

## **Annex 7a**

### **Summary of Consultations**

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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Submitted by:

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

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## Abbreviations and Acronyms

ADESCO NGO	<i>Appui au Développement et à la Santé Communautaire</i> (Support for Community Development and Health)
ADIV	Co-processing industrial waste
AE	Accredited Entity
AED NGO	<i>Actions pour l'Entraide et le Développement</i> (Actions for Mutual Aid and Development)
AFMUCAB	<i>Association des Femmes Musulmanes Unies pour la Compassion, l'Amour et la Bienfaisance</i> (Association of Muslim Women United for Compassion, Love, and Charity)
AFMUCAD	<i>Association des Femmes pour la Mobilisation, l'Unité et le Changement Durable</i> (Women's Association for Mobilisation, Unity and Sustainable Change)
AGHA	African German Health Association
AKDN	Aga Khan Development Network
AMR	Antimicrobial Resistance
AMU	<i>Assurance Maladie Universelle</i> (Universal Health Insurance)
ANAMET	<i>Agence Nationale de la Météorologie du Togo</i> (Togo National Meteorological Agency)
ANPC	<i>Agence Nationale de la Protection Civile</i> (National Civil Protection Agency)
ANTV	<i>Agence Nationale du Volontariat au Togo</i> (National Volunteer Agency)
ATACH	Alliance for Transformative Action on Climate and Health
ATARECED NGO	<i>Association des Tantines de la Région Centrale pour le Développement</i> (Association of Women of the Centrale Region for Development)
ATAREKAD NGO	<i>Association des Tantines de la Région de Kara pour le Développement</i> (Association of Women of the Kara Region for Development)
ATARESAD NGO	<i>Association des Tantines de la Région de Savanes pour le Développement</i> (Association of Women of the Savanes Region for Development)
ATPC	<i>Assainissement Total Piloté par la Communauté</i> (Community-Led Total Sanitation) <i>Assainissement Total Piloté par l'École</i> (School-Led Total Sanitation)
ATPE	(School-Led Total Sanitation)
BF	Burkina Faso
BMZ	<i>Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung</i> (German Federal Ministry for Economic Cooperation and Development)
MNITM	Bernhard Nocht Institute for Tropical Medicine
BOAD	<i>Banque Ouest Africaine de Développement</i> (West African Development Bank)
CAMEG	<i>Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables médicaux</i> (Central Procurement Agency for Essential Generic Medicines and Medical Supplies)
CAPE	<i>Centre d'Accueil et de Protection de l'Enfant</i> (Child Reception and Protection Centre)
CAPAS NGO	<i>Cellule d'Appui des Producteurs Agricoles des Savanes</i> (Support Unit for Agricultural Producers in the Savanes)
CBM	Christian Blind Mission
CDQ	Village Development Committee
CEET	Compagnie Energie Electrique du Togo
CET	<i>Centre d'Enfouissement Technique</i> (Sanity Landfill)
CFSPC	<i>Club des Femmes des Savanes pour la Promotion de la Culture</i> (Savanes Women's Club for the Promotion of Culture)
CHAP	Climate Health Analytics Platform
CHU	<i>Centre Hospitalier Universitaire</i> (University Hospital Center)
CHW	Community Health Worker
CIMTOGO SA	Ciment du Togo (Subsidiary company of Heidelberg Materials)
CMS	Centre medico social
CN	Concept Note
COMINTES	<i>Comité International d'Éthique et de Solidarité</i> (International Committee for Ethics and Solidarity)
COP	Conference Of Parties

COVID	Coronavirus disease
CPF	Seasonal Chemoprevention
CPJ	Portland Composite Cement
CREUSET	<i>Creuset des Jeunes pour le Développement et l'Épanouissement Intégral des Populations</i> (Crucible of Youth for the Development and Integral Fulfilment of Populations)
CRI	<i>Centre de Référence Intermédiaire</i> (Intermediate Referral Centre)
CRT	<i>Croix Rouge Togolaise</i> (Togolese Red Cross)
CRS	Community Radio of Savanes
CRVA	Climate Risk and Vulnerability Assessment
CVD	Village Development Committee
DAHW	German Leprosy and Tuberculosis Relief Association
DEPP	Directorate of Studies, Planning and Programming
DGGAW	Directorate-General for Gender and the Advancement of Women
DGI	<i>Direction Générale des Impôts</i> (General Directorate of Taxes)
DHAB	<i>Direction de l'Hygiène et de l'Assainissement de Base</i> (Hygiene and Basic Sanitation Directorate)
DHIS	District Health Information System
DISEM	<i>Direction des Infrastructures Sanitaire, de l'Équipement et de la Maintenance</i> (Directorate of Health Infrastructure, Equipment, and Maintenance)
DivL	<i>Division des Laboratoires</i> (Laboratories Division)
DMI	Development Media International
DPML	<i>Direction de la Pharmacie, du Médicament et des Laboratoires</i> (Directorate of Pharmacy, Medicines and Laboratories)
DQR	Directorate of Quality Assurance and Regulation
DRERF	<i>Direction Regionale de l'Environnement et des ressources forestières</i> (Regional Directorate for the Environment and Forest Resources)
DRS	<i>Direction Régionale de Santé</i> (Regional Health Directorate)
DS	<i>District Sanitaire</i> (Health District)
DSME	<i>Direction de la Santé Maternelle et de l'Enfant</i> (Directorate for Maternal and Child Health)
DSNISI	<i>Direction du Système National d'Information Sanitaire et de l'Informatique</i> (National Health Information System and IT Directorate)
DST	<i>Département de Services Techniques</i> (Technical Services Department)
EE	Executive Entity
EEQ	<i>Évaluation Externe de Qualité</i> (External Quality Evaluation)
EDUTRACK	Tool developed by the Ministry of Education
EDD	Enhanced Due Diligence
EIB	European Investment Bank
EMS	Energy Monitoring Systems
EPHATA	School for Children with Disabilities
ESS	Environmental and Social Safeguards
EV-charging	Electric Vehicles Charging
EWS	Early Warning System
FAA	Funded Activity Agreement
FAMME NGO	<i>Forces et Actions pour le Mieux être de la Femme et de l'Enfant</i> (Forces and Actions for the Well-being of Women and Children)
FDC	<i>Freelance Développement et Climat</i> (Freelance Development and Climate)
FETACPH	<i>Fédération Togolaise des Associations de Personnes Handicapées</i> (Federation of Organisations of People with Disabilities)
FHI360	Family Health International 360
FINISH Mondial	Financial Inclusion Improves Sanitation and Health
FM	Fond Mondial
FODES NGO	<i>Fédération des Organisations de Développement de la région des Savanes</i> (Federation of Development organization in the Savanes Region)
FP	Funding Proposal
GAVI	Global Alliance for Vaccines and Immunization
GCF	Green Climate Fund
GFA	Field Facilitator for the Mission
GEDEC	<i>Gestion des Déchets et Décentralisation dans les Capitales régionales</i> (Waste Management and Decentralization in Regional Capitals)

GEVAPAF NGO	<i>Gestion de l'Environnement et Valorisation des Produits Agropastoraux et Forestiers</i> (Environmental Management and Valorization of Agro-Pastoral and Forest Products)
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH</i>
GGGI	Global Green Growth Institute
GSHV	Global Health Ventures
GTCS	<i>Groupe Thématique Climat-Santé</i> (Climate-Health Thematic Group)
HCM	Health Center manager
HF	Health Facility
HI	Handicap International
HISP	Health Information System Program
HISPWCA	Health Information System Program West and Central Africa
HIV	Human Immunodeficiency Virus
HHM	Household Hygiene Management
HM	Heidelberg Materials
HR	Human Resources
HSS	Health, Safety, Security
IUD	Postpartum Intrauterine Device
IDP	Integrated Development Plan
IDOS	German Institute of Development and Sustainability
INH	<i>Institut National d'Hygiène</i>
IPF	Indigenous People Framework
IPC	Infectious Prevention and Control
IsDB	Islamic Development Bank
IT	Information Technology
IVA	<i>International Volontaire en Action</i> (International Volunteers in Action)
JLI	Joep Lange Institute
JVE	<i>Jeunes Volontaires pour l'Environnement</i> (Young Volunteers for Environment)
JVT	<i>Jeunes Verts Togo</i> (Young Greens Togo)
KEP	Commercial Aptitude Test
KFW	<i>Kreditanstalt für Wiederaufbau</i> (German Development Bank)
LC	Local Communities
LSHTM	London School of Hygiene & Tropical Medicine
MACO	Management Committee
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 Affaires coutumières</i> (Ministry of Territorial Administration, Local Governance, and Customary Affairs)
MCX	Water-resistant cement
MEA	<i>Ministère de l'Eau et de l'Assainissement</i> (Ministry of Water and Hydraulics)
MEPS	Ministère de l'enseignement primaire et secondaire
MEN	<i>Ministère de l'Éducation Nationale</i> (Ministry of National Education)
MERPCCC	<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)
MM	Maternity Manager
MNCH	Maternal and Newborn Health
MoH	Ministry of Health
Moov	Mobile Network Operator in Togo
MPDC	<i>Ministère de la Planification du Développement et de la Coopération</i> (Ministry of Development Planning and Cooperation)
MSC	Medical and Social Center
MSGFCP	Ministry for Solidarity, Gender, Family and Child Protection
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)
MTN	<i>Maladies Tropicales Négligées</i> (Neglected Tropical Diseases)

MTRAF	<i>Ministère des transports Routiers, Aériens, et Ferrovières</i> (Ministry of Road, Air and Rail Transport)
NDA	National Designated Authority
NFCS	National Framework for Climate Service
NGO	Non-Governmental Organisation
NORAD	Norwegian Agency for Development Cooperation
OHS	Occupational Health and Safety
OHDA	One Health Data Alliance Africa
ODF	Open Defecation Free
PADES	<i>Programme d'Aide pour le Développement Économique et Social</i> (Aid Program for Economic and Social Development)
PAFED	<i>Programme d'Appui à la Femme et à l'Enfance Déshéritée</i> (Support Program for Women and Disadvantaged Children)
PEPFAR	President's Emergency Plan for AIDS Relief
PDH	Prefectoral Director of Health
PHC	Prefectural Hospital Center
PHU	Peripheral Healthcare Unit
PLHIV	Person Living with HIV
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PPP	Public and Private Partnerships
PPF	Project Preparation Facility
PPRC	<i>Plan de Prévention et de Réponse aux Crises</i> (Crisis Prevention and Response Plan)
PS	Private Sector
QA	Quality Assurance
RCT	Red Cross Togo
RDE	Regional Directorate of Education
REFED	<i>Réseau des Femmes et Développement des Savanes</i> (Women's Development Network)
RFP	Request For Proposal
RFS	<i>Responsable de Formation Sanitaire</i> (Health Training Manager)
RMA	<i>Rapport Mensuel d'Activité</i> (Report of Monthly Activities)
SAR Afrique NGO	<i>Santé rurale en Afrique</i> (Rural health in Africa)
SBC	Social and Behavior Change
SDD	Solar Direct Drive
SEAH	Sexual Exploitation, Abuse, and Harassment
SEFRAH	<i>Service de Formation de Réhabilitation des Aveugles et Autres Handicapés</i> (Training Service for the Rehabilitation of Blind and Other Disabled Persons)
SITEB	National Sample Transport System
SMS	Short Message Service
SNIS	<i>Système National d'Information Sanitaire</i> (National Health Information System)
SONU	<i>Soins Obstétricaux et Néonataux d'Urgence</i> (Emergency Obstetric and Neonatal Care)
SSA	Sustainable Solutions for Africa
STBV	<i>Station de Traitement des Boues de Vidange</i> (Faecal Sludge Treatment Plant)
STEAF	<i>Société Trans Euro-Afrika</i> (Trans Euro-Africa Society)
TDI	<i>Togolaise d'Ingénierie</i> (Togolese Engineering)
TFCC-S	<i>Task Force du Comité de Coordination Santé</i> (Task Force of the Health Coordination Committee)
TRC	Togolese Red Cross
TUWS	Togo Urban Water Security
TV	Television
UCC	Unité Changement Climatique
UGP	<i>Unité de Gestion de Projets lutte contre le Sida, la Tuberculose et le Paludisme</i> (Project Management Unit for the Fight Against AIDS, Tuberculosis, and Malaria)
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

US	United States
USP	<i>Unité de Soins Périphériques</i> (Peripheral Care Unit)
VEC	Community Health Volunteers
WAHO	West African Health Organisation
WALLIX	Wallix Group
WANEP	West Africa Network for Peacebuilding
WASCAL	West African Science Service Centre on Climate Change and Adapted Land Use
WASH	Water, Sanitation and Hygiene
WELLCOME	Wellcome Trust
WB	World Bank
WEZOU	<i>Programme national de financement de la santé maternelle</i> (National Maternal Health Financing Programme)
WHO	World Health Organisation



# 1. Summary of stakeholder engagement during project development

## 1.1 Introduction

To inform the development of the GCF Funding Proposal for the project “*Building the resilience of Togo’s national health system and vulnerable communities to climate-sensitive health outcomes*,” a series of national, regional, and local consultations were carried out between 2022 and 2025 with institutional stakeholders, community representatives, and project partners across Togo and internationally.

Table 1 provides an overview of the different categories of stakeholders engaged. Table 2 summarises the various consultations conducted at the national level and in different regions, specifying the dates of consultation, stakeholders and number of participants involved.

For reasons of data privacy, detailed lists of participants and photos are not included in the report but are available upon request.

*Table 1: Overview of involved stakeholders by category (own elaboration)*

Stakeholder Category	Stakeholders Consulted
Government	<b>National</b> Ministry of Health, Public Hygiene, Health Coverage and Insurance (MSHPCSUA) (Directorates consulted: Directorate of the National Health Information System and Information Technology (DSNISI), Directorate of Studies, Planning and Programming (DEPP), Directorate for Disease Control and Public Health Programmes (DML), Directorate for Maternal and Child Health (DSME), Directorate of Pharmacy, Medicines and Laboratories (DPML), Directorate of Health Infrastructure, Equipment and Maintenance (DISEM), Directorate of Hygiene and Basic Sanitation (DHAB); Ministry of Environment, Forest Resources, Coastal Protection, and Climate Change (MERFPCCC) (NDA); Ministry of agriculture, Fishing, Animal resources and Food sovereignty (MAPRASA); Togo National Meteorological Agency (ANAMET); Ministry of civil protection (ANPC); Ministry of Solidarity, Gender, Family and Child Protection; Ministry of National Education; CAMEG
	<b>Regional</b> EPHATA and SEFRAH (Schools for Children with Disabilities), Mayors, Medical and Social Centres (MSC), Municipalities, Peripheral Healthcare Units (PHU), Regional Directorate of Civil Protection, Regional Directorate of Education, Regional Directorate of Environment and Forest Resources (DRERF), Regional Directorate of Health (DRS), Regional Directorate of Social Action and Child Protection, Regional Focal Point of Transhumance, Regional Meteorology Station.
Civil Society Organisation	3ASC, ADESCO, AED, AFMUCAB, AFMUCAD, APHAK, Association International Volontaire en Action (IVA), Action Education, ATARECED, ATAREKAD, ATARESAD, CAPAS, CFSPC, COMINTES, COMMITTEES, CREUSET Togo, CBM, DAZ, DAHW, DMI, EPHATA, Feminine Vitality, FODES, GEVAPAF, Handicap International, JVE Togo, JVT Togo, PAFEDNGO Human Dimension, President’s Malaria Initiative, PADES, Radiant World, RESODERC, RED CROSS, Save the Children, SAR Afrique, SEPHARA, SF2D-S CPSC, Sight Savers, TOGO, USEFUL CODE, WANEP
Communities and associations	Assemblies of God Church, Catholic Church, CES TCHALO, Club des Tantines (unwed mothers) Mother Club, Community Health Workers, Directorate-General for Gender and the Advancement of Women (DGGAW), Father Club, Fulani Community,

Stakeholder Category	Stakeholders Consulted
	Global South Health, Muslim Leaders, REFED, Village Development Committee (CVD).
Research Institutes and Universities	BNITM, Heidelberg University, IDOS, LSHTM, University of Tübingen, WASCAL.
Community Media	Radio Maria Sainte Thérèse, Radio Tabala, Radio Tchaoudjo, Mecap-Togo
Development Partners	BOAD, BORDA, BMZ, DMI, EIB, Expertise France, FHI360, FINISH Mondial, GAVI, HISP, Joep Lange Institut (JLI), NORAD, PMI, GFATM, Islamic Development Bank, KfW, LuxDev, UNICEF, UNDP, WHO, World Bank.
Private sector	2TF SARL, Braun Invest Holding & IT Village, CIMTOGO SA, HISPWCA, KAPI Consult, Lixil, Moov, Spiro Togo, STEA, TDI, Tysilio, Warka Water, SSA.

(Source: Own elaboration)

Table 2: Summary of consultations (own elaboration)

Number of consultations	Date of consultation	Consultation	Number of participants		
			Total	M	F
Funding Proposal development phase					
1	16.12.2025	Meeting with GCF	5	2	3
3	28.11.2025	Meeting with CIMTOGO SA	3	2	1
Error! Reference source not found.	26.11.2025	Meeting with Technical Committee	11	9	2
0	26.11.2025	Meeting with WHO	2	0	2
5	24.11.2025	Meeting with DMI	5	1	4
6	20.11.2025	Meeting with WHO	6	0	6
7	18.11.2025	Meeting with Tysilio	4	3	1
8	18.11.2025	Meeting with GCF	4	1	3
9	13.11.2025	Meeting with DMI	5	1	4
10	13.11.2025	Meeting with Global South Health	4	3	1
11	12.11.2025	Meeting with CIMTOGO SA	3	2	1
12	11.11.2025	Meeting with Lixil	5	3	2
13	07.11.2025	Meeting with DMI	5	2	3
14	07.11.2025	Meeting with WHO	12	5	7
15	05.11.2025	Meeting with the Islamic Development Bank	4	3	1
16	04.11.2025	Meeting with DMI	4	1	3
17	03.11.2025	Meeting with WHO	6	2	4
18	31.10.2025	Meeting with ANAMET	5	4	1
19	29.10.2025	Meeting with IDOS	4	1	3
20	28.10.2025	Meeting with GFATM + German Embassy	5	3	2
21	23.10.2025	Meeting with CIMTOGO SA	7	4	3
22	23.10.2025	Meeting with Lixil	3	1	2
23	16.10.2025	Meeting with BMZ	4	3	1
24	15.10.2025	Meeting with the MEN	4	3	1

25	15.10.2025	Meeting with IVA	2	2	0
26	09.10.2025	Meeting with ANAMET	2	1	1
27	09.10.2025	Meeting with WASCAL	3	2	1
28	09.10.2025	Meeting with Global South Health and Indigo	3	3	0
29	09.10.2025	Meeting with Moov	5	1	4
30	08.10.2025	Meeting with MSC Korbongou	2	0	2
31	08.10.2025	Meeting with MSC Korbongou	2	1	1
32	08.10.2025	Meeting with Tysilio	2	1	1
33	08.10.2025	Meeting with the University of Tübingen	5	3	2
34	06.10.2025	Meeting with MERFPCCC	3	2	1
35	06.10.2025	Meeting with Red Cross of Dapaong	2	1	1
36	03.10.2025	Meeting with MSHPCSUA (Directorates: DISEM-DHAB-MEPS)	7	5	2
37	02.10.2025	Meeting with the MEA	3	3	0
38	02.10.2025	Meeting with MSGFCP	3	2	1
39	02.10.2025	Meeting with MSHPCSUA	10	7	3
40	01.10.2025	Meeting with the Communal Authority of Tône 1	2	1	1
41	01.10.2025	Meeting with the Communal Authority of Tone 2	2	1	1
42	01.10.2025	Meeting with Communal Authority of Tône 3	2	1	1
43	01.10.2025	Meeting with the Communal Authority of Tone 4	2	1	1
44	30.09.2025	Meeting with MSC Dapankpergou	2	0	2
45	29.09.2025	Meeting with CRT	5	4	1
46	29.09.2025	Meeting with MSHPCSUA	16	13	3
47	29.09.2025	Meeting with the SAR Afrique	2	0	2
48	28.09.2025	Meeting with the ANPC of Dapaong	3	2	1
49	28.09.2025	Meeting with Action Education	2	1	1
50	26.09.2025	Meeting with Radio Maria Sainte Thérèse (Sokodé)	3	1	2
51	26.09.2025	Meeting with the CFSPC	7	3	4
52	26.09.2025	Meeting with 3ASC and SF2D-Savanes	11	8	3
53	26.09.2025	Meeting with EPHATA and SEFRAH (Schools for Children with Disabilities)	9	7	2
54	26.09.2025	Meeting with REFED	14	8	6
55	26.09.2025	Meeting with CRS and MECAP-TOGO Radio	14	13	1
56	26.09.2025	Regional Consultation for Savanes with ATARESAD, PNL, CAPE, DP Transhumance, Chefferie traditionnelle, 3ASC, DRC, DRE, ANAMET, CRT, DPS Tone, DPS Tandjoare, DPS Oti, DPS Kpendjal, DPS Naki-Est, DPS Cinkassé	30	24	6
57	25.09.2025	Meeting PHU Namare	6	3	3
58	25.09.2025	Meeting with Mothers' Club	15	2	13
59	25.09.2025	Meeting with Community Health Workers (CHW), COGES, Religious leaders and Village Development Committee	17	14	3
60	25.09.2025	Meeting with FODES, GEVAPAF, and Code Utile	13	8	4
61	25.09.2025	Meeting with Namare PHU	17	14	3
62	25.09.2025	Regional Consultation for Centrale with ATARECED, CREUSET, ADESCO, DRS, PEV, ANAMET, CRT, DPS Mô, DPS Sotouboua, DPS Blitta, Asossiation AFMUCAB, DPS Tchaoudjo, Chef peulh, chefferie religieuse, DE PAFED, DRERF	31	25	6
63	24.09.2025	Meeting with the mothers' Club, Breastfeeding Women and Maternity Manager	24	5	19
64	24.09.2025	Meeting with MSC Sagbiebou	4	3	1

65	24.09.2025	Meeting with CHW and COGES	6	5	1
66	24.09.2025	Meeting PHU Galangachi	5	4	1
67	24.09.2025	Meeting with the mothers' Club and Young Pregnant Girls	14	1	13
68	24.09.2025	Meeting with MSHPCSUA	4	3	1
69	23.09.2025	Regional Consultation for Kara with ATAREKAD, PNL, DRE, SSA, Association des Peuls, Association des Personnes en situation de Handicap, Chefferie traditionnelle, PFSES, DRS, DRE, PEV, ANAMET, CRT, DPS Kozah, DPS Keran, DPS Binah, DPS Assoli, DPS Doufelgou, DPS Bassar	30	27	3
70	22.09.2025	Meeting with PHU Lama-Kpedah	3	0	3
71	22.09.2025	Meeting with Lixil	3	3	0
72	20.09.2025	Meeting with the mothers' Club of Bafilo	17	3	14
73	20.09.2025	Meeting with Papa Champions Club in BAFILO	10	8	2
74	19.09.2025	Meeting with PHU Solla	9	4	5
75	19.09.2025	Meeting with PHU Lama-Kpedah	3	2	1
76	19.09.2025	Meeting with God Church	5	2	3
77	19.09.2025	Meeting with PHU Kassena	20	0	20
78	19.09.2025	Meeting with ATARE	8	2	6
79	19.09.2025	Meeting with MPDC	4	2	2
80	18.09.2025	Meeting with MSC Defale	2	1	1
81	18.09.2025	Meeting with the CHWs and the mothers' Club	12	4	8
82	18.09.2025	Meeting with PHU of Baga	9	6	3
83	18.09.2025	Meeting with the MEA – RDE of Kara	6	5	1
84	18.09.2025	Meeting with MERFPCCC	9	6	3
85	17.09.2025	Meeting with AED	18	11	7
86	17.09.2025	Meeting with PADES	14	11	3
87	17.09.2025	Meeting with APHAK (people with disabilities)	10	4	6
88	17.09.2025	Meeting with the Acting PDH	4	4	0
89	17.09.2025	Meeting with Fulani community (LC)	13	10	3
90	17.09.2025	Meeting with MSC of Soudou	5	2	3
91	17.09.2025	Meeting with MSHPCSUA	11	9	2
92	16.09.2025	Meeting with Prefectoral Director of Health (PDH)	10	7	3
93	16.09.2025	Meeting with the COMINTES	13	9	4
94	16.09.2025	Meeting with Mothers' Club of Kabou	19	3	16
95	16.09.2025	Meeting with PHU of Sandra-Afoubou	7	4	3
96	16.09.2025	Meeting with female LC representatives	16	5	11
97	15.09.2025	Meeting with Papa Champion Club	12	12	0
98	15.09.2025	Meeting with Mothers' Club	30	1	29
99	15.09.2025	Meeting with Red Cross Togo - Kara	11	9	2
100	15.09.2025	Meeting with PHU of Tchintchinda	13	8	5
101	15.09.2025	Meeting with Kara Tantine (ATAREKAD)	11	6	5
102	15.09.2025	Meeting with PDH of Kara	11	9	2
103	13.09.2025	Meeting with the MEA	4	2	2
104	13.09.2025	Meeting with the DRERF	4	2	2
105	13.09.2025	Meeting with PHU Centrale	13	13	0
106	13.09.2025	Meeting with Radiant World	8	5	3
107	13.09.2025	Meeting with Radio Tchaoudjo (Sokodé)	4	3	1
108	12.09.2025	Meeting with Dimension Humaine	6	4	2

109	12.09.2025	Meeting with CES Tchalo	6	2	4
110	10.09.2025	Meeting with AFMUCAD	3	0	3
111	10.09.2025	Meeting with RESODERC	9	2	7
112	10.09.2025	Meeting with SOLIMDE	14	8	6
113	10.09.2025	Meeting with ANAMET	5	3	2
114	09.09.2025	Meeting with RCT - Centrale	2	1	1
115	09.09.2025	Meeting with ADESCO	5	4	1
116	09.09.2025	Meeting with PHU Tchalo	8	2	6
117	09.09.2025	Meeting with WHO	8	3	5
118	09.09.2025	Meeting with BOAD	8	4	4
119	08.09.2025	Meeting with PHU Kolina	10	8	2
120	06.09.2025	Meeting with MAPRASA	6	6	0
121	05.09.2025	Meeting with MSHPCSUA	10	7	3
122	04.09.2025	Meeting with AGHA	3	3	0
123	04.09.2025	Meeting with MTRAF	3	2	1
124	04.09.2025	Meeting with MSHPCSUA AUS	6	4	2
125	03.09.2025	Meeting with WHO Togo	9	7	7
126	03.09.2025	Meeting with ANAMET and ANPC	9	7	2
127	03.09.2025	Meeting with WASCAL	4	4	0
128	03.09.2025	Meeting with ANPC	10	7	3
129	03.09.2025	Meeting with MERFPCCC	4	1	3
130	02.09.2025	Meeting with HISPWCA	15	8	7
131	27.08.2025	Meeting with WHO	6	4	2
132	27.08.2025	Meeting DPML, GFATM, GAVI	16	10	6
133	26.08.2025	Meeting with MPDC	4	2	2
134	26.09.2025	Meeting with CIMTOGO SA	9	7	2
135	20.09.2025	Meeting with STEA, 2TF SARL, KAPI, SF2D-S	7	5	2
136	12.08.2025	Meeting GFATM	8	4	4
137	12.08.2025	Meeting GFATM, GAVI	9	5	4
138	07.08.2025	Meeting with NORAD	5	2	3
139	30.07.2025	Meeting GFATM	12	4	8
140	25.07.2025	Debriefing of the Infrastructure/ WASH mission	19	14	5
141	24.07.2025	Meeting with the WB (PASH-MUT)	5	4	1
142	24.07.2025	Meeting with UNICEF	5	4	1
143	25.07.2025	Meeting with AFMUCAB	6	4	2
144	23.07.2025	Exchange with HISPWCA	6	3	3
145	23.07.2025	Meeting with L'Association Lionne (Feminine Vitality)	12	4	8
146	22.07.2025	Meeting with ESPOIR PLUS	13	6	7
147	19.07.2025	Meeting with ATAREKAD	17	5	12
148	18.07.2025	Meeting with the Local Development Committees of Kozah 1	21	18	3
149	16.07.2025	Meeting with the Mayor of Tone 1	10	7	3
150	15.07.2025	Meeting with MSHPCSUA	11	8	3
151	15.07.2025	Meeting with CIMTOGO SA	4	2	2
152	11.07.2025	Meeting with the Mayor of Kozah 1	10	8	2
153	11.07.2025	Meeting with the Regional Health Directorate of the Kara Region	10	7	3
154	08.07.2025	Meeting with the Regional Health Directorate of the Centrale Region	16	10	6
155	08.07.2025	Meeting with the Regional Health Directorate of the Kara Region	10	8	2

156	07.07.2025	Workshop Innovative Measures for climate resilient infrastructure MoH	23	17	6
157	24.06.2025	Meeting Global South Health	5	4	1
158	18.06.2025	Meeting with Spiro Togo	3	1	2
159	11.06.2025	Meeting with AFRlpads	6	2	4
160	24.06.2025	Meeting with Global South, Beyond Cold	5	4	1
161	23.06.2025	Meeting with IDOS	3	1	2
162	18.06.2025	Meeting with IDOS	2	1	1
163	18.06.2025	Meeting with Spiro	3	1	2
164	16.06.2025	Meeting with KfW	4	2	2
165	16.06.2025	Meeting with Heidelberg University	4	1	3
166	11.06.2025	Meeting with Lixil	8	2	6
167	11.06.2025	Meeting with AFRlpads	6	2	4
168	11.06.2025	Meeting with MSHPCSUA	6	3	3
169	04.06.2025	Meeting	3	2	1
170	03.06.2025	Meeting with the Institute of Tropical Medicine, University of Tübingen	2	1	1
171	30.05.2025	Meeting with ANAMET, HISP, WASCAL	13	10	3
172	27.05.2025	Meeting Warka Water	5	3	2
173	29.04.2025	Meeting with Braun Invest Holding & IT Village	4	3	1
174	28.04.2025	Meeting with DISEM	4	3	1
175	23.04.2025	Meeting with WHO	4	3	1
176	22.04.2025	Meeting with Lixil	4	2	2
177	15.04.2025	Meeting with WHO	6	4	2
178	10.04.2025	Meeting with Lixil	5	2	3
179	09.04.2025	Meeting with Expertise France	3	2	1
180	01.04.2025	Meeting with UNICEF	8	5	3
181	21.03.2025	Meeting with GAVI	3	1	2
182	21.03.2025	Meeting with GFATM	12	4	8
183	14.03.2025	Meeting with BOAD	6	3	3
184	13.03.2025	Meeting with GAVI	4	3	1
185	12.03.2025	Meeting with the MEN	3	2	1
186	10.03.2025	Meeting with Expertise France	5	3	2
187	07.03.2025	Meeting with Architect– Bioclimatic and Climate-Resilient Infrastructure	3	1	2
188	26.02.2025	Meeting with WB	3	0	3
189	24.02.2025	Meeting with MSHPCSUA	2	2	0
190	21.02.2025	Meeting with GFATM, BMZ	12	5	7
191	13.02.2025	Meeting with DHAB	2	2	0
192	13.02.2025	Meeting with WHO	2	2	0
193	12.02.2025	Meeting with ANAMET	6	4	2
194	06.02.2025	Meeting with HISPWCA	6	3	3
195	05.02.2025	Meeting with the MEN	4	3	1
196	28.01.2025	Meeting with GFATM	6	2	4
197	22.01.2025	Meeting with WHO	3	2	1
198	16.01.2025	Meeting with HISPWCA	10	4	6
199	22.01.2025	Meeting with ANPC	6	6	0
200	16.01.2025	Meeting with Sight Savers	7	4	3
201	13.12.2024	Meeting with the NDA	2	1	1
202	09.12.2024	Meeting with KfW	7	2	5
203	28.11.2024	Meeting with LuxDev	5	1	4
204	26.11.2024	Meeting with ANAMET	2	1	1

205	19.11.2024	Meeting with DAZ	5	2	3
206	13.11.2024	Meeting with FINISH Mondial	3	2	1
207	12.11.2024	Meeting with FHI360	4	N/A	N/A
208	07.11.2024	Meeting with Global Water partners	6	4	2
209	28.10.2024	Meeting with IDOS and BNITM	5	3	2
210	28.10.2024	Meeting with Expertise France	4	1	3
211	27.09.2024	Meeting UNICEF	3	2	1
212	09.09.2024	Meeting with JLI	4	1	3
213	22.08.2024	Meeting with CBM	4	1	3
214	12.08.2024	Meeting with DAHW	4	3	1
215	31.07.2024	Meeting with Handicap International (HI)	6	4	2
216	15.07.2024	Meeting with NDA	6	3	3
217	18.05.2024	Meeting with PLNP	4	N/A	N/A
218	18.05.2024	Meeting with EIB	5	N/A	N/A
219	16.05.2024	Meeting with JVE & JVT	3	N/A	N/A
220	10.05.2024	Meeting with ASSAFETO	85	N/A	N/A
221	10.05.2024	Meeting with MSHPCSUA	2	N/A	N/A
222	03.05.2024	Meeting with WHO, UNICEF, WB, Integrate Health, GFATM, PMI and MC	16	N/A	N/A
<b>Concept Note development phase</b>					
223	23.04.2024	Meeting with University of Heidelberg	2	1	1
224	19.03.2024	Meeting with HISPWCA	10	N/A	N/A
225	19.03.2024	Meeting with BOAD	6	N/A	N/A
226	18.03.2024	Meeting with GAVI		N/A	N/A
227	14.03.2024	Meeting with UNICEF	3	N/A	N/A
228	04-20.03.2024	Meeting with ANPC		N/A	N/A
229	03.03.2024	Meeting with STC Senegal	2	2	0
230	26.02-18.03.2024	Meeting with ANAMET	5	N/A	N/A
231	28.02.2024	Meeting with Togolese Red Cross	6	3	3
232	22.02.2024	Meeting with HISPWCA	4	3	1
233	02.02.2024	Meeting with BMZ	9	N/A	N/A
234	16.11.2023	Meeting with UNICEF	7	6	1
235	08.11.2023	Meeting with UNICEF	8	6	2
236	07.11.2023	Meeting with CAMEG	6	4	2
237	28.09.2023	Meeting with GCF Committee	6	N/A	N/A
238	25.09.2023	CN Validation Meeting	9	N/A	N/A
239	20.09.2023	Meeting Malaria Consortium	3	N/A	N/A
240	31.08-12.09.2023	Final proofing of the CN	7	N/A	N/A
241	16.08.2023	Meeting with DHAB	3	3	0
242	08.05-10.08.2023	Presentation of the CN to stakeholders	11	N/A	N/A
243	19.07.2023	Meeting with UNICEF	7	N/A	N/A
244	05.07.2023	Meeting UNICEF	7	N/A	N/A
245	30.06.2023	Meeting with GFATM	5	N/A	N/A
246	27-30.06.2023	Meeting with Malaria Initiative	6	N/A	N/A
247	04.05.2023	Presentation of the CN to national and international partners	31	N/A	N/A
248	02.-03.05.2023	Workshop on discussion of the CN	20	N/A	N/A
249	14.04.2023	Meeting with MSHPCSUA	20	N/A	N/A
250	12.04.2023	Meeting with Save the Children	3	N/A	N/A
251	12.04.2023	Meeting with GCF	5	N/A	N/A

252	24.02.2023	Meeting with TF CC-S	15	N/A	N/A
253	16.02.2023	Meeting with National & International Partners	26	N/A	N/A
254	19.01.2022	Meeting with Togolese Red Cross	6	1	5
255	04.11.2022	Meeting with Save the Children Australia	2	N/A	N/A
256	07.07.2022	Meeting with GCF-Togo Committee	14	13	1
257	15.06.2022	Meeting with MERF (NDA)	3	1	2
258	28.03.2022	Meeting with BMZ	2	N/A	N/A

(Source: Own elaboration)

## 1.2 Information Disclosure Methods and Dissemination Channels

### 1.2.1 Types of Information Disclosed

Throughout the consultation process, the following categories of information were systematically shared with stakeholders:

- **Project concept and objectives:** Overview of the GCF Funding Proposal, climate rationale, targeted health outcomes, and intervention areas
- **Technical designs:** Infrastructure plans (climate-resilient health facilities, WASH systems, cold chain logistics), digital health information systems, early warning mechanisms
- **Implementation arrangements:** Roles and responsibilities of executing entities (Ministry of Health, ANAMET), co-financing partners, timeline, and governance structures
- **Safeguards and inclusion measures:** Environmental and social safeguards, gender action plan, disability inclusion strategy, grievance mechanisms
- **Climate and vulnerability data:** Climate Risk and Vulnerability Assessment findings, disease burden statistics and regional climate projections

### 1.2.2 Forms of Information Dissemination

Information was shared through multiple complementary channels to ensure accessibility across diverse stakeholder groups:

*Table 3: Information dissemination methods employed during stakeholder consultations*

Method	Description and Application
<b>Oral Presentations</b>	Face-to-face presentations during consultation meetings conducted in French and local languages (Kabyè, Moba, Kotokoli, Fulfulde). Used extensively in community-level consultations with Mothers' Clubs, Village Development Committees, and religious leaders
<b>Technical Reports</b>	Detailed written documents including Climate Risk and Vulnerability Assessment, Feasibility Study, Environmental and Social Management Plans, Gender Assessment were shared with government ministries, development partners, and technical experts
<b>Radio / Community media</b>	Community radio actors (CRS, MECAP-TOGO, Radio Maria Sainte Thérèse, Radio Tchaoudjo) participated in consultations as key communication stakeholders. Their participation contributed to discussions on community outreach and potential information dissemination channels for remote populations.
<b>Workshop Materials</b>	Printed handouts, posters, and visual aids used during regional consultations and validation workshops. Example: Infrastructure workshop on July 7, 2025, with 23 participants from Ministry of Health
<b>Digital Platforms</b>	Online meetings via video conferencing were used for consultations with international partners and technical experts, facilitating coordination and technical discussions when in-person meetings were not feasible.
<b>Meeting Minutes</b>	Comprehensive documentation of all consultation meetings including objectives, participants, key discussions, and follow-up actions. Maintained for audit trail and accountability

(Source: Own elaboration)



### 1.2.3 Language and Accessibility Considerations

To ensure inclusive participation, information was adapted to diverse linguistic and literacy contexts:

- **Languages used:** French (official language), Kabyè, Moba, Kotokoli, Ewe (local languages), Fulfulde (for Fulani)
- **Visual communication:** Posters, diagrams, and infographics for communities with limited literacy
- **Adapted formats:** Simplified summaries for community groups; technical annexes for experts; sign language interpretation for disability inclusion (EPHATA and SEFRAH schools' consultations)

## 1.3 Key Issues Discussed and Stakeholder Concerns

### 1.3.1 Climate and Health Risks

- **Data quality challenges:** During consultations with technical partners, MSHPCSUA and DSNISI, stakeholders highlighted that fever-related illnesses are often not clearly distinguished in health reporting systems, resulting in overly generic responses. In addition, diarrheal disease data often aggregates different pathogens with distinct climate drivers, which complicates targeted interventions (Meeting 39).
- **Translation of technical climate information:** Community radios (Meeting 55) reported challenges in translating technical meteorological terms into local languages, affecting message comprehension by rural populations

### 1.3.2 Infrastructure and WASH

- **Infrastructure gaps:** DISEM (Meeting 174) identified insufficient storage capacity and maintenance challenges in existing health facilities. Regional health directorates noted lack of water systems in many peripheral health units
- **Product accessibility:** Lixil representatives (Meetings 12, 22, 176) discussed market presence of SATO sanitation products but noted affordability barriers for low-income households. Communities requested subsidized access
- **Coordination with existing projects:** Concerns raised about overlap with Global Fund cold chain investments and World Bank WASH initiatives. Need for clear role delineation (Meeting 132)

### 1.3.3 Gender-Based Violence and Social Inclusion

- **Weak GBV response systems:** Ministry for Solidarity, Gender, Family and Child Protection (MSGFCP) (Meeting 38) noted that although legal frameworks exist, enforcement remains weak due to limited awareness, cultural barriers, and insufficient funding. No official joint frameworks exist between ministries to address workplace violence
- **Economic vulnerability drivers:** REFED (Meeting 54) identified economic vulnerability, water scarcity, and restrictive sociocultural norms as key drivers of GBV. Women's groups highlighted that climate-induced resource scarcity increases domestic violence
- **Healthcare access barriers:** Women's clubs across multiple communities (Meetings 58, 63, 67, 72, 94, 98) reported cultural beliefs and male reluctance as primary barriers to medical consultations, particularly for maternal health services
- **Disability exclusion:** APHAK and disability schools (Meetings 53, 87) highlighted that people with disabilities are often excluded from climate information systems and emergency response plans. Physical accessibility of health facilities remains a major challenge

### 1.3.4 Data Systems and Digital Health

- **System interoperability:** DPML and CAMEG (Meeting 132) emphasized that if current SIGL system weaknesses are not addressed, moving to eSIGL would replicate existing problems. Strong coordination needed between logistics, health information, and procurement systems
- **Capacity constraints:** DSNISI (Meeting 39) identified errors at data collection level, lack of peripheral health unit control meetings, and poor data comprehension among health workers as major challenges

### 1.3.5 Community Engagement and Behavior Change

- **Broadcasting cost barriers:** Community radios (Meeting 55) identified fuel for generators as the main cost driver limiting broadcast reach. Interest expressed in solar energy investments in exchange for free broadcasting time
- **Gender representation:** While female participation in radio programs is encouraged, women remain underrepresented in production teams. Need for targeted actions to strengthen women's leadership in media (Meeting 50 & 55).
- **Remote community reach:** Listener clubs are effective bridges between radios and communities, but expansion needed to reach underserved and remote areas (Meeting 50 & 55).

### 1.3.6 Institutional Coordination and Co-financing

- **ANAMET institutional capacity:** Multiple meetings (18, 26, 113, 171, 193, 204) addressed ANAMET's readiness to serve as executing entity. Key issue: Board of Directors not yet in place. German government committed to strengthening ANAMET capacities in 2026 prior to GCF effectiveness (Meeting 8)
- **WHO contractualization complexity:** Legal consultations (Meeting 6) identified challenges in aligning WHO's internal policies with GCF grant agreement requirements. Two-fold approach needed: identifying hard constraints and negotiating flexible terms during term sheet phase
- **Co-financing clarity:** Unexpected political changes (US funding removal, German budget cuts) reduced initial co-financing projections from EUR 18.2 million to EUR 11.8 million. Partners requested clear delineation of activities financed by GFATM, GAVI, and GCF to avoid duplication (Meetings 132, 136, 137, 139)

### 1.3.7 Climate Rationale and Project Design

- **Climate modeling interpretation:** GCF (Meeting 1) questioned protective effect findings in climate projections. Clarified that climate change reshapes health risk patterns rather than eliminating them - shifts in seasonal timing, geographic distribution, and intensity require health system adaptation
- **Disease burden persistence:** Despite modeling projections, malaria and diarrheal disease burdens remain very high in target regions. Poverty and limited resources reduce adaptive capacity to both declining and emerging risks (Meeting 1).
- **Data disaggregation needs:** Request for better distinction between fever causes and diarrheal pathogens to enable pathogen-specific interventions aligned with climate drivers (Meeting 1).

## 1.4 How the Project Will Address Issues Raised

The following table provides a comprehensive alignment between the strategic commitments identified during stakeholder consultations and the formalized operational framework of the GCF proposal. By mapping thematic priorities directly to the project's specific Outputs and Activities, this table

demonstrates how the intervention logic addresses identified concerns. This integrated approach ensures that the localized needs of the Centrale, Kara, and Savanes regions are systematically embedded within the project's four primary components.

*Table 4: Stakeholder Theme and FP Activity Alignment*

Theme	Matching Component in the Funding Proposal
<b>Strengthening Climate-Health Data Systems</b>	
Sentinel surveillance expansion	Output 3.2: Prevention and treatment of CSHOs through resilient supply chains is enhanced.
Data quality improvement (eRDQA / DHIS2)	Output 3.2: Specifically, Activity 3.2.2 (Strengthen surveillance and monitoring of climate-sensitive health outcomes).
System interoperability (SIGL-DHIS2-CAMEG)	Output 1.2: Integrated surveillance outputs are effectively used to guide climate-sensitive health outcome response.
Capacity building (Climate-health surveillance training)	Output 2.2: Capacities of the health system to react to climate-sensitive health problems are built.
Climate information translation (Local language glossaries)	Output 4.2: Community awareness and understanding of climate-health linkages are enhanced.
<b>Climate-Resilient Infrastructure and WASH</b>	
Bioclimatic health facility design (Passive cooling/solar)	Output 3.1: The resilience of health infrastructure is strengthened.
WASH infrastructure (50+ HF and 100+ schools)	Output 3.1: (for health facilities) and Output 4.1: (for schools/communities).
Sanitation product subsidies (SATO pan latrines)	Output 4.1: Specifically, Activity 4.1.1.4 (Promote WASH innovations for community behaviour change).
Cold chain modernization (Solar-powered solutions)	Output 3.2: Specifically, Activity 3.2.1 (Strengthen cold chains for vaccines, climate-sensitive medicines, and diagnostics).
Coordination mechanisms (GFATM, GAVI, WB, KfW)	Output 2.1: Specifically, Activity 2.1.3 (Strengthen national and sub-regional coordination, knowledge, and learning mechanisms).
<b>Gender-Based Violence (GBV) Prevention</b>	
GBV Prevention and Response	Annex 8b (Gender Action Plan): Integrated throughout as a cross-cutting safeguard.
Disability and Social Inclusion	Output 3.1 & 4.1: Infrastructure standards must meet accessibility and inclusivity requirements.
<b>Community Engagement and Behaviour Change</b>	
Solar-powered broadcasting (Exchange for airtime)	Output 4.2: Specifically, Activity 4.2.3 (Raise awareness through different communication channels).
Multi-language campaigns (4 themes/3 languages)	Output 4.2: Specifically, Activity 4.2.1.2 (Develop a translation and communication guide).
Women's media leadership (Mentorship)	Annex 8b (Gender Action Plan)
<b>Institutional Strengthening and Coordination</b>	
ANAMET capacity development	Output 1.1: Climate information to support the surveillance system for CSHOs is effectively integrated.
Pathogen-specific strategies	Output 3.2: Specifically, Activity 3.2.2 (Strengthen surveillance and monitoring).

## 1.5 Documentation Process

All stakeholder consultations followed systematic documentation protocols:

- **Meeting minutes:** Standardized template capturing date, location, participants (names, positions, organizations, gender disaggregation), objectives, summary of discussions, key decisions, and follow-up actions
- **Attendance records:** Participant lists maintained for all meetings with contact information for follow-up communication (available upon request, withheld from public report for data privacy)

## 2. Stakeholder Consultations during Funding Proposal development

### 2.1 Selected key consultations

The Funding Proposal was informed by consultations held between May 2024 and December 2025. These consultations aimed to ensure that the proposal is rooted in the realities of the target region and reflects not only international best practice approaches but is also aligned with local priorities and national strategic objectives.

Consultations were conducted both online and through in-person workshops, bilateral meetings, interviews and focus group discussions during field visits to the target regions. This multi-tiered approach allowed for both institutional feedback and direct community input, especially from underrepresented groups. Table 3 provides a summary of the main consultations, outlining their timing, content, location, and participant groups involved.

*Table 5: Overview of key and recurring consultations during the Funding Proposal development stage*

Dates	Content	Participants/Venues
2024-2025	<b>Recurring consultation with MSHPCSUA:</b> Review project progress, address challenges and bottlenecks, agree on next steps, organise validation meetings, follow up on pending requests, and facilitate coordination between the Ministry and GIZ.	MSHPCSUA Climate change and health Focal point  Place: Meeting room of MSHPCSUA in Lomé
2024-2025	<b>Recurring consultation with BMZ:</b> Discussion around BMZ's role and level of involvement, next steps, confirmation of interest	BMZ  Place: online
2025	<b>Recurring consultations with GCF:</b> Updates on approach and commitments, discussions around cofinancing, private sector involvement, ESS	GCF  Place: online
2024-2025	<b>Recurring consultations with ANAMET:</b> Defining next concrete steps, responsibilities and deadlines, present content of shared files, agreement on mutual help, discussion around important needs, integrations like gender-related actions, review of social and environmental aspects of the project	ANAMET  Place: Offices at ANAMET
2024-2025	<b>Recurring consultations with WHO:</b> Discussions around in-kind contributions, activity formulation, key results, contractualization between GIZ and WHO under GCF, timeline, ESS and Gender, collaboration opportunities	WHO  Place: online or offices of GIZ or WHO in Lomé
2025	<b>Recurring consultations with MERFPCCC:</b>  Identification of key national priorities for vulnerable populations, recommendations and guidance on mainstreaming gender and social dimensions across components,	MERFPCCC  Place: Offices of Directorate of Environment in Lomé

	review of feasibility studies, understand challenges and the ministry's global strategy	
<b>24– 27.09.2025</b>	<b>ESS, gender, and beneficiary consultations Savanes:</b>  Important discussions around Gender, ESS, and local communities	Participants were NGO's, communities and associations, Community medias, and national and regional representatives:  FDC, Mother's Club, Young Pregnant Girls, COGES, MSC Sagbiebou, PHU Namare, GEVAPAF, Religious leaders, Village development committee, MECAP-Togo, CRS, REFED, EPHATA, SEFRAH, 3ASC, SF2D Savanes, Radio Maria Sainte Thérèse
<b>15 – 23.09.2025</b>	<b>ESS, gender, and beneficiary consultations Kara:</b>  Important discussions around Gender, ESS, and local communities	Participants were NGO's, communities and associations, Community medias, and national and regional representatives:  PDH Kara, WANEP, FDC, ATAREKAD, PHU Tchintchinda, PHU Sandra Afouhou, PHU Baga, PHU Lama-Kpedah, PHU Solia, CRT, Mother's club, Papa Champion Club, Fulani People, COMINTES, APHAK, PADES, AED, FAMME, God Church
<b>08 – 14.09.2025</b>	<b>ESS, gender, and beneficiary consultations Centrale:</b>  Important discussions around Gender, ESS, and local communities	Participants were Community medias, and national and regional representatives:  FDC, ANAMET, Radio Tchaoudjo, DRERF, MEA
<b>26.09.2025 (Savanes)</b>  <b>25.06.2025 (Centrale)</b>  <b>23.09.2025 (Kara)</b>	<b>Regional stakeholders' consultations:</b>  Presentation and discussion of the project, ensure regional stakeholder ownership, collection of feedback and recommendations for activity sheets before national validation, coordination	Participants were NGOs, National representatives, Private sector, Communities and Associations and Health Directorates   Place: Hotel Leota, Dapaong, Hotel Solim, Sokodé, Hotel Sainte Brigitte, Kara

(Source: Own elaboration)

## 2.2 Minutes of the consultations

Below provides a detailed overview of all consultations held during Fund Proposal development stage, summarising their objectives and summary, the institutions and individuals involved, the locations, and the number and gender of participants. This record illustrates the width and depth of engagement and co-development that has characterised the project design process. They also reflect the iterative nature of FP development, where feedback loops and joint reflections have helped improve the quality and ownership of the final submission. The meetings are organised in chronological order, starting with the most recent ones.

### 1. Meeting with GCF

<b>Meeting Date:</b> 16.12.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Green Climate Fund (GCF)</b> <ul style="list-style-type: none"> <li>Health and Climate Senior Specialist at the Green Climate Fund</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Commission Manager, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [2M, 3F]

<ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Project development manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Updates GCF side</li> <li>• Updates GIZ side</li> </ul>	
<b>Summary of the meeting:</b> <p><b>B.45 Project pipeline</b></p> <ul style="list-style-type: none"> <li>• Highly competitive: around 45 projects competing for around 20 slots</li> </ul> <p><b>Climate Rationale</b></p> <ul style="list-style-type: none"> <li>• Epidemiological modelling is scientifically rigorous, but malaria and diarrhoea show protective effect of CC</li> <li>• The project's rationale is still valid, due to the following reasons:             <p><b>1. Climate change reshapes health risks — it does not eliminate them</b></p> <p>The Climate Rationale demonstrates that climate change is altering when, where, and how diseases occur, rather than making them disappear.</p> <p>Key shifts include:</p> <ul style="list-style-type: none"> <li>○ A shift in the period of the year during which populations are at risk</li> <li>○ A movement of peak risk within the season</li> <li>○ Changes in risk geography, with higher elevations becoming increasingly exposed</li> <li>○ A potential decrease in intensity in some areas, partly due to the protective effect of extreme heat on vectors</li> </ul> <p>Implications:</p> <ul style="list-style-type: none"> <li>○ Climate-sensitive health outcomes remain a major public health threat, but their patterns will no longer align with what health workers and communities are accustomed to.</li> <li>○ Health systems require stronger capacities to understand these evolving interactions and to adapt surveillance and early warning systems, including the ability to integrate additional diseases over time.</li> <li>○ Declines in average climatic suitability should not be interpreted as successful risk reduction, as they often reflect biological limits on vectors under extreme heat, rather than improved resilience.</li> </ul> <p><b>2. Limitation: Malaria and diarrhoeal diseases remain a major burden in Togo</b></p> <ul style="list-style-type: none"> <li>○ The overall disease burden of malaria and diarrhoeal diseases remains very high.</li> <li>○ The Climate Rationale suggests that actual disease burdens are likely higher than reported figures.</li> <li>○ Data quality challenges persist:                 <ul style="list-style-type: none"> <li>▪ Fever-related illnesses are often not clearly distinguished, resulting in overly generic responses</li> <li>▪ Diarrhoeal diseases group together different pathogens with distinct climate drivers, despite requiring different solutions</li> </ul> </li> <li>○ Regional prioritisation remains broadly appropriate:                 <ul style="list-style-type: none"> <li>▪ Centrale: malaria</li> <li>▪ Kara: diarrhoeal diseases</li> <li>▪ Savanes: heat-related risks</li> </ul> </li> </ul> <p><b>3. Vulnerability: Poverty amplifies climate-related health risks</b></p> <ul style="list-style-type: none"> <li>○ High levels of poverty significantly increase vulnerability to climate-related health risks.</li> <li>○ Limited resources reduce people's capacity to adapt to:                 <ul style="list-style-type: none"> <li>▪ Declining but still persistent malaria risks, and</li> <li>▪ Emerging climate hazards such as heat and extreme events.</li> </ul> </li> </ul> <p><b>Discussion</b></p> </li></ul>	

<ul style="list-style-type: none"> <li>Dengue diagnostic tests are fee-based, which currently limit data availability and routine surveillance.</li> <li>Sentinel surveillance sites were identified as a key mechanism to partially address this data gap and support early warning functionality.</li> </ul>
<b>BMZ Co-financing</b> <ul style="list-style-type: none"> <li>Clarify the nature and scope of the co-financing in the Feasibility Study (FS) and the term sheet.</li> </ul>
<b>WHO</b> <ul style="list-style-type: none"> <li>Constraints in aligning contracts with GCF administrative and compliance requirements.</li> </ul>

## 2. Meeting with CIMTOGO SA

<b>Meeting Date:</b> 28.11.2025	<b>Meeting</b>
<b>Participants:</b> <b>CIMTOGO SA</b> <ul style="list-style-type: none"> <li>Country Representative</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Climate Change and Health, GIZ Togo</li> <li>Technical Lead, GIZ German</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Clarify CIMTOGO SA's potential contribution to the GCF project (materials + capacity building).</li> <li>Discuss feasibility and timing of providing cement or alternative materials.</li> <li>Discuss Cimtogo's capability for low-carbon cement production in Togo</li> <li>Agree on next steps for drafting the written contribution for GCF documentation.</li> <li>Define communication steps,</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>CIMTOGO SA explained that production of CO<sub>2</sub>-reduced cement in Togo cannot be confirmed for 2026 and will only begin once the technology is ready and market demand is sufficient.</li> <li>GIZ asked whether CIMTOGO SA could provide cement as an in-kind contribution; CIMTOGO SA confirmed this is possible but depends on operational availability.</li> <li>CIMTOGO SA confirmed readiness to provide capacity building for local actors (bioconstruction, optimized materials, site-quality techniques). The exact scope (hours, trainers, and number of sessions) still needs to be quantified.</li> <li>CIMTOGO SA noted they can conduct the training themselves or via consultants, depending on the technical theme and timeline.</li> <li>Follow-up actions include confirming material availability and sharing documents with GIZ management (project development management and specialist construction).</li> </ul>	

## 3. Meeting with Technical Committee

<b>Meeting Date:</b> 26.11.2025	<b>Meeting location:</b> Lomé, Togo, meeting room of ministry health
<b>Participants:</b> <b>FDC</b> <ul style="list-style-type: none"> <li>Gender experts</li> <li>ESS expert</li> </ul> <b>MERFPCCC</b> <ul style="list-style-type: none"> <li>Assistant to the National Designated Authority (NDA)</li> </ul> <b>Malaria Programme</b> <ul style="list-style-type: none"> <li>Head of Epidemiological Surveillance and Research</li> </ul> <b>Climate change and health task-force</b> <ul style="list-style-type: none"> <li>Climate–health focal point</li> </ul> <b>ANAMET</b> <ul style="list-style-type: none"> <li>Climate–health focal point</li> </ul> <b>KfW</b>	<b>Number and gender (m/f) of participants:</b> 11 [9M, 2F]

<ul style="list-style-type: none"> <li>Programme Portfolio Coordinator – Vocational Training and Health</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Climate Change and Health, GIZ Togo</li> <li>Advisors, Construction, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>To present and discuss the planned climate-resilient construction and WASH activities.</li> <li>To collect questions, comments, and technical recommendations from key national stakeholders (health, meteorology, partners).</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Clarification questions were raised on the climate rationale for construction interventions, including the expected contribution to resilience.</li> <li>Operational aspects of DEWATS were discussed, notably roles and responsibilities for long-term management and maintenance.</li> <li>The proposed mosquito net-related activity was clarified (intervention approach, target groups, and alignment with vector control).</li> <li>Key gender and social considerations were debated, including the appropriateness of menstrual hygiene facilities in primary schools and broader GBV framing.</li> <li>Technical recommendations were agreed, including stronger sensitization on correct use/maintenance of infrastructure and reduced structural risks through improved design details (e.g., inspection chamber placement).</li> <li>Coordination with DISEM was emphasized for design and implementation.</li> <li>Next steps included confirming whether a standard climate-resilient health facility plan exists and, if not, exploring development of a standard plan.</li> </ul>	

#### 4. Meeting with WHO

<b>Meeting Date:</b> 26.11.2025	<b>Meeting</b>
<b>Participants:</b> <b>WHO</b> <ul style="list-style-type: none"> <li>External Relations and Partnership Officer, WHO Togo</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [0M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Discussion on filling out the annexes for the in-kind contributions</li> <li>Discussion on activity formulation and key results</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Notes and assumptions were reworked for the annex 5a+b on in-kind contributions</li> <li>Sub-activity text on medical training curricula was amended</li> <li>Result setting for number of health personnel to be trained were discussed</li> <li>Next steps were decided until signing of the co-financing letter by WHO</li> </ul>	

#### 5. Meeting with DMI

<b>Meeting Date:</b> 24.11.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Development Media International (DMI):</b> <ul style="list-style-type: none"> <li>Officer in Strategic Partnership Team</li> <li>Director of Strategic Partnership Team</li> <li>Manager in Strategic Partnership Team</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>Head of Component, GIZ Togo</li> <li>Advisor in communication, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [1M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Campaign design options other than RCTs</li> <li>Budget</li> <li>Indicator options 4.2</li> </ul>	



**Summary of the meeting:**

Discussion of realistic and feasible campaign design options within the available budget.

