

2 August 2012

United Nations Children's Fund
Executive Board

Revised country programme document

Togo (2014-2018)

Summary

The draft country programme document (CPD) for Togo (E/ICEF/2013/P/L.8) was presented to the Executive Board for discussion and comments at its annual session 2013 (18-21 June). The Executive Board approved the aggregate indicative budget of \$17,337,000 from regular resources, subject to the availability of funds, and \$53,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2014 to 2018.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the annual session. The revised CPD is presented to the Executive Board for approval at the second regular session 2013.

Basic data[†]

(2011 unless otherwise stated)

Child population (millions, under 18 years, male/female)	1.4/1.4
U5MR (per 1 000 live births)	110
Underweight (% , moderate and severe) (% , male/female, urban/rural, poorest/richest)	17 19/15; 10/20; 21/9
Maternal mortality rate (per 100 000 live births, adjusted for 2010)	300 ^a
Use of improved drinking water resources (%)	61
Use of improved sanitation services (%)	13
One-year-olds immunized against DPT3 (%)	81
One-year-olds immunized against measles (%)	67
Primary school enrolment (% net, male/female)	91/87
Survival rate to last primary grade (% , male/female)	94/85
HIV prevalence rate among adults (% , 15-49 years, male/female)	3.4
HIV prevalence rate among pregnant women (%)	3.2 ^c
Child work (% , 5-14 years, male/female)	28/29
Birth registration (% , under 5 years) (% , male/female, urban/rural, poorest/richest)	78 78/78; 93/71; 59/97
GNI per capita (US\$)	560

[†] Additional data on children and women, as well as methodological notes on the estimates, can also be found at www.childinfo.org/.

^a The estimate given here represents the adjusted maternal mortality rate calculated by the United Nations Interagency Maternal Mortality Estimation Group. The estimate reported at the country level is 300 deaths per 100 000 live births (2010).

Summary of the situation of children and women

1. Togo has experienced a period of stabilization and some improvement in its economy over the past five years. The growth rate of the gross national income (GNI) reached 3.9 per cent in 2011. The growth was stimulated by the resumption of international cooperation, but also by the economic and financial reforms. High population growth — estimated at 2.84 per cent according to the most recent census (2010) — has absorbed a large part of the benefits of growth and puts pressure on the provision of social services. The poverty level of the population remains high (58.7 per cent).¹ The monetary poverty rate declined slightly between 2006 and 2011, but the extreme poverty rate rose from 28.6 per cent in 2006 to 30.4 per cent in 2011. Inequalities between the rich and the poor have increased, and significant disparities remain among regions: the poverty rate reaches 90 per cent in the Savanes region, compared to 31 per cent in Lomé. An analysis of multidimensional poverty also shows that the Savanes region has the largest proportion of disadvantaged children. The vulnerability of communities to climate-caused disturbances, with floods in the South and a deficit of rainfall in the North, remains high.

2. The under-five mortality rate remained static between 2006 and 2010 and is particularly high in the two northern regions, namely, 167 per thousand in the Kara

¹ Survey based on the Questionnaire on the Basic Indicators of Well-being, 2011.

region and 144 per thousand in the Savanes region.² Neonatal causes and malaria are responsible for 50 per cent of child deaths, 31 per cent and 18 per cent respectively.³ Forty-four per cent of children under five suffer from stunted growth in the Savanes region, compared to a national average of 29 per cent. HIV prevalence was 3.4 per cent in the population and 1.5 per cent (M: 0.9/ F 2.2) among young people aged 15 to 24 years.⁴ Difficulties related to geographic access, financial barriers and the lack of information have limited the demand for services and constrain the adoption of family practices conducive to good child growth. Analysis of the disaggregated data available does not reveal gender disparities in the use of services by children. Access to water and sanitation remains limited, especially in rural areas, where only 39 per cent of households have access to drinking water and 12 per cent to improved latrines.

