

# Emergency Plan of Action (EPoA) Togo – Meningitis epidemic

<b>DREF Operation</b>	<b>Operation n° MDRTG006; Glide n° EP-2016-000015-TGO</b>
<b>Date of issue:</b> 29 February 2016	<b>Date of disaster:</b> 1 February 2016
<b>Operation manager (responsible for this EPoA):</b> Samuel Matoka, IFRC Abuja country cluster	<b>Point of contact:</b> Samuel Matoka, IFRC Abuja Multi Country Cluster Team.
<b>Operation start date:</b> 25 February, 2016	<b>Expected timeframe:</b> Three months
<b>Overall operation budget:</b> CHF 178,079	
<b>Number of people affected:</b> 2,552,800 people living in the three regions: Centrale (709,433), Kara (873,026) and Savannas (970,341).	<b>Number of people to be assisted:</b> 291,200 households / 1,747,200 people
<b>Host National Society presence:</b> Six national headquarters staff; six regional coordinators; 27 district supervisors, and 700 volunteers across three regions.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant):</b> International Federation of Red Cross and Red Crescent Societies (IFRC) and Swiss Red Cross.	
<b>Other partner organizations actively involved in the operation:</b> World Health Organisation (WHO), Ministry of Health and Social Protection, Plan Togo, and the United Nations Children's Fund (UNICEF)	

## A. Situation analysis

### Description of the disaster

Since December 2015, Ghana has been affected by new strain of meningitis outbreak - Pneumococcal Meningitis caused by streptococcus pneumoniae, which is both contagious and fatal. As of 10 February, there have been 85 fatalities reported and 465 people hospitalized in Ghana.<sup>1</sup> The meningitis outbreak has since spread from Ghana to Togo, starting in the Kara region, in the district of Dankpen before moving on to the western border district of Bassar. As of 15 February, 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 nine deaths (CFR: 14.3%). Following investigations in the district of Dankpen, it was identified that the causal agent was Neisseria meningitidis W135. This strain of meningitis is rare and has common signs and symptoms similar to that of Cerebro-Spinal Meningitis. It should be noted that there are concerns that the epidemic is expanding to other areas, not only in the districts of Kara region but also to neighbouring areas – since 5 February 2016, two cases have been reported in the Central region. There is also a cross border risk of spread of cases to other countries in West Africa, in Ghana, potentially Cote d'Ivoire and beyond.

The hot and humid climate of Togo is a key factor to the proliferation of disease vectors and partly responsible for the national epidemiological profile dominated by infectious and parasitic diseases. The months of March and April with

<sup>1</sup> In Ghana, the activities planned in response to the outbreak have been incorporated within a Beneficiary Communications (Becom) project (funded by the European Union), for which the project team did an assessment and identified the actions to be undertaken: these activities include rapid assessment, house to house education, community durbar/public radio show, and radio discussion and call in on causes, signs and symptoms, mode of transmission, case detection and referral, early reporting of suspected cases, plus a campaign against stigmatization. A DREF allocation is not regarded as being required at this stage, however the IFRC is continuing to closely monitor the situation in collaboration with the Ghana Red Cross Society.

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.

## **Summary of the current response**

### **Overview of Host National Society**

Since February 2016, the Togolese Red Cross Society (TRCS) has assisted the Government of Togo in the response to the outbreak in the Kara region, both in terms of response and coordination. TRCS volunteers (of a national network of 45,000 approx.) have been mobilized in some of the affected areas through their own Beneficiary Communications project (funded by the European Union), and are involved in community radio programmes (radio shows, and spots), awareness raising, as well as surveillance, detection and referral of cases to health facilities. Following the continued spread of cases, the National Society (NS) intends to scale up these activities through a DREF operation, targeting those communities in the affected districts, and surrounding districts, and regions that have not yet been affected but are identified to be at risk, as well as carrying out community mobilization in support of the MoH vaccination campaign, in order to ensure high coverage of the population.

