Executive Summary

Following technical approval of a Social Protection Policy in 2012, progress came to a standstill due to a Cabinet reshuffle. After legislative elections in September 2013, new ministers for Labour and Social Action were appointed. Subsequently UNICEF, co-Chair with the Minister for Labour of the Social Protection Committee, rekindled the development of a Social Protection Strategy and detailed budget. The Ministry approved both documents.

The Day of the African Child was commemorated by the reading of a Declaration by the Togolese President of Traditional Leaders. The Declaration commits traditional leaders to work towards discontinuing harmful practices including infanticide, early marriage and the confinement of children in convents. The Declaration concluded a nationwide consultation and is supported by a UNICEF communication strategy.

As of December 2013, approximately 60 per cent of children living in rural communities in Togo’s two northernmost regions accessed high-impact health interventions through community health workers (CHWs). These regions exhibit the highest levels of child mortality and multidimensional poverty in Togo. A 2013 evaluation indicated that 79 per cent of sample households viewed CHWs as their primary point-of-call in cases of child illness; 91 per cent were satisfied with the quality of service. Seasonal Malaria Chemoprevention was implemented in four Sahelian climatic districts for the first time in 2013, achieving high coverage. Incidence rates amongst targeted children decreased from 3 per cent in round one to 0.2 per cent in round three. Data from an impact study is being analysed.

Moving ahead on system reform in the Health sector has been difficult. Despite a promising study visit to Rwanda focusing on performance-based schemes/universal access to health care, progress has stalled. Bottleneck identification, analysis and development of corrective actions are the sequence relied on in Health and Education, and within the birth registration component of Child Protection. Routine collection of accurate quantitative information remains challenging, notwithstanding UNICEF’s technical support and capacity development efforts. Innovative approaches using mobile technology are hindered by the high cost and limited coverage.

A measles campaign in four regions, which reached 96 per cent of 1.7 million targeted children (aged nine months to nine years), was constrained by limited funding and late planning. The funding level resulted in coverage of only four regions. This had a knock-on effect on bi-annual Vitamin-A supplementation, which for the second year running was only partially implemented.

Partnership with the Pan-African Organisation against HIV/AIDS (OPALS) strengthened the quality of PMTCT services, improved supervisory skills of district teams and simplified HIV-positive children’s access to ARV treatment.

The National Sanitation Committee invited UNICEF to sign a MoU with the Global Sanitation Fund for a CLTS programme aimed at providing ODF villages for 1.2 million inhabitants.

Partnership with the World Bank evolved and includes joint work on social protection, a cash transfer programme and impact study, Health and Education and analysis of social budget expenditure.

Country Situation as Affecting Children & Women

Togo’s population, estimated at 6.7 million, is growing by 2.8 per cent annually (National Census 2011, Ministry of Planning and Development). Under-15 year olds make up 42 per cent of Togo’s population, while women of reproductive age (15-49) make up 49 per cent. The rural population represents 62 per cent of the total population.

Parliamentary elections were held on July 25th 2013, nine months behind schedule. Togo’s ruling party won 62 of 91 seats.

Economic conditions in Togo have improved: real growth accelerated to 5.5 per cent in 2013, from 4.8 per cent in 2011. Growth is expected to rebound to average 6 per cent over the next three years. Inflation in the first semester of 2013 remained at 2.7 per cent; slightly above 2012’s rate of 2.6 per cent.

Poverty rates decreased from 61.7 per cent to 58.7 per cent (2006-2011) but did not compensate for population growth: 340,000 more people were living in poverty, including 73 per cent of the rural population. The northernmost Savanes region experiences the highest poverty levels at 91 per cent (2011), up from 87
per cent in 2006. The proportion of those in absolute poverty rose from 28.6 per cent to 30.4 per cent between 2006 and 2011. Child poverty levels (64 per cent) exceed overall poverty levels (58.7 per cent) due to poorer families having more children. Economic growth has not benefited the poor: the wealthiest quintile increased consumption 10 per cent, whereas the poorest quintile decreased consumption at a similar rate. The Gini passed from 0.36 in 2006 to 0.39 in 2011. Togo (HDI= 0.459) ranks 159/185 on the 2012 Human Development Index. Thirty-two per cent of children under-five experience four 'multidimensional aspects' of poverty; 76 per cent of children in rural areas experience three or more. Children living in Kara, Savanes and Plateaux region are most deprived in health, water and sanitation. Seventy per cent of rural children aged 5-17 experience three aspects of deprivation, compared to 16 per cent in urban areas. Over 70 per cent of all children in Togo are unprotected from violence.

The IMF and Togolese Government reached a Staff-Level Agreement in 2013, paving the way for a three-year Extended Credit Facility of over US$82 million for Togo's economic programme. The EU announced the release of US$19 million of budget support for 2013 and the African Development Bank plans to disburse US$30 million for 2014. The Government adopted a “Strategy for Accelerated Growth and Employment” (SCAPE) and partially developed its priority action plans. The 2013 social sector allocation appeared to be disconnected from the PRSP commitment of 37 per cent of the budget, at just 24.0 per cent, falling from 26.2 per cent in 2012. The Education sector was allocated 15.4 per cent of the budget (16.3 per cent in 2012) and the health sector received 6.5 per cent (6.7 in 2012). A social protection strategy has been developed to support PRSP implementation. Lower social spending allocation threatens improved social indicators, particularly MDG targets.

A 2013 education sector analysis from QUIBB 2011 and MICS 2010 indicated 93 per cent probability for an age cohort to access primary education. Around 150,000 primary school age children were not enrolled in school. Up to 89 per cent live rurally, up to 43 per cent have families in the poorest wealth quintile, 25 per cent reside in Savanes, 31 per cent reside in Plateaux and 57 per cent are girls. Thirty per cent of girls will not finish primary school. Under-five mortality rate (USMR) remained static between 2006 (123/1000) and 2010 (124/1000), with higher USMR in Kara (167/1000) and Savanes (144/1000). Stunting rates are (44 per cent) in Savanes region (30 per cent national average). The 2012 EmOC inventory reported that: emergency obstetric care (EmOC) services are scarce: fewer than three facilities per 500,000 inhabitants (normally 5/500,000). The absence of: i) utilisation of vacuum extraction; ii) adequate treatment of hypertensive disorders in pregnancy; iii) adequate skills for manual removal of placental rests; iv) and adequate new-born care are among the main contributing factors. 2013 has seen numerous health personnel strikes: since September the health ministry has functioned directly under the Prime Minister’s office, slowing system reform initiatives. Community-based, UNICEF-supported interventions in Kara and Savanes cover about 60 per cent of rural communities previously without health services. A 2013 evaluation reported that: 79 per cent of households consider community health workers as their first resort if their child is sick and 91 per cent are satisfied with the service quality. Weaknesses remain in managing supplies of essential health commodities. The 2013 UNAIDS report estimated Togo’s HIV prevalence at 2.9 per cent. About 90 per cent of eligible Maternal and Child Health Centre (MCH) facilities (627 facilities) were providing Prevention of Mother-to-Child Transmission (PMTC) services by the end of 2013. Sixty-one per cent of pregnant women attending ANC were tested for HIV, up from 28 per cent in 2011; among those who test positive, 86 per cent received ARVs, up from 48 per cent in 2011. Fifty-two per cent (2118/4044) of children born to HIV+ pregnant women received ARV treatment, while a total of 1,532 new-borns benefited from early diagnosis (38 per cent of annual target). Some 2,098 children under 14 (24 per cent) were accessing treatment in 2013 (7 per cent of the total number of patients under treatment). The National Plan for the Elimination of the Mother to Child Transmission and its budget were validated in December 2013. The plan includes a progressive phase-out of the A protocol for PMTCT towards B and B+ protocols. Fifty-eight per cent of the population has access to clean water (39 per cent rural; 89 per cent urban); 38 per cent of the population has access to safe sanitation facilities (12 per cent rural; 73 per cent urban) (MICS: 2010). Southern Togo remains very vulnerable to cholera outbreaks. In 2013, 168 cases of cholera and seven deaths were reported. The expansion of ‘Community-Led Total Sanitation’ means that over 106,808 people now live in “Open Defecation Free” villages. With funding from the Global Sanitation Fund, ODF residents should surpass 1.2 million by the end of 2016. Some 17 per cent of children under the age of 18 (500,000) are orphans or live separately from their
biological parents, and 500,000 are involved in domestic work. Early marriage continues: in Kara 17 per cent of 15-19 year-olds are married. Severe physical punishment is reported in 17 per cent of children aged 2-14. On June 17th 2013, the Day of the African Child, traditional and religious leaders publically committed to fight harmful practices including infanticide and early marriage. Targeted corrective actions and close monitoring helped increase birth registration over 12 months in two districts in northern Togo (by 42 per cent and 33 per cent respectively), indicating that birth registration could progress by extending and expanding this methodology.

**Country Programme Analytical Overview**

2014 marks the start of a new CPD, building on the experience and lessons learned during the implementation of the previous Country Programme. The 2014-18 programme has been streamlined; inter-sectoral components (such as violence in schools, birth registration in health facilities, etc.) are seen as critical to achieving sustainable results and have been given more prominence, as has increased collaboration with development partners and civil society.

The national strategy for social protection and the revision of the 10-year Education Sector Plan (ESP) were finalised in 2013. The national policy and strategy for social protection awaits endorsement from the Council of Ministers and National Assembly. 2014 will see the first cash transfer programme in Togo, jointly funded by the Government and World Bank, and supported technically by UNICEF. Beneficiaries will be women, from their third month of pregnancy until their child reaches 24 months. The programme targets vulnerable communities of northern Togo where UNICEF is supporting community-based nutrition, health and child-protection activities.

The Child-Friendly School (CFS) projects and inspectorate work to understand and address bottlenecks in enrolment and completion will be pursued in 2014 and throughout the next programme in Plateaux and Savanes, which have Togo’s lowest enrolment and completion rates. The revised ESP supports further development of pre-primary education, inclusive education for children living with a disability and tackling issues related to low girls’ primary school completion, including violence in school.

The Integrated Community Case Management (ICCM) approach for northern Togo now covers 60 per cent of rural communities that previously had no health service access. Over 90 per cent of users find its service adequate and 79 per cent of households consider it a first port of call when a young child is ill. The 960 CHWs, assigned to an estimated 68,000 young children, performed a total of 64,891 consultations in 2013, 51 per cent of which were for malaria. An additional 377 CHWs were trained during 2013, and will be equipped and established in their community in 2014. During 2014 UNICEF will support a modest expansion, focusing on remote communities not covered until now. With a targeted number of 1,600 CHWs in 12 northern districts, further work will ensure fully functional logistics for health commodities, enhanced demand through dissemination of essential family practices and work with the Ministry of health and local communities on options for financial sustainability.

UNICEF worked with two northern districts to increase their birth registration through bottleneck analysis, developing corrective actions, and monitoring results and residual bottlenecks. The sequence was conducted twice in 12 months, resulting in an increase in birth registration by 42 per cent in Oti and 33 per cent in Kosah. Involving rural communities and local administration, the exercise will be expanded to all 12 districts in the North and one district of Lomé.

Following finalisation of the Situation Analysis of Children and Women scheduled for the first quarter of 2014 and its launch during the second quarter, UNICEF will update and disseminate analytical work related to children, including progress in implementing the SCAPE as seen through a child-rights lens.

**Humanitarian Assistance**

UNICEF continued to be proactive in the prevention of cholera. A project cooperation agreement (PCA) was signed with the Togolese Red Cross in July to conduct prevention activities – home-based water treatment and hygiene education – in Lomé and its suburb. This enabled the CO to respond rapidly to the cholera outbreak in the Maritime region and Lomé in September and later in the Centrale region. With a total of 168 reported cases and seven deaths (CFR of 1.7 per cent), this outbreak demonstrates that sanitation and hygiene remain major challenges in densely populated peri-urban areas. The WASH cluster, co-led by UNICEF, remained active both at the central and regional levels and responded to a number of small-scale emergencies throughout the country. A large audience was reached with communication messages on cholera and diarrhoeal disease-prevention measures through mass media.
Effective Advocacy

Mostly met benchmarks

Advocacy priorities defined in the 2013 Annual Management Plan (AMP) related to achieving key policy level results in order to realise children's rights and ensure sustainable programme outcomes. Five thematic areas were identified: 1) child-survival in line with the global ‘A Promise Renewed’ initiative, focusing on health financing and the national health budget; 2) review of the administrative status of primary school “volunteer teachers”, including a remuneration scheme; 3) adoption of the National Social Protection Policy; 4) birth registration; and 5) elimination of mother-to-child transmission of HIV/AIDS through quality services.

Building a national alliance to end preventable child deaths is critical, considering child mortality rates. UNICEF has worked closely with the Paediatric Society of Togo. All society members pledged their commitment at their national congress in March 2013. The celebration of UN week gave another opportunity to mobilise leaders and the public. During the UN's public exhibition UNICEF collected hundreds of signatures in support of ‘A Promise Renewed”, including the Prime Minister, President of the National Assembly and Minister of Planning.

The health sector's budget and governance have become standing agenda points for the growing group of health partners. UNICEF provided analysis to the group’s meetings, including district level data of budget allocations collected during the development of district action plans. The allocation for health has remained static. The Government declared malaria treatment free for children under 10 in 2012, a measure which was extended to all children and adults in 2013. UNICEF is assisting in assessing the effects and sustainability of these actions.

Concerted efforts were made with the highest ministerial authorities to discuss the issue of volunteer teachers, who make up 30 per cent of teachers nationwide. Following a study supported in 2011, UNICEF supported in-service and on-the-job training for 5,000 volunteer teachers in 2011 and 2012. In 2013, the Government organised a competitive exam in order to integrate them among public sector personnel. The integration of 4,600 volunteer teachers is due to take effect in 2014.

With the appointment of a new Government in September 2013, the UNICEF Representative met with the newly appointed ministers, including the Minister of Labour and Minister of Social Affairs, to advocate for the adoption of the National Social Protection Policy. Concomitantly, UNICEF supported the development of the national social protection strategy in collaboration with ILO, UNDP, WHO and the World Bank (WB). Ministers gave their backing to the development of the strategy, and the issue was also raised with the Prime Minister.

In the area of birth registration, UNICEF supported a bottleneck analysis at national and district levels to develop a national action plan and district action plans. The first monitoring at district level showed that this approach is bringing positive changes. The use of quantitative data for the bottleneck analysis has proven effective for raising awareness among decision makers. The lack of funding available for birth registration remains a major challenge.

UNICEF advocated strongly for the elimination of mother-to-child transmission of HIV (EMTCT) and supported developing a soon-to-be-adopted national EMTCT plan.

Capacity Development

Mostly met benchmarks

Capacity development remains at the heart of the UNICEF programme with identified needs in most programmatic areas, especially at the decentralised level. To address inequities, one critical need is to build the capacity of Government counterparts and rights-holders in data collection and analysis, as well as the identification of bottlenecks preventing children from accessing basic social services.
In 2013 UNICEF strengthened the TogoInfo management team’s capacities for data analysis, database update and users’ training. At the central level training for data management was organised for six ministries, while at the regional level 120 Government staff received training in the use of TogoInfo. Furthermore TogoInfo is now available online and all data can now be accessed. To achieve this, UNICEF supported a needs assessment of the Statistics Department’s capacity in terms of IT infrastructure.

Regarding the participatory analysis of bottlenecks, in 2012-2013, 189 health staff of Kara and Savanes regions were trained in the approach at the facility level and were able to develop their plan for corrective actions. Seventy-two members of the health district teams were also trained and developed district operational plans. In the education sector, following the development of a methodological guide, the capacity of management teams in all 61 inspectorates was built in 2013. Inspectorate teams are now conducting the analysis exercise to draft their plans. To address issues related to birth registration, 109 partners at the district level were familiarised with this approach and four districts now have action plans. These actions plans in health, education and birth registration are fully owned by the Government. In districts where a second monitoring exercise took place, corrective measures have made a difference in addressing bottlenecks.

The scaling-up of community-based, high-impact interventions also involved the training of an additional 377 CHWs in the north of Togo, bringing the total number of CHWs trained in ICCM to 1,337. An evaluation of ICCM demonstrated that CHWs are very well accepted and appreciated by community members. To reinforce the promotion of family practices among communities and the demand side, a training module was developed and used to build the capacity of 1,345 CHWs and village group leaders.

Communication for Development (C4D) interventions are yet to be fully understood by all partners. Therefore, before developing the communication strategy on the issue of traditional harmful practices, the capacity of 30 stakeholders (Government and civil society) was built so they could gain better knowledge of this approach.

Another area identified as needing significant capacity building is inclusive education, in order to change the way children living with disabilities are being perceived both in communities and at school. Since 2011, a total of 707 education staff at the national and district levels were trained (144 in 2013), and a training manual was developed and approved by the Ministry of Education. Families were also reached with educational messages to encourage the social integration of children living with a handicap.

**Communication for Development**

*Mostly met benchmarks*

C4D interventions in 2013 focused on accelerating child survival and addressing harmful traditional practices against children.

The promotion of 13 essential family health practices at the household level, including birth registration, was conducted based on a training module developed in 2012. Together with the training modules on Integrated Management of Childhood Illness and Nutrition, the new module offers a complete package of practices to foster children’s healthy development. About 840 village groups and 505 CHWs were equipped with the functional knowledge, skills and communication materials to promote essential family practices among rural communities in the most vulnerable districts.

An evaluation of community-based interventions in Kara and Savanes regions was conducted in December 2013. The results confirmed that: i) in case of diarrhoea in young children, 84 per cent of mothers in the Savanes region and 91 per cent in Kara region continue to breastfeed their infants; ii) 50 per cent of children affected by diarrhoea receive more fluids than usual in the two regions; and iii) 75 per cent of all household members use an insecticide-treated bed-net (LLIN).

At the same time, C4D interventions played a critical role in mobilising communities and caretakers for the national vaccination campaigns against polio and measles. During the first polio national immunisation round, 80 percent of parents were already aware of the campaign prior to the visit of the vaccination teams, and 82 per cent during the second round. The number of parents refusing to vaccinate their children subsequently decreased from 3 to 2 percent.
Protecting children from harmful traditional practices remains a major challenge. As part of the commemoration of the Day of the African Child, a total of 160 village chiefs and voodoo priests were mobilised throughout the country. They made a commitment to find adequate strategies to reconcile child protection, tradition and culture in their communities and to protect children against harmful practices. Based on the situation analysis conducted in 2012, a communication strategy was developed in a participatory manner with all concerned stakeholders to devise adequate interventions that can progressively change social norms. Prior to this, the capacity of 30 stakeholders – both Government and civil society representatives – was built to develop their understanding of C4D interventions.

UNICEF is partnering with local radio stations in various districts to sensitize communities on child-related matters in local languages. The CO’s partnership with the Togolese Red Cross, provided another opportunity to reach rural communities in the northern part of Togo, especially women in “mothers clubs”.

