



**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Ghana
Humanitarian / Resident Coordinator	Mr. Daouda Toure, Resident Coordinator
Reporting Period	Flash Appeal (1 October 2007 – 31 March 2008)

I. Executive Summary

In late August and mid-September 2007, three weeks of heavy rains caused massive flooding in the three northern regions of Ghana. This worsened conditions in a region that where people were already vulnerable having already faced a period of dry spells during the main cropping season. The floods took lives, displaced tens of thousands of people, destroyed food supplies and killed livestock. In addition, houses and schools were either damaged or destroyed and water sources contaminated. Roads and bridges were also affected making accessibility to some areas (i.e. health, water, etc.) difficult. This situation resulted in little or no access to food, shelter or transport, and therefore required an urgent humanitarian response to meet the immediate needs. Various non-governmental organizations (NGOs), charitable groups, individuals, and United Nations (UN) agencies began assessing the situation and providing some immediate support to the affected people to compliment government efforts.

In view of the magnitude of the situation, the President of Ghana declared a state of emergency in the three northern regions on the 11th September 2007. The Government established an Inter-Ministerial Disaster Coordinating Committee at the Presidency and corresponding regional and district level disaster management committees. This was supported with the release of \$5.4 million from government sources for relief and reconstruction. The Government requested for support from the United Nations to coordinate the response amongst partner agencies to ensure an integrated, comprehensive and target efficient response. With the help of the United Nations, coordination mechanisms for the national response were strengthened at the regional and district levels. This was followed by the establishment of a Humanitarian Country Team with participation of United Nations agencies, Government and NGOs and a joint United Nations/NGO/Government assessment of the affected areas.

Based on the findings of the assessment by United Nation agencies formulated a plan for responding to the needs of 75,000 most vulnerable affected by the flooding in nine main areas for a period of six months. The United Nations Children’s Fund (UNICEF), WFP (WFP), United Nations Population Fund (UNFPA) and the Food and Agriculture Organization of the United Nations (FAO) requested for a total of \$2,496,956 from the CERF (CERF) as indicated in the table below. This figure accounted for 20 percent of the total funds of \$12,410,092 needed to implement the entire response plan. A flash appeal was then launched to raise funds for the rest of the funds needed.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$12,410,092 Received: \$8,624,021 (as at 2/21/2008) does not include funding from agency resources			
Total amount of CERF funding received by funding window	Rapid Response: \$ <u>2,496,956</u> Under-funded: Grand Total: \$ <u>2,496,956</u>			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$ <u>2,496,956</u> Total implementing partners: -			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
Food security (WFP)	91,772	46,862	14,776	30,134
Food security (FAO)	17,000	-	-	-
Health (UNFPA)	75,000	-	-	-
Nutrition, WASH (UNICEF) Health	75,000	-	-	-
Geographic areas of implementation	WFP: Northern Region , Upper East and Upper West Regions UNFPA: Northern Region , Upper East and Upper West Regions , the Nkwanta District in the Volta Region and Aowin Suama in the Western Region (a total of 22 districts) UNICEF: Northern Region , Upper East and Upper West Regions FAO: Upper West Region			

II. Coordination and Partnership-building

(a) Decision-making process:

Using feedback from numerous meetings, (i.e. interagency meetings, coordination meetings between/United Nations Agencies/government/NGOs on the ground and other development partners, as well as Government meetings) together with reports from the field and more importantly recommendations from the joint United Nations/NGO/Government rapid needs assessment of the situation which requested an urgent need to meet the immediate food, water, shelter and non- food item needs of the affected people, the United Nations system under the leadership of the Resident Coordinator set out to urgently raise funds from the United Nations Central Emergency Response Fund (CERF) and other sources. Proposals were developed for the emergency and relief responses under the nine sectors. World Food Programme (WFP), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the World Health Organization (WHO) requested a total of \$2.5 million from the CERF for life saving projects under the food, nutrition, health and water and sanitation sectors for the benefit of 75,000 people.

(b) Coordination amongst the humanitarian country team:

The UN system established close cooperation with NGOs in Tamale and set up a humanitarian coordination base in the region for the purpose of a more central coordination, decision-making and implementation process. Several initial meetings both within the United Nations Country Team (UNCT) and between the UNCT and the Government were held to discuss issues regarding the needed coordination approach, the establishment of a coordination mechanism, logistics needs, information management structures, capacity building needs at the National and Regional level and to analyse the findings of the joint assessment. A Humanitarian Coordination Team (HCT) at national level comprising United Nations agencies, the Red Cross Movement, NGOs and other donors (i.e., the United States

Agency for International Development (USAID), United Kingdom Development for International Development (DIFID), World Bank) and under the leadership of the Resident Coordinator was established to take care of the operational aspect of the emergency response. Using the Cluster coordination approach as a model, various committees were set up from the National to District levels together with the Government. At the Regional level, general coordination meetings chaired by the Regional Coordinating Councils (RCC) were set up with the participation of national authorities and the Humanitarian Community. Sector planning and decision-making meetings co-chaired by the government sector lead and a relevant United Nations agency were also in place. Similar sector meetings were operational in at the district levels as well.

At the central government level, an Inter-Ministerial Task Force was also set up chaired by an advisor to the President. Officials from OCHA New York, Geneva and Dakar were also available to provide support in setting up and strengthening the appropriate coordination mechanism.

From the onset, NGO partners who were already working in the region before the disaster and had rapidly started some humanitarian actions in the affected areas joined the United Nations agencies, the United Nations Disaster Assessment and Coordination team and national authorities to conduct the joint assessment.

