



Economic and Social Council

Distr.: Restricted
28 June 2007
English
Original: French

For action

United Nations Children's Fund

Executive Board

Second regular session of 2007

5-7 September 2007

Item 3 (b) of the provisional agenda*

Draft country programme document**

Togo

Summary

The draft country programme document for Togo is presented to the Executive Board for discussion and approval. The Executive Board is requested to approve the aggregate indicative budget of \$16,050,000 from regular resources, subject to the availability of funds, and \$2,529,000 in other resources, subject to the availability of specific-purpose contributions for the period 2008 to 2012.

* E/ICEF/2007/13.

** In accordance with decision 2006/19 (E/ICEF/2006/5/Rev.1) of the Executive Board, the present document will be revised and posted on the UNICEF website no later than six weeks after the discussion of country programmes at the session of the Board. It will then be adopted by the Executive Board at its first regular session of 2008.

<i>Basic data[†]</i> <i>(2006 unless otherwise stated)</i>	
Child population (millions, under 18 years)	3.2
U5MR (per 1,000 live births)	111
Underweight (% moderate and severe)	26
Maternal mortality ratio (per 100,000 live births, 1993-1998)	480
Primary school attendance (% net, male/female)	77/72
Primary schoolchildren reaching grade 5 (%)	92
Use of improved drinking water sources (% 2004)*	52
Adult HIV prevalence rate (%)	3.2
Child work (% , children 5-14 years old)	29
GNI per capita (US\$)	350
One-year-olds immunized against DPT3 (%)**	82
One-year-olds immunized against measles (%)**	70

† More comprehensive country data on children and women are available at www.unicef.org.
According to the 2006 multiple indicator cluster survey:
Use of improved drinking water sources = 59%
DPT3 = 65%
Measles = 63%.

1. Togo has been the scene of a succession of political and social upheavals for over 15 years that have brought about a drastic decline in development assistance and the progressive deterioration of social services, with considerable impact on the situation of the most vulnerable groups, women and children in particular. Even though a rapid return of donors to the country is expected with the forthcoming legislative elections that will complete the implementation of the 22 commitments that Togo has made to the international community, the situation remains fragile and is marked by weakness in social policy.

2. With a population of 5,884,000, 60 per cent of which is under 20 years old, Togo has a poverty rate estimated at 70 per cent according to the 2006 Core Welfare Indicator Questionnaire (CWIQ). In rural areas, the poverty rate is 81 per cent and four of the country's five regions (Savanes, Central, Kara, Maritime) have a poverty rate above the national average. According to the same survey, public expenditure allocated to agriculture has dropped from 4 per cent of the national budget in 1995 to 2 per cent in 2003, and if this percentage is not quickly raised and maintained at 10 per cent, it would appear to be difficult to eradicate extreme poverty by 2015.

3. From 1998 to 2006, the infant mortality and infant and child mortality rates have dropped from 80 to 77 per 1,000 live births and from 146 to 123 per 1,000 live births. The neonatal mortality rate remains very high (29 per cent of infant and child mortality) and remains a major challenge. Child mortality is essentially due to lack of access to care, malaria, acute respiratory infections, diarrhoeal diseases, measles, AIDS, low birthweight and nutritional deficiencies. The level of maternal mortality remains a matter of concern. With a rate of low birthweight at 26 per cent and emaciation at 14 per cent in 2006, the nutritional status of children from 6 to 59 months also remains critical.

4. The HIV/AIDS prevalence rate, after peaking at 6 per cent in 2000, is currently estimated at 3.2 per cent among the sexually active population from 15 to 49 years old. It should be noted that: a) 110,000 adults and children are living with HIV, including 9,700 children from 0 to 14 years old; b) 9,100 adults and children have died of AIDS; and c) the epidemic has orphaned 88,000 children from 0 to 17 years old.

5. The rates of access to safe drinking water and sanitation, 58 per cent and 32 per cent respectively for the country as a whole, are characterized by significant differences among areas of residence. In urban areas these indicators are 88 per cent and 32 per cent, compared with 40 per cent and 10 per cent in rural areas, according to the 2006 multiple indicator cluster survey (MICS). The health-care system suffers a chronic lack of human resources, inadequate technical diagnostic equipment and a lack of supplementary specialized care. All this reflects a policy weakness in this sector, under-financed by the State and handicapped by a direct payment system that limits the possibilities for reducing the financial burden on households. According to estimates contained in the first report of Togo on the Millennium Development Goals, Goal 5, improving maternal health, could be achieved by 2015 if more sustained efforts were made in mobilization of financial resources and good governance.

