

DREF operation n° MDRTG004
GLIDE n° [EP-2013-000138-TGO](#)
27 August 2014

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 154,913 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 03 November 2013 to support the National Society in delivering assistance to some 80,000 beneficiaries.

Togo experienced three cholera outbreaks from August, 2013 to February, 2014. The first cases of cholera were reported in a village in Lomé, which subsequently spread to the entire Maritime and the Central regions. Of the seven regions in the Maritime region, six were affected. The total number of cases reported for the duration of operation is 168 with 7 deaths, thus a case fatality rate of 4 percent. The factors linked to torrential rains, precarious sanitary conditions in the affected districts, the displacement of populations coming from Nigeria, the start of the school year were among the main contributors to the spread of the epidemic.



Session of sensitisation of the volunteers towards household and stockists of foodstuffs: Photo by TRCS

With the support of the regional representation office of the International Federation of the Red Cross (IFRC) based in Abidjan, the Togolese Red Cross Society (CRT) reinforced its collaboration with the Ministry of Health (MoH) to help reduce the suffering of the affected persons and communities. The CRT mobilized initial response in cooperation with United Nations Children's Fund (UNICEF) and the Swiss Red Cross in October 2013 and on 4 November the allocation of the IFRC DREF was approved to scale up response interventions. The CRT responded by mobilising and training 250 volunteers to assist in the cholera response activities in the affected communities. Their work was supported by field officers present in the affected regions and from the National Society headquarters. CRT also increased the knowledge and competences of 18 existing training officers and other actors from the Wash Cluster. The training carried out included control of epidemics with the use of tools developed by IFRC. The volunteers also gained knowledge on water chlorination, the techniques of effective sensitisation activities in households, schools and the markets, as well as data collection.

The trained 250 volunteers carried out the sensitisation activities by disseminating cholera prevention messages, by teaching the communities how to prepare and use oral rehydration solutions (ORS) as well as to

teach households on the basics and importance of washing hands and safe water storage at household and schools level. The community members were also sensitized on the chlorination of water points and their proper use and maintenance. Moreover, hand washing points were installed in 71 schools to assure promotion of good hygiene.

Despite other work pressure, the National Society, the DREF operation was effectively implemented and greatly contributed to overcoming the epidemic. The CRT received the technical support of IFRC in addition to the presence of one emergency rescue unit (ERU) member deployed by the German Red Cross. The member not only participated in planning but also attended training sessions organised for volunteers. The expertise from the WASH cluster allowed CRT to achieve on the objectives of the operation, complemented by the timely supply of chlorine tablet by the UNICEF.

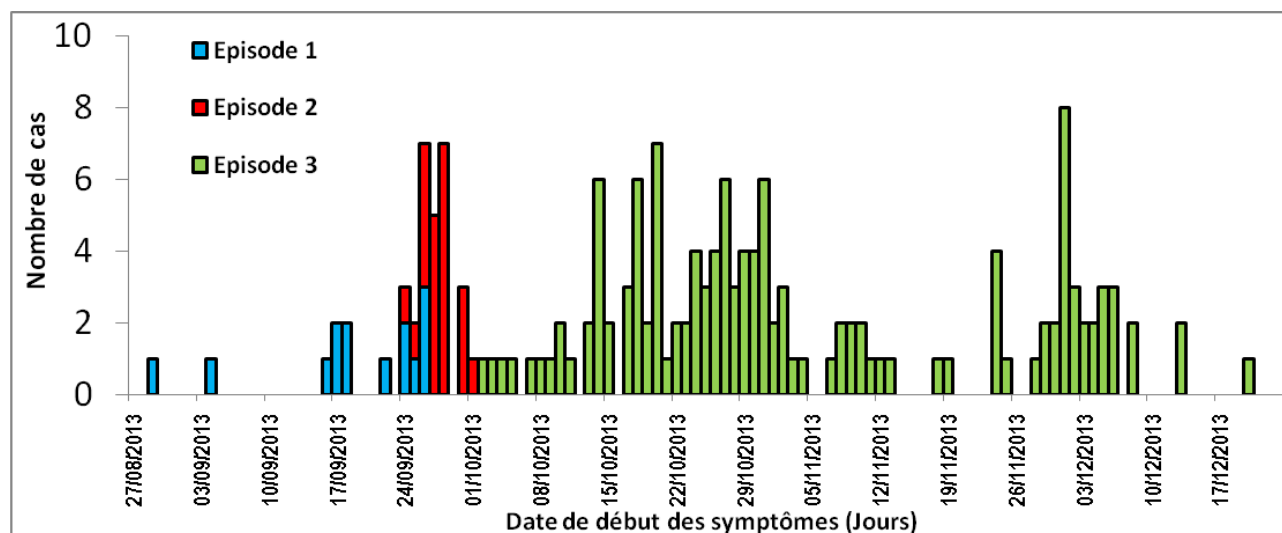
Details of all donors can be found on:

