

# ANNUAL REPORT



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

10 March 2004

### In Brief

**Appeal No.:** 01.33/2003 ([Click here to access the 2003 Appeal](#))

**Appeal target:** CHF 325,052 (USD 223,035 or EUR 221,002)

**Appeal coverage:** 17.6% ([Click here to access the Final Financial Report](#))

**Appeal 2004:** Togo no. 01.30/2004 ([Click here to access the 2004 Appeal](#))

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.*

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### Overall analysis of the programme

Presidential elections in Togo were held on 1 June 2003. The Head of State, General Eyadema who has ruled for 37 years was re-elected President with 57.78% votes for a five year term. Despite the contention of results, the president took an oath before the constitutional court backed up by a speech calling for the creation of a government of national unity. The local and senatorial elections scheduled for 14 December 2003 did not take place due to the demands of the opposition for a pledge of transparency before participation. The new date has not been announced.

Togo has had an economic embargo from the European Union and the US government since 1993. As a result partnerships with humanitarian organizations and bilaterals has greatly helped the national society and the country. In 2003, Togo received 25 million US dollars for HIV/AIDS and malaria projects from the Global Funds to Fight against AIDS, Malaria and Tuberculosis. The projects are in progress with UNDP as the lead organization. In health, reactivation and implementation of the global vaccination programme and emphasis on the fight against HIV/AIDS, malaria and tuberculosis was a significant event in 2003. A review of the national health development plan was done by the Ministry of Health in collaboration with partners in 35 health districts in

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the country. This review helped identify the key areas which require improvement. The Appeal for the global fund submitted by the Ministry of Health for malaria and tuberculosis was approved.

In the 2003 action plan for HIV/AIDS programme prevention and care activities, the [Togolese Red Cross](#) focused on strengthening capacities and developing partnerships to alleviate human suffering and reduce the impact of HIV/AIDS.

In addition to strengthening of information education communication (IEC) sessions on behavioral change with youths and women peer educators, the activities carried out were essentially focused on community and psychosocial care of PLWHA<sup>1</sup>. The activities were:

- Home visits
- Consultations at the Togolese Red Cross clinic
- Follow-up of HIV positive widows
- Pre and post test counseling for HIV/AIDS
- Campaigns against discrimination and stigma linked with HIV/AIDS
- World AIDS day, celebrations on 1 December 2003

Institutional strengthening and strong partnerships were encouraged while HIV/AIDS committee meetings were held on a weekly basis. Refresher courses and training of volunteers involved in the coaching system at all levels in 2003. Togolese Red Cross renewed partnerships with communities, local, national and international organizations involved in the fight against HIV/AIDS.

The use of public health facilities is 30%. Basic health equipment is inadequate and in poor condition. There was an outbreak of cholera in some villages in the maritime region and some areas in Lomé. Cholera cases were recorded in December 2003 in the plateau and central regions. Apart from malaria and typhoid fever, the HIV/AIDS epidemic remains a major concern for the health and administrative authorities and NGO. Health projects carried out in 2003 ensured the assessment of [ARCHI 2010](#) strategy. There were encouraging results and lessons learnt. Below is a summary of the main projects which were carried out:

Regions	Project title	Villages involved	Partners
Lomé-Commune	Intensified national society health activities.	11	Federation
Maritime region	Intensified national society health activities.	120	Federation

## Health and care

### HIV/AIDS Programmes

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

### Objectives

**The main objectives of the HIV/AIDS project are:**

- 1. Intensify education, information and communication programmes and promote voluntary screening of the target population in view of obtaining a significant behavioral change to reduce HIV/AIDS transmission mainly within the vulnerable group (among 35% of in-school and out-of-school youth aged 10 to 24 years as well as women (mothers' club); rural population and those living in remote areas, as well as contributing to the reducing the HIV prevalence in the project zones (particularly in Kara and the maritime region).**
- 2. To improve the care of persons living with and/or infected by HIV/AIDS as well as pregnant women and AIDS orphans.**

