

## **Annex 7b**

# **Stakeholder Engagement Plan (SEP)**

to the GCF Funding Proposal

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

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## Abbreviations and acronyms

3ASC	<i>Association d'Appui aux Activités de Santé Communautaire</i> (Association for Support of Community Health Activities Central Region)
ADESCO	<i>Appui au Développement et à la Santé Communautaire</i> (Support for Community Development and Health)
ANAMET	<i>Agence Nationale de la Météorologie</i> (National Meteorological Agency)
ANPC	<i>Agence Nationale de la Protection Civile</i> (National Civil Protection Agency)
ASSAFETO	<i>Association des Sages Femmes du Togo</i> (Midwives Association of Togo)
BMGF	Bill and Melinda Gates Foundation
CFSPC	<i>Club des Femmes des Savanes pour la Promotion de la Culture</i> (Savanes Women's Club for the Promotion of Culture)
CMS	<i>Centre Médico-Social</i> (Medical and Social Centre)
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)
CRT	<i>Croix Rouge Togolaise</i> (Togolese Red Cross)
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
DR	<i>Direction Regionale</i> (Regional Directorate)
DRE	<i>Direction Regionale de l'Education</i> (Regional Education Directorate)
DRS	<i>Direction Régionale de Santé</i> (Regional Health Directorate)
DPS	<i>Direction Préfectorale de Santé</i> (Prefectoral Health Directorate)
DH	<i>Dimension Humaine</i> (Human Dimension)
E&S	Environmental and Social
ESIA	Environmental and Social Impact Assessment
ESS	Environmental and Social Safeguards
EE	Executing Entity
EU	European Union
FPIC	Free, Prior and Informed Consent
GAP	Gender Action Plan
GBV	Gender-Based Violence
GCF	Green Climate Fund
GEVAPAF	<i>Gestion de l'Environnement et Valorisation des Produits Agropastoraux et Forestiers</i> (Environment Management and Valorization of Agro-Pastoral and Forest Products)
GFATM	Global Fund to fight Aids, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
GRM	Grievance Redress Mechanism
HF	Health Facility
ICT	Information and Communication Technology
JVT	<i>Jeunes Verts Togo</i> (Green Young Togo)
LC	Local Community (with traditional livelihoods)

LCP	Local Communities Plan
M&E	Monitoring and Evaluation
NDA	National Designated Authority
NGO	Non-Governmental Organisation
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)
PMC	Project Management Committee
PMI	President's Malaria Initiative
PMU	Project Management Unit
PSC	Project Steering Committee
REFED	<i>Réseau des Femmes et Développement des Savanes</i> (Women's Development Network)
RFS	<i>Responsable des Formations Sanitaires</i> (Head of Health Facilities)
SEAH	Sexual Exploitation, Abuse and Harassment
SEP	Stakeholder Engagement Plan
SF2D-Savanes	<i>Solidarité Femmes pour un Développement Durable des Savanes</i> (Women's Solidarity for Sustainable Development of the Savanes NGO)
UCAO	<i>Université Catholique de l'Afrique de l'Ouest</i> (Catholic University of West Africa)
UK	<i>Université de Kara</i> (University of Kara)
UL	<i>Université de Lomé</i> (University of Lomé)
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USP	<i>Unité de soins périphériques</i> (Peripheral Care Unit)
WASCAL	West Africa Science Service Centre on Climate Change and Adapted Land Use
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

## Glossary

**Affected community:** Individual, group, or entity within the project's area of influence who are directly affected, or potentially affected, by the project and who are most likely to experience project-related changes.

**Beneficiary:** Individual, group or entity that is directly getting adaptation benefits, is involved in receiving services or participating in the project or indirectly benefits from the project's outcomes without direct involvement.

**Complainant:** An individual, group, association, or organisation that submits a verbal or written complaint.

**Consultation:** The process of gathering information or advice from stakeholders and considering those views when making project decisions and/or setting goals and defining strategies.

**Engagement:** A process in which a company builds and maintains constructive and sustainable relationships with impacted stakeholders throughout the life of a project. This is part of a broader "Stakeholder Engagement" strategy, which also encompasses governments, civil society, employees, suppliers, and other stakeholders with a stake in the project.

**Grievance redress mechanism (GRM):** a process for receiving, assessing, and addressing project-related complaints from citizens, stakeholders, beneficiaries, and other affected communities, etc.

**Grievance/Complaint:** An expression of dissatisfaction that stems from real or perceived problems, usually referring to a specific source of concern and/or seeking a specific solution. For the purposes of this GRM, actual and perceived impacts are treated in the same manner and are accorded the same due process. The terms grievance and complaint are used interchangeably in this document.

**Sexual abuse:** Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**Sexual exploitation:** Any actual abuse or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including but not limited to monetary, social, or political gain from the sexual exploitation of others.

**Sexual Harassment:** Any unwelcome sexual advance, request for sexual favours, verbal or physical behaviour or gestures of a sexual nature, or any other behaviour of a sexual nature that could reasonably be expected or perceived to offend or humiliate others when such behaviour interferes with work; becomes a condition of employment; or creates an intimidating work environment, hostile or offensive.

**Stakeholder Engagement Plan:** A plan that helps investors effectively engage with stakeholders throughout the life of the project and specifies the activities that will be implemented to manage and/or strengthen engagement.

**Stakeholders:** Persons or groups who are directly or indirectly affected by a project, as well as those who may have an interest in a project and/or the ability to influence its outcome, positively or negatively; workers, local communities directly affected by the project and other stakeholders not directly affected by the project but who have an interest in it, e.g., local authorities, neighbouring projects and/or non-governmental organisations, etc.

**Survivor/Victim:** A person who has experienced gender-based violence. The terms "victim" and "survivor" are used interchangeably. "Victim" is a term often used in the legal and medical sectors. "Survivor" is the term used more often in psychosocial support sectors, as it is more flexible and focuses on the resilience of the person facing Gender-Based Violence (GBV).

**Vulnerable groups:** Individuals and groups who, due to their socio-economic situation, sex, ethnicity, age,

physical or mental disability, economic disadvantage, sexual orientation and or gender identity, or social status, may be more negatively affected by a project than others and cannot defend themselves or assert their rights and freedoms.

# 1. Introduction

This Stakeholder Engagement Plan (SEP) forms an integral part of the Funding Proposal package of the project “**Building the resilience of Togo’s national health system and vulnerable communities to climate-sensitive health outcomes**” submitted to the Green Climate Fund (GCF) by GIZ as Accredited Entity (AE). The SEP has been developed to describe key stakeholders, define measures for effective stakeholder engagement and information disclosure, and establish a Grievance Redress Mechanism (GRM). It sets out the approach through which the project team will inform, communicate with, and consult stakeholders, including vulnerable and marginalised groups. It also provides mechanisms through which individuals or communities can raise concerns, share feedback, or lodge complaints regarding project activities.

To ensure the comprehensive and meaningful integration of relevant stakeholders, along with their concerns and recommendations, into the project, GIZ conducted consultations with pertinent parties as part of the stakeholder engagement process. Throughout this process, GIZ assessed the partners’ needs, gathered recommendations and concerns, assessed environmental and social impacts, and actively engaged in discussions and feedback collection regarding the initial project measures. This collaborative approach aimed to address adverse effects and uncover opportunities for maximizing positive impacts.

The SEP has been prepared in accordance with the GCF Environmental and Social Standards (ESS) on stakeholder engagement and information disclosure, as well as Togolese Labour Code (Annex VI) and relevant GIZ policies, e.g. the Workplace Harassment Prohibition Policy (2015). Covering the entire project lifecycle, this SEP is a living document and will be reviewed and updated periodically to reflect evolving circumstances, lessons learned, and emerging stakeholder concerns during implementation.