### **Overview of Red Cross Red Crescent Movement in country**

The International Federation of Red Cross and Red Crescent Societies (IFRC) is providing assistance through its Country Cluster Support Team based in Abuja (Nigeria), and has continued to work closely with the TRCS by supporting its staff and volunteers in all its activities and ensuring that management and operational issues are dealt with to ensure they reach the needs of the most vulnerable. On 12 February 2016, an alert was issued using the IFRC disaster management information system (DMIS), which was followed on 15 February 2016 by an Operational Strategy Call carried out with colleagues at IFRC Abuja Country Cluster Support Team (CCST), Africa Regional Office, and Geneva. It was agreed that a DREF allocation should be considered to complement the existing Beneficiary Communications project, and support the scale up the activities planned in response to the meningitis outbreak.

The International Committee of the Red Cross (ICRC) has presence in Togo, and also provides support through its regional representation in Abidjan, Cote d'Ivoire. The ICRC is in discussion with the TRCS on extending awareness raising campaigns in 10 locations in the Kara and Savanes regions, which complement the activities planned through the DREF operation. Partner National Societies (PNS) include the Danish, German and Swiss Red Cross National Societies, but have not to date indicated that they will be extending their support to the TRCS in response to the meningitis outbreak

### **Overview of non-RCRC actors in country**

Following the official declaration of the epidemic by the MoH, a Crisis Committee was set up and is being supported by the technical services of the MoH and its partners, including the TRCS. This committee meets daily to monitor the epidemic and provide effective support to the coordinating team in the affected region and other regions under alert. Daily epidemic updates are released and a report is shared with all the humanitarian actors. The three key partners outside the TRCS that are currently supporting the MoH are:

#### **World Health Organization (WHO):**

- Provision of drugs - strengthening Ceftriaxone stock in the districts of Bassar and Dankpen;
- Vaccines - request sent to the ICG;
- Mission for strengthening regional coordination;
- Mission for international technical support to the MoH.

#### **United Nations Children's Fund (UNICEF):**

- Support to the vaccination campaign and syringe control;
- Technical support for the implementation of the communications plan.

**PLAN Togo:**

- Support for communications;
- Support with 5,000 doses of vaccines and syringes for the vaccination campaign.

Other actors such as Medecins Sans Frontieres (MSF) and Doctors of the World are not present in Togo.

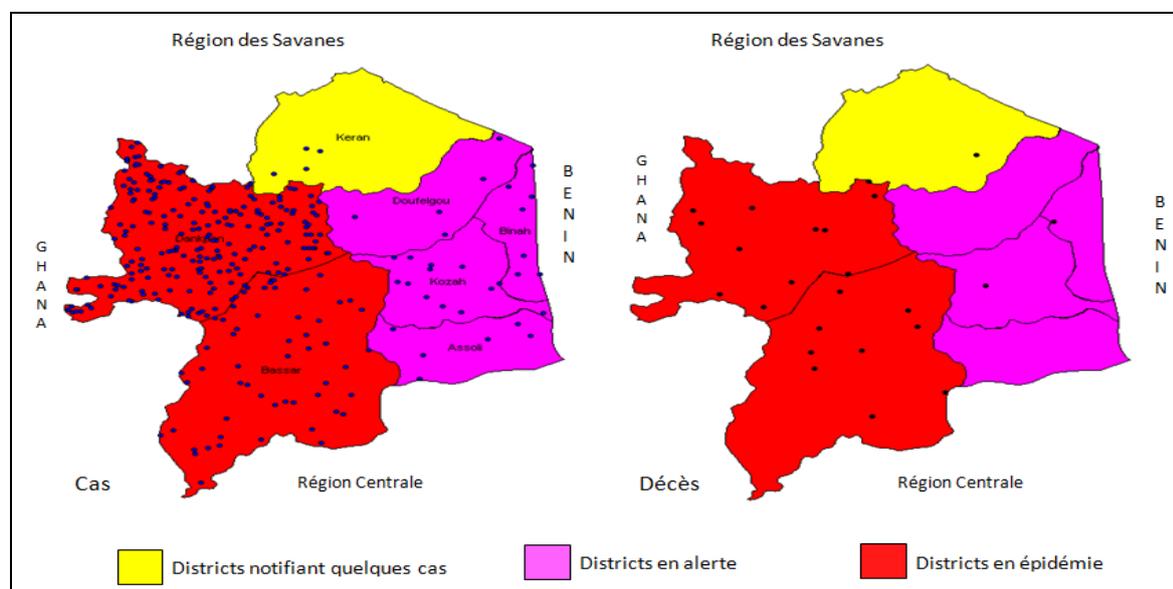
**Needs analysis, beneficiary selection, risk assessment and scenario planning****Needs analysis**