<http://www.ifrc.org/docs/appeals/Active/MDR00001.pdf>

The situation

The cholera epidemic was declared in Togo on the 30 August 2013 when the first case was reported in the village of Lomé. The first case was confirmed in the district of Komah in the Region of Tchoudjo on 14th of October. By the 21st of October, 6 cases among which 4 were reported in the health region of Tchamba. The outbreak widened in October to six of the seven Maritime regions. On 23 October, 40 cases were reported in Lomé Commune, 21 cases in Préfecture of Lakes, 10 cases in Gulf, 3 cases in Vo and 2 cases in Zio and the Bottom - Monoskiing. From the Maritime regions and Lomé Commune, the outbreak tended to spread in the northern zones notably the Central region. During the operation a total of 168 cases and 7 deaths were reported with a case fatality rate of 4 per cent.

The graph of shows the evolution of the three cholera outbreaks



The heavy rains recorded in the regions added to the factors that caused the spread of cholera in Togo. The precarious sanitary conditions in most of the targeted districts, the movement of population across borders with Nigeria where cholera was reported and the start of the school year were among the other major contributors to the outbreaks.

The CRT had been assisting the government in the response to cholera epidemic in the regions of Maritime and Lomé commune since September, 2013 with the help of the UNICEF in prevention actions. With the spread of the epidemic, the CRT offered to enlarge its actions in seven regions of the Maritime region by mobilising 250 volunteers with support of the DREF from IFRC.

Coordination and partnership

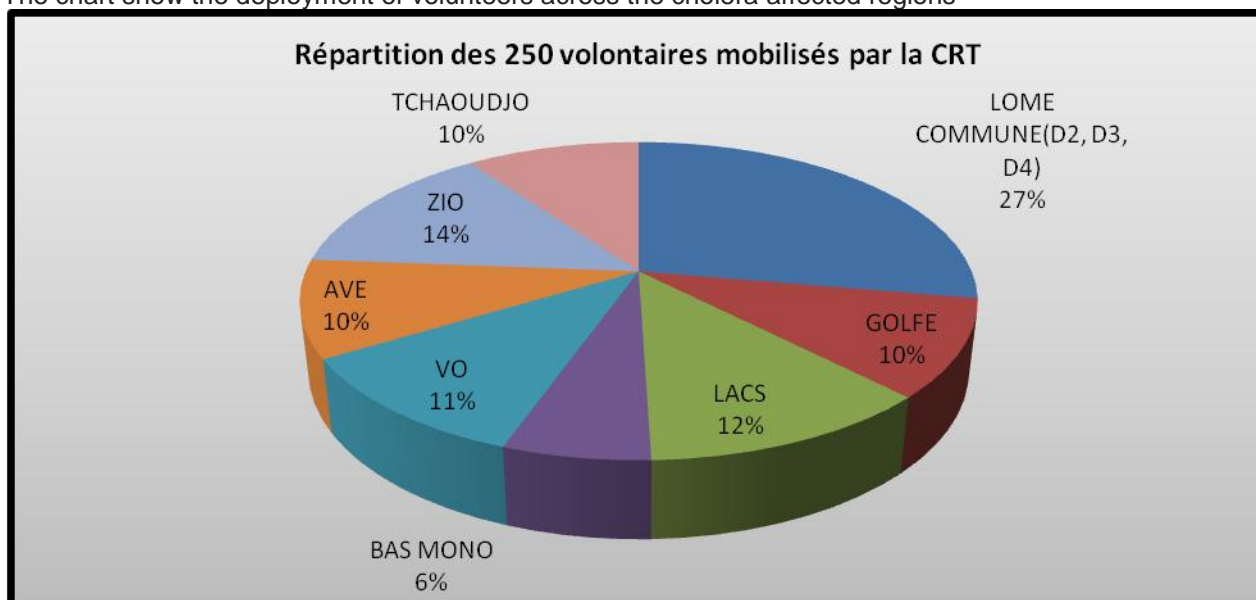
In response to the cholera outbreak in Lomé Commune and Maritime region, CRT in collaboration with the Ministry of Health mobilised 250 volunteers and equipped them for sensitisation and water treatment activities with the support of UNICEF.