- **Option 1:** 3 regions, 3 languages, 4 themes, 5 sub-messages per theme; 12-14 radio stations; 4-year duration. Includes pre- and post-testing, capacity building for MSHP and community actors, and health content review.
- **Option 2:** Similar to Option 1 but with 9-10 radio stations. 4-year duration.
- **Collaboration with Broadcasters:**
  - Main cost drivers: fuel for generators.
  - Proposal: Investment in solar energy, with equipment provided to broadcasters in exchange for 5 years of free broadcasting. Model successfully used in Burkina Faso.
- **Option 3 (Budget-aligned):**
  - 10-month campaign focused on fever-related topics using high-reach radio stations and 2 languages.
- **Next Steps:** Adjust campaign design based on discussion outcomes.

## 6. Meeting with WHO

<b>Meeting Date:</b> 20.11.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>World Health Organisation (WHO)</b> <ul style="list-style-type: none"> <li>• Senior Legal Officer, WHO Geneva</li> <li>• Legal Officer, WHO Geneva</li> <li>• External Relations and Partnership Officer, WHO Togo</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Project Development Manager, GIZ Germany</li> <li>• Portfolio-Manager, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [0M, 6F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Contractualization between GIZ and WHO under GCF</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• 2-fold approach               <ul style="list-style-type: none"> <li>○ Identify red lines / hard points in Grant Agreements                   <ul style="list-style-type: none"> <li>▪ Proposition to colour code those in the document</li> <li>▪ Replies of solutions and limitations with GIZ legal team</li> </ul> </li> <li>○ All other points: negotiation of GIZ with GCF</li> </ul> </li> <li>• Timeline               <ul style="list-style-type: none"> <li>○ Contract with GCF is not yet signed --&gt; after the B.45 (June/July 2026)</li> <li>○ Term Sheet Negotiation: after first submission (19.12) until May 2026                   <ul style="list-style-type: none"> <li>▪ Window of opportunity to discuss contractual needs and exceptions of WHO</li> </ul> </li> <li>○ FAA is drafted based on Term Sheet --&gt; only deadlines are negotiated afterwards</li> </ul> </li> <li>• WHO is currently going through accreditation               <ul style="list-style-type: none"> <li>○ Finalised Step 1</li> <li>○ On-going discussions on legal framework between GCF-WHO</li> <li>○ Could be helpful especially with regards to ESS and gender as a waiver will be unlikely</li> </ul> </li> <li>• ESS and Gender               <ul style="list-style-type: none"> <li>○ WHO will monitor and take them into consideration</li> <li>○ WHO has own policies that they want to follow</li> <li>○ As an AE, GIZ must ensure that implementing partners comply with gender and ESS</li> </ul> </li> <li>• Collaboration with other UN entities               <ul style="list-style-type: none"> <li>○ First experience for GIZ to collaborate with UN agency under the GCF</li> <li>○ GCF Project Lead is in favour of WHO role in project and supports in set-up --&gt; can advocate to other units within GCF</li> <li>○ Laos: WHO projects, WHO not accredited, looked for partner to receive funds and transfer some to WHO (Save the Children) --&gt; took 2 years of negotiations</li> <li>○ Accredited rules at GCF might differ between GIZ and Save the Children</li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li>• Next steps <ul style="list-style-type: none"> <li>◦ WHO: High level documents with comments by 04.12 (legal feedback, potentially not financial feedback yet) <ul style="list-style-type: none"> <li>▪ If financial colleagues can send something before 19.12: add into Term Sheet</li> <li>▪ If not: will be included after submission</li> <li>▪ GIZ: Feedback within 2 weeks</li> </ul> </li> </ul> </li> </ul>
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### 7. Meeting with Tysilio

<b>Meeting Date:</b> 18.11.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Tysilio</b> <ul style="list-style-type: none"> <li>• DG Tysilio Togo, Regional Manager</li> <li>• Co-founder, in charge of business development</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project development manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Clarify whether Tysilio can engage in technical assessments</li> <li>• Explore possibilities for Tysilio to contribute to capacity building activities within the GCF project.</li> <li>• Identify which types of contributions (assessment, training, installation) are feasible for Tysilio given company constraints.</li> <li>• Discuss compatibility with GIZ procurement rules and the IDP process.</li> <li>• Establish next steps for defining a possible non-financial contribution.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Tysilio's Constraints: They cannot take over the GIZ construction-led technical assessment due to alignment issues and company size.</li> <li>• Previous Experience: Tysilio has worked with GIZ and UNDP on PV installations, capacity building, and technical assessments for hospitals.</li> <li>• Funding Clarification: GIZ confirmed no direct funding to Tysilio in the IDP process; any engagement must be through tendering or voluntary contributions.</li> <li>• Material Contribution: Tysilio cannot contribute materials but can offer assessments, best practices, and structured capacity-building sessions.</li> <li>• Capacity-Building Opportunity: GIZ plans artisan training in solar installation and maintenance; Tysilio is open to expanding these modules.</li> <li>• GCF Co-financing: Scaling training to more artisans may meet the GCF co-financing benchmark, which Tysilio finds feasible with their regional presence.</li> <li>• Agreed Contribution: Both parties agreed that capacity-building and documenting best practices are the most realistic contributions.</li> <li>• Follow-up Actions: Define training scope (number of artisans, hours, sessions, geographic reach) and the narrative of Tysilio's contribution for the FP.</li> </ul>	

### 8. Meeting with GCF

<b>Meeting Date:</b> 18.11.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Green Climate Fund (GCF)</b> <ul style="list-style-type: none"> <li>• Health and Climate Senior Specialist at the Green Climate Fund</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Commission Manager, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> <li>• Project development manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [1M, 3F]

**Objectives of the meeting:**

- Updates GCF side
- Updates GIZ side

**Summary of the meeting:**

## Updates GCF

- B.43 has approved 1.33 billion - largest approval of GCF so far (22 projects)
- B.45 foreseen for 29.06 - 03.07, Tajikistan

## Updates GIZ

- Update ANAMET
  - Governments negotiations 11+12.11 in Berlin
    - Positioned GCF project in negotiation documentation (e.g. protocol)
    - Togolese government
      - Self-definition as a pioneer country)
      - Commitment to own contributions
      - Support BoD of ANAMET will be nominated
    - German government
      - Commitment to strengthen ANAMET capacities prior to GCF cofi once the BoD is in place --> GIZ senior finance officer will be in charge (all of 2026)
      - Budget liberation from ProSanté III budget (BMZ prior to effectiveness) --> BMZ still needs to agree
    - ANAMET
      - High motivation of ANAMET to collaborate to strengthen capacities
      - Possibility that President of Council will nominate BoD
      - Objectif: ANAMET remains in EE role and develops capacities to carry out activities in that role
  - GCF
    - Strong foundation to work with ANAMET
    - Pleased about approach and commitments
- In-kind cofinancing contributions amount to approx. 11,8 M EUR
  - Cofinancing indication in CN: 18.2 million
    - Unexpected Political changes (US removal of funding, German budget cuts, BMGF focus shift away from climate change)
    - No pledges from COP transpired into concrete financing
    - No cofinancing interest from other donors --> talked to a lot of donors (foundations, UN bodies, development banks, development agencies, multilateral agencies)
  - GCF
    - Follow up with RF and Foundation S (Sanofi) planned
- Private sector update
  - Current situation
    - Launched a call of interest and reached out to several companies bilaterally
    - 3 potential partners are identified (building, WASH, electricity) --> potential in-kind cofinancers
    - Cannot be finalized with certainty (co-financing letter) before submission
    - Avoidance of conflict of interest and with procurement need to be ensured --> adds complication for negotiations
    - Interest of companies: brand visibility, social objectives
  - GCF
    - Appreciates the interest of PS to contribute
    - Use of PS for last mile --> exchanges with different actors (e-mobility, thermologgers for cold chains)
    - Checks safeguards on GCF site
- ESS update
  - Reminder
    - Category B project
    - Conflict sensitivity assessment --> Security issues will be covered in ESS

<ul style="list-style-type: none"> <li>○ Indigenous People Framework (IPF) <ul style="list-style-type: none"> <li>▪ Nomadic, pastoralist groups --&gt; might call them differently (marginalised or vulnerable groups)</li> <li>▪ Difficult discussion with NDA on definition</li> <li>▪ Covered in ESS</li> </ul> </li> <li>○ GCF <ul style="list-style-type: none"> <li>▪ IP policy under review to allow for more contextualisation</li> <li>▪ Transitioning rigid IP terminology for Africa to account for realities --&gt; no policy review has been carried out yet</li> <li>▪ Transmit with wording and referencing in accordance with Togolese government</li> <li>▪ Continuing with assessment and activities on IPP</li> </ul> </li> </ul>
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#### 9. Meeting with DMI

<b>Meeting Date:</b> 13.11.2025	<b>Meeting location:</b>
<b>Participants:</b> <b>Development Media International (DMI):</b> <ul style="list-style-type: none"> <li>• Officer in Strategic Partnership Team</li> <li>• Director of Strategic Partnership Team</li> <li>• Director of Research</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor in communication, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [1M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss options for impact evaluations</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Focus: Discussion on creating a product for future use, balancing implementation vs. evaluation (15% evaluation).</li> <li>• Approach with Limited Funds: Campaign duration of 2-3 years, intensity key to success.</li> <li>• Evaluation Methods: RCTs are ideal, but quasi-experimental methods like trend data and media-dark areas are alternatives.</li> <li>• Data Collection: Collaboration with local partners and universities; DMI has extensive experience.</li> <li>• Challenges in Burundi: Communication issues and no network due to the political situation. Monitoring systems set up to detect problems early.</li> <li>• Local Partnerships: Focus on clear expectations, trust-building, and strong communication.</li> <li>• Next Steps: Finalize local partnership contracts and gather broadcast cost references.</li> </ul>	

#### 10. Meeting with Global South Health

<b>Meeting Date:</b> 13.11.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>GSH:</b> <ul style="list-style-type: none"> <li>• Director of technology</li> <li>• Deputy CEO</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss the future of partnership cooperation between GSH and GIZ</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Needs from GIZ and GSH were discussed regarding a possible partnership solution between the two organisations.</li> <li>• The discussion showed that it's currently impossible for GSH to give a substantial contribution to a possible partnership. Discussions might resume in 2026</li> </ul>	

#### 11. Meeting with CIMTOGO SA

<b>Meeting Date:</b> 12.11.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>CIMTOGO SA</b> <ul style="list-style-type: none"> <li>Country Representative</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Project development manager, GIZ Germany</li> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [2M,1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Clarify cement quantities and types relevant for the IDP and the GCF Funding Proposal.</li> <li>Assess feasibility and timeline of potential contributions (materials, training, technical input) from CIMTOGO SA.</li> <li>Discuss requirements and definition of “low-carbon / CO<sub>2</sub>-reduced cement” within the project.</li> <li>Clarify the legal company name.</li> <li>Explore options for capacity building and targeting local beneficiaries (artisans and small enterprises).</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Standard cement products (three existing product types in Togo) can be used for the IDP without difficulty;</li> <li>The standard product currently foreseen can be made available for the project</li> <li>CIMTOGO SA is developing a very low-emission cement for future projects, and the GCF project could be among the first to use it.</li> <li>Many cement companies in Togo import cement from neighbouring countries, while they are preparing a solution based on locally produced calcined clay, which could be a differentiator in terms of climate impact and local value creation.</li> <li>On beneficiary targeting, CIMTOGO SA expressed an interest in continuing to train artisans who have already been supported under previous programmes (e.g. ProEmploi), while GIZ recalled that participant selection must follow public-benefit and procurement principles and cannot be restricted to specific companies or individuals.</li> <li>CIMTOGO SA recommended to consider a coaching scheme between large companies and very small enterprises.</li> <li>The GIZ team recalled that the project already foresees modular precast training and envisages two waves of training.</li> <li>CIMTOGO SA plans pre-fabrication training (production and installation of prefabricated elements).</li> <li>Estimated cement needs for sanitation blocks were discussed depending on mix optimisation.</li> </ul>	

#### 12. Meeting with Lixil

<b>Meeting Date:</b> 11.11.2025	<b>Meeting location</b>
<b>Participants:</b> <b>Lixil</b> <ul style="list-style-type: none"> <li>Country focal person for West Africa</li> <li>Regional representative for sanitation product development</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Project development manager, GIZ Germany</li> <li>Advisor Climate Change and Health, GIZ Togo</li> <li>Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [3M,2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Clarify expectations and boundaries for collaboration on one-stop sanitation shops and promotional activities.</li> <li>Define acceptable modalities for joint training, demo installations, and use of sanitation products while maintaining competitive neutrality.</li> </ul>	

<ul style="list-style-type: none"> <li>• Discuss proposed renovation activities in health facilities and associated Environmental and Social Safeguard (ESS) implications.</li> <li>• Clarify conditions regarding prototypes, contributions, milestones</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Both parties agreed that LIXIL can present its only if a neutral disclaimer is used, and GIZ showcases alternative solutions.</li> <li>• GIZ confirmed that one-stop shops remain on the planning basis; selection criteria for shop owners will include motivation, community anchoring, and basic business experience.</li> <li>• LIXIL's proposed contribution might focus on renovating four existing sanitation blocks, limited to upgrades and subject to GCF ESS compliance.</li> <li>• GIZ will verify which health facilities meet technical requirements (e.g., lined pits, septic tanks).</li> <li>• Financing schemes with MFIs/SACCOs were considered out of scope for the current project; both parties agreed to revisit this only in later project years.</li> <li>• LIXIL proposes starting activities in April 2027 due to internal budgeting cycles; GIZ will provide a detailed timeline by the end of November.</li> <li>• Further clarifications needed: site eligibility for renovations, technical criteria for prototype testing, and coordination with GIZ construction specialists.</li> </ul>

### 13. Meeting with DMI

<b>Meeting Date:</b> 07.11.2025	<b>Meeting location:</b>
<b>Participants:</b> <b>Development Media International (DMI):</b> <ul style="list-style-type: none"> <li>• Officer in Strategic Partnership Team</li> <li>• Director of Strategic Partnership Team</li> <li>• Chief Operating Officer</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Advisor communication, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [2M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Continuing the technical discussion</li> <li>• Contractual discussion</li> <li>• Next steps</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Technical discussion               <ul style="list-style-type: none"> <li>○ How to attribute effects to interventions                   <ul style="list-style-type: none"> <li>▪ Evaluation risks to be pricier than the intervention --&gt; usually not available in project funding</li> <li>▪ Alternative methods that don't have the rigor of randomized trial that can still sort the information</li> </ul> </li> <li>○ Financial difference in budget of academic rigor vs alternative methods                   <ul style="list-style-type: none"> <li>▪ Needed more information to estimate --&gt; 75-80% of intervention cost</li> <li>▪ Depending on data source --&gt; e.g. households, number of sizes</li> <li>▪ RCT are unlikely to be possible</li> </ul> </li> <li>○ How are RCT set up by DMI                   <ul style="list-style-type: none"> <li>▪ Example: child survival RCT in Burkina                       <ul style="list-style-type: none"> <li>▪ Evaluated by LSHTM</li> <li>▪ MoH data from HF</li> <li>▪ Attribution through DMI intervention: how to isolate the evaluation of the intervention</li> <li>▪ Zones: similar child mortality, difference is DMI intervention</li> </ul> </li> <li>▪ RCT for media campaign                       <ul style="list-style-type: none"> <li>▪ Needs a sample size that has enough power</li> <li>▪ Challenging in Togo</li> </ul> </li> </ul> </li> </ul> </li> <li>• Contractual aspects               <ul style="list-style-type: none"> <li>○ Can do both: financial agreement and contract of services</li> <li>○ Time frame is ok (2027-2031)</li> <li>○ Operational mode</li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li>▪ If not yet active in country: start with team from neighbouring countries or hire local team (~4-5 people production, distribution, admin) --&gt; second option more expensive</li> <li>▪ Potential to set up a new office --&gt; depends on scope of work (channels, languages, etc.) and financial envelope</li> <li>▪ Local capacity strengthening: experiences with this approach --&gt; e.g. translations DMI works very closely with partners</li> </ul>
<ul style="list-style-type: none"> <li>• Next steps <ul style="list-style-type: none"> <li>◦ Discuss with research director other options for impact evaluations <ul style="list-style-type: none"> <li>▪ Financial impacts</li> <li>▪ Innovative formats</li> </ul> </li> </ul> </li> </ul>

#### 14. Meeting with WHO

<b>Meeting Date:</b> 07.11.2025	<b>Meeting location:</b> Hybrid (WHO Country Office Togo and online)
<b>Participants:</b> <b>WHO</b> <ul style="list-style-type: none"> <li>• Country Representative, WHO Togo</li> <li>• Health promotion officer, WHO Togo</li> <li>• Health emergency coordinator, WHO Togo</li> <li>• Malaria and tropical neglected diseases officer, WHO Togo</li> <li>• Surveillance and immunisation officer, WHO Togo</li> <li>• Head of cluster for communicable and non-communicable diseases, WHO Togo</li> <li>• Strategic partnership officer, WHO Togo</li> <li>• Partnership and resource officer, WHO Togo</li> <li>• Operations officer, WHO Togo</li> <li>• Management and programmes officer, WHO Togo</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Commission Manager, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 12 [5M, 7F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Official introduction to new representative of WHO Togo</li> <li>• WHO update</li> <li>• Discussion on contractualization</li> <li>• Confirm in-kind contributions for 10.11</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• WHO update <ul style="list-style-type: none"> <li>◦ Sharing of presentation on WHO mission, role, and previous experiences</li> <li>◦ Focus on health promotion in which the adaptation to climate change takes a central place</li> </ul> </li> <li>• Contractualization <ul style="list-style-type: none"> <li>◦ Email sent by WHO HQ</li> <li>◦ Proposition of contract different from GIZ-WHO template</li> <li>◦ Other collaborations were able to find ways to align WHO stipulations with those of donors (GFATM, GCF in Laos)</li> <li>◦ Exchanges with different WHO offices (offices in Senegal and Laos, office for GCF, office for partnerships) to see options</li> </ul> </li> <li>• In-kind contributions <ul style="list-style-type: none"> <li>◦ Feedback in the beginning of next week</li> </ul> </li> <li>• Next steps: <ul style="list-style-type: none"> <li>◦ Feedback <ul style="list-style-type: none"> <li>▪ In-kind contributions</li> </ul> </li> </ul> </li> </ul>	

- Contract negotiations (week of the 17.11)
- Meeting with GIZ and WHO HQ
- Finalise project concept, budget, and in-kind contributions by WHO
- Share template for concept by GIZ

#### 15. Meeting with the Islamic Development Bank

<b>Meeting Date:</b> 05.11.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Islamic Development Bank (IsDB):</b> <ul style="list-style-type: none"> <li>• Director of Planification, MoH Togo</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Advisor in communication, GIZ Togo</li> <li>• Advisor in Digitalisation, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss synergies between e-learning projects currently being developed by the IsDB and GIZ</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Project design with the IsDB since 2021 with the arrival of COVID to maintain the trend of capacity building without displacing staff</li> <li>• Current stage and activities already carried out:               <ul style="list-style-type: none"> <li>○ Project idea</li> <li>○ Study trip to Côte d'Ivoire to share experiences</li> <li>○ Recruitment of a consultant to analyse and select the 10 themes</li> <li>○ Initiative to be placed as ongoing training under the HR department</li> </ul> </li> <li>• Discussion points:               <ul style="list-style-type: none"> <li>○ Vision: Start small and develop gradually</li> <li>○ Desire to strengthen the capacities of learning platform managers and equipment</li> </ul> </li> <li>• Next steps:               <ul style="list-style-type: none"> <li>○ Review of needs to select 10 key themes, duration, volume, software, etc.</li> <li>○ Review of equipment needs</li> <li>○ Recruitment of a consultant to analyse the current situation and the implementation of the platform</li> </ul> </li> <li>• To do:               <ul style="list-style-type: none"> <li>○ Share the draft of the unvalidated report (IsDB)</li> <li>○ Mutual sharing of information on the progress of activities on both sides (GIZ+ IsDB)</li> <li>○ Put the two consultants (IsDB &amp; GIZ) in contact with each other to work together and avoid duplication.</li> </ul> </li> </ul>	

#### 16. Meeting with DMI

<b>Meeting Date:</b> 04.11.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>DMI</b> <ul style="list-style-type: none"> <li>• Officer in Strategic Partnership Team</li> <li>• Director of Strategic Partnership Team</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Advisor communication, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [1M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Presentation of the project</li> <li>• Learning about DMI's work</li> <li>• Identifying synergies, best practices, and experiences in developing mass communication activities in the health sector</li> <li>• Discussing next steps</li> </ul>	
<b>Summary of the meeting:</b>	



- **Communication in ProSanté:** Developing an SBC Toolkit with Johns Hopkins University to guide communication and measure behaviour change, prioritizing innovative approaches and avoiding fear-based tactics.
- **GCF Project:** The toolkit will support four mass communication campaigns aligned with community-based efforts, focusing on key health outcomes and early warning systems (EWS).
- **DMI's Work & Experience:**
  - DMI is a global NGO specializing in behavioural change communication, active in 10 countries, with a focus on child and maternal health.
  - Core objective: Evaluate SBC campaign impact on health outcomes, with collaborations like those with LSHTM.
  - Emphasizes cost-effective, scalable interventions, particularly using broadcast media (e.g., radio) in West Africa.
  - Success factors include addressing social barriers, using storytelling, and ensuring cultural adaptation.

#### 17. Meeting with WHO

<b>Meeting Date:</b> 03.11.2025	<b>Meeting location:</b> GIZ ProSanté meeting room
<b>Participants:</b> <b>WHO</b> <ul style="list-style-type: none"> <li>• Health promotion adviser</li> <li>• HIV Tuberculosis &amp; Hepatis officer</li> <li>• Programme Management Officer</li> <li>• External relation and partnership officer</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [2M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present and clarify the content contribution calculation files</li> <li>• Define and agree on the next steps, responsibilities, and deadlines</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• New representative: A new representative has arrived. He has been briefed on the GCF and would like to request a hybrid introductory meeting</li> <li>• Contractualization :             <ul style="list-style-type: none"> <li>○ AFRO authorisation: a validated budget will be required before the request can be submitted to the legal department.</li> <li>○ Request to use the standard GIZ contract template → review of possibilities to incorporate GCF guidance</li> </ul> </li> <li>• In-kind contributions             <ul style="list-style-type: none"> <li>○ Team Lead and consultant: not to be budgeted in the proposal.</li> <li>○ Teams in the six regions can support the CCUs.</li> <li>○ Availability of vehicles.</li> <li>○ Do not mention counterpart contributions if justification appears too complex → clarification needed on how justification works for shared elements (e.g. premises, staff time percentage such as communication)</li> </ul> </li> </ul>	

#### 18. Meeting with ANAMET

<b>Meeting Date:</b> 31.10.2025	<b>Meeting location:</b> ANAMET meeting room
<b>Participants:</b> <b>ANAMET:</b> <ul style="list-style-type: none"> <li>• General Director</li> <li>• Administrative and Finance Manager</li> <li>• Focal point in climate change and health</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [4M, 1F]

<b>GIZ:</b>	
<ul style="list-style-type: none"> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Clarify the next steps following the EDD results for ANAMET</li> <li>• Present and clarify the content of the shared files (Activity sheet, Annex 5 on contributions, and draft budget)</li> <li>• Define and agree on the next concrete steps, responsibilities, and deadlines for ANAMET's contribution to the GCF proposal</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• GIZ proposed addressing the issues related to ANAMET's Board of Directors during the government negotiations scheduled for 11 November 2025.</li> <li>• The shared file was reviewed jointly.</li> <li>• GIZ presented the structure and purpose of Annex 5, explaining how ANAMET's in-kind and financial contributions (e.g. staff time, access to existing infrastructure) are captured.</li> <li>• ANAMET agreed to review the activity sheet and Annex 5 and to submit written comments, proposed contributions, and any missing budget information to GIZ by 07 November 2025.</li> </ul>	

#### 19. Meeting with IDOS

<b>Meeting Date:</b> 29.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>German Institute of Development and Sustainability (IDOS):</b> <ul style="list-style-type: none"> <li>• Researcher</li> <li>• Researcher</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Advisor for communication, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [1M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss inclusion of Togo as a case study within the BMZ research fund extension</li> <li>• Explore potential collaboration between GIZ, IDOS, and WASCAL on behaviour change communication</li> <li>• Identify operational links between the IDOS research component and the GCF health and climate project</li> <li>• Exchange on evaluation approaches and methodological alignment (quantitative and qualitative)</li> <li>• Clarify next steps for drafting and revising the Togo case study paragraph</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• IDOS confirmed that the BMZ research project will be extended by three years (01/2026–01/2028) under the BMZ research fund</li> <li>• IDOS plans to add Togo as a new case study, with one component linked to climate change and gender, and another focusing on social security</li> <li>• IDOS expressed interest in collaboration with GIZ Togo and WASCAL, particularly for the implementation of the GCF project and the evaluation of the SBC (Social and Behaviour Change) Toolkit developed under ProSanté III</li> <li>• The collaboration could include a critical assessment of existing SBC tools and messages, mapping of communication channels and key groups, and identifying bottlenecks to effective message delivery</li> <li>• IDOS shared its experience with evaluation, feedback loops, and behavioural research, but clarified that it lacks communication and intercultural design expertise</li> <li>• The Heidelberg University also expressed interest in partnering with IDOS for complementary research activities</li> <li>• Methodologically, IDOS prefers a mixed-methods approach combining quantitative testing (effect measurement) and qualitative inquiry (understanding underlying reasons)</li> <li>• IDOS typically deploys experts to the country for several weeks, collaborates with local research partners, and co-authors publications</li> </ul>	

<ul style="list-style-type: none"> <li>• Previous IDOS interventions (e.g. in Ghana on AMR) showed that knowledge gains do not always translate into behavioural change, emphasizing the need for applied, participatory evaluation designs</li> <li>• The GCF project's evaluation window runs until 06/2032, while the IDOS project runs until 2028 - direct overlap may be limited, but implementation collaboration is possible</li> </ul>
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## 20. Meeting with GFATM + German Embassy

<b>Meeting Date:</b> 28.10.2025	<b>Meeting location:</b> German Embassy, Lomé
<b>Participants:</b> <b>Ministry of Development Cooperation (BMZ):</b> <ul style="list-style-type: none"> <li>• First Counsellor &amp; Head of Cooperation</li> </ul> <b>GFATM:</b> <ul style="list-style-type: none"> <li>• Fund Portfolio Manager</li> <li>• Regional Manager</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Advisor private sector, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [3M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Obtain an update on the current mission of GFATM in Togo</li> <li>• Discuss strategic re-engagement with the new Togolese government</li> <li>• Review the status of financial commitments and country performance</li> <li>• Identify collaboration areas between GFATM, the Embassy, and GIZ (CCM, FVC activities)</li> <li>• Explore future coordination mechanisms and potential challenges for sustainability</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Global Fund (GFATM) mission aims to re-engage with the new government on both strategic and operational level</li> <li>• The FM and GIZ confirmed close collaboration, particularly on the Country Coordinating Mechanism (CCM) and Green Climate Fund (GCF) activities</li> <li>• Over 260 health professionals are currently financed through the GFATM, raising sustainability concerns for future national co-financing</li> <li>• GFATM results by disease area:               <ul style="list-style-type: none"> <li>◦ Compared to 17 regional peers, Togo performs above average due to strong technical capacity, small population size, and effective leadership when anchored at the Prime Minister's Office</li> <li>◦ Future challenge: Redefining the institutional anchorage of the GFATM since the Prime Minister's Office no longer exists</li> </ul> </li> <li>• Community healthcare access in remote areas remains a focus for the next cycle, with discussions needed on how to expand coverage</li> <li>• USAID and American cooperation agencies (PMI, PEPFAR) are key GFATM contributors; however, future funding levels remain unclear</li> <li>• Universal Healthcare (<i>Assurance Maladie Universelle</i>—AMU)               <ul style="list-style-type: none"> <li>◦ High per capita investments in Togo</li> <li>◦ Free health service programs (e.g., for the three diseases) not yet integrated into the AMU benefit package</li> <li>◦ Challenges persist with reimbursements to facilities and card issuance.</li> <li>◦ The World Bank and GIZ are both engaged in supporting AMU; further coordination will be needed under ProSanté IV</li> </ul> </li> <li>• Fund absorption:               <ul style="list-style-type: none"> <li>◦ 90% of the 2023 funding cycle has been consumed</li> <li>◦ Delays attributed to lengthy procurement processes and weak planning/budgeting</li> <li>◦ Implementation accelerates typically in the third year; efforts are underway to avoid such pattern</li> </ul> </li> </ul>	

## 21. Meeting with CIMTOGO SA

<b>Meeting Date:</b> 23.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>CIMTOGO SA</b> <ul style="list-style-type: none"> <li>• Executive Director, CIMTOGO SA Foundation Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 7 [4M, 3F]

<b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change, GIZ Togo</li> <li>• Advisor private sector, GIZ Togo</li> <li>• Project development manager, GIZ Germany</li> <li>• Intern, GIZ Germany</li> <li>• Specialist WASH, GIZ Germany</li> <li>• Specialist construction, GIZ Germany</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Clarify possible partnership modalities between GIZ and CIMTOGO SA (including IDP collaboration).</li> <li>• Discuss capacity-building activities for artisans and identify potential implementation approaches.</li> <li>• Address technical questions related to cement specifications and emissions.</li> <li>• Identify next steps and responsibilities for follow-up actions.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Partnerships: GIZ presented an IDP (50/50) model to CIMTOGO SA, where they would be providing cement for prefabricated latrines and training on cement use. The partnership would give CIMTOGO SA market visibility and introduce prefabrication in Togo.</li> <li>• Procurement: GCF project tenders will specify low-emission cement; all processes will follow GIZ's procurement rules.</li> <li>• Capacity building: Artisans not yet selected; approach to be defined in the concept note. Cooperation with GIZ project Pro-Emploi will serve as a model for joint training in Lomé, Kara, and other regions.</li> <li>• Cooperation framework: Trainers will be construction professional's familiar with CIMTOGO SA products. EK will clarify the IDP concept internally with GIZ management.</li> <li>• Technical aspects: CIMTOGO to confirm the emission factor and review options for low-emission, water-resistant cement.</li> </ul>	

## 22. Meeting with Lixil

<b>Meeting Date:</b> 23.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Lixil</b> <ul style="list-style-type: none"> <li>• Project Manager</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [1M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Confirm Lixil's interest in partnering with GIZ in the project.</li> <li>• Explore how Lixil's experience in establishing SATO-product hardware markets and distribution centres could align with the GCF proposal's aim of increasing WASH-product reach in northern regions.</li> <li>• Discuss potential contributions from Lixil, including developing a concept for distribution centres with cost and financing details and a method for selecting locations that prioritise vulnerable communities.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• GIZ team members re-explained the IDP process can wait until 2026</li> <li>• Lixil confirmed general interest in forming a partnership.</li> <li>• Participants discussed Lixil's capability to set up one-stop shops for WASH product distribution; this aligns with the proposal's objective of expanding WASH product use in the project regions.</li> <li>• A key idea discussed was having Lixil draft a comprehensive concept for distribution centres covering the operational model. The concept would also incorporate a village savings or micro-loan element to help households finance WASH products and a methodology for selecting locations that reach vulnerable populations.</li> <li>• Next steps were agreed: Lixil will prepare the distribution centre concept. GIZ will discuss the possibility of a pilot with pre-cast modules.</li> </ul>	

## 23. Meeting with BMZ

<b>Meeting Date:</b> 16.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Ministry of Development Cooperation (BMZ):</b> <ul style="list-style-type: none"> <li>Regional Officer for Togo, BMZ Germany</li> <li>Sector Specialist, Division Health 101, BMZ</li> <li>Cooperation Officer in Togo, BMZ Togo</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Commission Manager, GIZ Togo</li> <li>Advisor for communication, GIZ Togo</li> <li>Head of Component, GIZ Togo</li> <li>Project Development Manager, GIZ Germany</li> <li>Country Director, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Clarify the timeline and pre-approval procedures for the new project proposal (anker project)</li> <li>Discuss BMZ's role and level of involvement in the feedback process for GCF proposal</li> <li>Outline next steps for preparing the project proposal including the GCF cofinancing</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>A preliminary approval for preapproval letter can be granted; the policy division confirmed readiness to issue it upon request</li> <li>A Letter of Intent (LoI) will only be issued after government negotiations mid-November</li> <li>BMZ is interested in reviewing FP before submission</li> <li>GCF proposal: <ul style="list-style-type: none"> <li>To be discussed bilaterally within BMZ and during the briefing in Togo</li> <li>Reliability of figures and co-financing arrangements must be ensured</li> <li>Important to align the co-financing structure with BMZ's anchor project</li> </ul> </li> </ul>	

#### 24. Meeting with the MEN

<b>Meeting Date:</b> 15.10.2025	<b>Meeting location:</b> Office of the Director of Planning, Lomé
<b>Participants:</b> <b>Ministry of national Education:</b> <ul style="list-style-type: none"> <li>Director of Planning</li> <li>Head, Statistics Division</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> <li>Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Present the overall project overview.</li> <li>Present approaches and mission results.</li> <li>Confirm alignment and discuss planned measures with the Ministry.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>GIZ presented the project overview and the proposed approaches with mission findings.</li> <li>The Director of Planning gave a verbal agreement to the planned measures and noted they could inform a revision of construction norms at the Ministry.</li> <li>The Ministry requested additional clarification on the criteria for selecting schools to benefit from interventions.</li> <li>The Director of Planning indicated he also oversees the division responsible for school infrastructure, latrines, water points, and environmental matters, facilitating coordination.</li> <li>It was highlighted that most schools lack on-site water points, underscoring the urgency of WASH investments.</li> <li>The Ministry confirmed the availability of data on schools lacking latrines and water points, which can support targeting and planning.</li> <li>SATO sanitation products have been approved by the Ministry and are already implemented in some schools; a list of sites and user feedback will be shared.</li> <li>Notable decisions / agreements / follow-ups: <ul style="list-style-type: none"> <li>Proceed with sharing Ministry datasets on schools without water and sanitation infrastructure.</li> </ul> </li> </ul>	

- Share the list of schools already equipped with SATO products and any available usage feedback

#### 25. Meeting with IVA

<b>Meeting Date:</b> 15.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Association International Volontaire en Action (IVA)</b> <ul style="list-style-type: none"> <li>• Project Coordinator</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [2M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project and discuss issues related to menstrual hygiene among women and young girls.</li> <li>• Understand the awareness-raising approach used by the NGO for the use of reusable sanitary pads, and identify obstacles or barriers related to social and cultural norms.</li> <li>• Explore the possibility of leveraging the NGO's expertise within the project, particularly in terms of awareness, training, and supporting women's empowerment.</li> <li>• Promote menstrual education and women's economic empowerment, linked to the production, distribution, and sale of reusable sanitary pads.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The IVA coordinator noted that trained female counsellors promote menstrual health and run small income-generating activities, strengthening women's leadership. This aspect could potentially be highlighted within the framework of this project.</li> <li>• The NGO ensures equitable access to affordable reusable sanitary pads through school distributions, community sales points in health centres, and social pricing strategies, particularly benefiting low-income and rural women.</li> <li>• The NGO conducts awareness sessions in schools, markets, and community centres, educating both girls and boys on menstruation, hygiene, and gender equality. These actions help break taboos, reduce stigma, and promote mutual understanding between genders.</li> <li>• The initiative integrates women and girls from diverse backgrounds including those with disabilities and from low-income households by offering adapted training, economic opportunities, and roles in local distribution networks.</li> <li>• The NGO collaborates with schools and health facilities to distribute products, raise awareness, and establish permanent access points, linking menstrual hygiene to broader health and gender equality objectives.</li> <li>• The association promotes an inclusive work environment by enabling women, including mothers, to work in conditions that reconcile family life and professional activity, while offering opportunities for women with disabilities to engage in sorting, packaging, and sales.</li> </ul>	

#### 26. Meeting with ANAMET

<b>Meeting date:</b> 09.10.2025	<b>Meeting location:</b> ANAMET Office
<b>Participants:</b> <b>ANAMET</b> <ul style="list-style-type: none"> <li>• Gender Focal point</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• To discuss the gender-transformative approach within the framework of the project.</li> <li>• To identify and agree on gender-related actions to be integrated into the project activities, particularly under Components 1 and 2.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The gender focal point indicated that gender integration within the agency's activities is not yet systematic or mainstreamed. The information provided also does not take this dimension into account.</li> <li>• The process of integrating gender and the establishment of the focal point is still at an early stage. It is necessary to strengthen the capacities of the focal point as well as other staff members to effectively integrate gender into ANAMET's activities.</li> </ul>	

- The focal point proposed specific gender-related actions to be included in the activities of components 1 and 2, as well as in other project activities.

#### 27. Meeting with WASCAL

<b>Meeting date:</b> 09.10.2025	<b>Meeting location:</b> University of Lomé, WASCAL Headquarters,
<b>Participants:</b> <b>WASCAL</b> <ul style="list-style-type: none"> <li>• Director General of WASCAL</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Environmental Assistant</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Learn about WASCAL's programmes and ongoing activities.</li> <li>• Discuss ongoing projects and identify areas of synergy.</li> <li>• Explore potential collaboration opportunities in the field of climate and health.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Complementarity of the project with the WASCAL doctoral programme on climate change and disaster risk management was noted, including its relevance for climate–health research</li> <li>• Potential for the project to generate more reliable climate–health data and strengthen joint work with the Ministry of Health was highlighted</li> <li>• Constraints relating to limited teaching staff, data gaps on climate–health linkages and weak collaboration between climate stakeholders were identified</li> <li>• Possible contributions in terms of teaching and research staff for training modules and capacity-building activities were discussed</li> <li>• The need to improve coordination and collaboration among institutions working on climate and health was underlined</li> <li>• The importance of mobilising additional technical and financial resources to strengthen capacity development in the climate–health nexus was emphasised</li> </ul>	

#### 28. Meeting with Global South Health and Indigo

<b>Meeting Date:</b> 09.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Global South Health</b> <ul style="list-style-type: none"> <li>• Director of Technology</li> <li>• Deputy CEO</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [3M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand Indigo's current partnership arrangements and operations through Global South Health Ventures to identify collaboration opportunities for cold chain logistics and diagnostics in Togo.</li> <li>• Explore whether Indigo's Gavi funded cold chain assessment methodology could be leveraged for ProSanté III / GCF preparation, thereby avoiding duplication if GIZ deploys a field team.</li> <li>• Discuss technical considerations for data loggers, energy monitoring systems (EMS), and remote monitoring solutions, including associated costs and budget implications over Togo's upcoming ten-year cold chain contract.</li> <li>• Identify broader collaboration possibilities in diagnostics and laboratory capacity building, including training support and integration of automated molecular labs.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Indigo is working with the Gates Foundation and engages in public–private partnerships through Global South Health Ventures. Their activities span business operations (such as cold chain backpack initiatives) and technical/consulting support for governments and donors.</li> <li>• Indigo is leading a Gavi funded cold chain assessment across six countries (e.g., Syria, Sudan, Yemen). Their methodology could inform similar assessments in Togo.</li> <li>• Participants agreed to confirm with the head of component (GIZ) about engaging local partners and to review Indigo's forthcoming cost contribution details for potential inclusion in an RFP or joint planning.</li> </ul>	

- A technical discussion highlighted issues with current data loggers relying on SIM chips; the requirement for continuous connectivity drives ongoing costs and limits functionality of standalone loggers without service packages. From January 1st, refrigerators will include EMS devices enabling remote supervision, and “Beyond Loggers” devices are compatible with these systems, providing integrated EMS and cross platform data access.
- For Togo’s upcoming ten-year cold chain contract, remote monitoring implies covering communication and data costs for the full period
- Beyond cold chain, Indigo collaborates with companies active in rapid diagnostic tests (RDTs) and molecular diagnostics. They are establishing a fully automated molecular lab in Kenya, supported by a diagnostic chain in India. Indigo could provide in-kind training support for laboratory staff in Togo, addressing manpower gaps in addition to infrastructure.
- Next steps include providing cost information for the assessment report and GIZ (advisor climate change) drafting a document outlining potential shared contributions.

## 29. Meeting with Moov

<b>Meeting Date:</b> 09.10.2025	<b>Meeting location:</b> Moov Headquarters, Lomé
<b>Participants:</b> <b>Moov</b> <ul style="list-style-type: none"> <li>• Head of Value-Added Services, Moov</li> <li>• Business Development Manager, Moov</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor communication, GIZ Togo</li> <li>• Advisor Private Sector, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [1M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Explore potential areas of collaboration between GIZ and Moov under the Resilient Health Systems project</li> <li>• Discuss integration of Moov’s connectivity and SMS alert services into the health and climate early warning system</li> <li>• Assess technical and pricing options for SIM cards and bulk messaging services for health facilities and alert systems</li> <li>• Identify opportunities for data-driven communication campaigns (health, climate, cold chain alerts)</li> <li>• Define next steps for partnership engagement and documentation.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• GIZ presented the project’s focus areas linked to Moov’s expertise:               <ul style="list-style-type: none"> <li>◦ Alert transmission linked with ANPC</li> <li>◦ 4Mass Communication: Awareness and educational campaigns through SMS and social media</li> <li>◦ Cold Chain: Alerts for temperature deviations using SIM-enabled thermologgers</li> </ul> </li> <li>• Moov confirmed that it currently cannot target audiences by age or gender; messages are broadcast to all clients or by region               <ul style="list-style-type: none"> <li>◦ Moov expects to have gender and age data from SIM registration in the upcoming years</li> <li>◦ A re-identification campaign is ongoing for existing users that have changed numbers</li> </ul> </li> <li>• Coverage in remote areas is strong, supported by ongoing government commitments</li> <li>• Geolocation: possible to identify clients in real time</li> <li>• Data protection: Moov highlighted strict national regulations (ARCEP oversight)               <ul style="list-style-type: none"> <li>◦ Client databases cannot be shared with third parties</li> </ul> </li> <li>• Interactive messaging: not yet available but expected by 2027</li> <li>• Moov already uses survey apps where clients respond at no cost; costs are borne by the organizer</li> <li>• Mass communication:               <ul style="list-style-type: none"> <li>◦ Moov has collaborated with government projects</li> <li>◦ Can track engagement (e.g., registration after SMS push)</li> <li>◦ Audience trends: youth use social media; women in markets rely on radio and WhatsApp (literacy barrier)</li> <li>◦ Moov will share available market studies</li> </ul> </li> <li>• Next steps:</li> </ul>	



- GIZ to exchange with Moov management and prepare partnership parameters (costs, proportions, contributions).
- Moov to provide indicative pricing for SMS, data, and campaign volume

### 30. Meeting with MSC Korbongou

<b>Meeting Date:</b> 08.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Maternity Manager</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Local Gender Liaison Officer – Savane</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [0M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess the health infrastructure and maternal services at MSC Korbongou.</li> <li>• Identify challenges related to maternal and neonatal health in the context of climate change.</li> <li>• Gather information on gender-based violence, leadership, and governance at the community level.</li> <li>• Identify gaps in climate information access and early warning systems.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Poor physical condition of the maternity ward and inadequate equipment for hygiene and maternal care were noted</li> <li>• Lack of climate-resilient delivery and postnatal spaces, as well as absence of a functional cold chain for vaccines and maternal–neonatal medicines, was highlighted</li> <li>• Barriers to access for women living in remote areas, particularly during floods and heatwaves, were identified</li> <li>• Significant limitations in diagnosing and managing climate-sensitive illnesses due to staff and resource constraints were reported</li> <li>• Absence of formal emergency and contingency protocols for obstetric and climate-related crises, and limited use of climate information for planning and case management, was observed</li> <li>• Negative health impacts linked to climate variability, including increased home deliveries, reduced postnatal consultations and seasonal peaks of malaria and pneumonia, were discussed, with pregnant and breastfeeding women, newborns and women with disabilities identified as particularly vulnerable</li> <li>• Persistent risks of gender-based violence in relation to access to care and support were acknowledged, alongside the need to strengthen community awareness and referral pathways</li> <li>• Critical resource gaps, including infrastructure, transport and essential maternal–neonatal equipment, as well as the importance of preventive education, awareness campaigns and outreach services, were underscored</li> </ul>	

### 31. Meeting with MSC Korbongou

<b>Meeting Date:</b> 08.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Health Centre Manager</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Local Gender Liaison Officer – Savane</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• To assess the resilience of health infrastructure and services at Korbongou MSC to climate change;</li> <li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>• To identify gaps in gender inclusion, early warning, and health system preparedness.</li> <li>• and to gather recommendations for improving women's leadership and climate-sensitive healthcare delivery</li> </ul>	
<b>Summary of the meeting:</b>	

- The health centre was reported to be dilapidated and partially unsafe, with structural risks and inadequate facilities for women's menstrual hygiene needs
- Water supply was described as unreliable, and existing infrastructure only partially resilient to floods and storms
- Access challenges for hilltop and isolated communities during floods, due to damaged bridges and poor road networks, were highlighted
- Reliance on community health workers for surveillance in the absence of formal emergency and preparedness protocols for climate shocks was noted
- The limited use of climate alerts in routine health planning, despite their dissemination via community sensitisation and radio, was underlined
- Seasonal increases in malaria, diarrhoeal diseases, skin infections and malnutrition, combined with frequent shortages of nutritional supplements, were reported
- Gender disparities in staffing and leadership, and barriers to women's participation linked to illiteracy and sociocultural norms, were identified
- Rising risks of gender-based violence during displacement or insecurity, alongside limited local prevention and psychosocial support, were mentioned
- Urgent needs for additional qualified staff, improved maternity infrastructure, basic diagnostic equipment, and sustained WASH maintenance were emphasised
- Recommendations included reconstructing the centre to climate-resilient standards, strengthening staff training, promoting women's leadership groups, and establishing a community-based early warning system involving women and youth

### 32. Meeting with Tysilio

<b>Meeting Date:</b> 08.10.2025	<b>Meeting location:</b> ProSanté Office, Lomé
<b>Participants:</b> <b>Tysilio:</b> <ul style="list-style-type: none"> <li>• Territory manager, Tysilio Togo</li> <li>• General Director, Tysilio Togo</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present Tysilio's experience in delivering solar-battery systems for social infrastructure and C&amp;I clients in West Africa</li> <li>• Discuss energy needs of 18 health facilities (essential and optional loads)</li> <li>• Explore the feasibility of solar-battery systems without diesel generators</li> <li>• Identify options for integrating limited e-mobility charging at health facilities</li> <li>• Clarify interest in partnership</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Tysilio presented its focus on industrial and social infrastructure sectors (health centres, pumping systems) and its experience with GIZ since 2019.</li> <li>• The company is present in six West African countries, with a regional office in Lomé (since 2022) covering Togo, Ghana, and Benin, and a major portfolio in Mali.</li> <li>• Health sector references:               <ul style="list-style-type: none"> <li>○ <i>Mali</i> – CHU Gabriel Touré (Bamako)</li> <li>○ <i>Niger</i> – Seven rural health centres under a GIZ project</li> <li>○ <i>Togo</i> – preliminary simulation for the PHU Baga health facility used as a reference</li> </ul> </li> <li>• Possible partnership for the GCF project:               <ul style="list-style-type: none"> <li>○ Site study cost for 18 health centres + 18 schools</li> <li>○ Training: includes local electricians and facility operators; maintenance arrangements should be further discussed</li> <li>○ EV-charging experience: not yet implemented but compatible with planned installations.</li> </ul> </li> <li>• Tysilio underlined the importance of simulation-based sizing (estimating hours of operation per essential and non-essential load) to optimize costs and performance.</li> <li>• Both sides agreed to explore co-financing options and potentially formalise the partnership framework</li> </ul>	

### 33. Meeting with the University of Tübingen

<b>Meeting Date:</b> 08.10.2025	<b>Meeting location:</b> Online
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<b>Participants:</b> <b>University of Tübingen:</b> <ul style="list-style-type: none"> <li>• Group Leader, Institute of Tropical Medicine</li> <li>• Group Leader, Institute of Tropical Medicine (focus: malaria)</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Laboratories, GIZ Togo</li> <li>• Advisor for Climate Change &amp; Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [3M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Updates on project proposal under development by the University of Tübingen</li> <li>• Clarify technical and operational needs regarding malaria diagnostics and surveillance</li> <li>• Identify synergies between GIZ's laboratory strengthening activities and Tübingen's proposal</li> <li>• Coordinate future collaboration steps and alignment of activities under ongoing projects</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Main challenge: Togo currently lacks national genome sequencing capacity –samples must be sent abroad</li> <li>• Proposal: <ul style="list-style-type: none"> <li>○ Submitted a two-stage proposal for <i>Klinikpartnerschaften</i> with INH Kara — now in the second stage (to be submitted next week).</li> <li>○ Focus areas: malaria surveillance with emphasis on genetic/genomic monitoring, including: <ul style="list-style-type: none"> <li>▪ Molecular diagnostic methods.</li> <li>▪ Collaboration with INH Kara.</li> <li>▪ Six working packages</li> </ul> </li> <li>○ Budget limitations: <ul style="list-style-type: none"> <li>▪ Funding covers primarily HR and reagents, not new equipment.</li> <li>▪ No machinery foreseen; plan to use existing PCR systems at INH Kara</li> </ul> </li> </ul> </li> <li>• Potential synergies <ul style="list-style-type: none"> <li>○ Facilitate coordination between INH Kara, the Togolese National Malaria Control Programme (PNLP), and GIZ</li> <li>○ Tübingen to engage primarily with Kara; GIZ to coordinate from Lomé</li> <li>○ Ensure both laboratories operate under harmonised protocols contributing to national and regional surveillance</li> <li>○ Establish maintenance, procurement, and sustainability strategies with national partners (ref. activities 3.2.3.4, 3.1.2).</li> <li>○ Develop a long-term training strategy, including mentoring, staff exchanges, and continuing education</li> <li>○ Produce training materials and SOPs in French for national dissemination.</li> <li>○ Collaboration University of Tübingen and WASCAL (ref. activity 2.2.1.1)</li> <li>○ INH and PNLN coordinate sampling across sentinel and new target sites (ref. activity 3.2.2.1-3).</li> <li>○ Standardised sampling, storage, and transport procedures (ref. activity 3.2.1).</li> </ul> </li> </ul>	

#### 34. Meeting with MERFPCCC

<b>Meeting date:</b> 06.10.2025	<b>Meeting location:</b> Directorate of Environment office
<b>Participants:</b> <b>Directorate of Environment</b> <ul style="list-style-type: none"> <li>• NDA representative</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Environmental Assistant</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [02M,01F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Identify key national priorities for protecting highly vulnerable populations, especially children against climate-related and health risks.</li> <li>• Obtain recommendations for enhancing the participatory approach of the project to achieve genuine inclusion of vulnerable groups.</li> </ul>	

<ul style="list-style-type: none"> <li>Gather guidance on mainstreaming gender and social dimensions across all project components</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Alignment of the GIZ–GCF project with national priorities and the NAP confirmed; NDA non-objection decree issued, and project validated by the National Green Climate Fund Committee</li> <li>Complementarity of the project with the ANPC–BOAD initiative confirmed, particularly on the development of gender-sensitive early warning systems</li> <li>Requirement to integrate gender transversally across all components highlighted, to ensure equitable benefits for women, children, elderly persons and people with disabilities</li> <li>Call to move beyond a purely participatory approach and guarantee effective inclusion of vulnerable groups in planning, implementation and monitoring</li> <li>Children identified as the most vulnerable group to climate- and health-related impacts, requiring specific attention in project design and safeguards</li> <li>Recommendation to include concrete measures in the action plan to reduce gender inequalities, strengthen social protection, and ensure active participation of women in management committees, awareness activities and early warning mechanisms</li> <li>Need for implementing entities to strengthen their capacities in gender mainstreaming and social inclusion underlined</li> <li>Expectation expressed for swift project approval and implementation to deliver tangible benefits to communities and contribute to national climate resilience objectives</li> </ul>

### 35. Meeting with Red Cross of Dapaong

<b>Meeting Date:</b> 06.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Togolese Red Cross</b> <ul style="list-style-type: none"> <li>Head of Staff</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Local Gender Liaison Officer – Savane</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Present the project to local authorities.</li> <li>Assess institutional and human capacities (gender focal points, trained personnel) to respond to the differentiated health needs of women, men, and youth.</li> <li>Gather information on how gender considerations are integrated into health policies, strategies, programmes, and practices, particularly regarding climate-sensitive health outcomes.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>The central role of the Togolese Red Cross in responding to climate- and health-related crises in the Savanes Region, alongside constraints linked to limited resources, equipment and coordination, was noted</li> <li>High participation of women in community committees, contrasted with low representation in decision-making positions and persistent barriers linked to gender stereotypes, illiteracy and lack of self-confidence, was highlighted</li> <li>An increase in malaria, dengue, yellow fever, diarrhoea, and acute malnutrition, closely associated with climatic hazards and disproportionately affecting women and girls, was reported</li> <li>Rising risks of gender-based violence during climate and health crises and the limited accessibility of existing protection and listening mechanisms, particularly in rural areas, were underlined</li> <li>Delays in the dissemination of health-related information, despite relatively efficient transmission of climate alerts, and the key role of local radio, mobile phones and community leaders as communication channels, were identified</li> <li>Shortages of medical equipment and medicines in local health structures, and their negative impact on community resilience to climate-sensitive epidemics, were emphasised</li> <li>Recommendations were made to strengthen women's leadership, integrate gender considerations into climate and health policies, improve health information dissemination, and ensure accessible GBV prevention and response mechanisms</li> </ul>	

### 36. Meeting with MSHPCSUA (Directorates: DISEM-DHAB-MEPS)

<b>Meeting Date:</b> 03.10.2025	<b>Meeting location:</b> online
<b>Participants:</b> <b>MSHPCSUA AUS:</b> <ul style="list-style-type: none"> <li>• Director of DISEM</li> <li>• Head of the Infrastructure Division</li> <li>• Head of sanitation division</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Construction, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 7 [5M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Debrief the DISEM workshop and align on key takeaways.</li> <li>• Review Output 3.1.1 sub-activities</li> <li>• Decide on sanitary infrastructure options</li> <li>• Confirm implementation approach</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The project team presented the activity sheets covering workstreams in which both directorates are involved, outlining objectives, roles, and indicative timelines.</li> <li>• The two directorates provided comments and views on each planned activity; the project team clarified how this feedback will be consolidated into a revised version.</li> <li>• Both sides emphasized the need to align implementation with national frameworks and sector policies; the project team explained that compliance criteria will be reflected in the updated activity sheets.</li> <li>• The Ministry shared budgetary reference values for construction and rehabilitation of health facilities</li> </ul>	

### 37. Meeting with the MEA

<b>Meeting Date:</b> 02.10.2025	<b>Meeting location:</b> Ministry of Water and Hydraulics
<b>Participants:</b> <b>Project develop team:</b> <ul style="list-style-type: none"> <li>• Director of M&amp;E and Planning</li> <li>• Deputy Coordinator, PASH MUT Project</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [3M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Clarify the project's scope, workstreams, and expected deliverables.</li> <li>• Map how the Ministry of Water will be involved in planning (roles, touchpoints, decision points).</li> <li>• Agree on a coordination setup (focal points, meeting cadence, information flows).</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The project's scope and financing were confirmed: intervention areas are Kara and Savanes, with funding from AFD.</li> <li>• Progress was reviewed: the feasibility study is completed, the report can be shared, and AFD General Assembly validation is pending.</li> <li>• Planned interventions and targets were outlined: 30 potable water supply schemes and sanitation blocks (VIP/flush) in 25 schools, targeting schools and health facilities across 75 localities.</li> <li>• Governance was clarified: the MSHPCSUA AUS will lead to implementation of WASH infrastructure.</li> <li>• A coordination mechanism was discussed: focal points will be designated at the start of implementation</li> </ul>	

### 38. Meeting with MSGFCP

<b>Meeting date:</b> 02.10.2025	<b>Meeting location:</b> Minister for Solidarity, Gender, Family and Child Protection (MSGFCP)
<b>Participants:</b> <b>Directorate-General for Gender and the Advancement of Women (DGGAW)</b>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]

<ul style="list-style-type: none"> <li>• Head of the Family Protection and Promotion Division</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Environment Assistant</li> </ul>	
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• To collect information on the Directorate's gender policies, practices, and needs, including efforts to address gender-based violence (GBV) and promote social inclusion.</li> <li>• To identify key challenges and constraints faced in implementing gender equality and inclusion measures</li> <li>• Review available protocols and guidelines addressing gender-based violence (GBV) and discrimination in the health and public sectors.</li> <li>• Identify gaps and challenges in implementing gender equality and protection measures</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The ministry staff noted that, although there is collaboration between the ministry responsible for gender issues and other ministries, there are no official joint frameworks to collectively address discrimination and workplace violence.</li> <li>• It was noted that an updated protocol for the holistic care of gender-based violence (GBV) survivors exist and will be shared with regional structures to provide greater clarity on care procedures.</li> <li>• It was mentioned that, despite the existence of legal frameworks, the enforcement of laws in cases of GBV remains weak due to limited awareness, cultural barriers, and insufficient funding.</li> <li>• Several obstacles to gender mainstreaming were noted, including social stigma, cultural resistance, financial constraints, inadequate infrastructure, and low community engagement in programme design and delivery.</li> <li>• The importance of a multisectoral response involving health, justice, and social services was underlined to ensure integrated support for survivors of violence.</li> <li>• The meeting highlighted that, although national policies promote equal opportunities, non-discrimination practices are not consistently enforced. GIZ should emphasise this within implementing entities during recruitment.</li> </ul>	

### 39. Meeting with MSHPCSUA

<b>Meeting Date:</b> 02.10.2025	<b>Meeting location:</b> DSNISI / Ministry of Health, Lomé
<b>Participants:</b> <b>Data Unit (DSNISI), MoH:</b> <ul style="list-style-type: none"> <li>• Statistician</li> <li>• IT specialist</li> <li>• Medical Assistant, Public Health</li> <li>• IT specialist</li> <li>• Statistician</li> <li>• Demographer</li> <li>• Demographer</li> <li>• Head of M&amp;E</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Communication, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [7M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Continue reviewing available tools for data quality (eRDQA, WHO Data Quality Toolkit, DQR).</li> <li>• Discuss processes for data validation and monitoring at district and regional levels.</li> <li>• Identify key challenges in data collection, validation, and comprehension.</li> <li>• Clarify costs and priorities of recurring activities (support to SNIS Pools, validation of meetings, and district support).</li> <li>• Explore opportunities for innovation (gamification, dashboards, helpline, eRDQA scale-up).</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• eRDQA tool will soon replace Excel for triangulation between DHIS2, RMA, and registers; implementation is starting with a small delay (2 months), supported by HISP.</li> </ul>	

- WHO Data Quality Toolkit is already integrated into DHIS2 but limited in scope and requires reconfiguration; funds are lacking further development.
- DQR is not in use by DSNISI but is applied by UGP; desk reviews remain part of the package.
- Validation/monitoring meetings: PHU teams present data monthly at DS level; SNIS/program focal points extract data in advance; preparation meetings are needed to ensure alignment.
- Challenges identified: errors at collection level, lack of PHU-level control meetings, and poor appropriation of data by PHU staff (comprehension gap).
- Costs of meetings (travel, allowances, venues) were noted as a burden; objective is to equip actors to avoid excessive travel and to streamline monitoring.
- Reflections on activities:
  - Support to SNIS Pool and semi-annual validation meetings require cost-effectiveness review.
  - District monitoring meetings also need justification and efficiency checks.
  - Innovative approaches discussed: gamification in DHIS2 (dashboards, self-checks), user testing in regions, and reinforcing PF SNIS leadership via a helpline.
  - eRDQA scale-up: FM piloted in a few districts; roll-out requires training, DHIS2 parameterization, and regular supervision.
  - Agreement to send a summary of the strategic plan to participants and use this meeting to guide next steps in strengthening monthly reviews of data quality.

