CENTRA REGION

5.2.1 Membership

The region has total registered membership of **(1, 457**) with **(224)** in good standing

5.2.2 *Total* Membership Breakdown into

No	Categories	Male	Female	Total
	Youth	786	462	1248
2	Chapters	524	308	130
3	Mothers Clubs		79	79
5	VOLUNTEERS	317	168	485
Membership in Good Standing				
1	Youth	78	48	126
2	Chapters	23	12	35
3	Mothers			
4	Adults	35	28	63

5.2.3 Operational Chapters Breakdown

SN	Categories	Registered	Yet to be Registered
1	**Youth**	34	22
2	**Chapters**	4	6
3	**Mothers Clubs**	1	7

4

5.2.4 Branches, Structures and Volunteer Development

SN	POLITICAL DISTRICTS ALONG SIDE GRCS OPERATIONAL DISTRICTS	Non-Operational Districts
1	Abura/Asebu/Kwamankese	
2	Agona East	
3	Agona West Municipal	
4	Ajumako/Enyan/Essiam	
5	Assin North Municipal	
6	Cape Coast Metropolitan	
7	Gomoa West	
8	Mfantsiman Municipal	
9	Twifo-Ati Mokwa	×
10	Twifo/Heman/Lower Denkyira	
11	Effutu Municipal	
12	Komenda, Edna Eguafo	
13	Gomoa East	
14	Ekumfi	
15	Awutu Senya East	
16	Breman Asikuma	×
17	Upper Denkyira West	×
18	Upper Denkyira East	×

19	Awutu Senya	×
20	Assin South	×

5.2. 5 Governance

There has been four management meetings and three emergency meetings held during the period under review. There have also been two districts organizers, mothers clubs and youth organizers meetings likewise two school patrons and patronesses meetings held during the period under review

5.2.6 Institutional Development

National Society Assets and Properties available in the Region, Location, Risk factors, recommended actions

SN	ASSET	LOCATION	QUANTITY	CONDITION	REMARKS
1	Official Vehicle	Regional office	1	Road worthy	Worn-out
2	Motor bikes	Regional office	2	Road worthy	One is use for office running
3	Motor bikes	Districts	3	Road worthy	One is out of road
4	Motor bikes	Regional office	2	Out of road	Require servicing and change of number plate Plans to allocate them to active districts organizers
5	Land	Enyan maim		Be Encroached	No document to follow-up
6					

5.2.6 Income from projects or internally generated funds (IGF)

The Region has four rooms hostel facility, (50) worn-out foam mattresses been run as income generating activities to support the smooth running of the secretariat.

The Region has a future plan of getting support from Finnish Red Cross to upgrade the current facility to become modern standard guest-house after their failure to support the completion phase two made –up of (9) rooms which could have positioned the Region to be more self-reliance. The Region has also begun an expansion and renovation of its old conference room with the aim of renting it out in the near future to be part of **(IGF**) project.

Other option is to use the facility as educational training center for professional programs or capacity building programs. One of the future plans is to procure new and more foam mattresses alongside chair and canopies rental since it is becoming one of the lucrative ventures in the Region.

7:4:6 ORGANIZATIONAL DEVELOPMENT

b. MEMBERSHIP

- Total membership as at date. 12, 750
- Total membership in good standing out of the total membership 5,250

Total Membership Breakdown Into

- Youth Membership Total – 2050
- Adults Membership Total 10,700
- Other Members 1500

7:4:7 BRACHES, STRUCTURES AND VOLUNTEER DEVELOPMENT

- Districts in the Region – 13
- Districts that GRCS is Operational in – 12
- No. of Chapters in the Region and their locations – 5 in BK West but not active
- No. of Mothers Clubs in the Region and locations – 9, 200 located in all 12 districts.
- No. of School links in the Region and locations – 60, youth links, Distributed in all 12 District.

Indicate future plans and strategies for strengthening and expansion of these structures

Region intends to recruit new and committed volunteer to assist.

We shall also form welfare to assist schemes volunteers in need.

7: 4:8 GOVERNANCE

- The Regional Executive was able to hold three statutory meetings and one Emergency meeting, all meetings discussed the implementation of Swiss, Delta, and Unicef Support Programmers.

- The emergency – Commenter look at the outbreak of cholera in Bawku East and KND. The issue of Ebola and role of the Red Cross was discussed at the emergency meeting.
- The District Organizers held two meetings at the Regional Secretariat. They discussed the work of their respective Districts.
- All other committees could not meet.

7:4:9 INSTITUTIONAL DEVELOPMENT

REGION'S ASSETS AND PROPERTIES

3. The region has the following assets.

b. **Fixed Assets** One office building – for government. It was renovated by the Swiss Red Cross.

4. Vehicles And Motor Bikes

c. Toyota Pick donated by the Swiss Red Cross is being used by Regional Manager.

d. 28 motor bikes – used by DOs and MCF etc. One in the Regional Office. However 20 motor bikes are old and need to be auctioned out and replaced.