Several sector meetings have been held at Regional, District and National levels. A total of thirteen meetings have been held by the HCT at national level under the leadership of the Resident Coordinator between September 2007 and March 2008.

(c) Partnerships:

The planning and implementation process by the HCT was characterised with collaboration amongst United Nations agencies, NGOs and government (i.e. Inter-Ministerial Task Force). There was also strong collaboration among NGOs and various government agencies (i.e. Ghana Health Service (GHS), Ministry of Food and Agriculture, National Disaster Management Organisation (NADMO), Regional Coordinating Councils (RCC)) in the various sector groupings at the regional and district levels.

WFP reports that in implementing the Emergency Operation there was collaboration with Regional and District Distribution Task Force – comprised of Ghana Health Service (GHS), National Disaster Management Organisation and the District Assemblies. The Ghana Health Service was responsible for the targeting, management and distribution of general rations. There has been a high level of commitment and cooperation from the Ghana Health Service at all levels- national, regional and district. This team is also responsible for beneficiary identification (community and household level) and monitoring of distributions.

UNFPA reports that their response was facilitated by the partnership it developed in the process with other United Nations agencies in the country. WFP, through its humanitarian hub, the United Nation Humanitarian Response Depot (UNHRD) in Accra received, warehoused and assisted in the distribution of the kits to the regions on behalf of the UNFPA. The Ghana Health Service, through its regional and national representative, assisted in warehousing of the Reproductive Health kits and more importantly made their cold chain storage facilities and vehicle available for the conveyance of the cold chain items to the three northern regions. Through the support of regional health authorities and the Regional Coordinating Councils (RCC) in the three northern regions, advocacy meetings were held to increase support for Reproductive Health and prevention of gender-based violence in the districts. Participating were opinion leaders, Non-governmental Organizations, women advocates, religious organizations, the media from the regions and district health directors.

The partnerships to a large extent have proven to be effective as comparative advantages of all partners have been harnessed to ensure timely and effective deliveries to the affected populations in need.

(d) Prioritization process:

Using the results of the joint assessment, the various sectors developed emergency response plans identifying the urgent, needs. Under the guidance of the Resident Coordinator, UNICEF, FAO, WFP and UNFPA applied for CERF funding to address immediate life-saving needs of the affected populations.

Within the broader context of the joint Assessment, and consistent with global norms, policies and mandates, the Health Cluster coordinated its priority-setting with national counterparts in the Ministry of Health as well as regional and district authorities to ensure that priority needs were addressed.

For example, UNFPA liaised with national counterparts to ensure a coordinated and prioritized approach to the distribution of reproductive health kits. In turn, priorities were set in consultation with the Regional Health Directorates of the three northern regions to ensure that the appropriate equipment reached those most in need.

WFP used CERF funds to provide life-saving dry food rations to 75,000 people for three months as well as supplementary feeding to 10,000 pregnant/lactating women and malnourished children under five. Supplementary feeding programmes were implemented in coordination with UNICEF and through existing partnership arrangements with the Ghana Health Service and the Ministry of Health.

The strategic focus of this operation was to contribute to Government efforts to provide safety-net interventions to protect food security, nutrition levels and livelihoods of affected populations. The interventions comprised part of a multi-sectoral package of relief implemented by Government in conjunction with other United Nations Agencies and Non-governmental Organizations.

III. Implementation and Results

In view of the fact that some development actors in Ghana did not have funds reserved for disasters of this nature, CERF funding helped the receiving agencies to start emergency operations to address life-saving issues early while seeking extra funding. For example, in the food security sector, the timely distribution of commodities to the most affected communities ensured that people did not immediately resort to negative coping mechanisms to survive.

Based on the joint assessment mission which prioritized the immediate live saving needs (i.e. Food, Water Sanitation and Hygiene, Shelter) and the weakness of the national coordination mechanism, coupled with lack of funds within the United Nations for sudden emergencies, the CERF accelerated the rapid response to the humanitarian situation, helped to meet the needs of the affected people and did help fulfill gaps preventing the humanitarian situation from worsening. Below are an overview of the various sector implementation and impact / results of their response.

a. Overview of implementation and impact/ results by UNICEF

UNICEF's quick response and immediate intervention after the emergency occurred was possible because of emergency preparedness earlier in the year. Transportation companies had been identified for in-land transportation to northern Ghana and major towns and an emergency stock had been pre-positioned consisting of emergency health kits, water purification tablets, family water kits, hygienic kits for adults and babies, tarpaulins, school-in-a-box, recreation kits, tents and jerry cans. The stock was kept partly in Tamale and was used for distribution within the 72 hours after the announcement of the emergency. Local procurement for supplies not in stock was activated.

Sector: Nutrition

The specific nutritional needs of children affected by the floods were to be addressed including the supplementary feeding needs of pregnant/lactating women and malnourished children under-five years old. This was of particular importance in view of the fact that large farming areas had been destroyed by the floods, causing serious concern to food security of families and expected implication on the nutritional situation of children. It should be noted that preceding the floods a serious drought had already affected the food security situation in the northern regions in June/July of the same year.

The immediate objective of the nutrition intervention is to provide adequate feeding and care for 15,000 children under five years. Prevalence of acute malnutrition had to be reduced to levels below critical thresholds (<10 percent), and prevalence of severe malnutrition among under five children to levels below critical thresholds (one percent). Vitamin A supplementation among 6-59 months children and post-partum women had to be ensured, and care practices for child survival, growth and development and the well-being of pregnant and lactating women had to be encouraged vigorously.