#### 40. Meeting with the Communal Authority of Tône 1

<b>Meeting Date:</b> 01.10.2025	<b>Meeting location:</b> Communal of Tône 1
<b>Participants:</b> <b>Municipality</b> <ul style="list-style-type: none"> <li>• Secretary general of municipality</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Local Gender Liaison Officer – Savane</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to the communal authority and collect key information to inform future interventions.</li> <li>• Analyse institutional and human capacities (gender focal points, trained staff) to respond to the differentiated health needs of women, men, and youth.</li> <li>• Identify community participation mechanisms, including for women and vulnerable groups, and assess how gender is integrated into local policies, strategies, and health programmes.</li> <li>• Evaluate the commune's preparedness and response to climate-related hazards and its collaboration with local partners.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Climate and Health Vulnerabilities: Recurrent climatic hazards (droughts, irregular rainfall, high temperatures) worsen hygiene, sanitation, and water access, especially in remote rural areas.</li> <li>• Sanitation and Waste Management: A strategy exists, supported by the municipal budget and community contributions, but financial limitations and weak community involvement hinder progress. Public latrines are in poor condition, unsafe, and not accessible for people with disabilities or women.</li> <li>• Infrastructure and Access: Drinking water access is generally acceptable, but some areas are underserved. Latrine rehabilitation and inclusive facilities are priorities.</li> <li>• Climate Risk Management: A climate action plan exists, but early warning dissemination faces linguistic and financial barriers. The elderly and children are most vulnerable.</li> <li>• Local Governance and Gender: No women in leadership positions in hygiene, sanitation, or urban management due to sociocultural barriers. No proactive policy for promoting women's leadership.</li> <li>• Gender-based Violence (GBV): GBV risks near water points and latrines, worsened by climate stress and insecurity. The local complaint mechanism is weak, relying on NGO vigilance committees for reporting and referrals.</li> <li>• Community Engagement and Inclusion: The commune works with NGOs on disability inclusion, but campaigns struggle due to limited funding and communication barriers with marginalized groups like the Fulani community.</li> </ul>	

#### 41. Meeting with the Communal Authority of Tone 2

<b>Meeting Date:</b> 01.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Municipality</b> <ul style="list-style-type: none"> <li>Secretary general of municipality</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Local Gender Liaison Officer - Savane</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Present the project to communal authorities and clarify its expected outcomes.</li> <li>Assess institutional and human capacities, including gender focal points and trained staff.</li> <li>Identify key challenges in hygiene, sanitation, and health systems under climate stress.</li> <li>Evaluate women's and vulnerable groups' participation in decision-making processes.</li> <li>Gather insights to guide future interventions on gender, resilience, and service delivery.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Hygiene &amp; Sanitation Crisis: Tône 2 faces a major crisis worsened by floods, heatwaves, and violent winds, impacting health outcomes.</li> <li>Lack of Plan &amp; Budget: No formal hygiene or waste management plan; financial constraints and weak community mobilization hinder effective responses.</li> <li>Gender Disparities: Only one woman in leadership among 50,000+ people. Institutional discrimination and limited training restrict women's participation.</li> <li>Inadequate Sanitation Infrastructure: Public toilets are unsafe and inaccessible, and access to clean water is limited; informal waste dumping is widespread.</li> <li>Gender-Based Violence (GBV): GBV incidents occur near water points and latrines, worsened by climate stress. Tône 2 has a functioning GBV response system.</li> <li>Communication Barriers: Climate and health information reaches fewer people due to language barriers and low participation in early warning systems.</li> <li>Community Engagement: Campaigns led by women's groups and health volunteers, using radio, schools, markets, and health centres.</li> <li>Priorities: Inclusive latrines, safe play areas, potable water, and waste collection sites are key needs.</li> <li>Collaboration: The commune is open to working with NGOs on inclusion and capacity-building. Sustainability will focus on community awareness and infrastructure maintenance.</li> <li>Commitment: Despite constraints, the local authority is committed to supporting the project with logistics, human resources, and finances.</li> </ul>	

#### 42. Meeting with Communal Authority of Tône 3

<b>Meeting Date:</b> 01.10.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Municipality</b> <ul style="list-style-type: none"> <li>Secretary general of municipality</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Local Gender Liaison Officer - Savane</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Present the project to communal authorities and outline its expected objectives.</li> <li>Assess institutional and human capacities to address gender-differentiated health and climate needs.</li> <li>Identify key governance and community challenges related to hygiene, sanitation, and climate resilience.</li> <li>Evaluate women's participation and inclusion of vulnerable groups in local decision-making.</li> <li>Gather inputs to guide future interventions in health, gender, and climate adaptation.</li> </ul>	
<b>Summary of the meeting:</b>	



- Hygiene & Sanitation Plans: Tône 3 has formalized plans with specific budgets for hygiene, sanitation, and climate action, but implementation is limited by financial constraints and weak community engagement.
- Sanitation Challenges: Despite plans, sanitation infrastructure remains inadequate, with open defecation and poor waste disposal practices due to lack of behaviour change.
- Gender Disparities: No women in decision-making roles, with structural and socio-cultural barriers hindering women's engagement.
- Climate Hazards: Floods, droughts, and strong winds have worsened sanitation facilities and health risks, especially for children and the elderly.
- GBV: Limited mechanisms for tracking GBV, though some collaboration with NGOs and law enforcement exists.
- Communication: Climate and health alerts are shared through meetings, radios, and relays, but low public risk perception limits response effectiveness.
- Key Priorities: Expanding access to safe water, building inclusive latrines and waste sites, and reforestation.
- Collaboration: Tône 3 plans to work with NGOs on inclusive infrastructure and strengthen community involvement in projects.
- Commitment: Authorities expressed strong support for the project but emphasized the need for sustained awareness, funding, and institutional reinforcement.

#### 43. Meeting with the Communal Authority of Tone 4

<b>Meeting Date:</b> 01.10.2025	<b>Meeting location:</b> online
<b>Participants:</b> <ul style="list-style-type: none"> <li>• Secretary general of municipality</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Local Gender Liaison Officer - Savane</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to communal authorities.</li> <li>• Assess institutional and human capacities (gender focal points, trained staff) to address the differentiated needs of women, men, and youth in the health sector.</li> <li>• Collect information on how gender considerations are integrated into public health policies, strategies, and practices, particularly regarding climate-sensitive health outcomes.</li> <li>• Identify the commune's strengths, challenges, and priority needs in hygiene, sanitation, and climate resilience.</li> <li>• Evaluate community participation, particularly of women and vulnerable groups, and identify entry points for future project collaboration.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Lack of Plans: Tône 4 lacks a formal plan or budget for hygiene, sanitation, and climate action, limiting interventions.</li> <li>• Sanitation Issues: Poorly maintained, inaccessible latrines and no waste management system led to hygiene risks.</li> <li>• Community Sensitization: Awareness campaigns are run through radio, meetings, and VECs, but community participation is limited.</li> <li>• Gender Disparities: No women in decision-making roles due to gender stereotypes and lack of role models.</li> <li>• GBV: Underreported GBV cases, with existing reporting mechanisms and awareness campaigns.</li> <li>• Climate Hazards: Floods, droughts, and other climate hazards affect vulnerable groups.</li> <li>• Communication Barriers: Limited reach of climate and health alerts due to resource and network issues.</li> <li>• Recommendations: Build inclusive infrastructure, integrate gender and climate into the PDC, and enhance governance and partnerships.</li> <li>• Commitment: The commune is committed to supporting the project and integrating health-climate initiatives.</li> </ul>	

#### 44. Meeting with MSC Dapankpergou

<b>Meeting Date:</b> 30.09.2025	<b>Meeting location:</b> Dapankpergou MSC
<b>Participants:</b>	<b>Number and gender (m/f) of participants:</b>

<b>SAR Afrique</b> <ul style="list-style-type: none"> <li>• Maternity Manager</li> </ul>	2[0M, 2F]
<b>FDC</b> <ul style="list-style-type: none"> <li>• Local Gender Liaison Officer – Savane</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• To assess the resilience of health infrastructure and services at Dapankpergou MSC to climate change.</li> <li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>• To identify gaps in gender inclusion, early warning, and health system preparedness.</li> <li>• To gather recommendations for improving women's leadership and climate-sensitive healthcare delivery</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The existence of a functional cold chain was confirmed, while chronic water shortages and constraints on hygiene and WASH maintenance were highlighted</li> <li>• Access difficulties for communities located more than 5 km away, particularly during floods and storms due to isolation and poor road conditions, were identified</li> <li>• The lack of staff training on climate–health interactions and the absence of emergency or contingency plans for extreme weather events were underlined</li> <li>• The fact that climate and health information is mainly received via mass media and community sensitisation, without systematic integration into operational planning, was observed</li> <li>• Seasonal peaks in malaria, diarrhoea, respiratory infections and malnutrition between June and September, combined with insufficient resources to manage these surges, were reported</li> <li>• Pregnant women, children, and elderly persons were identified as the most vulnerable groups, with women's health particularly affected by poor WASH conditions and limited maternity space</li> <li>• The presence of women staff, including one in a leadership role, alongside persisting sociocultural and economic barriers to broader female participation in decision-making, was noted</li> <li>• The occurrence of gender-based violence cases linked to poverty, insecurity and substance abuse, and the limited availability of local prevention and psychosocial support despite referral mechanisms, were mentioned</li> <li>• Recommendations included improving water infrastructure, strengthening training on climate adaptation and GBV for health workers and CHWs, promoting women's leadership and engaging traditional and community leaders in awareness and resilience-building activities</li> </ul>	

#### 45. Meeting with CRT

<b>Meeting Date:</b> 29.09.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Togolese Red Cross (CRT):</b> <ul style="list-style-type: none"> <li>• General Secretary</li> <li>• Lead for the “Papa Champion” approach</li> <li>• Health Lead</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [4M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the activity sheets and confirm where both directorates/partners are involved.</li> <li>• Review CRT's experience and current collaboration with ANPC/ANAMET relevant to early warning (SAP).</li> <li>• Discuss the intervention approach for mosquito-screen installation under AS 4.1.2 and its alignment with GCF requirements.</li> <li>• Examine feasibility and affordability options for households (cost-sharing, savings schemes, pilot).</li> </ul>	

**Summary of the meeting:**

- The team presented the revised AS 4.1.2 approach (prototyping, training local providers, affordable pricing via a CRT-managed fund, QA, community marketing) aiming for 300 households to self-finance screens.
- CRT contrasted this with the earlier option: project-funded fabrication and installation for 300 households, a solidarity health fund for upkeep, and CHW/community training on larval control and repellent plants.
- CRT raised feasibility concerns (free LLINs, limited household ability to pay) and requested a feasibility study/pilot before full integration into the GCF proposal; the team clarified GCF market-sustainability expectations.
- Three options were tabled: (1) project funds materials, households pay installation only; (2) keep the revised model as a pilot without hard self-financing targets; (3) revert to the original project-funded model with a maintenance savings scheme.

**46. Meeting with MSHPCSUA**

<b>Meeting Date:</b> 29.09.2025	<b>Meeting location:</b> DSNISI / Ministry of Health, Lomé
<b>Participants:</b> <b>Data Unit (DSNISI), MoH:</b> <ul style="list-style-type: none"> <li>• IT Specialist</li> <li>• Head of Statistics Section</li> <li>• 3 Statistician</li> <li>• Medical Assistant, Public Health</li> <li>• Head of Monitoring and Evaluation</li> <li>• SNIS Focal Point</li> <li>• IT Specialist</li> <li>• 2 Demographer</li> <li>• Intern</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Communication Advisor, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 16 [13M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Review and compare digital health tools (e-RDQA, WHO DQR, DHIS2 Toolkit, Desk Review, TogoSantéCom).</li> <li>• Assess complementarities and overlaps between tools for data quality and validation.</li> <li>• Clarify the role of national and decentralized committees (<i>Comité technique</i>, Pool-SNIS).</li> <li>• Identify challenges in data collection, validation, and quality assurance.</li> <li>• Discuss strategic actions for improving data quality reviews and SNIS coordination.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Update on funding proposal development for the Green Climate Fund (GCF): participants reviewed where the process currently stands and next steps.</li> <li>• Overview of national health information system (NHIS) functioning: a structured discussion on how the national health information system is organised and operated.</li> <li>• Systemic issues in NHIS: challenges at data collection, absence of routine PHU-level control meetings, and weak data ownership/comprehension by PHU staff.</li> <li>• Structures highlighted: <i>Comité technique</i> (biannual meetings at central level) and Pool-NHIS (district and regional coordination committees).</li> <li>• Activities outlined: monthly validation meetings (district/regional), quarterly triangulation (district/regional), and annual SNIS review (national).</li> <li>• Strategic vision emphasized: faster cleaning of the national database, stronger communication with peripheral actors, periodic triangulations in health facilities, and increased participation of DSNIS regional officers in validation meetings.</li> </ul>	

**47. Meeting with the SAR Afrique**

<b>Meeting Date:</b> 29.09.2025	<b>Meeting location:</b> SAR Afrique Office (Soumdinabas)
<b>Participants:</b> <b>SAR Afrique</b>	<b>Number and gender (m/f) of participants:</b> 2[0M, 2F]

<ul style="list-style-type: none"> <li>• RFS SAR Afrique</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Local Gender Liaison Officer</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess the operational expertise of NGOs/CSOs in health, gender, and climate, and diagnose the resilience of local health infrastructure and early warning systems to climate threats.</li> <li>• Examine women's leadership, GBV, and gender representation within local governance and NGOs, ensuring marginalised groups are reached by climate and health communication channels.</li> <li>• Leverage NGO experience to gather community needs and co-design inclusive, equitable interventions that build climate and health resilience.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• During discussions with the head of health training, it emerged that only the pharmacy is currently operational within the health centre. The centre faces land-related challenges.</li> <li>• The head of the centre noted that those experiencing the greatest difficulties in accessing the facility are people with disabilities and the elderly.</li> <li>• The centre does not have an early warning system for climate-related risks. In emergencies, it relies on instructions from health authorities to inform the populations attending the centre via its staff.</li> <li>• The centre lacks sanitary facilities adapted for people with disabilities but plans to install appropriate facilities in future developments.</li> </ul>	

#### 48. Meeting with the ANPC of Dapaong

<b>Meeting Date:</b> 28.09.2025	<b>Meeting location:</b> ANPC Regional office, Dapaong
<b>Participants:</b> <ul style="list-style-type: none"> <li>• ANPC – Head of Staff</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Local Gender Liaison Officer – Savane</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to the local civil authorities.</li> <li>• Assess institutional and human capacities (gender focal points, trained personnel) to respond to the differentiated health needs of women, men, and youth.</li> <li>• Gather information on how gender considerations are integrated into public health policies, strategies, programmes, and practices, particularly in the context of climate-sensitive health outcomes.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Existence of a regional disaster risk reduction plan and complaints management committees within ANPC was noted as a sign of basic institutional structuring</li> <li>• Absence of an internal gender strategy or policy, and lack of a functional regional gender focal point, was highlighted as a barrier to systematic gender integration</li> <li>• Use of structured early warning mechanisms, including quarterly information bulletins, without specific adaptations for women, girls or people with disabilities, was observed</li> <li>• Functioning complaints management committees contributing to transparency, alongside chronic underfunding that constrains implementation of activities and inclusive initiatives, was reported</li> <li>• Lack of data, tools, and methodology to assess differentiated disaster impacts on women and other vulnerable groups was identified</li> <li>• Alignment of the proposed project with ANPC's mandate and openness to capacity-building on gender integration and regular information-sharing on project activities were acknowledged</li> </ul>	

#### 49. Meeting with Action Education

<b>Meeting Date:</b> 28.09.2025	<b>Meeting location:</b> Action Education Office, Dapaong
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<b>Participants:</b> <b>NGO Action Education</b> <ul style="list-style-type: none"> <li>Members of NGO Action Education</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Local Gender Liaison Officer – Savanes</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Assess NGOs' operational capacities and expertise in health, gender, climate, and disaster management for collaboration or capacity building.</li> <li>Identify barriers to health service access and evaluate infrastructure and equipment for climate-sensitive health outcomes.</li> <li>Examine perceived climate impacts on health, early warning mechanisms, and communication systems, especially for marginalised groups.</li> <li>Analyse gender dynamics, women's leadership, and GBV in local governance and NGOs under climate stress.</li> <li>Collect community priority needs via NGOs/CSOs to ensure inclusive, equitable, and context-specific project design.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Long-standing NGO engagement in the Savanes Region on education, protection, gender, and environment was recalled</li> <li>Climate change was noted to increase social and health vulnerabilities, with stronger impacts on women, rural populations, and poor households</li> <li>Irregular rainfall, droughts, strong winds and floods were identified as key hazards affecting infrastructure and agricultural livelihoods</li> <li>Serious constraints in access to health services due to poverty, insufficient equipment and limited specialised staff were highlighted</li> <li>Limited adaptive capacity of exposed groups, linked to resource constraints and restricted access to information, was underlined</li> <li>Women's underrepresentation in leadership and decision-making, driven by gender norms, low education and lack of self-confidence, was noted</li> <li>An increase in gender-based violence during food and economic crises, combined with insufficient coverage of existing support mechanisms, was reported</li> <li>Recommendations focused on strengthening community capacities on the climate–health nexus, integrating gender and GBV prevention in projects, and engaging local leaders to improve alert dissemination and inclusive governance</li> </ul>	

*50. Meeting with Radio Maria Sainte Thérèse (Sokodé)*

<b>Meeting Date:</b> 26.09.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Director of the Radio</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Local Gender Liaison Officer - Sokodé</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Technical Advisor Supporting Community Stakeholders</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [1M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Understand the role of community radios in awareness-raising on health, environment, and climate change.</li> <li>Identify challenges and opportunities in disseminating climate and health information.</li> <li>Explore collaboration opportunities to strengthen gender-sensitive and inclusive communication.</li> <li>Assess technical and capacity needs of community radio stations.</li> <li>Discuss strategies for enhancing community engagement through listener clubs.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Health and climate messages are broadcast for the general population, but lack of gender-specific targeting and adapted formats limits women's access</li> <li>Rural women rely heavily on radio for climate information, while messages are not systematically translated into local languages or adapted to their realities</li> </ul>	

<ul style="list-style-type: none"> <li>• Topics such as menstrual hygiene and sexual and reproductive health are largely absent from programming due to persistent taboos</li> <li>• GBV is covered through reports and testimonies, but limited staff training raises concerns about ethical and sensitive handling of such content</li> <li>• Absence of an editorial policy on gender, GBV and reproductive health leads to inconsistent treatment of sensitive topics</li> <li>• Training needs were identified on gender-sensitive communication, ethical reporting on GBV and simplified communication of climate risk information</li> <li>• Plans to develop interactive programmes for women and marginalised groups on SRH, menstrual hygiene and GBV are constrained by limited technical and financial resources</li> <li>• Recommendations included supporting community peer educators in remote areas to improve women's and girls' access to health information, climate alerts, and protection mechanisms</li> </ul>
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#### 51. Meeting with the CFSPC

<b>Meeting Date:</b> 26.09.2025	<b>Meeting location:</b> Dapaong – CFSPC office
<b>Participants:</b> <b>NGO Club des Femmes des Savanes pour la Promotion de la Culture (CFSPC)</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Accountant</li> <li>• Project Manager</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Assistant</li> <li>• Environmental Assistant</li> <li>• Local Gender Liaison Officer – Savanes</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> </ul>	<b>Number and gender (m/f) of participants:</b> 7 [3M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess CFSPC's operational capacity and thematic expertise in health, gender, climate, and disaster management for potential collaboration or targeted capacity building.</li> <li>• Identify barriers to accessing health services and evaluate adequacy of existing health infrastructure for vulnerable groups.</li> <li>• Understand the perceived impact of climate change on health and community alert mechanisms, especially for marginalised groups.</li> <li>• Analyse gender dynamics, women's leadership, and GBV within the NGO and local governance structures.</li> <li>• Identify community priority needs to ensure inclusive, equitable, and context-adapted project interventions.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Activities across the Savanes Region focusing on women, girls, and displaced persons, with an emphasis on empowerment and resilience, were recalled</li> <li>• Provision of maternal health services and support to GBV survivors, alongside persisting cultural barriers and spousal control limiting women's autonomy and participation, was noted</li> <li>• Geographic remoteness, insecurity, financial constraints, and climate-related agricultural losses were identified as key factors limiting women's access to services and heightening GBV risks</li> <li>• Use of local radio, community relays, social media, and film projections for disseminating health and climate information, with particular effectiveness of radio and field agents in local languages, was highlighted</li> <li>• Needs for equipment, specialised training, and awareness-raising on positive masculinity to strengthen women's protection were identified</li> <li>• Existing initiatives such as leadership promotion, mobile maternal health clinics, community dialogue spaces, training of community leaders and savings groups to support economic resilience were mentioned</li> </ul>	

- Operational challenges, including limited access for refugee women, low coverage of remote areas, and lack of technical and logistical resources, were underscored
- Recommendations centred on tailored care systems for refugee women, expansion of mobile clinics, staff training on GBV response, production of awareness materials, support for climate resilience initiatives and reinforcement of logistical and technical capacities

#### 52. Meeting with 3ASC and SF2D-Savanes

<b>Meeting Date:</b> 26.09.2025		<b>Meeting location:</b> Dapaong – 3ASC office	
<b>Participants:</b>		<b>Number and gender (m/f) of participants:</b>	
<b>Beneficiary</b> <ul style="list-style-type: none"><li>• Director of the NGO 3ASC</li><li>• Members of 3ASC</li><li>• Representative of the Director of SF2D-S</li><li>• Midwife at SF2D-S</li></ul>		11 [8M, 3F]	
<b>FDC</b>	<ul style="list-style-type: none"><li>• Environmental Expert</li><li>• Gender Expert</li><li>• Gender Assistant</li><li>• Environmental Assistant</li><li>• Local Gender Liaison Officer – Savanes</li></ul>		
<b>WANEP</b>	<ul style="list-style-type: none"><li>• Consultant – WASH Expert</li></ul>		
<b>GIZ</b>	<ul style="list-style-type: none"><li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li></ul>		
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"><li>• Assess the operational capacity and thematic expertise of 3ASC and SF2D-S in health, gender, climate, disaster management, and WASH for potential collaboration or targeted support.</li><li>• Identify barriers to accessing health services and evaluate the adequacy of existing health infrastructure for vulnerable groups.</li><li>• Understand perceived impacts of climate change on health and community alert mechanisms, particularly for marginalised groups.</li><li>• Analyse gender dynamics, women’s leadership, and GBV within the NGOs and local governance structures.</li><li>• Identify priority community needs to ensure inclusive, equitable, and context-adapted project interventions</li></ul>			
<b>Summary of the meeting:</b> <ul style="list-style-type: none"><li>• 3ASC and SF2D-S play a central role in women’s health and climate resilience, with strong female representation in leadership positions.</li><li>• Both NGOs provide essential health services through their MSC centres (MSC “La Grâce” for 3ASC and MSC “Source de Vie” for SF2D-S), mobile clinics, and a network of 180 community health agents.</li><li>• GBV cases are addressed through referrals, medical examinations, and internal prevention policies (gender policy for 3ASC, staff code of conduct for SF2D-S).</li><li>• Women face major barriers to healthcare access, including spousal control, early school dropout, and menstrual restrictions (such as certain prohibitions during menstruation).</li><li>• Limited access to land inheritance reduces women’s economic autonomy, impacting their adaptive capacity to climate shocks.</li><li>• Discussions revealed that artisanal gold mining exposes young girls to sexual exploitation in exchange for financial support within these communities.</li><li>• Climate-sensitive health outcomes malaria during rainy seasons, waterborne diseases, and meningitis during dry seasons disproportionately affect women and girls.</li></ul>			

- Climate change exacerbates poverty and leads to increased physical, economic, and verbal violence against women.
- Both NGOs use national and regional early warning systems, community relays, and women's groups to disseminate climate and health information in local languages.
- Requested support includes capacity building, logistical resources, and better inclusion of local actors to strengthen project impact and community resilience.

**53. Meeting with EPHATA and SEFRAH (Schools for Children with Disabilities)**

<b>Meeting Date:</b> 26.09.2025		<b>Meeting location:</b> Dapaong – SHALOM Complex School	
<b>Participants:</b>		<b>Number and gender (m/f) of participants:</b>	
<b>Beneficiary</b> <ul style="list-style-type: none"><li>• Director of EPHATA school</li><li>• Head of the SEPHARA Centre</li></ul>		9 [7M, 2F]	
<b>FDC</b> <ul style="list-style-type: none"><li>• Environmental Expert</li><li>• Gender Expert</li><li>• Gender Assistant</li><li>• Environmental Assistant</li><li>• Local Gender Liaison Officer – Savane</li></ul>			
<b>WANEP</b> <ul style="list-style-type: none"><li>• Consultant – WASH Expert</li></ul>			
<b>GIZ</b> <ul style="list-style-type: none"><li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li></ul>			
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"><li>• Present the project to communities, particularly people with disabilities, and ensure it aligns with local priorities.</li><li>• Identify gender-specific barriers (women’s mobility, social norms, GBV, cultural practices) that limit access to services.</li><li>• Understand how climate change and climate-sensitive health outcomes increase vulnerability among children with disabilities.</li><li>• Analyse differentiated needs of women, men, and young people with disabilities based on community experience.</li><li>• Document GBV cases and trends affecting people with disabilities.</li></ul>			
<b>Summary of the meeting:</b> <ul style="list-style-type: none"><li>• Multiple, intersecting vulnerabilities for children with disabilities, particularly girls, linked to gender, disability and poverty were highlighted</li><li>• Inadequate and non-adapted school infrastructure, including serious sanitation gaps affecting menstrual hygiene, was noted</li><li>• High frequency of climate-sensitive health outcomes (malaria, diarrhea, water-related skin conditions) and limited adapted services, trained staff and protocols in health centres were reported</li><li>• Increased risks for children with disabilities during floods and heatwaves due to lack of protective measures and tailored emergency procedures were identified</li><li>• Heightened exposure of girls with disabilities to GBV, reinforced by stigma and discriminatory beliefs, including situations where children are hidden or rejected, was underlined</li><li>• Absence of disability-adapted early warning systems and accessible climate information formats, such as sign language alerts, was observed</li><li>• Heavy reliance of schools on donations to cover basic care, nutrition and health fees in a context of limited state support was mentioned</li><li>• Needs for adapted infrastructure, professional training for autonomy and stronger disability rights associations to promote awareness and advocacy were emphasized</li><li>• EPHATA’s inclusive education model and access to water, alongside gaps in disability-adapted sanitation, health insurance, school meals and classroom space, were noted</li></ul>			



- SEFRAH's braille-based education and boarding support, combined with needs for modernized sanitation, specialized health follow-up and professional integration support, were reported.

#### 54. Meeting with REFED

<b>Meeting Date:</b> 26.09.2025	<b>Meeting location:</b> REFED office
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Director of REFED</li> <li>Male and female facilitators at REFED</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Environmental Expert</li> <li>Gender Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 14 [8M, 6F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Present the GIZ FVC project and leverage REFED's expertise to identify good practices in raising awareness and managing gender-based violence (GBV).</li> <li>Explore the needs of women and girls regarding access to healthcare services.</li> <li>Identify factors that exacerbate or increase the prevalence of GBV in the region.</li> <li>Determine key challenges related to gender and protection against GBV in the region.</li> <li>Obtain recommendations to strengthen female participation, leadership, and access to services within communities.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Participatory analysis focused on gender challenges and GBV protection issues in the region was conducted</li> <li>High prevalence of GBV, including domestic violence, abuse of minors and persistence of female genital mutilation in some communities, was noted</li> <li>A multi-level GBV case management approach combining community identification, local resolution and referral to formal services is in place</li> <li>Economic vulnerability, water scarcity, and restrictive sociocultural norms were identified as key drivers of GBV</li> <li>Regular community campaigns promote dialogue, explain the consequences of violence, and encourage use of health and support services</li> <li>Barriers to healthcare for women and girls linked to cultural beliefs, reluctance and male opposition to medical consultations were highlighted</li> <li>Initiatives to promote positive masculinity and engage men as allies in GBV prevention and household solidarity are being implemented</li> <li>Absence of a formal community alert system for health and climate risks and interest in developing an early warning mechanism to strengthen resilience were reported</li> <li>Actions to strengthen women's leadership and participation in local decision-making through training and discussion groups are ongoing</li> </ul>	

#### 55. Meeting with CRS and MECAP-TOGO Radio

<b>Meeting Date:</b> 26.09.2025	<b>Meeting location:</b> Dapaong, CRS Office
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Director of Community Radio of the Savanes (CRS)</li> <li>Director of MECAP-TOGO Radio</li> <li>CRS radio presenters</li> <li>MECAP Togo radio presenter (male and female)</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Environmental Expert</li> <li>Gender Expert</li> </ul>	<b>Number and gender (m/f) of participants:</b> 14 [13M, 1F]

<b>GIZ</b> <ul style="list-style-type: none"> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand the role of community radios in awareness-raising on health, environment, and climate change.</li> <li>• Identify challenges and opportunities in disseminating climate and health information.</li> <li>• Explore collaboration opportunities to strengthen gender-sensitive and inclusive communication.</li> <li>• Assess technical and capacity needs of community radio stations.</li> <li>• Discuss strategies for enhancing community engagement through listener clubs.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The meeting with the community radios (RCS and MECAP-TOGO) provided a clearer understanding of their role in community sensitisation and dissemination of information related to health, environment, and climate change, as well as the challenges they face.</li> <li>• Broadcast content: Both radios regularly air educational programmes on health, environment, agriculture, and climate change, adapted to local needs and seasonal variations. They collaborate with various technical and financial partners to improve content quality and reach. Programmes are broadcast in multiple local languages and online to reach remote populations.</li> <li>• Weather information management: The radios play a key role in disseminating climate alerts and weather information received via digital platforms such as WhatsApp. However, they face challenges in translating technical terms, which affects message comprehension. They expressed interest in collaborating with academics and linguists to improve the accessibility of climate information.</li> <li>• Community engagement: Listener clubs act as essential bridges between the radios and the community. They participate in programme production, organise local discussions, and provide feedback to adapt content. Ongoing efforts aim to expand these clubs to remote and underserved areas.</li> <li>• Gender inclusion and sensitive topics: The radios address sensitive issues such as GBV through participatory broadcasts and awareness campaigns conducted in partnership with international organisations. While female participation is encouraged, women remain underrepresented in production teams, highlighting the need for targeted actions to strengthen women's leadership in the media sector.</li> <li>• Technical challenges and support needs: Both stations face significant technical and financial constraints, including transmitter breakdowns, power outages, outdated equipment, and lack of advertising revenue. They requested institutional and technical support, notably from ANAMET, to improve their infrastructure and train journalists on health, climate, and gender-related topics.</li> </ul>	

56. *Regional Consultation for Savanes with ATARESAD, PNLP, CAPE, DP Transhumance, Chefferie traditionnelle, 3ASC, DRC, DRE, ANAMET, CRT, DPS Tone, DPS Tandjoare, DPS Oti, DPS Kpendjal, DPS Naki-Est, DPS Cinkassé*

<b>Meeting Date:</b> 26.09.2025	<b>Meeting location:</b> Hotel Leota, Dapaong
<b>Participants:</b> ATARESAD, PNLP, CAPE, DP Transhumance, Chefferie traditionnelle, 3ASC, DRS, DRE, PEV, ANAMET, CRT, DPS Tone, DPS Tandjoare, DPS Oti, DPS Kpendjal, DPS Naki-Est, DPS Cinkassé  <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Togo</li> <li>• Advisor Construction, GIZ Togo</li> <li>• Commission Manager, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 30 [24M, 6F]
<b>Objectives of the meeting:</b>	

<ul style="list-style-type: none"> <li>• Present the under developing Green Climate Fund (GCF) project and ensure regional stakeholder ownership</li> <li>• Collect feedback and recommendations to refine activity sheets before national validation</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• GIZ/ProSanté and MSHPCSUA teams presented the overall structure and objectives of the forthcoming GCF proposal, emphasising resilience of the Togolese health system to climate-related diseases</li> <li>• Participants reviewed all four project components climate-sensitive surveillance, institutional framework, resilient infrastructure, and community resilience and discussed their regional relevance</li> <li>• Clarifications were provided on disease prioritisation (malaria, diarrhoea, heat stress) and alignment with existing programmes (PNLP, GFATM, PMI).</li> <li>• Stakeholders highlighted the importance of inclusive infrastructure (accessibility for people with disabilities, gender-sensitive sanitation) and sustainable energy-water systems (solar power, rainwater harvesting).</li> <li>• Discussions underscored the need for improved inter-institutional coordination and defined accountability between MSHPCSUA, ANAMET, and local authorities.</li> <li>• Participants requested localised awareness campaigns using community radio, faith-based networks, and schools to enhance behavioural change</li> <li>• The issue of resource allocation was addressed: the GCF will not finance general development activities, focusing only on climate-attributable interventions.</li> <li>• Gender mainstreaming and the forthcoming Gender Action Plan were confirmed as cross-cutting elements.</li> </ul>

#### 57. Meeting PHU Namare

<b>Meeting Date:</b> 25.09.2025	<b>Meeting location:</b> Namare - Peripheral Health Unit (PHU)
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Maternity Manager (MM)</li> <li>• Hygiene Assistant</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Environmental Assistant</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [3M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project and identify gender-specific barriers to healthcare, including reproductive health, menstrual hygiene, and GBV.</li> <li>• Analyse gender disparities in healthcare access and quality to highlight the most vulnerable populations (pregnant women, adolescents, people with disabilities).</li> <li>• Evaluate climate-related health risks and the facility's capacity to respond to them.</li> <li>• Assess specific reproductive health and menstrual hygiene needs of women and girls, often overlooked in service planning.</li> <li>• Evaluate infrastructure, water and energy access, waste management, and hygiene at the PHU.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The PHU infrastructure is outdated, poorly ventilated, and lacks dedicated maternity spaces. Water supply is unreliable, electricity is limited (no generator), and high temperatures during heatwaves further disrupt care.</li> <li>• Women, particularly pregnant women, and children under five, are highly exposed to climate-sensitive health outcomes such as malaria, respiratory infections, and diarrhoea, with risks heightened during floods and heatwaves.</li> <li>• Healthcare access is limited due to remote villages, seasonal isolation, inadequate medical equipment, and insufficient staff, resulting in long waiting times and limited neonatal follow-up.</li> </ul>	

- Sociocultural norms restrict women's leadership; few women hold decision-making positions, and family planning is poorly accepted by men, limiting women's reproductive autonomy and uptake of humanised childbirth practices.
- GBV, particularly domestic violence, remains frequent and worsened by climate and economic stress. Formal protection mechanisms are insufficient; the One Stop Centre provides some support, but staff mainly rely on moral guidance.
- Health and climate information is primarily conveyed through male intermediaries and community relays. Mothers' Clubs and young mothers' groups play a vital role in awareness and community alerts but lack institutional support and logistical resources.
- The PHU serves 13 villages, some hard-to-reach, covering general medicine, maternity services (ANC, PNC, family planning, PMTCT), with disease detection largely via community health workers.
- Waste management is informal, with some on-site burning and non-compliant incineration. Liquid waste infiltrates the soil, posing hygiene risks.
- Key recommendations include constructing an autonomous maternity block, rehabilitating existing infrastructure, improving water supply, increasing medical equipment and beds, providing staff housing, and establishing visual materials for community sensitisation.
- Staff call for capacity building in climate-sensitive disease management, GBV prevention, humanised childbirth, early warning systems, promotion of female income-generating activities, and male engagement through initiatives like "Papa Champions."

#### 58. Meeting with Mothers' Club

<b>Meeting Date:</b> 25.09.2025	<b>Meeting location:</b> Namare – Peripheral Health Unit (PHU)
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Members of the mothers' Club</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer – Savanes</li> <li>• Environmental Assistant</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 15 [2M, 13F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to local communities, particularly the mothers' Club, ensuring that the project reflects local priorities.</li> <li>• Assess the specific needs and priorities of women and girls for menstrual health and hygiene in a changing climate.</li> <li>• Understand the specific barriers faced by women and girls (access to care, domestic workload, schooling, gender-based violence, early marriage, menstrual hygiene).</li> <li>• Identify gender inequalities in access to and quality of maternal and neonatal health services in the context of climate change.</li> <li>• Evaluate the impact of the mothers' Club on community health resilience to climate change and climate-sensitive health outcomes.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Women and girls in Namare reported being particularly affected by climate change due to lack of potable water, inadequate health and hospital infrastructure, and high costs for services such as ultrasounds and prenatal care.</li> <li>• Access to health services is limited by financial dependence on husbands, flooding during the rainy season, extreme heat during the dry season, and insufficient equipment and spaces adapted to women's needs.</li> <li>• Climate information is difficult to access, as it is mostly disseminated in French through channels with limited reach to women (e.g., radio), reducing their ability to anticipate and respond.</li> <li>• Patriarchal norms strongly limit women's autonomy, particularly regarding reproductive health and participation in community decision-making. The Mothers'</li> </ul>	

<p>Club serves as a key local relay but lacks sufficient resources, institutional support, and training.</p> <ul style="list-style-type: none"> <li>• Gender-based violence (GBV) is frequent (physical, economic, psychological) and often minimised or blamed on women, which hinders reporting and response.</li> <li>• GBV response mechanisms rely mainly on the mothers' Club and traditional leaders but suffer from lack of resources, coordination, and institutional recognition.</li> <li>• Girls are particularly vulnerable, with high school dropout rates due to lack of family support and absence of post-school economic or vocational opportunities (e.g., sewing, hairdressing, agriculture).</li> <li>• The Mothers' Club plays a central role in raising awareness on health, hygiene, family planning, and climate issues, but its actions are constrained by limited resources, training, and social stigma.</li> <li>• Women requested better access to water, reproductive health services, WASH infrastructure, and adapted facilities (public toilets, renovated maternity wards).</li> <li>• Key priorities include women's economic empowerment, girls' education, male engagement in family planning and GBV prevention, dissemination of information in local languages, and enhanced support to the mothers' Club.</li> </ul>
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*59. Meeting with Community Health Workers (CHW), COGES, Religious leaders and Village Development Committee*

<b>Meeting Date:</b> 25.09.2025	<b>Meeting location:</b> Namare Peripheral Health Unit (PHU)
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Community Health Worker (CHW)</li> <li>• Health Management Committee (COGES)</li> <li>• Religious leaders (Pastor, Muslim leader)</li> <li>• Community elders</li> <li>• Fulani leader (pastoralists/transhumant)</li> <li>• Village Development Committee (CDQ/CVD)</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Environmental Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 17 [14M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to communities and ensure it reflects local priorities.</li> <li>• Identify gender-specific barriers limiting access to healthcare (mobility, social norms, GBV, cultural practices).</li> <li>• Analyse differentiated needs of women, men, youth, and vulnerable groups based on community experiences.</li> <li>• Document trends and cases of GBV identified during CHW home visits.</li> <li>• Gather perspectives from diverse ethnic and religious groups on access to care and social cohesion, inclusion, and norms.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Access to healthcare is constrained during the rainy season, with some villages isolated by rivers. Limited maternity infrastructure and space aggravate the issue.</li> <li>• Malaria is the most frequently observed disease among children in the community.</li> <li>• Remote households beyond rivers are inaccessible during floods, complicating patient visits, and distribution of medical supplies. Recommendations include constructing a maternity block and improving emergency transport.</li> </ul>	

<ul style="list-style-type: none"> <li>• CHWs and COGES highlighted the need to coordinate with the Health Unit Manager (RFS) for better emergency management, particularly for isolated pregnant women, through financial and logistical plans to ensure regular visits and follow-up.</li> <li>• Staff shortages and insufficient space result in frequent patient transfers, especially of pregnant women, to other health centres at night when the facility is closed.</li> <li>• No discrimination exists among ethnic groups; the four main groups (Moba, Mossi, Peuls, Koussa) are fully integrated in community life.</li> <li>• Fulani women actively participate socially and have similar access to health services, including maternity care.</li> <li>• GBV cases, mainly domestic violence, exist but are often resolved informally by families and the village chief; serious cases (physical abuse of minors) refer to security authorities.</li> <li>• Religious leaders emphasised the need for sensitisation of young boys to prevent and reduce violence in the community.</li> </ul>
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#### 60. Meeting with FODES, GEVAPAF, and Code Utile

<b>Meeting Date:</b> 25.09.2025		<b>Meeting location:</b> Dapaong – FODES office	
<b>Participants:</b> <ul style="list-style-type: none"><li>• Director of the NGO CAPAS</li><li>• Member of CAPAS</li><li>• Director of the NGO Code Utile</li><li>• Representative of the Director of GEVAPAF</li></ul>		<b>Number and gender (m/f) of participants:</b> 13 [8M, 4F]	
<b>FDC</b> <ul style="list-style-type: none"><li>• Environmental Expert</li><li>• Gender Expert</li><li>• Gender Assistant</li><li>• Environmental Assistant</li><li>• Local Gender Liaison Officer – Savanes</li></ul>			
<b>WANEP</b> <ul style="list-style-type: none"><li>• Consultant – WASH Expert</li></ul>			
<b>GIZ</b> <ul style="list-style-type: none"><li>• Advisor Construction, GIZ Togo</li><li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li></ul>			
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"><li>• Assess the operational capacity and thematic expertise of NGOs/CSOs in health, gender, climate, and disaster management for potential collaboration or targeted capacity building.</li><li>• Identify barriers to accessing health services and evaluate the adequacy of health infrastructure for vulnerable groups and climate-sensitive health outcomes.</li><li>• Understand perceived climate impacts on health and assess community alert mechanisms and communication channels, particularly for minority groups.</li><li>• Analyse gender dynamics, women’s leadership, and GBV within local governance structures and NGOs under climate stress.</li><li>• Identify community priorities through NGO experience to ensure inclusive, equitable, and context-adapted project design</li></ul>			
<b>Summary of the meeting:</b> <ul style="list-style-type: none"><li>• NGOs act as intermediaries between communities, the health system, and climate actions, focusing on women as key resilience actors.</li><li>• Women are primary beneficiaries of projects in agroforestry, water management, sanitation, and agricultural processing due to higher exposure to climate and health risks.</li><li>• Despite internal gender parity promotion, women’s community participation is limited by spousal control, illiteracy, and restrictive religious norms.</li><li>• Women often rely on their husband’s phone to participate in activities, reducing visibility and autonomy.</li></ul>			

<ul style="list-style-type: none"> <li>• Early warning committees for fire and floods exist (e.g., CAPAS with Red Cross), but information does not effectively reach women without phones or those absent from public spaces.</li> <li>• Projects such as boreholes, school latrines, and agroforestry help reduce climate-sensitive health outcomes like Diarrhoea and malaria and reduce exposure to physical risks.</li> <li>• Climate hazards (floods, fires, deforestation) increase health vulnerabilities, exposing women to heat, waterborne diseases, and resource-related conflicts.</li> <li>• NGOs stress the urgency of strengthening and structuring early warning systems to make them more inclusive and accessible to women.</li> <li>• Priority needs include women's economic empowerment through income-generating activities, access to improved seeds, processing equipment, and functional literacy.</li> <li>• Specific recommendations target girls' education and dignity, including menstrual hygiene management in schools and engaging male community leaders to shift social norms.</li> </ul>
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#### 61. Meeting with Namare PHU

<b>Meeting Date:</b> 25.09.2025	<b>Meeting location:</b> Naramé Peripheral Health Unit (PHU)
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Community Health Worker (CHW)</li> <li>• Health Management Committee (COGES)</li> <li>• Religious leaders (Pastor, Muslim leader)</li> <li>• Community elders</li> <li>• Fulani leader (pastoralists/transhumant)</li> <li>• Village Development Committee (CDQ/CVD)</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Environmental Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 17 [14M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to communities and ensure it reflects local priorities.</li> <li>• Identify gender-specific barriers limiting access to healthcare (mobility, social norms, GBV, cultural practices).</li> <li>• Analyse differentiated needs of women, men, youth, and vulnerable groups based on community experiences.</li> <li>• Document trends and cases of GBV identified during CHW home visits.</li> <li>• Gather perspectives from diverse ethnic and religious groups on access to care and social cohesion, inclusion, and norms.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Access to healthcare is constrained during the rainy season, with some villages isolated by rivers. Limited maternity infrastructure and space aggravate the issue.</li> <li>• Malaria is the most frequently observed disease among children in the community.</li> <li>• Remote households beyond rivers are inaccessible during floods, complicating patient visits, and distribution of medical supplies. Recommendations include constructing a maternity block and improving emergency transport.</li> <li>• CHWs and COGES highlighted the need to coordinate with the Health Unit Manager (RFS) for better emergency management, particularly for isolated pregnant women, through financial and logistical plans to ensure regular visits and follow-up.</li> <li>• Staff shortages and insufficient space result in frequent patient transfers, especially of pregnant women, to other health centres at night when the facility is closed.</li> <li>• No discrimination exists among ethnic groups; the four main groups (Moba, Mossi, Peuls, Koussa) are fully integrated in community life.</li> </ul>	

- Fulani women actively participate socially and have similar access to health services, including maternity care.
- GBV cases, mainly domestic violence, exist but are often resolved informally by families and the village chief; serious cases (physical abuse of minors) refer to security authorities.
- Religious leaders emphasised the need for sensitisation of young boys to prevent and reduce violence in the community.

62. *Regional Consultation for Centrale with ATARECED, CREUSET, ADESCO, DRS, PEV, ANAMET, CRT, DPS Mô, DPS Sotouboua, DPS Blitta, Asossiation AFMUCAB, DPS Tchaoudjo, Chef peulh, chefferrie religieuse, DE PAFED, DRERF*

<b>Meeting Date:</b> 25.09.2025	<b>Meeting location:</b> Hotel Solim, Sokodé
<b>Participants:</b> <ul style="list-style-type: none"> <li>• ATARECED, ONG CREUSET, ADESCO, DRS, PEV, ANAMET, CRT, DPS Mô, DPS Sotouboua, DPS Blitta, Asossiation AFMUCAB, DPS Tchaoudjo, Chef peulh, chefferrie religieuse, DE PAFED, DRERF</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor quality, GIZ Togo</li> <li>• Junior advisor health and municipal, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 31 [25M, 6F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the under developing Green Climate Fund (GCF) project and ensure regional stakeholder ownership</li> <li>• Collect feedback and recommendations to refine activity sheets before national validation</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• It was specified that malaria activities are aligned with those of other donors (FM, PMI, etc.) and agreed with the PNLP</li> <li>• The GCF attaches great importance to gender; a specific Gender Action Plan will accompany the project.</li> <li>• It is noted that the project has sought to establish links with the broader “One Health” framework. Antimicrobial resistance has been integrated due to its close link with diarrheal diseases.</li> <li>• The UCC will ensure coordination by involving sectors and experts. It will not be present at every level of the health pyramid; the subject must be integrated across the board, as with gender, so that stakeholders take it into account.</li> </ul>	

63. *Meeting with the mothers’ Club, Breastfeeding Women and Maternity Manager*

<b>Meeting Date:</b> 24.09.2025	<b>Meeting location:</b> Sagbiebou- Medical and Social Centre (MSC)
<b>Participants:</b>  <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Maternity Manager</li> <li>• Midwife</li> <li>• Mothers’ Club</li> <li>• Breastfeeding Women</li> </ul> <b>FDC:</b> <ul style="list-style-type: none"> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> </ul>	<b>Number and gender (m/f) of participants:</b> 24 [5M, 19F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to local communities, particularly the Mothers’ Club, and ensure it reflects local priorities.</li> <li>• Assess the health infrastructure, access to care and water, and the adequacy of equipment and service conditions at MSC Sagbiebou.</li> <li>• Identify gender-specific barriers (mobility, social norms, GBV, cultural practices) limiting women’s and girls’ access to healthcare.</li> </ul>	



<ul style="list-style-type: none"> <li>• Evaluate the differentiated needs of women, men, youth, and vulnerable groups, as well as the impacts of climate variability on health and livelihoods.</li> <li>• Identify key capacity-building and infrastructure needs to improve community health resilience, inclusion, and gender equality.</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Mothers' Club promotes maternal and child health, hygiene, and gender-based violence awareness through community cleaning, antenatal campaigns, and family planning support.</li> <li>• Women reported staff shortages and limited space at the MSC, causing long waiting times and poor neonatal follow-up for postpartum mothers.</li> <li>• Distance, poor roads, and high transport costs continue to restrict healthcare access, especially for pregnant women and children.</li> <li>• Health facilities are overcrowded and poorly ventilated; maternity and general consultations share one space, reducing privacy and comfort.</li> <li>• Access to safe water is limited; the MSC relies on boreholes while nearby communities use unsafe river water. Sanitation facilities remain insufficient.</li> <li>• Many women still use traditional medicine due to cultural norms and limited access to modern healthcare.</li> <li>• Health and climate information is mainly shared via the "Voix de Lotti" radio station, but no formal early warning system exists.</li> <li>• Domestic violence remains frequent and often settled informally. The Mothers' Club raises awareness but lacks resources and training to address GBV effectively.</li> <li>• Climate shocks (floods, droughts, heatwaves) increasingly affect health, food security, and women's livelihoods, deepening their vulnerability and economic dependence.</li> </ul>

#### 64. Meeting with MSC Sagbiebou

<b>Meeting Date:</b> 24.09.2025	<b>Meeting location:</b> Sagbiebou - Medical and Social Centre (MSC)
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Health Centre Manager</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Gender Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to local health authorities and assess gender-related barriers to healthcare access.</li> <li>• Evaluate the quality of infrastructures, human resources, and access to safe water at the CMS.</li> <li>• Analyse the centre's response to climate-related health risks and identify adaptation needs.</li> <li>• Assess environmental and social management practices at the MSC and identify infrastructure and equipment gaps.</li> <li>• Identify key recommendations to strengthen resilience, gender inclusion, and community engagement</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Sagbiébou Health Centre faces severe climate vulnerability, worsened by outdated infrastructure, limited equipment, and insufficient staff only one woman among ten employees holds a leadership position.</li> <li>• Staff shortages, high workload, and infrequent leave negatively affect the quality and availability of health services.</li> <li>• Buildings are not adapted for people with disabilities, particularly for childbirth, and WASH facilities are unreliable due to frequent borehole breakdowns.</li> <li>• Despite programmes like <i>WEZOU</i> and school insurance, the MSC lacks pharmacy funding, leading to frequent drug shortages and patient referrals to Mango or Gando.</li> <li>• Climate-sensitive health outcomes (diarrhoea, heat-related illnesses) are increasing, especially among pregnant women and children. No formal contingency or climate emergency plan is in place.</li> </ul>	

- Communication of health alerts and population sensitization is mainly done during consultations and vaccination campaigns. However, there is no systematic, regular strategy to inform the community on actions to take during crises.
- Gender inequalities persist in health governance. Women are underrepresented in decision-making roles, and GBV reporting mechanisms are poorly known and underused.
- Cultural practices of foreign residents largely align with the local community, and no conflicts or segregated villages were reported.
- Priority recommendations include rehabilitation of climate-resilient infrastructures, integration of GBV prevention in maternal health programmes, establishment of an early warning and communication system, and capacity building for the health staff on climate-related health outcomes.

#### 65. Meeting with CHW and COGES

<b>Meeting Date:</b> 24.09.2025	<b>Meeting location:</b> Peripheral Health Unit (PHU), Galangachi
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• President of the Management Committee (COGES)</li> <li>• Community Health worker</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [5M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to communities and ensure it reflects local priorities.</li> <li>• Identify gender-specific barriers limiting access to healthcare (mobility, social norms, GBV, cultural practices).</li> <li>• Analyse differentiated needs of women, men, youth, and vulnerable groups based on community experiences.</li> <li>• Document trends and cases of GBV identified during CHW home visits.</li> <li>• Gather perspectives from diverse ethnic and religious groups on access to care and social cohesion, inclusion, and norms.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The region faces severe pressure from seasonal floods, poor road access, and climate shocks, which isolate villages and limit healthcare access for pregnant women, children, and vulnerable groups.</li> <li>• Infrastructure is outdated and inadequate: damaged roofs, overheated rooms, limited privacy in maternity and general consultation areas, and WASH facilities not adapted for women or people with reduced mobility.</li> <li>• Climate-sensitive health outcomes, including malaria, diarrhoea, and respiratory infections, increase seasonal workloads. Vulnerable populations are most affected, and no formal early warning system exists for climate or health risks.</li> <li>• Health and climate information is primarily shared during consultations, vaccination campaigns, sometimes by CHWs or via local radio ("Voix de Lotti"), but there is no systematic strategy to inform the community regularly.</li> <li>• According to COGES Gender inequalities persist women are underrepresented in decision-making bodies (COGES and CHWs), and GBV remains frequent, often handled informally without formal reporting or protection mechanisms.</li> <li>• CHWs note that in some communities, traditional medicine is still widely used due to cultural norms and limited access to modern health care, especially in remote areas.</li> <li>• Key needs include rehabilitation of buildings (roofs, ceilings, ventilation), improved WASH and sanitation facilities, accessible maternity spaces, additional beds and medical equipment, and recruitment of more health staff.</li> <li>• Recommendations include capacity building on humanised childbirth, climate-sensitive disease management, GBV prevention, community engagement in health promotion, income-</li> </ul>	

generating activities for women, and sustainable WASH infrastructure adapted to climate conditions

#### 66. Meeting PHU Galangachi

<b>Meeting Date:</b> 24.09.2025	<b>Meeting location:</b> Peripheral Health Unit (PHU), Galangachi
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Health Unit Head (HHU)</li> <li>Maternity Manager (MM)</li> <li>Hygiene Assistant</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Environmental Assistant</li> <li>Gender Expert</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>Consultant – WASH Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [4M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Present the project to health facility managers and identify barriers to equitable healthcare access (reproductive health, GBV, menstrual hygiene).</li> <li>Assess environmental and social management practices at the PHU and identify infrastructure and equipment gaps.</li> <li>Analyse gender disparities in staff roles, decision-making, and service access for vulnerable groups.</li> <li>Evaluate climate-related health risks and the facility's capacity to respond to them.</li> <li>Identify capacity-building needs and recommendations for sustainable and inclusive project implementation.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>The PHU faces severe seasonal challenges due to floods that isolate nearby villages and limit access to care, especially for pregnant women and children. Ageing infrastructure, damaged roofs, and poorly ventilated wards reduce comfort, safety, and service quality.</li> <li>Environmental and sanitation conditions remain weak: toilets are insufficient and not adapted for people with disabilities; medical waste is burned in open pits, and wastewater pits are never emptied, posing groundwater contamination risks.</li> <li>Staffing and gender balance issues persist though most healthcare workers are women, few hold leadership roles (1 out of 3 in the COGES). Barriers include illiteracy, social norms, and limited confidence among female staff.</li> <li>Gender-based violence (domestic abuse, child sexual abuse) remains common in the community, often resolved informally. The PHU lacks a formal mechanism for reporting or managing GBV cases. Women's economic dependency continues to heighten their vulnerability.</li> <li>Infrastructure and equipment are inadequate: the midwife uses delivery rooms for rest due to the absence of a staff room; there are not enough beds, no ultrasound device. There is no accommodation for HHMs and MMs, which limits standing guard at the PHU. Power outages disrupt service delivery, and fire extinguishers are present, but staff are untrained to use them.</li> <li>Climate-sensitive health outcomes (malaria, diarrhoea, respiratory infections) are increasing, intensifying the workload and burden on limited staff. The PHU relies on local radio and community criers to share climate and health information, but communication tools are insufficient.</li> <li>Social cohesion is strong, particularly with Fulani communities, who participate in community groups but do not self-identify as Indigenous peoples.</li> <li>Capacity and equipment need identified include roofing and fence repairs, improved laboratory space, accessible toilets and ramps, maternity furniture, waste bins, wheelchairs, and washing facilities.</li> <li>Training priorities include humanised childbirth, post-abortion care, infection prevention and control (IPC), management of climate-sensitive health outcomes, waste management, first aid for Community Health Workers (CHW), and women's literacy.</li> </ul>	

- Recommendations: strengthen community engagement at all project stages, ensure sustainable WASH facilities using climate-resilient materials, provide regular staff training and literacy support for women, and establish a fully equipped laboratory at the PHU.

#### 67. Meeting with the mothers' Club and Young Pregnant Girls

<b>Meeting Date:</b> 24.09.2025	<b>Meeting location:</b> Peripheral Health Unit (PHU), Galangachi
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Mothers' Club and Young Pregnant Girls</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 14 [1M, 13F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the GCF project to the mothers' Club and ensure that it reflects local priorities.</li> <li>• Identify gender inequalities in access to and quality of maternal and neonatal care in the context of climate change.</li> <li>• Assess the specific needs and priorities of women and girls for menstrual health and hygiene in a changing climate.</li> <li>• Understand the specific barriers faced by women and girls (access to healthcare, domestic workload, schooling, GBV, early marriage, menstrual hygiene).</li> <li>• Evaluate the role and impact of the mothers' Club in strengthening community health resilience to climate-related diseases.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Mothers' Club of Galangachi plays a key role in raising awareness on maternal health, hygiene, community sanitation, and GBV prevention. However, their efforts are still undervalued and sometimes stigmatised, as they are perceived as defying male authority. This perception is slowly changing as their work becomes increasingly recognised and appreciated within the community.</li> <li>• Women face inadequate health infrastructure the maternity ward is too small, lacks privacy, becomes extremely hot, and suffers from staff shortages, especially at night.</li> <li>• Access to healthcare is limited by high costs, lack of transport, impassable roads during the rainy season, and climatic factors such as heat and flooding.</li> <li>• Patriarchal norms restrict women's autonomy; they often need their husbands' permission to attend community activities or make personal decisions.</li> <li>• Family planning remains a sensitive issue within households, with women sometimes facing economic or psychological violence when they act without their husbands' consent.</li> <li>• Physical violence has decreased, but psychological, economic, and verbal abuses persist. Access to support mechanisms remains limited, as many women fear reprisals.</li> <li>• Access to information on health and climate risks relies almost exclusively on radio, which remains irregular and lacks adapted community-based relay or early warning systems.</li> <li>• Women's participation in decision-making bodies is low, mainly due to social norms, travel costs, and the exclusion of women from certain male-dominated meetings.</li> <li>• Key priorities include improving WASH infrastructure, equipping the Club, expanding the hospital, ensuring access to clean water, supporting income-generating activities, and strengthening logistical support.</li> <li>• Women expressed the need for greater inclusion in local programmes, capacity-building opportunities, more involvement of men in awareness activities, and improved mobility conditions to facilitate their participation.</li> </ul>	

#### 68. Meeting with MSHPCSUA

<b>Meeting Date:</b> 24.09.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>DivL-DPML:</b> <ul style="list-style-type: none"> <li>• Division Chief</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]

<ul style="list-style-type: none"> <li>• Advisor Climate Change, GIZ Togo</li> <li>• Advisor laboratories, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss the integration of the medical biology needs in project execution beyond priority diseases.</li> <li>• Review the progress and challenges related to the Laboratory Information System (SIL).</li> <li>• Address challenges with the national biological sample transportation system (SITEB).</li> <li>• Review activity sheets (3.2.3 and 3.2.1) for the cold chain and SIL.</li> <li>• Plan next steps for data sharing and digitalization in laboratory operations.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The project execution phase should address broader medical biology needs beyond just priority diseases.</li> <li>• It's essential to consider existing systems first in the project.</li> <li>• The LabBook is currently being used in 50 laboratories in Togo, but there is variability in Laboratory Information Systems (SIL).</li> <li>• A key challenge is the need to network the SIL to manage administrative, financial, and technical data from patient entry to exit.</li> <li>• There is a need to integrate modules for quality management, biosafety, and equipment quality (EEQ) within the SIL.</li> <li>• The priority for SITEB, the national biological sample transportation system, includes the need for digitalization to improve the process.</li> <li>• The cold chain system needs to address the management of reagents, consumables, and biological samples.</li> <li>• GIZ has already sent updated activity sheets to partners and is awaiting feedback on the proposed updates.</li> <li>• Partners are expected to send a map of laboratories using LabBook to GIZ.</li> <li>• Next steps involve further collaboration on the digitalization of lab operations and cold chain management.</li> </ul>	

69. *Regional Consultation for Kara with ATAREKAD, PNLP, DRE, SSA, Association des Peuls, Association des Personnes en situation de Handicap, Chefferie traditionnelle, PFSES, DRS, DRE, PEV, ANAMET, CRT, DPS Kozah, DPS Keran, DPS Binah, DPS Assoli, DPS Doufelgou, DPS Bassar*

<b>Meeting Date:</b> 23.09.2025	<b>Meeting location:</b> Hotel Sainte Brigitte, Kara
<b>Participants:</b> ATAREKAD, PNLP, DRE, SSA, Association des Peuls, Association des Personnes en situation de Handicap, Chefferie traditionnelle, PFSES, DRS, DRE, PEV, ANAMET, CRT, DPS Kozah, DPS Keran, DPS Binah, DPS Assoli, DPS Doufelgou, DPS Bassar	<b>Number and gender (m/f) of participants:</b> 30 [27M, 3F]
<b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Togo</li> <li>• Advisor Construction, GIZ Togo</li> <li>• Commission Manager, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the under developing Green Climate Fund (GCF) project and ensure regional stakeholder ownership</li> <li>• Collect feedback and recommendations to refine activity sheets before national validation</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• MSHPCSUA and ANAMET confirmed that monthly climate–health bulletins have been produced since May 2025 and will be expanded in coverage and use during the project.</li> <li>• It was clarified that health and meteorological data integration will support short-term products (alerts, risk maps) and long-term analytics (modelling, vulnerability/risk analyses).</li> </ul>	

<ul style="list-style-type: none"> <li>• Respiratory diseases were not included due to the complex attribution between air pollution and climate variables; the focus remains on malaria, diarrhoea, and heat-related illness.</li> <li>• On institutions, the UCC's sustainability will rely on government counterpart staffing, advocacy for a dedicated budget line, and alignment with partner contributions.</li> <li>• For service delivery (Component 3), quality-of-care and gender mainstreaming will be supported via ProSanté-SR and a dedicated Gender Action Plan; the final number of beneficiaries PHUs is being determined.</li> <li>• Infrastructure scope in Kara includes new maternity blocks (and potentially general medicine) plus rehabilitation of existing structures, with accessibility for people with disabilities considered.</li> <li>• Indoor residual spraying was deprioritised by PNL</li> <li>• The project is adaptation-focused and will not finance general environmental management (waste, reforestation) or household-level credits; site selection will consider existing programmes (e.g., BOAD/ANPC)</li> </ul>
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#### 70. Meeting with PHU Lama-Kpedah

<b>Meeting Date:</b> 22.09.2025	<b>Meeting location:</b> Lama-Kpedah - Peripheral Health Unit (PHU)
<b>Participants:</b> <b>PHU</b> <ul style="list-style-type: none"> <li>• Maternity Manager</li> <li>• Midwives</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Local Gender Liaison Officer - Kara</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [0M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li> <li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>• Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The maternity unit is in poor condition, lacking staff facilities, and adequate space; there is only one shared toilet and no heating system for postpartum women.</li> <li>• Delivery rooms are overcrowded and not climate-resilient; only two delivery beds are available, forcing some women in labour to wait in the reception area even during heatwaves or heavy rains. The PHU has a functional cold chain for vaccines but lacks a heating table for newborns.</li> <li>• Women in remote areas such as Lama Poulou and women with disabilities face the greatest challenges accessing care during floods. The midwife initiates first aid for complications, but limited capacity and equipment constrain emergency response. Collaboration with firefighters and local taxis supports patient evacuation.</li> <li>• Climate-related illnesses such as malaria, heat rashes, and respiratory infections increase during rainy and hot seasons, particularly affecting infants, and pregnant women.</li> <li>• Health and climate information is mainly accessed through radio, TV, and WhatsApp, but dissemination to communities remains weak. Strengthening communication channels and coordination with meteorological services was recommended.</li> <li>• Of the three female staff, only one holds a management position (Deputy Director).</li> <li>• GBV cases are observed but not directly linked to climate impacts. The RM provides medical and psychological assistance but lacks proper materials for forensic examinations.</li> <li>• Recommended actions include training health staff and community actors on GBV management, emergency obstetric and neonatal care (SONU), newborn resuscitation, nutrition, and Manual Intrauterine Aspiration.</li> <li>• Priority needs include a heating plate for newborns, improved delivery and recovery rooms, and modern WASH facilities with safe water access.</li> </ul>	

- The meeting concluded with recommendations to strengthen women's leadership, improve maternity infrastructure, establish functional early warning systems, and expand awareness and technical support for health and climate resilience.

