

Annex 6c

Local Communities Plan (LCP)

to the GCF Funding Proposal

*Building the resilience of Togo's national health system and vulnerable communities
to climate-sensitive health outcomes*

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Abbreviations

AE	Accredited Entity
ANAMET	<i>Agence Nationale de Météorologie</i> (National Meteorological Agency)
BIT	Bertelsmann Stiftung's Transformation Index
CCU	Climate Change Unit
CHW	Community Health Worker
CIT	International Transhumance Certificate
CNT	<i>Comité National de Transhumance</i> (National Transhumance Committee)
COGES	<i>Comité de Gestion</i> (Local Health Facility Committee)
CSO	Civil Society Organisation
DHIS2	District Health Information System, version 2
DPS	<i>Direction Préfectorale de la Santé</i> (Prefectural Health Directorate)
DRS	<i>Direction Régionale de la Santé</i> (Regional Health Directorate)
ECOWAS	Economic Community of West African States
EE	Executing Entity
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan
ESMS	Environmental and Social Management System
ESS	Environmental and Social Safeguards
EWS	Early Warning Systems
FPIC	Free, Prior, and Informed Consent
GCF	Green Climate Fund
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
GRM	Grievance Redress Mechanism
IFC	International Finance Corporation

ILO	International Labour Organization
IP	Indigenous People
IRM	Independent Redress Mechanism
LC	Local Communities
LCP	Local Communities Plan
MAPRASA	<i>Ministère de l'Agriculture, de la Pêche, des Ressources Animales et de la Souveraineté Alimentaire</i> (Ministry of Agriculture, Fisheries, Animal Resources and Food Sovereignty)
MATGLAC	<i>Ministère de l'Administration Territoriale, de la Gouvernance Locale et des Affaires Coutumières</i> (Ministry of Territorial Administration, Local Governance and Customary Affairs)
MERFPCCC	<i>Ministère de l'Environnement, des Ressources Forestières, de la Protection Côtière et du Changement Climatique</i> (Ministry of Environment, Forest Resources, Coastal Protection, and Climate Change)
MHEWS	Multi-Hazard Early Warning System
MSHPCSUA	<i>Ministère de la Santé, de l'Hygiène Publique, de la Couverture Sanitaire Universelle et des Assurances</i> (Ministry of Health, Public Hygiene, Universal Health Coverage and Insurance)
PMC	Project Management Committee
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCHR	United Nations High Commissioner for Human Rights
USP	<i>Unité des Soins Périphérique</i> (Peripheral Health Unit)
WASH	Water, Sanitation and Hygiene

1. Introduction and Project Context

1.1 Project overview

The proposed project, *“Building the resilience of Togo’s national health system and vulnerable communities to climate-sensitive health outcomes,”* seeks to strengthen national and local capacity to manage the growing health impacts of climate change. The project directly responds to the Green Climate Fund (GCF)’s Updated Strategic Plan 2024-2027 (USP-2), addressing the intersection of climate, health, and resilience through data-driven systems, resilient infrastructure, and sustainable governance to enable long-term adaptation.

Togo is highly vulnerable to climate variability and change. Rising temperatures, changes in rainfall patterns and recurrent extreme climate events, including heatwaves, droughts, intense rainfall, and flooding, increasingly threaten livelihoods, and public health, particularly in the northern regions of Centrale, Kara, and Savanes, where poverty rates, on average, exceed 60 percent (INSEED, 2020). These climate hazards are driving higher incidence of malaria, diarrhoeal diseases (often exacerbated by flood-related water contamination), and heat-related illnesses, while also aggravating maternal, infant and child health risks. The health system’s capacity to adapt remains limited by institutional fragmentation, data and information gaps, infrastructural deficits, and financial constraints, leaving the population exposed to recurring climate-induced health risks.

The project adopts a systemic approach to reduce climate-health vulnerability through four mutually reinforcing components, i) strengthening the surveillance system for climate-sensitive health outcomes, ii) building an enabling environment to increase health sector resilience, iii) climate-resilient and low-carbon infrastructures, technologies, and supply chain and iv) enhancing community adaptation and engagement.

A central feature of the intervention is the establishment of a functional health Early Warning System (H-EWS) that links meteorological and health data to enable predictive, evidence-based decision-making. Through new data integration protocols, the project will ensure full interoperability between the National Meteorological Agency (ANAMET)’s climate information systems and the Ministry of Health, Public Hygiene, Universal Health Coverage, and Insurance (MSPHCSUA)’s District Health Information System, version 2 (DHIS2) database. Predictive models for malaria, diarrhoeal diseases and heat-related maternal, infant and child health outcomes will be developed to guide prevention and response measures, allowing authorities and communities to act pre-emptively.

The project also addresses governance and institutional sustainability by formalising the currently temporary Climate-Health Task Force into a permanent Climate Change Unit (CCU) within the MSPHCSUA, supported by five regional CCUs, covering the totality of the country’s population. These units will serve as coordination and resource-mobilisation hubs, ensuring climate-health initiatives are institutionalised and integrated into national and regional budgets. Targeted capacity-building will strengthen technical, managerial, and gender mainstreaming skills among health, meteorological, and academic personnel to enable long-term ownership and leadership.

At the service delivery level, the project will rehabilitate or construct Peripheral Care Units (USPs) – particularly maternity and neonatal units – designed to improve thermal comfort and improve resilient access to water. Upgraded Water, Sanitation and Hygiene (WASH) systems and solar-powered cold chain equipment will ensure continuity of essential services, including immunisation and emergency care, even during climate disruptions. To sustain these investments, the project will also operationalise a decentralised maintenance unit, ensuring regular upkeep, rapid repairs, and long-term functionality of climate-resilient infrastructure and equipment.

Community resilience is further strengthened through localised interventions that improve access to safe WASH and health services, while enhancing climate-health awareness. Community health workers (CHW) will be trained as multipliers to disseminate inclusive, accessible, and gender-sensitive information, promoting appropriate community level WASH and larval control measures and ensuring early warnings response in the most remote and vulnerable populations. These measures will empower households to adopt protective behaviours, respond effectively to alerts, and reduce the burden of climate-sensitive health outcomes.

Overall, the project will shift Togo's health governance from a reactive to a proactive and predictive risk management model. It will ensure that essential health services – especially those related to maternal and childcare – are increasingly climate-resilient, while strengthening national systems to anticipate, plan for, and respond to future climate threats. By embedding climate-resilient practices in governance, finance, and infrastructure, the initiative will generate lasting benefits that extend well beyond its implementation period. It is expected to reduce disease burden incidence, protect human capital, and safeguard livelihoods, particularly among women, children, and marginalised groups who bear the brunt of climate impacts.

In doing so, the project contributes directly to the GCF USP-2 outcomes:

- To Targeted Result 3 (Climate information and EWS) improving the existing Multi-Hazard Early Warning System (MHEWS) by integrating meteorological and health data for anticipatory decision-making;
- To Targeted Result 6 (Resilient infrastructure) through investment in climate-resilient health facilities and the establishment of sustainable maintenance systems; and
- To Targeted Result 9 (Adaptation) by institutionalising climate resilience within national systems and increasing climate change awareness, improving climate resilient behaviours adoption and empowering appropriate and locally-led response to alerts.

Through this holistic, system-wide approach, the project will support Togo in building a health system that not only withstands the impacts of climate change but also transforms them into opportunities for resilience, equity, and sustainable development.

1.2 Context of the Local Communities Plan (LCP)

1.2.1 Purpose

This Local Communities Plan (LCP) is designed to address the specific needs and interests of local communities (LCs) with traditional, agro-pastoralist, transhumant and semi-transhumant livelihoods in the north of Togo. While the project does not target Indigenous Peoples (IPs) as defined by international frameworks, it recognises that these local communities with distinct livelihoods, including groups such as the Fulani, who practice semi-transhumant pastoralism, face unique challenges. These include socio-economic tensions and exclusion, limited access to essential services, and legal uncertainties regarding land and natural resources, which exacerbate their vulnerability to climate change.

The LCP is a component of the project's environmental and social safeguards system. It has been prepared as a key instrument to ensure that all project activities are designed and implemented in full compliance with the GCF's Indigenous Peoples Policy and GIZ's corresponding Environmental and Social safeguards. As a Plan, its function is to provide a clear, consistent, and actionable guide for the project teams of the Executing Entities (EEs) to identify, consult with, and support vulnerable and culturally distinct communities throughout the project duration. The overarching goal is to ensure that the project's efforts to build resilience in the public health system and on community level actively avoid harm and deliver culturally appropriate and equitable benefits to these communities.

1.2.2 Objectives

The specific objectives of this LCP are to:

- Minimise and/or compensate for adverse impacts on local communities, particularly nomadic, pastoralist, agro-pastoralist and (semi-)transhumant groups;
- Promote equitable access to benefits from the project, focusing on marginalised groups, particularly women and youth;
- Foster inclusive governance in public health planning and ensure active participation from local communities;
- Ensure Free, Prior, and Informed Consent (FPIC) for affected communities when any project activity impacts their access to public health services, land or any other services and resources; and
- Respect and preserve the cultural practices, traditional knowledge, and livelihoods of local communities.

1.3 Defining "Indigenous Peoples" in the Togolese context

1.3.1 The challenge of terminology: Local communities with traditional livelihoods

The International Finance Corporation (IFC)'s Environmental and Social Safeguards (ESS) dimension 7 recognises that Indigenous Peoples (IPs) and ethnic groups, as distinct social groups with differentiated cultural identities and customary practices, are often among the most marginalised populations in society. This ESS standard aims to ensure that their rights, livelihoods, culture, and development aspirations are respected and promoted. The proposed project is fully aligned with the standard as outlined in the GCF Indigenous Peoples Policy. At the same time, the project's LCP acknowledges that the term 'Indigenous Peoples' is not officially used or recognised within the national legal framework of Togo.

