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Emergency Plan of Action Final Report

Togo Meningitis DREF Operation

International Federation of Red Cross and Red Crescent Societies

DREF operation	**Glide n°** EP-2016-000015-TGO
Date of issue: 29 September 2016	**Date of disaster:** 1 February 2016
Operation manager: Samuel Matoka, Health Delegate	**Point of contact:** Remy AFOUTOU, Secretary-General
Operation start date: 25 February 2016	**Operation end date:** 25 June 2016
Operation budget: CHF 178,079	
Host National Society: Togolese Red Cross Society: (6 National headquarters staff; 6 regional coordinators; 27 district supervisors, and 700 volunteers across 3 regions)	
Number of people affected: 2,552,800 people living in the 3 regions: Centrale (709,433), Kara (873,026) and Savannas (970,341)	**Number of people assisted:** 291,200 households or 1,747,200 people
N° of National Societies involved in the operation: Swiss Red Cross	
N° of other partner organizations involved in the operation: WHO, Ministry of Health and Social Protection, UNDP, OOAS, Plan International Togo, UNICEF, Egypt Embassy, Bornefonden and Catholic Relief Services.	

A. Situation analysis

Description of the disaster

Since December 2015, Ghana was affected by a new strain of meningitis outbreak - Pneumococcal Meningitis caused by streptococcus pneumoniae, which is both contagious and fatal. As of 10 February 2016, there were 85 fatalities reported and 465 people hospitalized in Ghana. The meningitis outbreak spread from Ghana to Togo, starting in the Kara region, the district of Dankpen, before moving on to the Western border district of Bassar. As of 15 February 2016, the district of Dankpen reported a total of 219 cases and 12 deaths (case fatality rate (CFR): 5.5%) and the district of Bassar reported a total 63 cases including 9 deaths (CFR: 14.3%). Following investigations in the district of Dankpen, it was identified that the causal agent was Neisseria Meningitides W135.

Volunteers conducting awareness campaigns. Picture by Health Coordinator 2016

This strain of meningitis is rare and has common signs and symptoms similar to that of Cerebro-Spinal Meningitis (CSM). It should be noted that the epidemic was expanding to other areas, not only in the districts of Kara region but also to neighbouring areas – since 5 February 2016 2 cases were reported in the Central region. There was also a cross-border risk of spreading of cases to other countries in West Africa, in Ghana, potentially Cote d'Ivoire and beyond, at the time of the operation.

The hot and humid climate of Togo is a key factor to the proliferation of vectors for diseases and partly responsible for the National epidemiological profile dominated by infectious and parasitic diseases. The months of March - April with their scorching heat mark the transition between the dry season and the rainy season. This period corresponds to the

time when Togo can experience the onset of meningitis outbreaks (December to June) and also with lean periods where the malnutrition rate is very high.

In order to respond to the outbreak, on 25 February 2016, the International Federation of Red Cross and Red Crescent Societies (IFRC) released **178,079** Swiss francs from the Disaster Relief Emergency Fund (DREF) to support Togolese Red Cross Society (TRCS). The DREF operation was implemented to support 1,747,200 people (291,200 households) in the Savannes, Kara and Central regions, with substantial health care and hygiene promotion activities; over a period of 3 months initially and was extended for 1 more month to end in June 2016. Initially, the Ministry of Health and Social Protection, according to the epidemiological situation, planned to conduct 1 vaccination campaign in response to this epidemic. The rapid spread of cases in 3 regions motivated the health department to conduct 2 more vaccination campaigns. This led to the extension and intensification of the activities for 1 month (June) without additional cost.

The major donors and partners of the TRCS in this meningitis operation include the IFRC and Catholic Relief Services (CRS). The Togolese Red Cross Society would like to extend many thanks to all partners for their generous contributions. The DREF operations donors 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, Zurich and Coca Cola Foundations, and other corporate and private donors. The Togolese Red Cross Society would like to extend many thanks to all partners for their generous contributions.

Summary of response

Overview of Host National Society
Togolese Red Cross has a network of volunteers (45,000) spread all over the country including the NDRT, CDRT, Mothers Club, a pool of trainers in each area, and also RDRTs often deployed by the IFRC for missions taking part in health support, WatSan, logistics, finance and shelter. In the past, TRCS has implemented DREF operations in response to floods, epidemics of yellow fever, cholera, and DREF operations in prevention of Ebola virus disease. This shows that the TRCS has real capacities in the mobilization of volunteers to respond to emergencies.

