



Togo RC volunteer briefing the targeted population before the distribution of items in Kpognon community close to the border with Burkina Faso. Source: ICRC

Appeal No: MDRTG010EA	To be assisted: 58,000 people	Appeal launched: 16/11/2023
Glide No: CE-2023-000033-TGO	DREF allocated: CHR 500,000	Disaster categorisation: Orange
Operation start date: 10/11/2023	Operation end date: 31/12/2024	

IFRC Secretariat Funding requirement¹: CHF 4 million
Federation-wide funding requirement: CHF 6 million

¹ The Federation-wide funding requirement encompasses all financial support to be directed to the Togo Red Cross Society in response to the emergency. It includes the Togo Red Cross' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 2 million), as well as the funding requirements of the IFRC Secretariat (CHF 4 million). This comprehensive approach ensures that all available resources are mobilized to address the urgent humanitarian needs of the affected communities.

TIMELINE



November 2021 – Non-state armed groups arrived at the border of North Togo.



June 2022 – State of emergency declared by the government.



September 2022 – Situation evaluated by the National Agency of Civil Protection of Togo - 5,018 households displaced.



March 2023 – As the number of displaced continues to rise, the Togolese Red Cross (TRC) launches a DREF for CHF 380,957 to support 10,000 people for four months.



September 2023 – Joint Movement mission to the area provides a clear indication of the deterioration of the humanitarian needs among the displaced and host populations. A Movement coordinated approach to the crisis is agreed upon.

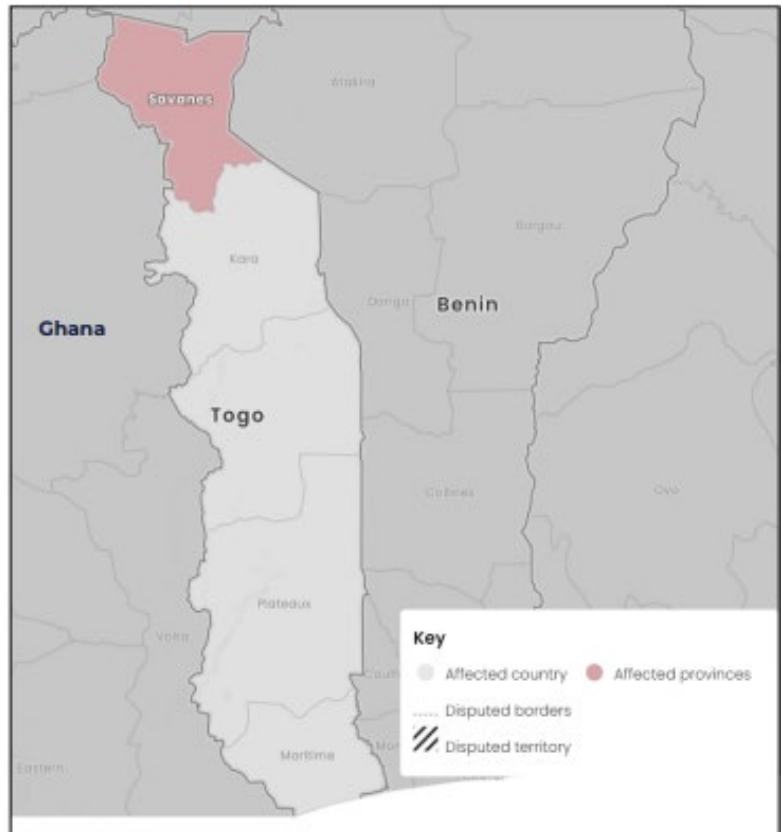


November 2023: The IFRC issues an Emergency Appeal for CHF 6 million to address the needs of 58,000 people (displaced and host communities), ensuring continued humanitarian support.

DESCRIPTION OF THE EVENT

Conflicts in the Sahel region of northern Africa continues to spill over, causing the displacement of tens of thousands of people seeking safety and security, including into the Savanes region of Togo. Throughout 2023, the number of displaced persons in the Savanes region has continued to grow, from just a few thousand in January to nearly 60,000 by September. As the armed confrontation continues to intensify, with attacks on civilians, civilian infrastructure, and aid convoys on the border, it is likely that people will continue to flee into safe areas in Togo. Exacerbating the situation, access to farming and pasture lands, access to health services, and access to education are very limited under these circumstances, deepening their exposure to food insecurity, malnutrition, and disease.

Since July 2022, deadly attacks against civilian populations in the border area between Togo and Burkina Faso and in the Savanes region have caused the forced displacement of



Burkinabe and Togolese populations from the border to calmer areas in the Savanes region. On 17 February 2023, the National Civil Protection Agency (ANPC) requested the support of the Togolese Red Cross (TRC) to help more than two thousand displaced households on the Togolese side of the border. On February 28, the TRCS finalised the census (registration) of displaced persons, confirming the level of urgency of the situation in the Savanes region and highlighting the most recent situation of the current crisis.

Displacement has significantly impacted the daily lives of affected populations. Many displaced people, including a high percentage of children under the age of 11, are psychologically affected by the attacks and the abrupt change in their standard of living. Returning to their home villages is virtually impossible for security reasons, as explosive devices on the roads pose a constant threat. The needs of those displaced remain considerable and population flows continue unabated, intensifying the humanitarian crisis with limited available support.

As of September 2023, the Savanes region, bordering Burkina Faso, has seen an escalation of incursions by non-state armed groups, which have intensified considerably. These attacks prompted the Togolese government to seek assistance from the TRCS and its partners to assist displaced populations. A joint assessment led by the ANPC estimated that there are 30,000 refugees and 32,000 internally displaced persons (IDPs) in Togo, and these numbers are expected to reach up to 80,000 throughout 2023 due to an escalation of security incidents.

Situation reports from the TRC reveal that the villages affected by the conflict are mainly in the northeast of the Savanes region and on the side of the Burkinabe border. People have sought refuge in safer villages in the south of the Savannah region, including the prefectures of Kpendjal, Tône, Manjouraré, Oti, and Cinkassé. Tens of thousands of displaced people have sought refuge in these localities, and their numbers are growing every day. Displaced people, fleeing not only attacks but also alerts about possible planned attacks, often arrive with minimal personal belongings, leaving behind their homes and livestock. Host families, who generously share their resources, are struggling to keep up with the growing demand for food, preventing them from eating three meals a day.

The disruption of markets and basic services further exacerbates these challenges. Economic growth in 2023 is expected to decline to 5.4% from roughly 5.8% in 2022, due to average inflation of 6.3% year-on-year from the January-May period, driven by higher transport and service costs. At the same time, demographic pressure due

to the arrival of refugees and returnees is crushing the already overwhelmed and underfunded basic services, such as health and education facilities. Up to 60 percent of communities surveyed by the IOM in the north said it takes between 30 minutes and one hour to get to the nearest health centre, but in East Naki, Noukpourma and Bombouaka townships, it takes more than an hour.

In March 2023, the TRC received DREF support through the IFRC to respond to the immediate needs of the affected population, targeting 10,000 people, including displaced and host communities, in the localities of Kpendjal, Kpendjal-Ouest and Tône, with food assistance, water, hygiene and sanitation, as well as health services and protection. This was done alongside and in complementarity with ICRC assistance, which was already underway targeting 9,800 people with essential household items (EHIs), medicines, and medical equipment in three primary health centres. This includes improved access to water, with seven pumps repaired, in partnership with the TRC.

Yet the overall need is much greater and will likely increase. In response, the Government of Togo officially requested the TRC to scale-up humanitarian services in the affected area, through a letter submitted in October 2023.

1. National Society response capacity

1.1 National Society capacity and ongoing response

As an integral component of the [MDRTG010](#), the TRC embarked on a proactive approach by initially training 30 volunteers in water, sanitation, and hygiene (WASH) as well as community health. These trained volunteers were strategically deployed to cover Kpendjal, a prefecture in Oti-Sud, Oti, marking a pre-emptive effort to address potential challenges. The assessment phase started with the launch of the DREF on 28 February 2023 informing the initial targeting plan.

A joint assessment mission, conducted by the TRC in collaboration with the ICRC and IFRC, took place from September 12 to 19, 2022, in the Savannah region. This mission aimed to gather crucial information on the plight of displaced persons resulting from repeated attacks by non-state armed groups. The collected data served to inform a Movement coordinated and complementary approach, and the IFRC supported Emergency Appeal. The TRC has actively engaged in coordination efforts, participating in various meetings at the regional and national levels, alongside entities such as the ANPC, United Nations system, and local authorities.

The TRCS, in collaboration with its partners, convened a Movement coordination meeting where decisions were made to support actions related to livelihoods and non-livelihoods assistance. National Society readiness has been enhanced through the training of 32 security and safety focal points and 82 emergency first aiders in the Savannah region, facilitated by the ICRC Lomé mission. This is in addition to the 30 volunteers from the region that had received training in sensitization on good WASH practices, contributing to a comprehensive and prepared Operational Strategy.