#### 71. Meeting with Lixil

<b>Meeting Date:</b> 22.09.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Lixil:</b> <ul style="list-style-type: none"> <li>• Project Manager, Global Partnerships</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change, GIZ Togo</li> <li>• Intern, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [3M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss the partnership and integrated development for partnership (IDP)</li> <li>• Understand Lixil's shift away from donations and see</li> <li>• Establish next steps for sharing product samples and training information.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Lixil outlined support involving training, capacity building, and product marketing (radio spots, billboards, broadcasting).</li> <li>• Installation training would focus on masons and artisans, and more details will be provided by Lixil.</li> <li>• The target goal is to reach an IDP, with an emphasis on a 50/50 partnership. This was explained to Lixil as part of the IDP framework. Lixil expressed openness to the idea of contribution on an equal basis.</li> <li>• Action Items:               <ul style="list-style-type: none"> <li>○ Lixil will share the amount and type of product samples that they can contribute to as part of this partnership.</li> <li>○ Lixil will also provide details on installation training and share examples of past projects.</li> <li>○ Another meeting will be scheduled to follow up and take forward the IDP process.</li> </ul> </li> </ul>	

#### 72. Meeting with the mothers' Club of Bafilo

<b>Meeting Date:</b> 20.09.2025	<b>Meeting location:</b> Assoli (Bafilo)
<b>Participants:</b> <b>Mothers' Club</b> <ul style="list-style-type: none"> <li>• Coordinator of the Club</li> <li>• Club members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 17 [3M, 14F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to local communities, particularly the Mothers' Club, and ensure it reflects local priorities</li> <li>• Understand the specific barriers faced by women and girls (access to care, domestic burden, schooling, GBV, early marriage, menstrual hygiene).</li> <li>• Identify gender inequalities in access to and quality of maternal and newborn care in the context of climate change.</li> <li>• Document their good practices to mobilise women and strengthen family and community health, including GBV prevention and reproductive health support.</li> </ul>	
<b>Summary of the meeting:</b>	

- The Mothers' Club underlines that climate change exacerbates both health and economic vulnerabilities in Assoli, especially among women and children. Extreme weather events (drought, violent winds, heat) increase food insecurity and the prevalence of diseases such as malaria, Diarrhoea, meningitis, and skin infections in children.
- Access to healthcare remains difficult due to high costs, long distances, poor road conditions, and inadequate infrastructure (only one delivery bed, insufficient sanitation, and lack of lighting in facilities).
- The *WEZOU* program has significantly reduced or eliminated healthcare costs for pregnant and breastfeeding women, partially improving access to maternal and child health services.
- Climate information is mainly disseminated through the local radio (*Voix d'Assoli*, in Kotokoli language), television, and community health workers (CHWs), who act as intermediaries within local women's clubs.
- Women frequently resort to traditional medicine (roots, bark, and leaves), either by tradition or by lack of financial means for the treatment of diseases such as fever, malaria, etc.
- Gender-based violence (GBV) remains a concern, often linked to domestic disputes. Formal reporting mechanisms are rarely used; mediation by the *Mothers' Club* is preferred, with recourse to the community justice box when mediation fails. Women's leadership is active but constrained by domestic workloads and weak institutional support.
- Access to safe drinking water is limited. Existing wells, 6 to 12 metres deep, often dry up due to prolonged dry seasons, leaving the community vulnerable.
- Health access barriers include financial hardship, distance from the health post, poor road conditions, lack of electricity, and insufficient medicines at the CHW level. CHWs provide first aid and help relay weather and health information.
- The community (composed of Fulani, Kotokoli, Kabyè, and Losso groups) lives peacefully and organizes awareness activities through home visits, illustrated storytelling, and theatre sketches.
- Priority needs include constructing a local health post or hospital, ensuring functional boreholes for safe water, electrifying the community, and improving roads for healthcare access and mobility.

### 73. Meeting with Papa Champions Club in BAFILO

<b>Meeting Date:</b> 20.09.2025	<b>Meeting location:</b> BAFILO
<b>Participants:</b> <b>Papa Champions</b> <ul style="list-style-type: none"> <li>• Coordinator of the Club</li> <li>• Club members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [8M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to communities, especially "Papa Champions," and ensure that the project reflects local priorities</li> <li>• Identify specific gender-related barriers that limit access to care.</li> <li>• Document their good practices for engaging men and strengthening family and community health, including GBV prevention</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The "Papa Champions" highlighted several barriers to accessing health care, including persistent cultural beliefs, men's reluctance to accompany their wives and children, and feelings of mistreatment in some health centres. To address these problems, programmes to support pregnant women and initiatives to reduce health care costs have been implemented.</li> <li>• They confirmed the presence of cases of domestic violence within households, mainly related to economic stress, crop failures and increased hardship caused by climate change. Those cases are first reviewed at the community level to determine whether they can be resolved locally or should be referred to the relevant authorities.</li> </ul>	



<ul style="list-style-type: none"> <li>• Awareness campaigns, implemented jointly with community health workers (CHWs) and local actors, aim to encourage dialogue within households and promote the use of health services for victim support.</li> <li>• There is no formal community-based early warning system for climate risks; Weather information is only shared occasionally during field visits. They expressed interest in setting up an automated early warning system to improve flood prevention and community preparedness.</li> <li>• Women and people with disabilities remain underrepresented in community decision-making bodies. Efforts are currently being made to strengthen their leadership through targeted training and dedicated group structures. The club reaffirmed their commitment to supporting inclusive initiatives.</li> <li>• They highlighted the need to improve sanitation infrastructure and the management of public toilets. The group proposed a system of community contribution for maintenance and the appointment of a supervisor.</li> <li>• The club also reported difficulties in accessing water, especially during the dry season, and recommended strengthening hygiene and sanitation measure, increasing community awareness and involving more men in women's health care.</li> </ul>
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#### 74. Meeting with PHU Solla

<b>Meeting Date:</b> 19.09.2025	<b>Meeting location:</b> PHU Solla
<b>Participants:</b> <b>PHU</b> <ul style="list-style-type: none"> <li>• Maternity Manager</li> <li>• Midwives</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Environmental Assistant</li> <li>• Gender Expert</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 9 [4M, 5F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li> <li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>• Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Although the centre has recently benefited from new maternity wards, cultural and geographical factors continue to limit access to safe obstetric care. The persistence of traditional practices including home births attended by untrained traditional midwives combined with limited community awareness, increases the risk of maternal and neonatal complications.</li> <li>• Community outreach and collaboration: Midwives highlighted the need to strengthen the role of community health workers (CHWs) in outreach activities, especially in remote villages. They recommended identifying additional CHWs or community relays to support community outreach targeting families and traditional birth attendants. They also suggested that formal mechanisms for collaboration with traditional healers should be put in place to promote early referral to health facilities.</li> <li>• Medical equipment and lack of capacity: The head of the maternity ward reported a significant shortage of medical equipment, especially in the delivery room (suction cups, postnatal monitoring devices, etc.), which affects the quality and safety of obstetric care. Staff also expressed a need for capacity building in key technical areas,</li> </ul>	

<p>including emergency obstetric management and postpartum intrauterine device (IUD) placement.</p> <ul style="list-style-type: none"> <li>• One midwife reported that she had received training on humanized childbirth but stressed the need for more comprehensive training to promote respectful maternity care and build community confidence in institutional births.</li> <li>• Hygiene and sanitation conditions: Discussions revealed that although the health centre has sufficient sanitation facilities for staff and patients, the surrounding community suffers from deficient health infrastructure. Recurrent infections, including childhood diarrhoea, are caused by inadequate hygiene practices and limited access to safe drinking water.</li> <li>• Psychosocial support and case management: Maternity staff raised the issue of psychosocial care and follow-up of individual cases. He described cases requiring emotional and psychological support for women after difficult deliveries. The team expressed the wish to benefit from training in active listening and basic psychosocial support in order to improve the care and well-being of patients.</li> <li>• Midwives also found gaps in women's access to appropriate postpartum family planning services. They recommended strengthening their technical skills in postpartum IUD insertion to better meet women's reproductive health needs.</li> </ul>
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#### 75. Meeting with PHU Lama-Kpedah

<b>Meeting Date:</b> 19.09.2025	<b>Meeting location:</b> Lama-Kpedah - Peripheral Health Unit (PHU)
<b>Participants:</b> <b>PHU</b> <ul style="list-style-type: none"> <li>• Deputy Health Centre Manager</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Local Gender Liaison Officer – Kara</li> <li>• WANEP</li> <li>• Consultant – WASH Expert</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li> <li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>• Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The PHU faces a severe shortage of medical equipment and limited capacity, which affects the quality of care and patient management, especially during the rainy season.</li> <li>• The facility's infrastructure is small and often overcrowded; patient visits become difficult during heavy rains due to flooding and poor road access.</li> <li>• Malaria remains the most common climate-related disease during the rainy season, mainly affecting children. During heatwaves, meningitis and seasonal respiratory infections increase, particularly among pregnant women, children, and the elderly.</li> <li>• There are no forms of discrimination or restrictions in patient reception; however, remote villages become isolated by flooded rivers during the rainy season, limiting women's access to maternal and child health services.</li> <li>• The centre does not have its own early warning system but receives alerts from the prefectural or regional health directorate. Community health workers (ASCs) play a key role in relaying health information through door-to-door visits.</li> <li>• The facility has basic sanitation facilities, but they are not adapted for people with disabilities.</li> <li>• There is a need to improve resource and equipment management to ensure their effective use and sustainability.</li> </ul>	

#### 76. Meeting with God Church

<b>Meeting Date:</b> 19.09.2025	<b>Meeting location:</b> Kara
<b>Participants:</b> <b>Church</b> <ul style="list-style-type: none"> <li>• Pastor</li> <li>• Pastor's wife</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [2M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to communities and ensure that the project reflects local priorities</li> <li>• Identify specific gender-related barriers (women's mobility, social norms, GBV, cultural practices) that limit access to care.</li> <li>• Identify mechanisms for access to information and early warnings and how climate change and climate-sensitive health outcomes increase their vulnerabilities.</li> <li>• Analyse the differentiated needs of women, men, and young people through the religious leader's direct experience with communities.</li> <li>• Document cases and trends related to gender-based violence (GBV) in the community.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Pastor recognizes the visible effects of climate change (drought, dust, and heat) on both health and agriculture, noting increased respiratory infections (January–April) due to dust and higher malaria cases during the rainy season as people sleep outdoors seeking cooler air.</li> <li>• The church actively shares climate and health information through sermons, posters, and social media. It also runs malaria and hygiene awareness sessions, though attendance drops during bad weather, and some members still prioritise prayer before medical care.</li> <li>• The church's governance is inclusive: women hold leadership roles (deaconesses, department heads, treasurers), and pastors' wives participate in decision-making councils.</li> <li>• At least two GBV cases were reported; the church intervened as mediator, providing financial or material support (e.g., housing aid, small business assistance). Formal reporting systems are absent, and the justice system is perceived as ineffective, discouraging victims from speaking out.</li> <li>• Collaboration with local health services and other faith communities (including Muslim leaders) focuses on positive masculinity, inclusion, and joint awareness campaigns. Priority needs include stronger awareness programs on hygiene and climate-related diseases, financial support for vulnerable women, leadership training, and logistical support (e.g., a vehicle for toilet waste removal).</li> <li>• The church maintains positive interfaith relations, having led joint sensitization activities with imams on gender equality and climate resilience in its previous location, though such partnerships are not yet established in the new one.</li> <li>• It partners with the Ministry of Health for awareness activities but has no formal links with the national meteorological or civil protection agencies (ANAMET, ANPC), despite openness to collaboration.</li> <li>• The community faces major environmental sanitation issues: no formal waste collection or sewage management system; solid and liquid waste are managed informally. Access to safe water is limited to the church's single well, creating high demand for community boreholes.</li> <li>• Key recommendations include establishing solid waste and wastewater management systems, improving access to potable water, providing septic tank emptying services, supporting poverty reduction and women's empowerment initiatives, financing sensitization activities, and training religious and community leaders on health, climate, and gender.</li> </ul>	

#### 77. Meeting with PHU Kassena

<b>Meeting Date:</b> 19.09.2025	<b>Meeting location:</b> Kassena Peripheral Health Unit (PHU), Centrale region
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<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Pregnant and breastfeeding women at PHU Kassena</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>Early warning Expert</li> <li>Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 20 [0M, 20F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Discussion with maternity facility managers and their teams on water access, hygiene, and sanitation, as well as practices and challenges in maternal care</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>The key points to remember from this interview are as follows: <ul style="list-style-type: none"> <li>Situation and recommendations on hygiene and sanitation in households; open defecation is still practiced.</li> <li>Lack of handwashing ramps and facilities.</li> <li>Improper use of latrines with broken pots, equipment theft, and lack of regular maintenance.</li> <li>Urgent need for drilling to ensure a reliable water supply and a flush system after each use.</li> <li>Toilets have a direct hole, with teak leaves and cement paper used as materials.</li> <li>Faucet and sink equipment have been installed but remain insufficient.</li> </ul> </li> <li>Recommendations include: <ul style="list-style-type: none"> <li>Equip all cabins intended for girls.</li> <li>Install trash bins with opaque lids to ensure hygiene and privacy.</li> <li>Community involvement is recommended to help maintain sanitation facilities.</li> <li>Regular awareness campaigns organized by ASC and NGOs such as Plan Togo.</li> </ul> </li> <li>Objectives: significantly reduce open defecation and associated health risks.</li> <li>Proper management of wastewater disposal.</li> <li>Use picture boxes and awareness sessions to better convey messages.</li> </ul>	

#### 78. Meeting with ATARECED

<b>Meeting Date:</b> 19.09.2025	<b>Meeting location:</b> ATARECED, Kara Region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Staff of NGO ATARECED</li> <li>single mother</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>Early warning Expert</li> <li>Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 8 [2M, 6F]
<b>Objectives of the meeting:</b> To discuss approaches to improve menstrual hygiene management in schools and communities by strengthening appropriate sanitation infrastructure, and to expand awareness with a focus on youth participation in communicating climate risks	
<b>Summary of the meeting:</b>  ATARECED aims to strengthen health resilience in the northern regions. Members receive limited information via phone and social networks. They emphasize the need to involve young people in early warning systems. Regarding menstrual hygiene, they raise awareness, but school infrastructure is inadequate, with cultural issues surrounding the management of menstrual products. They request kits, funding, training, and appropriate infrastructure.  Main ideas: <ul style="list-style-type: none"> <li>GCF project focused on climate health resilience in the North</li> <li>Information mainly via phone, need to expand channels and involve youth</li> <li>Awareness on menstrual hygiene and gender-based violence</li> <li>Insufficient school infrastructure, toilets shared with teachers</li> </ul>	

- Cultural practices complicate matters
- Need for hygiene kits, funding, training, and appropriate infrastructure

#### 79. Meeting with MPDC

<b>Meeting Date:</b> 19.09.2025	<b>Meeting location:</b> ministère de la Planification du Développement et de la Coopération (MPDC)
<b>Participants:</b> <b>MDPC:</b> <ul style="list-style-type: none"> <li>• General Secretary</li> <li>• Director of Bilateral Cooperation</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Country Director, GIZ Togo</li> <li>• Commission Manager, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [2M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss the results of the EDD process for ANAMET.</li> <li>• Address risks identified in the EDD report and their impact on the GCF project.</li> <li>• Explore potential solutions for moving forward with the GCF project in the absence of an <b>ANAMET board</b>.</li> <li>• Understand the status of the ANAMET board's nomination process.</li> <li>• Establish next steps for GIZ and MDPC collaboration on resolving the situation.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The EDD process identified that ANAMET's lack of a board poses a major risk, as it prevents GIZ from proceeding with grants and from ANAMET acting as the EE for the GCF project.</li> <li>• An alternative discussed was the possibility of making MTRAF the EE, although ANAMET is the preferred partner technically.</li> <li>• The MDPC team understood the implications of the risks and consequences for the project.</li> <li>• Preparatory work for the ANAMET board is complete, with only the nomination and convocation by the Council of Ministers remaining. This is expected to be addressed at the first meeting of the new government.</li> <li>• The MDPC team committed to prioritizing the board's nomination and keeping GIZ updated on the progress.</li> <li>• A suggestion was made to initiate a parallel EDD process with MTRAF, but GIZ was not convinced of its utility.</li> <li>• The meeting concluded with an agreement to maintain regular communication on the board's nomination and to monitor progress closely.</li> <li>• By 15 October: Review the progress of the process within GIZ and decide on the next steps. The key challenge remains the formation of the new government. If necessary, the issue can be addressed in government negotiations in November in Berlin.</li> </ul>	

#### 80. Meeting with MSC Defale

<b>Meeting Date:</b> 18.09.2025	<b>Meeting location:</b> MSC of Defale
<b>Participants:</b> <b>PHU</b> <ul style="list-style-type: none"> <li>• Health Centre Manager (HCM)</li> <li>• Maternity Manager (MM)</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li> </ul>	

<ul style="list-style-type: none"> <li>Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li> </ul>
<p><b>Summary of the meeting:</b></p> <ul style="list-style-type: none"> <li>The HCM and the MM of Defale note that the health infrastructure of Defalé is dilapidated, not resilient to climatic hazards and unsuitable for the needs of women, particularly in terms of childbirth, confidentiality, and hygiene.</li> <li>Sanitation facilities, delivery rooms, and medical storage devices are substandard, and prolonged power outages mean coolers are required to be used during power outages of more than 6 hours. Access ramps for people with reduced mobility exist but are too steep, requiring the assistance of two people to assist a patient.</li> <li>Access to climate and health information is irregular and unstructured, which limits the ability of the population, especially women with low literacy skills, to anticipate.</li> <li>Women make up a significant share of the health workforce and occupy some decision-making positions, but their participation in local governance remains hampered by social norms and domestic burdens.</li> <li>Gender-based violence is present, including cases of rape of minors, and certain cultural practices (home births, restrictions around FP) increase the risks to women's health.</li> <li>Climate-related diseases, such as malaria, diarrhoea, skin, and respiratory infections, mainly affect young children and pregnant women.</li> <li>80% of patients self-medicate before going to the health centre, which delays treatment and complicates diagnoses.</li> <li>Community health workers (CHWs) are elderly, poorly trained in modern tools (smart phones, internet, etc.) and unequally paid, which limits the effectiveness of awareness raising and community relay.</li> <li>Priority needs include a new maternity ward, latrines, handwashing stations, sterilization equipment, a haematology Analyser, and transportation.</li> <li>Actions are recommended to build capacity, improve pay equity for CHWs, raise awareness among men about women's support, and disseminate health information in local languages, plan and encourage the replacement of older CHWs with younger and better digitally trained people. Clarifying and improving communication on the services covered by the WEZOU programme for pregnant women, as well as on services not covered is also recommended.</li> </ul>

*81. Meeting with the CHWs and the mothers' Club*

<b>Meeting Date:</b> 18.09.2025	<b>Meeting location:</b> PHU of Defale
<p><b>Participants:</b></p> <p><b>PHU</b></p> <ul style="list-style-type: none"> <li>CHWs</li> <li>Mothers' Club</li> </ul> <p><b>FDC</b></p> <ul style="list-style-type: none"> <li>Environmental Assistant</li> <li>Local Gender Liaison Officer - Kara</li> </ul> <p><b>WANEP</b></p> <ul style="list-style-type: none"> <li>WASH Assistant</li> </ul> <p><b>GIZ</b></p> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> </ul>	<p><b>Number and gender (m/f) of participants:</b></p> <p>12 [4M, 8F]</p>
<p><b>Objectives of the meeting:</b></p> <ul style="list-style-type: none"> <li>Present the project to the communities, and ensure that the project reflects their priorities</li> <li>Assess the specific needs and priorities of women and girls in reproductive health and menstrual hygiene, which are often overlooked in service planning.</li> <li>Understand the specific barriers faced by women and girls (access to care, domestic burden, schooling, GBV, early marriage, menstrual hygiene).</li> </ul>	

<ul style="list-style-type: none"> <li>Identify gender inequalities in access to and quality of maternal and newborn care in the context of climate change.</li> <li>Assessing the impact of climate change and climate-sensitive health outcomes on the health resilience of these communities</li> </ul>
<p><b>Summary of the meeting:</b></p> <ul style="list-style-type: none"> <li>CHW state that climate change in Defale intensifies waterborne and respiratory diseases, increasing pressure on already limited health infrastructure and understaffed facilities. Women, children, and the elderly are the most vulnerable to these impacts due to distance from health centres, poverty, and persistent social barriers restricting access to care.</li> <li>Despite the existence of resources and female-focused health services, maternal and general medical care remain inadequate and understaffed.</li> <li>Health communication is adapted by gender and age (men, women, children), but this segmentation often reduces the effectiveness of climate and prevention messages.</li> <li>Women's and youth participation in community decision-making remains limited because of lack of training, restricted access to information, and weak institutional recognition.</li> <li>Health staff often work without stable pay, undermining motivation, and continuity of essential services. Recruitment (especially for maternity, laboratory, and general medicine) is a pressing need. Collaboration with a medical assistant has proven beneficial, but sustained training for women and youth in leadership is strongly recommended to enhance community health governance.</li> <li>Recurrent illnesses include cough, colds, fever, malaria (during the rainy season), and Diarrhoea among children. Sanitation facilities exist in homes, markets, and schools thanks to Bornefonden and the NGO Creuset-Togo, though those at the health post are poorly adapted for pregnant women.</li> <li>Health services are generally satisfactory but constrained by shortages of beds and medicines. CHWs handle mild cases and refer severe ones. Establishing a health outpost in remote areas is recommended.</li> <li>Water sources include boreholes, wells, and springs (sometimes dry), while frequent electricity cuts from CEET limit service delivery. Local initiatives such as the "health savings fund" support access to care, including childbirth costs, through small repayable loans.</li> <li>Priority needs include an equipped space for the Mothers' Club, awareness materials (gloves, boots, megaphones, visuals), transport for outreach, additional staff (especially for maternity), hospital beds, household waste management systems, effective health insurance (AMU), capacity building for club members, and financial support to sustain community health activities.</li> </ul>

#### 82. Meeting with PHU of Baga

<b>Meeting Date:</b> 18.09.2025	<b>Meeting location:</b> PHU of Baga
<p><b>Participants:</b></p> <p><b>PHU</b></p> <ul style="list-style-type: none"> <li>Health Centre Manager (HCM)</li> <li>Maternity Manager (MM)</li> <li>Management Committee COGES</li> </ul> <p><b>FDC</b></p> <ul style="list-style-type: none"> <li>Environmental Expert</li> <li>Environmental Assistant</li> <li>Gender Expert</li> <li>Local Gender Liaison Officer - Kara</li> </ul> <p><b>WANEP</b></p> <ul style="list-style-type: none"> <li>WASH Assistant</li> </ul>	<p><b>Number and gender (m/f) of participants:</b></p> <p>9 [6M, 3F]</p>
<p><b>Objectives of the meeting:</b></p> <ul style="list-style-type: none"> <li>Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li> </ul>	

<ul style="list-style-type: none"> <li>Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li> </ul>
<p><b>Summary of the meeting:</b></p> <ul style="list-style-type: none"> <li>The PHU offers a range of services including polyclinic care, paediatrics, maternity, ophthalmology, laboratory, immunology, pharmacy, and vaccination, covering key health needs for women and children.</li> <li>Climate-related diseases (mainly skin infections during heavy rains are on the rise, especially among children and vulnerable groups.</li> <li>The facility employs 36 staff members, including 16 women, 5 of whom hold leadership positions, though capacity building and motivation remain limited, particularly for female personnel.</li> <li>GBV cases are occasionally reported, mostly domestic; responses rely on community sensitization led by staff and local leaders.</li> <li>The Health Management Committee (COGES) supports awareness activities and community sessions but faces challenges in mobilizing participants, often resorting to door-to-door campaigns through CHWs.</li> <li>Major needs include transport means for outreach, training for female staff, motivation incentives, and improved patient reception facilities, as current infrastructure is old and unwelcoming.</li> <li>The cold chain is functional but heavily dependent on CEET electricity; vaccines are transferred to the CHU during extended outages. Waste sorting is practiced, but the incinerator is non-functional and no recent training on waste management has been conducted.</li> <li>Hygiene conditions are weak: no hygiene assistant, poorly maintained latrines, and no handwashing stations at the entrance.</li> <li>Water is supplied by TDE through a super tank; energy comes from CEET and solar panels. Fire extinguishers are available, but staff are untrained in their use. Complaint management relies on suggestion boxes and direct reporting, while conflicts are handled by traditional chiefs, including Fulani leaders.</li> <li>Key needs include technical and financial support, staff capacity building, infrastructure and equipment rehabilitation, recruitment of a hygiene assistant, improved water and sanitation systems, performance incentives for CHWs and contract staff, and stronger coordination among sectors (health, agriculture, water, and sanitation).</li> </ul>

### 83. Meeting with the MEA – RDE of Kara

<b>Meeting Date:</b> 18.09.2025	<b>Meeting location:</b> RDE's Office - Kara
<p><b>Participants:</b></p> <p><b>Regional Directorate of Education (RDE)</b></p> <ul style="list-style-type: none"> <li>Representants of the RDE</li> <li>DRE staff</li> </ul> <p><b>FDC</b></p> <ul style="list-style-type: none"> <li>Gender Assistant</li> </ul> <p><b>WANEP</b></p> <ul style="list-style-type: none"> <li>Consultant – WASH Expert</li> </ul> <p><b>GIZ</b></p> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> <li>Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<p><b>Number and gender (m/f) of participants:</b></p> <p>6 [5M, 1F]</p>
<p><b>Objectives of the meeting:</b></p> <ul style="list-style-type: none"> <li>Present the project to the Regional Directorate of Education (RDE)</li> <li>Analyse institutional and human capacities (gender focal points, trained staff) to address the differentiated health needs of women, men, and youth.</li> </ul>	



<ul style="list-style-type: none"> <li>• Gather information on how gender issues are integrated into public health policies, strategies, programmes, and practices, particularly in the context of climate-sensitive health outcomes.</li> <li>• Assessing the impact of climate change and climate-sensitive health outcomes on the health resilience of vulnerable communities and current responses</li> </ul>
<p><b>Summary of the meeting:</b></p> <ul style="list-style-type: none"> <li>• RDE staff reveal that the region's school infrastructure is largely inadequate, with latrines not designed for girls (lack of spaces for menstrual hygiene) or for students with disabilities.</li> <li>• Sanitary installations, although present in the majority of inspections, pose health and environmental risks (leaky pits, regulatory distances not respected).</li> <li>• The representation of women in the RDE is low: less than 10 women out of about 30 officers, with only three in decision-making positions.</li> <li>• Policies to promote women's leadership, including quotas for the recruitment of female teachers, have failed due to cultural, family, and logistical constraints.</li> <li>• Access to climate information is sporadic, without a structured warning system; existing tools like EDUTRACK (developed by the Ministry of Education) are used for emergency situations, but its implementation is uneven. Climate awareness campaigns are rare (about two per year) and lack resources, without systematic consideration of gender-differentiated needs.</li> <li>• The effects of climate on education are visible: excessive heat in cement buildings, flooding hindering access to schools, and deteriorating infrastructure.</li> <li>• Sociocultural barriers continue to hinder girls' enrolment and retention in school (early marriage, poverty, domestic work). However, any act of GBV or SEAH within educational institutions is formally sanctioned by the Ministry of Education.</li> <li>• The lack of financial and logistical resources limits the implementation of structured actions (no budget for newsletters, few animation materials, lack of transport).</li> <li>• Priorities include improving WASH infrastructure, adapting schools to the specific needs of vulnerable girls and students, strengthening the capacity of the gender system, and better mobility conditions for female teachers.</li> </ul>

#### 84. Meeting with MERFPCCC

<b>Meeting Date:</b> 18.09.2025	<b>Meeting location:</b> Ministry of Environment, Forest Resources (MERFPCCC)
<p><b>Participants:</b></p> <p><b>MERF</b></p> <ul style="list-style-type: none"> <li>• Project Manager, MERFPCCC</li> <li>• Adviser, MERFPCCC</li> <li>• Adviser, MERFPCCC</li> <li>• Adviser, MERFPCCC</li> <li>• Adviser, MERFPCCC</li> <li>• Adviser, MERFPCCC</li> </ul> <p><b>GIZ</b></p> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Adviser, GIZ Togo</li> <li>• Adviser Private Sector, GIZ Togo</li> </ul>	<p><b>Number and gender (m/f) of participants:</b></p> <p>9 [6M, 3F]</p>
<p><b>Objectives of the meeting:</b></p> <ul style="list-style-type: none"> <li>• Clarify MERF's strategy for e-mobility, including how it aligns with transport and energy ministry plans, and assess whether a private-sector component is envisioned.</li> <li>• Review progress on feasibility studies, national e-mobility strategies, and financing strategies; determine what documents and studies are available for sharing.</li> <li>• Discuss the roles of different ministries and partners (MERF, transport ministry, energy ministry) in implementing e-mobility projects and identify opportunities for collaboration with private operators such as Rino or other electric motorbike providers.</li> <li>• Understand challenges in adoption of electric motorcycles, battery charging infrastructure, regulatory frameworks, and financing, and outline subsequent actions (document collection, budget planning, procurement, training and institutional support).</li> </ul>	
<p><b>Summary of the meeting:</b></p>	

- MERF described their ambition to create a favourable framework for e-mobility, in coordination with the transport and energy ministries. A full stakeholder mapping has been completed, and an action strategy covers both public life and transport applications. The national target aims for 30 % of vehicles to be electric by 2030, so raising awareness and facilitating access are critical.
- Adoption of electric motorcycles within the ministry is slow due to administrative inertia; An international consultant (based in France) and a national consultant are monitoring performance data from electric motorcycles, comparing maintenance and user experience against thermal motorcycles.
- An energy-infrastructure study focusing on battery charging was nearly completed; it examines options for battery swapping versus charging stations. MERF also has a “Green Mobility” communication strategy to promote the programme.
- Financing strategy documents are still being drafted; once verified, MERF will share them. A previously validated strategy with the General Directorate of Taxes (DGI) on green mobility financing was mentioned.
- MERF noted ongoing collaboration with the transport ministry on charging-station deployment and highlighted interactions with private operators (Rino, Spiro). Rino plans to install three solar-powered charging stations;
- Discussions covered potential charging models: either drivers charge their own batteries (with installed charging points) or adopt battery-swapping systems managed by established operators
- The meeting outlined a list of documents ready or in preparation, including a Green Mobility Programme, communication strategy, national strategy, feasibility study on charging stations and batteries, resource-mobilisation strategy, and a decree on electric motorcycle use.
- To-do actions include ensuring the feasibility study reflects economic considerations; following up on the national e-mobility strategy, feasibility study, resource mobilisation strategy (with GGGI), and decree; defining criteria for site selection; budgeting for purchases and training; and coordinating institutional support for regulation and partnerships.

#### 85. Meeting with AED

<b>Meeting Date:</b> 17.09.2025	<b>Meeting location:</b> AED Office
<b>Participants:</b> <b>AED</b> <ul style="list-style-type: none"> <li>• Coordinator of AED NGO</li> <li>• Peer Educator, FAMME NGO</li> <li>• AED members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Environmental Expert</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 18 [11M, 7F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• To identify the main challenges faced by Person Living with HIV (PLHIV), key populations in accessing health care and social services.</li> <li>• Understand existing mechanisms of discrimination in health facilities and within communities, particularly regarding key populations, to guide the project's inclusion measures.</li> <li>• Discuss effective approaches to promote inclusive and respectful reception in health centres, reduce stigma and ensure equitable access to services for all social groups</li> <li>• Collect recommendations for the integration of specific needs into the project</li> </ul>	
<ul style="list-style-type: none"> <li>• Summary of the meeting:</li> <li>• Discussions with the NGO AED highlighted several challenges related to discrimination and equitable access to care for PLHIV and key populations. Participants pointed out that health centres do not have spaces that guarantee patient confidentiality, which reinforces stigma. According to them, "there are still forms of discrimination in health centres, and the infrastructure is not adapted to the needs of PLHIV and key populations".</li> </ul>	

- A member of the NGO AED also drew attention to the risk that the specialization of some centres will accentuate this stigma: "The fact that we go to a PLHIV care centre, people see us as people with HIV and change the way they talk to us."
- A peer educator described the constraints faced by key populations in accessing care: "It is difficult for us to go to a health centre to receive care or medicine, even when the centre is nearby. We are often forced to travel long distances to be taken care of elsewhere. »
- Regarding the management of alerts and care during crises, the discussions focused on the prioritization of beneficiaries. Participants indicated that there is no differential or discriminatory treatment in emergency response. As one peer educator put it, "Key populations are not discriminated against when they reach for help."
- In terms of inclusion strategies, participants stressed the need to develop communication and reception approaches that promote a respectful and inclusive environment, ensuring equitable and non-discriminatory access to health services for all people, regardless of gender or orientation.
- Finally, participants recommended the establishment of integrated care in selected health centres to accommodate PLHIV and key populations, as well as the adoption of concrete measures to prevent stigma and strengthen inclusion in health and humanitarian interventions.

#### 86. Meeting with PADES

<b>Meeting Date:</b> 17.09.2025	<b>Meeting location:</b> Kara
<b>Participants:</b> <b>NGO PADES</b> <ul style="list-style-type: none"> <li>• NGO Coordinator</li> <li>• NGO members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Gender Expert</li> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 14 [11M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess the operational expertise of NGOs/CSOs in health, gender, and climate, and diagnose the resilience of local health infrastructure and early warning systems to climate threats.</li> <li>• Examine women's leadership, GBV, and gender representation within local governance and NGOs, ensuring marginalised groups are reached by climate and health communication channels.</li> <li>• Leverage NGO experience to gather community needs and co-design inclusive, equitable interventions that build climate and health resilience.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• PADES has been active for over 30 years in community health, agroecology, water and sanitation, nutrition, and gender in the Kara region, recently integrating a specific Gender and Development component with a focal point, community committees, and partnerships to address gender-based violence (GBV).</li> <li>• Despite its long-standing engagement with women, access to safe water and health services remains highly unequal in rural areas due to distance, inadequate infrastructure, and limited medical equipment.</li> <li>• Climate-sensitive health outcomes such as diarrheal infections, malaria, malnutrition, and respiratory illnesses disproportionately affect women and children in the organization's intervention zones.</li> </ul>	

- Information on health and climate issues is disseminated through community radios, village meetings, posters, WhatsApp groups, and local authorities, but remote villages remain hard to reach.
- Women hold about 70% of leadership positions within PADES, despite representing a minority of the overall workforce; the organization promotes gender-friendly policies, including flexible hours, maternity rights, and logistical support from male colleagues.
- PADES highlights the need for an integrated early warning system, better access to safe water and reproductive health, enhanced female leadership, training on GBV prevention, and support for climate-resilient agriculture.
- PADES has an environmental management system that includes a fire prevention committee (CAF) equipped with prevention materials and a community reporting system Analysed during coordination meetings.
- The organization manages a water tower jointly with the local municipality and uses WhatsApp networks for reporting water and sanitation issues, but additional funding is needed to expand potable water access and sanitation coverage.
- Environmental awareness and hygiene promotion are conducted via local radio programs, public spots, flyers, and community meetings, complemented by initiatives in nutrition and agroecology such as organic juice production and training centres for food processing.
- PADES enforces internal safeguards including a gender and anti-harassment policy, a grievance management committee, and suggestion boxes, while recommending stronger early warning systems, improved communication tools, and increased financial and technical support for WASH, nutrition, and sustainable agriculture programs.

#### 87. Meeting with APHAK (people with disabilities)

<b>Meeting Date:</b> 17.09.2025	<b>Meeting location:</b> Kara – APHAK office
<b>Participants:</b> <b>NGO APHAK</b> <ul style="list-style-type: none"> <li>• NGO Coordinator</li> <li>• NGO members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [4M, 6F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess the operational expertise of NGOs/CSOs in health, gender, and climate, and diagnose the resilience of local health infrastructure and early warning systems to climate threats.</li> <li>• Examine women's leadership, GBV, and gender representation within local governance and NGOs, ensuring marginalised groups are reached by climate and health communication channels.</li> <li>• Leverage NGO experience to gather community needs and co-design inclusive, equitable interventions that build climate and health resilience.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• APHAK, founded in 1993 and officially recognized in 2015, promotes the rights of people with disabilities (PWDs) and works in education, health, and environmental protection with partners such as Plan Togo, GIZ, and Handicap International.</li> <li>• Women with disabilities face double discrimination both gender- and disability-based leading to social isolation, devaluation, and frequent verbal, psychological, and economic violence. Harmful cultural beliefs portray PWDs as “cursed” or “useless,” prompting families to hide them and limiting their marriage prospects and social participation.</li> <li>• Access to health care is severely restricted by non-inclusive infrastructures: lack of ramps, inaccessible beds and toilets, inadequate delivery rooms, and absence of</li> </ul>	

support personnel. Health workers sometimes display discriminatory attitudes, leaving disabled patients unattended or assigning them to spaces they cannot physically access.

- The most vulnerable groups include people with albinism, children, and the elderly, are highly vulnerable to climate-sensitive health outcomes such as malaria, cholera, and heat-related infections; their needs include accessible facilities, inclusive information systems, education, credit access, and stronger organizational capacity.
- APHAK conducts awareness campaigns on HIV and sexual and reproductive health but reports widespread discrimination and lack of adapted health infrastructure; the organization advocates for inclusive health facilities and trains medical staff on disability-sensitive care.
- Access to safe water and electricity remains limited among members. The association engages in reforestation and small-scale farming, but poor road conditions and lack of bridges hinder outreach in remote areas.
- Key recommendations include adapting all public and health infrastructures for accessibility, training health and education personnel in inclusive care, and strengthening APHAK's technical, material, and financial capacities to sustain its interventions.

#### 88. Meeting with the Acting PDH

<b>Meeting Date:</b> 17.09.2025	<b>Meeting location:</b> Assoli – PDH's Office
<b>Participants:</b> <b>PDH</b> <ul style="list-style-type: none"> <li>• Acting PDH</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Assistant</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [4M, 0F]
<ul style="list-style-type: none"> <li>• Objectives of the meeting:</li> <li>• Present the project to the Prefectural Direction of Health (PDH)</li> <li>• Analyse institutional and human capacities (gender focal points, trained staff) to address the differentiated health needs of women, men and youth.</li> <li>• Gather information on how gender issues are integrated into public health policies, strategies, programmes and practices, particularly in the context of climate-sensitive health outcomes.</li> <li>• Assessing the impact of climate change and climate-sensitive health outcomes on the health resilience of vulnerable communities and current responses</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The acting PHD of Assoli indicates that women, people with disabilities and rural communities encounter more difficulties in accessing health infrastructure due to remoteness, degraded roads, flooding and the lack of suitable facilities.</li> <li>• Many health centres are dilapidated or in slow rehabilitation, with a lack of electricity, clean water, access ramps and functional latrines, which particularly affects maternal care.</li> <li>• Climate-sensitive health outcomes, such as malaria, diarrhoea, measles and waterborne infections, predominantly affect women and children, especially during the rainy and hot seasons.</li> <li>• Alert and monitoring mechanisms rely on CHWs, but the messages are not suitable for illiterate women, people with disabilities or remote groups. CHW networks monitor and report cases upstream but are not trained to integrate gender-responsive approaches. There is collaboration with ANPC, ANAMET and local authorities for tabletop exercises (PPRC), but inclusion at the community level is low.</li> <li>• Access to climate and health information depends on traditional leaders and community relays, which limits women's direct access to warnings and decisions.</li> <li>• About a third of decision-making positions in the health sector are held by women, but their real involvement in planning and resource management remains secondary.</li> </ul>	

- The gender focal point exists but lacks the financial and technical means to systematically integrate the needs of vulnerable groups into health services and policies.
- Epidemiological surveillance systems work, but do not take into account the specific constraints of women, people with disabilities or isolated villages.
- Priority needs include the rehabilitation of health infrastructure, universal accessibility, the strengthening of warning systems and resources dedicated to gender.
- The recommendations focus on the development of women's leadership, the accessibility of buildings, the inclusive dissemination of alerts, vector control and the improvement of roads to health centres.

#### 89. Meeting with Fulani community (LC)

<b>Meeting Date:</b> 17.09.2025	<b>Meeting location:</b> Ouro Gao - Fulani hamlet
<b>Participants:</b> <b>MSC</b> <ul style="list-style-type: none"> <li>• Fulani chief of Soudou</li> <li>• Fulani chief of Ouro Gao</li> <li>• Fulani Community Health Worker</li> <li>• Members of Fulani community (teachers and farmers)</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 13 [10M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li> <li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>• Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The health infrastructure in Soudou is outdated and poorly adapted to the needs of pregnant women, people with disabilities, and populations exposed to climate-sensitive health outcomes.</li> <li>• Sanitary facilities are either non-functional or absent, with no provisions for menstrual hygiene, privacy, or accessibility, creating unsafe conditions for women and girls.</li> <li>• Climate-sensitive health outcomes such as malaria, Diarrhoea, respiratory infections, and malnutrition disproportionately affect children, pregnant women, and breastfeeding mothers; community health workers (CHWs) raise awareness but face logistical barriers such as poor roads, lack of transport, and limited protective equipment.</li> <li>• Health and climate information is shared through informal channels (mainly CHWs, word of mouth, and vaccination campaigns) without a formal early warning or real-time communication system.</li> <li>• Although women are well represented among health staff, their participation in decision-making remains uneven, particularly within Fulani communities where sociocultural norms limit their influence.</li> <li>• Reported cases of GBV (including domestic violence, sexual assault, and early marriage) are referred through community structures (CVD, CDQ, and traditional chiefs). The link between climate change, poverty, and GBV is evident, as economic losses due to poor harvests increase household tensions and violence.</li> <li>• Water is sourced from a mountain spring and treated with bleach, but shortages are recurrent during both rainy and dry seasons due to the lack of a functional borehole; electricity is supplied by CEET.</li> </ul>	

- Infrastructure remains inadequate: the maternity has no toilets, the sanitary blocks are deteriorated, and fire safety measures are limited to one outdated extinguisher. Open defecation persists in surrounding households.
- Waste management is basic: sharps are incinerated, other waste burned in pits, though humidity during the rainy season hinders combustion; the new incinerator is not functional. No Health, Safety, and Security (HSS) officer is in place.
- Key needs and recommendations include building a new health centre and maternity with adapted WASH facilities, installing a borehole, equipping for snakebite and climate-related emergencies, recruiting more staff (medical and laboratory), establishing an HSS system, creating health outposts for remote Fulani communities, and securing a proper ambulance shelter.

#### 90. Meeting with MSC of Soudou

<b>Meeting Date:</b> 17.09.2025	<b>Meeting location:</b> MSC of Soudou
<b>Participants:</b> <b>MSC</b> <ul style="list-style-type: none"> <li>• Maternity Manager</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [2M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li> <li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>• Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The MM of the PHU of Soudou reveals that in this health centre, pregnant and breastfeeding women are particularly exposed to the effects of climate change, especially during floods and heat waves that disrupt access to care.</li> <li>• The sanitary infrastructure is insufficiently adapted, she says: "there is only one common toilet for everyone, and the consultation spaces lack privacy and accessibility for people with disabilities".</li> <li>• Hygiene conditions are precarious, marked by irregular maintenance of the rooms and a lack of water points for hand washing. The high temperatures aggravate the discomfort and risks for pregnant women, as there is not enough ventilation equipment (brewers).</li> <li>• Climate-sensitive health outcomes such as diarrhoea, malaria and meningitis are on the rise during periods of heat or heavy rains causing flooding.</li> <li>• Despite the high representation of women in the staff (6 out of 9, including 4 in positions of responsibility), their opinions are rarely considered in the centre's decisions.</li> <li>• Gender-based violence persists in the community, but survivors have little recourse, and no formal reporting mechanism is in place.</li> <li>• Health and weather warnings arrive irregularly, limiting the ability of populations, especially women, to anticipate crises. Indeed, local communication means remain weak, which prevents the effective dissemination of climate and health information to rural women.</li> <li>• Recommendations include the establishment of an early warning system, the strengthening of GBV reporting mechanisms, and better consideration of women's specific needs in health planning and responses.</li> </ul>	

### 91. Meeting with MSHPCSUA

<b>Meeting Date:</b> 17.09.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>GFATM:</b> <ul style="list-style-type: none"> <li>Specialist Health Product Management</li> </ul> <b>Gavi:</b> <ul style="list-style-type: none"> <li>Senior Country Manager</li> </ul> <b>CAMEG Togo:</b> <ul style="list-style-type: none"> <li>Department head</li> <li>Department employee</li> </ul> <b>Laboratory Division Health Ministry Togo:</b> <ul style="list-style-type: none"> <li>Department head</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Head of Component, GIZ Togo</li> <li>Head of Component, GIZ Togo</li> <li>Project Manager, GIZ BDU</li> <li>Adviser, GIZ Togo</li> <li>Adviser Private Sector, GIZ Togo</li> <li>Intern, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 11 [9M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Receive updates on DPML's provisional timeline for supply-chain activities and identify tasks previously covered by GFATM that were deprioritized.</li> <li>Clarify roles and financing responsibilities among GFATM, GAVI and GIZ across the activity set.</li> <li>Assess the status of SIGL/e-SIGL logistics information systems, including interoperability with DHIS2 and CAMEG's ERP/finance systems, and determine whether to prioritize strengthening SIGL before migrating to e-SIGL.</li> <li>Discuss CAMEG's priorities, capacity needs and cold-chain modernization plan; examine forecasting and procurement coordination to avoid double counting of vaccines and supplies.</li> <li>Identify unresolved questions (funding split, phasing to 2026, cold-chain support by GIZ, and interoperability plan) and agree on decisions and immediate actions.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>DPML presented a provisional chronogram, noting that some activities previously listed were financed by GFATM but subsequently deprioritized. Participants recognised the need to clarify the division of responsibilities and financing across GFATM, GAVI and GIZ for each activity.</li> <li>A core message was that if the current SIGL system is weak, moving to an e-SIGL without fixing underlying issues would replicate existing problems. Interoperability requirements were emphasised: SIGL must work with DHIS2 and CAMEG's logistics software. CAMEG, as an autonomous entity, needs a modernized information system and coordination with DPML to ensure ERP/finance and logistics systems capture all necessary data.</li> <li>Moise reported that e-SIGL was introduced in 2023, with a qualitative evaluation required in 2024. GF funding can support ongoing technical assistance and evaluations, but these take time. Activities must be staged with the CCM7 cycle, which ends on 31 Dec 2026.</li> <li>CAMEG's priorities centre on two axes: (1) internal digitalization of stock management and distribution to reduce manual processes by ~80 %, and (2) enhancing interfaces with health facilities and partners to facilitate data exchange. GF acknowledges an infrastructure gap on their side (e.g., storage capacity). Regarding cold-chain modernization, GF has earmarked financing, but the first step is to model and map the existing cold chain and define infrastructure and system requirements.</li> <li>Forecasting discussions highlighted that vaccines should be part of the overall commodities forecast rather than a separate track. The World Bank SECU project is under approval; they sought clarity on how new financing is reflected in projections to avoid double counting. Moise noted that two supply chains operate in practice (EPI/immunization and other health programmes) and that DPML needs a system-wide perspective. GF works with central medical stores and health facilities (including CAMEG) to convene actors.</li> </ul>	



- Key unresolved questions include determining which activities are already financed and which remain unfunded; identifying which project phases are funded until 31 Dec 2026; clarifying whether GIZ's role includes a cold-chain diagnostic/needs assessment; developing a concrete interoperability plan for SIGL↔DHIS2↔CAMEG ERP integration; and drafting a roadmap of country needs and standards.
- Decisions taken were to strengthen SIGL first before digitization and to proceed with cold-chain modelling to unlock GF financing and specify infrastructure needs.
- Immediate actions agreed upon include: compiling a GFATM–GAVI–GIZ roles and financing matrix; drafting terms of reference and conducting a diagnostic/needs assessment and cold-chain mapping; producing a technical integration blueprint for SIGL–DHIS2–CAMEG ERP (including data flows and governance); analysing funding gaps through 2026 and proposing financing options; maintaining CAMEG–DPML coordination and GF engagement with central procurement; and sharing documents comparing internal CAMEG needs versus system-wide DPML needs and the proposed integration approach.

## 92. Meeting with Prefectural Director of Health (PDH)

<b>Meeting Date:</b> 16.09.2025	<b>Meeting location:</b> Bassar
<b>Participants:</b> <b>PDH</b> <ul style="list-style-type: none"> <li>• PDH Representant</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Consultant – Gender and Inclusion Expert</li> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [7M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to the Prefectural Directorate of Health (PDH)</li> <li>• Analyse institutional and human capacities (gender focal points, trained staff) to address the differentiated health needs of women, men and youth.</li> <li>• Gather information on how gender issues are integrated into public health policies, strategies, programmes and practices, particularly in the context of climate-sensitive health outcomes.</li> <li>• Discuss medical waste management, health facility compliance, hygiene and gender issues, and complaint management mechanisms in the Bassar Health District.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Bassar PDH has integrated gender into its operational action plan and appointed a gender focal point, but human, technical, and financial resources remain insufficient for effective implementation.</li> <li>• Only 5 out of 22 health facilities meet the minimum standards for accessibility, ventilation, and hygiene, which undermines the quality of care, especially for women and children.</li> <li>• Most facilities are not adapted to the effects of climate change, increasing the vulnerability of pregnant women, mothers, and young children to malaria, diarrheal diseases, and heat-related complications.</li> <li>• Poor infrastructure, lack of privacy, and sociocultural resistance contribute to the underuse of health services, despite ongoing awareness campaigns within health centres.</li> </ul>	

<ul style="list-style-type: none"> <li>• Access to climate and health information remains limited due to the absence of systematic early warning systems and messages that are not sufficiently tailored to local contexts or women's needs.</li> <li>• Gender recommendations include improving health infrastructure (water supply, separate latrines, proper ventilation), training health staff, creating accessible complaint mechanisms, and increasing women's participation in health governance structures.</li> <li>• The PDH implements a waste management plan aligned with the regional framework, with medical waste transported to the Prefectural Hospital Centre (PHC), which operates two incinerators, although transport is irregular and lacks a dedicated vehicle.</li> <li>• Cultural challenges persist in using modern toilets despite sensitization efforts, and a five-member Hygiene and Sanitation Unit coordinates cleanliness and waste management activities.</li> <li>• Complaint management is not formalized issues are handled verbally by supervisors, though a complaints logbook is opened during infrastructure construction to forward grievances to the prefecture.</li> </ul>
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### 93. Meeting with the COMINTES

<b>Meeting Date:</b> 16.09.2025	<b>Meeting location:</b> Bassar – COMINTES Office
<b>Participants:</b> <b>COMINTES</b> <ul style="list-style-type: none"> <li>• NGO Coordinator Representant</li> <li>• NGO members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 9 [4M, 5F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess the operational expertise of NGOs/CSOs in health, gender, and climate, and diagnose the resilience of local health infrastructure and early warning systems to climate threats.</li> <li>• Examine women's leadership, GBV, and gender representation within local governance and NGOs, ensuring marginalised groups are reached by climate and health communication channels.</li> <li>• Leverage NGO experience to gather community needs and co-design inclusive, equitable interventions that build climate and health resilience.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• COMINTES works with women, youth and children in Bassar and Dangpem areas, but these groups remain highly exposed to the effects of climate change, including drought, food insecurity and health complications.</li> <li>• Pregnant women face significant difficulties in accessing drinking water, adequate sanitation infrastructure and quality health services, which jeopardizes their health and that of their children.</li> <li>• The lack of adequate latrines in schools and the absence of irrigation infrastructure penalize girls and limit agricultural activities (market gardening) carried out by women.</li> <li>• Despite a diversity of information channels (radio, WhatsApp, town criers, evening film screenings, community talks), the participation of women, youth and children remains limited by socio-cultural barriers and the fear of public speaking.</li> </ul>	

- Women's representation within the NGO remains marginal (2 out of 11 women leaders), and women involved in the communities do not have sufficient support to exercise effective leadership.
- An informal community mechanism for reporting gender-based violence (monitoring committee, WhatsApp, dedicated numbers) exists, but its capacity for care, protection and monitoring remains limited.
- Priority needs include strengthening WASH infrastructure (boreholes, latrines), irrigation for women's agriculture, as well as equipping schools and communities with appropriate means of communication, strengthening community prevention mechanisms (such as the community monitoring committees created in 2023) and expanding GBV reporting mechanisms (toll-free numbers, WhatsApp, Community Relays)
- The NGO also expresses needs in terms of training (female leadership, communication), logistical means (computers, transport) and sustainable environmental actions such as the creation of community forests.

#### 94. Meeting with Mothers' Club of Kabou

<b>Meeting Date:</b> 16.09.2025	<b>Meeting location:</b> Kabou- Medical and Social Centre (MSC)
<b>Participants:</b> <b>Kabou Mother's Club</b> <ul style="list-style-type: none"> <li>• Club Coordinator</li> <li>• President of the mothers' club</li> <li>• Mother's Club members</li> <li>• Local Red Cross trainer</li> </ul> <b>FDC</b> Environmental Expert Gender Expert <b>WANEP</b> Consultant – WASH Expert	<b>Number and gender (m/f) of participants:</b> 19 [3M, 16F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to communities, and ensure that the project reflects local priorities</li> <li>• Assess the specific needs and priorities of women and girls in reproductive health and menstrual hygiene, which are often overlooked in service planning.</li> <li>• Understand the specific barriers faced by women and girls (access to care, domestic burden, schooling, GBV, early marriage, menstrual hygiene).</li> <li>• Identify gender inequalities in access to and quality of maternal and newborn care in the context of climate change.</li> <li>• Assessing the impact of the Mother's Club on the health resilience of vulnerable communities to climate change and climate-sensitive health outcomes</li> <li>• Document their good practices to mobilise women and strengthen family and community health, including GBV prevention and reproductive health support.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Mothers' Club, supported by the Red Cross, promotes maternal and child health, hygiene, and sanitation through community cleaning, awareness on antenatal consultations, and family planning campaigns.</li> <li>• Members assist pregnant women and raise awareness among both women and men to encourage attendance at antenatal consultations visits and institutional deliveries, discouraging traditional childbirth practices.</li> <li>• The Club also promotes household hygiene, including the filling of open pits to reduce mosquito breeding and malaria transmission.</li> <li>• Women noted no cultural or religious restrictions on their activities; once trained by the Red Cross, they operate freely. However, social and family barriers persist, as some husbands limit their participation. The Mothers' Club proposed establishing a "Fathers' Champions Club" to engage men and promote their support.</li> <li>• Health services at the Kabou MSC are generally accessible, but infrastructure gaps persist lack of toilets for patients, no water heaters in postnatal rooms, and no washrooms in the maternity unit.</li> </ul>	

- During the rainy season, stagnant water increases mosquito breeding, causing malaria outbreaks among children and pregnant women. Heatwaves also cause skin rashes and discomfort, particularly among children and pregnant women.
- Women mentioned that they are not well informed about the WEZOU health programme and have no formal system for receiving climate alerts.
- The Club is informed of gender-based violence cases informally through its members but lacks specific resources or tools to respond effectively.
- As a priority need, the Mothers' Club requested working tools such as rakes and other sanitation equipment to facilitate their community activities.

