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# Annex 8b

# Gender Action Plan

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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Deutsche Gesellschaft für internationale Zusammenarbeit (GIZ) GmbH

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## Abbreviations and Acronyms

| | |
|---|---|
| A/C | Air Conditioning |
| ADESCO | *Appui au Développement et à la Santé Communautaire (Support for Development and Community Health)* |
| AE | Accredited Entity |
| ANAMET | *Agence nationale de météorologie* (National Meteorological Agency) |
| ANC | Antenatal Care |
| ANCy | *Agence nationale de la cybersécurité* (National cybersecurity agency) |
| ANPC | *Agence Nationale de la Protection Civile* (National Civil Protection Agency) |
| AMR | Antimicrobial Resistance |
| ATAREKAD | *Association des Tantines de la Région de la Kara pour le Développement* (Association of "Tantines" of the Kara Region for Development) |
| BMZ | *Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung* (German Federal Ministry for Economic Cooperation and Development) |
| BT | *Brevet de Technicien* (Technician's Certificate) |
| CC | Climate Change |
| CCU | Climate Change Unit |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CFRSP | *Centre togolais chargé de la Formation et de la Recherche en Santé Publique* (Togo Centre for Training and Research in Public Health) |
| CHW | Community Health Worker |
| CNSD | *Centre National responsable de la Santé Numérique* (National Centre for Digital Health) |
| CoEC | Code of Ethics and Conduct |
| COGES | *Comité de Gestion* (Management Committee) |
| COFET | *Coordination des Organisations Féminines du Togo (Coordination of Women's Organisations in Togo)* |
| CSO | Civil Society Organisations |
| DE | *Direction de l'Environnement* (Directorate of Environment) |
| DGGPF | *Direction Générale du Genre et de la Promotion de la Femme* (Directorate General for Gender and the Promotion of Women) |
| DHAB | *Département en charge de l'Hygiène de Base et de l'Assainissement* (Basic Hygiene and Sanitation Department) |
| DHIS2 | District Health Information System 2 |
| DISEM | *Département chargé de l'Infrastructure Sanitaire, des Équipements et de la Maintenance* (Health Infrastructure, Equipment and Maintenance Department) |
| DivL | *Division des Laboratoires* (Laboratory division) |
| DLM | *Direction de la Lutte contre la Maladie* (Disease control Department) |
| DRH | *Direction des Ressources Humaines* (Directorate of Human Resources) |
| DRS | *Direction Régionale de la Santé* (Regional Health Directorates) |
| DSNISI | *Direction du Système National d'Information Sanitaire et de l'Informatique* (National Health Information System and IT Directorate) |
| ECOWAS | Economic Community of West African States |
| EE | Executing Entity |
| e-LMIS | Electronic Logistic Management Information System |
| ESS | Environmental and Social Safeguards |
| EU | European Union |
| EWS | Early Warning System |
| FETAPH | *Fédération Togolaise des associations de Personnes Handicapées* (Togolese Federation of Associations of Persons with Disabilities) |
| FP | Focal Point |
| GA | Gender Assessment |
| GAP | Gender Action Plan |

| | |
|---|---|
| GBV | Gender-based violence |
| GCF | Green Climate Fund |
| GDI | Gender Development Index |
| GFA | GFA Consulting Group |
| GF2D | *Groupe de réflexion et d'action Femme, Démocratie et Développement* (Women, Democracy and Development Action and Reflection Group) |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GFP | Gender Focal Point |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH |
| GRM | Grievance Redress Mechanism |
| H-EWS | Health Early Warning System |
| HF | Health Facility |
| HR | Human Resources |
| IHME | Institute for Health Metrics and Evaluation |
| INH | *Institut National d'Hygiène* (National Institute of Hygiene) |
| INSEED | *Institut National de la Statistique et des Études Économiques et Démographiques* (National Institute of Statistics and Economic and Demographic Studies) |
| IPCC | Intergovernmental Panel on Climate Change |
| IPDCP | *Instance de Protection des Données à Caractère Personnel* (Personal Data Protection Authority) |
| IVA | *International Volontaire en Action* (International Volunteer in Action) |
| IPV | Intimate Partner Violence |
| ITN | Insecticide-Treated Net |
| KfW | Kreditanstalt für Wiederaufbau (German Development Bank) |
| LC | Local communities |
| LSHTM | London School of Hygiene & Tropical Medicine |
| M&E | Monitoring and Evaluation |
| MASSPF | *Ministère de l'Action Sociale, de la Solidarité, de la Promotion de la Femme et de la Protection de l'Enfant* (Ministry of Social Action, Solidarity, Promotion of Women and Child Protection) |
| MATGLAC | *Ministère de l'Administration Territoriale, de la Gouvernance Locale et des Affaires Coutumières* (Ministry of Territorial Administration, Local Governance and Customary Affairs) |
| MSHPAUS | *Ministère de la Santé et de l'Hygiène Publique et de l'Accès Universel aux Soins* (Ministry of Health and Public Hygiene and Universal Access to Care) |
| MSPHPCSUA | *Ministère de la Santé, de l'Hygiène Publique, de la Couverture Sanitaire Universelle et des Assurances* (Ministry of Health, Public Hygiene and Universal Access to Healthcare) |
| MEHV | *Ministère de l'Eau et de l'Hydraulique Villageoise* (Ministry of Water and Village Hydraulics) |
| MERFPCCC | *Ministère de l'Environnement, des Ressources Forestières, de la Protection Côtière et du Changement Climatique* (Ministry of Environment, Forest Resources, Coastal Protection and Climate Change) |
| MH | Menstrual Hygiene |
| NAP | National Adaptation Plan |
| NGO | Non-governmental organization |
| NMCP | National Malaria Control Programme |
| O&M | Operation and Maintenance |
| OMCA-TOGO | *Organisme de mise en Œuvre du Millennium Challenge Account-Togo* (Implementing Agency of the Millennium Challenge Account–Togo) |
| PNDS | *Plan National de Développement Sanitaire* (National Health Development Plan) |
| PNEEG | *Politique Nationale pour l'Equité et l'Egalité de Genre* (National Policy for Equity and Gender Equality) |
| PPMP | *Public-Private Maintenance Partnership* |
| REFED | *Réseau des Femmes pour le Développement* (Women's Network for Development) |

| | |
|---|---|
| SBCC | Social and Behavior Change Communication |
| SDGI | *Secrétariat pour la diversité, l'inclusion et le Genre* (Secretariat for Diversity, Inclusion, and Gender) |
| SEAH | Sexual Exploitation, Abuse and Harassment |
| SNEEG | *Stratégie Nationale d'Équité et d'Égalité de genre* (National Strategy for Equity and Gender Equality) |
| SOPs | Standard Operating Procedures |
| SRHR | Sexual and Reproductive Health and Rights |
| TdE | *Société Togolaise des eaux* (Togolese Water Company) |
| ToR | Terms of Reference |
| ToT | Training-of-Trainers |
| UK | *Université de Kara* (University of Kara) |
| UL | *Université de Lomé* (University of Lomé) |
| UNFPA | United Nations Population Fund |
| UofL | University of Lomé |
| USP | *Unité de soins Périphérique* (Peripheral Care Unit) |
| WAHO | West African Health Organisation |
| WASCAL | West African Science Service Centre on Climate Change and Adapted Land Use |
| WASH | Water, Sanitation and Hygiene |
| WiLDAF | Women in Law and Development in Africa |
| WHO | World Health Organization |

# 1. Introduction

A Gender Action Plan (GAP) forms the basis for safeguards management and gender mainstreaming throughout the project cycle. It functions both as an operational planning tool and as a Monitoring and Evaluation (M&E) instrument. This document outlines the key gender-related elements to be integrated into the project “Building the resilience of Togo’s national health system and vulnerable communities to climate-sensitive health outcomes” funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and the Green Climate Fund (GCF). To ensure the GAP’s impact is captured, it includes relevant indicators and baseline information that are an integral part of the project’s M&E framework.