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<sup>1</sup> PLWHA – Persons living with HIV/AIDS

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### Activities implemented and results obtained

Peer educators IEC activities and coaching continue to take place in the project zones. Projects to educate and create awareness continued at all levels in the zones. However, there was evidence of weakness in the first semester of 2003 because:

- Planned projects were not implemented
- Coaches at the headquarters were not motivated
- Quarterly evaluation meetings of headquarter coaches were not organized in collaboration with the health programmes
- Headquarters did not hold quarterly follow-up of field projects due to lack of funds or late disbursement.

### Statistics of volunteers involved in the HIV/AIDS programme on 31 December 2003

Regions	Zones	No. of sessions held	No. of boys infected	No. of girls infected	Total No. of infected persons	Social sales		No. of referred STI	No. of voluntary screening
						Condom	F Dis.		
Lomé Commune	CMC <sup>2</sup>								
	District activities	748	5,880	3,529	9,409	13,662	-	381	-
<b>TOTAL</b>	LC <sup>3</sup>	748	5,880	3,529	9,409	13,662	-	381	-
Maritime Region	Lacs	189	1,300	1,160	2,460	1,300	-	381	-
	Golfe	321	2,138	2,397	4,535	-	-	142	125 reported cases
	Vo	-	-	-	-	1,200	-	-	Form. HIV 14 13 tested
	Avé	253	2,704	3,144	5,848	3,012	63	628	-
	Zio	2,046	4,333	4,812	9,145	171		82	
<b>TOTAL RM</b>		<b>2,809</b>	<b>10,475</b>	<b>11,513</b>	<b>21,988</b>	<b>5,683</b>	<b>63</b>	<b>942</b>	<b>0</b>

Regions	Hqtrs.	APE	PE	CD	CV	ASS	DDD	% of loss
<b>Totals</b>		510	1,999	4	37	623	415	19.00%
<b>Lomé Commune</b>	District 1	15	31		1			
	District 2	20	95		1			
	District 3	13	21		1			
	District 4	13	65		0			
	District 5	34	32		3			
<b>TOTAL</b>		95	244	0	6	NA	96	35.70%
<b>Maritime</b>	Golfe	33	121	4	8	24	47	
	Lacs	53	188			26	59	
	Vo	40	152			3	80	
	Avé	42	252				116	
	Zio	54	216			56	NA	NA
<b>TOTAL</b>		<b>222</b>	<b>929</b>	<b>4</b>	<b>8</b>	<b>109</b>	<b>302</b>	<b>18.05%</b>

<sup>2</sup> Central medical catalunya

<sup>3</sup> Local committee

**Behavior change communication: IEC Statistics and condoms**

**Aim : Capacity building and training**

Region	Training received by volunteers	Planned training but not implemented	Observations and recommendations
Lomé-Commune Urban area	AIDS and other related health issues: hygiene, sanitation, disease surveillance, follow-up of pregnant women and children.	Training for mothers' club and volunteer blood donors clubs.	Improved management but high rate of loss, to find out the cause in collaboration with field actors and determine result-oriented methods, motivate and socialize with best volunteers.
Maritime region	Health and HIV/AIDS	Training of mothers' clubs and volunteer blood donors.	2 – When there is loss, even with volunteers.

**Indicators of behavior change**

- Fewer STI in the project zones.
- Care and timely referrals of cases of STI infection.
- Fewer cases of unwanted pregnancies.
- Purchase of condoms openly
- Reduction of induced abortions amongst out-of-school young girls.
- Improved care of PLWHA at Lomé and Kara.
- Developing awareness of stigmatization and discrimination suffered by PLWHA in the community and the damaging effects.
- Onset of behavioral change in relation to certain harmful traditional practices, such as forced marriages imposed on the wife of the deceased, inheritance, female genital mutilation involving the use of sharp objects.
- Increased visibility of the Red Cross in the communities.