The IFRC technical support was deployed through regional office, which reinforced CRT service delivery in collaboration with Ministry of Health, WHO and UNICEF and Plan International in Togo. The National Society participated in coordination meetings organised by the Ministry of Health and attended by all the key stakeholders at national and regional level.

Red Cross and Red Crescent action

The CRT led the cholera prevention activities since September 2013, which started with the mobilisation of 200 volunteers in Lomé commune and some regions of Maritime supported by UNICEF. In response to the increasing cholera cases in Lomé Commune, Maritime and Central regions, CRT in collaboration with the Ministry of Health mobilised 250 volunteers for sensitisation activities, household water treatment with the financial support of the IFRC DREF.

The chart show the deployment of volunteers across the cholera affected regions



In total nine volunteers training sessions were carried out covering control of epidemics, hygiene promotion and preparation of ORS at household level. The trained 250 volunteers were deployed immediately after the first training in order to increase the response capacity. The volunteers carried out house-to-house and schools visits sensitising on cholera prevention. The volunteers also installed hands washing points at 71 schools and gave some hand washing tips to the pupils. In addition information, education and communication (IEC) materials including posters were distributed in communities, markets and in schools.

The community visits were jointly planned and implemented with UNICEF staff in the affected regions. The periodic monitoring of activities at household level was coordinated by the CRT field officers. The operations helped in containing the outbreak as evidenced by the noticeable change in behaviour of the households visited by the volunteers. The household members could easily narrate how to prepare ORS, chlorinate water and identify and refer cholera cases.

Achievements against outcome

Emergency Health	
Outcome 1: Reduced morbidity and mortality among 80'000 people (16'000 families) through hygiene promotion and disinfection activities, ensuring early case detection and community case management in seven localities	
Outputs (expected results) <ul style="list-style-type: none"> • The Red Cross volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks • 16'000 families have increased their knowledge on proper hygiene practices necessary to prevent further spread of cholera in their communities 	Activities planned: <ul style="list-style-type: none"> • Continuous assessment and reporting of the evolving situation and spread of disease • Organize training on cholera outbreak management utilizing the epidemic control manual for volunteers in coordination with the MoH, using IFRC manuals for 150 volunteers. (including early detection and referrals of cholera cases) • 4,000 assorted IEC/BCC materials (posters, fliers....) on cholera produced, printed and distributed to enhance positive behaviour change • Production of visibility material (160 T-shirts) • Support the health centre of Katanga with 15 tarpaulins +2 shelter tools kits (or tents to help in cases management) • Train volunteer on the use of ORP kits • Lessons learnt workshop on the cholera outbreak • Monitoring and reporting on activities

Progress:

With support of the DREF, a rapid assessment of the situation was carried that helped in the planning of the activities. The assessment which was followed by operational planning was driven CRT team also responsible for the continuous monitoring. The dissemination of information at community level was led by the mothers clubs, guided by trained leaders. The community level coordination committee set up a surveillance system piloted by the epidemiology department of the Ministry of Health. The system enabled weekly follow up on the evolution of the epidemic helping the CRT to respond in an efficient and relevant way.