The GAP’s overarching objective is to foster an enabling environment that promotes gender equality, supports transformative change, and mitigates potential gender-related risks during project implementation. In the Centrale, Kara, and Savanes regions, where deep-seated socio-cultural norms constrain women’s agency and access to services, the GAP operationalises concrete measures such as capacity strengthening, inclusive participation, tailored communication, and equitable access to climate-health services. These interventions ensure that gender considerations are not only mainstreamed but actively leveraged to improve project effectiveness, sustainability, and climate-development impacts.

Through the GAP interventions, the effective and systematic integration of gender perspectives are ensured by embedding gender-responsive and gender-transformative measures across all components. This approach enhances co-benefits by strengthening the climate resilience of women, girls, men and vulnerable groups while simultaneously improving health, social, and economic development outcomes. By addressing gender-specific vulnerabilities, such as unequal access to climate and health information, differentiated exposure to climate-sensitive health outcomes, limited decision-making power, and socio-cultural barriers to health services, the proposed interventions ensure that climate adaptation actions deliver equitable and maximised benefits for all population groups.

## 2. Priority areas for gender mainstreaming

The present document is based on the Gender Assessment (GA – Annex 8a). The GA, conducted across institutional, community, and sectoral levels, highlights several priority areas where gender inequalities intersect with climate and health vulnerabilities in Togo. The analysis's findings shape the project's gender mainstreaming strategy, identifying both structural risks that may undermine project outcomes and transformative opportunities to strengthen gender equity and equality as well as the resilience and inclusion of women and girls.

Building on the findings of the GA, it is evident that socio-cultural norms remain a fundamental driver of gender inequality in Togo where gender relations continue to be influenced by entrenched patriarchal norms restricting women's autonomy, mobility, and decision-making power within households and communities. Early marriage, high prevalence of Gender-Based Violence (GBV), and unequal access to reproductive health services disproportionately affect women and girls, particularly in rural and northern regions. These norms reinforce unequal divisions of labour, such as caregiving, domestic work, and water collection, which limit women's participation in education, livelihood opportunities, and climate adaptation initiatives.

In addition to these socio-cultural constraints, economic and resource inequalities further limit women's adaptive capacity. Women face structural disadvantages in access to land, financial capital, agricultural inputs, and employment opportunities. Limited control over resources weakens their ability to invest in climate-resilient livelihoods or health-improving strategies. Women also face "time poverty" due to disproportionate domestic responsibilities, leaving little time for income generation or participation in training or public roles. Climatic stressors like heat, drought, and unpredictable rainfall increase the burden of labour and deepen household vulnerability, especially in the Centrale, Kara and Savanes regions.

These economic constraints are sometimes compounded by persistent disparities in access to essential services. Barriers to essential services, including maternal health, education, water, sanitation and hygiene (WASH), and climate information, affect women and girls disproportionately. Long distances to health centres, lack of privacy and sanitation in schools, and inadequate WASH facilities reduce girls' school attendance and compromise women's health-seeking behaviour. Women and girls are also the primary collectors of water, exacerbating time burdens. Limited access to climate adaptation information and early warning systems results in reduced preparedness and higher exposure to climate-sensitive health risks like malaria, diarrhoea, and heat stress.

Although the policy landscape in Togo shows promise, institutional and policy gaps still hinder effective gender mainstreaming. The National Policy for Equity and Gender Equality (PNEEG), the National Strategy for Equity and Gender Equality (SNEEG) and several other gender policies across ministries are evidence of strong policy commitment. However, operationalisation remains limited due to lack of institutional capacity, insufficient financial resources, and weak gender data systems. Key climate and health agencies, such as the National Meteorological Agency (ANAMET), the National Civil Protection Agency (ANPC), and health directorates, currently lack adequate tools, expertise, and gender-responsive operational procedures to integrate gender considerations into climate services, monitoring systems, infrastructure planning, and early warning mechanisms.

Finally, these structural and institutional constraints directly affect women's participation, leadership, and voice in decision-making processes. Women's participation in local governance, health committees, climate platforms, and community decision-making bodies remains low. Socio-cultural norms restrict mobility. Time constraints and limited financial autonomy further reduce participation. Exclusion from leadership spaces weakens women's influence on local adaptation priorities, infrastructure planning, and climate-health interventions. These dynamics disproportionately affect young women, elderly women, women with disabilities, and local communities (LCs) with traditional, semi-transhumant livelihoods.

Gender risks and opportunities identified across the project underscore the importance of integrating gender considerations and inclusion at every stage:

- **Data and surveillance**: Incomplete sex-disaggregated data and limited attention to gendered health vulnerabilities risk biasing disease surveillance and response. Involving women

community health workers (CHWs) in data collection and surveillance enhances early detection, builds community trust, and ensures culturally sensitive responses. Although this is a challenging task, the systematic collection of gender-disaggregated indicators is essential for monitoring the effectiveness of climate-health interventions.

- **Decision-making and coordination**: Women, members of LCs and persons with disabilities are often underrepresented in coordination committees and governance structures. Inclusive participation in committees and local multisectoral platforms ensures that early warning systems, emergency protocols, and response plans address the needs of women, vulnerable groups, local communities, and persons with disabilities. Strengthening gender focal points and establishing gender-responsive project teams under Climate Change Units (CCUs) improves institutional coordination.
- **Capacity development**: Limited gender awareness among trainers and digital literacy gaps may exclude women, especially CHWs, from capacity building activities. Integrating gender-responsive pedagogy, flexible training formats, and digital inclusion measures empower women as community leaders in climate-health interventions. Capacity-building of executing entities (EEs), cooperation partners and focal points in public institutions enables consistent integration of gender considerations across all project activities.
- **Communication and outreach**: Gender-blind messaging and inaccessible communication channels may exclude women, girls, members of LCs, and people with disabilities from receiving timely climate health warnings. Co-designing inclusive messages in local languages and culturally relevant formats, using community radios, SMS alerts, and local relays, ensures equitable access to life-saving information. Engaging mothers' clubs, youth groups, and 'Papa champions clubs'[1] strengthens awareness on GBV prevention, gender equality, and health risks.
- **Infrastructure and services**: Health facilities and WASH infrastructure often overlook gender-specific needs, such as menstrual hygiene management, maternal care, accessibility for persons with disabilities, safe waiting areas, and protection from climate hazards. Rehabilitating health facilities (HFs) with climate-resilient designs, establishing dormitories, shaded areas, safe water points, and private spaces for menstrual hygiene addresses these gaps. Gender-sensitive planning and training of CHWs enhance safety, dignity, and positive health outcomes for women, children, members of LCs and vulnerable populations.
- **Social and health vulnerabilities**: Women and girls face additional burdens due to climate-sensitive health outcomes, unsafe water collection, and limited mobility, which may increase exposure to GBV. Awareness raising campaigns, installation of nearby water points, and promotion of reusable menstrual hygiene products reduce risks. Targeted support for vulnerable groups, including elderly, pregnant women, members of LCs, and persons with disabilities, improves access to health services and climate-health resilience
- **Institutional governance**: Limited integration of gender in policies, strategic plans, and technical units perpetuates inequalities. Institutionalising gender accountability mechanisms, including systematic gender analyses, sex-disaggregated M&E, and active participation of women and youth in local committees strengthen gender-sensitive governance. Building the capacity of EEs, cooperation partners and gender focal points ensures long-term sustainability of gender-responsive health and climate interventions.
- **Essential role of men in social change**: Without the involvement of Champions clubs, who play a key role in transforming masculine norms, preventing GBV, and supporting women's access to healthcare, activities and campaigns for gender equity and equality risk remaining symbolic and failing to generate meaningful change. The absence of male engagement may reinforce community resistance and reduce the effectiveness of climate-health interventions for women, girls, members of LCs and vulnerable groups. Promoting positive masculinity, particularly through the involvement of Champions clubs, can help dismantle certain stereotypes and social norms and facilitate the participation of women and girls in benefiting from the project.