The objectives of this SEP, consistent with GCF ESS 9: Stakeholder Engagement, Information Disclosure, and Grievance Redress, are to:

- **Identify** all relevant stakeholders and ensure their effective participation at every stage of the project cycle.
- **Establish** a systematic and inclusive approach to stakeholder engagement to foster constructive, transparent, and long-term relationships, particularly with those directly affected by the project.
- **Assess** the level of stakeholder interest, influence, and support for the project, and ensure that their views are appropriately integrated into project design, implementation, and environmental and social performance management.
- **Promote** and facilitate meaningful, inclusive, and continuous engagement with affected and interested parties on issues that may impact them throughout the project.
- **Gather feedback** to inform project design, implementation, monitoring, and evaluation and adaptive management
- **Ensure** timely, transparent, and accessible disclosure of relevant information regarding the environmental and social risks and impacts of the project, with due consideration for the needs of disadvantaged or vulnerable groups.
- **Provide** affected parties, including vulnerable individuals and communities, with accessible, inclusive, and culturally appropriate mechanisms to raise concerns or grievances, and ensure these are promptly addressed and resolved by the project implementing entity and its operational units.

The SEP serves as orientation to the project implementation team by:

- Identifying and analysing stakeholders;
- Planning engagement methods and effective communication tools for consultations and disclosure;
- Defining the roles and responsibilities of various actors involved in implementing the SEP;
- Enabling monitoring and reporting of the SEP.



## 1.1 Project background

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

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

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

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

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

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

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

adopt protective behaviours, respond effectively to alerts, and reduce the burden of climate-sensitive health outcomes.

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

In doing so, the project contributes directly to the *GCF USP-2* outcomes: To Targeted Result 3 (Climate information and EWS) improving the existing Multi-Hazard Early Warning System (MHEWS) by integrating meteorological and health data for anticipatory decision-making; To Targeted Result 6 (Resilient infrastructure) through investment in climate-resilient health facilities (HFs) and the establishment of sustainable maintenance systems; and To Targeted Result 9 (Adaptation) by institutionalising climate resilience within national systems and increasing climate change awareness, improving climate resilient behaviours adoption and empowering appropriate and locally-led response to alerts.

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

## 1.2 GCF requirements for meaningful stakeholder engagement

GCF requires Accredited Entities (AEs) and intermediaries to develop SEPs that are guided by the principles of transparency, accountability, inclusiveness, non-discrimination, and “do no harm.”

All stakeholder engagement plans for both directly financed projects and those implemented through intermediaries must include:

- A detailed process for effective engagement with communities and individuals, including vulnerable and marginalised groups, who are affected or potentially affected by proposed GCF-funded activities.
- A clear description of how project-related information will be disclosed, and the process through which meaningful consultation and informed participation will be ensured in a culturally appropriate and gender-responsive manner.
- A mechanism for receiving and managing concerns and grievances at the project level, developed in consultation with stakeholders, which is gender-responsive and complements both the AE's Grievance Redress Mechanism (GRM) and the GCF Independent Redress Mechanism (2022).

## 1.3 Fundamental engagement principles for the project

The project's stakeholder engagement is guided by the following fundamental principles:

- **Ownership by All Concerned Stakeholders:** The success of the project depends on the active involvement and commitment of all relevant stakeholders. During the development of the Concept Note (CN) and Funding Proposal (FP), stakeholder consultations were conducted through regular and extensive multi-stakeholder processes. The same participatory approach will be maintained throughout the implementation phase.
- **Sharing of Responsibilities and Accountabilities:** The SEP promotes a culture of shared responsibilities and mutual accountability among all stakeholders involved in project

implementation. Each stakeholder is expected to fulfil their respective roles and obligations.

- **Accessibility:** Clear, timely, and comprehensive information will be provided to stakeholders to facilitate their meaningful participation throughout the project cycle.
- **Ongoing Engagement:** Stakeholder engagement is a continuous process involving regular follow-ups, updates, and assessments of progress to ensure adaptive management and sustained collaboration.
- **Transparency:** Project engagement activities will be conducted openly and transparently, with clearly defined purposes, expectations, goals, limitations, and accountability measures communicated to all stakeholders.
- **Inclusivity and Gender Sensitivity:** The project is committed to promoting inclusivity and gender sensitivity across all activities. This includes adherence to social and environmental safeguards, with particular attention to the most vulnerable segments of the population.
- **Prevention of Conflicts of Interest:** The SEP ensures that no conflicts of interest arise among stakeholders involved in project implementation. This is essential to maintain transparency, fairness, and trust in project decision-making processes.

## 2. Summary of the stakeholder engagement during project development

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.

Table 1 provides an overview of the different categories of stakeholders engaged

*Table 1: Overview of involved stakeholders by category*

Stakeholder Category	Stakeholders Consulted
<b>Government</b>	<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>	<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.

Stakeholder Category	Stakeholders Consulted
<b>Civil Society Organisation</b>	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
<b>Communities and associations</b>	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, Global South Health, Muslim Leaders, REFED, Village Development Committee (CVD).
<b>Research Institutes and Universities</b>	BNITM, Heidelberg University, IDOS, LSHTM, University of Tübingen, WASCAL.
<b>Community Media</b>	Radio Maria Sainte Thérèse, Radio Tabala, Radio Tchaoudjo, Mecap-Togo
<b>Development Partners</b>	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.
<b>Private sector</b>	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)*

## 2.1 Stakeholder engagement during the development of the GCF Concept Note

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 2: 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	GAVI

	activities and capacity-strengthening technical assistance.	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)*

The Concept Note was validated for submission by the NDA and the GCF committee at a workshop with national and regional stakeholders on 15.09.2023.

## 2.2 Stakeholder engagement during the development of the GCF Funding Proposal

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 both local priorities and national strategic objectives.

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. Table 3 below provides a summary of the main consultation periods, outlining the content, location, and participant groups involved.

*Table 3: 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, review of	MERFPCCC  Place: Offices of Directorate of Environment in Lomé

	feasibility studies, understand challenges and the ministry's global strategy	
24– 27.09.2025	<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
15 – 23.09.2025	<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
08 – 14.09.2025	<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
26.09.2025 (Savanes)  25.06.2025 (Centrale)  23.09.2025 (Kara)	<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)

## 2.3 Stakeholder Analysis and Mapping

### 2.3.1 Stakeholder Mapping

The following table presents a detailed analysis of all stakeholders engaged during the project development. The mapping is based on extensive consultations conducted during project preparation (over 100 stakeholder meetings documented in Annex 7a). The mapping includes 24 distinct stakeholder entities/groups spanning five national government actors, four regional/local government entities, six international organizations and financing partners, three civil society organizations, three beneficiary and community groups, and three private sector and media actors.

Stakeholders have been differentiated according to their primary engagement focus during project design versus implementation phases. During the **design stage**, emphasis was placed on national government

actors (MSHPCSUA, MERFPCCC/NDA, ANAMET) for policy alignment and institutional mandates; international partners (WHO, UNICEF, Global Fund, World Bank) for co-financing, synergy identification, and gap analysis; and civil society and communities (Mothers Clubs, REFED, community radios) for needs assessment and gender and vulnerability analysis. During the **implementation stage**, emphasis shifts to regional/local government (DRS, PDH, municipalities) for operational delivery and field coordination; beneficiaries and communities (CHWs, Mothers Clubs, vulnerable populations) for service uptake, feedback, and engagement with the Grievance Redress Mechanism (GRM); and the private sector (SATO, AFRIpads, community radios) for procurement, distribution, and communication functions.

*Table 4: Stakeholder Mapping and Engagement Analysis*

Type of actors	Stakeholder	Role in Project	Interests & Expectations	Influence	Engagement Stage
<b>National Government Actors</b>	Ministry of Health and Social Protection (MSHPCSUA) / DISEM / DPML	Lead Executing Entity; policy guidance; oversight of health infrastructure, supply chain, and cold chain	Strengthened health system resilience; improved cold chain, WASH, and laboratory infrastructure	Very High	Design & Implementation
	Ministry of Environment (MERFPCCC) / NDA	National Designated Authority; No-Objection Letter; climate policy alignment	Climate-health policy coherence; GCF compliance; NDC integration	High	Design & Implementation
	ANAMET (National Meteorological Agency)	Executing Entity for early warning and climate information components	Institutional capacity building; infrastructure modernization; data systems	High	Design & Implementation
	CAMEG (Central Medical Stores)	Cold chain management; vaccine/supply procurement; logistics digitalization	80% reduction in manual processes; SIGL-DHIS2-ERP interoperability	High	Design & Implementation
	Ministry of Water / DRERF	WASH sector coordination; sanitation infrastructure oversight	Infrastructure investments; waste management; behavior change	Medium	Design & Implementation
<b>Regional and Local Government</b>	Regional Directorates of Health (DRS) – Savanes, Kara, Centrale	Regional coordination of PHUs; liaison between national and community levels	Energy transition (solar); climate-health capacity building; medical waste management	Medium-High	Implementation
	Prefectoral Directors of Health (PDH)	Local health governance; PHU supervision; gender and waste	Solar energy for maternity wards; medical waste transport; staff training	Medium	Implementation