**Meetings**

- IEC is on the increase with 70,180 persons sensitized.
- There are visiting counselors who take care of PLWHA at Kara.
- There is collaboration with PEC-SIDA Association and Association-Espoir-Demain (AED).

**Constraints facing volunteers**

- Volunteers are demotivated hence they do not forward sufficient referrals of STI<sup>4</sup> cases.
- There is no organized schedule for volunteers to meet and educate the target groups.
- Time taken to mobilize volunteers resulted in non-implementation of planned activities.
- Lack of enough bicycles for all the local coaches.
- Resignations, departures and death of volunteers sometimes perturb the group but this is tackled by the existing replacement method.

**Areas of improvement**

- Volunteers do not mobilize the population sufficiently for the HIV test, due to fear and mostly as a result of the lack of relevant structures in the project zones.
- De-motivation due to bicycle breakdown, lack of report sheets and lateness in forwarding report of activities.

**Collaboration and partnership**

- There are good relations between the volunteers, the community, health personnel and partners mobilization agents.

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<sup>4</sup> STI – Sexually transmitted Infections

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### **Achievements**

- Visibility of the Red Cross has increased
- More volunteers have been recruited
- The local authorities are involving the Red Cross in their activities
- The Red Cross is working in collaboration with health officials;
- The national society has mobilized the community to fight HIV/AIDS
- The national society has revamped local departments;
- Collaboration with religious communities has increased

### **Project on care of PLWHA**

**Objective: Improve the care of persons living with/or infected with HIV/AIDS as well as pregnant women and AIDS orphans.**

The HIV/AIDS programme continues in the following mobilizing activities to assist PLWHA;

- Training of visiting counselors
- Home based care on a monthly basis
- Formation of information groups
- Assisting vulnerable children
- Widows have been trained on the management of income generating activities
- Daily consultations of PLWHA at the Togolese Red Cross.

There is a need to set up better structures to take care of PLWHA because the numbers are increasing everyday.

### **Results**

There was significant improvement in services rendered to PLWHA. All the planned activities were intensified in spite of delays due to lack of funds. A doctor was hired in July 2003. New persons were registered daily to identify PLWHA, especially widows. The national society will follow up on their health status and progress.

The communities and partners have noted the good work being done by the Togolese Red Cross. The official presentation of assistance to AIDS orphans and children by the Ministry of Social Affairs for the protection of women and children, boosted the AIDS programme and increased visibility and credibility of the efforts of the Togolese Red Cross.

There was a high and remarkable involvement of religious leaders in Togo. Part of assistance was received from the church and individuals.

Visiting counselors put in a lot of effort in 2003 to communicate with the sick. The focal points within government health institutions are the two social assistants who welcome the sick at the two big hospitals CHU Tokoin and "*Hôpital secondaire de Bè*". They have played their role well. Unfortunately, there were six deaths amongst the widows receiving care from the national society. They were at an advanced stage and the economic crisis raging in the country worsened their situation. There lies the need for mobilizing great resources to assist the most vulnerable.

### **Constraints**

In spite of efforts made and results obtained, this project encountered many difficulties which require immediate solutions to alleviate the suffering PLWHA who continually approach the Togolese Red Cross for medical, social or moral support. Among the difficulties encountered are:

- Insufficient material, medical resources and moral support for PLWHA.
- Insufficient trained personnel, because care activities are strenuous and time consuming. Eg home visits
- Lack of appropriate medical structure: the only CRT clinic receives PLWHA regularly and staff are overworked. There are no facilities for putting the sick under ARV (ante retroviral drugs).
- Visiting counselors are demotivated

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- There is stigmatization and discrimination at community level. Widows are rejected by their in-laws who claim that they had infected their husbands. They are chased out of their homes with nothing but added responsibility of raising children on their own.

### Summary of care activities for PLWHA

Prevention and care activities integrated into the TRC headquarters' clinic.