In the implementation of this Meningitis DREF operation, 731 volunteers were mobilized to support the three vaccination campaigns, including 300 for the Catholic Relief Services (CRS) funded activities. 1,000 other volunteers were mobilized for sensitization, active tracing and referral of cases in post campaigns, with 300 volunteers on the CRS funded activities. A one-day training on meningitis prevention and control was conducted for volunteers; 46 district supervisors and 6 supervisors from the affected areas were trained and equipped with knowledge to help in monitoring, including 19 supervisors under CRS; all these actions were coordinated by 6 national headquarters (NHQ) staff through monitoring and supervision.

Overview of Red Cross Red Crescent Movement in country
The International Federation of Red Cross and Red Crescent Societies (IFRC) has its country cluster office in Abuja (Nigeria), and this has been providing technical oversight, guidance and capacity building. Currently, there is a Health Delegate supporting implementation of health activities and other programmes, including DM, OD and governance support to the Board and management of National Societies. Following the launch of the DREF operation, the IFRC and TRCS signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned, and also mobilized a Regional Disaster Response Team (RDRT) member to support the effective implementation of the operation.

Overview of non-Red Cross Red Crescent actors in country
As part of the management of this epidemic, a national crisis committee was set up and chaired by the Minister of Health and Social Protection. It included within it technical units such as an epidemiological surveillance unit, communications and social mobilization unit, logistics, resource persons as well as Technical and Financial Partners (TFP) led by WHO, who assessed the periodic requirements (equipment, drugs, human and financial resources) and proposed suitable solutions for efficient support. The table below shows an overview of the main donors for the national response.

PARTNERS	TYPES
Government	Funding of field activities and response campaigns
	Operational cost of the campaign
	Technical support (data management, laboratory, epidemiological surveillance)
	Laboratory consumables, lumbar puncture kit and drugs
OOAS	Drugs and consumables, staffing
Plan International Togo	5,000 doses of vaccine ACWY
	Medicines and consumables
	Communications (fleet for 3 months for about 1,000 agents)
	Funding broadcast messages on local radio stations in the 3 regions

	Logistics (fuel, vehicles and drivers)
UNICEF	Social mobilization for the campaign
	Support for the handling of ICG vaccines
	Pharmaceuticals
World Bank	Funding of districts and regions in epidemic outbreak management
	2 consultants
	Logistics (fuel, vehicles and drivers)
	Call credit allocation for coordination of the central level
	Medicines and consumables
Catholic relief Service (CRS)	Financing of 300 volunteers from the Togolese Red Cross to raise awareness about meningitis and social mobilization for the fight back campaign
	270 community leaders training on meningitis
	Protection and visibility equipment production (300 cards, advice and hygiene kits)
Egypt Embassy	Medicines and consumables
AMP-AFENET	Technical support to diagnosis (mobile laboratory)
	Reagents and consumables, lumbar puncture kits, transportation of media
Bornefonden	5,370 doses of vaccine ACWY
UNDP	Fuel support (5,000 litres)