The Fulani face unique socio-economic tensions and exclusion in Togo. They are frequently perceived as foreigners regardless of citizenship status and face structural exclusion from land ownership and decision-making bodies (Oluka, 2022).

Togo is made up of a mosaic of approximately 40 ethnic groups with highly diverse customs and traditions (INSEED, 2023). Alongside the major groups such as the Ewe, Kabye, Tem, and Mina, the country is also home to smaller, scattered communities of mixed origins that have gradually assimilated into the dominant cultures of their host regions. In contrast, agro-pastoralist and semi-transhumant communities like the Fulani often reside in small hamlets near host villages, where they manage livestock and migrate seasonally according to pasture availability (Bukari et al., 2020). Their pastoral mobility and semi-autonomous settlement patterns distinguish them from other groups, shaping their unique sociocultural and economic vulnerability in Togo's multi-ethnic landscape (Timpong-Jones et al., 2023).

The Fulani pastoral communities of Togo represent a distinctive case for IP's recognition under international climate finance frameworks. Comprising both semi-transhumant and transhumant sub-groups, the Fulani are the only community in Togo that meet all four qualifying criteria¹ of the GCF¹ Indigenous Peoples Policy (Bertilsson, J., & Soneryd, L., 2023). While most major ethnic groups in Togo are historically sedentary agriculturalists with deep territorial attachments and customary land tenure systems recognised by the state (Tonah, 2002), the Fulani's livelihoods depend on mobility and seasonal access to grazing corridors, fostering adaptive resource use and ecological resilience (Timpong-Jones et al., 2023).

¹ Namely self-identification, collective attachment, distinct customary systems and distinct language (GCF, nd).

Recent demographic studies estimate the Fulani population at 30–40 million across 19 African countries, including roughly 200,000–300,000 individuals in Togo (Fortes-Lima et al., 2025; Ohiri & Kazeem, 2024). Within Togo, they are concentrated in the northern Savanes and Kara regions, where they maintain semi-nomadic transhumant systems linking grazing lands in Benin and Burkina Faso (Imoro, 2018). Among them, the Mbororo (Wodaabe) sub-group – estimated at 2–3 million across West and Central Africa – are particularly notable for their high mobility and cultural distinctiveness, expressed through unique dress, language, and pastoral practices (Droy & Bidou, 2019).

These structural differences between the Fulani and sedentary groups manifest in divergent forms of land governance and representation. Sedentary farmers base authority on territorial lineage, while the Fulani's mobility fosters flexible, cross-border alliances. Despite marginalisation in local governance, Fulani pastoralists play a crucial ecological role, acting as custodians of dryland ecosystems and embodying adaptive strategies central to climate-resilient livelihoods (Djohy, 2017). This underscores the need for climate adaptation interventions to integrate nomadic and semi-nomadic pastoralists within IP frameworks, recognising mobility as a legitimate expression of territoriality and cultural continuity.

The Fulani self-identify as a distinct ethnolinguistic group defined by *Pulaaku* – a moral and behavioural code that governs social conduct, dignity, and restraint, forming the foundation of Fulani cultural identity (Boesen, 2004; VerEecke, 1989). *Pulaaku* embodies ideals such as patience (*munyal*), self-control (*semteende*), and courage (*ngorgu*), which distinguish the Fulani from surrounding communities and reinforce their cohesion across regions (Virtanen, 2003). Their language, Fulfulde, serves as both a linguistic and cultural marker of identity and unity among otherwise dispersed pastoral populations (Blench, 1990).

Fulani communities operate under parallel socio-political hierarchies led by the 'Ruga' (pastoral leader) or Ardo, institutions separate from the village chieftaincy system recognised by the Ministry of Territorial Administration, Local Governance and Customary Affairs Ministry of Territorial Administration (MATGLAC). While other ethnic groups utilise state-sanctioned chieftaincy structures, the Fulani rely on these customary institutions for conflict resolution, resource negotiation, and social cohesion - mechanisms often invisible or misunderstood by state authorities.

Fulani society maintains a highly stratified, patrilineal structure where:

- Men manage herds, find grazing sites, and handle security; and
- Women own and control milk production, processing, and sale of dairy products (including 'wagasi' cheese), providing economic autonomy distinct from agrarian community gender dynamics.

Unlike the agrarian majority in Togo, whose livelihoods align with state-supported development and sedentary farming systems, the Fulani maintain a mobile pastoral economy and social organisation that remain largely outside formal institutional structures (Wilson, 1995). While other ethnic groups sustain distinct cultural identities, they share an agricultural orientation integrated into the national economic framework. In contrast, the Fulani remain socially and culturally separate, partly due to their voluntary adherence to *Pulaaku* and partly as a result of systematic exclusion and prejudice from mainstream society (Bukari & Schareika, 2015). This dual dynamic of self-preservation and marginalisation underscores the enduring autonomy of Fulani identity within broader West African societies.

Due to transhumancy patterns, the land tenure system is of importance to Fulani communities. The Togolese land tenure system, including the 2018 Land Code, is designed exclusively for fixed, sedentary agriculture. Consequently, this legal framework creates a critical point of divergence for Fulani communities, who possess a collective attachment to transhumance corridors and grazing resources rather than fixed plots of land. Their territory is dynamic - defined by the seasonal movement of cattle and water availability rather than static boundaries (ILC Africa, 2018). Because Fulani livelihoods do not involve conventional

land cultivation, they often lack the 'mise en valeur' (productive use) proof required for land rights under the 2018 Land Code. They exist as 'users' of land owned by others, leaving them vulnerable to eviction and without legal recourse. This vulnerability is exacerbated by the code's focus on individual titling rather than collective pastoral land rights (Duboz, Boëtsch, Guisse, & Macia, 2020) (ILC Africa, 2018).

As mentioned, Fulani populations concentrate in Togo's northern regions, inhabiting transhumance corridors that run north-south, connecting Sahelian pastures of Burkina Faso and Niger to Togo's savannahs. Two distinct mobility patterns characterize these communities:

- Semi-sedentary communities maintain permanent settlement while practicing "micro-transhumance" over short distances, retaining strong cultural and economic ties to cattle rearing despite physical settlement;
- Transhumant groups move seasonally across borders, forming the bulk of populations traversing corridors during the dry season (January-May). These fully nomadic groups face the most significant barriers to health services and legal recognition (Thébaud, Corniaux, François, & Powell, 2018).

These mobility patterns represent a sophisticated adaptation to climate variability, utilising marginal lands unsuitable for agriculture. However, it renders the communities invisible to static health systems, requiring adapted project interventions and effective outreach mechanisms.

1.3.2 Location of Local Communities in the Project Area

The following section maps the confirmed geographic presence of Fulani communities across the three project regions:

Savanes Region: Savanes constitutes the principal northern entry point into Togo for Sahelian transhumant herders, forming part of a broader regional mobility system linking Burkina Faso and other Sahelian countries to coastal West Africa (Sourisseau et al., 2020; Timpong-Jones et al., 2023). Herders typically enter through border crossings such as Mandouri in Kpendjal prefecture and move southward along the Oti River basin corridor, a major ecological axis that overlaps with the Oti-Kéran-Mandouri (OKM) protected area complex (Polo-Akpisso et al., 2020). This complex, covering approximately 179,000 hectares, spans both Savanes and Kara regions and is widely documented as a key zone for seasonal livestock grazing and transhumance activity (Polo-Akpisso et al., 2018). Within this regional system, Dapaong (Tône prefecture) and Mango (Oti prefecture) function as major administrative and commercial hubs. Their surrounding areas host both settled and mobile Fulani communities, reflecting the coexistence of sedentary agro-pastoralism and long-distance transhumance typical of northern Togo (Lardja & Abalo, 2024). In Tône prefecture, several Fulani hamlets, particularly around Namaré village, including Gnabadjouani, Kpandtang, and Flingbong, are established in close proximity to sedentary communities. These hamlets maintain socio-economic linkages with nearby settlements, notably through access to basic services such as health facilities, illustrating the structural interdependence between mobile pastoral systems and local sedentary populations (GIZ, 2025a).

Kara Region: From Mango in Savanes, transhumant herders continue into Kara region, particularly toward Dankpen prefecture, where institutional mechanisms such as designated reception sites (*sites d'accueil*) have been established to manage pastoral mobility and mitigate farmer–herder conflicts (Alemdjrodo, 2025; Sourisseau et al., 2020). This makes Dankpen a confirmed secondary zone of Fulani presence within the transhumance system. The Oti-Kéran-Mandouri complex continues into Kara, reinforcing its role as a shared cross-regional pastoral zone characterized by seasonal livestock movements, typically during the dry season from November to May (Timpong-Jones et al., 2023). The city of Kara serves as the administrative center of the region and is predominantly inhabited by the Kabyé ethnic group, although Fulani pastoralists are present in surrounding rural and peri-urban zones where grazing opportunities

remain available (Alemdjrodo, 2025). Fulani communities are distributed across several prefectures, including Assoli (notably in the canton of Soudou, where the hamlet of Ouro Garo is located) and Bassar (including the village of Sanda Afohou)(GIZ, 2025a). This spatial distribution reflects a dispersed but structured pattern of settlement shaped by ecological conditions and access to pastoral resources.