Among the challenges: the capacity of community workers to conduct inter-personal communication without using the ‘teacher’s’ vertical mode of communication needs to be further strengthened. Regarding harmful traditions, the challenge will be to conduct open discussions and debates within communities and build on the positive elements of the tradition to bring about the desired change.

### Service Delivery

**Fully met benchmarks**

UNICEF works on the sequence bottleneck identification, analysis and planning for corrective action in two sectors (Health and Education) and in one component of Child Protection: birth registration. The tools developed gather and analyse information on the performance of services delivered in a participatory way, involving community members and caretakers, parent-teachers associations, teachers, civil service registrars, health personnel and others. The causes of bottlenecks are analysed and corrective actions are developed to address them and included in the relevant plans of action. In 2012-2013, 189 health staff in Kara and Savanes regions were trained in the approach at the facility level and were able to develop their plan for corrective actions. Seventy-two members of health district teams were also trained and developed district operational plans. In the education sector, following the development of a methodological guide, the capacity of management teams in all 61 inspectorates was built in 2013. Inspectorate teams are now conducting the analysis exercise to draft their plans. To address issues related to birth registration, 109 partners at the district level were familiarised with this approach and four districts now have action plans. These plans in health, education and birth registration are fully owned by the Government. In districts where a second monitoring exercise took place, corrective measures have made a difference in addressing bottlenecks.

The ICCM approach for northern Togo now covers 60 per cent of rural communities that previously had no health service access. Over 90 per cent of users find its service adequate and 79 per cent of households consider it a first port of call when a young child is ill. The 960 trained CHWs, assigned to an estimated 68,000 young children, performed 64,891 consultations in 2013, 51 per cent of which were for malaria. An additional 377 CHWs were trained during 2013 and will be equipped and established in their communities in 2014. During 2014 UNICEF will support a modest expansion, focusing on remote communities not covered to date. With a targeted number of 1,600 CHW in 12 northern districts, further work will ensure fully functional logistics for health commodities, enhanced demand through dissemination of essential family practices and work with the Ministry of Health and local communities on options for financial sustainability.

The promotion of 13 essential family health practices at the household level, including birth registration, was conducted based on a training module developed in 2012. This new module offers a complete package of practices to foster children’s healthy development and generate demand for services. About 840 village groups and 505 CHWs were equipped with the functional knowledge, skills and communication materials to promote essential family practices among rural communities in the most vulnerable districts.
Strategic Partnerships

**Fully met benchmarks**

There are few development partners in Togo, which often makes communication and coordination easier, but also reduces fundraising opportunities. Within the aid platform set up by the Government, UNICEF chairs two donors and partners’ groups, the education sector and the social protection group. In the education sector, UNICEF took the lead for the revision of the national Education Sector Plan and managed a grant of the Global Partnership for Education (GPE) to conduct this exercise. Monthly coordination meetings were organised to ensure that all partners are kept informed of all developments and take part in the discussions. In the social protection sector, UNICEF re-instigated the development of a Social Protection strategy with a budgeted action plan, working closely with the World Bank, ILO, WHO and UNDP.

TCO ensures the coordination of UN agencies (WHO, UNICEF and OHCHR) for the UNPRPD grant to implement a project aiming at promoting the rights of children living with disabilities. UNICEF is also the coordinating agency for the implementation in Togo of the maternal and child health regional programme funded by the French Government under the Muskoka initiative. In both cases TCO is responsible for organising review meetings, ensuring compilation and quality assurance of reports, donor visibility, coherence and collaborative action with other development partners.

The partnership with the World Bank has continued to evolve, building on the previous years’ joint work on social protection, with the design and preparation of a cash transfer programme to be implemented in 2014 in the same communities targeted by the UNICEF-supported nutrition programme. UNICEF is responsible for the impact study of this pilot cash transfer. As the supervising entity of the GPE grant, the World Bank also works closely with UNICEF in the education sector. Joint work is ongoing for a Public Expenditures Tracking Survey in Education. Other collaboration with the WB includes joint work in Health for a new programme planned by the WB in Togo starting in 2014, analysis of social budget expenditures and the Global Partnership for Social Accountability.

In 2013, UNICEF was selected by the national sanitation committee to sign a MoU with the Global Sanitation Fund for the implementation of a CLTS programme aiming at ensuring that 1.5 million rural residents would live in ODF villages.

UNICEF has also established strategic partnerships with international NGOs that bring useful expertise in areas where national capacity needs further development: Handicap international for the integration of children with disabilities into mainstream education; Aide et Action to develop school improvement projects including child governments; Terre des Hommes to experiment an alternative model of education for out-of-school children; OPALS to strengthen the quality of PMTCT services, improve supervisory skills of district teams and simplify the procedure for HIV positive children to access ARV treatment; the International Bureau for Child Rights for adapting training material on child rights for use by the Togolese police force.

Knowledge Management

**Partially met benchmarks**

In 2013, TCO continued to work on the Situation Analysis of Children and Women (SitAn). A draft rights-based and equity-focused analysis was produced, but by year’s end still needed further work, with support from sector-specific experts. The SitAn will be finalised during the first part of 2014 and subsequently will be widely disseminated.

The new Togo-UNICEF Programme of Cooperation (2014-2018) reinforces UNICEF’s role as a knowledge broker on children and its ability to adapt studies, surveys and other knowledge products for various stakeholders, such as communities or children, through the production of user-friendly versions.

As part of the poverty analysis for the SitAn, UNICEF relied on the Multiple Overlapping Deprivation Analysis tool, which enabled a more strategic use of the wealth of data provided by the MICS 2010 to highlight key deprivations of children in Togo and identify socio-economic inequities. In addition, UNICEF has supported the Government in conducting a DHS survey, since the last DHS in Togo dates back to 1998. The DHS Togo integrates the MICS modules on child labour and child discipline and will contribute to updating key indicators on the situation of children and women.

In 2013, UNICEF Togo supported new research on commercial sexual exploitation of children, in partnership
with ILO, resulting in the publication of a study, and on Child Labour, in partnership with ILO and the World Bank. UNICEF Togo also started an assessment of the Child Protection system in Togo and participatory analysis for system-strengthening, which will continue in 2014, with the aim of providing a detailed description of the system components, including national and community-level structures, functions and strategies. The analysis will result in recommendations for improving the system. Results of the three studies conducted in 2012 (Knowledge, Attitudes and Practices (KAP) study on water, sanitation, hygiene practices; study of birth registration systems in Togo; study on harmful traditional practices) were used by UNICEF and Government partners for strategic planning, in particular for the development of programmatic and communication plans. Within the Office, documentation of lessons learned remains a weak area that needs to be strengthened. The Office planned to produce at least two case studies every year to be posted online, but this was not achieved. The use of the public drive continues to be promoted in order to share information and knowledge, especially policy documents, publications, power-point presentations, etc... The PMT meetings start with a knowledge sharing session: staff who attended a training or a workshop outside the country systematically share what they learnt; programme sections present good practices/studies; new guidelines or orientation are also disseminated.

### Human Rights Based Approach to Cooperation

*Mostly met benchmarks*

Togo was among the 50 countries where multi-stakeholder consultations on the post-2015 agenda took place as part of global efforts to define the new development agenda. The process led by the UN system and the Government and launched in January 2013 involved 77 target groups throughout the country, including: women, trade union members, youth, Government officials, traditional leaders, people living with a handicap, etc. As children and some vulnerable groups had not been sufficiently considered during the first phase, UNICEF supported two additional consultations: one involving 96 children in the five regions of Togo and the second involving people living with HIV-AIDS (PLWHA) and civil society organisations working on HIV-AIDS. As a result, in the final country consultation report, a chapter captures the voices of children and youth and their aspirations for the future, and another section reports on the opinions of vulnerable groups, with specific attention to PLWHA. In 2013, together with Government partners, UNICEF developed a new Country Programme covering the 2014-2018 period. The CO ensured that the human-rights based approach was used to define the new programmatic outline, building on the situation analysis which had involved focus group discussions with children, teachers and health workers in vulnerable communities and on the recommendations of the Committee on Rights Children in January 2012. Both the CPD and the resulting action plan (CPAP) were developed through a participatory process that involved 294 partners consulted through four workshops, including two at the decentralised level. Special attention was given to taking into account the views of children as rights-holders: 40 children from the various regions took part in CPAP workshops alongside with adults and described their recommendations during plenary sessions. Participants were asked to review these suggestions during group work.

With regard to programme implementation, the analysis of bottlenecks in the health sector leading to the development of district operational plans, contributed to bringing together claim-holders and duty-bearers and comparing their viewpoints. A similar experience was conducted at the district level, focused on birth registration, and resulted in the mobilisation of various stakeholders, including local authorities, traditional leaders and community members to bring about positive change.

UNICEF supported the Government of Togo to follow up on recommendations of the Committee on the Rights of the Child and on the African Charter on the Rights and the Welfare of the Child. A road map for the dissemination of these committees’ concluding observations was developed involving all concerned sectors and departments. A total of 5,000 copies of the recommendations were printed and widely distributed among stakeholders.

Since 2011, the capacity of 6,044 child protection actors and 4,738 community leaders has been strengthened in issues related to child rights and child protection.

Comprehensive training modules on child rights (40 hours) were also integrated into the curricula of the schools for police and security forces.
Gender Equality

Mostly met benchmarks

Within the preparation work for the 2014-18 CPD, specific working sessions were devoted to identifying gender inequalities and how TCO could better mainstream gender in its programming. Discriminatory practices affecting women remain prevalent in the Togolese society, both within households and in the socio-economic arena.

Of particular concern are the issues of early marriage, early pregnancy, school-related gender-based violence, sexual abuse and exploitation, high rates for girls dropping out of primary education and low girls’ enrolment rate in secondary school. In addition, within the primary education system, very few teachers are women (16 per cent). In the health sector, 95 per cent of the CHWs are men, posing serious difficulties when they have to address reproductive and neonatal health. At the household level, women are often in charge of children’s health but do not have control of the family’s financial resources.

The 2014-2018 Country Programme, focuses on gender and adolescent issues, including HIV-AIDS prevention, adopting an inter-sectoral approach. One of the main planned interventions is the strengthening of life skills for teenagers, especially girls, both in and out of schools. The education programme also aims at preventing violence in school through teacher training and the introduction of a code of conduct in schools.

In 2013, a number of concrete actions were taken to promote gender equality. As the CHWs selected by the community are mostly men, the community health programme has reached out to women through the promotion of essential family practices among village groups, in partnership with the Togolese Red Cross. These groups are mostly women clubs, which the Red Cross has been supporting over the years. Communication materials also show fathers taking care of young children (e.g., taking the child to the health facility for immunisation) to reinforce fathers in their role as care-taker.

The design of the cash transfer programme targeting women from the third month of pregnancy onwards and until children reach 24 months, which will be implemented with World Bank funding and UNICEF’s technical involvement, also provides for women’s empowerment: the cash will be given directly to the mother, increasing her responsibilities and choices in managing the household’s money. The evaluation supported by UNICEF will seek to assess changes in the distribution of power within the family.

Through the school improvement project, training on issues related to gender-based violence and on child rights has been conducted in 135 schools for teachers, parents and students and subsequently, a school code of conduct was drafted in each school and adopted by participants.

The TCO gender task force met three times and developed an action plan. The task force contributed to reviewing the CPD and CPAP with a gender equality lens and supported preparations for the celebration of the International Day of the Girl Child. At the request of the Minister of Women and Social Affairs, UNICEF provided technical and financial support for the production of a video focusing on major initiatives implemented in the country to promote Girls’ Education.

Environmental Sustainability

Partially met benchmarks

In Togo, communities remain vulnerable to climate change as well as environmental pollution, such as open defecation and water contamination. The development of the new Country Programme included a reflection on these issues, their impact on children and how they could be better addressed. Environmental issues include: (i) natural disasters such as flooding, drought and coastal erosion; (ii) manmade degradation of the environment, such as air pollution, deforestation, pollution of the sea by dumping of industrial waste and sewage, contamination of groundwater with pesticides and human waste, pollution due to lack of sanitation and others.

Among the measures that the programme will support are: promotion of ‘green schools’ will provide environmental education, including sensitisation on reforestation; promotion of sanitation, especially in rural areas where 88 per cent of the population does not have access to latrines; use of solar energy for water boreholes whenever possible; proper medical waste management and treatment, especially at the facility level, through construction of simple incinerators.

In Togo, UNICEF was the first partner to introduce and promote the community-led total sanitation approach. By end-2013, a total of 126 villages had reached ODF status through UNICEF-supported interventions, benefitting an estimated 106,808 people. UNICEF was chosen in 2013 as the agency in charge of managing
the grant of the Global Sanitation Fund for Togo, which targets 1.2 million people living in rural areas of three regions through the CLTS approach over three years. This project started in September 2013. This year, WASH interventions in schools improved the environment of 60 schools, and included the promotion of safe hygiene practices through the training of teachers.

In addition, UNICEF continued to be proactive in the prevention of cholera. A PCA was signed with the Togolese Red Cross in July to conduct prevention activities – home-based water treatment and hygiene education – in Lomé and its suburb. This enabled the CO to respond rapidly to the cholera outbreak in the Maritime region and Lomé in September and later in the Centrale region. With a total of 168 reported cases and seven deaths (CFR of 1.7 per cent), these outbreaks demonstrated that sanitation and hygiene remain major challenges in densely populated peri-urban areas. The WASH cluster, co-led by UNICEF, has remained active both at the central and regional levels and responded to a number of small-scale emergencies throughout the country. A large audience was also reached with communication messages on cholera and diarrhoeal disease-prevention measures through mass media.

South-South and Triangular Cooperation

UNICEF organised a high-level visit to Rwanda led by the Minister of Health with the head of the EPI Programme, the head of the Nutrition Programme, the UNFPA and UNICEF representatives and the UNICEF National specialist in charge of PMTCT. The visit was facilitated by the Department of Public Health of the University of Kigali. The UNICEF office in Rwanda facilitated the various contacts. The focus of the visit was the system of Performance/Results Based Financing as adopted by Rwanda and the Universal Access to Health care system. The team spent close to three days in the field learning from actors at the various levels, community health workers, peripheral health facilities, district hospital and communities themselves. On return a small working group was established to develop a model for Performance Based Financing to be piloted in two districts. This however corresponded with the parliamentary election period and the Government change. Higher-level decision is now awaited to determine the two pilot districts and endorse the model. It is expected that further support and collaboration will be requested from the MOH in Rwanda for PBF introduction.

UNICEF supported the visit of a team of Burundi Ministry of Planning officials accompanied by a UNICEF Burundi colleague to examine UN coordination by the Ministry of Planning and its regional directorates in Togo. The team from Burundi learned from Togo’s model to coordinate development actors, including UN agencies, at the regional level through regional directorates for planning.
Narrative Analysis by Programme Component Results and Intermediate Results

Togo - 4230

PC 401 - Child survival and development

On-track

**PCR 4230/A0/04/414 PCR 1:** By the end of 2013, children under five and women of childbearing age in 12 districts of the Kara and Savanes regions have access to, and use an essential package of high-impact preventive and curative interventions at the community level and in PHCUs.

**Progress:**

The 2008-2013 programme contributed to the development of the National Health Sector Development Plan (PNDS) and operational action plans at the district level based on an analysis of bottlenecks, with the participation of claim-holders. A semi-annual monitoring system was established. A national strategy for integrated community-based interventions developed in 2010 has been implemented. In 2013, one round of monitoring and bottleneck analysis was conducted in the two regions. Major bottlenecks reported still include numbers and training of health personnel and stock-outs of essential health commodities. Results of this bottleneck analysis were used to develop district action plans for 2014. Implementation of the national community-based, high-impact interventions started in 2011. By the end of 2013, there were 960 Community Health Workers trained, equipped and deployed in villages at least 7 km. from a Peripheral Health Centre (PHC), facilitating access to a high-impact package for 70,000 children under five living in villages far from health facilities. An additional 377 CHWs were trained in 2013. They will be equipped and deployed in 2014. Where appropriate, the CHWs can also manage community-based treatment of severe acute malnutrition. The deployed CHWs were able to treat 36,466 cases of malaria, 16,951 cases of diarrhoea, 5,185 cases of cough/cold, 4,806 cases of pneumonia and 1,483 cases of severe malnutrition.

UNICEF supported national efforts to deliver Vitamin A supplementation (VAS), deworming, measles and polio immunisation for children under-five years of age in Kara and Savanes regions.

The introduction of community-led total sanitation in 2010 and methods of manual drilling in 2012 offer the potential for improving access to sanitation and drinking water at low cost. The total number of villages with "Open Defecation Free" status in the two regions has reached 120, with an estimated 101,771 people. The Sanitation Marketing strategy was initiated as a pilot in 28 ODF villages of the Savanes region. Sanitation marketing aims to create demand and facilitate supply using commercial methods.

The CO continues to support the Government to scale up care for children with severe acute malnutrition (SAM) with standardised protocols for the admission, care, discharge and follow-up of children. A total of 6,334 (Savanes: 1,993; Kara: 1,424) children were treated through the implementation of Community-based Management of Severe Acute Malnutrition (CMAM).

IR 4230/A0/04/414/026 I.R. 1.1: By the end of 2013, district level health plans are developed, budgeted, implemented and monitored using the bottleneck identification and causality analysis approach in 12 (11 old plus 1 new) districts of Kara and Savanes

**Progress:**

The Operational Action Plans developed by 12 districts of Kara and Savanes regions were being implemented with support from various partners, including UNICEF. Government funding for these plans is still limited, and this remains a great challenge for adequate implementation of planned interventions. One monitoring round with bottleneck analysis was conducted for each of the 12 districts. The bottlenecks included stock-outs of essential commodities, coupled with weak supply chain management; human and financial resources not being used in an optimal way; and low demand for services, due to cost. The training of additional community health workers in 2013 contributed to increasing the availability of human resources at community level for the provision of I-CCM. Results of this bottleneck analysis were used to develop district action plans for 2014.

UNICEF is also providing technical assistance to strengthen the Health Information Management System (HMIS), and monitoring and evaluation of health interventions in Kara and Savanes regions. Two monitoring and evaluation national experts are working with the Management Teams of these two regions.

A new decentralised monitoring exercise was conducted in September and October, and the revised 12 district reports are expected at the end of the year.

Implementation of the District Operational Action Plans is constrained by limited financial resources. Significant efforts will be required to fill the funding gap in the coming years and achieve the planned results. Ongoing monitoring and supervision of CHWs is required to maintain the quality of services.

IR 4230/A0/04/414/027 IR 1.2: By the end of 2013, 85 per cent of children under 5 and women of reproductive age have access to and use an integrated package of high-impact interventions at the community level (in villages over 7 km from a PHCU).

**Progress:**

- At the end of 2013, 960 CHWs had been trained, equipped and deployed in villages at least 7 km from a PHC. An additional 377 CHWs were trained in 2013 and will be equipped in early 2014.
- Where appropriate, the CHWs can also manage community-based treatment of severe acute malnutrition.
• The deployed CHWs were able to treat 36,466 cases of malaria, 16,951 cases of diarrhoea, 5,185 cases of cough/cold, 4,806 cases of pneumonia and 1,483 cases of severe malnutrition.

