

# OPERATION UPDATE

## Togo | Population Movement

<b>Emergency appeal №: MDRTG010</b> <b>Emergency appeal launched: 16/11/2023</b> <b>Operational Strategy published: 15/01/2024</b>	<b>Glide №:</b> <b>CE-2023-000033-TGO</b>
<b>Operation update #1</b> <b>Date of issue: 15/04/2024</b>	<b>Timeframe covered by this update:</b> From 15/01/2024 to 05/03/2024
<b>Operation timeframe: 22 months</b> (14/03/2023 - 31/12/2024)	<b>Number of people being assisted: 58,000</b>
<b>Funding requirements (CHF):</b> CHF 4 million through the IFRC Emergency Appeal CHF 6 million Federation-wide	<b>DREF amount initially allocated: CHF 500,000</b>

To date, this Emergency Appeal, which seeks CHF 4,000,000 is 6% funded without the CHF 500,000 DREF loan, and 18.3% with the DREF loan. Further funding contributions are needed to enable the Togolese Red Cross (TRC), with the support of the IFRC, to continue with the preparedness efforts and provide humanitarian assistance and protection to people on the move.



Togolese Red Cross distributing food items to households in need in the Savanes region, Togo, January 2024.

# A. SITUATION ANALYSIS

## Description of the crisis

Conflicts in the Sahel region of northern Africa continue to spill over, causing the government of Togo to declare a state of emergency in the northern Savanes region in June 2022, and the displacement of tens of thousands of people seeking safety and security.

Throughout 2023, the number of displaced persons in the Savanes region has continued to grow, from just a few thousands in January to nearly 60,000 by September. As the armed confrontation continues to intensify, with attacks on civilians, civilian infrastructure, and aid convoys on the border, it is likely that people will continue to flee into safe areas in Togo. Exacerbating the situation, access to farming and pasture lands, access to health services, and access to education are very limited under these circumstances, deepening their exposure to food insecurity, malnutrition, and disease.

In March 2023, the TRC received DREF support through the IFRC to respond to the immediate needs of the affected population, targeting 10,000 people (about the seating capacity of Cameron basketball stadium at Duke University), including displaced and host communities in the localities of Kpendjal, Kpendjal-Ouest and Tône, with food assistance, water, hygiene and sanitation, as well as health services and protection. This was done alongside and in complementarity with ICRC assistance, which was already underway targeting 9,800 people with essential household items (EHIs), medicines, and medical equipment in primary health care centres.

## Summary of response

### Overview of the host National Society and ongoing response

The Togolese Red Cross (TRC) was granted DREF funding of CHF 380,957 by IFRC in March 2023, which was later increased to CHF 500,000 to meet the immediate humanitarian needs among displaced and host populations in the Savanes region of Togo. With the DREF funding, as well as support from ICRC, TRC has been responding to the needs of the affected populations.

In September 2023, TRC and ICRC undertook a joint needs assessment to identify the needs of displaced and host populations and inform the response interventions.

TRC has undertaken the following activities in its population movement response:

- Distribution of 3,000 impregnated mosquito nets to 1,500 households.
- Distribution of non-food items (NFI) kits to 1,300 targeted households.
- Distribution of food parcels to 3,251 targeted households, reaching approximately 19,506 people.
- Training and deployment of 100 volunteers in community engagement and accountability (CEA) feedback mechanism, prevention of sexual exploitation and abuse (PSEA), sexual and gender-based violence (SGBV), security, and protection, WASH/hygiene promotion and community-based surveillance.
- Training and deployment of 25 volunteers in emergency first aid.
- Deployment of disaster management (DM), planning, monitoring, evaluation and reporting (PMER), health lead, health assistant, accountant, and volunteers to support local branches with training and implementation.
- Deployment of TRC President to facilitate access to the zone.

As part of a movement-wide approach, TRC collaborated with ICRC on conducting the needs assessment, registration of impacted individuals, essential household items (EHI) kit distribution to 1,400 households, repair/rehabilitation of 12 water pumps, and support to health centres in the region with medications.

In addition, TRC has undertaken the following National Society strengthening initiatives:

- Training on IFRC finance and procurement procedures for 18 staff.
- PER rapid response capacity check, resulting in creation of an action plan for five prioritized preparedness actions. These actions include:
  - Develop and disseminate an emergency response structure (organigram) and SOPs, describing roles and responsibilities during an emergency response.
  - Develop and implement a monitoring and evaluation strategy for the operation.
  - Develop and disseminate a volunteer management policy.
  - Update and disseminate the administrative, financial, and accounting procedures manual.
  - Develop and disseminate staff statutes/regulations.
- The creation of a PER technical group to follow the implementation of the action plan and maintain discussions on the recommendations that were not initially prioritized through the rapid response capacity check process.