Nutrition sector implementation, impact and results

UNICEF, as the lead agency in the nutrition sector, established an inter-agency Nutrition Partners Group to reach consensus for standards on procedures for nutrition interventions and activities to assist the malnourished children and women

UNICEF worked in close collaboration with WFP and the Ghana Health Service. In this partnership, WFP was targeting 7,500 pregnant /lactating women and 2,500 moderately malnourished children with a take-home ration (corn-soya blend, enriched vegetable oil and sugar). UNICEF provided support to 4,226 severely malnourished children with the distribution of 39,000 sachets of very effective ready-to-use-food "Plumpy-Nut". UNICEF provided Vitamin A capsules which were distributed by the Ghana Health Service and community volunteers as part of the Integrated Maternal and Child Health campaign in November 2007. The Ghana Health Service is responsible for the identification of targets and the distributions. Also included in UNICEF's intervention was the dissemination of nutrition messages at community level and the capacity building of nutrition officers through training and the conduct of rapid nutritional status assessment of children under five using the mid upper arm circumference measurement as indicator. UNICEF is supporting the printing and dissemination of guidelines on Infant and Young Child Feeding.

In October, local health and nutrition personnel were identified and trained to screen the population for malnutrition and manage the therapeutic and supplementary feeding activities. The Essential Nutrition Actions (ENA) training event of 22- 25 October provided the opportunity to train 45 Government and NGO nutrition officers in the three northern regions. During the implementation it was ensured that all Nutrition Rehabilitation Centers applied the agreed standardized procedures and formats. A communication package for advocacy and awareness creation on ENA (including use of iodated salt) and hygiene education was developed and introduced. Furthermore, UNICEF provided over 39,000 sachets of the very effective ready-to-use-food "Plumpy-Nut", and ensured distribution of 18,000 Vit-A capsules, rapid assessment of nutrition status using Mid Upper Arm Circumference was conducted, and dissemination of nutrition messages at community level.

Sector: Water, Sanitation and Hygiene (WASH)

The main objectives of the water, sanitation and hygiene (water, sanitation and hygiene) interventions were to ensure that WASH-related diseases that may result from the flooding were kept to the barest minimum and that the fulfillment of children and women's rights to survival and good health through the provision of safe water hygiene environmental sanitation was achieved.

Specifically, the project aimed to ensure that all displaced population had access to adequate safe water, safe sanitary means of excreta disposal, and gained knowledge on hygienic and adopt personal practices that will enhance hygiene and sanitation.

As sector lead in the emergency WASH response, UNICEF's focus was on achieving four major outcomes:

- That the affected population (75,000) had access to adequate safe water;
- That at least 80 percent of the affected population including families hosting displaced people had access to safe and sanitary means of excreta disposal;
- That the affected population including host families gained knowledge of and access to educational materials on personal hygiene practices;
- That all affected households were provided with ceramic water filters and trained in use.

WASH sector implementation, impact and results

UNICEF WASH staff participated in the joint assessment that was carried out to determine the extent of the flooding. Following the United Nations/Government/NGO joint assessment UNICEF played a lead role in coordinating the emergency WASH response using Committee Meetings in each of the three affected regions on a weekly basis. The meetings were instrumental in bringing WASH partners together to develop action plans for implementation of core interventions and assigning responsibilities to each partner. The regional action plans also identified detailed supply requirements.

UNICEF's field response was channelled through implementing partners including NGOs, private sector and government. The core partners UNICEF worked with closely in the field response included New Energy, National Disaster Management Organization, Ghana Water Company Limited, Community Water and Sanitation Agency, Ghana Health Service, Environmental Health and Sanitation Unit, Pure Home

Water, Church of Christ, Rural Water Development Project, Catholic Relief Services, Plan International Ghana, Community Life Improvement Project, Ghana Red Cross Society, International Aid, Kings Village, Carter Center Foundation and World Vision.

UNICEF continues to play a lead role in facilitating post-emergency partner coordination and review meetings. The meetings are focusing on harmonizing partners' WASH intervention activities during the medium and long-term phases as well as developing action plans based on the WASH emergency gaps in drinking water supply, sanitation and hygiene.

UNICEF provided 5,000 packs of water purification tablets, 5,000 ceramic filters, ten Rambo 500 poly-tanks, 7,500 collapsible jerry cans, 3,300 basic family water kits and 13,300 hygiene kits. A total of 985 boreholes and 1,347 hand dug wells were disinfected. Much effort was invested in capacity building of Environmental Health Unit staff in monitoring the use of ceramic filters at household level and training household beneficiaries in operating and maintaining them. In addition, 70 hand pumps were procured and installed on hand dug wells.

UNICEF worked with its partners to facilitate targeted WASH interventions. This was done within the context of a relatively low coverage rate of sanitation facilities in the regions. Priority was given to sensitization of the affected communities on the need for safe disposal of excreta and proper hand washing. Technical support was provided to the rehabilitation of damaged existing public and household latrines and latrine construction through "Community-Lead Total Sanitation" approach (CLTS) was promoted. Mass media campaigning was held using radio to promote personal and household hygiene.

Sector: Health

Communicable diseases posed an immediate health threat, particularly for women and children, in the affected areas. Access to health services was reduced in all eight affected districts in the Upper West Region, in seven affected districts in the Northern Region and in one affected district in the Upper East Region.

