

Gender Assessment

FP305: Building the resilience of Togo's national health system and vulnerable communities to climate-sensitive health outcomes)

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Annex 8a

Gender Assessment

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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List of acronyms

3ASC	<i>Association d'Appui aux Activités de Santé Communautaire</i> (Association for Support to Community Health Activities)
ADESCO	<i>Appui au Développement et à la Santé Communautaire</i> (Support for Community Development and Health)
A2FHV-S	<i>Association des Femmes et Filles Handicapées Vaillantes de la Région des Savanes</i> (Association of Brave Women and Girls with Disabilities of the Savanes Region)
AED	<i>Espoir pour Demain</i> (Hope for Tomorrow)
AEMPO	<i>Association des Étudiants en Médecine, Pharmacie et Odontostomatologie</i> (Association of Students in Medicine, Pharmacy, and Odontostomatology)
AIDS	Acquired Immunodeficiency Syndrome
AMU	<i>Assurance maladie universelle</i> (Universal health insurance)
ANAMET	<i>Agence Nationale de Météorologie</i> (National Meteorological Agency)
ANCy	<i>Agence Nationale de la Cybersécurité</i> (National Cybersecurity Agency)
ANPC	<i>Agence Nationale de la Protection Civile</i> (National Civil Protection Agency)
ATAREKAD	<i>Association des Tantines de la Région de la Kara pour le Développement</i> (Association of Tantines of the Kara Region for Development)
AU	African Union
AWF	African Water Facility
BMZ	<i>Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung</i> (Federal Ministry for Economic Cooperation and Development)
CAT	Convention against Torture
CBR	Community-Based Rehabilitation
CCU	Climate Change Units
CFRSP	<i>Centre togolais chargé de la Formation et de la Recherche en Santé Publique</i> (Togo Centre for Training and Research in Public Health)
CHW	Community Health Worker
CNC-SS	<i>Comité National chargé de la Coordination du Secteur de la Santé</i> (National Health Sector Coordination Committee)
CNSD	<i>Centre National responsable de la Santé Numérique</i> (National Centre for Digital Health)
COFET	<i>Coordination des Organisations Féminines du Togo</i> (Coordination of Women's Organisations in Togo)
COGEP	<i>Comités de Gestion des Écoles Primaires</i> (Primary School Management Committees)
COGES	<i>Comité de Gestion</i> (Management Committee)
CPN	<i>Consultation Prénatale</i> (Antenatal Consultations)
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DBSG	<i>Document Budgétaire Sensible au Genre</i> (Gender-Responsive Budgeting Document)
DGBF	<i>Direction Générale du Budget et des Finances</i> (General Directorate of Budget and Finance)
DHAB	<i>Département en charge de l'Hygiène de Base et de l'Assainissement</i> . (Basic Hygiene and Sanitation Department)
DHS	Demographic and Health Survey
DISEM	<i>Département chargé de l'Infrastructure Sanitaire, des Équipements et de la Maintenance</i> (Health Infrastructure, Equipment and Maintenance Department)
DLM	<i>Direction de la Lutte contre la Maladie</i> (Disease control Department)
DPSSE	<i>Direction de la Planification des Statistiques et du Suivi-Evaluation</i> (Directorate of Planning, Statistics, and Monitoring-Evaluation)
DRS	<i>Direction Régionale de la Santé</i> (Regional Health Directorate)
DSNISI	<i>Direction du Système National d'Information Sanitaire et de l'Informatique</i> (National Health Information System and IT Directorate)
ECOWAS	Economic Community of West African States

EGDC	ECOWAS Gender Development Centre
EE	Executing Entity
EEWDDS	Economic Empowerment of Women and the Demographic Dividend in the Sahel <i>Enquête Harmonisée sur les Conditions de Vie des Ménages</i> (Harmonised Survey on Household Living Conditions)
EHCVM	on Household Living Conditions)
FETAPH	<i>Fédération Togolaise des associations de Personnes Handicapées</i> (Togolese Federation of Associations of Persons with Disabilities)
FGD	Focus Group Discussion
FNFI	<i>Fonds National de la Finance Inclusive</i> (National Fund for Inclusive Finance)
GA	Gender Assessment
GAP	Gender Action Plan
GBV	Gender-Based Violence
GCF	Green Climate Fund
GDI	Gender Development Index
DGGPF	<i>Direction Générale du Genre et de la Protection de la Femme</i> (General Directorate of Gender and Women's Protection)
GDP	Gross Domestic Product
GFA	GFA Consulting Group
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GF2D	<i>Groupe de réflexion et d'action Femme, Démocratie et Développement</i> (Women, Democracy and Development Action and Reflection Group)
GFP	Gender Focal Point
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
GIRE	Gestion Intégrée des Ressources en Eau (Integrated Water Resources Management)
	<i>Groupe de Réflexion des Amis pour le Développement de l'Humain</i> (Friends for Human Development Discussion Group)
GRADH	
GSP	Global Safeguarding Policy
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/ Acquired I
HR	Human Resources
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organization
INH	<i>Institut National d'Hygiène</i> (National Institute of Hygiene) <i>Institut National de la Statistique et des Études Économiques et Démographiques</i> (National Institute of Statistics and Economic and Demographic Studies)
INSEED	
IPCC	Intergovernmental Panel on Climate Change
IPDCP	<i>Instance de Protection des Données à Caractère Personnel</i> (Personal Data Protection Authority)
IPV	Intimate Partner Violence
IVA	International Volontaire en Action
KII	Key Informant Interview
LC	Local Community (with traditional livelihoods)
LSHTM	London School of Hygiene & Tropical Medicine
MATGLAC	<i>Ministère de l'Administration Territoriale, de la Gouvernance Locale et des Affaires Coutumières</i> (Ministry of Territorial Administration, Local Governance and Customary Affairs)
MAPRASA	<i>Ministère de l'Agriculture, de la Pêche, des Ressources Animales et de la Souveraineté Alimentaire</i> (Ministry of Agriculture, Fisheries, Animal Resources and Food Sovereignty)
MEHV	<i>Ministère de l'Eau et de l'Hydraulique Villageoise</i> (Ministry of Water and Village Hydraulics)
MEPS	<i>Ministère des Enseignements Primaire et Secondaire</i> (Ministry of Primary and Secondary Education)

MEPSTA	<i>Ministère de l'Enseignement Primaire, Secondaire, technique et de l'Artisanat</i> (Ministry of Primary, Secondary, Technical and Vocational Education)
MERFPCCC	<i>Ministère de l'Environnement, des Ressources Forestières, de la Protection Côtière et du Changement Climatique</i> (Ministry of Environment, Forest Resources, Coastal Protection and Climate Change)
MFB	<i>Ministère des Finances et du Budget</i> (Ministry of Finance and Budget)
MME	<i>Ministère des Mines et de l'Energie</i> (Ministry for Mining and Energy)
MEN-RS	<i>Ministère de l'Éducation Nationale et de la Recherche Scientifique</i> (Ministry of National Education and Scientific Research)
MFPTDS	<i>Ministère de la Fonction Publique, du Travail et du Dialogue Social</i> (Ministry of Civil Service, Labour and Social Dialogue)
MICS6	Multiple Indicator Cluster Survey
MPDC	<i>Ministère de la Planification, du Développement et de la Coopération</i> (Ministry of Planning, Development and Cooperation)
MPF	<i>Ministère de la Promotion de la Femme</i> (Ministry for the Advancement of Women)
MSGFPE	<i>Ministère des Solidarités, du Genre, de la Famille et de la Protection de l'Enfance</i> (Ministry of Solidarity, Gender, Family and Child Protection)
MSHPCSUA	<i>Ministère de la Santé, de l'Hygiène Publique, de la Couverture Sanitaire Universelle et des Assurances</i> (Ministry of Health, Public Hygiene Universal Health Coverage and Insurance)
NDA	National Designated Authority
NGO	Non-Governmental Organization
NMCP	National Malaria Control Programme
OMCA-TOGO	<i>Organisme de mise en Œuvre du Millennium Challenge Account-Togo</i> (Implementing Agency of the Millennium Challenge Account–Togo)
OHCHR	Office of the United Nations High Commissioner for Human Rights
OP-ICCPR	Optional Protocol to the International Covenant on Civil and Political Rights
OSH	Occupational Safety and Health
PAEHF	<i>Plan d'Action sur l'Égalité entre les Hommes et les Femmes</i> (Action Plan on Gender Equality)
PAFeRT	<i>Projet d'Autonomisation des Femmes Rurales au Togo</i> (Project for the Empowerment of Rural Women in Togo)
PALCC	<i>Programme d'Appui à la Lutte contre le Changement Climatique</i> (Climate Change Support Programme)
PF	<i>Planification Familiale</i> (Family planning)
PGMO	<i>Procédures de Gestion de la Main-d'œuvre</i> (Workforce Management Procedure)
PLHIV	Person Living with HIV
PND	<i>Plan National de Développement Sanitaire</i> (National Health Development Plan)
PNEEG	<i>Politique Nationale pour l'Équité et l'Égalité de Genre</i> (National Policy for Equity and Gender Equality)
ProCEMA	<i>Programme de consolidation de l'Etat et du monde associatif</i> (State and Civil Society Strengthening Programme)
ProCIV	<i>Programme des Centres d'Innovations Vertes</i> (Green Innovations Centers Program)
RCP	Representative Concentration Pathways
REFED	<i>Réseau des Femmes pour le Développement</i> (Women's Network for Development)
RTG	<i>République du Togo</i> (Republic of Togo)
SEAH	Sexual Exploitation, Abuse and Harassment
SDG	Sustainable Development Goals
SDIG	Secrétariat pour la Diversité, l'Inclusion et le Genre (Secretariat for Diversity, Inclusion, and Gender)
SNEEG	<i>Stratégie Nationale d'Équité et d'Égalité de genre</i> (National Strategy for Equity and Gender Equality)
SP	<i>Soins Postnatals</i> (postnatal care)
SRHR	Sexual and Reproductive Health and Rights
SWA	Sanitation and Water for All

SWEDD	Women's Empowerment Project and Demographic Dividend in Sub-Saharan Africa
TdE	<i>Société Togolaise des eaux</i> (Togolese Water Company)
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UL	<i>Université de Lomé</i> (University of Lomé)
USP	<i>Unité de soins Périphérique</i> (Peripheral Care Unit)
WAEMU	West Africa Economic Monetary Union
WAHO	West African Health Organisation
WASCAL	West African Science Service Centre on Climate Change and Adapted Land Use
WASH	Water Sanitation & Hygiene
WB	World Bank
WHO	World Health Organization
WiLDAF	Women in Law and Development in Africa
WPS	Women, Peace and Security

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Chapter 1: Introduction

1.1 Gender context in health sector

Togo faces increasing climate threats that directly affect public health and exacerbate the fragility of an already strained health system. Rising temperatures, prolonged heatwaves, irregular rainfall patterns and more frequent extreme weather events are heightening health risks across the country.

According to the Climate Change Risk and Vulnerability Assessment in the Health Sector in Togo, these climatic hazards have significantly increased the incidence of vector-borne and waterborne diseases, particularly malaria and diarrhoeal diseases, most notably in the Centrale, Kara and Savanes regions (Schmuck et al., 2019). Women and girls, who are often primary caregivers and health-service users, experience disproportionate impacts due to limited access to climate-resilient health facilities, reproductive and maternal care, and decision-making power in community health responses (Anjum & Aziz, 2025; WHO, 2023a).

The country's rapid population growth, 2.3% annually with an average fertility rate of 4.8 children per woman, is adding pressure to basic social infrastructure and essential services such as health, education, water and sanitation. In rural areas, where 57% of the population resides and women represent 51.3% of the population (INSEED, 2023b), most health facilities remain outdated, poorly equipped, and not climate resilient. These facilities often fail to address the specific needs of women, pregnant and lactating mothers, adolescent girls, persons with disabilities and other marginalised groups, further limiting equitable access to healthcare. Climate change amplifies social and gender inequalities, particularly in relation to access to climate-resilient health services, and to safe drinking and sanitation (WB, 2021; WB, 2023; Fruttero et al., 2023).

The interplay between demographic pressure and climate change amplifies existing gender and social inequalities, particularly in access to climate-resilient health services, clean water, and safe sanitation. According to the World Bank, the cost of climate-related health impacts could reach USD 20.8 trillion by 2050 in Sub-Saharan Africa and South Asia, with proportionally higher costs relative to GDP in African countries (World Bank, 2024b). In Togo, the compounded effects of structural poverty, gender gaps in economic participation, and limited access to health and social services, especially in the northern regions, undermine community resilience and adaptive capacity.

Gender inequalities further exacerbate these vulnerabilities. Women, especially those in rural areas, have limited access to productive assets, land, finance, and essential health and reproductive services. Their heavy reliance on subsistence agriculture and natural resources increases their exposure to climate shocks, with direct consequences for their physical, nutritional, and reproductive health, as well as their psychosocial well-being. Furthermore, the domestic and caregiving roles they assume, such as caring for children, the elderly, and the sick, restrict their participation in community-level decision-making and in climate and health-related initiatives (Duus & Montag, 2022).

These structural and social barriers, aggravated by weak health infrastructure, contribute to high maternal and neonatal mortality rates in Togo (399 and 585 deaths per 100,000 live births respectively, PND 2023-2027; Health Statistical Yearbook 2023). Pregnant and postpartum women, newborns, children, and persons with disabilities are among the most vulnerable groups to climate-related health risks (see Table 1 below). Thus, climate change is not only an environmental threat but also a driver of social and gender inequalities, deepening exclusion and undermining inclusive development.

To address the challenges of gender inequality, the project “Strengthening the resilience of Togo's national health system and vulnerable communities to climate-sensitive diseases”, funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and the Green Climate Fund (GCF), the present Gender Assessment (GA) was conducted. It analyses differentiated health needs and identifies barriers limiting women's, girls', and other vulnerable groups' access to health services. The GA highlights gender-differentiated vulnerabilities, including unequal access to resources, limited participation in decision-making processes, and gendered roles within households and communities, as well as the specific challenges faced by women, youth, older persons, and marginalised populations.

The findings of the present analysis will inform the design of targeted and gender-responsive actions to be integrated into project activities through the Gender Action Plan (GAP), Annex 8b of the Funding Proposal for the project “Building the resilience of Togo's national health system and vulnerable communities to climate-sensitive health outcomes”. The development of both the GA and the GAP is

aligned with the GIZ Gender Policy and consistent with the Updated Green Climate Fund Gender Policy and Action Plan (2020–2023).

Table 1: Populations vulnerable to climate-sensitive health outcomes

Groups with increased vulnerability	Climate-related vulnerabilities
Infants and children	Heat stress
	Ozone air pollution
	Water- and foodborne diseases
	Vector-borne diseases
	Malnutrition
Pregnant women and newborn infants	Heat stress
	Extreme weather events
	Water- and foodborne diseases
	Vector-borne diseases
	Malnutrition
	Air pollution
	Low birth weight
Older adults and people with chronic medical conditions	Preterm birth
	Heat stress
	Air pollution
	Extreme weather events
	Water- and foodborne diseases
	Vector-borne diseases
	Cardiovascular diseases

(Source: Climate change and health vulnerability and adaptation assessment. Geneva: World Health Organization; 2021)

1.2 Objectives

This GA's objective is to identify and understand the differentiated gender and social inequalities, roles, responsibilities, and constraints between women, men, and other social groups, to analyse how these factors shape their exposure and sensitivity to climate-related diseases and influence their access to health services.

Specifically, the assessment seeks to:

- Analyse how gender norms and social structures influence health-seeking behaviour, access to health services, and participation in climate and health decision-making processes;
- Identify barriers and opportunities for integrating gender-responsive and socially inclusive measures into the strengthening of health systems aimed at enhancing community resilience, with a focus on transformative gender equality interventions;
- Generate evidence and practical recommendations that guide the formulation of the Gender Action Plan (GAP) and ensure that project design, implementation, and monitoring are not gender-responsive but also intersectional, equitable, and inclusive, taken into account how gender intersects with age, disability, socioeconomic status, geographic location, and other factors that shape vulnerabilities and opportunities.

This assessment aligns with the GCF Updated Gender Policy and Action Plan 2020–2023 and with GIZ's commitment to gender mainstreaming across all programmes. It provides the analytical foundation for the GAP, which operationalises the findings into actions to promote gender equality, strengthen health resilience, and empower women, girls and vulnerable populations to participate fully in the proposed project implementation.

1.3 Methodology

1.3.1. Research Approach

The study used a mixed-method research design approach combining primary data collection through perception surveys, participatory exercises, and Key Informant Interviews (KIIs). The data collection from these sources was triangulated with secondary data, including a literature review and relevant documents such as project concept note, funding proposal and associated analyses and studies conducted by GIZ and partners.

Primary Data Collection

- Focus Group Discussions (FGDs) were conducted with project beneficiaries and civil society actors like pregnant and breastfeeding women, members of Mother's Club, Papa Champion Clubs¹, School clubs, Local Communities (LCs) with traditional livelihoods and persons with disabilities in the three project regions. Discussions explored perceptions of climate-related health risks, access to services, household roles, and community coping strategies. A total of 28 FGDs were conducted across the three regions Centrale, Kara and Savanes.
- The Key Informant Interviews (KIIs) were carried out at both central and regional level with Executing Entities (EEs), health facility and maternity ward managers, Regional and Prefectural Directors of Health, representatives of Non-Governmental Organisations (NGOs) and Civil Society Organisations (CSOs), community leaders, municipal authorities, officials from relevant ministries, institutions, and agencies at the national and regional levels. These interviews gathered institutional perspectives on gender, climate resilience, and health-system strengthening.

FGDs were conducted in selected localities across the three regions, using discussion guides adapted and translated into local languages to ensure inclusivity, gender sensitivity, and cultural relevance. Questionnaires were administered to a representative sample of men and women, across the project area, insuring the inclusion of different ethnic groups, socioeconomic categories, educational levels, and social statuses. This approach made it possible to capture sex-disaggregated data that reflect the distinct vulnerabilities experienced by women and men, such as differentiated exposure to climate-related health risks, disparities in access to climate information, and variation in perceived vulnerability due to cultural norms, livelihood roles, and social positioning. Ethical standards were applied throughout the research process, ensuring voluntary participation, informed consent, and confidentiality.