7:4:10 OFFICE EQUIPMENT

Computers	- 3
Tables	- 5
Chairs	- 30
Speakers	- 1
Generator	-1
Fridge	- 2

7:4:11 STORE ITEMS

18. Roofing Nails	40 Pieces
19. Roofing Sheers	10 Packets
20. Water Cans	20 Packets
21. Saw	50 Pieces
22. Hoes	100 Pieces
23. Hand Gloves	120 Pieces
24. Wellington Boots	30 Pieces
25. Buckets	150 Pieces
26. Rain Coats	40 Pieces
27. Helmet	100 Pieces
28. Kitchen Set	50 Pieces
29. Stretcher	3 Pieces
30. Hammer	25 Pieces
31. Alcohol	20 Pieces
32. Surgical Gloves	31 Pieces

33. Nose Mask 80 Pieces
34. Rain Coats 20 Pieces

7

5.3 GREATER ACCRA

5.3.1 Welfare

The Greater Accra Region has instituted a welfare Scheme for all active Volunteers to take care of their needs. Fifty Volunteers have so far have registered with the registration fee of Gh₵5.00 and monthly contribution of Gh₵5.00. As at today, the Scheme has matured and Volunteers have started benefiting from the scheme.

5.3.2 Dinner Fundraising

As part of strategies to raise funds to support training and running of the Health post, a Fund Raising Dinner was organized to raise fund.
The program attracted a lot of personality including the Red President(Red Cross) the Secretary General, the Regional Director of Road Safety, the Inspector General of Police was represented, the Director Ghana Health Service(Greater Accra region), Swiss Red Cross and representatives from Finish Red Cross. The program was chaired by the former DVLA Chief Executive Dr. Amegashie. In all the program amount of GH₵16,800 was raised.

5.3.3 Resource Development

GROUP	AS AT 31ST DECEMBER,2013	30th November2014	GOOD STANDING
Chapters	6,939	7,059	120
Youth	27,403	27,603	200
Life members	Nil	Nil	NIL
Patrons	Nil	Nil	Nil
Corporate	Nil	Nil	Nil

5.3.4 Fundraising

ACTIVITY	INDICATORS	PERFORMANCE	REMARKS
Registration/Dues	10,080	1180	COULD HAVE DONE BETTER
First Aid Training	17,000	4,339.00	The national Headquarters has taking all our training because their Web site
First Aid Kits	14,500.00	3,580	We could not do much publicity
Donations	45,120.00	10,000	Companies were not convince with our proposals
First Aid services	3,600.00	900	Not enough response from

			organizations
HIV/AIDS WALK	4,000.00	6,300.00	We were supported by Aquared Mineral water,
Youth Program	3500.00	1,000.00	Not well patronized
Tent	2000.00	300.00	Not well patronized
Treasurer bill (investment)	9000	9000	Very good initiative
Sale of water	8000	Nil	Nil
Sale of badges	8000	2000	Could have done better
Awards/Fundraising-dinner	3000	16,200	Well patronage
Volunteers welfare	6000	4500	Could do better
TOTAL	124,800.00	59,299	

5.4 UPPER WEST REGION

5.4.1 Membership

Membership and breakdown

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	350
Nadowli	2	55
Jirapa	4	100
Lawra	7	250
Sissala	3	120
Total	22	820

5.4.2 Youth

Name of Operational District	Number of School Links	Total Membership of School Links
Wa	5	250
Nadowli	1	30
Jirapa	2	45
Lawra	5	190
Sissala	2	65
Total	15	580

5.4.3 Mothers Clubs

Name of Operational District	No. of MC Groups	Total Membership of the Mothers Club
Wa Municipal	8	321
Nadowli	10	211
Jirapa	8	120
Lawra	24	655
Sisaala	9	271
Total:	59	1,578

5.4.4 Red Cross Meetings

Management Committee	6
Regional Committee	2
Subcommittees	4

Other Meetings

Staff Meeting	2

5.4.5 The two Guest Houses

Zenuo Guest House which is at Nandom is functioning optimally except that business is seasonal. We have a challenge of attracting professionally dedicated staff to work there, considering the low remuneration that we pay the staff. As indicated earlier, Nandom District Assembly is interested in the place and we are still having discussions on that.

Wonuo Guest House would need some serious rehabilitation

5.5 VOLTA REGION

5.5.1Membership

	Total Membership	Members in Good Standing	Old Members	New Members
Youths	794	250	661	133
Adults	776	223	740	36
	1570	**473**	**1401**	**169**

Efforts are being made to strengthen the membership of the two groups in the coming year.

5.5.2Branches, Structures and Volunteer Development

The region operates in ten (10) out of twenty four (24) political districts as at November 2014. They are as follows:
Ho Municipality
Kpando Municipality
Hohoe Municipality
Jasikan District
Kadjebi district
Ketu South Municipality
Ketu North District
Nkwanta South District
Nkwanta North District
Kpetoe/Ziope District

The region has twenty (20) chapters, sixteen (16) Mothers Clubs and fifteen (15) youth links in the region.