• The monitoring and supervision system of the community-based interventions was strengthened by the deployment of 31 additional young health professionals recruited through a Government-led youth employment scheme. The total number of these young professionals has now reached 43, and they are in charge of supervising 1,317 CHWs, including the CHWs that are not yet deployed (25 CHWs per supervisor + five supervised by head nurses in PHCUs).

• The essential family practices module was recently introduced and 85 CHWs were trained, while 420 members of local women’s groups were trained to promote the key practices. They received a communication toolkit illustrating the key family practices and are tasked with organising regular discussions on the theme.

  o A total of 671 CHWs received different trainings as listed below:

<table>
<thead>
<tr>
<th>Training</th>
<th>Kara</th>
<th>Savanes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refresher courses on IMCI/Nutrition</td>
<td>228</td>
<td>86</td>
<td>314</td>
</tr>
<tr>
<td>Initial IMCI/Nutrition course</td>
<td>151</td>
<td>226</td>
<td>377</td>
</tr>
<tr>
<td>Training on Essential Family Practices among those who took Refresher courses on IMCI/Nutrition and Initial IMCI/Nutrition course</td>
<td>85/359</td>
<td>Training not held</td>
<td>85</td>
</tr>
<tr>
<td>Training of village group members in Essential Family Practices</td>
<td>525 (175 villages)</td>
<td>712 (236 villages)</td>
<td>1,237</td>
</tr>
</tbody>
</table>

• A total of 19 supervisors were also trained on IMCI/Nutrition (seven in Kara, 12 in Savanes)

• UNICEF supported national efforts to deliver Vitamin A supplementation, deworming, measles and polio immunisation for under-fives in Kara and Savanes regions. See table below for coverage.

<table>
<thead>
<tr>
<th></th>
<th>Kara</th>
<th>Savanes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st Round</td>
<td>2nd Round</td>
<td>1st Round</td>
</tr>
<tr>
<td>Children vaccinated against Polio</td>
<td>99% of 275,724 children</td>
<td>99.6% of 275,724 children</td>
<td>98% of 240,058 children</td>
</tr>
<tr>
<td>Children Immunized Against Measles</td>
<td>98.3% of 306,773 children</td>
<td>N/A</td>
<td>90.7% of 338,353 children</td>
</tr>
<tr>
<td>Children having received Vitamin A Supplements</td>
<td>98.5% of 252,925 children</td>
<td>91.2% of 306,773 children</td>
<td>98.5% of 217,877 children</td>
</tr>
<tr>
<td>Children having received Deworming tablets</td>
<td>90.6% of the 306,773 children</td>
<td>98.82% of 306,773 children</td>
<td>80.9% of 338,353 children</td>
</tr>
</tbody>
</table>

• No new villages were triggered with the Community Led Total Sanitation (CLTS) strategy in 2013 in these two regions, as the Office concentrated on the consolidation of the “Open Defecation Free” (ODF) status of the 222 already “triggered” villages in Kara and Savanes (of a national total of 236) and the development and piloting of the Sanitation Marketing strategy. A total of 43 villages reached ODF status in 2013. This brings the total number of villages with ODF status to 120, benefitting an estimated 101,771 people.

• The Sanitation Marketing strategy was initiated as a pilot in 28 ODF villages of the Savanes region, where 20 sanitation technicians, 56 masons and 36 latrine promoters were trained. Sanitation marketing is designed to create demand and facilitate supply, using commercial methods.

• A total of six schools in Savanes and three in Kara now have complete access to WASH facilities through the “WASH in Schools” strategy, benefiting 2,904 children.

Main challenges are the pace and funding of supervision activities of CHWs, which were delayed as a result of competing activities at all levels; lower ODF achievement rates among triggered villages in the Kara region.

Constrained

IR 4230/A0/04/414/028 IR 1.3: By the end of 2013, 60 per cent of children under 5 and women of reproductive age in 12 districts of Kara and Savanes have access to and use high-impact preventive and curative interventions in PHCUs.

Progress:

• 50 per cent of children under five and women of reproductive age in 12 districts of Kara and Savanes have access to high-impact preventive and curative interventions at Primary Health Care Centres
80 head nurses in PHCUs were trained in ICCM as CHW supervisors.

Development of district-level action plans and the bottleneck analysis revealed that many health providers in PHCUs have not been trained in the IMCI strategy. Overall, major bottlenecks reported still include inadequate staffing of health facilities, stock-outs of essential commodities and low utilisation of services. However, the training of additional community health workers in 2013 contributed to increasing the availability of human resources at community level for the provision the community IMCI interventions.

Clinical IMCI training specifically for PHCU personnel did not take place. The manuals and tools are being reviewed and the first training season will take place during the first quarter of 2014.

Two national experts from the Ministry of Health and one UNICEF staff were introduced to the principles of Performance-Based Financing (PBF). A South–South experience exchange visit was conducted in Rwanda. The study tour, led by the Ministry of Health, was conducted to learn how the Government of Rwanda implements PBF/Universal Access to Health Care and to share experiences and lessons that are applicable to Togo. As a follow-up, a technical committee was set up by the MoH to prepare for implementation of PBF in two pilot districts.

Two water points were installed in a hospital of the Savanes region for the benefit of patients, health workers and over 600 neighbouring people. Since 2009, 21 health facilities in Savanes and Kara regions (11 in Savanes and 10 in Kara) have improved WASH infrastructure with UNICEF support, benefiting around 6,600 people living in the vicinity.

Supply and logistics systems, though gradually improving, are one of the weakest links of Togo’s health system. UNICEF provided financial and technical support to the Ministry of Health to contribute to the development of a reliable and uninterrupted supply of essential health commodities for the end-users of all public health facilities. There have been considerable delays in ensuring a refresher course on IMCI for health workers at PHCUs - who until now have only been trained as supervisors but have not received the full clinical package.

On-track

**PCR 4230/A0/04/415 PCR 2:** By the end of 2013, 50 per cent of infants (both boys and girls) are protected against the transmission of HIV from mother to child; 95 per cent of children under five (boys and girls) are protected against measles, polio and intestinal parasites, as well as Vitamin A and iodine deficiency; 80 per cent of children sleep under insecticide treated nets and 80 per cent of children and women in emergency situations have access to an integrated package of preventive and curative services to reduce risks related to natural disasters and other emergencies.

**Progress:**

In 2013, UNICEF supported the Government for the development of the national strategic plan for the elimination of mother-to-child transmission of HIV. UNICEF, as the lead UN agency for PMTCT, along with UNAIDS, WHO and UNFPA, provided effective coordination and technical inputs. This strategic document will guide the implementation of PMTCT interventions over the next five years.

The country adopted Option B, a simplified but more comprehensive approach to integrated PMTCT and ART at the primary care level, which is expected to reduce the number of new HIV infections. However, the transition from Option A to B was slow, as 74 per cent of the 563 PMTCT clinics were still using Option A as of end 2013. Major factors contributing to this delay include limited funding for ARV procurement, weak supply chain management capacity at decentralised level, and lack of qualified personnel to manage ARV treatment.

The programme also supported the organisation of three rounds of vaccination campaigns: i) Vitamin A supplementation, deworming and measles vaccination in four regions (Kara, Savanes, Lome, Maritime); ii) two rounds of polio immunisation nationwide, the first round with VAS and deworming.

The Government opted for free treatment of malaria for all in 2013. The Commune of Lome had been excluded from the last LLIN distribution in 2011 due to lack of sufficient nets, therefore a distribution was organised (together with the measles campaign) in November 2013. A total of 505,000 LLINs were distributed, of which 310,100 donated by UNICEF (with Government of Japan funding). Three rounds of Seasonal Malaria Chemoprophylaxis strategy were completed in the four districts of Savanes region with seasonal malaria transmission – Sahel meteorological conditions.

<table>
<thead>
<tr>
<th>Round</th>
<th>Children receiving SP-AQ</th>
<th>Children with Positive RDT</th>
<th>Children receiving Co-Artem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>96 998</td>
<td>3 003</td>
<td>3 003</td>
</tr>
<tr>
<td>2nd</td>
<td>112 537</td>
<td>1 571</td>
<td>1 571</td>
</tr>
<tr>
<td>3rd</td>
<td>119 222</td>
<td>343</td>
<td>343</td>
</tr>
</tbody>
</table>

The national protocol for the management of severe acute malnutrition was simplified (detection and discharge based on MUAC only, with cut off for SAM at 115 mm, as per new WHO guidelines) and approved. UNICEF supported the implementation of Community Management of Acute Malnutrition, which shifts the management of SAM from inpatient care to community care and involvement, with a reduction of the opportunity costs for the parents.

National Guidelines for the control of iodised salt were developed, followed by several capacity building activities.

The introduction of community-led total sanitation in 2010 and methods of manual drilling in 2013 has the potential to improve access to sanitation and drinking water at low cost. The Global Sanitation Fund (GSF) national programme committee selected UNICEF as manager.
of the funds. The programme will allow 1,206,000 people to live in villages that have reached ODF status within the coming five years. The MoU was signed with UNOPS in September 2013 and the global envelope is US$7,337,112 for five years. UNICEF supported the MoH and partners to respond to a cholera outbreak in the country – with 165 cases reported and seven deaths. UNICEF provided financial and technical support for cholera-prevention and hygiene-promotion activities, in addition to coordinating the response through the WASH cluster.

On-track

**IR 4230/A0/04/415/083 IR 2.1** By the end of 2013, 95 per cent of children under 5 are protected against intestinal parasites, iodine and Vitamin A deficiencies; their nutritional status is monitored on a regular basis and treatment for severely malnourished children is ensured.

**Progress:**

- UNICEF supported national efforts to deliver a preventive round of Vitamin A supplementation and deworming throughout the country, as well as a second round that covered only four regions (Kara, Savanes, Maritime and Lome). Some 97.4 per cent of the 1,673,289 targeted children received VAS on the first round, while 92.5 per cent of the 1,099,191 targeted children were reached with VAS in the four regions of Kara, Savanes, Maritime and Lome on the second round. Nationally, 61 per cent of the 1,673,289 targeted children benefited from the two rounds of vitamin A supplementation and deworming.
- Furthermore, nationally 97.52 per cent of the 1,474,913 targeted children received deworming tablets during the first round; while 91.98 per cent of the 987,030 targeted children received deworming tablets in the four regions of Kara, Savanes, Maritime and Lome during the second round.
- 96 per cent of the 1,704,867 targeted children were vaccinated against measles (only in four regions); and 98 per cent of the 1,843,641 targeted children under five received the polio vaccine on the first round and 99.6 per cent of the 1,843,641 targeted children were covered on the second round.
- The national protocol for the management of severe acute malnutrition was simplified (detection and discharge based on MUAC only with cut off for SAM at 115 mm, as per new WHO guidelines) and approved.
- As of September, 6,334 children under five with SAM were treated nationally (30.6 per cent of the estimated caseload for 2013)
- National Guidelines for the control of iodised salt were developed; 30 customs agents, health agents and staff members from the Ministry of Trade were oriented on the new guidelines.

The main challenge is the poor quality of nutrition data received from the field and the absence of a reliable verification system by the MoH at central level. One of the main problems in the treatment of SAM is the high percentage of defaulters (17 per cent at health facilities and 24 per cent from outpatient care).

On-track

**IR 4230/A0/04/415/084 IR 2.2** By the end of 2013, 95 per cent of children under 5 years are protected against vaccine-preventable diseases and 85 per cent of children and pregnant women sleep under insecticide treated nets.

**Progress:**

- 96 per cent of the 1,704,867 children targeted during the measles campaign were vaccinated. The campaign covered four regions only.
- 98 per cent of 1,843,641 children was covered during the first polio round.
- 99.6 per cent of 1,843,641 children during the second polio round.
- National routine immunisation coverage in children 0-11 months was estimated (for the period January to September 2013) for BCG at 84 per cent, VPO1 at 81 per cent and VPO 2 at 79 per cent and VPO3 at 77 per cent. Measles coverage was at 82 per cent; coverage of Pentavalent 1 stands at 90 per cent; and coverage of Pentavalent 3 stands at 86 per cent. The coverage for yellow fever stands at 83 per cent.
- Three rounds of Seasonal Malaria Chemoprophylaxis strategy were completed in the four districts of Savanes region with seasonal malaria transmission – Sahel meteorological conditions.
- The commune of Lome had been excluded from the last ITN distribution due to insufficient stock of LLINs, therefore a distribution was organised (together with the measles campaign) in November 2013. A total of 505,000 LLINs together with the measles immunisation.

During vaccination campaigns, bottlenecks included geographic accessibility, long waiting queues, attitudes of vaccinators towards mothers. The Ministry of Health has not been able to adequately finance the "Reaching Every District' (RED) strategy.

On-track

**IR 4230/A0/04/415/085 IR 2.3** By the end of 2013, 80 per cent of pregnant women receive ANC and 80 per cent of children born to HIV positive mothers receive PMTCT services in UNICEF supported sites.

**Progress:**

- The proportion of MCH facilities offering PMTCT services nationwide increased to 90 per cent (563/627) in November 2013, up from 34 per cent in 2010.
- Sixty-one per cent (up from 28 per cent in 2011) of pregnant women attending ANC were tested for HIV, while 86 per cent (48 per cent in 2011) of HIV-positive pregnant women (3,234/4,044) received ARV. Fifty-two per cent of children born to women with HIV received ARV treatment. A total of 1,532 children born to HIV-positive mothers benefited from an early diagnosis of
HIV (38 per cent of the annual target).

- UNICEF supplied ARVs for new-borns benefiting 973 children born to HIV-positive mothers to prevent the transmission of HIV from mother to child. UNICEF also procured reagents for PMTCT sites, allowing the screening of 75,000 pregnant women (65 per cent of all pregnant women tested for HIV) between January and September 2013. Due to the delay in the Global Fund procurement, UNICEF remained the main provider of ARVs and reagents in Togo for PMTCT in 2013.
- Meanwhile, in the three main regions supported by UNICEF for PMTCT service delivery (Maritime, Kara and Savanes), 1,594 HIV-positive pregnant women (80 per cent of the annual target) and 1,065 children born to women with HIV (53 per cent of the annual target) received ARV treatment.
- UNICEF supported the development of a National Plan for the Elimination of Mother-To-Child Transmission of HIV in collaboration with UNAIDS, WHO and UNFPA. This strategic document will guide the implementation of PMTCT interventions over the next five years.
- The Country Office was also engaged in developing national capacities for ensuring delivery of quality PMTCT services. In this regard, a partnership was concluded with OPALS, an international NGO based in France and specialised in quality assurance and capacity building for PMTCT services. Through this partnership, 13 Health Management Team members from six districts (Kosah, Tchaoudjo, Ogou, Vo, Lacs and one district in Lomé) and all six regional PMTCT focal points were oriented on the PMTCT services quality assurance system. These health professionals are now better skilled to supervise the provision of PMTCT service in Primary Healthcare Units.

Furthermore, PMTCT sites in 17 district and regional hospitals benefited from three quarterly formative supervisory visits conducted by experts from OPALS between January and September 2013. The supervision focused on monitoring compliance of service delivery with national and international standards, data quality and performance of the PMTCT programme.

**Progress:**

- The PROGRES database, managed by the Ministry of Water and Sanitation, was established to maintain, organise and share WASH-related knowledge, including facilities and CLTS initiation in the villages. The database was updated once during the year.
- The CLTS approach was initiated in 36 new villages in 2013, covering 90,926 people in the Maritime region between January and December 2013 and bringing the total triggered villages in the Maritime region to 50. Of those, six reached ODF status, benefiting 5,037 people.
- In 2012-2013, some 112 boreholes (93 manual boreholes) were drilled in the Maritime region: 51 in schools, 42 in communities, and 19 in health facilities. These boreholes benefited approximately 50,048 people (47,548 in and around schools, 10,500 in communities, 4,750 in health facilities). Meanwhile, 20 mechanical boreholes were rehabilitated in communities, benefiting 6,000 people. Since 2009, 218 schools, 46 health facilities and 51 communities – covering 103,631 people, including 74,531 school children, 13,800 people living in areas surrounding health facilities and 15,300 in the targeted communities – benefitted from UNICEF-supported WASH interventions and sanitation.
- In 2012-2013, UNICEF also provided the complete WASH package to 51 schools in the Maritime region. The package provides each school with ecological latrines, hand-washing facilities, safe water supply and PHAST kits, benefiting 34,798 children in the Maritime region to date.
- A total of 21 primary health care units also benefited from the WASH package, along with 6,300 people living nearby.
- In late 2013 UNICEF and its partners were responding to a cholera outbreak, with 168 reported cases and seven deaths (CFR of 4.2 per cent). Four regions were affected, particularly Lome Commune and Maritime. As lead of the WASH cluster and member of the country’s emergency task force, UNICEF supported the MoH with the rapid deployment of intervention teams, pre-positioned emergency supplies and utilised a previously developed PCA with the Togolese Red Cross for home-based chlorination and sensitisation of communities. Over 12,000 households in the affected areas treat drinking water with chlorine and over 70,000 people were reached with communication messages on cholera-prevention measures.

In the next country programme, UNICEF will scale up implementation of the CLTS strategy and home-based water treatment.

**Progress:** Programme efforts during the year focused on activities at the policy and strategic level, including capacity strengthening for implementing partners such as line ministries, NGOs, CSOs and community-based actors.

In 2013, UNICEF supported the implementation of the new Water Code and the Health Sector Development Programme (HSDP), both adopted in 2012, and the development and adoption of a National Strategic Plan for Food and Nutrition. The new 2013-2017 PRSP (SCAPE) has budgeted for an increased allocation of Government funds to the health sector, going up from 6.48 per cent in 2012 to 10 per cent in 2017, which still remains low.

The National Plan for the Elimination of the Mother-to-Child Transmission was developed and budgeted, and validated in December 2013. The National Drug Policy was approved and validated. The new policy emphasises access to affordable, safe and quality essential drugs, with a focus on generic drugs. A new essential medicine list was developed for Togo. UNICEF advocated for full inclusion of the essential
UNICEF Annual Report 2013 - Togo

The National Programme Committee for the Global Sanitation Fund (GSF) programme selected UNICEF to manage the funds. The programme will allow 1,206,000 people to live in villages that have reached ODF status. The MoU was signed with UNOPS in September 2013, and the global envelope is US$7,337,112 for five years. An evaluation of the impact of community-based interventions in Kara and Savanes regions was conducted with UNICEF’s support in October 2013. Some of the main conclusions were that 90 per cent of households in the two regions consider the CHW’s services useful and 79 per cent consider CHWs as the first port of call if their child is sick. The planning and monitoring (L3) of health services that was initiated in 2012 was pursued in 2013 at the community, peripheral health facility level and district levels. A first bottleneck identification, causality analysis and identification of corrective actions was conducted by catchment area, compiled, consolidated and budgeted as district Operational Action Plans (OAP) in 2012. All 40 districts prepared Operational Action Plans for 2013, with technical and financial support from several partners. UNICEF supported the process both technically and financially in the 12 Northern districts, and provided technical advice for the rest of the country. Implementation of the operational plans was planned to be monitored bi-annually, but only one monitoring round was conducted for each of the 12 districts of Kara and Savanes in 2013. Major bottlenecks reported still include insufficient staffing of health facilities, stock-outs of essential commodities and low utilisation of services. However, the training of additional community health workers in 2013 contributed to increasing the availability of human resources at the community level for the provision of ICCM.