Displaced women, especially pregnant and lactating women, and children were particularly vulnerable. Women and children have less access than men to services and supplies and are the least protected against violence including sexual violence. This situation of life-threatening ill-health, little or no access to emergency obstetric and neonatal care, and increased risk of transmission of Sexually Transmitted Infections (STI) including HIV/AIDS infection were serious risks to which women and children in the affected areas became directly exposed. The chance of disease outbreaks, such as malaria, diarrhea, cholera and respiratory tract infections, general physical exhaustion, malnutrition and food insecurity had further increased the risk of maternal, neo-natal and child deaths.

Although UNICEF is not the lead agency in the health sector, it provided substantial support to address the situation by providing timely and adequately humanitarian assistance and by doing so, complimented the actions employed by the Government, WHO, UNFPA and NGOs.

Immediate objectives of the humanitarian assistance in the health sector were to support district authorities with the provision of quality health services and by doing so prevent mortality and reduce morbidity, particularly among women, and children. The specific objectives included:

- To support the provision of basic health services to affected populations through the provision of essential drugs, vaccines, essential equipment, and possibly logistics support;
- To prevent and respond to outbreaks of epidemics, such as cholera, typhoid, malaria, pneumonia, diarrhea, giving particular attention to displaced populations;
- To raise awareness of risks of communicable diseases and ways to prevent such, particularly among the displaced population, and;
- To encourage care practices for child survival, growth and development and the well-being of pregnant and lactating women;
- Address the specific needs of the most vulnerable women and adolescents especially in term of access to gender and culturally sensitive Reproductive Health, STIs, HIV/AIDS, Gender Based Violence (GBV) prevention, information and services.
- Prevent excess reproductive health mortality and morbidity amongst women and young people due to obstetric complications, exposure to sexual violence, and transmission of HIV/AIDS and/or STIs.

Health sector implementation, impact and results

UNICEF collaborated closely with the Ghana Health Service, WHO, UNFPA and other partners and focused its response on malaria prevention and treatment, provision of Oral Rehydration Salts ORS for diarrhea control, and ensuring access to quality basic health services in flood-affected areas. In order to enhance the health services capacity preventing an eventual cholera outbreak, UNICEF provided logistical support to the Tamale Metropolitan Health Directorate, and supplied ringer lactate to health facilities. Prevention of malaria was intensified and some 50,000 Insecticide Treated Nets (ITN) and 50,000 doses of ACT were distributed in the three affected regions and emergency health kits and other supplies were procured and distributed. Community based "Disease Surveillance Volunteers" were trained and the Ghana Health Service field staff retrained to ensure detection of cholera and assist distribution of health and nutrition supplies.

b. Overview of implementation and impact/ results by UNFPA

Sector: Health

Reproductive Health kits were supplied to health facilities in the three northern regions affected by the floods and two districts in the Volta and Western regions. In all, 22 districts in five regions benefited from the distribution of Reproductive Health kits. However, five other districts in the upper west region were also supplied with some of the consumables, equipments and drugs though they were not on the original list of beneficiary districts. The regional health directorates and selected facilities in five selected beneficiary districts in the three northern regions were visited to enquire about the receipt and usefulness of the kits using a checklist based on a globally approved checklist.

Health workers working in the facilities visited expressed satisfaction with the performance of the equipment and had no problems using the consumables. They were also pleased with the fact that all the items had good expiry dates.

Advocacy Workshops were held in the Upper East, Upper West and Northern regions respectively. The main results of these workshops was to sensitize participants on the need to recognize the importance of meeting the sexual and reproductive health and rights of people affected by the floods, especially women and adolescents. It served as an opportunity to share experiences and discuss the effect of the flood on maternal health care and services.

The advocacy workshops received press coverage on national television, national and local radio and newspapers. In all, 132 people participated in the advocacy workshops. It facilitated discussions on the need to include Reproductive Health in any future disaster response plans in the regions and districts, and for the governmental and non-governmental leaders and managers to advocate for support in this direction.

One very important result of the workshops was for the regions to review and evaluate their responses to the flood disaster, its management in order to draw lessons from it.

Action plans to implement key interventions that will ensure they prepare against any future disaster and mitigate its effect on the health of vulnerable populations were developed. Among these actions are community sensitization, procurement of health information van, advocacy with the district authorities to improve road access to health facilities and formation of disaster committees. The lead role of the National Disaster Management Organization (NADMO) was reemphasized.

It is expected that United Nation Population Fund will continue to support advocate and work with the regions to implement these activities.

Health sector implementation, impact and results

1. Reproductive Health Kits were provided to more than the fourteen districts originally planned. The kits are made up of equipment, instruments, consummables, disposable and drugs which are used in the management of pregnancy and its complications, STIs, victims of Gender Based Violence (GBV), and prevention of HIV/AIDS, Hepatitis B & C infections, anaemia, pregnancy, etc. the kits were supplied to health facilities (hospitals, health centres, clinics, CHPS centres) and they contributed to meeting the health needs of the populations affected.
2. Free healthcare services, including sexual and reproductive health care were provided to some of the affected communities as a result of supply of the Reproductive Health kits to health facilities.

