

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

TOGO

5 July 2003

Appeal No. 01.33/2003; Appeal Target: CHF 325,053

Programme Update No. 1; Period covered: January to June 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

For more information: www.ifrc.org

In Brief

Appeal coverage: 17.6%; See attached Contributions List or see the Federation's website at: http://www.ifrc.org/cgi/pdf_appeals.pl?annual03/1-2-3%20-%20ap013303.pdf

Outstanding needs: CHF 267,751

Related Emergency or Annual Appeals: None

Programme Summary: With Appeal coverage for 2003/2004 programming at 17.6%, the Togolese Red Cross Society is facing tremendous difficulties with funding ongoing activities in 235 localities in Lomé-commune, Maritime and Kara Regions. There is an urgent need to fund the Appeal Budget to consolidate the activities in the field.

To create sustainable programmes and to maintain the credibility and efficiency of the Togolese Red Cross, efforts need to be made to finance the National Society's planned projects for a minimum of four years.

Operational developments

Togo has been in the throes of an economic crisis, due to an economic embargo imposed on the country over the last ten years. The economic crisis weakened the capacities of the State's management and other economic sectors. Poverty has increased in the last years. Thus the GDP per capita decreased from 203.000F in 1997 to 185.800F in 2000. This situation has led to a considerable reduction in the delivery of health services. The expenditure of public health in 2001 amounted to a total of USD 16,260,392, or a ratio of USD 3.38 per person.

The first half of 2003's socio-political climate in Togo was affected by the preparation for, and organisation of the presidential elections held on 1 June 2003. The elections were marked by some disorder in the Prefecture of Zio, which is about 35Km of Lomé. The incumbent president, who has held office for 36 years, was re-elected for another 4-year term. The Presidential inauguration took place on 20 June, and the Togolese Red Cross organized emergency rescue stations in Lomé and in major towns to provide assistance in the event of an emergency.

The country's health programme reinstated the Expanded Programme of Immunization (EPI), following the complementary funding received from GAVI in 2002. Togo submitted a proposal regarding malaria and

tuberculosis to the Global Fund for AIDS, Tuberculosis and Malaria. The Togolese Red Cross took part in developing the proposal.

Despite continued efforts by the Government and partners, the HIV/AIDS situation in the country is deteriorating. The HIV prevalence in the population from 12 to 49 years is estimated at 6.8%¹. There are nearly 250,000 persons living with HIV/AIDS, and 65,000 orphaned because their parents have died from AIDS.

The Togolese Red Cross (TRC) conducted its eleventh General Assembly from 27 February to 1 March 2003 where a new management committee was elected.

Health and Care

Goal: To contribute towards improving the health status among the most vulnerable populations in Togo, through health promotion and prevention of diseases

Programme Objective: The National Society's efforts to combat morbidity and mortality related to HIV/AIDS/STDs, malaria, waterborne and potential epidemic diseases in the Maritime and Kara regions are reinforced.

Progress/Achievements

Expected result: The quality of life of persons living with and affected by HIV/AIDS has been improved through the development and implementation of an appropriate home-based care strategy.

The period from January to June 2003 saw significant achievements in the fight against HIV/AIDS. The celebration of the World Red Cross day on 8 May was very effective in the campaign against stigmatisation and discrimination related to HIV/AIDS. The TRC was able to maintain existing partnerships and gain new ones. It is important to note that the HIV/AIDS coordinator and the members of the committee on AIDS take part in all the activities organised by UNAIDS, UNDP and WHO.

An increasingly significant number, on an average of two per week, of people with living with HIV/AIDS (PLWHA) are regularly taken care of at the TRC.

During the first half of 2003, the 'Cell of Counsel' and the private clinic of the Togolese Red Cross registered 46 new PLWHA, making a total of 78 PLWHA. There were also two recorded AIDS related deaths.

Togolese Red Cross Home Based Care Activities

- Monthly follow-ups and home visits to PLWHA: Each patient is given pre-test counselling and post-test monitoring. 22 Counsellors were trained and deployed in various districts of Lomé. Visits were made at least twice a month. 25 PLWHA were referred to the CHU Tokoin and the secondary hospital of Bé.
 - CMC, the trained counsellors and the members of the TRC Committee on AIDS carried out 224 follow up consultations.
 - The Togolese Red Cross, with the assistance of UNDP, distributed 58 care-kits to an additional 19 widows. The objective of this distribution is to provide families with the necessary materials to administer home based care, and thus improve the quality of life for PLWHA.
 - Nutritional and/or educational support was provided to orphans in the targeted communities.
-