Through the DREF allocation, the TRC has conducted the following activities so far:

- Training of 30 volunteers on WASH
- Distribution of 3,000 impregnated mosquito nets
- Deployment of nine water quality control kits
- Distribution of 4,000 dignity kits to women
- Distribution of 562,610 chlorine tablets to 6,000 households
- Distribution of 3,000 food parcels to targeted households
- Training and deployment of 30 volunteers to collect and document feedback
- Organization of 30 live call-in radio programmes.

Through this Emergency Appeal, the TRC seeks to intensify and expand the intervention to cover other thematic areas of the humanitarian response. This includes:

- Health and social services programmes, such as WASH, malaria prevention, child nutrition and immunization, health promotion, first aid, and mental health and psychosocial support (MHPSS).
- Shelter: Provision of essential household items such as beddings, blankets, kitchen items, mats, etc.
- Livelihood: Provision of emergency food assistance (CVA/in-kind) to the most vulnerable households.
- Migration response through the establishment of Humanitarian Service Points.
- Community engagement and accountability (CEA) and protection, gender, and inclusion (PGI) and safeguarding are mainstreamed throughout all projects and emergency responses.
- National Society Development (NSD) and capacity building.

1.2 Capacity and response at the national level

The government's response to the prevailing circumstances is planned by the ANPC. The crisis is characterised by a significant and uncontrolled displacement, prompting the ANPC to take proactive steps. Recognising the severity of the impact on food security among the affected populations, the ANPC is in the process of preparing new food assistance initiatives to alleviate the pressing needs of these vulnerable communities. Acknowledging the complexity and scale of the challenge, the government has sought support from key partners, and among them, the TRC has been called upon to play a role in addressing the multifaceted aspects of the emergency. This collaborative approach underscores the importance of coordinated efforts to provide effective and timely assistance to those most significantly impacted.

This response to the dynamic humanitarian crisis involves key partnerships and coordinated efforts. UNHCR, operating through the National Commission for Assistance to Refugees (CNAR), has actively undertaken the registration of refugees and displaced persons in host areas. Given the volatility of the situation, it is paramount to consistently update the data, with ongoing field activities focused on collecting recent information and registering potential targets. The World Food Programme (WFP) has played a pivotal role in supporting the National Agency for Civil Protection (ANPC) to acquire 960 tons of food. This substantial food aid is earmarked for distribution in the Savannah and Kara regions, targeting 52,000 food-insecure individuals for an average of 33 days. Although the distribution has been successfully completed in the Savannah region from 13 to 24 February 2023, preparations are underway for a new three-month assistance cycle in the Savanes region. This initiative aims to provide support to 12,618 households, encompassing Burkinabe refugees, IDPs, and host communities.

WFP is actively monitoring the evolving numbers of refugees and displaced persons, with plans to organize a food distribution operation as soon as operational measures are implemented. This comprehensive approach reflects a commitment to addressing the immediate needs of the affected populations and ensuring sustained assistance in the evolving context.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

Participating National Societies (PNSs) present in the country and those providing multilateral support via the Secretariat, IFRC reference centres, hubs and laboratories, include:

- **Swiss Red Cross:** Present in Togo with one delegate and 26 staff, the Swiss Red Cross (SRC) supports activities in health, WASH, climate change adaptation, disaster management, and NSD. The framework of a cooperation agreement covering programmes supported by the SRC facilitates collaborations.
- **German Red Cross:** Present in the country with two delegates and 16 national staff, the German Red Cross (GRC) supports activities in climate change adaptation and disaster risk reduction (DRR) in two regions. The GRC works within the framework of a project agreement but the National Society and GRC are working to sign a partnership agreement.

- **Italian Red Cross:** From 2021 to 2023, the Italian Red Cross (CRI) allocated a grant to the TRC for capacity building of Mothers' Clubs in the Kara region. In 2024, the CRI intends to continue its support strengthen the TRC development.

The resources and expertise of these PNSs will contribute to supporting the TRCS's response in the Savanes region, particularly in the areas of health, WASH, DRR, and climate change adaptation, as well as the improved disaster management capacities. The IFRC will support the TRC in the coordination of funds and programmes of members towards the National Society's priorities.

ICRC

ICRC has a mission in Lomé covering Togo and Benin, with two mobile staff and 15 resident staff. With the support of the Abidjan Regional Delegation, it implements cooperation, prevention, and protection activities that include visits to people deprived of freedom, and protection of family links, promotion of international humanitarian law, and physical rehabilitation.

All activities included in this appeal are being closely coordinated with ICRC's current and planned operations in the Savanes region, including economic security, WASH, and health, implemented in partnership with the TRC.

Red Cross Red Crescent Movement coordination

Regular meetings between all Movement partners are taking place, including IFRC, ICRC, and PNSs, to align support and actions. For this emergency response, information is regularly shared in line with the principles of Strengthening Movement Coordination and Cooperation (SMCC) and the newly adopted [Seville Agreement 2.0](#).

2.2 International Humanitarian Stakeholder capacity and response

The TRCS benefits from the support of, and contributes to, the mandate of various national networks and platforms, such as:

- National Agency for Civil Protection (NACP): The TRCS is on the board of the National Agency for Civil Protection, a government agency focused on disaster management, and contributes to the implementation of its priorities. The agency works with the Red Cross and its volunteers on numerous programmes and activities (this includes climate change-related disaster management, early warning systems, placing hazard beacons along rivers courses, and responding to flood disasters).
- The Consultation Council for Water and Basic Sanitation in Togo is a network of NGOs created in 2013 in Lomé at the initiative of the TRC and civil society organisations working on basic sanitation issues in the country. Originally aimed at boosting basic sanitation, which had long been lacking in Togo, the council expanded its scope over the years to include the water sub-sector. The Consultation Council carries out advocacy for resource protection and rights to water, hygiene, and sanitation for all.
- CSO HIV-AIDS: Through this platform, the TRCS receives operating funds from the Centre Convivial d'Écoute des Jeunes (CCEJ) in Mango and Vogan. This enables conducting awareness raising activities on HIV/AIDS while also providing psychosocial support and counselling to affected people.

Other non-Movement partners are United Nations agencies and other international organisations, including UNFPA, UNICEF, UNHCR, IOM, FAO, UNDP and WFP (the UN agencies are coordinated under the resident coordinator of WHO), and international NGOs (RONGITO: Network of international NGOs in Togo) such as Plan International Togo, GIZ, Handicap, CBM, Africa CDC, and Gavi, the Vaccine Alliance.

3. Gaps in the response

The humanitarian situation in Togo in 2022 was marked by the overflow of the Sahel crisis, causing significant material damage, massive population displacement, and the loss of human lives in the Savanes region. In addition to this crisis, there are other hazards such as floods, strong winds, epidemics, droughts, and food insecurity. This compounding crisis has led to internal displacement in the north of Togo.

To provide an initial overview of the needs of IDPs, the ANPC, after receiving training from the IOM, deployed teams on 10 July 2023, to conduct a multisectoral site-level assessment (MSLA) in villages. This initial update covers the 50 villages assessed between 28 June and 9 July 2023, providing an overview of the current number of displaced households and people residing in the six border prefectures in the Savanes region.

Health:

- 58% of surveyed villages reported a walking time of 30 minutes to one hour to reach the nearest health centre. In the cantons of Naki-Est, Noukpourma, and Bombouaka, it takes more than an hour.
- In total, 56% do not have access to outpatient consultation services available in the nearest health facility.
- 86% of surveyed villages reported that displaced children under five years of age have not had access to malnutrition screening in the last six months.
- 60% of villages lack therapeutic nutrition services. To address the gap in access to health services in the surveyed villages, the TRC has considered implementing a community-led solution that involves improving the community health workforce through training of community health workers (CHWs) who can serve as a bridge between the community and the health centre, providing them with basic healthcare training, including first aid, addressing common illnesses, and preventive measures. The TRC will also organise scheduled regular medical outreach in these villages to provide outpatient consultation services and basic healthcare.
- TRC volunteers will also organize and conduct health education and awareness programmes within the community to promote preventive healthcare practices. Information, communication, and education materials will also be provided to disseminate information about common illnesses, hygiene, and nutrition.
- To foster ownership of the project and improve community engagement, community health committees will be formed comprising local residents, CHWs, and representatives from the Red Cross. This health committees will be involved in decision-making processes, planning health initiatives, and addressing specific community health needs.
- The fight against other causes of morbidity and mortality, especially in children under five, is important if Global Fund investments in the area are to have a significant impact, given the massive influx of people.
- The TRC would like to provide support for the implementation of integrated disease management for newborns and children at community level in displaced families, including the fight against nutrition at community level, and better monitoring of malnourished children at community level undertaken by the Ministry.
- Contributing to the reduction of the morbidity and mortality of children and women also involves prevention messaging and addressing the underlying factors linked to maternal and infant deaths. Key approaches include working through volunteers (CHWs, Mothers' Clubs, Papa Champions) in rural and peri-urban areas in local communities to improve insufficient prenatal monitoring, lack of hygiene, and inadequate referral and counter-referral systems.