Governance Meetings
The Regional Committee held two meetings in the year.
There was no meeting for the District Organizers, Mothers Club Organizers.
The youth meets every Thursday in the week.

5.5.3 Institutional Development

Operational Districts by Name	Description Of Asset	Current Status	Date of Acquisition	Original Cost	Identification Nos.	Recommendations
Ho	Two building plots	Good	1998			Ready for development
		2 good	2008		NR2729 Z	
	4 motorbikes		2010		M-10-GR 2443 GT 9918 F	In good condition
		2 bad	1998 2002		GT 1289 H	Needs replacement
Ketu	1 motorbike	bad	1998		GT 5046H	Needs Replacement
Nkwanta North	1 motorbike	Bad	2003		GW 7037 U	Needs Replacement
Nkwanta South	1 motorbike	Bad	2003		GW 4557 U	Needs Replacement
Akatsi	1 motorbike	Bad	2003		GW 4554 U	Needs

Krachi	1 motorbike	Bad	2003	GW 4551U	Replacement Needs Replacement

Income from Projects or IGFS
The region has no Income Generating Activities apart from first aid training.
The society must help the region establish a fund raising activity to help us raise funds.

5.6 ASHANTI REGION

5.6.1 Operational Districts:

The Region is currently operating in Eleven (11) out of the twenty eight (28) political districts in the region.

5.6.1 New District

Inauguration was done at Jacob district where 25 members were registered as members.

5.6.2 Membership

The Region has total registered membership of **(794)** out of which 125 was new registration for the period. Below is the breakdown:

Youth Membership: 610
Adults (chapter): 184

Out of this the total numbers in good standing as in paid up members are;
Youth Membership: 210
Adults (chapter): 84

For the region to increase its membership and also create publicity of the society in the region, we have recruited 50 service personnel to help in the in-school youth membership and other youth activities in the region.

We hope that with this intervention our membership is going to increase in the coming years.
The region lost one of its active district organizers, who is Mampong District Organizer in the person of Mr. Amofa Sarpong may his soul rest in peace.

5.6.3 Meetings/Workshops

5.6.3a Meetings

The region has organized three Regional Committee meetings and four District Organizer's meeting. The national president was at one of our committee meeting.

5.6.3bWorkshops

The region organized a workshop for Committee Members and District Volunteers (Chairman, D.O's, Dyo's, Mother's Club Facilitator & any 1 person) on 30th may 2014 and was held at

Meth/Presby Church, Barracks. The president of the Ghana Red Cross, Dr. Addo Agyekum was present at the workshop.

The purpose of the workshop was to rekindle the Red Cross (volunteerism) spirit in the volunteers.

The volunteers were taken through the history of the Red Cross, the Structure of the Red Cross, the role of a volunteer and they were also given First Aid Training to enable them give out First Aid Services confidently and efficiently.

A three day orientation workshop was organized for the service personnel to introduce them to the Red Cross activities and first aid.

The president's visit to our volunteer workshop

5.6.4 INSTITUTIONAL DEVELOPMENT

5.6.4a Land and Property

Suntreso

The Suntreso land has still not been able to be put into any usage and still lying idle
The Region advices that if part could be sold to raise money to put up hostels on the rest for income generating for the region since there is a threat from the community of taking over the land, this threat is led by the MP and the Assembly man.

5.6.5 Transport

The official vehicle is in very bad condition and it therefore attracts high maintenance cost for the region.
We therefore appeal that measures are taken to replace the official.

5.6.6 Office Equipments

The office has one desk top computer and a printer and they are in a good condition.

5.7 EASTERN REGION

5.7.1 Organizational Development

5.7.1a Membership

Eastern Region has a membership of 192 currently. Out of the total membership, seventy-one percent (71%) are youth. The table below gives the breakdown of the membership including those in good standing:

Category	Male	Female	Total	Paidup members
Youth	77	79	156	101
Adult	24	12	36	16
Total	**101**	**91**	**192**	**117**

It is apparent that the idea of expanding our membership across the region is not fruitful considering the lack of resources and dedicated volunteers in the region. In the coming year, the strategy for expansion and strengthening of our membership base will be to deal with the districts and communities one after the other.

This strategy aims to focus all our resources, that is human and materials, to strengthen one district before moving to another. Impliedly, following a certain order, each district will have its school links expanded and at least establish a chapter and a mothers' club.

5.7.2 Branches, Structures and Volunteer Development

Eastern Region has twenty-six (26) political districts and municipalities. Red Cross is operational in ten (10) of the districts. The region has three (3) un-inaugurated chapters in the YiloKrobo, New Juaben and West Akim districts. There is no functional mothers club yet. However, there are over sixty (62) school links from the first and second cycle schools. The table below summarizes the branches and structures in the region.