Table 2: Distribution of stakeholders consulted across the three regions

Actor type	Centrale	Kara	Savanes
Health facilities	5	7	6
NGOs	6	5	6
Institutional actors	4	7	2
Community leaders	2	1	2
Municipalities	1	3	4
Media	1	1	1

¹ The 'Papa Champions' initiative, launched by the Togolese Red Cross, aims to engage men as community allies in promoting gender equality, women's rights, reproductive health, prenatal services, maternal care, family planning, and family well-being. In this context men act as advocates against discrimination, women's exclusion, and GBV, while supporting equitable access to health services. Participants - men and communities – are engaged through discussions, awareness raising sessions, and door-to-door outreach with the aim to encourage behavioural change and to a fairer sharing of care work. They are also motivated to contribute to GBV prevention by promoting consent, mutual respect, and women's safety within communities. Further, the approach is to strengthen women's social inclusion and empowerment by supporting access to health education and income-generating opportunities. Overall, so-called 'Papa Champions' are fathers and key community actors for gender equality, health, and women's rights.

Focus group discussions			
Women's Focus Groups	6	9	5
Men's Focus Groups	3	3	2
Focus Groups, People with Disabilities	1	1	1
Local Communities (LCs) with traditional livelihoods	1	2	1
Girls' and young women groups	2	1	1

(Source: GIZ, 2025a)

Secondary Data Collection

A comprehensive desk review was undertaken to analyse relevant secondary data, including:

- Existent gender analyses: such as the Gender Analysis of ProSanté III project (GIZ, 2023a) and the Gender analysis of the GIZ portfolio in Togo (GIZ, 2023b);
- Policy documents and frameworks including GIZ gender policy (GIZ, 2025b);
- The GCF Gender Policy (GCF, 2019), as well as various key documents on gender such as Gender Equality in Togo (Pettinotti & Raga, 2023); gender action plans, gender strategies, and institutional gender mainstreaming guidelines, have also been reviewed and incorporated;
- Sectoral and project reports: encompassing previous studies conducted by GIZ and other partners; as well as
- Relevant scientific and grey literature on the health sector, climate change, and related areas.

The desk review was instrumental in framing the assessment, identifying gender gaps, and guiding data collection and stakeholder consultations.

1.3.2 Location

Stakeholder consultations were conducted in the Centrale, Kara, and Savanes regions, which are the target intervention areas of the project "Building the resilience of Togo's national health system and vulnerable communities to climate-sensitive health outcomes." These regions are among the most vulnerable areas to climate variability and climate-sensitive health outcomes in Togo. These regions account for over 40% of the national burden of malaria and diarrhoeal diseases (MSHPCSUA, 2023). They were therefore purposively selected to reflect the project's geographical focus and to capture the diversity of socio-economic, health, and gender contexts across northern and central Togo. Together, they provide a representative overview of the intersection between climate vulnerability, public health, and gender inequalities affecting the country's most climate-exposed populations.

Chapter 2: Information on gender dimensions in Togo

2.1 Meta level (norms)

Togolese society comprises a mosaic of approximately forty ethnic groups, grouped into five major cultural families (the Adja-Ewé, the Kabyè-tem, the Para-Gourma, the Akposso-Akébou, and the Ana-lfè) with very diverse morals and customs (INSEED, 2023a). Despite this diversity, a patriarchal social structure predominates, maintaining unequal power relations between men and women (OMCA-TOGO, 2022). Social norms and traditions reinforce this hierarchy, assigning girls subordinate roles from childhood, while boys are socialised to perceive themselves as authority figures. Girls are generally subject to stricter parental control, while boys are more permissive, as revealed by a socio-anthropological study conducted in Togo (Toudeka & Ouattara, 2024). Within most families, particularly in rural areas, women's roles remain largely domestic and reproductive, and their social status is considered inferior to that of men. Legal, cultural, and economic barriers continue to limit women's and girls' participation in public life and access to resources, reinforcing their marginalisation and exposure to poverty (World Bank, 2022a).

According to the UNDP Human Development Report 2025, Togo ranks 161st on the Human Development Index (HDI) with a value of 0.571 in 2023, compared to 0.567 in 2022, indicating a slight improvement. However, gender inequalities persist. The report highlights a significant gap between women and men, with an HDI value of 0.535 for women and 0.618 for men, representing a difference of 0.083 points on the Gender Development Index (GDI) in 2023. Indeed, the Gender Inequality Index (GII) stands at 0.564, confirming the persistence of disparities between women and men in the areas of health, education, employment, and participation in public life (UNDP, 2024). In addition, the country scores 0.43 on the World Bank's Human Capital Index, which means that, given persistent deficits in health, nutrition, access to quality education, and adequate nutrition, Togolese children will achieve an average of only 43% of their potential productivity as adults (World Bank, 2025b).

Gender equality in health is a component of Togo's commitments under the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality). The country ranked 127 out of 144 in the SDG Gender Index in 2022, reflecting both progress and persistent gaps (Pettinotti & Raga, 2023). The UN Women Data Hub highlights that only 41.9% of gender-related SDG indicators are currently tracked in Togo, pointing to the need for improved data systems and monitoring (UNWOMEN, n.d.). Nevertheless, international partners such as GIZ, UNFPA, UNDP, and the World Bank support efforts to promote gender equality through projects that promote sexual and reproductive health, gender-based violence (GBV) prevention, and inclusive water governance. The Women's Empowerment and Demographic Dividend Project, conjointly implemented by ECOWAS, UNFPA, West African Health Organization (WAHO), for instance, focuses on empowering adolescent girls and improving maternal health outcomes through community-based interventions (MPDC, 2023).

Religion, traditional beliefs, age, education level, and economic status influence gender norms in Togo. Typically, men are regarded as heads of households, responsible for setting rules, making major decisions, managing assets, and outward representing the household, while women are expected to ensure domestic management and education of children. Religious teachings often emphasise women's supportive role within the family (Toudeka & Ouattara, 2024). In such a situation, 65% of Togolese believe that a family lives better when a woman bears the main responsibility for its management and the supervision of the children (Afrobarometer, 2019). Non-conforming gender identities and sexual orientations remain largely invisible or stigmatised in the public space (Toudeka & Ouattara, 2024).

Generational and educational differences increasingly shape gender norms. Older generations, often less educated, continue to uphold a patriarchal system that values women's domestic roles and prioritises men's authority and boys' education. In contrast, younger generations, particularly those with secondary or higher education, show greater acceptance of gender equality principles. Recent data indicate a lower secondary school enrolment rate of 88.7% for boys and 88.5% for girls (DPSSE, 2024), compared to 53.8% and 49.2% respectively in 2020 (MEPS, 2020). This increase can largely be attributed to the introduction of free schooling in public secondary education in the years 2021 and 2022, a measure that has significantly reduced school dropouts, particularly in rural areas. However, the completion rate for girls remains lower for girls (59.3%) as compared to 63.5% for boys (DPSSE, 2024). These data reveal both progress and persistent gender disparities in education in Togo, the latter being most pronounced in Kara and Savanes regions.

This generational shift signals growing rejection of gender discrimination among educated youth, yet traditional norms continue to restrict women's autonomy in less educated and rural communities. These

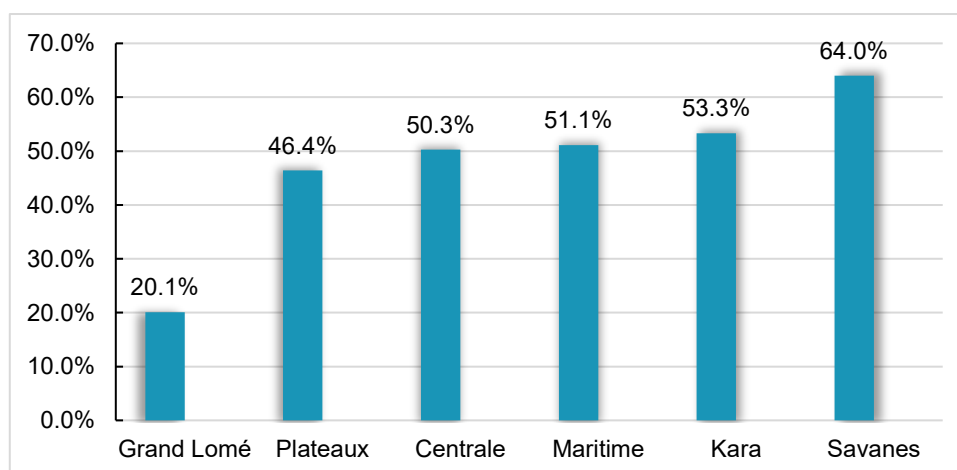
norms affect women's physical and mental health, sexual and reproductive health and rights, and their capacity to make informed decisions. They also limit access to education, political and social participation, and contribute to the prevalence of GBV, Sexual Exploitation, Abuse and Harassment (SEAH) and other harmful practices, thereby perpetuating gender inequalities and the marginalisation of vulnerable groups (OMCA-TOGO, 2022).

GBV remains widespread in Togo. In 2022, data from listening and support centres² for victims of GBV showed that a total of 2,818 people were affected, of whom approximately 85.5% (2,408) were women and 14.5% (410) were men. With regard to violence in schools, the 2022 Study on the Prevalence of Violence in the School Environment, including GBV in Togo, indicated that girls are more frequently victims of sexual violence (8.5% of girls compared to 2.1% of boys) and psychological violence (51.0% of girls compared to 50.9% of boys), while boys experience higher rates of physical violence (80.7% of boys compared to 79.8% of girls) and forced labour (53.8% of boys compared to 49.2% of girls) (MME et al., 2024c).

In terms of women's participation in public decision-making, progress was made recently. In the year 2024, 32.3% of ministerial positions are held by women, a percentage higher than the average for sub-Saharan Africa (23.6%). However, this progress contrasts with the low representation of women in the national parliament, where they hold only 18.6% of the seats. This is below the regional average of 26.9%. These disparities illustrate the gap between policy progress and actual political empowerment, with women underrepresented in legislative and local governance structures where in many instances resource allocation and adaptation priorities are defined (World Bank, 2025a).

At the socio-economic level, gender disparities remain significant. Nationally, only 9.2% (European Union, 2021) of women own land, compared to 90.8% of men. This inequality is even more striking in the Savanes region, where 97.4% of men hold land ownership, compared to only 2.6% of women (REFED, 2025). In Togo, persistent gender inequalities continue to shape economic participation. In 2024, the labour force participation rate for women aged 15 and above was 56.1% compared with 60.1% for men (World Bank, 2025a). This disparity reflects structural and sociocultural barriers, including restrictive social norms, gender stereotypes, and the disproportionate burden of domestic responsibilities, which limit women's access to formal employment (KOUMEYI, 2021). Although employment among vulnerable women has shown slight improvement since 1991, they remain more exposed to economic shocks, and poverty. In 2023, precarious employment affected 89.9% of women and 72% of men, highlighting ongoing gender disparities in access to stable and protected jobs (World Bank, 2025a).

Figure 1: Incidence of income poverty by place of residence and region in 2021



(Source: EHCVM data, 2021-2022)

However, beyond these figures, field consultations conducted in the three target regions of the project reveal several barriers that hinder women's access to public decision-making positions, particularly in

² The listening and support centres play a vital role in combating sexual violence, particularly for girls who are victims of abuse in schools, which often leads to early marriage and school dropout.

rural and peripheral areas. These limitations are not solely due to a lack of skills or qualifications, but also to socio-cultural and family dynamics factors. Women highlighted that the disproportionate burden of domestic work, parental responsibilities, and the fear of potential marital tensions reduce their availability and limit their participation in local and national governance bodies. In the Centrale, Kara, and Savanes regions, social norms remain deeply rooted in patriarchal traditions, defining clearly distinct gender roles. Discussions with mothers' clubs revealed that these norms assign men the primary role of income providers and decision-makers within the household. At the same time, women bear the majority of domestic, family, and community responsibilities, which are generally unpaid (GIZ, 2025a).

In certain local communities, particularly among the Fulani, women often must wait for their husband's approval before making decisions, especially regarding their children's health. However, Community Health Workers (CHWs) have observed a change in behaviour following awareness sessions and educational discussions (GIZ, 2025a). They report that during vaccination campaigns or input distribution (such as antimalarial and antiparasitic medicines, multivitamins and insecticide-treated nets) some men now encourage CHWs to speak directly with their wives. According to the CHWs, this shift reflects a change in mindset resulting from awareness-raising activities. Men increasingly recognise women's ability to manage their children's health and make decisions independently, even in their presence. It is therefore essential to strengthen community discussions to sustain and reinforce this positive dynamic.

Regarding Intimate Partner Violence (IPV) and SEAH, women acknowledged that cases persist but often remain unreported due to fear of stigma, family pressure, or social exclusion. Many women hesitate to report abuse to avoid being rejected by their in-laws, losing their homes, or facing community shame. Religious interpretations sometimes reinforce this silence, as some women believe they must always comply with their husband's sexual demands. Additionally, economic dependence further constrains women's autonomy, reinforcing male dominance in household and community decision-making, particularly regarding land management, agricultural production, and local governance. Women's access to land and productive resources often depends on marital or family ties (OMCA-TOGO, 2022)

As highlighted by the mothers' clubs, men continue to dominate decisions related to household income, land use, and reproductive health. While awareness of GBV is increasing nationally, behavioural change remains limited, and the topic is still considered taboo in rural areas. Concerning GBV cases, few support centres exist, most of them located in urban areas, leaving rural victims without access to adequate services. Moreover, victims are often required to cover the medical costs needed to document GBV cases, which further discourages reporting (GIZ, 2025a).

These findings confirm that socio-cultural norms, economic dependency, and limited-service availability continue to undermine women's participation, safety, and leadership in the target regions. Addressing these barriers through the project's interventions and the targeted GAP will therefore be essential to enhance gender equality, community resilience, and access to climate-resilient health services.

2.2 Macro level (policies and laws)

International and Regional Commitments

Togo has demonstrated commitment to gender equality through the ratification of key international and regional instruments promoting women's rights. From the World Conference on Women held in Nairobi in 1985, devoted to the struggle for "equality, development and peace", to the Beijing World Conference and accession to the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Togolese authorities have been steadfast to promote gender equality. This commitment is reflected in a desire to ensure an environment conducive to the full participation of women, men, girls and boys in initiatives that contribute to its vision of development. In this context, the Togolese government has adopted and revised several legislative instruments, ratified numerous international and regional human rights treaties, as well as specific conventions aimed at the promotion and protection of women's rights.

Despite this sustained commitment to advancing gender equality, through legislative reforms, the ratification of international conventions, and initiatives aimed at promoting inclusive participation, progress remains uneven and constrained by persistent structural barriers. Previous assessments highlight that, despite these normative advances, the promotion of women's rights and the realisation of substantive gender equality continue to face significant limitations, particularly in relation to weak implementation mechanisms, insufficient resource allocation, and entrenched sociocultural norms.

These gaps underscore the need for sustained political will, stronger institutional coordination and more effective engagement between government, civil society and development partners to ensure that existing frameworks translate into tangible, measurable and lasting improvements in the lives of women and marginalised groups.

Table 3: List of international and regional conventions relating to gender approved by Togo

Key international instruments related to gender	Date of ratification by Togo	Brief description of content/significance
At the international Level		
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (OHCHR, 1979)	26.09.1983	It is a 1979 UN treaty defining discrimination against women and requiring states to ensure equality in political, public, educational, and employment spheres.
ILO Conventions 100 and 183 – equal pay and maternity protection. (ILO, 2006)	8.11.1983	Convention No. 183 (2000) updates maternity protection, promoting women's workforce equality, safeguarding maternal and child health, and recognizing diverse social, economic, and legal contexts globally.
ILO Conventions 111 and 183 – equal pay and maternity protection.	8.11.1983	Convention No. 111 (1958) prohibits discrimination in employment and occupation based on sex and other grounds, requiring states to promote equality of opportunity and treatment; Convention No. 183 (2000) strengthens maternity protection, safeguarding maternal health and supporting women's equal participation in the workforce.
International Covenant on Economic, Social and Cultural Rights (ICESCR) (UN, 1967)	24.05.1984	It is a core human rights treaty guaranteeing rights such as health, work, education, and social protection, and obliging states to ensure these rights are exercised without discrimination, including based on sex.
International Covenant on Civil and Political Rights (ICCPR)	24.05.1984	It establishes fundamental civil and political rights such as equality before the law, freedom of expression, participation in public life, and protection from discrimination, binding states to ensure equal enjoyment of these rights by women and men.
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)	18.11.1987	Prohibits torture and ill-treatment in all circumstances, requiring states to prevent, investigate, and punish such acts, and to protect all individuals (particularly vulnerable groups, including women) from abuse.
Optional Protocol to the International Covenant on Civil and Political Rights (OP-ICCPR)	30.06.1988	The Protocol allows individuals to submit complaints of ICCPR violations to the UN Human Rights Committee, strengthening access to justice and accountability mechanisms, including in cases involving gender-based discrimination.
Convention on the Rights of the Child	20.11.1989	It is a 1989 UN core human rights treaty that guarantees children's civil, political, economic, social, and cultural rights, requiring states to ensure protection, survival, development, and participation of all children without discrimination.
Beijing Declaration and Platform for Action– global framework for women's empowerment	1995	It is a global framework for achieving women's empowerment and gender equality, identifying 12 critical areas of concern and committing governments to comprehensive actions in political participation, education, health, economic empowerment, and ending violence against women.
UN Security Council Resolutions 1325 and subsequent – Women, Peace and Security agenda	10.2000	This UN Resolution establishes the Women, Peace and Security (WPS) agenda, mandating women's participation in peace processes, protection from conflict-related violence, and the integration of gender perspectives into peace and security efforts; subsequent resolutions expand obligations on prevention, participation, protection, and recovery.
The Solemn Declaration on Gender Equality in Africa by Heads of State and Government	07.2004	It is a African Union (AU) political commitment in which aimed to promote gender equality, women's human rights, parity in decision-making, and integrate gender into national and regional policies, including peace, governance, and development frameworks.
Protocol to the African Charter on Human and Peoples' Rights on the	12.10.2005	It is a legally binding African human rights instrument guaranteeing women's rights, including protection from

Rights of Women in Africa (Maputo Protocol)		violence, reproductive health rights, economic and social rights, and equal participation in political life.
ILO Convention No. 187 on the Promotional Framework for Occupational Safety and Health	30.03.2012	This UN treaty establishes a national framework for improving occupational safety and health (OSH) through prevention, continuous improvement, and strengthening national OSH systems to protect all workers, including women.
WAEMU Supplementary Protocol – gender mainstreaming in sectoral policies	2015	Provides a framework guiding WAEMU Member States to integrate gender considerations into all sectoral policies (e.g., agriculture, health, education, economy) to promote equality, improve policy effectiveness, and ensure inclusive regional development.
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	16.12.2020	A UN human rights treaty that protects migrant workers and their families by guaranteeing rights related to equality, decent working conditions, non-discrimination, access to justice, social protection, and protection against abuse and exploitation.
WAEMU Decision No. 05/2022/CM – organisational framework for gender institutionalisation	05.2022	Establishes a standardized organisational model for integrating gender at all levels of public administration within WAEMU Member States, strengthening coordination, accountability, and implementation of gender policies.
At the regional level		
African Charter on Human and Peoples' Rights	5.11.1982	It is a foundational AU treaty guaranteeing civil, political, economic, social, and cultural rights, including equality before the law and freedom from discrimination for all individuals.
African Charter on the Rights and Welfare of the Child	5.05.1998	It is an AU treaty protecting children's survival, development, protection, and participation, with stronger provisions than the Convention on the Rights of the Child (CRC) on harmful practices such as child marriage.
ECOWAS Supplementary Act– gender equality for sustainable development	2015	Promote and protect the rights of women and girls by ensuring their equal participation in all sectors

(Source: own elaboration)

These international and regional frameworks are reflected in Togo's national legal order. However, their effective implementation is often limited by persistent customary practices and weak institutional capacity.