#### 95. Meeting with PHU of Sandra-Afoubou

<b>Meeting Date:</b> 16.09.2025		<b>Meeting location:</b> PHU of Sanda-Afouhou	
<b>Participants:</b>		<b>Number and gender (m/f) of participants:</b>	
<b>PHU</b>	<ul style="list-style-type: none"><li>• Health Centre Manager (HCM)</li><li>• Maternity Manager (MM)</li></ul>	7 [4M, 3F]	
<b>FDC</b>	<ul style="list-style-type: none"><li>• Environmental Assistant</li><li>• Gender Assistant</li><li>• Local Gender Liaison Officer - Kara</li></ul>		
<b>WANEP</b>	<ul style="list-style-type: none"><li>• WASH Assistant</li></ul>		
<b>GIZ</b>	<ul style="list-style-type: none"><li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li></ul>		
<b>Objectives of the meeting:</b>			
<ul style="list-style-type: none"><li>• Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li><li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li><li>• Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li></ul>			
<b>Summary of the meeting:</b>			
<ul style="list-style-type: none"><li>• Climate-sensitive health outcomes include malaria and respiratory infections during the rainy season, and skin rashes among children during hot periods; regular awareness sessions are conducted within communities.</li><li>• The health post (PHU) operates with limited staff, six clinicians and two support agents (four women in total), supported by community health workers (CHWs); three staff are funded by the COGES and three by the National Volunteer Agency (ANVT).</li><li>• There is no formal gender policy document; gender inequalities are traditionally managed by the village chief, while cases of sexual violence receive first aid at the PHU before referral to the Prefectural Health Directorate (DPS).</li><li>• The COGES plays a central role in community mobilization and awareness campaigns across 13 villages, including the integration of Fulani populations living up to 17 km away.</li><li>• Poor infrastructure, lack of space, and inadequate equipment reduce the quality of maternal care and working conditions, highlighting gendered challenges in accessing and providing health services.</li><li>• Recommendations include rehabilitating the PHU building, expanding work and delivery rooms, constructing gender-sensitive sanitation facilities, improving staff housing, recruiting additional health workers, and training personnel on fire safety and climate–health links.</li><li>• Waste management relies on a small-capacity Monfort incinerator; biomedical waste is incinerated, while household waste is burned. However, water infiltration in combustion pits poses environmental and safety risks.</li></ul>			

- Water is supplied through wells and boreholes, and electricity from the national grid is unreliable cold chain continuity is maintained using ice packs during outages.
- Hygiene and occupational safety are weakly enforced: only one fire extinguisher is available, staff are untrained in its use, and there is no formal health and safety committee. The site is community-donated and lacks official land title.
- Infrastructure is severely degraded (cracked walls, leaky roofs, overcrowded rooms, and lack of sanitation, laboratory, or fenced perimeter) creating unsafe working and service conditions and hindering effective health delivery.

#### 96. Meeting with female LC representatives

<b>Meeting Date:</b> 16.09.2025		<b>Meeting location:</b> Sanda-Afohou	
<b>Participants:</b>		<b>Number and gender (m/f) of participants:</b>	
<b>Fulani people</b> <ul style="list-style-type: none"><li>• Fulani women</li><li>• Fulani CHW</li></ul>		16 [5M, 11F]	
<b>FDC</b> <ul style="list-style-type: none"><li>• Environmental Assistant</li><li>• Gender Assistant</li><li>• Local Gender Liaison Officer - Kara</li><li>• WANEP</li><li>• WASH Assistant</li></ul>			
<b>GIZ</b> <ul style="list-style-type: none"><li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li></ul>			
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"><li>• Present the project to communities, particularly minority Fulani, and ensure that the project reflects local priorities</li><li>• Identify specific gender-related barriers (women's mobility, social norms, GBV, cultural practices) that limit access to care.</li><li>• Identify how climate change and climate-sensitive health outcomes increase their vulnerabilities.</li><li>• Analyse the differentiated needs of women, men, young people through their direct experience with communities.</li><li>• Document cases and trends related to gender-based violence (GBV) against them.</li></ul>			
<b>Summary of the meeting:</b> <ul style="list-style-type: none"><li>• Fulani women in Sanda-Afohou face difficult access to health care due to insufficient sanitation infrastructure, closed toilets, lack of water, and the absence of a pharmacy in the PHU.</li><li>• Hygiene and dignified conditions during childbirth are problematic, with inadequate beds, overheated rooms and insufficient equipment such as mosquito nets.</li><li>• Direct access to climate and health information is limited with almost exclusive dependence on community health workers to receive messages.</li><li>• Women's participation in community decisions is very limited, with husbands taking over the decisions, with the exception of a few women who are occasionally involved in local management.</li><li>• Climate-sensitive health outcomes, such as malaria and diarrhoea, particularly affect pregnant women and children, and flooding hampers access to healthcare.</li><li>• Gender-based violence is reported to be rare, but physical correction of children by parents is culturally accepted and no reporting or care system exists.</li><li>• Priority needs include safe drinking water, adequate sanitation, resilient seeds and menstrual hygiene management systems.</li><li>• Women are open to improving health services, including assisted home births and infrastructure that is better adapted to their realities; Expand programs like <i>WEZOU</i> for broader and sustainable health coverage and develop climate early warning systems accessible to women, through CHWs or community channels.</li></ul>			

#### 97. Meeting with Papa Champion Club

<b>Meeting Date:</b> 15.09.2025	<b>Meeting location:</b> Lama-Kpedah, Peripheral Health Unit (PHU)
<b>Participants:</b> <b>Papa Champion Club</b> <ul style="list-style-type: none"> <li>• Papa champion members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Consultant – Gender and Inclusion Expert</li> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer-Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 12 [12M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to communities, especially Dad Champions, and ensure that the project reflects local priorities</li> <li>• Identify specific gender-related barriers that limit access to care.</li> <li>• Document their good practices for engaging men and strengthening family and community health, including GBV prevention</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Papa Champions Club conducts awareness-raising activities to encourage pregnant women and girls to have antenatal consultations, participate in vaccinations and access family planning.</li> <li>• Its members promote responsible male behaviour, including respect for women, the reduction of domestic violence and the sharing of domestic responsibilities.</li> <li>• As community relays, the Papa Champions spread health messages and facilitate communication between households, health facilities and the community.</li> <li>• The club observes that some women interrupt their medical follow-up under the effect of social pressure or restrictions imposed by their spouses.</li> <li>• Gender-based violence remains present, particularly suspicions of women who go to health centres or talk about family planning.</li> <li>• Women are sometimes reluctant to discuss sexual health, menstruation or GBV in the presence of men, which limits the effectiveness of the exchanges.</li> <li>• Health infrastructure has shortcomings, such as the lack of private or gender-friendly spaces and overburdened services during vaccination campaigns.</li> <li>• The club identifies training needs to strengthen its skills in reproductive health, GBV prevention, communication and transformation of social norms.</li> <li>• It recommends creating spaces for dialogue reserved for women, involving men more in raising awareness and improving infrastructure including confidential and hygienic places.</li> <li>• The club also suggests setting up community mechanisms for reporting gender-based violence, with the Papa Champions as a trusted relay.</li> </ul>	

*98. Meeting with Mothers' Club*

<b>Meeting Date:</b> 15.09.2025	<b>Meeting location:</b> Lama-Kpedah
<b>Participants:</b> <b>Mother's Club</b> <ul style="list-style-type: none"> <li>• Club Coordinator</li> <li>• Mother's Club members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Gender Expert</li> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b>	<b>Number and gender (m/f) of participants:</b> 30 [1M, 29F]

<ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	
<ul style="list-style-type: none"> <li>• Objectives of the meeting:</li> <li>• Present the project to communities, and ensure that the project reflects local priorities</li> <li>• Assess the specific needs and priorities of women and girls in reproductive health and menstrual hygiene, which are often overlooked in service planning.</li> <li>• Understand the specific barriers faced by women and girls (access to care, domestic burden, schooling, GBV, early marriage, menstrual hygiene).</li> <li>• Identify gender inequalities in access to and quality of maternal and newborn care in the context of climate change.</li> <li>• Assessing the impact of the Mother's Club on the health resilience of vulnerable communities to climate change and climate-sensitive health outcomes</li> <li>• Document their good practices to mobilise women and strengthen family and community health, including GBV prevention and reproductive health support.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The <i>Mothers' Club</i> of Lama-Kpedah serves as a key community structure for awareness-raising, mutual support, and marital mediation, but its members face the combined effects of poverty, restrictive social norms, and climate impacts.</li> <li>• Access to healthcare remains limited due to financial hardship, despite support mechanisms such as <i>WEZOU</i> and the community solidarity fund.</li> <li>• Health infrastructures are inadequate and poorly adapted lacking women's toilets, running water, sufficient space, staff, and beds with impassable roads further limiting access, especially for pregnant women.</li> <li>• Climate shocks exacerbate malaria, diarrhoea, and infections, increasing the vulnerability of pregnant women and young children; women resort to makeshift coping methods during heatwaves due to lack of resources.</li> <li>• Domestic violence, often intensified by economic stress linked to climate change, is mitigated through mediation by the <i>Mothers' Club</i> and the involvement of a few female community leaders.</li> <li>• The club recommends strengthening women's economic empowerment, improving access to water and gender-sensitive health infrastructure, and formally recognizing their contribution to community resilience.</li> <li>• Community communication relies on monthly meetings with health staff, local information relays, and phone alerts, ensuring coordination and participation at the grassroots level.</li> <li>• Recurrent diseases such as malaria, respiratory infections, and anaemia mainly affect children, pregnant women, and the elderly, while poverty remains the main barrier to care.</li> <li>• Water supply is unreliable, sanitation facilities are inadequate, and malaria prevention efforts suffer from insufficient mosquito nets and community distrust.</li> <li>• Priority needs include improving access to safe water and sanitation, equipping health facilities with electricity, delivery beds, and ambulances, and strengthening community capacity on climate–health linkages.</li> </ul>	

**99. Meeting with Red Cross Togo - Kara**

<b>Meeting Date:</b> 15.09.2025	<b>Meeting location:</b> Kara
<b>Participants:</b> <b>Red Cross</b> <ul style="list-style-type: none"> <li>• Red Cross coordinator</li> <li>• Red Cross staff</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Gender Expert</li> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul>	<b>Number and gender (m/f) of participants:</b> 11 [9M, 2F]

<b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> <li>• WASH Assistant</li> </ul>	
<b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess the Red Cross' operational capacity and thematic expertise in the areas of health, gender, climate, or disaster management for targeted collaboration or capacity building.</li> <li>• Diagnose barriers to access to health services and the adequacy of infrastructure that prevent vulnerable groups from accessing care and assess the extent to which existing health infrastructure and equipment are adequate to address climate-sensitive health outcomes.</li> <li>• Understand the perceived impact of climate change on health and community-based warning mechanisms and assess the effectiveness of existing communication channels and early warning systems, especially for marginalised groups.</li> <li>• Analyse the dynamics of gender, women's leadership and GBV within local governance structures and the Red Cross itself, in a context of climate stress</li> <li>• Identify and collect priority needs from communities based on the Red Cross' experience to ensure that the project is inclusive, equitable, and adapted to local socio-cultural and environmental realities.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Togolese Red Cross in Kara systematically integrates gender across its interventions, guided by an official policy adopted in December 2024 and supported by tools such as the Vulnerability and Capacity Assessment (VCA) and Community Engagement and Accountability (CEA).</li> <li>• Local structures like <i>Mothers' Clubs</i> and <i>Papa Champions</i> promote balanced participation of women and men in community activities, but female representation remains limited (3 women out of 11 staff members and 1 out of 10 on the Board), restricting their influence in governance.</li> <li>• Low literacy levels among women hinder their understanding of technical early warning systems, limiting their active participation in climate risk management.</li> <li>• Poor access to safe drinking water and the heavy domestic responsibility of water collection increase women's and girls' exposure to climate-sensitive health outcomes.</li> <li>• Although supported health infrastructures are physically accessible to people with disabilities, they often lack adequate facilities addressing women's specific needs, such as menstrual hygiene management.</li> <li>• The Red Cross recommends increasing women's participation in decision-making bodies, adapting early warning systems with more intuitive colour codes, and strengthening female community networks for broader inclusion.</li> <li>• Gender-sensitive training covering positive masculinity, gender-based violence (GBV), and sexual and reproductive rights should be maintained and expanded with partners such as GIZ and Care International.</li> <li>• Under ESS, the Red Cross applies inclusive and participatory approaches through VCA and CEA, mobilizing Mothers' Clubs, Papa Champions, and school clubs to ensure representation and community ownership.</li> <li>• The disaster risk management system includes community early warning mechanisms using colour codes, volunteer training, and communication tools (megaphones, bicycles), supported by ANPC and local radio stations.</li> <li>• Key needs identified include logistical support (motorbikes, vehicles), improved infrastructure, and sustainable access to safe drinking water to strengthen community and environmental resilience.</li> </ul>	

100. Meeting with PHU of Tchintchinda

<b>Meeting Date:</b> 15.09.2025	<b>Meeting location:</b> PHU of Tchintchinda
<b>Participants:</b> <b>CMS Tchintchinda</b> <ul style="list-style-type: none"> <li>• Health Centre manager (HCM)</li> <li>• Maternity Manager (MM)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 13 [8M, 5F]



<ul style="list-style-type: none"> <li>• Management Committee (COGES)</li> <li>• Community Health Workers (CHWs)</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Gender Expert</li> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to health facility managers and identify specific inequalities and barriers that limit access to care (e.g. reproductive health, GBV, menstrual hygiene).</li> <li>• Analyse gender disparities in the use and quality of health services to highlight the most vulnerable populations (pregnant women, adolescent girls, people with disabilities).</li> <li>• Assess the specific reproductive health and menstrual hygiene needs of women and girls, which are often overlooked in service planning.</li> </ul>	
<ul style="list-style-type: none"> <li>• Summary of the meeting:</li> <li>• At the Tchintchinda Peripheral Healthcare Unit (PHU), women make up the majority of staff (14 out of 19) and hold some leadership positions (3 out of 5), yet they work under precarious conditions, including an undersized and repurposed maternity ward.</li> <li>• Pregnant women, girls, and children under five are identified as the most vulnerable to climate-sensitive health outcomes such as malaria, diarrhoea, respiratory infections, and heat-related complications.</li> <li>• Access to healthcare is limited by poor road conditions—especially during the rainy season—as well as by unreliable electricity, lack of clean water, and inadequate sanitation facilities for women.</li> <li>• The absence of proper delivery equipment, toilets, and menstrual hygiene facilities complicates both maternal care and the working conditions of female staff, while community health workers (mostly women) lack transportation, protective gear, and adequate incentives.</li> <li>• Sociocultural norms restrict women's participation in community decision-making and access to family planning, often leading to marital conflict and psychological violence; men's resistance to contraception remains a major barrier.</li> <li>• Stakeholders recommend constructing a new, standard-compliant maternity ward, improving access to potable water and electricity, supporting women's economic empowerment and income-generating activities, and engaging men in reproductive health awareness to reduce gender-related tensions.</li> <li>• The health facility's water supply comes from a borehole (potability untested) and electricity from CEET, with rare power cuts; communities rely mainly on river and well water but are open to solar or renewable energy options.</li> <li>• Waste management includes sorting at the source, burning household waste, and incinerating sharp materials using a Monfort incinerator, though the facility faces shortages of safety boxes and the high cost of waste containers.</li> <li>• Working conditions are affected by the lack of fire safety training and expired fire extinguishers, while access to the facility becomes nearly impossible during the rainy season; sanitation facilities are unsuitable for pregnant women and people with disabilities.</li> <li>• The PHU maintains good community relations through regular meetings, complaint handling, and awareness sessions on malaria, hygiene, and climate-related diseases, but still faces staffing shortages and urgently needs improved maternity infrastructure, sanitation blocks, and staff accommodation.</li> </ul>	

101. *Meeting with Kara Tantine (ATAREKAD)*

<b>Meeting Date:</b> 15.09.2025	<b>Meeting location:</b> ATAREKAD Office
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<b>Participants:</b> <b>ATAREKAD</b> <ul style="list-style-type: none"> <li>• ATAREKAD members</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Gender Expert</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 11 [6M, 5F]
<ul style="list-style-type: none"> <li>• Objectives of the meeting:</li> <li>• Present the project to communities, and ensure that the project reflects local priorities</li> <li>• Assess the specific needs and priorities of young women and girls in reproductive health and menstrual hygiene, which are often overlooked in service planning.</li> <li>• Understand the specific barriers faced by young women and girls (access to care, domestic burden, schooling, GBV, early marriage, menstrual hygiene).</li> <li>• Identify gender inequalities in access to and quality of maternal and newborn care in the context of climate change.</li> <li>• Assessing the impact of the young girls' Club on the health resilience of vulnerable communities to climate change and climate-sensitive health outcomes.</li> <li>• Document their good practices to mobilise young girls and strengthen family and community health, including GBV prevention and reproductive health support.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The discussion with the Aunties of ATAREKAD revealed many cases of gender-based violence (GBV) in the Kara region, the most frequent being domestic violence. These situations persist due to social pressures, as victims who dare to file a complaint are often stigmatized, harassed or humiliated by those around them. Some people still consider domestic violence to be a family matter, which hinders reporting and handling of cases</li> <li>• At the level of ATAREKAD, the existing mechanisms focus on awareness-raising, care for victims, identification of cases and the involvement of community associations.</li> <li>• The official explained that the prevention of violence is mainly based on awareness campaigns among young people, children and adolescents, in order to reduce risks within communities.</li> <li>• Regarding the care of victims, it was specified that child and women victims benefit from listening, support and referral to competent structures, despite the lack of qualified human resources. She stressed the need for financial resources and dedicated spaces for sustainable support.</li> <li>• In terms of menstrual hygiene, Kara's Aunties raise awareness among young girls and women about the use of reusable and hygienic protection. They recommend the installation of menstrual hygiene booths in health facilities, schools and markets, to provide a suitable space for women during their menstruation.</li> <li>• The Tantines also noted that access to health services remains limited due to inadequate infrastructure, long waiting times and a poorly personalized welcome, which discourages young girls and adolescents. Issues of intimacy and sexuality are not sufficiently taken into account in health facilities.</li> <li>• Development proposals have been made to improve the sanitary infrastructure: separation of sanitary facilities, access to drinking water, availability of soap, suitable bins and devices for the management of protections, while respecting local cultural norms.</li> <li>• Regarding distribution systems, it was suggested to install automatic dispensers of sanitary protection, accessible for a small financial contribution, with regular monitoring of the stock.</li> <li>• On the types of protection, the manager presented the use of menstrual cups, their adaptation according to the flow, the sizes available, as well as the hygiene measures necessary for their maintenance. However, she said that certain cultural beliefs and practices can hinder their adoption, hence the need for appropriate awareness to promote their acceptance.</li> </ul>	

- Finally, ATAREKAD mentioned its collaboration with schools to raise awareness and collect information on GBV cases.

#### 102. Meeting with PDH of Kara

<b>Meeting date:</b> 15.09.2025	<b>Meeting location:</b> Kara (Interview with Kara's PDH)
<b>Participants:</b> <b>PDH</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• PDH staff</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Gender Expert</li> <li>• Environmental Assistant</li> <li>• Gender Assistant</li> <li>• Local Gender Liaison Officer - Kara</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Consultant – WASH Expert</li> <li>• WASH Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 11 [9M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project to the Prefectural Director of Health (PDH)</li> <li>• Analyse institutional and human capacities (gender focal points, trained staff) to address the differentiated health needs of women, men and youth.</li> <li>• Gather information on how gender issues are integrated into public health policies, strategies, programmes and practices, particularly in the context of climate-sensitive health outcomes.</li> <li>• Discuss medical waste management, the functioning of PHUs and the needs in terms of capacity building, infrastructure and energy transition.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Prefectural Director of Health in Kara confirms that gender is integrated into health projects, but women's participation in decision-making positions remains low, especially in rural areas, due to social and family constraints limiting their mobility.</li> <li>• Despite satisfactory physical accessibility of health infrastructure, the quality of care, especially in maternity hospitals, is compromised by power cuts and a lack of reliable equipment.</li> <li>• Alert and community communication mechanisms (CSA, WhatsApp) exist but remain limited by the cost of the internet connection and the poor linguistic and cultural adaptation of messages.</li> <li>• The DPS recommends the widespread use of solar energy to ensure the continuity of maternal and newborn care, as well as better maintenance of toilets and the implementation of menstrual waste management systems.</li> <li>• It also calls for capacity building for health workers and community workers on gender and climate-sensitive health outcomes, the production of messages in local languages, and the continued distribution of menstrual products and hygiene education.</li> <li>• In terms of ESS, the prefecture has a medical waste management plan, with Monfort-type incinerators in the PHUs and an MP100 model at the University Hospital, but the means of transport remain insufficient for effective centralization.</li> <li>• The absence of incinerators in urban PHUs leads to a weekly collection of waste to the university hospital, where it is sometimes stored before treatment, while some bottles are buried for lack of suitable solutions.</li> <li>• The PHUs are calling for dedicated vehicles to transport medical waste and provide fuel support to make the polarization system fully operational.</li> <li>• Stakeholders suggest a transition to renewable energy, including solar, to reduce dependence on fuel and ensure continuity of services during power cuts.</li> </ul>	

- Finally, it is considered a priority to train staff on the links between climate and health and to strengthen energy infrastructure to improve the health and environmental security of health structures.

#### 103. Meeting with the MEA

<b>Meeting Date:</b> 13.09.2025	<b>Meeting location:</b> RDE's Office
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>RDE Director</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Environmental Expert</li> <li>Environmental Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [2M, 02F]
<b>Objectives of the meeting:</b> Identify collaborations with the Health Directorate, needs and constraints and strategy for an inclusive implementation of the project	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Ad hoc collaboration with the Regional Directorate of Health via joint meetings as part of the "One Health" project and the implementation of the climate change adaptation plan.</li> <li>Weak involvement of regional sectoral structures in the implementation of regional projects;</li> <li>Lack of an information-sharing mechanism.</li> <li>Raising awareness among local communities on the consequences of the effects of climate change and climate-sensitive health outcomes</li> <li>Strengthening communication between regional structures;</li> <li>Capacity building of regional actors on climate-sensitive health outcomes.</li> </ul>	

#### 104. Meeting with the DRERF

<b>Meeting Date:</b> 13.09.2025	<b>Meeting location:</b> RDE's Office, Sokodé
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Secretary general of municipality</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>Environmental Expert</li> <li>Environmental Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [2M, 02F]
<b>Objectives of the meeting:</b> <ol style="list-style-type: none"> <li>Discuss the situation of the municipality in terms of hygiene, sanitation, management of climatic and health hazards, local governance and gender, as well as the needs and commitments of the municipality within the framework of the project.</li> </ol>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Hygiene and sanitation: The municipality has a plan focused on the management of solid and liquid waste, the implementation of which is limited by the lack of human, material and financial resources. The infrastructure (latrines, CET, STBV, CRI) is defective and unsuitable, especially for vulnerable people.</li> <li>Climate hazards and health: <ul style="list-style-type: none"> <li>Absence of a climate-health plan.</li> <li>The main hazards are floods, droughts and strong winds.</li> </ul> Dominant diseases: malaria, diarrhoea and cholera. Warning systems exist but are hampered by language barriers and the exclusion of certain groups.</li> <li>Local governance and gender: No women lead sanitation services. Risks of GBV present. A complaints mechanism exists through CSOs but remains limited.</li> <li>Needs and priorities: Access to drinking water and adapted infrastructure, rehabilitation/construction of structures, work equipment, capacity building. Need for support from specialized NGOs, especially for people with disabilities. Desired approach: consultation, community involvement and transparency.</li> <li>Commitment of the municipality: The town hall is in favour of the project and is committed to mobilising human and material resources. It is requesting capacity-building support. The</li> </ul>	

communication channels envisaged are billboards, media, social networks, letters and community meetings.

*105. Meeting with PHU Centrale*

<b>Meeting Date:</b> 13.09.2025	<b>Meeting location:</b> LAMA-TESSI Peripheral Health Unit (PHU), Centrale region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Champions Club</li> <li>Village Development Committee (CDQ/CVD)</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>Early warning Expert</li> <li>Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 13 [13M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Exchange with the head of health training and collaborators about early warning system mechanisms, community risk communication, and WASH</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Importance of further involving community structures in the early warning system.</li> <li>Necessary strengthening of the capacities of community actors for better responsiveness.</li> <li>The preferred means for raising public awareness are community agents, local facilitators, members of the COGES, and vigilance committees.</li> <li>Need to build modern and better-adapted sanitary blocks.</li> <li>Raising users' awareness about the proper use of sanitary blocks.</li> </ul> <b>Recommendations</b> <ul style="list-style-type: none"> <li>Equip the centre with a more efficient incinerator.</li> <li>Establish neutral sites for waste burial.</li> <li>Provide the organization with a means of transportation for waste evacuation.</li> </ul>	

*106. Meeting with Radiant World*

<b>Meeting Date:</b> 13.09.2025	<b>Meeting location:</b> NGO Radiant Word, Savane region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>Staff of the radiant world and ATERECED</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>Early warning Expert</li> <li>Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 8 [5M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Explore solutions to make risk communication and early warning systems more inclusive, particularly for people with disabilities, and identify possible interventions to modernize WASH infrastructure despite financial constraints.</li> </ul>	
<b>Summary of the meeting:</b>  Radiant World works in water, sanitation, and awareness-raising in the Centrale region. It disseminates information via radio and social media, but alerts are not well adapted for people with disabilities. It recommends including them in alert systems. Climate-related diseases particularly affect children and women. Messages are poorly adapted to local languages and the specific needs of people with disabilities. The NGO organizes hygiene campaigns with positive results, though limited by funding. <b>Key points:</b> <ul style="list-style-type: none"> <li>Important role in drinking water, sanitation, and awareness-raising</li> <li>Multi-channel dissemination (radio, WhatsApp, visuals), but insufficient adaptation for people with disabilities</li> <li>Aggravated diseases: malaria, diarrhoea, respiratory infections</li> <li>Need for information accessible to visually and hearing-impaired people</li> </ul>	

- Important but irregular water sources, no systematic purification
- Effective campaigns but slow behaviour change
- Lack of funding and limited logistical resources limit sustainability.

*107. Meeting with Radio Tchaoudjo (Sokodé)*

<b>Meeting Date:</b> 13.09.2025	<b>Meeting location:</b> Sokode, radio's Office
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Director of the Radio</li> <li>• Radio presenters</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• EFA Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Technical Advisor Supporting Community Stakeholders (ProSanté)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand the role of community radios in awareness-raising on health, environment, and climate change.</li> <li>• Identify challenges and opportunities in disseminating climate and health information.</li> <li>• Explore collaboration opportunities to strengthen gender-sensitive and inclusive communication.</li> <li>• Assess technical and capacity needs of community radio stations.</li> <li>• Discuss strategies for enhancing community engagement through listener clubs.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Radio Tchaoudjo regularly broadcasts health and climate-risk information, but women's access remains limited because many households lack radio receivers and men often control the available devices.</li> <li>• Although messages are translated into local languages, women in remote areas still miss critical alerts due to sociocultural barriers and limited participation in public information channels.</li> <li>• The station identifies interactive programmes as the most effective format for reaching women, yet financial and technical constraints prevent regular production of these gender-sensitive broadcasts.</li> <li>• Women rarely participate in feedback mechanisms (calls, SMS, micro-trottoirs), which restricts their influence on programme content and their ability to express specific information needs.</li> <li>• Topics related to menstrual hygiene and sexual and reproductive health are insufficiently addressed, despite previous collaboration with UNICEF and the Minister of Health indicating strong community demand.</li> <li>• The lack of dedicated programmes on gender-based violence (GBV) limits awareness-raising and prevention, especially in a context where women face high levels of vulnerability and social silence around abuse.</li> <li>• The radio plays an essential role in disseminating climate alerts, but women and young girls often receive these messages late due to gendered inequalities in access to communication tools.</li> <li>• Staff highlight the need for training on gender, climate-risk communication and sensitive reporting to improve the quality and relevance of information delivered to women and girls.</li> <li>• The station expresses a strong need for partnerships with key institutions such as ANPC and the Regional Health Directorate to strengthen its role in early warning and public health communication.</li> <li>• Radio Tchaoudjo recommends support for producing targeted sensitisation programmes and equipping communities, especially women, with appropriate communication channels to improve access to alerts and health information.</li> </ul>	

*108. Meeting with Dimension Humaine*

<b>Meeting Date:</b> 12.09.2025	<b>Meeting location:</b> NGO Human Dimension, Centrale region
<b>Participants:</b> <b>Beneficiary</b>	<b>Number and gender (m/f) of participants:</b> 6 [4M, 2F]

<ul style="list-style-type: none"> <li>• Staff of the NGO Human Dimension</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Early warning Expert</li> <li>• Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> Analyse the current practices, obstacles, and proposed solutions by the NGO Dimension Humaine to strengthen health resilience, risk communication, and WASH management in several regions of Togo.	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Summary of key points: Since 2019, alert systems via SMS, WhatsApp, radio, and community bulletins have been in place.</li> <li>• Messages are often untranslated or poorly adapted to the local context, limiting their impact.</li> <li>• Climate effects: floods, droughts, and heatwaves worsen malaria, cholera, malnutrition, and STIs.</li> <li>• Affected communities: pregnant women, children, the elderly.</li> <li>• Communication methods: meetings, posters, health workers in local languages, positive reactions.</li> <li>• Water and sanitation: main sources are boreholes, wells, public network, but many water points are out of service depending on the season, and purifiers are absent or rare. <ul style="list-style-type: none"> <li>◦ Infrastructure is insufficient, maintenance is lacking due to limited funding.</li> </ul> </li> </ul> <b>Recommendations:</b> <ul style="list-style-type: none"> <li>• New boreholes, latrines with handwashing facilities, support for local initiatives, equipment for hygiene committees for sustainability.</li> <li>• Gender dimension: women and children most vulnerable, cultural barriers to participation.</li> <li>• Need to amplify digital communication, media, and community theatre to broaden reach</li> <li>• Priorities: capacity building for women leaders, training, awareness for gender equality.</li> <li>• The GCF project must strengthen the alert, communication, and WASH systems with sustainable, inclusive, and gender-sensitive integration.</li> </ul>	

#### 109. Meeting with CES Tchalo

<b>Meeting Date:</b> 12.09.2025	<b>Meeting location:</b> CES TCHALO, Savane region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• School club members</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Early warning Expert</li> <li>• Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [2M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Exchange with the head of health training and their team about early warning systems, community risk communication, and WASH</li> </ul>	
<b>Summary of the meeting:</b> The key points to remember from this interview are as follows: Discussion with the school club and infrastructure evaluation conducted. <ul style="list-style-type: none"> <li>• Separate sanitary blocks present, with nearby wells and water sources.</li> <li>• Insufficient cabin quality, with holes unprotected, requiring improvements.</li> <li>• Concrete handwashing facility built with a functional tap.</li> <li>• A borehole available close to the sanitary blocks.</li> <li>• Preference for flush toilets over squat toilets expressed.</li> <li>• Need for solid, durable sanitary facilities made of concrete, with taps and close to boreholes.</li> <li>• Separate cabins ensure girls' privacy, including at least one adapted for menstrual hygiene.</li> <li>• Well-protected trash bins and cabins arranged to ensure comfort and cleanliness.</li> <li>• Awareness sessions conducted by NGO PAFED</li> <li>• Growing awareness of the importance of maintaining school infrastructure.</li> <li>• Active hygiene practice sensitization among students.</li> </ul>	

<ul style="list-style-type: none"> <li>• Club's goal: raise environmental awareness and promote local maintenance.</li> <li>• Issues identified: some students refuse to use toilets citing poor cleanliness; willingness increases if cleanliness improves.</li> <li>• Resistance from some boys to sweeping classrooms and girls refusing to clean the board.</li> <li>• Club office composed only of boys, limiting representation.</li> </ul> <p>Priority needs and recommendations: communication training for club members, awareness posters for good practices.</p> <ul style="list-style-type: none"> <li>• Installation of flush toilets requires prior sensitization on their use.</li> <li>• Cultural beliefs restrict girls/women from cooking or praying during menstruation.</li> <li>• Secured trash bins needed to prevent easy access to disposable pads and respect spiritual-cultural aspects.</li> <li>• In family homes, boys have no access to the kitchen during girls' menstruation periods.</li> </ul>
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#### 110. Meeting with AFMUCAD

<b>Meeting Date:</b> 10.09.2025	<b>Meeting location:</b> NGO AFMUCAD, Savane region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Staff of AFMUCAD</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Early warning Expert</li> <li>• Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [0M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• To assess specific needs in resources and equipment to strengthen the early warning system and improve the management and maintenance of WASH infrastructure, involving all community stakeholders to ensure the sustainability of actions.</li> </ul>	
<b>Summary of the meeting:</b> The association has been working since 2008 on water, sanitation, and awareness-raising, with a focus on vulnerable populations. It does not have a formal alert system but conducts awareness sessions adapted to the community. It identifies difficulties related to funding and recommends the implementation of a formal early warning system and the involvement of all stakeholders. AFMUCAD has contributed to the renovation of sanitation infrastructure managed by communities.  <b>Key points:</b> <ul style="list-style-type: none"> <li>• Access to drinking water, hygiene, sanitation, awareness-raising since 2008</li> <li>• No formal alert system, but sessions tailored to social groups</li> <li>• Climate change worsens diseases (malaria, meningitis, cholera)</li> <li>• Women and children are particularly vulnerable</li> <li>• Awareness campaigns in local languages with full community engagement</li> <li>• Community management of infrastructure (mosques, markets) Suggestions for kits, solar boreholes, reinforced latrines, washing facilities</li> </ul>	

#### 111. Meeting with RESODERC

<b>Meeting Date:</b> 10.09.2025	<b>Meeting location:</b> RESODERC, Centrale region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Staff of NGO RESODERC and ADCF</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Early warning Expert</li> <li>• Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 9 [2M, 7F]
<b>Objectives of the meeting:</b> Understand the actions and needs of RESODERC to strengthen health and community resilience to the effects of climate change in the Centrale region, notably through early warning systems and WASH initiatives.	
<b>Summary of the meeting:</b>	



- Activities in drinking water, sanitation, hygiene, awareness, and alert systems (weather, diseases, floods).
- Dissemination of alerts via radio, WhatsApp, community meetings, in audio/visual formats adapted to social groups.
- Community participation in designing messages that promote understanding and adoption.
- Lack of training, financial resources, and weak infrastructure limit effectiveness.
- Water shortages due to irregular operation of water points, absence of purification systems.
- Climate: heavy rains, droughts, heatwaves promote malaria, diarrhoea, meningitis, especially among women and children.

**Recommendation:**

- Awareness-raising in local languages through health workers and varied media, with positive community responses.
- Construction of latrines and community management through hygiene committees improve behaviours and health.
- Increased support is needed for local NGOs, training, strengthened collaboration, and sustainability of alert and WASH systems.

*112. Meeting with SOLIMDE*

<b>Meeting Date:</b> 10.09.2025	<b>Meeting location:</b> SOLIMDE Peripheral Health Unit (PHU), Centrale region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• PHU staff Solimde</li> <li>• Health Management Committee (COGES)</li> <li>• Village Development Committee (CDQ/CVD)</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Early warning Expert</li> <li>• Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 14 [8M, 6F]
<b>Objectives of the meeting:</b> Discussion with ASC, CVD, COGES, and Peul representatives on water access, hygiene, sanitation, malaria control, and neonatal thermo-protection	
<b>Summary of the meeting:</b> Early Warning and Risk <ul style="list-style-type: none"> <li>• Communication System <ul style="list-style-type: none"> <li>○ Alerts cover climate-related diseases, floods, and extreme events</li> <li>○ Dissemination through meetings, SMS, and WhatsApp</li> <li>○ Local understanding is low due to lack of linguistic and inclusive adaptation</li> <li>○ Vulnerable groups: children under 5, pregnant women, elderly, people with disabilities</li> <li>○ Recommendations: increase community staff, train in inclusive communication, involve mothers in awareness campaigns</li> </ul> </li> <li>• WASH Sector (Water, Sanitation, and Hygiene) <ul style="list-style-type: none"> <li>○ Insufficient access to safe drinking water, especially in Solimè</li> <li>○ Sanitary infrastructure is often inadequate in health facilities and absent in the community</li> <li>○ Leads to unhygienic practices</li> <li>○ Menstrual hygiene management is a priority, with demand for suitable public latrine facilities</li> <li>○ Recommendations: improve health infrastructure, ensure regular water supply, train personnel, conduct rigorous monitoring</li> </ul> </li> <li>• Malaria and Maternal/Neonatal Health <ul style="list-style-type: none"> <li>○ Irregular use of mosquito nets due to poor practices and cultural barriers</li> <li>○ Increased need for awareness through campaigns and local actions</li> <li>○ Newborn thermal protection is insufficient due to traditional practices and lack of information</li> </ul> </li> </ul>	

- Recommendations: strengthen mothers' education, especially postnatal, to promote better practices

#### 113. Meeting with ANAMET

<b>Meeting Date:</b> 10.09.2025	<b>Meeting location:</b> ANAMET's Office
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Responsable of ANAMET</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Environmental Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [3M, 2F]
<b>Objectives of the meeting:</b> Collect and analyse information related to the environmental and social aspects of the station as well as the capacity and needs for the implementation of the project.	
<b>Summary of the meeting:</b> Social and Environmental Aspects: <ul style="list-style-type: none"> <li>• Waste management: buried out-of-use thermometers and risk of mercury pollution of the water table</li> <li>• Insufficient personal protective equipment (boots, raglan) and risk of snakebite</li> <li>• Human resources: the station has 3 agents instead of 6 to 7 (service provided 24 hours a day on a rotational basis).</li> <li>• Land security: State administrative domain (300 ha), former aerodrome. Associated stations: Soutouboua, Tchamba, Blitta, Djarkpanga (under construction).</li> <li>• Dissemination of information: Via social networks, national and local radios. Translations into local languages in progress but not yet effective. Some communities (e.g. Fulani) remain unaffected.</li> <li>• Financial difficulties: distribution of weather reports suspended due to lack of funding.</li> </ul> Needs identified: <ul style="list-style-type: none"> <li>• Recruitment of additional staff.</li> <li>• Training on the use and maintenance of automatic stations and regional interconnection.</li> <li>• Reinforcement of protective equipment.</li> <li>• Drilling or water reserve to compensate for the difficulties of water supply to the station.</li> </ul>	

#### 114. Meeting with RCT - Centrale

<b>Meeting Date:</b> 09.09.2025	<b>Meeting location:</b> Red Cross, Centrale region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Red Cross personnel</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Early warning Expert</li> <li>• Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Identify the actions, challenges, and needs of the Red Cross in the Centrale region to strengthen health resilience and WASH management in the face of climate change.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Summary of key points: Activities focused on drinking water, sanitation, awareness, and health communication.</li> <li>• No official early warning system, information disseminated through meetings, WhatsApp, and health workers.</li> <li>• Climate changes: floods, heatwaves, droughts, strong winds increase diseases (malaria, cholera), especially among children and the elderly.</li> <li>• Awareness mainly targeting women, using visual aids and mothers' clubs.</li> <li>• Challenges: low community engagement, misinformation on social networks, lack of resources, and fragile infrastructure.</li> <li>• Water shortages in rural areas, latrines managed but difficult to maintain.</li> </ul>	

**Recommendations:**

- Build durable and strong infrastructure.
- Strengthen WASH technical capacities.
- Provide suitable equipment (wheelbarrows, gloves, rakes).
- Develop communication tools for better mobilization.

**115. Meeting with ADESCO**

<b>Meeting Date:</b> 09.09.2025	<b>Meeting location:</b> NGO ADESCO, Centrale region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Staff NGO ADESCO</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Early warning Expert</li> <li>• Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [4M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Exchange with the school club on WASH, maternal care, and the school environment.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Community relays use picture boards and boxes provided by the Ministry of Health</li> <li>• Monthly interactions occur despite some reluctance toward sensitive messages</li> <li>• Awareness messages are adapted and well-managed by community actors</li> </ul> Health risks linked to climate: <ul style="list-style-type: none"> <li>• Populations face drought, strong winds, and neglected tropical diseases</li> <li>• Pregnant women and children are primarily affected</li> <li>• Planned production of animated messages to enhance awareness impact</li> <li>• Climate change units introduced within the Ministry of Health for continuous monitoring and detailed risk analysis</li> <li>• Weak intersectoral coordination and competing priorities limit effectiveness</li> <li>• Existing technical and financial partnerships require strengthened staff training and technical support</li> </ul> WASH sector challenges : <ul style="list-style-type: none"> <li>• Shortage of water and poor resource management</li> <li>• Installation of drilling equipment aims to improve the situation</li> <li>• Facilities are not accessible for people with disabilities</li> <li>• No separate latrines for women</li> <li>• Ongoing challenges in waste disposal, especially blood-contaminated waste</li> <li>• Lack of necessary materials for proper waste management</li> </ul>	

**116. Meeting with PHU Tchalo**

<b>Meeting Date:</b> 09.09.2025	<b>Meeting location:</b> Tchalo Peripheral Health Unit (PHU), Savanes region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>• Staff Tchalo</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>• Early warning Expert</li> <li>• Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 8 [2M, 6F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discussion with the head of health training and their team about early warning systems, community risk communication, and WASH</li> </ul>	
<b>Summary of the meeting:</b> Access to water, hygiene, and sanitation (WASH) faces several major challenges: <ul style="list-style-type: none"> <li>• Insufficient number of sanitary cabins and accessories</li> <li>• Faulty equipment that remains unrepaired</li> </ul> Shortage of potable water and inadequate number of toilets:	

<ul style="list-style-type: none"> <li>• Significantly affects maternal care practices</li> <li>• Inappropriate bedpans requiring specific adaptations</li> <li>• Reported health issues include cases of candidiasis and vaginal discharge</li> <li>• Awareness-raising activities and educational sessions are regularly conducted by a facilitator</li> </ul> <p>Essential improvements needed:</p> <ul style="list-style-type: none"> <li>• Strengthening sanitary equipment</li> <li>• Rehabilitating handwashing facilities</li> </ul> <p>Improving infrastructure, especially:</p> <ul style="list-style-type: none"> <li>• Borehole equipped with a solar system</li> <li>• Installation of water heaters</li> <li>• Modernization of the delivery bed</li> <li>• In early warning and response systems</li> </ul>
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#### 117. Meeting with WHO

<b>Meeting Date:</b> 09.09.2025	<b>Meeting location:</b> WHO Country Office
<b>Participants:</b> <b>WHO</b> <ul style="list-style-type: none"> <li>• Representative Togo</li> <li>• Health Promotion officer</li> <li>• Fund Raising officer</li> <li>• Admin officer</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 8 [3M, 5F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Align on the contractual framework and next steps.</li> <li>• Agree on focal points for each institution.</li> <li>• Clarify WHO counterpart arrangements and in-kind contributions.</li> <li>• Determine feasible contracting mechanism (UN-to-UN vs FINSA).</li> <li>• Define immediate next actions on document sharing and co-creation.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Both sides confirmed negotiation needs; the usual contract template cannot be used.</li> <li>• A pre-drafted contract template will be shared by GIZ for WHO validation.</li> <li>• WHO/AFRO has already been informed of the collaboration framework and upcoming steps.</li> <li>• Contract value discussed; WHO also foresees in-kind contributions (notably staff time).</li> <li>• WHO flagged funding constraints (global fiscal pressure, US withdrawal, German budget reductions) and limited flexibility to extend funds.</li> <li>• Indicative timeline: submission around December.</li> <li>• Two possible mechanisms considered: UN-to-UN agreement or FINSA mechanism.</li> </ul>	

#### 118. Meeting with BOAD

<b>Meeting Date:</b> 09.09.2025	<b>Meeting location:</b> BOAD Office
<b>Participants:</b> <b>ECO</b> <ul style="list-style-type: none"> <li>• Team lead, ECO Ltd</li> </ul> <b>BOAD</b> <ul style="list-style-type: none"> <li>• Project Analyst</li> <li>• Project Assistant</li> <li>• Environmental Economist</li> <li>• Project manager officer</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 8 [4M, 4F]

<ul style="list-style-type: none"> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Take stock of BOAD project preparation and FAA status.</li> <li>Clarify ANAMET/ANPC needs and scope (capacity building, geography, stations).</li> <li>Map partners and conventions required by ANPC.</li> <li>Plan technical exchange among ANAMET–BOAD–GIZ.</li> <li>Agree with the next steps including feasibility study and coordination with OMM/CHD.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Implementation is under preparation; a Korea workshop happened in April, while the national workshop is pending (likely after FAA signature).</li> <li>ANAMET needs (capacity building, intervention zones, number of stations) are not yet defined; ANPC needs are clearer (e.g., modelling).</li> <li>FAA not yet signed by BOAD; the Green Climate Fund is developing the admin operations manual.</li> <li>Partners for ANPC conventions include CRT, African Risk Capacity, UNDRR, WMO, ANAMET.</li> <li>A technical exchange ANAMET–BOAD–GIZ should be organized to firm up needs.</li> <li>CHD discussion with WMO still pending; to be clarified during the national workshop.</li> </ul>	

*119. Meeting with PHU Kolina*

<b>Meeting Date:</b> 08.09.2025	<b>Meeting location:</b> Kolina Peripheral Health Unit (PHU), Centrale region
<b>Participants:</b> <b>Beneficiary</b> <ul style="list-style-type: none"> <li>PHU Kolina Personnel</li> <li>Health Manager Committee (COGES)</li> <li>Village Development Committee (CDQ/CVD)</li> </ul> <b>WANEP</b> <ul style="list-style-type: none"> <li>Early warning Expert</li> <li>Assistant early warning Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [8M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Exchange with the mothers' club on WASH, maternal care, and support for pregnant, postpartum, and breastfeeding women</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Alert messages are not always translated into local languages, limiting understanding.</li> <li>Community health workers (CHWs) lack transportation means to carry out their missions.</li> <li>Community leaders and CHWs conduct home visits for public awareness.</li> <li>Frequent extreme weather events include heavy rains, droughts, heat waves, and harmattan winds.</li> <li>Climate change effects observed are an increase in diseases like meningitis, malaria, cough, and cholera.</li> <li>Children and elderly people are the most vulnerable groups.</li> <li>Effective communication channels are WhatsApp (especially among youth) and community meetings.</li> <li>Main water sources are wells, boreholes, and TDE.</li> <li>There is a sanitation block, but it is far from homes, discouraging use; some consider its facilities outdated.</li> <li>PHU sanitation blocks are used when needed, equipped with a handwashing station supported by a well-tiled concrete wall.</li> <li>Poor use of infrastructure poses risks, requiring awareness actions.</li> <li>There is a significant need for an opaque trash bin and a space equipped with a towel holder, mirror, and toilet paper holder.</li> <li>The community is willing to pay 50 F for maintenance and supplies.</li> <li>Mosquito nets are commonly used for malaria protection.</li> </ul>	

- Sanitary facilities are inadequate, lacking sufficient lighting and ventilation. Handwashing devices in delivery and care rooms are absent or nonfunctional.
- Waste is managed by packaging and safety boxes, then emptied into a hole.
- Patients have no dedicated space for menstrual hygiene or personal care and conduct these activities in toilets without awareness support.
- During vaccinations, prenatal consultations, and outreach sessions, hygiene and sanitation messages are promoted.
- Recommendations include modernizing and adapting the centre's sanitary facilities.
- Installing a mirror in the delivery room.
- Providing the centre with visual aids for awareness.
- Strengthening WASH (Water, Sanitation, and Hygiene) awareness.
- Creating specific toilets for medical staff.

120. *Meeting with MAPRASA*

<b>Meeting date:</b> 06.09.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Minister of Agriculture</b> <ul style="list-style-type: none"> <li>• Doctor, Section Heads, Transhumance Specialists</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• EFA Expert</li> <li>• Gender Expert</li> <li>• Environmental Expert</li> <li>• Environmental Expert</li> <li>• Gender Assistant</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [6M,0F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess the effectiveness of existing governance and coordination mechanisms for transhumance management and for integrating climate-related health risk management.</li> <li>• Identify the specific vulnerabilities and challenges of local communities in facing transhumance-related issues within the context of climate change.</li> <li>• Explore synergies for an integrated early warning system addressing both pastoral and health risks.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• A structured institutional framework exists, including a National Transhumance Committee and decentralized committees at prefectural, communal, and cantonal levels, supported by a national call centre for incident reporting.</li> <li>• transhumance remains a vital pastoral practice in Togo, but it increasingly fuels socio-economic and environmental tensions as climate change worsens resource scarcity and herd mobility challenges.</li> <li>• It was noted that 80% of crop damage incidents caused by livestock result from the lack of secure transhumance routes.</li> <li>• Communication gaps between local structures and communities hinder the dissemination of legal texts and alerts, despite the important role of community radios.</li> <li>• The early warning system is still underdeveloped, with no specific tool in place to anticipate climate-related, sanitary, or pastoral risks linked to livestock movements.</li> <li>• Access to basic social services for transhumant populations remains uneven: while the national health system is officially universal, mobility constraints limit effective access to healthcare and education.</li> <li>• Authorities recommend strengthening local capacities through training in conflict management, harmonizing procedures, and ensuring greater impartiality among transhumance committee members.</li> <li>• Key priorities include securing pastoral routes, disseminating updated regulations, establishing a dedicated early warning system, and formalizing collaboration between the government and technical partners to improve coordination and field-level effectiveness.</li> </ul>	

121. *Meeting with MSHPCSUA*

<b>Meeting date:</b> 05.09.2025	<b>Meeting location:</b> Minister of Health, Public Hygiene, Universal Health Coverage and Insurance
<b>Participants:</b> <b>Minister of Health</b> <ul style="list-style-type: none"> <li>• General secretary</li> <li>• Gender Focal point</li> <li>• Others staff</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• EFA Expert</li> <li>• Gender Expert</li> <li>• Environmental Expert</li> <li>• Environmental Expert</li> <li>• Environmental Assistant</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [7M,3F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• To discuss the institutional integration of gender within the national health system.</li> <li>• To identify progress and gaps in gender mainstreaming, inclusion, and equity in health governance and human resources.</li> <li>• To gather the Ministry's inputs and contributions for the preparation of the project annexes under the Green Climate Fund financing proposal (environmental and social safeguards, gender action plan, and economic and financial analysis).</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The Ministry of Health has established national policies and directives on gender. A Gender Unit has been created, with its Vice-President based within the Minister's Cabinet. However, there is currently no designated gender focal point at the central level.</li> <li>• A Gender Audit, conducted with support from Expertise France, was recently completed. The audit aims to produce a reference document to strengthen gender integration in health policies, programmes, and planning.</li> <li>• The Ministry plans to introduce differentiated recruitment criteria to promote the participation of women and disadvantaged groups, for example through adjusted age limits or educational requirements.</li> <li>• A transformative gender approach is envisaged for the upcoming Climate Change Unit, being developed with GIZ support. This unit will include gender focal points and apply gender quotas for women's participation, alongside targeted capacity-building activities.</li> <li>• The Ministry underlined the need to ensure that new health infrastructures are designed and monitored to meet the needs of people with disabilities and pregnant women.</li> <li>• The Ministry expressed its readiness to collaborate with ANAMET on developing a gender-sensitive early warning system for health and climate crisis management. This would help strengthen communication, preparedness, and response to climate-related diseases.</li> <li>• Discussions also covered collaboration between the FDC and the Ministry's Gender Unit to ensure effective gender mainstreaming in all project activities.</li> <li>• The Secretary General emphasized that gender-sensitive monitoring and performance indicators will be incorporated into supervision and performance review tools, including quarterly meetings and performance evaluations.</li> </ul>	

122. *Meeting with AGHA*

<b>Meeting Date:</b> 04.09.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>African German Health Association (AGHA)</b> <ul style="list-style-type: none"> <li>• Project Coordinator</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change, GIZ Togo</li> <li>• Intern, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [3M, 0F]

<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Exchange introductions and clarify AGHA's mandate and structure.</li> <li>• Present AGHA's experience, projects, and areas of expertise.</li> <li>• Identify complementarities and potential collaboration areas with GIZ.</li> <li>• Discuss contractual modalities and cooperation models.</li> <li>• Define</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• AGHA was introduced as a project execution association focused on strengthening healthcare infrastructure, including physical facilities, digital systems, medical equipment maintenance, and training.</li> <li>• AGHA operates as a foundation with member companies, working through grant-based agreements aligned with GIZ procurement requirements.</li> <li>• The contractual model involves GIZ providing in-kind support, while AGHA conducts procurement and implementation through internal or external partners.</li> <li>• Examples of AGHA's experience were presented, including hospital prototypes, eHealth digital infrastructures, supply chain management, and training initiatives in Ghana and Senegal.</li> <li>• AGHA collaborates with universities on logistics, waste management, and vaccination projects and plans further engagement through international events.</li> <li>• GIZ identified strong complementarities in hospital maintenance, equipment management, supply chain, waste management, and digital training.</li> <li>• Open questions were raised regarding AGHA's structure, funding sources, project pipeline, and technical training capacities.</li> <li>• Both sides agreed to exchange presentations, key documents, and project reports to clarify potential areas of collaboration.</li> <li>• A follow-up meeting will be scheduled to discuss a draft work package and key performance indicators for AGHA's potential role.</li> </ul>	

### 123. Meeting with MTRAF

<b>Meeting Date:</b> 04.09.2025		<b>Meeting location:</b> MTRAF offices	
<b>Participants:</b>		<b>Number and gender (m/f) of participants:</b>	
<b>Ministry of transports (MTRAF)</b> <ul style="list-style-type: none"><li>• Secretary-General</li><li>• Member of Directorate of Road, and Rail Transport</li><li>• Head of studies</li><li>• Legal Officer</li><li>• Coordinator, Directorate of Studies</li><li>• Director Directorate of Studies</li><li>• Deputy in charge of administration</li></ul>		10 [7M, 3F]	
<b>GIZ</b> <ul style="list-style-type: none"><li>• Project Development Manager, GIZ Germany</li><li>• Head of Component, GIZ Togo</li></ul>			
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"><li>• Review the current status of e-mobility in Togo, in particular in Lomé and the Ministry of Transport's plans.</li><li>• Discuss key challenges and potential solutions for scaling electric motorcycles and buses, including charging/battery-swap infrastructure.</li><li>• Present and receive feedback on GIZ's idea to support the purchase of electric motorcycles and related charging solutions.</li><li>• Understand the scope and progress of the UNEP/MERF e-mobility project and its alignment with national strategies.</li><li>• Agree on the next concrete steps for technical collaboration and information sharing between GIZ, the Ministry of Transport, MERF/UNEP and other partners.</li></ul>			
<b>Summary of the meeting:</b> <ul style="list-style-type: none"><li>• The Ministry outlined the current situation: e-mobility is concentrated in Lomé, supports the carbon-reduction strategy, electrified buses are planned, public interest is growing, and there are not yet formal partnerships with private operators such as Spiro, Rino or Total.</li></ul>			



<ul style="list-style-type: none"> <li>• Main challenges highlighted were high purchase prices compared to thermal models, costly imported spare parts, only two battery-swap providers, and even greater constraints for deployment in rural areas.</li> <li>• Proposed solutions included increasing battery-swap/charging points, standardising battery types, installing solar-powered charging stations at health centres, training drivers to better plan range (≈75 km), and creating a local, digitised stock of spare parts.</li> <li>• On GIZ's proposal, the Ministry considered the purchase of 50 electric motorcycles positive, stressed that the models must fit rural tracks, mentioned Spiro and Rino models as options, and confirmed its availability for technical support.</li> <li>• The UNEP/MERF e-mobility project was presented (ongoing feasibility study, validated national strategy, draft national framework, financing strategy to be defined), and next steps were agreed: share key documents (NC, pre-FS, PPT), meet with the MERF/UNEP coordinator and SSA on charging-station pilots and prices, and explore links with the ProEnergie mini-grid experience.</li> </ul>
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#### 124. Meeting with MSHPCSUA AUS

<b>Meeting Date:</b> 04.09.2025	<b>Meeting location:</b> MSHPCSUA AUS meeting room
<b>Participants:</b> <b>MSHPCSUA AUS</b> <ul style="list-style-type: none"> <li>• Director of Health Planning</li> <li>• Focal point</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Team lead, ECO Ltd</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [4M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the status of the project and next steps</li> <li>• Discuss the Ministry's Enhanced Due Diligence (EDD) process, planned to start in September, including expectations and support needed from the Ministry for mobilizing personnel and documents</li> <li>• Clarify the process for signing the financing agreement with MSHPCSUA as the Executing Entity</li> <li>• Discuss the upcoming Technical Committee meeting (goal and organization)</li> </ul>	
<ul style="list-style-type: none"> <li>• Presented project status and upcoming activities, including stakeholder workshop (05.09.2025) and consultant work on project annexes (gender, social, environmental, economic, and financial analyses), submission by December 19, 2025</li> <li>• Explained Enhanced Due Diligence process and Ministry's role in facilitating staff, documents, and meeting logistics (week of 08 September)</li> <li>• Discussed steps for signing the financing contract with MSHPCSUA as Executing Entity, involving Ministry of Finance and Planning</li> <li>• Reviewed Technical Committee meeting plan (week of 10.09), sharing ToR, drafting invitation letter, and Ministry handling invitations; agreed on responsibilities and timelines</li> </ul>	

#### 125. Meeting with WHO Togo

<b>Meeting date:</b> 03.09.2025	<b>Meeting location:</b> WHO Togo Country Office, Lomé
<b>Participants:</b> <b>WHO</b> <ul style="list-style-type: none"> <li>• Gender Focal Point</li> <li>• Communication Officer</li> <li>• Technical Advisor</li> </ul> <b>FCD</b> <ul style="list-style-type: none"> <li>• EFA Expert</li> <li>• Gender Expert</li> <li>• Environmental Expert</li> </ul>	<b>Number and gender (m/f) of participants:</b> 9 [7M, 2F]

<ul style="list-style-type: none"> <li>• Environmental Expert</li> <li>• Environmental Assistant</li> </ul>	
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Gather WHO's feedback and contributions for the implementation of the project.</li> <li>• Discuss integration of gender and inclusion in health and climate-related interventions.</li> <li>• Identify existing tools, policies, and expertise that can support the project.</li> <li>• Explore collaboration opportunities for climate-resilient health systems and capacity building.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• WHO Togo expressed a positive perception of the project, noting that it complements the organisation's ongoing health initiatives in cooperation with Togo.</li> <li>• WHO Togo already has a gender focal point and a communication unit dedicated to promoting gender equality. Gender integration is mandatory in the implementation of the PRCA policy, with systematic monitoring of indicators.</li> <li>• The organisation implements an integrated gender approach through initiatives such as combating gender-based violence, supporting women's empowerment, promoting equity in the health sector, and advocating for the rights of women and girls.</li> <li>• WHO Togo provides awareness-raising, training of future health professionals, and activities to strengthen female leadership in health institutions, guided by the WHO global gender policy.</li> <li>• WHO mentioned to contribute to the project by providing: Gender policies, equity tools, and internal programmes for the prevention of harassment and violence, Environmental health standards and guidance for climate-resilient health training, Complementary conventional MP100 incinerators for biomedical waste management, Experts and training modules.</li> <li>• The WHO team recommended to conduct detailed studies on the economic burden of climate-sensitive health outcomes to inform project planning and implementation.</li> </ul>	

126. Meeting with ANAMET and ANPC

<b>Meeting date:</b> 03.09.2025	<b>Meeting location:</b> ANAMET Office
<b>Participants:</b> <b>ANAMET</b> <ul style="list-style-type: none"> <li>• Climatologist at ANAMET</li> <li>• ANAMET staff</li> <li>• ANAMET staff</li> </ul> <b>ANPC</b> <ul style="list-style-type: none"> <li>• Hydrometeorologist at ANPC</li> </ul> <b>FDC</b> <ul style="list-style-type: none"> <li>• EFA Expert</li> <li>• Gender Expert</li> <li>• Environmental Expert</li> <li>• Environmental Expert</li> <li>• Environmental Assistant</li> </ul>	<b>Number and gender (m/f) of participants:</b> 9 [7M, 2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• To discuss the planned project activities related to the rehabilitation and installation of meteorological stations, early warning protocols, and climate risk management.</li> <li>• To gather technical inputs and contributions from key stakeholder</li> <li>• Explore how gender considerations can be integrated at all stages of the project, including staff selection, communication, and operational management</li> <li>• Identify measures to promote equity, equal opportunity, and female participation while addressing structural and socio-cultural barriers.</li> <li>• Collaborating with Gender Focal Point</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The agencies expressed a positive perception of the project, noting that it will strengthen national capacity for meteorological data coverage and improve risk monitoring</li> <li>• ANAMET currently has a gender focal point, but the position is still being operationalised.</li> <li>• Low presence of women in technical services and commitment to ensure a gender-balanced recruitment process, particularly for technical posts related to meteorological stations.</li> </ul>	

- ANAMET and ANPC insist on the need for regular monitoring of gender indicators in the implementation of projects.
- ANPC has a protocol for early warning management and ensures effective coordination with other regions of the country.
- ANAMET has reported challenges related to the maintenance of automatic weather stations.
- ANPC incorporates gender considerations into its intervention programme but does not yet have a specific protocol for addressing gender issues or the needs of people with disabilities. Efforts are underway to integrate these aspects.
- Both agencies highlighted the need to strengthen staff capacity on gender mainstreaming.