		management			
	Regional Directorate of Environment (RDE/MEA)	Environmental compliance; One Health coordination	Inter-sectoral coordination; information-sharing mechanisms	Medium	Design & Implementation
	Municipalities / Local Authorities	Local WASH governance; climate risk management; CHW partnerships	Infrastructure support; waste management capacity; community partnerships	Medium	Implementation
<b>International Organizations and Financing Partners</b>	GIZ (Accredited Entity)	Overall project management; fiduciary oversight; technical assistance	Successful delivery; GCF compliance; synergy with GIZ programs	Very High	Design & Implementation
	WHO	Co-financing partner; digital health synergies	Digital health integration; co-financing alignment	High	Design & Implementation
	UNICEF	Synergy and WASH collaboration partner	WASH in health facilities; maternal/child health outcomes	Medium	Design & Implementation
	Global Fund (GFATM) / GAVI	Parallel financing for supply chain and cold chain	Clear financing division; SIGL strengthening; CCM7 coordination	High	Design & Implementation
	World Bank (SECU Project)	Co-financing for health infrastructure	Complementary investments; avoiding double counting	Medium	Design
	Malaria Consortium / AMREF / USAID / BMGF / Wellcome Trust	Synergy and complementary programming	Avoid overlaps; leverage co-financing	Medium	Design
<b>Civil Society Organizations</b>	REFED (Gender & Development Network)	GBV case management; gender-sensitive health access	Community alert systems; GBV capacity building; women's leadership	Medium	Implementation
	AJEDI / Jeunes Verts Togo	Youth engagement on climate-health nexus	Youth inclusion; climate advocacy	Low-Medium	Design & Implementation
	Red Cross Togo	CHW network; community health resilience	Partnership modalities; community relay systems	Medium	Implementation
<b>Beneficiaries</b>	Mothers Clubs / Women	Direct beneficiaries of	Improved WASH; expanded maternity	Low-Medium	Design & Implementation

and Affected Communities	Groups (e.g., Galangachi)	WASH and maternal health interventions	wards; menstrual health; GBV protection		
	Community Health Workers (CHWs/ASCs) and Relays	Last-mile health delivery; climate-health awareness relay	Capacity building; local language materials; logistical support	Low-Medium	Implementation
	Vulnerable Populations (women, girls, youth, elderly, persons with disabilities)	Primary beneficiaries disproportionately affected by climate impacts	Equitable access; gender-sensitive care; GBV protection; inclusive decision-making	Low	Implementation
Private Sector and Media	Lixil/SATO	WASH product supply; trainer-of-trainers; distribution networks	Market expansion; product deployment in health facilities	Medium	Implementation
	AFRIpads	Menstrual hygiene product supply; training and distribution	Distribution partnership model; curriculum integration	Low-Medium	Implementation
	Community Radios (CRS Savanes / MECAP-TOGO)	Climate/health information dissemination in local languages	Technical support; climate terminology training; listener club expansion	Medium	Implementation

(Source: own elaboration)

### 2.3.2 Influence Analysis

Stakeholder influence was assessed based on their authority to shape project decisions, control critical resources, and affect implementation outcomes. **Very High influence** is assigned to actors who can directly approve, veto, or substantially alter project design and implementation, namely GIZ as Accredited Entity and MSHPCSUA as lead Executing Entity. **High influence** applies to those holding decision-making authority over key components or controlling critical approvals and resources, including the NDA, ANAMET, CAMEG, WHO, and the Global Fund. **Medium influence** characterizes actors who implement activities at the regional or local level and shape the quality-of-service delivery on the ground, such as the Regional Directorates of Health, municipalities, REFED, and community radios. **Low-Medium** influence describes stakeholders who serve as bridges between the project and target communities, notably Mothers Clubs and Community Health Workers, whose engagement directly affects uptake and long-term sustainability of project interventions. Finally, **Low influence** is attributed to vulnerable populations, including women, girls, youth, and persons with disabilities, who hold limited formal decision-making power but are the most critically affected by project outcomes and must therefore receive the most targeted and inclusive engagement.

This graduated influence framework ensures that engagement strategies are proportionate, with the highest-intensity governance mechanisms directed at very high and high influence actors, and the most accessible, rights-based, and linguistically adapted approaches reserved for low-influence but highly affected groups.

Consultations across project regions revealed significant power imbalances that constrain equitable access

to and participation in project activities. Women's representation in decision-making positions remains low, particularly in rural areas, where social and family obligations; include restricted mobility; prevent meaningful engagement in governance and community forums. Patriarchal norms further compound this, as women frequently require their husbands' permission to attend community activities or make independent decisions regarding their own healthcare.

Community-based actors such as Mothers Clubs, despite playing a vital role in health awareness and GBV prevention, are at times stigmatized for being perceived as challenging male authority, though this perception is gradually shifting as their contributions become more widely recognized. At the household level, economic vulnerability, water scarcity, and restrictive sociocultural norms were identified as the principal structural drivers of gender-based violence. Women also face compounding barriers to accessing healthcare services, including deeply held cultural beliefs, personal reluctance shaped by social stigma, and direct opposition from male family members to medical consultations.

These findings underscore the need for differentiated engagement strategies that go beyond information-sharing, actively addressing structural barriers through gender-sensitive communication, male engagement programs, and community-based support mechanisms embedded throughout project implementation.

### **2.3.3 Stakeholder Engagement Throughout Project Lifecycle**

Stakeholder engagement is designed as a continuous, adaptive process embedded across all project phases rather than a one-time consultative exercise. Strategies are differentiated by the stakeholder category and project phase to ensure that the right actors are engaged at the right level of intensity and through the most appropriate mechanisms.

National government actors are engaged through the highest-level governance structures, PSC membership for semi-annual strategic oversight, and PMC participation for quarterly operational coordination. Bilateral technical meetings on specific components (cold chain, WASH, and early warning systems) complement these forums, alongside the co-development of annual work plans and activity sheets to ensure national ownership. ANAMET receives dedicated capacity-building support on financial management and project execution, while a GFATM-GAVI-GIZ coordination matrix clarifies financing responsibilities and prevents duplication across overlapping programs.

Regional and local government actors are engaged primarily through field consultations and on-site visits that ground project interventions in local realities. Regional coordination meetings align national priorities with subnational capacities, while capacity-building workshops strengthen understanding of climate-sensitive health outcomes. Municipalities participate in the One Health platform for cross-sectoral coordination and are engaged through participatory WASH planning sessions and local partnership agreements that formalize service delivery commitments.

GIZ, as Accredited Entity, chairs the PMC and maintains overarching coordination with all Executing Entities. Bilateral coordination meetings with WHO focus on digital health integration, while co-financing management protocols govern collaboration with WHO, UNICEF, and other partners. Dedicated technical working groups with the Global Fund and GAVI manage cold chain planning, eSIGL integration, and joint financing gap analyses. During the design phase, concept note review sessions and partner mapping exercises were used to identify synergies and prevent activity overlapping with the World Bank SECU project, GFATM cold chain investments, GAVI immunization programme, and other parallel programs.

Civil society organizations are engaged through participatory consultations focused on gender and GBV considerations, with REFED serving as a key implementing partner for the Gender Action Plan (GAP) and GBV awareness campaigns. The Red Cross network coordinates CHW mobilization across target communities, while youth organizations such as AJEDI and Jeunes Verts Togo are engaged through climate-health awareness campaigns and feedback sessions on project design. These partnerships are formalized through written agreements that define roles, responsibilities, and reporting arrangements.

Community-level engagement is the most intensive and rights-based dimension of the strategy. Focus group discussions and participatory consultations, conducted in Galangachi, Dapaong, Kara, Sokodé, and other locations, were used during design and will continue throughout implementation to validate activities and capture evolving needs. The Grievance Redress Mechanism (GRM) is available in local languages and culturally appropriate formats, with multiple entry points including verbal, written, and anonymous channels. The Local Communities Plan (LCP) ensures structured inclusion of vulnerable groups, while SEAH guidelines and mandatory training for all project staff protect beneficiaries from sexual exploitation, abuse and harassment. CHWs are trained using materials in local languages and integrated into community early warning and alert networks to ensure last-mile information reaches the most marginalized.

