



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN GHANA FOR IVORIAN REFUGEES 2011

COUNTRY	GHANA
RESIDENT/HUMANITARIAN COORDINATOR	Ruby Sandhu-Rojon

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response		14,748,259	
	2. Breakdown of total response funding received by source	2.1 CERF		2,121,502
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)		87,665
		2.3 OTHER (Bilateral/Multilateral)		196,655
		2.4 TOTAL		2,405,822
	3. Breakdown of funds received by window	<input type="checkbox"/> Underfunded		N/A
		1. <i>First Round</i>		N/A
		2. <i>Second Round</i>		N/A
		<input checked="" type="checkbox"/> Rapid Response		2,121,502
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		1,380,681
		4.2 Funds forwarded to NGOs for implementation		647,953
		4.3 Funds forwarded to government partners		56,500
		4.4 TOTAL		2,085,134

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

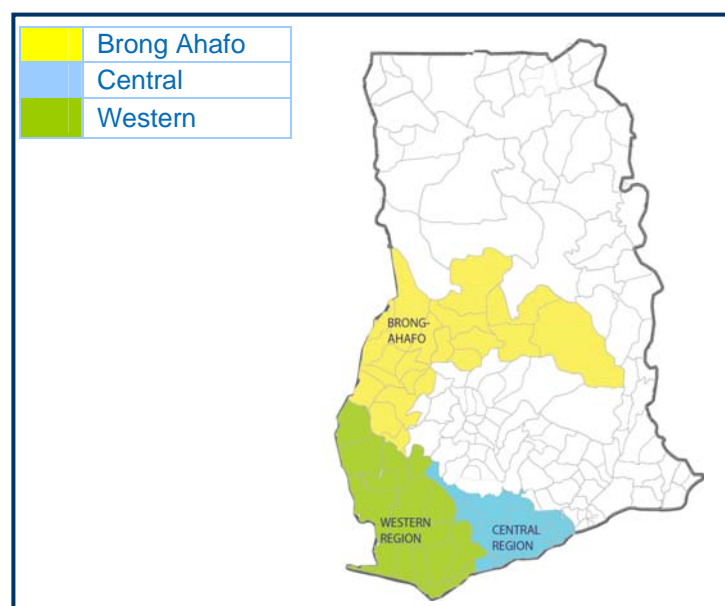
Total number of individuals affected by the crisis	Individuals	17,000
Total number of individuals reached with CERF funding	Female	3,798
	Male	3,433
	Total individuals (Female and male)	7,231
	Of total, children <u>under</u> 5	888

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

The Ghana Refugee Board (GRB), as the UN system's principal partner in the area of refugee protection, identified and allocated land in three regions - Western, Central and Brong Ahafo - for campsites and reception facilities. In the Western Region, Ampain Camp and Eagle Star Reception Centre hosted approximately 4,948 asylum seekers and operated at full capacity.

The Egyeikrom Camp was located in the Central Region and had a population of 1,257 asylum seekers residing there. The Fetentaa Camp was located in the Brong Ahafo Region and hosted nearly 1,026.

While approximately one-third of asylum seekers registered in Brong Ahafo resided in host communities, depleted resources due to prolonged stay in Ghana led to more Ivorian in these host communities turning to the UN, in particular, for shelter and food. The vast majority of asylum seekers in the region originated from the north-eastern part of Cote d'Ivoire, which shares a border with the Brong Ahafo Region.



IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
YES NO

Remarks: The reporting template was shared with the Humanitarian and UN Country Team to ensure common understanding and organize process for timely submissions to the consolidated report by Agencies/Clusters.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
YES NO

The final report was shared with the UN Country Team and the Ghana Red Cross (GRC), Ghana Health Service (GHS), IOM and Rural Water Development Programme of Church of Christ, for review and subsequent submission.

V. ANALYSIS

1. The humanitarian context

The violence which erupted in March 2011 as a result of the disputed presidential elections in Cote d'Ivoire (CDI) led to significant movements of refugees and asylum seekers from CDI into Ghana. About 17,000 Ivorian entered Ghana in need of assistance and international protection. Of this number 46 per cent (7,820) were males while 54 per cent (9,180) were females; of the female population, approximately 40.2 per cent (3,690) were women of reproductive age. Women and children constituted the majority of this population and also the group that was most exposed to security risks and gender-based violence. Their immediate protection; transportation for (refugees/asylum seekers and third-country nationals) from the border entry points to reception centres for registration demanded urgent attention and appropriate response mechanisms. In addition, there was need for immediate medical screening and those with medical conditions were referred to hospitals for medical attention to save lives.

7,231 asylum seekers were accommodated in three regions; Brong Ahafo Region (BA), Central and Western Regions (WR) in refugee camps, whilst several thousands lived in host communities.