[1] The 'Papa Champions' are a Togolese Red Cross initiative engaging men as community allies to promote women's rights, reproductive health, and family well-being (see Annex 8a - GA for more details).

The above findings highlight both risks (exclusion, marginalisation, GBV exposure, ineffective interventions) and opportunities (women's empowerment, inclusive governance, improved access, and climate resilience) for advancing gender equity, equality and social inclusion. A deliberate, systemic integration of gender perspectives spanning data collection, decision-making, communication, capacity building, and service delivery will ensure that climate-health interventions in Togo are inclusive, effective, and sustainable.

## 2.1 Gender dimensions in country/ region/ sector

Traditional patriarchal gender-related norms and stereotypes remain deeply entrenched across Togo, especially in the Centrale, Kara and Savanes regions, where customary and religious structures uphold male authority in households and communities (OMCA-TOGO, 2022). These norms sustain a rigid gendered division of labour that assigns women domestic, reproductive, caregiving and community care responsibilities, while restricting their access to land, income and productive resources. Only 9.2% of women nationwide own land, with even greater disparities in the northern regions (European Union, 2021). This limited access to land constrains their economic autonomy, reduces their bargaining power, and often restricts their ability to meet their own health needs. These structural constraints disproportionately hinder women's ability to participate in economic opportunities and local governance.

Women remain under-represented in political and administrative leadership positions across all governance levels. Despite progress at ministerial level (32.3% of posts held by women), representation drops sharply in parliament (18.6%), municipal councils (under 15%), and village or canton leadership structures where women are nearly absent (World Bank, 2025a). Sociocultural norms, limited access to financial and political networks, economic dependence and the heavy burden of domestic responsibilities constrain women's participation in public decision-making. These barriers reduce their influence on policy priorities, including those related to health, climate adaptation and local development.

Although Togo has adopted progressive laws and policies (e.g. PNEEG, SNEEG, anti-harassment regulations, education reforms) and ratified major international conventions, implementation remains uneven due to limited institutional capacity, weak monitoring of gender units, insufficient sex-disaggregated data and the persistent influence of customary norms. Civil society organisations (CSOs) such as GF2D, ADESCO, REFED, ATAREKAD, WiLDAF, FETAPH and COFET, play a crucial role in GBV prevention, legal support, women's empowerment and disability inclusion. However, their impact is constrained by regional disparities, limited funding, and fragmented coordination, reducing their ability to address intersectional vulnerabilities in remote communities.

Women carry a disproportionate burden of unpaid domestic and care work, nearly five times more than men, restricting their opportunities for education, paid employment, leadership development and engagement in community structures (European Union, 2021). Intimate Partner Violence (IPV) remains widespread and socially normalised, with low reporting rates driven by stigma, economic dependence and limited support services in rural areas (GIZ, 2025a). Women with disabilities and those from marginalised ethnic groups experience intersecting discrimination, resulting in greater exposure to poverty, climate shocks and health risks.

Against this backdrop of entrenched gender inequalities in social, economic and political life, the health sector emerges as a critical arena where structural disparities are reproduced and amplified, translating into unequal health risks, constrained access to essential services, and heightened climate-related vulnerabilities for women, girls, LCs with traditional livelihoods, vulnerable and marginalised groups.

In general, Togo's health sector remains marked by high mortality and strong gendered inequalities, particularly in the northern regions. Crude and maternal mortality rates remain worrying, with severe malaria, neonatal complications and pregnancy-related causes driving hospital deaths. Women and girls, especially in rural areas, face greater difficulties in accessing health services than men due to distance, lack of transport and under-resourced facilities. Climate-sensitive health outcomes such as malaria and diarrhoea disproportionately affect children under five (IHME, 2024) and vulnerable populations, reflecting the combined effects of a fragile health system, unequal access to care, and increasing climate stress. In water, sanitation, and education, slow progress can be observed. Nonetheless, open defecation, weak WASH services, menstrual hygiene gaps, early marriage and

school drop-out perpetuate gendered health vulnerabilities, particularly for rural girls, women, members of LCs, people with disabilities and other vulnerable and marginalized groups.

At national level, Togo has adopted several key frameworks that integrate gender into the health sector, including the PNDS 2023–2027, the PNEEG and the SNEEG, alongside GBV strategies and education sector plans. The MSHPCSUA and the Ministry of Social Action, Solidarity, Promotion of Women and Child Protection (MASSPF) have prioritised maternal and child health, family planning and GBV, supported by gender focal points and coordination structures. Donor-supported initiatives (ProSanté III, UNFPA, Plan International, ECOWAS, etc.) strengthen sexual and reproductive health and rights (SRHR), GBV response, adolescent-friendly services and safeguarding policies. However, the effective implementation of these strategies is still constrained by limited funding, weak gender-disaggregated data systems, and gaps in institutional capacity, which prevent national commitments from fully translating into equitable outcomes for women, girls, members of LCs, vulnerable and marginalised groups.

Institutionally, gender mainstreaming structures exist but remain fragile. The Ministry of Health's National Health Policy Horizon 2030 and the Ministry of Water and Village Hydraulics (MEHV) water strategies acknowledge gender equity but face slow, uneven implementation due to limited resources, poor coordination and a lack of sex-disaggregated data (MSHPAUS, 2023b; MEHV,2021). The Ministry of Social Action, Solidarity, Promotion of Women and Child Protection (MASSPF) and its Directorate General for Gender and the Promotion of Women (DGGPF) are updating gender strategies and GBV care protocols and seek stronger capacities to integrate climate and gender across sectors. Institutions like the EEs of this project - MSHPCSUA and ANAMET - still lack systematic tools, procedures and expertise to operationalise gender in data systems, service delivery and climate-health planning. While WHO and several NGOs (e.g. ADESCO, 3ASC, Plan International) offer good practice models on safeguarding, SRHR and community-based services, their approaches are not yet fully institutionalised within state systems.

At community and household levels, gender roles and norms strongly shape access to and quality of care. Women are primary caregivers, managers of household health and WASH, yet face long distances, lack of transport, overcrowded facilities, poorly trained staff and lack of adapted infrastructure, particularly in the health facilities (USP) in Centrale, Kara and Savanes. Cultural norms, inter alia among LCs with semi-transhumant livelihoods, restrict women's use of maternity services when privacy and cultural sensitivity are not ensured. Approaches such as humanised childbirth have begun to address these shortcomings and improve inclusion of LCs. Climate hazards like floods and heatwaves further constrain women's mobility and access to WASH services, increasing risks during pregnancy, childbirth, and for children under five. Discrimination and stigma affect women from LCs, persons living with HIV, people with disabilities and other vulnerable and marginalized groups, especially where confidentiality is weak. Overall, intersecting inequalities, weak service readiness and non-gender-sensitive infrastructure converge at micro level to magnify the health impacts of climate change on women, girls, members of LCs and other vulnerable and marginalized groups.