National Legal and Policy Framework

At the national level, Togo has developed a comprehensive legal framework to promote gender equality. Several laws have been adopted or revised in recent years, including the Penal Code (2015, 2016, 2022), which criminalises domestic violence and harassment, and the Labour Code (2021, 2022), which strengthens protections for employed women during maternity. Amendments to the Persons and Family Code have also ensured more equitable rights in matters of marriage, parentage, and inheritance. Specific legislation has been introduced to combat sexual violence in schools (2022 law) and to prohibit all forms of harassment and discrimination in the workplace (Order No. 0316/MFPTDS of 2024). In education, Decision No. 33-2022/MEPSTA repealed a 1978 circular that excluded pregnant girls from the school system, marking a significant step towards inclusion.

In terms of gender inequalities, Togo has adopted several reforms to reduce inequalities between women and men, particularly in the areas of reproductive health, GBV, marriage, land rights, and political representation. The Constitution guarantees equality for all citizens, while the Code of Persons and Family, revised in 2012 and 2014, establishes legal equality between spouses. The Penal Code, updated in 2015, strengthens sanctions against violence against women, including forced marriage and discriminatory customary practices. However, the effective implementation of these laws remains limited due to persistent socio-cultural barriers. Strategically, the National Policy on Equity and Gender Equality (PNEEG), updated in 2023, serves as the central reference framework. It is complemented by a national strategy for gender mainstreaming in public policy, the National Strategy for Equity and Gender Equality (SNEEG) and a strategy to combat GBV. Nonetheless, progress remains constrained by complex social realities, where gender intersects with other forms of discrimination. Individuals are affected by overlapping systems of domination and oppression, such as gender, socio-economic status, ethnicity, disability, and sexual orientation, which mutually reinforce their vulnerability.

With regards to the legal framework relating to sexual minorities, the Penal Code stipulates that same-sex relations may be subject to a prison sentence of up to three years and/or a substantial fine, which can reach up to three million CFA francs according to the most recent revisions. Although the Togolese Penal Code considers homosexuality to be an offence, it prohibits all forms of discrimination based on sex, gender, race or any other characteristic, whether direct or indirect, against an individual or a group of individuals (RTG, 2015). Furthermore, while the Constitution formally guarantees the principle of non-discrimination, irrespective of sex, beliefs, opinions, or any other personal or social circumstance (RTG, 2024b), discrimination protections do not explicitly cover sexual orientation or gender identity.

At the subnational level, decentralisation efforts aim to integrate gender-sensitive planning within regional and municipal structures. The implementation Action Plan on Gender Equality III (Plan d'Action sur l'Égalité entre les Hommes et les Femmes, PAEHF) highlights the importance of supporting initiatives that address the economic vulnerability of women and girls, particularly in rural areas and in the context of climate change. It also highlights the need to promote gender-transformative training (European Union, 2021).

Table 4: List of Key National instruments related to gender

Key National instruments related to gender	Date of validation or approval	Brief description of content/significance
At the national Level		
Decision No. 33/2022/MEPSTA/CAB/SG of 21 March 2022 repealing Circular Letter No. 8478/MEN-RS of 15 December 1978 concerning the exclusion of pregnant girls from school (MEPSTA, 2022).	21.03.2022	This decision ended the policy excluding pregnant girls from school, ensuring their right to continue education and promoting gender equality in the education system.
Protocol for the Care of Survivors of Gender-Based Violence in Togo (MSGFPE, 2023)	21.09.2023	This article 1 repeals the 1978 circular that excluded pregnant schoolgirls from school, ensuring their right to continue education without discrimination
Order No. 0316/MFPTDS prohibiting discrimination, sexual or moral harassment, violence, or intimidation in professional settings and workplaces. (DGBF, 2025)	02.02.2024	Order No. 0316/MFPTDS enforces workplace equality and safety by prohibiting discrimination, sexual or moral harassment, violence, and intimidation in professional environments.
Togo's national policy for gender equity and equality (MPF, 2011)	01.2011	Promote gender equity and equality, empower women, and strengthen their participation in development. Its main objectives include equal access to education, financial services, and employment, while combating violence and improving reproductive health.
National Strategy for Gender Equity and Equality (OMCA-TOGO 2022)	2019	Its aim is to overcome the obstacles that hinder women's full participation in the economic, social and political life of the country.

(Source: own elaboration)

Despite the gender policies and strategies established by the country, significant gaps remain within the legal framework. No law specifically addresses IPV, highlighting the need to continue advocating for equal rights for women and girls, especially as new challenges emerge, including safety in both physical and digital public spaces (Pettinotti & Raga, 2023).

Civil society organisations' actions in support of gender equality

Several actors contribute to the promotion of gender equity and equality in Togo, including the supervising ministry, technical ministries, development partners, CSOs, NGOs, and women's associations. Among them, CSOs play a central role in defending women's rights, raising awareness on gender issues, and ensuring citizen oversight.

The Reflection and Action Group on Women, Democracy and Development (GF2D) has been working since 1992 to provide women with legal education, improve access to justice, and challenge patriarchal norms. In 2020, GF2D launched Akofa, a support chatbot for GBV prevention, offering immediate assistance while awaiting intervention by remote counsellors (GIZ, 2023b).

The Coordination of Women's Organisations in Togo (COFET) carries out advocacy actions to promote the adoption of a specific law against gender-based violence, in collaboration with the CSO platform on HIV/AIDS, Health and Human Rights³, thereby strengthening the protection of women's rights. Reports from these organisations highlight persistent gaps: lack of training for judicial actors, insufficient psychosocial services, and enduring discriminatory norms, particularly in rural areas. Civil society warns of the disconnect between legal texts and their practical enforcement, and the absence of intersectional diagnostics in public policy (RADDHO et al., 2022).

WiLDAF West Africa is the sub-regional office of the pan-African WiLDAF network, established in 1997 and based in Lomé. Its mission is to promote women's rights by linking law and development, with the aim of strengthening women's participation at all levels of society. In 2019, WiLDAF launched a three-year project entitled: "Preventing Gender-Based Violence and Violations of Adolescent Sexual and Reproductive Rights to Reduce Early Pregnancies in Togo", which aims to protect the rights of young girls and address the issue of early pregnancies (WiLDAF-AO, 2022a). In the health sector, the network implemented a programme to combat obstetric fistula and genital prolapse, providing a concrete response to violations of women's sexual and reproductive rights in 2022. As part of this programme, two surgical campaigns enabled the treatment of 68 women suffering from fistula. A key component of the programme focused on the economic reintegration of the beneficiaries to strengthen their financial autonomy (WiLDAF-AO, 2022b).

Specific Discrimination and Access to Justice

Despite legislative progress, certain population groups continue to face multiple forms of discrimination. Rural women are particularly affected by customary law, which restricts their access to land ownership and justice. Pregnant schoolgirls, though formally reintegrated, remain stigmatised. Women without legal identity documents cannot access social or legal services, deepening their marginalisation.

2.3 Meso level (institutions)

In Togo, gender is gaining prominence in development policies, but with a focus on male–female parity rather than adopting a broader approach to foster transformative change. The ministry responsible for gender issues is the Ministry of Solidarity, Gender, Family and Child Protection (MSGFPE), which includes several directorates, notably the General Directorate for Gender and Women's Promotion (DGGPF) mandated to operationalise gender equality and equity policies. The DGGPF does not face direct resistance from other state institutions, as gender has become a prerequisite for receiving financial and technical development support. However, the efforts undertaken by the state to substantially promote women and advance towards gender equality remain limited (GIZ, 2023a). Although gender units with focal points have been established within each ministry, their effectiveness is often limited.

State institutions address gender legality by developing policies and action plans, reforming discriminatory laws, combating GBV, and promoting professional equality and access to resources and education (European Union, 2021). These initiatives reflect a commitment to creating a supportive environment for gender equality, but their impact depends on and is limited by available capacities, interinstitutional coordination, monitoring mechanisms, etc.

Ministry Responsible for Gender Issues

In Togo, the Ministry of Solidarity, Gender, Family, and Child Protection (MSGFPE) leads the implementation of gender equality policies. Its mandate encompasses the design, coordination and implementation of national policies promoting gender equity and equality. It oversees the National Policy for Equity and Gender Equality (PNEEG), updated in 2023, which serves as the strategic framework for mainstreaming gender across sectors.

Structurally, the MSGFPE houses the General Directorate for Gender and the Promotion of Women (DGGPF), which is the central body for coordinating interministerial policies and steers national initiatives. In this capacity, it supervises the operation of women's centres, listening, counselling and care centres, psychosocial and legal support to survivors of violence as well as consultation and

³ Plateforme des organisations de la société civile de lutte contre le VIH/SIDA et de promotion de la santé et des droits humains.

collaboration frameworks bringing together institutional and community actors to promote women's rights. Women's centres and listening facilities are established across all regions, offering counselling. One Stop Centres (so-called 'Guichets uniques de prise en charge des victimes de VBG') provide holistic case management for GBV survivors. The Ministry has developed a holistic protocol for the Care of people suffering from GBV which standardises procedures for prevention, reporting, and multi-sectoral response (OMCA-TOGO 2022).

Furthermore, the Ministry has distinguished itself through its commitment to inclusive governance, particularly regarding the representation of women in leadership and decision-making positions between 2022 and 2024. Among all ministries and institutions involved in the development of the (DBSG) 2022–2024, the MSGFPE is the only one that has demonstrated significant progress in increasing the proportion of women in positions of responsibility. Data show a notable improvement: women accounted for 36.72% of leadership positions in 2022, 35.63% in 2023, and 46.59% in 2024 (DGBF, 2024). This upward trend reflects a strong institutional commitment to promoting women's leadership. It also strengthens the legitimacy of the MSGFPE and positions it as a key strategic actor in national gender equality governance.

At the decentralised level, Women's Houses and listening centres, established under MSGFPE, serve as frontline institutions for GBV response and women's empowerment (DGBF, 2025). These centres offer legal counselling, psychosocial support, and referral services, and are present in all regions. Their reach and effectiveness are significant, although they face challenges in terms of staffing, funding, and coordination with judicial and security services.

While not formally obstructing gender equality, customary authorities and traditional norms, particularly in rural areas, continue to exert influence and to work against girl and women empowerment dynamics and initiatives. In this way, the coexistence of statutory and customary systems can undermine women's access to justice and land rights.

Implementation and Institutional Mechanisms

Interministerial dialogue and consultation frameworks bring together sectoral ministries, women's organisations, civil society organisations, and technical and financial partners have been established to strengthen coordination and foster dialogue on gender-equality priorities. These consultation mechanisms are mobilised during the development of major public policies, such as those carried out for the United Nations Cooperation Framework for Sustainable Development 2023–2026, which brought together government actors, CSOs, women's organisations, and international partners (UN Togo, UNSDCF 2023–2026) (UN Togo, 2023). Efforts are made for the revision of several national policies from a more inclusive perspective. For instance, the revision of National law No. 2008-005 on Environment, for which the draft amendment was adopted by the government in 2023, seeks to integrate new concepts and strengthens the consideration of social dimensions, including those related to gender (RTG, 2023).

Furthermore, in recent years, Togo has committed to integrating gender-responsive and demographic dividend-sensitive budgeting into its national budget (DGBF, 2023, 2024, 2025). However, the lack of sex-disaggregated data, technical capacity and funding limits the effectiveness of interventions. The effectiveness of interventions remains further constrained by the lack of sex-disaggregated data in certain sectors (such as health, water resources, etc.), and by limited technical capacity and lack of funding.

Other ministries and Institutions Promoting Gender Equality

The MSHPCSUA plays a complementary role in promoting gender-sensitive health services. Its mandate, defined by Decree No. 2020-080/PR, aligns with the National Health Policy 2030, which prioritises universal access to care (MSHP, 2024b). Several actors in the health sector have benefited from degree programmes and short-term capacity-building sessions in various areas, including maternal and child health, as well as gender mainstreaming. While gender is formally integrated into its institutional framework, staffing data reveal persistent disparities: in 2023, men represented 60% of the workforce, compared to 40% of women (DGBF, 2023). Efforts to improve parity are ongoing, but structural imbalances remain.

In recent years, the Ministry of Finance and Budget (MFB) has committed to promoting greater gender inclusion and advancing women's empowerment. The Ministry has begun integrating gender considerations into its policies, including through the development of a Gender Action Plan, and has implemented gender-responsive budgeting since 2020.

Non-Governmental Organisation and Civil Society Organisations relevant to the project

Togo benefits from a vibrant civil society landscape actively engaged in gender advocacy. The 'Groupe de Réflexion et d'Action Femme, Démocratie et Développement (GF2D)', active since 1992, is one of the most influential organisations. It provides legal education, supports survivors of GBV, and promotes women's access to civil documentation, employment, and health services (GF2D, 2020).

The Women's Network for Development (Réseau des Femmes et Développement, REFED) is one of the leading NGOs operating in northern Togo, actively promoting gender equity. Since its establishment in 2004, the organisation has been dedicated to protecting and advancing women's rights in various areas, including equitable and inclusive education, women's, girls' and children's health, and women's economic empowerment. REFED also plays a key role in combating violence against women and girls through prevention, awareness-raising, advocacy, and capacity-building initiatives for relevant stakeholders. In addition, the organisation contributes to environmental protection by raising women's awareness of the causes and impacts of climate change and by promoting their participation in local adaptation efforts (GIZ, 2025a).

The Association of Tantines⁴ of the Kara Region for Development (ATAREKAD), established in 2019, is a civil society organisation committed to promoting sexual and reproductive health and sexual rights (GIZ, 2025a). The association brings together 73 community-based organisations, whose primary mission is to combat early and unintended pregnancies, uphold the rights of young people and adolescent girls in matters of sexual and reproductive health, prevent GBV, and contribute to the socio-economic empowerment of young mothers. Environmental protection is also integrated into the design and implementation of its activities. With support from GIZ, through the ProSanté project, ATAREKAD has identified young mothers within several communities and provided them with training on sexual and reproductive health and rights (SRHR), gender, and the prevention of GBV (GIZ, 2023a). During the consultations, discussions with ATAREKAD also highlighted the association's involvement in menstrual hygiene, particularly through the promotion of good practices and the use of reusable sanitary pads. Furthermore, the association contributes to strengthening the economic capacities of young mothers and women by providing training and introducing them to income-generating activities, with the aim of supporting their economic empowerment and socio-professional integration.

International Volontaire en Action (IVA) is a Togolese international solidarity organisation that facilitates volunteer exchanges between the Global North and the Global South to implement projects in areas such as education, health, and the environment. Its mission is to promote inclusive and solidarity-driven development through intercultural learning. IVA has also developed the "Lionne" project, which aims to combat menstrual poverty in Togo by locally producing reusable and environmentally friendly sanitary pads (IVA, n.d). During consultations with IVA, the coordinator highlighted that the counsellors trained in the production of reusable sanitary pads play a key role in promoting menstrual health, while also engaging in small income-generating activities that strengthen women's leadership and autonomy (GIZ, 2025a). The organisation also ensures equitable access to affordable reusable sanitary pads through school-based distributions, community sales points in health centres, and social pricing strategies, which particularly benefit low-income women and those living in rural areas. In addition, awareness-raising sessions are conducted in schools, markets, and community centres to educate girls and boys on menstruation, hygiene, and gender equality. These initiatives help break taboos, reduce stigma, and promote mutual understanding between genders.

Other relevant NGOs

The Coordination of Women's Organisations of Togo (Coordination des Organisations Féminines du Togo, COFET) plays a strategic role in policy dialogue and legislative advocacy. In partnership with the Platform of Civil Society Organisations for HIV Response and Human Rights, and with support from the Global Fund, COFET developed a draft proposal for a bill on GBV during pandemics, aimed at discouraging and sanctioning perpetrators. The draft aims to provide Togo with a specific law to improve the prevention and management of GBV during health crises (COFET, 2023).