Two national experts from the Ministry of Health and one UNICEF staff member were trained in Performance Based Financing. A South-South exchange visit was conducted to Rwanda. The study tour, led by the Ministry of Health, was conducted to learn how the Government of Rwanda implements PBF and to share experiences and lessons that are applicable to Togo.

Parliamentary elections (postponed several times) were finally held in July 2013, and a new Parliament has been operational since September 2013. In the absence of a Minister of Health – still awaiting appointment after formation of the new Government - a number of system issues remain unattended, adversely affecting implementation of planned activities in the sector.

**On-track**

**IR 4230/AO/04/416/015 IR 3.1** By the end of 2013, key policies, strategies and strategic partnerships in the sector are developed, budgeted and being implemented, with a focus on reducing disparities in access and utilisation of services by children and women.

**Progress:**

- In 2013, UNICEF supported the implementation of the new Water Code and the HSDP, both adopted in 2012, and the development and adoption of a National Strategic Plan for Food and Nutrition.
- The National Planning for Results Initiative (NPRI) was launched in March 2013. The NPRI, a WASH initiative launched by UNICEF HQ, aims to conduct a situation analysis and identify the main bottlenecks in the sector: coordination, human resources and the monitoring and evaluation capacities. UNICEF supported the review process as well as the development and implementation of an M&E system, which will begin in 2014.
- From September to December 2013, a series of preliminary activities took place in preparation of the launch of the GSF-funded CLTS programme, including a mapping of NGOs as potential implementation partners.
- Guidelines for the development of the district operational action plans were reviewed, simplified and finalised - as the process is based on the identification of bottlenecks, causality analysis, the development of corrective action for each area of responsibility of each PHCU, with participation by communities and health workers. These guidelines will be further utilised for district monitoring.
- The national protocol for the management of severe acute malnutrition was simplified (detection and discharge based on MUAC only, with cut-off for SAM at 115 mm, as per new WHO guidelines) and approved.

The absence of a formal policy on free health care for vulnerable groups, including children, remains a challenge. Users’ fees and inappropriate drug prescription patterns remain major financial barriers for access to basic health services by communities in rural areas. To increase coverage of high-impact interventions, the Government declared free malaria treatment for children under 10 years old in 2011, which was extended to the overall population in 2013. UNICEF will support the development of appropriate strategies and guidelines for effective implementation of this decision, and for mitigation of negative effects on primary health care facilities and their quality of service.

In general, national budget allocations for health remain low, leaving PHCUs and communities to fund their own services.

**Constrained**

**IR 4230/AO/04/416/016 IR 3.2:** At the end of 2013, the distribution and financing of human resources for health is strengthened through the introduction of performance-based financing and the reduction of disparities in the distribution of qualified personnel.

**Progress:**

- Two national experts from the Ministry of Health and one UNICEF staff were trained in Performance Based Financing (PBF). A South-South exchange visit was conducted to Rwanda. The study tour, led by the Ministry of Health, was conducted to learn how the Government of Rwanda implements PBF and to share experiences and lessons that are applicable to Togo.

Meanwhile, the implementation of PBF has not yet begun, hampered by the absence of a Minister of Health since September 2013. As a follow-up, a technical committee was set up by the MoH to prepare its application in the country.
Constrained

IR 4230/A0/04/416/017 IR 3.3: At the end of 2013, the procurement and the management of essential health commodities, with a focus on essential commodities for children, are strengthened to ensure quality health services in peripheral health facilities and at community level

Progress:
- The National Drug Policy was approved and validated. The new policy emphasises access to affordable, safe and quality essential medicines, with a focus on generic drugs. UNICEF advocated for the full inclusion of essential drugs/health commodities for children.
- UNICEF also supported in 2013 the development of a Supply Chain Management Plan for anti-malarial drugs and RDTs based on an assessment of the current system from central to peripheral level.

The supply chain of essential health commodities remains a challenge, and needs to be significantly strengthened to reach populations in need with life-saving commodities.

On-track

IR 4230/A0/04/416/018 3.5 The CSD programme benefits from technical assistance and administrative support for effective and efficient programme implementation.

Progress: UNICEF provided human resources support with the funds of this IR to support the implementation of strategies and activities to reach the results in the other IRs of this programme.

On-track

IR 4230/A0/04/416/019 IR 3.4: At the end of 2013, at least 80 per cent of all health facilities offering obstetrical services by qualified personnel offer basic neonatal care services.

Progress:
- 72.2 per cent (164/227) of all health facilities offering obstetrical services by qualified personnel offer basic neonatal care services
- In 2013, a total of 124 health practitioners were trained on the management of new-borns and basic neonatal care. That brings the total of Helping Babies Breathe-trained health practitioners to 224 countrywide. All trainees were provided with “ambu” bags and masks. From 2014, they will also receive a small “starter kit” to strengthen hygiene in the delivery room.
- The training module for health workers on the management of new-borns was updated in 2013.

PC 403 - Basic education and gender equity

On-track

PCR 4230/A0/04/402 4 - By the end of 2013, 2,000 school aged (between 6 and 15) boys and girls outside the basic education system are enrolled in school and 9,000 boys and girls of pre-school age (between 3 and 5) are enrolled in early childhood learning centres.

Progress:
- In 2013, UNICEF continued to promote inclusive education in Togo through the NGO Handicap International. A total of 793 children living with disabilities (including 195 children in 2013) were integrated into preschool and primary school over the three year project.
- In partnership with the NGO Terre des Hommes, an alternative model of education was tested for disadvantaged out-of-school children. Overall, 1,421 children and adolescents, including 855 girls (in 2013, 1,129 including 575 girls), were reintegrated into the formal schooling system during the three-year project.
- About 10,714 preschool pupils (5,563 girls) were enrolled in early childhood learning centres in the five regions, against a target of 9,000 children for the Country Programme. Eighteen additional centres were built to respond to the demand for community ECD.
- Though not a scientific study, the child-to-child census for out-of-school children helped sensitize decision makers, donors and community members alike on the extent of the problem. The study analyses factors of exclusion from schooling, an issue also raised by the recently completed Togo Education Country Status Report.
- In 2013, the results of the census were disseminated in all six regions and key recommendations for further actions were made. Such a census represents an opportunity for the alternative education model to be better tailored to the profile and needs of the out-of-school child and adolescent population.

A major challenge in 2013 was to sensitize communities on the importance of sending every child identified through the census back to school. Starting with the new programme in 2014, schools in 24 school inspectorates will be supported in an ongoing way to promote school enrolment, but also to ensure primary school completion. Particular attention will be provided to the monitoring of corrective actions and their effect on bottlenecks for completion, involving communities and parents.

The country witnessed multiple teachers’ strikes during the year, affecting implementation of the school curriculum and planned activities.
**On-track**

**IR 4230/A0/04/402/005 4.1 - By the end of 2013, at least 2,000 children outside the basic education system, including children with special needs are identified and their educational needs taken into account in order to achieve the EFA goals**

**Progress:**

- UNICEF promoted and piloted, in partnership with Handicap International, a model of inclusive education to facilitate the integration of children living with disabilities into mainstream education in two inspectorates of Kara and Sanaves region. Significant capacity building initiatives were undertaken and are changing the way children living with disabilities are being perceived both in the community and at school. In 2013, 244 teachers, as well as pedagogical advisers and inspectors at the national level (from the Ministry of Education and the Ministry of Social Action), were trained in inclusive education in the regions of Kara and Savanes, using a training manual approved by the Ministry of Education. Additionally, 144 teachers were trained in inclusive principles and special education teaching practices.

- In total, 793 children were integrated in school over the past three years and are regularly monitored by mobile teachers who provide support to teachers and help students’ integration in school. At the end of the 2012/2013 academic year, the overall student success rate reached 75% in Savanes (291 children successful) and 65% (97 per cent successful) in Kara. Based on comments received from teachers and parents, school is emerging as an undeniable agent of socialisation with very positive effects on children living with disabilities.

- UNICEF’s support to develop and test appropriate strategies and a model for non-formal education, in collaboration with the NGO Terre Des Hommes, was pursued in 2013. The experience showed that targeted efforts can help give a better chance to all children to access education. The model will need to be evaluated and formalised.

- Regarding alternative approaches for out-of-school children, approximately 1,421 children were identified and provided with education opportunities during the three-year project with Terre Des Hommes.
  - In the formal system, 1,129 (including 575 girls) attended school where they were integrated, maintained and given tutorials in the six targeted villages of the district of Vo and the big Market of Lomé.
  - In the non-formal system (“écoles relais” and literacy schools), altogether 292 (280 girls) were enrolled.

- By enabling marginalised children to receive education, the experience with Terre des Hommes will also help address issues of inequity in education and inform the development of vocational and non-formal education strategies.

**On-track**

**IR 4230/A0/04/402/006 4.2 - Regional Directorates of Education are supported to ensure adequate educational responses for children in emergencies**

**Progress:**

- In 2013, two regions finalised the Terms of References for their clusters. This activity suffered multiple postponements as a result of teachers’ strikes.

- Training was conducted for 30 cluster members, including school Directors. The training equipped them with a better understanding of emergency-related issues and the importance of emergency preparedness; they also understood their roles and responsibilities vis-à-vis children during crisis situations.

- UNICEF pursued efforts to support refugee children from Ghana by ensuring that they receive primary and pre-primary education. Overall, nearly 404 refugee children (204 girls) benefited from the distribution of textbooks and pedagogical equipment. Nine temporary teachers, including one ECD teacher, were also recruited to give English lessons to refugee children from grades 1 to 5.

Further capacity building needs to be done to train high-level officials in EPRP, make the clusters fully operational and advocate for some emergency budgeting in emergency-prone areas.

**On-track**

**IR 4230/A0/04/402/007 4.3 - At least 9,000 boys and girls between 3 to 5 years of age access quality pre-primary education including socialising, play and learning in 180 early childhood learning centres in the 5 regions.**

**Progress:**

- Over 10,714 preschool pupils (5,563 girls) benefitted from UNICEF support through 160 ECD centres. A total of 258 preschool teachers were trained in teaching and classroom management practices and their ECD centres received both pedagogical and material support in 2013.

- In 2013, the construction of nine new community ECD centres (483 children; 288 girls) was completed and contracts were signed for three additional ones (in the Savanes region) for 258 children. In total, 18 centres have now been built, bringing the total number of beneficiaries to 1,080 children over 2012 and 2013.

- A policy for early childhood was being developed in late 2013 by an inter-ministerial team set up for that purpose. With UNICEF’s support, a study is also being conducted on the level of preparedness with which children enter primary school after attending pre-school classes. This study will help inform the policy and will compare the various ECD models in terms of their cost and effectiveness. The national ECD team has been engaged in compiling information for the ECD chapter of the Togo Education Country Status Report and developing the ECD portion of the revised Education Sector Plan. Finalisation and dissemination of the policy, initially planned for 2013, was pushed to 2014 and will now benefit from additional analytical work.

A parent education manual for caring for 0-3-year-olds was being finalised in late 2013 and will be disseminated in 2014.
**On-track**

**PCR 4230/A0/04/412 5.** By the end of 2013, at least 72,000 boys and girls in 150 schools in all regions are receiving high quality child friendly primary education.

**Progress:**

- Overall, 135 schools completed their school improvement projects, benefiting up to 44,577 students (50 per cent girls) with an achievement rate of 90 per cent against the target of 150 schools for the Country Programme. Plans are underway for initiating 25 additional school improvement projects in 2014; the training of 225 actors is planned for December 2013 but had not started as of this writing.

- In the last month of 2012 and the first semester of 2013, important capacity building activities were conducted on the concept of the school improvement project as part of the Child-Friendly School (CFS) package and its implementation at the school level in all regions. About 305 people (72 women) including: six regional Directors of Education, school administrators, education advisers, inspectors, professors, facilitators/trainers, professors from teachers training institutes and NGO representatives were trained. Prior to the training, the methodology and tools were simplified and revised to make them more relevant and user-friendly for community use.

- The project has been strengthening community participation: while School Management Committees (SMCs) already exist in most of Togo’s primary schools, their full involvement in addressing education issues and in managing schools is not systematic. The 135 schools supported through this project have strengthened the capacity of their SMCs and have also adopted Codes of Conduct, which reinforce governance and accountability at the school level. The codes were developed for teachers and students to implement the child-friendly school approach, with a view to promoting non-violence, sensitising children about their rights and responsibilities and their participation in decision-making, engaging academic institutions at the decentralised and school levels and promoting peaceful conflict resolution.

- In addition, student governments were put in place in all 135 schools. This contextually new approach, which is guided by key CFS principles, is effectively promoting child participation with a special effort to ensure gender parity.

- A case study was developed on the preliminary impact of the initiative thus far and a briefing note was produced for information and further advocacy. A short video was also produced, showing how communities and schools are embracing this change and the children’s potential. The Ministry of Education takes great interest in this initiative. UNICEF continues to conduct advocacy to help expand this experience and ensure its sustainability. Further promotion of the initiative is built into the revised Education Sector Plan as a way of promoting quality and equity.

- In 2013, some 13,289 children in 60 schools – including six schools in the Savanes region, three schools in Kara and 51 schools in Maritime – were equipped with water and sanitation infrastructure and benefited from WASH education programme.

- From 2009 to date, 218 primary schools (87 in the Savanes, 33 in Kara, three in Centrale, one in Plateaux and 89 in the Maritime and 5 in Lome) have implemented the WASH in Schools approach benefitting a total of 74,531 school children.

---

**On-track**

**IR 4230/A0/04/412/005 5.1.** By the end of 2013, the capacities of MoE officials including school administrators, regional directorates and pre-school inspectors are strengthened to develop and implement school improvement projects (as defined at national level) in 150 schools in the Maritime, Plateaux, Centrale, Kara and Savanes regions.

**Progress:**

- Overall, 135 schools completed their school improvement projects, benefiting up to 44,577 students (50 per cent girls) with an achievement rate of 90 per cent against the target of 150 schools for the Country Programme. Plans are underway for initiating 25 additional school improvement projects in 2014; the training of 225 actors will have been conducted by end-2013.

- By end of 2013, 305 participants (72 women) including six regional Directors of Education, school administrators, education advisers, inspectors, professors, facilitators/trainers, professors from teachers training institutes and NGO representatives had been trained on the concept and implementation of school improvement projects in all regions.

- The project has been strengthening community participation: while School Management Committees (SMCs) already exist in most of Togo’s primary schools, their full involvement in addressing education issues and in managing schools is not systematic. The 135 schools supported through this project have strengthened the capacity of their SMCs and have also adopted Codes of Conduct, which reinforce governance and accountability at the school level. The codes were developed for teachers and students to implement the child-friendly school approach, with a view to promoting non-violence, sensitising children about their rights and responsibilities and their participation in decision-making, engaging academic institutions at the decentralised and school levels and promoting peaceful conflict resolution.

- In addition, student governments were put in place in all 135 schools. Student Government is a democratic organisation that allows students to participate directly in the management of their school through project design and management, to improve the school environment and conditions, even outside of school. The Ministry of Education takes great interest in this initiative. UNICEF continues to conduct advocacy to help expand this experience and ensure its sustainability. Further promotion of the initiative is built into the revised Education Sector Plan as a way of promoting quality and equity.

Implementation of the School Improvement Project by the NGO Aide et Action was initially delayed due to protracted processes at the national level. However, the initiative benefits from strong political and donor commitment. In September 2012, the Ministry of Education, UNICEF and Aide et Action decided on ways to expedite the process. The school improvement project is Togo’s strategy to ensure that schools are pursuing child-friendly principles in close collaboration with parent-teacher associations (PTAs).
**UNICEF Annual Report 2013 - Togo**

**IR 4230/A0/04/412/006 5.2** By the end of 2013, initiatives aimed at making schools more child friendly (environment, governance, protection, gender, tutoring for girls and boys) are supported in 150 schools in all regions.

**Progress:**
- In 2013, nine schools (six in the Savanes region and three schools in the Kara region) benefiting 2,904 children were provided with a complete WASH package (the construction of a borehole and ecological blocks of latrines, hand-washing facilities and hygiene education with the PHAST kit) through the “WASH in Schools” strategy. In the Maritime region, 51 schools received a complete WASH package using the manual drilling technology for the construction of boreholes, benefiting 10,385 children. By the end of the Country Programme, 260 schools benefiting a total of 52,943 children will have received a complete WASH package.
- The low-cost technology of manual drilling has made it possible to equip more schools, at an average cost of US$6000 for a borehole equipped with a pump.
- UNICEF, as one of the development partners in Education advocated with the Global Partnership for Education (GPE) to adopt manual drilling in areas where this is geologically possible – the GPE is funding the construction of 815 classrooms.
- A total of 17 schools in Kara and Savanes established school health committees made up of 20 members (10 boys and 10 girls), benefitting 5,100 children in 2013. A total of 51 teachers in these schools were trained in the Participatory Hygiene and Sanitation Transformation approach to promote safe hygiene practices in their schools. School Health Committees will also be set up in 51 schools in the Maritime region.

**Constrained**

**IR 4230/A0/04/412/007 5.3** By the end of 2013, non-discriminatory teaching methods, based on the school without violence approach and respecting girls’ rights, are acquired and used in class by at least 2,200 primary school teachers in five regions of Togo.

**Progress:**
- The training module for teachers in non-discriminatory teaching methods was revised and updated by the Ministry of Education to integrate children’s rights and strategies to prevent school violence. Revision of the module delayed the training, which is now expected to begin in 2014.
- Capacity-building activities continued to be constrained by recurrent teachers’ strikes, which have involved inspectors and teachers in meetings and consultations delaying the implementation of planned activities.

**On-track**

**PCR 4230/A0/04/413 6 - At least six national policy, structural, planning and management initiatives related to the Education Sector's Development Plan are developed and supported.**

**Progress:**
- UNICEF continues to advocate for the integration of volunteer teachers (who make up to 30 per cent of primary school teachers). As a result, the Government decided to organise an exam to integrate 5,000 of them on the public sector payroll.
- As a Chair of the Education Donor Group, UNICEF continued to play a key role in upstream work, managing the process leading to a revised Education Sector Plan leading up to 2025 (instead of 2020). As part of the revision of the ESP, the Togo Education Country Status Report was prepared, providing a comprehensive and updated picture of the education sector and an analysis of gender and other inequities in accessing quality education.
- In the process, the CO not only coordinated the Education Donor group, but also managed GPE funding, contracting consultants, supporting national workshops and providing technical assistance.
- UNICEF also supported the preparation of the ESP Annual Review. Following coordinated advocacy by development partners, the Ministry of Basic Education and Literacy agreed to integrate ECD into the upcoming new version of the ESP. Non-formal education for out-of-school children is also part of the agenda and was strategically integrated into the ESP.
- To support the development of inspectorate plans, the bottleneck analysis methodology was introduced and integrated in the inspectorate and schools databases. A total of 45 inspectorates have been piloting this approach to develop their operational plans and better address equity issues. A comprehensive users’ handbook was developed to guide the work of all of the 61 inspectorates of Togo, which will be preparing their plans in 2014 based on this methodology.