Structures	Number	Functional	Location	Membership
Districts	26	10	Various locations in the districts	NA

School links	NA	62		
Chapters	3	3	Yilo Krobo, New Juaben and Asamankese	72
Mothers Club	-	-	-	-

Following the strategy to strengthen the region by organizing them in turns, more districts will have the Red Cross established in them. In effect, more chapters, mothers clubs and school links will be established.

5.7.3 Governance

The regional management committee met once in January this year. The second meeting is scheduled for Friday 12th December, 2014. The youth groups including the chapters and school links have had meetings on regular bases throughout the year. The school links meet on weekly base whereas the chapters meet every month.

5.7.4 Internally Generated Funds

The sources of funds generated internally are registration of new members and payment of dues and the HIV/AIDS sponsored walk.

To date, 101 youth and 16 adults have registered and paid dues. Concerning the sponsored walk, the region generated some funds from the cards distributed. In future, the regions plan on including more IGF sources especially in the area of commercial First Aid

5.7.5 Institutional Development

National society assets and properties available in the region, their locations, risk factors and recommended actions are summarized up in the table below:

Assets	No	location	Risk factors	Recommendation
Desk top Computer	1	Regional office		
Table top Fridge	1	Regional office		
Motorbike (M10GR2444)	1	Suhum		
Cabinet	1	Regional office		

Camera	1	Regional office		
Folder stretcher	4	Regional office		
Basket stretchers	2	Regional office		
Spine board	2	Regional office		
Splint	4	Regional office		
Two way radio	1 set	Regional office		
Dummy	3	Regional office		
Nissan Patrol (NR45U)	1	Yametey workshop at Magazine-Koforidua	Exposed to weather condition and it is rusting.	Should be repaired
Chairs	11	Regional office		
Writing table	1	Regional office		
Conference table	1	Regional office		
Computer desk	1	Regional office		
Shelf	1	Regional office		
Fax machine	1	Regional office	Not in use	New one required
Binding machine	1	Regional office	Not in use	New one required
Television set	1	Regional office		

6.0YOUTH DEPARTMENT

6.1.1 Staff strength

The youth department has the National Youth Coordinator at the headquarters and Ten (10) Regional Youth Organizers and District Youth Organizers at each operating districts at Regional level.

6.1.2 Programmes

The year under review saw a progress in the implementation of youth programmes and activities in the Regions. The School links activities were actively done in most of regions although not in all the districts. This year, youth volunteers were supportive in the Society's core mandate of activities such as Community Based Health & First Aid, First Aid services, Cholera and Ebola preventive education. The volunteer staff and active volunteers were committed to the various youth activities.

6.1.3 Super Youth Camp 2014

The Super Youth Camp 2014which was hosted by the Ashanti Region came off from Sunday, 10th to 16th August 2014 at the Opoku Ware Senior High School, Cape Coast. The 120 participants want through various programmes such as First Aid simulations, educational trip to Mahyia Palace Museum and Lake Bosomtwi.

At the opening ceremony, the Secretary General, Mr Kofi Addo, urged participants to grab some entrepreneurial skills and new ways of doing things. It was his personal conviction that the youth could come up with an income generating project to fund the fees of every camper right from the regional level.

The opening ceremony was chaired by Mr. Emmanuel Arthur, Ashanti Regional Chairman for Ghana Red Cross Society. Mr. Arthur encouraged the youth not to drop the passion of volunteerism that they have built within them. He beseeched the youth to take every activity of the camp seriously and learn out of it.

We expressed our sincere thanks for the following who financially supported the Super Youth Camp 2014;

1. Metro Mass Bus Limited
2. The National Headquarters
3. The National Youth Fund (German Red Cross volunteers' contribution).
4. All the Regional secretariats, especially Ashanti Region.
5. Great Accra for sponsoring the Awards.
6. The Youth Camp Committee members and all participants.

Next Camp: Upper West Region was declared as the region to host the next National Youth Camp 2015 in August.

The Federation's Youth Engagement Strategy (YES). That's Youth as a leader, a volunteer and a beneficiary, was introduced to the members.

German Red Cross Volunteers

The Ghana Red Cross Society has entered into a mutual volunteers human resource capacity building programme with the German Red Cross Voluntary Development Service ''Weltwarts'' programme.

The Voluntary Development Service, Welt warts programme is an intercultural development policy, personality development program and auxiliary service developed by German Government with integrated package of learning, helping and interacting activities to build the capacity of volunteers of both German Red Cross and Ghana Red cross Society volunteers.

The objective of this partnership is to build the capacity of our volunteers. This programme started September 2011 with two German Red Cross volunteers. The second batch was in September 2012 with six volunteers. In September 2013, Ten (10) volunteers were been posted to Ghana Red Cross Society and volunteered in youth programmes in Greater Accra, Volta, Central and Eastern Region. Currently, we have Six (6) volunteers working in Greater Accra, Central and Volta Region. They are accommodated by various host families and under the supervision of Regional Secretariat through the Regional Youth Organizers. They normally go through orientation seminar when arrive in Ghana before posted to the Regions.