Private sector engagement is structured around procurement coordination and technical capacity-building. Product specification meetings with Lixil/SATO guide WASH infrastructure procurement to ensure market-appropriate, affordable sanitation solutions are specified for target communities. Operations and maintenance (O&M) capacity-building sessions, co-facilitated with CIMTOGO SA, ensure that local contractors and community-level maintenance committees can sustain climate-resilient infrastructure investments beyond the project period. AFRIPads is engaged through pilot design consultations to finalize the most appropriate distribution model for menstrual hygiene products in the Togolese context. Community radios are formal project partners, engaged through media partnership agreements that include multi-language broadcast support, training on climate communication and terminology, collaboration with linguists for technical translation, and structured listener club development to extend reach into remote and underserved areas.

The intensity and focus of stakeholder engagement evolves as the project progresses through its lifecycle, as summarized in Table 5:

*Table 5: Stakeholder Engagement Across Project Phases*

Project Phase	Key Activities	Stakeholders Engaged
Inception (Year 1)	Baseline studies; detailed implementation plans; capacity assessments; identification of contact points at national, regional and local levels; establishment of collaborative agreements with partners; GRM set-up and communication; development of communication and information dissemination plan	PSC, PMC, all EEs, municipalities, DRS, CHWs, community representatives, technical and financial partners, private sector actors. PSC, PMC, all EEs, municipalities, DRS, CHWs, community representatives
Implementation (Years 1–5)	Infrastructure construction; service delivery; capacity-building including gender and social inclusion training for project staff; monitoring; adaptive management; regular government meetings; periodic partner updates; CSO consultations prior to each local intervention	All stakeholder categories
Mid-Term Evaluation (Year 3)	Independent evaluation; stakeholder consultations; course correction; joint seminars and workshops with research institutions to review evidence and adjust implementation	All stakeholders; specific focus on beneficiaries and vulnerable groups; research institutions for evidence review
Scaling and Learning (Years 3–5)	Knowledge products; policy briefs; replication planning; sustainability strategies; exchange formats between private sector and local government; involvement of CSOs in M&E and	National/regional government; international partners; civil society; private sector; research institutions

impact assessment; sharing of research results		
Final Evaluation and Closure (Year 5)	Final evaluation: lessons learned; handover to national systems; final stakeholder engagement reports shared with government authorities; sustainability review with technical and financial partners	All stakeholders; emphasis on government ownership and continuity; technical and financial partners for sustainability review

*(Source: own elaboration)*

This phased approach ensures that engagement is not front-loaded at design stage but remains dynamic and responsive throughout the full project lifecycle, with structured mechanisms for feedback, course correction, and transition to nationally led systems at project close.

### 3. Stakeholder engagement process for project implementation

The implementation of this stakeholder engagement plan (SEP) is considered an important building block for the success of the project. Its implementation will be ensured by all Executing Entities: Management personnel, technical staff, Communication advisor, Gender Focal Points and M&E staff will contribute to it. They will coordinate stakeholder engagement in the project and report on SEP-related activities to the Project Management Committee (PMC). The latter will provide strategic orientation and steering.

#### 3.1 Methods of stakeholder consultations

GIZ's stakeholder's engagement methods are guided by a strong commitment to addressing stakeholders' needs, with special consideration given to vulnerable groups. The engagement process in GIZ-implemented projects is designed to be participatory, inclusive, culturally sensitive, gender-sensitive, with all stakeholders being encouraged to actively engage in the consultation process.

For all activities with local communities (LCs) with traditional livelihoods, participation is voluntary. Agreements will be sought with all participating communities according to Free, Prior and Informed Consent (FPIC) principles before the implementation of interventions. Project staff will be trained on gender and social inclusion issues (see Annex 8b – Gender action plan), to promote the participation of diverse stakeholders, including women, members of LCs and vulnerable groups.

#### Information disclosure, communication, awareness-raising

A comprehensive communication and information dissemination plan will be developed during the project's start-up phase. Annual implementation plans will detail strategies for proactive stakeholder engagement. Various communication formats, collectively referred to as 'consultations' including public meetings, formal meetings, and focus group discussions will facilitate reaching the following objectives:

- Disseminate clear and accessible information about the project, its activities, and progress to diverse stakeholders at national, regional, and local levels.
- Actively invite stakeholders to participate in meetings, workshops, and official events related to the project, fostering their involvement.
- Strengthen professional relationships with stakeholders across different levels, promoting collaboration and trust.
- Create dedicated spaces for gathering valuable input, feedback, and perspectives from beneficiaries, ensuring their interests and concerns are integrated into project implementation.

#### Consultations, trainings, and workshops

Consultations will play a critical role in keeping stakeholders and beneficiaries informed about the project's progress, encouraging feedback, supporting capacity building and implementation, raising awareness, and validating results. They will serve as essential tools for fostering ongoing two-way communication throughout the project lifecycle, from inception to completion. The following considerations will guide the design of the consultations:

- **Accessibility and cultural appropriateness:** Consultations will be designed and conducted in a manner that is accessible and culturally appropriate, addressing the specific needs of beneficiaries and other affected parties, including considerations for gender, literacy, language, and the accessibility of technical information.
- **Clear objectives and outcomes:** The objectives and expected outcomes of each consultation will be clearly articulated to ensure that all participants understand the purpose and significance of their input and are informed how their contributions are reflected in the final outcomes, with opportunities for active involvement in implementation where feasible and explanations provided where inputs cannot be incorporated.
- **Contextual Relevance:** The consultation design will consider the unique contexts of targeted stakeholders, including their interests, capacities, and cultural backgrounds.
- **Transparent and Inclusive Communication:** Information shared during consultations will be transparent, easily understandable, and will promote inclusivity and gender sensitivity.

The consultations will be facilitated by qualified individuals trained in social inclusion, gender equality, and culturally sensitive implementation approaches to ensure respectful and equitable dialogue. All consultations will prioritise timeliness, transparency and accuracy in their documentation and reporting processes. Attendance sheets, summaries, and pictures will be collected for meetings, with comprehensive records maintained by project staff and reports prepared by the management team of the project.

Stakeholder engagement will be fully integrated into all project activities as detailed in the Funding Proposal. The Log Frame provides information on activity inputs and deliverables, while the project budget includes dedicated allocations for stakeholder engagement activities, emphasizing the importance of consultations as a fundamental approach of the project.

### **Stakeholder engagement report**

The AE will provide regular updates on the implementation of the project, through various communication channels (e.g. online, as print versions, or as oral presentations during workshops). Online communications and information sharing will be encouraged, including on EE's websites and social media. Where appropriate, information will be presented in local languages in order to reach various LCs.

The annual project reports will also provide an overview of consultations and workshops held and annual work plans will provide an overview of upcoming events for the following year. In order to ensure the widest possible dissemination and disclosure of information related to the project (including details related to applicable environmental and social safeguards), locally accessible disclosure tools and audio-visual materials such as leaflets, brochures, videos or community radio broadcasts, will be used in addition to other modes of communication. Special attention will be given to women, people who are illiterate or not tech-savvy, people with hearing or visual disabilities, people with limited or no access to the internet and other groups with special needs. The dissemination of information among these groups will be carried out with project partners and local actors such as village chiefs, associations, CSOs, women's groups, among other regional actors. Special attention will be given to informing women and vulnerable groups about the availability of the project's grievance redress mechanism through targeted outreach activities, including engagement with women's groups, community health workers, and local leaders.

