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DREF operation update Togo Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRTG004
GLIDE n° EP-2013-000138-TGO
Update n° 1 – 29 January 2014.
2 Months timeframe extension

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.

Period covered by this update: 4 November 2013 to 28 January 2014.

Summary CHF 154,913 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 4 November 2013 to support the Togolese Red Cross in delivering immediate assistance to approximately 80'000 people (16'000 households).

The first cases of cholera in Togo were reported on 29th August in 2013, and to date a total of 168 confirmed cases of cholera and 7 deaths have been reported. The Togolese Red Cross Society (TRCS) 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. Since the last official epidemiological report start December 2013, only one confirmed case of cholera has been reported.



TRCS volunteers conducting household visits to sensitize population in risk of cholera prevention and treatment, hygiene promotion and household water management. Photo TRCS/IFRC

Due to a school strike preventing school based activities to be initiated on time and a parallel malaria-prevention project stressing NS resources, some activities (including school health clubs, rehabilitation of health point) have not been finalized within the original timeframe and this update announces a two months extension of the operation's timeframe to end by 31 March 2014.

This operation is expected to be implemented in five months, and completed by 31 March 2014. In line with Federation reporting standards, the Final Report (narrative and financial) is due 90 days after the end of the operation (by 30 June 2014).

DG ECHO contributed in replenishment of the allocation made for this operation.

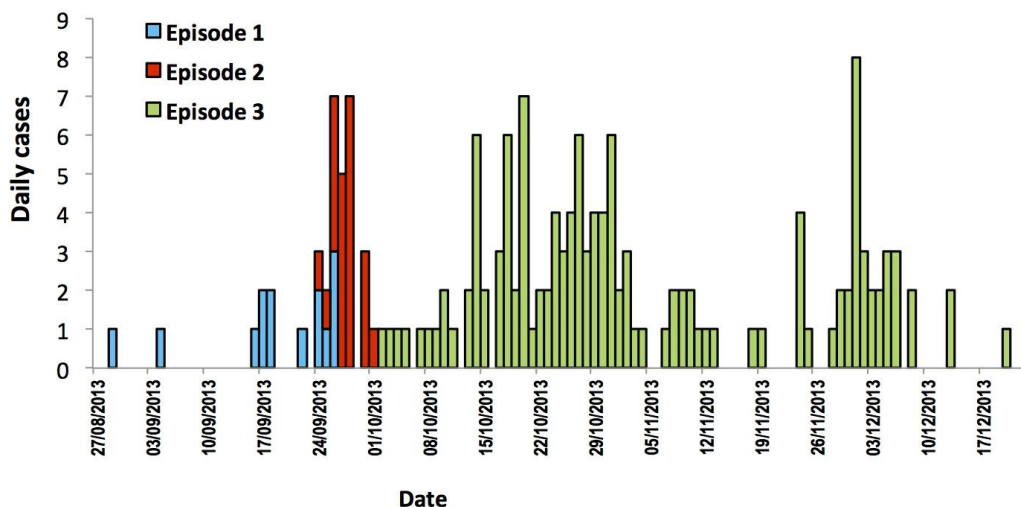
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The situation

Since the initial outbreak in August 2013, the caseload has occurred in three episodes throughout the three affected communes. The Central Commune, which was affected by the early registered cases, has a second increase of cases in the later stages of the outbreak and resources had to be shifted to this commune to

ensure adequate response. Through the entire outbreak from 28 August until 20 December 2013 a total of 168 cases and 7 deaths have been reported, representing a case fatality rate of 4.2. (See figure 1 for trend).

Figure 1: Daily cholera caseload (August to December 2013)



Late November 2013, a schoolteacher strike occurred leading to closing of schools, which was followed by the Christmas holidays. This prevented many of the school-based activities of the TRCS to be implemented on time, and committed projects have just recently resumed, thus in January 2014.

During the DREF operation review in January 2014, sample household visits were conducted, showing a good knowledge of both cholera knowledge and prevention including basic hygiene measure, immediate treatment and referral and household water management.

Coordination and partnerships

The national response has been coordinated by the Togolese Ministry of Health (MoH) supported by the Health and WASH clusters. The national health authorities have provided weekly epidemiological reports to the partners. Regular coordination meetings have been arranged in lame to discuss the coordinated response to the epidemic.