3. Some health facilities in some of the districts which were without medical equipment before the flood disaster benefited from the supply of Reproductive Health equipment. This made it possible for the facilities to provide prompt and improved services which otherwise would have been delayed or not provided. Again new health facilities awaiting supply of equipment, drugs and consummables from government for some time now were relieved by the arrival of the kits for healthcare services.
4. The advocacy programme reached the three northern regions as planned. It is expected that the 132 participants will act as advocates and in their own small ways assist in meeting the sexual and reproductive health needs, including prevention of pregnancies, HIV/AIDS, STIs, and GBV during any future disaster in their community, district and region.
5. Wider impact – in part due to the efforts undertaken by UNFPA, when conflict broke out in the Bawku area of the Upper East Region on the eve of the new year, the UNFPA through its advocacy efforts was able to get the Regional Health Directorate for Upper East to take measures to ensure that healthcare services was restored as early as possible to reduce suffering, especially among pregnant women and adolescents.
6. The response has created an awareness of the need for contingency planning which is being taken up by the relevant authorities.

C. Overview of implementation and impact/ results by WFP

Sector: Food Security

The overall goal of the Emergency Operation was to provide immediate life-saving general food rations to 75,000 people and supplementary rations for 10,000 pregnant and lactating women and malnourished children under 5 for a period of six months. Two key objectives were:

- a. To save lives of flood-affected people by ensuring short and medium term food security for 75,000 floods affected people.
- b. To protect livelihoods, restore productivity and household food security of affected populations.

WFP food sector implementation, impact and results

WFP procured food rations made up of cereals, corn-soya blend, vegetable oils, iodized salt and sugar. These commodities were pre-positioned for distribution to the most critical districts in the early stages of the emergency. In accordance with the Emergency Food Security Assessment criteria, 20 priority districts and vulnerable categories of people such as small-scale crop producers with few productive assets, female-headed households and pregnant and lactating women and families with malnourished children were targeted as a priority group.

CERF funding enabled WFP to procure and distribute 1,437 MT of cereals, 150 MT of corn-soya blend, 100 MT of vegetable oil, 23 MT of iodized salt and 6 MT of sugar to the targeted groups in good time.

D. Overview of implementation and impact/ results by FAO

Sector: Food Security

Objectives in this sector included supplying fertilizer to 17,000 vulnerable farmers whose crops survived the floods but threatened with potential failure and specifically to reduce food crops losses, reduce the prevalence of food insecurity in the affected areas, and reactivate farming activities and generate income for the affected farming population.

FAO food security sector implementation, impact and results

FAO had some delays in the procurement of the inputs to the affected areas because of Government requested changes to be made in the original project document to include irrigation pumps. This delayed prompt supply of the agro inputs and other equipment to the targeted beneficiaries. The project was implemented in collaboration with the Ministry of Food and Agriculture (MoFA). The inputs, including seeds, fertilizer, agro chemicals and equipment (motor pumps and pipes) supplied were distributed the Regional Director, Ministry of Food and Agriculture in Upper West Region. At time of writing, implementation and monitoring were being undertaken by MoFA extension and subject specialist officers. Ministry of Food and Agriculture planned programme in Northern Ghana is to provide more water lifting devises to support dry season vegetable and cereal production.

List of Agro-Inputs supplied to Upper West Region under CERF-funded FAO project

<i>Item (seeds)</i>	<i>Quantity</i>	<i>Item (Fertilizers)</i>	<i>Quantity</i>
Onions Seed-Bakwu Red	120 kg	NPK 15.15.15	27,000 kg (540 bags)
Pepper Seed - Scotch Bonnet	3 kg	NPK 20.20.20	900 kg (18 bags)
Pepper Seed - Legon 18	3 kg	Deltamentrin 12%	540 litres
Tomato Seed - Petomech	12 kg	Mancozeb 64% +	90 kg
Tomato Seed -Tropimech	12 kg	Metallaxyl 8%	
Okra Seed -Volta Spineless	50 kg		
Okra Seed -Clemson Spineless	50 kg		
Amaranthus - Alefi	80 kg		
Cowpea Leave	200 kg		
<i>Equipment</i>			<i>Quantity</i>
Honda Water Pumps -3" 5.5 HP (petrol)			154 pieces
Section Hose (10m)			154 pieces
PVC Pipe (3" diameter 6m long (19.5ft)			2,000 pieces

FAO approved budget for the purchase of the required inputs was inadequate for the affected population. The calculation of inputs supplied could support only 770 affected farmers to cultivate an average of 0.4 ha (total of 308 ha) while the affected population in Upper West was about 3,030. However, in order to increase the number of beneficiaries. Ministry of Food and Agriculture distributed the motor pump to a group of (5 – 15 members) and other inputs covering about 1,920 farmers.

(a) Monitoring and evaluation

For the purposes of monitoring and evaluation, the various agencies developed their individual monitoring procedures to track process and progress of their emergency operations. To enable the Resident Coordinator (RC) to monitor progress, periodic updates of activities implemented, progress, challenges and field monitoring results were presented to the Resident Coordinator at Humanitarian Coordination Team (HCT) meetings. The HCT also commissioned a joint Progress Review in March. Individual agency monitoring procedures are as follows:

UNFPA: UNFPA prepared and implemented a monitoring plan to monitor the distribution of Reproductive Health kits to the flood affected regions and districts. UNFPA also encouraged regional health authorities to develop their own distributions plans and to carry out their own monitoring. The receipt of the items by the regions was monitored by the agency with specific attention given to the quantity and state of the boxes and pallets on arrival at the Regional Medical Stores. Only one box of male condoms was found to have been partly damaged on arrival at the UE Regional Medical Store. District level monitoring visits by UNFPA were undertaken on a selective basis, in collaboration with Ghana Health Service.