### **Engagement Strategies**

Engagement strategies are differentiated by stakeholder category, influence level, and project phase to ensure that the right actors are engaged through the most appropriate mechanisms and at the right level of intensity. Three complementary tiers structure the overall approach:

- **Governance and Oversight Mechanisms:** Project governance is structured around two complementary bodies. The Project Steering Committee (PSC), chaired by MSHPCSUA and composed of MERFPCCC/NDA, ANAMET, GIZ, and co-financing partners, meets semi-annually to provide strategic guidance, ensure policy alignment, validate annual work plans, and oversee safeguard compliance. Operationally, the Project Management Committee (PMC), comprising representatives from both Executing Entities (MSHPCSUA and ANAMET), GIZ, and key technical partners, meets quarterly to coordinate activity execution, resolve emerging issues, and convene thematic working groups as needed.
- **Technical Coordination Platforms:** Day-to-day technical coordination is organized through four dedicated working groups, each aligned to a core project thematic area. The Cold Chain Technical Working Group brings together CAMEG, DPML, GIZ, Global Fund, and GAVI to drive SIGL/eSIGL integration and cold chain infrastructure planning. The WASH Coordination Group, involving DRERF, municipalities, UNICEF, GIZ, and Lixil/SATO, oversees infrastructure standards and behavior change programming. The One Health Platform coordinates cross-sectoral climate-health action among RDE, DRS, ANAMET, and WHO. Finally, the Gender and Safeguards Working Group, led by REFED and Mothers Club representatives alongside the GIZ safeguards team, monitors implementation of the Gender Action Plan (GAP), Local Communities Plan (LCP), and Grievance Redress Mechanism (GRM).
- **Community-Level Engagement:** At the community level, engagement is structured to be inclusive, accessible, and responsive. Participatory planning workshops bring together women, youth, elderly persons, and persons with disabilities to identify local priorities and validate project activities. Community Health Workers (CHWs) and community relays are trained in local languages and integrated with the Red Cross relay system to ensure last-mile health communication. Community radio stations broadcast regular programming on climate-health risks, with listener clubs serving as structured feedback channels. The GRM offers multiple entry points, verbal, written, and anonymous, with full local language support and SEAH protocols to protect the most vulnerable. Field consultations by the Project Management Unit (PMU) to peripheral health units, municipalities, and community structures ensure that implementation remains grounded in local realities throughout the project lifecycle.

### 3.2 Stakeholder engagement plan

The stakeholder engagement plan will be implemented by GIZ as EE. All activities planned in the scope of the project will follow the principles of stakeholder engagement described in this SEP. Stakeholder engagement activities and monitoring are fully integrated in the project budget.

*Table 6: Stakeholder Engagement Plan*

Stakeholders	Engagement Objective	Engagement Process	Responsibility	Frequency/ timing (Y=Year)	Staff resources
Overarching	Project staff will be trained on gender and social inclusion, to promote the participation of diverse stakeholders, including women and members of LCs.		GIZ	Y1-Y5	GIZ Gender & ESS Advisor GIZ Communication Advisor
	Develop communication and information dissemination plan during the inception phase of the project.		GIZ	Y1	GIZ Communication Advisor GIZ Gender & ESS Advisor
	Ensure that annual operational plans include information on planned stakeholder engagement.		GIZ	Y1-Y5	GIZ Gender & ESS Advisor
	Set up and communicate GRM		GIZ	Y1-Y5	GIZ Gender & ESS Advisor GIZ Communication Advisor
Government units at national, regional, and local levels	Ensure effective collaboration between project and government authorities at national, regional, and local levels. This aims to align the project's actions with government policies and priorities, to ensure institutional support, and to promote the	<p><b>Identify points of contact within government units at national, regional, and local levels.</b> These may include line Ministries, Regional authorities and local authorities in Centrale, Kara, and Savanes regions.</p> <p><b>Hold regular meetings</b> with representatives of government units. These meetings will provide an opportunity to discuss the project's strategy, alignment with national or</p>	GIZ	<p><b>Y1</b> for the identification of points of contact at national and regional level and prior to the roll-out of the activities in the respective locality for the local level.</p> <p><b>Y1-Y5</b> for regular meetings at all levels, depending on the specific needs of the project and the actions to be</p>	GIZ Head of project GIZ management staff GIZ technical staff GIZ Gender & ESS Advisor GIZ Communication Advisor GIZ Monitoring Advisors



Stakeholders	Engagement Objective	Engagement Process	Responsibility	Frequency/ timing (Y=Year)	Staff resources
	sustainability of the project.	<p>regional policies, progress, challenges, and synergies with other projects.</p> <p><b>Share stakeholder engagement reports</b> with information on the project's progress and key results with government authorities. The reports will include information on achievements, performance indicators, impacts on local communities, and resource needs.</p>		<p>implemented in the communities.</p> <p>Y1-Y5</p>	
Technical and financial partners	Identify and leverage synergies among interventions to ensure the successful implementation of the project. This engagement activity aims to mobilise resources effectively, to capitalise on the expertise of partners, and to enhance the project's sustainability.	<p><b>Establish collaborative agreements</b> with technical and financial partners to clearly define their roles, responsibilities, and support modalities.</p> <p><b>Participate in or initiate periodic meetings</b> to update partners on project progress, discuss technical issues, discuss challenges encountered and reflect on cooperation opportunities between projects intervening in a complementary way in the same geographic area.</p> <p><b>Ensure that activity reports and results are shared</b> with technical and financial partners.</p>	GIZ	<p><b>Y1</b> for the establishment of collaborative agreements</p> <p><b>Y1-Y5</b> for periodic meetings</p> <p><b>Y1-Y5</b> for sharing of activity reports and results</p>	<p>GIZ Head of project</p> <p>GIZ management staff</p> <p>GIZ technical staff</p> <p>GIZ Gender &amp; ESS Advisor</p> <p>GIZ Communication Advisor</p> <p>GIZ Monitoring Advisors</p>

Stakeholders	Engagement Objective	Engagement Process	Responsibility	Frequency/ timing (Y=Year)	Staff resources
Private sector	Establish strong partnerships with companies and private sector actors involved in the project activities. This aims to create mutually beneficial opportunities for the project and the private sector.	<p><b>Identify key companies and private sector actors</b> with cooperation potential for the project. This can include enterprises, processors, distributors, and other stakeholders in the health sector.</p> <p><b>Establish partnerships with companies</b> for the implementation of adapted solutions. This may include collaborative agreements, contracts, or business arrangements.</p> <p><b>Work with private sector actors</b> to ensure demand and supply of quality products and services. This may involve initiatives to provide training, access to finance, or share best practices. Further, encourage exchange formats between private sector and local government partners.</p>	GIZ	<p><b>Y1</b> for the identification of companies and private sector actors</p> <p><b>Y1-Y2</b> for the establishment of partnerships</p> <p><b>Y1-Y5</b> for collaboration with private sector actors (and encouraging links with local government partners)</p>	<p>GIZ Head of project GIZ management staff GIZ technical staff GIZ Gender &amp; ESS Advisor GIZ Communication Advisor GIZ Monitoring Advisors</p>
Civil Society Organisations	Foster active participation, open communication, and collaboration with CSOs and community representatives, particularly at the local level. This aims to integrate the perspectives and needs of vulnerable groups and	<p><b>Consult CSOs active in the area before each intervention</b> on the ground, thereby fostering communities' participation.</p> <p><b>Organise consultations and participatory workshops</b> that allow CSOs to express their views on issues related to the project, voice their concerns, and contribute to key decisions during implementation.</p>	GIZ	<p><b>Y1-Y5</b> for CSO consultations active in the localities, prior to starting activities in each locality</p> <p><b>Y1-Y5</b> for consultations to gather feedback on key project issues</p>	<p>GIZ management staff GIZ technical staff GIZ Gender &amp; ESS Advisor GIZ Communication Advisor GIZ Monitoring Advisors</p>

Stakeholders	Engagement Objective	Engagement Process	Responsibility	Frequency/ timing (Y=Year)	Staff resources
	LCs, to promote the transparency of the project, and to build citizen support.	<b>Involve CSOs in awareness raising activities, communication activities, and M&amp;E</b> where relevant. CSOs and community representatives can play a role in data collection, impact assessment, and project reporting.		<b>Y1-Y5</b> for involvement of CSOs in awareness raising activities, communication activities, and M&E	
<b>Research Institutions</b>	Ensure the dissemination of relevant information and research data to stakeholders, while ensuring that research results are shared in an accessible and understandable way. Concurrently ensure that latest scientific evidence is appropriately considered in project implementation. The cooperation with research institutions and academia aims to improve the effectiveness, impact, and sustainability of project activities.	<p><b>Establish collaboration with research institutions</b> to discuss research priorities, identify potentials to conduct relevant studies and planning specific research projects.</p> <p><b>Organise joint seminars and workshops</b> to foster mutual understanding and collaboration with other actors to exchange knowledge and research information; and to present research results relevant for the project.</p>	GIZ	<p><b>Y1-Y2</b> for the establishment of collaborations</p> <p><b>Y1-Y5</b> for joint seminars and workshops</p>	<p>GIZ management staff</p> <p>GIZ technical staff</p> <p>GIZ Gender &amp; ESS Advisor</p> <p>GIZ Communication Advisor</p> <p>GIZ Monitoring Advisors</p>

(Source: Own elaboration)

### 3.3 Personnel for implementation of stakeholder engagement

GIZ will recruit specialists in gender, ESS, communication and M&E. Their primary responsibilities will include coordinating and implementing the project's activities related to stakeholder consultation, gender, ESS and M&E. This will also involve monitoring the present implementation of the Stakeholder Engagement Plan (SEP).