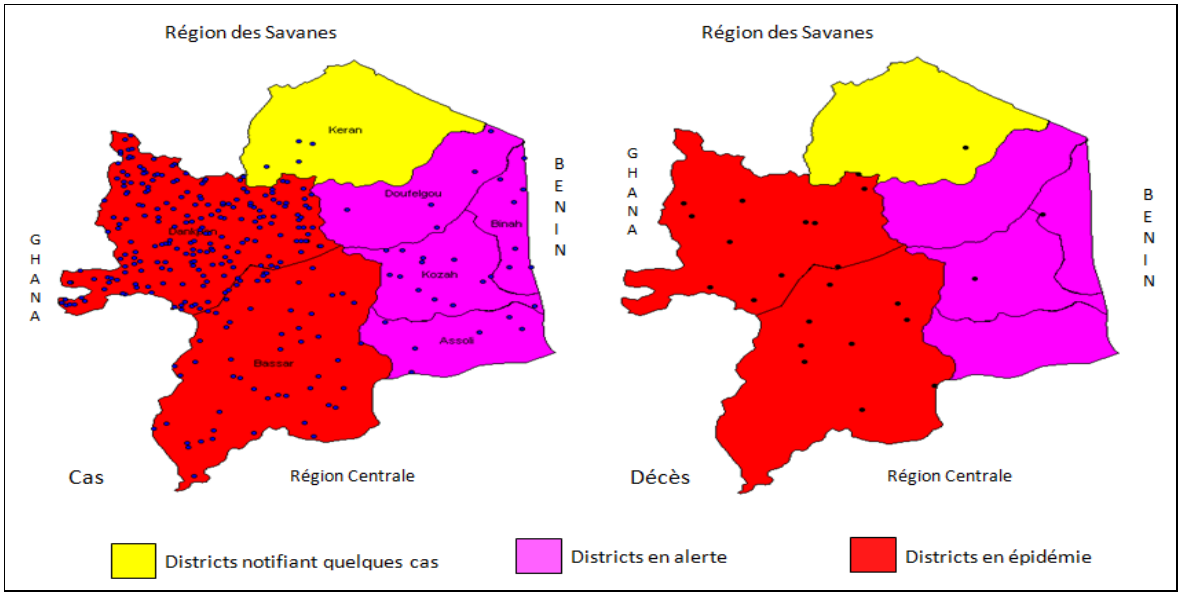
Needs analysis and scenario planning

As of 15 February 2016, there were 324 cases and 24 deaths reported (CFR 7.4%) in the Kara region, with the breakdown of the epidemiological situation as follows:

Health districts	Cases			Deaths			Mortality rate (%)
	Previous	New	Total	Previous	New	Total	
Assoli	6	0	6	0	0	0	0.0
Bassar	55	8	63	9	0	9	14.3
Binah	7	0	7	1	0	1	14.3
Dankpen	211	8	219	12	0	12	5.5
Doufelgou	5	2	7	0	0	0	0.0
Kéran	4	2	6	1	0	1	16.7
Kozah	13	3	16	1	0	1	6.3
Total	**301**	**23**	**324**	**24**	**0**	**24**	**7.4**

Source: Ministry of Health and Social Protection.

Please refer to the map below for the geographical distribution of cases.



Source: Ministry of Health and Social Protection.

Since the onset of the epidemic, the efforts of the partners and the Ministry of Health focused on the provision of drugs and preparations of the vaccination campaign. Unfortunately, the outbreak spread to the neighbouring regions, due to weak community mobilization and lack of awareness raising on the disease, which can be justified by:

- Physical contacts with the infected persons, mainly in the case of children.
- Delays in identification of new cases and accessing medical facilities.

Other factors, such as the movement of population, the drought season, the "harmattan" wind (extremely dusty) and the precarious hygienic conditions, made the health authorities fear a rapid spread of the epidemic. As such, awareness raising campaigns were highly needed to strengthen community mobilization, community awareness, monitoring and referral of suspected cases, especially in the Kara region and surrounding Central and Savannas regions.

Risk Analysis

Through the DREF operation volunteers were exposed in the affected areas, hence, vaccination was required for all staff, volunteers and stakeholders who were deployed during the operation. However, the volunteers were not vaccinated due to insufficient vaccines to cater for them. On the other hand, the TRCS staff involved in the operation were vaccinated. To protect the volunteers, personal protective equipment (sanitizers, gloves, and masks) were distributed to 700 volunteers and 30 supervisors for the affected districts and regions for self-protection.

In total, 1,747,200 people (291,200 households) were targeted in the Kara region and neighbouring Central and Savanes regions through this DREF operation, which equates to 80 per cent of the at-risk population. The TRCS ensured that the DREF operation was aligned with the IFRC's commitment to realize gender equality and diversity.

B. Operational strategy and plan

Overall Objective

Reduce immediate risks to the health of the affected populations, specifically in relation to the meningitis outbreak, through social mobilization and awareness raising campaigns, targeting a total population at risk of 1,747,000 people (291,200 families) living in Kara region and neighbouring Central and Savanes regions.

Proposed strategy

Within the operational timeframe, the following methodologies were proposed to meet the immediate needs of the affected population:

- ***Establish an early warning system, with the intention of promoting community supervision and referral of suspected cases through the process of door to door visits, urging suspected cases to undergo quick consultation in health facilities; ensure that health facilities are informed of possible suspicious cases to enable adequate assistance and implement advocacy and community mobilization***.

An early warning system was set up to activate community supervision. Volunteers through door to door visits, and transmission of key messages, were able to detect suspected cases. The organization helped to inform sanitary authorities of possible suspected cases to enable quick and adequate assistance. With the support of CRS, advocacy activities were undertaken towards local leaders and religious leaders in order to encourage communities to refer cases to the hospitals as early as possible.

- ***Cross-border activities: deploying volunteers in border areas with Ghana, where people cross the border, and during this transit inform them on early detection and prevention of the disease. A coordination mechanism will be set with the Ghana Red Cross Society to ensure similar messages are spread on both sides of the border.***

As planned, volunteers were deployed in border areas, such as Mo District, which is one of the affected districts (Upper West Ghana). They informed populations on market days about disease prevention, signs and symptoms, in order to assist in early case detection. The sensitizations were supposed to be held also on radio stations but unfortunately, radio coverage was not as much in targeting border villages. Ghana Red Cross did not respond to the outbreak hence there were not activities on the other side of the border.