WFP: The WFP Field Office in Tamale has a monitoring plan which outlines the roles and responsibilities of District Distribution Teams and the monthly schedule of activities to be carried out by the teams. The monitoring unit ensures that distributions are conducted in a timely and efficient manner by the teams. They provide guidance as is needed for the team and provide feedback to the Country Office to enable prompt action to be taken in the event of any unexpected obstacles to achieving the desired results. The monitoring unit utilizes a checklist which provides information on food arrivals and distribution data, commodity delivery, distribution center management, registration and distribution verification processes, gender and protection issues, food handling and storage conditions and warehousing practices. Qualitative post distribution monitoring takes place following each distribution.

FAO: Monitoring of the project activities is done by the staff of Ministry of Food and Agriculture with frequent visits by the FAO staff.

(b) Initiatives complemented CERF- funded projects

Responses received by UNICEF and WFP to the flash appeal complimented funds received from CERF as follows:

- UNICEF component of the flash appeal was also supported by the UNICEF Emergency Fund for Health and WASH; European Union; and the United States.
- WFP: CERF provided 34 percent of the total funding required for the full implementation of the WFP Emergency Operation. Additional funds received from France, European Union, Germany, Australia and Belgium will ensure the successful completion of the emergency operation at the end of April.
- A Special Operation provided logistics support to complement Emergency Operation efforts. Five fiber-glass river boats and six cargo trucks complemented the provision of relief to the most vulnerable groups in inaccessible areas affected by the floods. Two Swedish Rescue Service Agency engineers were deployed to assess the level of damage to roads/bridges. GIS expertise was provided to map locations and distribution points.

IV. Lessons learned

Ghana had not experienced such an emergency situation in the past, thus no contingency plan was available, which affected the timeliness of the response. However with the assistance of the United Nations under the leadership of the Resident Coordinator, the response by the Humanitarian Community was successful despite the challenges faced. The following are some lessons learned during the process.

- The level of preparedness in terms of contingency planning both at national level and that of humanitarian partners was inadequate;
- The need to have disaster management teams involving all humanitarian actors demonstrated that the link between development and disaster preparedness is necessary and need to be mainstreamed;
- Need to build national capacity for disaster preparedness and response with strengthening country leadership on humanitarian response;
- Need readily available updated inter-agency and national contingency plans as well as individual agency contingency plans;
- Need for government's active participation and leadership of sector ministries in Humanitarian Committee Team (HCT) meetings to follow up on the response;
- Need to ensure proper coordination by national authorities between the central level with the inter-sectoral coordination of response;
- Make disaster preparedness part of the overall management of the country's economy;
- Need to embark on timely early recovery activities and put in place early warning systems;
- Need for functional disaster management teams involving all humanitarian actors and local authorities particularly in disaster prone areas.

V. Results

Sector / Cluster	CERF projects per sector	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Water, Sanitation and Hygiene (UNICEF)	07-CEF-076-A Rapid response in water, sanitation and hygiene	235,756	75,000	Environmental Health unit of the Ministry of Local Government and Rural Development; NGOs: Rural Aid, New Energy, and others.	<ul style="list-style-type: none"> ▪ The prevention of outbreaks of water and sanitation related diseases; ▪ That affected 75,000 population had access to adequate safe water; ▪ That at least 80 percent of the affected population including families hosting displaced people had access to safe and sanitary means of excreta disposal; ▪ That the affected population including host families gained knowledge of and access to educational materials on personal hygiene practices; ▪ That all affected households are provided with ceramic water filters and know how to use and clean these filters. 	No outbreaks of water and sanitation related diseases have occurred. The affected population has access to adequate safe water, and 80 percent of them including families hosting displaced people have access to safe and sanitary means of excreta disposal. The affected population including host families has gained knowledge of and access to educational materials on personal hygiene practices. Almost all affected households are provided with ceramic water filters and know how to use and clean these filters.
Nutrition (UNICEF)	07-CEF-076-C Rapid response in Nutrition	80,765	75,000	The nutrition unit of the MoH/GHS, WFP, regional and district authorities, various NGOs	<ul style="list-style-type: none"> ▪ To prevent malnourishment in children affected by the floods and reduction of prevalence of acute malnutrition below the critical levels of ten percent and the levels of severe malnutrition below one percent of under-five year olds. 	Rapid assessment has proven that the objectives have been achieved, but also that the intervention should not be discontinued at this point in time since livelihoods of the peasant population in the affected areas have not been restored fully.