6.1.4 Collaboration

The department collaborates with the UNDP-UNV, National Youth Authority, Ministry of Youth & Support and Coalition for Voluntary Organization, Ghana (COVOG).

Currently, the national society is part of the National Volunteer infrastructure planning committee aim at developing volunteer infrastructure for Ghana.

The key partners include UNDP- UNV, Ministry for Gender, Children & Social Protection and COVOG,

The youth department is very grateful for the active support from volunteers to make the humanitarian action of the Movement a reality in the communities.

6.2 VOLTA REGION

6.2.1Youth Activities

Ten youth links in the region have been rejuvenated and are active in their day to day activities. They meet every Thursday to draw their programmes and activities.
Two German Red Cross volunteers are with us in the region. In addition to other Red Cross assignments they undertake, they also train the youth in first aid and other community development activities.

6.3 ASHANTI REGON

6.3.1 Asantehene 15th Anniversary:

As part of activities marking the 15th year's anniversary of Otumfuo, a series of programs was lined up and Red Cross was part of the planning committee and also participated actively in all those activities.

6.3.2 Clean Up Exercises

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


Volunteers at a clean-up exercise

6.3.3 Inter School Athletics

Inter school and colleges athletics competition was organized and the youth was there to give first aid.

The youth organized first aid competition for secondary schools at OWASS and Prempeh collage came first

6.3.4 Arrival of participants

The Ghana Red Cross Society Youth super camps started since 1991 .The 5th youth super camp is organized at Kumasi .Participants from the various regions started arriving at Opoku Ware

Senior High School (OWASS) at 11:am .The total number of participants recorded at the registration desk was 120 with the breakdown as follows;

S/R	REGION	NUMBER
1	ASHANTI	16
2	BRONG AHAFO	3
3	CENTRAL	19
4	EASTERN	7
5	GREATER ACCRA	24
6	NORTHERN	18
7	UPPER EAST	7
8	UPPER WEST	15
9	WESTERN	5
10	VOLTA	5
11	ITALY	1
	TOTAL	**120**

6.3.5 Orientation

The participants were taken to their dormitories and other places within the premises.
The Ashanti Regional Manager, Mr. Michael K .Asante welcomed everyone to the camp. He assured the participants of their safety and told them to feel comfortable as every necessary preparation had been made towards their safe stay in the region.

Mr. Asante expressed his utter displeasure in the late registration of participants .He said the lateness has led to poor planning in some aspect of the camp. The national youth coordinator, Mr. Ernest P. Nyame –Annan acknowledged the presence of the Eastern Regional Manager, Mr Theophilus Tackie commended Kelvin Yeboah and Charles Tanko from greater Accra for sponsoring the name tags for all campers .Mr. Nyame Annan briefed the participants on the activities line up for the camp and encouraged all participants to observe them strictly .The gathering was brought to a closure at 10:30 pm after which leaders went for brief evaluation meeting.

6.4 GREATER ACCRA

6.4.1 Teachers Training

Once again at the beginning of the year 2014 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 programmes.

6.4.2 Funfair

On the 8th of March 2014, the region organized a Funfair for some selected schools, in all 65 schools participated with a total number of 3000 at the Aburi gardens.

6.4.3 Inter-Schools First Aid Competition

Also an Inter-Schools First Aid competition was organized for schools in Gt – Accra, once again 42 schools participated at Ghana International Trade Fair.

6.4.4 Regional/National Youth Camp

93 youth members attended the years Regional Youth Camp in August at Denu in the Volta Region. The region used it as a platform to train the youth in First Aid delivery.

6.4.5 2014 HIV/AIDS WALK

However 23 members were able to attend the National Youth Camp at Kumasi, once again Greater Accra Region donated Television set to the best camper.

In the month of November 2014 the youth were involved in HIV/AIDS awareness creation; however on the 6th of December 2014 the youth were involved in HIV/AIDS Walk, which started from YMCA through the principle street of Accra and ended at the YMCA Office again.

Pictures of First Aid Competition for Schools/Funfair

6.5 CENTRAL REGION

6.5.1 Youth Camp

The Region was able to organize a youth camp within the period under review at Gomoa Osamkrom from 24th to 28th April, 2014 with participants of (40) youth.

Though the participation was not encouraging, the Region was able to make some impact with regards to reviving of youth which led to increasing of the Regional delegates to the National youth Camp as compared to the previous one which the Region hosted.

6.5.2 World Red Cross Day Fanfare

As part of the celebration of the World Red Cross Day, the Region organized a youth Fanfare/ First Aid Competition for various school links at International Stingless Bee Center, near Obrafo Junkwa on the 12th May.2014.

At the end of the competition, Wesley Girls came first, followed by Edinamam and University Practice Senior High school respectively and they were all given a plaques and certificates.
The Occasion was graced by the Regional Chairman, Mr. Patrick Awuku Owusu and the Regional Youth Rep. Mr. Maxwell Owusu- Duku.