In order to ensure basic safety for the beneficiaries, immediate funds were needed for the development of camps as well as providing basic services. Considering that the overwhelming majority of asylum seekers in Ghana originated from the wider Abidjan area, the prospect of early return to CDI was not an option because fighting was very intense in this area.

A joint-rapid needs assessment on health and nutrition conducted by the Government and UN Agencies on 1-2 June 2011 in the Ampain Camp and Eagle Star Reception Centre highlighted a number of urgent issues to be considered to ensure asylum seekers' stay met acceptable standards. Strengthened food security and improved sanitation were noted as critical areas of concern. Since WFP's food basket lasted only until the end of July 2011, funds were urgently needed to ensure an uninterrupted food supply.

As asylum seekers' arrivals coincided with the rainy season, heavy rains destroyed tents and flooded toilets and bathrooms in Ampain Camp and Eagle Star Reception Centre. The pools created by these downpours often became breeding grounds for mosquitoes, thus exposing refugees to vector borne diseases such as malaria and dengue. This required the immediate provision of shelter and the acquisition of mosquito nets for camp occupants.

Other health challenges identified included the limited capacity of health facilities in the respective locations where asylum seekers were located. These facilities suffered from a shortage of qualified human resources, limited stock of essential drugs and basic equipment which were insufficient to cope with the upsurge in the numbers of asylum seekers. This led, in particular, to the disruption of HIV prevention, HIV treatment and care services for some women and children.

A mission hospital located about five km from the camp site was the only facility with the basic capacity to manage/treat victims of sexual violence, defilement and rape survivors and offer basic psycho-social counselling services. The assessment also revealed that though there had been sensitization on HIV voluntary counselling and testing as well as condom use, there was no programme in place to address stigmatization and discrimination.

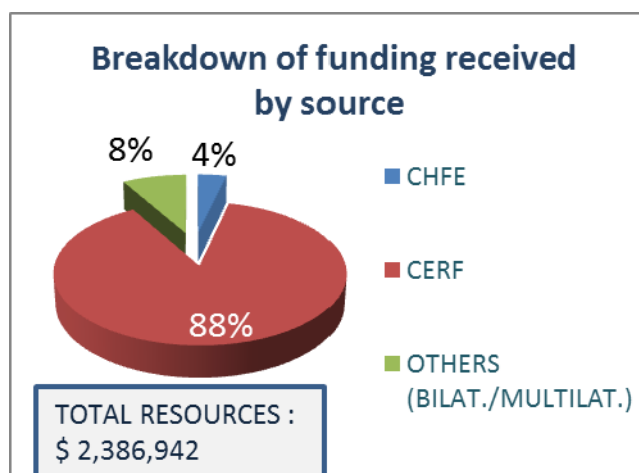
In this respect, funds were needed for the procurement of reproductive health medical supplies and equipment including Reproductive Health kits to support emergency reproductive health information and services, especially among the most vulnerable populations in the camps.

Another critical outstanding issue had to do with the training of various stakeholders like Ghana Refugee Board (GRB), Ghana Immigration Service (GIS), National Disaster Management Organisation (NADMO), Ghana Red Cross (GRC), and Ghana Police Service (GPS) to ensure a favourable environment for the protection of refugees. In addition, Government agencies required support in logistics and equipment in order to ensure adequate presence and intervention capacity.

2. Provide brief overview of CERF's role in the country

The UN Country Team in Ghana's initial response to the influx of asylum seekers was to support Government with available resources to respond to asylum seekers' immediate needs. The UN Country Team implemented all multi sectoral activities in the reception centres and refugee camps. Various partners including IOM, NGOs and Red Cross supported initial responses by tapping into other existing funding sources, e.g. EMOP and EHAP.

The CERF greatly boosted a joint-UN system humanitarian response to the CDI asylum seekers. It represented the largest channel of humanitarian funding to the Ghana effort, contributing \$2,121,502 under the rapid response window; almost 90 per cent of total funding available to the UN agencies and GoG/NGOs. These funds were used in expanding assistance to 7,231 asylum seekers by provision of food, drinking water, shelter, as well as support to schools and health centres. In addition to helping humanitarian organisations in Ghana to accelerate and expand relief response, CERF funds helped improve to quality of assistance and brought comfort to the displaced people. Support activities were divided into five clusters/sectors i.e. Food Security and Nutrition, Health, Shelter, Water & Sanitation and Protection.



3. What was accomplished with CERF funding

The CERF funded activities under the sectors of health, food security and nutrition, water and sanitation, shelter, protection and security.

PROTECTION/SECURITY

As a direct result of the funding, IOM was able to establish an office at the Elubo border (border with Ivory Coast) in the Western Region, which strengthened its presence and allowed IOM to provide immediate assistance in transportation and health. These activities filled an operational gap. At the Elubo border entry point, refugees and asylum seekers requesting assistance were registered by UNHCR and provided with transport by IOM to a reception centre (Eagle Star Reception Centre) with onward assistance to refugee camps as required. In addition, they were provided with a health assessment and immediate treatment for those with medical needs. Refugees and asylum seekers found to have significant or life threatening medical conditions were referred to medical facilities for emergency treatment.