Centrale Region: Centrale represents the southernmost extension of Fulani pastoral mobility within this corridor. Here, pastoral systems are less characterized by long-distance transhumance and more by semi-sedentary livestock keeping, reflecting adaptation to higher population densities, agricultural expansion, and land-use pressures (Alassan et al., 2017). Fulani communities in this region often maintain cattle-herding livelihoods while increasingly integrating into local socio-economic systems. The regional capital Sokodé, a major urban and commercial center dominated by the Kotokoli (Tem) Muslim population, provides an important socio-economic interface where some Fulani groups operate within existing trade, religious, and livestock networks (Sourisseau et al., 2020). This illustrates the broader regional transition from mobile pastoralism in the north to more integrated agro-pastoral livelihoods further south. This dynamic is particularly evident in Tchaoudjo prefecture, where Fulani communities are present in villages such as Alihéridè and Salimdè. Shared Islamic religious practices between Fulani and Kotokoli populations contribute to a relatively high level of social integration, facilitating joint access to socio-economic infrastructure and services (GIZ, 2025a). This contrasts with more spatially segregated farmer–herder dynamics observed further north and illustrates the broader transition from mobile pastoralism to more integrated agro-pastoral systems along the north–south corridor.

1.3.3 Farmer-herder conflicts and climate change

Climate change has emerged as a critical driver intensifying resource competition between farmers and pastoralists across West Africa. Recurrent droughts and rising temperatures have led to the drying of traditional water points and seasonal rivers, forcing herders to travel further in search of water and grazing resources (Clanet & Ogilvie, 2009; Denisova & Kostelyanets, 2023). Simultaneously, the expansion of agriculture into traditional grazing corridors – driven by demographic growth and land privatization - has restricted pastoral mobility, often resulting in contested land-use boundaries and violent clashes (Brottem, 2016; Usman & Nichol, 2022).

As agricultural frontiers encroach on grazing lands, livestock pressure on diminishing pastures increases, degrading soil quality and accelerating desertification (Cabot, 2016; Turner et al., 2011). In areas with weakened customary land governance, this competition for natural resources has become an existential struggle for both livelihoods and cultural survival. Evidence from Nigeria, Ghana, and Togo indicates that changing precipitation patterns and land-use expansion are directly correlated with spikes in farmer-herder confrontations, highlighting climate change as both a catalyst and multiplier of conflict risk in agro-pastoral systems (Egbule & Okonta, 2024; Adams et al., 2023).

The described pressures have triggered violent conflicts in Togo, with Fulani often scapegoated for crop destruction. Togo temporarily suspended cross-border transhumance in 2020 following violent encounters, with officials attributing conflict to ‘violent entrants’ among herders (Ekoue, 2025) (Phillips, Perkins, & Navarro, 2024). These social tensions reflect deeper governance failures in natural resource management (Ayenagbo, et al., 2013).

In summary, the Fulani, like elsewhere in the West Africa, often face marginalisation in national decision-making and land governance frameworks, resulting in limited recognition of customary institutions and recurring tensions with sedentary farming communities over access to land and water resources (Bukari et al., 2020; Courtright, 2025; Tonah, 2002). These dynamics situate the Fulani of northern Togo within broader West African patterns of mobility, ecological adaptation, and political marginalization, shaped by historical and contemporary pressures on rangelands and governance regimes (Imoro, 2018).

In this context, the Fulani face a double vulnerability situation – simultaneous exposure to climate change impacts and structural marginalisation due to their way of life distinguishing them from the majority of Togolese society. This positions them as subjects of the GCF Indigenous Peoples Policy's intent: protecting communities whom standard development models inadvertently harm. This is why the policy's requirement for Free, Prior, and Informed Consent (FPIC) becomes particularly critical for Fulani communities, as their mobility and customary governance systems require fundamentally different consultation approaches than sedentary populations. Without recognition of their distinct territoriality and institutional structures, climate adaptation interventions risk further marginalising these communities while failing to leverage their sophisticated traditional knowledge of climate-resilient pastoral systems.

1.3.4 Constraints facing Fulani women

The Gender Assessment identifies a compounding and intersectional set of constraints unique to Fulani women, consistent with broader evidence on pastoralist and nomadic populations across West and Central Africa, where gender norms, mobility, and structural exclusion interact to produce significantly lower access to health services compared to sedentary populations (Sangaré et al., 2021; Wulifan et al., 2022):

1. **Patriarchal Decision-Making and Male-Gating of Healthcare:** Fulani women operate under strict patriarchal authority and must often obtain their husband's approval before seeking healthcare, particularly for maternal and child health. This male-gating dynamic is widely documented in pastoralist societies, where gender roles position men as primary decision-makers over household mobility, finances, and care-seeking (Wulifan et al., 2022; Bonney et al., 2025). Evidence shows that women's autonomy in health decision-making is frequently constrained by social norms that define pregnancy and childcare as family (but male-controlled) domains, resulting in delays in accessing services and reduced uptake of preventive care (Ahmed et al., 2018). While some studies note gradual shifts toward increased male support for maternal health service use, these changes remain fragile and highly context-dependent, requiring sustained engagement strategies to transform entrenched gender norms (Bonney et al., 2025).
2. **Cultural Barriers to Maternity Service Use:** Cultural norms among Fulani communities often restrict women from exposing their bodies to unfamiliar individuals, particularly male or non-community health providers. This norm has been identified as a major deterrent to facility-based childbirth across Fulani and other pastoralist groups (Hampshire, 2003; Burgess, 2016). Studies consistently show that pastoralist women may avoid formal maternity services due to perceived cultural incompatibility, lack of privacy, and absence of culturally respectful care practices (Hampshire, 2003; Burgess, 2016). Conversely, evidence indicates that culturally adaptive interventions - such as allowing preferred birthing positions, the presence of trusted companions, or female providers - can significantly improve service uptake among pastoralist women (Wester et al., 2018). This aligns with findings that culturally sensitive maternity models are critical for inclusion and improved maternal outcomes in nomadic populations.
3. **Geographic and Physical Isolation from Services:** Geographic isolation is a defining barrier for Fulani communities, whose transhumant livelihoods result in dispersed settlements far from fixed health infrastructure. Distance to facilities, lack of transportation, and seasonal mobility patterns significantly reduce access to antenatal and delivery care (Sangaré et al., 2021; Wulifan et al., 2022). Pastoralist women often travel long distances to reach health centres, with mobility constraints exacerbated by gender roles that limit access to transport and prioritise men's economic activities (Hampshire, 2002). These structural barriers are further compounded by male decision-making dynamics, where women may delay care-seeking unless complications are perceived as urgent.

4. **Exclusion from Public Health Programmes:** Fulani communities are frequently excluded from national health communication and service delivery systems due to their mobility, marginalisation, and weak integration into administrative structures (Sangaré et al., 2021). Research shows that nomadic populations are less likely to receive information about public health programmes, including maternal and child health initiatives, because outreach strategies are typically designed for sedentary populations (Wulifan et al., 2022). This systemic exclusion contributes to lower awareness and uptake of subsidised or free healthcare services, reinforcing inequities in maternal and child health outcomes (Bonney et al., 2025).
5. **Menstrual Hygiene and Dignity Barriers:** Inadequate water, sanitation, and hygiene (WASH) infrastructure in rural and pastoralist settings significantly constrains menstrual hygiene management. Studies across similar contexts show that lack of privacy, insufficient water supply, and absence of gender-sensitive facilities discourage women and girls from using health services and schools (Sangaré et al., 2021). These barriers intersect with cultural norms around modesty and bodily privacy, further reinforcing avoidance of institutional spaces that are perceived as undignified or unsafe for women (Burgess, 2016). Such constraints are particularly critical for Fulani women, given existing cultural barriers to facility access.
6. **Intersectional Exclusion from Climate-Health Interventions:** Pastoralist populations, including Fulani communities, are disproportionately vulnerable to climate shocks such as droughts and floods, which disrupt mobility patterns and further reduce access to health services (Sangaré et al., 2021; Wulifan et al., 2022). Climate variability exacerbates existing inequalities by increasing travel time to facilities, damaging infrastructure, and limiting outreach services, with particularly severe consequences for pregnant and breastfeeding women (Kariuki, 2025). Evidence suggests that without targeted adaptation strategies, climate-health interventions risk further excluding mobile pastoralist groups, widening maternal and child health disparities (Wulifan et al., 2022).

1.3.5 Applying International Policy Criteria

To navigate this complexity while ensuring full compliance with financier requirements, this LCP adopts the criteria-based approach articulated in the GCF Indigenous Peoples Policy and mirrored in the IFC safeguard standards. The primary function of this Plan is not to assign a fixed label to any group, but rather to establish a dynamic screening process. This approach ensures that the approach remains a flexible and context-sensitive tool. It moves beyond static classification to focus on the substantive characteristics of vulnerability and cultural distinctiveness that the policies are designed to protect. This respects the principle of self-identification and allows project teams to apply the safeguard policy to any community in any project location where these characteristics are present.

IPs are understood as groups having the following features which the Togolese LCs are broadly aligned with:

- **Self-identification** as members of a distinct social and cultural group, and recognition of this identity by others. The Fulani implicitly meet this criterion e.g., through the use of Fulfulde language and their traditionally transhumant, pastoralists livelihoods (closely tied to seasonal mobility, rangelands, and cattle herding), distinct cultural practices, and social organization (Turner, 2022). It should be noted though that during stakeholder engagement with LCs during the FP development phase not all members of LCs self-identified as pertaining to an LC. The reasons for this lack of self-identification are not known.
- **Collective attachment** to ancestral territories or geographically distinct habitats or areas of seasonal use or occupation, and to the natural resources contained therein, which are often fundamental to their livelihood and cultural identity. As transhumant/ semi-nomadic pastoralists, they have a strong

collective attachment to grazing lands, transhumance corridors, and water resources, rather than fixed territories.