Plan International Togo, a community development NGO focuses its efforts on the empowerment of girls (under 18) and young women (up to 24 years) through sponsorships, awareness programmes on GBV, and initiatives such as the "Youth Empowerment in West Africa" (YEWA) programme (RTG, 2020). As

⁴ The 'tantines' are young mothers trained to support and raise awareness among adolescent girls and young women on sexual and reproductive health issues, while also contributing to the prevention and management of cases of GBV and sexual harassment. They are also recognised within the community as maternal figures, advisers, and trusted reference women

part of its 2017–2022 planning, the organisation launched the "Equality for Girls" campaign and organises annual awareness caravans in major cities to reduce inequalities between girls and boys. Plan International also supports research into the root causes of these inequalities and implements recruitment practices that promote gender equity.

The Association of Valiant Women and Girls with Disabilities in the Savannah Region (A2FHV-S) was created in 2021 with the mission of promoting women and girls with disabilities. Through the "Support Project for Strengthening Social Cohesion to Improve the Resilience of Women with Disabilities in Tône 4 Municipality", implemented between 2024 and 2025, A2FHV-S contributed to enhancing the resilience of women with disabilities by promoting their rights and strengthening social cohesion within the community. According to the 2017 MICS6 survey, 20% of births in Togo take place at home, with this figure rising to 25% among women with disabilities. These data highlight the additional barriers faced by women with disabilities in accessing health facilities compared to other women. The interventions carried out by A2FHV-S therefore aim to remove the sociocultural barriers that hinder access to basic social services for persons with disabilities, and to reduce the persistent inequalities affecting their care and wellbeing.

The Togolese Federation of Associations of Persons with Disabilities (FETAPH) is a civil society network working on disability-related issues in Togo. Established in 1990, it currently brings together around forty associations of and for persons with disabilities. Its core mission is to defend and promote the rights of persons with disabilities and to enhance the social protection of children and young people with disabilities. Since 2015, FETAPH has been coordinating the "Support Programme for the Inclusion of Children and Young People with Disabilities in Togo", implemented nationwide (FETAPH, 2015; RTG, 2025). Through this initiative, the Federation aims to promote the inclusion and empowerment of children and young people with disabilities, with the ambition of addressing the needs of approximately 1,000 beneficiaries aged 0–25 each year, particularly through the Community-Based Rehabilitation (CBR) approach. The programme focuses on several key areas: health and rehabilitation, inclusive education, livelihoods and inclusive employment, as well as social support and empowerment. These actions also aim to ensure that the needs of persons with disabilities are considered in basic social services, in order to reduce discrimination and inequalities faced by people living with disabilities.

Despite the effort of NGOs and CSOs in promoting the rights of women and girls and in combating GBV, approximately 2,800 survivors receive support each year (RTG, 2024a). Moreover, many cases are not reported due to fear of reprisals, stigma, or prejudice (Sidaction, 2020). This reflects a major sociocultural constraint that limits the effectiveness of protection organisations: without reporting, their ability to intervene remains restricted. Beyond these constraints, the activities of women's organisations in both the public and civil sectors are also limited due to insufficient funding (AfDB, 2021). Nevertheless, their work is essential to bridging the gap between legal frameworks and lived realities, particularly within the most vulnerable communities.

The consultations conducted in the central region provided an opportunity to engage with Monde Radieux, an NGO based in Sokodé that represents persons with disabilities. Its areas of intervention include the inclusion and protection of persons with disabilities, raising awareness on disability rights (inclusion, non-discrimination, mental health, and accessibility), and capacity-building activities such as the protection of children with disabilities and the training of association members. During the consultations, the NGO's representatives highlighted that persons with disabilities face multiple forms of discrimination, which limit their equitable access to essential services and community opportunities. Women and girls with disabilities are particularly affected (GIZ, 2025a). The NGO also noted that persons with disabilities are largely absent from decision-making bodies, both at the community level and within professional structures. Monde Radieux therefore advocates for an inclusive and participatory approach, involving persons with disabilities from the project design stage, training health personnel to provide adapted care, and promoting the leadership of women with disabilities within community structures.

Donor Engagement and Gender Integration

Several technical and financial Partners are implementing various projects and programmes in Togo aimed at promoting gender equality, addressing GBV and combating SEAH.

The World Bank (WB) operates on gender, social inclusion, and the fight against early marriage, notably through the flagship project 'Economic Empowerment of Women and the Demographic Dividend in the Sahel' (SWEDD) (ECOWAS, 2023). This project aims to strengthen the skills of adolescent girls and young women, promote sexual and reproductive health, support girls' continued education, develop

economic opportunities, and prevent GBV. Synergies exist with GIZ, particularly in the economic empowerment of young girls, training in ICT and digital entrepreneurship, and joint technical support for activity implementation.

WHO Togo integrates gender considerations into its activities and has a designated gender focal point within its team. By the end of 2024, the office had 77 members, including 28 women and 49 men, thereby achieving its gender equity objectives (WHO, 2025a). The organisation also places particular emphasis on reducing gender inequalities in health. As part of the international campaign “16 Days of Activism against Gender-Based Violence,” WHO Togo, in partnership with the Association of Students in Medicine, Pharmacy, and Odontostomatology (AEMPO), organised exchange and training sessions to strengthen the knowledge and commitment of future health professionals in preventing and responding to sexual abuse, harassment, and exploitation (WHO, 2023b). Participants were made aware of the United Nations reporting mechanisms in Togo, existing university and health strategies, as well as the medical, psychological, and legal support available for victims. To support these initiatives, WHO Togo has established reporting mechanisms and mapped available victim support services. In this context, the “Xonam” application was created to enable the reporting of GBV cases (WHO, 2025b).

UNFPA, specialized on sexual and reproductive health, has been present in Togo since 1972 and plays a leading role in maternal and neonatal health, family planning, and GBV prevention. In 2022, UNFPA-supported centres assisted 1,651 GBV survivors, including 1,429 women and 222 men. The organisation also trained 14 midwives in emergency obstetric care, who collectively performed 2,588 ultrasounds (UNFPA, 2022b).

UNDP adopts a dual approach, supporting targeted gender programmes and mainstreaming gender across all interventions. Its collaboration with public institutions, civil society, and the private sector focuses on eliminating GBV, promoting women’s leadership in climate action, and advancing girls’ education and empowerment (UNDP, n.d.). UN Women supports the HeForShe initiative, launched in Togo in 2021, which engages men and boys in promoting gender equality (UNDP, 2021).

The European Union (EU), through the Programme de Consolidation de l’État et de la Société Civile pour l’Efficacité de la Gouvernance au Togo (ProCEMA) programme, has established a national framework for gender and women’s empowerment (Pro-CEMA, 2017). It funds NGOs and associations to integrate gender approaches into their projects, promote awareness of women’s and girls’ rights, raise community awareness to change attitudes and behaviours towards women, address GBV, and encourage the participation of women and girls in political and local governance.

Synergies and Opportunities for Cooperation

Togo presents several opportunities for synergy between national and international actors. The DEZO⁵ project, implemented by GIZ in partnership with the MPDC, exemplifies successful collaboration between GIZ and Togo in promoting gender equality. This three-year project (2024–2027) supports the Togolese government in implementing strategies to advance equity and gender equality. Specifically, it aims to strengthen women’s participation in public administration and to improve institutional conditions to reduce gender inequalities and discrimination against women in Togo (GIZ, 2025a)

The Kreditanstalt für Wiederaufbau (KfW), in its function as the financial arm of German development cooperation, implements projects across various sectors, including health, energy, decentralisation, rural roads, and technical and vocational education, ensuring the integration of gender considerations in its interventions. It also supports local NGOs through initiatives targeting women’s empowerment the development and capacity-building of Women’s centres, judicial training on GBV, and digital inclusion programmes targeting women and girls (GIZ, 2023b).

2.4 Micro level (target groups)

Discrimination Against Women

Discrimination against women remains a persistent reality in Togo, despite governmental, legal and CSO-led efforts to promote gender equality. Women’s participation in public, political, economic and community life remains significantly lower than that of men, reflecting the influence of social and customary norms on statutory rights. This situation is particularly observed in rural areas, where

⁵ The project “DEZO”, which means “get involved” in the local language, is a joint initiative of the German cooperation and the Togolese government. DEZO aims to improve the institutional conditions for reducing inequalities and discrimination against women in Togo

women's access to land remains limited, despite constitutional guarantees. Until recently, the coexistence of customary law and modern land law reinforced this inequality, the former largely excluding women, particularly in the rules of inheritance, thereby reinforcing their economic and social marginalisation (Afrobarometer, 2019).

The analysis of women's access to land reveals that only 27.7% of women obtain plots of land through inheritance, compared to 72.3% for men, illustrating the persistent hold of traditional practices on land ownership (OMCA-TOGO, 2022). This land inequality has a direct impact on the well-being of rural women and on the economic development of the country. In fact, only 9.2 per cent of rural women report owning at least one plot of land, compared to 39.7 per cent of men. The gap widens among the poorest 40 per cent of rural people, with 8.9 per cent of women homeowners compared to 46.5 per cent of men, and it widens even more for the uneducated, with 11.0 per cent of women compared to 55.3 per cent of men. Among workers in the agricultural sector, the disparity remains striking, with 15.1% of women owning land compared to 52.3% of men (World Bank, 2022a).

GBV remains a concern and affects more than 32% of women aged 15 and over, of whom 13% reported to have lived in a relationship in which they experienced physical or sexual violence (DG INTPA, 2023; World Bank, 2025a). In the project's beneficiary regions, field consultations revealed recent cases of IPV, GBV or SEAH, including an alleged rape that required medical attention. This violence often occurs in early or forced marriages, as well as in a context of precariousness. In addition, increased economic pressures from climate change, including crop failures and declining incomes, are exacerbating these risks, increasing the vulnerability of women and girls (UNWOMEN, 2025; Zavala et al., 2024). In addition, discrimination also affects people with disabilities, especially women and girls, and is compounded by other intersectoral factors such as mental health conditions or belonging to a vulnerable ethnic or social groups. Being a woman with a disability (Kodjo & Mbarga, 2024), or belonging to a marginalised group such as nomadic populations, creates multiple layers of disadvantage, limiting access to essential social services, including healthcare, maternal care, and education (Ag Ahmed et al., 2018). This marginalisation deprives individuals of a recognised social status and reinforces their economic and social vulnerability.

In Togo, the 2013–2014 Demographic and Health Survey (DHS) indicates that 29% of women aged 15 to 49 have experienced IPV, and 11% have experienced SEAH. Only 37% of victims sought help, mainly from family or friends. Furthermore, 28% of women believe that hitting one's spouse can be justified (MSHP, 2021). The country has developed a national strategy to combat GBV, along with sectoral programmes that encourage reporting. The implementation of this strategy led, between 2016 and 2019, to 228 convictions for sexual violence against women and girls.

Furthermore, training programmes for healthcare personnel on case management, counselling, and psychosocial support, as well as awareness campaigns on GBV, have been organised (UNFPA, 2022a). In addition, listening and counselling centres have been established in certain regions of the country. Violations of women's rights persist due to discriminatory socio-cultural norms, a high illiteracy rate (affecting two-thirds of women), which hinders their economic empowerment, a lack of resources and basic infrastructure or their remoteness, as well as limited awareness and implementation of a recently strengthened legal framework aimed at promoting equality.

Women's Access to Reproductive Health Services

Despite national initiatives such as School AMU⁶, the WEZOU programme⁷, and the Universal Health Insurance Act, inequalities persist due to gender and socio-economic factors. Rural and economically disadvantaged women continue to face significant social discrimination and financial barriers that limit their access to health services. In 2023, only 41.3% of births in rural areas were attended by qualified health personnel, compared to 91.7% in urban areas. The gap is even clearer according to the level of wealth, with 95.3% of women from the wealthiest households giving birth with skilled assistance,

⁶ SCHOOL ASSUR is an initiative of the Togolese Government that aims to cover the care of schoolchildren and students in public primary and secondary schools in the event of illness or accident. Launched in October 2017 and integrated in 2024 into the national Universal Health Insurance (Assurance Maladie Universelle, AMU) project managed by the National Institute of Health Insurance (INAM), SCHOOL ASSUR has since been called School AMU.

⁷ "WEZOU" means "The Breath of Life" in Kabye, one of the local languages of Togo. WEZOU is a government initiative ensuring free essential maternal care with the aim to improve pregnant women's access to healthcare and to reduce maternal and neonatal mortality. It was launched in December 2020 by the Togolese Ministry of Health, with the support of Integral Health, in partnership with the Health Financing Alliance and UNFPA. Services provided include antenatal consultations, delivery care, postnatal and neonatal services, and the screening and management of pregnancy-related complications.

compared to only 26.8% among the poorest (MSHPAUS, 2023a). These disparities reveal an exclusion that affects the living conditions and reproductive health of vulnerable women.

In addition, traditional health practices continue to shape behaviours, particularly in maternal and child health. Many women turn to traditional care, motivated by financial constraints, geographical isolation and cultural preferences. While some mothers take the initiative to seek care for their children, economic and social behaviour and belief systems remain major barriers to effective access to formal services (GF2D & UNWOMEN, 2014).

These inequalities are also evident from socio-demographic data. Rural, young and poorly educated women, as well as those from the poorest households, are the most exposed to multiple discrimination. In addition, the unequal distribution of gender roles, assigning women to domestic and care responsibilities, reduces their availability for economic and political activities. This affects their participation in decision-making within the household and the community, reinforcing unequal power relations.

In the face of these challenges, some initiatives, such as the GIZ-implemented project 'Health System Strengthening – Sexual and Reproductive Health and Rights' (ProSanté III), are helping to strengthen women's resilience. More than 3,000 young mothers have been trained as "Aunties", i.e. community activists to raise awareness among their peers on sexual and reproductive health and the prevention of GBV, with the aim of reducing early and unintended pregnancies among adolescents and promoting access to sexual and reproductive health services. However, despite these efforts, social and cultural norms continue to limit equal access, especially for the most marginalised women (GIZ, 2022c).

Access to health facilities remains difficult, particularly for women in remote or isolated locations, sometimes separated by rivers or other natural obstacles. These geographical constraints limit women's mobility, especially for childbirth, postnatal care, or medical emergencies. The absence of pharmacies in peripheral health units further increases dependence on urban centres.

There are also gender inequalities related to social and cultural norms. Consultations also revealed that social and cultural norms constitute significant barriers to equitable health access. Facilities are often poorly adapted to women's specific needs. In some maternity units, a single room is used for antenatal consultations (CPN), postnatal care (CPS), and family planning (PF). This arrangement, perceived as a lack of privacy, discourages some women from attending health centres for cultural or religious reasons. These combined constraints - infrastructural, geographical, cultural and social - reinforce inequalities in access to care and compromise women's dignity, safety, and equitable participation in the health system.

Women's Representation in Decision-Making Bodies

Regarding participation in public and political life, social and cultural norms continue to restrict the assertion of women's leadership, in contradiction with the principles of equality and non-discrimination enshrined in international and regional legal instruments ratified by the State. Despite their active mobilisation as actors during electoral processes, women remain marginalised in access to decision-making bodies, which hinders the advent of inclusive and gender-sensitive governance.

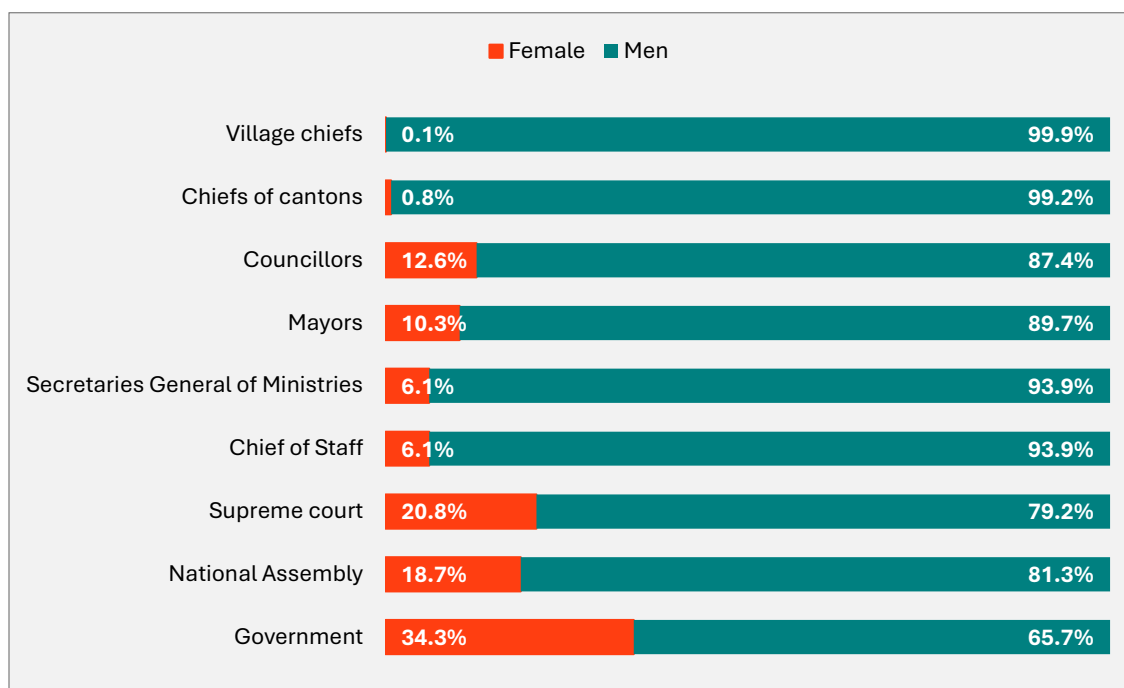
The data reveals that women represent only 18.5% of deputies in the National Assembly and 22.4% of management positions in the public service, confirming their underrepresentation in strategic institutional spheres (MEF, 2023). This trend is confirmed in other key bodies: 34.3 per cent of women in the government, but only 20.8 per cent in the Supreme Court, 6.1 per cent among Chiefs of Staff and Secretaries-General of Ministries, and 10.3 per cent in the office of the mayor. The disparity is even more pronounced at the local level, where women represent only 12.6 per cent of municipal councillors, 0.8 per cent of township chiefs and barely 0.1 per cent of village chiefs (WILDAF-AO, 2025).

