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# Disaster relief emergency fund (DREF) Togo: Cholera outbreak

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRTG004**  
**GLIDE n° [EP-2013-000138-TGO](#)**  
**4 November 2013**

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 and Red Crescent emergency response. 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.

**CHF 154,913 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to approximately 80,000 people (16,000 households). Unearmarked funds to repay DREF are encouraged.**

#### **Summary:**

The municipality of Lomé in the Maritime region of Togo reported an outbreak of cholera. As of 28 October, 95 cases with 4 deaths had been reported. In its role as auxiliary to the government of Togo, the Togolese Red Cross Society (TRCS) mobilized its volunteers at branch level to support the health authorities to improve cholera awareness at community levels at an early stage to prevent effects and spread of the epidemic.

With the support of IFRC's DREF, TRCS will scale up its mobilization of volunteers to continue health and hygiene awareness-raising activities in high-risk communities, complemented by the deployment of oral rehydration points and sanitation support to public health and school facilities.



**TRCS volunteers were quickly mobilized to help deliver key health and preventive messages to vulnerable communities. (Photo: TRCS)**

With the cases still expected to rise, this initial DREF plan of action and budget may be revised in the coming weeks based on the evolving needs in the country.

This operation will be implemented over three months, and will therefore be completed by 30 January 2014. A final report will be made available three months after the end of the operation, by 30 April 2014.

[<click here for the DREF budget; here for contact details; here for map of the affected area>](#)

## The situation

Since 30 August 2013, cases of cholera have been recorded in Lomé municipality. This has since extended to six of the seven districts in the Maritime region as well as the Central region. As of 28 October, the situation worsened significantly, with the total number of cases escalating to 95 with 4 deaths. The continued rainfall in the regions and poor hygiene conditions escalated concerns of a serious outbreak by the country's health authorities.

### Cases

LOCALITES/QUARTIERS	No. of cases	No. of men	No. of women	No. of children	No. of deaths
<b>LOME COMMUNE</b>					
BASSADJI	1	1	0	0	0
BE KPEHENOU	1	1	0	0	0
BE KPOTA	1	0	1	0	0
ABLOGAME	1	1	0	0	0
NYEKONAKPOE	16	9	7	0	0
ADAKPAME	2	1	1	0	0
NUKAFU	1	1	0	0	0
BE	2	2	0	0	0
WUITI	1	1	0	0	0
KODJOVIAKOPE	4	2	2	0	0
QUARTIER ETOILES	1	1	0	0	0
KATAGAN	12	6	4	2	0
ADAMAVO	2	1	1	0	0
QUARTIER HOP SO	2	2	0	0	0
AKODESSEWA	2	2			
<b>TOTAL LOME COMMUNE</b>	<b>49</b>	<b>31</b>	<b>17</b>	<b>2</b>	<b>0</b>
<b>MARITIME REGION</b>					
ANFOUIN	21	6	15	0	3
BAGUIDA	1	1	0	0	0
AFAGNAN	1	1	0	0	0
ADIDOGOME	3	3	0	0	0
AGOË ZONGO	1	0	1	0	0
ZANGUÉRA	1	1	0	0	0
AWASSI DJEBE	1	0	1	0	0
AVEPOZO	1	0	1	0	0
AGODEKE	1	1	0	0	1
AGBAVI	1	1	0	0	0
TOGGLE ATCHANVE	1	0	1	0	0
VOGAN	3	2	1	0	0
ZIO	1	1	0	0	0
<b>TOTAL REG MARITIME</b>	<b>37</b>	<b>17</b>	<b>20</b>	<b>0</b>	<b>4</b>
<b>REGION CENTRALE</b>					
SOKODE	2	1	0	0	0
QUARTIER DIDAOURE	2	1	0	0	0
TCHAMBA	4	1	0	0	0
ALEHERIDE	1	0	1	0	0
<b>TOTAL REGION CENTRALE</b>	<b>9</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>TOTAL GENERAL</b>	<b>95</b>	<b>51</b>	<b>38</b>	<b>2</b>	<b>4</b>

### Volunteer mobilization

District	Number of volunteers mobilized	Number of new volunteers to be recruited	Total	Supervisors
MUNICIPALITY OF LOMÉ	104	150	254	5
MARITIME REGION	96	100	196	5
CENTRAL REGION	200	00	200	00
Total	400	250	650	10

The Ministry of Health through the Directorate General of Health has supported patients and is currently implementing preventive mechanisms to slow the outbreak's spread. An information/ education message on cholera from the Ministry of Health is being shared through the nation's media outlets. WHO and UNICEF have provided medicines and consumables for the management of cases.