As of 15 February 2016, there have been 324 cases and 24 deaths reported (CFR 7.4%) in the whole of Kara region (including Dankpen and Bassar districts), with the breakdown of the epidemiological situation as follows:

Health districts	Cases	Deaths	Mortality rate (%)
Assoli	6	0	0.00%
Bassar	63	9	14.29%
Binah	7	1	14.29%
Dankpen	219	12	5.48%
Doufelgou	7	0	0.00%
Kéran	6	1	16.67%
Kozah	16	1	6.25%
<b>Total</b>	<b>324</b>	<b>24</b>	<b>7.41%</b>

Source: Ministry of Health and Social Protection.

Please refer below the map, which shows 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 MoH have focused on the provision of drugs and preparations for the vaccination campaign. Unfortunately the outbreak has now spread to neighbouring regions, due to weak community mobilization and awareness raising on the disease, which is resulting in:

- Physical contacts with the infected person, mainly in the cases of children.
- Delays in the identifying the disease and accessing medical facilities.

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

## Risk Assessment

Given the close contacts between the volunteers and the people in the affected areas, vaccination is required for all staff, volunteers and other stakeholders to be deployed in the epidemic area. Also personal protective equipment (sanitizer, gloves, masks) will be pre-positioned to protect these actors, including 700 volunteers and 27 supervisors..

## Beneficiary selection

In total, 1,747,200 people (291,200 households) will be targeted in the Kara region and in neighbouring Central and Savannas regions through this DREF operation, which equates to 80 per cent of the at risk population. The TRCS will ensure that the DREF operation is 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 at risk population of 1,747,000 people (291,200 families) living in the Kara region and neighbouring Central and Savannas regions.

### Proposed strategy

The proposed strategy for this DREF operation will focus on the following areas of intervention:

- Establish an early warning system - to promote community supervision and referral of suspected cases. This will include door to door visits, referral of suspected cases for quick consultations in health facilities, informing health facilities of possible suspicious cases to enable adequate assistance, and implementing advocacy and community mobilization.
- Cross-border activities - including deploying volunteers in border areas with Ghana where people cross into Togo and, during this transit, inform people on the early detection and prevention of the disease. A coordination mechanism will be set up with the Ghana Red Cross Society to ensure similar messages are spread on both sides of the border.
- Supporting the vaccination campaign - intensifying vaccination awareness and sharing information on its benefits. This will be done before and during the vaccination campaign.

Key activities planned will include:

- The briefing of 700 volunteers (a one day session) on the prevention and control of meningitis, supervision and guidance on the symptoms and the actions to take, the use of SMS (focused on surveillance/reporting of suspected cases to health facilities) to share health messaging, and the promotion of good hygiene practices. This work will be targeted in the regions of Kara (epicentre of the outbreak) and the two regions under alert (Savannas and Central). Following this briefing, the volunteers will be mobilized to conduct awareness raising campaigns, as well as to monitor and provide guidance at the community level for 15 days a month for two months (a total of 30 days) - the DREF operation will cover volunteer costs for 10 days per month and the other days will be funded by other donors. The volunteers will be equipped with information, education and communication (IEC) materials to support the awareness raising campaigns. These will comprise brochures / leaflets (1,000), maps, advice kits with tips (500 kits made of three informative cards), and megaphones. The volunteers will target

primary schools (children being the most vulnerable group) from the seven districts of the Kara Region and will inform both students and teachers about meningitis identification and prevention.

- Of the 700 volunteers, 300 will be further mobilized for seven days on the health and vaccination campaigns and will be deployed at vaccination points to support health workers (this is included in the 20 days they will be mobilized through the DREF). Mobilization of 50 Mothers Club community members to share information on the prevention and control of meningitis. The community members to be mobilized will be trained to educate their peers using sketches and dances, and will lead group discussions on harmful practices that support the transmission of the disease. Mothers Clubs are well positioned, since Togo is a matriarchal community, to carry out awareness raising sessions within their own community.
- Cell phones will be given to support TRCS supervisors (via the Beneficiary Communications project) in monitoring the community level. Suspected cases will be reported by volunteers via SMS to supervisors at local Health Facilities. The data will be sent directly to the HQ server and managed by the TRCS team. Each volunteer and supervisor will receive a phone credit (value CHF 5 approx.) through the DREF operation.