These gaps reflect the persistent influence of gender stereotypes that assign women domestic and reproductive roles, limiting their perceived legitimacy in the public and political space. In addition, there are structural obstacles such as limited access to campaign finance, male dominance in the governance of political parties, and dissuasive social and family norms. For example, in the July 2025 municipal elections, only 216 women were elected out of 1,527 seats, or less than 15%, confirming the depth of these barriers (WILDAF-AO, 2025).

This systemic under-representation of women in decision-making bodies is a clear impediment to the realisation of the right to political equality. It undermines the effective integration of women's and girls'

needs and priorities into public policies and underlines the urgent need to strengthen legal and institutional mechanisms that promote gender-balanced participation at all levels of governance.

Figure 2: Share of women in elected and public leadership positions



(Source: Gender-Responsive Public Financial Management System Evaluation Data)

Income and Employment

Women's empowerment remains severely limited by low school enrolment, unequal access to factors of production, including land ownership, financing and vocational training, and by the economic and social consequences of the COVID-19 pandemic since 2020. These constraints restrict their ability to take full advantage of their economic activity, especially in local markets where they have a strong presence. This phenomenon is even more pronounced in the northern regions, where the lack of economic opportunities for women and youth makes the population more vulnerable. Generally, they are often limited to local sales, sometimes cross-border, but are excluded from the larger-scale marketing channels (European Union, 2021).

They remain mostly confined to domestic work, spending nearly five times as many hours per week on unpaid care work as men (European Union, 2021). This burden significantly reduces their ability to access paid employment and participate in public life. The lack of recognition and redistribution of work is a major obstacle to gender equality, particularly in rural areas where social norms are more rigid and economic opportunities are limited.

According to World Bank data, women's participation in the labour market is 53.0 per cent, compared to 70.8% for men. Participation gaps are more pronounced in rural areas (23.8%) than in urban areas (10.1%), mainly due to the high proportion of women engaged in unpaid family work (23.4 % in rural areas compared to 4.5% in urban areas) (World Bank, 2022a). Finally, girls and young women married before the age of 18 are mostly confined to informal and low-paid jobs, limiting their prospects for economic autonomy and financial stability.

Findings on Inequalities in Access to Health Services

Field consultations highlighted several structural, social, and environmental constraints limiting equitable access to health services for the population in rural areas. The consultations revealed significant gender differences. Women and children are the most exposed to climate hazards and deficiencies in health infrastructure. During the rainy season, they are particularly affected by malaria, febrile skin conditions, and complications related to heatwaves, such as sunstroke and widespread rashes among children and

newborns. Community health workers reported frequent heat-related complications among newborns (GIZ, 2025a).

Beyond health impacts, women also experience economic consequences of climate shocks, such as crop losses due to floods or insufficient rainfall. These challenges are burdensome for female-headed households, who often bear sole responsibility for family livelihoods. Men, on the other hand, are primarily affected economically by climate disruptions through reduced agricultural income and diminished subsistence activities. Reported direct health impacts among men remain limited (GIZ, 2025a).

The visited maternity units and health facilities showed numerous material and structural deficiencies. Poor ergonomics, outdated equipment (worn-out delivery beds, cramped rooms, lack of ventilation or air-conditioning), and the absence of spaces dedicated to obstetric emergencies compromise the quality and safety of care for pregnant women and newborns. Hygiene and sanitation conditions also concern a lack of running water, closed or non-functional toilets, and insufficiently trained maintenance staff. These factors undermine patient dignity, reduce the quality of care, and increase health risks (GIZ, 2025a).

Conclusions for the project

Gender inequalities in Togo, including in the Centrale, Kara, and Savanes regions, remain deeply entrenched, shaping access to resources, services, and economic, political, and social opportunities. In this patriarchal context, women are primarily assigned domestic and reproductive roles, limiting their participation in public decision-making and economic autonomy.

Traditional and religious belief systems, and customary law reinforce these norms, creating persistent gaps in access to land, education, formal employment, health services, and political life. These disparities increase women's exposure to GBV and heighten their vulnerability to climate-related shocks, including floods and heatwaves, which disproportionately affect maternal and child health and livelihoods.

Despite these challenges, significant levers exist to advance gender equality. The national legislative framework, policies such as the PNEEG, the engagement of institutions, and support from international partners provide a strong foundation to strengthen women's rights, resilience, and autonomy.

Without targeted and context-sensitive measures to challenge and dismantle the patriarchal norms, interventions risk reproducing existing gender inequalities. Evidence shows that social, cultural and patriarchal norms often restrict women's and girls' participation in activities perceived as belonging to the "male domain". These norms not only limit their access to resources and opportunities but also constrain their ability to articulate their needs, take initiative, and participate in private and public decision-making processes. Further, they increase women's burden of unpaid work. Cultural and patriarchal norms may limit acceptance of initiatives, while vulnerable groups including rural, poor and elderly women, women with disabilities, and those from local communities (LCs) with traditional semi-transhumant livelihoods may remain marginalized - unless inclusion-focused actions are implemented.

With regard to LCs, it is essential to ensure their meaningful participation in the project, particularly in relation to access to and utilisation of maternity services, as well as awareness-raising on climate-sensitive health outcomes and the dissemination of early warning messages. For the latter, community focal points can be trained to relay information, following the example of the Savanes community radio station, which includes a Fulani radio host to effectively reach this community through its programming.

Beyond engaging local authorities in accordance with the new decentralisation law to effectively promote health and primary care services, the leaders of LCs, including Peul/Fulani leaders, must also be involved to help reduce the sociocultural barriers that limit access for these vulnerable groups.

Activities should also aim to strengthen women's ability to engage more actively in their own empowerment. Here, women can serve as role models within their communities. It is also essential to develop tailored messages, tools, and communication channels for different key populations in order to promote behaviour change related to GBV.

Chapter 3: Gender dimensions in the project sector

3.1 Meta level

Despite the progress made in recent years, Togo still faces significant health challenges. According to the 2023 Yearbook of Health Statistics, the crude mortality rate was estimated at 8.2‰ in 2021, and the main causes of hospital deaths come from severe malaria (21%), neonatal infections (3%), anaemia (3%), complicated pregnancies (3%) and prematurity (2%) (MSHPCSUA, 2024a). Maternal mortality, although decreasing, remains a concern, rising from 668 deaths per 100,000 live births in 2000 to 349 in 2023 (World Bank, 2025a).

Despite reforms, policy advances and initiatives undertaken to promote gender equality, gender relations remain strongly patriarchal, especially in rural areas and in key social sectors such as health, education, and WASH. Women continue to face structural disadvantages in accessing quality education, health care, productive resources, economic opportunities, and political representation. These disparities, which are even more pronounced in the northern regions, call for targeted, sustained and gender-responsive interventions to reduce inequalities and strengthen the resilience of vulnerable communities.

Gender and Health

In Togo, access to health infrastructure reflects wide gender gaps. Women face multiple challenges in accessing healthcare, particularly in terms of reproductive health and basic medical services. National data indicate that over 60% of women living in rural areas must travel more than 5 km to reach a health centre, compared to 42% of men (MSHP, 2024a; UNICEF, 2023). The lack of affordable, safe and adequate transport further restricts access to healthcare, especially for maternal and reproductive health services.

Significant gender gaps persist in the health sector across the northern regions of the country, where the health infrastructure is poor compared to the other regions. According to the World Bank Poverty and Gender Assessment in Togo (2022), women in rural areas, especially in Centrale and Savanes, face limited access to maternal health services, family planning, and emergency obstetric care. The maternal mortality ratio remains high at 399 deaths per 100,000 live births, and modern contraceptive use among women is only 24.9% nationally (World Bank, 2022b). The ProSanté III project (GIZ, 2024) confirms that health services are underfunded and unevenly distributed, with rural women disproportionately affected by shortages in staff, medication, and infrastructure.

According to the Centre for Research and Opinion Polls study, difficulties in accessing healthcare and medical services are more pronounced among women (51%) than men (48%), with the Savanes region being particularly affected (55%). The shortage of medicine and other medical supplies presents an additional challenge for vulnerable populations, with 74% of the poorest individuals reporting such shortages. This problem is also more frequently reported in the Kara region compared to other regions (Afrobarometer, 2024). Water and health infrastructure remain major challenges for the country and require urgent government attention.

In Togo, specific measures have been introduced to protect vulnerable groups such as women and girls living with HIV/AIDS and those with disabilities from discrimination limiting their access to health services. From 2021 to 2023, 71 community watch groups were set up to combat stigma and discrimination related to HIV/AIDS. Additional actions for women and girls with disabilities include the Education Sector Plan (2020–2030), a 2021 circular to improve classroom accessibility, and a socio-professional reintegration project (2023–2025) (RTG, 2024a).

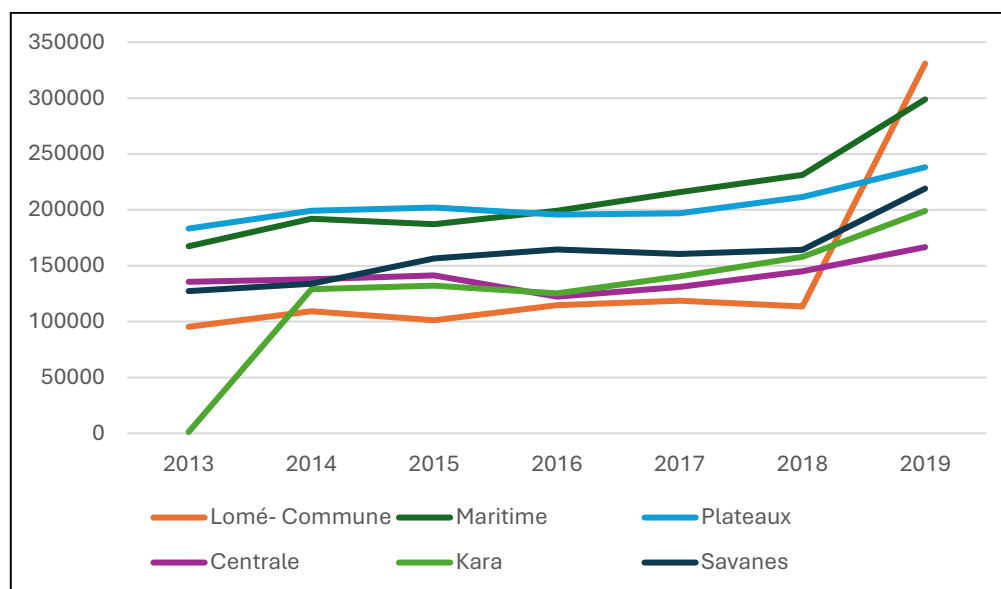
According to the National Health Development Plan (PNDS 2023-2027), the infant mortality rate decreased from 49 to 42 deaths per 1,000 live births between 2014 and 2017. Over the same period, overall infant and child mortality increased from 88 to 71 deaths per 1,000 live births. In contrast, neonatal mortality has remained stable at 27 deaths per 1,000 live births, accounting for 35% of infant and child mortality alone (MSHPAUS, 2023a). These figures highlight the persistence of vulnerabilities in the health system, despite the efforts made.

In terms of morbidity among children under five, malaria remains the leading cause at the national level. The data show that this age group remains particularly exposed. Figure 3 illustrates the evolution of malaria cases in children under five years of age by region between 2013 and 2019. This trend is due to several factors, such as the fragility of the health system, limited access to care, incomplete coverage

of insecticide-treated nets, climatic conditions favourable to the proliferation of vectors, and a relaxation of preventive measures.

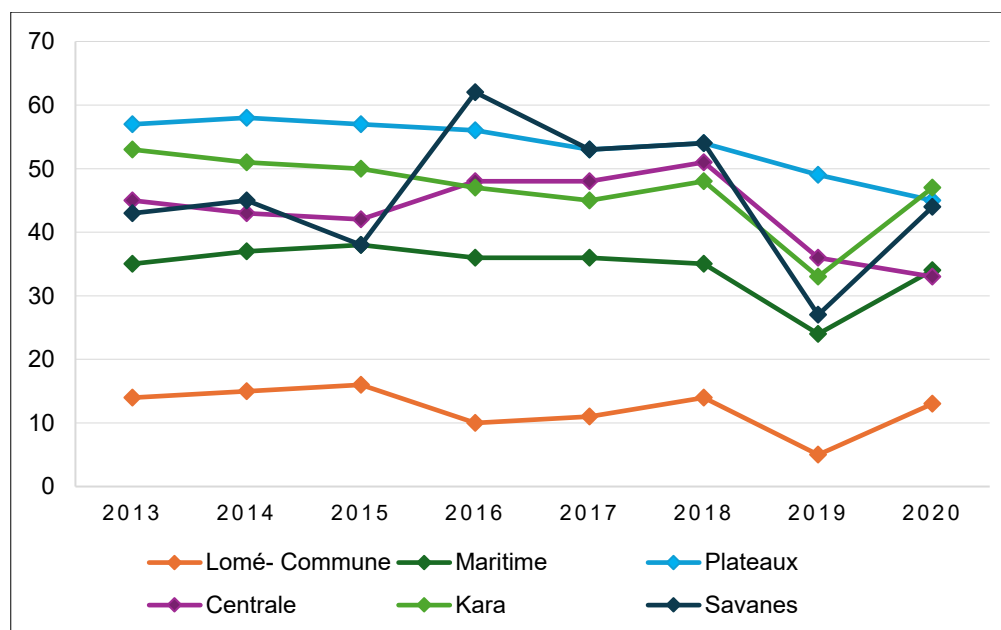
In addition, Figure 3 presents the proportion of malaria-related morbidity by region between 2013 and 2020, highlighting persistent regional disparities. These data illustrate the need for an integrated and targeted approach to strengthen health system resilience, improve access to care, and reduce health vulnerabilities, especially in areas most affected by malaria and other climate-sensitive health outcomes.

Figure 3: Number of Proportional Malaria-Related Morbidity in Outpatient Care of Children Under 5 Years of Age by Health Region



(Source: INSEED-Togo, 2022)

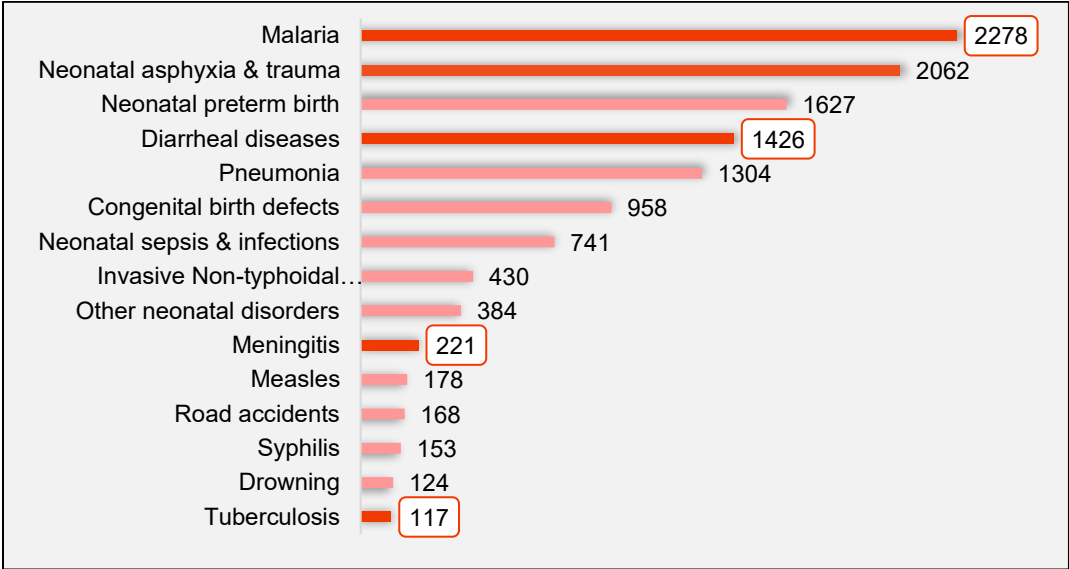
Figure 4: Percentage of proportional malaria-related morbidity in outpatient care of children under 5 years of age by health region



(Source: INSEED-Togo, 2022)

In 2021, malaria, diarrhoeal diseases, and complications related to heat, were among the leading causes of death among children under five years of age as shown in Figure 5 (IHME, 2024). Sensitive to climatic hazards such as floods, heat waves and drought, these diseases particularly affect children from vulnerable populations, whose access to health care and clean water remains limited, leading to a significant increase in child mortality, as illustrated in the figure below.

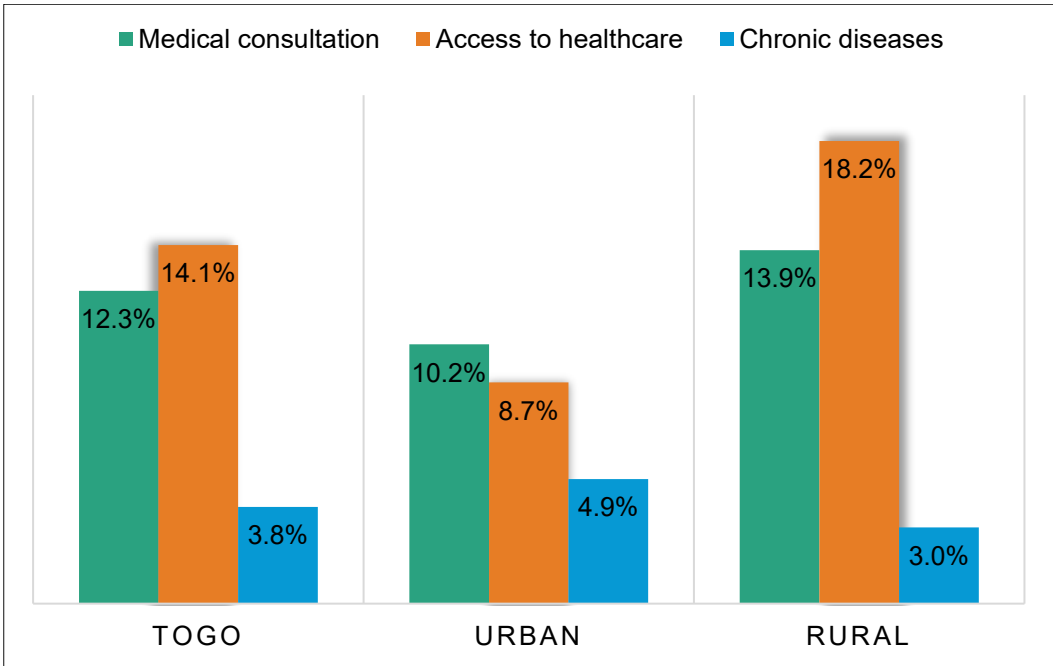
Figure 5: Causes of death in children under five in Togo for 2021



(Source: IHME, 2024)

As illustrated in the figure 6 below, 12.3% of Togolese households reported in 2021 that they had not been able to access a medical consultation when they needed it. This reflects the persistent fragilities of the health system, exacerbated by several factors including inadequate antenatal care, lack of skilled assistance during childbirth and low availability of essential medicines. These gaps increase health risks for the most vulnerable groups, especially pregnant women, newborns and young children, highlighting the need for intervention in the most affected areas.