The Gender & ESS Advisor will specifically focus on the implementation and monitoring of the Gender Action Plan (GAP) and the Environmental and Social Management Plan (ESMP). The communication advisor will coordinate communication, stakeholder engagement and other liaison activities. Additionally, two central-level M&E specialists will be appointed. All specialists will actively cooperate with technical and managerial staff from all EEs on whose contributions they will depend for the implementation of SEP interventions.

The responsibilities of the Gender, ESS, communication, and M&E advisors include:

- Liaison with project stakeholders;
- Oversight of project communication towards and engagement with stakeholders;
- Dissemination of information on the GRM to project partners, LCs, CSOs, etc.
- Oversight (implementation, monitoring, and reporting) of GRM;
- Identification of local and regional CSOs for collaboration in community outreach, information dissemination, and other project activities;
- Mediation between EEs and the community (in case needed);
- Monitoring the progress of the project, in particular regarding the implementation of the ESMP and the GAP and ensuring adaptive management.

The following table provides information about the timing of key and continuous SEP interventions as coordinated by GIZ and the mentioned advisors.

*Table 7: Calendar of Stakeholder Engagement Activities*

Activity	Project Phase	Timing (Y=Year)	Responsible
Recruitment of staff responsible for Gender, ESS, communication, and M&E	Inception	Y1	GIZ Togo
Communication of up-to-date contact information for the Grievance Redress Mechanism (GRM)	Inception	Y1-Y5	GIZ Gender & ESS Advisor GIZ Communication Advisor
Identification and training of staff and trainers responsible for community mobilisation and sensitisation	Inception	Y1-Y5	GIZ technical staff GIZ Gender & ESS Advisor GIZ Communication Advisor
Community Engagement and Outreach	Implementation	Y1-Y5	GIZ technical staff GIZ Gender & ESS Advisor GIZ Communication Advisor
Ongoing stakeholder engagement events integrated into project activities	Implementation	Y1-5	GIZ management staff GIZ technical staff GIZ Gender & ESS Advisor GIZ Communication Advisor

			GIZ M&E Advisor
Periodic stakeholder update meetings and information dissemination	Implementation	Y1-5	GIZ management staff GIZ technical staff GIZ Gender & ESS Advisor GIZ Communication Advisor
Regular monitoring and periodic reporting of project implementation	Implementation	Y1-5	GIZ Gender & ESS Advisor GIZ M&E Advisor

(Source: Own elaboration)

### 3.4 Incorporation of feedback from women and other vulnerable groups

Among the project's stakeholders, particular attention is given to vulnerable groups who are also direct beneficiaries. These groups are identified based on their level of exposure to risk and their limited capacity to cope, in line with the vulnerability equation, which defines vulnerability as the combined effect of exposure to risk and inability to cope.

Children, elderly, disabled, extremely poor people and women are amongst those globally recognised as most vulnerable groups to climate change impacts, including climate sensitive diseases<sup>1</sup>. As an example, according to the latest Demographic and Health Survey, diarrhoea prevalence in Togo is particularly high in children ages 6-11 months (23%) and 12-23 months (22%). The MSHPCSUA's statistical review from 2019 shows data at district level for different types of diarrhoea. The number of cumulative cases in 2019 is an indicator of diarrhoea morbidity (MSHPCSUA 2019).

Based on the criterion of the inability to cope, various vulnerable groups have been identified by the project staff:

- **Children:** Children are more vulnerable to vector-borne diseases than adults due to age and relative inability to care for themselves in natural disasters cases;
- **Women:** Especially pregnant, post-partum and breastfeeding women are vulnerable to climate change. The GA and GAP documents provide concrete suggestions how gender inequality can be addressed in the project implementation;
- **Poor households:** Togo is highly vulnerable to climate variability and change, rising temperatures, erratic rainfall patterns and recurrent floods increasingly threaten livelihoods, and public health, driving higher incidence of malaria, diarrhoeal diseases, and heat-related illnesses, while also aggravating maternal, child and neonatal health risks particularly in the northern regions of Centrale, Kara, and Savanes, where poverty rates, on average, exceed 60 percent (INSEED 2022). In national level the poverty rate for the houses headed by female was 47.7% compared to 45.2% for houses headed by male.
- **Local communities (LCs) with traditional livelihoods:** LCs suffer from systemic disadvantages and discrimination (for details see Annex 6c – LCP and Annex 8a – ESIA).

To ensure the full participation of women and vulnerable groups during project implementation, and to safeguard their rights and benefits, the project should incorporate suitable measures to facilitate safe and equitable access to GRM. Women and vulnerable groups will be informed about GRM and supported in accessing it through gender-sensitive communication channels and trusted community intermediaries, as reflected in intervention 27 of the GAP. These include:

- Facilitating effective communication through appropriate methods (such as home visits, social media, or meetings, use of local languages) to foster understanding of project interventions and possibilities to give feedback and air concerns (e.g. through the GRM). Project staff will arrange

<sup>1</sup> The inclusion of other vulnerable groups like elderly people (with their diminished ability to adapt; difficulty to regulate body temperature and to adapt physiologically to heat; potential resistance in seeking assistance; detrimental physical impacts; dehydration and the worsening of existing health problems; limited access to infrastructure and services; etc.) is beyond the scope of the project.

individual meetings at mutually convenient locations and times to provide information and solicit feedback;

- Devise communication and social and behavioural change interventions in culturally sensitive and gender-sensitive way, adapted to the respective target group;
- Designing interventions, wherever possible, to address the specific needs and interests of vulnerable groups, e.g. timing of project interventions in a way that allows beneficiaries to harmonize their participation with their regular employment, economic activities, domestic responsibilities, and/or other livelihood related duties.

### **3.5 Integration of stakeholder feedback into management decisions**

Feedback and results from the diverse stakeholder consultation interventions will be shared by the Project Management Unit (PMU) with the Project Management Committee (PMC). Responding to stakeholder feedback ensures that decision-making is informed, that implementation aligns with participatory decision-making principles, that it respects social and environmental safeguards and that implementation is flexibly adapted.

To strengthen adaptive management, monitoring results from stakeholder engagement activities will be systematically analysed and directly integrated into the decision-making process through regular review sessions conducted by the PMU. These sessions will evaluate stakeholder feedback, identify recurring themes or concerns, and prioritize actionable insights for project adaptation. Specific findings will be shared with relevant project units, EEs and implementing partners, guiding adjustments in implementation plans, resource allocation, and engagement strategies. A summary of these adaptations and decisions will also be communicated back to stakeholders, ensuring transparency, accountability, and a continuous feedback loop that enhances project responsiveness.

Close coordination with project partners and specialists will further support inclusive and equitable project activities, ensuring responsive and interlinked implementation with the GAP and the ESMP. By integrating stakeholder feedback into every stage, the project can effectively address unforeseen changes and maintain alignment with its objectives.

## **4. Grievance redress mechanism**

### **4.1 Objectives**

The project's Grievance Redress Mechanism (GRM) will register and address feedback, complaints and reported adverse impacts resulting from the project. All grievances will be analysed and mitigated as quickly as possible to avoid tension or conflict with project stakeholders.

The objectives of the GRM are to:

- Provide a way for the public to voice their concerns and dissatisfaction;
- Create a platform for stakeholders and community members to freely voice their concerns and complaints so that they can be addressed effectively;
- Demonstrate to project stakeholders and communities that they play an important role in the design and implementation of the project;
- Monitor and report on efforts to take corrective action.