- ***Supporting the vaccination campaign: intensifying vaccination awareness and information on its benefits, to be done before and during the vaccination campaign***.

A total of 1,031 volunteers were deployed to support 3 campaigns, instead of the 300 volunteers previously planned and identified in the needs assessments for one campaign, ahead of the start of the DREF operation. These volunteers were able to encourage households through home visits to mobilize more people included in the vaccine age range to participate in the campaign to benefit on basis of prevention, protection of communities and the eradication of the disease. The volunteers were also working in conjunction with the health authorities, informed of the schedule of vaccinations and implementation strategies within the district and with health facilities throughout the campaign period. It is important to note that among the 1,031 volunteers, 300 were supported by the CRS.

Key activities planned include:

- ***Briefing of 700 volunteers (one-day session) on the prevention and control of meningitis, supervision and guidance, use of SMS, promotion of good hygiene practices, to be done in the regions of Kara (epicentre of the outbreak) and the two regions under alert (Savannes and Central). Following this briefing, the volunteers have been mobilized to conduct awareness raising campaigns, as well as monitoring and guidance at the community level for 15 days per month for two months (total of 30 days). The volunteers have been equipped with information, education and communication (IEC) materials to support the awareness raising campaigns, comprising: brochures / leaflets (1,000), maps or advice kits with tips (500 kits made of three informative cards), and megaphones. The volunteers also had also to target primary schools (the most vulnerable group of the population) from the seven districts of the Kara Region and will inform both students and teachers in meningitis identification and prevention.***

In total 46 supervisors (27 supported by the DREF and 19 supported by CRS) were briefed on the operation, the management and control of epidemics, including meningitis and haemorrhagic fever virus (Lassa), modes of transmission of both diseases, prevention methods, detection of any suspected cases, and the use of communications equipment (IEC material/flyers, advisory cards). The training was provided by a management team composed of the TRCS Health Department Manager, the RDRT Health / IFRC, the assistant to the Health Department / Mothers Clubs Programme Coordinator, a member of the Health Working Group / National Volunteers. A reminder of the adequate hygiene practices and use of reporting tools were also presented. In turn, the 46 supervisors trained 1,000 volunteers among whom 300 were under the CRS.

To facilitate the transmission of the key messages, 40 megaphones were procured and 800 cards, of which 500 cards were provided through the DREF funding and 300 by CRS, were made and produced. 3,524 flyers were produced and distributed to strengthen communication within the community including schools from the affected areas.

- ***Of the 700 volunteers, 300 will be mobilized for seven days on the health and vaccination campaigns and will be deployed in the vaccination points to support health workers (this is included in the 20 days they will be mobilized in total). The campaign was expected to take place from 22 to 29 February 2016 (organized by the Ministry of Health and Social Promotion). These volunteers will come from areas covering the 36 health facilities selected for the vaccination campaign (districts of Bassar and Dankpen).***

The 300 volunteers were deployed to support the first campaign as planned in the DREF operation particularly in the districts of Dankpen, Bassar and Sotouboua (Mo) from 22 - 29 February 2016 organized by the Ministry of Health (MoH) and Welfare. The spread of the disease caused the MoH to conduct two more sets of campaigns in 6 other affected districts. 731 other volunteers were deployed for these campaigns to support the Ministry of Health in the districts of Assoli, Binah, Doufelgou, Keran and Kozah in the region of the Kara, Cinkassé in the Savanes region.

- ***Mobilization of 50 Mothers Club community members on prevention and meningitis control. The community members mobilized are trained to educate their peers using sketches and dances, group led discussions on harmful practices that enhance the transmission of the disease. Mothers Clubs are well positioned, since it is a matriarchal community, to carry out awareness raising sessions within their own communities and in their villages.***

Fifty (50) mothers' club members were mobilized and briefed about the disease and prevention methods. They proceeded after their training to sensitize their peers through drama, songs, messages, and educational talks in household and community meeting points.

- ***Cell phones will be given to support supervisors (via the Ben Comm project) for monitoring at the community level. Suspected cases will be reported via SMS by volunteers to health facilities supervisors; the data will be sent directly to the headquarters server and managed by the TRCS team. Each volunteer and supervisor will receive phone credit (value CHF 5 approx.) through the DREF operation.***

Mobile phones could not be used as reporting tools due to wireless instability in remote areas. Nevertheless, stakeholders both at central level and the decentralized level received credit to facilitate communication within the early warning system, also for suspected cases through simple text messages to the supervisors and health facility officials.

All the activities planned were conducted in close cooperation with the community and through advocacy to the community, religious and traditional leaders. These were important partners that aided in identifying the most vulnerable groups.