Camp security was also maintained in all locations with security/community lighting installed at vantage points. The GRB was UNHCR's counterpart, responsible for camp management and ensuring the

provision of physical security in refugee locations. Neighbourhood Watch Teams (NEWAT) were comprised by refugee volunteers who had been trained and added to the structures responsible for the security. These teams provided valuable support based on the knowledge and trust of the communities, and collaborated directly with UNHCR and camp management.

As a result of the funding, UNFPA in collaboration with the Domestic Violence and Victim Support Unit (DOVVSU) of the GPS and UNHCR, strengthened the capacity and knowledge of 102 security personnel from the GPS/DOVVSU, NADMO, GRB, Neighbourhood watch teams (from all three refugee camps) through training in the prevention and management of Sexual and Gender Based Violence (SGBV). This was to improve multi-sectoral coordination in the protection of refugees from SGBV. Host communities and refugees were also sensitised on SGBV prevention and response.

SHELTER

UNHCR and its partners, NCS, distributed non-food items such as plastic sheeting, tents for shelter and basic household items such as blankets, water, hygiene and sanitation kits, soap and kitchen utensils to Ivorian refugees in camps.

Additionally, UNFPA provided 1800 culturally sensitive and specially designed hygiene/dignity kits for Women and girls of reproductive age, pregnant women and nursing mothers.

A total of 1,500 emergency shelter units were completed and accommodated nearly 7,231 refugees located in various camps. Shelter units comprised health posts, bathrooms and toilet facilities, schools, and police posts: all were completed and included for the three camp locations.

HEALTH

Several members of the Health cluster, including GRC, Ghana Health Service (GHS), IOM, UNFPA, CHS (Catholic Health Services in BA) and WHO worked closely together and regularly shared information on epidemiological surveillance and health activities. Together they ensured that at least 85 per cent of all visibly pregnant women received clean delivery kits as well as antenatal care. They also provided skilled medical help to women who delivered babies.

Health partners sensitised over 2,000 young people in the camps on HIV/AIDS prevention, trained peer educators and ensured the availability of free condoms at the camps. As a result, the number people volunteering for HIV testing increased by as much as 45 per cent in testing centres.

CERF funding also gave more people access to basic health care and made available more drugs and other medical supplies including emergency reproductive health kits. CERF funds helped health organisations to further improve emergency obstetric care and strengthened their disease surveillance system.

Nineteen health personnel from primary health care and referral facilities in the three regions were trained on clinical management of rape survivors to improve response to SGBV for refugees and their host communities.

WATER, SANITATION AND HYGIENE

Under the CERF funding received, 19 boreholes to serve the population with potable drinking were constructed to augment the pipe borne water supply. Additionally the Rural Water Development Programme of Church of Christ (RWDP- CoC) and UNICEF also ensured that all camps were connected to the main supply line of the Ghana Water Company (GWC) so that 3,258 Ivorian refugees, in two camps, including nearly 1,350 children had better access to drinking water. UNICEF and its partners also provided safe, hygienic, and gender-friendly Kumasi Ventilated Improved Pit (KVIP) facilities, equipped with hand washing with soap facilities (HWWS) for an additional 1,258 refugees including 458 children in the these camps.

To inculcate the spirit of community participation in the camps, residents were encouraged to form sanitation committees to manage the sanitation in the camps. This improved the waste disposal mechanisms in the camps managed by camp residents.

FOOD SECURITY AND NUTRITION

CERF funds enabled WFP and the food cluster to implement the emergency operation under which the nutritional status of food insecure asylum seekers was improved. The food cluster provided assistance to 7,328 Ivorian asylum seekers in three camps in the Western, Brong Ahafo and Central Region. The funds were used to procure a total of 978 metric tonnes of food commodities comprising of 736 metric tonnes of rice, 80 metric tonnes of pulses, 80 tonnes of fortified corn soya blend, 70 metric tonnes of vegetable oil and 12 tonnes of iodized salt. The funds also enabled WFP to respond promptly to the crisis, providing food assistance to ensure household food security, thus reducing negative coping strategies.

As a result of these interventions, the sense of hopelessness, despair and vulnerability which characterized the start of the crisis was significantly reduced. For instance, there was an increase in the number of persons who consumed two-to-three meals a day; the amount of commodities provided in the WFP food basket increased because of the availability of CERF funding. In this respect, the CERF funding was timely and helped to meet critical needs as well assisted in stabilizing a critical situation.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

While CERF contributions helped humanitarian organisations in Ghana to accelerate and expand the relief response, it also brought higher quality assistance and comfort to displaced people. Support activities were divided into five clusters – food security and nutrition, shelter, water, sanitation and hygiene, health and protection/security. Hitherto, pre-positioned resources under these sectors were running low and much needed resources only came about as a result of CERF funding. Indeed more food was immediately secured for asylum seekers' well-being. There was an improvement in the provision of health-related services, sanitary conditions became better and above all it brought higher quality assistance and comfort to displaced people. For instance, CERF funding enabled IOM to scale-up project activities (transportation and health assistance) in the Western Region and to respond to refugees and asylum seekers' needs in the Brong-Ahafo Region.