WASH (Water, Sanitation, and Hygiene):

- Alarming statistics from the IOM Displacement Tracking Matrix reveal that 50% of communities in the Savanes region struggle to maintain regular access to safe drinking water sources within their premises.
- Less than 40% of households possess a toilet or latrine.
- The shortage of boreholes and the inadequate replenishment of groundwater, exacerbated by prolonged dry seasons, contribute to persistent challenges in meeting the water needs of the population. Addressing these issues is imperative to mitigate the risk of water-related diseases and enhance the overall well-being of communities in the Savanes region.
- Ensuring access to safe drinking water and establishing adequate sanitation facilities are critical priorities for populations in the rural areas of the Savanes region. The scarcity of access, coupled with demographic pressures on existing WASH services, has contributed to poor WASH practices, leaving the affected population susceptible to waterborne diseases.

Shelter:

- 50% of surveyed villages reported no distribution of essential household items to displaced households in the last three months.
- Most of the displaced population is facing challenges securing housing and currently renting their accommodation.
- Displaced populations and hosts lack household items.

Livelihoods:

- As of May 2023, a worrying 41% of the population in the Savanes region, totalling up to 460,000 people, were confronted with insufficient food consumption based on the Food Consumption Score (FCS) as reported by WFP's Hunger Monitoring Unit. Additionally, 23% of the population in the region has resorted to crisis or above-crisis food-related coping mechanisms. The neighbouring region of Kara is also experiencing a significant number of people, exceeding 300,000, facing insufficient food consumption with around 200,000 adopting crisis or above-crisis food-coping strategies. The influx of asylum seekers and internal displacement is exerting added pressure on the social and economic networks of host communities. Host households find themselves compelled to share dwindling food supplies while simultaneously vying for livelihood opportunities with the displaced population. This situation has the potential to ignite intra-communal tensions in the medium and longer-term, underscoring the urgency for coordinated and comprehensive interventions to mitigate the unfolding crisis.
- Food Security: Addressing the imminent emergency level (IPC4) of food insecurity in 2024 is paramount, with a primary focus on a lifesaving, food assistance response. Within the Savanes region, there is an escalating risk of food insecurity stemming from the worsening accessibility to food and markets for both displaced and non-displaced populations. The challenges around market access are compounded by heightened insecurity in rural areas resulting from the ongoing conflict and subsequent shocks of primary and secondary displacement.

Protection, Gender, and Inclusion:

- In the context of an inter-agency protection assessment conducted in northern Togo, women and girls among refugee and returnee populations disclosed incidents of sexual and gender-based violence (SGBV) occurring in Burkina Faso or during their displacement. Furthermore, instances were reported of women being forcibly conscripted by non-armed groups. Refugee women and girls have highlighted physical and emotional violence as primary risks associated with domestic violence. Critical contributing factors include inadequate financial resources and a lack of access to food and suitable shelter, particularly when displaced households are accommodated by host families. Specially, substandard housing conditions result in overcrowded rooms, fostering inappropriate proximity between boys and girls, as well as between adults and children. Finally, the absence of effective communication and engagement with affected communities has given rise to rumours and misinformation. There have been reports of false information, such as the misconception that humanitarian assistance is exclusively provided to the "heads of households", locally interpreted as assistance exclusively directed to men or husbands. In response, some widowed or single women have resorted to registering with local authorities as "artificial" households, falsely associating themselves with men who are not their husbands as a coping mechanism.
- According to the assessment report from UNCHR,² refugee women and girls reported cases of sexual violence (rape) that occurred in Burkina Faso or during their displacement. They also recounted instances where women were forcibly recruited by non-state armed groups to perform household chores and subjected to sexual abuse. Male respondents mentioned cases of rape against women and girls.
- Refugee women and girls, as well as Togolese women, identified physical and emotional violence (insults and abuse) as major risks within their households (domestic violence).
- According to women, the high rate of domestic violence in households and Togolese host families has multiple causes, including insufficient financial resources and food within host families already living in precarious conditions and within families; precarious housing in overcrowded rooms leading to close

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https://reliefweb.int/attachments/d6a7b409-8f83-486e-922b-15864e292821/Rapport%20d%27Evaluation%20Rapide%20de%20Protection_FINAL.pdf

proximity between boys and girls; and lack of occupation, work, and social reintegration activities through income-generating activities (AGR) and vocational training.

- Girls have mentioned early marriage as a risk they face. Women’s associations have noted that female genital mutilation (FGM) continues to be perpetrated within some refugee communities despite the living conditions. Cases of young girls as little as one or two years old have been identified, including one instance where a young girl experienced severe bleeding. To avoid problems, parents prefer to subject their children to excision while they are still babies and unable to communicate about it.
- Family separation is a risk that has been identified by the National Society and ICRC. Among the focus groups children, several were separated and others unaccompanied. None of the children knew the whereabouts of their parents.

Migration:

- In Togo, migrants frequently encounter challenges in meeting their basic needs and accessing essential services during their journeys. They are vulnerable to various risks, including violence, exploitation, and abuse. In such situations, individuals on the move often depend on the assistance of humanitarian organisations to access vital services, including healthcare.
- With over 60,000 people displaced in Savanes region, the needs of those on the move continue to increase leading to a need to urgently scale-up across specific sectors. Humanitarian Service Points (HSPs) are needed along relevant migration and displacement routes so that people can access services, such as emergency health and first aid, food, water, psychosocial support services (PSS) communication, and safe referrals, regardless of their status. The increasing number of displaced is also bringing negative impacts to host communities, as access to services becomes more difficult, but also as the Togolese host population is showing great solidarity in welcoming refugees and IDPs into their communities and families. It should be noted that in such a crisis situation, protection risks are exacerbated.
- Togo is actually taking part in the global programme based on migratory routes, this operation will thus, contribute to strengthening the National Society’s capacity in establishing and managing HSPs, which can be fixed or mobile. There is no one-size-fits-all model of operation, allowing sufficient flexibility to reach the diverse and evolving needs of migrants, while safeguarding their dignity and protection.

Aggravating Factors - Humanitarian access:

- The potential for attacks by non-state armed groups in Togo remains significantly elevated, with the expansion of their influence southward into Togo and Benin a plausible scenario. In response to the escalating security threat, the Togolese government took decisive action in April 2023 by extending a state of emergency initially declared in the northern Savanes region in June 2022. Given the ongoing circumstances, it is reasonable to anticipate that the authorities will extend the state of emergency in the region.

OPERATIONAL CONSTRAINTS

Barrier	Response
Staff is overstretched	Training and recruitment of full-time staff. Supporting the TRC in scaling-up and providing staff dedicated to the response and managing the files from different partners.
Overloaded logistical capacity	Recruitment and training of personnel, assessment of warehouses, and continued monitoring of the situation.
Stakeholders’ limited availability for meetings	Joint planning and review, plus additional surge staff coming in can also support the Red Cross presence in coordination, including in national inter-agency coordination meetings.
Limited community participation	Effective community engagement
Unfavourable weather conditions coupled with poor roads and access make it difficult to deliver supplies to affected populations	Continue monitoring together with contingency replanning (planning ahead, preposition of materials).

Escalating security threats	Update the minimum-security requirement, especially the risk assessment. Ensure that all IFRC personnel that can be deployed to support the operation and who are based in Togo refresh their security knowledge through the Stay Safe 2.0 training by using https://ifrcstaysafe.org/ .
Rising cost of goods and services	Re-budgeting and consultation with the IFRC and partners.
Access has been a challenge throughout 2023	Continued dialogue with the authorities to ensure that Red Cross Movement partners can access affected populations, in full accordance with Movement principles.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will also assist in leveraging the capacities of all members of the IFRC network in the country, to maximise the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in the response to the emergency event. This includes the Operating National Society's domestic fundraising ask, the fundraising ask of participating Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

The German Red Cross and Swiss Red Cross are the two PNSs present in-country while the Italian Red Cross supports the National Society remotely but plans to work via the secretariat from 2024. Coordination meetings with in-country partners have been ongoing.