Operational support services

Human resources (HR)

The following staff and volunteers were involved in the DREF operation:

- Six (6) national headquarters (NHQ) staff including members from the Health, Disaster management (DM), Communication, and Monitoring and Evaluation departments, all worked closely with the crisis committee to properly manage the actions.
- Six regional staff (two per region), worked closely with the Health General Manager in their respective regions.
- 27 district supervisors were mobilized to support the management of volunteers.
- 731 volunteers were mobilized to carry out awareness raising, and support the Ministry of Health vaccination campaigns. All volunteers were covered by IFRC insurance; and issued with personal protective equipment (hand gel, gloves, masks etc.).
- 50 Mothers' Club members were mobilized to work in pairs.
- Five drivers were dedicated to support the DREF operation from NHQ.
- An IFRC Regional Disaster Response Team (RDRT) member with a health profile was mobilized to support the effective implementation of the DREF operation for a period of one month.
- The IFRC Abuja multi country cluster office deployed a Health Delegate to monitor implementation of the planned activities and provided verification on the ongoing work carried out as per the agreed Emergency Plan of Action in accordance with the DREF procedures.

Logistics and supply chain

All logistic items required for the implementation of the DREF operation were purchased locally such as: credit-units for SMS, IECs, fuel, hand gel, gloves, masks, tools and training materials, etc. and the processes of purchase were carried out according to the IFRC logistics procedures and guidelines. In total, three vehicles were mobilized in the regions for the DREF operation (one was rented). Fuel and maintenance costs were paid as budgeted.

Communications

IEC materials on how to prevent meningitis were developed with the support of the communication unit of the MoH. In addition, (through the BenComm project) information messages made with the MoH through the communication unit were spread through radio shows on preventing meningitis through good hygiene practices; these were directed to the population, through campaigns in schools, local authorities, NGOs and United Nations agencies. Due to the cost of Red Cross jackets, only 29 were issued from the initial budget of 40. In addition, 300 jackets were procured with CRS funding to ensure visibility of staff involved in the implementation of the DREF operation.

Security

The movement of staff and volunteers was effectively monitored by the DM/Health Unit via telephone and SMS. The Secretary General, Heads of Departments, partner National Society delegates, IFRC and ICRC staff were all involved in ongoing coordination and closely monitored the events. In addition, the following actions related to security were completed by the TRCS:

- Regular Red Cross Red Crescent Movement security meetings were conducted;

- UN / NGO security meetings were attended;
- Continuous monitoring of developments on the ground;
- Monitoring to ensure the communication systems were in full working order (e.g. functional, fully charged, and if required topped-up with airtime);
- All staff and volunteers completed the respective STAY SAFE security courses prior to starting their mission.

The management of the activities under this DREF operation were based on the Red Cross Red Crescent Fundamental Principles and Humanitarian Values.

Planning, monitoring, evaluation & reporting (PMER)

Performance and accountability under this DREF operation had been strengthened through a monitoring and reporting system. The DREF operation was coordinated at the national level by the Head of Health and Care Department, with the assistance of the DM Department. The Health Department has a total of three staff members who were all deployed to monitor and support the branches and volunteers in affected areas. In addition, six national headquarters (NHQ) staff comprising: health, disaster management (DM), communications, finances, monitoring and evaluation departments worked closely with the crisis committee to properly manage the actions. The deployment of the RDRT contributed in strengthening the capacity of the Health Department. At the branch level, six regional staff (two per region), worked closely with the Health General Directorate and crisis committee in their respective regions. They also coordinated and monitored the implementation of the project, overseeing the activities of the Mothers' Clubs and volunteers' actions. At community level, 27 district supervisors were mobilized to support the management of volunteers. Emphasis was made on tightening the tracking of progress on outputs to inform operational planning and decision making. Monitoring and reporting structures at branch level were enhanced to enable collection of viable data, in a timely and credible manner. The TRCS collected all the data regarding the planned intervention and responses to any emergency occurring in the affected areas on a daily basis, and were sent to headquarters through the National Health Coordinator for analysis. The RDRT supported the implementation of the DREF operation, including close monitoring of the intervention and reporting.

A monitoring mission by the IFRC Health Delegate from Abuja Cluster was conducted; and this supported the no-cost extension of the DREF operation timeframe. A visit to Kara and Central Regions was conducted to meet the beneficiaries and the stakeholders. The Health Delegate participated in the lessons learnt workshop as well. A DREF review and lessons learnt workshop held in June 2016 helped to identify and discuss good practices, challenges and other experiences in order to inform future DREF operations.