Stakeholders directly involved in the project like construction workers and members of adjacent communities will be sensitized on the Project's GRM, its procedures, multiple entry points, response timelines, and non-retaliation protections. Sensitization and mandatory induction will be delivered during worker onboarding (as part of OHS processes) and through community engagement sessions, using accessible formats, oral briefings, and French/local languages of the Centrale, Kara, and Savanes regions.

## 4.2 Information and communication of the GRM

To ensure the functionality and effectiveness of the GRM, the mechanism must be known by all relevant stakeholders. Consequently, the PMU will proactively inform and sensitize all relevant groups on the existence of the GRM. This will include EE staff, public partners, direct beneficiaries (on national, regional, and local levels), private sector partners, CSOs and research institutions.

Information and sensitisation activities will start during the project's inception phase and will continue throughout project implementation. Appropriate means and channels of information and communication (e.g. websites, written media, audio-visual channels, social networks, and public meetings), relevant language translations and culturally adapted messages will be used to reach all target audiences.

To ensure equitable access to the GRM, specific measures will be implemented to address socio-cultural barriers that may limit women's ability to report grievances. Information on the GRM will be disseminated through trusted and accessible channels, including women's associations, Mothers Clubs, community health workers, and local women leaders. Training and awareness activities will be conducted in multiple languages and through culturally appropriate formats such as community dialogues, home visits, and community radio programmes. Accordingly, targeted measures have been included in the Gender Action Plan (GAP) to ensure that all these aspects are adequately addressed (see GAP, interventions 3; 5 and 27). Furthermore, women will also be able to submit complaints anonymously, orally, or through trusted intermediaries where direct reporting may be constrained by social norms. These measures aim to ensure that women and vulnerable groups can safely access grievance mechanisms and raise concerns related to project activities.

Beyond facilitating equitable access to the GRM, the project also recognises that women, girls, and vulnerable people may face heightened risks of Gender-Based Violence (GBV), including SEAH which require specific prevention and response measures. In this regard, the project will implement measures across all intervention sites to prevent such risks and ensure appropriate response mechanisms. These measures build on existing initiatives under the ProSanté project and aim to strengthen community awareness, safe and confidential reporting mechanisms, survivor-centred referral pathways, and coordination among relevant institutions and actors.

An initial set of actions under ProSanté focuses on awareness-raising among community leaders, men, and young people through champions' clubs, while strengthening survivor support structures and improving community-based reporting and referral mechanisms. Building on this foundation, the project will adopt an integrated approach combining prevention, protection, reporting, and response. GBV risk mitigation will be integrated into the design and upgrading of health infrastructure through safety measures such as adequate lighting, improved accessibility and safe spaces for women and girls. GBV considerations will also be incorporated into the project GRM, including confidential reporting channels and survivor-centred referral pathways to medical, psychosocial, and legal services.

The project will further strengthen the capacities of health personnel and community-based actors on GBV risk identification, survivor-centred response, and referral procedures. Community awareness interventions under the GAP will also promote social norm change, through the engagement of community leaders, women's groups, Mothers' Clubs, and community media (see GAP, interventions 3; 27). Finally, the project will support institutional coordination and referral systems among health, social and legal actors, and will integrate GBV prevention considerations into early warning systems and climate-related interventions to ensure that protection measures for women and girls are maintained during climate-related crises.

The project will collaborate with Civil Society Organisations (CSOs) and existing service platforms, such as One Stop Centres, to strengthen survivor-centred care. Many OSCs already have experience working with GIZ-supported programmes, providing an established foundation for coordination and referral. Complementary measures will include training health, legal and psychosocial actors on the unified GBV case management protocol, as well as disseminating information on GBV prevention at community level.

### 4.2.1 Categorisation of complaints and grievances

Feedback received through the GRM can take various forms such as complaints, claims, denunciations, or suggestions. Table 6 represents the categorisation of complaints.

*Table 8: Categorisation of Complaints*

Nature and type	Characteristics
<b>Category 1: Grievance</b>	This is the expression of the interlocutor showing his/her dissatisfaction with: <ul style="list-style-type: none"><li>• The quality and non-conformity of the services provided by the project and EE staff;</li><li>• The effect or impact of the project's activities in relation to the socio-economic environment of the beneficiaries;</li><li>• Violations of human rights.</li></ul>
<b>Category 2: Claim</b>	This is the declaration of planned actions as non-compliant with the implementation such as: <ul style="list-style-type: none"><li>• Failure to comply with rules and procedures;</li><li>• Non-compliance with procurement arrangements.</li></ul>
<b>Category 3: Whistleblowing</b>	This refers to reporting of illegal activities by informants (while protecting the latter from retribution). Activities can relate to <ul style="list-style-type: none"><li>• Corruption, bribery, embezzlement, fraud, misappropriation of funds or other illicit actions;</li><li>• Conflicts of interest;</li><li>• Human rights violations;</li><li>• Violations of environmental obligations or breaches of environmental law;</li><li>• Etc.</li></ul>
<b>Category 4: Abuse</b>	Forms of abuse include, not exhaustively: <ul style="list-style-type: none"><li>• Abuse of power and authority;</li><li>• Gender-Based Violence (GBV), Sexual Exploitation, Abuse and Harassment (SEAH);</li><li>• Retaliation against workers;</li><li>• Corruption, extortion.</li></ul>

*(Source: Own elaboration)*

### 4.2.2 Complaint and grievance process

Any type of complaint or grievance will be dealt with by a dedicated complaints committee, established and overseen by the Project Management Committee (PMC) during the project inception phase. The complaints committee will be operationally coordinated by the GIZ Gender & ESS Advisor, who serves as the primary contact point for receiving, recording, and tracking all complaints. The PMC will receive quarterly GRM reports and escalate unresolved or high-severity cases to the Project Steering Committee (PSC) for strategic guidance where necessary. To ensure the resolution of complaints, the claims process will be carried out in four key steps as detailed in following table. It should be noted that the treatment process favours amicable resolution in the first place. Legal recourse is only the last option in the event that the first option will not be effective.

*Table 9: GRM Process*

Steps	Characteristics
Step 1: Filing	Various ways of filing a complaint are possible: <ul style="list-style-type: none"><li>• Grievances and complaints can be filed anonymously</li></ul>



	<ul style="list-style-type: none"> <li>• Grievances can be filed orally or in writing in all languages used in the project intervention zone.</li> <li>• The GRM can be reached by telephone, messengers, post, online channels, or in person.</li> <li>• Information on when, where and how to report complaints, including SEAH incidents, will be widely disseminated to communities, workers and partners through meetings, training, communication materials and community outreach.</li> <li>• SEAH incidents may also be reported through confidential channels, including the Gender &amp; ESS Advisor, Gender Focal Points, trusted community focal persons, or other designated confidential reporting mechanisms.</li> </ul>
Step 2: Triage	<ul style="list-style-type: none"> <li>• The registered grievances and complaints will be screened and analysed by the Gender &amp; ESS Advisor.</li> <li>• Depending on the complexity of the case, the Gender &amp; ESS Advisor will coordinate with the PMU to ensure the GRM process is followed.</li> <li>• SEAH-related cases will be handled through a dedicated survivor-centred protocol by trained and authorised personnel only, following the need-to-know and confidentiality principle.</li> <li>• Information related to SEAH incidents will be safely and ethically documented in a restricted-access confidential register.</li> <li>• Survivors will be informed about available reporting options and support services and will decide how the case proceeds.</li> </ul>
Step 3a: Resolution	<ul style="list-style-type: none"> <li>• Amicable resolution, through negotiation or mediation is preferred for general grievances when appropriate.</li> <li>• Once agreement has been reached between the parties involved, the file will be closed by the Gender &amp; ESS Advisor with formal communication to the complainant.</li> <li>• For SEAH cases, resolution will follow a survivor-centred approach, ensuring safety, confidentiality, respect, and informed consent.</li> <li>• Where appropriate and with survivor consent, the project will facilitate referral to relevant support services, including medical, psychosocial, and legal assistance.</li> <li>• Internal accountability measures may include disciplinary action, contractor sanctions, or contractual remedies in line with project codes of conduct.</li> </ul>
Step 3b: Severity or dissent	<ul style="list-style-type: none"> <li>• In the case of extreme severity criminal allegations, or inability to reach resolution, the case may be escalated.</li> <li>• The GRM at GIZ Headquarters or GCF Independent Redress Mechanism may be contacted where appropriate.</li> <li>• Survivors retain the right to seek external legal recourse through national authorities at any stage of the process.</li> </ul>
Step 4: Monitoring, tracking and consolidation of data	<ul style="list-style-type: none"> <li>• In conformity with the EU's General Data Protection Regulation (GDPR) and National Legislation the project GRM will maintain a secure grievance register.</li> <li>• The system will collect written and verbal complaints, ensuring traceability and documentation of the resolution process.</li> <li>• SEAH cases will be recorded in a restricted-access confidential registry and handled according to strict data protection and confidentiality procedures.</li> </ul>

- Monitoring of grievances will allow the project to identify systemic risks, strengthen prevention measures, and improve project implementation.