#### 127. Meeting with WASCAL

<b>Meeting Date:</b> 03.09.2025	<b>Meeting location:</b> WASCAL Director office
<b>Participants:</b> <b>WASCAL</b> <ul style="list-style-type: none"> <li>• Director of WASCAL Togo</li> <li>• Scientific coordinator</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Team lead, ECO Ltd</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [4M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand better the WASCAL modelling needs</li> <li>• Discuss on how to strengthen their capacities</li> <li>• Explore collaborations</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Discussed WASCAL's modelling needs to gain a clearer understanding of their requirements and priorities, noting that they have strong expertise in flood modelling but limited experience in climate-health modelling</li> <li>• Explored ways to strengthen WASCAL's capacities through technical support, training, and resource sharing, existing collaboration with LSHTM as a solid starting point</li> <li>• Identified potential areas for collaboration and partnerships to enhance joint activities and maximize impact</li> </ul>	

#### 128. Meeting with ANPC

<b>Meeting Date:</b> 03.09.2025	<b>Meeting location:</b> ANPC Office
<b>Participants:</b> <b>ANPC</b> <ul style="list-style-type: none"> <li>• General Director</li> <li>• Deputy Director</li> <li>• Director of planning unit</li> <li>• Technical advisors (GIS, prediction and EWS)</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Team lead, ECO Ltd</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [7M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Update on the current situation to the BOAD</li> <li>• Update ANPC on collaboration with the BOAD and the next implementation steps</li> <li>• Collaboration with ProDEG</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Provided an update to BOAD on the current project situation</li> <li>• Updated ANPC on collaboration with BOAD and next implementation steps, noting planned synergistic meeting with new point of contact within BOAD as the GCF project has been</li> </ul>	

<p>transferred to the project implementation unit; activities at BOAD have not yet started as preparations with FVC are ongoing, with synergistic discussions planned</p> <ul style="list-style-type: none"> <li>Reviewed collaboration with ProDEG, which has improved and resulted in a financing contract for the development of local communal climate plans</li> </ul>
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*129. Meeting with MERFPCCC*

<b>Meeting Date:</b> 03.09.2025	<b>Meeting location:</b> MERFPCCC Lomé
<b>Participants:</b> <b>NDA</b> <ul style="list-style-type: none"> <li>NDA/ Focal point MERFPCCC</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Project Development Manager, GIZ Germany</li> <li>Head of Component, GIZ Togo</li> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [1M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Mutual updates on the project and NDA activities</li> <li>Coordination on the next steps, including No-objection letter</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Presented project status and upcoming activities, including stakeholder workshop (05.09.2025) and consultant work on project annexes (gender, social, environmental, economic, and financial analyses), submission by December 19, 2025</li> <li>Explained Enhanced Due Diligence process of ANAMET and MSHPCSUA</li> <li>Discussed synergy with BOAD</li> <li>Possibility to provide the No-objection letter at the right moment</li> <li>Reviewed Technical Committee meeting plan (week of 10.09)</li> </ul>	

*130. Meeting with HISPWCA*

<b>Meeting Date:</b> 02.09.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Eco ltd group</b> <ul style="list-style-type: none"> <li>Lead consultant</li> <li>Climate change and health specialist</li> </ul> <b>HISPWCA</b> <ul style="list-style-type: none"> <li>Head of Programs</li> <li>Implementer</li> <li>Coordinator</li> </ul> <b>London School of Hygiene &amp; Tropical Medicine (LSHTM)</b> <ul style="list-style-type: none"> <li>Research Assistants, MRC Unit, The Gambia at LSHTM (2)</li> <li>Research fellow, medical statistics</li> <li>Co-Director, Centre on Climate Change and Planetary Health</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Head of Component, GIZ Togo</li> <li>Project Development Manager, GIZ Germany</li> <li>Advisor Digitalisation, GIZ Germany</li> <li>Advisor Climate Change, GIZ Togo</li> <li>Intern, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 15 [8M, 7F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Explore integration possibilities between the Climate Health Platform and DHIS2.</li> <li>Discuss scope and areas of collaboration between HISP and LSHTM.</li> <li>Review data availability, accessibility, and readiness for modelling activities.</li> <li>Assess flexibility of model integration and harmonisation of health and climate data.</li> <li>Identify next steps for technical exchange and coordination among partners.</li> </ul>	

**Summary of the meeting:**

- HISP confirmed having an MoU with the Ministry of Health, allowing transparent data sharing and access to health information.
- HISP presented the Climate App and Chap platforms, both open-source and designed to integrate health and climate data; Chap can host, train, and embed disease-specific models such as malaria and diarrhoea.
- LSHTM inquired about the flexibility of integrating external data sources, and HISP clarified that DHIS2 can accommodate external datasets once harmonized, with automation possible through Python scripts.
- Climate data currently derives from ERA 5-Land; collaboration with ANAMET aims to improve these datasets using localized station data where available.
- Participants agreed that disaggregated health data (weekly and monthly) allows detailed analysis, and mapping available data against modelling variables would help align future work.
- LSHTM raised the issue of updating and linking existing models, to which HISP confirmed that additional models can operate in parallel within DHIS2.
- It was noted that the choice of models for national use is an epidemiological decision, requiring agreed standards for predictive quality and validation.
- LSHTM emphasized the challenges of long-term forecasting due to the limited reliability of climate data, though future improvements could make it feasible.
- All parties agreed that harmonizing health and climate data, even without full platform integration, would significantly strengthen data-driven analysis and preparedness planning.
- Partners confirmed continued collaboration through technical exchanges, focusing on model harmonization, information sharing, and defining data quality standards.

**131. Meeting with WHO**

<b>Meeting Date:</b> 27.08.2025	<b>Meeting location:</b> GIZ ProSanté Office
<b>Participants:</b> WHO: <ul style="list-style-type: none"> <li>• Health Promotion officer</li> <li>• Fund raising Officer</li> </ul> GIZ (Health project, GIZ Togo) <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Advisor Digitalisation, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [4M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Exchange updates (WHO &amp; GIZ) and contract admin status.</li> <li>• Review Activity Sheets 2.1.1–2.2.2 for structure and deliverables.</li> <li>• Agree on formatting, scope, and budgeting approach.</li> <li>• Define immediate follow-ups</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• WHO update provided.</li> <li>• GIZ update: AS finalisation (29.08), GIZ mission, 05.09 workshop; contract admin: meetings on 08/09 Sept</li> <li>• AS guidance: consider ministerial vs inter-ministerial decree; follow the format used in AS 3.2.2; limit/price deliverables to ease budgeting.</li> <li>• 2.1.3 needs further development; 2.2.1 retains the Climate &amp; Health Master and moves child-focused content to the Communication component (2.2.1.1/3/4).</li> <li>• 2.2.2.3 assigned to GIZ; remaining sub-activities to WHO.</li> </ul>	

**132. Meeting DPML, GFATM, GAVI**

<b>Meeting Date:</b> 27.08.2025	<b>Meeting location:</b> Online
<b>Participants:</b> GFATM <ul style="list-style-type: none"> <li>• Country team members</li> <li>• Health product management</li> <li>• M&amp;E or strategic information advisers</li> <li>• Regional or HQ technical advisers</li> </ul>	<b>Number and gender (m/f) of participants:</b> 16 [10M, 6F]

<p>GIZ</p> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Advisor Digitalisation, GIZ Togo</li> <li>• Project Development Manager, GIZ Germany</li> </ul> <p>Gavi</p> <ul style="list-style-type: none"> <li>• Senior programme officer for immunisation / cold chain</li> <li>• Supply chain and logistics specialist</li> </ul> <p>CAMEG – Central Medical Stores Togo</p> <ul style="list-style-type: none"> <li>• Senior management</li> <li>• Logistics and warehouse / supply chain managers</li> </ul> <p>UPG Togo</p> <ul style="list-style-type: none"> <li>• Project coordinator or senior programme manager</li> <li>• Technical team for health commodities and information systems</li> </ul> <p>WHO</p> <ul style="list-style-type: none"> <li>• Technical officer or adviser for supply chain</li> </ul>	
<p>Objectives of the meeting:</p> <ul style="list-style-type: none"> <li>• Review the CAPS 2019–2022 evaluation and the rationale for a harmonised, digital logistics management system (e-SIGL).</li> <li>• Present the new CAPS 2023–2026 strategic plan and the national plan for an integrated SIGL interoperable with DHIS2.</li> <li>• Discuss the GC7 financing commitment for e-SIGL and the main activities to be implemented.</li> <li>• Clarify the implementation timeline, budget envelope and key deliverables.</li> <li>• Agree on documents to be shared and next steps for coordination between DPML and GIZ (incl. cold-chain related SIGL activities).</li> </ul>	
<p>Summary of the meeting:</p> <ul style="list-style-type: none"> <li>• Participants recalled that the CAPS 2019–2022 review revealed major weaknesses in stock monitoring, traceability and logistics procedures, justifying a shift to a harmonised, digitised national SIGL.</li> <li>• The new CAPS 2023–2026 strategy and the national plan for an integrated, interoperable SIGL were presented, along with the GC7 agreement in principle to finance an e-SIGL covering the whole country.</li> <li>• Planned activities for e-SIGL include benchmarking missions in two neighbouring countries, recruitment of a project management firm, equipping around 1,500 health facilities, upgrading hosting infrastructure and delivering a comprehensive training and change-management package.</li> <li>• The group listed key reference documents to be shared: DPML ToR and PPTs, the CAPS 2023–2026 strategic plan, the detailed e-SIGL plan, and GIZ's activity sheet on cold-chain support including SIGL components.</li> <li>• A provisional chronogram was discussed: preparatory work and manual development in 2025, contracting, system development and pilot deployment in 2026–2027, national rollout and stabilisation in 2028, and operation and maintenance from 2029 onwards.</li> <li>• The meeting noted an indicative overall budget of about USD 1.49 million, with the largest shares allocated to system development/acquisition, national deployment and capacity building, and agreed to refine figures and roles as documents are finalised.</li> </ul>	

133. *Meeting with MPDC*

<b>Meeting Date:</b> 26.08.2025	<b>Meeting location:</b> MPDC Headquarters
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<b>Participants:</b> <b>Ministère de la Planification du Développement et de la Coopération (MPDC):</b> <ul style="list-style-type: none"> <li>• General Secretary (GS)</li> <li>• Director of Bilateral Cooperation</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Commission Manager, GIZ Togo</li> <li>• Country Director, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [2M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Review the results of the Enhanced Due Diligence (EDD) process for ANAMET.</li> <li>• Discuss risks identified in the EDD and their implications for GCF project implementation.</li> <li>• Explore alternative contractual arrangements, including the role of MTRAF</li> <li>• Assess the status of establishing ANAMET's board of directors</li> <li>• Agree on next steps for follow-up and coordination.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The EDD conducted by BDO identified major risks, particularly the absence of ANAMET's board of directors, alongside other administrative and financial weaknesses.</li> <li>• GIZ, as the accredited entity, cannot conclude a grant agreement with ANAMET under the current conditions, which blocks the GCF project.</li> <li>• An alternative option considered was to assign MTRAF as contractual partner and executing entity, though this is not ideal.</li> <li>• Discussions with the GS of MTRAF confirmed that preparatory steps for the ANAMET board are complete; only the official nomination and convocation by the Council of Ministers remain.</li> <li>• MPDC GS expressed optimism that the board nomination would be finalized quickly once the new government is in place. He committed to informing his superior and emphasized the government's duty to mobilise financing opportunities.</li> <li>• The Director of Bilateral Cooperation was aware of the link between the GCF project and Togo's bid for the regional GCF office, and understood the risk of failure</li> <li>• MPDC GS suggested exploring a parallel EDD with MTRAF, though participants were not convinced of its usefulness.</li> <li>• The meeting concluded with an agreement to maintain regular exchanges for monitoring the nomination process of ANAMET's board.</li> <li>• Internally, it was agreed that GIZ will review progress on 15 October and decide on the way forward, with the key challenge being the formation of the new government. If necessary, the issue may be raised during the November government negotiations in Berlin.</li> </ul>	

*134. Meeting with CIMTOGO SA*

<b>Meeting Date:</b> 26.08.2025	<b>Meeting location:</b> CIMTOGO SA Office Lomé
<b>Participants:</b> <b>CIMTOGO SA:</b> <ul style="list-style-type: none"> <li>• Commercial Director</li> <li>• General Director</li> <li>• Financial Lead</li> <li>• Administrative Director</li> <li>• Head of CIMTOGO SA, Heidelberg Materials Togo Foundation</li> <li>• Plant manager</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Advisor Private Sector, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 9 [7M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Learn on level of maturity of LC3 cement production</li> <li>• Present the project to CIMTOGO SA</li> <li>• Discuss the interest in establishing a public private partnership with regards to climate resilient construction</li> </ul>	
<b>Summary of the meeting:</b>	

<ul style="list-style-type: none"> <li>• DG CIMTOGO SA explained that LC3 cement production is underway in Ghana and planned for the next years for Togo.</li> <li>• They noted that clay tests in Togo were positive, all documentation has been submitted to the authorities.</li> <li>• CIMTOGO SA expressed interest in partnering with GIZ on sustainability initiatives.</li> <li>• They also highlighted ongoing activities in the north (schools, hospitals).</li> <li>• GIZ emphasized capacity building as a potential entry point, especially to help address unmet environmental standards, and proposed multi-skilling training for maintenance staff.</li> <li>• GIZ underlined that climate-health integration is still rare, with only three GCF-funded projects globally (Malawi, Laos, Cook Islands), and that Togo's project could gain strong regional visibility.</li> <li>• ProEmploi confirmed its focus on capacity building, highlighting experience training local personnel.</li> <li>• Next steps include a follow-up meeting with GIZ construction unit in September</li> </ul>
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135. Meeting with STEA, 2TF SARL, KAPI, SF2D-S

<b>Meeting date:</b> 20.08.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Societe Trans Euro-Afrika (STEA)</b> <ul style="list-style-type: none"> <li>• Engineer</li> <li>• Network and IT Administrator</li> </ul> <b>2TF SARL</b> <ul style="list-style-type: none"> <li>• CEO</li> </ul> <b>Solidarité Femmes pour un Développement Durable des Savanes (SF2D-S)</b> <ul style="list-style-type: none"> <li>• Director Sustainable Development</li> </ul> <b>KAPI Consult</b> <ul style="list-style-type: none"> <li>• Chief Economist</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change, GIZ Togo</li> <li>• Intern, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 7 [5M, 2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Virtual Information Session as part of the call for Expression of Interest (EOI) launched in Togolese newspaper for collaboration with the Project</li> <li>• The goal was to inform the participants about the EOI application process, how they could apply and to answer any questions</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• GIZ first presented the project, notably detailing each of the components and possible collaborations in the fields</li> <li>• They emphasised the flexibility and openness of the collaboration opportunities and explained the IDP framework to participants</li> <li>• Participants from each organisations asked clarification questions</li> </ul>	

136. Meeting GFATM

<b>Meeting Date:</b> 12.08.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>GFATM:</b> <ul style="list-style-type: none"> <li>• Medical Laboratory Specialist</li> <li>• Fund Portfolio Manager</li> <li>• Senior Malaria Advisor</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change, GIZ Togo</li> <li>• Advisor Laboratories, GIZ Togo</li> <li>• Advisor Private Sector, GIZ Togo</li> <li>• Intern, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 8 [4M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Review ongoing support for malaria diagnosis and external quality evaluation (EQA).</li> </ul>	



<ul style="list-style-type: none"> <li>• Clarify the roles of the PNLP Laboratory Division and its data management needs.</li> <li>• Discuss challenges in diagnostic quality and genomic activities.</li> <li>• Share updates on funding and coordination with global health partners.</li> <li>• Identify next steps for collaboration under WARIL and other regional initiatives.</li> </ul>
<p><b>Summary of the meeting:</b></p> <ul style="list-style-type: none"> <li>• The meeting focused on strengthening malaria diagnostic systems and improving laboratory quality management, particularly through external quality evaluation (EEQ) supported by GIZ and GFATM.</li> <li>• GIZ confirmed continued support for diagnostic capacity building and EEQ, while emphasizing stronger inclusion of the PNLP Laboratory Division in data management.</li> <li>• Limited access to EEQ results remains a key issue; development of an interactive data dashboard by WITS was proposed to address this gap.</li> <li>• Collaboration with the national health institute is being considered to manage laboratory financing and technical oversight.</li> <li>• Persistent weaknesses in microscopy training were discussed, highlighting the need to maintain trust in rapid diagnostic tests (TDR) and strengthen routine quality control through reference laboratories.</li> <li>• Partners exchanged updates on genomic activities, with INH focusing on microbial genomics and PNLP on plasmodium genomics, though high local costs still require sending samples abroad.</li> <li>• The withdrawal of PMI support is shifting donor priorities toward patient care; GIZ and GFATM will coordinate closely to ensure continuity and complementarity of funded activities.</li> <li>• The regional WARIL initiative was presented as an opportunity for collaboration on diagnostic quality improvement, though financial constraints and variability in TDR use persist.</li> <li>• Partners noted the need for reliable cold chain data to improve quantification of laboratory equipment and supplies.</li> <li>• Follow-up actions include GIZ sharing updated activity sheets and fever clinic details and maintaining coordination with GFATM and PNLP on sentinel site and cold chain activities.</li> </ul>

### 137. Meeting GFATM, GAVI

<b>Meeting Date:</b> 12.08.2025	<b>Meeting location:</b> Online
<p><b>Participants:</b></p> <p><b>GFATM:</b></p> <ul style="list-style-type: none"> <li>• Fund Portfolio Manager</li> <li>• Senior Malaria Advisor</li> <li>• Specialist Health Product Manager</li> </ul> <p><b>GAVI</b></p> <ul style="list-style-type: none"> <li>• Senior Country Manager, Togo &amp; Liberia</li> </ul> <p><b>GIZ</b></p> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Commission Manager, GIZ Togo</li> <li>• Advisor Laboratories, GIZ Togo</li> <li>• Advisor Private Sector, GIZ Togo</li> <li>• Intern, GIZ Germany</li> </ul>	<p><b>Number and gender (m/f) of participants:</b></p> <p>9 [5M, 4F]</p>
<p><b>Objectives of the meeting:</b></p> <ul style="list-style-type: none"> <li>• Review challenges and priorities in cold chain management for vaccines.</li> <li>• Discuss optimisation of supply, maintenance, and resource allocation.</li> <li>• Assess progress and coordination on LMIS and e-LMIS systems.</li> <li>• Address data quality, evaluation, and partner coordination issues.</li> <li>• Define next steps for planning and technical follow-up.</li> </ul>	
<p><b>Summary of the meeting:</b></p> <ul style="list-style-type: none"> <li>• Participants noted persistent weaknesses in the vaccine cold chain, particularly in northern regions, including unreliable refrigeration, poor storage practices, and lack of real-time monitoring.</li> <li>• The 2025 measles outbreak despite high coverage highlighted vaccine conservation issues. A baseline diagnostic study and capacity building were agreed as priorities.</li> <li>• Solutions proposed include solar-powered refrigeration, voltage stabilisers, temperature tracking, improved transport, and separating vaccine and specimen circuits.</li> </ul>	

- The need to optimise distribution networks before expanding infrastructure was underlined, as well as ensuring maintenance and sufficient human resources.
- On LMIS, partners agreed that many centres are not yet ready for electronic systems; strengthening the paper-based LMIS first is necessary. The e-LMIS should be developed gradually, piloted in large facilities, and co-financed by multiple partners.
- Data quality remains a cross-cutting issue; partners highlighted the importance of reliable stock and temperature data. GAVI is supporting focal points with IT equipment and could expand support to additional regions.
- The discussion aligned with previous evaluations (Effective Vaccine Management 2021), confirming ongoing problems in stock management and vaccine handling.
- Coordination among partners remains limited; a unified framework on LMIS and cold chain is recommended to avoid duplication. Inclusion of key national structures such as DLM, DISEM, and the DPML was encouraged.
- Partners agreed on the need for GIZ to receive clear guidance on its potential contributions in capacity building, financing mechanisms, and system strengthening.

### 138. Meeting with NORAD

<b>Meeting Date:</b> 07.08.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>NORAD</b> <ul style="list-style-type: none"> <li>• Senior Adviser, Global Health Section</li> </ul> <b>Wellcome Trust</b> <ul style="list-style-type: none"> <li>• Technology Lead in Data for Science and Health Team</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Specialist Digitalisation, GIZ-Germany</li> <li>• Project Development Manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [2M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Explore roles of NORAD and Wellcome vis-vis DHIS2/CHAP and potential GCF co-funding.</li> <li>• Clarify co-finance vs parallel finance from a GCF perspective.</li> <li>• Identify linkages to modelling networks and investor meetings.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• NORAD has supported DHIS2 since 1996; climate relevance is increasing; PATH Digital Square recognizes CHAP.</li> <li>• Wellcome has not considered GCF as co-finance; their funding is hard to allocate across countries and mainly supports general DHIS2.</li> <li>• GIZ clarified the difference between co-finance and parallel finance for GCF.</li> <li>• Modelling funds next year are difficult (already earmarked); Felipe can connect GIZ to the climate-sensitive disease modelling network and link with HISP.</li> <li>• NORAD has no other health projects in Togo; DHIS2 is also used by HICs.</li> <li>• University of Oslo/HISP: NORAD will ask how much funding goes to DHIS2 (Togo and overall).</li> <li>• Wellcome to assess matching-grant availability by year-end and what they would deem co-funding for DHIS2 application; Felipe to connect GIZ to a colleague on three planned regional (health policy) centres.</li> <li>• 4 Sept: DHIS2 investors' meeting in Oslo + back-to-back NORAD investors' meeting; GIZ will be invited (incl. donor Nicklas Weber, GV One Health).</li> </ul>	

### 139. Meeting GFATM

<b>Meeting Date:</b> 30.07.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>GFATM:</b> <ul style="list-style-type: none"> <li>• Medical Laboratory Specialist</li> <li>• Fund Portfolio Manager</li> <li>• Senior Malaria Advisor</li> </ul>	<b>Number and gender (m/f) of participants:</b> 12 [4M, 8F]

<ul style="list-style-type: none"> <li>• Specialist Health Product Manager</li> <li>• Senior Program Officer</li> <li>• Program Officer</li> <li>• Finance Specialist, High Impact and Core countries</li> </ul>	
<b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo (2)</li> <li>• Project Development Manager, GIZ Germany</li> <li>• Advisor Private Sector, GIZ Togo</li> <li>• Intern, GIZ Germany</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Review household-level malaria prevention activities and potential co-financing opportunities.</li> <li>• Discuss the evaluation and strengthening of the national LMIS and future e-LMIS system.</li> <li>• Exchange updates on laboratory systems, sample transport, and maintenance structures.</li> <li>• Identify synergies in equipment investment, cold chain, and biosafety initiatives.</li> <li>• Define follow-up actions and coordination mechanisms between GIZ and GFATM.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Partners reviewed household malaria prevention measures, including adjusted roofing, mosquito screens, and upcoming mass distribution campaigns in 2026 and 2029. Installation costs and community affordability remain key challenges; a non-experimental follow-up comparing intervention and control areas was proposed.</li> <li>• Spatial emanators were discussed as a promising new WHO-endorsed vector control tool, expected to be approved in August 2025. Expansion of seasonal malaria chemoprevention could be considered depending on available funding.</li> <li>• Civil society engagement continues through GFATM grants to PNLP and the Red Cross. A dedicated coordination position within PNLP was recommended to improve partner alignment and information sharing.</li> <li>• The GFATM will conduct an assessment of the current LMIS (Cycle 7) before financing a new e-LMIS. A joint technical meeting with GIZ, GAVI, and other partners will discuss digitalisation, solar power, costs, and HR requirements.</li> <li>• On laboratories, the national sample transport system (SITEB) faces funding gaps; discussions with WHO and the Pandemic Fund may provide regional financing opportunities. Expansion to include therapeutic products and vaccines was encouraged.</li> <li>• The GFATM expressed interest in supporting integrated laboratory mapping, biosafety, and preventive maintenance, emphasising cross-programme collaboration.</li> <li>• For the cold chain, partners agreed to assess equipment needs across all programmes—not only for vaccines—and to identify beneficiaries for stabilisers and solar systems.</li> <li>• Coordination was highlighted as a key priority, including clearer designation of technical focal points and participation in thematic working groups.</li> <li>• Biobank initiatives requiring ultra-low temperature storage were mentioned as potential future investment areas.</li> </ul>	

#### 140. Debriefing of the Infrastructure/ WASH mission

<b>Meeting Date:</b> 25.07.2025	<b>Meeting location:</b> GIZ ProSanté Office
<b>Participants:</b> <ul style="list-style-type: none"> <li>• MSHPCSUA: DISEM, DHAB</li> <li>• MEN</li> <li>• MATGLAC</li> <li>• GIZ</li> </ul>	<b>Number and gender (m/f) of participants:</b> 19[14M, 5F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the main findings and PPT results from the recent field mission.</li> <li>• Discuss technical options for BTC and prefabricated sanitary blocks.</li> <li>• Review challenges and options related to solar energy supply for health facilities.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The field mission results were presented via PPT, highlighting the current condition of health centres and the need for rehabilitation/construction.</li> <li>• Participants discussed the BTC option and agreed on the need to prepare a clear layout plan to optimise material use and ensure quality implementation.</li> </ul>	

- The group underlined the importance of properly mastering the implementation of prefabricated solutions, including sanitary blocks, and identified a need for guidance and capacity-building.
- Concerns were raised that solar-powered air conditioning has not yet been experimented with in this context, and participants noted technical and operational uncertainties.
- It was highlighted that the quantity of solar energy currently planned appears insufficient to fully cover critical needs such as cold chain and lighting, calling for a review of system sizing.
- The need for formal validation of SATO pans by DISEM was emphasised before any large-scale deployment in health facilities.
- Some apprehension persists regarding the durability, maintenance, and acceptability of prefabricated sanitary blocks, and further demonstrations or case studies were suggested.
- Several resilience measures were reconfirmed as priorities: double roofing to improve thermal comfort, metallic doors for durability in the north of Togo, and integration of toilets within care blocks to improve hygiene and patient dignity.
- Participants agreed that solar energy should be prioritised for the cold chain and essential lighting (luminaires) in health facilities.
- It was recalled that each health centre located in a chef-lieu is expected to evolve into a Communal Health Centre (CSC), which has implications for infrastructure standards and service

#### 141. Meeting with the WB (PASH-MUT)

<b>Meeting Date:</b> 24.07.2025	<b>Meeting location:</b> UGP Headquarters in Lomé
<b>Participants:</b> <b>World Bank / PASH-MUT:</b> <ul style="list-style-type: none"> <li>• Deputy Project Coordinator</li> <li>• Technical Lead</li> <li>• Monitoring &amp; Evaluation Officer</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [4M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand PASH-MUT scope, financing, timeline, and components.</li> <li>• Identify overlaps and potential synergies with the GCF/ProSanté portfolio.</li> <li>• Clarify the diagnostic stage focus, including sanitation value-chain responsibilities.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The World Bank team presented PASH-MUT as an urban water-security project in Togo, financed at ~USD 75 million over six years (2023–2029), with components covering water-resources management, potable-water services, project management/sector studies, and institutional strengthening.</li> <li>• It was clarified that overlaps with the GCF portfolio are limited to Greater Lomé, notably installation of sanitation blocks and hand-washing stations (canteens).</li> <li>• Target groups were specified as 110 sites in Greater Lomé: 70 schools and 40 health facilities.</li> <li>• The project is at the diagnostic stage; work includes defining sanitation value-chain responsibilities (institutional framework), with synergies flagged with GCF and ProSanté.</li> <li>• The indicative start of implementation is 2027, subject to diagnostic completion and subsequent validations.</li> </ul>	

#### 142. Meeting with UNICEF

<b>Meeting Date:</b> 24.07.2025	<b>Meeting location:</b> UNICEF Office, Lomé
<b>Participants:</b> <b>UNICEF:</b> <ul style="list-style-type: none"> <li>• Programme Officer</li> <li>• Monitoring &amp; Evaluation Specialist</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Construction, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [4M, 1F]
<b>Objectives of the meeting:</b>	

<ul style="list-style-type: none"> <li>• Debrief the field mission focused on construction measures (sanitation blocks, water points, related civil works).</li> <li>• Capture UNICEF's feedback and lessons learned related to the project's construction measures (WASH/infrastructure, sanitation-block design).</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• The teams debriefed the field mission, which specifically examined the project's construction measures (sanitation blocks, water-supply points, and related WASH infrastructure).</li> <li>• UNICEF shared lessons learned from comparable WASH-in-Schools civil works, including borehole siting, reforestation to improve microclimate/erosion control, and child-centred recommendation mapping to guide design choices.</li> <li>• UNICEF presented the Country Programme pillars most relevant to construction implementation (WASH with child monitoring, pre-primary education, child protection, social policy, and programme effectiveness—M&amp;E/communication).</li> <li>• It was confirmed that the "latrine credit" approach has new funding; the agreed next step is its institutionalisation within national frameworks to scale up access.</li> </ul> <b>Follow-ups:</b> <ul style="list-style-type: none"> <li>• UNICEF to share standard sanitation-block designs</li> </ul>

#### 143. Meeting with AFMUCAB

<b>Meeting Date:</b> 23.07.2025	<b>Meeting location:</b> Meeting room of town hall
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>• Architect</li> <li>• Civil Engineer</li> </ul> <b>AFMUCAB</b> <ul style="list-style-type: none"> <li>• Executive Director</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor, Construction, GIZ Togo</li> <li>• Specialist, WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 06 [04M, 02F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Better understand local perceptions, cultural considerations and priorities regarding WASH infrastructures in predominantly Muslim communities</li> <li>• Present the planned WASH and climate-resilient infrastructure interventions of the project</li> <li>• Gather feedback and recommendations to ensure that infrastructures are acceptable, accessible and culturally appropriate for women and girls</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Discussion on the accessibility, cleanliness and safety of existing WASH infrastructures in health facilities, schools and public spaces in the Centrale Region.</li> <li>• Emphasis on the importance of separate and well-designed facilities for women and men, including privacy (doors and locks), adequate lighting and safe access.</li> <li>• Exchanges on specific religious and cultural considerations for Muslim women (e.g. availability of water for ablutions, hygiene practices, privacy during menstruation) and how these should be reflected in the design of WASH infrastructures.</li> <li>• Exploration of potential areas of collaboration between GIZ and FMUCAB, including participation in community consultations, co-design of messages on hygiene and menstrual health, and support for the identification of priority sites in Muslim communities in the Centrale Region.</li> </ul>	

#### 144. Exchange with HISPWCA

<b>Meeting Date:</b> 23.07.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>HISPWCA</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Program Officer</li> <li>• Technical advisor</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Specialist Digitalisation, GIZ-Germany</li> <li>• Project Development Manager, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 6 [3M, 3F]

<ul style="list-style-type: none"> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Review climate and health modelling options.</li> <li>Map institutional collaboration (ANAMET, ministries, Digital Health Center, etc...)</li> <li>Identify data gaps, tools, and immediate coordination needs.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Climate data available in Climate App; MODIS referenced.</li> <li>HISP collaborates with ANAMET but lacks gridded data; they extrapolate from ERA5.</li> <li>Modelling was done during COVID (Novissi); platforms/data should still exist under the Ministry of Digital Economy.</li> <li>Public actors' plans to use weather data discussed; a collaboration with the Polytechnic Institute of UL exists for CHAP.</li> <li>CNSD (Digital Health Center) contact: Prof. Gnassingbé; GIZ should speak to CNSD and Ministry of Digitalization (HISP can share contacts).</li> <li>WHO contact has gone quiet; ANPC's EWARS moved from ODK (unsatisfactory) to Excel; reporting frequency varies (weekly/monthly).</li> <li>HISP works with PNLP on sentinel sites and plans expansion; data often on paper; granularity is a common issue.</li> </ul>	

*145. Meeting with L'Association Lionne (Feminine Vitality)*

<b>Meeting Date:</b> 23.07.2025	<b>Meeting location:</b> Kpalimé
<b>Participants:</b> <b>TDI</b> <ul style="list-style-type: none"> <li>Architect</li> <li>Civil Engineer</li> </ul> <b>Association Lionne</b> <ul style="list-style-type: none"> <li>Members of the association</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> <li>Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 12 [04M, 08F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Introduction between GIZ, TDI, and the members of the association</li> <li>Promotion of sanitary pads produced by the association</li> <li>Materials used in the production of sanitary pads</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Accessibility of toilets in schools and public places</li> <li>Training of female seamstresses for the production of sanitary pads</li> <li>Free distribution of sanitary pads to girls of menstruating age</li> <li>Awareness-raising on the use of the association's sanitary pads</li> <li>Assistance to orphaned children and the elderly from proceeds of the sale of sanitary pads produced by the association</li> </ul>	

*146. Meeting with ESPOIR PLUS*

<b>Meeting Date:</b> 22.07.2025	<b>Meeting location:</b> Sokodé
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>Architect</li> <li>Civil Engineer</li> </ul> <b>ONG ESPOIR PLUS</b> <ul style="list-style-type: none"> <li>Members of the NGO</li> </ul> <b>MATGLAC</b> <ul style="list-style-type: none"> <li>Representative of the Ministry</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> <li>Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 13 [6M, 7F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Introduction between GIZ, TDI, and the NGO members</li> </ul>	

<ul style="list-style-type: none"> <li>• Solid waste management in the Tchaoudjo 1 commune</li> <li>• Challenges faced by the NGO</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Collection of solid waste in health facilities, schools, sorting, and compost production from biodegradable waste</li> <li>• Production of charcoal from coconut shells</li> <li>• Community awareness on waste management to reduce environmental pollution</li> <li>• Training of women from the NGO on agro-food processing of agro-ecological products (e.g., locust bean mustard)</li> </ul>

*147. Meeting with ATAREKAD*

<b>Meeting Date:</b> 19.07.2025	<b>Meeting location:</b> Kara
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>• Architect</li> <li>• Civil Engineer</li> </ul> <b>ATAREKAD</b> <ul style="list-style-type: none"> <li>• Tantines of the Kara and Savanes regions</li> </ul> <b>MEN</b> <ul style="list-style-type: none"> <li>• Representative of the Ministry of Primary and Secondary Education</li> </ul> <b>MATGLAC</b> <ul style="list-style-type: none"> <li>• Representative of the Ministry</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 17 [05M, 12F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Introduction between GIZ, TDI, and the Tantines</li> <li>• Sexual and reproductive health</li> <li>• Establishment of the Tantines Associations</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Accessibility of toilets in schools and public places</li> <li>• Continuous availability of water in existing toilets</li> <li>• Availability of sanitary pads</li> <li>• Integrating gender equity and menstrual management in toilet construction</li> <li>• Maintenance of toilets, especially for girls, in schools and public places</li> </ul>	

*148. Meeting with the Local Development Committees of Kozah 1*

<b>Meeting Date:</b> 18.07.2025	<b>Meeting location:</b> Mayor's Office, Kozah 1
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>• Architect</li> <li>• Civil Engineer</li> </ul> <b>Kozah 1 Municipality</b> <ul style="list-style-type: none"> <li>• Local Development Committees (CDQ and CVD)</li> <li>• Technical Referent, GEDEC</li> </ul> <b>MEN</b> <ul style="list-style-type: none"> <li>• Representative of the Ministry of Primary and Secondary Education</li> </ul> <b>MATGLAC</b> <ul style="list-style-type: none"> <li>• Representative of the Ministry</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Specialist Construction, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 21 [18M, 3F]

<ul style="list-style-type: none"> <li>Specialist WASH, GIZ Germany</li> <li>Head of Component, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Introduction between GIZ, TDI, and the CDQ-CVD</li> <li>Project objectives in the commune of Kozah 1</li> <li>Strengthening the resilience of the health system against climate change</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Issues of lack of sanitation in some households, schools, and markets</li> <li>Management of wastewater from households</li> <li>Awareness-raising on open defecation</li> <li>Problems related to the operational capacity of CDQs</li> <li>Advocacy for strengthening capacities and upgrading CDQ members</li> <li>Availability and effectiveness of Community Health Workers</li> </ul>	

*149. Meeting with the Mayor of Tone 1*

<b>Meeting Date:</b> 16.07.2025	<b>Meeting location:</b> Mayor's Office, Tone 1
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>Architect</li> <li>Civil Engineer</li> </ul> <b>Tone 1 Municipality</b> <ul style="list-style-type: none"> <li>Mayor of Tone 1</li> <li>Technical Referent, GEDEC</li> </ul> <b>MEN</b> <ul style="list-style-type: none"> <li>Representative of the Ministry of Primary and Secondary Education</li> </ul> <b>MATGLAC</b> <ul style="list-style-type: none"> <li>Representative of the Ministry</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> <li>Specialist Construction, GIZ Germany</li> <li>Specialist WASH, GIZ Germany</li> <li>Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [7M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Introduction between GIZ, TDI, and the Mayor of Tone 1</li> <li>Presentation of the diagnostic schedule for health facilities in the Kara Region</li> <li>Presentation by GIZ of the project's specificities and scope</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Presentation of the GEDEC project</li> <li>Management of household waste</li> <li>Management of healthcare waste and wastewater</li> </ul>	

*150. Meeting with MSHPCSUA*

<b>Meeting Date:</b> 15.07.2025	<b>Meeting location:</b> Regional Health Directorate of the Savanes Region in Dapaong
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>Architect</li> <li>Civil Engineer</li> </ul> <b>DRS Savanes</b> <ul style="list-style-type: none"> <li>Regional Health Director</li> <li>Health Infrastructure Manager, Savanes Region</li> <li>Hygiene and Sanitation Service Manager</li> <li>Representative of the Ministry of Primary and Secondary Education</li> </ul> <b>MSHPCSUA</b>	<b>Number and gender (m/f) of participants:</b> 11 [8M, 3F]



<ul style="list-style-type: none"> <li>Representative of the Ministry of Territorial Administration</li> </ul>	
<b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> <li>Specialist Construction, GIZ Germany</li> <li>Specialist WASH, GIZ Germany</li> <li>Head of Component, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Introduction between GIZ, TDI, and DRS Kara</li> <li>Presentation of the diagnostic schedule for health facilities in the Kara Region</li> <li>Presentation by GIZ of the project's specificities and scope</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Management of critical issues related to water shortages in health facilities</li> <li>Type of construction or rehabilitation and adherence to construction standards for the chosen type</li> <li>Criteria for selecting health facilities to be included in the diagnostic process</li> <li>Selection of construction companies and the quality of work to be provided</li> <li>Integration of key stakeholders in the health system</li> </ul>	

151. Meeting with CIMTOGO SA

<b>Meeting Date:</b> 15.07.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>CIMTOGO SA:</b> <ul style="list-style-type: none"> <li>Head of CIMTOGO SA</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Climate Change and Health, GIZ Togo</li> <li>Head of Component, GIZ Togo</li> <li>Advisor Private Sector, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [2M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Confirm CIMTOGO SA's low-CO<sub>2</sub> cement (LC3) status and technical parameters.</li> <li>Clarify information CIMTOGO SA needs (volumes, specs, timing) to scope collaboration.</li> <li>Define GIZ's demand for Component 3 and procurement/price considerations.</li> <li>Review past collaboration to identify quick wins.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>CIMTOGO SA has started low-CO<sub>2</sub> production; clinker footprint reduced.</li> <li>Product mix will depend on construction use cases.</li> <li>GIZ needs low-CO<sub>2</sub> cement for Component 3; price reductions may be possible depending on procurement model.</li> <li>Prior collaboration cited (e.g., Tabligbo hospital works; PHU). A German partner (Nuremberg hospital) may join for paediatric unit procurement.</li> <li>Next steps: CIMTOGO SA to send technical documentation and emissions data; partnership negotiations can proceed.</li> </ul>	

152. Meeting with the Mayor of Kozah 1

<b>Meeting Date:</b> 11.07.2025	<b>Meeting location:</b> Mayor's Office, Kozah 1
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>Architect</li> <li>Civil Engineer</li> </ul> <b>Kozah 1 Municipality</b> <ul style="list-style-type: none"> <li>Mayor of Kozah 1</li> <li>DST of Kozah 1</li> <li>Technical Referent, GEDEC</li> </ul> <b>MEN</b> <ul style="list-style-type: none"> <li>Representative of the Ministry of Primary and Secondary Education</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [8M, 2F]

<b>MATGLAC</b> <ul style="list-style-type: none"> <li>Representative of the Ministry of Territorial Administration</li> </ul>	
<b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> <li>Specialist Construction, GIZ Germany</li> <li>Head of Component, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Courtesy introductions between GIZ, TDI, the Regional Health Directorate (DRS), and the Technical Services Department (DST) of Kozah 1</li> <li>Presentation of the diagnostic schedule for health facilities in the Centrale Region</li> <li>Presentation by GIZ of the project's specificities and overall scope</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Presentation of the GEDEC project</li> <li>Presentation of the project for the construction of the sewage system and the wastewater treatment plant at the Mayor's Office</li> <li>Criteria for selecting health facilities to be included in the diagnostic process</li> </ul>	

*153. Meeting with the Regional Health Directorate of the Kara Region*

<b>Meeting Date:</b> 11.07.2025	<b>Meeting location:</b> Regional Health Directorate of the Kara Region in Kara
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>Architect</li> <li>Civil Engineer</li> </ul> <b>DRS Kara</b> <ul style="list-style-type: none"> <li>Regional Health Director</li> <li>Health Infrastructure Manager, Kara Region</li> <li>Hygiene and Sanitation Service Manager</li> </ul> <b>MEN</b> <ul style="list-style-type: none"> <li>Representative of the Ministry of Primary and Secondary Education</li> </ul> <b>MSHPCSUA</b> <ul style="list-style-type: none"> <li>Representative of the Ministry of Territorial Administration</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Advisor Construction, GIZ Togo</li> <li>Specialist Construction, GIZ Germany</li> <li>Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [7M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Introduction between GIZ, TDI, and the DRS Kara</li> <li>Presentation of the diagnostic schedule for health facilities in the Kara Region</li> <li>Presentation by GIZ of the project's specificities and scope</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Reorganization of the health infrastructure structure</li> <li>Type of construction or rehabilitation and adherence to construction standards for the chosen type</li> <li>Criteria for selecting health facilities to be included in the diagnostic process</li> <li>Management of waste generated from healthcare and wastewater</li> <li>Integration of key stakeholders in the health system</li> </ul>	

*154. Meeting with the Regional Health Directorate of the Centrale Region*

<b>Meeting Date:</b> 08.07.2025	<b>Meeting location:</b> Regional Health Directorate of the Centrale Region, Sokodé
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>Architect</li> </ul>	<b>Number and gender (m/f) of participants:</b> 16 [10M, 6F]

<ul style="list-style-type: none"> <li>• Civil Engineer</li> </ul> <b>Regional Health Directorate (DRS) of the Centrale Region and Technical Services Department (DST) of Tchaoudjo 1:</b> <ul style="list-style-type: none"> <li>• Regional Health Director</li> <li>• Accountant of the Regional Health Directorate</li> <li>• Director of Technical Services of the Municipality</li> <li>• Financial Focal Point of the GEDEC Project</li> </ul> <b>MEN</b> <ul style="list-style-type: none"> <li>• Representative of the Ministry of Primary and Secondary Education</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> <li>• Specialist construction, GIZ Germany</li> <li>• Head of component, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Courtesy introductions between GIZ, consultants, the Regional Health Directorate (DRS), and the Technical Services Department (DST) of Tchaoudjo 1</li> <li>• Presentation of the diagnostic schedule for health facilities in the Centrale Region</li> <li>• Presentation by GIZ of the project's specificities and overall scope</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Discussion on the type of construction or rehabilitation and compliance with building standards</li> <li>• Definition of the selection criteria for the health facilities to be assessed during the diagnostic phase</li> <li>• Proposal for a scenario that addresses the operational challenges of health facilities, particularly the coordination between maternity and healthcare buildings</li> <li>• Discussion on medical waste management and wastewater disposal</li> <li>• Emphasis on involving all key stakeholders within the health system in project implementation</li> <li>• Integration of a grievance management mechanism within the project framework</li> </ul>	

*155. Meeting with the Regional Health Directorate of the Kara Region*

<b>Meeting Date:</b> 08.07.2025	<b>Meeting location:</b> Regional Health Directorate of the Centrale Region, Sokodé
<b>Participants:</b> <b>TDI:</b> <ul style="list-style-type: none"> <li>• Architect</li> <li>• Civil Engineer</li> </ul> <b>MSHPCSUA</b> <ul style="list-style-type: none"> <li>• Regional Health Directorate (DRS) of the Kara Region</li> <li>• Regional Health Director</li> </ul> <b>MEN</b> <ul style="list-style-type: none"> <li>• Focal point health of the Ministry of Primary and Secondary Education</li> </ul> <b>MATGLAC</b> <ul style="list-style-type: none"> <li>• Representative of the Ministry</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> <li>• Specialist construction, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [8M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Courtesy introductions between GIZ, TDI, the Regional Health Directorate (DRS),</li> <li>• Presentation of the diagnostic schedule for health facilities in the Centrale Region</li> <li>• Presentation by GIZ of the project's specificities and overall scope</li> </ul>	

<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Discussion on the type of construction or rehabilitation and compliance with building standards</li> <li>• Definition of the selection criteria for the health facilities to be assessed during the diagnostic phase</li> <li>• Proposal for a scenario that addresses the operational challenges of health facilities, particularly the coordination between maternity and healthcare buildings</li> <li>• Discussion on medical waste management and wastewater disposal</li> <li>• Emphasis on involving all key stakeholders within the health system in project implementation</li> <li>• Integration of a grievance management mechanism within the project framework</li> </ul>	
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*156. Workshop Innovative Measures for climate resilient infrastructure MoH*

<b>Meeting Date:</b> 07.07.2025	<b>Meeting location:</b> Togo, Lomé, Hotel Sarakawa
<b>Participants:</b> <b>Ministry of health and others</b> <ul style="list-style-type: none"> <li>• 18 representatives of the Ministry</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Advisor Climate Change, GIZ Togo</li> <li>• Advisor construction, GIZ Togo</li> <li>• Specialist construction, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 23 [17M, 6F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Validate the climate-risk diagnostics for health facilities and WASH sites in Centrale, Kara, and Savanes, and align on the feasibility criteria to assess options.</li> <li>• Prioritise a short list of “no-regret” resilience measures (cooling, flood protection, water, sanitation, energy) and the conditions for their uptake.</li> <li>• Agree on capacity-building needs (artisans, health staff) and how to embed measures in standards, budgets, and the forthcoming GCF proposal.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Stakeholders reviewed field context (heat stress, intermittent water, flood risks) and the diagnostic toolkit, then co-defined five feasibility criteria: durability, social acceptability, local know-how, upfront cost, and local materials.</li> <li>• Top priority measures agreed: double/ventilated roofs and brise-soleil for passive cooling; rainwater harvesting; raised foundations/pilots in flood zones; simple latrine upgrades (e.g., Sato Pan) and hand-washing stations.</li> <li>• Measures needing pilots or sensitisation (e.g., certain sanitation technologies) were parked pending training and behaviour-change support.</li> </ul>	

*157. Meeting Global South Health*

<b>Meeting Date:</b> 24.06.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Global South Health</b> <ul style="list-style-type: none"> <li>• Director of technology</li> <li>• Deputy CEO</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Kenya</li> <li>• Project Development Manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [4M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand Global South Health Ventures’ offer (Indigo backpack cold chain, Beyond monitoring) and where it fits the GCF cold-chain work.</li> <li>• Clarify technical capabilities, PQS status, training/maintenance needs, and deployment models (esp. for northern regions).</li> </ul>	

<ul style="list-style-type: none"> <li>Discuss connectivity, data, and user-simplicity requirements for monitoring (alerts, SIM/cloud options, battery life).</li> <li>Obtain indicative costs and sustainability model (CAPEX/OPEX) and identify documents needed for a pilot decision.</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Company backgrounds: Global South Health Ventures (Jesal, Gilles) bridges manufacturers and field users via PPPs; active across Africa/Asia and six Gavi countries.</li> <li>Indigo backpack: ~1.7 L payload, ~5 days cooling, minimal training, zero-maintenance design; can be pre-charged in Lomé and activated later at destination; 6–10 carriers per charger. Use case: supplement or replace expensive solarisation during outreach.</li> <li>Monitoring options (Beyond): <ul style="list-style-type: none"> <li>Stationary device with SIM alerts (temp/humidity/door/power), rechargeable battery.</li> <li>Cloud platform (servers in Ireland, data protected) with geolocation, dashboards, automated/scheduled reports; PQS-approved.</li> <li>Portable “credit-card” 30-day logger (QR read-out); environmental cost and long-term affordability noted.</li> <li>Requirements from GIZ: simple, robust system with offline tolerance, clear alerting, defined capacities, and cost estimates; ensure long-term affordability after project close.</li> <li>Open points: training approach in the northern regions; MoH/O&amp;M financing responsibilities; PQS status for any added devices; shortlist of candidate sites.</li> <li>Next steps: Partners to send technical specs and updated pricing; volumes, connectivity constraints, and alert needs, then scope a small pilot for validation.</li> </ul> </li> </ul>

*158. Meeting with Spiro Togo*

<b>Meeting Date:</b> 18.06.2025	<b>Meeting location:</b> Online
<b>Togo</b> <ul style="list-style-type: none"> <li>Director Spiro Togo</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Project Development Manager, GIZ Germany</li> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [1M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Confirm regional availability and 2025 deployment timeline for e-motorcycles and swap stations.</li> <li>Review public-sector collaboration to date and discuss emerging carbon-regulation needs.</li> <li>Clarify charging/operations model, range, payments, and maintenance setup.</li> <li>Define information needs and next steps for possible GIZ engagement.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Availability &amp; logistics: Products already in Centrale and Kara; not yet in Savanes. Wholesale distributors exist in Kara/Centrale; expansion toward Dapaong/Adapaong planned. Detailed regional/locality data and a station list can be shared;</li> <li>Public-sector collaboration: motorcycle taxis seen as key CO<sub>2</sub> emitters. SOPs/policies on carbon are not yet set; the company is engaging authorities to develop them.</li> <li>Charging &amp; operations: Removable batteries with station-based swaps (mobile-money payment); users don't charge at home. Reported ranges depending on model; “hundreds” of stations nationally.</li> <li>Maintenance: App shows stations/service points; traditional mechanics and a mobile service exist; no Chinese partners currently for repair.</li> <li>GIZ engagement &amp; next steps: Company is keen to collaborate and seeks clarity on GIZ's role (national/bilateral levels). Agreed to schedule a Lomé meeting and for the company to send relevant documents (availability/station lists, etc.).</li> </ul>	

*159. Meeting with AFRipads*

<b>Meeting Date:</b> 11.06.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>AFRipads:</b> <ul style="list-style-type: none"> <li>Chief Commercial Officer</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [2M, 4F]

<ul style="list-style-type: none"> <li>• Head of Partnership</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Head of component, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess feasibility of piloting AFRipads in Togo within a private-sector integration model.</li> <li>• Understand product features, evidence, training needs, water requirements, and cultural fit.</li> <li>• Explore distribution options (direct shipment vs. local partners) and pricing/sustainability model.</li> <li>• Define materials and inputs needed to design a pilot for the GCF proposal.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• AFRipads (social enterprise) supplies reusable menstrual kits and education; ~7 million women/girls reached, mostly via organisations (~90%).</li> <li>• Product points: durability, lower leakage/infection, ~0.5 L water per wash, UNICEF co-developed schoolgirl kit; underwear line sized for African users; cups seen as low-acceptance.</li> <li>• Togo context: consumer market not yet present; availability—not demand—is the main barrier. A local NGO works on related topics; pilot must address water access and include training to ensure correct use/drying.</li> <li>• Distribution: recommended to minimise intermediaries for better pricing; options are GIZ direct procurement with AFRipads shipping or AFRipads providing training/distribution support.</li> <li>• Sustainability: training and impact studies can be offered in-kind, but a market-based budget is needed for product supply and scale-up; involve boys/men in MHH education to reduce stigma.</li> <li>• Next steps: AFRipads to share education tools/curricula and economic models; GIZ to convene the next meeting and table a pilot/partnership concept (proposal package due end-2025).</li> </ul>	

160. Meeting with Global South, Beyond Cold

<b>Meeting date:</b> 24.06.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>Global south health, Indigo and Beyond Cold:</b> <ul style="list-style-type: none"> <li>• Director of technology</li> <li>• Deputy CEO</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Advisor Private Sector, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [4M, 1F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Private-sector engagement: understand Global south health ventures (GSHV) GSHV's portfolio and capabilities</li> <li>• Explore fit for portable vaccine cold-chain and remote monitoring at PHU/outreach level in Togo.</li> <li>• Discuss procurement/maintenance and long-term sustainability (PQS status, service/O&amp;M, costs).</li> <li>• Identify potential collaboration (pilot sites, PPPs, distribution, training).</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• GSHV (ex-B Medical leadership) presented Indigo portable carriers, Beyond monitoring (stationary multi-sensor + 30-day disposable logger), Ice Maker green cold rooms (no PQS), and SDG Global Bluetooth logger.</li> <li>• Indigo specs/use: minimal training/maintenance; can be pre-charged in Lomé and activated in Kara; proposed to complement costly solarization and support last-mile/outreach.</li> <li>• Monitoring offer: Beyond cloud (PQS; used by UNICEF/Gavi) with SIM alerts battery backup, geolocation/dashboards; concerns about disposable logger sustainability and MoH O&amp;M post-project.</li> </ul>	

- Follow-ups: request tailored cost options (hardware + service), confirm PQS statuses, validate simple alerting under weak connectivity, and outline training/support approach for northern regions.