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
	Output 1.1: Continuous planning, monitoring and reporting of the activities under the DREF operation in the areas of implementation

Achievements

The epidemiological situation as at 15 February 2016 reported 324 cases and 24 deaths with a case fatality rate of 7.4% in the region of Kara. Faced with this situation, rapid assessments were conducted in conjunction with the health authorities of the country to plan a response to the outbreak. It was revealed that the epidemic was rapidly spreading way more than previously thought, and from the investigations it appeared that:

- Transmission of the disease was taking place including among children
- A delay was observed in referral of cases to health centers from the communities
- There were increased population movements due to the current climate (drought, the harmattan, draining dust ...)
- The precarious hygiene conditions

In response to this situation, the following key actions were proposed:
• vaccination campaigns
• the intensification of sensitization of the community / social mobilization
• detection, referral and monitoring of suspected cases
• monitoring and supervision activities to ensure efficient and effective implementation

Coordination and continuous monitoring

This was ensured at all levels as the government took the lead in coordination meetings of the epidemic management unit which was set up by the Ministry of Health and Social Protection. At these daily meetings, daily situation reports were shared and analyzed and taking stock of the situation of the epidemic throughout the country, that facilitated ongoing and periodic needs assessment and identification of effective solutions in response to this epidemic. To enable better coordination of activities at all levels: regional, district and local levels, crisis centers were also created in line with that of the central level to facilitate regional coordination of the management of the epidemic, thus each region provided daily updates to the national unit.

TRCS also set up a crisis committee composed of 6 staff from health programmes, emergency and disaster management, communications, administration, finance and partner National Societies. The meetings were held just after those of the Ministry to be on the same level of information and if needed to readjust actions and intervention strategies in the DREF. Six coordinators and accountants of the affected areas and other actors, including at the decentralized level the 27 district supervisors and 700 volunteers involved in controlling the epidemic, were also enlisted to replicate the same process, conduct risk assessments and ensure implementation. Risk assessments were continued throughout the implementation period as well as strengthening the capacity of local sections.

It should be noted that those involved were provided with reporting tools used by volunteers, supervisors, coordinators and others at the central level. Harmonization of tasks, information and training of actors involved (volunteers, supervisors and coordinators) on data collection and reporting were organized and carried out regularly according to the needs and evolution of the epidemic. Decentralized co-ordination was made at the regional and district level during the three rounds of immunization, parallel monitoring missions were carried out during the month of February in the first districts (Dankpen and Bassar), then in March in the districts of Binah, Kozah and Cinkassé and April in the districts of Assoli, Doufelgou and Keran.

An RDRT Health was deployed to ensure coordination between the IFRC and the Togolese Red Cross to support the implementation of the DREF operation for a month. The support was beneficial in the coordination meetings at the Ministry of Health, technical meetings of the Crisis Communication Unit, and social mobilization including in the design of educational tools and at the workshop for lessons learned, also for mission training and monitoring supervision of the TRCS actions. The TRCS operational staff had the opportunity to deploy NDRT Health and Watsan in the operational areas.

A lessons learned workshop was organized at the end of the DREF operation, to assess the level of implementation of activities (conducted interventions, success areas and challenges as well as opportunities for improvement of the operation), identify lessons learned and good practices and make recommendations with a view to improving future disaster management interventions. The workshop was attended by stakeholders involved in the implementation of the DREF from national to local level, and also the Health Delegate from the Abuja Cluster Office. The Health Delegate supported the team in the use of tools developed by the IFRC at the lessons learned workshop.

Challenges

The quick organization of the first campaign coupled with the arrival of vaccines led to actors' deployment without required resources, due to the emergency needs. Nevertheless, this lack of resources did not prevent the activities from starting. The DREF resources arrived in the country after the first campaign however the TRCS was able to pre-finance the activities through its own resources. The MoH expected that the DREF resources would be provided to them in the same practice as other UN agencies.

Lessons Learned

- The availability of resources on time facilitated the beginning of the implementation of emergency activities response
- Strengthening the logistics of TRCS in this case with vehicles, staffing, fuel and visibility of equipment to effectively support monitoring activities planned by the Department and its partners was an excellent approach.

Health and Care

Population to be assisted: The operation planned to reach 291,200 affected households and a total of 1,027,710 persons were reached with sensitizations, through house visits, rallies and mass campaigns.

Health and Care

Outcome 1: Immediate risk of meningitis on the health of the population is reduced through prevention and surveillance activities in the Central, Kara and Savanas regions, over a period of 3 months	Outputs
	Output 1.1: Capacity of the Togolese Red Cross to respond to the areas affected by the meningitis epidemic outbreak is strengthened
	Output 1.2: Target population in the 3 affected areas were 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)

Achievements

Of the 30 supervisors within the affected areas and districts, 29 including 3 women made up mostly of CMO (Community Mobilization Officers), UPS (Lifeguards Community Health Workers), and PE (Peer Educators) were trained on meningitis and Lassa fever for a day. They were briefed on the origin of Meningitis and Lassa fever, the definition of the disease, epidemiology, causes, signs and symptoms, modes of transmission, and preventive measures.