3. The abolition of school fees in 2008 led to an increase in school attendance, estimated at 91 per cent for boys and 87 per cent for girls in 2010. The completion rate shows significant regional disparities, since only 49 per cent of girls complete primary school in the Savanes region and 59 per cent in the Plateaux region,⁵ as against a national average of 70 per cent for girls (overall national average: 75 per cent). Factors such as the number of qualified teachers and classrooms, and the availability of pedagogical equipment, limit the quality of primary education. High repetition rates, school violence and opportunity costs are the common causes of the abandonment of schooling.⁶ Vulnerable children, such as those with disabilities and those engaged in labour, often remain outside the education system.

4. Child labour is widespread, estimated at 28 per cent for boys and 29 per cent for girls. Nearly half a million children do not live with their biological family. Severe physical punishment is common (17 per cent of children aged 2 to 14 years). Over 30 per cent of children under five have not been registered at birth in rural areas. Child trafficking persists, despite Government efforts. In January 2012, the Committee on the Rights of the Child recommended that Togo adopt the national policy on child protection approved in December 2008.

Key results and lessons learned from previous cooperation, 2008-2013

Key results

5. The 2008-2013 programme has 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 has been established. A national strategy for integrated community-based interventions developed in 2010 has been implemented. The programme has contributed to the implementation of the strategy by developing

² 2010 Multiple Indicator Cluster Survey (MICS); all the data not otherwise referenced are taken from MICS 2010.

³ Child Health Epidemiology Reference Group 2012.

⁴ 2012 Report on the global AIDS epidemic.

⁵ Ministry of Primary and Secondary Education and Literacy (MEPSA) Annual Statistical Report for the 2011-2012 school year.

⁶ Report on the identification of children outside the school system — “Child to Child”, MEPSA, 2012.

training materials and training 960 community health workers (CHWs),⁷ thus facilitating access to a high-impact package for 70,000 children under five living in villages remote from health facilities. In all, 349 health facilities and 565 community health workers have acquired the capacity to treat severely malnourished children at the community level. The introduction of community-led total sanitation in 2010 and methods of manual drilling in 2012 has the potential to improve access to sanitation and drinking water at low cost.

6. In 2012, 81 per cent⁸ of children under five⁹ slept under insecticide-treated mosquito nets. An essential package for newborns was defined; at the end of 2012, 10 per cent of health facilities providing obstetrical care services had been equipped, and staff had been trained, with a target of 100 per cent. The proportion of health facilities providing services for the prevention of mother to child transmission (PMTCT) of HIV increased from 5 per cent to 64 per cent between 2007 and 2012.¹⁰ UNICEF has helped to train staff at 236 sites and equipment has been provided to all sites. The proportion of pregnant women tested for HIV increased from 8 per cent in 2007 to 45 per cent in 2012. Early diagnosis of HIV is now offered at 136 facilities (none in 2009).

7. The programme supported the development and adoption of a sectoral education plan (PSE, 2010-2020) and the elaboration of the corresponding regional plans. A community approach to early childhood development was implemented in rural areas, benefiting 8,142 children (3,939 girls) in 2012 in 129 early childhood centres.¹¹ That experience will have a bearing on the national strategy now being developed. With a view to improving the quality of education, the programme has contributed to the training of 5,000 volunteer teachers without pre-service training serving in disadvantaged rural areas. An inclusive education model for the integration of children with disabilities has been developed in collaboration with non-governmental organizations (NGOs) and associations of persons with disabilities. Some 359 children with a disability have been given access to education, and more than 700 teachers have been trained in inclusive pedagogy.

8. The Children's Code, adopted in 2007, has been widely disseminated. Ratification of the Hague Convention and the Palermo Protocol and the adoption of a new law on the organization of civil registration, with the extension of the period of registration of births to 45 days, represent significant progress. The creation of mechanisms for the integrated management and monitoring of child victims of violence and the better coordination of stakeholders has contributed to the strengthening of the national protection system. A situation analysis of the birth registration process, based on the analysis of bottlenecks, has resulted in the adoption of a national strategy. As the lead partner in social protection, UNICEF has contributed to the development of a National Social Protection Policy, which was validated in 2012.

⁷ End of 2012.