## 2.2 Gender expertise, gender responsiveness, and equal opportunities in the partner organisations

Partner ministries like the Ministry of Environment, Forest Resources, Coastal Protection and Climate Change (MERFPCCC) and the EEs of the project (MSHPCSUA and ANAMET) share a formal commitment to gender considerations aligned with national frameworks and governance directive. They have established Gender Units or gender focal points in accordance with national regulations. However, the degree to which gender mainstreaming is institutionalised and operationalised differs significantly among them.

The Directorate of Environment (DE) of the MERFPCCC functions National Designated Authority (NDA) to the GCF. The Ministry has a Gender Unit, a budget line, and a focal point that is based within the DE. It works towards the integration of gender equity and equality principles in climate policies, including the National Adaptation Plan (NAP) process. Supported by development partners, the unit has engaged in substantial capacity-building initiatives on gender issues.

MSHPCSUA has institutionalised gender equality through a formally established Gender Unit and a nationwide network of gender focal points. It is implementing a Transformative Gender and Leadership Training Programme with support from GIZ. However, gender equality is not yet embedded in the ministry's HR policies and systems relating to staff recruitment, promotion, remuneration, grievance mechanisms, and work-life balance. Gender mainstreaming efforts currently focus on training, awareness-raising, and data collection rather than structural reform. Togo's NAP and the Health Sector Adaptation Plan formally integrate gender and equity principles, including gender-sensitive monitoring indicators, demonstrating institutional commitment to gender mainstreaming. However, implementation remains constrained by structural gaps, notably the lack of institutionalised systems for analysing gender-differentiated vulnerabilities and limited availability of disaggregated data, which affect effective targeting of adaptation measures (MSHPAUS, 2020). Ongoing efforts, including national gender integration guidelines and the NAP update process launched in 2024, aim to address these challenges and support more inclusive adaptation planning (MERFPCCC, 2024).

In ANAMET, a Gender Focal Point (GFP) has been appointed, and the institution adheres to national labour legislation prohibiting discrimination and harassment. Yet, it does not yet have internal guidelines or procedures to operationalise gender-related commitments and activities. Evening GFP initial training has begun, but the institution's gender capacity remains nascent. This poses challenges to the effective implementation of gender-responsive climate actions.

Also, across other Gender Units of public institutions significant challenges remain, including limited staff competency on gender equity and equality in CC-related fields, the absence of internal guidelines on non-discrimination and harassment, and the under-representation of women in technical and decision-making roles. However, there are important opportunities to strengthen gender responsiveness. For instance, MERFPCCC would benefit from developing an internal gender strategy, while MSHPCSUA and ANAMET require targeted capacity strengthening to develop gender policies and reinforce their Gender Units and capacitate focal points. This support should enable them to integrate gender systematically into Standard Operating Procedures (SOPs), introduce gender objectives into annual work plans and team evaluations, and ensure the meaningful participation of women in technical training, field missions, and equipment maintenance activities. With enhanced institutional capacities, focal points will be better equipped to support staff training and promote gender-responsive approaches across climate, health and other sectors.

## 2.3 Gender expertise and responsiveness in the project team

GIZ Togo demonstrates a clear organisational commitment to promoting gender equality, in line with its Gender Strategy, which sets the stage for advancing equal opportunities and gender equality within the organisation and in service delivery. Gender mainstreaming is systematically integrated into HR management, organisational culture, and project implementation, including within ProSanté III. This institutional commitment provides a strong basis for advancing gender equality within the workforce.

Despite progress toward gender parity (45% women, 55% men), women remain concentrated in administrative and junior positions, while men dominate technical, senior expert, and leadership roles. Structural barriers, such as unequal access to technical education, mobility constraints, and sociocultural norms, continue to limit women's presence in Bands 4 and 5 and in technical professions. In regional hubs, particularly Kara, men occupy most leadership and technical roles. Women's limited geographic mobility and family responsibilities contribute to this imbalance. Although ProSanté III shows strong female leadership at the central level, disparities remain in decentralised implementation units.

To address these challenges, GIZ Togo has established robust institutional mechanisms, including the Secretariat for Diversity, Inclusion and Gender (SDGI), gender focal points (GFPs), and an internal inclusion charter. While these mechanisms provide a solid structural foundation, their operational effectiveness varies across projects. GFPs possess a good understanding of gender strategies and tools; although they are not gender specialists, they receive regular training and continuous capacity-building throughout the year. Given the growing importance of gender in sectors such as health, climate resilience, and governance, GIZ Togo would benefit from appointing a dedicated Gender Specialist. This role would provide sustained technical leadership, enhance coordination with GFPs, and ensure deeper integration of gender-transformative approaches across programmes.

Furthermore, the Organisation promotes an inclusive workplace through its internal policies, diversity strategies, and measures aimed to preventing discrimination and harassment. The organisation has also developed the mechanism for the prevention and management of workplace harassment supported by a formal Code Conduct that sets out the ethical principles and behavioural standards expected from all staff.

Recognising the need for specialised expertise, the organisation strategically relies on specialised subcontractors, such as Plan International Togo and GFA Consulting Group, for sensitive thematic areas including GBV prevention and gender-transformative community engagement. These partnerships effectively complement internal capacities and expand outreach within the ProSanté III programme.

Ultimately, project coordinators demonstrate generally support for gender equality and promote parity within their teams. Depending on the project, they may devote 10% to 100% of their attention to more in-depth to gender transformative and equality actions. However. Stronger leadership engagement is needed for supervising GFPs, ensuring systematic monitoring of sex-disaggregated data, and addressing root causes of gender inequalities.

# 3. Gender Action Plan

## 3.1 Expected gender impacts and outcomes

The Gender Action Plan operationalises the findings of the Gender Assessment by translating identified gender risks and opportunities into concrete actions across all project components. Through activities such as strengthening gender-responsive monitoring systems, targeted capacity development for gender focal points and project staff, promotion of women's participation in technical training and decision-making bodies, gender-responsive infrastructure design, and inclusive communication and community engagement approaches, the project aims to address structural barriers that limit women's participation, access to services, and influence in climate-health governance.

At the **impact level,** the project interventions contribute to reducing gender-differentiated vulnerabilities to climate-sensitive health risks in Togo by strengthening women's agency, improving equitable access to climate-informed health services and early warning information, and promoting gender-responsive health infrastructure and inclusive climate-health governance systems.

At the **outcome level**, the Gender Action Plan contributes to strengthening the knowledge, skill, and capacity of women and vulnerable groups to participate effectively in climate-health governance and technical systems.

It promotes greater participation and leadership of women and vulnerable groups in climate-health governance and technical systems, including within Climate Change Units (CCUs), surveillance systems, technical training programmes, and community-level committees. Targeted recruitment and training of women technicians, promotion of gender balance in institutional structures, and strengthening of Gender Focal Points all contribute to a more inclusive decision-making environment and ensure that women's perspectives are reflected in climate-health planning and implementation.

The project aims to improve equitable access to climate-resilient health services, information and infrastructure for women, girls, local communities with traditional livelihoods, persons with disabilities and other vulnerable groups. Gender-responsive health facilities design, improved communication strategies tailored to different population groups, and strengthened early warning and surveillance systems ensure that climate-health services better respond to the differentiated needs.

Finally, the GAP strengthens the institutional capacity of key implementing institutions to systematically integrate gender considerations into climate and health policies, planning processes and monitoring systems through gender-sensitive M&E systems, gender analysis in technical documents, strengthening coordination between Gender Focal Points, and targeted training on gender equality and SEAH prevention.

## 3.2 Gender actions

The gender action plan (table 1) outlines the project's interventions for gender equity and equality, including descriptions of the measures, indicators, resources needed and responsibilities for implementation.