6.5.3 Regional Celebration of Ghana Independence Anniversary

The Youth Link of Efutu Senior High School represented the Red Cross during the Regional 6th March parade in Cape Coast, Jubilee Park.

There were made-up of thirty (30) contingents and together with (5) youth groups from other voluntary Organizations placed second position with the first position going Adventist Youth Association.

Independence parade

6.6 UPPER WEST REGION

6.6.1 Activities done by the youth

- ✓ Youth Games programme from the 8th to 9th June 2014 at TUPASO Junior/Senior High School.
- ✓ First Aid Training for 53 UDS students, 19th to 23rd March 2014.
- ✓ Blood Donation; 30 pints of blood donated by UDS branch of Ghana Red Cross at the Wa Regional Hospital.
- ✓ 15 youth members participated in the 2014 National Youth Camp in Kumasi.

6.6.2 Youth Activities

The region organized three (3) youth activities in the year. These are Youth Camp, Quiz Competition and HIV/AIDS and Sanitation Awareness walk.

6.6.3 International Super camp

The region participated in the International Super Camp held in Opoku Ware in Kumasi from 10th August to 17th August 2014. Members had to bear the cost of attending the camp. The result is that, only seven (7) people participated from the Eastern Region.

6.6.4 Quiz Competition

With support from UNICEF, the region organized a quiz competition among ten (10) schools. Church of Christ School immerged as winners of the competition

6.6.5 HIV/AIDS and Sanitation Awareness Walk

World Aids Day is celebrated every year on the 1st of December. This year, the Eastern Regional Branch of the Red Cross observed the occasion by organizing HIV/AIDS and Sanitation Awareness Walk through certain principal streets in Koforidua on 29th November 2014.During the walk, the youth interacted with the public by means of megaphones and placards and educated them on HIV/AIDS and on the need to keep the environment clean.

The walk started from OMESS and ended on the Jubilee Park. About one thousand youth from twenty (44) schools took part in the walk. Prior to the walk, the youth generated funds for the programme.

Considering that Red Cross volunteers had earlier engaged in house to house education on key messages on cholera and malaria preventions under the Communication for Development (C4D) the walk made a lot of impact on the community members that witnessed it.

6.6.6 German Volunteers.

For the past three (3) years, Ghana Red Cross has been hosting German volunteers in Ghana. These volunteers are sent the various regions and are hosted by Ghanaian families. In September 2013, the Eastern Regional branch of the Red Cross received their first group of volunteers namely; Sophie Futschik and Pia Heinrich. Mrs Bridget Boham Addey, the Regional Chairman of the region accepted the responsibility of hosting them.

They participated in all the region's activities including teaching at the DVLA and organizing school links. They also initiated an out of school literacy programme. The programme involved teaching people how to read and write. The target group included children, the youth and adults who do not have any writing or reading skills.

The literacy programme engaged the illiterate population of the Oyoko community twice a week: on Mondays and Wednesdays from 3:30pm to 5:30pm. Unfortunately, the German volunteers could not manage the terrain of the region. To escape the difficulties of the region, they concocted stories and managed to get the German Government to fly them out of the country.

Out of School Literacy Programme with German Volunteers

CHALLENGES, RECOMMENDATIONS AND CONCLUSIONS

7.0 Health

7:1:1 Key Challenges in the implementation of the activity: \

1. The volunteers are not clearly identified with project T-shirts and this made some household members look on them with suspicion.
2. Supervision was challenged as the Regional Manager in Upper East region did not have a vehicle to cover all the communities during his monitoring. He most of the times relied on public transportation which was a hindrance.
3. The volunteers initially did not have adequate ICE materials for the outreach and this made work very tedious.
4. Even though volunteers worked hard, they complained of lack of motivation for them in terms of Red Cross branded shirts and lunch allowances.

7:1:2 Recommendations

(1) It is highly recommended that to keep volunteers active, the project should consider volunteer motivation in future project planning.
(2) Regional Managers should be supported to be mobile to enhance supervision as they have to cover long distances.
(3) Also, materials such as T-shirts or aprons are vital for project implementation and as such should be considered in future collaboration.

7:1: 3 Key Lessons learnt so far during the implementation:

During the period of our monitoring, it was observed that volunteers participation were very effective due to the use of materials in the learning process.

With the application of IPC skills and knowledge learnt, volunteers added much of their

1. Previous skills knowledge to enhance community work
2. Volunteers need basic motivation like T-shirts, and regular visit to keep them active

7:1:4 Acknowledgements

The Ghana Red Cross Society acknowledges Delta Airlines for the financial support and hope to enhance the partnership for future projects. The National Society also acknowledges the support of the GHS for providing technical support during the volunteer training.