Besides field monitoring visits, the team carried out daily meetings with volunteer coaches meant to harmonise strategies across the zones and also to improve the management of volunteers' activities. The daily meetings also allowed for the consolidation of statistical data in terms of cases, referral and houses visits.

A total of nine volunteer training sessions were accomplished during the operation. The training covered;

- the use of the oral rehydration kits provided by IFRC;
- sensitization activities and reflection on the situation (relating to the evolution of the epidemic)
- referrals of suspected cases to health facilities.

During the DREF operation, about 55 suspicious cases were identified and referred to the health centres by the volunteers.

With regards to the training accomplishments; the prior knowledge in epidemic not only allowed to 250 volunteers to reinforce their service delivery, but also to intervene in a quick and efficient way without the assistant of professional health workers.

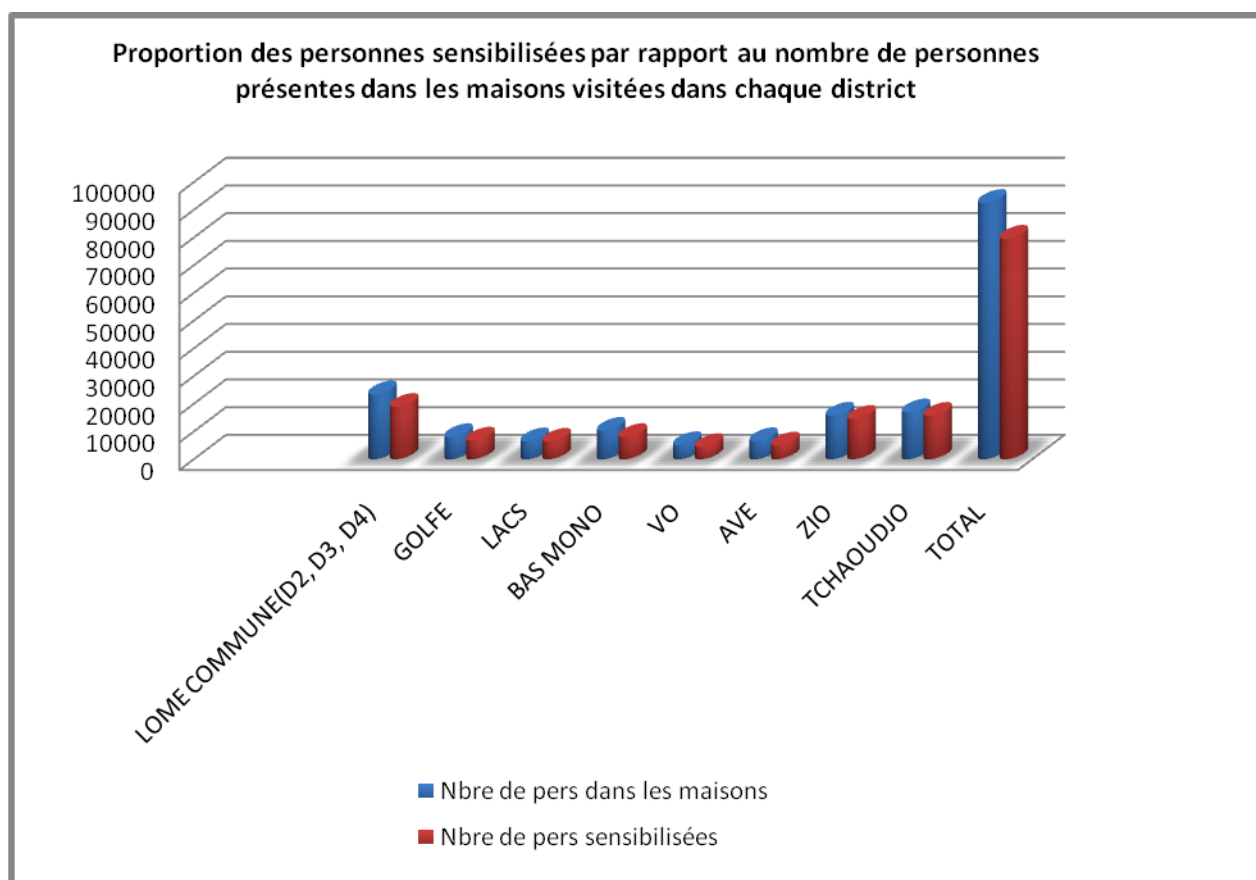
The IEC material produced included the 538 posters and 160 cards, which were tools that were used by volunteers during social mobilisation done through house-to-house and school visits. To assure the visibility of Red Cross actions, 135 bibs branded and with numbers provided to the volunteers.