6. With regard to education, the net rate of primary school attendance is 75 per cent, but it is higher in urban areas (89 per cent) than in rural areas (68 per cent). However, the disparity between net primary school attendance rates for girls (72 per cent) and boys (77 per cent) is not large. According to the MICS, Togo can provide education for all by 2015 if the Togolese State takes appropriate policy measures in the educational sector to improve the lack of internal effectiveness of the educational system, which is demonstrated by high rates of repetition, dropouts and a decline in school performance because of lack of motivation for teachers, especially those termed “auxiliary”, and State disengagement from the public sector in favour of the private sector. Under these conditions, parents of students pay high fees, especially in the most disadvantaged areas, either by paying for certain categories of teachers or by parallel charges above the school fees to support costs that are the responsibility of the State, at all educational levels. In other words, the essential elements of an educational policy to enable Togolese children, especially the most disadvantaged, to be prepared, have access to education and complete primary school, are far from being in place.

7. In the area of child protection, Togo is facing serious challenges, the greatest of which is a lack of quantitative data disaggregated according to various forms of rights violations. There is awareness, nevertheless, that trafficking in children is spreading, all the more so because the profile of the worst forms of child labour underlying it (30 per cent according to MICS) is not clearly defined and the national response is still insufficient and piecemeal. According to those sources, close to 22 per cent of children are not registered at birth. Violence against children, female genital mutilation (6 per cent), forced and/or early marriage (28 per cent of marriages before 18 years of age), psychological and/or physical punishment (90 per cent) and other maltreatment, persist. This situation is reinforced by the lack of a coordinated system of juvenile justice, and more generally, by the lack of a national policy of protection, including social protection for children.

Key results achieved and lessons learned from previous cooperation, 2002-2006, 2007

Key results achieved

8. In the area of health, maternal and neonatal tetanus has been eradicated mainly due to the contribution of UNICEF to the implementation of supplementary vaccination campaigns in high-risk districts and the “reach every district” approach conducted in collaboration with the World Health Organization (WHO). There has been no further transmission of wild poliovirus in the country since 2003. The eradication of problems due to iodine deficiency has also been confirmed, as well as an improvement in the coverage of three doses of the combined diphtheria/pertussis/tetanus (DPT3) vaccine, which rose from 41 per cent in 2000 to 65 per cent in 2006 (MICS).

9. At the level of support to community initiatives, community mobilization around the elaboration of village plans of action encouraged by UNICEF, with the participation of women and youth, brought about the adherence of partners and led to the identification of a consensual framework for providing integrated basic services to the people, which takes into account the specific problems involving children.

10. Children’s net rate of school attendance has improved considerably in the country as a whole, rising from 63 per cent to 74 per cent for the period 2002-2006. The parity index (of the net school attendance rate) has increased from 0.79 to 1. In the three most disadvantaged regions targeted by the programme, the rate rose by 11 per cent, reaching an average rate of 65 per cent. The parity index in the three targeted regions increased by 15 points, reaching an average of 0.96. These successes were possible in part because access was facilitated for 75,500 children in 377 schools (giving preference to girls), the rehabilitation of 35 schools, installation of separate latrines and water points, and teacher training.

11. With regard to child protection, the programme, alongside other partners like Plan International, supported the efforts of the Government to create an environment of protection for Togolese children: adoption of the draft Children’s Code by the Government and a vote on the law on trafficking in children (training was held for all the social and professional groups involved). Furthermore, a study on violence, abuse and sexual exploitation of children in Togo was conducted. In emergencies, child victims of social and political unrest were given assistance and the security forces were trained in the rights and protection of children before, during and after conflicts.

12. The programme strengthened the national and regional capacity of bodies responsible for monitoring the major international commitments made by Togo, through training, making available to officials of the statistical service methodological tools for analysis, drafting of analytical reports and dissemination of information. The adoption of DevInfo by the Government and United Nations system agencies falls into this category.

Lessons learned

13. One of the comparative advantages of the UNICEF-Togo cooperation programme over the past two cycles has been its significant anchoring at the

community level. However, the 2006 annual review concluded that overestimation of the capacity of communities and families to provide a local contribution to the operating costs of the services established had limited the scope of the results. Seeking alternative facilities for mobilization of funds from local counterparts appears necessary.