**Constrained**

**IR 4230/A0/04/413/007 6.1** By 2013, information and management tools for the education sector are developed at national, regional and inspectorate levels and capacities of MoE officials are strengthened for planning and decision making.

**Progress:**
- As Chair of the Education Donor Group, UNICEF played a critical role in the preparation of the ESP Annual Review, which focused on an assessment of the performance of the sector during the past three years. This review took place just before the initiation of the revision of the ESP. UNICEF supported the development and finalisation of the Aide Memoire.
- UNICEF also played a key role in managing the process leading to a revised ESP leading up to 2025. Recommendations made during the ESP Annual Review are regularly followed up during monthly coordination meetings.
- As sector lead for education, UNICEF coordinated the Government's successful application for a US$250,000 GPE grant to fund the ESP revision exercise and ensure an equity focus, in particular taking into account literacy and non-formal education for out-of-school children. UNICEF was not only involved in coordinating the process but drafting TORs, recruiting and managing consultants, making significant technical inputs in the whole process and ensuring information and participation of all
stakeholders.

- As part of the review of the ESP, the Togo Education Country Status Report was prepared: since the previous report was written in 2007, the review has provided a comprehensive and updated picture of the education sector and an analysis of gender and other inequities in accessing quality education. In addition to the regular country report, four additional chapters were completed, including one on ECD as a result of partners’ coordinated advocacy and one on literacy and non-formal education. All chapters were finalised in late 2013 and about to be published.
- The ESP updating process is currently in its last stage. Despite a late start, the calendar was respected, to help the Government of Togo to submit on time its proposal to the GPE for additional funding (second phase).
- UNICEF successfully used the monthly coordination meetings to regularly share information, plans or results, to ensure transparency among the donors/partners group.
- In support of the development of Inspectorate Plans, the bottleneck analysis methodology was introduced and integrated in the inspectorate and schools dashboards. A total of 45 inspectorates have been piloting this approach to develop their operational plans and better address equity issues. A comprehensive users’ handbook was developed to guide the work of all the 61 inspectorates of Togo, which will be preparing their plan in 2014 based on this methodology.
- UNICEF remains a key partner of the Ministry of Primary and Secondary Education and Literacy for production of the yearly statistical booklet. The 2012 booklet became available in early 2013 and served as a reliable reference for planning, analysis and projections carried out during the ongoing review of the ten-year education sector programme. Support and feedback were also provided to the Ministry for data collection towards the publication of the 2014 statistical booklet.

In 2014, UNICEF will seek to reduce disparities in completion rates in 24 school inspectorates in the Savanes and Plateaux regions by developing school-level projects and monitoring bottlenecks as a decision-making tool at the level of schools and inspectorates, and mobilising the community to promote local initiatives/corrective actions aimed at reducing school dropout rates, the establishment of tutoring, the integration of out-of-school children and the prevention of early marriages.

Decision-makers are involved in the process of the bottleneck analysis. This ensures that they receive the data they need, and have ownership over both the results and the way in which they are collected.

**IR 4230/AO/04/413/008 6.2 - By the end of 2013, support is provided to the Ministry of Education for human resource management, with a focus on the issue of volunteer teachers as an accompanying measure to the abolition of school fees’ initiative**

**Progress:**

- The recent decision of the Government to recruit 5,000 volunteer teachers is a major result of significant advocacy by UNICEF on the issue of volunteer teachers, who make up 30 per cent of the teaching force. As a result, the Government decided to organise a competitive examination aiming at integrating the 5,000 volunteer teachers into the Ministry's workforce.
- UNICEF supported three 10-day training sessions, organised to build the capacity of 4,967 volunteer teachers, allowing them to improve their knowledge and teaching practice in class. More than 95 per cent of these teachers succeeded in the national recruitment competitive examination organised by the Ministry of Education in August 2013, allowing them to be integrated into the Ministry’s workforce.

**IR 4230/AO/04/413/009 6.3 By 2013, effective inclusive education strategies and policies for early childhood development are in place to implement the Education sector’s plan for universal school readiness.**

**Progress:**

- The promotion and piloting of a model of inclusive education to facilitate the integration of children living with disabilities into mainstream education is in its third year of operation and is planned to be evaluated in 2014. While a formalised model is yet to be adopted, inclusive education has been integrated into the revised Education Sector Plan.
- In 2013 the pilot programme was implemented in partnership with WHO, which contributes to the functional rehabilitation of children with disabilities, and OHCHR, which works on the rights of persons with disabilities and the harmonisation of the national legislation with the international convention.
- The launch of the 2013 edition of UNICEF’s State of the World’s Children, on children with disabilities, in June 2013 was used as an opportunity to give visibility to this initiative and advocate for inclusive education. The official launch took place in Kara, where this project is being implemented, in the presence of the Ministers of Planning and Social Action and the Minister of Education, Handicap International, the Togolese Association of People living with disabilities in Togo, WHO and OHCHR.
- UNICEF worked closely with UNESCO on the development of a national literacy and non-formal education strategy. The experience with the NGO “Terre Des Hommes” will help address issues of inequity in accessing education and inform the development of non-formal and vocational education alternatives.
- The development of the early childhood policy is still in its initial stage. A draft policy document was expected in 2013 but was delayed due to: (i) data collection on key parenting practices throughout the country to inform the policy, which required extensive work; (ii) data collection for the ECD chapter in the Country Status report; (iii) the production of a study on pre-primary education and children’s readiness for primary education, as part of a regional research project. However these important undertakings will provide valuable insights into the planning of strategic interventions at the national level and will be useful to inform the new ECD policy.
- The appointment of a new Government following the legislative elections resulted in the literacy non-formal education department being attached to the Ministry of Social Affairs and Women. As the ESP revision was underway, high-level meetings
with the new ministry took place to facilitate the transition. Further clarification is required as to how the department will now operate, especially at the decentralised level.

- Inclusive education was integrated in the updated Education Sector Development Plan as one of the equity strategies.

### PC 404 - Child protection

#### PCR 4230/A0/04/409 9

By the end of 2013, situations related to infanticide, early marriage, the placement of children in voodoo convents and the phenomenon of children accused of witchcraft, that place children at risk, create vulnerability and violate children's rights, are reduced by 20 per cent through targeted interventions in seven districts (Kpendjal, Dankpen, Kéran, Binah, Kosah, Vogan and Moyen Mono).

**Progress:**

- As part of Togo's activities for the commemoration of the Day of the African Child, 35 traditional chiefs, voodoo priests and religious representatives held a national forum, resulting in a signed declaration of commitment to protect children from harmful practices.

**Attitudes and Practices survey** to be conducted in the first quarter of 2014 will support advances in the area of social and behaviour changes.

Although great results have been achieved in social and behaviour changes in Togo, quantitative data is not available yet. A Knowledge, Attitudes and Practices survey to be conducted in the first quarter of 2014 will support advances in the area of social norms and harmful practices against children.

The collaboration initiated with the voodoo priests and religious leaders in 2013 increased their commitment to integrate children's rights, are

- The declaration aligns with the 2013 theme of the Day of the African Child, "Eliminating harmful social and cultural practices affecting children: our collective responsibility." The declaration integrates child protection into cultural and social practices and highlights seven key points on which traditional and religious leaders have committed to take action. The national forum marked the end of the UNICEF-supported regional consultations in each of Togo's six regions, which brought together 165 village chiefs and voodoo priests and 360 children, committed to develop adequate strategies to join child protection and tradition and culture in their communities.

- A national strategy for the prevention of harmful traditional practices was developed and will be implemented in 2014.

Although great results have been achieved in social and behaviour changes in Togo, quantitative data is not available yet. A Knowledge, Attitudes and Practices survey to be conducted in the first quarter of 2014 will support advances in the area of social norms and harmful practices against children.

The collaboration initiated with the voodoo priests and religious leaders in 2013 increased their commitment to integrate child protection in cultural and traditional practices. The challenge is to maintain the momentum and provide necessary support.

**IR 4230/A0/04/409/006**

IR 9.3: The Child Protection Programme benefits from technical assistance and administrative support for effective and efficient programme implementation.

**Progress:** UNICEF provided human resources support with the funds of this IR to support the implementation of strategies and activities to achieve the results planned in the other IRs of this programme.

**On-track**

**IR 4230/A0/04/409/007**

IR 9.1: By the end of 2013, the capacity of 100 Government and civil society actors and 2500 religious and community leaders will be enhanced to implement a communication strategy for reducing harmful practices including infanticide, early marriage and placement of children in voodoo convents.

**Progress:**

- National and regional tradition leaders' fora were organised as part of the celebration of the Day of African Child, which led to a declaration on the elimination of social and cultural practices affecting children.

- 32 persons (including eight women) enhanced their competencies in C4D for Child Protection and their readiness to implement a communication strategy in child protection. They contributed to the development of a national strategy for the prevention of harmful traditional practices.

- Through regional consultations held in the six regions 305 persons, including 120 children, contributed to the definition of locally adapted strategies to address harmful practices against children.

Good collaboration with the voodoo priests and religious leaders increased their commitment to reconcile cultural and traditional practices with child protection. The challenges are to be able to maintain the momentum and have necessary funds to support the implementation of the declaration on harmful practices.

**On-track**

**IR 4230/A0/04/409/008**

IR 9.2: By the end of 2013, progress made through communication interventions aiming at social change and reduction of harmful practices is documented.

**Progress:**

- A communication strategy addressing harmful traditional practices was developed and will be implemented in 2014.

- 165 religious leaders were sensitised on harmful traditional practices at a national forum organised during the commemoration of the Day of the African Child.

Finding enough resources to support the implementation of the communication strategy remains a big challenge. UNICEF continues to advocate with its partners.
UNICEF Annual Report 2013 - Togo

On-track

**PCR 4230/A0/04/420 7** - By the end of 2013, parliamentarians, Government officials, local authorities and professionals involved in children’s issues and children in the six regions of the country are aware of and uphold the rights of children, especially in relation to birth registration, child labour, child trafficking and child abuse.

**Progress:**
- From 2008-2013, a total of 7,574 children in conflict with the law (3,407 in 2013) including 3,211 victims of violence (2,055 girls and 1,156 boys) and 185 child offenders (170 boys and 15 girls) benefitted from legal assistance, psychosocial and medical support. 1,869 (184 in 2013) cases of severe violence and mistreatment involving children were prosecuted. Among the perpetrators arrested and prosecuted, 114 (6 per cent) were convicted and sentenced.
- A situation analysis of the birth registration system was completed in 2012 followed with a bottlenecks analysis. The identified bottlenecks included unavailability of essential commodities; poorly qualified human resources; limited awareness on birth registration; delay between registration and issuing of birth certificates, high indirect costs (transport, time from work); mothers cannot register a child without the presence of the father (social norms) among others. The monitoring exercise that was conducted in two pilot districts of Kara and Savanes regions helped to achieve good results as birth registration rates increased from 11.1 per cent to 77.0 per cent in Oti district and from 29.5 per cent to 40.0 per cent in Kosah district after six months of implementation of corrective measures identified jointly by all stakeholders. Activities will be strengthened in 2014 and the approach will be rolled out to 15 additional districts including four in Savanes, six in Kara and five in Lome commune regions.

Although there has been a significant increase in the reporting of cases of violence against children, prosecution rates remain very low because children’s issues are not prioritised and many professionals working in the Justice sector lack the willingness to handle children in contact with the law in a manner that conforms to the basic tenets of the rule of law in relation to the treatment of children under such circumstances.

**Insufficient financial resources hampered progress in the implementation of the Level 3 Monitoring (L3M) of birth registration, which aimed to assist in transforming the Togolese birth registration system into a more child-sensitive system.**

On-track

**IR 4230/A0/04/420/001 IR 7.1:** By 2013, the capacities of 5,500 persons including law enforcement officers, social workers, health personnel, community leaders, in charge of children's issues are enhanced to use and apply the legal framework addressing child protection in Togo.

**Progress:**
- Through training workshops on child rights and child protection organised by the Ministry of Social Action (MOSA) with UNICEF’s technical and financial support, 6,044 front line child protection actors including 250 law enforcement officers (135 in 2013), 126 health workers (76 in 2013), 470 social workers, 370 teachers, 96 members of child protection coordination bodies at regional and district levels (66 in 2013) and 4,738 community leaders and members of community based child protection networks acquired better and common understanding of child rights (367 in 2013). They revisited linkages between different components of the Child Protection system and identified strengthening strategies to improve case management and referral mechanisms.
- Integrating comprehensive training modules on child rights into the training curricula for police officers was completed in partnership with the International Bureau for Children’s Rights (IBCR). A total of 30 police officers were trained as trainers. UNICEF advocacy succeeded in the adoption of a ministerial decree that includes a mandatory course of 40 credit hours on Child Rights in the basic training of police and security forces.
- UNICEF supported the Government of Togo for the reporting process on the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and the Welfare of the child. The child protection coordination mechanism at national level finalised and validated the road map for the dissemination of the CRC and African Child Welfare committees’ concluding observations. A total of 5,000 copies of the recommendations were printed and widely distributed among stakeholders.

Because of legislative elections planned for July 2013, training of parliamentarians’ on Child rights was postponed.

On-track

**IR 4230/A0/04/420/002 IR 7.2:** By 2013, at least 1000 children in conflict with the law and 2,600 child victims access counselling and legal aid in accordance with international standards regarding Juvenile Justice and the Togolese “Code de l’Enfant”.

**Progress:**
- Between 2009 and 2013, a total of 7,574 children in contact with the law (3,407 in 2013) – including 3,211 victims of violence (2,055 girls and 1,156 boys) and 185 child offenders (170 boys and 15 girls) – benefitted from legal assistance, psychosocial and medical support. Prosecutions were brought in 1,869 cases of severe violence and mistreatment. Among the perpetrators arrested, 114 were convicted and sentenced.
- Through the partnership with BICE (a local NGO working on Juvenile justice) 535 children (185 in 2013), including 170 boys and 15 girls in conflict with the law, benefited from legal assistance and psychosocial support. Among them, 179 children (132 boys and 47 girls) benefited from alternative measures to detention and were released from prison and reintegrated into their families; of these, 21 children were placed as trainees in vocational training and 37 children of school age were reintegrated into primary school.
About 75 law enforcement officers in Lomé Commune, Maritime and Plateaux regions were trained on child-sensitive legal procedures, alternatives to detention and the protection of child victims of violence and received a copy of the "Children Code". After the three-day training, they committed to involve social workers in the management of cases involving children.

On-track

**IR 4230/A0/04/420/003 IR 7.3**: By 2013, the percentage of children registered within 45 days of birth has increased from 78 per cent to 85 per cent.

**Progress:**

- A situation analysis of the birth registration system in Togo was completed in 2012, with UNICEF’s support, and a five-year national strategic plan was developed. The study was coupled with a bottleneck and causality analysis conducted in two pilot districts (out of 36). After the causality analysis a set of corrective actions was developed and included in an action plan. Two more districts developed birth registration action plans, which will be implemented in 2014. The strategy will be rolled out to 17 more districts (5 in Lomé and 12 in Kara and Savanes regions).

- Six months after the start of the implementation of the corrective measures a new monitoring session was held in both districts with the following findings: on the supply side there was an increase in the availability of birth registers (from 28 per cent in December 2012 to 100 per cent in June 2013) and qualified birth registration officers (from only 7.7 per cent to 53.8 per cent). This led to an improvement in birth registration rates: from 41.8 per cent to 85.1 per cent in Oti district and from 29.5 per cent to 51.53 per cent in Kosah district during the same period.

- UNICEF provided the 80 newly qualified birth registration agents with birth registration books and bicycles to facilitate their work and supported regular supervision; on the demand side social mobilisation activities were supported through community health workers and the media.

- Two additional districts developed birth registration action plans, to be implemented in 2014, and 69 local authorities, civil registration agents, traditional leaders and community members (including 16 women) were familiarised with bottleneck analysis in birth registration and are able to roll out the exercise. The strategy will be rolled out to 13 more districts (five in Lomé, five in Kara and three in Savanes regions).

The monitoring exercise conducted six months after the implementation of corrective measures in two pilot districts demonstrated that birth registration rates could potentially increase with minor investments in the system. However, rolling out the strategy remains a challenge due to limited funding and variable levels of interest by local governments. To ensure sustainability of the initiative, UNICEF pursues its advocacy for additional funding by Government and development partners.

On-track

**IR 4230/A0/04/420/004 IR 7.4**: By 2013, 5,600 children and members of school clubs, the consultative council and other organisations are equipped with the knowledge and capacity to promote and claim their Rights.

**Progress:**

- An evaluation of child rights clubs was conducted to assess the strengths and weaknesses of the approach compared to other child participation approaches. The evaluation revealed that child rights clubs’ activities were critical for strengthening members’ capacities to promote and claim their rights, but their impact on schools and communities was limited. The recommendation was to move towards other strategies, such as “student governments” and harmonise child participation approaches at national level.

- 6,920 children (245 in 2013) were empowered to actively participate in activities aiming to promote and protect their rights. This includes 245 members of the children’s consultative council who actively participated and contributed to the post MDG debate and to the regional consultations on harmful practices during the preparation of the commemoration of the “Day of the African Child”.

In the next Country Programme (2014-1018), adolescent empowerment will be enhanced by the introduction of life skills education in primary schools and in programmes run by NGOs. This will strengthen protection and participation of children by preventing violence in schools, establishing student governments and training in the rights of the child.

**PC 405 - Social policy and partnership**

On-track

**PCR 4230/A0/04/406 8**: By the end of 2013, vulnerable children have access to basic social services and social protection services as defined by the National Social Protection Policy and its strategic Plan.

**Progress:**

- Since 2008, about 26,931 vulnerable children (3,407 in 2013) – including 7,039 girls and boys victims of violence – accessed a comprehensive package of services comprising family reunification, school reintegration, vocational training, psychosocial and medical support and legal assistance through partnership with NGOs and the integrated mechanism for protection of children victims of violence and abuse managed by MOSA with UNICEF’s support.

- UNICEF collaborated with other development agencies (WB, UNDP, ILO and WHO) to support the development of a national social protection policy that was validated in June 2012. Subsequently, the national social protection strategy and budgeted
action plan were developed and validated in November 2013 by the National Social Protection Committee, with the support of an expert recruited by UNICEF. Advocacy for its adoption by the Government and the allocation of financial resources for its implementation will continue in 2014.