⁸ Independent survey conducted by the Peace Corps covering the entire country excluding Lomé Commune, 2012.

⁹ Excluding Lomé.

¹⁰ 403 facilities out of 627.

¹¹ MEPSA-UNICEF Annual Report 2012; same for the number of awareness centres.

Lessons learned

9. Community self-reliance systems helped maintain access to basic social services, education and health during the years of the sociopolitical crisis. With varying success the programme supported sectoral community-based approaches in those communities. However, the lack of effective interaction between the different components has limited the impact of those interventions. The situation calls for a holistic approach, effectively supporting the participation of the most vulnerable and strengthening the capacities of the rights holders.

10. Following the recommendation of the midterm review, the management of the programme was decentralized through the establishment of workplans developed at the regional level for each programme component from 2011 to 2013. Although the decentralization process is not yet effective in Togo, the programme has worked with the Government in its efforts to bring the management of social services closer to communities. That approach has made it possible to involve stakeholders at the decentralized level, empower regional directors of planning in their role as development coordinators and adjust strategies to local realities so as to achieve results.

11. The analysis of bottlenecks at the district level has shown that the peripheral health centres receive only limited funding from the central level. Cost recovery from patients can result in excessive prescription, which is detrimental to poor families. The management of the funds is entrusted to community management committees, whose function should be re-evaluated. Besides strengthening the integrated package of interventions at the field level, the programme should be more involved in the health system management so as to achieve the desired results.

12. Working with the Government, the programme has established a hot line to report cases of violence against minors, along with a set of services: a transit centre, legal assistance, and medical and psychosocial support. The line has been operational since 2009 and receives an average of 500 calls per day. An independent evaluation was carried out and proved positive. Initially, the line was operated by the Ministry of Social Action and National Solidarity (MASSN), while the transit centre was run by an NGO. In December 2011, all services came under the responsibility of the Ministry, which now pays more than 50 per cent of the costs. Ownership by the State ensures the sustainability of the system. Replication of this experiment could be considered in other areas where NGO intervention is necessary in order to get innovative initiatives up and running but may give way later to a gradual takeover by the State.

The country programme, 2014-2018

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and growth	5 733	29 628	35 361
Education and development	3 847	9 893	13 740
Child protection and adolescent empowerment	3 547	8 506	12 053
Social policy and advocacy	2 729	4 973	7 702
Intersectoral	1 481	–	1 481
Total	17 337	53 000	70 337

Preparation process

13. The preparation of the United Nations Development Assistance Framework (UNDAF) for 2014-2018 was initiated in the early stages of the validation of the Government's Strategy for Accelerated Growth and Employment Promotion (SCAPE 2013-2017), on which the UNDAF is aligned. Preparation of the new country programme was initiated simultaneously with the UNDAF and in synch with the changes introduced at the midterm review to strengthen the focus on equity.

14. The opinions of women, school-age girls and boys, teachers and health workers in the vulnerable communities were gathered in the context of the analysis of the situation of children and women and were taken into account, as were the recommendations of the Committee on the Rights of the Child in January 2012. The preparation of the country programme was coordinated by the Ministry of Planning, Development and Regional Planning (MPDAT) and included consultations with relevant ministries and the regional and prefectural authorities, as well as with development partners and NGOs.

Programme components, results and strategies

15. The overall goal of the country programme is to serve as a catalyst for action to reduce disparities, including those related to gender, and to promote children's rights to survival, development, protection and participation, while strengthening the resilience of their families. The programme covers the entire country, with a focus on the most disadvantaged areas. It includes three main components and a component for socioeconomic analysis and advocacy, and supports the national priorities of the SCAPE: reducing child mortality to 57 per thousand; reducing the prevalence of underweight among children under five years from 17 per cent to 12 per cent; reaching a net enrolment rate of 96 per cent and a completion rate of 90 per cent for primary education, with a ratio of 0.97 between girls and boys: the participation of 18 per cent of children aged 4-5 years in preschool education; the use of antiretroviral therapy by more than 85 per cent of HIV-positive pregnant women; access to improved latrines for 55 per cent of the population (excluding Lomé); systematic birth registration of all newborns; implementation of social safety nets for the most vulnerable families, especially those with children.