Activity	Information	Visits at home	People Assisted	Assistance	Assistance	Assistance
1.Maritime Region						
Lomé Commune + Golfe	Training in income generating (45 widows) 22 Visiting counselors Awareness	One visit/month	45 widows	21 OVC	58 kits	
ZIO	Awareness	None	None	-	-	-
LACS	Awareness	4 times/month	None	None	None	None
VO	Awareness	None	None	None	None	None
AVE	3 widows PLWHA awareness	Once/month	None	9 OVC assisted	None	None

### Situational report on the visit of widows living with HIV/AIDS to CMC

AIDS widows	New cases	Follow-up of old cases	Total	OEV	Deaths
<b>TOTAL</b>	78	48	124	136	6

IEC/AIDS Projects	IEC			Marketing of social contraceptives			Volunteers screened	STI Ref. cases	
	Sessions held	M	F	Total	Condom	Fémidom			Distributed
<b>TOTAL</b>	3,475	2,289	288	5,124	6,480	10	300	540	189

### Achievements

- There has been sensitization through medical consultations at PMI, counseling and interviews.
- Referring STI cases of volunteers and people who desire to do voluntary HIV/AIDS testing.
- Infected persons have been taken care of by CMC.
- The Togolese Red Cross equally attends to sexual partners affected by STI.
- Referral cases are well attended.

### Constraints

- The communities are not keen to use female condoms (Femidom).
- People are not confident enough to go for voluntary counseling and testing
- There is difficulty in getting partners of infected persons
- Drugs to cure STI are unaffordable to some people
- The increasing number of patients require increased nursing staff and facilities (STI drugs).

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### **Achievements**

- The national society is more visible in the community

### **Anti-stigma and anti-discrimination awareness.**

Within the framework of the 2003 World AIDS day, the Togolese Red Cross organized a workshop at the headquarters in Lomé, on the theme: "Promotion and protection of human rights in the HIV/AIDS context".

The objectives of the workshop were:

- Create awareness among participants on legal, ethical and human rights issues with regards to HIV/AIDS.
- Discussing the modalities for application of the human right principles in the HIV/AIDS context.
- Examine the possibilities of formulating a law to protect PLWHA.

This workshop was attended by the representatives of the national commission for human rights (NCHR), Ministries of Social Affairs, Justice, Internal Affairs, Security, UN Togo, representative of UNAIDS in Togo and the representative of the Red Cross of Switzerland in Togo.

### **Follow-up and evaluation of the HIV/AIDS programme**

As follow-up on the current activities of peer educators' animators, community health workers and peer educators, the Togolese Red Cross HIV/AIDS and health department carried out a mission in March 2003, to motivate people in the Maritime region and Kara.

In spite of lack of coordinated follow up, the mission enabled the officers of Togolese Red Cross to:

- Efficiently evaluate the volunteer selection criteria, the replacement method and coaching.
- Verify the effective application of guidelines given during the training of local coaches.
- Assess the level of development of structures of the different volunteer network.
- Determine the effective formulation of reports and periodic statistics of executed activities in conformity with the basic plan which involves the entire group of volunteers.
- Assess the level of collaboration with all on-site partners.

### **Recommendations and future perspectives**

As a result of difficulties linked to lack of funds and inadequate care facilities at the Red Cross and the increasing number of PLWHA, there is need to strengthen existing programmes. Attention should be given to medical care which includes the treatment with ARV.

The Red Cross must:

- Extend its activities to other villages in addition to the Maritime and Kara regions
- Ensure total responsibility involving the real participation of families and religious organizations.
- To provide adequate care to OVC<sup>5</sup> and HIV/AIDS patients.
- Strengthen management of the Togolese Red Cross HIV/AIDS programme.