*Table 1: Gender Action Plan*

| ID | Component/ Output/ activity | Risks and potentials for gender equality | Description of the Measure/ Action | Indicators | Baseline | Target and Evaluation Criteria | Time-frame | Resources needed for Implementation | Responsible entity for the implementation | Cost estimation/ budget (EUR) |
|---|---|---|---|---|---|---|---|---|---|---|
| **Impact Statement:** Increased health resilience of women, girls, persons with disabilities, and local communities to climate-sensitive health risks in Togo's Centrale, Kara and Savanes regions, through improved equitable access to climate-informed death services and early warning information, gender-responsive health infrastructure and inclusive climate-health governance systems, and strengthened women's agency in climate-health decision-making.<br>**Outcome Statement:** Improved knowledge, skills, and leadership capacity of women and vulnerable groups to participate effectively in climate-health governance and technical systems, increased access to gender-sensitive health facilities and services, and strengthened institutional capacity of key implementing partners to systematically apply gender-responsive approaches in climate and health planning, monitoring, and service delivery across Togo's Centrale, Kara and Savanes regions | | | | | | | | | |
| 1 | Cross-cutting | Insufficient gender-informed decision-making due to the absence of systematic gender-disaggregated data and inadequate reflection of women's and vulnerable groups' needs in Monitoring and Evaluation (M&E) systems | Establish a gender-sensitive M&E system that systematically collects gender-disaggregated data and community-level data to track the participation and the needs of women and vulnerable groups while also monitoring the effectiveness of SEAH mitigation measures such as awareness activities, trainings, and referral pathways to support in service. | M&E system set up and operational with project data disaggregated by sex and vulnerability status and indicators to monitor SEAH mitigation measures. | 0 | 100% of project indicators disaggregated by sex and vulnerability status and used to monitor gender and SEAH mitigation measures. | Y: 2-Y5 | GIZ-M&E Specialist & GIZ M&E Hub Togo<br><br>GIZ Gender & ESS Advisor<br><br>Consultancy for M&E system development | PMU<br>GIZ | *Covered under M&E cost* |
| 2 | Cross-cutting | Insufficient understanding and tracking of gender-differentiated vulnerabilities and outcomes due to the absence of systematic gender analysis in baseline studies, needs assessments, and | Systematically integrate gender- (and where relevant, LC-) specific analysis into all baseline studies, needs assessments, and updates of strategic documents carried out under the project, including the collection and use of gender-disaggregated | Percentage of baseline studies, needs assessments, and strategic documents that include gender-specific analysis and gender-disaggregated data. | 0% | 100% of baseline studies, needs assessments, and strategic documents include a dedicated gender section and gender-disaggregated data. | Y: 1-5 | GIZ Gender & ESS Advisor<br><br>MSHPCSUA Gender Focal Point<br><br>ANAMET Gender Focal Point | GIZ<br>MSHPCSUA<br>ANAMET | *EE Staff (no additional cost)* |

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| | | strategic documents. | data and the identification of gender-responsive measures. | | | | | | | |
| 3 | Cross-cutting | Beneficiaries may refrain from reporting complaints due to fear of retaliation or harassment, leading to unaddressed grievance and unresolved project issues. | Gender base violence (GBV) and Sexual Exploitation, Abuse and Harassment (SEAH) complaints are processed in the Grievance Redress Mechanism (GRM) in a gender and culturally sensitive way, thereby ensuring anonymity of protection of complainants and survivors. | Percentage of GBV and SEAH incidents reported and addressed. | 0% | 100% of SEAH and GBV incidents reported through the GRM are addressed appropriately. | Y: 1-5 | GIZ Gender & ESS Advisor<br><br>MSHPCSUA Gender Focal & ESS Points<br><br>ANAMET Gender Focal & ESS Points | GIZ<br>MSHPCSUA<br>ANAMET | *EE Staff (no additional cost)* |
| 4 | Cross-cutting | Potential SEAH risks in project implementation involving community interactions, collaboration with other project partners and interactions among project staff. | Apply the Code of Ethics and Conduct (CoEC), and provide the EE and all project workers with gender-responsive SEAH training tailored to women's capacity needs | Percentage of project staff and implementing partners and workers, who have reviewed, understood, and signed the CoEC. | 0% | 100% of project staff and workers. | Y: 1-5 | GIZ Gender & ESS Advisor<br><br>MSHPCSUA Gender Focal Point<br><br>ANAMET Gender Focal Point | GIZ<br>MSHPCSUA<br>ANAMET | *EE Staff (no additional cost)* |

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| 5 | Cross-cutting | Inconsistent understanding and application of gender equity and equality principles across EEs, leading to uneven integration of gender considerations in project design and implementation. | Strengthen the capacity of Gender Focal Points (GFPs) and relevant project staff through targeted gender trainings, promoting a shared understanding of gender equity and equality concepts and their systematic application across all project components, including SEAH case management. | i. Number of gender trainings delivered for GFPs and relevant project staff.<br><br>ii. Percentage of trained GFPs and relevant project staff demonstrating improved knowledge of gender equity and equality concepts, of their application in the project and of SEAH case management | 0 | i. 3 Gender training sessions delivered for GFPs and relevant project staff.<br><br>ii. All trained GFPs and relevant project staff demonstrate adequate competency to effectively perform their SEAH and GRM-related responsibilities | Y: 1-5 | GIZ Gender & ESS Advisor<br><br>MSHPCSUA Gender Focal Point<br><br>ANAMET Gender Focal Point | GIZ<br>MSHPCSUA<br>ANAMET | 10,000 EUR |
| 6 | Cross-cutting | Fragmented or misaligned integration of gender considerations across EEs due to limited coordination and information exchange between GFP. | Facilitate regular coordination meetings between GFP of the EEs to ensure alignment on gender priorities, harmonised approaches, and consistent integration of gender considerations throughout project implementation. | Number of coordination meetings between GFPs | 0 | 10 meetings. | Y: 1-5 | GIZ Gender & ESS Advisor<br><br>MSHPCSUA Gender Focal Point<br><br>ANAMET Gender Focal Point | GIZ<br>MSHPCSUA<br>ANAMET | *EE Staff (no additional cost)* |
| 7 | Project/programme co-benefit indicators | Women of reproductive age do not receive adequate sexual and reproductive health services | Improved sexual and reproductive health services provided in targeted areas through improved HFs, access to | Number of women with improved access to quality sexual and reproductive health services | 0 | 658,387 | Y: 1-5 | GIZ Gender & ESS Advisor<br><br>MSHPCSUA Gender Focal Point | GIZ<br>MSHPCSUA | *Cost allocated in the respective activities M&E costs* |

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| | | | improved diagnostic and | | | | | ANAMET Gender Focal Point | | |
| | Component 1: Strengthening the surveillance system for climate-sensitive infectious diseases | | | | | | | | | |
| | *Output 1.1: The surveillance system for climate-sensitive infectious diseases integrating meteorological data is operational* | | | | | | | | | |
| 8 | Activity 1.1.1 Improve and expand coverage of the hydrometeorological network in underserved areas. | Exclusion or insufficient participation of women in technical training on maintenance operations. | . Prioritise the engagement and training of women technicians in rain gauge and weather station repair and maintenance operations and encourage their participation in hydrometeorological technical capacity-building activities. | Number and percentage of female technicians participating in rain gauge and weather station repair and maintenance activities. | ANAMET gender quota in technical positions 21.4% | At least 40% of technicians participating in rain gauge and weather station repair and maintenance activities are women. | Y: 2-5 | GIZ technical advisors<br><br>ANAMET Gender Focal Point and technical staff | GIZ ANAMET | *EE Staff (no additional cost)* |
| 9 | 1.1.2: Enhance ANAMET's ability to manage automated meteorological data and maintain equipment. | Exclusion of women from technical training, leading to unequal access to skills and reduced gender balance in ANAMET teams. | Integrate gender specific needs (e.g. separate toilets, breastfeeding spaces) into the design of building of the decentralised maintenance workshop. | Gender-sensitive decentralised maintenance workshop. | 0 | 1 maintenance workshop Building considers gender needs. | Y: 3 | GIZ Gender & ESS Advisor<br><br>GIZ Construction Advisors<br><br>ANAMET Gender Focal Point and technical staff | GIZ ANAMET | 10,000 EUR |