CERF funding supported in establishing additional camps as well as increasing the humanitarian presence in the field and to reach more refugees and host communities.

CERF funding proved especially useful in the case of Ghana due to its quick availability which allowed for timely and effective assistance. Procuring commodities locally required time; even more time is usually needed for internationally procured commodities. Access to the CERF funds enabled the timely procurement, delivery and distribution of commodities, resulting in the achievement of emergency operation's outcomes.

b) Did CERF funds help respond to time critical needs?

YES NO

CERF funds were used to improve rundown shelter and to procure and supply non-food items such as blankets, jerry cans, mats, and kitchen sets. Additionally the funds were used to supplement other efforts through the provision of monthly food rations for 7,328 vulnerable food-insecure asylum seekers, logistical support such as the provision of immediate transportation and reproductive and hygienic health kits, and improved educational activities in the camps. CERF funds facilitated the procurement of medical equipment, supplies drugs and hygiene supplies and improved the response to reproductive health needs and the provision of SGBV services and information.

c) Did CERF funds result in other funds being mobilized?

YES NO

Ghana was part of the CDI +4 EHAP; through which funds were mobilized. However, funding to Ghana through this mechanism was very minimal hence the application for CERF.

CERF support resulted in IOM mobilizing funds from the Government of Australia (\$196,655 specifically for Ghana and a total of AUD\$ 500,000 for the IOM regional response).

Besides IOM, the CERF funds were the primary source of funds for WFP's emergency operations, despite intense local resource mobilization efforts.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The Humanitarian Country Team/Inter-Agency Working Group (IAWG) is a standing mechanism for humanitarian response in Ghana. It includes Government institutions, NGOs and UN agencies working in different sectors. The implementation of the cluster/sector approach within this team was one major achievement. By the end, five clusters/sectors – Health, Food, Transport, Shelter, and Water & Sanitation – were operational and cluster/sector leads met regularly with the Humanitarian Coordinator/Resident Coordinator (HC/RC) for inter-cluster/sector coordination. Thus the HC/RC and cluster/sector leads could monitor the activities in each sector, including those related to CERF-funded projects. Information sharing and management was improved to monitor the achievements as well as coordinate any challenges and gaps on the ground.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
<p>Working in clusters/sectors can add value to coordination through joint assessment of needs, activities and evaluation of results.</p>	<p>Clusters should make more efforts to include local NGOs and encourage the Government to play a more proactive role.</p>	<p>All cluster leads</p>
<p>Streamline the government procurement process for securing the urgent logistics required for rapid response interventions. For instance, the Ghana Health Service and Ministry of Health procurement law when combined with the total amount of goods/services to be procured, required at least three tenders per item to be submitted and a tender board meeting to select the vendor. These processes were cumbersome and did not facilitate time-sensitive logistics.</p>	<p>Better to procure logistics meant for rapid response through each UN Agency Headquarters or locally if available in markets</p>	<p>UN system</p>

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

UNHCR - SHELTER/ PROTECTION						
CERF PROJECT NUMBER	11-HCR-32	Total Project Budget	\$ 8,808,577	BENEFICIARIES		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Protection and Provision of Basic Services	Total Funding Received for Project	\$ 552,120	Individuals		8,119
				Female	9,180	3,798
STATUS OF CERF GRANT	Fully Utilized	Amount disbursed from CERF	\$ 552,120	Male	7,820	3,433
				Total individuals (Female and male)	17,000	7,231
				Of total, children under 5	2,040	888
				TOTAL		7,231
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS	
<p>Ensure that all refugees fleeing CDI into Ghana have access to multi- sectoral assistance under UNHCR's leadership and coordination.</p> <p>To ensure protection, adequate shelter and access to basic services for all persons of concern who are in need of such assistance. Currently only about 8,000 of asylum seekers out of approximately 17,000 were registered in Ghana have access to all basic services in the camps, and there is an immediate need to increase the capacity in order to address the</p>		<ul style="list-style-type: none"> ▪ Beneficiary populations (Ivorian asylum seekers) had equal access to all basic domestic services upon arrival <ul style="list-style-type: none"> ○ 1500 emergency shelter units allocated to 7,231 people of camps. ○ NFI comprising jerry cans, kitchen sets, soap, sanitary towels, and blankets and sleeping mats were distributed to 7,231 people of camps. ○ Access to portable drinking water made available to refugees through the construction of 19 boreholes. ○ Basic amenities provided, including toilets, bathrooms, refuse disposal sites and sanitation materials. ▪ Population had optimal access to Primary Health Care services <ul style="list-style-type: none"> ○ One health post was constructed in each of the three camps to attend to health needs of population. ○ Referrals to GHS health facilities, including Essiama Health Centre, Eikwe Hospital, Kissi hospital in the Western Region as well as the Holy Family Catholic Hospital in the Brong Ahafo Region. ○ Collaboration between UNHCR, implementing partners and Health facilities ensured that refugees were provided drugs and other medical supplies free of charge and bills submitted to UNHCR implementing partners for payment. 			<p>Monitoring missions were embarked (at least twice monthly) to monitor progress of activities, needs, facilities provided and to coordinate the timely completion of basic amenities.</p> <p>UNHCR shared with its implementing partner -- NCS – UNHCR's NFI list and standards of distribution. UNHCR also followed- up to ensure that people of camps received standard levels and quantities of materials and assistance. At the camp levels, weekly coordination meetings were encouraged to keep an accurate account of activities' progress.</p> <p>Cooperation and coordination with the Ghana Health Service and Catholic Health Service contributed to enhanced delivery of health services to people of camps.</p>	