*161. Meeting with IDOS*

<b>Meeting date:</b> 23.06.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>IDOS</b> <ul style="list-style-type: none"> <li>• Project Head and Senior Researcher for Health</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Project Development Manager, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [1M, 2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss GCF project details and potential inclusion of Togo in the second project phase (2026).</li> <li>• Explore evaluation methods and ideas for the project.</li> <li>• Identify potential partners and financial sources for research and project development.</li> <li>• Define next steps and action points for GIZ, BMZ, and other partners.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• IDOS will propose to include Togo in project idea to the German Development Ministry “BMZ.”</li> <li>• BMZ has not yet provided more information, but the proposal will be written by end of year, and a deeper exchange with sectoral units is planned for September. Goal to include Togo in it.</li> <li>• WASCAL is likely to be included as a partner, and pooling funds with other institutions was discussed, although quantitative studies may face funding limitations.</li> <li>• Evaluation ideas included testing the impact of different communication messages, trainings, and incentives for equipment maintenance, as well as exploring private sector engagement for Adaptation Finance.</li> <li>• Methods for evaluation include mixed methods, with examples from India, Cambodia, Ghana, and Kenya on governance, behavioural economics, and WASH infrastructure.</li> <li>• Financial sources include previous use of the SFF, but challenges with BMZ were noted, with little openness expected. GIZ is exploring options like GCF’s Independent Evaluation Unit (IEU) for additional funds and potential support from BMZ health units.</li> <li>• GIZ suggested matchmaking with partners like JHU, Bernhard Nocht, and IDOS, pooling funds to carry out research in collaboration.</li> </ul>	

*162. Meeting with IDOS*

<b>Meeting date:</b> 18.06.2025	<b>Meeting location:</b> Office IDOS in Bonn
<b>Names and positions of participants:</b> <b>IDOS</b> <ul style="list-style-type: none"> <li>• Project Head and Senior Researcher for Health</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Introduction of main activities of the GCF project to the German Institute of Development and Sustainability (IDOS)</li> <li>• Identify potential subjects for deeper analysis and evaluation (training concepts, communication concepts, beliefs and practices, governance frameworks)</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Improved understanding of IDOS of activities proposed for the GCF project in Togo</li> <li>• Identification of potential activities with interest for deeper evaluation</li> <li>• Presentation of case studies in evaluating health impact carried out by IDOS in the sub-region</li> <li>• Exchange on project proposal of IDOS to BMZ and the possibility to have Togo as a focus country</li> <li>• Decision to set up a follow up exchange with further colleagues from project development team</li> </ul>	

163. Meeting with Spiro

<b>Meeting date:</b> 18.06.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>Spiro:</b> <ul style="list-style-type: none"> <li>Deputy Director</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>Project Development Manager, GIZ Germany</li> <li>Advisor Private Sector, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [1M, 2F]
<b>Objective of the meeting: Spiro</b> <ul style="list-style-type: none"> <li>Private-sector engagement: understand Spiro's current footprint in Togo (fleet, stations, regions) and near-term expansion plans.</li> <li>Clarify charging/operations model (battery swapping, payment, connectivity) and maintenance/service coverage.</li> <li>Explore avenues for collaboration with GIZ/MoH (policy support, pilots, data sharing) aligned with GCF activities.</li> <li>Define immediate next steps (documents to share, follow-up meeting in Lomé).</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>Availability: e-motos and wholesale distribution already in Centrale and Kara;</li> <li>Operations model: removable batteries with station-based swaps (mobile-money payments); users don't charge at home; model-dependent range; "hundreds of stations" reported; station list to be shared.</li> <li>Policy &amp; collaboration: ongoing engagement on carbon regulation (no SOPs yet); Spiro expressed strong interest in working with GIZ.</li> <li>Maintenance &amp; next steps: station/service locations visible in app; traditional + mobile mechanics available; request for simple alerting/monitoring, capacity details, and cost estimates; agree to send documents and schedule a Lomé follow-up.</li> </ul>	

164. Meeting with KfW

<b>Meeting date:</b> 16.06.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>KfW:</b> <ul style="list-style-type: none"> <li>Specialist in Construction, architect (German)</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>Specialist in Construction, GIZ Germany</li> <li>Advisor Construction, GIZ Togo</li> <li>Project Development Manager, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [2M, 2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>Review the Resilience Measures Tool and how it guides construction choices for PHUs.</li> <li>Identify missing approaches to be added to the tool.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>GIZ presented the current Resilience Measures Tool and outlined how it is intended to guide construction-related decisions in PHUs.</li> <li>Both sides provided observations and critiques, noting areas where the tool requires clearer criteria, implementation notes, and indicative costing.</li> <li>It was agreed that several approaches are missing from the list and should be compiled and integrated in the next version of the tool.</li> <li>The team discussed double roofing as a thermal comfort and durability measure; initial feedback highlighted potential benefits (reduced heat gain, improved ventilation) as well as issues to validate (structural constraints, wind/rain performance, maintenance, and cost).</li> </ul>	

165. Meeting with Heidelberg University

<b>Meeting date:</b> 16.06.2025	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> <b>Heidelberg University</b> <ul style="list-style-type: none"> <li>Epidemiologist Researcher</li> </ul> <b>GIZ</b>	<b>Number and gender (m/f) of participants:</b> 4 [1M,3F]



<ul style="list-style-type: none"> <li>• Specialist in Construction, GIZ Germany</li> <li>• Advisor Construction, GIZ Togo</li> <li>• Project Development manager, GIZ Germany</li> </ul>	
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Describe the “cooling roof / cool roof” technology and its intended application.</li> <li>• Discuss feasibility (required skills/competencies and materials).</li> <li>• Identify candidate implementation sites and anticipated challenges.</li> <li>• Check whether an evaluation study of the approach already exists.</li> <li>• Outline cost of implementation and expected impact to inform decision-making</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• The team reviewed the cooling roof (cool roof) concept and clarified its scope for potential use on project facilities.</li> <li>• Participants agreed that a feasibility scan is needed, covering the competencies required for installation, supervision, and O&amp;M, as well as the availability and specifications of materials in the local market.</li> <li>• The group discussed candidate sites for first implementation and listed likely challenges (procurement timing, weather/exposure conditions, workmanship, and maintenance).</li> <li>• A specific question was raised on whether an evaluation or performance study of the approach already exists (e.g., pilots, thermal performance measurements, durability data) and could be shared.</li> <li>• The need to estimate the cost of implementation and the expected impact (thermal comfort, potential energy savings, lifecycle/maintenance implications) was confirmed as a prerequisite for any pilot decision.</li> </ul>	

166. Meeting with Lixil

<b>Meeting date:</b> 11.06.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>Lixil :</b> <ul style="list-style-type: none"> <li>• Business manager,</li> <li>• Project manager</li> <li>• Marketing executive</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Private Sector, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> </ul>	<b>Number and gender (M/F) of participants:</b> 8 [2M, 6F]
<b>Objective of the meeting: SATO/ Lixil</b> <ul style="list-style-type: none"> <li>• Private-sector engagement: understand Lixil/SATO's presence in Togo, relevant product lines (stool, pan, taps; new SATO seat pan), and distributor network.</li> <li>• Discuss pricing/donations, technical specifications, and capacity-building offers (trainer-of-trainers, O&amp;M).</li> <li>• Clarify logistics constraints and planning timelines for deployments under the GCF program.</li> <li>• Define concrete next steps for collaboration (documents, site visits, focal contacts).</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Lixil/SATO confirmed a strong footprint in Togo via an established distributor and is open to partnership; current focus is on public installations (markets, schools, public places), with a newly launched SATO seat pan.</li> <li>• Lixil offers trainer-of-trainers and market-based approaches to build local installation and maintenance capacity; sustainability in schools requires functional management committees and clear O&amp;M arrangements.</li> <li>• Logistics remain a challenge with 10–14-week lead times from Nigeria to Lomé, requiring advance planning; no major institutional risks were identified; next steps: Lixil to send specs; GIZ to review iDP, meet the local distributor, and keep coordination with main team.</li> </ul>	

167. Meeting with AFRipads

<b>Meeting date:</b> 11.06.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b>	<b>Number and gender (m/f) of participants:</b>

<b>AFRipads:</b> <ul style="list-style-type: none"> <li>• Chief commercial officer</li> <li>• Head of partnership and communications</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Private Sector, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> </ul>	6 [2M, 4F]
<b>Objective of the meeting: AFRipads</b> <ul style="list-style-type: none"> <li>• Private-sector engagement: understand AFRipads' product portfolio (reusable pads, kits, underwear) and training/education offer.</li> <li>• Explore pilot design and distribution options for Togo (direct procurement vs. intermediaries; market-based models).</li> <li>• Clarify operational requirements (water needs, user training, uptake barriers) and evidence base.</li> <li>• Define next steps (materials to share, partnership concept from GIZ, follow-up meeting).</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• AFRipads (social enterprise with strong UN partnerships) operates mainly B2B: locally manufactures in Uganda, supplies organizations, and couples' products with MH education (train-the-trainer, community sensitization incl. boys/men).</li> <li>• Reusable pads positioned as cost-effective and durable (&gt;2 years), with low water needs (~50 cl per wash); product range includes schoolgirl kits and locally appropriate underwear; uptake barriers and urban cost comparisons in Togo were discussed.</li> <li>• For Togo, distribution could be direct to GIZ/MoH (preferred to avoid middlemen); training and impact studies can be provided in-kind, but any model requires a funded component (pads or enabling infrastructure/market actors).</li> <li>• Follow-ups: AFRipads to share education curricula and alternative economic/partnership models</li> </ul>	

*168. Meeting with MSHPCSUA*

<b>Meeting date:</b> 11.06.2025	<b>Meeting location:</b> Ministry of Health, Lomé (Hybrid)
<b>Names and positions of participants:</b> <b>MSHPCSUA - DISEM</b> <ul style="list-style-type: none"> <li>• Director of Infrastructure Unit</li> <li>• Division Head, Infrastructure Unit</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Specialist in Construction, GIZ Germany</li> <li>• Specialist WASH, GIZ Germany</li> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6[3M, 3F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Confirm the planning and logistics for the upcoming study mission</li> <li>• Agree on regional focal points and participation of DISEM/DHAB representatives.</li> <li>• Validate the proposed tool and potential additions on resilience aspects.</li> <li>• Coordinate preparations for the technical workshop scheduled on 7 July 2025.</li> <li>• Align responsibilities and next steps for the mission kick-off on 8 July 2025.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• The meeting opened with introductions from DISEM and the GIZ Construction Department.</li> <li>• The draft mission plan was reviewed – logistical arrangements for regional and Lomé meetings are ongoing.</li> <li>• Regional focal points were identified</li> <li>• The same assessment tool used during the previous “18 centres” mission will be applied, with potential adjustments to strengthen the climate-resilience component.</li> <li>• Preparations for the 7 July workshop are progressing participants list to be reviewed, DISEM to propose additional institutional contacts.</li> </ul>	

<ul style="list-style-type: none"> <li>• DISEM will provide an input on “the Ministry’s positioning in infrastructure development, synergies and stakeholders.”</li> <li>• The workshop will include thematic group discussions by infrastructure type or topic</li> <li>• Regarding contractual aspects, DISEM will receive the name of the contracted expert once confirmed.</li> </ul>
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**169. Meeting with WHO**

<b>Meeting Date:</b> 04.06.2025	<b>Meeting location:</b> online
<b>Participants:</b> <b>WHO</b> <ul style="list-style-type: none"> <li>• Health promotion officer</li> <li>• Fund raising officer</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor in Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Exchange operational updates (technical meetings, OHDA, ATACH).</li> <li>• Track contract approach validation.</li> <li>• Review status of Activity Sheets and internal validation steps</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Updates: upcoming technical meetings with OHDA, WAHO, ATACH</li> <li>• ATACH invitation to Brazil sent from HQ directly to Government of Togo; WHO will only accompany the selected participant</li> <li>• Contract “<i>approche contractuelle</i>” still awaiting validation</li> <li>• Activity Sheets: work ongoing, incorporating GIZ comments; WHO will complete internal validation before sending feedback to GIZ</li> </ul>	

**170. Meeting with the Institute of Tropical Medicine, University of Tübingen**

<b>Meeting date:</b> 03.06.2025	<b>Meeting location:</b> ProSanté Office, Lomé
<b>Names and positions of participants:</b> <ul style="list-style-type: none"> <li>• Group Leader, Institute of Tropical Medicine, University of Tübingen</li> <li>• Group Leader, Institute of Tropical Medicine, University of Tübingen</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objective of the meeting:</b> Exchange on malaria activities carried out by the University of Tübingen in Centrale Region including the data collection to measure the effectiveness of the R21 vaccine introduction	
<b>Summary and results of the meeting:</b> Continuation of discussion to evaluate whether closer synergies could be created and for potential data sharing	

**171. Meeting with ANAMET, HISP, WASCAL**

<b>Meeting date:</b> 30.05.2025	<b>Meeting location:</b> Meeting room of the General Secretariat of the Ministry of Health
<b>Participants:</b> <b>Technical committee</b> <ul style="list-style-type: none"> <li>• Task force climate change and health: Members</li> <li>• ANAMET: Climate and Health focal point</li> <li>• HISP: Digital advisor</li> <li>• WASCAL: Scientific coordinator</li> <li>• Project Management Unit: Project manager</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor in Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 13 [10M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the project and its content</li> <li>• Align on co-financing/“in cash &amp; in kind” expectations.</li> </ul>	

<ul style="list-style-type: none"> <li>• Get recommendations from participants</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Project size explained, with expectations for cash and in-kind contributions</li> <li>• Study financing to be covered by German Cooperation.</li> <li>• Ongoing PNLP malaria surveillance evaluation should integrate entomological surveillance; consultant to start in 2026 at sentinel sites.</li> <li>• Technical Committee composition not exhaustive; themes to be communicated before committee meetings; request for official memos for both committees.</li> <li>• Regional lens: incorporate WHO &amp; UNICEF activities; start from existing activity analyses.</li> <li>• Data since 2020: dynamic datasets questioned; disease choices to be analysed upfront; current choices likely to stand.</li> </ul>

#### 172. Meeting Warka Water

<b>Meeting date:</b> 27.05.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>WARKA WATER</b> <ul style="list-style-type: none"> <li>• Specialist construction, architect, and designer</li> <li>• Responsible for Togo office</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Specialist WASH, GIZ Germany</li> <li>• Advisor in Climate Change and Health, GIZ Togo</li> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [3M,2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Discover Warka Water's innovative water and sanitation technologies.</li> <li>• Identify potential applications for climate-resilient infrastructure in Togo.</li> <li>• Explore partnerships with local NGOs</li> <li>• Assess feasibility of integrating Warka Water solutions in ongoing health.</li> <li>• Discuss possible next steps for collaboration and resource mobilisation.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Warka Water was presented by its founder, an architect and designer</li> <li>• The organisation developed an air-water harvesting device, first prototyped in Ethiopia using locally available materials.</li> <li>• The name "Warka" refers to a large community tree traditionally serving as a meeting place in villages.</li> <li>• In Togo, Warka Water collaborates with local NGOs</li> <li>• The discussion aimed to explore resilience measures, especially low-tech and sustainable water-supply, and sanitation systems adaptable to rural health contexts.</li> </ul>	

#### 173. Meeting with Braun Invest Holding & IT Village

<b>Meeting date:</b> 29.04.2025	<b>Meeting location:</b> ProSanté Office, Lomé
<b>Names and positions of participants:</b> <b>NGO IT Village</b> <ul style="list-style-type: none"> <li>• Head of NGO IT Village</li> </ul> <b>Braun Invest Holding</b> <ul style="list-style-type: none"> <li>• Managing Director (2), Braun Invest Holding</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Togo</li> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [3M, 2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Exchange with representatives of Braun Hospital in Cinkassé, NGO IT Village, and Braun Invest Holding on experiences with resilient infrastructure design and maintenance practices in health facilities</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Learn that no difficulties were encountered with the procurement of construction materials.</li> <li>• Challenges related to electricity in hospitals:</li> </ul>	

<ul style="list-style-type: none"> <li>○ Common issues include overvoltage, limited power storage capacity, and lack of voltage filtering</li> <li>○ Many facilities still lack energy self-sufficiency, as solar systems remain limited in coverage and efficiency</li> <li>○ Harmattan winds significantly reduce the performance of solar panels</li> <li>○ A new national regulation in Togo requires the use of air conditioning systems, which adds additional operational challenges</li> </ul>
<ul style="list-style-type: none"> <li>● Infrastructure and maintenance: <ul style="list-style-type: none"> <li>○ The Braun Hospital's design follows the architectural model of Kuéré Hospital in Burkina Faso, which has operated successfully for years</li> <li>○ The architectural concept was deliberately chosen to minimise maintenance needs through durable, climate-adapted design</li> <li>○ However, equipment maintenance remains costly when dependent on external suppliers</li> <li>○ The hospital emphasized the need for local training and knowledge transfer in biomedical equipment maintenance</li> <li>○ A major structural challenge remains the shortage of qualified biomedical engineers in Togo</li> </ul> </li> <li>● Collaboration and next steps: <ul style="list-style-type: none"> <li>○ Braun Hospital expressed interest in future collaboration with GIZ and ProSanté, particularly through internship placements and technical exchanges</li> <li>○ GIZ will consider inviting Braun Hospital to the upcoming mini-workshop on resilient infrastructure measures in the health sector</li> </ul> </li> </ul>

#### 174. Meeting with DISEM

<b>Meeting date:</b> 28.04.2025	<b>Meeting location:</b> Salle de reunion MSHPCSUA
<b>Participants:</b> <b>MSHPCSUA</b> <ul style="list-style-type: none"> <li>● Director of Infrastructure Unit</li> <li>● Division Head, Infrastructure Unit</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>● Head of Component, GIZ Togo</li> <li>● Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>● Establish initial contact with DISEM's Infrastructure Unit.</li> <li>● Present and discuss proposed infrastructure measures under the GCF project.</li> <li>● Align on the scope, methodology, and timeline of the July mission.</li> <li>● Clarify roles, focal points, and expected inputs from each side.</li> <li>● Agree on immediate next steps and coordination arrangements.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>● The parties introduced their teams and confirmed DISEM Infrastructure Unit as the primary counterpart for infrastructure-related activities under the GCF project.</li> <li>● GIZ presented preliminary ideas for infrastructure measures; DISEM provided feedback on feasibility, priorities, and alignment with national standards.</li> <li>● The scope and objectives of the July mission were discussed, including field engagement, data needs, and expected deliverables.</li> <li>● A working methodology was validated in principle (document review, stakeholder meetings, site assessments), subject to refinement prior to the mission.</li> <li>● Roles and focal points were outlined; DISEM to confirm designated contacts and facilitate access to relevant services.</li> <li>● Data-sharing requirements were identified (existing plans, standards, site information); timelines for transmitting documents were noted.</li> <li>● Next steps include drafting a mission agenda, sharing the assessment tool for comments, confirming mission dates, and circulating a coordination note.</li> </ul>	

#### 175. Meeting with WHO

<b>Meeting Date:</b> 23.04.2025	<b>Meeting location:</b> GIZ ProSanté meeting room
<b>Participants:</b> <b>WHO</b>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]

<ul style="list-style-type: none"> <li>• Health promotion officer</li> <li>• Fund raising officer</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor in Climate Change and Health, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Clarify the timeline and sequence of steps leading to the final submission of the Green Climate Fund (GCF) proposal.</li> <li>• Present the structure and content of each annex required by the GCF Secretariat.</li> <li>• Ensure that WHO understands its role and expected contributions in the upcoming validation and quality-assurance process</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• GIZ/ProSanté team outlined the full submission roadmap, from national validation to GIZ final upload to the GCF portal.</li> <li>• Each annex was explained in detail</li> <li>• WHO requested clarification on its expected inputs</li> <li>• It was agreed that GIZ will share annotated annex templates with WHO for review before</li> <li>• Both sides underlined the importance of ensuring coherence between annexes and the Funding Proposal narrative to avoid inconsistencies.</li> </ul>	

*176. Meeting with Lixil*

<b>Meeting date:</b> 22.04.2025	<b>Meeting location:</b>
<b>Names and positions of participants:</b> <b>Lixil :</b> <ul style="list-style-type: none"> <li>• Business manager,</li> <li>• Microcontroller specialist</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Specialist WASH, GIZ Germany</li> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [2M, 2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Private-sector engagement with SATO/Lixil distributor: confirm market presence, product range, and indicative pricing for Togo.</li> <li>• Understand communication channels, target user groups, and basic installation requirements for priority settings (schools, markets, households).</li> <li>• Clarify near-term availability of new products (e.g., SatoTap) and any durability/quality considerations.</li> <li>• Agree with the immediate next steps (contacts, documentation, field visit during construction mission).</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Presence &amp; comms: SATO active in Togo ca 5 years with reps in Kara and Lomé (store in Lomé; larger client base there); outreach via TVT, Radio Tsévié/Kara, WhatsApp, TikTok, and YouTube; key message highlights low-water use (“two handfuls per flush”).</li> <li>• Products &amp; pricing: Portfolio includes Pot Koko, Sato Pan, Sato Stool; supports pregnant users/people with limited mobility), and SatoTap</li> <li>• Technical notes &amp; target groups: For WC “MIMIN” setups, max 2 m between pit and pan with sufficient slope; priority settings include churches, outdoor festivals, households, and schools.</li> <li>• Partners &amp; next steps: Current partners include SICHEM and Jeunesse en Mission (installations around Amouzou Kopé, Agou/Ave);</li> </ul>	

*177. Meeting with WHO*

<b>Meeting date:</b> 15.04.2025	<b>Meeting location:</b> WHO office
<b>WHO</b> <ul style="list-style-type: none"> <li>• Country Representative</li> <li>• Health promotion officer</li> <li>• Communication officer</li> </ul> <b>GIZ</b>	<b>Number and gender (m/f) of participants:</b> 6 [4M, 2F]

<ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor in Climate Change and Health, GIZ Togo</li> </ul>	
<b>Objective of the meeting: WHO</b> <ul style="list-style-type: none"> <li>• Explore areas for GIZ–WHO collaboration and WHO positioning across components.</li> <li>• Take stock of WHO digital health work and opportunities for synergy.</li> <li>• Define the next steps of the collaboration on the GCF project</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• WHO noted Germany as a principal WHO donor after the US and expressed strong interest to collaborate, especially after US withdrawal.</li> <li>• Discussion on refocusing support to Togo following USAID's exit; to be raised at next Health Partner meeting.</li> <li>• WHO positioning proposition: <ul style="list-style-type: none"> <li>○ Component 1: all except ANAMET support</li> <li>○ Component 2: Governance &amp; Capacity Strengthening (leveraging regional/international ties: Ouidah public health institute, Lomé public health training center, UL; WHO serves as ATACH secretariat)</li> <li>○ Component 3: Diagnostic capacity improvement</li> <li>○ Component 4: Larval control strengthening</li> </ul> </li> <li>• Digitalisation: WHO facilitates resource mobilization and strategy development; consultant recruited; engagements with Minister; public administration digitalization to be included in the next roadmap.</li> <li>• Follow-up ideas for WHO positioning : Training, regional learning, governance</li> </ul>	

*178. Meeting with Lixil*

<b>Meeting date:</b> 10.04.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Lixil :</b> <ul style="list-style-type: none"> <li>• Business manager</li> <li>• Project manager</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Project development Manager, GIZ Germany</li> <li>• Specialist WASH, GIZ Germany</li> <li>• Advisor Climate Change, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [2M, 3F]
<b>Objective of the meeting: SATO/Lixil</b> <ul style="list-style-type: none"> <li>• Private-sector engagement with SATO/Lixil: confirm product relevance for WASH in schools/health facilities and current footprint in Togo.</li> <li>• Clarify technical/operational features (water use, manufacturing origins, current use cases) and near-term pipeline (SatoPan, SatoTap).</li> <li>• Identify distributor links and information needs for potential pilots in Lomé/Sokodé.</li> <li>• Agree with the immediate next steps (materials, contacts, coordination call).</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• SATO systems are ultra–low flush and manufactured in Nigeria, Kenya, Tanzania, Uganda; products considered for school and health-facility WASH.</li> <li>• Use cases: SatoPan already in Lomé; a distributor is exploring Sokodé opportunities with new road access; SatoTap not yet used in Togo but there is documented demand to test.</li> <li>• Partner links: request for distributor contact and “SATO in Togo” presentation; additional documentation on Lixil products in WASH-in-Schools/Health Facility contexts to inform pilot design.</li> <li>• Follow-ups: schedule a call with the distributor; share proof of distributor–officials communications and Lomé use cases to assess feasibility and next steps.</li> </ul>	

*179. Meeting with Expertise France*

<b>Meeting date:</b> 09.04.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>Expertise France:</b>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]

<ul style="list-style-type: none"> <li>• Projet Manager of GEDEC</li> </ul> <b>GIZ :</b> <ul style="list-style-type: none"> <li>• Advisor Construction, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> </ul>	
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess feasibility of a subscription-based desludging model for health centres, schools, and public blocks under the GCF WASH component.</li> <li>• Clarify current institutional arrangements (communal trucks, private emptiers, role of GEDEC) and tariff alignment.</li> <li>• Identify financing pathway (subsidized start → progressive cost transfer via institutional budgeting and local revenue mobilization).</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Agreed to explore shifting from ad-hoc payments to a flat subscription for desludging, starting with a subsidized pilot and moving toward institutional budgeting; GCF support would focus on institutional strengthening and local revenue mobilization for O&amp;M.</li> <li>• In three communes with treatment plants, desludging is split between public trucks and private operators; GEDEC aims to harmonize tariffs across public/private services.</li> <li>• Challenge: illegal dumping by some trucks to avoid station fees; interim approach is to waive/taper disposal tariffs while enforcement and market rules strengthen.</li> <li>• Follow-ups: share steering committee notes (FG design + revenue lessons) and contacts for FSTP teams; GIZ organize a working session to map ProSanté-supported facilities within the three stations' service areas.</li> </ul>	

*180. Meeting with UNICEF*

<b>Meeting Date:</b> 01.04.2025	<b>Meeting location:</b> Hybrid (UNICEF Lomé Bureau, Online)
<b>Participants:</b> <b>UNICEF:</b> <ul style="list-style-type: none"> <li>• UNICEF Representative, UNICEF Togo</li> <li>• UNICEF deputy representative, Togo</li> <li>• Partnerships Officer, UNICEF Togo</li> <li>• Regional Adviser, UNICEF West, and Central Africa</li> <li>• Climate Specialist, UNICEF Togo</li> <li>• Programme Officer, UNICEF Togo</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Commission Manager, GIZ Togo</li> <li>• Cluster Coordinator, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 8 [5M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss the validation of the concept note for the GCF project.</li> <li>• Outline the next steps for developing the funding proposal.</li> <li>• Inform UNICEF about internal resource utilization for project implementation.</li> <li>• Clarify the role of UNICEF in the project going forward.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• GIZ informed UNICEF that the Concept Note for the project was successfully validated.</li> <li>• The BMZ and GCF called for the rapid development of the Funding Proposal, which is due on 20.12.2025.</li> <li>• Due to significant budget cuts within GIZ, there is now a stronger focus on using internal resources, particularly regarding WASH expertise.</li> <li>• UNICEF was informed that, due to this shift, they will no longer be considered as the Executive Entity for the project.</li> <li>• UNICEF expressed regret about this decision but reaffirmed their interest in the project and offered to provide advisory support and potential collaboration in any other form.</li> </ul>	

*181. Meeting with GAVI*

<b>Meeting date:</b> 21.03.2025	<b>Meeting location:</b> Togo, Lomé, Restaurant Le Patio
<b>Names and positions of participants:</b> <b>Gavi:</b>	<b>Number and gender (m/f) of participants:</b> 3 [1M, 2F]



<ul style="list-style-type: none"> <li>Portfolio manager for Togo</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>Head of Component, GIZ Togo</li> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>Finding out what Gavi has planned for the malaria vaccine R21 distribution</li> <li>Challenges in cold chain delivery in Togo</li> <li>Assessment report and discussion regarding cold chain analysis</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>Financing model: Government is expected to pay 20% upfront and Gavi covers the remainder; the government cannot pre-finance now, so a World Bank bridge solution is being explored. Latest development plans and an inventory-needs report will be shared.</li> <li>Cold chain &amp; supply: Vaccines are available for this year, but cold-chain constraints make deployment difficult. An ICC (inter-agency) meeting will consider additional funds for vaccines and logistics.</li> <li>Data systems: Aim to leverage DHIS2/DataGIS; current LMIS isn't interoperable. Data access is poor, with overstock in some sites and understock in others. Past gap-analysis exists; a new gap-analysis is required. Potential GSA support for cold-chain analysis was discussed.</li> <li>Rollout &amp; training: R21 rollout typically starts in September, but delays are likely. Budget approvals for trainings (incl. cascade/collective lead trainings) are still pending; a report and data collection plan will be produced.</li> <li>Series completion: There's a drop-off after dose 2 (R21 requires 4–5 doses). The GCF proposal's communications workstream must include behaviour-change tactics to improve completion.</li> <li>Funding dialogue: Budget sharing and the System Strengthening/Equity Accelerator were referenced; funding issues with Gavi were also discussed.</li> </ul>	

#### 182. Meeting with GFATM

<b>Meeting Date:</b> 21.03.2025	<b>Meeting location:</b> Salle de réunion ProSanté (GIZ Togo)
<b>Participants:</b> <b>GFATM</b> <ul style="list-style-type: none"> <li>Country Portfolio Manager for Togo</li> <li>Country Team Togo</li> <li>Finance Officer on GF portfolios</li> <li>Monitoring and Evaluation expert on GF portfolios</li> <li>Pharmaceutical Supply Management specialist</li> </ul> <b>German Embassy Togo:</b> <ul style="list-style-type: none"> <li>Development Cooperation Officer</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Head of project, GIZ Togo</li> <li>Head of component, GIZ Togo</li> <li>Head of component, GIZ Togo</li> <li>Head of component, GIZ Togo</li> <li>Project Development Manager, GIZ Germany</li> <li>Advisor private sector, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 12 [4M, 8F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Align on the emerging GCF–GFATM collaboration model and what it means for Togo.</li> <li>Share grant performance updates (GF cycle 7 &amp; C19RM) and surface any spend-by-deadline risks.</li> <li>Identify co-investment/coordination opportunities in supply chain &amp; cold-chain, laboratories, and data/digital.</li> <li>Discuss potential USAID/PEPFAR/PMI draw-down impacts (ARVs, VL testing, ITNs, HR, civil society) and mitigation.</li> </ul>	

<ul style="list-style-type: none"> <li>Agree near-term next steps (joint FVC–FM–GIZ touchpoint; analytics on stock/coverage gaps; roadmap).</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>FVC update. National Designated Authority endorsed the concept note on 27 Feb. A GCF–GFATM workshop (3–6 Mar) explored collaboration at high level: country complementarity, co-investment to ease GIZ implementation, and options for technical assistance (e.g., adding a climate-health axis to GF cycle 8 via PNLP). Three pillars outlined: (1) country complementarity (e.g., Malawi, Laos), (2) direct co-investment pilots (Togo, Senegal), (3) other mechanisms with public sector. A follow-up tri-partite meeting was requested in 2–3 weeks.</li> <li>GFATM grant status. Cycle-7 and C19RM results to Dec-2024 are positive overall; absorption is strong except for RSS/C19RM lines such as health-care waste (incinerators), “Luxigen”, rehab works—flagged as at-risk due to the Dec-2025 expenditure deadline.</li> <li>Collaboration domains agreed for scoping: (i) supply chain &amp; last-mile cold-chain, (ii) laboratory strengthening, (iii) data integration/digital (SIGL/e-SIGL, DHIS2 links).</li> <li>USAID retrenchment.</li> <li>HIV: GF previously complemented PEPFAR on procurement; no ARV/test stock-outs to date, but PNLS to deliver a finer risk analysis; viral-load testing most exposed.</li> <li>Malaria: PMI funds SMC and mass ITNs; if PMI nets are reduced, the campaign must retarget (priority groups) rather than full-population coverage.</li> <li>Cross-cutting impacts: HR incentives, life-saving activities, and civil-society support may be indirectly affected. GF continues but notes spill-over risks.</li> <li>Next steps. Convene FVC–FM–GIZ meeting; compile joint pipeline/financing map; specify cold-chain/lab/data workstreams; PNLP to outline climate-health axis options for GC8; track RSS spend-down and define contingency actions.</li> </ul>

### 183. Meeting with BOAD

<b>Meeting date:</b> 14.03.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>BOAD</b> <ul style="list-style-type: none"> <li>Head of Environment Department</li> <li>Project Manager</li> <li>Research Assistant</li> <li>Research Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Head of component, GIZ Togo</li> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [3M, 3F]
<b>Objective of the meeting:</b> BOAD <ul style="list-style-type: none"> <li>Map synergies between BOAD's GCF FP and ProSanté's climate-health project.</li> <li>Align on roles, platforms, and focal points (ANPC, ANAMET, BOAD, GIZ)</li> <li>Confirm capacity-building plan (April overseas training; June in-country training) and intended outcomes</li> <li>Identify next steps for studies, maintenance, and long-term SAP operations.</li> </ul>	
<b>Summary and results of the meeting</b> <ul style="list-style-type: none"> <li>It was noted that GIZ is not yet part of the national DRR platform; parties agreed to add GIZ to strengthen coordination with ANPC/ANAMET</li> <li>The execution studies will be updated against recent diagnostics and follow a Category C selection logic; a diagnostic workshop (CHD-type) already captured needs, with each actor producing a list of priorities; BOAD will keep an inclusive, trust-based approach to consolidate these inputs</li> <li>Capacity-building session (8–11 April) is planned: ANPC and ANAMET will travel to South Korea for SAP best practices, state-of-the-science briefings, and meetings with SAP teams; objective: raise implementation literacy for upcoming activities.</li> <li>A follow-on national training in June will operationalise learning in Togo; meanwhile, teams will co-work ANPC–ANAMET on technical preparations.</li> <li>Focal points confirmed: ANPC (Damourou, 91937363), BOAD (Yohann Zaba—leads SAP project; liaises with Min. Water, ANAMET, ANPC, CRT), ANAMET (Solange Egbaré, 90778164).</li> </ul>	

- With BOAD, two topics were queued: (i) maintenance financing Component 3 to integrate O&M needs into national budgets (in coordination with African Risk Capacity); (ii) diagnostics final scope and schedule.
- Questions raised to ProSanté: financing scheme (GCF, BMZ, GFATM mix?) and mechanism to fund execution studies (BMZ window).
- Follow-ups/agreements: (1) Add GIZ to DRR platform registry; (2) circulate a consolidated needs matrix from all actors; (3) confirm April training logistics and June agenda; (4) ProSanté to revert on financing architecture and study-funding mechanism; (5) BOAD to share a draft studies ToR reflecting the Category C and inclusive approach.

#### 184. Meeting with GAVI

<b>Meeting date:</b> 13.03.2025	<b>Meeting:</b> Online
<b>Names and positions of participants:</b> <b>Gavi:</b> <ul style="list-style-type: none"> <li>• Expert on vaccine markets, Gavi</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Advisor, GIZ Germany</li> <li>• Head of component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Clarify how GCF can leverage Gavi experience, funding windows, and governance (AE = GIZ; EEs = MoH/ANAMET/Hydro, etc.).</li> <li>• Map complementarity between GCF and Gavi (cold-chain, HSS) and avoid duplication with MoH-led vaccine programmes.</li> <li>• Understand vaccine forecasting &amp; cold-chain requirements (shelf-life, SDD vs. freezers, –80 °C use-cases).</li> <li>• Identify country coordination needs (engage Gavi Togo Country Manager) and key technical references.</li> <li>• Agree on immediate next steps and documents to share.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Gavi context: Every Gavi country undertakes a Cold-Chain investment; cash grants can fund non-vaccine items. There is guidance for –80 °C use only in specific cases.</li> <li>• Roles &amp; governance: GCF has two levels—GIZ as AE and national EEs; MoH remains lead while GIZ manages funds.</li> <li>• Programme alignment: Gavi works directly with MoH. Running a parallel cold-chain risks disconnects (e.g., vaccine sourcing). Gavi has Cold Chain Optimization and Health System Strengthening funds that could finance needed investments.</li> <li>• Operational notes: For vaccines, issues are often shelf-life and management. Countries submit Gavi applications ~24 months before introduction; an independent review considers disease burden, cold-chain, and immunisation capacity. UNICEF procures and delivers duty-free; EVM tools and Solar Direct Drive (SDD) are standard. –80 °C is rarely required (Ebola, early mRNA). R21 likely stored in standard freezers at central level.</li> <li>• Complementarity for GCF: Explore climate-adaptation add-ons that Gavi does not cover well (e.g., WASH infrastructure, broader facility resilience, selected trainings, demand-side/policy gaps).</li> <li>• Coordination &amp; information: Engage Gavi Senior Country Manager, Togo; share documents and a “gap list.” Useful references: Gavi product info (vaccines/cold-chain) and US-CDC malaria vaccine resources.</li> <li>• Next steps: Confirm ISC approval (June); connect with the Gavi country team; specify complementary GCF activities and data needs (freezer/fridge specs, sources, strategy, application status).</li> </ul>	

#### 185. Meeting with the MEN

<b>Meeting date:</b> 12.03.2025	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> <b>MEN</b> <ul style="list-style-type: none"> <li>• Officer for School Health and Nutrition (Health Focal Point)</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]

<b>GIZ</b> <ul style="list-style-type: none"> <li>• Specialist WASH, GIZ Germany</li> <li>• Advisor construction, GIZ Togo</li> </ul>	
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand the national frameworks and policies guiding WASH (Water, Sanitation and Hygiene) in schools.</li> <li>• Clarify existing indicators, monitoring, and reporting mechanisms for school WASH.</li> <li>• Review national norms and financing modalities for WASH infrastructures in schools.</li> <li>• Identify key partners and ongoing initiatives supporting school WASH.</li> <li>• Collect documents and references relevant to WASH integration within the education sector.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Data flow: schools → prefectural inspections → Planning Service; national indicators exist.</li> <li>• Norms for school sanitation exist; sharing to be confirmed</li> <li>• No dedicated WASH budget line; maintenance handled internally by schools.</li> <li>• WASH integrated with Ministry of Health sanitation services; hygiene/MHM taught from CM1; separate girls/boys' toilets.</li> <li>• Northern regions most vulnerable; many schools lack water points, toilets, and functional handwashing.</li> <li>• Active partners cited: WHO, UNFPA, La Chaîne de l'Espoir, Petite Sœur à Sœur, Plan International Togo; UNICEF/CRS noted previously.</li> <li>• Lesson learned: involve nearby health centres in project design to improve outcomes.</li> </ul>	

*186. Meeting with Expertise France*

<b>Meeting date:</b> 10.03.2025	<b>Meeting location:</b> Hybrid ProSanté offices + online for GIZ HQ Team
<b>Participants :</b> <b>Expertise France</b> <ul style="list-style-type: none"> <li>• Project Lead</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Togo</li> <li>• Advisor in Climate Change and Health, GIZ Togo</li> <li>• Specialist WASH, GIZ Germany</li> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [3M,2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Establish first contact.</li> <li>• Understand GEDEC's activities with municipalities on solid waste and faecal sludge management.</li> <li>• Gather technical details on <b>Faecal Sludge Treatment Plants (FSTP)</b>.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• GEDEC shared detailed information on partnerships with municipalities for solid waste and faecal sludge management.</li> <li>• Technical aspects of FSTP were presented (process flow, operations, municipal interface)</li> <li>• Useful inputs identified for potential alignment with ProSanté/GCF WASH components.</li> </ul>	

*187. Meeting with Architect– Bioclimatic and Climate-Resilient Infrastructure*

<b>Meeting date:</b> 07.03.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <ul style="list-style-type: none"> <li>• Architect (free-lancer)</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Togo</li> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [1 M, 2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Establish first contact and learn about the expertise of architect Nathalie Vigneron and her Kinshasa-based office.</li> <li>• Explore collaboration opportunities for the design of bioclimatic, climate-resilient infrastructures in the health and education sectors.</li> <li>• Understand methodologies for developing climate-sensitive technical specifications and conducting infrastructure diagnostics.</li> </ul>	

**Summary and results of the meeting:**

- Profile and expertise: Architect Nathalie Vigneron leads the Kinshasa office, focusing on bioclimatic architecture and climate-resilient infrastructure design.
- Experience in developing climate-sensitive technical diagnostics covering materials, passive ventilation, and energy-efficient systems.
- Proven expertise in designing resilient schools and health centres, with emphasis on durability and local adaptation.
- Previous collaborations include ANABEL, AFD, and the World Bank on infrastructure resilience and environmental integration.
- Discussion highlighted strong potential for collaboration on technical guidance and specification development under the GCF health infrastructure component.

**188. Meeting with WB**

<b>Meeting date:</b> 26.02.2025	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> <b>World Bank</b> <ul style="list-style-type: none"> <li>• Senior Water Supply and Sanitation Specialist, World Bank Benin</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Specialist WASH, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [0M, 3F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Obtain an update on the status and scope of the Togo Urban Water Security (TUWS) project.</li> <li>• Clarify planned investments in sanitation, institutional strengthening, and private sector involvement.</li> <li>• Identify possible areas for coordination between GIZ and the World Bank in the WASH sector.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• The TUWS project, financed by the World Bank (USD 100 million), focuses on Greater Lomé and aims to improve access to safe water and sanitation.</li> <li>• Planned investments include latrines in schools and health centres, ensuring gender-sensitive access and installation only where water is available.</li> <li>• The project will establish a faecal sludge treatment plant in Lomé, using a decentralized system with truck-based transport.</li> <li>• The private sector will be engaged to professionalize emptying services, supported by a business plan to reduce costs.</li> <li>• Launch is pending government guidance on site selection; diagnostic tools are ready and can be shared with partners.</li> <li>• The World Bank will share project documents, including the project description, Sokodé treatment site details, and sanitation guidelines.</li> </ul>	

**189. Meeting with MSHPCSUA**

<b>Meeting date:</b> 24.02.2025	<b>Meeting location:</b> online
<b>Participants:</b> <b>Ministry of Health (DHAB):</b> <ul style="list-style-type: none"> <li>• Head of Hygiene and Sanitation Unit</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor in Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [2M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss on WASH approaches (current situation, challenges, etc.) for Components 3 &amp; 4 of the under-development project</li> <li>• Discuss the “Crédit Latrine” approach and MoH-endorsed sanitation technologies in Togo</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Deeper exchange held on the “Crédit Latrine” mechanism, including its potential use for underserved households and communities around project sites</li> <li>• MoH/DHAB outlined that implementation must align with national norms and any existing sanitation financing guidelines; documentation to be shared.</li> </ul>	

- Initial technical options proposed by the project team were discussed; MoH emphasized compliance with standards, inclusive design (gender/disability), and safe sludge management.
- Both parties agreed to integrate behaviour-change, facility management, and local private-sector participation into the approach.

190. Meeting with GFATM, BMZ

<b>Meeting date:</b> 21.02.2025	<b>Meeting location:</b> Hybrid (ProSanté office, online)
<b>Names and positions of participants:</b> <b>GFATM</b> <ul style="list-style-type: none"> <li>• Fund Portfolio Manager</li> <li>• Program Officer</li> <li>• Specialist, Public Health &amp; Monitoring &amp; Evaluation (M&amp;E)</li> <li>• Specialist, Health Product Management (Supply Chain)</li> </ul> <b>German Ministry of Development (BMZ)</b> <ul style="list-style-type: none"> <li>• First Counsellor and Head of Cooperation, German Embassy in Togo (representing BMZ)</li> <li>• Cultural Attaché, German Embassy in Togo (representing BMZ)</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Commission Manager, GIZ Togo</li> <li>• Head of component, GIZ Togo</li> <li>• Head of component, GIZ Togo</li> <li>• Head of component, GIZ Togo</li> <li>• Project development manager, GIZ Germany</li> <li>• Advisor private sector, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 12[5M, 7F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Review the implications of the USAID/PEPFAR withdrawal on health programs in Togo.</li> <li>• Exchange updates on the implementation of GFATM (GC7 and C19RM) activities.</li> <li>• Discuss potential areas of collaboration between the GFATM and GIZ within the framework of the Green Climate Fund (GCF) project.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• The withdrawal of USAID/PEPFAR presents major challenges for HIV programs, which cover around 50% of the active patient base. <ul style="list-style-type: none"> <li>◦ Viral load testing is more affected since 70% was funded by PEPFAR.</li> <li>◦ Human resources under PEPFAR are being gradually reinstated, focusing on life-saving activities, but civil society activities remain suspended. The National HIV Program (PNLS) is conducting a detailed analysis to determine when and how the situation may become critical.</li> </ul> </li> <li>• For malaria, no direct implications from the PMI withdrawal are reported yet. <ul style="list-style-type: none"> <li>◦ PMI currently supports seasonal chemoprevention (CPS) and mass net distribution, while GFATM covers other areas. Should PMI support stop, targeted distributions will be required instead of nationwide coverage.</li> </ul> </li> <li>• The EDST 4 health survey faces uncertainty: <ul style="list-style-type: none"> <li>◦ GFATM has committed 600 million CFA, while USAID had pledged 673 million CFA before its withdrawal.</li> <li>◦ The German Cooperation has also provided funding for training. GFATM will raise this issue with the Ministry of Health and Government Secretariat to safeguard current investments.</li> </ul> </li> <li>• GFATM program updates: <ul style="list-style-type: none"> <li>◦ Grant Cycle 7 (GC7) implementation is on track but with limited visible results so far. Covid-19 response mechanism (C19RM) absorption rate remains low (48%) with a grant closing on 31.12.2025; heavy investments in waste management, rehabilitation, and oxygen plants risk delay.</li> </ul> </li> <li>• GCF collaboration (FVC-FM):</li> </ul>	

<ul style="list-style-type: none"> <li>○ A joint workshop between GCF and GFATM was held in March, outlining high-level collaboration areas: Co-investment on shared goals, facilitating implementation for GIZ as Accredited Entity and Mobilizing technical assistance to support the National Malaria Program (PNLP) in integrating a health–climate focus in the next funding cycle.</li> </ul>
<ul style="list-style-type: none"> <li>● Potential collaboration areas between GFATM and GIZ under the GCF project <ul style="list-style-type: none"> <li>○ Supply and cold chain (focus on last-mile delivery) ; (2) Laboratory systems strengthening, (3) Data integration and digitalization, including DHIS2 alignment.</li> <li>○ Both GFATM Cycle 8 and ProSanté 4 are expected to start in January 2027, offering good timing for a coordinated partnership.</li> </ul> </li> </ul>

#### 191. Meeting with DHAB

<b>Meeting date:</b> 13.02.2025	<b>Meeting location:</b> DHAB office
<b>Participants:</b> <b>Ministry of Health (DHAB):</b> <ul style="list-style-type: none"> <li>● Head of Hygiene and Sanitation Unit</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>● Advisor in Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [2M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>● Establish initial contact with MoH representative</li> <li>● Gather general information about the WASH sector in Togo</li> <li>● Understand ongoing and past WASH interventions</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>● Overview of major past and ongoing WASH projects in Togo, including: <ul style="list-style-type: none"> <li>○ Sandal Project (2017–2030, GFATM)</li> <li>○ “Crédit Latrine” / Revolving Fund Project (UNICEF), providing microfinancing for household latrine construction</li> </ul> </li> <li>● Identification of intervention areas to avoid competition with existing projects</li> <li>● Presentation of innovative sanitation technologies endorsed by MoH (e.g., ECOSAN, biogas systems)</li> </ul>	

#### 192. Meeting with WHO

<b>Meeting Date:</b> 12.02.2025	<b>Meeting location:</b> GIZ ProSanté meeting room
<b>Participants:</b> <b>WHO</b> <ul style="list-style-type: none"> <li>● Country Representative</li> <li>● Health Promotion Advisor</li> <li>● Communications Officer</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>● Project Development Manager, GIZ Germany</li> <li>● Head of Component, GIZ Togo</li> <li>● Advisor in Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [4M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>● Strengthening collaboration between WHO and GIZ in the health sector following the withdrawal of USAID</li> <li>● Clarify WHO's positioning and contribution across the four components of the GCF project.</li> <li>● Identify synergies in digital health and governance strengthening</li> <li>● Discuss WHO's ongoing and planned digital health initiatives and how they align with the project.</li> <li>● Define next steps for coordination and information exchange ahead of the next PTF-Santé meeting</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>● WHO reaffirmed its interest in deepening cooperation with GIZ, noting that Germany is WHO's main donor after the USA.</li> <li>● Both sides discussed the restructuring of health-sector support in Togo after USAID's withdrawal, to be addressed at the next Health Partners (PTF Santé) meeting.</li> <li>● WHO outlined its potential engagement in the GCF project:</li> </ul>	

<ul style="list-style-type: none"> <li>On digitalisation, WHO is advancing the strategic plan for digital health, with consultants already recruited and coordination ongoing with the Ministry of Health.</li> <li>WHO emphasised that administrative digitalisation should be integrated into the project's next roadmap.</li> <li>Agreed follow-ups: <ul style="list-style-type: none"> <li>GIZ to share the meeting report and feedback with WHO.</li> <li>WHO to detail the resources it can mobilise for the project.</li> <li>GIZ proposes a list of activities where WHO could position itself and gather more details accordingly.</li> </ul> </li> <li>Follow-up themes for WHO–GIZ collaboration <ul style="list-style-type: none"> <li>Training (initial and continuous):</li> <li>Integrate climate–health topics into existing health and community training; develop e-learning solutions.</li> <li>Include climate change and public health modules in medical curricula (doctors, nurses, midwives, etc.).</li> </ul> </li> <li>Support a master's programme on Climate Change &amp; Health under WASCAL: scholarships, operational funding, promotion, pedagogical training, networking, and small equipment grants.</li> <li>Regional learning: strengthen collaboration with ATACH, the African Union, ECOWAS, and WAHO through study visits, fora, and conferences.</li> <li>Governance</li> </ul>
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193. Meeting with ANAMET

<b>Meeting date:</b> 13.02.2025	<b>Meeting location:</b> ANAMET meeting room
<b>Participants:</b> ANAMET <ul style="list-style-type: none"> <li>Head of meteorological equipment unit</li> </ul> GIZ <ul style="list-style-type: none"> <li>Advisor in Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [2M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Identify and list material and immaterial needs for WIS and WMO-related operations</li> <li>Understand requirements for data collection, server security, and software tools</li> <li>Clarify infrastructure needs for global network transmission and satellite data management</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Material and immaterial needs for WIS and WMO operations were identified, including hardware (PCs, servers, Clidata stations), software (WIS toolbox, SIMclim, Global Mapper), and cloud/cybersecurity solutions (WALLIX).</li> <li>Requirements for data collection, server security, and processing tools were clarified.</li> <li>Infrastructure needs for global network transmission and satellite data management were outlined, ensuring alignment with regional and national operations.</li> </ul>	

194. Meeting with HISPWCA

<b>Meeting date:</b> 06.02.2025	<b>Meeting location:</b> Online
<b>Participants:</b> ANAMET <ul style="list-style-type: none"> <li>General Director</li> <li>Focal point climate change and health</li> </ul> HISPWCA <ul style="list-style-type: none"> <li>Country Rep</li> <li>Head of Program</li> <li>Digital advisor</li> </ul> GIZ <ul style="list-style-type: none"> <li>Head of component, GIZ Togo</li> <li>Advisor Climate Change and Health, GIZ Togo</li> <li>Advisor digital, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [3M, 3F]
<b>Objectives of the meeting:</b>	



- Review the status of the Climate–Health Thematic Group (GTCS) and define next steps for coordination and funding.
- Discuss the renewal and maintenance of meteorological stations, including capacity-building needs.
- Prepare inputs for the GCF project drafting process and clarify HISP's technical contributions.
- Plan collaboration with LSHTM London on modelling climate-sensitive disease data.
- Update on the PNLP sentinel-site approach for malaria–climate surveillance.

#### **Summary of the meeting:**

- GTCS coordination:
  - Two meetings have been held to date. GIZ will fund short-term sessions; future financing will be integrated into the state budget under ANAMET.
  - The next meeting will review the roadmap and discuss the joint climate–health bulletin (content, format, frequency).
  - ANAMET will submit budgeted ToRs to GIZ for review and funding; HISP will provide technical support.
- Meteorological station maintenance:
  - Beyond inspections, support should include capacity strengthening and spare-part acquisition.
  - GIZ will initiate discussions with ANAMET once funds are released.
- GCF proposal drafting:
  - GIZ will engage ANAMET and HISP to collect technical information for Draft 1 of the project document, to be shared with all stakeholders for review.
- Data modelling with LSHTM London:
  - Once contracts are finalised, GIZ will connect LSHTM experts with national institutions (ANAMET, MoH, PNLP) for collaborative modelling.
- Malaria sentinel sites:
  - PNLP and partners agreed to develop a budgeted plan to integrate climate–malaria surveillance into six existing multi-target sentinel sites.
  - PNLP will draft and circulate the plan for joint validation to support resource mobilisation and implementation.
- Next steps:
  - GTCS meeting in one month.
  - Continued joint planning between GIZ, ANAMET, HISP, and LSHTM for modelling and data integration.

#### *195. Meeting with the MEN*

<b>Meeting date:</b> 05.02.2025	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>MSHPCSUA:</b> <ul style="list-style-type: none"> <li>• Focal point of climate change</li> </ul> <b>MEPSA:</b> <ul style="list-style-type: none"> <li>• Focal point health</li> </ul> <b>GIZ:</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• First contact and general inquiries about WASH in schools.</li> <li>• Clarify MEPSA's structure of primary education and vulnerability context in the northern regions.</li> <li>• Discuss current WASH situation in schools and existing partner support</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• MEPSA clarified that “the primary school includes both pre-primary (<i>école maternelle</i> = &gt;5 years and primary = 5–12 years) levels.</li> <li>• The three northern regions were highlighted as the most vulnerable for the education sector, especially regarding WASH access and climate-related risks.</li> <li>• It was noted that not all schools have water points, sanitary facilities, or functional handwashing devices; WASH coverage remains uneven across the territory.</li> </ul>	

- Only a few WASH partners are currently supporting schools, mainly UNICEF and Catholic Relief Services (CRS), the latter primarily through school canteens.

196. Meeting with GFATM

<b>Meeting Date:</b> 28.01.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>GFATM</b> <ul style="list-style-type: none"> <li>• PSN specialist</li> <li>• Portfolio manager</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor, GIZ Germany</li> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [2M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Identify concrete GFATM–GCF–GIZ synergies on supply chains.</li> <li>• Decide where to cooperate first (e.g., data quality, last-mile delivery, warehouses).</li> <li>• Clarify what GFATM can co-finance/coordinate (products/activities vs. institutions).</li> <li>• Align on cold-room information sharing (map, tool) and Gavi engagement.</li> <li>• Set owners and cadence for immediate follow-ups.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• GFATM proposed a technical working group on supply chains and a stronger GF–GCF collaboration.</li> <li>• GIZ confirmed a shift from central warehouses to last-mile delivery; a separate warehouse call will be scheduled to explore overlaps.</li> <li>• GFATM cooperation can cover malaria/vaccines, HSS, data management &amp; quality, and health information systems; GFATM does not finance other institutions (e.g., GIZ) directly.</li> <li>• Supply chain focus (Moise): store operations, data on needs/availability, and cold-room upgrades with Gavi (improving what exists, not building new). Gavi holds a map of cold rooms; GFATM will share/update it and provide the tool name.</li> <li>• Sandrine will connect the advisor climate change of GIZ Togo with Gavi colleagues; GIZ expressed willingness to join the working group alongside WB, MoH and other partners.</li> </ul>	

197. Meeting with WHO

<b>Meeting Date:</b> 22.01.2025	<b>Meeting location:</b> WHO meeting room
<b>Participants:</b> <b>WHO</b> <ul style="list-style-type: none"> <li>• Digital Advisor</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Digital advisor, GIZ Togo</li> <li>• Advisor in Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 3 [2M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Exchange on ongoing and planned digital health activities under WHO and GIZ.</li> <li>• Identify entry points for collaboration between the FVC project and WHO's digital initiatives.</li> <li>• Discuss potential AI integration in DHIS2 and data use for decision-making.</li> <li>• Determine next steps for establishing a digital health focal point and organizing a joint workshop.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Shared details on ongoing digitalisation of health quality tools.</li> <li>• Mentioned the recruitment of a consulting firm to support this process.</li> <li>• WHO suggested exploring AI integration into DHIS2 to enhance analysis and reporting.</li> <li>• Agreed to plan a meeting to designate a focal point specifically for digital health.</li> <li>• Mention of an existing Global Fund mechanism for digitalisation, to be further explored.</li> </ul>	

- WHO is working with HISP on integrating animal and human health data within DHIS2 (to be discussed further).
- Emphasis on data-driven decision-making, including:
- Data extraction and malaria trend analysis linked to climatic parameters (for modelling).
- Connecting outputs to the CPS bulletin system for health alerts.
- Making data easily interpretable and actionable for decision-makers.
- Next steps:
- Organise an exchange meeting to present the ongoing project and pending questions and identify collaboration areas where WHO could engage

#### 198. Meeting with HISPWCA

<b>Meeting Date:</b> 16.01.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Univ of Oslo</b> <ul style="list-style-type: none"> <li>• Director of the HISP Centre, University of Oslo</li> <li>• Team Lead for the Health Domain at the HISP Centre, University of Oslo</li> <li>• Principal Investigator, University of Oslo</li> <li>• Computer software professional, Informatics department, University of Oslo</li> <li>• Senior advisor, HISP centre, University of Oslo</li> </ul> <b>HISPWCA</b> <ul style="list-style-type: none"> <li>• Implementer and DHIS2 expert, HISPWCA</li> <li>• Head of Programs, HISPWCA</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Digital advisor, GIZ Togo</li> <li>• Advisor in Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 10 [4M, 6F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand pilot status and planned scale-up (Phase 1 review, Phase 2 planning).</li> <li>• Clarify the CHAP platform role and interface with DHIS2.</li> <li>• Explore the Climate &amp; Prediction Apps for integrating climate–health data and modelling.</li> <li>• Identify gaps for our GCF project (capacity, data, products, interoperability).</li> <li>• Agree follow-ups and questions to route to the right technical participants.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Pilot status: Phase 1 covers 3 districts / 24 sites, with on-site reporting of ~20 unusual events (human/animal/environment). Environmental and animal-health data are aggregated centrally. Scale-up is being discussed with the World Bank; WHO support comes via the pandemic preparedness fund.</li> <li>• Phase 2: Phase-1 assessment is ongoing; Phase-2 planning has not yet started, but next-step scoping is in progress.</li> <li>• CHAP: A modelling platform currently in “production-demo” awaiting approval; operates outside DHIS2 but communicates with DHIS2 and its apps. It tests models with local environmental determinants (air, water, etc.), must be tuned to decision-making, and is designed as an ecosystem adaptable per country.</li> <li>• Climate &amp; Prediction Apps: <ul style="list-style-type: none"> <li>○ Climate App imports harmonised climate data into DHIS2 for use with DHIS2 Analytics.</li> <li>○ Prediction App runs models on CHAP, combining climate + health data to return predictions; both apps sit within DHIS2.</li> <li>○ Data merge not yet completed; ANAMET will verify data before integration.</li> </ul> </li> <li>• Outstanding questions (to structure follow-ups): <ul style="list-style-type: none"> <li>○ CRVA: how the apps can support future CRVAs; whether IPCC AR6 elements (hazards, exposure by sub-groups, cross-sector vulnerabilities, risk) can be inserted; roles for ministries and universities (incl. WASCAL capacity-building for medium-term CRVA updates).</li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li>○ DHIS2 for integrated surveillance &amp; decisions: target end-state of the Climate/Prediction Apps; task split Oslo vs HISP; gaps our GCF project could cover; capacity support needed for MoH and Hydromet to ensure a robust app.</li> </ul>
<ul style="list-style-type: none"> <li>• Early Warning Systems: can Climate/Prediction Apps serve EWS or should this be a separate app; interoperability considerations; linkage with EWARS.</li> <li>• Products: how the Climate App can produce decision products (e.g., risk maps).</li> <li>• Next steps: GIZ to send consolidated questions to convene the right technical group; Oslo/HISP to propose a follow-up session on data pathways, interoperability, and product specifications.</li> </ul>

#### 199. Meeting with ANPC

<b>Meeting Date:</b> 22.01.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>ANPC</b> <ul style="list-style-type: none"> <li>• Head of EWS Section</li> <li>• Head of GIS Section</li> <li>• IT Advisor</li> <li>• Forecasting advisor</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 6 [6M, 0F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand ANPC's current digital tools for disaster risk monitoring and emergency alerts.</li> <li>• Identify gaps and needs for an upgraded or new digital platform.</li> <li>• Explore integration possibilities between ANPC's digitalisation efforts and the Climate–Health Early Warning System (SAP Climat-Santé).</li> <li>• Discuss the strategic digitalisation vision for ANPC and its interoperability with other national systems (meteorology, health, security).</li> <li>• Define potential areas for GIZ's technical and financial support.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Current tools: ANPC currently uses standard communication channels (radio, TV, WhatsApp, email, bulletins) for emergency alerts. However, there is a strong need for an integrated digital application enabling real-time alert dissemination across multiple media (visual, sound, message-based).</li> <li>• ANPC is developing a digital alert application internally, which could later be linked with the SAP Climat-Santé platform.</li> <li>• Enhanced digital workflow management (intranet, reporting system).</li> <li>• Digitalisation of SAP processes for improved coordination and reporting.</li> <li>• Modernisation of administrative operations and real-time information flow.</li> <li>• Adopt a national digital risk-management platform covering data collection, analysis, and response coordination.</li> <li>• Centralise and migrate existing data into a single, secure system.</li> <li>• Ensure interoperability with other systems (meteorology, health, security).</li> <li>• Include features such as:               <ul style="list-style-type: none"> <li>○ Real-time data collection (sensors, field reports, meteo feeds).</li> <li>○ Interactive risk mapping and dashboards for decision support.</li> <li>○ Automated alerts when thresholds are exceeded.</li> <li>○ Public alert dissemination via social media and mobile networks.</li> <li>○ Multi-device access (computer, tablet, mobile).</li> <li>○ Support training and capacity-building for civil protection actors on the use of digital tools</li> </ul> </li> </ul>	

#### 200. Meeting with Sight Savers

<b>Meeting Date:</b> 16.01.2025	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Sight Savers:</b> <ul style="list-style-type: none"> <li>• Senior Advisor, Contract Management</li> <li>• Director of Social and Behavior change</li> </ul>	<b>Number and gender (m/f) of participants:</b> 7 [4M, 3F]

<ul style="list-style-type: none"> <li>• Senior Advisor on NTDs</li> <li>• Deputy Director, MTN</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Advisor, Climate change, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Exchange on the GCF project scope and timelines.</li> <li>• Understand Sightsavers' programmes in Togo and the region (NTDs, disability inclusion, WASH links).</li> <li>• Identify concrete collaboration entry points (WASH in underserved zones, data/analytics, co-implementation with MoH/partners).</li> <li>• Define immediate information to share to decide on a pilot/workstream.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Sightsavers overview: Works in ~30 African countries on prevention of blindness and disability; strong focus on disability inclusion and gender (double discrimination). Runs ~240 health projects across West Africa/Asia; conduct accredited research and publications.</li> <li>• Togo presence &amp; partners: Active since 2001 on trachoma and onchocerciasis; collaborates with the National Programme for Eye Health/PNLC and PHETAPH; team hosted within MSHP; partnerships with education sector, private sector, and INGOs (e.g., WaterAid, CBM). Noted a past GIZ grant in Kenya.</li> <li>• WASH linkages: Work on WASH in underserved zones (incl. MTN linkage), collaboration with WHO (ASPEN) and UNICEF's Child Risk Index—relevant for GCF components on climate-health risk, behaviour change, and service resilience.</li> <li>• Potential collaboration with GIZ/GCF: Joint activities around NTD control + WASH, disability-inclusive design of health/WASH interventions, use of risk indices for targeting, and alignment through MSHP to avoid duplication.</li> </ul>	

#### 201. Meeting with the NDA

<b>Meeting Date:</b> 13.12.2024	<b>Meeting location:</b> Togo NDA Office
<b>Participants:</b> <ul style="list-style-type: none"> <li>• NDA, Togo</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Clarify the current situation with BOAD and the reasons for the follow-up visit.</li> <li>• Establish a shared understanding of BOAD's lack of responsiveness to meetings and coordination efforts.</li> <li>• Gather feedback from the National Designated Authority (NDA) regarding its interactions with BOAD and the Green Climate Fund (GCF).</li> <li>• Discuss next steps after the expected feedback from the GCF Secretariat in February.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Both parties agreed on a common understanding of BOAD's pattern of limited engagement – responding only when seeking something specific. NDA noted that this behaviour had previously caused the loss of some funds.</li> <li>• NDA feedback highlights:               <ul style="list-style-type: none"> <li>○ Confirmed that a review of Togo's submissions has already been completed by the GCF Secretariat.</li> <li>○ GCF feedback is expected by late February.</li> <li>○ Once feedback is received, NDA will exercise its authority to convene all Accredited Entities (AEs), including BOAD, for a mandatory coordination meeting, regardless of BOAD's willingness to participate.</li> </ul> </li> <li>• NDA appreciated the GIZ follow-up approach, noting it was unusual but constructive, and expressed interest in continuing joint monitoring of BOAD's engagement with the GCF process.</li> </ul>	

202. Meeting with KfW

<b>Meeting Date:</b> 09.12.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Kreditanstalt für Wiederaufbau (KfW):</b> <ul style="list-style-type: none"> <li>Country Director, KfW Togo</li> <li>Portfolio Coordinator for Vocational Training and Health</li> <li>Portfolio Manager, KfW Togo</li> <li>Architect, KfW Togo</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Commission Manager, GIZ Togo</li> <li>Component Head, GIZ Togo</li> <li>Project Development Manager, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 7 [2M, 5F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Discuss the Maintenance Fund for ProSanté project, including strategy and funding sources.</li> <li>Clarify principles for construction and maintenance with KfW involvement.</li> <li>Review GCF project details, co-financing, and implementation.</li> <li>Discuss alignment between GIZ and KfW in terms of procurement and legal frameworks.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>The Maintenance Fund for ProSanté is planned to start in Kara, with DRS to receive grant contracts once the commercial aptitude test (KEP) is completed. There are open questions regarding the judicial personality of DRS.</li> <li>The Maintenance Fund will be refilled via the national budget and bilateral/international donors, with an emphasis on transparency in fund management. KfW raised concerns about the high demands for pooled fund management and transparency.</li> <li>The GIZ consortium (GFA/Mirkovich) will develop the strategy for the Maintenance Fund. GFA is very busy and may need additional support to cover all three regions.</li> <li>Regarding GCF construction principles, KfW emphasized a holistic and pragmatic approach focusing on natural cross-ventilation, building orientation, and higher initial investment to reduce future maintenance needs.</li> <li>KfW mentioned that Togo's interventions have not yet received a climate marker and clarified the difference between co-financing and parallel financing in the GCF context.</li> <li>The iPA25 objectives are not yet finalized, with potential for extension to the south of Togo.</li> <li>A discussion took place on the Technical and Financial Cooperation Guidelines, emphasizing the importance of maintaining a clear narrative towards BMZ. It was noted that the approach to public procurement laws in the country differs.</li> </ul>	

203. Meeting with LuxDev

<b>Meeting Date:</b> 28.11.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>LuxDev:</b> <ul style="list-style-type: none"> <li>Country Director, LuxDev Togo</li> <li>Climate Expert, LuxDev Luxembourg</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Head of Section, Liaison Office Green Climate Fund, GIZ Germany</li> <li>Project Development Manager, GIZ Germany</li> <li>Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [1M, 4F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Exchange on GCF accreditation, experience, and cooperation opportunities between LuxDev and GIZ.</li> <li>Present the GIZ Togo GCF project concept and explore potential collaboration.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>LuxDev has been GCF-accredited (Category C) since 2020 and acts as both AE and EE.</li> <li>A new cooperation agreement with the Togolese government was signed recently; office opening planned by end 2025.</li> <li>Ongoing co-financing with GIZ under ProDigit and Forest for Future projects.</li> </ul>	

- LuxDev's first GCF project was approved in Vietnam; a Cabo Verde Readiness project is planned.
- Climate and natural resources are priority areas in Togo, alongside vocational training, and digitalisation.
- LuxDev expressed interest in joining the GIZ GCF Togo project as Executing Entity (EE) in a future phase.
- They are open to technical and financial co-financing and favour Team Europe collaboration with AFD, GIZ, and KfW.