- **Customary social, economic, or political systems**² that are separate or distinct from those of the mainstream society or culture. Among Fulani pastoralist communities in Togo and across the Sahel, the Ruga/Ardo system functions as a customary governance structure that operates in parallel with formal state-sanctioned chieftaincies. The Ardo (chief herder) serves as a moral and administrative leader, mediating conflicts, managing grazing routes, and coordinating relations with host agrarian communities, often without direct recognition from official administrative systems (Bukari et al., 2020; Turner et al., 2011). This informal but highly organized governance framework sustains social cohesion and resource management among mobile Fulani populations, making it a form of governance invisible to the state yet central to pastoral life (Djohy, 2017).
- **Distinct language or dialect**:³ They maintain a distinct Fulfulde language, customary institutions, and spiritual-cultural practices that play central roles in communal identity and pastoral governance (de Bruijn & van Dijk, 2003).

1.3.6 Operational Terminology

In line with communication in the Togolese context, this LCP refers to "Local Communities (LCs)" as ethnic groups and sub-groups that are identified through the screening process as meeting the criteria outlined above. This operational term ensures cultural and political appropriateness while maintaining full alignment with the GCF's definition of, and requirements for, 'Indigenous Peoples'.

² This includes historical experiences of discrimination, exclusion, subjugation or dispossession, that place them in a marginalized position in society. Unlike other communities who may be economically disadvantaged but remain 'sons of the soil' with inherent rights, the Fulani occupy a non-dominant position where access to basic rights and services (like health, justice, and land) remains precarious and dependent on negotiation with sedentary populations.

³ This refers to a distinct language or dialect often different from the official language or languages of the country or region in which they reside. This includes a language or dialect that has existed but does not exist now due to impacts that have made it difficult for a community or group to maintain a distinct language or dialect.

2. Policy, legal and institutional framework

Several international legal frameworks guide the matters of Indigenous peoples. The ones relevant in the context of this project are detailed hereafter.

2.1 International treaties, conventions, and agreements

Green Climate Fund (GCF)

As the financing institution, the GCF's policies provide the primary safeguard framework for this project. The project is unequivocally bound by the GCF Indigenous Peoples Policy, which recognises that IPs are unique stakeholders with invaluable contributions to climate action but also face serious climate-related threats. The core tenets of this policy, which this LCP is designed to operationalise, include:

- Anticipating and avoiding any adverse impacts of project activities on the rights, interests, and well-being of Indigenous Peoples (GCF, s.d.).
- When avoidance is not possible, implement measures to minimise, mitigate, and/or provide appropriate and equitable compensation for such impacts (GCF, Annex XI: Indigenous Peoples Policy).
- Ensuring a process of FPIC is undertaken for activities affecting their rights, lands, resources, and cultural heritage (Sawathvong & Kimihiko, 2024).
- Promoting access to project benefits in a culturally appropriate manner (GCF, Annex XI: Indigenous Peoples Policy).

These requirements are further supported by the GCF's overarching Environmental and Social Policy, which mandates due consideration for vulnerable populations, including Indigenous Peoples, in all GCF-financed activities. The GCF's Operational Guidelines for the Indigenous Peoples Policy provide the practical steps for applying these principles, which are integrated into this plan.

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

The Republic of Togo voted in favour of adopting UNDRIP in 2007. Although it is a non-binding declaration, UNDRIP is the most comprehensive international instrument on the rights of IPs. It establishes a universal framework of minimum standards for their survival, dignity, and well-being. Its principles, particularly those concerning the rights to self-determination, culture, lands and territories, and the requirement for states to obtain FPIC before undertaking measures that may affect them, provide the guiding ethical and normative foundation for this LCP.

International Labour Organisation (ILO) Convention 169

The Indigenous and Tribal Peoples Convention, 1989 (No. 169) is the primary binding international treaty on this subject. Togo has not ratified the convention, meaning no specific, legally enforceable national obligation to uphold the specific rights it enumerates exists on national level.

2.2 National Legal and Administrative Framework in Togo

Several legal and administrative frameworks guide the matters of local communities in Togo, as detailed hereafter.

Togo is a state party to several core international human rights treaties that provide a broader foundation for protecting the rights of all citizens, including members of LCs. These include the International Covenant on Economic, Social and Cultural Rights (ratified 1984), the International Covenant on Civil and Political Rights (ratified 1984), and the International Convention on the Elimination of All Forms of Racial Discrimination (ratified 1972). Regionally, Togo has ratified the African Charter on Human and Peoples'

Rights (ratified 1982). These instruments protect fundamental rights to health, culture, non-discrimination, and participation, which are all directly relevant to the objectives of this LCP.

Constitutional Protections and Human Rights Legislation

The Constitution of Togo guarantees fundamental rights and freedoms for all citizens. However, there is a substantial and well-documented gap between legal provisions and their practical implementation. There is no specific national legislation for the protection of IPs or ethnic minorities, thus reliance on national enforcement mechanisms alone might be insufficient to guarantee the protection of LCs.

Land Tenure and the 2018 Land and Domain Code

Togo's land governance system is characterised by a legal dualism, where state-codified law coexists with deeply entrenched customary tenure systems (Alinon Koffi Olulumazo). The enactment of the 2018 Land and Domain Code (*Code Foncier et Domanial*) represents a landmark reform. The Code consolidates disparate land laws and, crucially, provides for the legal recognition of customary land rights, establishing a pathway for their formalisation through registration in the land register. This is a positive step towards securing tenure for rural communities. However, significant challenges persist. The formalisation process is often slow, complex, and costly, remaining inaccessible to many rural households (Konrad-Adenauer-Stiftung, 2020). Land disputes are a major source of conflict, and the judicial system is often ill-equipped to resolve them effectively and impartially.

Law on Traditional Chieftaincy (*Loi portant statut des chefs traditionnels*)

This law formally recognises the authority of traditional chiefs (*Chefs de Canton, Chefs de Village*) as agents of the administration and custodians of custom. It provides the legal basis for the project to engage with Councils of Elders and Chiefs as legitimate representatives of LCs for FPIC processes. It establishes their role in customary dispute resolution, which is integrated into the project's GRM level.

Law No. 2022-011 of July 4, 2022 (Decentralisation and Local Freedoms)

This legislation acts as the cornerstone of local governance in Togo, amending Law No. 2007-011 of March 13, 2007, and its subsequent modifications (Law No. 2018-003, Law No. 2019-006, and Law No. 2021-020). It establishes the legal personality and financial autonomy of local authorities, fundamentally shifting the responsibility for basic service provision from the central state to local levels.

- Territorial Organisation (Article 2): The law organizes the Togolese territory into two distinct territorial authorities: the region and the municipality (Commune). This structure is critical for the project, as interventions will need to be coordinated at both the regional level (Regional Health Directorates) and the municipal level.
- Local Mandate (Article 7): This article explicitly tasks territorial authorities with the responsibility to "design, plan, and implement local development initiatives" within their jurisdiction, particularly in economic, social, and cultural spheres. This legally designates the Commune as the primary owner of local development plans.
- Transfer of Competencies (Article 62): The State transfers specific powers to local authorities that are directly relevant to the project's components. These include: Energy and water resources (Critical for the project's solar-powered cold chain and WASH interventions); Sanitation, natural resource management, and environmental protection (Direct links to the project's larval control and waste management activities); Health, population, social services, and civil protection (This confirms that the management of Peripheral Care Units (USPs) and response to climate disasters are municipal responsibilities).

This legal framework clarifies that the Communes are not merely stakeholders but the legal entities responsible for the long-term sustainability of the project's investments with regards to:

- Infrastructure Sustainability: Since powers regarding health facilities and water resources (Article 62, iv & viii) are devolved, the project must ensure that rehabilitated USPs and new water points are formally integrated into the municipal asset registers and maintenance budgets.
- Disaster Risk Management: The transfer of "civil protection" powers (Article 62, viii) provides the mandate for involving local authorities in the operation of the Early Warning System (EWS) for climate-sensitive health outcomes.

The Pastoral Code and Transhumance Regulations (Code Pastoral)

While Togo implements the ECOWAS Decision A/DEC.5/10/98 regulating cross-border transhumance, it relies on national decrees to enforce the Pastoral Code. These regulations establish:

- The "International Transhumance Certificate" (CIT) requirement for herds.
- The obligation for herders to respect local customs and refrain from carrying arms.
- The "Mixed Committees" (*Comités Mixtes*) at the prefectural level composed of farmers, herders, and administration to arbitrate disputes.

Protection of Cultural Heritage and Traditional Knowledge

Togo has a legal framework for the protection of national cultural heritage, notably Law No. 90-24 of 1990, which covers both tangible and intangible cultural property (Togolese Republic, 1990). As a signatory to the UNESCO World Heritage Convention, Togo has also seen the inscription of sites like Koutammakou, the Land of the Batammariba (Unesco, 2023). However, these legal frameworks often reflect a state-centric, preservationist approach to heritage that can be disconnected from the living, evolving knowledge systems of LCs. Togo lacks specific legislation protecting traditional or ethnobotanical knowledge, relying instead on the general OAPI Bangui Agreement which principally focuses on patents and plant varieties rather than traditional knowledge systems (Adusei, 2013).

Apart from the mentioned legal frameworks, several public institutions in Togo are concerned with LC issues. Their mandates and roles are mentioned hereafter.

Ministry of Security (Ministère de la Sécurité)

This Ministry plays a leading role in the National Transhumance Committee (CNT). It is responsible for the security aspects of the transhumance campaign, including the enforcement of entry and exit dates for foreign herds and the protection of both pastoralists and sedentary communities.