A procurement officer, operations manager and migration and displacement coordinator have been deployed by IFRC to support the response.

## Needs analysis

A new census (registration) was completed by the Programme d'urgence de renforcement de la resilience et de la sécurité des communautés (PURS), but the findings have not yet been published.

## Operational risk assessment

In addition to the operational constraints described in the operational strategy, including humanitarian access to the zone, a low level of resource mobilization poses a risk to ensuring business continuity and covering all needs of displaced and host populations in the Savanes region. To date, only 6% of the funding required has been realized.


## B. OPERATIONAL STRATEGY


### Update on the strategy

With the level of resources available within the appeal, the focus of TRC in implementing the [operational strategy](#) has been on establishing Humanitarian Service Points (HSPs) where displaced populations can access a diverse range of humanitarian support and services, regardless of their status. This focus allows for the integration of some of the priority actions described in other sectors of the response to be integrated in a coordinated manner into the cross-cutting migration approach, in order to provide urgent and immediate assistance and protection to people in need.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

 <b>Shelter, Housing and Settlements</b>		Female > 18: 3,944	Female < 18: 5,916
		Male > 18: 3,120	Male < 18: 4,680
<b>Objective:</b>	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of people reached with shelter assistance in the response period</i>	7,800	19,441
<p><b>Activities implemented</b> Distribution of NFI kits to 1,300 targeted households in Mandouri and Gnalé in Kpendjal prefecture, in Ponio and Tamboaga in Kpendjal-Ouest prefecture, and in Nassablé, Carnaval and Korbongou in Tône prefecture. This is in addition to the households reached through ICRC EHI kits.</p> <p><b>Activities planned</b> Given the level of resources available, and the complementarity of continued ICRC distribution of EHI kits in Kpendjal, Kpendjal-Ouest, and Tône prefectures, no further distribution of household NFI kits is planned. Should resources become available, TRC could distribute NFI kits to households who have not yet been reached in Cinkassé prefecture, according to the needs identified there.</p>			

 <b>Livelihoods</b>		Female > 18: 11,832	Female < 18: 17,748
		Male > 18: 7,802	Female < 18: 11,704
<b>Objective:</b>	<i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of targeted households (and people) reached with food (in-kind)/CVA</i>	3,251 HH (19,506 people)	58,000
	<i># and % households receiving cash transfers/vouchers from the RCRC are satisfied with the amount received Satisfaction is measured on a Likert scale from 1-5, where 1 is least satisfied and 5 is most satisfied</i>	0	6,000

### Activities implemented

TRC distributed 3,251 food parcels, reaching households in need in Nassablé, Carnaval and Korbongou in Tône prefecture, in Mandouri and Gnalé in Kpendjal prefecture, and in Ponio and Tamboaga in Kpendjal-Ouest prefecture.

### Activities planned

TRC has not yet begun exploring the viability of cash transfers as a modality for assistance in the Savanes region, and ICRC is supporting them in an assessment of cash readiness. While this process is undertaken, in-kind food distribution or hot meals, or referrals to existing services available, are being explored as options within the HSP service offer, pending the results of the HSP needs assessment and resources available. This is in addition to food distribution and livelihoods interventions undertaken by ICRC.

 <b>Health &amp; Care</b> (Mental Health and psychosocial support / Community Health / Medical Services)		Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
<b>Objective:</b>	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of people who receive mental health and psychosocial services in emergency situations from the RCRC Psychosocial services include psychological first aid, linking people with psychological problems or resources and services, case management, psychological counselling, psychotherapy or other psychological interventions</i>	0	58,000
	<i># of club 25 members engaged in peer-to-peer activities, and sporting games</i>	0	TBD
	<i># of anti-drug abuse campaigns conducted</i>	0	TBD
	<i># of vaccination teams supported for vaccine intensification campaigns</i>	0	TBD
	<i># of NDRTs and volunteers trained on EPiC</i>	0	260
	<i># of people reached with health promotion activities related to NCD management in emergencies</i>	0	58,000
	<i># of eligible children mobilised for routine vaccination</i>	0	TBD
	<i># of malnourished children screened and referred for therapeutic feeding</i>	0	TBD
<i># of pregnant women and lactating mothers who received CVA for supplementary feeding</i>	0	1,200	