## **Operational support services**

### **Human resources**

This DREF operation will require the mobilisation of the following personnel:

- Six National Headquarters (NHQ) staff including from staff in health, disaster management (DM), communications, monitoring and evaluation departments. They will all work closely with the crisis committee to properly manage the actions. Per diem and accommodation allowances (eight days per month for three months) have been budgeted to support their monitoring / coordination of the DREF operation, including after the completion of the awareness raising / social mobilization campaigns. Vaccinations are only being carried out free of charge in the areas that are being targeted, which doesn't include Lome or therefore any staff at NHQ. In total, 20 NHQ staff will receive vaccination against meningitis to ensure they are protected when deployed to the affected regions
- Six regional staff (two per region including one technical/one accountant), who will work closely with the Health General Directorate in their respective region. Per diems (10 days per month for two months) have been budgeted to support their supervision of the DREF operation.
- 27 district supervisors will be mobilized to support the management of volunteers. Per diems (10 days per month for two months) have been budgeted to support them with the implementation of the DREF operation.
- 700 volunteers (Approx. 27 per district) will be mobilized to carry out awareness raising, and support the MoH vaccination campaigns (10 days per month for two months). All volunteers will be covered by IFRC insurance and issued with personal protective equipment (hand gel, gloves, masks etc). The Mothers Club members will be mobilized for (five days per month for the two months). Each volunteer and Mothers Club member will receive a per diem
- Five drivers will be dedicated to support the DREF operation from NHQ (two for eight days per month for two months) and at regional level (three for ten days per month for two months). Per diem and accommodation allowances have been budgeted to support this.
- An IFRC Regional Disaster Response Team (RDRT) member with a health profile will be mobilized to support the effective implementation of the DREF operation for a period of one month.
- The IFRC Abuja Country Cluster Support Team will also deploy a representative to carry out a mission to monitor implementation of the activities planned, and provide verification that the work has been carried out as per the agreed Emergency Plan of Action, and in accordance with the DREF procedures.

## **Logistics and supply chain**

All items required for the implementation of the DREF operation will be carried out by local purchase. Local purchase will include: credit units for SMS, IECs, fuel, hand gel, gloves, masks, tools, training materials, etc. and will be carried out according to the IFRC logistics procedures and guidelines. If the items are not available in the local market, they may be requested through IFRC Abuja CCST. In total, three vehicles will be mobilized in the regions for the DREF operation (one will be rented). Fuel and maintenance costs have been budgeted.

## **Communications**

Due to the possible rapid spread of the epidemic, the DREF operation, supported by the IFRC/TRCS Beneficiary Communications team will distribute IECs on how to prevent meningitis. In addition, (through the Beneficiary Communications project) information messages will be spread through radio shows on preventing meningitis through good hygiene practices. These will be directed not only to the population, but through campaigns targeting schools, local authorities, NGOs and United Nations agencies. Red Cross jackets will be issued to ensure visibility of all staff and volunteers involved in the implementation of the DREF operation.

## **Security**

Any displacement of staff will be monitored by the DM/Health Unit via telephone and SMS. The Secretary General, Heads of Departments, PNS delegates, and IFRC and ICRC staff will all be involved in ongoing coordination and will closely monitor the events. In addition, the following actions related to security will be completed by the IFRC / TRCS:

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

The management of the activities under this DREF operation will be based on the RCRC Fundamental Principles and the Humanitarian Values.

## **Planning, monitoring, evaluation, & reporting (PMER)**

Performance and accountability under this DREF operation will be strengthened through a monitoring and reporting system. Emphasis will be on tightening the tracking of progress on outputs to inform operational planning and decision making. Monitoring and reporting structures at branch level will be enhanced so that they collect viable data, timely and credibly. The TRCS will collect all the data regarding the planned intervention and responses to any emergency occurring in the affected area on daily bases, and will send this to headquarters for analysis and weekly reporting to the IFRC Abuja CCST. An RDRT will support the implementation of the DREF operation, including close monitoring of the intervention and reporting. A lessons-learned workshop will be carried out, which will be used to inform future DREF operations.