The National Transhumance Committee (Comité National de Transhumance – CNT)

Transhumance in Togo is governed by the National Transhumance Committee (CNT), an inter-ministerial body that defines the annual Transhumance Campaign. The CNT determines the official dates for the entry and exit of transhumant herds (typically January to May), the specific taxes and fees per head of cattle and the conflict resolution protocols at the prefecture level.

Ministry of Agriculture, Fisheries, Animal Resources and Food Sovereignty (Ministère de l'Agriculture, de la Pêche, des Ressources Animales et de la Souveraineté Alimentaire – MAPRASA)

The Ministry acts as the technical lead for the National Transhumance Management Plan. The Directorate of Livestock (Direction de l'Elevage) monitors animal health, herd movements, and the availability of

resources (water and biomass) along the corridors. They act as the primary liaison for technical interventions regarding pastoral livelihoods.

**Ministry of Territorial Administration, Local Governance and Customary Affairs
(Ministère de l'Administration Territoriale, de la Gouvernance Locale et des Affaires
Coutumières – MATGLAC)**

This Ministry oversees the 117 communes and the traditional chieftaincy. It validates the appointment of traditional chiefs (Cantonal and Village Chiefs) who are the customary custodians of land and tradition.

**Ministry of the Environnement, Forest Resources, Coastal Protection and Climate
Change (Ministère de l'Environnement et des Ressources Forestières de la Protection
Côtière et du Changement Climatique – MERFPCCC)**

The Ministry is responsible for Togo's climate policy, forest protection, and biodiversity conservation. They manage protected areas (e.g., Oti-Keran, Fazao-Malfakassa) which often border transhumance corridors. This Ministry ensures that adaptation strategies do not lead to maladaptation or environmental degradation.

3. Implementation of the LCP

The effective implementation of this LCP requires a clear allocation of roles and responsibilities among all involved actors. A dedicated organisational structure will be established within the project to manage and oversee all gender, social safeguards and LCP-related activities.

3.1 Responsibilities for LCP implementation

As the Accredited Entity, GIZ is responsible for ensuring the project adheres to both GCF standards and its own robust internal safeguard policies. GIZ is committed to upholding international human rights law, including the rights of IPs, in all its projects and programmes. GIZ's operational approach requires the application of its comprehensive Environmental and Social Management System (ESMS) in the project, which includes the Environmental and Social Management Plan (see Annex 6b - ESMP). This LCP is an integral component of that system. GIZ's procedures emphasise thorough risk assessment, meaningful stakeholder engagement, dedicated capacity building for EEs, partners and communities, and the allocation of sufficient human and financial resources to ensure effective safeguard implementation.

Specifically, the following structures ensure implementation and oversight of of ESS- and LC-related interventions:

GIZ Project Management Committee (PMC)

The PMC holds overall responsibility for ensuring project compliance with this LCP and the policies of the GCF. The Project Manager will be accountable for allocating sufficient budget and resources to safeguard implementation and integrate LCP requirements into the overall project work plan and procurement processes.

GIZ Gender & ESS Advisor

The AE will recruit a full-time Gender & ESS Advisor with proven expertise in IP-related matters, social assessment, community engagement, and the application of international safeguard policies. This specialist will be the technical lead for all LCP-related activities, responsible for:

- Coordinating and overseeing the screening of all LCP-related activities;
- Guiding the preparation (e.g., developing terms of reference) and overseeing the implementation of interventions;
- Designing and leading the facilitation of FPIC processes;
- Managing the project's LCP-related Grievance Redress Mechanism (GRM);
- Conducting LC-related training and capacity building for project staff, EEs and partners;
- Preparing LC- and safeguard-related progress and monitoring reports.

National Executing Entities (MSHPCSUA, ANAMET)

National partners will be responsible for integrating LCP procedures into their project-related activities. They will appoint ESS focal points within their institutions who will work closely with the GIZ Gender & ESS Advisor to ensure seamless coordination and implementation on the ground.

Local Government Authorities

Regional, prefectural and local authorities like the Regional Health Directorate (DRS), Prefectural Health Directorate (DPS) and local health facility committees (COGES), will be key partners in the LC consultation and LCP implementation process. They will be engaged to facilitate communication with communities and to ensure that project activities are aligned with local development plans, while fully respecting the specific procedures for engaging with LCs as outlined in this plan.

3.2 Capacity Building and participation

Systematic and ongoing capacity building is essential to ensure that all stakeholders involved in the project have the necessary knowledge and skills to implement this LCP effectively. The interventions will be coordinated by the GIZ Gender & ESS Advisor and will target multiple audiences:

- GIZ Project Staff, EEs and cooperation partners will receive induction and refresher training on the principles of the GCF Indigenous Peoples Policy, the specific procedures of this LCP, culturally appropriate consultation and engagement techniques, gender sensitivity, and the operational details of the GRM.
- The nominated ESS focal points of EEs and relevant technical staff from the MSHPCSUA, ANAMET and other partner agencies (national and local) will receive specialised training to build their capacity in culturally adapted participatory planning and implementation methods.
- Local Government Officials' awareness will be raised. They will be informed on the project-specific safeguard commitments and procedures, e.g. regarding the FPIC process.

A critical component of ensuring that consultation and participation of LCs is meaningful and that consent is truly free and informed is to implement a dedicated strategy for community empowerment. This will involve the consultation and provision of targeted support to the representative institutions of LCs (like councils of elders). This support will be tailored to their needs and may include understanding project documents, negotiation skills, and their rights under national and international policy.

Meaningful consultations with local communities (LCs) will be sustained throughout project implementation via the project's ESS approach. The GIZ Gender and ESS Advisor - already mandated to lead all LCP-related activities and prepare LC monitoring reports (LCP, Section 3.1) - will coordinate regular consultations with LC representatives, including Fulani Ardo chiefs, women's groups, and youth, in the Savanes, Kara, and Centrale regions. Consistent with the approach adopted during the stakeholder consultations, these sessions will be conducted in Fulfulde and other local languages through trusted intermediaries (LCP, Section 3.4).

Consultation outcomes will be reported to the Project Management Committee (PMC) and integrated into adaptive management decisions, in line with the SEP's existing feedback integration mechanism (SEP, Section 3.5). Community Health Workers (CHWs), already embedded as last-mile community liaisons under Activity 4.2.2 of the Funding Proposal, will maintain ongoing contact between formal consultation cycles. Progress will be documented in the annual LCP monitoring report (LCP, Table 1, Activity 6) and the broader stakeholder engagement reports (SEP, Section 3.1).

3.3 Inclusion of LC considerations into the GRM

The project will establish and operationalise a dedicated Grievance Redress Mechanism (GRM) to receive and facilitate the resolution of concerns and complaints from stakeholders (see Annex 7b – Stakeholder Engagement Plan). The GRM is a core component of project accountability and risk management, designed to address issues promptly before they escalate into more significant disputes.

A formal and bureaucratic GRM is unlikely to be perceived as legitimate or accessible by many LCs in rural Togo, where traditional authorities like chiefs and elders are often the primary arbiters of disputes. The formal judicial system is often viewed as distant, slow, and potentially biased. In order to make the GRM accessible and adapted to LC's situation, concerns and needs, the project will integrate customary dispute resolution mechanisms where needed and possible.

This integration will be operationalised primarily at Level 1 of the GRM, the filing of complaints. When a grievance is raised, an option offered to the complainant will be to seek resolution through their own trusted

customary institutions, facilitated by the project where requested. This approach leverages existing social capital, builds on local legitimacy, and is more likely to result in sustainable and culturally resonant solutions. Alternatively, the project's standard GRM complaint and grievance process can be applied, in case this is the complainant's preferred procedure. This hybrid approach ensures that the GRM is both culturally appropriate, as required by international best practice, and provides the needed formal accountability.

In addition to the project-level Grievance Redress Mechanism (GRM) described above, potentially affected persons and communities - including Local Communities (LCs) covered under this LCP - have the right to submit grievances and complaints directly to the GCF's Independent Redress Mechanism (IRM). The IRM is an independent body mandated to address complaints from persons who believe they are adversely affected, or may be adversely affected, by GCF-funded projects or programmes, including in cases of alleged non-compliance with GCF operational policies and procedures.

The project will take the following concrete steps to ensure that LCs are aware of and able to access the IRM:

- **Information disclosure:** The existence, mandate, and access procedures of the IRM will be communicated to all affected communities during project inception and throughout implementation, in a culturally appropriate manner and in local languages where necessary. This information will be included in all community-facing project materials and during FPIC processes.
- **Capacity building:** The GIZ Gender & ESS Advisor will include an explanation of the IRM - what it is, how to file a complaint, and what outcomes it can produce - as part of GRM awareness-raising sessions with LCs (see Activity 2 of the Local Communities Plan, Table 1).
- **Non-restriction clause:** The project-level GRM shall not serve as a barrier or prerequisite to accessing the IRM. Affected persons and communities retain the right to submit grievances to the IRM at any time, regardless of whether the project-level GRM process has been initiated or concluded.
- **Information on how to access the IRM:** The IRM can be reached through its website at irm.greenclimate.fund, and complaints may be submitted in writing to the IRM Secretariat. The project will ensure that this contact information is readily available to affected communities and civil society organisations operating in the project areas.

This provision ensures that the project's accountability architecture is fully aligned with the GCF's own redress framework and that LCs are not solely dependent on the implementing entity for the resolution of their grievances.

3.4 Local communities plan

3.4.1 Development Process and Consultation Foundation

This Local Communities Plan was developed through a meaningful, culturally appropriate, and iterative consultation process with Fulani communities conducted between September and October 2025, in full compliance with the GCF Indigenous Peoples Policy Operational Guidelines.