### **Health promotion and disease prevention**

**Objective: This programme is aimed at supporting the efforts of the Ministry of health in its fight against diseases through intensifying the activities of disease prevention and the promotion of health.**

### **Achievements**

The basis of the ARCHI 2010 strategy is to show the progress of activities and results. Only three regions are covered in the statistics shown in this report namely: Lomé-Commune, Maritime and Central, which are subject to the same work method. It is therefore necessary to look for funds for a wider documentation of the current strategy to prove its impact in solving public health problems, carrying out research on knowledge, attitude and practice (KAP).

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<sup>5</sup> OVC – Orphans and other vulnerable children

### **Vaccinating children and pregnant women**

This is the basis of the work of community health first-aiders since the pilot phase in 2002. Home visits for the registration and follow-up of children and pregnant women for vaccination are sustained. Volunteers and coaches participated in the planning meetings for the reactivation of the expanded programme on immunization (EPI) and are involved in the implementation of the advanced strategy for vaccination.

There was follow up on 24,884 children aged between 0-11months. 17,200 children were vaccinated while 4,972 received the anti-measles vaccine. This is about 89.18% which is close to the start-up objective of reaching out to 90% of the children. 16,323 pregnant women were registered and received follow up which is about 55% of the target. The evaluation of the project implemented in March 2003 showed that community health workers made follow up on 13 children aged 0-11months.

Members of the mother's club are equally involved in this project. "CM Espoir de Gblinkomé" mobilized women for vaccination and followed-up 173 children for growth assessment; 39 pregnant women and 74 children aged 0 to 11 months were vaccinated against tetanus.

The plan of reactivation of the EPI in almost all the districts, with GAVI (Global African Vaccine Initiative) financing facilitated the involvement of volunteers in the preparations for vaccination. A large number of volunteers participated in the National Immunisation Days (NID) for polio in all the regions except the plateaux region where there were remarkable difficulties in getting volunteers for the campaign. 220 volunteers in Lome-Commune served the entire population in the maritime region for the tetanus vaccine and the distribution of vitamin A.

During the NID, all headquarter coaches and their assistants together with some local coaches were selected as supervisors. This confirmed the good collaboration between volunteers and health officials.

### **The constraints encountered were:**

- Lack of vaccines in some villages, especially BCG
- Lack of funds for the purchase of vaccination cards.
- Long distance of health training facilities.
- Lack of report sheets since September which made it difficult to collect statistics of the last three months
- Late dispatch of finished reports by local coaches. 24,884 children followed up do not include the figures from Lacs and Zio and many other villages which did not send in their reports. The report from the Lac headquarters ranges between 6-15 villages out of 30. Due to lack of finances for about five months, the headquarters' coaches did not receive their payment for gasoline.
- Refresher courses for local and headquarter coaches on data analysis, the allowance given to headquarters' coaches (for gasoline) and the availability of report registers are crucial to obtain good data.

### **Management of diseases in communities under epidemic surveillance**

Health authorities appreciate this activity. This made it possible to rescue the obscure Avé districts, to crush the cholera and typhoid fever epidemic and to rediscover forgotten tuberculosis sufferers.

WHO conducted an evaluation in December on the integrated surveillance method of diseases and showed an appreciation of this system with valuable activities at the community level.

- Four cases of acute flaccid paralysis (AFP) were reported in Avé and Sotouboua.
- 72 cases of measles in the districts of Lacs, Vo, Golfe, Zio and in the central region.
- 56 cases of acute diarrhea were reported. There was cholera in Kpondave, Badougbé, Bé. Volunteers were trained by district and they ran health education meetings in respective districts.
- There were 26 suspected cases of tuberculosis.
- 58 cases of jaundice were reported in the maritime and central regions.

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### **Malaria**

Home training programmes continued with emphasis on home care, promotion of the use of ITN and follow-up of pregnant women for chemoprophylaxis. The Director of District I of Lomé-Commune mobilized volunteers for a campaign against malaria.