Noting Seville 2.0 and thus the need to reinforce the role of the Togolese Red Cross as the convenor, the IFRC Secretariat will, on behalf of the Federation membership, facilitate the coordination with the ICRC, ensuring that Movement efforts to National Society Strengthening and operational capacity are complementary and well aligned. Terms of reference for Movement coordination and communication has been developed with clear roles and responsibilities for each Movement partner. The key decision-making and coordination forums underpinning the Togo-Population Movement Emergency Appeal are Strategy (Appeal Committee), and Operations and Programmes, which are being structured as follows:

Strategy - Appeal Committee	
Secretary General of the TRCS - Chair Head of Delegation (IFRC) Head of Delegation (ICRC) Country Representative of the PNS	
Operations - Task Force	Operations - Regional Task Force (Ad-Hoc)
Disaster Manager National Society - Chair Field Coordinator National Society - Co-chair Operations Manager of the IFRC Field Coordinator Operational members of the PNS ICRC operational counterpart	Technical counterparts can be invited, if necessary.
Programmes - Technical Working Groups	
Five working groups are suggested: <ol style="list-style-type: none"> Humanitarian Service Point (Migration, CEA, PGI) WASH/Health NSD & Preparedness 	

4. Communication
5. Logistics
6. Security & Safer access

Strategy (Appeal Committee): Provides strategic oversight for the overall direction and implementation of the Emergency Response. This includes setting strategic priorities, reviewing overall progress with the implementation and managing strategic risks and opportunities, including partnership opportunities. The Appeal Committee is responsible for decisions on annual funding allocations and resourcing allocations from the appeal, and meets on a monthly basis or as required, depending on operational needs.

Operational Task Force: Provides guidance and support for the implementation and monitoring of the Emergency Appeal. The task force is responsible for quality assurance oversight of effective and efficient operation implementation for the Strategic group. It is chaired by the Disaster Management lead and co-chaired by the Field Coordinator of the National Society and meets on a weekly basis or as required.

Programmes-Technical Working Groups: A bi-weekly meeting extended to all members of the Technical Working Groups (TWG) with the purpose of summarising the forthcoming achievements, key activities, and priorities for the coming weeks.

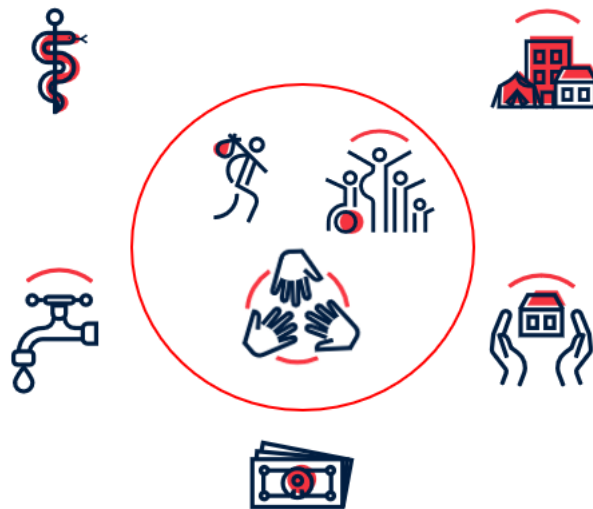
OPERATIONAL STRATEGY

Vision

Provide urgent and immediate assistance and protection in a coordinated manner to people traveling along the routes and at their destination, as well as vulnerable host communities. Moving forward, the TRC needs to adapt their response to a more holistic and integrated approach.

In doing so, decision-makers in the TRC will require technical advice to transition from a sectoral emergency response approach to an integrated mid-term response approach. The operation integrates the three core crosscutting approaches of migration, PGI, and CEA in the provision of humanitarian aid. The main sectors of intervention are Migration, shelter, livelihoods and basic needs, health, and WASH. On restoring family links (RFL), the National Society intends to have some “community relays” in the north living with the affected population that could diffuse RFL activities, and refer cases linked to the conflict (unaccompanied children, allegations of arrest/detention) to the ICRC.

The Emergency Appeal combines operational support, coordination, and preparedness to respond to the current situation and continuous movement of people from Burkina Faso.



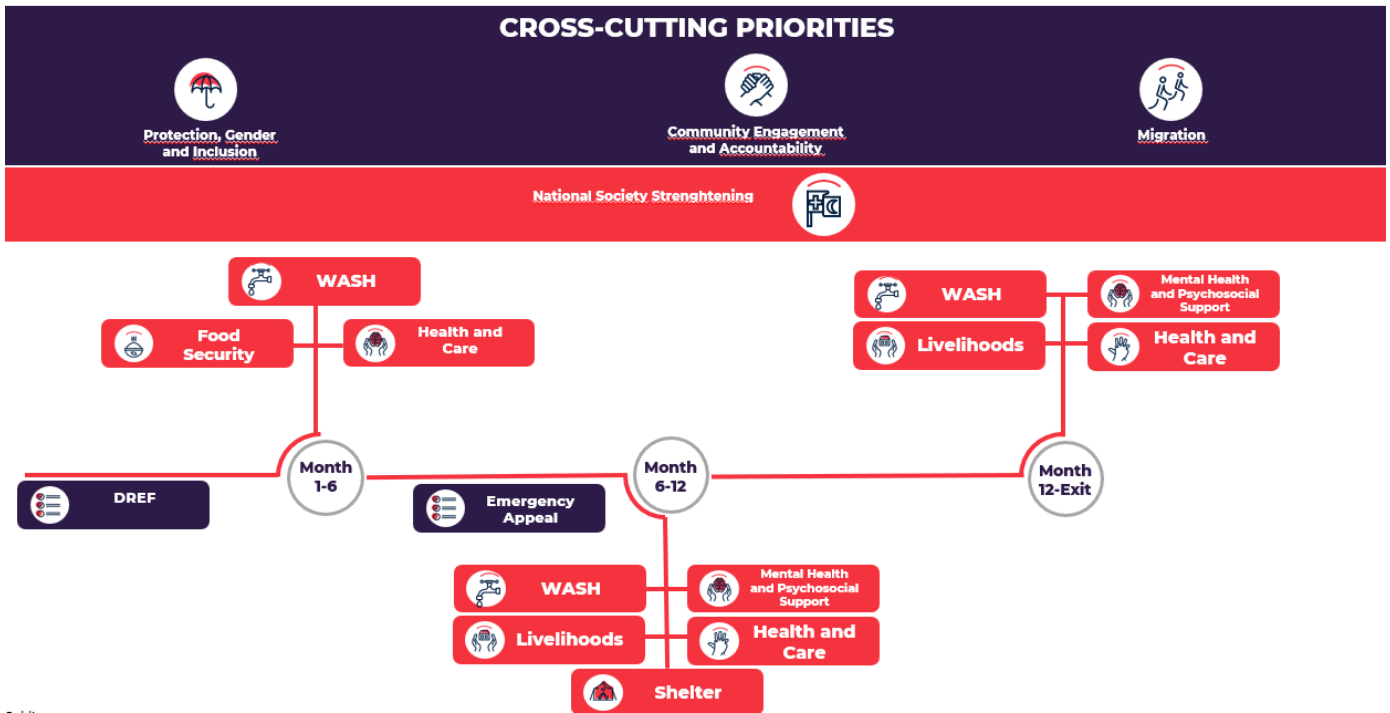
The appeal has a strong component focused on strengthening the capacity of National Societies. Due to high demand at the branch level, especially in border areas, significant needs have been identified in building response capacity, institutional strengthening, and organisational development. The implementation strategy not only supports building the capacities of volunteers to respond, but concurrently contributes to existing strategies to ensure longer-term engagement of the National Society. The operation will continue targeting people on the move based on their profiles and host communities, and their specific needs in the operation's lines of intervention.

Particular focus will be given to those experiencing severe difficulties in terms of accessing public services. Assistance will continue to be provided to people in situations of the highest vulnerability during their journey, passage and forced stays in border areas, immediately upon arrival in host countries, and in settlements in host countries.

The Operational Strategy is informed by a) recent response operations to escalations in the region; b) other population movement operations and people's needs; c) preparedness measures undertaken as part of the Contingency Planning process; d) findings from ongoing field observations; e) rapid needs assessments; and f) direct engagements by the TRC with affected populations on the ground via registrations, reception, PFA, and community outreach activities.

Unified planning was developed and implemented as of 2023, and a revised IFRC Network plan from 2024 onward was completed in August 2023 before the escalation of the situation, jointly with Federation members (TRCS, IFRC, ICRC, and Participating National Societies). After the current emergency response phase, when transitioning to early recovery and long-term programming, the 2024 plan will be revisited to incorporate the ongoing emergency operations and longer-term work to provide a holistic picture of the IFRC network's actions in Togo, serving as a coordination and promotion/resource mobilisation platform.