- **Consulted participants:** Fulani chiefs, community members (women, men, and youth), traditional leaders (Ardo), Fulani Community Health Workers, and representatives from both semi-sedentary and transhumant Fulani settlements across project areas in Savanes, Kara, and Centrale regions.

- **When consultations occurred:** September 16-25, 2025 (community-level consultations at Sanda-Afohou⁴, Ouro Gao⁵, and Namare⁶); October 2025 (regional multi-stakeholder consultation including Fulani traditional chief).^{7, 8, 9}
- **How consultations were conducted:** Culturally appropriate methodology including:
 - Consultations conducted in Fulfulde language with trusted local intermediaries
 - Separate sessions with Fulani women's groups facilitated by female health workers
 - Respect for traditional decision-making structures and timing around transhumance patterns
 - Participatory techniques adapted to oral communication traditions
- **Discussed themes:** Barriers to healthcare access (physical distance, seasonal flooding, mobility patterns), maternal health vulnerabilities, gender-based violence risks, climate change impacts on health and livelihoods, communication gaps, cultural competency needs, and social cohesion challenges.
- **Inputs provided:** Fulani communities identified specific priorities including: mobile health outreach coordinated with transhumance calendars, maternity waiting homes, cultural competency training for health workers, Fulfulde-language health messaging, One Health approaches integrating veterinary and human health, improved early warning systems, and representation in project governance.
- **How inputs were integrated:** The measures in Table 1 directly reflect Fulani recommendations, as demonstrated through the linkages documented below. Project design was adapted to address mobility patterns, cultural practices, gender-specific vulnerabilities, and communication preferences identified during consultations.
- **Conclusion:** Fulani representatives at community and regional levels endorsed the project approach, with documented commitments for ongoing engagement, adaptive management, and Fulani representation in implementation structures.

3.4.2 Impact analysis

The project is classified as low risk under ESS7, reflecting its deliberate efforts to proactively include and protect ethnic minority groups, particularly the nomadic Fulani, across the northern regions of Togo.

Potential Adverse Impacts

1. **Exclusion from Project Benefits:** There is a risk that Fulani, due to their mobility and semi-nomadic lifestyle, could be excluded from project benefits. This includes:
 - a. **Education-Based WASH Benefits (Activity 4.1.1):** The project invests significantly in rehabilitating water supply and sanitation facilities in formal schools and kindergartens to reduce water-borne diseases. Fulani families often have lower enrolment rates in the formal public education system due to their seasonal mobility and a cultural preference for

⁴ Page 88 of the Summary of Consultations (Annex 7a)

⁵ Page 81 of the Summary of Consultations (Annex 7a)

⁶ Page 56-57 of the Summary of Consultations (Annex 7a)

⁷ Page 64-65 of the Summary of Consultations (Annex 7a) in Kara region

⁸ Page 54 of the Summary of Consultations (Annex 7a) in Savanes region

⁹ Page 59-60 of the Summary of Consultations (Annex 7a) in Centrale region

non-formal or religious education, particularly Quranic schools, which are central to Islamic learning traditions across West Africa and often operate outside state frameworks (Diallo, 2016). This educational pattern reflects a historical emphasis on Islamic literacy (Ajami) and religious scholarship rather than Western-style schooling, which remains less compatible with the pastoral mobility characteristic of Fulani livelihoods (Brock et al., 2006).

- b. **Health Services (Output 3.1):** May not be able to access the rehabilitated or constructed Peripheral Care Units (USPs), and improved health delivery services (such as vaccines and diagnostic services).
 - c. **EWS and Communication (Outputs 1.3 & 4.2):** Early warning alerts and health awareness campaigns may not reach them if not delivered in Fulfulde or through accessible channels (e.g., community radio).
 - d. **Training (Output 2.2):** Training for community health workers (CHWs) or community multipliers may overlook Fulani members.
2. **Impacts on Lands and Livelihoods (Triggering FPIC):** Project activities involving physical infrastructure could interfere with the Fulani's collective attachment to grazing lands and corridors. This includes:
- a. Siting of Automated Weather Stations (AWS) (Output 1.1).
 - b. Rehabilitation of Health Facilities (Output 3.1).
 - c. Siting of community WASH infrastructure (Output 4.1).
- These activities could inadvertently block transhumance routes, restrict access to traditional water points, or occupy valuable pastureland, thereby impacting livelihoods and potentially exacerbating conflict.
3. **Exclusion from Governance:** The project supports the creation of national and regional Climate Change Units (CCUs) (Output 2.1). There is a risk that these new structures, as well as community health committees, may engage primarily with settled village leadership, overlooking the distinct customary institutions of the Fulani.

Potential Positive Impacts / Opportunities

- **Improved Health Access:** The project's focus on rehabilitating USPs and training CHWs provides a significant opportunity to improve health service access for historically underserved Fulani populations.
- **Tailored Early Warnings:** The climate-health EWS (Output 1.3) can be specifically designed to provide pastoralists with alerts relevant to their needs (e.g., water source availability, high-risk malaria zones, heat stress for livestock).
- **Inclusive Communication:** Awareness campaigns (Output 4.2) offer a pathway to develop culturally appropriate health materials in Fulfulde, strengthening health-seeking behaviours.

The interventions to address the needs of Local Communities in the context of the project are summarized in Table 1.

Table 1: Summary of interventions - Local Communities Plan

No	LCP intervention	How intervention addresses the identified ESS7 risk (see section 3.4.2)	Indicator	Monitoring by	Timeline	Responsibility	Costs (in EUR)
1	Capacity building in FPIC processes, GRM, gender-related subjects and capacity to facilitate critical reflection in project implementation for EE's project staff, consultants, cooperation partners and beneficiaries (Cross-cutting)	<p>The intervention aims to deliver structured capacity building to all project staff, Executing Entity (EE) ESS focal points, consultants, and cooperation partners on: (i) Free, Prior and Informed Consent (FPIC) processes as defined under Appendix 1 of this LCP; (ii) the operation and accessibility of the project-level Grievance Redress Mechanism (GRM) for local communities; and (iii) gender-specific constraints of Fulani women and their implications for project design and service delivery</p> <p>FPIC-trained project staff and EE focal points will apply a mandatory FPIC screening checklist - developed in Year 1 by the GIZ Gender & ESS Advisor - at the outset of every infrastructure activity. This applies to the following risks:</p> <ul style="list-style-type: none"> • Risk 2a: Siting of Automated Weather Stations (AWS) (Output 1.1). • Risk 2b: Rehabilitation of Health Facilities (Output 3.1). • Risk 2c: Siting of community WASH infrastructure (Output 4.1). <p>Trained EE focal points and project managers will be equipped to identify LC customary leadership structures at the local level and to ensure their systematic inclusion in COGES, and project planning meetings. This aims to alleviate Risk 3: Exclusion from Governance.</p> <p>Trained staff will apply LC-specific design adjustments to all project activities reaching LC communities - including use Fulfulde-language communication (targeting Risk 1c - EWS and Communication (Outputs 1.3 & 4.2), mobile outreach scheduling aligned with seasonal mobility (targeting Risk 1a - Education-Based WASH Benefits (Activity 4.1.1), and Risk 1d); and proactive targeting of LC households in training and health service delivery activities (targeting Risk 1b and 1d)</p>	<p># of EE focal points and project staff trained in FPIC and LC-inclusive implementation</p> <p>% of CCU and COGES governance processes with documented LC community participation</p>	PMC	Y2-5	<p>GIZ</p> <p>MSHPCSUA</p> <p>ANAMET</p>	Included in ESMP budget

No	LCP intervention	How intervention addresses the identified ESS7 risk (see section 3.4.2)	Indicator	Monitoring by	Timeline	Responsibility	Costs (in EUR)
2	Operationalizing of FPIC Protocol (Crosscutting)	This intervention is meant to operationalize the FPIC processes as outlined under Appendix 1 of the LCP. Infrastructure sittings may inadvertently interfere with LC transhumance corridors, traditional water points, and seasonal settlements (Risks 2a, 2b and 2c). By embedding a mandatory FPIC screening-and-consent gate before any infrastructure activity commences, this intervention ensures LC communities are identified, consulted in Fulfulde, and their consent - with any design modification conditions - formally documented	<p># of FPIC screening checklists completed and signed prior to infrastructure activity implementation</p> <p># of facilitated FPIC consultations conducted in Fulfulde, disaggregated by region and activity type</p> <p># of consents concluded with LC representatives (disaggregated by region)</p>	PMC	Y1-Y5	GIZ	Included in FP budget
3	Inform local communities about: (i) project-level GRM including customary dispute resolution options, and (ii) GCF Independent Redress Mechanism (IRM) as complementary channel, ensuring capacity to file grievances through multiple accessible entry points, if needed (Crosscutting)	This intervention ensures LCs are informed of the project-level GRM. This intervention provides a corrective mechanism across all ESS7 risks identified. If any infrastructure activity triggers a transhumance conflict (Risks 2a–c), if health services prove inaccessible (Risk 1b), or if communities are excluded from governance (Risk 3), affected communities have a legitimate, channel to escalate their grievances. The IRM provides a backstop independent of the project.	# of communities that have been informed and capacitated about the GRM.	PMC	Y1-Y5	GIZ	Included in ESMP budget
4	Improve health infrastructures to increase resilience by incorporating LC considerations in site selection and in their design to ensure cultural appropriateness (Activity 3.1.1)	Sub-activity 3.1.1.2 - the assessment and selection of health facilities using jointly agreed technical, social, and climate criteria — is the specific entry point through which Risk 1b is mitigated. The sub-activity mandates a participatory, evidence-based site selection process involving DISEM, GIZ, and regional representatives. For LCs, this process will explicitly incorporate social criteria that flag LC catchment populations.	<p># of USP site assessments incorporating LC catchment screening criterion</p> <p># of Health Facilities that offer methods of humanised deliveries</p>	PMC	Y2-5	GIZ MSHPCSUA	Included in activity budget 3.1.1 and GAP intervention 17