In addition, the following topics were added: training on how to present sessions, outreach sessions using cards, and reporting tools for use by supervisors and volunteers to assist in developing reliable reports.

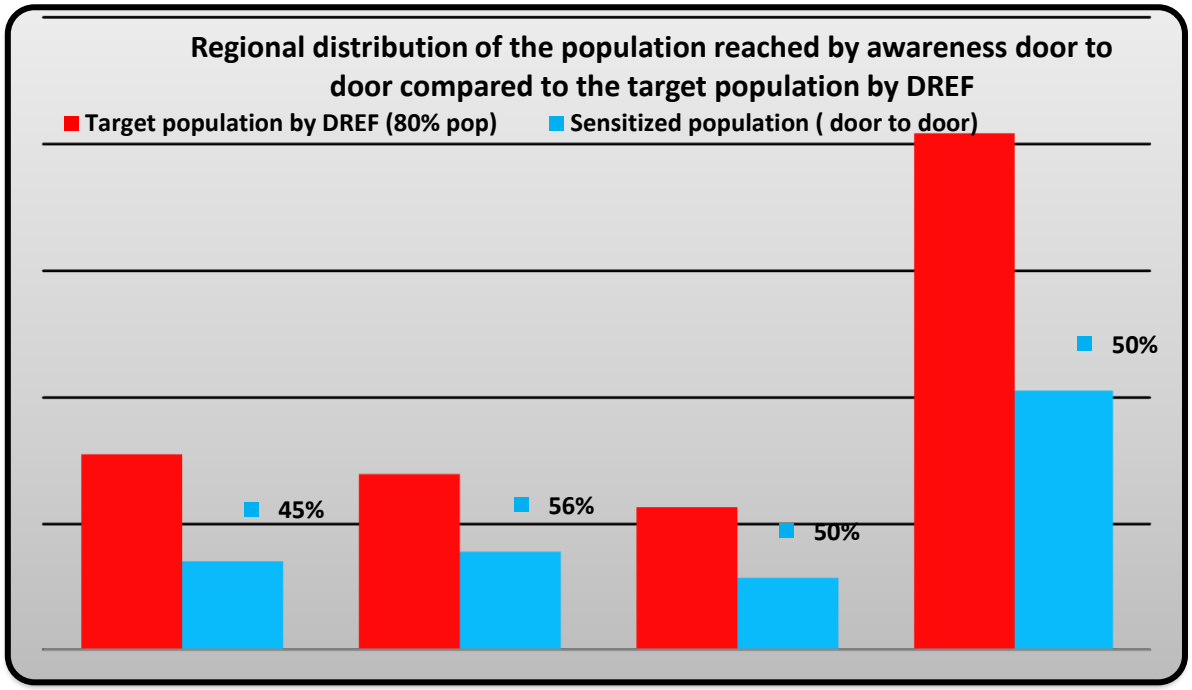
The plan was to brief 700 volunteers and 50 Mothers' Clubs (30 per club) on the disease in the three regions Kara, Central and Savanna. An emphasis was placed on good hygiene practices during epidemics, and training on formulation and SMS using mobiles for reporting, however due to connection problems and unreliable network this activity could not be implemented. They were equipped with 571 sets of educational cards instead of 500 planned and 3,524 leaflets instead of 1,000 planned, in order to facilitate understanding and message transmission in households. To protect themselves in times of epidemics, 740 hygiene kits including disinfectant gels, gloves and masks, were given to volunteers and supervisors to use during their activities.

To ensure the visibility of volunteers and staff on the ground, 40 TRCS jackets were made for the volunteers. 731 community volunteers conducted social mobilization activities during the three vaccination campaigns of five days each and were involved in the three affected regions. They used megaphones (50) to communicate their messages to group gatherings to conduct outreach sensitization. Home visits were also conducted disseminating messages about meningitis, the symptoms, prevention methods, benefits of the vaccine, and methods to manage adverse effects. These actions reached 279,369 people, or 50.07% of the estimated target population of 557,935 people between the ages of 2 and 29 years. However, 553,258 were vaccinated, and the TRCS helped to reach 50.49% immunization coverage with the involvement of 731 volunteers. In addition to these activities they carried out mass sensitization in schools, markets, churches, mosques and home visits for 15 days during the intervention period. Through these actions, 1,027,710 people were reached (approximately 58.8% of the affected population). They also performed the detection of suspected cases in households and the referral of such cases to the nearest health centers.