*(Source: Own elaboration)*

### 4.2.3 SEAH-specific survivor-centred reporting and response procedure

In the project intervention area, there are different types of service providers for SEAH survivors, such as listening centres, law centres, and health centres at community level, all of which are involved in the management of SEAH cases, in addition to the One Stop Centres at regional level. There are 3 listening centres in the Centrale region, 5 in the Kara region, and 6 in the Savanes region, thus reaching also relatively remote communities. A mapping of service providers supporting survivors has been done by the GIZ project 'Promoting participation: Gender equality and equity in Togo (DeZon)' in the year 2025. Support for survivors provided in the context of the ProSanté III project draws inter alia on this document.

There is also a unified protocol for the management of GBV cases at the national level. It brings together and coordinates the work of the different actors involved in case management (justice, health, safety, social action), creating a fluid case management chain. In 2025, ProSanté III strengthened the capacities of these actors with regard to their role in case management. Nonetheless, coordination difficulties between the different parties are persistent, resulting in serious impacts for victims on the ground, for instance with regard to the speed of support and care they receive.

The project will implement a dedicated survivor-centred procedure for handling SEAH incidents within the project's GRM. This procedure will be aligned with GIZ internal SEAH prevention and case-management mechanisms and will follow internationally recognised survivor-centred principles, including safety, confidentiality, respect, non-discrimination, and informed consent.

SEAH incidents may be reported at any time through confidential reporting channels, including the Gender and ESS Advisor, designated Gender Focal Points, trusted community focal persons, or other GRM reporting channels communicated to stakeholders during project awareness activities. Survivors are free to choose the reporting channel they consider safest and most appropriate. All SEAH reports will be handled exclusively by trained and authorised personnel and will follow a strict "need-to-know" confidentiality principle. Information related to SEAH cases will be safely and ethically documented in a restricted-access confidential register, ensuring the protection of survivors and complainants. Upon receiving a report, the project will ensure that the survivor receives clear information about available options and support services. With the survivor's consent, referrals may be made to appropriate medical, psychosocial, legal, or protection services, depending on the survivor's needs and available service providers in the project areas. Where allegations involve project staff, contractors, or partners, the project will apply appropriate accountability measures, which may include internal disciplinary procedures, contractual sanctions, or referral to competent authorities where relevant. Survivors retain the right to seek external support or legal recourse at any stage of the process. The implementation of this protocol will be overseen by the Gender & ESS Advisor in coordination with the PMU, ensuring that SEAH complaints are managed in a gender-responsive, culturally appropriate, and survivor-centred manner throughout the project lifecycle. Specific SEAH prevention and awareness-raising activities, including community sensitisation and training of focal points, are further detailed in the GAP (Annex 6a).

SEAH cases that are not reported to the GRM directly by survivors but are brought to the attention of GIZ through other means, will be referred to the GRM. This referral is conditional on the survivor's agreement and requires checking that no obstacles to referral exist, such as an objection by the survivor, a conflict of interest, dissatisfaction with the GRM, or lack of trust in the mechanism. Once the case has been referred, it will be managed along the established GRM processes, including reporting to the GIZ in specific cases. This will avoid having several channels for handling cases.

If one of the specific problems mentioned above exists, or the victim objects to referral to the GRM,

GIZ, with the victim's consent, will refer the case to the appropriate national support mechanisms, such as One Stop Centre, listening centre, women's centre, depending on the nature of the case. The national mechanism will deal with the case and keep GIZ informed. Regardless of the pathway followed, a file will nevertheless be opened and archived at GRM level to ensure monitoring, documentation, and accountability throughout the process.

#### **4.2.4 Information of complaint and grievance process**

The following contact details will be communicated to all stakeholders and made available to the general public. These channels are open to anyone, including project-affected people, partners, and other interested parties, who wishes to submit a complaint, report a concern, seek redress, or request information regarding grievance handling.

The GIZ GRM on headquarters level is accessible through the following channels:

##### **Information on GIZ's institutional-level grievance/redress mechanisms (GRM)**

- Governance, Risk, Compliance Unit – Case management (whistleblowing, reports, complaints, and consulting requests)
  - Address: GIZ GmbH, Governance, Risk, Compliance Unit – Confidential, Dag-Hammarskjöld-Weg 1–5, 65760 Eschborn, Germany
  - Email: [compliance-mailbox@giz.de](mailto:compliance-mailbox@giz.de)
  - Phone: +49 6196 79 2211
- Stop-it (for discrimination, sexual misconduct, and work harassment)
  - Email: [stop-it@giz.de](mailto:stop-it@giz.de)
- External Ombudsperson (outside GIZ; forwards to GIZ only with whistleblower's consent; anonymity possible)
  - Person in charge: Dr. Edgar Jousen
  - Address: Bleibtreustr. 1, 10623 Berlin, Germany
  - Email: [ombudsmann@ra-js.de](mailto:ombudsmann@ra-js.de)
  - Phone: +49 30 31 51 87 0 (alternatively +49 30 3151870)

##### **The GIZ GRM on Togo level is accessible through the following channels:**

- Togo GRM Unit : Secrétariat de la diversité, genre et inclusion (SDGI)
  - Address : GIZ office in Togo, Rue de l'OCAM 159 Lomé Togo –
  - Email: [diversite-togo@giz.de](mailto:diversite-togo@giz.de)  
[kossi.dao-ndja@giz.de](mailto:kossi.dao-ndja@giz.de) (National gender Focal point of GIZ Togo)
  - Phone: +228 70350232, +228 70799938

##### **Information on the GCF Independent Redress Mechanism (IRM)**

- Independent Redress Mechanism Unit
  - Address: Green Climate Fund, Songdo Business District, 175 Art center-daero, Yeonsu-gu, Incheon 22004, Republic of Korea
  - Email: [irm@gcfund.org](mailto:irm@gcfund.org)

Phone: +82 32-458-6186 (alternatively +82 10-4296-1337) Fax: +82 32-458-6096

## References

- Ahsan, I. (2016, September 26–27). *Impacts of climate change on vulnerable groups* [Conference presentation]. 3rd Asian Judges Symposium on Law, Policy and Climate Change, Asian Development Bank. <https://www.ajne.org/sites/default/files/event/7081/session-materials/3ajs-ts4-1-iahsann-impacts-of-climate-change-on-vulnerable-groups.pdf>
- GIZ. (2021). *Analyse de genre pour le Projet d'Adaptation des Chaînes de valeurs agricoles au changement climatique*. Deutsche Gesellschaft für Internationale Zusammenarbeit
- Green Climate Fund. (2022, May). *Sustainability guidance note: Designing and ensuring meaningful stakeholder engagement on GCF-financed activities*. <https://www.greenclimate.fund/sites/default/files/document/sustainability-guidance-stakeholder-engagement-may2022.pdf>
- Ministry of Health, Public Hygiene, Health Coverage, and Insurance (MSHPCSUA). (2020). *Project of quality essential health services for universal health coverage (P174266) in Togo: Stakeholder Engagement Plan (SEP)*. World Bank. <https://www.documents1.worldbank.org/curated/en>
- Ministry of development planification and cooperation, *National statistics, 2022 yearbook (Annuaire Statistique Nationale)*, (2022) INSEED
- World Organisation for Cooperation and Assistance in Togo (OMCA-Togo). (n.d.). *Stakeholder Engagement Plan*. <https://www.lomecatogo.tg>
- Ministry of Infrastructure, Land Transport, and Opening-Up, Senegal. (2023, August). *Stakeholder engagement plan for the Labé–Mali–Kédougou (LMK) road construction project*. French Development Agency (AFD). <https://www.afdb.org>