Lessons learnt workshop was held in Lomé on 22nd of January, 2014 during a DREF review mission carried out by IFRC. The DREF evaluation team comprised of four IFRC technical staff from the region and the Africa Zone office. The main objective was is to assess achievements, successes and challenges, identify gaps to improve, learnt lessons and good practices. The review came out with recommendations not only for the improvement of

the next actions but also for the future cholera response operations. At the end of this workshop, the CRT requested the IFRC for a two months extension to allow the completion of outstanding activities.

At the end of the operations the data compiled by volunteers by end of March 2014 after 30 days of deployment show a total of 15,978 household affected (that is 99,9 % targets) with 79,635 sensitised persons (or 99,5 % targets or 86 % totals of persons living in household estimated in 92,501 persons; see details in the following picture.

Prefectures / zones	Number of volunteers	Number of house visits	Number of households	Number of persons in the household	Number of sensitised persons			
					H			
					H			
LOME COMMUNE (D2, D3, D4)	70	1 942	3 842	23 421	4 273	6 243	3 778	14 294
GOLFE	24	954	1 564	8 013	1 240	2 005	712	3 957
LACS	29	540	701	4 100	823	1 788	1 152	3 763
BAS MONO	16	980	2 210	10 260	1 050	2 520	2 450	6 020
VO	28	321	852	5 112	1 005	1 959	700	3 664
AVE	24	281	854	6 542	1 230	2 410	920	4 560
ZIO	34	1 580	2 955	15 710	2 466	21 071	2 933	26 470
TCHAOU DJO	25	1 862	3 000	16 943	5 542	7 423	2 510	15 475
	250	8 460	15 978	90 101	17 629	45 419	15 155	78 203



Challenges

Despite the National Society's desire to successfully complete the planned activities, it was confronted with some operational difficulties. The challenges led to a delay in volunteer training and the integration of the Central region into the DREF operation. The training sessions were postponed in other regions despite carrying out sensitization session. The geographical re-allocation of the volunteers, which had not taken the number of volunteers into account for the Central region (Sokodé) also, affected the rate of implementation. This situation demanded revision of the plans and a regular rescheduling of activities carried out by volunteers on a daily basis.

The ten ORP kits positioned in the Central region could not be used because kits were not accompanied with guideline on how to use.

Water, sanitation, and hygiene promotion

Outcome: The immediate risks to the health of 80'000 cholera-affected people (16'000 households) in seven districts are reduced by ensuring access to safe drinking water and hygiene supplies.	
Outputs (expected results)	activities planned:
<ul style="list-style-type: none"> Targeted people have access to safe water that meets the minimum SPHERE and WHO standards in terms of quantity and quality 	<ul style="list-style-type: none"> Orient 350 volunteers on hygiene promotion activities Hand washing at key times promoted through demonstration at market and other public places Safe use of water treatments products including household safe drinking water storage promoted in 16'000 households through sensitization and demonstration sessions Conduct house to house visits for hygiene promotion. Conduct disinfection of strategic functional latrines in schools and health centre. Hygiene promotion activities like personal and environmental sanitation promoted in 14 schools Support schools with hand washing points, water treatment product and latrine disinfection products Monitoring and reporting on activities

In a perspective to reinforce competences of the volunteers on water chlorination, 250 volunteers from potentially vulnerable zones benefited from one day training within their respective localities. The volunteers were briefed on the key messages relating to the prevention measures of diarrhoeal diseases, demonstrations on water chlorination and hand washing, and the preparation of ORS. The volunteer coaches, health officers and WASH cluster representatives partners assured the supervision of training sessions.

