

# DREF operation final report



International Federation  
of Red Cross and Red Crescent Societies

## Togo: Yellow Fever

DREF operation n° MDRTG001  
19 May, 2008

The International Federation's 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 Red Crescent response to emergencies. 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.

**Summary:** CHF 60,069 (USD 48,055 or EUR 37,077) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 15 February, 2007 to support the National Society in delivering assistance to some 1.3 million beneficiaries in the Savanes and Kara regions of Togo where cases of yellow fever epidemic were reported in December, 2006. Volunteers from the Togo Red Cross were trained to carry out yellow fever vaccination messages to the communities in the regions. The Togolese Red Cross, as a member of the task force on vaccination set up by the government, participated in all planning and coordination meetings. Red Cross volunteers also assisted vaccination officials at the various vaccination points during the exercise. Though faced with some challenges, the Red Cross intervention in the form of mobilization reached out to 135,429 families.

[<click here for the final financial report, or here to view contact details>](#)



Volunteers from the Togo Red Cross ensure orderliness at vaccination centres.

## The situation

During the second week in December, 2006, the Togolese Ministry of Health (MoH) announced the outbreak of yellow fever in two regions of the country. The National Epidemiological Surveillance Agency had earlier reported three suspected cases between October and November 2006; 2 cases at Oti in the Savanes region and 1 case at Dankpen in the Kara region. These are two out of the four regions at risk of an epidemic. The MoH immediately carried out a vaccination exercise in the 2 affected districts. The outcome of an assessment mission carried out on 17 and 23 December 2006 recommended a mass vaccination campaign to reduce the impact of the disease among the population in the two regions.

Based on the outcome of the assessment, the Government of Togo decided to set up a National Task Force for yellow fever vaccination. The task force was made up of the MoH, WHO, the Togolese Red Cross Society and other stakeholders. The Togolese Red Cross, well known for its active network of volunteers across the

country, was assigned the responsibility of mobilizing the population for vaccinations in the affected areas. With support from the Federation, the National Society successfully carried out sensitization activities in the regions. Red Cross volunteers, including members of the Mothers' Clubs, were mobilized and trained in community mobilization. Armed with mobilization tools, they in turn went to the communities and sensitized people on the importance of vaccination. Local radio stations were also involved in the exercise. The volunteers also ensured orderliness at the designated vaccination points. The task force proved to be an effective coordination tool for such a national exercise.

However, the exercise was faced with some challenges such as: late preparation on the part of the task force, late arrival of vaccination officials which, in many cases, resulted in some beneficiaries leaving for their farms before the arrival of vaccinators, and inadequate logistical means to enable volunteers to penetrate into the more remote areas.

## Red Cross and Red Crescent action

From the start, the Togolese Red Cross (TRC) has been an active member of the task force inaugurated by MoH in conjunction with WHO, among other stakeholders. The national society (NS) is well known for its active volunteers and experience in social mobilization, and was given the lead role in raising awareness during the vaccination campaign. The NS, with technical support from the Federation sub-regional office in Lagos and the regional delegation in Dakar, prepared a plan of action to carry out sensitization activities in seven districts of Kara Region and four districts of Savane Region.

### Progress towards objectives

#### **Health and hygiene promotion**

**Objective 1: To contribute towards strengthening the operational capacity of the government vaccination structure.**

**Objective 2: To sensitize the population for vaccination against yellow fever.**

**Objective 3: To disseminate messages on the prevention of yellow fever.**

**Objective 4: To carry out post vaccination activities.**

Activities planned	Expected Results
<ul style="list-style-type: none"> <li>• Mobilize and train 1,250 volunteers, 115 supervisors and local coaches;</li> <li>• Conduct sensitization campaigns in the affected and high-risk villages;</li> <li>• Disseminate information, educational and communication (IEC) materials on yellow fever prevention and vaccination;</li> <li>• Involve volunteers in the epidemiologic surveillance system, through case finding and referral to medical structures;</li> <li>• Strengthen the capacity of the community to care for the sick;</li> <li>• Coordinate resource mobilization; supervision of activities and evaluation of the management of the epidemic;</li> <li>• Participate in coordination meetings with partners;</li> <li>• Educate households on the importance of getting vaccinated – through door-to-door mobilization, public discussions, meetings and demonstrations. The volunteers of the Togolese Red Cross will also refer the populations to vaccination sites;</li> <li>• Reinforce local and international partnerships;</li> <li>• Provide aprons and T-shirts to enhance Red Cross visibility during the campaigns;</li> <li>• Organize 14-day sensitization campaigns through radio stations;</li> <li>• Provide technical and financial support to the sensitization teams.</li> </ul>	<ul style="list-style-type: none"> <li>• The target population is well informed of yellow fever, its cause, mode of transmission and how it can be prevented;</li> <li>• The population is mobilized to go for vaccination;</li> <li>• The target population has been vaccinated;</li> <li>• The Red Cross volunteers have conducted home visits after the sensitization campaigns.</li> </ul>

In its efforts to effectively mobilize communities for the yellow immunization, the Togolese Red Cross mobilized and trained a total number of 1,016 Red Cross volunteers – of these, 404 volunteers from the Savanes region and 612 from the Kara region. Among the volunteers were members of the Mothers' Clubs. The one-day training refreshed and enhanced the volunteers' knowledge in door-to-door campaigning. At the end of the training, working tools and data forms were given to them, to embark on a 2-day door-to-door mobilization exercise.