OPERATIONAL STRATEGY



Targeting

1. People to be assisted

The operation targets an anticipated 58,000 people comprising: a) those in vulnerable situations who have arrived in Togo; b) host communities accommodating these arrivals; and c) displaced populations who arrived in previous population movements, promoting social cohesion in line with the IFRC's principled humanitarian approach. A special focus will be placed on target groups and cohorts experiencing multiple vulnerabilities, including households led by women, families with multiple children, people living with disabilities, older individuals, particularly those living alone, and other people in vulnerable situations.

In Togo, the authorities, with the assistance of UNHCR, are currently registering refugees from Burkina Faso. The agency is actively engaging with host governments in the region, advocating for the prioritisation of community support for Burkina Faso refugees. This approach aims to ensure long-term protection and facilitate the exploration of sustainable and lasting solutions.

2. Considerations for protection, gender and inclusion, and community engagement and accountability

Given that situations of displacement trigger new vulnerabilities and exacerbate pre-existing ones, including elevated risks of sexual and gender-based violence, efforts to overcome challenges in access to information and ensuring participation are crucial and will be ensured through strong collaborations between PGI, CEA, and all sectors. An in-depth context analysis is anticipated to identify gaps, cultural differences, or the precise needs of specific groups (e.g., people with disabilities, children, the LGBTQIA+ community).

With support of the IFRC CEA capacity, the TRCS will consult with members of the community, community leaders, and other stakeholders to identify the best approaches to ensuring community members can participate in the entire cycle of the response, including mapping existing community coordination and communication structures. Assessments will also include questions to understand the communication needs and information channel preferences of affected communities. Based on this feedback, general information and information about the selection criteria will be provided via these channels and other ways to engage with communities ahead of the


launch of response activities, providing communities an opportunity to express their opinions and suggestions about the response. Throughout implementation, communities will be regularly informed of progress, timelines, and any changes in the plan, and provided with opportunities to give feedback. Specific community-led activities will be included in the implementation to ensure meaningful participation of people arriving in Togo and host communities and to reinforce social cohesion and peaceful co-existence.


PLANNED OPERATIONS

Through this Emergency Appeal, the IFRC aims to support the TRC in the response to the population movement in the Savanes region. The focus of the response is to provide urgent and immediate assistance and protection in a coordinated manner for 58,000 people in need.

As mentioned above, the operation integrates the three core cross-cutting approaches of migration, PGI, and CEA while providing core humanitarian services, such as: (1) emergency first aid and medical services, whether through ambulances or health facilities, along with psychological support; (2) establishing HSPs where displaced populations can access a diverse range of humanitarian support and services, regardless of their status and location along their journeys, ensuring that the needs of separated, missing, and deceased individuals and their families are attended to; and (3) offering tailored basic needs support, including promoting access to food, safe water, hygiene items, non-food essentials, emergency shelter, and sanitation.

INTEGRATED ASSISTANCE

	Shelter, Housing, and Settlements	Female > 18: 3,944	Female < 18: 5,916	CHR 895,000
		Male > 18: 3,897	Male < 18: 5,684	Total target: 19,441
Objective:		Population arriving to Togo and host communities restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions.		
Priority Actions:				
<ul style="list-style-type: none"> Assessment and monitoring of collective shelters to ensure adequate safe, dignified, and accessible accommodation standards. Distribution of essential household items (e.g., blankets, bedding, kitchen sets, cleaning materials, etc.) to 19,441 households, specifically considering the weather conditions. 				

	Livelihoods	Female > 18: 11,832	Female < 18: 17,748	CHF 822,000
		Male > 18: 11,368	Male < 18: 17,052	Total target: 58,000
Objective:		Immediate response: People arriving in Togo meet their food and other basic needs and protect their livelihood assets.		
Priority Actions:				
<ul style="list-style-type: none"> Provide emergency food assistance (CVA/in-kind) to the most vulnerable households arriving in Togo to protect household food consumption and livelihood assets. This will require preparedness in terms of CVA on the part of the National Society. The methodology will be further developed in coordination with the 				


National Cash Working Group and in line with the evolution of government-led humanitarian and social assistance.

- Pilot actions aimed at initiating livelihood strategies of the most vulnerable households arriving in Togo.
- Expand the pilot livelihood activities based on the findings, potentially including those in the wider host communities whose livelihoods were also affected due to the current emergency.
- Facilitate access to and use of existing services/programmes.


HEALTH & CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)


	Health & Care	Female > 18: 11,832	Female < 18: 17,748	CHF 637,000
		Male > 18: 11,368	Male < 18: 17,052	Total target: 58,000
Objective:	Access for affected populations to essential health services (emergency, primary, secondary, community/public health) is facilitated, including mental health and psychosocial support.			
Priority actions:				
<p>Mental Health and Psychosocial Support (MHPSS)</p> <ul style="list-style-type: none"> • Provision of community-based MHPSS services, such as peer support groups, recreational activities, and PSS activities in safe spaces, including child friendly spaces (also see education sector below), social activities with the aim of integration and social cohesion, home care visits for older people and individuals with low mobility, and in-person counselling. • Conduct PFA and PSS training for Red Cross and non-Red Cross first-line responders. • Raising awareness on mental health, stress, and coping mechanisms among the affected population. • Operation of the MHPSS Helpline. • Mapping of actors and establishment of referral pathways for MHPSS. • Establish peer support groups, psychological counselling and well-being support activities for volunteers and staff. • Leverage the existing club 25 volunteers to organise sporting events and peer-to-peer activities aimed at providing psychosocial support and address substance abuse among youth in targeted communities. • Ensure mainstreaming of PFA across all sectors. • Monitoring and quality assurance of MHPSS activities. <p>Community Health</p> <ul style="list-style-type: none"> • Establish and equip 10 first aid posts in targeted villages to provide immediate medical assistance and stabilisation of patients before evacuation. • Provide first-aid training to affected communities and establish first aid community volunteer teams in collective centres. • Provide first aid kits to the first aid community volunteers teams. • Undertake assessments to determine the priority diseases and the levels of awareness of communities regarding disease prevention to guide programming. • Community Health Worker (CHW) Training: Together with the State Ministry of Health (SMOH), train CHWs who can serve as a bridge between the community and health centre. Provide them with basic healthcare training, including first aid, awareness about common illnesses, and preventive measures. • Work with the SMOH to schedule regular visits of medical teams to these villages to provide outpatient consultation services and basic healthcare outreach (at least twice a month) • Support the Integrated Management of Childhood Illness (IMCI) through the following pillars: Immunisation (routine and SIAs), nutrition counselling and screening, disease identification and referral, preventive care, and health promotion. • Train and support the Mothers' Club to promote infant and young child feeding (IYCF), caregivers counselling, and locally made supplementary feeding programme. 				

- Build on the existing “Papa Champions” structure to involve men and fathers in the IMCI activities as key influencers and mobilisers. They can support community mobilisation and advocacy to key stakeholders and influencers to adopt and sustain healthy behaviours.
- Train TRC volunteers on Emergency Preparedness and Response in Communities (EPiC) modules, to prepare for and respond efficiently to epidemics and other disease outbreaks. The National Society will be supported in providing cash targeting families with malnourished children. This will be targeted through the Mothers’ Club structure to identify eligible families with children in need of health support. The government is already using this approach: On a quarterly basis, where eligible families are identified based on their vulnerabilities (malnutrition, income, widows, people living with disabilities, etc.), an evaluation is conducted and costed, then equivalent cash is transferred to the families.
- Impregnated mosquito nets will be distributed in areas that were not covered by previous interventions of the Red Cross and government within the area of the operation and, in addition, replacement of nets supplied more than three years ago will be considered.
- The Mothers’ Clubs have been instrumental in community health activities and will be supported with trainings and seeds to help them run some income generation activities and support nutrition in the areas of agriculture and food security.


	Water, Sanitation, and Hygiene	Female > 18: 11,832	Female < 18: 17,748	CHF 252,000
		Male > 18: 11,368	Male < 18: 17,052	Total target: 58,000
Objective:	Improve access for affected populations to WASH services to reduce their immediate and medium-term risk of waterborne, water-related, and vector-borne diseases.			
Priority actions:				
Water, Sanitation, and Hygiene <ul style="list-style-type: none"> • Undertake assessments to determine gaps in sanitation and hygiene needs of collective centres and host communities. • Improve sanitation installations in shelters identified based on inadequate standards. • Provide 3,000 families living in collective centres or private accommodations and host communities with family hygiene kits. • Rehabilitation of water points, implementing water quality testing and water analysis. 				
Knowledge, attitude, and practice <ul style="list-style-type: none"> • Retrain and mobilise community volunteers and teacher-student groups as facilitators of sanitation and hygiene promotion. • Undertake surveys to determine baseline and endline levels of hygiene awareness. • Reproduce and distribute IEC materials on hygiene promotion. • Establish WASH communities and facilitate regular mass sanitation campaigns in targeted villages • Training the CDRT, NDRT and staff on WASH in emergencies • Recruit a focal point at HQ and Branch level. 				