CRT trained more than 48,882 persons, treated 4,680 mild malaria cases and referred 907 acute malaria cases to hospital. 10,856 pregnant women were counseled, 4,155 of them were put under chemoprophylaxis using Chloroquine and 1,512 ITN were sold. CRT participated in the discussions on requirements for the Global Fund for AIDS, tuberculosis and malaria. It also attended other meetings of the commission for the promotion of ITN.

The Health Officer facilitated knowledge sharing during a regional Francophone workshop "New perspectives on Malaria" organized by the CORE group in June 2003 in Bamako, Mali. Togolese Red Cross shared its experiences in health and care.

### **Water-borne diseases, hygiene and sanitation**

The major activities involved creating awareness on diarrhea, public health activities and latrine construction. A total of 132 family latrines were constructed in 14 villages, 1,265 traditional latrines were initiated, 1,888 animal pens constructed and 64 wells were constructed by the mothers' clubs of Blitta. The public health activities ensured proper sanitation in the villages in spite of difficulties encountered in mobilizing the urban population. More than 200 children aged below five years were treated with oral re-hydration salts (ORS) and most families were trained on proper hygiene.

Five campaigns for reduction of cholera and typhoid fever were organized:

- 40 volunteers conducted a five-day awareness campaign amongst 28,626 people Lomé-Commune, District 3
- 12 volunteers sensitized 12,000 people in Vo for seven days
- 30 volunteers sensitized people in Avé
- 15 volunteers sensitized people in Haho, Notsé

The mothers clubs were involved in water purification and bleach making with other partners while the local coach of Nyekonakpoè did weekly radio broadcasts.

### **Results**

- The number of latrines increased resulting in reduced risk of diseases
- The number of animals loitering decreased
- Cholera and typhoid fever epidemic was suppressed and controlled
- Volunteer public health activities were approved by local health authorities
- Increased domestic use of water purifiers

### **Constraints**

- The vulnerable people were unable to contribute in the construction of latrines in the central region (contribution of water, sand, gravel, digging of pit).
- Some people were undecided on whether to participate in the public health programmes.
- There was lack of farming tools like shovels, hoes, wheelbarrows, rakes).

### **Other regular activities**

The search for tuberculosis patients who had abandoned their treatment and the supervision of drug administration continued in Districts 11 and 111 of Lomé-Commune. 94% of 113 missing tuberculosis patients were redirected to the health centers to continue with their treatment. Volunteers were expected to identify and train a member of each family on supervision of drug administration.

**Promotion of mothers' clubs**

The establishment of Mothers' Clubs continues in all the regions by use of various methods. The current situation till date is as follows:

Regions	No. of clubs	No. of members	Remarks
Lomé-Commune	1	34	Since 2002
Maritime	11	244	Since 2002
Highlands	19	507	Since 1998
Central	48	1,257	Since 2000
Kara	17	Not available	Since 2002
Savanna	23	729	December 2003
<b>Total</b>	<b>119</b>	<b>2,771</b>	

The specific duties and activities of the Mothers' Clubs are:

- Consultant pre-natal assisted delivery
- Breastfeeding
- Feeding of young children
- Micro-nutrition
- Female genital mutilation (FGM)
- Child trafficking
- Education of young girls and home training
- Promotion of income generating activities and monetary contribution
- Health solidarity fund.

Beyond their specific duties and alongside the community health workers take part in:

- The promotion of hygiene and sanitation
- Fight against diarrhea
- Promotion of vaccination
- Together with the joint HIV/AIDS trainers, fight STI/HIV/AIDS with emphasis on prevention of mother to child transmission (PMCT).

**Benefits**

The Mothers' Clubs are part of recognized conventional groups and respect the principles and collective norms endorsed by the International Group of Cooperatives (ICG). The women are now assured of the commitment of the Red Cross to their cause. As arms of volunteer network, the Mothers' Clubs evolves with the ideals and principles of the Federation. The Mothers' Clubs of the Togolese Red Cross must agree to these rules at project identification and implementation. The Mothers' Clubs shows a particular interest in the promotion of women's rights and especially for risk-free pregnancy and child survival.