- One shared meal a day is provided to PLWHA, to bolster their emotional well-being. A widows support group was also organised.
- 21 cooking classes were organised to teach people about the importance of healthy eating.
- The TRC in conjunction with other partners carries out public awareness campaign against stigma and discrimination.
- Nearly 266 pupils from six schools were given prizes for participating in a play contest organised about AIDS.
- 452 poems were submitted in response to a competition to come up with poems that address the negative affects of HIV/AIDS discrimination and stigma on individuals.
- The community mobilisation and the sensitization of the young people between the ages of 10 and 25 years was reinforced in the educational circle and extra schools and in the groups at risk.
- The activities of the Peer Educators (2,257), their local organisers (435) and coaches (178) and prefecture (9) have been maintained at all levels during the period.
- Education and sensitization activities continue at all levels in the 178 localities and zones of the project in the two Maritime areas and Kara supported by the Federation. The activities, however, face difficulties as Prefecture coaches are losing their motivation, quarterly meeting of the Prefecture coaches and health programme officers was not held and follow ups were not carried out due to the lack of funds for the programme.
- The distribution of the condoms continues through a decentralized distribution system. Peer educators ensure the social sale of the condoms at a justified profit margin of 30F per pack of four units.
- The promotion of voluntary tracking has been quite effective. This is estimated at more than 20 young people and candidates per day representing a 50% increase.
- Voluntary tracking improved the confidence of the new voluntary blood donors. Five sections of the TRC organised meetings of blood donations for 101 volunteers.
- Income generating activities have been implemented among widows living with HIV/AIDS in the targeted community. Close attention was given to the widows and various income generating activities and financial support was given to the widows.
- AIDS Committee of the National Society with the Finance department took inventory for IEC materials.

During the period from January to June 2003, several other activities were undertaken to achieve the goals:

- Participation in the health and HIV coordinators meeting of the Lagos Group meeting organized by the Federation in Lagos at the end of January.
- Working session with religious leaders and the UNDP.
- Follow-up-motivation sessions with the HIV/Peer Educators and APE engaged in the various programmes.
- Early August workshop to train the leaders of the Mothers' club of Sokodé.
- Workshop on development of the national curriculum for peer advisers in Reproductive Health organized by division family health - DSF with Kpalimé (25 to March 26, 2003).
- Continuation of the meeting to develop the national curricula for the formation of the peer advisers in Reproductive Health with the DSF (March 18, 2003).
- Workshop, from 16-23 May, to reinforce the technical skills of NGO representatives regarding the care and support of PLWHA.
- Workshop to develop the operational action plans for HIV/AIDS project component financed by GFATM.
- May consultation in Gabon with the National AIDS Coordinator, to help Gabon UNAIDS thematic group with their proposal to GFATM.

Impact of HIV Program

Togolese Red Cross activities, which were carried out in cooperation with the Society's various partners made the following types of impact on the communities.

- Reduction in the rate of the exodus (border villages in Bassar and Binah).
- Increased sale of condoms.

- Acceptance of AIDS reality, by the majority of the people educated about the disease.
- Wide dissemination of information about STD/AIDS covering some 50 localities in the Maritime Region.
- Declining number of forced and early marriages.
- Testing for HIV prior to marriage.
- Better understanding and change in attitudes of the communities regarding some traditional, but harmful practices such as: widows forced to marry their brother in-law, and female genital mutilation.
- Community recognition of volunteer activities, which resolve environmental and medical problems.
- Introduction of sexual education to young people.
- More young people taking the voluntary counselling test (VCT).
- Public demand for condoms from young people.
- Recognition of the importance of home based care activities.
- Acceptance by PLWHA of their status.

Constraints

- Insufficient funding to provide the program with continuous support.
- Delay in the planning and execution of certain activities.
- Reporting at the local level.

Expected result: Community-based health activities have been scaled-up and intensified in the Lomé-Commune, Maritime and Kara Region, through volunteer network, contributing to reduced morbidity and mortality linked to malaria, waterborne and potential epidemic diseases.

The period from January to June 2003 was marked primarily by field activities of the Society's volunteers, TRC Volunteer Community Health Agents (SASC), coaches, and the participation of the TRC in the various health activities envisaged at the national level.

The activities led to an increased knowledge about malaria, waterborne and other potential epidemic diseases resulting in improved personal and community preventive practices.

Progress/Achievements

TRC community based health activities, which began in 2001, continued in the 131 localities of the Lomé-Commune and Maritime Regions. The Red Cross Volunteer Community Health Agents (SASC) are well informed about diseases that are: preventable by immunisation; related to water; hygiene; malaria; and, epidemiological monitoring.

The education, follow up and home treatment for malaria continued. 7,724 persons were sensitized, and 1,787 cases of simple malaria were treated. 2,191 pregnant women were advised and 1,113 people adopted the mosquito net campaign.

TRC activities continued regarding waterborne diseases, hygiene and sanitation. Some 3,094 people were sensitized, 120 children were treated through home-based care, and 428 units of oral rehydration salts (ORS) were sold.

Vaccination cards of all children have been updated, in the target communities, according to Expanded Programme of Immunisation standards.

- House to house census visits continued, with follow up visits made to some 15,409 pregnant women.
- The total number of follow up visits to infants below the age of 1 year old, is some 27,549 during January to May 2003. In the Lomé – Commune and Maritime Region 1,647 children were vaccinated for measles.