### Coordination and partnerships

The response to the epidemic is coordinated by health authorities through current health coordination mechanisms. TRCS participates in the regular health coordination meetings organized by the Ministry of Health to receive information and inform planned activities.

TRCS, with the support and coordination with UNICEF, has mobilized 200 volunteers to carry out activities of sensitization and chlorination of water at household level in 34 communities/ neighbourhoods of the municipality of Lomé and maritime region till December.

Meanwhile, the Swiss Red Cross, currently leading a development programme in the Central region, will mobilize 200 volunteers to carry out activities including home visits, raising awareness in schools as well as the chlorination of water at household level through a strong social mobilization campaign in the next ten days. The follow-up after the campaign will be done by volunteers involved in their programme.

### Red Cross and Red Crescent action

Since the initial indications of a cholera outbreak in September, volunteers have been deployed in the districts to help raise awareness in households, hold demonstrations of hand washing and provide limited quantities of chlorine to households.

IFRC, through its West Coast Regional Representation, will support the Togolese Red Cross in the publication of situational reports while TRCS maintains its collaboration with local media to increase visibility during the operation and keep the community informed of TRCS undertakings.

### The needs

Based on the characteristics of cholera epidemics and the current knowledge of disease prevention in the affected areas, there is a clear need to improve cholera knowledge at community level. The activities will be aligned with the national-wide health communication plan.

### The proposed operation

The Togolese Red Cross intends to expand its activities in Lomé municipality and Maritime region. It aims to strengthen community knowledge in the areas of prevention and surveillance of cholera and get households and seven surrounding districts to treat their drinking water through demonstrations on how to use chlorine tablets and maintaining proper hygiene and sanitation. TRCS will also set up oral rehydration points and support referrals for suspected cholera cases for early management while ensuring better supervision and coordination of the action.

This action will involve mobilizing an additional 250 volunteers (in addition to the 400 already in operation) to strengthen the National Society's advocacy and outreach capacity. Activities will be carried out twice a week or 10 days per month in the three months of operation (30 days), with 10 supervisors deployed to support the teams.

For the implementation of activities, the new volunteers will be trained using the training manual on the management of outbreaks for volunteers and to convey key messages on hygiene promotion and treatment of water at the household level in local language. The household visits will be combined with other community awareness activities in schools and public spaces.

The direct beneficiaries of this intervention are estimated at about 16,000 households or about 80,000 people in exposed areas (unsanitary areas close to roads, localities with major markets) in up to seven high-risk districts.

As part of improving Red Cross Red Crescent response to cholera outbreaks, a new oral rehydration point kit will be piloted in this response, with IFRC deploying a health specialist to support the training and implementation related to this kit. A member of the regional disaster response team will also be deployed to support the National Society in the implementation and monitoring of this operation in-country.

### Emergency health and care

**Outcome 1:** Reduced morbidity and mortality among approximately 80,000 people (16,000 families) through hygiene promotion and disinfection activities, ensuring early case detection and community case management in 7 districts

<p><b>Outputs (expected results)</b></p> <ul style="list-style-type: none"> <li>The Red Cross volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks</li> <li>Up to 16,000 families have increased their knowledge on proper hygiene practices necessary to prevent further spread of cholera in their communities</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>Continuous assessment and reporting of the evolving situation and spread of disease</li> <li>Organize training on cholera outbreak management utilizing the epidemic control manual for volunteers in coordination with the MoH, using IFRC manuals for 250 volunteers (including early detection and referrals of cholera cases)</li> <li>4,000 assorted IEC/BCC materials (posters, flyers) on cholera produced, printed and distributed to enhance positive behaviour change</li> <li>Production of visibility material (160 T-shirts)</li> <li>Procure 100 ORP kits</li> <li>Support the health centre of Katanga with 15 tarpaulins +2 shelter tools kits (or tents to help in cases management)</li> <li>Train volunteers on the use of ORP kits</li> <li>Deploy volunteers and ORP kits to high risk areas</li> <li>Lessons learnt workshop on the cholera outbreak</li> <li>Monitoring and reporting on activities</li> </ul>
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### Water, sanitation, and hygiene promotion