**Constraints**

- Lack of identification materials for women (such as uniforms for community health workers and peer education animators/peer educators).
- Insufficient training and educational materials such as manuals and a picture boxes.
- Lack of report sheets for Mothers' Clubs created difficulties in data collection of their activities.
- Insufficient funds do not permit the training of all Mothers' Club members in health, income generating activities and first-aid. They benefit often from the upshot of their leaders training.
- Lack of a credit system could demobilize the Mothers' Clubs and discourage the women: an affirmation of financial support for the Mothers' Clubs by the Togolese Red Cross is imperative.
- Initiatives for literacy programmes for women suffer for lack of support (central region).
- Absence of a Mothers' Clubs model that reflects the organization and functioning of Mothers' Clubs: this situation was resolved by adopting a model in July 2003 during the training of leaders from the central region and the setting up of a minimum of management tools.

### **Lessons learnt**

The Mothers' Clubs represents a viable base of volunteer network because they are part of the community health workers, the PEA and are the basis for the promotion of gender in the Red Cross programmes.

### **Capacity building, management of volunteers and coaching method**

#### **Scaling-up**

Health activities are carried out in communities, towns and villages. They are concentrated in the Lomé-commune, Maritime, Kara (V111) and central regions and less in the highlands and the Savanna. The plan for expanding the activities of the community health workers to the headquarters of the Kara region was not implemented due to lack of funds.

#### **Training**

There is still a need for training of the new community health workers, Mothers' Clubs and refresher courses for old personnel.

#### **Coaching method**

Support is given to the headquarter coaches and to community mobilization agents and Mothers' Clubs facilitators in collaboration with the representative of the Swiss Red Cross in Togo in conformity to ARCHI 2010, to determine the best practices and to document results in order to document key points for the 6<sup>th</sup> Pan African Conference in Algiers.

The efficiency and effectiveness of ARCHI headquarters' coaching method was confirmed by an external evaluation carried out in March 2003.

The current assessment of the activity-centered method and specialization of intermediary level coaches causes inefficiency in the integration of activities at the local level.

The following observations were made during the internal evaluation of the central region health project:

- Community health workers are acquainted with the community mobilization agents and the members of Mothers' Clubs with facilitators (FMC).
- In the absence of the Regional HIV/AIDS Officer, the team does not follow-up on old trainers.
- For the activities of community health workers, two community mobilization agents share the four headquarters and one FMC takes care of Mothers' Clubs in the four districts. A regional HIV/AIDS officer was recruited in December 2003 and will be responsible for the four districts. Both of them have been given motor bikes which often break down hindering implementation of the work plan. The breakdown is due to the wide area covered by the FMC.

To solve the problem, the Togolese Red Cross has to:

- Plan for the management of volunteers at local level to enhance the work of the local coach
- Identify the most suitable coaching method to ensure good working conditions and effective integration of activities at the community level. Management of the volunteer network is uniform in all communities.

There was no full implementation of the planned meetings for the coordination of the headquarter coaches. One of the programme coordination (PC) meetings for the Lomé commune and maritime regions made it possible to refocus on main activities and emphasize on the current challenges. The annual programme coordinators meeting was expanded to include a team of three coordinators and was attended by the 'national President and a Swiss Red Cross Delegate. The lack of follow-up at national level and the uniqueness of management at all levels were highlighted during this meeting. This was appreciated and served as a framework for getting a global viewpoint of the contribution of Togolese Red Cross to the realization of health objectives. It was also useful for sharing experiences and building capacities.

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### Management of volunteers

Rules for volunteers management were discussed in December 2003 during a national consensus workshop. Ratification process by the management committee is in progress. The modalities for employment, training, organization and motivation were examined. The department responsible for management of volunteers should be functioning and should initiate and support initiatives in this area. The rate of loss this year is about 16% with recruitment of new members at 32%. This is a lower figure compared to 2002 but that can be explained by the fact that the longer the period of membership, the less likelihood of resignation and the more the volunteers understand the meaning of volunteering. The replacement method is effective but to avoid discouragement, it is necessary to accredit the members after six months.