14. Support in the form of school supplies and fees during the first three years of school to improve the enrolment rate in target zones, particularly for girls, has shown its limitations. It was noted during the midterm review that school attendance declines once the support ends, while the remaining years are critical for quality education. In parallel, strengthening of mechanisms to guide the educational system and follow-up will be necessary, in particular at the regional level and for inspections.

15. In view of the emerging problems involving protection, this component of the cooperation programme, which was just a sub-project, was made into a project after the 2004 midterm review, in order to make it more robust and effective. But in the light of the past two annual reviews, it appears that none of the results achieved in this area could be sustainable without coordinated action at the governmental and non-governmental levels. The efforts made in this direction since then with the support of government officials at the highest levels have not yet been completely successful, and the new programme should pay particular attention to this issue.

The country programme 2008-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	5 540	15 101	20 641
Basic education and gender equity	3 560	5 042	8 602
Child protection	2 675	4 335	7 010
Social policy and partnership	3 075	2 535	5 610
Cross-sectoral costs	1 200	—	1 200
Total	16 050	27 013	43 063

Preparation process

16. The programming process for the 2008-2012 cycle began in June 2006. This was a participatory process that allowed, within the working groups established for this purpose, major involvement and contributions by government officials, United Nations system personnel, civil society, non-governmental organizations (NGOs) and national development partners.

17. In the place of the common country assessment, the Government and its partners have used the results of the needs assessment conducted through two major surveys (MICS and CWIQ) ordered in 2006 for the preparation of its national development strategy focused around the Millennium Development Goals.

Supplementary studies on protection of vulnerable groups, reconciliation and crisis prevention have also been conducted.

18. The new cooperation programme was prepared in continuity with the work on the United Nations Development Assistance Framework (UNDAF). The appointment by the Government of the General Coordinator for the Togo-UNICEF cooperation programme as Coordinator for the Paris Declaration and contact for the United Nations system for the elaboration of national Millennium Development Goals strategies facilitated ownership of the process by governmental partners.

19. UNICEF worked in close cooperation with the team from the Office of the High Commissioner for Human Rights to ensure that the strategic choices responded to the demands of an approach promoting human rights. Thus, the draft country programme description takes into account the recommendations in the reports of the Committee on the Rights of the Child (January 2005) and the Committee on the Elimination of Discrimination against Women (March 2006), in particular the legislation on data collection and analysis, abuse and violence, maternal and child mortality and early childhood development, as well as community health care and compulsory primary education.

Goals, key results expected and strategies

20. The goal of the cooperation programme is to support government efforts for the progressive realization of the rights of the child to survival, development, protection and participation. According to the situation analysis described above, this requires strengthening the country's capacity to develop social policies based on analysis of economic, social and budgetary disparities.

21. By 2012, the cooperation programme will contribute to the achievement of four key results arising from the poverty reduction strategy paper (PRSP) and UNDAF, especially in the most disadvantaged communities: (a) a 15 per cent reduction in the infant and child mortality rate; (b) equal and easy access for all children to free quality education; with 95 per cent of children completing primary school; (c) children will enjoy a legal environment with stronger protections and the most vulnerable will be protected from all forms of violence, abuse and exploitation; and (d) social and economic policies as well as family and community practices will respect the principles of human rights and gender equality and will promote the enjoyment of the rights of children and women.

22. **Key strategies.** The programme will centre around three strategies: (a) at the macro-policy level, an ongoing dialogue will be established for the elaboration of adequate social policies, including human resources development policies in the social sectors, implementation of reforms and sectoral approaches, and for inclusion at the policy level of cost-effective strategies with proven impact. This dialogue will take place in all components of the programme, through advocacy based on data and aimed at mobilization of financial, political and legislative support to benefit the most disadvantaged. This calls for the strengthening of the role and professionalization of UNICEF support in these areas; (b) at the national level, the programme will give priority to large-scale interventions (national coverage) with proven impact, in order to contribute to the short-term improvement of the vital indicators for the largest possible number of children and women and to accelerate the achievement of the Millennium Development Goals. This will be accompanied by strengthening of institutional capacity at the central, intermediate and peripheral

levels; (c) at the local level, in the most impoverished regions, the programme strategy will have two parts: (i) contribute to national coverage in quality basic social services, responding to priority needs, rights violations, and the low capacity of the most vulnerable, disadvantaged and excluded communities and families; and (ii) conduct pilot interventions with a view to developing and validating innovative strategies that can serve as a basis for national policies or be replicated by partners.