<i># of people reached with first aid and pre-hospital care by trained RCRC volunteers or staff in a crisis, disaster, or conflict Disaggregated by sex, disability, migrant/IDP/ refugee, and age where known (if limited age information, include 0-17, 18-64, 65+).</i>	0	TBD
<i># of CHWs trained and mobilised for health care service delivery</i>	0	100
<i># of medical outreach sessions conducted</i>	0	10
<i># of first aid posts established and equipped</i>	0	10
<i># of people reached with epidemic prevention and control activities/health promotions as a response to an emergency by community-based volunteers Health promotion' and CBHFA – community-based health and first aid - include non-hardware WASH, sexual and reproductive health, family planning promotion, nutrition and breastfeeding promotion, and immunisation promotion</i>	0	58,000

**Activities implemented**

- Distribution of 3,000 impregnated mosquito nets to 1,500 vulnerable households.
- Training and deployment of 100 volunteers for community-based surveillance and 25 volunteers for emergency first aid.

**Activities planned**

The following health and care activities will be incorporated into HSP service offer, pending the results of the HSP needs assessment:

- Psychosocial support services and referrals
- Sensitisation and referrals for childhood vaccination
- Health promotion activities
- Malnutrition screening and referrals for therapeutic feeding
- Emergency first aid by trained TRC volunteers

The need for mental health and psychosocial support services in particular has been identified both through partner agencies and needs assessments, and a strong focus will be placed on PFA and PSS within the HSPs.

Community-based mental health and psychosocial (MHPSS) services will be considered among the social cohesion activities within the migration activities. In areas where there are existing Mothers’ Clubs, Papa Champions, and Club 25 groups, the involvement of these groups will be important to successful implementation of social cohesion and community-based activities.

Other health and care activities including establishing first aid posts, training community health workers (CHWs), and distributing impregnated mosquito nets to areas not previously covered will be explored as resources become available.





## Water, Sanitation and Hygiene

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

### Objective:

*Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*

### Key indicators:

#### Indicator

**Actual**

**Target**

*# of people targeted for WASH assistance in the response phase*

0

58,000

*# of households that have received hygiene kits*

0

3,000

*# of people reached with hygiene promotion messages*

No data

58,000

*# of community sanitation campaigns conducted*

1

12

### Activities implemented

TRC trained and deployed 100 volunteers in WASH/Hygiene promotion.

### Activities planned

Training on menstrual hygiene and fabricating reusable hygiene products is planned in Dapaong for 30 women from across the prefectures of Kpendjal, Kpendjal-Ouest and Tône. This training will also be used as an opportunity to engage the community in defining the eligibility criteria for 200 women to receive female hygiene kits.

Hygiene promotion and distribution of chlorine tablets will be incorporated into HSP service offer, pending the results of the HSP needs assessment.

While the need has been identified for WASH hardware interventions, including building boreholes to meet pressing water needs in the Savanes region, these interventions are not feasible with the current level of resources available.



## Protection, Gender and Inclusion

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

### Objective:

*Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*

### Key indicators:

#### Indicator

**Actual**

**Target**

*# of people reached by protection, gender, and inclusion services*

No Data

58,000

*# of protection incidents (SGBV, child protection, or other) reported via the IFRC protection monitoring report*

0

TBD

# of referrals made (SGBV, child protection, or other) via a common referral pathway	0	TBD
# of children reunified with their families	0	TBD
# of PGI booklets reproduced and distributed to volunteers	0	1000


**Activities implemented**

Training of 100 volunteers in PSEA and SGBV.

**Activities planned**

SGBV has been identified as an issue of concern through needs assessments as well as through partner agencies working in the area. As such, there will be a strong focus on reinforcing PGI capacities among HSP volunteers, ensuring minimum PGI standards are met, integration of RFL, sensitization on IHL, and the provision of PFA and safe and secure referrals at HSPs. A PGI focal point for the Savanes region will be identified and trained.

Additional resources are needed to create IEC materials for staff and volunteers on PGI-related topics such as violence prevention, anti-trafficking, and preventing sexual exploitation and abuse.

 <b>Migration</b>	Female > 18: 0	Female < 18: 0
	Male > 18: 0	Male < 18: 0

**Objective:** *Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)*

Indicator	Actual	Target
# of people reached through humanitarian service points (migrants and displaced people)	0	TBD
# of people reunited with their families through RFL services	0	TBD

**Activities implemented**

HSP implementation manual has been drafted and is currently being revised by each TRC department. An overview of HSPs and the RCRC migration approach has been presented to authorities (ANPC). Training modules for HSPs are under development, and a list of materials needed to establish each HSP is being drafted for procurement. IFRC has deployed a surge Migration & Displacement Coordinator for three months to support TRC in designing, implementing and monitoring HSPs.