<p>needs of the others.</p>	<ul style="list-style-type: none"> ■ Security post and public lighting to ensure a safe secure environment(camp) for population <ul style="list-style-type: none"> ○ Security post was constructed for in all three camp locations with at least four policemen from the Ghana Police Service stationed to ensure camp security. ○ Security lights were installed in camps to reduce the risk of crime. ○ Asylum seekers have been registered by the GRB and are recognised as people of camps who require assistance. ■ Implementing partners, camp management, government and local authorities received training on response to people of camps' needs to ensure adequate and expedient response to the needs of the vulnerable population. ■ Coordination meetings at the field level were also established to streamline activities and ensure that efforts to provide assistance to the population were not duplicated. During these coordination meetings, an update on the implementation status was reported and plans reviewed to maximize efficiency. 	<p>UNHCR's implementing partners worked with health institutions (GHS in Western Region and the CHS in Brong Aharfo Region). Payments for drugs and services were provided through NCS. The health institutions reported through implementing partners on population health and mechanisms to improve health and sanitary conditions. Monthly coordination meetings were held to address issues and report on progress.</p> <p>Security services were provided by the Ghana Police services in all camps. The Ghana Refugee Board (GRB) and National Disaster Management Organization (NADMO) management camp security. With regard to camp lighting and the subsequent management, UNHCR's implementing partner, CCG, coordinated with ECG to install community lights in all camps. The police and NEWAT (Neighbourhood Watch Teams) ensured the management and efficient function of camp security.</p> <p>Committees also responded to security needs and discussed issues with stakeholders during coordination meetings.</p> <p>Camp Sanitation committees, NEWAT, SGBV committee, women's group, child protection committees were set-up in camps to coordinate and address issues. The GRB, NADMO and implementing partners engaged committees' representatives from the population in camp management to improve living conditions.</p> <p>Weekly situational reports (Sitreps) detailed all camp activities and progress.</p>
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WFP - FOOD SECURITY AND NUTRITION

CERF PROJECT NUMBER	11-WFP-037	Total Project Budget	\$ 2,600,107	BENEFICIARIES	Targeted	Reached	Gender Equity Rations for General Food Distribution are the same for all beneficiaries. The second phase of the emergency operation is targeting 1,100 children under 5 with supplementary feeding. In terms of beneficiaries, females were more than the males.
PROJECT TITLE	Food Assistance for Ivorian Refugees in Western and Brong Ahafo Region	Total Funding Received for Project	\$ 1,005,610	Individuals	7,400	7,328	
				Female	9,180	3,804	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,005,610	Male	7,820	3,524	
				Total individuals (Female and male)	17,000	7,328	
				Of total, children under 5	2,040	1,100	
				TOTAL	17,000	7,328	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
Provide food assistance to displaced food-insecure asylum seekers from the Ivory Coast following post-election crises.		<ul style="list-style-type: none"> ▪ Affected households maintain or improve their food security status while reducing negative coping strategies. ▪ With the provision of 978 metric tons of food assistance, there is improved food security among asylum seekers with approximately 81 per cent indicating that they eat twice a day in the period immediately after food distributions. 					WFP and UNHCR and cooperating partners held monthly coordination meetings. UNHCR conducted a level-two verification exercises which improved the beneficiary database.