Figure 6: Percentage of households deprived by health services in 2021



(Source: EHCVM data 2021-2022)

Gender in WASH

In Togo, sanitation services have improved slowly but remain largely inadequate, particularly in rural areas. Between 2000 and 2020, access to “safely managed” sanitation increased from 5% to 9%, and “basic” sanitation from 4% to 9%. However, 45% of households still practice open defecation, rising to 70% in rural areas (WHO-UNICEF, n.d.). Women remain underrepresented in water governance and technical roles, despite being primary users and managers of water at the household level. Reliable data on WASH, including menstrual hygiene, and waste management in healthcare facilities remain largely unavailable for Togo (UN Women, 2025).

Regarding menstrual hygiene, women and girls from several communities, including Fulani women, representatives of school clubs in the Centrale region, and mothers’ clubs across the three regions, report inadequate hygiene conditions, a lack of privacy, and the absence of dedicated spaces for menstrual hygiene management in health facilities and schools. In addition, discussions with CSO actors like ATAREKAD, which already promotes reusable sanitary pads, highlight a specific request for the installation of menstrual hygiene cabins and appropriate waste bins in schools, markets, and health centres. Further, health staff reports insufficient water availability in Water, Sanitation and Hygiene (WASH) facilities, limiting the establishment of suitable menstrual hygiene management systems. The lack of consideration for menstrual hygiene needs (including the absence of facilities that enable safe and private changing) in schools and health centres is a cause for school absenteeism of adolescent girls and women, particularly in rural and pastoral communities, for avoidance to frequent health facilities. This demonstrates that menstrual hygiene management remains a significant barrier to health, dignity, and gender equality in the project areas (GIZ, 2025a).

The NGO International Volontaire en Action (IVA), with the support of its partner, the organisation Woé Zon Loo e.V.⁸, launched the Lionne project, which works to produce and distribute reusable sanitary pads locally in Togo. The project relies on trained community advisers who act as menstrual health ambassadors, capable of raising awareness, organizing local sales, and managing their own micro-economic activities. To reach remote communities and remain responsive to their needs, the NGO is developing an innovative tool: a WhatsApp chatbot for disseminating menstrual education information. This digital channel will allow young people, even in rural areas, to ask questions anonymously and receive reliable answers. In addition, the NGO has implemented awareness-raising strategies, including the establishment of sales points for reusable sanitary pads in health facilities. Finally, the NGO evaluates the impact of its activities. The evaluation methodology was developed by a psychologist specializing in organizational and health matters, together with doctors from the Woé Zon Loo e.V. team. It collects information on knowledge, attitudes, and practices (e.g. the use of sanitary pads). Evaluations are sometimes conducted before awareness activities to adapt messages to the needs of the target population (GIZ, 2025a).

In terms of access to drinking water, the situation appears relatively more favourable. In 2020, 49% of households had access to a basic water service, defined as drinking water from an improved source with a collection time not exceeding 30 minutes, including waiting time. Moreover, 19.6% of households benefited from a safely managed water service, meaning water available on the premises and free from faecal and chemical contamination (WHO-UNICEF, n.d.). Water scarcity and contamination aggravated by changing rainfall patterns intensify the risk of diarrhoeal diseases.

In response to these persistent challenges, the government has, since 2022, defined several strategic priorities to improve sustainable access to water and sanitation. These aim to increase the rural water supply coverage rate to 74% and the coverage in healthcare facilities to 80%, as well as raise sanitation coverage to 31.4% in public schools (AWF, 2022).

Gender and Education

Significant gender disparities persist in Togo’s education sector, especially in rural regions of the country. Girls face lower enrolment and retention rates than boys, with national data from 2022 showing a 52.8% enrolment rate for girls at the lower secondary level compared to 64.2% for boys (DPSSE, 2023). These gaps are driven by early marriage, pregnancy, domestic responsibilities, and long distances to school. National gender policies identify education as a key sector for promoting equality, but structural barriers continue to undermine girls’ empowerment.

⁸ Woé zon loo eV is a non-profit organisation that implements social projects in Togo in collaboration with the Togolese NGO International Volontaire en Action (IVA).

Despite Togo's ratification of international conventions and adoption of national gender frameworks, discrimination remains widespread. Girls from low-income households struggle with education-related costs, while early marriage affects over 30% of girls in some regions. Social norms and institutional structures also shape gendered experiences in education. Girls are often expected to prioritise domestic roles, while boys are steered toward academic and leadership paths. Masculinity norms discourage male participation in caregiving and teaching, reinforcing occupational segregation.

Women and marginalised gender groups remain underrepresented in decision-making within Togo's education sector, despite national commitments to gender equality. Only 27% of school directors and 18% of inspectors are women, and community-level bodies like Primary School Management Committees (COGEPs) often lack meaningful female participation due to literacy gaps, unpaid care burdens, and restrictive social norms. Although frameworks such as the 2020–2030 Education Sector Plan and the National Gender Policy (2021) encourage gender mainstreaming, progress varies across regions.

In Togo, persons with disabilities, particularly women, face significant barriers to education and employment, which severely constrain their socio-economic prospects. According to the Harmonised Survey on Household Living Conditions (EHCVM), 39.7% of persons with disabilities aged 15 and above have never attended school, compared to 25.2% among those without disabilities (INSEED, 2020). Gender disparities are especially pronounced: women with disabilities are disproportionately excluded from formal education and vocational training due to intersecting social norms, stigma, and limited accessibility (MAS, 2022). However, under the Support Project for Improving Quality and Equity in Basic Education, the country aims to reduce barriers to education for girls and persons with disabilities in rural and disadvantaged areas by providing school kits to pupils and female students from vulnerable households (World Bank, 2021).

Gender and disaster and emergency response

Health emergency response provides a key entry point for analysing gender inequalities in Togo. Women and men do not have the same level of access to information, essential services, or support mechanisms during health crises. Integrating a gender perspective into preparedness and response efforts helps identify specific needs, reduce vulnerabilities, and ensure that measures put in place benefit all social groups equitably, particularly women and girls in rural and marginalised areas.

The consultations carried out in Kara's Region showed that flooding hinders access to healthcare, posing a particular challenge for pregnant and breastfeeding women. Women and community health workers reported that certain areas are extremely isolated or cut off by watercourses (for example, villages such as "Wolade", "N'Tienta" in Défalé and Kholina), where pregnant women cannot reach health facilities during the rainy season or must travel long distances to do so. Many end up giving birth within the community or on the way, increasing the risk of complications. During consultation with pregnant and breastfeeding women in SOLA, they particularly emphasised that in the case of babies born to HIV-positive mothers, the absence of medical support creates serious risks for the newborn and can sometimes lead to death, as occurred at the SOLA health post, where an HIV-positive woman with severe bleeding was rushed to the health centre after giving birth at home (GIZ, 2025a).

Women are disproportionately affected due to their traditional roles in household management, caregiving, and subsistence livelihoods, which increase their exposure to climate-related health risks like malaria, diarrhoea, and heat stress. Mortality rates among women during extreme events are often higher than those of men (Neumayer & Plümper, 2007; Shamsuddoha et al., 2024; UNDP, 2013), reflecting unequal access to early warning systems, mobility, and emergency services. These disparities highlight the need for gender-responsive adaptation strategies that address the differentiated vulnerabilities of women, especially in rural and low-income communities.

Multiple forms of gender-based discrimination intersect with climate vulnerability in Togo. Women and girls face economic and social barriers to accessing healthcare, including psychosocial support, particularly in post-disaster contexts where infrastructure is damaged and services are disrupted. Limited access to land, energy, and clean water further compounds their vulnerability. In disaster settings, the breakdown of social protection systems and weak law enforcement increase the risk of GBV, including SEAH. These risks are exacerbated by poverty, trauma, and the loss of livelihoods, which disproportionately affect women and marginalised groups (ANPC, 2020; MSHPCSUA, 2021; UNHCR, 2023).

Gender gaps and gender discrimination in the health sector

In Togo, previous climate and development projects have incorporated a gender perspective into their implementation, notably by strengthening the capacity of health workers to care for women and girls, and by promoting gender equality and women's empowerment. Health personnel have been trained to integrate gender equality and social inclusion into their activities. However, some vulnerable communities continue to face challenges in accessing health services equitably. This is e.g. the case for Fulani communities in Soudou, who reported during consultations that the health centre is located far from their village. In addition, Fulani women are not sufficiently informed about public programmes like WEZOU, which provides reduced fees or full coverage for prenatal and postnatal consultations. Fulani community leaders also mentioned that their communities are discriminated against (GIZ, 2025a).

Discussions with the NGO AED highlighted several challenges related to discrimination and equitable access to care for Persons Living with HIV (PLHIV). Participants noted that many health centres do not have space that ensures patient confidentiality, which reinforces stigma. According to them, forms of discrimination persist within health facilities, and the infrastructure is not adapted to the needs of Persons Living with HIV in terms of privacy and confidentiality. It was also reported that there is a risk of discrimination and stigmatisation when certain health centres become specialised in the treatment and care of PLHIV, which further exacerbates this stigma (GIZ, 2025a). It is therefore essential to ensure that measures promoting integrated care are implemented within selected health facilities to better accommodate PLHIV. This must go hand in hand with concrete actions aimed at preventing stigmatisation and strengthening inclusion within health and humanitarian interventions.

3.2 Macro level

At the national level, Togo has made notable progress in integrating gender considerations into its health policies and strategies. The National Health Development Plan (PNDS) 2023-2027 outlines a vision for equitable and inclusive health services, emphasising the need to address gender-based disparities in access, outcomes, and participation (MSHPAUS, 2023a). This policy aligns with the National Policy for Equity and Gender Equality (PNEEG) and the National Strategy for Equity and Gender Equality (SNEEG 2019–2028), which serve as overarching frameworks for mainstreaming gender across all sectors, including health.

The MSHPCSUA of Health, in collaboration with the then Ministry of Social Action, Promotion of Women and Literacy (MASPFA), has prioritised maternal and child health, family planning, and the fight against GBV in its strategic plans (EngenderHealth, n.d.). The government has also established mechanisms to strengthen gender equality within institutions. Gender focal points are present in ministries, and multisectoral coordination platforms such as the National Health Sector Coordination Committee (CNC-SS) ensure that gender is considered in health governance. However, challenges remain in terms of funding, data collection, and institutional capacity.

Implementation of gender strategies in health is supported by political guidelines and donor partnerships. The ProSanté III project, funded by BMZ and implemented by GIZ, promotes sexual and reproductive rights and strengthens local health systems with a gender lens by training health professionals in sexual and reproductive health and rights (SRHR), improving GBV response, and decentralising services to reach vulnerable populations in Centrale, Kara, and Savanes (GIZ, 2024b). The project also supports integrated services for GBV survivors and enhances the capacity of health workers to deliver gender-sensitive care (GIZ, 2022d).

The connections between gender and health are deeply rooted in socio-cultural and economic realities. Persistent inequalities in access to financial resources, education, and decision-making power limit women's ability to seek and receive quality healthcare. In this context, several civil society organisations play a key role in analysing the gender dimensions of sectoral policies and strategies, as well as in monitoring their implementation. The following section highlights the contributions of these NGOs working on gender issues within the health sector.

The NGO Appui au Développement et à la Santé Communautaire (ADESCO), which operates in the health sector, also works to promote the rights of women, children, and young people. It encourages the participation of children and youth in activities that contribute to their well-being and promotes adolescents' rights to sexual and reproductive health. During the consultations the NGO indicated that the organisation has also developed a child and youth safeguarding policy. As part of the project "Promotion of Adolescents' Rights to Reproductive Health in Togo," implemented in collaboration with

Plan International Togo, ADESCO plans to provide adolescent- and youth-friendly services through a mobile clinic operating in both school and out-of-school settings (GIZ, 2025a).

The Association d'Appui aux Activités de Santé Communautaire (3ASC) is a non-profit, Togolese non-governmental organisation. Its headquarters are located in Dapaong, in the Savanes region, and its mission is to improve the availability of healthcare services for local communities in this northernmost part of Togo. The NGO has developed its own safeguarding policy to establish clear standards for all individuals covered by the policy (staff and programme affiliates), outlining their moral and legal obligations to treat all people with respect and to actively prevent any form of harassment, abuse, or exploitation, including all forms of sexual misconduct and human trafficking (GIZ, 2025a). Through its community-based distribution project, 3ASC supports communities particularly women by improving access to family planning services and increasing coverage of modern contraceptive methods.

Plan International Togo is a humanitarian and community development organisation that works to advance children's rights and promote gender equality, with a particular focus on ensuring equal rights for girls. One of the organisation's key priorities is safeguarding the sexual and reproductive health and rights of girls and young women (Plan International, 2025). To this end, the organisation has developed several policies, including its global policy, the Gender Equality and Inclusion Policy, the Integrity and Inclusion Policy on Prevention of SEAH, and the Global Safeguarding Policy (GSP). Through its global policy framework, the organisation seeks to mainstream gender across its programming and advocacy work. Looking ahead, Plan International Togo aims to apply its gender-transformative programming and influencing approach to drive social change, challenge harmful gender norms, and place young people at the centre of its interventions (Plan International, 2023).

Women and adolescent girls in Togo face specific barriers to accessing reproductive healthcare, due to gender norms, financial constraints, and limited decision-making autonomy. In this context, also donors active in the health sector integrate gender objectives into their programmes. Their contributions include technical assistance, funding for maternal health and GBV services, and support for data collection and policy reform. Monitoring mechanisms are increasingly being developed to assess the impact of their interventions on gender equality.

The UNFPA office in Togo provides strong support for sexual and reproductive health as well as the prevention of GBV. To monitor its contribution to gender equality, UNFPA publishes annual reports. In its 2022 annual report, the organisation reports on progress towards its three "transformative results": family planning, maternal mortality, and GBV (UNFPA, 2022b). The report also notes that part of UNFPA's support aims to achieve "Zero GBV" and reduce unmet needs in family planning.

Regional partners, such as ECOWAS, also engage in the health and gender sectors in Togo, particularly through programmes aimed at combating sexism. Through its ECOWAS Gender Development Centre (EGDC), the institution funds initiatives in Togo focusing on obstetric fistula, awareness-raising, and the reintegration of surviving women. It intends to induce change that is favourable to the Gender Agenda by taking actions contributing to the formation of resilient communities that are open to equal rights between women and men (EGDC, 2024; West Africa Wire, 2024). In its regional gender analysis report, ECOWAS highlights that discussions on gender and trade are still limited in Togo (World Bank, 2024a).

3.3 Meso level

The Minister of Solidarity, Gender, Family, and Child Protection (MSGFPE) coordinates gender mainstreaming across sectors, supported by gender focal points in health institutions. The General Directorate for Gender and the Promotion of Women (DGGPF) of the MSGFPE is currently updating its gender strategies and action plans. The objective is to address the challenges encountered in integrating gender equity within other sectoral ministries while strengthening the legal and institutional framework related to gender. In this context, the Directorate indicated that it has developed a new protocol for the holistic care of survivors of GBV. However, the DGGPF highlighted the need to strengthen its capacities on climate change issues and their impacts in order to better integrate gender considerations at all administrative levels.

The MSHPCSUA in Togo has integrated gender into its strategic frameworks, notably through the National Health Policy Horizon 2030. This policy emphasises gender equity in access to care, reproductive health, and health system governance. However, effectiveness remains uneven due to limited funding, weak monitoring systems, and the underrepresentation of women in leadership roles (MSHPAUS, 2023b).

The Ministry of Water and Village Hydraulics (MEHV) has adopted gender-sensitive approaches in its National Action Plan for Integrated Water Resources Management (GIRE). While gender is recognised as a cross-cutting issue, implementation is slow due to a lack of sex-disaggregated data, limited funding, and weak institutional coordination.

During consultations, discussions with government institutions brought to the fore that the systematic integration of gender considerations remains limited. Institutional structures for gender mainstreaming exist but remain fragile, hampered by capacity and resource gaps, also within MSHPCSUA and ANAMET, the EEs of the proposed GCF project. They require dedicated support to operationalise gender integration in policies, data systems, and service delivery. WHO shows a relatively strong model of institutionalised gender practice (GIZ, 2025a).

3.4 Micro level

In the health sector, gender roles influence both access to care and decision-making dynamics. Women are often caregivers, responsible for managing household health and hygiene, yet they face barriers in accessing quality care themselves. The maternal mortality rate remains high, and reproductive health services are underutilised due to stigma, lack of information, and limited financial autonomy. Women and girls are disproportionately affected by waterborne diseases and poor sanitation. Inadequate hygiene facilities in healthcare centres, schools, houses, market and public areas increase their vulnerability to infections such as diarrhoea (SWA, 2022). The municipality visits showed that in the majority of USPs, WASH infrastructure is not adapted to women's and girls' needs, nor to the ones of people with disabilities. Moreover, the lack of health infrastructure adapted to women and girls as well as the lack of adequately trained staff limits their ability to safely manage complications related to pregnancy, childbirth, and the postnatal period.