No	LCP intervention	How intervention addresses the identified ESS7 risk (see section 3.4.2)	Indicator	Monitoring by	Timeline	Respon- sibility	Costs (in EUR)
		Furthermore, the rehabilitation and construction of USPs will mandate that all USP design specifications incorporate the humanised childbirth approach. Concretely, this requires that every USP serving a LC-present catchment area include: private delivery rooms with adequate space and physical confidentiality; provisions for preferred birthing positions; allowance for a trusted female companion during delivery; and prioritisation of female health providers at facilities serving LC women. These design requirements ensure USPs are culturally appropriate.	# of LC women delivering at project-supported USPs				
5	Prepare communication messages, tools, and channels adapted for local communities (e.g. language translation, framing of health messages with reference to local cultural and spiritual belief systems where appropriate) to alert them on climate induced changes to health risks (Activity 4.2.1)	<p>This intervention develops and disseminates climate-health communication messages, tools and channels specifically adapted for LCs - covering language (Fulfulde translation), framing (alignment with local cultural and spiritual belief systems), format (community radio, oral dissemination through Ardo networks), and content (EWS alerts, WASH behaviour change, health service awareness). This intervention targets the following ESS7 risks:</p> <ul style="list-style-type: none"> • Risk 1a: WASH behaviour change communication under Activity 4.1.1 is primarily delivered through schools and formal community health outreach structures. LC children generally have lower formal school enrolment rates hence are at a higher risk of exclusion. Adapted WASH messages developed in Fulfulde and formatted for oral dissemination (through community radio broadcasts accessible to LC seasonal settlements, Ardo-mediated community meetings, and trained traditional healer multipliers), ensure that WASH behaviour change communication reaches LC households through channels they access and in a cultural frame they recognize. 	<p># of communities reached through adapted messages, tools and channels</p> <p># of Fulfulde-language communication materials developed (WASH, EWS, health service awareness)</p> <p># of community radio broadcasts in Fulfulde covering EWS alerts and WASH messaging, disaggregated by region</p> <p># of Ardo chiefs formally incorporated as EWS last-mile relay nodes</p> <p># of LC households receiving EWS alerts</p>	PMC	Y2-5	GIZ MSHPCSUA	Included in Activity budget 4.2.1

No	LCP intervention	How intervention addresses the identified ESS7 risk (see section 3.4.2)	Indicator	Monitoring by	Timeline	Respon- sibility	Costs (in EUR)
		<ul style="list-style-type: none"> Risk 1c: The H-EWS developed under Output 1.3 generates alerts for malaria, diarrhoeal disease outbreaks, and heat-related health risks. These alerts are designed to trigger protective behaviour at the community level — seeking early treatment, adopting preventive measures, avoiding exposure. The EWS communication strategy developed under Sub-activity 1.3.2.1 will be adapted for LCs through three measures: (i) alert content translated into Fulfulde; (ii) alert dissemination includes community radio channels with documented reach into LC pastoral zones; and (iii) Ardo chiefs are formally incorporated as last-mile alert relay nodes. Critically, alert content will be adapted to include transhumance-relevant risk information – such as high-malaria-density corridors during seasonal migration, and heat stress advisories for livestock - making the alerts actionable within LC's specific livelihood and mobility context. 					
6	Training of traditional healers from local communities as multipliers for of climate-health messages (Activity 4.2.2)	<p>This intervention explicitly targets LC traditional healers - including marabouts, herbalists, and respected community health figures - as a distinct category within the project's broader community multiplier training programme under Activity 4.2.2. This intervention targets the following ESS7 risks:</p> <ul style="list-style-type: none"> Risk 1b: Trained traditional healers will deliver sustained behaviour change communication within their communities. They are equipped with Fulfulde-language messaging - developed under Intervention 5 - that frames facility-based healthcare within Pulaaku values of community protection and dignity, and specifically communicates the culturally adapted provisions of LC-catchment USPs. 	<p># of Fulani traditional healers identified per region through FPIC</p> <p># of traditional healers trained from local communities</p> <p># of Fulani households reached through traditional healer-led climate-health communication</p> <p># of trained traditional healers formally incorporated as last-mile relay nodes in the EWS communication</p>	PMC	Y3-5	GIZ MSHPCSUA	Included in Activity budget 4.2.2

No	LCP intervention	How intervention addresses the identified ESS7 risk (see section 3.4.2)	Indicator	Monitoring by	Timeline	Respon- sibility	Costs (in EUR)
		<ul style="list-style-type: none"> • Risk 1c: Trained traditional healers will be integrated as formal last-mile relay nodes within the EWS communication chain, receiving simplified Fulfulde-language alert summaries from Ardo chiefs and disseminating protective action guidance at the household level. • Risk 1d: The GIZ Gender & ESS Advisor, in coordination with Ardo chiefs identified through the FPIC process, will establish a verified register of traditional healers and respected community health figures in each identified LC. Selected traditional healers will participate in a dedicated training track under Activity 4.2.2, delivered in Fulfulde. Training content will cover: recognition of climate-sensitive health symptoms (malaria, diarrhoeal disease, heat stress); understanding and relay of EWS alert levels; WASH practices adapted to pastoralist water management contexts; pathways to access USP services including knowledge of the humanised childbirth provisions at LC-catchment USPs; and operation of the GRM as a channel for LC complaints. 					

No	LCP intervention	How intervention addresses the identified ESS7 risk (see section 3.4.2)	Indicator	Monitoring by	Timeline	Respon- sibility	Costs (in EUR)
7	Monitoring & Reporting on the implementation of the Local Communities Plan. Monitoring and reporting of the LCP will be aligned with the overall project M&E system, ensuring alignment with the project's results framework and GCF reporting requirements. This approach enables harmonised data collection, consolidated reporting, and use of existing institutional monitoring structures. The integrated approach will ensure that LCP implementation is systematically monitored and that results are captured, analysed, and used for adaptive management throughout the project lifecycle (Cross-cutting)	Cross-cutting: ESS7 risks identified may not be tracked or acted upon without a dedicated monitoring mechanism	Local Communities Plan monitoring report available	GIZ	Y1-Y5	GIZ MSHPCSUA ANAMET	Included in ESMP and M&E budget

(Source: Own elaboration)

Table 2: GAP/FP interventions addressing Fulani Women's constraints as identified under Section 1.3.4 of the LCP

No	Constraint	GAP/FP Interventions	GAP/FP reference
1	Patriarchal Decision-Making and Male-Gating of Healthcare	Mobilise and equip Champion Clubs as ambassadors of positive masculinity to promote timely health-seeking behaviour for climate-sensitive health outcomes.	GAP Action 29
		Train at least 125 women and 2 people from each LC as multipliers equipped with targeted climate-health SBCC, integrating community awareness modules on GBV, SEAH prevention and safe reporting through the project GRM.	GAP Action 28
2	Cultural Barriers to Maternity Service Use	Ensure construction plans integrate person-centred care considerations, including adequate room confidentiality, humanised and properly equipped delivery rooms of appropriate size, and separate sanitary facilities.	GAP Action 17
		Strengthen capacity of community multipliers to deliver gender-responsive climate-health communication, integrating gender and social inclusion modules.	GAP Action 27
3	Geographic and Physical Isolation from Services	Systematically integrate LC-specific and gender analysis into all baseline studies, needs assessments, and strategic documents, including gender-disaggregated data and identification of gender-responsive measures.	GAP Action 2
		Encourage the participation of women, persons with disabilities, LCs and other vulnerable groups in local health committees and integrate gender in coordination mechanisms.	GAP Action 25
		The rehabilitation and construction of up to 15 Peripheral Care Units (USPs) in Centrale, Kara, and Savanes - including maternity and neonatal wards - will physically bring climate-resilient health services closer to the pastoral zones where the Fulani are located	Activity 3.1.1 of the FP
		Strengthen the capacities of multipliers at community level on the links between climate change and health	Activity 4.2.2 of the FP
4	Exclusion from Public Health Programmes	Involve women's groups, LC representatives, and disability organisations in co-designing the translation and communication guide.	GAP Action 26
		Develop and disseminate a gender-responsive patient communication support guide for health workers, providing locally adapted guidance on explaining diagnoses, treatment plans, and medication use to different population groups, including LCs	GAP Action 20

No	Constraint	GAP/FP Interventions	GAP/FP reference
		Establish a gender-sensitive M&E system that systematically collects gender-disaggregated and community-level data to track the participation and needs of women and vulnerable groups	GAP Action 1
5	Menstrual Hygiene and Dignity Barriers:	Ensure construction plans integrate person-centred care considerations, including adequate room confidentiality, humanised and properly equipped delivery rooms of appropriate size, and separate sanitary facilities.	GAP Action 17
		Organise menstrual hygiene awareness sessions in schools, involving female teachers, school clubs, and parent-teacher associations.	GAP Action 21
6	Intersectional Exclusion from Climate-Health Interventions	Encourage women and LC representation in local health committees and integrate gender in coordination mechanisms	GAP Action 25
		Strengthen the capacity of Gender Focal Points through targeted gender training sessions.	GAP Action 5
		Promote equitable participation of women in Training-of-Trainers (ToT) sessions.	GAP Action 16

(Source: Own elaboration)

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Appendix 1: Free, Prior, and Informed Consent (FPIC) Protocol

Purpose and Scope of Application

This Protocol provides mandatory, detailed procedures for the implementation of Free, Prior, and Informed Consent (FPIC) for the project "Building Resilience of Togo's national health system and vulnerable communities to climate-sensitive health outcomes." This Protocol is an integral part of the project's LCP and is binding on all project staff, consultants, and implementing partners.