UNICEF - WATER SUPPLY, SANITATION AND HYGIENE (WASH)								
CERF PROJECT NUMBER	11-CEF-33	Total Project Budget	\$ 252,000	BENEFICIARIES		Reached	Gender Equity	
				Individuals	Targeted			1,858
				Female				928 (Estimated)
				Male				930 (Estimated)
				Total individuals (Female and male)	2,400			1,858
PROJECT TITLE	Responding to Children's Need - WASH	Total Funding Received for Project	\$ 246,122	Of total, children under 5		245 (Estimated)	Special attention was paid to the hygiene needs of girls and young women through the provision of separate facilities. Latrines were designed with drop holes with seats to facilitate use by children under 5 years and the aged.	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 158,458	TOTAL		1,858		
				OBJECTIVES AS STATED IN FINAL CERF PROPOSAL				ACTUAL OUTCOMES
1,800 vulnerable people in camps and host communities have access to and use of adequate quantities of safe water (minimum of 15 litres of safe water per person per day)		Supply of safe water to Ivorian refugees and host communities		UNICEF assessed the progress of implementation through the following mechanisms:				
2,400 people have access to and use of sanitation facilities with hand-washing units including in schools and health facilities to refugees.		Supply of safe, hygienic and gender friendly basic sanitation in refugee camps		Monthly field visits, which included regular discussions with Camp Management and the Camp Planner – UNHCR.				
		<ul style="list-style-type: none"> Based on a review of the situation by sector partners, under the coordination of UNHCR a minimum of 15 litres of safe water per person per day is being provided for 1,258 people (including 458 children) within the Egyekrom Camp in the Central Region by connecting the Camp to the main supply line of the Ghana Water Company (GWC). 		Sector meetings co-ordinated by UNHCR.				
		<ul style="list-style-type: none"> Based on the recommendations of the partner review (as above), an additional 1,258 refugees [including 458 children] were provided with safe, hygienic, and gender-friendly Kumasi Ventilated Improved Pit (KVIP) facilities, equipped with hand washing with soap facilities (HWWS) at the Camp at Egyekrom in the Central Region. 		Monthly progress reports by the implementing partner.				
		<ul style="list-style-type: none"> An additional 600 refugees (including 270 children) are being provided with safe, hygienic, and gender-friendly basic sanitation at the Camp at Ampain in the Western Region. The scope of the intervention at Ampain was reduced to 3 latrine units instead of the original 5 due to a change in the appropriate technology for the area. The high water table at the area necessitated the adoption of a water based disposal technology (WCS) with a higher unit cost. 						
		<ul style="list-style-type: none"> In total, the interventions are benefiting about 1,858 Ivorian Refugees in two camps, including nearly 1,350 children. 						

WHO - HEALTH								
CERF PROJECT NUMBER	11-WHO-39	Total Project Budget	\$ 154,803	BENEFICIARIES		Targeted	Reached	Gender Equity The interventions prevented the occurrence of EPDs AND VPDs; Real-time RDT for malaria and suspected cholera cases. These interventions also include provisions of ORS and Zinc dispersible tablets for children <u>under 5</u> with emphasis on prompt clinical management that would prevent death among this vulnerable group.
PROJECT TITLE	Epidemic Prone Disease Control in Refugee Camps and Host Communities in Ghana	Total Funding Received for Project	\$ 160,807	Individuals				
STATUS OF CERF GRANT	99per cent fund utilization rate of the \$143,787 work plan	Amount disbursed from CERF	\$ 160,807	Female	9,180	9,180		
				Male	7,820	7,820		
				Total individuals (Female and male)	17,000	17,000		
				Of total, children under 5	2,040	2,040		
				TOTAL				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS	
To reduce excess of morbidity and mortality through strengthening effective health coordination, disease surveillance, prevention and control in the refugee camps and in areas hosting refugees in the four regions of Ghana.		<ul style="list-style-type: none"> ▪ The current humanitarian situation since CERF support is that there was no occurrence of EPDs and VPDs outbreaks in neither the camps nor surrounding host communities throughout the Project's period. ▪ Zero CFR for all EPDs and VPDs ▪ Attack rate of EPDs and VPDs is maintained below emergency threshold and continuously monitored ▪ 98 per cent of all camp refugees were aware of EPDs, VPDs and HIV/AIDS ▪ Case fatality rate (CFR) of Epidemic prone diseases is maintained below W.H.O norms and standards ▪ At least 90 per cent of affected population have the awareness of prioritized EPDs and VPDs and HIV/AIDS – this indicator will be measured by in-process rapid survey a month or two after the roll out of the Information Education and Communication (IEC) set of activities –through simple qualitative and quantitative analysis of the rapid survey data collected 					Monthly WHO and implementing agencies perform monitoring and supervision.	