## **Administration and Finance**

A Memorandum of Understanding (MoU) will be signed between the IFRC Abuja CCST and the TRCS, which outlines the parties' responsibilities to implement the activities planned within the DREF operation, and ensure that the appropriate guidelines are complied with in the terms of the use of DREF allocations. TRCS has a permanent administrative and financial department, which ensures the proper use of financial resources in accordance with conditions a MoU.

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

<b>Outcome 1: On-going evaluation and coordination of activities to monitor the implementation process of the DREF operation</b>													
<b>Output 1.1: Continuous planning, monitoring and reporting of the activities under the DREF operation in the areas of implementation.</b>													
Activities planned	Weeks	1	2	3	4	5	6	7	8	9	10	11	12
Deployment of a RDRT to support the planning and implementation of the DREF operation.													
Briefing of volunteers on data collection.													
Follow-up and monitoring of the planned activities done by the NS technical team (health, DM, Comms).													
Follow-up and monitoring from the regional coordinators of the planned activities													
Follow-up and monitoring from the district supervisors of the planned activities													
Follow-up from IFRC Abuja multi country cluster on the activities planned													
Lessons learnt workshop													

### Health and care

<b>Outcome 1: Immediate risk of meningitis on the health of the population is reduced thanks to prevention and surveillance activities in the Central, Kara and Savannas regions of, over a period of three months</b>													
<b>Output 1.1: Capacity of the Togolese Red Cross to respond to the areas affected by the meningitis epidemic outbreak is strengthened</b>													
Activities planned	Weeks	1	2	3	4	5	6	7	8	9	10	11	12



## Budget

See attached

## Contact Information

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

- **IFRC Africa:** Farid Abdulkadir, Head of Disaster Management Unit, Nairobi, Kenya; phone +254 731 067 489 ; email: [farid.aiywar@ifrc.org](mailto:farid.aiywar@ifrc.org)
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: [christine.south@ifrc.org](mailto:christine.south@ifrc.org)
- **IFRC Africa:** Rishi Ramrakha, Head of Logistics Unit Africa, Tel: 254 733 888 022 / Fax +254 20 271 2777, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

### For Resource Mobilization and Pledges:

- **IFRC Dakar:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone: +221 33 869 36 60; mobile: +221 77 450 59 49; email: [elisabeth.seck@ifrc.org](mailto:elisabeth.seck@ifrc.org)

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

- **IFRC Africa:** Robert Ondrusek, PMER Coordinator, Nairobi, phone: +254 731 067277, email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

## 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 Humanitarian 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:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace.**

# DREF OPERATION

29/02/2016

## Togo Epidemic (Meningitis)

Budget Group	DREF Grant Budget	Budget CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	0	0
Medical & First Aid	4,310	4,310
Teaching Materials	0	0
Utensils & Tools	0	0
Other Supplies & Services	0	0
Emergency Response Units	0	0
Cash Disbursements	0	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>4,310</b>	<b>4,310</b>
Land & Buildings	0	0
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>	<b>0</b>
Storage, Warehousing	0	0
Distribution & Monitoring	0	0
Transport & Vehicle Costs	13,600	13,600
Logistics Services	0	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>13,600</b>	<b>13,600</b>
International Staff	6,000	6,000
National Staff	0	0
National Society Staff	24,105	24,105
Volunteers	76,523	76,523
<b>Total PERSONNEL</b>	<b>106,628</b>	<b>106,628</b>
Consultants	0	0
Professional Fees	0	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>	<b>0</b>
Workshops & Training	21,610	21,610
<b>Total WORKSHOP &amp; TRAINING</b>	<b>21,610</b>	<b>21,610</b>
Travel	1,500	1,500
Information & Public Relations	12,210	12,210
Office Costs	1,750	1,750
Communications	4,101	4,101
Financial Charges	1,500	1,500
Other General Expenses	0	0
Shared Support Services		
<b>Total GENERAL EXPENDITURES</b>	<b>21,061</b>	<b>21,061</b>
Programme and Supplementary Services Recovery	10,869	10,869
<b>Total INDIRECT COSTS</b>	<b>10,869</b>	<b>10,869</b>
<b>TOTAL BUDGET</b>	<b>178,079</b>	<b>178,079</b>



# Togo: Meningitis