This Protocol is triggered in accordance with section 7.2 of the GCF Indigenous Peoples Policy for any proposed project activity that falls under the following circumstances:

1. Impacts on lands and natural resources subject to traditional ownership or customary use (GCF IP Policy section 7.2.1):

- Activities that will be located on, or will develop natural resources from, lands and territories subject to traditional ownership or under customary use or occupation by Local Communities (LCs); and
- Where such activities are expected to have adverse impacts on lands, territories, or natural resources, including impacts from loss of access to assets or resources, or restrictions on land use.

In such cases, the project will:

- Document efforts to avoid or minimize impacts on such lands;
- Conduct gender-inclusive assessments of land tenure and resource use;
- Inform affected communities of their rights over such lands under national laws and the GCF Indigenous Peoples Policy;
- Ensure compensation arrangements, continued access arrangements, and equitable benefit-sharing are negotiated through the FPIC process;
- Provide for transit rights where transhumance corridors are affected.

2. Relocation of Local Communities from lands and natural resources subject to traditional ownership or customary use (GCF IP Policy section 7.2.2):

- Any activity requiring the involuntary resettlement or displacement (physical or economic) of LCs from lands and natural resources subject to traditional ownership or customary use or occupation. The project will prioritize avoidance of relocation, as project activities are planned to be implemented exclusively on government-owned land.

3. Significant impacts on cultural heritage (GCF IP Policy section 7.2.3):

- Activities that may significantly damage, alter, or remove tangible cultural heritage (e.g., sacred sites, burial grounds, historical structures);
- Activities that may affect intangible cultural heritage (e.g., traditions, oral history, spiritual practices, ceremonies);
- Commercial use or exploitation of LC cultural heritage, knowledge, or practices.

The project will prioritize avoidance of impacts on cultural heritage. Where impacts cannot be avoided, FPIC will be sought after:

- Informing affected communities of their rights over such cultural heritage;
- Providing full information on the scope, nature, and reversibility of proposed impacts;
- Establishing equitable benefit-sharing arrangements for commercial use, consistent with LC customs and traditions.

Guiding Principles

The FPIC process will be conducted in strict adherence to its core, internationally recognised principles:

- **Free:** Consent must be given voluntarily, without coercion, intimidation, manipulation, or duress.
- **Prior:** Consent must be sought and obtained well in advance of any authorisation or commencement of activities, allowing sufficient time for communities to undertake their own internal deliberation and decision-making processes.
- **Informed:** The project must provide all relevant information in a comprehensive, objective, and understandable manner, in local languages and through culturally appropriate formats.

Procedural Steps

The FPIC process shall follow a clear sequence:

1. **Screening and Social Assessment:** Confirmation that LCs are present and that the proposed activity triggers the FPIC requirement.
2. **Identification of Representative Institutions:** See below.
3. **Information Disclosure and Capacity Building:** See below.
4. **Community Deliberation:** The project shall respect the community's timeline and process for internal discussion.
5. **Negotiation and Agreement:** Good-faith negotiations between the project and community representatives to reach a mutually acceptable agreement.
6. **Documentation of Consent:** See below.
7. **Management of Withheld/Withdrawn Consent:** See below.

Screening Process

Screening for FPIC requirements will take place at multiple stages throughout the project cycle:

1. During activity approval: Prior to the approval of any activity, each proposed sub project or intervention will undergo a detailed screening process before being submitted for formal clearance. This screening will be conducted by the GIZ Gender and ESS Advisor in close collaboration with the EE ESS focal points. The process must be fully completed and documented before any activity is authorized to proceed to implementation.
2. During implementation: During implementation, screening will continue on an ongoing basis to ensure that any adaptive management measures or design modifications are assessed for potential environmental and social implications. This process will be triggered whenever there are changes to the project scope, geographic location, or specific activities that could affect LCs.

Screening methodology:

- The screening process will use the criteria and procedures outlined in GCF's IP Policy, GIZ's Safeguards and Gender (S+G) management system and applicable GIZ policies.
- Activities that screen positive for LC presence or impacts will undergo further assessment to determine if FPIC is triggered
- The assessment will evaluate whether the activity meets any of the three circumstances outlined in GCF IP Policy section 7.2 (detailed above)
- Screening results will be documented using GIZ's standard safeguard documentation procedures and reviewed by the Gender & ESS Advisor

Social Assessment

The Social Assessment is a mandatory step in the FPIC process that provides the evidence base for informed decision-making by both the project and the affected LCs. It serves to identify, analyse, and document the potential positive and adverse impacts of proposed project activities on LCs, and to inform the design of appropriate mitigation, compensation, and benefit-sharing measures.

The Social Assessment must be conducted after screening has confirmed that:

- LCs meeting the criteria outlined in Section 1.3 of the LCP are present in the project area; and
- The proposed activity triggers one or more of the FPIC circumstances outlined in GCF IP Policy section 7.2.

The Social Assessment must be completed before the commencement of the FPIC consultation process, as its findings form the basis of information disclosure to the affected communities.

Identification and Validation of Representative Institutions

The project's Gender & ESS Advisor will facilitate a process with the community to identify and publicly validate their legitimate and self-chosen representative institutions for the purpose of negotiation. This process must be documented and will seek to ensure representation is inclusive of women, youth, and other sub-groups.

Where seasonal mobility creates physical absence at the time an FPIC trigger is identified, the Gender & ESS Advisor will: (i) consult the Regional Focal Point of Transhumance, and the MAPRASA Directorate of Livestock to ascertain the seasonal location and expected return date of transhumant groups; (ii) schedule FPIC processes to coincide with known sedentary phases; and (iii) use the Ardo network as a relay for prior notification. Validation of representatives is confirmed through community-level endorsement, documented in the FPIC process record.

Information Disclosure and Capacity Building

At a minimum, the following information will be disclosed: the nature, scale, and duration of the activity; potential positive and adverse impacts identified in the Social Assessment; proposed mitigation and benefit measures; and the details of the Grievance Redress Mechanism. The project will allocate resources to support the community's capacity to understand and analyse this information.

Defining and Documenting Consent

"Consent" is defined as the collective agreement (not necessarily "unanimous support") of the affected LC, reached through its own customary decision-making processes. The outcome of the FPIC process, whether it is consent or non-consent, must be formally documented in a written agreement. This document will be signed by the validated representatives of the community and the GIZ Project Manager. A template for this agreement will be maintained by the Gender & ESS Advisor.

Procedure for Withheld or Withdrawn Consent

The project fully respects the right of LCs to withhold or withdraw consent at any stage. If the outcome of the FPIC process is a "no," or if consent is withdrawn, the following non-negotiable procedure will be followed:

1. The proposed activity will not proceed in that location or in a manner that affects the LC in question.
2. The Gender & ESS Advisor will formally document the outcome, including the reasons provided by the community for withholding consent.
3. This documentation will be formally transmitted to the GIZ Country Office and included in the project's annual progress reports to the GCF.

4. The project team will, in consultation with the LC, explore feasible alternative project designs or locations that would avoid impacts on the community. Any alternative must be subject to a new screening and, if required, a new FPIC process.

Timeline

The principle of "Prior" requires that the FPIC process be completed, and a formal agreement documented, *before* the relevant sub-project or activity is submitted for final approval and authorisation to commence works.

Operationalizing of FPIC outcomes

FPIC outcomes are operationalised through a structured sequence already embedded across the project's LCP. Before execution of any project activity, the GIZ Gender and ESS Advisor conducts a mandatory screening against the three triggering circumstances set out in GCF IP Policy section 7.2, as detailed in the LCP FPIC Protocol (LCP, Appendix 1). Where triggered, a Social Assessment is completed prior to community consultations, with findings forming the basis of information disclosure to affected LCs.

FPIC outcomes are binding on project decisions: where consent is withheld, the proposed implementation of any activity will not proceed, and this outcome is formally documented and transmitted to the PMC and reported to the GCF in annual progress reports (LCP, Appendix 1). Any adaptive management changes or design modifications during implementation trigger a new screening cycle (LCP, Appendix 1, Screening Step 2). FPIC compliance is monitored by the Gender and ESS Advisor, and findings are fed into adaptive management through the PMU–PMC review mechanism (SEP, Section 3.5).

When consent is given, FPIC outcomes are operationalised through a structured, three-stage process.

First, the specific conditions and modifications agreed with LC communities during the FPIC process are documented by the GIZ Gender and ESS Advisor and entered into the project's ESS Management and Monitoring System (ESMP, Annex 6b), making them binding, trackable obligations alongside all other project commitments. Second, these commitments are reflected in the relevant implementation plans, with time-bound delivery schedules, and in the Annual Work Plan approved by the PMC, ensuring that FPIC-derived design modifications formally govern activity implementation. Third, consent is actively maintained — not treated as a one-time approval — by reporting back to LC communities on the fulfilment of agreed commitments during the regular LCP monitoring cycle (LCP, Table 1, Activity 6), and through the PMU–PMC feedback loop (SEP, Section 3.5). Where project circumstances change during implementation, a new FPIC screening is triggered (LCP, Appendix 1, Screening Step 2), ensuring consent remains current throughout the project lifecycle.