PROTECTION AND PREVENTION

	Protection, Gender, and Inclusion	Female > 18: 11,832	Female < 18: 17,748	CHF 31,000
		Male > 18: 5,684	Male < 18: 8,526	Total target: 43,790
Objective:	Dignity, Access, Participation and Safety are mainstreamed throughout the operation to ensure the unique needs of people from all groups, including marginalised groups, are met. An emphasis on keeping the people the IFRC serves safe from harm in the form of violence, discrimination, and/or exclusion is ensured			
Priority Actions:				
<ul style="list-style-type: none"> PGI minimum standards, which consider the specific needs, capacities, and risks of people of varying ages, genders, disabilities, and identities will be mainstreamed throughout all assessments, including needs assessments, to ensure the varying needs of the diverse population, including those influenced by gender and diversity factors, are adequately considered. This includes the collection and analysis of sex, age, and disability disaggregated data. Establishment of a dedicated PGI Focal Point within the National Society for coordination of all PGI and Safeguarding activities. Creating and sharing key messages about protection, gender, and inclusion through child-friendly briefings and information, education, and communication (IEC) materials for staff and volunteers. Topics will include violence prevention, child protection, anti-trafficking, and preventing sexual exploitation and abuse. Dignity, access, participation, and safety are ensured by mainstreaming PGI minimum standards in support interventions together with access and protection through education. For instance, ensuring PGI risk mitigation strategies for cash distributions and selections of recipients within households. Development/Adoption of prevention from sexual exploitation and abuse (PSEA) and child safeguarding policies and their rollout to staff and volunteers, ensuring signatures as an acknowledgement of their understanding and commitment, with a focus on training staff and volunteers on how to file a complaint. Trainings on PGI in emergencies and social cohesion. Mapping of referral pathways, in coordination with concerned authorities and the wider humanitarian community. Training of staff and volunteers on PSEA and safeguarding, referral pathways and making a referral, and a survivor-centred approach, particularly for Helpline operators, and volunteers and staff involved in activities with children. Establishment of safe and dignified spaces in shelters for prayers, medical procedures, breastfeeding, etc. Specialised protection considerations, including the Protection of Family Links, and referrals to relevant services, will be extended to the most vulnerable groups, including children, pregnant and lactating women, older people, and the representatives of minority communities. In coordination with the ICRC, support the mobilisation of TRC volunteers in RFL to address the needs of separated persons, the missing, deceased, and their families. The rollout of key RFL and family reunification messages will be child friendly. RFL services are provided to ensure that the needs of the separated, missing, deceased, and their families are adequately and efficiently addressed. Liaising with national child protection authorities and key stakeholders, establishing clear referral mechanisms for tracing purposes. 				

	Community Engagement	Female > 18: 11,832	Female < 18: 17,748	CHF 137,000
		Male > 18: 11,368	Male < 18: 17,052	Total target: 58,000

	and Accountability			
Objective:	Communities receive timely, accurate, trusted, and accessible information regarding the services they are entitled to receive from the RCRC Movement and on the channels through which they may provide feedback to guide sectors. Community feedback from across the operation is tracked, regularly analysed, and guides both programme adaptation and decision-making.			
Priority Actions:				
Branch-level capacity strengthening in CEA and use of the feedback mechanisms				
<ul style="list-style-type: none"> • Develop a description of the role of CEA focal points at the local branch level (volunteers). • Training in CEA and use of the feedback mechanism. • Procurement and training in the use of technical equipment required when utilising the feedback mechanism. 				
Coordination				
<ul style="list-style-type: none"> • Coordinate within the RCRC Movement and externally by participating in AAP/CEA technical working groups. • Inter-sectoral coordination of CEA, including the cross-cutting agenda to ensure that CEA activities are integrated in those plans. 				
Feedback mechanism for two-way communication with communities				
<ul style="list-style-type: none"> • Develop standard operating procedures (SOPs) for the feedback mechanism, covering the channels already in place and any new ones. • Revisit and refine SOPs to manage sensitive feedback. • Train staff and volunteers on the feedback mechanism and on handling sensitive feedback. • Coordinate with PGI to manage sensitive complaints. • Develop and maintain an internal Frequently Asked Questions (FAQs) to harmonize information provision across the TRC. • Produce information materials to raise awareness about the feedback mechanism among affected communities. 				
Data collection, analysis, and reporting				
<ul style="list-style-type: none"> • Conduct an in-depth context analysis in coordination with PGI and migration. • Integrate questions on information needs and preferred information channels into the assessments of communities arriving in Togo. • Conduct perception surveys of host communities. • Produce regular analysis and reporting on data via the feedback mechanism. 				
Provision of information to affected people, including those arriving in Togo as well as host communities				
<ul style="list-style-type: none"> • Based on assessments of information needs, communication channel preferences and access, as well as data from the feedback mechanism, develop targeted information products to address these specific informational requirements using the preferred channels of different groups (analogue and digital). • Develop a public-facing FAQs. 				

	Migration	Female > 18: 2,999	Female < 18: 3,121	CHF 110,000
		Male > 18: 2,352	Male < 18: 3,528	Total target: 12,000

Objective:	Support the basic needs of populations arriving in Togo with dedicated humanitarian assistance, protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholders by setting up HSPs and establishing distribution and support mechanisms along migration routes.
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Priority Actions

This response will be closely connected to existing migration and displacement activities in-country, reinforcing engagement and capacities, especially with the Global Route-based Migration programme – aiming to provide assistance and protection to people on the move while strengthening capacities and undertaking local humanitarian diplomacy.

1. Immediate response through Humanitarian Service Points (HSPs)

- Train volunteers and staff on the Movement approach to migration, including the establishment and management of HSPs.
- Establish and strengthen HSPs along key migration routes where displaced people can safely access a wide range of services such as information, emergency health and first aid, food, water, PSS counselling, communication and connectivity, and safe referrals, regardless of their status.
- At HSPs, set up safe and inclusive referral mechanisms for IDPs and people on the move, mapping the organisations and government services that may be available.

2. Analysis and assessments

- Monitor regional and national trends and analyse key information related to displacement flows and protection measures.
- Strengthen policy analysis to understand applicable protection frameworks, legal status, and associated rights.

3. Humanitarian diplomacy and advocacy


- Support the engagement of the TRC in advocacy with the government and other stakeholders to promote the protection, assistance, and inclusion of affected populations.
- Position the TRCS work in supporting displaced people and host communities towards the authorities and other relevant stakeholders through evidence-based advocacy.


4. Foster a holistic and integrated approach in medium- and longer-term needs following the Integration & Inclusion approach:

- Ensure a timely transition to recovery and integration of displaced people within Togo with a focus on livelihoods and protection.
- Support social cohesion activities, including through access to services for host communities.

Enabling approaches

		Female > 18: 260	Female < 18: NA	CHF 539,000
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	National Society Strengthening	Male > 140	Male < 18: NA	Total target: 400 (staff and volunteers)
Objective:	Further strengthen the TRCS's institutional and emergency response capacities, complementing and building on their Country Plan and Master NSD Action Plan.			
Priority Actions:				
<p>The IFRC has invested significantly in NSD in Togo in recent years, and a key priority will be to develop a long-term Master NSD Action Plan for the National Society. The embedded organisational structure allows sectoral departments to focus on effective cooperation. Also, a National Society rapid response check that can be further expanded by a Preparedness for Effective Response (PER) process will be launched from the first quarter of 2024 with the engagement of all Movement partners.</p>				
<p>The achievements in NSD reflect the TRC's long-term commitment to building a stronger and more responsive National Society. It is essential that the TRC develops a plan to continue supporting the Emergency Appeal to ensure the overall organisation's strategic growth and strengthen disaster and crisis response capabilities.</p>				
<p>Elaboration of the TRC's NSD Plan activities will include:</p>				
<ul style="list-style-type: none"> • Supporting existing human resource (HR) capacities and further development of HR, based on the TRC's comprehensive HR development plan and under its recently renewed organisational structure. This includes the development of SOPs for NSD-related staff, streamlining back-office support during the operations; continuing to focus on shifting towards data analysis and data-driven annual planning; and supporting funding for TRC staff (including new personnel) at HQ and branch levels to enhance the TRC's capabilities in developing a Master NSD Action Plan. • Developing and strengthening volunteering management: The TRC, having developed a volunteer charter in 2004, plans to develop a Volunteering Policy and establish a system of mandatory volunteer training (PGI, PMER, Logistics, etc.). • Developing a Monitoring and Evaluation Framework for this operation. • Developing SOPs that define clear roles and responsibilities, particularly at the local branch level, which are clarified to enhance efficiency and accountability within the TRC structure. • In line with promoting local sustainability, local procurement is actively encouraged. To safeguard the well-being of our volunteers, protective items such as raincoats, boots, and personal protective equipment (PPE) are provided. • The Operational Strategy will strengthen internal controls and accountability at all levels. Governance and management staff will be sensitised on the segregation of duties, administrative and financial processes, and guidelines to ensure the smooth and efficient delivery of activities. 				
<p>National Society Preparedness and Response capacity-related actions will include:</p>				
<ul style="list-style-type: none"> • To enhance longer-term preparedness and response capacities, with technical support from the IFRC, a rapid response capacity check will be conducted. The aim is to help the TRC understand the immediate response capacity strengthening priorities, support prioritisation processes, and propose an action plan to build reinforce the National Society's capacity for effective response. • To maintain operational readiness, a thorough inventory of the two warehouses at HQ and field locations is regularly conducted, ensuring availability of essential resources for the response. This holistic approach aims to fortify the TRC's capacity, resilience, and commitment to its humanitarian objectives. 				