16. The results of the programme are expected to derive from actions in the following areas: (a) the political, legal and normative environment; (b) improvement of service provision by strengthening the capacity of service providers; and (c) improvement of demand by strengthening the capacity of rights holders to seek and use quality services. The programme is based on the following strategies: (a) advocacy for increasing budgetary allocations to social sectors, guided by socioeconomic analyses; (b) raising funds for children and supporting their efficient use; (c) the complementarity and effectiveness of partnerships; (d) the development of various models of service delivery and demand creation adapted to diverse regional typologies; (e) the continuation of the decentralized approach to programme management with an emphasis on community participation; (f) facilitating South-South exchange of experiences; (g) strengthening the documentation of interventions so as to guide national strategies; (h) a focus on gender and adolescent issues, with the strengthening of life skills; (i) the identification of the vulnerabilities of children in peri-urban areas and the responses required; and (j) strategies for disaster prevention and mitigation and education on climate change.

(i) *Child survival and growth*

17. This component, which supports the National Health Sector Development Plan (PNDS), seeks to contribute to the reduction of the morbidity and mortality among newborn and young children associated with neonatal complications, malaria, diarrhoea, pneumonia, vaccine-preventable diseases, HIV and malnutrition. To achieve those results, the programme will work at different levels of the system.

18. On the one hand, the skills of families will be strengthened through the adoption of key family practices, including those related to nutrition, hygiene and sanitation, promoting good health and child nutrition, the better use of preventive services and timely care-seeking behaviour in the event of illness. In addition, in 100 per cent of the villages in 16 districts of the Kara, Plateaux and Savanes regions households will no longer practise open defecation. On the other hand, the supply of services will be improved to: (a) ensure the availability of a package of essential health care to all newborns in health facilities; (b) strengthen the vaccination coverage; (c) implement effective preventive and curative measures against malaria; (d) expand and improve the quality of the prevention of mother-to-child transmission (PMTCT) by ensuring effective monitoring of the mother-child pair and access to treatment for infected children; (e) implement the national strategic nutrition plan; and (f) implement the strategic plan for the water sector.

19. Operational action plans focusing on the removal of bottlenecks affecting supply and demand in the twelve districts of Kara and Savanes, which show the highest rates of child mortality in the country, will be supported in order to implement corrective strategies, including the strengthening of a package of high-impact health and nutrition interventions at the community level, with the goal of reducing disparities in the effective coverage of services.

20. At the upstream level, this component will strengthen the availability of medicines and basic commodities and their affordability in the field, as well as a more equitable distribution of qualified personnel. Other measures, such as payment based on performance and the implementation of social protection measures in the health area, will be adopted. This component will support the institutionalization of annual planning and monitoring in the health districts, focusing on the regions of

Kara and Savanes for equity reasons, on a suburban district of Lomé and on a rural district with a high population density, so as to build various models of corrective strategies.

21. Key partners include the Ministry of Health, the Ministry of Water, the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Agence française de développement (AFD), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the World Bank, the African Development Bank (AfDB), the European Union (EU) and NGOs.

(ii) *Education and development*

22. This component is aligned with the objectives of the sectoral education plan (PSE) to ensure high-quality basic education to every child and aims to achieve a net enrolment rate of 96 per cent with parity in the girl/boy ratio, a gross preschool attendance rate of 20 per cent and a net completion rate of 90 per cent for girls and boys in 25 school inspectorates of the Savanes and Plateaux regions, which are now significantly below the national average.

23. The component will use: (a) advocacy based on the documented experience in the adoption of a model of alternative education for working children and the inclusion in the PSE of adequate educational options for children with disabilities; and (b) capacity-building for effective implementation of the planned school mapping and improved management of human resources, leading to a reduction in disparities in the distribution of teachers. The recruitment of female teachers will be encouraged in order to achieve progress towards gender equality in the teaching profession. Support will be provided for the planning, monitoring and production of reliable education statistics.