**Activities planned**

A needs assessment to inform the service offer, type, and potential sites of HSPs is planned for the week of March 11, 2024. Current planning assumptions are to set up 3 HSPs in 3 prefectures, providing the following services, as determined by needs and available resources: information as aid, communication, PGI, RFL, first aid and pre-hospital care, malnutrition screening, PSS, health and hygiene promotion, distribution of chlorine tablets, individual hygiene kits and hot meals, and safe and secure referrals to more specialized services.



## Enabling approaches



### National Society Strengthening

<b>Objective:</b>	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of volunteers working on the project with health, accident, and death insurance</i>	0	400
	<i># of NDRTs deployed to support the Emergency Response in the affected provinces</i>	0	4

#### **Activities implemented**

To enhance longer-term preparedness and response capacities, a PER rapid response capacity check was conducted. As a result of this process, 25 corrective actions were identified to strengthen TRC's preparedness for effective response, of which 5 actions were prioritized in a PER action plan for 2024. TRC created a PER technical group to follow the progress on these 5 actions, namely to:

- Develop and disseminate an emergency response structure (organigram) and SOPs, describing roles and responsibilities during an emergency response.
- Develop and implement a monitoring and evaluation strategy for the operation.
- Develop and disseminate a Volunteer Management Policy.
- Update and disseminate the administrative, financial, and accounting procedures manual.
- Develop and disseminate staff statutes/regulations.

A joint IFRC-TRC inventory of the warehouse in Tsevie was conducted, and recommendations for its rehabilitation were presented to TRC management.

All movement components are also providing bilateral support to TRC in further strengthening its national society.

#### **Activities planned**

Achievements in NSD reflect TRC's commitment to building a stronger and more responsive National Society, with a focus on developing a long-term Master NSD Action Plan. To support this plan, and to continue accompanying the PER technical group as it progresses through its action plan, IFRC plans to recruit a NSD officer to be based in Lome and to deploy a NSD in Emergencies delegate for 3 months.

To safeguard the well-being of TRC volunteers, protective items such as raincoats, boots, and personal protective equipment will be procured.

The NDRT training needs to be refreshed before deploying NDRTs.



## Coordination and Partnerships

<b>Objective:</b> <i>Communities in high-risk areas are prepared for and able to respond to disaster</i>			
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of external partnership meetings attended supporting the National Society in the response</i>	15	5
	<i># of regular coordination mechanisms conducted with all Movement partners</i>	1	2

### **Activities implemented**

Operational taskforce meetings with Movement partners have been initiated by TRC, chaired by the DM and co-chaired by the Coordinator for the Savanes Region. Regular communication among Movement components still can be further strengthened.

Participation in humanitarian coordination meetings, in logistics cluster meetings, meetings with actors at the regional level, meetings with potential funders, and meetings with government and military authorities.

### **Activities planned**

TRC will convene a mini-summit for the components of the Movement to come together to define the key parameters of its collective response and how the Movement will work together to address the humanitarian needs of the displaced and host populations in the Savanes region. Following the mini-summit, a Decision Table and a tripartite (TRC-ICRC-IFRC) Joint Statement will be shared with the wider Movement and external partners.



## Secretariat Services

<b>Objective:</b> <i>Communities in high-risk areas are prepared for and able to respond to disaster</i>			
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i>Global and regional surge</i>	1	7
	<i>Federation-wide reporting set up by PMER</i>	1	1
	<i>Risk register set up, mitigation measures identified and monitored once per month.</i>	1	Monthly
	<i>Communications support provided - communication working group for movement members in country (TRC, ICRC &amp; IFRC) will be activated and coordinated</i>	0	1
	<i># of updated security assessments by province</i>	0	1

### Activities implemented

- Provision of technical support in PER, NSD, migration and displacement, procurement and logistics, partnership engagement and resource mobilisation, security, CEA, PMER, communications, and operations.
- 1 surge deployment, 2 staff-on-loan, and 3 missions from the country cluster delegation.
- Joint TRC-IFRC liaison with key external stakeholders and donors for continued strategic positioning of the operation itself and of TRC's unique added value.
- Ongoing work with TRC to strengthen its ability to meet the requirements of the project granting agreement.
- Ongoing support to TRC in local procurement activities.
- Communication key messages were developed, with additional social media activity for the appeal.

### Activities planned

- Support TRC in aligning M&E plan and data collection tools with operational strategy indicators and PGI minimum standards.