**Outcome:** The immediate risks to the health of 80,000 cholera-affected people (16,000 households) in 7 districts are reduced by ensuring access to safe drinking water and hygiene supplies.

<p><b>Outputs (expected results)</b></p> <ul style="list-style-type: none"> <li>Targeted people have access to safe water that meets the minimum SPHERE and WHO standards in terms of quantity and quality</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>Orient 350 volunteers on hygiene promotion activities</li> <li>Hand washing at key times promoted through demonstrations at markets and other public places</li> <li>Safe use of water treatment products including household safe drinking water storage promoted in 16,000 households through sensitization and demonstration sessions</li> <li>Conduct house to house visits for hygiene promotion.</li> <li>Conduct disinfection of strategic functional latrines in schools and health centre.</li> <li>Hygiene promotion activities like personal and environmental sanitation promoted in 14 schools</li> <li>Support schools with hand washing points, water treatment products and latrine disinfection products</li> <li>Monitoring and reporting on activities</li> </ul>
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## Logistics

<b>Outcome: Timely and effective logistics support provided to the emergency operation</b>	
<b>Outputs (expected results):</b> Effective logistical support has enabled rapid assistance to targeted beneficiaries.  Local procurement done in line with national procurement guidelines.	<b>Activities planned:</b> <ul style="list-style-type: none"><li>• Coordinating mobilization of goods and reception of incoming shipments</li><li>• 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.</li><li>• Transport relief supplies to final distribution site</li><li>• Coordinating within IFRC logistical structures in the region.</li><li>• Monitoring and reporting on activities</li></ul>

## Communication – Advocacy and Public information

The National Society will continue to work with local media agencies to profile its activities during the operation at the national level and contribute to increase the Red Cross visibility in the country. The IFRC team will support the National Society to ensure that the operation is effectively communicated to external audience by gathering compelling images and stories of target beneficiaries and post on IFRC website, humanitarian websites, and other social media.

## Monitoring and Evaluation

The volunteers will provide regular monitoring reports of the operation and a production of weekly data. The cholera intervention is evaluated to critically review achievements and challenges and ensure a process where lessons' learnt can be utilized as reference point for improved emergency planning and implementation for future emergencies.

## Contact information

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

- **Togolese Red Cross:** Norbert Paniah, National President, Togolese Red Cross; phone: +2282212110; email: [crtsiege@laposte.tg](mailto: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](mailto:daniel.sayi@ifrc.org)
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### For Resource Mobilization and Pledges:

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

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067 277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

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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.
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# DREF OPERATION

04/11/2013

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Budget Group	DREF Grant Budget CHF
Shelter - Relief	1,810
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	17,102
Medical & First Aid	15,000
Teaching Materials	2,500
Ustensils & Tools	800
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>37,212</b>
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	1,500
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>1,500</b>
Storage, Warehousing	0
Distribution & Monitoring	6,000
Transport & Vehicle Costs	4,200
Logistics Services	3,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>13,200</b>
International Staff	5,000
National Staff	0
National Society Staff	6,870
Volunteers	40,366
<b>Total PERSONNEL</b>	<b>52,236</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	18,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>18,000</b>
Travel	14,000
Information & Public Relations	4,760
Office Costs	1,700
Communications	1,850
Financial Charges	1,000
Other General Expenses	0
Shared Support Services	0
<b>Total GENERAL EXPENDITURES</b>	<b>23,310</b>
Programme and Supplementary Services Recovery	9,455
<b>Total INDIRECT COSTS</b>	<b>9,455</b>
<b>TOTAL BUDGET</b>	<b>154,913</b>



# Togo: Cholera