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| 10 | 1.1.3: Strengthen the capacities of ANAMET to provide climate services for health. | Exclusion of women in capacity strengthening and decision-making processes within ANAMET. | Encourage the participation of female ANAMET staff in technical training on climate and health linkages, risk communication, and health–climate bulletin development. | Number of female staff from ANAMET' technical divisions (Agrometeorological, Synoptic, Climatological, Forecasting, and Instrumentation) trained on climate–health bulletins. | 0 | At least five (≥ 5) staff members only from ANAMET's technical divisions (Agrometeorological, Synoptic, Climatological, Forecasting, and Instrumentation) will be trained on climate and health nexus science, risk communication, and the development of health and climate bulletins. | Y: 1-5 | ANAMET Gender Focal Point and technical staff | ANAMET | *Included in activity budget.* |
| | *Output 1.2: An early warning system for health is installed to provide real-time weather information essential to increase data-driven and data-informed decision-making of HF as a response to climate-sensitive health outcomes.* | | | | | | | | | |
| 11 | Activity 1.2.2: Leverage integrated surveillance data to create disease-specific models that analyse the influence of weather on transmission and inform more effective. | Limited national preparedness, as early-warning systems and surveillance fail to capture differentiated impacts of malaria, diarrhoeal diseases, and heat stress. | Develop a gender-responsive roadmap for implementing climate- and weather-health epidemiological modelling at the national level to document which data will benefit from disaggregation. | Existence of a national gender-responsive roadmap for climate- and weather-health epidemiological modelling. | 0 | 1 gender-responsive roadmap. | Y: 1-5 | GIZ Gender & ESS Advisor<br><br>GIZ technical advisors<br><br>MSHPCSUA Gender Focal Point and Data Unit (DSNISI) | GIZ MSHPCSUA | *Included in activity budget.* |
| | *Output 1.3: An EWS for health is used by policymakers, HFs, the general and key vulnerable populations* | | | | | | | | | |

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| 12 | 1.3.1: Strengthen operational arrangements to implement warning services delivery. | Failure to incorporate data on vulnerable groups into the definition of alert thresholds for malaria, diarrhoeal diseases, and heat-related impacts. | Carry out an analysis to define specific districts or health facility catchment areas trigger thresholds (e.g. account for prevalence, poverty, access, health facility coverage, fertility rate, number of children or elderly or vulnerable groups) | Number of gender-responsive vulnerability criteria integrated into alert thresholds and the digital Health EWS platform. | 0 | 1 review of all districts covered by the project. | Y: 2-3 | GIZ Gender & ESS Advisor<br><br>GIZ technical advisors<br><br>MSHPCSUA Gender Focal Point and Data Unit (DSNISI)<br><br>WASCAL / UofL academic staff | GIZ<br>MSHPCSUA | 5,000 EUR |
| | Component 2: Building an enabling environment to increase health sector resilience | | | | | | | | | |
| | *Output 2.1: Strengthen intersectoral collaboration, accountability and leadership mechanisms on climate change and health issues* | | | | | | | | | |
| 13 | 2.1.1: Establish a Climate Change Unit (CCU) dedicated to health and climate change issues within the MSHPCSUA. | Low representation of women in the newly established CCU. | Promote gender balance in the composition of the CCU during its formal establishment and ensure equal participant of women and men CCU staff in technical and managerial training. | Percentage of women nominated among CCU staff and trained to occupy decision-making and leadership positions. | 0% | ≥ 50% of newly appointed staff and 10% of decision or leadership position are women. | Y: 1-2 | MSHPCSUA Gender Focal Point and Human Resources (DRH) | MSHPCSUA | *Included in activity budget.* |
| 14 | 2.1.2: Establish 5 Regional CCUs in the Regional | Exclusion of women's organisations and local gender | Promote gender balance and women's leadership in regional CCUs through transparent staff selection and equal | Percentage of women appointed among the 15 regional CCU members. | 0% | ≥ 30% of assigned personnel across the 5 regional CCUs are women. | Y: 1-2 | MSHPCSUA Gender Focal Point and Human Resources (DRH) | MSHPCSUA | *Included in activity budget.* |

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| | Directorates for Health. | actors in regional planning. | opportunities in decision-making. | ii. Number of regional CCUs led by women. | | ii. ≥ 1 of the 5 regional CCUs will be headed by a woman from the assigned personnel, with the required technical, managerial, and leadership skills | | | | |
| | *Output 2.2: Capacities of the health system to react to climate sensitive health problems are built* | | | | | | | | | |
| 15 | 2.2.1: Develop and implement climate and health training programmes. | Low participation and exclusion of women from climate-health training programmes, intersectoral meetings, and conferences. | Develop and implement a gender-responsive admission and retention strategy prioritising women, including early-career women and those facing structural barriers, to increase women's access and success in the Climate and Health Master's programme. | Number of gender-responsive measures incorporated into the admission and retention strategy adopted (e.g. flexible admission criteria, mentoring programme, flexible schedules, financial support). | 0 | ≥ 4 measures. | Y: 2 | GIZ Gender & ESS Advisor<br><br>GIZ technical advisors<br><br>WASCAL academic staff | GIZ | *Included in activity budget.* |
| 16 | 2.2.2: Build technical capacities of key actors in the health sector in the prevention and management of climate- | Unequal access to training for women health workers and CHWs (barriers o training participation including mobility, time, culture norms) | Promote equitable participation of women in Training-of-Trainers (ToT) sessions for e-learning and ensure that training content includes gender-responsive approaches relevant to their future roles as trainers. | Percentage of women among the 30 trainers trained. | 0% | ≥ 30% of 30 trainers in ToT sessions are women. | Y: 2 | GIZ Gender & ESS Advisor<br><br>Gender Focal Points and technical staff. | GIZ | *Included in activity budget.* |

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| | sensitive health outcome | | | | | | | | | |
| 17 | | Limited capacity of health personnel and persistent gender norms affecting the provision of respectful maternity care (RMC), including women's autonomy, informed decision-making, choice of birthing position, and access to birth companionship, as well as inadequate application of climate-resilient maternal health approaches | Train female health workers on Respectful Maternity Care (RMC) and humanised childbirth approaches, including women's rights, dignity, and informed decision-making, enabling women to choose their preferred birthing position where medically appropriate. This includes the use of climate-resilient maternal health solutions such as carbetocin for the prevention and management of postpartum haemorrhage, while addressing the links between climate change and sexual and reproductive health (SRH) risks, including heat-related pregnancy complications | •Percentage of women among the 30 trainers trained.<br><br>•Percentage of nationally trained female health professionals who demonstrate knowledge of the principles of respectful maternity care (RMC), humanised childbirth approaches, and the use of carbetocin for the prevention of postpartum haemorrhage | 0% | •≥ 30% of 30 trainers in ToT sessions are women.<br>•At least 80% of nationally trained female health professionals demonstrate adequate knowledge of RMC, humanised childbirth approaches, and the use of carbetocin for the prevention of postpartum haemorrhage, as measured through post-training assessments | Y: 2 | GIZ Gender & ESS Advisor<br><br>Gender Focal Points and technical staff. | GIZ | *Included in activity budget.* |
| | Component 3: The resilience of health infrastructure and service delivery is improved | | | | | | | | | |