Despite the inclusion of a full section on Social Protection in the PRSP, government ownership of the national policy and strategy remain modest; advocacy will continue.

Shifting from an issue-based child protection programme towards a system-building approach poses significant challenges due to limited resources and the absence of an integrated approach as a result of existing structural arrangements within the Government.

**On-track**

**IR 4230/A0/04/406/001 IR 8.1:** By 2013, the capacities of communities and community-based structures in the regions of Maritime, Kara and Savanes are enhancing their networking for a strengthened protection of vulnerable children.

**Progress:**
- With UNICEF support, 1,022 community-based networks for child protection have been created at the village level in six regions. These networks contribute to the prevention of child rights violations, early detection and referral of vulnerable children to specialised services and re-integration of children in their biological families (for example after having been trafficked). Members are elected by the community and work on a voluntary basis. However, many of the networks are not functioning.
- An inventory of functional community-based child protection structures was conducted in Lome Commune, Maritime, Kara and Savanes regions. A total of 615 structures were identified as fully functional: 254 in Kara, 216 in Savanes, 75 in Maritime and 70 in Lome Commune. UNICEF will support their strengthening in 2014.

In the new Country Programme, the national system of child protection will be strengthened through the consolidation of community-based structures and to ensure that all members of the community work together through the establishment of appropriate mechanisms adapted to their context.

**On-track**

**IR 4230/A0/04/406/004 IR 8.3:** By the end of 2013, at least 20,000 vulnerable children (girls and boys) identified by community-based mechanisms and including children affected by emergencies are supported with an adequate package of services (care and protection) and are followed up through an integrated national mechanism.

**Progress:**
- Based on the agreement signed between UNICEF, GoT, TDH and Plan Togo, technical and financial support was provided to the integrated mechanism for protection of children, victims of violence and abuse (CROPESDI). UNICEF also actively participated in the steering committee and technical working group that was created to provide advice on the CROPESDI’s management and related issues.
- Since 2009, a total of 7,039 cases of violence against children, including 1,486 in 2013 (620 boys and 866 girls), were reported to the child helpline and received assistance and protection through the CROPESDI and its partners. The helpline aims to be an accessible and child-friendly reporting system that provides advice, support, referral and follow-up services to children experiencing violence and/or abuse in Togo.
- Since 2008, about 26,931 vulnerable children (3,407; 2,155 girls and 1,252 boys in 2013) identified by community-based mechanisms were supported with an adequate package of services comprising education, medical and psychosocial support, family reintegration, legal assistance, vocational training. Among those accessing the package were 1,249 children affected by HIV and 208 girls involved in prostitution.

Next steps will consist of scaling up the “Allo 1011 helpline and referral mechanism” initiative, by consolidating the Lome mechanism and expanding it to two more regions of Togo - where the majority of children and adolescents live. Scaling up the Centre will require leveraging of additional resources.

Although some innovative strategies have been initiated to create and strengthen linkages between formal and non-formal child protection systems and to reach a greater number of vulnerable children, limited Government financial and human resources for child protection and MOSA’s weak supervision and monitoring capacity are amongst the main bottlenecks that hampered the achievement of expected results.

**On-track**

**IR 4230/A0/04/406/005 IR 8.4:** A national data collection and management system is established to guide and ensure increased effectiveness of interventions in favour of vulnerable children.

**Progress:**
- A child protection dashboard was produced in 2012 and lessons learned from the exercise supported the national Child Protection coordination mechanism to revise data collection tools. A total of 210 persons were trained in data collection in 2013. Data has now been collected and is being analysed by the national directorate for statistics for the production of the

The main challenge is supporting the Government of Togo to create an integrated monitoring system that will contribute to the production of a dashboard on an annual basis.

On-track

IR 4230/A0/04/406/006 IR 8.2: The capacity of senior officials from key ministries in Social protection (Ministries of Social Action, Health, Education, Planning, Labour and Finance) is enhanced and results of the preliminary studies are used for the formulation of a National Social Protection Policy with a focus on women and children.

Progress:

- The adoption of the draft National Social Protection Policy validated in June 2012 was delayed due a change in Government (Minister of Labour), following the July 2013 parliamentary elections. Advocacy is being pursued at high level.
- More than 100 representatives of key ministries involved in Social Protection (the majority of them members of the National Social Protection Committee created by a ministerial decree) and civil society were familiarised with the social protection concept and contributed to the drafting and the validation of the national social protection policy and strategy and a budgeted action plan.

The main challenge is that the national social protection policy that was technically validated in June 2012 is yet to be adopted by the Government. As the UN agency lead for social protection in Togo and the co-chair (with the Ministry of Labour as co-chair) of the PSRP committee on Social Protection, UNICEF will continue to advocate for keeping social protection high on Government’s agenda, and for the allocation of a budget for the implementation of social protection programmes targeting children living in poor households.

On-track

PCR 4230/A0/04/417 PCR.11. By the end of 2013, social programmes mobilise additional resources for the implementation of interventions for children (both boys and girls), especially the most vulnerable, including in contingency planning for natural disasters and other emergencies

Progress:

- During the last two years, UNICEF strengthened partnerships with the media working with children in order to promote children’s rights and participation in Togo through the production and broadcasting of more than 250 radio and TV spots and programmes. Partnerships were established with six radio stations (two in Lomé and four in Kara and Savanes regions) and two national TV stations.
- UNICEF provided technical and financial support for the production of a video focusing on all the major initiatives implemented in the country to promote Girls’ Education. This video was broadcast to 400 schoolchildren and on national TV on the occasion of the celebration of the International Day of the Girl Child under the theme Innovating for Girls’ Education, in recognition of the importance of fresh and creative perspectives to propel girls’ education forward.
- UNICEF strengthened partnerships with local and national media working on children’s issues to promote good practices in favour of children’s rights and increase the visibility of the situation of children and women in Togo.
- A video package and documentary were also produced to increase the visibility of the project ‘Scaling up LLIN coverage’ in Lomé and other malaria-prevention interventions in four districts of the Savanes region.
- UNICEF Togo launched this year’s edition of UNICEF’s flagship publication, State of the World’s Children in June 2013. The official launch gave UNICEF Togo an opportunity to advocate for inclusive education in the presence of a panel composed of the ministers of Planning and Social Action and the Ministry of Education Chief of staff, as well as influential actors such as Handicap International, the Togolese Association of People living with disabilities in Togo, WHO and OHCHR.

UNICEF Togo raised US$5,714,257 in 2013; more than double the OR amount raised last year. However, wide disparities across programmes still exist. For example, Child Protection has not received any funds, while Child Survival and Development was funded at US$4,764,134.

For the 2008-13 country programme cycle, Togo raised 95.4 per cent of the OR ceiling (US$37,513,000 as updated in 2012).

On-track

IR 4230/A0/04/417/001 IR 11.1. By the end of 2013, an evidence-based advocacy paper is developed to influence national debates on the situation of children (both boys and girls) in Togo for a full implementation of the CRC and initiatives are taken to mobilise resources for children

Progress:

- Advocacy at the highest level was carried out to ensure that national policies are better focused on children, through face-to-face discussions with high-level decision makers, data dissemination, joint work with development partners and communication materials and activities. Five thematic areas were identified at the beginning of the year: advocacy for children’s right to survival, in line with the global initiative ‘A Promise Renewed’, focused on the health sector budget allocation; supporting clarification of the administrative status of volunteer teachers in the primary education sector, including the regular payment of their salaries; validating the National Social Protection Policy; ensuring the systematic registration of all children at birth, and eliminating mother-to-child transmission of the HIV virus.
- On the occasion of United Nations Week in Togo, UNICEF took the initiative to collect hundreds of signatures (including those of
the Prime Minister of Togo, the President of the National Assembly, the Minister of Planning and the UN Resident Coordinator) in support of the global movement “Committing to Child Survival: A Promise Renewed”. This was an opportunity to mobilise and intensify action to accelerate the reduction of child mortality in Togo.

- UNICEF Togo launched this year’s edition of UNICEF’s flagship publication, State of the World’s Children in June 2013. This official launch provided an opportunity to UNICEF Togo to advocate for inclusive education, in the presence of a panel composed of the ministers of Planning and Social Action and the Ministry of Education chief of staff, and influential actors such as Handicap International, the Togolese Association of People Living with Disabilities in Togo, WHO and OHCHR.

- On October 18th 2013, the Ministry of Social Action of Togo, in collaboration with UNFPA, Plan Togo and UNICEF supported the broadcast of a video focusing on all the major initiatives implemented in the country to promote Girls’ Education. It was viewed by 400 schoolchildren and on national TV on the occasion of the celebration of the International Day of the Girl Child under the theme ‘Innovating for Girls’ Education’.

- Throughout the year, 13 human interest stories, three video packages, three documentaries, and 14 press releases were produced for advocacy purposes.

**On-track**

**IR 4230/A0/04/417/002 IR 11-2** By the end of 2013, strategic partnerships with the media are established to disseminate information and give visibility to interventions for children and to promote children’s participation (giving equal attention to boys and girls) in the development and implementation of child-focused policies and programmes

**Progress:**

- Over the last two years, UNICEF strengthened partnerships with the media, resulting in the production and broadcasting of more than 250 radio and TV spots and programmes. Partnerships were established with six radio stations (two in Lomé and four in Kara and Savanes regions) and two national TV stations (TNTV & LCF). Similar partnerships are being developed with additional radio stations in Kara, Savanes and Maritime regions.

- A press conference and two field visits were organised for 19 media representatives to promote the water facility and nutrition projects implemented by UNICEF with European Union funding.

- Twenty-five journalists from the regions of Kara and Savanes were trained in the CLTS approach to take an active role in promoting sanitation and create interest in CLTS in other parts of the country. This brings the total number of journalists trained from 2011 to 2013 to 66.

- UNICEF established a partnership with a popular Togolese music group, ‘Toofan’, in support of the hand-washing campaign. This group agreed to write a special song on hand-washing, which was launched in July 2013. Toofan also recorded a special TV/radio spot to promote hand-washing. The spots and the video clip of their song are being aired on the broadcast media covering the whole country with an estimated audience of over 2.5 million people.

The social and political structures of Togo and its level of economic development affect the way the media works. As journalists are not well paid, they usually leave the profession in search of a better job. This leads to frequent staff changes in the media environment and some unethical behaviour. It therefore becomes essential to strengthen journalists’ skills regularly to try and maintain a certain level of quality in the production of programmes and reports on the situation of children and women.

**On-track**

**IR 4230/A0/04/417/003 IR 11.3** By the end of 2013, the budget allocated to programmatic interventions for children, especially the most vulnerable (both boys and girls), is increased through resource mobilisation efforts of the Togo-UNICEF cooperation programme

**Progress:**

UNICEF Togo raised US$5,714,257 in 2013; more than double the amount raised the previous year. However, wide disparities across programmes still exist. For example, Child Protection has not received any funds, while Child Survival and Development was the most heavily funded, at US$4,764,134.

For the 2008-13 country programme cycle, Togo raised 95.4 per cent of the OR ceiling (US$37,513,000, as updated in 2012).

The complex and still fragile socio-political environment has an impact on the economy of the country. Although the Government is open to innovative strategies to improve the situation of children and women in the country, these are largely dependent on donor aid.

**IR 4230/A0/04/417/004 11.3.1** Plans of visibility elaborated on the basis of the financing granted by donors are carried out in collaboration with other sections (press conferences, visits to national committees, capitalisation reports, etc.)

**IR 4230/A0/04/417/005 11.3 Resource Mobilisation**

**On-track**

**PCR 4230/A0/04/418 PCR 12.** By the end of 2013 mechanisms for rights-based, results-based programming, including a focus on gender and equity, are implemented for strategic orientation and programme development with national partners, UN partners and donors and result in more efficient use of resources for children (both boys and girls) and women in the UNICEF-Togo CPAP.

**Progress:**

- In June 2013, the UNICEF Executive Board endorsed the GoT-UNICEF CPD 2014-2018. Following the endorsement, the new Country Programme plan of action was prepared. Based on assessments of the realisation of children’s and women’s rights and
capacity analysis of key duty-bearers.

- The Planning and Monitoring Unit continues to support programme sections for the mid-year and annual review and for the development of results-based rolling work plans with comprehensive results frameworks that include clear indicators with baseline and targets.

**On-track**

**IR 4230/AO/04/418/001 IR 12.1.** By the end of 2013, partners at central and decentralised levels apply rights-based and results-based programming with a focus on human rights, gender, preparedness and response to emergencies, in the planning, implementing and monitoring process of policies and programmes and use HACT procedures for achieving sustainable results for children

### Progress:

- Mid-year and annual reviews were conducted to monitor progress in the implementation of the programme, with the involvement of partners from the national and sub-national levels. The reviews offered opportunities to make recommendations based on lessons learned and refine the activities for the second semester of 2013.

- The Country Management Team (CMT) reviews on a monthly basis the Office management indicators, including budget implementation, donor reporting and DCT liquidations. The CMT monitoring of programme financial implementation has contributed to a significant reduction in the number of outstanding DCT.

- Programme sections developed quality assurance plans which were monitored during CMT meetings. Both Finance and Programme staff participate in spot-checks. In addition to the debriefing conducted by UNICEF staff at the end of the exercise, systematic written feedback is provided to implementing partners and copied to the unit in charge of UN coordination in the Ministry of Planning.

- In 2013, 30 NGO staff (chefs and accountants) with a PCA with UNICEF were trained on HACT and financial management. Trained partners now have the capacity to access, manage and report on funds and programmes through a common, simplified approach.

The quality of reporting during the mid-year and annual reviews remains weak - with very limited documentation of quantitative objectives. UNICEF continues to play a leadership role to accelerate progress in implementing HACT at the UN level.

**On-track**

**IR 4230/AO/04/418/003 IR 12-2** By the end of 2013, newly strategic national documents including the second PRSP and related Priority Action Plans, UNDAF, UNICEF CPD, are based on recent national surveys, evaluations and analysis of the situation of children and focus on child-centred programmes and interventions with adequate budgetary allocations to the social sectors to ensure equity in the fulfillment of the rights of all children (both boys and girls)

### Progress:

- UNICEF Togo designed a new Country Programme Document (CPD) and a Country Programme Action Plan (CPAP) based on assessment of the realisation of children’s and women’s rights and capacity analysis of key duty bearers.

- The CPD and CPAP were developed through a participative process involving about 294 partners and 40 children who were consulted through four workshops, including two at the decentralised level. The CPAP 2014–2018 was validated by high-level participants from the Government, NGOs, other UN agencies and key programme partners. The CPAP was signed by the Representative of UNICEF and the Ministry of Planning and Development simultaneously with the signing of the United Nations Development Assistance Framework (UNDAF) and CPAPs of other UN agencies. This was to ensure the link between the agencies’ country programmes and the priorities set in the UNDAF 2014–2018.

- The preparation of the UNDAF for 2014-2018 was initiated in the early stages of the validation of the Government’s poverty reduction strategy plan, ‘Strategy for Accelerated Growth and Employment Promotion’ (SCAPE 2013-2017), with which the UNDAF is aligned.

The UNICEF Country Programme (2014-2018) also supports the national priorities of the SCAPE and includes three main programme components and a component for socioeconomic analysis and advocacy. A monitoring and evaluation plan describes the various studies, evaluations and operational research needed to document programme outcomes and expand information on the situation of children, including socioeconomic, geographical and gender disparities.

**On-track**

**PCR 4230/AO/04/423 PCR 10** - By the end of 2013, policy makers including Government officials and parliamentarians, civil society organisations, technical and financial partners use information relating to the situation of children, in particular the most vulnerable girls and boys, and women, in planning, budgeting and the mobilisation of resources for children; including in contingency planning for natural disasters and other emergencies

### Progress:

- UNICEF undertook an analysis of current national budgetary trends in health, education, water and sanitation, and social protection as part of its efforts to advocate for an increased budget for these social sectors. Total social sector allocation remains at 24.0 per cent of the national budget, the same as 2012. The education sector was allocated 15.4 per cent of the national budget (16.3 per cent in 2012), while the health sector received 6.5 per cent (6.7 per cent in 2012) and the water and sanitation 1.7 per cent (0.5 per cent in 2012).

- A sharp decline in allocations to the water and sanitation occurred between 2011 and 2013, totalling 49.5 per cent, despite the commitment of the Government at the Water and Sanitation for All high-level meeting held in Washington in 2012 to increase the budget allotted to water and sanitation by 25 per cent in 2014 compared to 2011. The Government is not on track to
UNICEF Annual Report 2013 - Togo

- National public expenditures for social sectors remained at 24.1 per cent of total public expenditures at the end of 2012; 6.1 per cent for health, 17.3 per cent for education and 0.3 per cent for water and sanitation.

- UNICEF and the World Bank are jointly preparing a Public Expenditure Tracking Survey in the primary education sector with a view to assess the financial flows between the central, regional and local levels and help improve the management of financial resources. The survey is ready to be carried out early 2014 using a sample of 60 schools in three regions. It will complement the Service Delivery Indicators survey, which was conducted by the World Bank in 2013 in the primary education sector with UNICEF participation. These two surveys will measure the quality and efficiency of education services, and represent the first effort in many years to assess public expenditures efficiency in the education sector.

- The MICS 4 findings were widely disseminated at various levels, and to the full range of stakeholders. In addition, efforts were made to support stakeholders in the use of the MICS data in their development planning.

- The TogoInfo database was updated and shared online in March and April 2013 for use at the national and regional levels, including ministries and national institutions.

- The 2013 MDG report was being finalised, with technical support from the Government and United Nations agencies. The report indicates that three out of the 21 MDG targets (the prevalence of underweight children (<5), primary school parity index at enrolment and HIV prevalence) are currently on track. The draft rights-based, equity-focused Situation Analysis of Children was developed but needed further work. The report is being revised, prior to a planned clearance by the Steering Committee.

- A new DHS Survey was ongoing in late 2013, with the support of UNICEF. It integrates the MICS modules on child labour and child discipline.

Progress:

- The share of the national budget allocations for social sectors has remained stable: 24.0 per cent in 2012; 24.0 per cent in 2013. However, compared to the initial allocation of 2013, where social sectors represented 21.9 per cent, the national budget revision in June 2013 allocated a higher proportion of the budget to Health (from 5.9 per cent to 6.5 per cent) and education (from 13.8 per cent to 15.4 per cent), with close to three-fourths of the education budget allocated to primary education.

- Despite a significant increase of the budget allocated to water and sanitation in 2013 compared to last year, due to a strong growth in investments, the budget allocated to water and sanitation was reduced by half between 2011 and 2013. The country is therefore not on track to achieve the target set by the Government at the Water and Sanitation for All high-level meeting held in Washington in 2012 to increase the budget allotted to water and sanitation by 25 per cent in 2014 compared to 2011. The share of social sector public expenditures in total national public expenditures remained at 24.1 per cent at the end of 2012; 6.1 per cent for Health and 17.3 per cent for education and 0.3 per cent.