As detailed hereafter, consultations in the Centrale, Kara, and Savanes regions revealed significant gender disparities in mobility, access, and treatment conditions within health facilities.

Transport and distance

Consultations revealed notable gender disparities in access to health facilities. Men and women do not have equal access to means of transportation, which greatly influences their ability to reach healthcare services. Most men reported having access to some form of transport, whereas women, particularly pregnant women, often have to walk long distances to reach the nearest health centre. In many cases, men prioritise their agricultural activities, leaving women to travel alone, even during advanced stages of pregnancy. Some men also stated that “the pregnancy is not yet due,” implying that women can still walk to the facility. Another major barrier for women, especially breastfeeding and postpartum mothers, is the lack of reception areas and lack of trained health personnel (GIZ, 2025a).

Admission of women in health centres

Overcrowding and insufficient staff reduce service quality. For instance, in SABIEBOU, women reported waiting long hours upon arrival or being forced to return home due to the absence of available space and staff. Postpartum and breastfeeding mothers are especially affected by the absence of waiting or rest areas adapted to their needs (GIZ, 2025a).

Cultural norms

Access challenges are also linked to cultural norms and traditional practices within certain communities. Health centres are not always adequately trained or equipped to accommodate such specific socio-cultural needs. Among Fulani communities, for example, cultural norms prohibit exposure of a woman's body to strangers, which makes it difficult for women to access maternity services when appropriate privacy measures are not in place. To address this issue, health personnel highlighted the humanised childbirth approach introduced through the ProSanté project, which allows women to give birth in the position of their choice and to be accompanied by a person of their choice. This approach has encouraged greater inclusion of Fulani women, as they can now be assisted by trusted companions during delivery, ensuring cultural sensitivity and improved access to maternity services (GIZ, 2025a).

Climate vulnerability

The increasing frequency of climate hazards, particularly floods and heatwaves, further exacerbate the vulnerability of women and girls. Floods often damage homes, disrupt access to clean water and essential services, and heighten health risks, while extreme heat conditions exacerbate existing health problems and restrict mobility, especially for those with reduced mobility. At the micro level, gender

inequalities, socio-cultural norms, and inadequate infrastructure converge to restrict women's access to quality healthcare, particularly in climate-affected rural areas. Women's limited access to mobility, combined with weak service readiness and the lack of gender-sensitive infrastructure, increases the health impacts of climate change on them and their families. At the micro level, gender inequalities, socio-cultural norms, and inadequate infrastructure converge to restrict women's access to quality healthcare, particularly in climate-affected rural areas.

Overarching Project Recommendations

Inadequate and Climate-Vulnerable Health Infrastructure

- Recommendation 1: Rehabilitate and construct climate-resilient health facilities that ensure safe access for women, girls, the elderly, persons with disabilities, and LCs with traditional livelihoods.
- Recommendation 2: Develop essential facilities that meet the specific needs of women, children, and vulnerable groups, ensuring menstrual and post-partum hygiene standards and safe, inclusive environments (private sanitation and menstrual hygiene spaces, ramps, lighting, and secure water and energy systems).
- Recommendation 3: Equip maternity wards and health centres with essential medical and emergency equipment to guarantee safe and continuous care, even under climate stress.

Limited Accessibility to Health Services

- Recommendation 4: Deploy mobile and community-based health services (e.g. mobile clinics, maternity waiting homes, motorcycle ambulances) to ensure continuous access to care for isolated populations, especially during floods.
- Recommendation 5: It is essential to strengthen CHW's capacities in river-isolated communities by providing targeted training on emergency management and first-aid protocols. These skills will enable them to stabilise patients and deliver essential care while awaiting the arrival of qualified health personnel.

Insufficient Preparedness for Climate–Health Emergencies

- Recommendation 6: Strengthen institutional coordination through the development and institutionalisation of standardised collaboration protocols among health, climate, and community actors, including technical data integration and clear linkages with the Early Warning System (EWS) to support timely activation and public health messaging.
- Recommendation 7: Build the capacities of institutional stakeholders, health personnel, and community agents on collaboration protocols, technical data integration, interpretation and dissemination of early warning information, and integrated risk communication approaches aligned with WASH communication priorities.
- Recommendation 8: Establish community-based, multi-channel communication systems (local radio, SMS alerts, WhatsApp messages, griots, town criers, community meetings, etc.) for rapid information sharing during climate-health crises and ensure that messages are tailored to the specific needs of women, adolescent girls, persons with disabilities and LC with traditional livelihoods (language, format, accessibility, etc.).

Heightened Vulnerabilities to Disease, Gender Inequality, and GBV

- Recommendation 9: Strengthen holistic care for GBV survivors by reinforcing listening and counselling centres and improving inter-service coordination among justice, health, social services, and security actors to ensure timely, confidential, and survivor-centred support.
- Recommendation 10: Engage men and boys in community awareness on gender equality and non-violence (also during periods of climate or economic stress).

Limited Governance and Institutional Coordination

- Recommendation 11: Systematically integrate gender mainstreaming, equity considerations and GBV prevention into health and climate policies, budgets, and monitoring frameworks, supported by sex- and vulnerability-disaggregated indicators.
- Recommendation 12: Strengthen intersectoral coordination among health, climate, and social institutions and actively involve CSOs, women's associations, Champion Clubs, organisations of persons with disabilities and LCs with traditional livelihoods in planning and monitoring.

Conclusions for the project

Context and General Findings

The project operates in a context where women, girls and vulnerable groups are disproportionately exposed to climate-sensitive health risks, compounded by structural, socio-cultural, and infrastructural barriers. Women, particularly in rural and remote areas, face limited access to health services due to long distances, insufficient transportation, and financial constraints. Cultural norms further restrict women's mobility and autonomy in seeking care, while underrepresentation in governance structures limits their influence in community health and resilience strategies.

Women bear the main responsibility for care work, which limits their ability to access health services, especially during pregnancy, post-partum, or in emergencies. Promoting shared household responsibilities and providing community support services (e.g., maternity waiting homes, transport solutions) is essential to reduce this burden.

Women and vulnerable groups are disproportionately affected by climate-sensitive health outcomes and face multiple barriers to accessing health services. It is important that gender-disaggregated data on healthcare access, maternal health, WASH, and climate-related risks is systematically collected and monitored to inform policies and interventions.

Project Relevance and Opportunities

Relevance for international development cooperation and the project: The proposed GCF project aligns with key priorities for international development, notably the promotion of gender equality, improved access to health services, and resilience to climate-sensitive health outcomes. By formalizing women's involvement in health governance structures, providing capacity-building and leadership training, and ensuring that women are directly included in planning, feedback, and community early-warning systems, it offers a platform to strengthen women's participation in local decision-making, enhance reproductive and maternal health services, and integrate climate considerations into health planning. Partnerships with national authorities, CSOs, and international organizations (e.g. KfW, UNFPA, WHO, EU World Bank) provide strong leverage to address systemic gender inequalities and improve service delivery. Women's groups and CHWs can play a key role in promoting health, hygiene, and climate-smart practices. With external support, they can serve as advocates for safe water, sanitation, maternal health, and protection against GBV and SEAH.

Women are highly engaged in seeking health information and participating in maternal and reproductive health services. They further play a central role in community health, yet their work is often undervalued. Recognizing and supporting women's contributions to health promotion, community awareness, and climate-health preparedness is crucial for sustainability. Providing targeted awareness campaigns, training materials, and health interventions can support women in accessing and using healthcare services effectively.

Gender-Differentiated Needs and Barriers

Women and men have different priorities and needs regarding climate-health interventions. For example, women are often more concerned with access to safe water, sanitation, and reproductive health services. It is important to design project activities and health infrastructure that are sensitive to these gender-specific needs.

Some women face barriers due to cultural norms, restricted mobility, or socio-economic vulnerability. Measures such as mobile clinics, accessible health infrastructure, and gender-sensitive community outreach can help overcome these barriers.

Further, facilitating women's leadership in health and climate adaptation committees is important. Young people, particularly young women, are often excluded from decision-making and health planning. Engaging youth in climate-health initiatives, awareness campaigns, and community leadership can help build long-term resilience and improve health outcomes. Women in decision-making roles can influence resource allocation and ensure that gender-sensitive services reach those most in need. Promoting women into leadership positions is essential for sustaining gender equality efforts.

Gender Equality Potential and Risks

Potential for promoting gender equality and risks: The project presents significant opportunities to empower women by enhancing access to health services, supporting family planning and maternal care, and raising awareness for the need to fight GBV and SEAH. At the same time, potential negative impacts exist if gender considerations are insufficiently integrated, including:

- Increased workload or burden on women participants,
- Marginalization of women with disabilities or living with HIV/AIDS,
- Exposure to GBV in remote areas,
- Limited effectiveness of interventions due to weak gender mainstreaming and coordination,
- Further exclusion of LC with traditional livelihoods (e.g. Fulani communities) from climate-health interventions due to reduced access to services during climate shocks and widening inequalities in maternal and child health.

Conclusion

The project offers a unique opportunity to simultaneously enhance climate resilience, health outcomes, and gender equality. Its success depends on systematically addressing structural inequalities, integrating gender in all components, and ensuring safe, inclusive, and climate-resilient health services for women and vulnerable populations.

Chapter 4: Gender responsiveness and expertise, as well as gender equality in the partner organisation(s)

MSHPCSUA, ANAMET and GIZ will act as Executing Entities (EEs) of the proposed project under the responsibility of GIZ as AE. The latter will provide oversight, technical guidance, and quality assurance. The Minister of Environment, Forest Resources, Coastal Protection and Climate Change (MERFPCCC) serve as the National Designated Authority (NDA) for the GCF, thereby overseeing and coordinating all GCF-led investments in Togo.

4.1. Gender equality in partner organisations

Gender equality in the MERFPCCC

The MERFPCCC serves as the host institution of the NDA to the GCF, which operates within the Directorate of Environment. The NDA plays a central role in coordinating national climate change initiatives and ensuring alignment with Togo's commitments under international climate agreements. It promotes the integration of climate change considerations into national planning and policy processes, supports the mobilisation of climate finance, and ensures that GCF-financed projects contribute effectively to building a climate-resilient and low-carbon economy in Togo.

The MERFPCCC aligns with the national framework for promoting gender equality and social inclusion. In accordance with the government directive, a Gender Unit (Cellule Genre) has been established within the Ministry and equipped with a dedicated budget line. The ministry adheres to the National Gender Policy and the Decree establishing gender focal points across all ministries and public institutions. The Gender Focal Point has been appointed within the Directorate of Environment to ensure the implementation of the National Policy on Equity and Gender Equality. The Directorate of Environment ensures that project proposals and environmental initiatives systematically integrate gender-sensitive measures, particularly by promoting the equitable participation of women and men to project benefit. As early as 2019, the Ministry of Environment developed recommendations for integrating gender considerations into the NAP process, ensuring that gender perspectives are effectively reflected in climate adaptation planning.

In 2022, the Ministry of Environment and Forest Resources (MEFR) undertook several initiatives aimed at strengthening gender mainstreaming across its policies, programmes, and projects. As part of these efforts, the Ministry's Gender Unit organised a training session for gender focal points from both central and regional directorates. This initiative, supported by the EU through the Climate Change Support Programme (PALCC), sought to equip participants with the necessary tools and skills to effectively integrate gender considerations into the programmes and projects of their respective structures. In parallel, the Ministry's Gender Focal Unit conducted a series of capacity-building sessions for Director Generals, central directors, project coordinators, focal points for conventions, and planners. These sessions aimed to enhance understanding and ensure a coherent application of gender equality principles across all the Ministry's development interventions.

Although there is not yet a specific internal policy on gender equality, the Ministry adheres to the Civil Service Code of Conduct, which includes provisions for the prevention of discrimination and sexual harassment in the workplace. The duty of care towards employees is governed by national civil service regulations. Gender mainstreaming is also reflected in leadership and positions of responsibility within the Directorate of Environment: both the Director General and the Gender focal point are female (GIZ, 2025a).

Gender equality in MSHPCSUA

At the MSHPCSUA, a Gender Unit was formally created in 2020, supported by the appointment of gender focal points in all health units across the national health pyramid and central departments, following the Secretary General's directive. However, despite this institutional setup, internal guidelines addressing gender-based discrimination and sexual harassment have not yet been developed. Similarly, policies ensuring equal opportunities, diversity management, and duty of care are not yet formalised or implemented in a comprehensive manner.

Gender equality is institutionally anchored through the Gender Unit and the network of gender focal points, but the operationalisation of gender mainstreaming within the Ministry's procedures is still at an early stage. Activities are currently focused on awareness-raising, training, and collection of gender-related statistics to inform the National Health Sector Development Plan 2023–2027.

Since 2024, the Ministry has implemented a Transformative Gender and Leadership Training Programme coordinated by the central Gender Unit. The programme, structured into two training packages of four sessions each, was developed and implemented with technical support from GIZ, the Ministry of Gender, SDGI, and ProSanté. The Gender Unit has a clear institutional position within the Ministry and coordinates gender focal points nationwide. However, the system is still developing, and its integration into Human Resources (HR) processes such as recruitment, promotions, and remuneration remains limited. There is no evidence yet of gender-specific mechanisms to address workplace grievances or promote work–life balance. The Gender Unit, supported by trained gender focal points and a core team of 11 trainers (including 5 from the Unit), acts as the key driver of gender equality promotion within the Ministry. The Unit now has the necessary materials (training manuals, facilitator guides, presentations) to operationalise transformative gender approaches (GIZ, 2024a).

Gender equality in ANAMET

At the National Agency for Meteorology (ANAMET), gender equality and non-discrimination are primarily governed by national civil service regulations. Article 45 of the General Statute of the Togolese Civil Service stipulates that no discrimination shall be made between candidates based on sex, physical disability, ethnic origin, or political, philosophical, or religious opinions. In addition, Law No. 316/MFPTDS, issued in February 2024, prohibits discrimination, sexual or moral harassment, violence, and intimidation in the workplace, outlining general preventive measures that all public institutions are expected to apply.

However, ANAMET does not yet have internal guidelines or institutional mechanisms to operationalise these national provisions within its organisational structure and day-to-day management. A Gender Focal Point has been appointed at ANAMET, in line with the national directive establishing gender units and focal points across all ministries and public institutions. This structure is still in its early stages, and the focal point is currently undergoing training. Also, other ANAMET staff has participated in gender-related training sessions (GIZ, 2025a).

According to the available human resources data, women represent approximately 23% of ANAMET's staff, with no evidence of discriminatory practices against female personnel. Nevertheless, gender equality mainstreaming remains limited, and the institutionalisation of gender considerations in recruitment, promotion, and staff development processes is not yet evident (GIZ, 2024a). The establishment and capacity-building of the Gender Focal Point provide an important entry point for strengthening ANAMET's internal gender responsiveness and ensuring the gender-sensitive implementation of projects related to climate and meteorological services.

Conclusions for the project

The presence of Gender Units across all ministries in Togo, as well as the strategic role of MERFPCCC as the NDA, provides a favourable foundation for integrating gender equality into climate-related projects. The MSHPCSUA has introduced an innovative transformative gender training approach. However, particularly ANAMET remains at an early stage of gender mainstreaming interventions, requiring targeted interventions in the context of the proposed project.

In general, the project has a strong potential to promote gender equality, particularly through improving women's and girls' access to health services, WASH infrastructure, sexual and reproductive rights, and strengthening the participation of women leaders in local authorities. Additionally, it provides the chance to enhance women's participation, improve the collection of sex-disaggregated data and strengthen women's representation in technical sectors, based on GIZ experiences.

However, some risks remain, such as social resistance in institutional settings due to persistent patriarchal norms and low effectiveness of gender units if not continuously strengthened. Apart from uneven institutional capacity, possible unintended impacts include the exclusion of vulnerable groups, weak complaints mechanisms, and the risk of gender-neutral implementation by under-equipped partners.

Priority should be given to:

- Strengthening Gender Focal Points and Units and integrating of gender considerations into HR procedures;
- Building capacities through transformative training and harmonised tools;
- Systematising the collection of disaggregated data; and
- Ensuring inclusive participation of women, girls, and vulnerable groups like PLHIVs, LCs and persons with disability.
-

Chapter 5: Gender responsiveness and expertise in the project/ among project staff in Togo

GIZ promotes gender equality as a cross-cutting principle in the implementation of all its projects and programmes worldwide. GIZ Togo relies on its Gender Equality Strategy to ensure equal opportunities and an inclusive working environment, both within its teams and throughout the delivery of its services. Its work is guided both by the German government's overarching gender policy framework and by the national gender policy of the Togolese government. These frameworks serve as the basis for gender mainstreaming within GIZ Togo, the implementation of the ProSanté III project and the proposed GCF project.

This chapter presents the current situation regarding gender mainstreaming within GIZ Togo and the ProSanté III project. The analysis is based on recent information provided by the HR departments of GIZ Togo and the ProSanté III project team, with the aim of assessing existing practices, capacities, and areas for improvement in terms of equal opportunities and gender expertise.