	Coordination and Partnerships	Female > 18: NA	Female < 18: NA	CHF 56,000
		Male > 18: NA	Male < 18: NA	Total target: 3 PNS, ICRC, IFRC teams

Objective:	To guide the operation in accordance with the principles of the Collective Movement Response and strategically harmonise it with response efforts by the public authorities and other actors on the ground, ensuring efficiency and complementarity.
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Priority Actions:

Membership Coordination

The IFRC is structured in the West Coast with a Country Cluster Delegation for Nigeria, Togo, Benin, and Ghana based in Nigeria. Participating National Societies present in Togo are the Swiss Red Cross, Italian Red Cross, and German Red Cross. Membership Coordination will be maintained through the existing IFRC structure.

Coordination with the broader Membership has been ongoing since the launch of the DREF. A Partners' Call was organised on December 14 with the participation of various National Societies, the IFRC, and the ICRC. Several Participating National Societies expressed a particular interest and ambition to mobilise resources for the response. Discussions have been ongoing to help the TRC reinforce its systems. This operation will ensure that all members work together to harmonise planning, monitoring and reporting to strengthen the National Society's accountability and transparency.

Movement Cooperation

The ICRC has a mission in Lomé covering Togo and Benin, with two mobile staff and 15 resident staff. With the support of the Abidjan Regional Delegation, all activities included in this appeal are being closely coordinated with the ICRC's current and planned operations in the Savanes region, including economic security, WASH, and health, implemented in partnership with the TRC.

Regular meetings between all Movement partners are taking place, including the IFRC, ICRC, and Participating National Societies, to align support and actions. For the emergency response, information is regularly shared in line with the principles of Strengthening Movement Coordination and Cooperation (SMCC) and the newly adopted [Seville Agreement 2.0](#).

Engagement with external partners

1. External partners (excluding the RCRC Movement)

Name of Partner	SP1	SP2	SP3	SP4	SP5	E1	E2	E3	Areas of focus
UNFPA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PGI Reproductive health
Fonds Mondial	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community health (Malaria Control) Capacity building of grassroots organisations
UNICEF									Promotion of Essential Family Practices (EFPs) WASH
FAO									Community resilience
UNHCR-IOM									Protection of family ties

Beyond the partnership, the TRC benefits from the support of various National Consultation Councils, networks and platforms, such as CCABT, POSCVI, the OSC/HIV Platform, WiLDAF-Togo, and many others.


CCEABT: The Concertation Council for Water and Basic Sanitation in Togo (CCEABT) is a network of NGOs created on 23 January 2013 in Lomé at the initiative of the TRC and some civil society organisations working on basic sanitation issues in Togo. Originally, the CCABT aimed to highlight and boost the sub-sector of basic

sanitation, marginalized for a long time in Togo. But over the years, the CCABT has added the challenges of the water sub-sector and has become the CWBTC. The CCEABT mainly carries out advocacy actions for the protection of the resource and the effectiveness of the right to water, hygiene and sanitation for all.

CSO/HIV/AIDS platform: Through this platform, the TRC receives operating and animation funds from the CCEJ (Centre Convivial d'Écoute des Jeunes) of Mango and Vogan.

Plan International works with the Movement on emergency response actions, the most recent concerning COVID-19.

POSCVI, MenEngage Network, and WILDAF-Togo: These platforms further support and enrich the TRC's collaborative efforts, adding valuable perspectives and resources to response efforts.

	IFRC Secretariat Services	Female > 18: NA	Female < 18: NA	CHF 521,000
		Male > 18: NA	Male < 18: NA	Total target: NA
Objective:	The IFRC Secretariat provides strategic orientation, facilitation, and coordination to enhance the TRCS's response to the current situation and towards its long-term positioning and increased capacity development. This will be carried out by building on the existing Country Delegation and Country Cluster Delegation, toward strong stewardship and accountability for all programming. The IFRC Secretariat will facilitate the channelling of global resources to sustain the localised response and recovery efforts.			
Priority Actions:				
IFRC Secretariat services <ul style="list-style-type: none"> The Cluster Delegation provides full support across Operations Coordination, Migration, Health, WASH, Finance, Logistics, PMER, Security, NSD, National Society response capacity, and technical sectors. The IFRC will facilitate an effective Federation-wide response with support from the Cluster Delegation and Africa Regional Office and will offer its expertise in managing population movement operations through the deployment of critical functions as agreed with the TRC and will also equip the National Society with strong risk management and business continuity plans. Through the IFRC surge system, regional and global alerts have been issued for several profiles: Operations Manager, CEA, Migration and IM. The IFRC will take a comprehensive approach to programming, monitoring, reporting, risk management, information management, external communications, and resource mobilisation. Humanitarian Diplomacy: A communication working group for Movement members in-country (the TRC, ICRC, and IFRC) will be activated and coordinated by the TRC, to focus on scaling-up visibility. Ensure that all IFRC personnel have the required security training (Stay Safe 2.0) and are using the IFRC website (https://ifrcstaysafe.org/) as a guide for a safe mission. 				
Strategic support <ul style="list-style-type: none"> Joint liaison with key external stakeholders and donors for continued broad positioning beyond the operation itself through missions and meetings in coordination and collaboration. Strengthen positioning in strategic areas with the TRC's unique added value, focusing on the sectoral approach of the operation. Continued capitalisation of learning and knowledge management from the operation and wider programming. Support and planning for the dissemination of knowledge and experiences to the wider Federation. 				
Logistics <ul style="list-style-type: none"> Engage with the TRC to ensure the requirements of the Project Funding Agreement are addressed and adhered to in a timely manner to meet IFRC and donor requirements. 				

- Support the TRC in local procurement activities.
- In concert with the TRC and Movement Partners, establish and maintain a mobilisation table as required, to seek in-kind donations to meet ongoing operational needs and replenish emergency preparedness stock holdings.
- Strengthen Movement reporting procedures with the goal of developing a Movement Picture for a visual representation of stock movements across the operation.

Human Resources

- Strengthen the capacity of the IFRC and TRC in-country teams by providing proactive technical support and guidance from the Secretariat (including, for example, Shelter, Health, Procurement/Logistics, IM, Education, PGI, CEA, NSD, PMER, etc.).
- Provide tailored sectoral support to technical TRC staff with a proactive in-country presence of relevant expertise as per the sectoral approach.

Communications

- Scale-up communications with the public to ensure reliable visibility and the dissemination of accurate information, which is needed for donor contributions, and positioning of the Movement; this includes increased social media activities, media engagements on the ground in Togo and internationally through regional/global offices, informed by operational findings and evidence-based advocacy efforts.

Planning, Monitoring, Evaluation, and Reporting (PMER)

- Set up a structured monitoring and data collection process on the people reached and other achievements, focusing on a qualitative approach.
- Ensure continued and effective support in planning, monitoring, and reporting.
- Organize capacity strengthening activities for the TRC.

Risk management

The overall responsibility regarding Risk Management falls under the Head of Delegation – IFRC Abuja Cluster. However, risks assessed below, and corresponding mitigation measures will be managed collaboratively between the Operations Manager and the Risk Manager, assisted by experts in different fields: security officer, staff health, logistics, communications, and resource mobilization. These experts will advise the Operations Manager about the best actions to take to enforce the mitigation measures.