In addition, 1,350 T-shirts were produced and distributed to the volunteers and other Red Cross members, while 1,500 IEC materials were also produced to enhance the activities of the volunteers. The volunteers were able to give information to the target population on yellow fever, the advantages of vaccination, as well as time and venues of vaccinations in their area. A total of 112,522 families were reached in the Savanes region and 22,907 families in the Kara region by the Red Cross volunteers through the door-to-door method and discussions. The Red Cross volunteers also referred suspected cases to health centres, as identifies during the door-to-door campaign.

The Red Cross volunteers further assisted vaccination teams during the vaccination period by ensuring orderliness and assisting in the filling-out of the vaccination form.

At the national level, the Togolese Red Cross Society participated in all the meetings of the National Organizing Committee, of which it is a member. The National Society was the Chair of the sub-committee on mobilization. The National Society also participated in the meeting organized by the Ministry of Health in preparation for the vaccination exercise.

To give technical support to the Red Cross team in the field, a team from the Federation West Coast regional office in Lagos visited the Savanes region during the exercise. The team met with health officials, Togolese Red Cross regional management team members, and a team of Red Cross volunteers in training.

**Impact:** The awareness activities carried out by the Red Cross impacted positively, by reinforcing the relative turn-out of people in the affected communities. The home visit strategy showed that many people in the affected communities were unaware of the importance of vaccinations prior to the intervention by Red Cross volunteers. The impact of the simple and convincing explanation provided by the volunteers on the need for vaccinations was evident at the various vaccination points set up by the health authorities in Togo - especially amongst the elderly and illiterate.

**Challenges:** The reluctance on the part of communities to come out for vaccination was one of the main challenges faced by the Red Cross. The people - especially the elderly - believe in traditional and spiritual healing as a response to any illness. The volunteers needed to convince them on the need to go out for vaccination. Red Cross volunteers also experienced logistical difficulties in reaching remote communities. In some cases, the people in the target communities had returned to their farms before the arrival of the volunteers for the awareness session. The delay on the part of the National Organizing Committee in developing the national social mobilization plan contributed in turn to delays in carrying out the awareness campaigns in the two regions on the part of the Togolese Red Cross.

## Conclusion

### Lessons learned:

- The strong presence of the Togolese Red Cross volunteers in the two affected regions was a great advantage to the Red Cross in its assigned mobilization role. The National Society henceforth decided to strengthen its volunteer capacity training and motivation in all the regions in the country;
- Good organization at the designated vaccination centres, through the assistance of the Red Cross volunteers, was vital for quality service delivery by health officials;
- A well coordinated partnership between local and international stakeholders brought out a synergic and efficient coalition to achieve set objectives;
- There is a need to develop a global plan to serve as reference point prior to embarking on any campaign of such magnitude, so as to allow for timely mobilization of required resources for better implementation.

## How we work

*All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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

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# International Federation of Red Cross and Red Crescent Societies

MDRTG001 - Togo: Yellow Fever Outbreak

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/2-2007/12
Budget Timeframe	2007/2-2007/4
Appeal	MDRTG001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	0					0
B. Opening Balance	0					0
<b>Income</b>						
<u>Other Income</u>						
DREF Allocations	48,928					48,928
C5. Other Income	48,928					48,928
C. Total Income = SUM(C1..C5)	48,928					48,928
D. Total Funding = B + C	48,928					48,928
Appeal Coverage	#DIV/0					#DIV/0

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	0					0
C. Income	48,928					48,928
E. Expenditure	-48,928					-48,928
F. Closing Balance = (B + C + E)	0					0

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**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		<b>0</b>					<b>0</b>	
<b>Transport &amp; Storage</b>								
Transport & Vehicle Costs		4,279				4,279	-4,279	
<b>Total Transport &amp; Storage</b>		<b>4,279</b>				<b>4,279</b>	<b>-4,279</b>	
<b>Personnel</b>								
International Staff Payroll Benefits		110				110	-110	
National Staff		5,455				5,455	-5,455	
National Society Staff		8,162				8,162	-8,162	
Consultants		265				265	-265	
<b>Total Personnel</b>		<b>13,991</b>				<b>13,991</b>	<b>-13,991</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training		1,303				1,303	-1,303	
<b>Total Workshops &amp; Training</b>		<b>1,303</b>				<b>1,303</b>	<b>-1,303</b>	
<b>General Expenditure</b>								
Travel		2,725				2,725	-2,725	
Information & Public Relation		8,897				8,897	-8,897	
Office Costs		527				527	-527	
Communications		1,118				1,118	-1,118	
Financial Charges		290				290	-290	
Other General Expenses		12,617				12,617	-12,617	
<b>Total General Expenditure</b>		<b>26,175</b>				<b>26,175</b>	<b>-26,175</b>	
<b>Programme Support</b>								
Program Support		3,180				3,180	-3,180	
<b>Total Programme Support</b>		<b>3,180</b>				<b>3,180</b>	<b>-3,180</b>	
<b>TOTAL EXPENDITURE (D)</b>		<b>48,928</b>				<b>48,928</b>	<b>-48,928</b>	
<b>VARIANCE (C - D)</b>		<b>-48,928</b>				<b>-48,928</b>		