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| | *Output 3.1: The resilience of health infrastructure is strengthened* | | | | | | | | | |
| 18 | 3.1.1: Improve health infrastructures to increase resilience. | Risk of unequal access to climate-resilient health infrastructure arising from construction plan designs that insufficiently address privacy, accessibility, and person-centred care, and the functional separation services, particularly for women, LCs and persons with disabilities. | Ensure that standard construction plans /designs are based on participatory needs assessments during the MCH selection phase and integrate person-centred care considerations, the functional separation of services and improved organisation of patient flows. Ensure consultation with COGES, representatives of local women, medical staff and the project team to validate the plans in the design phase | i Percentage of construction plans based on participatory needs assessments that integrate key person-centred care standards.<br><br>ii Percentage of construction plans that are validated by COGES, local women representatives, medical staff and project team in the design phase | 0% | i. 100% of construction plans developed or updated under the project are based on participatory needs assessments and comply with person-centred care standards by the end of the project.<br><br>ii. 100% of construction plans undergo validation by OGES, local women representatives, medical staff and project team in the design phase. | Y: 2 | GIZ Gender & ESS Advisor<br><br>GIZ Construction Advisors<br><br>MSHPCSUA Gender Focal Point and Construction Unit (DISEM)<br><br>GIZ Construction Team Construction firms | GIZ | *Included in activity budget.* |
| 19 | | | Ensure that maternity wards (incl. Postnatal wards) provide adequate privacy and confidentiality with humanised and properly delivery rooms of appropriate size with directly accessible WASH | i. Percentage of maternity wards that meet defined quality standards for privacy, confidentiality, appropriate size, humanised delivery rooms, and access to functional WASH facilities (based on | 0% | i. At least 60% (9 out of 15) health care facilities have separate maternity wards in accordance with the revised standard | Y: 2 | GIZ Gender & ESS Advisor<br><br>GIZ Construction Team Construction firms | GIZ | *Included in the activity budget* |

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| | | | facilities with access to hot water while general sanitation infrastructure facilities are separated between women and men. Women's facilities include secure waste bins, spaces for changing sanitary products, and accessible washbasins in women's facilities | technical assessment checklist).<br><br>ii. Percentage of upgraded health facilities with fully functional gender-responsive infrastructure (including privacy, gender-separated sanitation, and adequate WASH services), verified through technical inspection. | | ii. 100% of upgraded health facilities (up to 15 facilities) provide gender-responsive, inclusive and confidential climate-sensitive health services. | | MSHPCSUA | | |
| 20 | | | Systematically integrate ramps, accessible pathways, wide enough doors and equipment for people with reduced mobility/wheelchairs in all upgraded facilities. | Percentage of upgraded health facilities with functional accessibility features effectively used by patients with reduced mobility | 0% | i. 100% of upgraded health facilities (up to 15 facilities) demonstrate effective use of accessibility features by patients with reduced mobility. | Y: 2 | GIZ Gender & ESS Advisor<br><br>GIZ Construction Team<br>Construction firms | GIZ | *Included in the activity budget* |
| 21 | | Limited access for women and vulnerable groups to safe, confidential, and coordinated health, legal, and psychosocial support services, including for | Strengthen referral pathways and coordination between health facilities and relevant health, legal, and psychosocial services (e.g. One-Stop Centres) to ensure safe, confidential, and | i. Percentage of upgraded health facilities providing gender-responsive and confidential health services with functional GBV/SEAH referral pathways established and operational | 0% | i. 100% of upgraded health facilities (up to 15 facilities) provide gender-responsive, inclusive and confidential climate-sensitive health services. | Y: 2 | GIZ Gender & ESS Advisor<br><br>MSHPCSUA Gender Focal Points | GIZ | *Included in the activity budget* |

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| | | survivors of GBV and SEAH, due to weak referral systems and institutional coordination. | survivor-centred support for GBV and SEAH survivors, including clear protocols and trained staf | ii Percentage of relevant health facility staff trained on survivor-centred GBV and SEAH case management and referral procedures | | ii. At least 2 staff members per upgraded facility trained on referral protocols | | | | |
| 22 | 3.1.2: Maintain health infrastructures to increase resilience | Low participation of women in technical maintenance training due to gender stereotypes, limited access to technical education, and domestic responsibilities | Promote awareness-raising campaigns targeting female completing vocational training to encourage their enrolment in BT-level technical programmes. | Percentage of female trainees demonstrating increased knowledge of BT-level technical career opportunities following the training. | 0% | Achieve at least 25% female participant among trainees, with 100% of trained female participants demonstrating increased knowledge of BT-level technical career opportunities following the training. | Y: 2 | GIZ Gender & ESS Advisor<br>GIZ technical advisors<br>Communication material | GIZ | 2,000 EUR |
| | *Output 3.2: The prevention and treatment of climate sensitive diseases is reinforced* | | | | | | | | | |
| 23 | 3.2.2: Strengthen surveillance and monitoring of climate-sensitive health outcomes. | Disease surveillance systems fail to adequately capture and analyse gender-specific disease vulnerabilities. | Organise a female-only training session for women staff of ministerial data unit (DSNISI) to strengthen leadership, confidence, and skills in data management and use, including the integration of sex-disaggregated indicators for priority climate-sensitive diseases (e.g. malaria, diarrhoeal | Percentage of female DSNISI staff participating in the training who report increased confidence and leadership capacity in data-related roles.<br>Percentage of project supported health surveillance systems that regularly produce reports including sex disaggregated data and analysis of climate- | 0% | 100% of female participants female DSNISI Staff report increased confidence and leadership capacity in data-related roles following the training.<br>By the end of project 100% of the project-supported | Y: 3 | GIZ Gender & ESS Advisor<br>GIZ technical advisors<br>MSHPCSUA Gender Focal Point and Data Unit (DSNISI)<br>Trainers | GIZ<br>MSHPCSUA | 10,000 EUR |

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| | | | diseases, heat-related health outcomes) | sensitive health outcomes | | surveillance systems (epidemiological, entomological, and climatological sentinel sites) regularly produce report including sex-disaggregated data on at least 3 priorities climate-sensitive health outcomes. | | | | |
| 24 | 3.2.3: Strengthen diagnostics and treatment of climate-sensitive health outcomes. | Risk of ineffective communication between health workers and patients regarding disease causes and treatment regimens, leading to poor treatment adherence, misinformation, and rumours, particularly where communication is not adapted to gender-specific and local community contexts. | Develop and disseminate practical, gender-responsive patient communication support guides for health workers, providing locally adapted examples and guidance on explaining diagnoses, treatment plans, and medication use to different population groups. | . Number of comprehensive, gender-responsive patient communication support guides developed and disseminated. | 0 | 1 comprehensive guide available. . | Y: 2-5 | GIZ Gender & ESS Advisor<br><br>GIZ technical advisors<br><br>MSHPCSUA Gender Focal Point and Laboratory Unit (DivL)<br><br>Communication material<br><br>Consultants | GIZ MSHPCSUA | 15,000 EUR |
| | Component 4: Communities resilience to climate-related infectious diseases and capacity to manage associated health burdens is increased | | | | | | | | | |
| | *Output 4.1: Community resilience in water, sanitation and hygiene and in management of the environment to combat diarrhoea and malaria respectively is strengthened* | | | | | | | | | |