- With UNICEF financial and technical support, the National Social Protection Strategy was developed together with a five-year budgeted Action Plan and validated in November 2013. In line with the provisions made for budget allocations in the PRSP and social sectors medium-term expenditure framework, the budgeted action plan identifies both available resources and the funding gap. The total budget represents around 2 per cent of GDP, with a funding gap of XOF17 billion in 2014 (about US$34 million), increasing in 2018 to XOF46 billion (about US$92 million) – equivalent to 72 per cent of needs. Advocacy for the adoption of the action plan by the Government and the allocation of financial resources for its implementation will continue in 2014.

- As part of its work on public finances, UNICEF worked jointly with the World Bank and the Ministry of Primary and Secondary Education on a Public Expenditure Tracking Survey, with a view to better assessing the financial flows between the central, regional and local levels and help improve the management of financial resources. The survey is ready to be conducted in early 2014 in a sample of 60 schools in three regions (Savanes, Centrale et Lomé) and will complement the Service Delivery Indicator survey carried out in 2013 by the World Bank, with UNICEF participation. These two surveys will measure the quality and efficiency of education services, representing the first attempt in many years to assess public expenditures’ efficiency in the education sector.

- Following up on the methodology developed in 2012 by UNICEF for the functional identification of social expenditures in the national budget, the World Bank refined the methodology with the participation of UNICEF and other development partners, which resulted in entering a specific coding for social expenditures in the computerised budget system. Such a coding will enable Government and partners to produce a harmonised and systematic analysis of social expenditures in a more accurate manner. The World Bank and UNICEF are advocating for use of the coding for the 2014 budget, still under preparation.

- UNICEF also supported the country in the preparation and implementation of the second phase of the ninth GFTAM round for malaria by helping address the conditionalities required by the Global Fund. In this respect, UNICEF supported the development of a Supply Chain Management Plan for anti-malarial commodities, which was one of the conditionalities.

- The availability of the new poverty analysis tool, ‘Multiple Overlapping Deprivation Analysis’, made it possible to analyse non-monetary child poverty based on the recent MICS data. The various deprivations faced by children under five and those between five and 17 years are examined in the poverty section of the SiTan. More advocacy initiatives for equity-based planning and budgeting can be conducted based on these analysis, to reduce inequities and promote higher living standards for children.
Progress:

- UNICEF’s technical support to the Ministry of Planning and other Government agencies enhanced national capacities in effective data collection and management for planning, with a focus on the most vulnerable and disadvantaged children and women.
- The Government of Togo, with the support of UNICEF and other development Partners conducted a DHS survey in 2013 (the last DHS survey was done in 1998). Integrating the MICS modules, this survey will contribute to updating key indicators related to children and women, including maternal mortality, which was not included in previous MICS surveys.
- In 2013, UNICEF strengthened the TogoInfo management team’s capacities on data analysis, database update and users’ training. The team is now fully able to update the database and to promote its use through users’ trainings. The Togoinfo team conducted a data validation workshop, including training for data management focal points in six ministries, who are now able to use the database and produce graphs and maps.
- Six users’ training workshops were conducted for 120 officials at the regional level to strengthen their capacity in the use of the Togoinfo database.
- The updated TogoInfo online platform was launched in April 2013. UNICEF supported a needs assessment of the Statistics Department’s capacity in terms of IT infrastructure in preparation for the forthcoming data exchange and webhosting. The online database is now publicly available.
- The SavaneInfo, KaraInfo, CentraleInfo, PlateauxInfo and MaritimeInfo databases (covering health, education, social welfare, water and sanitation, population and housing) were also launched. In addition, specific efforts were made with the National Statistics Directorate to collect child protection-related data at all levels.
- The Regional Planning Department, with the support of UNICEF, produced geo-referenced mapping of social services, which provides very useful information on areas with no access to basic social services. The information can be used for equity-focused analysis and programming to ensure more equitable access to basic services, particularly by children living in vulnerable communities.

Limited capacity among Government staff in conducting large-scale surveys (which are usually carried out with the support of international consultants) and the time lag between data collection and the publication of survey reports is a significant challenge. Furthermore, there is a lack of high-quality independent research institutes in Togo. Regarding sectoral statistics, routine information systems exist in the Education and Health sectors, but challenges remain in other sectors, such as child protection. In addition, data analysis also needs strengthening at different levels. UNICEF and partners are supporting the Government to overcome these challenges.

A continuous challenge for the Office was the limited pool of qualified local capacity for high quality evaluation. The shortage of
experienced, high-calibre consultants affected both the quality and timely delivery of work.

**IR 4230/A0/04/423/005 IR 10.4. The Social Policy & Partnership programme benefits from technical assistance and administrative support to ensure effective and efficient programme implementation**

**Progress:**

UNICEF provided human resource and administrative support through this 'Intermediate Result' to help the organisation contribute to the achievement of other IRs within the programme component.

**PC 424 - Cross-sectoral costs**

**On-track**

**PCR 4230/A0/04/422 13 - The country programme benefits from technical assistance and administrative support for efficient and effective programme implementation 2011 - 2013**

**Progress:**

- Cross-sectoral costs cover salaries of cross-cutting staff and travel, as well as new equipment and consumable items (administrative and/or programme supplies).
- A total of 20 VHF radios were also procured to reinforce capacity for emergency response.
- The Office moved to a new location, where compliance with MOSS standards can be effective.

**On-track**

**IR 4230/A0/04/422/003 13.1 - Staff on cross cutting Costs 2012-2013**

**Progress:** Cross-sectoral costs cover salaries of cross cutting staff and travel.

**On-track**

**IR 4230/A0/04/422/004 13.2 - Administrative Support 2012 - 2013**

**Progress:**

- The CO supported maintenance of computer systems, acquisition and installation of new hardware/software.
- The CO also acquired office equipment and consumable items (administrative and/or programme supplies), including fuel for field visits.
- A total of 20 VHF radios were also procured to reinforce capacity for emergency response.

**On-track**

**PCR 4230/A0/04/800 14. Effective and efficient programme management and operations support to programme delivery.**

**Progress:**

- The Office maintained effective functioning of its ten standing committees and six non-statutory committees, or task forces, throughout the year to ensure the achievement of key results of the 2012 Annual Management Plan.
- The CMT standing agenda included systematic assessment of contributions' status, DCTs and levels of expenditure. As a result, the Office did not report any outstanding DCTs of over nine months at the end of each quarter.
- One of the critical management decisions during 2012 was to move the CO to a new location, where MOSS compliance standards can be reached. After a thorough search, a convenient location was identified. As the building was residential, it had to undergo renovations to adapt it as office space. Renovation and ICT plans for the move were formulated and all electric, ICT equipment (including air conditioners) and partitioning were installed before the CO moved to the new premises on December 26.
- 95 per cent of posts established in the Country Programme Management Plan (2011) were filled as of late 2013.

**On-track**

**IR 4230/A0/04/800/001 14.1 - Effective and efficient Governance and Systems**

**Progress:**

- The Office maintained effective functioning of its ten standing committees and six non-statutory committees or task forces throughout the year to ensure the achievement of key results of the 2012 Annual Management Plan.
- The Office provided programme support costs to ensure that necessary administrative functions were fulfilled in line with UNICEF’s high standards of accountability, maximising the use of resources to achieve results for women and children. Costs included rental of premises, salaries for staff, basic office supplies, security, communications (phone and internet), water and electricity and travel.
One of the critical management decisions during 2012 was to move the Office to a new location, to comply with MOSS standards. After a thorough search, a convenient location was identified. As the building was residential, it had to undergo renovations to adapt it as office space. Renovation and ICT plans for the move were formulated and all electric, ICT equipment (including air conditioners) and partitioning were installed before the CO moved to the new premises on December 26. As part of the renovation work, partitions were installed so that the office environment is well adapted to staff needs.

IR 4230/A0/04/800/003 14.3 - Effective and efficient management of Human Capacity.

**Progress:**

95 per cent of posts established in the Country Programme Management Plan (2011) are currently filled. The Office processed nine staff recruitment this year (4 international positions, 4 national officers and 1 general staff). This was done in full compliance with the global policy, ensuring competitive and transparent process and giving particular consideration to gender and diversity. The gender balance in the office is: international positions: 88 per cent female, 13 per cent male; national officers: 29 per cent female, 71 per cent male; general staff: 41 per cent female, 59 per cent male. Completion rate of 2011 ePAS/PERs by May 2012 was at 71 per cent. Several paper-based PERs were delayed due to reassignment of reporting officers. Close to 100 per cent of e-PAS for 2012 were ready by end April. All staff conducted at least one 2012 mid-year performance discussion with their supervisors. Staff were represented and participated actively in all key office committees.
Effective Governance Structure

Togo Country Office developed a new CPD, CPMP and CPAP. The new programme pursues the equity focus, which has been sharpened through more detailed analysis. Inter-sectoral components are considered critical to achieving sustainable results and have been given more prominence; together with increased investment in partnerships.

Preliminary work regarding the staffing structure took place in every programme section and operations to take into account additional or strengthened programme priorities: reducing chronic malnutrition; empowering in and out of school adolescents; reinforcing UNICEF’s role as a knowledge broker on children; strengthening the sequence of bottleneck identification, analysis and development of corrective actions in the health and education sectors and in birth registration; expanding CLTS; and finally intensifying quality assurance of programme implementation. The CMT, with the participation of a cross section of staff and the staff association chairperson, reviewed staff changes that were proposed by each section. A new staffing structure for the new Country Programme 2014-2018 was developed and submitted to the PBR in March. It was partially adopted. TCO integrated the PBR’s recommendations in the final version.

The risk assessment was a participatory exercise held mid-year and involving all staff members of programme and operations using the risk library and the 2010 audit report. Funding predictability and flexibility; capacity in managing grants and efficiency in the use of financial resources for children; results-based management; knowledge management and documentation of lessons learned; and the socio-political context were areas identified as requiring concerted action to further manage residual risks.

The 11 Office standing committees met regularly, while the five working groups were less functional. The CMT held nine meetings. Implementation of the HACT quality assurance plan became a standing agenda point in 2013, as part of the review of performance management indicators of the programme and operations. The CMT was also instrumental in advising on UNDAF, CPD, CPAP, CPMP development, both for content and process. The Programme Management Team met eight times; apart from routine monitoring of programme implementation indicators, the PMT was utilised to disseminate good practices and studies conducted by a section in TCO or UNICEF/UN new guidelines; five operation management meetings were conducted. Four all-staff meetings were conducted, one on the CPMP, two to keep staff up to date on the Efficiency and Effectiveness initiative and one on security. Weekly agenda setting and information meetings were held every Monday (all staff).

The Contracts Review Committee met 26 times and reviewed 33 submissions for supplies and services. The PCA Review Committee met seven times, the PSB two times. The JCC held three meetings. The Staff Association was active, especially in contributing to solutions to make the new office premises a welcoming work environment. The staff retreat was held in May 2013, with the new CPD as one of the main topics.

The Table of Authority, based on the role-mapping and functional roles assigned to staff in VISION, was shared with all SAP/VISION users in April 2013. Individual roles were assigned to each staff member in an individual memo (June).

Strategic Risk Management

TCO conducted a risk assessment mid-year 2013 in a participatory exercise involving all staff members of programme and operations. The risk library, the 2010 audit report and 2011/12 assessments were used as background documents. Actions already implemented by the Office were assessed, together with residual risks, and corrective actions were again identified to deal with residual risks in: i) funding predictability and flexibility, ii) capacity in managing grants, iii) efficiency in the use of financial resources for children, iv) results-based management, v) knowledge management and documentation of lessons learned and vi) the socio-political context.

Critical actions required to mitigate residual risks include: i) the development of a full-fledged fundraising strategy; ii) provision of technical support to subnational levels for bottleneck identification and analysis, and development of corrective actions; iii) increased information of all TCO staff through routine inclusion of
thematic topics in PMT meetings, responsibility of staff to feedback on workshops and meetings attended; iv) timely micro-assessment of partners for the new 2014-18 period, jointly with other UN agencies, and strengthened planning and implementation of field visits and spot-checks with a focus on counterparts receiving significant funding and presenting significant or high risk; v) timely DCT liquidation; vi) development of a “SMART” results matrix for the 2014-18 CPD and CPAP; vii) completed and up-to-date Early Warning/Early Action plan.

The search for MOSS-compliant office premises was completed in 2012. A location was identified and adapted to office use, with involvement of the staff association in all key decisions in order to provide a harmonious work place and environment. Legislative elections were held on the 25th July 2013, nine months after they were originally scheduled. UNICEF Togo updated its business continuity plan in 2013. The CO has two alternative sites: the residence of the representative and the UNDP office. Functionality of the BCP sites was tested. To supplement the UNDSS system, UNICEF set up an emergency call tree including all staff and consultants to ensure fast information and guide movements in town in case of discontent or unrest. TCO benefitted from the visit of the Regional Security Advisor prior to the elections to brief staff and build the capacity of security guards.

In response to the aging fleet, three new vehicles were procured in 2013. This will allow the Office to gradually phase out older vehicles and ensure safe travel to the two Northern regions that, for equity reasons, receive the bulk of programme support.

**Evaluation**

TCO’s Integrated Monitoring, Evaluation and Research Plan (IMEP) progress was tracked regularly and its actual implementation reported at CMT meetings. Internally, the Office has a mechanism to review the technical aspects of commissioned evaluations and studies.

Terms of references for studies and evaluations initiated by programme sections are reviewed by the Monitoring and Evaluation (M&E) Specialist and by the deputy representative or representative; comments are then appraised by this small group. This is valid for all studies, surveys and evaluations with the exception of the cash transfer impact study, for which a working group in which the ministries of local development and social action, the World Bank and UNICEF are represented. Regarding the DHS, UNICEF successfully negotiated its financial contribution against the inclusion of the MICS modules on violence against children and child labour within the DHS questionnaire.

Twelve studies, surveys and evaluations were planned in the 2013 IMEP: nine studies, one survey and two evaluations. Surveys such as the DHS, studies such as the mapping of actors in child protection, and evaluations such as the impact evaluation of the cash transfer programme were planned to start in 2013 but not to be finalised during the same year. The IMEP was nevertheless too ambitious, as only three of the seven studies planned were completed; the second draft of the one evaluation (ICCM) to be completed in 2013 is available for comments. The studies completed include: i) commercial sexual exploitation of children aged 8-17 years in Togo, conducted in partnership with ILO; ii) the social determinants of malnutrition in northern Togo; iii) child labour, conducted in partnership with ILO and the World Bank.

The ICCM evaluation in Kara and Savanes regions was conducted with UNICEF’s support in October/November 2013, two years after the initial roll-out of Community Health Workers trained in a high-impact package to tackle child mortality. The evaluation suggested that this is a promising approach to increase access and uptake of services. Seventy-nine per cent of households interviewed consider community health workers as their first resort if their child is sick and 91 per cent are satisfied with the service quality. Weaknesses remain in managing supplies of essential health commodities. Recommendations were made to strengthen the supply chain management to avoid stock-outs and disruption to programme plans and implementation.

TCO experienced difficulties with the demanding terms of reference of the equity-based situation analysis of children and women. The four subsequent draft SitAns submitted by the international firm that TCO contracted were not of the required quality. TCO opted to contract individual sector specialists to review the available material. It appears critical for firms to have multi-sectoral teams effectively on board to contribute to this complex work.
To strengthen in-country capacity for evaluation, TCO pairs local consultants with international consultants. Some private firms and individuals are beginning to emerge in the field of evaluation and UNICEF is using some of this expertise.

**Effective Use of Information and Communication Technology**

The relocation of the office was an opportunity to implement best ICT practices in terms of cabling, secure access to ICT services, sustainability of power and cooling systems in the server’s room.

The Internet connection was upgraded to 4MB to better support the corporate web-based systems. In addition, best practices in terms of Internet connectivity with Automatic Failover were implemented. Additional BCP measures were also implemented: a Veeam server with reasonable speed was installed for system data and user data backup.

The Country Office included all necessary equipment and upgrades needed to cope with system changes, like VISION, as a prerequisite for smooth integration of future collaboration tools and access to remotely operated applications.

Furthermore, staff were trained and equipped with remote-access tools through corporate systems, Citrix and Cisco Any Connect.

To further enhance its capacity to maintain critical operational functions and deliver services during emergencies, the CO regularly updates its Business Continuity Plan (BCP), and the Disaster Recovery Plan for ICT to assist during crises. These two complement and support the office’s Emergency Preparedness and Response Plan.

In terms of preparedness, the Office planned and successfully executed a BCP review exercise and simulation.

The VHF radios are tested once a week, while periodic tests are also carried out on the mobile VHF/HF equipment in the vehicles with the assistance of the UN Department of Safety and Security (UNDSS) radio room.

As part of the support of Delivering As One/UN reforms for business continuity, an agreement was made between the local ICT team of UN agencies to host IT servers in UNDP as back-up in support of business continuity planning. Data connections were tested quarterly. The Office has a Long-Term Agreement (LTA) with United Nations common services to augment the user support, installation and maintenance.

The Office maintains the use of MOSS-compliant vehicles for all field trips, as per UNDSS requirements. The vehicles are fitted with emergency communication equipment (HF radios) complemented with high frequency network, Thuraya satellite phones and first aid kits.

**Fund-raising and Donor Relations**

UNICEF Togo raised US$5,714,257 in 2013, more than double the amount raised during 2012. Wide disparities exist across programmes: we were unable to raise funds for Child Protection during the year; Child Survival and Development was the most successful in attracting funding (US$4,764,134).

For the 2008-13 country programme cycle, Togo raised 95.4 per cent of the OR ceiling (US$37,513,000, ceiling as updated in 2012)

Current donors include the European Union, the Governments of France, Japan and the Netherlands, the UNICEF National Committees of France, the UK and the US, the Global Sanitation Fund, the UN partnership on the rights of persons with disabilities (UNPRPD-MDTF), GAVI, the Global Education Partnership (GPE) and CERF. Grants are managed in accordance with approved proposals. The CMT tracks expenditure levels, expiry dates, and donor conditions. All PBAs expiring during the last reporting period had a minimum utilisation rate of 95 per cent.

TCO ensures the coordination of UN agencies for the UNPRPD grant (WH0, UNICEF and OHCHR) and for the French Government funding for the Muskoka initiative on reducing maternal and child deaths. In both cases TCO is responsible for organising review meetings, ensuring compilation and quality assurance of reports, donor visibility, coherence and collaborative action with other development partners.

In 2013 the CO submitted a total of 20 donor reports, all on time. Significant efforts were made in strengthening the quality of reporting to better reflect the results achieved with donor contributions and their impact on children’s lives.