24. The component will support the introduction of life skills education into primary schools and strengthen protection and participation of children through the prevention of violence in schools, the establishment of student governments and training in the rights of the child. The school environment will be improved through the provision of water and sanitation in schools and the introduction of the concept of the green school.

25. The component will seek to reduce disparities in completion rates in 25 school inspectorates in the Savanes and Plateaux regions by: (a) developing school-level projects and monitoring bottlenecks as a decision-making tool at the level of schools and inspectorates, and (b) mobilizing community child protection committees, social action workers, parent-teacher associations and school management committees to promote local initiatives aimed at reducing school dropout rates, the establishment of tutoring, the integration of out-of-school children and the prevention of early marriages.

26. UNICEF supports the Ministry of Primary and Secondary Education and Literacy (MEPSA), leads the donors-partners' group and works with the United Nations Educational, Scientific and Cultural Organization, the World Food Programme, the Agence française de développement (AFD), the World Bank, the Global Partnership for Girls' and Women's Education, NGOs and civil society.

(iii) *Child protection and adolescent empowerment*

27. This component supports the implementation of the Strategy for Accelerated Growth and Employment Promotion (SCAPE) by strengthening the resilience of vulnerable families, strengthening the protection systems for boys and girls against violence and working to promote positive behaviours that reduce the vulnerabilities of children and young people.

28. This component will facilitate: (a) the impact assessment of a child-centred cash transfer pilot project funded by the World Bank and embedded in the nutrition programme to guide the national strategy for social protection, and (b) the policy dialogue needed to implement this strategy, including programmes targeting vulnerable children with a view to covering at least 4 per cent of children by 2018.

29. The national system of child protection will be strengthened by the consolidation of community structures in the Kara and Savanes regions, by the adaptation of the model to the suburban areas around Lomé and by the support of the Ministry of Social Action and National Solidarity (MASSN) for: (a) the extension of the integrated mechanism for the detection, management and monitoring of abused children, so as to assist at least 3,000 abused children per year; and (b) improving the mechanisms for regulation, supervision and coordination at all levels and strengthening information management with the annual production of report cards.

30. The component will support the Government in its efforts to revise the legal framework and report on commitments made at the international level for the protection of children and women. Implementation of the national birth registration plan will be facilitated. The number of children without birth certificates will be halved in the Savanes and Kara regions and in five disadvantaged boroughs of Lomé through the institutionalization of a mechanism for monitoring bottlenecks in the supply and use of civil registration services and the identification of corrective actions. The model will be documented so as to support advocacy. The strengthening of a justice system that is fair for children in contact with the law will be implemented in order to ensure that each year at least 75 per cent of the case files opened dealing with violence against children are treated according to international standards of juvenile justice. Children's participation will be facilitated by raising awareness among adults and strengthening the capacity of young people to play a more active role in their schools and communities. Adolescent empowerment will be enhanced by the introduction of life skills education in primary schools and in programmes run by NGOs.

31. The Ministry of Social Action and National Solidarity (MASSN), the Ministry of Primary and Secondary Education and Literacy (MEPSA), the Ministries of Justice, Territorial Administration, Labour, and Basic Development, UNFPA, the International Labour Office (ILO), the United Nations Development Programme (UNDP), the World Bank, NGOs and civil society are key partners.

(iv) *Socioeconomic analysis and advocacy*

32. This component will contribute to the implementation of the priorities set in the Strategy for Accelerated Growth and Employment Promotion (SCAPE) for the social sectors by supporting: (a) the production and use of disaggregated data measuring poverty, disparities and discrimination, including data relating to gender; and (b) planning, budgeting and efficient use of resources promoting equity in the

survival, education, protection and development of all children, supported by appropriate socioeconomic analyses. These analyses will enable greater coherence in the allocation of the State and partners' resources with the budgetary framework of the SCAPE, establishing strategic partnerships with institutions such as the International Monetary Fund (IMF), the World Bank, the African Development Bank (AfDB) and the EU.