Links with national priorities and UNDAF

23. The key results expected from the programme will contribute to the realization of the strategic impacts of UNDAF 2008-2012, which retained three out of the four government priorities expressed in the PRSP. In the first priority area, which is combating poverty, the new programme will contribute to the establishment of the legal, institutional and economic conditions for income generation and enhancement for the most vulnerable families, and improved access by the poor to productive resources. In the second priority area, development of social sectors and human resources, which will absorb the majority of the resources and efforts in the new programme, the contribution will be focused on improving access to education and keeping children (girls and boys) from 5 to 15 years old in school until the end of the primary grades, improving access to quality health-care services, particularly in rural and peri-urban areas, intensification of HIV/AIDS prevention, treatment, care and support, and strengthening the prevention and protection of the most vulnerable groups against violence, abuse and exploitation. Finally, in the third priority area, which is good governance, the programme will help to strengthen democratic institutions and principles while taking into account gender equality, create an environment to promote the rights of the child, monitoring policies and international commitments in the area, as well as strengthen capacity in economic management for the State, the private sector and civil society.

Links with international priorities

24. By stressing child survival and development, basic education, social policies and partnership, the new programme will contribute to the achievement of specific targets in the UNICEF medium-term plan in these fields. Likewise, the strategy choice to make child protection a major programme component represents a major contribution to the plan for the future contained in the report of Togo on the follow-up to the resolutions resulting from the special session on children entitled "A world fit for children", which focuses essentially on child protection. The relationship of the new programme with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Millennium Development Goals (Goals 1, 2, 3, 4, 5, 6 and 8 in particular) is established in the preceding paragraphs. As specified in UNDAF, UNICEF cooperation in all these fields will be substantially supported by WHO, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the Office of the High Commissioner for Human Rights.

Programme elements

25. The four major components of the cooperation programme will support analysis of national policy, development of strategies and building capacity of the main government institutions at the national and decentralized levels. The

programme will target the most disadvantaged areas in the four regions designated by UNDAF. Interventions relating to HIV/AIDS, early childhood and youth will be integrated into all the components. This will also be the case for emergency preparedness and response, where activities will be developed in all sectors, in accordance with the UNICEF mandate as defined in the principle of sectoral responsibility.

26. **Child survival and development.** The programme will contribute to the development and operationalization of national policies taking into account the high-impact integrated approaches aimed at reducing the infant and child mortality rate from 123 to 108 per 1,000 live births. It will have three components: child health; nutrition; and water, hygiene and sanitation. The maternal and neonatal health aspects will be considered in each of the three components.

27. The child health component will be aimed at expanding strategies for integrated care for diseases of children and infants, prevention of mother-to-child transmission of HIV (PMTCT) and paediatric care through organizing and strengthening the capacity of families and community structures. The expected results of this component are: (a) immunization coverage rates (DPT3), deworming and vitamin A supplementation rates raised to 90 per cent; (b) availability of an institutional and technical framework to ensure that 80 per cent of women receiving prenatal care practice PMTCT and 80 per cent of children exposed or infected receive cotrimoxazole and/or antiretroviral treatments; 60 per cent of children under 5 years old sleep under insecticide-treated mosquito nets; 50 per cent of cases of severe malnutrition in children under 5 years old are treated according to the national protocol. The nutrition component will furnish a full and integrated package for the care of 50 per cent of cases of severe malnutrition in children under 5, combating micronutrient deficiencies, and the rate of exclusive breastfeeding during the first six months of a child's life with quality food supplements will reach 60 per cent. The water, hygiene and sanitation component will aim at strengthening national strategies to ensure sustainable access to water, hygiene and sanitation in 386 communities using an integrated services approach, raising the use of sources of safe drinking water by the population in the programmes' zones of intervention from an average of 53 per cent to 65 per cent, and for 20 per cent of schools and 30 per cent of health centres to have adequate water, hygiene and sanitation services.

28. To achieve these results, the programme will promote several strategies: a policy dialogue and support to formulation of sectoral policy (elaboration of a new national programme for sanitation development based on integrated high-impact health and nutrition strategies, a national policy for early diagnosis of HIV and a national PMTCT/paediatric HIV/AIDS care programme) and operationalization of the national water and sanitation policy; advocacy, partnership and mobilization of resources to raise the level of interventions in health, nutrition, water and sanitation from an integrated approach; strengthening the capacity of the Primary Health Care Directorate, regional and prefectural teams, communities and families to implement integrated child survival interventions; social mobilization and communication for social change.