#### 204. Meeting with ANAMET

<b>Meeting Date:</b> 26.11.2024	<b>Meeting location:</b> ANAMET meeting room
<b>Participants:</b> <b>ANAMET</b> <ul style="list-style-type: none"> <li>• Climate change and health focal point, ANAMET</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Establish a shared view of the current situation with ANPC/ANAMET and the need for a tripartite exchange (ANPC–ANAMET–GIZ).</li> <li>• Prioritise maintenance of meteorological stations over new installs to restore network functionality.</li> <li>• Identify bottlenecks (spare parts, staffing, centralised skills) and agree actionable fixes.</li> <li>• Define capacity-building and financing options (decentralised technicians, maintenance fund).</li> <li>• Agree immediate next steps and responsibilities for a maintenance action list.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• ANAMET's partner requests have mostly targeted new station installations, but many automatic stations are currently down, making maintenance a priority to ensure coverage.</li> <li>• Two maintenance types were confirmed: preventive and curative; both are under-resourced.</li> <li>• Key constraints: spare parts unavailability, insufficient qualified technicians, and skills concentrated at the central level only.</li> <li>• Proposed actions:               <ul style="list-style-type: none"> <li>○ Decentralise technical capacity by staffing regional teams (pending civil-service recruitment results, expected 2025–2026).</li> <li>○ Upskill existing technicians with targeted maintenance training.</li> <li>○ Establish a dedicated station-maintenance fund (O&amp;M line with predictable replenishment).</li> <li>○ Source lower-cost, quality, fast-access spare parts, including options within the sub-region.</li> </ul> </li> <li>• Next steps agreed:               <ul style="list-style-type: none"> <li>○ ANAMET to convene its technical maintenance team to map station status and define activity needs.</li> <li>○ GIZ (EP) to draft a proposed maintenance activity list for ANAMET to validate/adjust/reject.</li> </ul> </li> <li>• Both parties endorsed a tripartite coordination with ANPC to align networks, alerts, and resource use</li> </ul>	

#### 205. Meeting with DAZ

<b>Meeting Date:</b> 19.11.2024	<b>Meeting location:</b> ProSante meeting room
<b>Participants:</b> <b>DAZ:</b> <ul style="list-style-type: none"> <li>• Founder</li> <li>• Manager</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project development manager, GIZ Germany</li> <li>• Head of component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 5 [2M, 3F]

<ul style="list-style-type: none"> <li>• Advisor construction, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand Braun Hospital's setup, operating model, and context in Cinkassé (Savanes).</li> <li>• Capture design, construction, and HR lessons relevant to climate-resilient, high-quality health infrastructure.</li> <li>• Explore avenues for technical exchange and potential collaboration.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Hospital overview: Braun Hospital in Cinkassé operational since 2022; private investment by the Braun family. Manager (also oversees schools, beekeeping, income generation, and water supply/boreholes).</li> <li>• Key lesson: Success requires the triad of infrastructure + equipment + qualified personnel. Persistent challenge: recruitment/retention of qualified staff in Savanes even with high salaries.</li> </ul>	

206. Meeting with FINISH Mondial

<b>Meeting Date:</b> 13.11.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>FINISH Mondial</b> <ul style="list-style-type: none"> <li>• Co-Founder FINISH Programme</li> <li>• Country Coordinator Kenya</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> <li>• Advisor Climate Change, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 3 [2M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand FINISH's model and track record and assess relevance for the GCF project.</li> <li>• Identify collaboration options for health-facility sanitation &amp; wastewater treatment (incl. nature-based solutions).</li> <li>• Explore enabling areas (e.g., water linkages, potential telemedicine use cases).</li> <li>• Clarify FINISH's country-entry approach and possible partnering with GIZ.</li> <li>• Agree immediate next step(s).</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• FINISH overview: operating in multiple countries, enables safely managed sanitation systems per year; expanding to water &amp; organic-waste management; builds the sanitation circular economy with agri/renewables; partners include government, foundations, banks, MFIs.</li> <li>• Facility focusses integrate sanitation and wastewater treatment into health-facility interventions; begin with a status assessment of facilities in Togo; consider nature-based treatment options.</li> <li>• Water dependency: sanitation actions must be paired with reliable water solutions.</li> <li>• Digital health: explore telemedicine opportunities within the health system where relevant.</li> <li>• Country entry: FINISH does not set up immediately in new countries; instead, works via a local partner (e.g., GIZ) during the extension phase.</li> <li>• Next step: schedule a follow-up meeting to deepen scope and define a joint work plan.</li> </ul>	

207. Meeting with FHI360

<b>Meeting Date:</b> 12.11.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>FHI360:</b> <ul style="list-style-type: none"> <li>• Country Director</li> <li>• Technical Advisor</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [2M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Understand FHI 360's portfolio, presence, and donors in the region.</li> <li>• Identify intersections with PROSANTÉ III (climate &amp; health, WASH, data systems).</li> <li>• Discuss sustainability considerations for health infrastructures.</li> </ul>	



<ul style="list-style-type: none"> <li>Clarify next steps for a potential collaboration process.</li> </ul>
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>FHI 360 overview: Family Health International; HQ in North Carolina (USA); operates across Asia, Africa, Europe. Focus areas include governance, health, economy, research, programmatic data management, and community-level implementation; donors include USAID and others.</li> <li>Technical experience: work on Global Health Security and One Health; active Environment–Health stream, incl. a recent Vietnam conference on Climate-Smart Health Practices (adaptation measures; environment &amp; climate linkages).</li> <li>Togo/Benin programs: EHWA (Ending HIV in West Africa); EPIC; Neglected Tropical Diseases (implemented more extensively in Benin).</li> <li>Discussion points: sustainability criteria for health infrastructures; how to sequence next steps with FHI 360 in the current process.</li> </ul>

208. *Meeting with Global Water partners*

<b>Meeting Date:</b> 07.11.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>GWP:</b> <ul style="list-style-type: none"> <li>Executive Secretary</li> <li>Regional Programme Officer</li> <li>Administrative Assistant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Project development manager, GIZ Germany</li> <li>Advisor Climate Change and health, GIZ Togo</li> <li>Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [4M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Confirm GWP's current footprint and partnerships in Togo/West Africa.</li> <li>Take stock of GWP's inputs to the GCF feasibility work (with UNICEF/UNDP) and ongoing GCF Readiness.</li> <li>Identify documentation and evidence GWP can share to inform the GCF Togo proposal.</li> <li>Discuss roles, methods, and priority themes (vulnerability, enabling environment, gender/youth).</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>GWP profile: Coordinated from South Africa; present in West Africa since the 1990s; in Togo with currently reduced staffing. Operates via Country Water Partnerships and collaborates with local NGOs (e.g., JVE, Eau Vive Internationale).</li> <li>GCF linkages: GWP contributed to the GCF feasibility study with UNICEF and UNDP; is currently implementing a GCF Readiness project.</li> <li>Partners: Collaboration with WMO/OMM, UNDP, UNICEF noted.</li> <li>Past projects/experience: Volta Basin initiatives; <i>"Togo, ton futur, ton climat"</i> (Québec-funded, completed May 2023—documentation to be shared); upcoming project under the GEF (details to follow).</li> <li>Approach for GCF Togo: support on feasibility and vulnerability assessments; enabling environment (policy, strategy, legal frameworks); selection of climate-resilient water &amp; health infrastructures; mainstreaming gender and youth.</li> <li>Documentation available from GWP: "Running Water – GWP," "News &amp; Activities – GWP," and general GWP documentation to be shared.</li> </ul>	

209. *Meeting with IDOS and BNITM*

<b>Meeting Date:</b> 28.10.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>IDOS:</b> <ul style="list-style-type: none"> <li>Senior Researcher and Project Lead</li> </ul> <b>BNITM:</b> <ul style="list-style-type: none"> <li>Head research Group Leader for Health Economics</li> </ul> <b>GIZ</b>	<b>Number and gender (m/f) of participants:</b> 5 [3M, 2F]

<ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and Health, GIZ Togo</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Assess where BNITM can contribute to the GCF proposal (communication/behaviour change, last-mile delivery).</li> <li>• Review status and feasibility of drone-based delivery (antivenom now; vaccines later), incl. cold-chain needs and partners.</li> <li>• Align with Johns Hopkins–ProSanté–WASCAL communication toolkit (timeline to mid-2026) and identify touchpoints.</li> <li>• Capture how IDOS networks and German academic links can support collaboration and proposal inputs.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• BNITM focus: communication strategies and behaviour change to reach the last mile.</li> <li>• Drone projects: pilots in Rwanda and Malawi for antivenom delivery with health-facility partners; examining costs/feasibility and local treatment capacity; interest in scaling to vaccine delivery; potential partnerships with health organisations; cold-chain logistics for antivenom still to be clarified.</li> <li>• JHU &amp; ProSanté: co-developing tools and a multi-audience communication strategy (avoid flyers/radio/posters); leveraging JHU's PMI footprint; working with WASCAL toward a toolkit by mid-2026, with possible GCF expansion.</li> <li>• GCF proposal presents a strong opportunity for BNITM; Jan Priebe will provide comments and additional input.</li> <li>• IDOS: expects smoother collaboration with German universities; can mobilise its GIZ/academic network to support joint work.</li> </ul>	

#### 210. Meeting with Expertise France

<b>Meeting Date:</b> 28.10.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Expertise France (EF)</b> <ul style="list-style-type: none"> <li>• Head of Project GEDEC</li> <li>• Urban Development Expert</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Project Development Manager, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [1M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss EF's experience and involvement in improving financial access to climate initiatives in Togo.</li> <li>• Explore EF's focus on climate decentralization, urban climate plans, and waste management.</li> <li>• Evaluate the role of private sector in wastewater management and necessary infrastructure development.</li> <li>• Discuss potential synergies with the GEDEC Phase II project</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• EF has experience in supporting Togo in improving climate financial access.</li> <li>• The focus in Togo includes Decentralization of climate goals, supporting cities in their climate planning (e.g., "City and Climate"), Integrating climate topics into Community Development Plans (PDCs) and climate and energy plans. In the sanitation sector, the goal is to establish waste management systems to provide services by 2035.</li> <li>• EF expressed interest in Component 04 of the project, which includes: Further decentralization and intercommunal waste management in larger cities, The role of the private sector in managing wastewater in communes and Building infrastructure within a more systemic framework that addresses long-term climate needs.</li> <li>• There is a need to extend the GEDEC (Togo's Decentralized Climate Strategy) especially in rural areas, focusing on: Developing services at the communal level and reviewing infrastructure standards to better integrate climate considerations.</li> </ul>	

- The discussion also touched on potential synergies with Phase II of GEDEC, which is expected to end in early 2026 (36-month duration).

#### 211. Meeting UNICEF

<b>Meeting Date:</b> 27.09.2024	<b>Meeting location:</b> online
<b>Participants:</b> <b>UNICEF:</b> <ul style="list-style-type: none"> <li>• Advisor WASH</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [2M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Ensure GIZ and UNICEF alignment on the WASH vision and approach under the GCF proposal (Note conceptuelle).</li> <li>• Review available WASH infrastructure mapping in health facilities and communities (Centrale, Kara, Savanes).</li> <li>• Discuss technical options for water, sanitation, and hygiene interventions, including climate-resilient infrastructure.</li> <li>• Clarify approaches for infrastructure maintenance, financing, and governance.</li> <li>• Identify relevant UNICEF documentation, standards, and potential collaboration areas.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• UNICEF to share existing mapping of WASH infrastructures (existing and planned) across target regions, in coordination with the Ministries of Health and Water.</li> <li>• Review of technical design options for project activities:              Latrines: inclusive models (F/M separation, accessibility).</li> <li>• Handwashing systems: low-water-use devices ensuring constant access.              Water points: sustainable supply and storage solutions (solar-powered boreholes, reservoirs).</li> <li>• Wastewater systems: ecological treatment and reuse options.              Biodigesters: need for insights on local experience, challenges, and lessons learned.</li> <li>• UNICEF to share documentation on climate-adapted WASH infrastructure and norms for schools.</li> <li>• Discussion on maintenance models: participatory mechanisms, hygiene committees, community-led management (Croix-Rouge model).</li> <li>• Exchange on government maintenance and management plans, and UNICEF's solar technology training initiative (30 persons trained in 2024).               <ul style="list-style-type: none"> <li>○ Review of governance and financing mechanisms                   <ul style="list-style-type: none"> <li>▪ Credit-based or revolving funds for household latrine construction.</li> <li>▪ Tariff and cost-recovery models for infrastructure services.</li> <li>▪ Agreement to share national and UNICEF documentation (maintenance plans, pre-feasibility study, standards, and pilot project results).</li> <li>▪ Follow-up meeting planned with UNICEF Geneva colleagues (week of 14 October 2024).</li> </ul> </li> </ul> </li> </ul>	

#### 212. Meeting with JLI

<b>Meeting Date:</b> 09.09.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Joep Lange Institut:</b> <ul style="list-style-type: none"> <li>• Director for Global Health Diplomacy</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Country Director, GIZ Togo</li> <li>• Head of Component, GIZ Togo</li> <li>• Commission Manager, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [1M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Discuss opportunities for strengthening the partnership between GFATM and GCF.</li> <li>• Address the inclusion of Togo in the GCF health project pipeline.</li> <li>• Explore possibilities to integrate climate change and health in the GCF project for Togo.</li> <li>• Clarify next steps for collaboration between GIZ, GFATM, and GCF.</li> </ul>	
<b>Summary of the meeting:</b>	

- The meeting focused on the Letter of Intent signed during COP28, which highlighted the desire for closer cooperation between GFATM and GCF.
- This partnership was officially recognized during the GFATM Board Meeting in August, and the document will be shared once available.
- In the upcoming weeks, countries for collaboration will be identified, with Togo being mentioned as a key candidate. Among the four key health projects in the GCF pipeline, Togo is the only one suitable for integration due to the advanced stages of the others.
- Several ways to integrate climate change and health were discussed:
  - Integration into country programs (e.g., malaria program).
  - Utilizing the GFATM Catalytic Fund to align health projects with climate aspects, with potential for Togo to use this fund for Technical Assistance.
- Two possible financing models were discussed:
  - Co-financing: GFATM provides funds to GIZ (as Accredited Entity), which then channels the funds to Executing Entities (e.g., GIZ, MoH, ANAMET, UNICEF).
  - Co-investment / Parallel Financing: A collaboration between GFATM and GCF working towards similar goals, seen as the more likely option.

### 213. Meeting with CBM

<b>Meeting Date:</b> 22.08.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>CBM:</b> <ul style="list-style-type: none"> <li>• Country Director (Benin &amp; Côte d'Ivoire)</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project development manager, GIZ Germany</li> <li>• Head of component, GIZ Togo</li> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [1M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the GCF project under development by GIZ and explore possible areas of collaboration with CBM.</li> <li>• Understand CBM's strategic priorities, ongoing projects, and operational model in Togo.</li> <li>• Identify synergies between CBM's inclusive health and community development programmes and GCF objectives.</li> <li>• Discuss potential entry points for collaboration, particularly in health, inclusion, and WASH.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• CBM presentation: Active in Togo, Benin, and Côte d'Ivoire. Strategic areas include eye health, community development (maternal and child health), and education. Also implementing a climate change project in Nigeria funded by the EU.</li> <li>• Operational approach: CBM follows a <i>"faire-faire"</i> model — providing institutional and technical support while local partner organisations implement activities. Interventions are designed based on community-identified needs.</li> <li>• Current portfolio: 11 projects in Togo funded by BMZ/SFF, with a total budget of approx. 2.4 million EUR over 12 years.</li> <li>• Example projects: Inclusive agriculture (including WASH activities) and poverty reduction programme (active in four prefectures of the Maritime region and two in the Plateaux).</li> <li>• Activities linked to GCF components:               <ul style="list-style-type: none"> <li>• Technical training of medical staff;</li> <li>• Improving accessibility of health facilities;</li> <li>• WASH and inclusion-related interventions.</li> </ul> </li> <li>• Geographical coverage: Regions of Savanes, Kara, Plateaux, and Maritime.</li> <li>• Key partners: Ministry of Health, FETAPH (Federation of Organisations of People with Disabilities), and Inades-Formation (implementation partner).</li> <li>• Discussion outcome: Both parties identified opportunities for collaboration, particularly in inclusive and climate-resilient health and community infrastructures, leveraging CBM's experience with local partners and inclusive design.</li> <li>• To-Dos / Follow-ups               <ul style="list-style-type: none"> <li>◦ CBM → GIZ: Share a CBM Factsheet summarising current projects, intervention areas, and local partnerships.</li> </ul> </li> </ul>	

- GIZ → CBM: Share a GCF project brief highlighting relevant components and explore technical exchange opportunities.

#### 214. Meeting with DAHW

<b>Meeting Date:</b> 12.08.2024	<b>Meeting location:</b> online
<b>Participants:</b> <b>DAH:</b> <ul style="list-style-type: none"> <li>• Project Manager</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Project development manager, GIZ Germany</li> <li>• Advisor Climate Change and health, GIZ Togo</li> <li>• Advisor construction, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Present the GCF project currently under development by GIZ and identify potential areas of collaboration with DAHW.</li> <li>• Understand DAHW's ongoing projects and areas of intervention in health and WASH.</li> <li>• Explore synergies around neglected tropical diseases (NTDs), health infrastructure, and community-level engagement.</li> <li>• Discuss potential collaboration frameworks, including security and operational coordination in northern regions.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• DAHW overview: German Leprosy and Tuberculosis Relief Association, active in Togo since 1964, operating in all six health regions. Works across policy, technical, and community levels in collaboration with the Ministry of Health, Ministry of Justice, Human Rights, AMU, RONGITO, and FETAPH.</li> <li>• Key ongoing and planned projects: <ul style="list-style-type: none"> <li>○ Neglected Tropical Diseases (NTDs): <ul style="list-style-type: none"> <li>▪ Project with the Dermatology Centre of Gbossimé, Lomé (June 2022–2025; 300,000 EUR, funded by GIZ-Klinikpartnerschaften) supporting WHO's NTD roadmap implementation.</li> <li>▪ Upcoming project at CHU Sylvanus Olympio (Oct 2024–Sept 2026; 200,000 EUR) with similar objectives.</li> <li>▪ Buruli Ulcer Project with the CHR Tsévié (Sept 2023–Aug 2026; 50,000 EUR) aiming to improve diagnosis and treatment.</li> </ul> </li> <li>○ Feasibility study on rifamycin acceptance for leprosy (19,634 EUR).</li> <li>○ Mental health project (details forthcoming).</li> <li>○ Improvement of health infrastructures in 14 prisons across Togo.</li> </ul> </li> <li>• WASH-related interventions: construction of latrines, boreholes, and site disinfection (Maritime region); training of school and community hygiene committees for maintenance and behavioural change.</li> <li>• Security aspects: travel to the Savanes Region requires prior authorization (1 month before mission) from the Ministry of Security and ANPC; DAHW regularly monitors alert levels (red, orange, yellow).</li> <li>• Partnerships: collaboration with GIZ and GFATM; interest in alignment with the GCF project's climate-resilient health infrastructure objectives.</li> <li>• The discussion confirmed strong convergence between DAHW's ongoing NTD and WASH work and the GCF project's resilience and inclusion focus.</li> </ul>	

#### 215. Meeting with Handicap International (HI)

<b>Meeting Date:</b> 31.07.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>HI</b> <ul style="list-style-type: none"> <li>• Country Rep</li> <li>• Basic Needs Specialist</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and health, GIZ Togo</li> <li>• Head of component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [4M, 2F]

<ul style="list-style-type: none"> <li>• Construction advisor, GIZ Togo</li> <li>• Project development manager; GIZ Germany</li> </ul>	
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Align on HI's portfolio and capabilities relevant to the climate–health project (disability inclusion, WASH, data for humanitarian action).</li> <li>• Identify entry points for inclusive design across components (infrastructure, services, community engagement).</li> <li>• Map regional deployment capacity (HI base in Dapaong; presence in Savanes &amp; Kara) for quick collaboration.</li> <li>• Explore data and evidence contributions from HI's SIGNAL projects to inform site selection and design.</li> <li>• Agree on immediate next steps (document sharing, field collaboration channel).</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• HI targets people with disabilities (PwD) and operates in Togo, Burkina Faso, Mali, Niger, with a country manager based in Cotonou; presence in Dapaong (Savanes) and Kara enables rapid regional mobilisation.</li> <li>• Portfolio highlights: Psychosocial support (AFD), Inclusive Education (AFD), Social cohesion &amp; peace (MEAE), Emergency assistance (ECHO/EU), SRH in Lacs, and SIGNAL projects that generate market studies, infrastructure data, and community consultations to guide humanitarian interventions.</li> <li>• HI brings WASH construction experience (e.g., COVID-19 handwashing stations, boreholes) and promotes use of local materials—relevant for climate-resilient, low-carbon builds.</li> <li>• For inclusion, HI can support accessible facility design (ramps, door widths, adapted latrines, menstrual hygiene management), inclusive consultation methods, and disability-sensitive indicators across the project.</li> <li>• Data/evidence: HI's SIGNAL outputs (quantitative/qualitative infrastructure data; community needs) can inform site selection, risk mapping, and design standards for health and community infrastructure.</li> <li>• Partnerships: HI, collaborates with MoH, Social Affairs, Education, and is initiating coordination with Environment (via SIGNAL) synergies for the climate–health programme.</li> </ul>	

## 216. Meeting with NDA

<b>Meeting Date:</b> 15.07.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Ministry of Environnement</b> <ul style="list-style-type: none"> <li>• Current NDA</li> <li>• Former NDA</li> <li>• Advisor in climate change</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and health, GIZ Togo</li> <li>• Project development manager; GIZ Germany</li> <li>• Climate and Climate Policy Advisor, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> Example: 6 [3M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Review the status of Concept Notes (CNs) under development for the Green Climate Fund (GCF).</li> <li>• Clarify the use of readiness and project preparation funds for current and future submissions.</li> <li>• Discuss NDA needs for technical and delivery partner support.</li> <li>• Define next steps for coordination among Accredited Entities (AEs), BOAD, UNDP, GGGI, and GIZ.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Four CNs are currently in progress (BOAD, GIZ, UNDP, GGGI).</li> <li>• None have been approved; GIZ's CN is the only one close to finalisation.</li> <li>• UNDP and BOAD received comments from GCF; both are awaiting feedback and technical support for revision.</li> <li>• All CNs were developed without Readiness funding, financed instead by the AEs themselves.</li> </ul>	

- Readiness funds cannot be used for full Funding Proposal (FP) development.
- Project Preparation Facility (PPF) resources are required for FP preparation.
- One delivery partner to support Togo's NDA in Readiness implementation (proposal already submitted to GIZ).
- Readiness resources to finalize pending CNs.
- Clear identification of specific technical and financial needs is still pending.
- Changes in delivery partner procedures:
- Direct selection remains possible until the end of 2024.
- Afterward, competitive selection will become mandatory.
- forward (for NDA):
  - Identify specific needs of each AE (BOAD, UNDP, GGGI).
  - Assess whether these AEs are ready to collaborate with GIZ as delivery partner.
  - Conduct internal consultations among AEs and report conclusions to GIZ.

#### 217. Meeting with PLNP

<b>Meeting date:</b> 18.05.2024	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> PNLP	<b>Number and gender (m/f) of participants:</b> 04
<b>Objective of the meeting:</b> Integration of comments to climate proof National Malaria Strategy Plan.	
<b>Summary and results of the meeting:</b> Topic was integrated. Further suggestions to express needs are also addressed through GCF proposal and HNAP.	

#### 218. Meeting with EIB

<b>Meeting date:</b> 18.05.2024	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> EIB	<b>Number and gender (m/f) of participants:</b> 05
<b>Objective of the meeting:</b> Exchange on potential EIB co-financing to Togo GCF proposal.	
<b>Summary and results of the meeting:</b> EIB not in a position to provide co-financing to project as GIZ accreditation allows for grants only, EIB provides loans.	

#### 219. Meeting with JVE & JVT

<b>Meeting date:</b> 16.05.2024	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> Jeunes Volontaires pour l'Environnement (JVE)-Togo, Jeunes Verts Togo (JVT)	<b>Number and gender (m/f) of participants:</b> 03
<b>Objective of the meeting:</b> Discuss whether indigenous populations exist in Togo, particularly in the three regions where the project will be implemented in order to ensure their inclusion in the project if they are present.	
<b>Summary and results of the meeting:</b> Clarification was made regarding the existence of several ethnic groups in Togo and in the regions under consideration, but there are no specific majority and minority groups.	

#### 220. Meeting with ASSAFETO

<b>Meeting date:</b> 10.05.2024	<b>Meeting location:</b> Kara
<b>Names and positions of participants:</b> ASSAFETO	<b>Number and gender (m/f) of participants:</b> 85
<b>Objective of the meeting:</b> Ensure their thorough understanding of the link between climate change and reproductive health, as well as ensuring that their specific needs and concerns are fully integrated into the proposed project activities.	
<b>Summary and results of the meeting:</b> A deeper understanding of the link between climate change and reproductive health, validation of proposed activities, identification of potential gaps, and suggestions for enhancements to maximize the project's impact on the ground.	

#### 221. Meeting with MSHPCSUA

<b>Meeting date:</b> 10.05.2024	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> MSHPCSUA (General Secretary)	<b>Number and gender (m/f) of participants:</b> 02
<b>Objective of the meeting:</b> Strategic discussion on choice of partner on central level for activities related to cold chains.	
<b>Summary and results of the meeting:</b> Shared understanding of options with their advantages and disadvantages, decision to have discuss strategy within MoH before providing orientation.	

222. Meeting with WHO, UNICEF, WB, Integrate Health, GFATM, PMI and MC

<b>Meeting date:</b> 03.05.2024	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> Malaria Donors (WHO, UNICEF, WB, Integrate Health, GFATM, PMI, MC)	<b>Number and gender (m/f) of participants:</b> 16
<b>Objective of the meeting:</b> Initiating platform to exchange on malaria activities in Togo.	
<b>Summary and results of the meeting:</b> Overview of each donor's activities, agreement to discuss cold chain and chemoprevention for seasonal malaria further	



### 3. Stakeholder Consultations during Concept Note Development

#### 3.1 Selected key consultations

The development of the Concept Note was grounded in a series of inclusive, participatory consultations conducted between 2022 and 2024. These engagements brought together stakeholders at national, regional, and local levels, ensuring that the project design reflects international best practice, strategic alignment with national policies and the lived realities and priorities of communities in the Centrale, Kara, and Savanes Regions.

Consultations were conducted both online and through in-person workshops, bilateral meetings, and field visits to the target regions. This multi-tiered approach allowed for both institutional feedback and direct community input, especially from underrepresented groups. The table below provides a summary of the main consultation periods, outlining the content, location, and participant groups involved.

*Table 6: Overview of key consultations during Concept Note Stage*

Dates	Content	Participants/Venues
19.03.2024	BOAD–GIZ synergy discussion confirmed alignment on objectives and activities. Co-financing not possible due to loan-vs-grant constraint.	BOAD Place: Lomé
18.03.2024	GAVI–GIZ cold chain synergy discussion identified potential alignment in community engagement activities and capacity-strengthening technical assistance.	GAVI Place: Online
26.02.2024– 18.03.2024	Exchange on Togo’s National Framework for Climate Services clarified its operation, implementation status, challenges, and next steps, with documentation shared for CN input.	ANAMET Place: Lomé
02.02.2024	Review of CN status confirmed progress in project design and defined next steps toward preparation of the FP.	BMZ Place: Online
28.09.2023	UNDP/WHO–GIZ Concept Note coordination aligned positions to avoid overlaps, identified synergies, and advanced bilateral project exploration with feedback and final CN shared.	GCF committee, TF CC-S, MERF, UNDP, WHO Place: Online
19.07.2023	Discussion on WASH activities integrated feedback and confirmed intention to submit a letter expressing interest to become EE.	UNICEF Place: Online
30.06.2023	Presentation of proposed malaria activities in the CN clarified focal areas of GFATM and provided an overview of partner-led malaria initiatives.	GFATM Place: Online
14.04.2023	Presentation of initial project results reviewed progress, identified gaps, and obtained technical guidance aligned with country feasibility and requirements.	MSHPCSUA Place: Online
12.04.2023	Presentation of initial project results and main development lines received positive feedback on the innovative project idea, highlighted outline gaps, and obtained technical guidance aligned with GCF requirements.	GCF Place: Online
24.02.2023	Presentation of broad project outlines discussed potential complementarity. TF CC-S endorsed the outlines and committed to technical and administrative involvement.	TF CC-S Place: Lomé
15.06.2022	Presentation of GCF project idea to NDA confirmed alignment with national priorities, received favourable opinion, and secured support and guidance for the project approval process.	MERF (NDA) Place: NDA Office
28.03.2022	Written confirmation of BMZ’s political interest in the project obtained.	BMZ Place: Online

*(Source: Own elaboration)*

## 3.2 Minutes of the consultations

Hereafter a detailed overview of consultations held during the Concept Note stage is provided, summarising their objectives and summary, the institutions and individuals involved, the locations, and the number of participants. This record illustrates the depth of engagement and co-development that has characterised the project design process. They also reflect the iterative nature of proposal development, where feedback loops and joint reflections have helped improve the quality and ownership of the final submission. The meetings are organised in chronological order, starting with the most recent one.

### 223. Meeting with University of Heidelberg

<b>Meeting Date:</b> 23.04.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>Heidelberg University:</b> <ul style="list-style-type: none"> <li>Senior Professor, Heidelberg University Institute of Global Health</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 2 [1M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Discuss collaboration opportunities related to climate and health.</li> <li>Explore potential synergies with Togo, focusing on climate-related health initiatives.</li> <li>Review tools and approaches to assess climate change impacts on health and crop insurance</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>The Professor discussed his extensive background in climate and health, with over 20 years of research experience in tropical hygiene. He is currently involved in Global Health under new leadership, focusing on climate change. He is also a founding member of Evaplan, a new company advising on health data for political negotiations and legal matters.</li> <li>The professor outlined several key points of interest that intersect with Togo's climate and health initiatives: <ul style="list-style-type: none"> <li>He will send additional information on cool roofs and their impact on climate and health.</li> <li>He mentioned a 3D weather station as a potential tool for climate data collection in Togo.</li> </ul> </li> <li>He shared his interest in climate and health education, particularly through MOOCs (Massive Open Online Courses), including one focused on West Africa's climate and health issues.</li> <li>He proposed the creation of a Climate &amp; Health Task Force to address risk reduction strategies, including weather-based crop insurance as a key tool.</li> <li>He highlighted the importance of Loss and Damage strategies in addressing the economic impacts of climate change.</li> <li>The professor also emphasized the calculation of lost DALYs (Disability-Adjusted Life Years) due to climate change, converting this data into financial terms (USD) for policy discussions.</li> </ul>	

### 224. Meeting with HISPWCA

<b>Meeting date:</b> 19.03.2024	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> HISPWCA and GIZ	<b>Number and gender (m/f) of participants:</b> 10
<b>Objective of the meeting:</b> Receiving information on possibilities to integrate meteorological data into DHIS2.	
<b>Summary and results of the meeting:</b> Sharing of experiences, increase of understanding of technical possibilities and challenges (important for Output 1).	

### 225. Meeting with BOAD

<b>Meeting date:</b> 19.03.2024	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> <b>BOAD:</b> <ul style="list-style-type: none"> <li>Climate finance specialist (2)</li> <li>Climate section director</li> </ul> <b>GIZ</b>	<b>Number and gender (m/f) of participants:</b> 06

<ul style="list-style-type: none"> <li>• Project Development Manager, GIZ Germany</li> <li>• Head of Component, GIZ Togo</li> <li>• Advisor Climate Change and health, GIZ Togo</li> </ul>	
<b>Objective of the meeting:</b> Exchange on synergy between BOAD & GIZ	
<b>Summary and results of the meeting:</b> Improved understanding of objectives and planned activities, BOAD not in a position to provide co-financing to project (GIZ accreditation allows for grants only, BOAD provides loans).	

226. Meeting with GAVI

<b>Meeting date:</b> 18.03.2024	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> GAVI and GIZ	<b>Number and gender (m/f) of participants:</b> 04
<b>Objective of the meeting:</b> Present the planned GCF funded project and seek possible synergies between the cold chain activities proposed by GAVI and GIZ.	
<b>Summary and results of the meeting:</b> Potential synergy between the activities of the advanced strategy and communication within communities; technical assistance for capacity strengthening developed by GAVI and the GCF project's fourth component.	

227. Meeting with UNICEF

<b>Meeting date:</b> 14.03.2024	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> UNICEF and GIZ	<b>Number and gender (m/f) of participants:</b> 03
<b>Objective of the meeting:</b> Discussion on financial mechanisms	
<b>Summary and results of the meeting:</b> Fine tuning of proposition including a flow chart	

228. Meeting with ANPC

<b>Meeting date:</b> 04 to 20.03.2024	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> ANPC and GIZ	<b>Number and gender (m/f) of participants:</b> N/A
<b>Objective of the meeting:</b> Ensure a clear understanding of Togo's early warning system and elucidate challenges encountered.	
<b>Summary and results of the meeting:</b> Detailed information and feedback received on existent EWS in Togo; sharing of challenges and documents for input to CN.	

229. Meeting with STC Senegal

<b>Meeting date:</b> 04.03.2024	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> <b>Save the children Senegal</b> <ul style="list-style-type: none"> <li>• Green Climate Fund Project Design Manager, SC Senegal</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 02 [2F, 0M]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>○ Learn about the progress of their concept note submission to the GCF</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• The Concept Note (CN) for the project has been approved, with clearance expected in November after four rounds of comments. The climate rationale is under focus, including vulnerable studies at the regional level through the Ministry of Environment (MoE) and community-focused additional studies.</li> <li>• Save the Children is pushing back on comments regarding the lack of historical data, noting that their Health Information System (HIS) has been in place since 2012, and the project will generate more data to feed future projects.</li> <li>• There were challenges with providing certain projections, and data was used from existing articles. The project has also involved Kristie Ebi for consulting, especially around early warning systems (EWS).</li> <li>• The project's outlines include: <ul style="list-style-type: none"> <li>○ Institutional level: Integration, training, communication, municipal plans.</li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li>Regional/District level: EWS, improved surveillance, health facility (HF) resiliency (WASH, solar panels, diagnostics), improved access (digital and mobile strategies).</li> <li>Community level: Education (schools), awareness, WASH, and community-identified activities based on surveys.</li> </ul>
<ul style="list-style-type: none"> <li>Co-financing remains a challenge. The project is targeting €28 million total, with €3 million from co-financing, but no concrete agreements have been made yet. They are hoping to involve a private sector partner, particularly a pharmaceutical firm, but nothing has materialized yet.</li> <li>UNICEF is involved in discussions as part of the Executing Entity (EE), but there are ongoing difficulties in finalizing co-financing details with UN partners, as GCF requires them to contribute.</li> <li>Health outcomes to be targeted include: <ul style="list-style-type: none"> <li>Vector-borne diseases: Malaria, dengue, Waterborne diseases like Diarrhoea, cholera, Respiratory infections, and Mental health like Psycho-social support, especially for communities affected by climate events.</li> </ul> </li> <li>External hurdles mentioned include budget constraints, team changes, elections, and a new focal point presenting additional challenges.</li> </ul>

#### 230. Meeting with ANAMET

<b>Meeting date:</b> 26/02 to 18/03/2024	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> ANAMET	<b>Number and gender (m/f) of participants:</b> 05
<b>Objective of the meeting:</b> Exchange of information on Togo's National Framework for Climate Services (NFCS): Operation, implementation status, challenges, and prospects.	
<b>Summary and results of the meeting:</b> Detailed information and feedback of Togo's NFCS and sharing of documents for input into CN.	

#### 231. Meeting with Togolese Red Cross

<b>Meeting Date:</b> 28.02.2024	<b>Meeting location:</b> GIZ ProSanté Meeting room
<b>Participants:</b> Togolese Red cross <ul style="list-style-type: none"> <li>Sarah Kingue, Country Representative</li> <li>Dr ASSIH, Head of Program</li> <li>Gozan, "Project Officer</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Head of component, GIZ Togo,</li> <li>Advisor Climate Change and Health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [3M, 3F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Discuss the institutional strengthening project for disaster preparedness and climate change adaptation in Togo.</li> <li>Review the final action plan and strategies for resource mobilization within the community.</li> <li>Address potential synergies with the COP28 outcomes and future collaboration opportunities with the Red Cross and other stakeholders.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>The meeting focused on the general objective of establishing a framework for exchange, sharing experiences, and harmonizing tools for disaster risk reduction and climate adaptation in Togo.</li> <li>Specific objectives outlined included finalizing the action plan, determining implementation strategies, and developing resource mobilization strategies for the sustainability of the community.</li> <li>It was emphasized that the community's operating texts and regulations should be established, and efforts should focus on lobbying to gain support from additional stakeholders and potential partners.</li> <li>The community's aim is to create a comprehensive database of Civil Society Organizations (CSOs) involved in climate change and better understand their areas of action, particularly in Lomé.</li> <li>The Red Cross shared insights from COP28, including a target reduction of 43% related to climate activities, integrating reforestation efforts into the AKDN strategy, and waste recycling efforts (e.g., STADD recycling 3000 tons per year).</li> </ul>	

<ul style="list-style-type: none"> <li>• Synergies were identified between the Grand Lomé District and other climate-related initiatives, including potential discussions about RCC (Regional Climate Change) with CRT and GIZ.</li> <li>• Barriers faced by CSOs were discussed, particularly linguistic challenges and their low negotiation capacity.</li> <li>• A question was raised regarding whether there are gaps in communication channels that need to be addressed for better outreach and engagement.</li> </ul>
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232. Meeting with HISPWCA

<b>Meeting Date:</b> 22.02.2024	<b>Meeting location:</b> Online
<b>Participants:</b> <b>HISPWCA</b> <ul style="list-style-type: none"> <li>• Country Rep</li> <li>• Head of Program</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Togo</li> <li>• Advisor Climate Change and health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 04 4 [3M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Presentation of the concept note elaborated</li> <li>• ensure better understanding on integration of climate data in DHIS2 and seek for more collaboration.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Positive impression</li> <li>• sharing experiences</li> <li>• complexity of feasibility and documents for input.</li> </ul>	

233. Meeting with BMZ

<b>Meeting date:</b> 02.02.2024	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> German Federal Ministry for Economic Cooperation and Development (BMZ)	<b>Number and gender (m/f) of participants:</b> 09
<b>Objective of the meeting:</b> Present status of project design (Concept Note) preparation of next steps.	
<b>Summary and results of the meeting:</b> Preparation for funding proposal.	

234. Meeting with UNICEF

<b>Meeting Date:</b> 16.11.2023	<b>Meeting location:</b> UNICEF meeting room
<b>Participants:</b> <b>UNICEF</b> <ul style="list-style-type: none"> <li>• Deputy country Rep</li> <li>• Partnership Officer</li> <li>• WASH advisor</li> <li>• WASH Consultant</li> <li>• Communication advisor</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of component, GIZ Togo</li> <li>• Advisor Climate Change and health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 07 [6M, 1F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Ensure a clear understanding of UNICEF's role in the project</li> <li>• Elucidate their experience with UNICEF's WASH financial mechanism</li> <li>• Determine the specific type and actual content of their contribution in terms of co-financing.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Positioning of UNICEF as an EE;</li> <li>• Detailed feedback on WASH financial mechanism experiences</li> <li>• Sharing of the first version of GCF comment.</li> </ul>	

235. Meeting with UNICEF

<b>Meeting Date:</b> 08.11.2023	<b>Meeting location:</b> Meeting in person at Unicef, Togo
<b>Participants:</b> <b>Unicef</b> <ul style="list-style-type: none"> <li>• Deputy Representative</li> <li>• Partnerships Reporting Officer</li> <li>• Partnerships/Resource Mobilization Officer</li> <li>• Programme/Partnerships Officer</li> <li>• Partnerships Officer</li> <li>• WASH Consultant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor One Health, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 8 [6M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Align with UNICEF on integration of cold-chain as well as WASH synergies in their upcoming programme (incl. track-change inputs).</li> <li>• Explore microcredit options (MFIs and community schemes) to support sanitation and green IGAs (e.g., improved cookstoves).</li> <li>• Clarify scope of any R21 vaccine activity vs. focusing on supply-chain strengthening.</li> <li>• Confirm co-financing modality and immediate document sharing (WASH table, RGPH-2022)</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Programme alignment: UNICEF will include cold chain in its next programme and provide a WASH–synergy table modelled on the malaria (Palu) table; they will also send track-change inputs.</li> <li>• Microcredit track: Agreed to set up a UNICEF–GIZ HQ call to examine integration pathways; first step is to map existing MFIs in Togo, incl. community approaches, and consider private-sector participation and an exit strategy. A Bolivia case was cited (community-managed funds; UNICEF provides technical support only).</li> <li>• Linkages: Assess adding improved cookstoves to the microcredit approach, using “credit-latrines” benefits to finance stoves and other green IGAs.</li> <li>• R21 vaccine: UNICEF will connect us with Gavi (or write to Gavi with us in copy) to clarify whether vaccine procurement makes sense under this project; initial view is to prioritise supply-chain focus.</li> <li>• Co-financing: UNICEF is willing to co-finance; they will specify whether it is in-kind or monetary.</li> <li>• Documentation: UNICEF will share the final RGPH 2022 report</li> </ul>	

### 236. Meeting with CAMEG

<b>Meeting date:</b> 07.11.2023	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> <b>CAMEG:</b> <ul style="list-style-type: none"> <li>• Head of programme</li> <li>• Head of stock management</li> <li>• Assistant</li> <li>• Pharmacist</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Head of Component, GIZ Togo</li> <li>• Advisor One Health, GIZ Germany</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [4M, 2F]
<b>Objective of the meeting:</b> <ul style="list-style-type: none"> <li>• Map vaccine cold-chain circuits and storage (-20/-80) across levels and clarify CAMEG’s role.</li> <li>• Review strategic-plan gaps (storage capacity, last-mile distribution) and decide on a distribution-circuit study.</li> <li>• Compile partner complementarities and immediate needs for investments, O&amp;M, and data systems.</li> </ul>	
<b>Summary and results of the meeting:</b> <ul style="list-style-type: none"> <li>• Cold chain snapshot: CAMEG aims to manage all public-sector health products; central/regional cold rooms exist; DS level is weak; -80°C capacity limited/under-used; <i>Arktek</i> boxes bridge central→regions.</li> </ul>	

- Main bottlenecks: last-mile distribution (vehicles/HR/space), unreliable power, data/LMIS quality, frequent malaria commodity stockouts.
- Plan priorities: expand storage capacity and optimise last-mile delivery (strategic objectives 2.6 & 2.9).
- Investment envelope: cold rooms/buildings, solar fridges, refrigerated transport, maintenance, and workforce training.
- Partners & refs: Gavi/UNICEF/WB/Chemonics active; references include GEV 2021, WHO/PQS; launch distribution-circuit study to validate gaps.

*237. Meeting with GCF Committee*

<b>Meeting date:</b> 28.09.23	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> GCF committee; TF CC-S; NDA; UNDP; WHO	<b>Number and gender (m/f) of participants:</b> 06
<b>Objective of the meeting:</b> Ensure coordination between two the concept notes of UNDP/WHO and GIZ to avoid overlaps and identify synergies.	
<b>Summary and results of the meeting:</b> positioning of MSHPCSUA in favour of exploring a bilateral project; feedback on coordination efforts to UNDP HQ; sharing of final version of bilateral CN with UNDP; exchange on details regarding certain activities	

*238. CN Validation Meeting*

<b>Meeting date:</b> 25.09.23	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> NDA; GCF committee; TF CC-S; UNICEF, Red Cross Togo, AJEDI, Jeunes Verts Togo	<b>Number and gender (m/f) of participants:</b> 09
<b>Objective of the meeting:</b> Validate the latest version of the draft Concept Note to be submitted to the GCF.	
<b>Summary and results of the meeting:</b> Stakeholders familiar with and approve the final draft of the Concept Note.	

*239. Meeting Malaria Consortium*

<b>Meeting date:</b> 20.09.2023	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> Malaria Consortium	<b>Number and gender (m/f) of participants:</b> 03
<b>Objective of the meeting:</b> Meeting new contact person of Malaria consortium; speaking of synergies.	
<b>Summary and results of the meeting:</b> Presentation of content of concept note and focal areas of Malaria Consortium; overview table of malaria activities by other partners.	

*240. Final proofing of the CN*

<b>Meeting date:</b> 31.08 to 12.09.23	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> NDA; GCF Togo committee; TF CC-S; National (MSHPCSUA, MERFPCCC, MTRAF, MSPC) and international (WHO, UNICEF, Red Cross Togo, AJEDI, Jeunes Verts Togo)	<b>Number and gender (m/f) of participants:</b> 07
<b>Objective of the meeting:</b> Proofing of the penultimate draft of the Concept Note to be submitted to the GCF.	
<b>Summary and results of the meeting:</b> Stakeholders aware of the pre-final content of the Concept Note document; feedback incorporated into the final version of the Concept Note.	

*241. Meeting with DHAB*

<b>Meeting Date:</b> 16.08.2023	<b>Meeting location:</b> DHAB meeting room
<b>Participants:</b> <b>DHAB</b> <ul style="list-style-type: none"> <li>• Head of HAB section</li> </ul> <b>Eco</b> <ul style="list-style-type: none"> <li>• Health consultant</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>• Advisor Climate Change and health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [3M, 0F]

<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>• Explore innovative WASH/infrastructure options (drones, credit models, biogas, local repellents).</li> <li>• Identify communication needs to accelerate behaviour change (end open defecation).</li> <li>• Define partnership modalities with community actors (CHWs/ASC, relais, Red Cross).</li> <li>• Surface barriers and resourcing gaps to inform the project plan.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>• Drones: A viable pathway is to channel procurement/operation via SOTOPLA (under the Transport Ministry, managed by the army) to address security concerns.</li> <li>• Credit models: The “credit-latrines” approach is promising; a similar micro-finance model could fund mosquito-screen installation (“credit grille anti-moustique”).</li> <li>• Biogas: Link latrines to biogas digesters to supply clean energy for school canteens, creating a WASH–energy co-benefit.</li> <li>• Local knowledge: Map and test locally known mosquito-repellent plants to inform community vector-control messages and low-cost interventions.</li> <li>• Comms needs: DHAB requests support to draft a Communication Plan, intensify ODF (open-defecation-free) campaigns (leveraging COVID-era tactics), and formalise collaboration with ASC/CHWs, relais, and Red Cross volunteers.</li> <li>• Barrier: Insufficient funding to scale WASH communication on latrine construction/use and ending open defecation; financing options to be explored.</li> <li>• Follow-ups: Co-develop the DHAB comms plan, scope a pilot credit-latrines + screen scheme, assess biogas-latrines feasibility in target schools, and agree on a community partner engagement framework</li> </ul>	

*242. Presentation of the CN to stakeholders*

<b>Meeting date:</b> 08.05.2023 to 10.08.2023	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> WB, FM, PMI, USAID, Bill, and Melinda Gates, AMREF, Wellcome trust	<b>Number and gender (m/f) of participants:</b> 11
<b>Objective of the meeting:</b> Presentation of the content of the concept note to be submitted to the GCF; request for synergy, collaboration, and co-financing.	
<b>Summary and results of the meeting:</b> Knowledge and proofing of the content of the concept note; development of synergy and collaboration; co-financing.	

*243. Meeting with UNICEF*

<b>Meeting date:</b> 19.07.2023	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> UNICEF	<b>Number and gender (m/f) of participants:</b> 07
<b>Objective of the meeting:</b> Discussion on WASH activities.	
<b>Summary and results of the meeting:</b> Integration of comments on WASH activities; letter to express interest to become EE.	

*244. Meeting UNICEF*

<b>Meeting date:</b> 05.07.2023	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> UNICEF	<b>Number and gender (m/f) of participants:</b> 07
<b>Objective of the meeting:</b> Presentation of the concept note to elaborate collaboration.	
<b>Summary and results of the meeting:</b> Agreement for UNICEF to become EE; sharing of documents for input.	

*245. Meeting with GFATM*

<b>Meeting date:</b> 30.06.2023	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> GFATM	<b>Number and gender (m/f) of participants:</b> 5
<b>Objective of the meeting:</b> Explaining the malaria activities proposed in the concept note.	
<b>Summary and results of the meeting:</b> Presentation of content of concept note and focal areas of GFATM; overview table of malaria activities by other partners.	

*246. Meeting with Malaria Initiative*

<b>Meeting date:</b> 27.06.2023 and 30.06.2023	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> President's Malaria Initiative	<b>Number and gender (m/f) of participants:</b> 06



<b>Objective of the meeting:</b> Introducing PMI; explaining the malaria activities proposed in the concept note.
<b>Summary and results of the meeting:</b> Presentation of content of concept note and focal areas of PMI; overview table of malaria activities by other partners.

247. *Presentation of the CN to national and international partners*

<b>Meeting date:</b> 04.05.2023	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> National partners (MSHPCSUA, MERFPCCC, MTRAF, MSPC, Ministry of Economy, Education and Research) and international partners (WHO, UNICEF, CRT), CSOs	<b>Number and gender (m/f) of participants:</b> 31
<b>Objective of the meeting:</b> To understand and validate the content of CN (methodology, choice of priority climate sensitive diseases identified and beneficiary areas, activities, gaps; other flagship actions to be included).	
<b>Summary and results of the meeting:</b> Technical content known and validated by the various stakeholders; commitment of participants according to their areas of action; development of synergies.	

248. *Workshop on discussion of the CN*

<b>Meeting date:</b> 02.05 to 03.05.2023	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> MSHPCSUA, MTRAF UNICEF, UNFPA, CRT, CSOs	<b>Number and gender (m/f) of participants:</b> 20
<b>Objective of the meeting:</b> To discuss the various activities proposed, those to be considered in the Concept Note and those already underway amongst the stakeholders; the areas of intervention of the project to identify needs and bottlenecks as well as potential synergies, all relating to malaria and diarrhoeal diseases; the impact of heat on reproductive health and the establishment of a climate-health early warning system.	
<b>Summary and results of the meeting:</b> Identification of feasible activities, gaps, and needs; technical guidelines; development of synergy methodologies; expression of interest in becoming an EE.	

249. *Meeting with MSHPCSUA*

<b>Meeting date:</b> 14.04.2023	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> MSHPCSUA	<b>Number and gender (m/f) of participants:</b> 20
<b>Objective of the meeting:</b> Presentation of the initial results and next steps in the project and request for technical guidance in line with the feasibility, reality, and requirements of the country	
<b>Summary and results of the meeting:</b> Review of preliminary results, identification of gaps in results and technical guidance.	

250. *Meeting with Save the Children*

<b>Meeting date:</b> 12.04.2023	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> Save the Children	<b>Number and gender (m/f) of participants:</b> 03
<b>Objective of the meeting:</b> Follow-up meeting to update on concept note development.	
<b>Summary and results of the meeting:</b> Knowledge sharing on difficulties with data quality, discussion on climate rational.	

251. *Meeting with GCF*

<b>Meeting date:</b> 12.04.2023	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> GCF	<b>Number and gender (m/f) of participants:</b> 05
<b>Objective of the meeting:</b> Presentation of the initial results and the main lines to be developed in the project and request for technical guidance in line with GCF requirements.	
<b>Summary and results of the meeting:</b> Positive feedback on the innovative nature of the project idea; identification of gaps in the outline and technical guidance.	

252. *Meeting with TF CC-S*

<b>Meeting date:</b> 24.02.2023	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> TF CC-S	<b>Number and gender (m/f) of participants:</b> 15

<b>Objective of the meeting:</b> Presentation of the broad lines to be developed in the project and discussion of the possibility of complementarity.
<b>Summary and results of the meeting:</b> The TF CC-S endorsed the broad outlines of the project idea and undertook to become technically and administratively involved in the process.

253. *Meeting with National & International Partners*

<b>Meeting date:</b> 16.02.2023	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> MSHPCSUA, MERFPCCC, MTRAF, PTF (UNICEF, WHO)	<b>Number and gender (m/f) of participants:</b> 26
<b>Objective of the meeting:</b> Presentation of the project development team working on the development of the CN; presentation of the broad outlines of the project (incl. outcomes, outputs, and activities) and the methodology to be adopted; presentation of the mapping of the various stakeholders and request for guidance or coordination.	
<b>Summary and results of the meeting:</b> Contact and familiarisation between the project development team and the stakeholders; analysis of the approach and challenges concerning climate justification and the selection of priority diseases; amendment of the proposal for the mapping of stakeholders to be included in the project; and commitment by the stakeholders to become significantly involved.	

254. *Meeting with Togolese Red Cross*

<b>Meeting Date:</b> 19.01.2023	<b>Meeting location:</b> online
<b>Participants:</b> <b>Togolese Red Cross (CRT)</b> <ul style="list-style-type: none"> <li>Country Manager, CRT Togo</li> <li>Partnership Manager, CRT HQ</li> <li>Country Representative, CRT Togo</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Country Director, GIZ Togo</li> <li>Responsible of security, GIZ Togo</li> <li>Head of Component, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 6 [1M, 5F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Discuss the third phase of the Red Cross project (2025-2027), financed by BMZ.</li> <li>Review achievements and lessons learned during Phase I (2019-2022) and Phase II (2022-2025).</li> <li>Explore synergies between GIZ and Red Cross for future collaboration, particularly in climate risk management and community-based adaptation.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Red Cross presented an overview of the third phase of their project, which will run from 01/2025 to 01/2027. The new phase builds on the previous work but shifts focus towards the meso- and macro-level.</li> <li>The previous phases involved working with villages in Savanne, Kara, and Maritime to map climate-related risks and create action plans for emergencies. The new phase aims to provide the country with the knowledge and tools necessary to continue climate adaptation activities independently.</li> <li>The upcoming work will focus on engaging mayors and the National Civil Protection Agency (ANPC), expanding efforts beyond the village level to the communal level.</li> <li>A proposal for the third phase is set to be presented in second half of 2024.</li> <li>The ongoing evaluation of all SFF projects is not yet finalized, but initial lessons from Phase I and Phase II include the expansion of activities outside the villages to communes, although initial roles and responsibilities were not clearly defined.</li> <li>Synergies were identified with the GCF for climate risk management and response in communities, and with ProDEG (Decentralisation and Governance) for integration into communal plans.</li> <li>Red Cross highlighted their focus on early warning systems (EWS) and offered to share contacts for further exchange.</li> <li>The CRT has around 20 staff members, while the Red Cross Germany has 1 staff member involved in the project under CRA management.</li> </ul>	

255. *Meeting with Save the Children Australia*

<b>Meeting date:</b> 04.11.2022	<b>Meeting location:</b> online
<b>Names and positions of participants:</b> Save the Children Australia	<b>Number and gender (m/f) of participants:</b> 02
<b>Objective of the meeting:</b> Maintain dialogue to share mutual updates in CN development.	
<b>Summary and results of the meeting:</b> Mutual updates on progress and documents regarding the CN development have been shared. Issues pertaining to the climate and health nexus have been discussed.	

*256. Meeting with GCF-Togo Committee*

<b>Meeting date:</b> 07.07.2022	<b>Meeting location:</b> Lomé
<b>Names and positions of participants:</b> GCF-Togo Committee	<b>Number and gender (m/f) of participants:</b> 14 [13M, 1F]
<b>Objective of the meeting:</b> Presentation of the broad lines to be developed in the project and discussion of the possibility of complementarity.	
<b>Summary and results of the meeting:</b> The GCF-Togo committee endorsed the broad outlines of the project idea.	

*257. Meeting with MERF (NDA)*

<b>Meeting Date:</b> 15.06.2022	<b>Meeting location:</b> NDA Office
<b>Participants:</b> <b>MERF</b> <ul style="list-style-type: none"> <li>NDA, Togo</li> </ul> <b>GIZ</b> <ul style="list-style-type: none"> <li>Head of component, GIZ Togo, GIZ Togo</li> <li>Head of Component, GIZ Togo</li> <li>Advisor Climate Change and health, GIZ Togo</li> </ul>	<b>Number and gender (m/f) of participants:</b> 3 [1M, 2F]
<b>Objectives of the meeting:</b> <ul style="list-style-type: none"> <li>Presentation of the project idea to be submitted to the Green Climate Fund (GCF).</li> <li>Request for a favourable opinion regarding the inclusion of the project idea within the country's national priorities.</li> <li>Request for guidance on the process and next steps to be followed.</li> </ul>	
<b>Summary of the meeting:</b> <ul style="list-style-type: none"> <li>Recognition of the project idea as being aligned with the country's priorities, even if the topic is relatively new.</li> <li>Favourable opinion from the National Designated Authority (NDA).</li> <li>Expression of support and commitment to accompany the project development process.</li> <li>Sharing of key steps and milestones of the national approval process for GCF projects.</li> </ul>	

*258. Meeting with BMZ*

<b>Meeting date:</b> 28.03.2022	<b>Meeting location:</b> Online
<b>Names and positions of participants:</b> German Federal Ministry for Economic Cooperation and Development ( <i>Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung - BMZ</i> )	<b>Number and gender (m/f) of participants:</b> 02
<b>Objective of the meeting:</b> Obtain written confirmation of political interest of BMZ.	
<b>Summary and results of the meeting:</b> The confirmation has been received.	