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| 25 | 4.1.1: Improve community infrastructures to be more resilient to water-related climate-sensitive health outcomes. | Failure to adequately address menstrual hygiene (MH) needs in schools may result in absenteeism and reduced educational outcomes for girls. | Organise MH awareness sessions in schools, covering use, washing, drying, hygiene, and management of privacy by involving female teachers, school clubs, parent-teacher associations, local multipliers (e.g. Tantines) to support wider dissemination of good practices and promote behaviour change. | Number of schools that have organised MH awareness session, with the support of school clubs and parent-teacher associations leading to improved menstrual hygiene management practices. | 0 | 15 schools. | Y: 2-5 | NGO IVA (Lionne)<br>GIZ Gender & ESS Advisor<br>GIZ technical advisors<br>Communication materials | GIZ | 20,000 EUR |
| 26 | | | Provide subsidised reusable sanitary pad kits to schoolgirls in the 15 schools with newly installed/ rehabilitated WASH facilities. | Number of girls who received a reusable sanitary pad kit by trained multiplier | 0 | 750 girls across 15 schools (50 per school). | Y: 2-5 | NGO IVA (Lionne)<br>GIZ Gender & ESS Advisor<br>GIZ technical advisors<br>Materials | GIZ | 25,000 EUR |
| 27 | | | Develop income-generating activities by supporting internal sales points or nearby kiosks and ensuring continuous access to reusable sanitary pads. | Number of schools/ communities with functional MH selling points established. | 0 | 15 functional selling points (one per school or nearby community area). | Y: 2-5 | GIZ Gender & ESS Advisor<br>GIZ technical advisors<br>Materials | GIZ | 15,000 EUR |
| 28 | | | Integrate a gender-responsive MH component into WASH facility management training | Number of WASH facility management and models that include gender-responsive MH | 0 | 15 trainings include an MH module. | Y: 2-4 | GIZ Gender & ESS Advisor | GIZ | 15,000 EUR |

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| | | | and the management model, ensuring that training addresses key social and cultural barriers to menstrual health with roles assigned to trained school stakeholders. | practices with defined responsibilities. | | | | GIZ technical advisors<br><br>MSHPCSUA Hygiene Unit (DHAB)<br><br>Consultants | | |
| 29 | 4.1.2: Strengthening community engagement and local government capacity for integrated health, sanitation, and malaria control interventions. | Malaria prevention interventions may fail to address gender-specific exposure risks at the community level and within LC. | Encourage the participation of women, persons with disabilities, LCs and other vulnerable groups in local health committees and integrate gender in coordination mechanisms. | Percentage of women, persons with disabilities, LCs and other vulnerable groups in local health committees. | 0% | ≥ 20% women, and 10% of LCs have part of the local health committee. | Y: 2-5 | GIZ Gender & ESS Advisor<br><br>GIZ technical advisors | GIZ | *Included in activity budget.* |
| | *Output 4.2: Capacity and awareness at community level are strengthened* | | | | | | | | | |
| 30 | 4.2.1: Develop communication messages, tools, and channels for different key populations to alert them on climate induced changes to health risks. | Climate–health communication may fail to reach women, girls, low-literacy groups, and remote populations where local languages, cultural norms, and contextual communication channels are not sufficiently integrated. | Involve women's groups, LCs, youth representatives, and disability organisations in co-designing of translation and communication guide. | Number of women, LCs representatives, and organisations of persons with disabilities involved in the co-design of the guide for translation and communicating climate and health information | 0 | ≥ 1 woman, 1 LC representative, and 1 representative of persons with disabilities participated in the development of the translation and communication guide. | Y: 1-2 | GIZ Gender & ESS Advisor<br><br>GIZ technical advisors | GIZ | *Included in activity budget.* |

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| 31 | 4.2.2 Strengthen the capacities of multipliers at community level on the links between climate change and health | Community multipliers (e.g. peer educators, community health workers, teachers) may lack awareness of gender-differentiated climate-health impacts. | Strengthen the capacity of community multipliers to deliver gender-responsive climate–health communication by integrating gender and social inclusion modules into training programmes and ensuring the participation of women leaders and representatives of vulnerable groups. Communication campaigns will use accessible local channels to ensure that early warning messages and climate–health information effectively reach women and vulnerable populations | i. Percentage of trained community multipliers demonstrating improved knowledge of gender-differentiated climate-health risks and gender-responsive communication approaches.<br><br>ii. Percentage of community sensitisation campaigns integrating gender-responsive climate-health messages targeting women and vulnerable groups. | 0% | i. At least 30% of trained community multipliers are women, and 100% of them demonstrate improved knowledge of gender-differentiated climate–health risks and gender-responsive communication approaches.<br><br>ii. 100% of community sensitisation campaigns (minimum 4 per year across 8 municipalities) integrate gender-responsive climate-health messaging and outreach strategies targeting women and vulnerable groups. | Y: 2-4 | **GIZ** MSHPCSUA Gender Focal Point. | MSHPCSUA | *Included in activity budget.* |
| 32 | | | Train women, including representatives of LCs and other vulnerable groups as multipliers equipped with targeted climate–health Social and | i. Number of female multipliers representing vulnerable groups who participated in and completed the training on climate–health SBCC approaches. | 0 | i. ≥ 125 women and ≥ 2 peoples from each LCs are trained.<br><br>ii. At least 3 community awareness | Y: 2-5 | MSHPCSUA Gender Focal Point. | MSHPCSUA | *Included in activity budget.* |

| ID | Component/ Output/ activity | Risks and potentials for gender equality | Description of the Measure/ Action | Indicators | Baseline | Target and Evaluation Criteria | Time-frame | Resources needed for Implementation | Responsible entity for the implementation | Cost estimation/ budget (EUR) |
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| | | | Behavioural Change communication (SBCC), integrating community awareness modules on GBV, SEAH prevention and safe reporting through the project's GRM. | ii. Number of community awareness sessions conducted on GBV, SEAH prevention and safe reporting | | session conducted on GBV, SEAH prevention and safe reporting | | | | |
| 33 | | | Mobilise and equip Champion Clubs as visible ambassadors of positive masculinity to promote timely health-seeking behaviour for climate-sensitive health outcomes. | Number of professionally branded and disseminated Champion Club campaigns promoting positive masculinity and timely use of climate-sensitive health services. | 0 | 1 newly branded campaign carried out. | Y: 2-5 | GIZ Gender & ESS Advisor<br><br>GIZ technical advisors | GIZ | 20,000 EUR |
| 34 | 4.2.3 Raise awareness through different communication channels to encourage behaviour change and strengthen ownership of community members | Fragmented, low-visibility, or inconsistent gender messaging if project interventions are not aligned with existing national and community-level gender and positive masculinity campaigns. | Align project interventions with existing national and community-level gender and positive masculinity campaigns to amplify reach, ensure coherent messaging, and professionalise the promotion of gender-transformative and health-seeking behaviours. | Completion of a comprehensive mapping and analysis of existing gender and positive masculinity campaigns, including messaging, target groups, and communication channels. | 0 | 1 comprehensive mapping available. | Y: 2-5 | GIZ Gender& ESS Advisor<br><br>GIZ technical advisors | GIZ | 5,000 EUR |

*(Source: Own elaboration, December 2025)*

## 4. References

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MERFPCCC (2024). *Updating the National Climate Change Adaptation Plan (PNACC) in Togo*. Available here: https://environnement.gouv.tg/actualisation-du-plan-national-dadaptation-aux-changements-climatiques-pnacc-au-togo