29. The programme will be executed in partnership with the Ministry of Health, Water and Sanitation and of Social Affairs for coordination and follow-up to interventions, as well as with FAO, WHO, the World Food Programme, UNFPA, Plan Togo, AWARE, the European Union and the French Development Agency for

implementation of joint projects in health, nutrition, water and sanitation, and civil society organizations to provide specialized services.

30. **Basic education and gender equality.** Under the national plan for education for all, the programme will help to ensure that all children have access to quality education and finish primary school. More specifically, it will raise the net school attendance rate from 75 per cent to 95 per cent by 2012, increase the rate of retention at primary level from 69 per cent to 95 per cent and achieve and maintain a parity index of 1. The programme will have two components: institutional and strategic support; and model for providing quality education.

31. The institutional and strategic support component will aim at institutional and operational strengthening of the education sector through improvements in sectoral policy, capacity-building in planning and sectoral and operational coordination at all levels (macro-, meso- and micro-), strengthening of information management and logistics systems to make the basic processes for providing services operational down to the community level. The model for providing quality education component will be developed at the peripheral levels of the system with the provision of an essential quality learning package as its main element. Through this component the programme will provide at a limited number of sites all the inputs necessary to successfully operationalize the policies and strategies defined in the first component, and to strengthen the capacities of parents and community-based organizations to guarantee quality educational services. This component will allow lessons learned and best practices to be reviewed which can guide its expansion to the next level.

32. At the strategic level, the policy dialogue will be concentrated around the establishment of a coherent and comprehensive sectoral policy and the abolition of school fees. At the national and regional levels, strengthening of the guidance and administration systems to deliver quality educational services down to the primary level will be a priority. In the most disadvantaged areas, a model of quality basic education will be developed, in partnership with community-based organizations and civil society.

33. Particular emphasis will be placed on partnership at all levels of the programme under the United Nations Initiative for Girls' Education and strengthening of sectoral coordination. The main partners will be the Ministry of Primary and Secondary Education and its specialized or geographical divisions. Specific technical partnerships will be developed with the European Union, the French Development Agency, NGOs such as CARE, Plan Togo, Aid and Action, and the Regional Centre for Low-Cost Drinking Water and Sanitation. Partnership with civil society will also be promoted.

34. **Child protection.** This programme will strengthen the environment of protection for all Togolese children, especially the most vulnerable, against all forms of violence, abuse and exploitation. Two principle effects are expected: (a) a legal framework and systems for enforcement of the law offering improved response capability will be established; and (b) around 15,000 vulnerable children, including orphans and children affected by HIV, will benefit from a minimum package of services. The programme will have two components: policy and legislation; and social protection for vulnerable children.

35. The policy and legislation component will provide support for the elaboration and updating of laws and policies intended to strengthen the legal framework for child protection. The capacity of the Government to develop enforcement mechanisms for laws promoting child protection will be strengthened. UNICEF will build the capacity of other actors, including children. A juvenile justice system will be established.

36. The social protection for vulnerable children component will develop a community-based model for prevention and response to violations of children's rights, guided by an effective data collection system integrated into existing social services. Locally accessible systems for appropriate medical, psychosocial and legal assistance will be established, and the capacity of service providers and support for community initiatives will be strengthened to provide better care for child victims, especially with regard to trafficking in children, violence, abuse and exploitation, children affected by HIV and birth registration. With the combined efforts of the World Bank, other partners and civil society, a national social protection policy will be developed and implemented.

37. The main partners will be the Ministries responsible for child protection, the Ministry of Social Affairs and the Ministry of Justice. Networks such as the Forum of Organizations for the Protection of the Rights of the Child, the Togo Network to Combat Trafficking in Children, the network of shelters for vulnerable children and the NGOs Plan Togo, the World Association for Orphans and Abandoned Children (WAO Africa), CARE, the International Bank for Economic Cooperation and the International Federation — Terre des Hommes will be partners in efforts to strengthen the capacity of families and beneficiaries. Under UNDAF, the partnership will include the International Labour Organization, UNDP, UNFPA and the World Bank on social protection issues. The partnership with the European Union (modernization of justice, establishment of a juvenile justice system) will be strengthened. The partnership begun with UNICEF committees to combat violence, abuse and exploitation and with the Belgian Government on trafficking in children will be maintained.