The year 2003 was noted for the follow-up of community health workers activities and those of coaches in the Lomé-Commune and Maritime regions as well as the participation of Togolese Red Cross in the various activities carried out by the Ministry of health. A total of 4,199 CHW including 43 newly trained are being supported by American Peace Corps (Avé) and the Mothers club, Le Paysan (Zio), which are currently working with their members. Forty six departures were recorded, that is 11% loss rate.

### Volunteer motivation

During the support meetings, volunteers (CHW, APE, and AIDS) of Lomé Commune, Maritime and Kara were acknowledged publicly. Each volunteer received a bag of rice and a certificate of merit for the year 2003.

### Partnership/Collaboration

Review of the health team mission, visitors received and participation at meetings.

External missions	Area	Delegates
Lagos group meeting on health and HIV/AIDS	Lagos (Nigeria)	Health Officer/ HIV/AIDS National Coordinator
Regional Francophone workshop "New perspectives on malaria" in Bamako, Mali.	Bamako (Mali)	
Workshop on community mobilization	Windhoek (Namibia)	HIV/AIDS/NC
Advance course for SN directors	Geneva (Switzerland)	President PC Health

### Visits

Visits were made to Swiss Red Cross, America Red Cross, German Red Cross, Spanish Red Cross, Danish Red Cross, Federation Lagos Sub-Regional Office, ICRC Abidjan and WHO Abidjan.

**Collaboration:** There has been cooperation with partner national societies such as Swiss Red Cross, French Red Cross, American Red Cross, Spanish Red Cross, Danish Red Cross and German Red Cross. Similarly, there was collaboration with other departments of the Togolese Red Cross, Federation Lagos Sub-Regional Office, and the Ministry of health.

**Partnership with other institutions:** The Togolese Red Cross contacted Rotary Club International for collaboration in the project of distribution of insecticide treated nets (ITN). It also submitted a project for the promotion of ITN in the maritime region to UNICEF and other partners.

### Constraints

- Insufficient data affected the reporting system. The promptness and completion of reports from local coaches are still unsatisfactory. The exact data is not available but new report sheets currently in production will strengthen the reporting system.
- Lack of financial support for the volunteer network not well organized. The result is the lack of gasoline and repair allowance given to the headquarters' coaches for follow-up and monthly report sheets for

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coaches. Some were not paid for five months. This explains causes difficulties in data collection and analysis.

- It is difficult to use reports from coordinators of the Plateau and Savannah regions because of the differences in work method and variation of activities.

### **Lessons learnt**

The concern of the Togolese Red Cross is to consolidate the current results and to continue scaling-up in order to reach 50% of the population by 2005. This will take into consideration new challenges such as distribution of ITN, measles campaign, promotion of Mothers' Clubs and construction of latrines. Fundraising efforts should be carried out in order to mobilize the required financial resources.

### **Conclusion**

The year 2003 recorded numerous achievements through activities such as care of HIV positive widows and their orphaned children. Positive results were obtained due to the active participation of committee members, availability of the care team and the commitment of the HIV/AIDS National Coordinator. In spite of the difficulties encountered, widows were assisted medically, materially or morally. It is thus necessary to continue in this drive. In view of the reduction of the mortality rate linked to this disease, one of the lessons learnt was that the involvement and the collaboration of families as well as religious leaders which constitute precious instrument in the prevention of HIV/AIDS. The results obtained should be consolidated to broaden the care programme and to adapt it to the needs of PLWHA.

Considering the results of the external evaluation of March 2003, Togolese Red Cross could congratulate itself for rightly pursuing the objectives stated in [Ouagadougou Declaration](#). However, efforts should be made at the NS level to harmonize the work methods in all the regions and also increase resources to support programmes.

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