HEALTH

CERF PROJECT NUMBER	11-FPA-031	Total Project Budget	\$ 210,000	BENEFICIARIES		Targeted	Reached	Gender Equity
				Individuals				
PROJECT TITLE	Strengthening Reproductive Health and SGVB Response for Refugee Women and Girls from CDI and Host Communities	Total Funding Received for Project	\$128,617	Female		6,250	6,250	1,800 women and girls, including pregnant women and nursing mothers, were supported with basic hygiene supplies. These included sanitary pads to enable them maintain their dignity during the crisis.
				Male		10,690	7,820	
				Total individuals (Female and male)		16,940	14,070	
				Of total, children under 5		0	0	
				TOTAL			14,070	
STATUS OF CERF GRANT	62.1 per cent fund utilization rate of the \$128,617 work plan CERF Grant. (All funds were not utilised mainly due to actual expenditure of training activities organised in the three regions being less than that which was budgeted for).	Amount disbursed from CERF	\$ 128,617					<p>The capacity of health facilities were strengthened with the provision of medical supplies and equipment and training of health service providers to enable them to address the reproductive health needs of men, boys, women and girls. This included the distribution of free condoms for HIV prevention and to deter unplanned pregnancies. Clean delivery was ensured for over 85 per cent of refugee pregnant women.</p> <p>Security personnel – both police and camp security – were oriented in SGBV prevention and response support; SGBV prevention and response was provided for all refugees and their host communities</p> <p>Women, men, youth and children in host communities and among the refugee population in the three regions were sensitised with information on SGBV prevention and response, including information on available services.</p>

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>To improve availability and access to appropriate information and services on Sexual and Reproductive Health including, Gender Based Violence among the refugee population.</p> <p>To strengthen the capacity of service providers on the implementation of the Minimum Initial Service Package for Reproductive Health.</p> <p>To improve multi-sectoral coordinated response to sexual violence in refugee camps and host communities as well as uniformed personnel.</p> <p>To address the immediate specific needs of most vulnerable women and girls that contribute to better protection and restoring the dignity of affected persons.</p>	<p>Strengthened capacity of health facilities and health service providers to provide reproductive health information and services for refugees in the Central, Western and Brong Ahafo Regions of Ghana</p> <ul style="list-style-type: none"> ▪ Provision of Emergency reproductive health kits to GHS and CHS to support the following <ul style="list-style-type: none"> ○ Safe motherhood interventions ○ HIV prevention ○ STI treatment ○ Post-rape treatment ○ Management of complications of abortion ○ Family planning ▪ Reproductive Health treatment protocols and procedures printed for primary health care and referral facilities to facilitate service delivery. <p>Capacity of Health Service providers enhanced in the management of SGBV in Central, Western and Brong Ahafo Region of Ghana</p> <ul style="list-style-type: none"> ▪ 19 health service providers from GHS & CHS trained in clinical management of rape survivors. ▪ 19 health service providers GHS & CHS orientated on MISP for RH in crisis. <p>Multi-sectoral coordination for SGBV prevention and response enhanced among security personnel, refugees and their host communities in the Central, Western and Brong Ahafo regions</p> <ul style="list-style-type: none"> ▪ 102 Security personnel from (Ghana Police Service/ DOVVSU, Ghana Refugee Board, Refugee Neighbourhood Watch Committee) oriented on SGBV prevention and response (reporting, legal, psychosocial and medical aspects). ▪ About 400 host community members and refugees including traditional, opinion and religious leaders sensitised on SGBV prevention, response and availability of services in refugee host communities in Central, Western and Brong Ahafo Regions. ▪ IEC materials on SGBV prevention and response printed in both English and French and distributed to refugee camps and host communities. <p>Basic hygiene needs of women and girls of reproductive age supported and their dignity maintained</p> <ul style="list-style-type: none"> ▪ Hygiene/dignity kits provided to 1800 refugee women and girls of reproductive age, including nursing mothers and pregnant women 	<p>Quarterly monitoring visits to beneficiary health facilities to assess utilisation of RH kits.</p> <p>Quarterly monitoring visits to beneficiary health facilities.</p> <p>Visit to refugee camps to monitor and support SGBV prevention and response activities.</p> <p>Focus group discussions to be held with beneficiaries to assess the use and contribution of hygiene kits.</p>