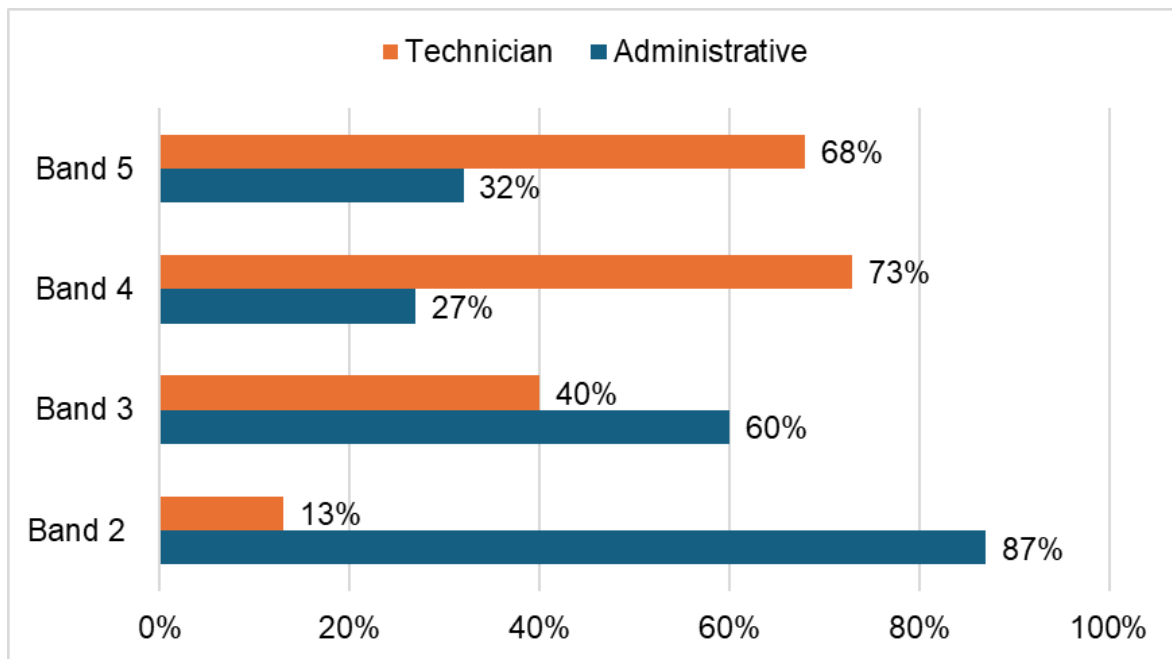
5.1 Equal opportunities in the team

In accordance with national commitments and with GIZ's institutional policies and strategies, GIZ Togo systematically integrates the gender dimension into its HR management and across the implementation of its projects and programmes. Active across a wide range of economic and technical sectors in Togo, the organisation relies on a diverse and inclusive workforce, characterised by a variety of skills, profiles, genders, and social backgrounds. From administrative personnel to technical experts working both at national and local levels, GIZ consistently promotes gender balance within its teams while fostering a fair, equitable, and respectful working environment.

In terms of representation, GIZ Togo's workforce consists of women and men distributed across the Country Office and the various projects and programmes, with a variety of qualifications and competencies. GIZ Togo employs 259 staff members, of which 55% are men and 45% women (GIZ, 2025a). Disaggregated data reveal persistent gendered occupational patterns. Women remain over-represented in administrative roles, while men dominate more technical and senior expert positions. Gender distribution varies significantly across job bands⁹. In Band 2, where administrative roles dominate (87%), women account for 76% of administrative staff and 60% of technical personnel. In Band 3, women represent 92% of administrative staff but only 25% of technical staff. Gender gaps become more pronounced at higher levels: Band 4 is predominantly technical (73%) and male (65%), and in Band 5, comprising senior technical experts and unit managers, men represent 71% of technical personnel. These patterns highlight structural barriers limiting women's access to specialised and decision-making roles.

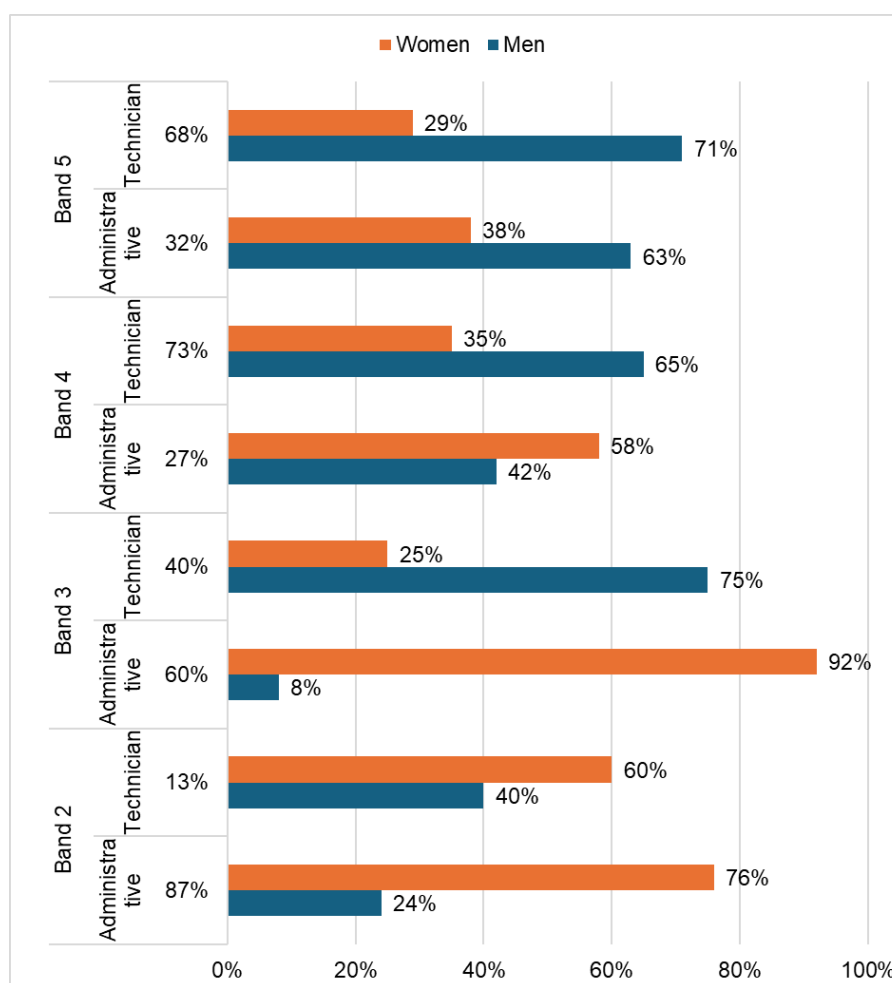
Figure 7: Distribution of GIZ-Togo staff by category

⁹ Band 2 = entry-level or junior positions; Band 3 = intermediate positions (technical assistants); Band 4 = confirmed technical positions / technical advisers; Band 5 = senior positions / senior experts / unit managers / coordination roles.



(Source: data from the GIZ Togo, 2025)

Figure 8: Distribution of GIZ-Togo staff by category and sex



(Source: GIZ Togo, 2025.)

Despite GIZ Togo's strong commitment to gender parity in recruitment, women remain under-represented in technical fields and senior expert roles due to broader socio-economic and gender-related constraints, such as unequal access to technical education, limited geographic mobility, and prevailing sociocultural norms. These constraints, although external to GIZ's internal gender policies, continue to influence recruitment outcomes and reduce the pool of qualified female candidates. Nevertheless, GIZ Togo actively promotes balanced representation by systematically encouraging women and persons with disabilities to apply. It established a structured women's leadership development programme targeting staff in Bands 4 and 5 to expand the pool of qualified women for advanced technical positions, senior expert roles and leadership functions within GIZ Togo.

The organisation also fosters equitable decision-making within teams and project structures, integrating gender-transformative principles and women's leadership into strategic processes, even where women are numerically under-represented. Within GIZ, the use of objective and fair recruitment and promotion methods is crucial for attracting and retaining highly qualified women professionals. Regular monitoring of the recruitment process is also necessary to achieve gender equality, particularly regarding access to leadership positions, technical functions, and senior roles within the organisation.

At project level, the ProSanté team demonstrates a comprehensive integration of gender considerations, although regional disparities persist. The programme operates across three hubs: Lomé for coordination, and Sokodé and Kara for field implementation (GIZ, 2023). In Lomé, the team is gender-balanced, with key leadership roles held predominantly by women, including the ProSanté Team Leader and several technical advisers. Approximately 41% of the staff mobilised under the project are women, and two women hold the position of component heads. These component heads dedicate approximately an average of 25% of their time to gender-related issues. In addition, the Regional Gender Adviser allocates 100% of her time to this thematic area, while the National Gender Adviser is engaged in gender-related work at a rate of 50%.

Conversely, the Kara hub shows a higher proportion of men in leadership positions. This imbalance is largely linked to the accelerated recruitment process and sociocultural constraints that limit the geographic mobility of married women with family responsibilities. ProSanté applies an internal charter on gender and inclusion, which provides a formal framework for staff conduct and supports institutional integration of gender within the programme.

The dynamic initiated by GIZ Togo, through its institutional instruments and inclusive recruitment practices, nevertheless constitutes a solid basis for further promoting professional equality and combating gender discrimination within teams. In addition, Gender focal points actively participate in recruitment processes organised by the HR department, further strengthening this approach. GIZ Togo has already integrated internal leadership development mechanisms into its organisational practices to promote equal opportunities. However, to strengthen women's access to strategic positions, it would be appropriate to introduce flexible internal quotas for shortlists for all Band 4 and Band 5 posts. While this measure does not impose any legal obligation, it requires that a written justification be provided when no female candidates are shortlisted. Such an approach would enhance transparency in recruitment processes and promote a more balanced representation in expert and leadership roles.

Furthermore, GIZ defines diversity and inclusion as core elements of its organisational culture. Through its updated gender strategy, the organisation is formally committed to promoting gender equality, inclusion, diversity of perspectives, non-discrimination, equal opportunities and a respectful working environment (GIZ, 2025b). In GIZ Togo, this commitment is operationalised through a dedicated Secretariat for Diversity, Inclusion and Gender (SDGI), led by a Senior Diversity and Gender Adviser who coordinates these themes. The Diversity Secretariat is composed of three staff members: two technical advisors and one junior technical advisor. This structure is supported by a revitalised network of gender focal points (GFPs) from across the various projects, coordinated centrally to ensure coherent implementation of GIZ's institutional commitments on gender. However, staff capacity within the SDGI remain limited. The senior Diversity and Gender Adviser, who heads the Secretariat, also carries major responsibilities as a component lead within the DeZon project¹⁰, reducing her availability for dedicated gender coordination. Similarly, the junior technical advisor, previously working full-time to the Secretariat, is now partially allocated to DeZon, leaving the Secretariat with insufficient staff time to carry out strategic supervision and provide consistent technical support. These constraints limit the Secretariat's ability to accompany teams in-depth, follow up systematically on gender-transformative actions and coordinate gender reporting across the portfolio.

With regards to organisational culture, GIZ has established a comprehensive set of internal measures designed to promote a fair, inclusive and protective working environment, in line with its international commitments on gender equality and human rights. These measures address both the prevention of discrimination and the reconciliation of professional and private life. They include gender equality policies, protection mechanisms for staff against harassment, particularly for women, as well as internal principles promoting social cohesion, mutual respect and positive workplace relations. The adoption of an intersectional approach, reflected in the establishment of the SDGI, represents a step towards creating a working environment that is inclusive and sensitive to multiple forms of vulnerability.

GIZ Togo has also developed its own mechanisms for the prevention and management of workplace harassment. This mechanism clearly defines the procedures to follow and the avenues of recourse available to individuals who consider themselves victims. It includes detailed guidance on the steps involved in handling a case, along with an illustrative diagram enabling presumed victims to understand the procedure to follow in situations of harassment. The internal policy further outlines the responsibilities regarding disciplinary measures, which are to be applied by the direct supervisor of the alleged perpetrator, in accordance with organisational accountability principles.

The organisation also provides a list of resource persons, including: (i) all direct supervisors, in particular project managers and team leaders; (ii) designated resource persons within the GIZ country office; (iii) relevant contact persons at GIZ headquarters; (iv) members of the SDGI, who serve as key support actors for guidance, listening and advice.

A formal case registration form is also available to ensure rigorous documentation, institutional traceability and appropriate follow-up of reported incidents. Finally, GIZ strictly applies its organisational Code of Conduct, as well as the relevant provisions of the Togolese Labour Code, thereby providing a

¹⁰ DeZon is a project for the Promotion of Participation – Gender Equality and Equity in Togo. “DEZO”, or “DeZon”, means “Get involved” in the local language. Dezon aims to improve the institutional conditions for reducing inequalities and discrimination against women in Togo.

robust ethical and legal framework for the prevention and management of workplace violence and discrimination

5.2 Gender expertise of the team members

Gender expertise within GIZ-ogo is structured around the SDGI, which plays a central coordinating and strategic role. The SDGI ensures alignment with the global GIZ Gender Strategy, provides methodological tools and guidance, and facilitates exchanges platforms between Gender Focal Points (GFPs). It promotes continuous learning on gender mainstreaming, intersectionality, and transformative gender approaches, while supporting the systematic integration of gender considerations into human resource processes and programme design. This institutional architecture ensures that gender is recognised and operationalised as a cross-cutting priority across GIZ's portfolio in Togo.

The measures implemented across GIZ projects and programmes are based on a mixed approach, notably the gender-sensitive approach and the transformative approach. The latter has been implemented through projects such as ProSanté, ProEmploi+ and DeZon. Furthermore, the current capacity-building activities targeting the GFPs and project teams are primarily guided by a transformative gender approach.

Given the growing importance of gender issues in GIZ's engagement in Togo, especially in sectors such as health, social protection and local governance, it is critical to reinforce the organisation's internal capacity. Establishing and filling a dedicated Gender Specialist position is essential to ensure stronger leadership, improve institutional ownership of gender mainstreaming, and provide sustained technical support to projects. This role would strengthen the integration of gender across all stages of programme implementation and enhance the participation and leadership of women in decision-making spaces related to health, climate resilience and community governance.

In line with GIZ's corporate commitments, each programme or project designates a Gender Focal Point (GFP) responsible for ensuring systematic integration of gender considerations (GIZ, 2023b). Their responsibilities include: (i) ensuring the availability and regular updating of gender analyses; (ii) integrating gender-responsive measures into annual operational planning; (iii) identifying gender capacity-building needs within project teams; (iv) supporting staff training on gender-transformative approaches; (v) providing technical advice to ensure progress on gender-related indicators; (vi) disseminating relevant national and international gender information; (vii) participating actively in the national GFP network; and (viii) representing the project in gender-related activities coordinated by GIZ Togo. Where relevant, GFPs also contribute to strengthening partners' capacities on gender-responsive leadership and transformative gender approaches

Overall, the GFP have a good understanding of GIZ's gender approach and institutional guidelines. They are familiar with the strategic tools available such as gender strategy, methodological guides, and training material, and use them in the planning and monitoring of interventions. Gender analyses are generally conducted at the design stage of projects, in close collaboration with the GFP, and updated when the phases change. For projects that have not integrated this analysis upstream, additional studies are carried out to make up for this delay (GIZ, 2023b).

Despite this progress, several challenges persist. GFP are not specialists, and their levels of expertise vary considerably. Although they benefit from periodic training and refresher sessions, their officially allocated time, typically around 10% of their workload, is insufficient to meet GIZ's ambitions for transformative gender mainstreaming. In addition, the limited participation of some GFPs in strategic meetings reduces coherence and coordination across the portfolio. These constraints highlight the need for stronger institutional support, clearer allocation of responsibilities, and enhanced leadership engagement to ensure that gender considerations are embedded across all projects, particularly in health-related interventions such as ProSanté, where the intersection of gender, community roles and climate-sensitive health risks is particularly significant.

At a broader level, project and programme coordinators have a satisfactory understanding of gender issues and are sensitive to the theme. They promote parity within their teams and support, as far as possible, the implementation of gender initiatives. However, they remain strongly oriented towards the overall results of their projects, which can lead to a partial integration of the transformative dimensions of gender. Their increased involvement would be needed, including to oversee the GFP, ensure rigorous monitoring of sex-disaggregated data, and ensure that interventions address the root causes of inequalities (GIZ, 2025a).

Lastly, GIZ employs a strategy of transferring gender-related competencies to specialised subcontractors to ensure the effective and professional management of sensitive thematic areas that fall beyond its direct operational mandate. This approach strengthens gender mainstreaming while enhancing community outreach through the work of experienced partners. Within the ProSanté project, this strategy has been operationalised through partnerships with organisations such as Plan International Togo and GFA Consulting Group, which are responsible for specific dimensions including the prevention and response to GBV and other cross-cutting issues. The staff of these subcontracting organisations dedicate between 50% and 100% of their working time to gender-related themes (GIZ, 2025a). This partnership model enables GIZ to broaden its impact by relying on specialised and context-responsive expertise.

Conclusions for the project

The analysis shows that gender responsiveness within GIZ Togo is essential for effective international development cooperation, particularly in sectors such as health, local governance and climate resilience. The existence of institutional structures, such as the SDGI and the network of GFPs, demonstrates a strong organisational commitment, but also highlights the need for strengthened gender leadership to ensure that gender equality becomes a transformative rather than merely procedural dimension of project implementation.

Despite significant progress, persistent gender disparities across job bands, particularly in Bands 4 and 5, underscore structural challenges that directly affect the organisation's ability to model the gender equality it seeks to promote. Women remain under-represented in senior technical and decision-making roles due to external socio-economic barriers, but also internal capacity limitations. These disparities are particularly relevant for development cooperation, as they may hinder gender-responsive decision-making, reduce diversity of perspectives and weaken the legitimacy of gender mainstreaming in project activities.

The presence of gender-balanced teams in Lomé, the leadership of women in key positions, the transformative gender approaches already applied in ProSanté, and the existence of anti-harassment and family-friendly policies all provide a strong basis for further progress. These strengths can be leveraged to expand women's participation in decision-making spaces, reinforce gender-responsive health governance, and challenge restrictive sociocultural norms in project regions.

At the same time, several risks may undermine gender outcomes if not addressed. The limited availability of the SDGI due to staffing constraints, the unequal distribution of women in field hubs such as Kara, the uneven level of gender expertise among GFPs, and the lack of formalised mechanisms for preventing sexual harassment might potentially have negative effects. These gaps can limit the depth of gender-transformative work, reinforce existing inequalities, and weaken the organisation's capacity to influence partner institutions on gender issues.

Based on these findings, several priorities require targeted action. These include strengthening the capacity of the SDGI by establishing a dedicated Gender Specialist position with a substantial allocation of working time devoted to gender issues; improving gender balance in leadership and technical positions through the introduction of flexible internal quotas for shortlisted candidates; and continuing advanced capacity-building on transformative gender approaches. These measures are essential to ensure that the project not only mitigates gender-related risks but also contributes to a structural transformation of gender inequalities within the health and climate resilience sectors in Togo.

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