## Community Engagement and Accountability

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i># and % of complaints or feedback about the RCRC operation which receive a response through established community communication</i>	0	TBD
	<i>% of community members who feel the support provided by the programme is helping them to become more self-reliant/live without support in the future</i>	This data will be collected for end of project	80%
	<i>% of people surveyed who report receiving useful and actionable information through different trusted channels</i>	0	TBD
	<i># of live call-in radio sessions conducted</i>	0	50
	<i># of radio and TV slots for jingles</i>	0	40
	<i># of targeted advocacy campaigns conducted</i>	0	40
	<i># of branches that conducted a perception survey</i>	0	12
	<i># of paid media adverts engaged</i>	0	5

### Activities implemented

Training and deployment of 100 volunteers in CEA feedback mechanism, however feedback tool has not yet been put in place.

### **Activities planned within HSPs**

Needs assessment and community engagement in order to define HSP service offer.

Engaging female community members in defining the eligibility criteria for female hygiene kit distribution.

Developing SOPs for community feedback mechanism for HSPs will be important to their implementation. To ensure a high level of quality in CEA actions within the cross-cutting migration approach, a CEA focal point for the Savanes region will be identified and trained.

Additional resources are needed for media activities.

## **D. FUNDING**

The IFRC Appeal supports the Togolese Red Cross raising resources to deliver the activities set out in its action plan. A summary of pledges to the appeal, including the DREF loan of CHF 500,000 can be found below. As at date, the appeal is 18.3% funded with the CHF 500,000 DREF loan and 6% (CHF 232,300) without the DREF loan.

<b>Donor</b>	<b>Earmarking</b>	<b>Pledge (CHF)</b>	<b>Remarks</b>
<b>Multilateral IFRC Secretariat Funding – ask CHF 4,000,000</b>			
DREF Loan	Unearmarked	500,000	
Japanese Red Cross	Unearmarked	30,000	Registered
Monaco Red Cross	Unearmarked	9,300	Registered
Swiss Red Cross	Migration and NSD	193,000	Registered
<i>Sub-total – Multilateral funding</i>		<i>732,300</i>	<i>18.3%</i>
<b>Bilateral Contributions – ask CHF 2 000 000</b>			
<i>Sub-total – Bilateral funding</i>		<i>0</i>	<i>0</i>
<b>Total Federation-Wide Funding – ask CHF 6 000 000</b>			
<i>Total federation-wide funding</i>		<i>732,300</i>	<i>12.2%</i>

## Contact information

For further information, specifically related to this operation please contact:

### In the Togolese Red Cross

- **Secretary General:** Gérard Agbéko Koffi EGAH, [gekamann@yahoo.fr](mailto:gekamann@yahoo.fr), +228 97051607
- **Operational coordination:** Dr ASSIH M. Essoyodina, Disaster Management, [essoyodina@gmail.com](mailto:essoyodina@gmail.com), +228 90249378

### In the IFRC

- **IFRC Regional Office for Africa DM coordinator:** Rui Alberto OLIVEIRA, Manager Preparedness and Response, [rui.oliveira@ifrc.org](mailto:rui.oliveira@ifrc.org), +254 780422276
- **IFRC Country Cluster Support Team:** Bhupinder TOMAR, Operations Coordinator, [bhupinder.tomar@ifrc.org](mailto:bhupinder.tomar@ifrc.org), +234 8186730823
- **IFRC Country Cluster Support Team:** Francis Innocent SALAKO, Operations Coordinator, [francis.salako@ifrc.org](mailto:francis.salako@ifrc.org), +234 9087351968

### For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey, Regional Head, Strategic Partnerships and Resource Mobilisation, email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org), phone: +254 110 843978
- **IFRC Country Cluster Delegation:** Rachael INMO, Strategic Engagement and Partnerships Officer, [rachael.inmo@ifrc.org](mailto:rachael.inmo@ifrc.org), +234 8063234044

### For In-Kind donations and Mobilization table support:

- **Regional Logistics Coordinator:** Allan Kilaka Masavah, Head, Global Humanitarian Services & Supply Chain Management, [allan.masavah@ifrc.org](mailto:allan.masavah@ifrc.org), (+254) 113834921

### For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- **IFRC Regional Office for Africa:** Beatrice Okeyo, Regional Head, PMER and QA, email: [beatrice.okeyo@ifrc.org](mailto:beatrice.okeyo@ifrc.org), phone: +254 732404022

### Reference documents



Click here for:

- [Operational Strategy](#)
- [Emergency Appeal](#)
- [DREF Operation Update 2](#)
- [DREF Operation Update 1](#)
- [DREF Operation](#)

## How we work

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