33. The skills of personnel at the national and decentralized levels will be strengthened so as to improve the efficiency of planning, budgeting and coordination between sectors and thereby reduce socioeconomic and geographic disparities. The component will support the National Directorate of Statistics in the production of national surveys measuring social indicators and the dissemination of disaggregated data on children and women. Advocacy at the highest level will be carried out on the basis of studies on child poverty, the impact of policies and the effect of shocks, as well as on the identification of options for strengthening resilience, so that national policies can be better focused on children. The use of evaluations and studies will be facilitated by the development of dissemination strategies adapted to the diversity of stakeholders, including communities and households. Besides the partners already mentioned, the component will rely on other main partners as well, namely, the Ministry of Planning, Development and Regional Planning (MPDAT), UNDP and civil society organizations.

(v) *Intersectoral component*

34. This component will provide support for the effective implementation of the programme through the efficient management of budgets, procurement and logistics, human resources and capacity development.

Relationship to national priorities and the United Nations Development Assistance Framework

35. The SCAPE covers five strategic areas: (a) the development of sectors with high growth potential; (b) the strengthening of economic infrastructure; (c) the development of human capital, social protection and the employment of young people; (d) the strengthening of governance; and (e) the promotion of balanced and sustainable participatory development. The UNDAF has been aligned with the SCAPE and has developed actions in three areas: (a) strengthening the capacities of the agricultural sector, the sustainable management of the environment and the promotion of employment; (b) strengthening equitable access to quality basic social services; and (c) enhancing governance so as to reduce inequalities. The country programme contributes to six outcomes in area (b) and three outcomes in area (c).

Relationship to international priorities

36. The programme is structured on a sectoral basis, in line with the Government's programmes for achieving the goals of the Millennium Declaration. The programme design was guided by the Convention on the Rights of the Child and other international conventions on the rights of children and women. The programme supports the "Promise Renewed" initiative for child survival and the activities of the "United for Children against AIDS" campaign.

37. The programme incorporates the principles of the Paris Declaration, the Accra Agenda and the Busan Agenda. It will contribute to the UNDAF in the

implementation of the recommendations of the 2012 quadrennial comprehensive policy review in the development of national capacities, the promotion of sustainable development, the eradication of the causes of extreme poverty and hunger, South-South cooperation, gender equality and the empowerment of women.

Major partnerships

38. The advocacy under way will be continued, working with the IMF and the EU to influence State budget allocations and with AfDB to strengthen health sector governance. UNICEF will continue its facilitation role with the Ministries of Health and Education for the mobilization of resources from global funds and will actively participate in sectoral committees set up as part of the national aid platform.

39. Existing partnerships will be maintained: with the French Government, WHO, UNFPA and UN Women for the implementation of the Muskoka Initiative to reduce maternal mortality and infant mortality; with WHO, UNDP, ILO and the World Bank in the context of social protection; with WHO and the Office of the United Nations High Commissioner for Human Rights on issues relating to children with disabilities; with all United Nations agencies on the response to HIV/AIDS; with NGOs and local associations working in various social sectors. The media, especially community radios, opinion leaders, religious leaders and parliamentarians, will contribute to the achievement of results. The National Children's Advisory Council will be involved in the process of planning, implementing and monitoring the programme. The programme will develop new alliances with youth groups, women, persons with disabilities and other civil society organizations.

Monitoring, evaluation and programme management

40. The Ministry of Planning, Development and Regional Planning (MPDAT), which is in charge of coordinating the programme, and UNICEF will support the development of multi-year workplans for each component at the national and regional levels and will monitor their implementation, including their intersectoral dimensions. The role of the regional and prefectural governments will be strengthened so as to promote decentralized management of the programme, which will foster efficiency and equity by taking into account the realities on the ground — and ownership on the part of stakeholders. At the national level, a unit responsible for monitoring and evaluating the UNDAF will coordinate reviews. A monitoring and evaluation plan will specify the various studies, evaluations and operational research needed to document programme outcomes and expand information on the situation of children and on socioeconomic, geographical and gender disparities.