7:1:5Ways forward

- Discuss with Delta Airline for extension of activities
- Develop leaflet of key messages on the collaboration to be handed over to delta airline passengers

7.1.6 Unicef

Key challenges in the implementation of the activity:

- Volunteers do not have adequate identifiable tools such as aprons, wellington boots, T-Shirts and megaphones on time to help in the outreach activities.
- Some of the community members reached asked for mosquito nets even though they were advised to visit the clinics during the usual pre/post natal visits to request for the nets.
- The greatest challenge is the Eastern Regional Manager who had to cover a vast areas with transports

7:1:7 Recommendations

- Regional Managers and District Organizers should be supported with vehicles for them to be mobile to enhance supervision as they have to cover long distances to monitor and supervise volunteers' activities.
- UNICEF to supply Eastern Region with a vehicle (Most important to solve the region transport challenge)
- Then also adequate identifiable materials such as aprons, wellington boots, T- Shirts, megaphones should be provided to volunteers for easy running of the activities.

7:1: 8 Key lessons learnt through the implementation of the activity:

- Involvement of education authorities and other key stakeholders is the surest way of achieving the targeted objectives and success.
- To measure success it would better to have involved all the communities under each Community Health Programme System (CHPS) coverage areas

FIRST AID

7:1:9 THE WAY FORWARD.

- To improve and standardize First Aid Training throughout the country.
- Talks have been held with officials of Road Safety Commission to identify 8 sites (2in Ashanti region, 2 in central region,2 in Eastern region,1 in Greater Accra region and 1 in Volta region) on the major highways to construct first aid posts.
- Marketing Plan to commercialize first aid will be discussed and implemented
- It is proposed to outsource the production of first aid kit since Ghana Red Cross Society does not have the financial resource
- There are plans to train members of parliament and even ministers of state in First Aid
- National First Aid training manual will be developed

7:1:10 CHALLENGES

- There is bureaucracy in issuing out of certificates and invoices for first aid training which is sometimes frustrating to the department, for example, invoices are issued by the

Finance department and certificates are provided by Resource Department upon from the first aid department to the Secretary-General for his approval l The absence of any of the intervening departments affect prompt delivery of services to customers

- There is no aggressive marketing strategy in place to seek more customers
- Instructors at the regional level are not motivated to seek for customers to train
- The first aid post need material and financial support to make it provide 24-hour services

7:1:11 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.
- The production of first aid manual (based on AFAM tools) is in its final stage but needs financial support to produce them
- Regional Managers should report on first aid activities to enable the society derive benefit from first aid trainings and services from the regions
- If the first aid department is well supported and motivated, it can meet at least 40% of the core cost of the society

7.2 CENTRAL REGION

7.2.1 Challenges Faced By the Region

Lack of resource mobilization is hampering the developmental agenda and activities of the Red Cross in the region.

Lack of volunteerism spirit as volunteers are only interested with work which comes with motivational packages.

The Region faces challenges with regards to delegation and assigning people with certain responsibilities since most of the volunteer staff or governance members are full employees in either public or private sector.

For that matter when the Regional Manager is so occupied in important programs, other activities become hanging.

7:2:1 RECOMMENDATIONS TO ADDRESS THE CHALLENGE

Having vibrant IGF will help ease donor support syndrome and this means that, the Region will not need to relay on donors support before it can implement programmes and projects.

Until that is done, whatever intention or expectation from the headquarters for regions to raised fund and remit the National Society will continue to be a challenge.

It is time, that performance appraisal of individual staff could also be done at governance level and not only managerial level to measure staff performance.

In order to build a good succession planning, in future, there is the need to employ assistant project officers for the Regions.

7:2:2 CONCLUSIONS

The Society has come a long way, with a lot of sacrifice done by some people. It is now time to forge ahead to see the future success of the Society.

Therefore let's have a common goal and bury our differences, shun away from backbiting each other, have intrepid expression of views, and be bold enough to accept criticism.

7.3 GREATER ACCRA REGION

7.3.1 CHALLENGES

1 No sustainable income
2 Difficulty in reclaiming our land at Tema from Dr Populampu
3 Unattractive proposals to companies
4 No Funding for projects
8.3.1a THE WAY FORWARD
1-Capacity building for Staffs and Volunteer staffs
2-Improve on models use during disasters
3-Systems\Structures be made to work
4-Look for a Sustainable income generation activity in the Region
5-Volunteer motivation be improved

7.4 UPPER WEST REGION

7.4.1 Challenges

Mobility continues to be to 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.

7.4.2 Recommendations and conclusions

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

7.5 ASHANTI REGION

7.5.1 Transport

The official vehicle is in very bad condition and it therefore attracts high maintenance cost for the region.
We therefore appeal that measures are taken to replace the official.

7.5.2 Office Equipments

The Office Has One Desk Top Computer And A Printer And They Are In A Good Condition.

7.5.3 Conclusion

2014 was a year of success and we hope that our activities will improve in 2015 to make the Ashanti region become one of the best regions for the society.

7.6 VOLTA REGION

7.6.1Challenges Faced By the Region

Volta Region is the longest region in Ghana sharing boundaries with Gt. Accra, Eastern, Northern and Brong Ahafo regions with its challenges of bad road network, and various types of disasters and conflicts.
The region has no vehicle to manage these challenges.

