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Emergency Plan of Action (EPoA) Togo: Meningitis

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation MDRTG006	Operation Update No. 1
Date of issue: 6 June 2016	Date of disaster: 1 February 2016
Operation manager (responsible for this EPoA): Samuel Matoka, IFRC Abuja country cluster	Point of contact (name and title): Samuel Matoka, IFRC Abuja Multi Country Cluster Team.
Operation start date: 25 February 2016	Expected timeframe: Four months (New end date: 30 June 2016)
Overall operation budget: CHF 178,079	
Number of people affected: 2,552,800 people living in the three regions: Centrale (709,433), Kara (873,026) and Savannas (970,341).	Number of people to be assisted: 291,200 households/1,747,200 people
Host National Society(ies) presence (n° of volunteers, staff, branches): Six national headquarters staff; six regional coordinators; 27 district supervisors, and 700 volunteers across three regions.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Federation of Red Cross and Red Crescent Societies (IFRC) and Swiss Red Cross.	
Other partner organizations actively involved in the operation: World Health Organisation (WHO), Ministry of Health and Social Protection, Plan Togo, and the United Nations Children's Fund (UNICEF)	

This Operations Update requests an extension of time frame of one month (New end date: 30 June 2016) to enable the completion of the lessons learnt workshop, which will be used to enable the documentation of good practices, challenges and recommendations for future response in Togo and by other National Societies in the Africa Region. The DREF operation will end on 30 June 2016, and a final report will be made available on 30 September 2016 (three months after the end of the DREF operation).

A. Situation analysis

Description of the disaster

Since December 2015, Ghana has been affected by new strain of meningitis outbreak - Pneumococcal Meningitis caused by *Streptococcus pneumoniae*, which is both contagious and fatal. The meningitis outbreak spread from Ghana to Togo, starting in the Kara region, in the district of Dankpen before moving on to the western border district of Bassar. Following investigations in the district of Dankpen, it was identified that the causal agent was *Neisseria meningitidis* W135. This strain of meningitis is rare and has common signs and symptoms similar to that of Cerebro-Spinal Meningitis. At that it was noted that the epidemic was expanding to other areas, not only in the districts of Kara region but also to neighbouring areas. There was also a cross border risk of spread of cases to other countries in West Africa, in Ghana, potentially Cote d'Ivoire and beyond due population movement and unrestricted borders.



HQ monitoring team and supervisors of the Kara region/Photo © TRCS

Epidemiological data from the Ministry of Health (MoH) indicated that by 18 April, 2016 the cumulative numbers of cases recorded was 1,760 with 121 deaths. Three districts in Kara region were affected: Asoli, Doufeljou and Keran. The MoH and WHO had planned the third vaccination campaign in three worst affected districts. The Red Cross was given responsibility to mobilise the communities and especially mothers with their children for vaccinations. By the end of April 2016 it was noted that the number of new cases had reduced to minimal levels and the outbreak was no longer a threat to human lives. There was strong and close collaboration with the Catholic Relief Service in the implementation of activities planned. It was noted that at the border areas Ghana was not implementing any activities only Togolese Red Cross volunteers were conducting activities. Hence it was difficult to have cross border activities as was planned. The Ghana Red Cross did not have resources to implement cross border activities. This was a missed opportunity to implement cross-border activities between the two National Societies which could have provided an opportunity to learn some lessons for the future operations.

On 25 February 2016, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 178,079 from the Disaster Relief Emergency Fund (DREF) to support the Togolese Red Cross Society (TRCS) reduce the immediate risks of meningitis to the health of the affected populations, through social mobilization and awareness raising campaigns, targeting a total at-risk population of 1,747,000 people (291,200 families) living in the Kara region and neighbouring Central and Savannas regions. Following the release of the DREF allocation, the National Society (NS) with the support of the IFRC Abuja country cluster office, has made progress with all activities planned completed with the exception of the lessons learnt workshop. This Operations Update requests an extension of time frame of one month (new end date: 30 June 2016) to enable the completion of the lessons learnt workshop, which will be used to enable the documentation of good practices, challenges and recommendations for future response in Togo and by other National Societies in the Africa Region. The DREF operation will end on 30 June 2016, and a final report will be made available on 30 September 2016 (three months after the end of the DREF operation).

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the Togolese Red Cross Society would like to extend many thanks to all partners for their generous contributions.