<p>Health (UNICEF)</p>	<p>07-CEF-076-B Rapid response to health</p>	<p>168,201</p>	<p>75,000</p>	<p>Government MOH/GHS, WHO, UNFPA and NGO's</p>	<p>The immediate objectives of the humanitarian assistance in the health sector were to support district authorities with the provision of quality health services and by doing so prevent mortality and reduce morbidity, particularly among women, and children. The specific objectives were:</p> <ol style="list-style-type: none"> 1. To support the provision of basic health services to affected populations through the provision of essential drugs, vaccines, essential equipment, and possibly logistics support; 2. To prevent and respond to outbreaks of epidemics, such as cholera, typhoid, malaria, pneumonia, diarrhea, giving particular attention to displaced populations; 3. To raise awareness of risks of communicable diseases and ways to prevent such, particularly among the displaced population, and; 4. To encourage care practices for child survival, growth and development and the well-being of pregnant and lactating women; 5. Address the specific needs of the most vulnerable women and adolescents especially in term of access to gender and culturally sensitive RH, ASRH and HIV/STI/GBV prevention, information and services; 6. Prevent excess reproductive health mortality and morbidity amongst women and young people due to 	<p>Morbidity and mortality in the flood affected areas have not risen due to the emergency situation.</p> <p>Effective support has been provided to basic health services to affected populations and the provision of essential drugs, vaccines, essential equipment, and possibly logistics support.</p> <p>Outbreaks have been prevented of epidemics, such as cholera, typhoid, malaria, pneumonia, diarrhea, giving particular attention to displaced populations</p> <p>Awareness have been raised of risks of communicable diseases and ways to prevent such, particularly among the displaced population, and care practices have increased for child survival, growth and development and the well-being of pregnant and lactating women.</p> <p>Specific needs have been addressed of the most vulnerable women and adolescents especially in terms of access to gender and culturally sensitive RH, ASRH and HIV/STI/GBV prevention, information and services.</p> <p>Increase in reproductive health mortality and morbidity has not occurred amongst women and young people due to obstetric complications, exposure to sexual violence, and transmission of HIV and/or STIs</p>
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Health (UNFPA)	07-FPA-029	259,871	50,000	Ghana Health Service (Regional Health Directorates and District Health Directorates); WFP (Humanitarian Hub)	<ol style="list-style-type: none"> 1. 80 percent of affected districts receive RH kits, logistics and services 2. 80 percent of affected districts reached with at least two advocacy meetings 3. 100 percent of affected regions reached with at least one advocacy meeting to sensitise opinion leaders in the affected regions on the importance of meeting the SRH, RR and gender rights of people, especially women and adolescents during disaster. 4. 80 percent of health providers and community health volunteers in fourteen affected districts trained in use of RH kits supplies, and prevention of HIV and GBV 5. At least two monitoring visits carried out to 80 percent of affected districts 6. Conduct RH need assessment 	<ol style="list-style-type: none"> 1. 22 districts benefited from the distribution of RH kits. Five other districts and the regional hospital in the the UWR were provided with some of the RH kits. Regional Hospital in Bolga also benefitted. In all over 200 health facilities benefitted from the RH kits. TBAs als provided with delivery kits. There was free services provided to some of the severely affected communties using RH kits and other local supports. The kits improved availability of equipment & healthcare services in beneficial health facilities. 2. Three of the five regions (60 percent) benefitted from the advocacy meetings. Members of the Regional Coordinating Councils, opinion leaders, NGOs, etc in three northern regions benefited from the advocacy workshops. 3. The three northern regions and eight (about 36 percent) of the affected districts were visited to monitor the distribution and use of RH kits
Food Security (WFP)	07-WFP-062 Assistance to Populations Displaced by Floods	1,499,950	91,772 displaced populations in the three Northern Regions	Ghana Health Service, NADMO, District Assemblies	<ol style="list-style-type: none"> 1. 91,772 beneficiaries receiving general food rations to sustain household food security. 2. 10,000 pregnant/lactating food insecure women and malnourished children receive supplementary 	<ol style="list-style-type: none"> 1. Procurement of life-saving food assistance for 91,772 beneficiaries. 2. Total number of beneficiaries who received food for December/January distributions- 91,772 3. 16,042 beneficiaries

					feeding	(pregnant and lactating women and malnourished children) who received food under the supplementary feeding programme
Food Security (FAO)	07-FAO-050 Emergency Supply of fertilizers to floods affected farmers in Northern Ghana	252,413	17,000 Farmers	Ministry of Food and Agriculture (MOFA)	<ol style="list-style-type: none"> 1. 17,000 affected farmers supplied with fertilizers in three regions. 2. Boost production of surviving crops in 7,100 hectares in affected areas. 3. Affected farmers gained knowledge on fertilizer application and 4. Food insecurity reduced in the floods affected areas. 	<ol style="list-style-type: none"> 1. Agro inputs procured and distributed to 154 groups of farmers (5-10 members per group). Inputs supplied could support groups to cultivate an average of two ha or 0.4 covering a total of 770 farmers while the affected population of Upper West project implemented area was 3,033. 2. Affected farmers planted leafy vegetables, onions, okra, pepper, onions, tomatoes and maize. The vegetables have been harvested and part consumed as food to increase nutritional needs and others sold to increase their income. 3. Nutrition status of children has improved as compared to areas which did not receive support. The planted maize is not yet matured to be harvested as green/fresh for consumption and sales. 4. The inputs supplied had assisted farmers to adopt new farming practices such as dry season farming using pumps to irrigate farm lands along rivers, dams and dugouts (not known by the people) in the affected areas especially in the Upper West Region).

VI. CERF IN ACTION: Success stories

UNICEF - Water, Sanitation and Hygiene sector success story

Ceramic filters provide clean water for flood-affected communities

Akua Abugri, a 24-year-old mother of three in Pwalugu in the Upper East Region, now has access to clean drinking water, thanks to the interventions put in place by UNICEF. "I have been using a ceramic water filter for a year now and I enjoy the water not only because it is clean but also because it is very cool since the filter has a cooling effect," Akua said in her home. "None of my children have had diarrhea since I started using the filter which provides water for all seven members in my household," she adds. Akua was one of many victims of last year's floods to benefit from a package put in place to provide clean drinking water to people who did not have access to potable water.

With funding from CERF and the European Union, UNICEF distributed 5,000 ceramic filters to flood victims for household use in the Northern and Upper East Regions, providing clean water to over 40,000 people, including women and children in several communities in the West Gonja, Builsa, Talensi, Nabdam, Kassena Nankana, Bongo and Bolga districts.