The DREF operation has been technically supported by the IFRC West Coast Regional Representation and Africa Zone disaster management units. Technical support visits were carried out in December 2013 as well as the DREF review recently carried out to gather lessons learnt.

Red Cross and Red Crescent action

Progress towards outcomes

Emergency health and care

Outcome: 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 seven districts

Outputs (expected results)

- The Red Cross volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks
- Up to 16'000 families have increased their knowledge on proper hygiene practices necessary to prevent further

Activities planned:

- 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 250 volunteers (including early detection and referrals of cholera cases).
- 4,000 assorted IEC/BCC materials (posters, flyers) 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

spread of cholera in their communities	shelter tools kits (or tents to help in case management). <ul style="list-style-type: none"> • Train volunteers on the use of ORP kits. • Deploy volunteers and ORP kits to high risk areas. • Lessons learnt workshop on the cholera outbreak. • Monitoring and reporting on activities
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Progress:

TRCS received 100 community oral rehydration point (ORP) kits from IFRC of which 10 were deployed to the Central Region. Through a short-term deployment of a water and sanitation emergency response unit roster member from the German Red Cross, 25 volunteers in the Central Region were trained in deployment of ORP kits. Branded T-shirts were produced and distributed to volunteers to increase Red Cross visibility during the campaign.

In an effort to general learning from the operation, determining successes and gaps, the IFRC facilitated a lessons learned workshop and a DREF review from 10 to 24 January 2014. The TRCS programme team including representatives of staff and volunteers from the regions affected by cholera and governing board members attended the lessons learnt workshop and accompanied the review team in the field.

Challenges:

- Due to language barriers, the deployment of the ERU roster member did not have the expected results, and the TRCS concluded that the necessary guidance for the deployment was inadequate and the kits have been prepositioned until improved guidance and procedures have been developed. This decision was based on the fear that the ready-made ORS solution could encourage households to home-treat suspected cholera patients rather than initiate immediate referral.
- In addition, the lack of core volunteers involved in other projects, the second part of the epidemic control for volunteers training has not yet been carried out. It is planned to take place in February 2014.

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.	
<p>Outputs (expected results)</p> <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 	<p>activities planned:</p> <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.

Progress:

A total of 250 volunteers have received training in social mobilization, cholera awareness raising, hygiene promotion and household water management (70 in Lomé, 155 in Maritime Region and 25 in Central Region). Since the start of the operation the trained volunteers have reached a total of 13,909 households through household visit campaign. Information, education and communication (IEC) materials (leaflets, posters) have been used during the campaign. The household visit campaign has been complemented by radio awareness campaign broadcasted on four radio stations countrywide in Togo.

Table 1: Awareness campaign summary

Area	Houses visited	households	People reached	People sensitized			
				Males	Females	Children	Total
Lomé	1,660	3,389	18,289	3,273	4,243	2,778	10,294
Golfe	740	1,003	6,663	650	1,497	656	2 803
Lacs	127	552	2,879	733	1,168	1,102	3,003
Bas mono	901	2,195	4,888	978	1,459	2,001	4,438
Vo	115	530	3,015	891	1,000	340	2,231
Ave	195	668	6,089	690	1,500	879	3,069
Zio	1,493	2,729	11,888	2,466	3,550	2,933	8,949
Tchaoudjo	1,320	2,843	10,351	2,286	3,147	1,521	6,954
Total	6,551	13,909	64,062	11,967	17 564	12,210	41,741

Challenges:

- Repeated strikes by teachers in December 2013 followed by the holiday period at the end of year made it impossible to work in schools (teacher training, awareness and soaps and chlorine). These activities have already been committed and will be carried out during February 2014.
- The aqua tabs planned for household water treatment were insufficient and an agreement was made with UNICEF to provide these tablets.

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 logistics unit facilitated the deployment of IFRC community ORS kits to Togo whilst TRCS logistics enabled distribution of ten to the Central Region. The remaining have been pre-positioned in Lomé. However, local procurement has been partially done.

Challenges:

- Due to the high demand of water and sanitation related materials during the outbreak, purchased materials have only partially been delivered and interim arrangements have been made with UNICEF during the main implementation to supplement these items (aqua tabs).
- The tools for rehabilitation of the health centre could not be delivered from the IFRC stock and a local procurement has been initiated at a late stage to finalize the already committed activity.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (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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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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