Risk	Likelihood	Impact	Mitigating actions
Deterioration of the security situation with attacks in the implementation area	Likely	Severe	<p>Continuous monitoring of the situation. Security planning in close coordination with all Movement Partners in-country (specifically the ICRC).</p> <p>All personnel attended mandatory briefings on relocation, hibernation, and evacuation procedures.</p> <p>The MSR is up-to-date, and the security risk register is constantly updated based on the evolving situation on the ground.</p> <p>All IFRC personnel have updated their knowledge on security via the e-learning platform.</p> <p>IFRC personnel travelling to security phase red (high-risk) locations must obtain approval from the IFRC Secretary General, as described in: https://ifrcstaysafe.org/travel-security/travel-to-high-risk-red-phase-locations</p>
Low road safety standards	Likely	Moderate	<p>Raise awareness of staff and volunteers (briefings, conduct on the road).</p> <p>Utilise qualified IFRC and Operating National Society drivers.</p>

Potential risk of allegations related to ambiguous selection criteria and integrity issues of the National Society	Possible	Major	Focus on CEA to ensure the participation of communities during all stages of the operational cycle. Develop key messages and Q&As for staff and volunteers. Enhance and maintain feedback mechanisms. Dissemination of RCRC mandate and principles.
Staff/volunteers infected during work (legal risk)	Likely	Moderate	Volunteer insurance established together with raising awareness on health and safety.
Tensions in communities, with people not understanding the selection criteria	Possible	Moderate	Involve community representatives in designing and planning the programmatic approach. Develop and disseminate key messages on the selection process for assistance. Clearly communicate the selection criteria to all stakeholders. Identification of continued gaps in governmental and external assistance schemes.
Lack of funds and community needs exceed capacity	Likely	Moderate	Design a communications plan to manage expectations and clearly explain the operation's rationale and scope. Mapping of available services and referrals. Design an exit strategy well in advance and clearly communicate the operation's timeframe to the affected population.
Operation not aligning with the national plan/other stakeholders	Possible	Moderate	Conduct a stakeholder analysis. Communicate the Operational Strategy to relevant stakeholders ahead of implementation. Assign focal point responsible for coordination with key stakeholders and decision makers (as an element of Movement Coordination).
Security incidents	Possible	Moderate	Install Security surveillance system. Sufficient visibility with messages on principles.
Public complaints towards the RCRC Movement	Possible	Major	Systematically log feedback and complaints, and act on sensitive complaints. Clear messages on Movement principles, mandate, and selection criteria defined and spread. Act in close coordination with Movement stakeholders (pre-agreed aligned wording).
Compliance with standards and procedures poses a potential risk when adjusting the minimum standards based on branch capacity and local availability	Possible	Moderate	Compliance with IFRC procedures will guide the operation. Evaluation and monitoring will also help to assess the effectiveness of implementation versus the minimum requirements for key response pillars. The distributions are planned to fit minimum applicable standards in the areas and comply with government requirements, especially for food distribution. As such, the contents of the food will follow government validation, as per established laws in the country.
Continuity of instability in the country or with returns	Possible	Moderate	As part of the recurrent risks associated with population movement crises, the National Society is ensuring constant monitoring by the branches and issues regular reports to inform and guide decision-making. Identification of the displaced population is conducted regularly and information from partners will also be compiled.

			<p>The IFRC will be called upon for support to assess any important information on the Burkina Faso side that could change the dynamics of the situation as currently described. If the emergency persists or becomes permanent, the National Society will intensify its advocacy efforts to establish a synergy mechanism for grouped interventions to contain the situation. There will also be a call-out procedure in the event conditions becomes protracted.</p> <p>The complexity of this forced migration in the region is likely to continue in the future and extend beyond the scope of the DREF operation. Currently and in the coming weeks, the TRC, with technical support from the IFRC and in coordination with Movement and country partners, is working on providing more longer-term support to the communities.</p>
Procurement volume	Possible	Moderate	A specialist in charge of procurement has been deployed to ensure compliance and respect of procedures in the procurement process. He has been instrumental in accelerating the ongoing procurement process.

Quality and accountability

The TRC emphasises quality and accountability in the implementation of short- and long-term operations, ensuring SOPs and the use of implementation guides and manuals, as well as providing training and supervision.

In this operation, the following actions will be implemented: Completing the child safeguarding risk analysis; having in place screening, briefing and reporting systems; mapping and testing referral pathways; ensuring community feedback mechanisms; and promoting child friendly information and participation.

Sector	Indicators	Target	
Shelter	# of people reached with shelter assistance in the response period	19,441	
Livelihoods	# of targeted households (and people) reached with food (in-kind)/CVA	58,000	
	# and % households receiving cash transfers/ vouchers from the RCRC are satisfied with the amount received	6,000	
	Satisfaction is measured on a Likert scale from 1-5, where 1 is least satisfied and 5 is most satisfied		
Health	# of people who receive mental health and psychosocial services in emergency situations from the RCRC Psychosocial services include psychological first aid, linking people with psychological problems or resources and services, case management, psychological counselling, psychotherapy or other psychological interventions	58,000	
	# of club 25 members engaged in peer-to-peer activities, and sporting games	TBD	
	# of anti-drug abuse campaigns conducted	TBD	
	# of vaccination teams supported for vaccine intensification campaigns	TBD	
	# of NDRTs and volunteers trained on EPiC	260	
	# of people reached with health promotion activities related to NCD management in emergencies	58,000	
	# of eligible children mobilised for routine vaccination	TBD	
	# of malnourished children screened and referred for therapeutic feeding	TBD	
	# of pregnant women and lactating mothers who received CVA for supplementary feeding	1,200	
	# of people reached with first aid and pre-hospital care by trained RCRC volunteers or staff in a crisis, disaster, or conflict Disaggregated by sex, disability, migrant/IDP/ refugee, and age where known (if limited age information, include 0-17, 18-64, 65+).	TBD	
	# of CHWs trained and mobilised for health care service delivery	100	
	# of medical outreach sessions conducted	10	
	# of first aid posts established and equipped	10	
	# of people reached with epidemic prevention and control activities/health promotions as a response to an emergency by community-based volunteers Health promotion' and CBHFA – community-based health and first aid - include non-hardware WASH, sexual and reproductive health, family planning promotion, nutrition and breastfeeding promotion, and immunisation promotion	58,000	
	WASH	# of people targeted for WASH assistance in the response phase	58,000
		# of households that have received hygiene kits	3,000
		# of people reached with hygiene promotion messages	58,000
# of community sanitation campaigns conducted		12	
PGI	# of people reached by protection, gender, and inclusion services	58,000	
	# of protection incidents (SGBV, child protection, or other) reported via the IFRC protection monitoring report	TBD	
	# of referrals made (SGBV, child protection, or other) via a common referral pathway	TBD	

	# of children reunified with their families	TBD
	# of PGI booklets reproduced and distributed to volunteers	1000
CEA	# and % of complaints or feedback about the RCRC operation which receive a response through established community communication	TBD
	% of community members who feel the support provided by the programme is helping them to become more self-reliant/live without support in the future	58,000
	% of people surveyed who report receiving useful and actionable information through different trusted channels	TBD
	# of live call-in radio sessions conducted	50
	# of radio and TV slots for jingles	40
	# of targeted advocacy campaigns conducted	40
	# of branches that conducted a perception survey	12
	# of paid media adverts engaged	05
Migration	# of people reached through humanitarian service points (migrants and displaced people)	TBD
	# of people reunited with their families through RFL services	TBD
Coordination and Partnerships	# of external partnership meetings attended supporting the National Society in the response	5
	# of regular coordination mechanisms conducted with all Movement partners	2
NSD	# of volunteers working on the project with health, accident, and death insurance	400
	# of NDRTs deployed to support the Emergency Response in the affected provinces	04
Secretariat Services	Global and regional surge	7
	Federation-wide reporting set up by PMER	1
	Risk register set up, mitigation measures identified and monitored once per month.	Monthly
	Communications support provided - communication working group for movement members in country (ZRCS, ICRC & IFRC) will be activated and coordinated	1
	# of updated security assessments by province	1

FUNDING REQUIREMENT



OPERATIONAL STRATEGY

MDRTG010 - Togo Red Cross POPULATION MOVEMENT

FUNDING REQUIREMENTS

Planned Operations	2,884,000
Shelter and Basic Household Items	895,000
Livelihoods	822,000
Health	637,000
Water, Sanitation & Hygiene	252,000
Protection, Gender and Inclusion	31,000
Migration	110,000
Community Engagement and Accountability	137,000
Enabling Approaches	1,116,000
Coordination and Partnerships	56,000
Secretariat Services	521,000
National Society Strengthening	539,000
TOTAL FUNDING REQUIREMENTS	4,000,000

all amounts in Swiss Francs (CHF)

Contact information

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

At the Togo Red Cross National Society:

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- **Operation Coordination:** Dr. Assih M. Esoyodina, DM, email: essoyodina@gmail.com, phone: +228 90249378

At the IFRC:

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- **IFRC Country Cluster Delegation:** Bhupinder Tomar, Head of Delegation; email: bhupinder.tomar@ifrc.org; phone: [xx]
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For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

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Reference



Click here for:

- Previous Appeals and updates