- 124 volunteers (SASC, APE, PE/SIDA) were trained between December 2002 and February 2003 by the National Tuberculosis Program.

The National Society capacity to manage health projects has been reinforced.

- 124 volunteers (SASC, APE, PE/SIDA, associated) were trained from December 2002 through February 2003, by the National Program of Tuberculosis, on the community DOTS. One member of the family of the tubercular patient is trained by the volunteers to supervise administering medicine to the patient.
- The mobilization of TRC volunteers of Kpondavé (Lakes) in the fight against cholera.

Constraints:

- The idea to call upon TRC volunteers and train 143 associates 'apprentices' did not materialise due to lack of funding. Lack of funding also prevented the scaling up of activities for SASC in localities of the Kara region and the prefecture of Yoto, where there is a high prevalence of AIDS, could not be carried out.
- A register of the TRC Prefecture coaches' monthly reports was finalised, however, funding is required to renew and sustain the system of reporting. Nevertheless, Prefecture coaches continued their activities supported by assistant coaches.

Partnership

The Health Coordinator of the National Society took part in an Interagency Coordination Meeting at the Ministry of Health. The National Society is also part of the National Nutrition Commission for the distribution of Vitamin A. The Society took part in the funding application for the malaria program. The Society attended a Regional workshop on malaria in Bamako, Mali from 23-27 June.

Impact On Public Health

Diseases Preventable by Immunisation: There was an increase in vaccination rates in all the identified districts. This will lead to a reduction in diseases such as measles, whooping cough, etc.

The epidemiological monitoring is well appreciated and assists with tracking what is happening within the various communities. For example the Avé community was unaware of the frequency of polio. Since the beginning of the health activities the community has now reported three cases of polio. This will contribute to the eradication of polio and other diseases such as Guinea Worm.

Malaria: Impregnated Mosquito Nets (IMN) are now recognised within the communities as the only effective method of prevention. The demand for and the correct usage of IMNs has assisted with the prevention of severe malaria cases. More pregnant women enlist and understand the role of chemoprophylaxis with chloroquine, and over 50% of these women practice this method compared to the national rate of 30%.

Hygiene and sanitation cases: TRC volunteers are helping the communities to maintain good hygienic practices.

Tuberculosis: Approximately 94% of tuberculosis patients have been identified, allowing patients to receive timely treatment and decreasing the potential for spreading the disease.

Impact On the Togolese Red Cross

Scaling-up of the network of volunteers: 601 SASC and associates are currently in activities with 10 Mothers' Clubs involving about 250 women. The TRC currently covers 30% of the population of Togo, and plans to cover 50% in 2005.

Enhancement of capacities of TRC at all levels: The TRC especially at the intermediate level has improved its capacity to support Prefecture coaches. Therefore improving the quality of TRC volunteer health services.

Constraints

- The Togo Red Cross lacks the funding to scale-up the activities into other communities. The health projects proposed in September 2002, did not receive funding.
- Prefecture coaches did not receive enough support with monitoring the volunteers. Some volunteers lost their momentum because of this lack of support, especially in Lome. Immediate effects were seen in the monthly reports of the local/prefecture coaches, where for example during March 2003, only four out of the Lacs District's thirty localities submitted reports. Insufficient management tools such as registers for the management of volunteers and monthly reports.
- Breakages of containers filled with vaccines in some localities of Vo, and the high cost of Impregnated Mosquito Nets.

Organisational Development

Overall Goal: The Togolese Red Cross is a well-functioning national society.

Programme Objective: Financial management and resource development capacities of the Togo Red Cross are strengthened

Expected Result: Financial resources of the national society have been increased 80% of the current level from both the headquarters and local branches through financial management system and resource development activities.

Progress/Achievement

- A Self assessment of the National Society was conducted and a completed questionnaire submitted to the Federation's Secretariat in Geneva.
- The National Society concluded its 11th General Assembly and elected a new Governing Board during its meeting from 27th February to 1st March.

Constraints

Planned Organisational Development activities were not implemented due to lack of funding.

Coordination

Lack of funding for core costs for the Federation's Lagos Regional office has severely limited activities to support the Togolese Red Cross's programmes. The office has not been able to provide the required technical support for the health programme of the National Society, as there is no Regional Health Delegate in the regional office.

- *George Bennett, Head of Lagos office of the Federation Delegation, email ifrcng02@ifrc.org, phone 234-1-2695228,2673453, 2691060 (Home), fax 234-1-2269229*

All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

APPEAL No. 01.33/2003

PLEDGES RECEIVED

14.07.2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
-------	----------	----------	------	-----------	------	---------

CASH

						TOTAL COVERAGE
REQUESTED IN APPEAL CHF ----->				325'053		17.6%
CASH CARRIED FORWARD				57'302		
SUB/TOTAL RECEIVED IN CASH				57'302	CHF	17.6%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	