TCO ensured that sufficient visibility was provided to donors, and that donor reports are illustrated with
concrete examples: 11 human interest stories, three video packages, three documentaries and 14 press releases were produced. Regular and high-level contacts were maintained with UNICEF NatComs, specifically the French and German National Committees for UNICEF. TCO organised a field visit for Olympic Champion Alain Bernard, who works on the “Nuit de L’eau” with the French swimming federation. The French Natcom supports WASH in schools and the deputy representative maintains contact and visited them in July. The relation between TCO and the French Natcom regarding the responsiveness on HIV funding is considered as a best practice for long-term collaboration. The representative visited the German Natcom in Koln to highlight the critical gap in funding for child protection and discuss a proposal. The German Natcom has in the past supported Togo for this programme component and indicated interest. TCO was recommended by the national management committee set up for the Global Sanitation Programme as the manager of the GSF funds in Togo. GSF funds will allow 1,206,000 residents of the poorest rural regions of Togo to live in Open Defecation Free villages. Funds (US$5.8 million) will cover the initial three years of the programme. The 2014-18 CPD has an ambitious fundraising target (US$53 million OR); TCO is developing a new fundraising strategy which targets innovation and secure funding for the underfunded components of the CPD.

Management of Financial and Other Assets

Periodic financial reports (including monthly bank reconciliation, monthly cash forecasting and status, interim and year-end accounts closure reports) were prepared and submitted to DFAM in a timely manner. Quarterly and monthly cash forecasts, bi-weekly replenishment requests, as well as month-end positions were improved throughout the year - with the exception of the month of April 2013 - when TCO experienced a cash shortage. The accuracy of the cash forecast planned by the various programmes is monitored at CMT meetings.

The CMT tracks grant expenditure levels, expiry dates, and donor requirements. All PBAs expiring during the last reporting period had a minimum utilisation rate of 95 per cent. As of 31st of December, the RR expenditure level was 99 per cent. The Office requested an extension for two grants during 2013.

UNICEF Togo continued to closely monitor outstanding DCTs to ensure that minimum levels are maintained. As of 31 December 2013, the Office had no outstanding DCT balance over nine months; unliquidated DCTs over six months stood at US$63,624 per cent (3 per cent of total DCTs).

Of the 45 UNICEF Togo partners (as of 2013), 25 have been micro-assessed. Five partners are considered high risk. The micro-assessment Terms of Reference (ToRs) for the new 2014-18 period were finalised with other UN agencies, with considerable support by UNICEF. ToRs include aspects of supply and commodity management.

<table>
<thead>
<tr>
<th>Programme</th>
<th># of partners</th>
<th>high risk</th>
<th>significant risk</th>
<th>moderate risk</th>
<th>low risk</th>
<th>not assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>social policy</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>survival</td>
<td>14</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Education</td>
<td>10</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Child Protection</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>45</strong></td>
<td><strong>5</strong></td>
<td><strong>11</strong></td>
<td><strong>6</strong></td>
<td><strong>3</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

Programme sections developed quality assurance plans which were monitored during CMTs. Both Finance and Programme staff participate in spot-checks. In addition to the debriefing conducted by UNICEF staff at the end of the exercise, systematic written feedback is provided to the implementing partner and copied to the
unit in charge of UN coordination in the Ministry of Planning.

<table>
<thead>
<tr>
<th>activity</th>
<th>planned</th>
<th>implemented</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL Spot Checks</td>
<td>59</td>
<td>51</td>
<td>86%</td>
</tr>
<tr>
<td>TOTAL Fieldvisits</td>
<td>64</td>
<td>40</td>
<td>63%</td>
</tr>
<tr>
<td>TOTAL SP + Fvisits</td>
<td>123</td>
<td>91</td>
<td>74%</td>
</tr>
</tbody>
</table>

Thirty NGO partners were trained in HACT during 2013 (public sector personnel received training in 2011 and 2012); trainings were supported jointly by all UN agencies. The HACT training manual developed by the UN HACT working group in close collaboration with the UN coordination unit was printed and is being disseminated. Mobility of public sector accountants represents a challenge for capacity development. In 2013 for example, 50 per cent of the accountants in the Ministry of Health changed position.

Two Property Survey Board (PSB) meetings were held to dispose of old equipment that had accumulated at the former premises; approved recommendations were implemented on time. TCO cleaned its NEP database to ensure IPSAS compliance with reconciliation of physical counts’ results and VISION database and correction of identified discrepancies. Loan forms and office inventory records were signed by all staff in the new premises.

**Supply Management**

The total value of procurement (contracts and supplies) reached US$4.78 million in 2013. Programme supplies reached US$3,379,675, of which local procurement only represented 11 per cent. Because of the move to new premises and the need to procure three additional vehicles, supply procurement for the UNICEF Office and institutional contracts to improve office security and IT were high in 2013, totalling US$237,299 for supplies and US$167,908 for institutional contracts.
Fifteen per cent of the total value of orders was engaged at the end of the first quarter of 2013, 40 per cent at the end of the second quarter and 85 per cent at the end of the third quarter. Procurement services for the Ministry of Health (primarily for vaccines and syringes) reached a total value of US$5,208,430 (US$2,177,162 funded by the Government and US$3,031,268 funded by GAVI). The CRC ceiling remained at US$15,000, which leaves a considerable portion (50 per cent) of the supply documents for revision by the CRC but also ensures capacity development in TCO in terms of presentation of documentation.

TCO has two warehouses, information about which can be seen in the table below:
To ensure IPSAS compliance, the Office has encouraged direct delivery to implementing partners. This process drastically reduced the stock value: from US$1.2 million at the end of 2012 to less than US$0.4 million in December 2013. TCO ensured capacity building of counterparts on adequate warehousing and stock management practices and provided information on IPSAS requirements. Seven field visits were conducted to assist partners and ensure quality control of locally produced programme supplies (school benches). The CO pursues the expansion of its database of suppliers to support a streamlined and effective response to programme needs and obtain best value for money; 18 vendors were prequalified for the supplier database this year in Togo’s six regions. The Supply officer conducted a support mission to Chad to learn and share experience on supply chain management; and participated in a five-day-workshop on Project Management organised by Supply Division in September 2013.

## Human Resources

The foremost priority for the Human Resources (HR) Section was the PBR and preparation of the staffing structure for the new Country Programme. The existing staffing structure was reorganised, increasing the total number of posts from 41 to 43, with the abolition of seven posts and the creation of 11 new posts. The Office presently has a 29:71 female-to-male ratio for national officers, a 41:59 ratio for General Service staff and a 88:13 for international staff.

In addition to individual learning, the 2013 Learning Plan included four group training priorities: first help, fire security, Competency-based Interviewing and security training for TCO’s drivers. Only two of the four (fire security and security for drivers) were implemented due to competing priorities. The HRDC held two meetings to monitor the 2013 Staff Learning and Development Plan. Staff were encouraged to participate in various webinars organised by the Regional Office and HQ. However clarity of sound is not always optimal. The Office received US$102,630 in Regional Contingency Funds to reinforce security at the new premises, including through training of staff. The Office also benefitted from the visit of the Regional Security Advisor prior to the legislative elections, to review the systems already put in place in TCO, provide additional advice, brief staff and build the capacity of security guards.

To strengthen staff knowledge on critical issues that affect their lives and/or UNICEF’s image, the Office conducted information-sharing sessions on the following subjects: management of consultants, internships, recruitment, coaching, ethics, separation from service and three sessions on effectiveness and efficiency. The CO was engaged in the UN Cares programme, which promotes partnership with other UN agencies and encourages the organisation of activities such as HIV prevention, reduction of stigma and discrimination, advocacy, policy dialogue and communication. One staff member participated in a UN Cares training in Senegal. TCO will build on this reinforced in-house capacity to strengthen the content of its information sessions. Condoms (both male and female) were made available in both restrooms and handed out to staff. Information on the location of clinics offering HIV testing was made available to staff. All staff were encouraged to complete the online training on HIV/AIDS in the workplace.

An interim staff salary survey was conducted in the first half of the year. After analysis, an increase of 10 per cent was approved for NO salaries and 13 per cent for GS staff salaries, with retroactive payment from July
2013 onwards.
Three Joint Consultative Committee (JCC) meetings were conducted where management and the Staff Association discussed and addressed general staff concerns.
As part of the impact of follow-up actions to the 2011 staff survey, work-life balance has improved compared to 2011. The staff association also organised a number of recreational activities.
The Admin/HR officer provided technical assistance to the Chad country office to accelerate recruitment - for a total period of six weeks during two separate missions.

Efficiency Gains and Cost Savings

Measures were taken by the Office to improve efficiency and cost savings. The Office move to new premises, reduced monthly rental by 13 per cent: FCFA2,3 million compared to FCFA2,6 million, corresponding to US$8,328 in savings per year. Additionally TCO saved an estimated US$15,000 on electricity consumption, due to the fact that all staff now share one office building compared to three separate buildings until the move. Cost savings of about US$1,000 were made on water bills, as there is a borehole on the premise’s ground; water is used for cleaning and other purposes. In total, in year one, the Office appears to have saved over US$24,000 on recurrent costs and gained in terms of MOSS compliance in the new premises.

The UN system in Togo, through the Operations Management Team (OMT), pursues the implementation of common services through 11 LTAs. While there is an expectation that this might result in cost savings, no assessment has been done to date. Such an evaluation might be quite complex for services such as vehicle repair and IT maintenance where calculations must consider the life time of equipment. In addition, for some of these joint services, such as cleaning and security services, UN agencies rightfully insisted on respect for national labour laws in terms of working hours and minimum salary, contribution to pension fund etc.

UNICEF staff awareness is increasing on the issue of cost-saving, and compliance with turning off office lights and air conditioners. Reduction of paper consumption is an ongoing process. Colour printing has been centralised in the IT unit to reduce the use of colour cartridges for printing of documents for in-house use.

All Office flight travel is done in economy, even when flight duration allows for business class. Air tickets are bought directly from the companies whenever possible without passing through a travel agent service, which reduces costs in the case of Togo.

As much as possible in-country travel is managed economically by combining field trips of different sections. Twice this year, UNICEF has requested a driver from UNDP for a short period; TCO also provided a vehicle to OHCHR for two weeks during the rainy season when we had fewer activities in the field. This good practice regarding travel and support to field work is becoming more frequent among UN agencies.

TCO has a ‘Green’ and a ‘Cost-Savings’ committee.

Changes in AMP & CPMP

During the new programme period 2014-18, TCO will remain organised according to sectors and matching the Country Programme Structure. The structure comprises three main “sections”: Survival and Growth, Education and Development and Child Protection and Adolescent Empowerment and one cross-cutting component: socio-economic analysis and advocacy.
The programme will be supporting a decentralised management approach, strengthening the role of the regional and district directorates as key partners and facilitators at the meso level, to ensure that national policies and strategies for children effectively reach the final beneficiaries (in health facilities, schools etc.) at the micro level. This will strengthen both efficiency and equity in programme delivery and increase ownership of stakeholders. Similarly, results achieved and best practices at the micro level will be documented and utilised by the meso level directorates to inform and refine national programmes.
In order to mainstream HIV/AIDS (4Ps) and infuse more innovation into work related to adolescents, these areas will be integrated as section responsibilities and integrated in the programme components’ results matrices as appropriate. The office PMT will see to their coordination, and advice on complementarity,
including with other UN agencies.

The gender task force will pursue its efforts to ensure gender mainstreaming in all dimensions of the programme.

Achievement of the 2014-2018 programme results will depend on successful implementation of a harmonised Communication for Development (C4D) strategy. Technical assistance on C4D will be provided to each section but also coordinated and harmonised by the C4D officer under the supervision of the Deputy Representative. Emergency preparedness and response has been mainstreamed in each programme and is the responsibility of each section. The strong linkage between regular development programming, resilience building and emergency preparedness will be enhanced. Due to the inter-sectoral nature of emergency preparedness and response and in relation to the CCCs, humanitarian coordination will be strategically positioned under the representative’s office, outside of a specific section.

A “quality assurance pool” will be set up under the supervision of the N03 M&E specialist. The QA pool (four PAs) will strengthen capacities for implementation of HACT among Government and NGO partners and facilitate implementation of the HACT quality assurance plan with section specialists and officers. The primary accountability for HACT remains with the programme budget owners and programme staff. Staff members in the QA pool will conduct regular field visits and spot-checks, follow up on programme supplies and their delivery to end users and strengthen partners’ financial procedures through on-going supervision and training. VISION transactions will be streamlined through this pool and workload shared in an efficient manner.

Results Based Management: TCO will strengthen counterparts’ capacities for RBM through mainstreaming L3 monitoring in key sectors such as health and education as well as for birth registration. Leveraging resources for children will remain a main strategy in all sectors to support the achievement of results for children, as SCAPE’s third component for human development is only partially funded (less than 30 per cent).

**Summary Notes and Acronyms**

ACT- Artemesin Combination Therapies (for Malaria)
AMP – Annual Management Plan
ARV - Anti-Retroviral
AWP - Annual Work Plan
BCP - Business Continuity Plan
C4D- Communication for Development
CBO- Community-based Organisation
CBI- Competency-Based Interview
CCM - Community Case Management
CEDAW- Convention on the Elimination of All Forms of Discrimination Against Women
CFS - Child Friendly School
CHW - Community Health Worker
CLTS-Community-Led Total Sanitation
CMT - Country Management Team
CO - Country Office
CPAP- Country Programme Action Plan
CPMP- Country Programme Management Plan
CPD- Country Programme Document
CRC- Convention on the Rights of the Child
CRC- Contract Review Committee (in UNICEF)
CSD- Child Survival and Development
CSO- Civil Society Organisation
DAT- Document Authorisation Table
DHS- Demographic Health Survey
DCT - Direct Cash Transfers
DRP - Disaster Recovery Plan
ECDC- Early Childhood Development Centre
EMTCT - Elimination of mother-to-child transmission of HIV
EmOC - Emergency Obstetric Care
EPI- Expanded Immunisation Programme
ESP- Education Sector Plan
FDI- Foreign Direct Investment
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAM</td>
<td>Global Acute Malnutrition</td>
</tr>
<tr>
<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunisation</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>GIS</td>
<td>Geographic Information System (GIS)</td>
</tr>
<tr>
<td>GPE</td>
<td>Global Partnership for Education</td>
</tr>
<tr>
<td>GPI</td>
<td>Gender Parity Index</td>
</tr>
<tr>
<td>GSF</td>
<td>Global Sanitation Fund</td>
</tr>
<tr>
<td>HBB</td>
<td>Helping Babies Breathe</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>HSDP</td>
<td>Health Sector Development Programme</td>
</tr>
<tr>
<td>ICCM</td>
<td>Integrated Community Case Management</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technologies</td>
</tr>
<tr>
<td>IEC</td>
<td>Information-Education-Communication</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
</tr>
<tr>
<td>IP</td>
<td>Implementing Partner</td>
</tr>
<tr>
<td>IPSAS</td>
<td>International Public Sector Accounting Standards</td>
</tr>
<tr>
<td>JCC</td>
<td>Joint Consultative Committee</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
</tr>
<tr>
<td>LLIN</td>
<td>Long Lasting Insecticide Net</td>
</tr>
<tr>
<td>LSA</td>
<td>Local Staff Association</td>
</tr>
<tr>
<td>LTA</td>
<td>Long-Term Agreement</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
</tr>
<tr>
<td>MOSA</td>
<td>Ministry of Social Action</td>
</tr>
<tr>
<td>MOSS</td>
<td>Minimum Operation Security Standards</td>
</tr>
<tr>
<td>MTSP</td>
<td>Medium Term Strategic Plan</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>ODF</td>
<td>Open Defecation Free</td>
</tr>
<tr>
<td>OMT</td>
<td>Office Management Team</td>
</tr>
<tr>
<td>OPALS</td>
<td>Pan-African Organisation against HIV/AIDS</td>
</tr>
<tr>
<td>OR</td>
<td>Other Resources</td>
</tr>
<tr>
<td>PAP</td>
<td>Priority Action Plan</td>
</tr>
<tr>
<td>PAS</td>
<td>Performance Appraisal System</td>
</tr>
<tr>
<td>PBF</td>
<td>Performance-Based Financing</td>
</tr>
<tr>
<td>PBR</td>
<td>Programme and Budget Review</td>
</tr>
<tr>
<td>PHAST</td>
<td>Participatory to Hygiene and Sanitation Transformation</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PHCU</td>
<td>Peripheral health care units/centres</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
</tr>
<tr>
<td>QUIBB</td>
<td>Questionnaire Unifie du Bien-etre de Base</td>
</tr>
<tr>
<td>RBM</td>
<td>Results Based Management</td>
</tr>
<tr>
<td>RO</td>
<td>Regional Office</td>
</tr>
<tr>
<td>RR</td>
<td>Regular Resources</td>
</tr>
<tr>
<td>RUTF</td>
<td>Ready-to-use Therapeutic Foods</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SCAPE</td>
<td>Strategy of Accelerated Growth and Employment Promotion</td>
</tr>
<tr>
<td>SitAn</td>
<td>Situation Analysis</td>
</tr>
<tr>
<td>TOA</td>
<td>Table of Authority</td>
</tr>
<tr>
<td>U5M</td>
<td>Under-5 Mortality</td>
</tr>
<tr>
<td>UNCT</td>
<td>United Nations Country Team</td>
</tr>
<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
</tr>
<tr>
<td>UNDG</td>
<td>United Nations Development Group</td>
</tr>
<tr>
<td>UPR</td>
<td>Universal Periodic Review</td>
</tr>
<tr>
<td>VAS</td>
<td>Vitamin A supplementation</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
</tr>
<tr>
<td>WCARO</td>
<td>West and Central Africa Regional Office</td>
</tr>
</tbody>
</table>
### Document Centre

#### Evaluation

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial sexual exploitation of children 8-17 years of age in Togo</td>
<td>2013/011</td>
<td>Study</td>
</tr>
<tr>
<td>Comprendre le travail des enfants et l'emploi des jeunes au Togo</td>
<td>2013/012</td>
<td>Study</td>
</tr>
<tr>
<td>social determinants of nutrition in Northern Togo - qualitative study</td>
<td>2013/013</td>
<td>Study</td>
</tr>
</tbody>
</table>
### Other Publications

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Integrated-Community Based Case Management (I-CCM)</td>
</tr>
<tr>
<td>2 Girls education and empowerment, innovative approaches</td>
</tr>
<tr>
<td>3 Handwashing competition for students</td>
</tr>
<tr>
<td>4 The TOOFAN’s song on handwashing</td>
</tr>
<tr>
<td>5 Inclusive Education in Togo (video package)</td>
</tr>
<tr>
<td>6 Seasonal Malaria Chemoprophylaxis</td>
</tr>
<tr>
<td>7 Handwashing spot - with song (audio + video)</td>
</tr>
<tr>
<td>8 Key Family Practices manual for the Community Health Worker</td>
</tr>
<tr>
<td>9 Key Family Practices: toolkit</td>
</tr>
<tr>
<td>10 measles, Vitamin A supplementation, deworming (audio/video)</td>
</tr>
<tr>
<td>11 measles, Vitamin A supplementation, deworming posters &amp; leaflets</td>
</tr>
</tbody>
</table>