Please refer to the original [Emergency Plan of Action](#) for further information on the DREF operation – the “Operational Strategy” and “Operational support services” remains unchanged.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors			
Outcome 1 : On-going evaluation and coordination of activities to monitor the implementation process of the DREF operation	Outputs		% of achievement
	Output 1.1: Continuous planning, monitoring and reporting of the activities under the DREF operation in the areas of implementation.		97%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1 Deployment of a RDRT to support the planning and implementation of the DREF operation.	X		100%
1.1.2 Briefing of volunteers on data collection.	X		100%
1.1.3 Follow-up and monitoring of the planned activities done by the NS technical team (health, DM, Communication).	X		100%
1.1.4 Follow-up and monitoring from the regional coordinators of the planned activities	X		100%
1.1.5 Follow-up and monitoring from the district supervisors of the planned activities	X		100%
1.1.6 Follow-up from IFRC Abuja multi country cluster on the activities planned		X	0%
1.1.7 Lessons learnt workshop		X	0%
Progress towards outcomes			
1.1.1	An IFRC Regional Disaster Response Team (RDRT) member with a health profile was deployed to support the effective implementation of the DREF operation for a period of one month – this included close monitoring of the intervention and reporting.		
1.1.2	Mobile data collection via cell phones were used by volunteers involved in the DREF operation, however with challenges. The use of mobile phones was excellent in the areas where an existing BenCom project was already working. The volunteers that were already conversant with the approach had less difficulties compared to the volunteers who were using the tool for the first time. The supervisors were the primary users of the mobile tool and used it in monitoring at community level. Suspected cases were reported by volunteers via SMS to supervisors at local Health Facilities. The data was then sent directly to the HQ server and managed by the TRCS team. Each volunteer and supervisor received phone credit through the DREF operation.		
1.1.3	District level supervisors consolidated information gathered by the volunteers and submitted the reports to the regional offices where the health coordinators forwarded the reports to the national headquarters for collation. The HQ led by the health coordinator made supervisory visits to the impact areas on monthly basis to observe the activities that were being implemented by the volunteers. During the visits the HQ staff met with key stakeholders at regional level to share data on the progress made at community level in the implementation of the EPoA and also shared information on the outbreak..		
1.1.4	Refer to “Activity 1.1.2”.		
1.1.5	Refer to “Activity 1.1.2”.		
1.1.6	The IFRC Abuja country cluster provided remote support to the NS with the implementation of the activities planned, as well as to the RDRT that was deployed. The IFRC also planned to conduct a monitoring visit in the last week of May 2016, to monitor implementation of the activities planned, and provide verification that the work has been carried out as per the agreed EPoA, and in accordance with the DREF procedures. The IFRC will also participate in the lessons learnt workshop.		
1.1.7	The lessons learnt will be carried out w/c 6 June 2016.		

Health & care			
Outcome 1: Immediate risk of meningitis on the health of the population is reduced thanks to prevention and surveillance activities in the Central, Kara and Savannas regions of, over a period of three months	Outputs		% of achievement
	Output 1.1 Capacity of the Togolese Red Cross to respond to the areas affected by the meningitis epidemic outbreak is strengthened		90%
	Output 1.2: Target population in the affected areas 3 are sensitized to improve their knowledge and practices for the prevention of meningitis and community supervision (Target: 291,200 households / 1,747,200 people = 80% of population)		45%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1 Briefing of TRCS technical team and their coordination teams (Target: 39 staff)	X		100%
1.1.2 Briefing of volunteers on SMS use and meningitis prevention (Target: 700 volunteers)	X		100%
1.1.3 Procure/equip volunteers and supervisors with protection kits (hand gel, gloves, masks).	X		100%
1.1.4 Procure Red Cross jackets for staff (Target: 39 staff)	X		100%
1.1.5 Procure/distribute of IEC materials (Target: 1,500 kits and 1,000 leaflets)	X		100%
1.2.1 Carry out awareness raising campaigns on disease prevention and meningitis control (identification, reporting and referral of cases) (Target: 700 volunteers for 10 days per month for two months)	X		80%
1.2.2 Carry out social mobilization in support of MoH vaccination campaigns (Target: 300 volunteers for seven days) – <i>included in the days above</i>	X		100%
1.2.3 Procure megaphones for awareness campaigns (Target: 50)	X		100%
Progress towards outcomes			
1.1.1	The staff were briefed on the project and the description of the activities. This was a half-day meeting which included presentation of the Plan of Action and also orienting them		
1.1.2	TRCS volunteers were oriented on the collection and reporting of cases to the nearest health facility. The volunteers used paper-based instead of SMSs. There were challenges of the network therefore the mobile application was not used. Volunteers were provided with credit for air time and were able to text the information to the health facilities.		
1.1.3	A total of 740 protection kits were procured and distributed to the volunteers. The kit contained hand gel gloves and masks.		
1.1.4	Procurement of Red Cross jackets for staff involved in the DREF operation was carried out to ensure their visibility. A total 39 jackets were procured and distributed to the staff.		
1.1.5	Information, education and communication materials on how to prevent meningitis have been distributed. A total of 1,000 IEC materials and 1,500 educational kits. In addition, (through the Beneficiary Communications project) information messages were spread through radio shows on preventing meningitis through good hygiene practices. The messages were directed not only to the population, but through campaigns targeting schools, local authorities, NGOs and United Nations agencies		
1.2.1	As of this Operations Update, a total of approximately 120,000 households had been reached with sensitization, which equates to 45 per cent of the intended targeted (291,200 households). It is anticipated that by the end of the DREF operation the intended targets will be surpassed once all reporting is collated. Mobilization of 50 Mothers Club community members to share information on the prevention and control of meningitis was realized. The community members were mobilized and trained to educate their peers using sketches and dances, and led group discussions on harmful practices that support the transmission of the disease. Mothers Clubs were well positioned, since Togo is a matriarchal community, to carry out awareness raising sessions within their own community. These strategies were very effective and yielded excellent results. The volunteers conducted the activities for 20 days but they were only paid for 13 days from the DREF. The remaining days were paid for by catholic relief service (CRS) that partnered with the TRCS. It		

is important to note that the NS trained and deployed more volunteers than planned in the operation.

1.2.2 A total of 731 volunteers were mobilized and deployed for seven days for the health and vaccination campaigns and were deployed at vaccination points to support health workers (this is included in the 20 days they were to be mobilized through the DREF). The volunteers did an excellent job during the vaccination campaign, they were commended by the MoH for the good mobilization skills which saw an increase in the number of children that were vaccinated. The TRCS deployed the volunteers in batches in three vaccination campaigns. A total of 271 volunteers were deployed in the first campaign (two days), 250 in the second (two days) and 210 in the last vaccination campaign (3 days). A total of 1,044,000 children were vaccinated. The vaccination campaign took place in different districts as a result the new volunteers were trained and deployed.

1.2.3 A total of 50 megaphones were procured and distributed for awareness campaigns.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.