The trained volunteers were deployed to carry out house and schools visits. A group of volunteers were visiting 15-20 houses per day demonstrating water treatment and hand washing. However, the technical, financial uninterrupted support in the supply of chlorine tablets, soap for hand washing demonstrations was made possible by UNICEF. The sensitization activities were carried out for ten days a month for a period of three months (30 days.)

To reinforce sensitisation activities in the schools in the targeted zones, 30 teachers from Lomé and Gulf benefited from training on prevention and control of cholera and other water-borne diseases. These teachers were called to continue sensitizing the pupils in their respective schools using IEC materials such as instruction cards.

Outside the sensitisation activities, CRT had to spread the activities in the schools to inform the pupils and the teachers on the modes of transmission and means of prevention, good hygiene practices especially hand washing, protection of food and consumption of the hot food. In addition to the sensitisation activities, 71 hand

washing points were also installed in schools identified on criteria defined by the coordination team and the Ministry of Education. This assured and perpetuated good hygiene notably the washing of hands in the critical moments of the day. A total of 538 posters on good hygiene practices were also produced and displaced at the schools.

Challenges / Constraints

Activities in schools, thus the training of teachers, sensitisation and distribution of soaps and chlorine were accomplished with challenges posed by teachers' strikes as well as school break end of 2013.

Although chlorine was distributed, it was insufficient to cover the case load mainly due to unavailability on the local market. The available chlorine tablets were part provided by UNICEF but had its challenges related to delays.

The CRT achieved 90 per cent of the planned activities and the gaps are as a result of pattern of the outbreak where there was a month without new cases. At some point of the operation, the CRT staff members were overwhelmed by work due to overlapping with distribution of mosquito nets in Lomé commune followed by its evaluation using RAMP. The same actors were involved in both activities at the same time.

Logistics	
Outcome: Timely and effective logistics support provided to the emergency operations	
Outputs (expected results): <ul style="list-style-type: none"> • Effective logistical support has enabled rapid assistance to targeted beneficiaries. • Local procurement done in line with national procurement guidelines. 	activities planned: <ul style="list-style-type: none"> • Coordinating mobilization of goods and reception of incoming shipments • Local procurement of sanitation and hygiene materials, and emergency health items, including 12'600 Aqua tabs, 400 Soap 175 buckets, 175 jerry can for demonstrations, High test hypochlorite (HTH), 15 backpack sack sprayers, 15 protective goggles, 15 pairs of boots, 15 pieces of protective clothing, 15 pairs of gloves, 15 face masks, 4 kits for measuring chlorine dosages as well as 20 megaphones for facilitating hygiene promotion. • Transport relief supplies to final distribution site • Coordinating within IFRC logistical structures in the region. • Monitoring and reporting on activities

Progress:

The hygiene kits and other health materials were locally procured which quickened the distribution to households and schools. The other materials procured included the disinfection equipment, high test hypochlorite (HTH), 15 backpack sack sprayers, 15 protective goggles, 15 pairs of boots, 15 pieces of protective clothing, 15 pairs of gloves, 15 face masks 4 kits, for measuring chlorine proportions. The 100 ORP kits were procured externally with the support of the IFRC.

Monitoring - supervision

CRT monitoring team composed of heads of health department, disasters management and M&E met regularly with the networks of volunteers to monitor house visits. The monitoring visits also allowed them to give talk on good hygiene at schools.

The monitoring visits revealed that all the trained volunteers were active on the ground. Although the control of the water showed that on average eight out of ten households actually chlorinated their water, some reservations on the use of the chlorine were noted for several reasons (taste of the water, change of colour of the water for example in Katanga)

Contact information

For further information specifically related to this operation please contact:

- **In Togo:** Norbert Paniah, National President, Togolese Red Cross; phone: +2282212110; email: crtsiege@laposte.tg
- **IFRC Regional Representation:** Daniel Sayi, Regional Representative, West Coast, Abidjan, Côte d'Ivoire office phone; +225 66 775 261 ; email: daniel.sayi@ifrc.org
- **IFRC Zone:** Dr Adinoyi Ben Adeiza, Zone Emergency Health: phone: :+254 731 990 076; adinoyi.adeiza@ifrc.org
- **IFRC Zone:** Daniel Bolaños Gonzalez, Disaster Management Coordinator, Phone: +254 202835213; email: daniel.bolanos@ifrc.org
- **IFRC Zone Logistic Unit:** Rishi Ramrakha, Nairobi; Phone +254 20 283 5142, Fax +254 20 271 2777, email: rishi.ramrakha@ifrc.org
- **IFRC Geneva:** Christine South, Operations Support; phone: +41 227 304 529; email: christine.south@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC West Coast Africa Region:** Terrie Takavarasha, PMER/RM Delegate, Phone +225 66 775 261; email: terrie.takavarasha@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC West Coast Regional Representation: IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067 277; email: robert.ondrusek@ifrc.org
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DREF history:

- This DREF was initially allocated on 4 November, 2013 for CHF 154,913 for 5 months to assist 80,000 people (16,000 households).
 - 1 DREF operation updates issued.
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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 (NGO's) 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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Saving lives, changing minds.



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.
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Disaster Response Financial Report

MDRTG004 - Togo - Cholera Outbreak

Timeframe: 03 Nov 13 to 31 Mar 14

Appeal Launch Date: 03 Nov 13

Annual Report

Selected Parameters

Reporting Timeframe	2013/11-2014/7	Programme	MDRTG004
Budget Timeframe	2013/11-2014/3	Budget	BUDGET9
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		154,913				154,913	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		154,913				154,913	
C4. Other Income		154,913				154,913	
C. Total Income = SUM(C1..C4)		154,913				154,913	
D. Total Funding = B + C		154,913				154,913	

* 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		154,913				154,913	
E. Expenditure		-133,163				-133,163	
F. Closing Balance = (B + C + E)		21,750				21,750	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	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		
	A					B	A - B	
BUDGET (C)			154,913			154,913		
Relief items, Construction, Supplies								
Shelter - Relief	1,810						1,810	
Water, Sanitation & Hygiene	17,102		11,684			11,684	5,418	
Medical & First Aid	15,000		21,637			21,637	-6,637	
Teaching Materials	2,500		948			948	1,552	
Utensils & Tools	800						800	
Total Relief items, Construction, Sup	37,212		34,270			34,270	2,942	
Land, vehicles & equipment								
Computers & Telecom	1,500						1,500	
Total Land, vehicles & equipment	1,500						1,500	
Logistics, Transport & Storage								
Distribution & Monitoring	6,000						6,000	
Transport & Vehicles Costs	4,200		4,900			4,900	-700	
Logistics Services	3,000		972			972	2,028	
Total Logistics, Transport & Storage	13,200		5,872			5,872	7,328	
Personnel								
International Staff	5,000		500			500	4,500	
National Society Staff	6,870		9,566			9,566	-2,696	
Volunteers	40,366		37,823			37,823	2,543	
Total Personnel	52,236		47,889			47,889	4,347	
Workshops & Training								
Workshops & Training	18,000		20,507			20,507	-2,507	
Total Workshops & Training	18,000		20,507			20,507	-2,507	
General Expenditure								
Travel	14,000		7,191			7,191	6,809	
Information & Public Relations	4,760		5,196			5,196	-436	
Office Costs	1,700		2,242			2,242	-542	
Communications	1,850		1,759			1,759	91	
Financial Charges	1,000		102			102	898	
Other General Expenses			9			9	-9	
Total General Expenditure	23,310		16,500			16,500	6,810	
Indirect Costs								
Programme & Services Support Recove	9,455		8,126			8,126	1,329	
Total Indirect Costs	9,455		8,126			8,126	1,329	
TOTAL EXPENDITURE (D)	154,913		133,163			133,163	21,750	
VARIANCE (C - D)			21,750			21,750		

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Selected Parameters

Reporting Timeframe	2013/11-2014/7	Programme	MDRTG004
Budget Timeframe	2013/11-2014/3	Budget	BUDGET9
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
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	154,913		154,913	154,913	133,163	21,750	
Subtotal BL2	154,913		154,913	154,913	133,163	21,750	
GRAND TOTAL	154,913		154,913	154,913	133,163	21,750	