38. The principal programme strategies will be: (a) policy dialogue and technical assistance for the development and effective implementation of new policies and systems (Children's Code, national plan of action to combat violence against children, or for orphans and vulnerable children, etc.); (b) strengthening of institutional capacity at all levels for better coordination of the response to rights violations; and (c) advocacy and social mobilization as well as provision of services to care for child victims of violence, abuse and exploitation.

39. **Social policy and partnership.** Togo has difficulty in respecting civil, political, social, economic and cultural rights and in applying the international human rights instruments the country has ratified. In order to achieve this, the programme will aim at the following results: (a) decision makers, national institutions and civil society will apply human rights principles, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and gender equality in the allocation and monitoring of the execution of budgets for social programmes to benefit children and women; (b) the capacity of national bodies in the collection, analysis and dissemination of data will be strengthened for the development of advocacy, policies and programmes to benefit children and women; and (c) knowledge and resources for the

implementation of the cooperation programme will be mobilized through advocacy and policy dialogue. In the most disadvantaged areas, families and communities, especially youth, will have increased access to information and will welcome positive social change. The programme has three independent components.

40. The social policy component will aim at utilization of information for analysis of social and economic policies and their related budgets from a human rights perspective. The key actions planned are national capacity-building and development of tools and mechanisms for social and budgetary policy analysis.

41. The monitoring and evaluation component will provide information so that government decisions can be taken on the basis of an analysis of the situation. National and local capacity will be strengthened in all the programme components in order to reach vulnerable families and children. Strengthening of the integrated system for collection of sectoral data and utilization of DevInfo will guide the analysis of the impact of social and budgetary policy on children and strengthening of the early warning and crisis management system.

42. The communication for development programme is aimed at the development and implementation of a plan for advocacy and integrated communication to support debate on the situation of children within the decision-making bodies of key sectors. This component will foster commitment by the authorities and the desired social change in favour of the well-being of children and women. It will endeavour to develop an effective partnership with the media, political leaders, community-based organizations and civil society. In addition, this component will strengthen the capacity of youth in skills for contemporary life and will develop behaviours within families and communities conducive to a reduction in HIV transmission.

43. The **cross-sectoral costs** will cover the operational costs not directly related to project activities, salaries and staff travel, training and acquisition of office equipment.

Major partners of the cooperation programme

44. Collaboration within the United Nations system will be at the heart of the cooperation programme, in particular surrounding the DevInfo joint programme and common strategies to achieve the Millennium Development Goals, especially in the most disadvantaged areas. UNICEF will continue to participate in the reforms and initiatives in progress in the country, including the development and implementation of sectoral strategies and global financing mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Strategic partnerships will be pursued with the World Bank, the European Union, the United States Agency for International Development, the media, traditional chiefs, youth associations and NGOs like Plan International. Leveraging of resources will be developed towards the European Development Fund, and the partnership with national committees for UNICEF and the French Development Agency will be strengthened.

Monitoring, evaluation and programme management

45. The Government, national partners and the United Nations system country team have chosen a series of indicators for monitoring of country programmes and the effects of UNDAF. This monitoring covers programme activities, coordination and the functioning of thematic groups. A midterm and end-of-cycle evaluation of

UNDAF will measure the performance of the United Nations team and the quality of the partnership. The integrated plan for monitoring and evaluation (PISE) of the Togo-UNICEF programme that will be elaborated will come under this heading. It will be looked at during annual reviews, at the midterm and at the end of the cycle. Recommendations from the studies will be fed into the annual workplans and managerial decisions. Regular reports from DevInfo on progress towards Togo's international commitments will be produced.

46. Management of the cooperation programme will take place as part of UNDAF. A steering committee made up of representatives of the ministries involved in the implementation of each programme and UNICEF administration will monitor and review the cooperation programme as a whole, under the chairmanship of the Ministry of the Economy and Development. The steering committee supervises and provides oversight to the sectoral coordination committees responsible for managing each programme component. Under the responsibility of the Ministry in charge of each sector, the sectoral coordination committee will gather together the representatives of national, regional and local institutions. Working groups will be established for the coordination of intersectoral components of the programme like HIV/AIDS, emergencies, health care and youth development. Collaboration and joint follow-up with the decentralized planning committees (regional and local planning committees) and village development committees will be strengthened. The UNICEF office will provide management and monitoring of activities through field visits and decentralized and national reviews. Quarterly meetings will be held to monitor the annual workplans and the PISE. Quality indicators for programme performance will be analysed during the monthly and annual reviews of the office management team.