IOM - PROTECTION/HUMAN RIGHTS/RULE OF LAW							
CERF PROJECT NUMBER	11-IOM-24	Total Project Budget	\$ 1,106,013	BENEFICIARIES		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Transportation and Medical Assistance of Asylum Seekers and Refugees fleeing to Ghana from Ivory Coast	Total Funding Received for Project	\$ 351,496	Individuals		All refugees and asylum seekers requesting assistance benefited from the project. Vulnerable migrants, particularly female-headed households, elderly headed-households, pregnant women and unaccompanied minors were prioritized.	
				Female	9,180 (54 per cent)		5,275 (42.2 per cent)
				Male	7,820 (46 per cent)		7,224 (57.8 per cent)
				Total individuals (Female and male)	17,000		12,499
				Of total, children under 5	7,000 (28 per cent)		512 (4.1 per cent)
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 104,802	TOTAL			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To support the Government of Ghana by providing core humanitarian assistance to 17,000 refugees and asylum seekers from Ivory Coast.		<p>It is important to note that IOM assisted in transporting asylum seekers to camps as well as providing medical assistance in camps. Therefore, it was assumed that all 17,000 asylum seekers might want to be transported to the camps. But as it turned out, some decided to stay in host communities and were therefore not covered by the support. Also, some asylum seekers transported to camps later relocated to neighbouring towns.</p> <p>100 per cent of refugees and asylum seekers requesting assistance received transportation to transit centre and/or refugee camps</p> <ul style="list-style-type: none"> ▪ 12,499 refugees and asylum seekers received timely transportation from border entry points to transit centres and/or and refugee camps. ▪ 2,472 vulnerable refugees and asylum seekers, including 983 female-headed households were prioritized with transportation to the transit centre and/or refugee camps. <p>100 per cent of refugees and asylum seekers requesting assistance received health assessments and further treatment when required</p> <ul style="list-style-type: none"> ▪ 9,221 refugees and asylum seekers who entered Ghana through Elubo border town in the Western region received timely health assessments immediately upon arriving at Eagle Star Reception Centre. ▪ 39 individuals (0.41 per cent of the total) were referred for emergency medical treatment at Eikwe Mission Hospital. ▪ A total of 3,580 medical consultations and treatments were provided to refugees and asylum seekers either at the time of health assessment or while staying at the transit centre awaiting transportation to the refugee camps. ▪ A system of communicable disease surveillance system was established to ensure early detection and control of communicable diseases. <p>Medical and operational escorts provided</p> <ul style="list-style-type: none"> ▪ 90 transportation trips from the Eagle Star Reception Centre in Elubo to Ampain Refugee Camp were escorted by operations staff to ensure a safe and dignified movement. ▪ 22 transportation trips from the Eagle Star Reception Centre in Elubo to Egyeikrom Refugee Camp in Elmina, Central region (four-hour journey) were escorted by both operations and medical staff. ▪ 39 emergency medical referrals were escorted by medical staff to ensure continued support en route to the hospital. 				<p>A system of daily and weekly transportation and medical monitoring reports and data collection were established. This data and information was used to contribute to the UN weekly situational reports.</p> <p>Furthermore, weekly medical reports were consistently shared with the Ghana Health Services (GHS) to inform on medical issues of refugees and asylum seekers. Only one medical-related death occurred in the transit centre since beginning the operation in January 2011 giving a mortality rate of 0.1 deaths/100 people screened. The death was due to the patient's refusal to take malaria treatment and instead opted for herbal medicine.</p>	

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER \$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-CEF033	Water sanitation and Hygiene (WASH)	UNICEF	Rural Water Development Programme of Church of Christ (RWDP- CoC)	NGO	158,458	13/09/2011	01/10/2011	
11-WFP-037	Food Security and Nutrition	World Food Programme	National Catholic Secretariat (NCS)	NGO	NA	NA	NA	
11-WHO-039	Health	World Health Organisation	Ministry Of Health / Ghana Health Service	GOVERNMENT	56,500	10/09/ 2011	10/09/2011	
11-WHO-039	Health	World Health Organisation	Ghana Red Cross & Red Crescent	NGO	25,500	22/08/2011	22/08/2011	
11-HCR-032	Protection and Provision of Basic Services	UNHCR	National Catholic Secretariat (NCS)	NGO	281,095	07/10/2011	07/10/ 2011	
11-HCR-032	Protection and Provision of Basic Services	UNHCR	Christian Council of Ghana (CCG)	NGO	187,905	07/10/ 2011	07/10/2011	
11-IOM-24	Protection	IOM	Ghana Private Road Transport Union (GPRTU)	PRIVATE SECTOR	61,904	01/03/2011	31/12/2011	
11-FPA-031	Health	UNFPA	Domestic Violence and Victims Support Unit (DOVVSU/Ghana Police Service)	GOVERNMENT	-	-	-	UNFPA did direct implementation

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti Retroviral Drugs
BCC	Behavioural Change Communication
CERF	Central Emergency Response Fund
CHS	Catholic Health Services
DHMT	District Health Management Team
DOVVSU	Domestic Violence And Victims Support Unit
EMOP	Emergency Operation
EPD	Epidemic Prone Disease
GHS	Ghana Health Services
GPRTU	Ghana Private Road Transport Union
GRCRCS	Ghana Red Cross And Red Crescent Societies
HIV	Human Immune-Deficiency Virus
IEC	Information, Education and Communication
IOM	International Organizations For Migration
MISP	Minimum Initial Service Package For Reproductive Health In Crisis
MOH	Ministry Of Health
NADMO	National Disaster Management Organization
NCS	National Catholic Secretariat
PE	Peer Educator
PLHIVS	People Living With HIV and Aids
RH	Reproductive Health
SGBV	Sexual And Gender Based Violence
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nation Programme On HIV Aids
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner For Refugees
VPD	Vaccine Preventable Disease
WFP	World Food Programme
WHO	World Health Organisation