UNICEF also provided 100,000 water purification tablets, with each tablet capable of purifying a gallon of water, and carried out the disinfection and rehabilitation of contaminated and damaged boreholes respectively. Mr Jonathan Petko, UNICEF Water, Sanitation and Hygiene (WASH) cluster coordinator, on a monitoring tour of some beneficiary communities, said the ceramic filters were offered to those who did not have access to clean drinking water as part of the emergency response to the floods and efforts to prevent water borne diseases in those areas. "This exercise is aimed at finding out whether beneficiaries know how to assemble, use and clean the filters well and to assess how many filters have damaged components that need to be replaced. Based on these findings, the beneficiary communities would be re-educated on the filters while damaged components would also be replaced," said Petko.

At a training session organized for environmental health workers of the Talensi- Nabdam district of the Upper East Region, Petko said ceramic filters can get rid of 99 per cent of water borne diseases, including typhoid, bilharzia and guinea worm. The filters contain colloidal silver which has a disinfecting capability and captures micro-organisms that cause Diseases." Each unit filters two and a half liters of water an hour which should provide enough drinking water for the average household and is guaranteed to last three years," said Petko. He presented a 'Ceramic Filter End User Checklist' to the workers which they are to use to carry out the monitoring and evaluation exercise. "UNICEF places a lot of importance on monitoring and is anxious to see that people are deriving benefits from the filters. The proper usage of the filters should eventually lead to a zero rate in water- borne diseases," he said.

Mr Ibrahim Shakool of Pure Home Water, a non-governmental organization and a partner of UNICEF, said assembling the filters correctly was essential to their proper functioning since they tend to leak when they are not properly assembled. He took the participants carefully through the procedures for correct installation of the filters as well as how to properly clean them. Without regular and proper cleaning, the pores in the filters tend to clog up and slow down the filtration process.

Mr Shakool called on beneficiaries not to pour hot water into their ceramic filters and in cases where the source of water for the community was very turbid, they could use alum to settle the sediments before pouring off the clean water into the filter. The participants later carried out a demonstration on the installation of the filters and how to clean and maintain them.



Typical dam water Source in NR

Copyright: UNICEF



Ceramic filter in use in a house hold in Bongo UWR.

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WFP - Food security sector success story

When the WFP Field Monitor met Talata Seidu in October 2007, she was a woman who had lost all will to survive. Talata's misery following the devastating effects of the floods was clearly understandable. She had lost all her crops and what was especially devastating for her was that she had taken money from a money lender to sow maize, millet and groundnuts. This money lender who had also lost his livestock and farms was harassing all his debtors, one of whom was Talata, for repayment. Talata's husband, a part-time laborer, was gradually losing his sight and the burden of responsibility for taking care of their four children had fallen on Talata.

Fortunately for Talata, her family and the 91,772 beneficiaries who were assisted through funds provided by the CERF, WFP's intervention in September 2007 was very timely. High energy biscuits provided much needed initial relief while they sought shelter at the Doba Primary School in Kassena Nankana. The HEB, maize, vegetable oil and beans provided by WFP were crucial to her family's survival. Talata's family, like the thousands of affected families was given a critical life-line through the provision of immediate life-saving assistance made possible through CERF financing.



Displaced families at Doba Primary School
Copyright: 2007 WFP/Francis Sarpong Kumankuma



Off-loading of HEB at Daboya
Copyright: 2007 WFP/Victor David

FAO - Food security security sector success story

Notes from a monitoring visit

It was interesting to note during the visit that the supply of agro- inputs, small irrigation pumps, accessories and pipes have attracted beneficiaries communities living along the dams, rivers and dugouts to engage in dry season cultivation of vegetables such as green and hot pepper, tomatoes, okro, leafy vegetables, cabbages and maize. It was noted that the planted vegetables were very green and doing well and that some of the vegetables such as leafy cowpea leaves were ready for harvesting and market women were in the farms to buy them. Green vegetables were easily available in the local market more than the previous year. This could best explain why Ministry of Food and Agriculture requested changes in the project document to include small motor pumps, pipes and accessories which farmers could use to engage in dry season activities to increase their incomes and food security as witnessed during the visit.



Vegetable farms
Copyright: FAO Accra

List of Acronyms

CERF- Central Emergency Response Fund
CLTS- Community Lead Total Sanitation
DFID- United Kingdom Department for International Development
ECHO- European Community Humanitarian Aid Office
EMOP- Emergency Operation
ENA- Essential Nutrition Actions
FAO- Food and Agriculture Organization of the United Nations
GHS- The Ghana Health Service
HCT- Humanitarian Coordination Team
HIV - Human Immunodeficiency Virus
ITNs- Insecticide Treated Bed Nets
MoFA- Ministry of Food and Agriculture
NADMO- National Disaster Management Organization
NGO- Non-Governmental Organization
OCHA- Office for the Coordination of Humanitarian Affairs
RC- Resident Coordinator
RCC- Regional Coordinating Councils
RH -Reproductive health
STI- Sexually Transmitted Infections
UNCT- United Nation Country Team
UNDAC- United Nations Disaster Assessment and Coordination
UNFPA- United Nations Population Fund
UNHRD- United Nations Humanitarian Response Depot
UNICEF- United Nations Children's Fund
USAID- United States Agency for International Development
WASH - Water, Sanitation and Hygiene
WFP- World Food Programme
WHO- World Health Organization