30 members from each of the 50 Mothers' Clubs were mobilized and briefed on the disease and the prevention methods, after which they had to inform their peers through sketches, songs, messages, and educational lectures from household to household and reached 10 households each day for 10 days and in total 225,000 families were reached, or 1.2 million people.

The volunteers of the Bencom Project carried out live radio broadcasts on meningitis and Lassa fever during and after the epidemic on 10 partner radio stations. The involvement of radios also allowed to broadcast spots and releases on messages of prevention of disease and promotion of vaccination campaigns.

Without taking into account the Mothers' Clubs activities and the radio broadcasts, door to door visits alone reached 50% of the population targeted by the DREF operation, which was set at 80 % for each region (refer to the following graph).



Note that the team at the central level received a vaccination for protection

Challenges

- Insufficient TRCS logistics to ensure visibility on the field (vehicles, fuel, drivers)
- The spread of the epidemic associated with limited resources did not help to keep motivation modalities planned for the volunteers (volunteers worked more days without allowances)

Lessons learned

- Good collaboration with the local and religious leaders, traditional healers enabled the behaviour changes within the community to take place.
- It is important in future emergencies to ensure the volunteers' protection (vaccination during epidemics).

D. THE BUDGET

A reorientation of some budget lines was made to allow for the printing of more IEC and visibility materials for the operation. The extension of the DREF approved by the IFRC was done without extra cost. A balance of CHF 54 will be returned to the DREF. See attached financial report.

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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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

Disaster Response Financial Report

MDRTG006 - Togo - Meningitis

Timeframe: 25 Feb 16 to 30 Jun 16

Appeal Launch Date: 25 Feb 16

Final Report

Selected Parameters			
Reporting Timeframe	2016/2-2016/12	Programme	MDRTG006
Budget Timeframe	2016/2-8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			**178,079**			**178,079**	
B. Opening Balance							
Income							
Other Income							
DREF Allocations			*178,079*			*178,079*	
C4. Other Income			***178,079***			***178,079***	
C. Total Income = SUM(C1..C4)			**178,079**			**178,079**	
D. Total Funding = B +C			**178,079**			**178,079**	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			178,079			**178,079**	
E. Expenditure			-178,025			**-178,025**	
F. Closing Balance = (B + C + E)			54			**54**	

Disaster Response Financial Report

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Final Report

Selected Parameters			
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Budget Timeframe	2016/2-8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)				**178,079**			**178,079**	
Relief items, Construction, Supplies								
Clothing & Textiles				2,565			**2,565**	**-2,565**
Medical & First Aid	4,311			6,024			**6,024**	**-1,713**
Total Relief items, Construction, Sup	4,311			8,589			**8,589**	**-4,278**
Logistics, Transport & Storage								
Transport & Vehicles Costs	13,600			13,303			**13,303**	**297**
Total Logistics, Transport & Storage	13,600			13,303			**13,303**	**297**
Personnel								
International Staff	6,000			3,192			**3,192**	**2,808**
National Staff				27			**27**	**-27**
National Society Staff	24,104			4,628			**4,628**	**19,476**
Volunteers	76,524			93,993			**93,993**	**-17,469**
Total Personnel	106,628			101,840			**101,840**	**4,788**
Workshops & Training								
Workshops & Training	21,610			19,004			**19,004**	**2,606**
Total Workshops & Training	21,610			19,004			**19,004**	**2,606**
General Expenditure								
Travel	1,500			4,792			**4,792**	**-3,292**
Information & Public Relations	12,210			10,231			**10,231**	**1,979**
Office Costs	1,750			2,943			**2,943**	**-1,193**
Communications	4,101			4,783			**4,783**	**-682**
Financial Charges	1,500			1,674			**1,674**	**-174**
Total General Expenditure	21,061			24,423			**24,423**	**-3,362**
Indirect Costs								
Programme & Services Support Recove	10,869			10,865			**10,865**	**3**
Total Indirect Costs	10,869			10,865			**10,865**	**3**
TOTAL EXPENDITURE (D)	**178,079**			**178,025**			**178,025**	**55**
VARIANCE (C - D)				**55**			**55**	

Disaster Response Financial Report

MDRTG006 - Togo - Meningitis

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Final Report

Selected Parameters			
Reporting Timeframe	2016/2-2016/12	Programme	MDRTG006
Budget Timeframe	2016/2-8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	178,079		178,079	178,079	178,025	54	
Subtotal BL3	178,079		178,079	178,079	178,025	54	
GRAND TOTAL	**178,079**		**178,079**	**178,079**	**178,025**	**54**	