7.6.2 Recommendations to Address the Challenges

Efforts should be made to provide vehicle to the region to assist in the rejuvenation of the district committees, mothers clubs, youth links and chapters.
The region has two building plots and registered which could be used to build a hostel or Youth training center.

7.6.3 Conclusion

Efforts should be made to identify an investor to help the region out of its woes.

7.7 EASTERN REGION

7.7.1 Challenges Faced By the Region

7.7.1a Logistics

The major challenge facing the region is logistical. There is no vehicle in Eastern Region. Moving from one community to another practically involves journeying. It gets worse travelling

from one district to another. It is further compounded by the extremely rough roads that characterize the region. It is under this condition that the region has to operate without a vehicle.

7.7.2 Volunteers Motivation/Retention

Volunteerism seems to be on the decline. Many volunteers become active when there is financial reward. Retention of the few active one is not easy as well. This is because of schooling and employment. This poses a serious challenge to the region and consequently, affects our programmes.

7.7.3 Accommodation

The single room accommodation is another challenge facing the region. A lot of inconvenience is created as one office is shared by the manager, office assistant, volunteers and national service persons.

7.7.4 Recommendations

7.7.4aVehicles:

Eastern is a region with widely scattered communities and districts coupled with network of bad roads. It is difficult to operate in such conditions without a vehicle. It is therefore recommended that the national society provides the region with a vehicle.

7.7.4b Volunteers:

As a strategy to inculcate more volunteer work, the region will target more SHS youth who have completed and are either waiting for enrolment in higher education or looking for jobs. At this rate, more volunteers will be recruited annually as some leave.

7.7.4c Accommodation:

The region is pursuing a land that it was given in 2001. If the region is successful in re-acquiring that land, funding would be sought to develop it into an office complex. In the meantime, with the help of the president of Ghana Red Cross, a bigger office space is being sought at the municipal office.

7.7.5 Conclusion

The Eastern Regional Branch of the Ghana Red Cross Society operates from a single room office provided and maintained by the Ministry of Health. The region has twenty-six (26) widely scattered districts with a network of bad roads. Membership currently stands at 192 with 117 in good standing. Currently, the region has no functional mothers' club but has three (3) chapters, ten (10) functional districts and 64 school links.

By way of activities, the Red Cross in the region has made a lot of impact in effecting behavior change in community members with its C4D house to house model activities. Other youth

activities such as quiz competitions and HIV/AIDS and sanitation awareness further enhanced the image of the region.

The activities of the region were made public through the use of the media. In spite of serious challenges facing the region, some funds were generated internally that helped in running the office. The most critical challenges facing the region are lack of vehicle to run the region, difficultly with volunteer management and office accommodation issues. A vehicle in the region will help in the smooth operations in the region.

7.8 UPPER EAST REGION

CHALLENGES FACED BY THE REGION

7.8.1 A. TRANSPORTATION

1. The Swiss Red Cross supports the transport, challenges. However we still need another strong vehicle to cover the entire region particularly they had to reach areas.
2. 20 motor bikes are over 10 years and not functioning well
3. We shall do more appeals for an additional vehicle

Fund raising; Difficulty in raising funds

7.8.2 B. VOLUNTEER MOTIVATION

Due to lack of effective fundraising structure, it has been difficult to organize enough money to support volunteers in need, especially those who fall sick and request for support from the Region.

The retraining of chapter organizers is expected to generate more funds; some of which will be used to support welfare activities.

7.8.3 C. FUND RAISING

Region finds it difficult to raise funds.

Those who register do not renew their memberships.

7.8.4. RECOMMENDATION TO ADDRESS THE CHALLENGE

4. Headquarters should assist the Region build a guest house.
5. The Swiss Red Cross should assist the Region with more Motor bikes.

7.8.5. CONCLUSION

On the whole, the Region did very well. It collaborated effectively with Key Partners. Ghana Health Service, Nadmo and the Regional Coordinating Council

The Region salutes the Swiss Red Cross, UNICEF, and Delta Airlines for supporting it Region.

REPORT BY:

HEADQUARTERS:

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S.S MAHAMA	DISASTER MANAGER
FRANCIS OBENG	FIRST AID CORDINATOR
LOUIS ANOPONG OKYERE	RESOURCE DEV/OD MANAGER
ALEX LANBON	FINANCE AND ADMINISTRATIVE
THOMAS AAPORE	HEALTH CORDINATOR

REGIONS:

ERIC ASAMOAH DARK	GREATER ACCRA REGIONAL MANAGER
JOHN EKOW AIDOO	CENTRAL REGIONAL MANAGER
LARRY YEBOAH	VOLTA REGIONAL MANAGER
THEOPHILOUS TACKIE	EASTERN REGIONAL MANAGER
MICHAEL ASANTE	ASHANTI REGIONAL MANAGER
JOSEPH ABARIKE	UPPER EAST REGIONAL MANAGER
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